

Form # P 04

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

## BUILDING PERMIT

Permit Number: 090765

This is to certify that 7 Bramhall Street Llc / Monaghan Construction

has permission to add partition and transaction cover

at 7 Bramhall St CB# 063 A006001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in his department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise used-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. NAPT. R. Lantier

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

PERMIT ISSUED

AUG 13 2009

CITY OF PORTLAND

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0765	Issue Date:	CBL: 063 A006001
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Location of Construction: 7 Bramhall St	Owner Name: 7 Bramhall Street Llc	Owner Address: 160 Ann Mary Brown Dr	Phone: 207-662-3323
Business Name:	Contractor Name: Monaghan Construction, Inc.	Contractor Address: PO Box 1235 Scarborough	Phone: 8833755
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: R-6

Past Use: Office - Medical office building (Maine Med)	Proposed Use: Office - add partition and transaction counter ↳ first floor ↳ create office on second floor	Permit Fee: \$60.00	Cost of Work: \$3,500.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied *See Conditions	INSPECTION: Use Group: B Type: SB IBC 2003	

Proposed Project Description:  
add partition and transaction counter

Signature: *(KG)*

Signature: *(Signature)*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: tmm

Date Applied For: 07/23/2009

**Zoning Approval**

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

**Special Zone or Reviews**

Shoreland

Wetland

Flood Zone

Subdivision

Site Plan

Maj  Minor  MM

Date: 7/23/09 *APM*

**Zoning Appeal**

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

Date: \_\_\_\_\_

**Historic Preservation**

Yes

Not in District or Landmark

Does Not Require Review

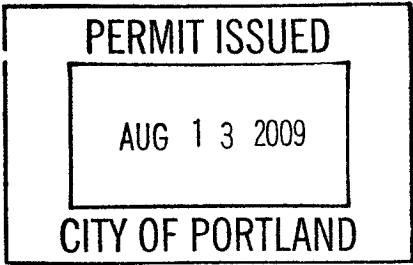
Requires Review

Approved

Approved w/Conditions

Denied

Date: *any exterior work requires a separate review & approval thru historic.*



**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

09-0765

# General Building Permit Application



If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>7 BRAMHALL STREET</u>		
Total Square Footage of Proposed Structure/Area <u>N/A</u>	Square Footage of Lot <u>N/A</u>	Number of Stories <u>2</u>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#  <u>063 A006001</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>MAINE MEDICAL CTR</u> Address <u>22 BRAMHALL ST</u> City, State & Zip <u>PORTLAND</u>	Telephone: <u>602-3323</u>
Lessee/DBA (If Applicable) <u>MAINE MEDICAL CENTER</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>3,500.00</u> C of O Fee: \$ _____ Total Fee: \$ <u>60.00</u>
Current legal use (i.e. single family) <u>Office</u> Number of Residential Units <u>N/A</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>Add 1 office</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Add ONE OFFICE @ SECOND FLOOR / FIRST FLOOR - Add transaction Counter</u>		
Contractor's name: <u>MONAGHAN WOODWORKS</u> Address: <u>100 Commercial Street, Suite 311</u> City, State & Zip <u>PORTLAND, ME</u> Telephone: <u>775-2683</u> Who should we contact when the permit is ready: <u>Brad Finlay</u> Telephone: <u>756-5410</u> Mailing address: <u>Same as Above</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: [Handwritten Signature]      Date: 7/21/09

This is not a permit; you may not commence ANY work until the permit is issued

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 09-0765	<b>Date Applied For:</b> 07/21/2009	<b>CBL:</b> 063 A006001
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<b>Location of Construction:</b> 7 Bramhall St	<b>Owner Name:</b> 7 Bramhall Street Llc	<b>Owner Address:</b> 160 Ann Mary Brown Dr	<b>Phone:</b> 207-662-3323
<b>Business Name:</b>	<b>Contractor Name:</b> Monaghan Construction, Inc.	<b>Contractor Address:</b> PO Box 1235 Scarborough	<b>Phone</b> ( ) 883-3755
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Additions - Commercial	

<b>Proposed Use:</b> Office - Maine Med medical office - add partition to create new office on 2nd floor and add transaction counter on first floor	<b>Proposed Project Description:</b> add partition to create new office on 2nd floor and add transaction counter on first floor
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 07/23/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District. 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. 3) The current approved occupancy is for a medical office building. Any change of use shall require a separate building permit for reviews and approval.			

<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 08/11/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.			

<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Keith Gautreau	<b>Approval Date:</b> 07/23/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) The clear width opening of the new door shall be a minimum 32" 2) All construction shall comply with NFPA 101			

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY )

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

**By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.**

**A Pre-construction Meeting will take place upon receipt of your building permit.**

  X   Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

  X   Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

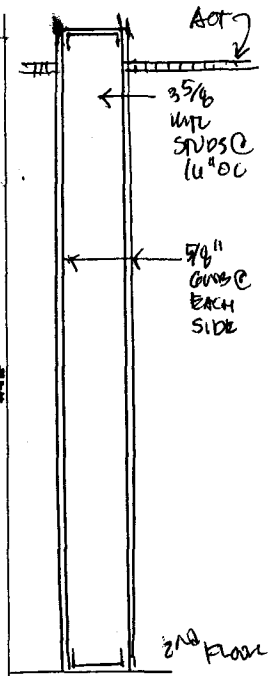
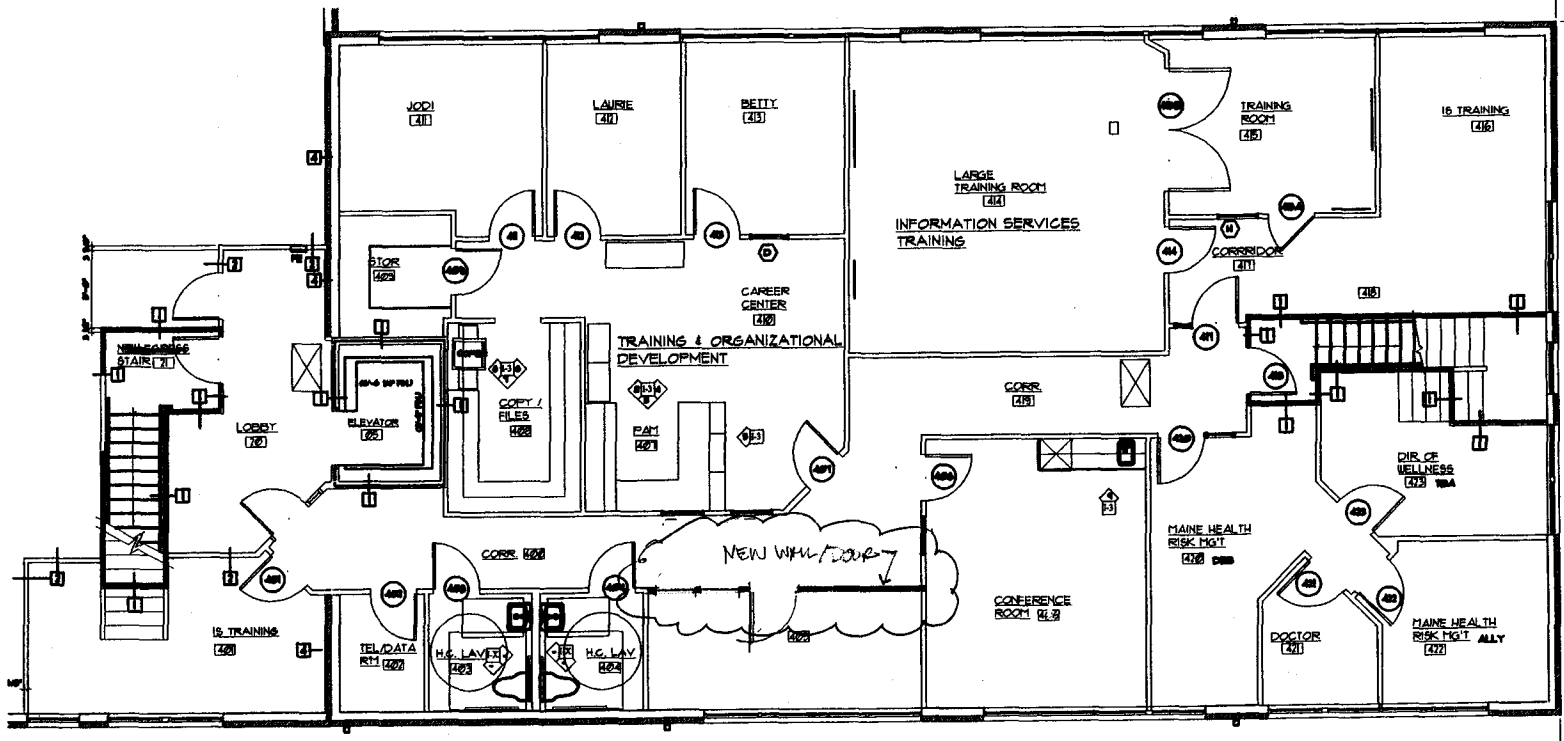
**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

\_\_\_\_\_  
Signature of Applicant/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date



Wall Section  
NO Scale

UNIT # 4 -  
TRAINING & ORGANIZATIONAL DEV. / INFORMATION SERVICES TRAINING

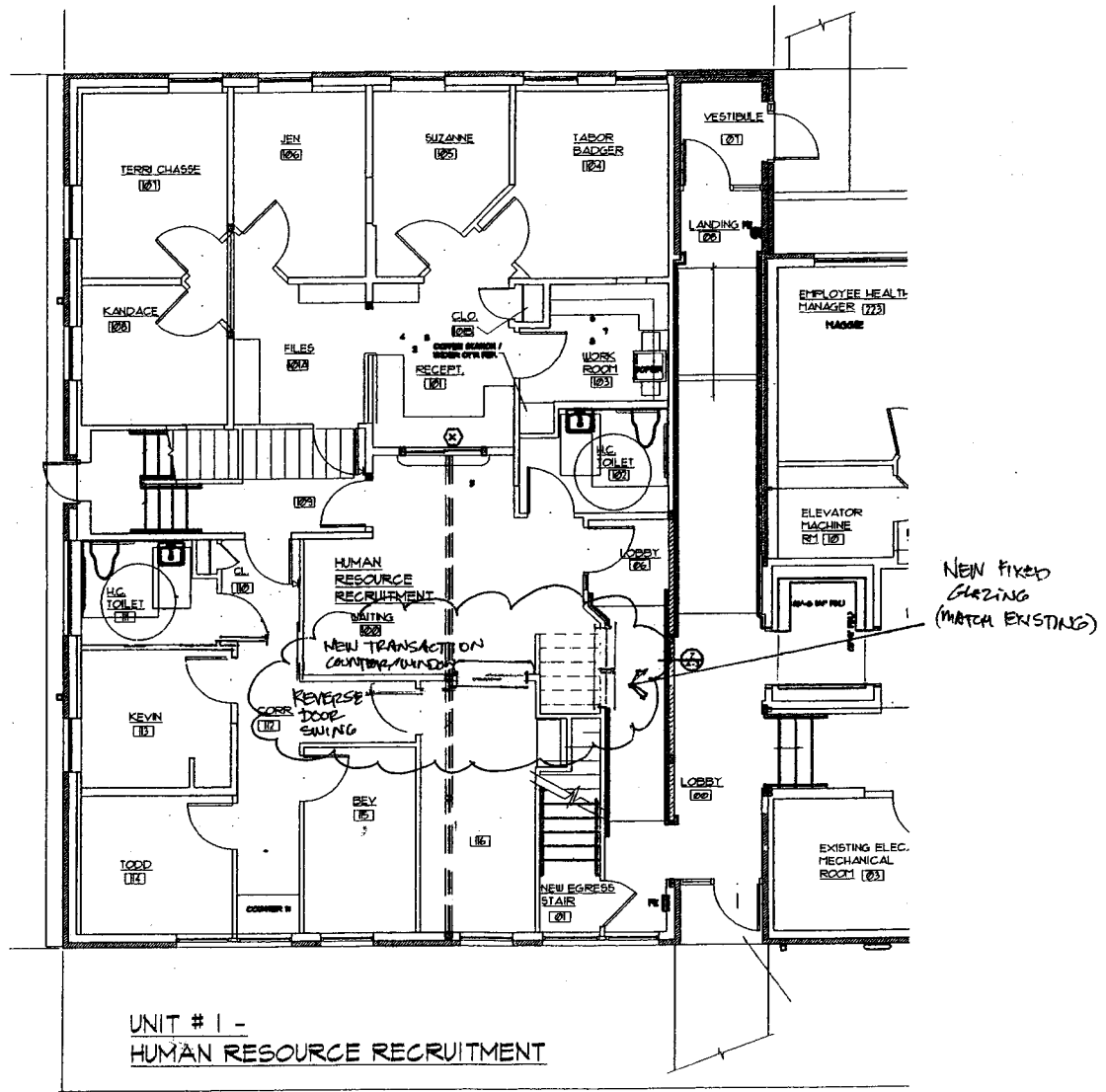
ED)

MAINE MEDICAL CENTER - 7 BRAMHALL OFFICE RENOVATIONS

SECOND FLOOR (PARTIAL)

7.20.09

SCALE: 1/8" = 1'-0"

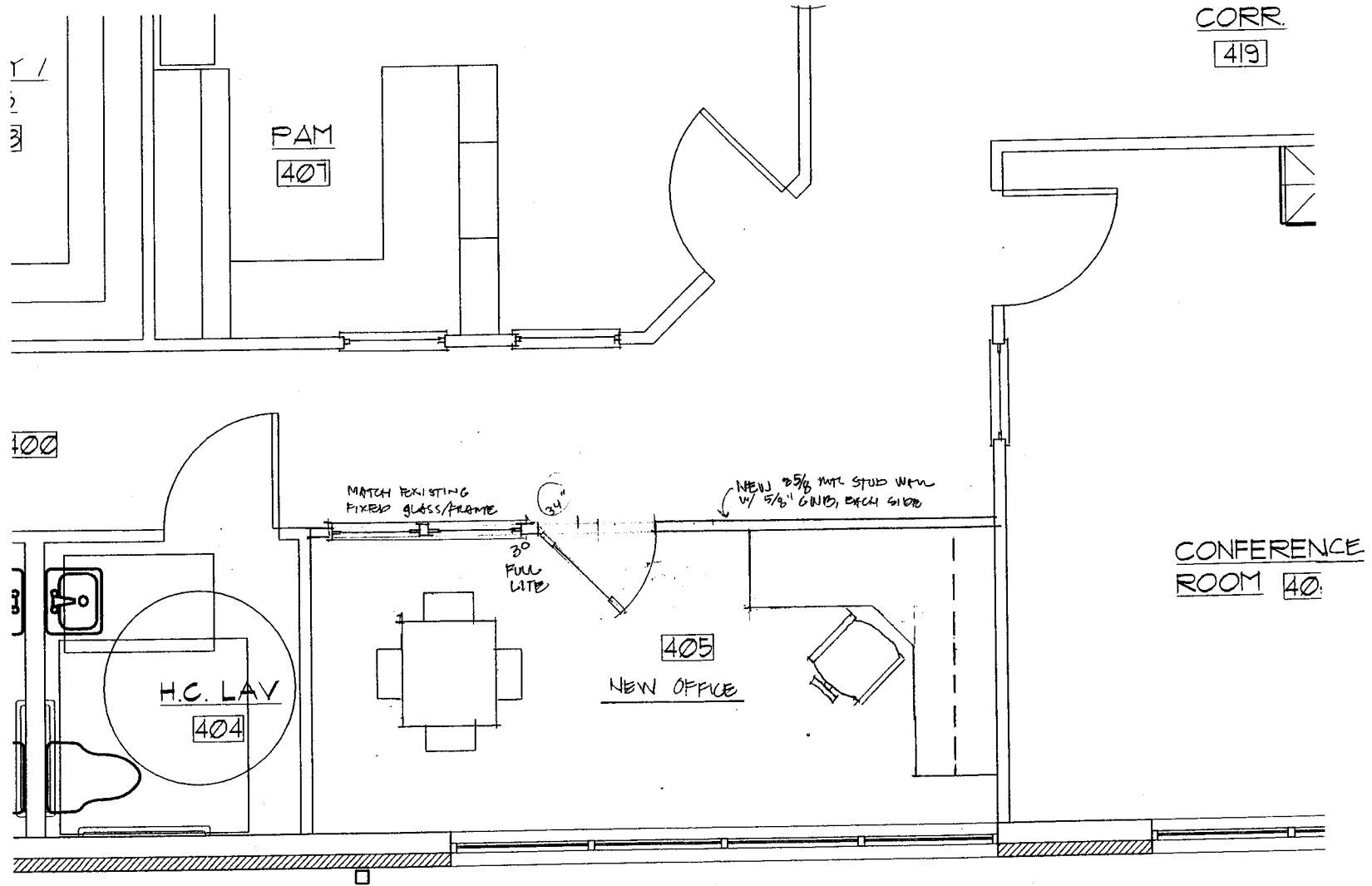


MAINE MEDICAL CENTER - 7 BRAMHALL OFFICE RENOVATIONS

FIRST FLOOR (PARTIAL)

7-20-09

SCALE: 1/8" = 1'-0"



MAINE MEDICAL CENTER - 7 BRAMHALL OFFICE RENOVATIONS  
 ENLARGED PLAN

7.20.09

SCALE: 3/8" = 1'-0"





# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

7/21/09 20

Received from \_\_\_\_\_

Location of Work

7 Birchell Street

Cost of Construction

\$ 3,500.00

Building Fee: \_\_\_\_\_

Permit Fee

\$ \_\_\_\_\_

Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total:

60.00

Building (I1)

Plumbing (I5) \_\_\_\_\_

Electrical (I2) \_\_\_\_\_

Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL:

063 A006

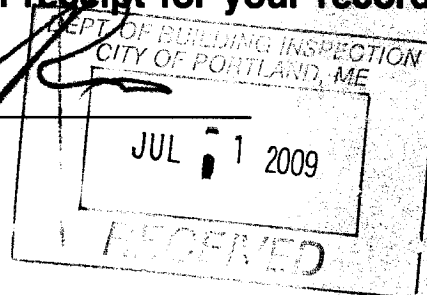
Check #: \_\_\_\_\_

Total Collected \$ 60.00

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by: \_\_\_\_\_

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy



9-11-09 CK - rough - in elec / panel. (note = relocate fire alarm/struck by E by