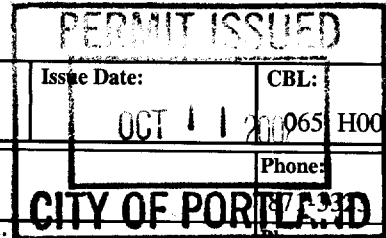


City of Portland, Maine - Building or Use Permit Application

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



Permit No: 02-1080	Issue Date: OCT 11 2006	CBL: H002001
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Location of Construction: 930 Congress St	Owner Name: Mmc Realty Corp	Owner Address: 22 Bramhall St	Phone: 877-333-3333
Business Name:	Contractor Name: HE Callahan Construction Co.	Contractor Address: 664 Turner Rd Auburn	Phone: 2077836733
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-6

Past Use: Maine Medical Center Offices	Proposed Use: Maine Medical Center Offices	Permit Fee: \$2,130.00	Cost of Work: \$301,000.00	CEO District: 3
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Proposed Project Description: Reconfigure 2,000sf of Office Space/Renovate <i>auto CAD given to nsn 9/15/02</i>	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>2c</i> <i>10/10/02</i>
	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____

Permit Taken By: gad	Date Applied For: 09/19/2002	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. 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..</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM Date: <i>9/20/02</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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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

02-1080

All Purpose 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>930 Congress St.</u>		
Total Square Footage of Proposed Structure <u>Structure is Existing</u>	Square Footage of Lot <u>N/A</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>065</u> Block# <u>H</u> Lot# <u>002</u>	Owner: <u>Maine Medical Center</u> <u>22 Bramhall St</u> <u>Portland, ME 04102-3175</u>	Telephone: <u>207-871-3323</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>207-784-6927</u> <u>H.E Callahan Const Co.</u> <u>P.O. Box 677</u> <u>Auburn, ME 04212</u>	Cost Of Work: <u>\$ 301,000</u> Fee: <u>\$ 2,130</u>
Current use: <u>Medical Offices</u>		
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>Medical Offices</u>		
Project description: <u>renovation of existing offices</u> <u>recognizing 2000 SF of office space</u>		
Contractor's name, address & telephone: <u>H.E. Callahan Const. Co</u> <u>207-784-6927</u>		
Who should we contact when the permit is ready: <u>John Blanchard</u> / <u>H.E. Callahan Const</u>		
Mailing address: <u>P.O. Box 677</u> <u>Auburn, ME 04212</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>207-784-6927</u>		

moving walls

Call

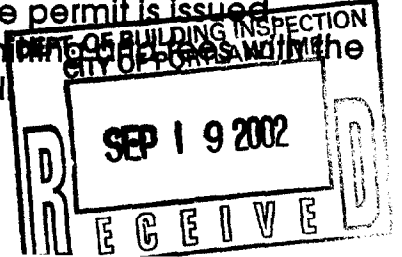
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: <u>John E Blanchard</u>	Date: <u>9-19-2</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permit requirements in the Planning Department on the 4th floor of City Hall

*Received
PDF file*



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

DEPARTMENT OF BUILDING INSPECTION

PERMIT

Permit Number: 021080

PERMIT ISSUED
OCT 11 2002
CITY OF PORTLAND

This is to certify that Mmc Realty Corp/HE Callahan Construction Co
has permission to Reconfigure 2,000sf of Office Space/Reconfigure
AT 930 Congress St 065 H00200

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 this department.

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

Notification of inspection must be given and when permission is procured before this building or part thereof is altered or closed-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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 10/10/02
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Application ID Number:

Department: Status: Reviewer:

Comments: Approval Date:

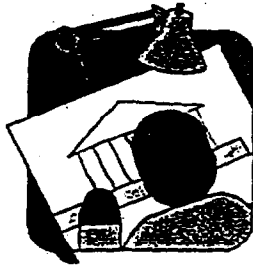
Given On Date:

OK to Issue Permit Name: Date: Date 2:

Conditions Section:

A Special Inspection of the Steel systems must be performed by a design profession, and the certification must be provided to this office.

Create Date: By: Update Date: By:



CITY OF PORTLAND MAINE

389 Congress St., Rm 315

Portland, ME 04101

Tel. - 207-874-8704

Fax - 207-874-8716

TO: Inspector of Buildings City of Portland, Maine
Planning & Urban Development
Division of Housing & Community Services

FROM DESIGNER: RILLARD CURTIS CND ARCHITECTS

434 CUMBERLAND AVENUE PORTLAND, ME 04101

DATE: 9/10/02

Job Name: RENOVATIONS TO THE MMC MAINE SUEEP INSTITUTE

Address of Construction: 900 CONGRESS ST.

THE BOCA NATIONAL BUILDING CODE/1999 Fourteenth EDITION

Construction project was designed according to the building code criteria listed below:

Building Code and Year BOCA 1999 Use Group Classification(s) BUSINESS

Type of Construction 2C Bldg. Height ± 30'0" Bldg. Sq. Footage ± 5390 SF

Seismic Zone PEAK VELOCITY 0.12 EXPANDED ZONE 1 Group Class CAT. C

Roof Snow Load Per Sq. Ft. 00 PSF Dead Load Per Sq. Ft. 20 PSF

Basic Wind Speed (mph) 85 mph Effective Velocity Pressure Per Sq. Ft. 17.0 PSF

Floor Live Load Per Sq. Ft. OFFICE 50 PSF CORRIDOR 80 PSF

Structure has full sprinkler system? Yes No Alarm System? Yes No
Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

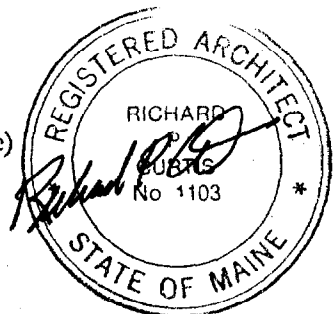
Is structure being considered unlimited area building: Yes No

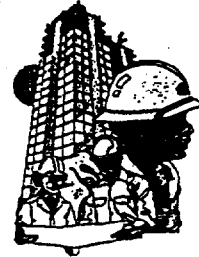
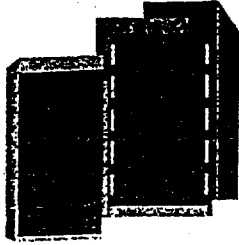
If mixed use, what subsection of 313 is being considered NO

List Occupant loading for each room or space, designed into this Project.

PSH 6/07/2K

(Designers Stamp & Signature)





**CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Rm 315
Portland, ME 04101**

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: RICHARD CURTIS CWS ARCHITECTS
434 CUMBERLAND AVE.
PORTLAND ME 04101

RE: Certificate of Design

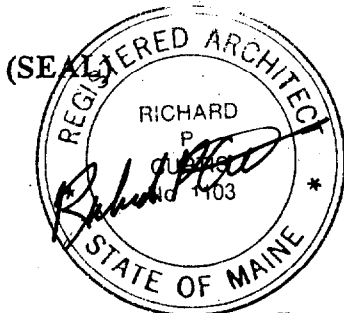
DATE: 9/16/02

These plans and/or specifications covering construction work on:

930 CONGRESS ST.

THE RENOVATIONS TO THE MAINE SLEEP INSTITUTE

Have been designed and drawn up by the undersigned, a Maine registered architect/engineer according to the BOCA National Building Code/1999 Fourteenth Edition, and local amendments.



Signature Richard P. Curtis

Title PRESIDENT

Firm CWS ARCHITECTS

Address 434 CUMBERLAND AVE
PORTLAND, ME 04101

As per Maine State Law:

\$50,000.00 or more in new construction, repair, expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.



CITY OF PORTLAND
ACCESSIBILITY CERTIFICATE

Designer: RICHARD CURTIS CWS ARCHITECTS

Address of Project 930 CONGRESS ST

Nature of Project PARTIAL BUILDING RENOVATION

Date 9/16/02

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act.

(SEAL)

Signature Richard Curtis

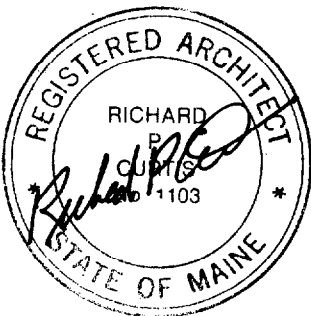
Title PRESIDENT

Firm CWS ARCHITECTS

Address 434 CUMBERLAND AVE.

PORTLAND, ME 04101

Telephone 207-774-4441



Renovations to the MMC Maine Sleep Institute

9/16/02

Portland, Maine

CWS Architects

Occupant Load Calculations

Room No.	Room Name	Use Group Factor	Floor Area (Sq-Ft)	Occupant Load
<u>Second Floor</u>				
201	Sleep Lab 4	Bus. 100/gross	170.2	1.702
202	Sleep Lab 3	Bus. 100/gross	116.2	1.162
203	Sleep Lab 2	Bus. 100/gross	143.4	1.434
204	Sleep Lab 1	Bus. 100/gross	142.9	1.429
205	Central Monitoring	Bus. 100/gross	181.2	1.812
206	Medical Office	Bus. 100/gross	128.5	1.285
207	Kitchenette	Bus. 100/gross	106.5	1.065
208	Storage Room	Bus. 100/gross	97.9	0.979
209	Toilet/Shower	Bus. 100/gross	52.8	0.528
210	Toilet/Shower	Bus. 100/gross	52.8	0.528
211	Linen Closet	Bus. 100/gross	10.7	0.107
212	Envir. Services	Bus. 100/gross	15.0	0.15
213	Corridor	Bus. 100/gross	44.3	0.443
214	Corridor	Bus. 100/gross	127.1	1.271
215	Corridor	Bus. 100/gross	163.0	1.63
<u>Third Floor</u>				
301	Reception/Waiting	Bus. 100/gross	296.4	2.964
302	Admin./Records	Bus. 100/gross	231.6	2.316
305	Exam Room	Bus. 100/gross	71.8	0.718
309	Storage	Bus. 100/gross	98.9	0.989
311	Corridor	Bus. 100/gross	104	1.04
314	Staff Room	Bus. 100/gross	120.8	1.208
315	Storage	Bus. 100/gross	57.8	0.578
316	Oxygen Storage	Bus. 100/gross	43.4	0.434
317	Closet	Bus. 100/gross	15.1	0.151
318	Corridor	Bus. 100/gross	99.2	0.992