

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

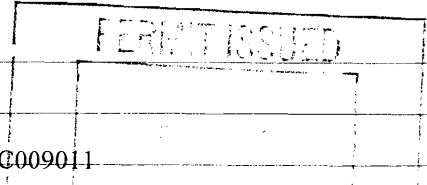
PERMIT

Permit Number: 090179

Please Read Application And Notes, If Any, Attached

This is to certify that MMC REALTY CORP /Herbert construct
has permission to renovate existing space to receive new finish & Minor renovati
AT 335 BRIGHTON AVE (New England Rehab Gym) CB# 121 C009011

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 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 written permission procured before this building or part thereof is lathed or otherwise finished-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. CAPT. R. Hutchins
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Jeanne Pank 3/19/09
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: 09-0179	Issue Date:	CBL: 121 C009011
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Location of Construction: 335 BRIGHTON AVE (New Englan	Owner Name: MMC REALTY CORP	Owner Address: PO BOX 380546	Phone:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-3

Past Use: Commercial - MMC New England Rehab Brighton Campus Gym (1st floor)	Proposed Use: Commercial - MMC New England Rehab Brighton Campus Gym renovate existing space to receive new finishes & Minor renovations	Permit Fee: \$2,020.00	Cost of Work: \$200,000.00	CEO District: 3
Proposed Project Description: renovate existing space to receive new finishes & Minor renovations (1st floor)		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: I-2 Type 1B IBC-2003 Signature: JMB 3/19/09	
		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: Ldobson	Date Applied For: 03/09/2009	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>	<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>OK w/condition Date: 3/11/09 JMB</p>	<p>Zoning Appeal</p> <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 <p>Date: _____</p>	<p>Historic Preservation</p> <input checked="" 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 <p>ABM Date: _____</p>
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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



Commercial 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>Brighton Medical Center</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>121</u> <u>C</u> <u>9</u>	Owner: <u>Maine Medical Center</u> <u>New England Rehab</u>	Telephone: <u>207-662-8155</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Hebert Construction</u> <u>9 Gould Road</u> <u>Lewiston, ME</u> <u>783-2091</u>	Cost Of Work: <u>\$200,000</u> Fee: <u>\$1,821.00</u>
Current Specific use: <u>Rehab Gym</u>		
Proposed Specific use: <u>Rehab Gym</u>		
Project description: <u>Renovate existing space to receive new finishes</u> <u>and minor renovations.</u>		
Contractor's name, address & telephone: <u>Hebert Construction (see above)</u>		
Who should we contact when the permit is ready: <u>Timothy Hebert</u>		
Mailing address: <u>Hebert Construction</u> <u>9 Gould Road</u> <u>Lewiston, ME 04240</u>		
		Phone: <u>207-212-2176</u>

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

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections 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 of applicant: <u>[Signature]</u>	Date: <u>3/6/09</u>
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Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.



Certificate of Design

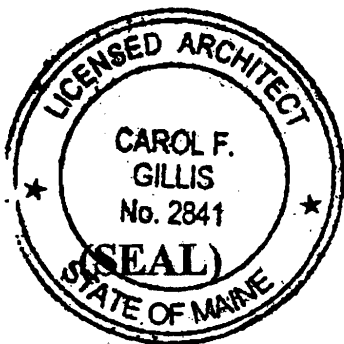
Date: MARCH 6, 2009

From: DESIGN GROUP COLLABORATIVE

These plans and / or specifications covering construction work on:

NEW ENGLAND REHABILITATION HOSPITAL OF PORTLAND -
FIRST FLOOR CCM RENOVATIONS

To the best of my knowledge, information and belief,
Have been designed and drawn up by the undersigned, a Maine registered Architect /
Engineer according to the *2003 International Building Code* and local amendments.



Signature: Carol F. Gillis

Title: Architect

Firm: Design Group Collaborative

Address: 22 Free Street, Ste. 303
Portland, ME 04101

Phone: 207-699-3303

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Certificate of Design Application

From Designer: DESIGN GROUP COLLABORATIVE
 Date: MARCH 6, 2009
 Job Name: NEW ENGLAND REHABILITATION HOSPITAL OF PORTLAND -
 Address of Construction: FIRST FLOOR GYM RENOVATIONS
335 ERIEVIEW AVE, PORTLAND, ME 04102

2003 International Building Code

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

Building Code & Year IBC 2003 Use Group Classification (s) INSTITUTIONAL - IZ
 Type of Construction TYPE 1B (Existing) **BUILDING IS FULLY SPRINKLERED**
 Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC N/A
 Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) _____
 Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) N/A

Structural Design Calculations

N/A Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.1.1, 1807)

Floor Area Use	Loads Shown
<u>N/A</u>	

Wind loads (1603.1.4, 1609)

N/A Design option utilized (1609.1.1, 1609.6)
 Basic wind speed (1809.3)
 Building category and wind importance Factor, K_d (table 1604.5, 1609.5)
 Wind exposure category (1609.4)
 Internal pressure coefficient (ASCE 7)
 Component and cladding pressures (1609.1.1, 1609.6.2.2)
 Main force wind pressures (7603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

N/A Design option utilized (1614.1)
 Seismic use group ("Category")
 Spectral response coefficients, S_D & S_1 (1615.1)
 Site class (1615.1.5)

<u>N/A</u>	Live load reduction
	Roof live loads (1603.1.2, 1607.11)
	Roof snow loads (1603.7.3, 1608)
	Ground snow load, P_g (1608.2)
	If $P_g > 10$ psf, flat-roof snow load P_f
	If $P_g > 10$ psf, snow exposure factor, C_e
	If $P_g > 10$ psf, snow load importance factor, I_s
	Roof thermal factor, C_t (1608.4)
	Sloped roof snowload, P_s (1608.4)
	Seismic design category (1616.5)
	Basic seismic force resisting system (1617.6.2)
	Response modification coefficient, R , and deflection amplification factor, C_d (1617.6.2)
	Analysis procedure (1616.6, 1617.5)
	Design base shear (1617.4, 16175.5.1)

Flood loads (1803.1.5, 1612)

N/A Flood Hazard area (1612.3)
 Elevation of structure

Other loads

N/A Concentrated loads (1607.4)
 Partition loads (1607.5)
 Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.15, 1610, 1611, 2404)



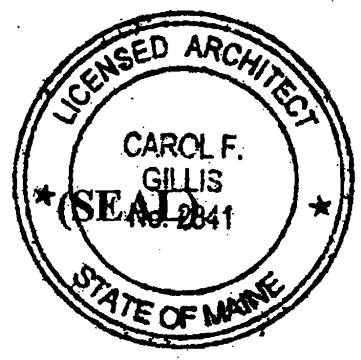
Accessibility Building Code Certificate

Designer: DESIGN GROUP COLLABORATIVE

Address of Project: 335 BRIDGTON AVE., PORTLAND, ME

Nature of Project: INTERIOR RENOVATIONS

To the best of my knowledge, information, and belief
 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. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



Signature: Carol F. Gillis

Title: Architect

Firm: Design Group Collaborative

Address: 22 Free Street, Ste. 303
Portland, ME 04101

Phone: 207-699-3300

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



State of Maine
Department of Public Safety
Construction Permit



Reviewed
for Barrier
Free

18239

Sprinkled
Sprinkler Supervised

NEW ENGLAND REHAB HOSPITAL PORTLAND-FIRST FL GYM

Located at: 335 BRIGHTON AVENUE

PORTLAND

Occupancy/Use: HOSPITAL

Permission is hereby given to:

NEW ENGLAND REHABILITATION HOSPITAL OF
ATTN: JEANINE CHESLEY
335 BRIGHTON AVENUE
PORTLAND, ME 04102

to construct or alter the afore referenced building according to the plans hitherto filed with the Commisioner and now approved.
No departure from application form/plans shall be made without prior approval in writing. This permit is issued under the provision of Title 25, Chapter 317, Section 2448 and the provisions of Title 5, Section 4594 - F.
Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

This permit will expire at midnight on the 27 th of July 2009

Dated the 28 th day of January A.D. 2009

Commissioner

Copy-1 Owner

Comments:

NEW ENGLAND REHABILITATION HOSPITAL OF
ATTN: JEANINE CHESLEY
335 BRIGHTON AVENUE
PORTLAND, ME 04102