

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BU...TION

PERMIT

Permit Number: 090509

This is to certify that MMC REALTY CORP /Herb Construct...
has permission to Renovate existing clinical space to a medical education Facility 3rd floor, Office and class room areas
AT 335 BRIGHTON AVE 3rd Floor C... 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 lath... or other... sed-in. 2...
HO... NOTICE IS REQUIRED.

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

PERMIT ISSUED

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. R. [Signature]

Health Dept. JUL 16 2009

Appeal Board

Other

Department Name **CITY OF PORTLAND**

Carrie Bowler 7/15/09
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: 09-0509	Issue Date:	CBL: 121 C009011
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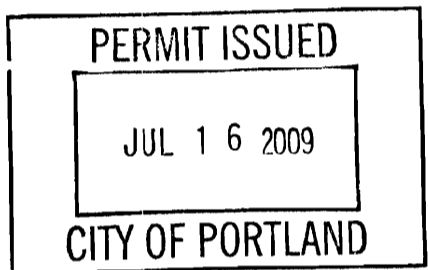
Location of Construction: 335 BRIGHTON AVE 3rd Floor	Owner Name: MMC REALTY CORP	Owner Address: PO BOX 380546	Phone:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone: 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-3

Past Use: Commercial - Maine Medical Ctr Brighton Campus	Proposed Use: Maine Medical Ctr Brighton Campus - Renovate existing clinical space into a medical education Facility 3rd floor, Office and class room areas	Permit Fee: \$17,460.00	Cost of Work: \$1,743,007.00	CEO District: 3
Proposed Project Description: Renovate existing clinical space into a medical education Facility 3rd floor, Office and class room areas		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: <i>B</i> Type: <i>IB</i> <i>IB</i> <i>IBC-2003</i> Signature: <i>AMB</i> 7/5/09	
		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: 05/27/2009	Zoning Approval
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- 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 <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 type="checkbox"/> MM <input type="checkbox"/> Date: <i>5/24/09</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 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 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

City of Portland, Maine - Building or Use Permit
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0509	Date Applied For: 05/27/2009	CBL: 121 C009011
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Location of Construction: 335 BRIGHTON AVE 3rd Floor	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: (207) 783-2091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Maine Medical Ctr Brighton Campus - Renovate existing clinical space into a medical education Facility 3rd floor, Office and class room areas	Proposed Project Description: Renovate existing clinical space into a medical education Facility 3rd floor, Office and class room areas
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 05/29/2009
Note: **Ok to Issue:**

1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 07/15/2009
Note: **Ok to Issue:**

- 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.
- 2) The official documents for the Statement of Special Inspections shall be submitted prior to ordering the structural steel.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 06/10/2009
Note: **Ok to Issue:**

- 1) A separate Sprinkler System Permit is required per the Fire Department.
- 2) Fire alarm system requires a Masterbox connection per city ordinance.
- 3) Fire extinguishers required. Installation per NFPA 10
- 4) Walls in structure are to be labeled according to fire resistance rating.
IE; 1 hr. / 2 hr. / smokeproof.
- 5) Emergency lights are required to be tested at the electrical panel.
- 6) Fire Alarm system shall be maintained.
If system is to be off line over 4 hours a fire watch shall be in place.
Dispatch notification required 874-8576.
- 7) A separate Fire Alarm System Permit is required per the Fire Department.
- 8) Emergency lights and exit signs are required
- 9) System acceptance and commissioning must be co-ordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.
- 10) Application requires State Fire Marshal approval.
- 11) The sprinkler system shall be installed in accordance with NFPA 13.
- 12) All construction shall comply with NFPA 101
- 13) The fire alarm system shall comply with NFPA 72 and Fire Department Technical Standard. A compliance letter is required.
- 14) Any cutting or welding operations require a separate permit from the Fire dept.

Location of Construction: 335 BRIGHTON AVE 3rd Floor	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 (207) 783-2091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

- 15 A single source supplier should be used for all through penetrations.
- 16 The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 17 The Standpipe system shall be installed in accordance with NFPA 14. A signed compliance letter will be required.

Comments:

6/16/2009-jmb: Left vmsg with Dan H. About statement of SI requirements for the structural modifications.

6/18/2009-jmb: Dan H. Called back and he will have Ron Rideout the engineer from SMRT contact me. Returned call from Ron and he will prepare the statement of inspections. The welding fabrication shop is not certified to perform work w/o SI, but Ron is very familiar with them and he will inspect at the shop and submit a report.

7/15/2009-jmb: Dan H. Left a vmsg about the statement of SI, it is still being developed and he has requested permit approval with this condition and they would like to start work Monday. I returned call and left a msg.

7/15/2009-jmb: Spoke with Dan H., he emailed a preliminary statement for the special inspections with a letter of guarantee that the official documentation will be submitted prior to ordering the steel. Ok to issue

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.

 X The final report of Special Inspections shall be submitted prior to the final inspection or the issuance of the Certificate of Occupancy

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.

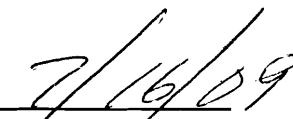
CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



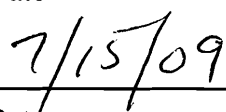
Signature of Applicant/Designee



Signature of Inspections Official



Date



Date

CITY OF PORTLAND
DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

389 Congress Street
Portland, Maine 04101

INVOICE FOR PERMIT FEES

Application No: 9-0509	Applicant: MMC REALTY CORP
Project Name:	Location: 335 BRIGHTON AVE
CBL: 121 C009011	Development Type:
Invoice Date: 05/27/2009	

Previous Balance	-	Payment Received	+	Current Fees	-	Current Payment	=	Total Due	Payment Due Date
\$0.00		\$0.00		\$17,460.00		\$17,450.00		\$10.00	On Receipt

First Billing

Previous Balance	\$0.00
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Fee Description	Qty	Fee/Deposit Charge
Building Permit Fee First \$1000	1	\$30.00
Building Permit Fee Add'l \$1000	1	\$17,430.00
		\$17,460.00
Total Current Fees:	+	\$17,460.00
Total Current Payments:	-	\$17,450.00
Amount Due Now:		\$10.00

Detach and remit with payment

Bill to: MMC REALTY CORP
PO BOX 380546
BIRMINGHAM, AL 35238

CBL 121 C009011
Application No: 9-0509
Invoice Date: 05/27/2009
Invoice No: 34610
Total Amt Due: \$10.00
Payment Amount:

Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.



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: 335 BRIGHTON AVE., PORTLAND, ME.		
Total Square Footage of Proposed Structure/Area 20,200 SF		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# 121 Block# C Lot# 9		Applicant * must be owner, Lessee or Buyer* Name MAINE MEDICAL CENTER LESLIE DAVIS Address 22 BRAMHALL ST. City, State & Zip PORTLAND, ME 04102
Lessee/DBA (If Applicable)		Telephone: 207-662-4117
Owner (if different from Applicant) Name Address City, State & Zip		Cost Of Work: \$ 1,743,007.00 C of O Fee: \$ _____ Total Fee: \$ 17,450.00
Current legal use (i.e. single family) HOSPITAL If vacant, what was the previous use? - Proposed Specific use: MEDICAL EDUCATION FACILITY Is property part of a subdivision? NO If yes, please name _____ Project description: RENOVATION OF EXISTING CLINICAL SPACE INTO A MEDICAL EDUCATION FACILITY. (3RD FLOOR) THIS FACILITY WILL INCLUDE OFFICE AND CLASSROOM AREAS AS WELL AS SIMULATION EXAM ROOMS, A SIMULATION ICU/TRAUMA ROOM AND A SIMULATION OPERATING ROOM, ALL USED FOR EDUCATIONAL PURPOSES ONLY.		
Contractor's name: HEBERT CONSTRUCTION		
Address: 9 GOULD RD.		
City, State & Zip LEWISTON, ME 04240		Telephone: 207-783-2091
Who should we contact when the permit is ready: DAN HEBERT		Telephone: 207-783-2091
Mailing address: 9 GOULD RD. - LEWISTON, ME 04240		

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, 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: Daniel R Hebert	Date:
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This is not a permit; you may not commence ANY work until the permit is issue



Certificate of Design Application

From Designer: SMRT - CRAIG PIPER
 Date: MAY 18TH, 2009
 Job Name: MAINE MEDICAL CENTER - OFFICE OF MEDICAL EDUCATION
 Address of Construction: 335 BRIGHTON AVE. - PORTLAND, ME

2003 International Building Code

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

Building Code & Year IBC, 2006 Use Group Classification (s) IBC: BUSINESS GROUP B - ACCESSORY USE (MAIN USE HOSPITAL)
 Type of Construction NEPA 101: TYPE II, 222 IBC: TYPE 1B
 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? YES If yes, separated or non separated or non separated (section 302.3) SEPARATED
 Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) N/A - EXISTING BUILDING RENOVATION

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 (7603.11, 1807)

Floor Area Use	Loads Shown
<u>CLASSROOMS / LABS</u>	<u>ON PLANS</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, I_w (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 & S_{D1} (1615.1)
 Site class (1615.1.5)

NO Live load reduction
NO Roof *live* loads (1603.1.2, 1607.11)
YES Roof snow loads (1603.7.3, 1608)
60 Ground snow load, P_g (1608.2)
46 If $P_g > 10$ psf, flat-roof snow load P_f
1.0 If $P_g > 10$ psf, snow exposure factor, C_e
1.1 If $P_g > 10$ psf, snow load importance factor, I_s
1.0 Roof thermal factor, C_t (1608.4)
N/A Sloped roof snowload, P_s (1608.4)
 Seismic design category (1616.3)
 Basic seismic force resisting system (1617.6.2)
 Response modification coefficient, R_f and deflection amplification factor, C_d (1617.6.2)
N/A Analysis procedure (1616.6, 1617.5)
N/A Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

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

Other loads

— Concentrated loads (1607.4)
YES Partition loads (1607.5)
YES Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



Certificate of Design

Date: MAY 18TH 2009

From: CRAIG PIPER - SMRT

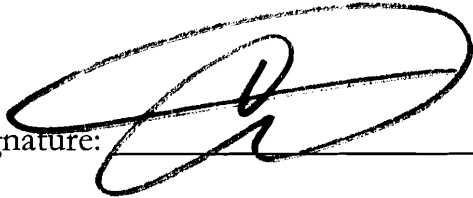
These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER - OFFICE OF MEDICAL EDUCATION

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments.



(SEAL)

Signature: 

Title: PRINCIPLE ARCHITECT

Firm: SMRT

Address: 144 FORE ST.

PORTLAND, ME 04104

Phone: 207-772-3846

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



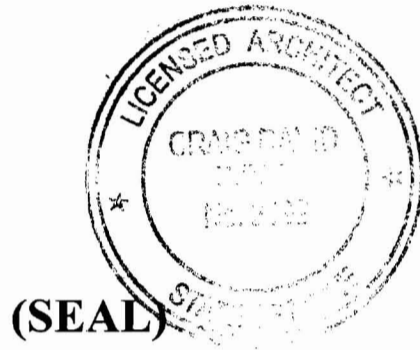
Accessibility Building Code Certificate

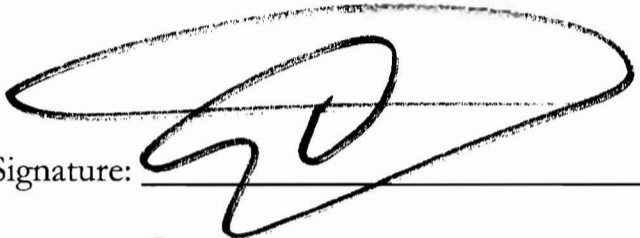
Designer: CRAIG PAPER - SMRT

Address of Project: 335 BRIGHTON AVE - PORTLAND, ME

Nature of Project: RENOVATION OF EXISTING 3RD FLOOR CLINICAL SPACE
INTO A MEDICAL EDUCATION FACILITY.

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: 

Title: PRINCIPLE ARCHITECT

Firm: SMRT

Address: 144 FORE ST.

PORTLAND, ME 04104

Phone: 207-772-3846

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



HEBERT CONSTRUCTION, LLC
 9 Gould Road
 Lewiston, ME 04240
 Tel: (207) 783-2091 Fax: (207) 782-4938

9 Gould Road
 Lewiston, ME 04240
 Ph : (207) 783-2091

Letter of Transmittal

To: Portland; City of
 389 Congress Street
 Portland, ME 04101
 Ph: 207-874-8654 Fax: 207-874-8652

Transmittal #: 1
Date: 5/27/2009
Job: 090055 MMC- Office Medical Educ (OME)

Subject: MMC - Office of Medical Education

WE ARE SENDING YOU Attached Under separate cover via None the following items:
 Shop drawings Prints Plans Samples
 Copy of letter Change order Specifications See Below

Document Type	Copies	Date	No.	Description
Other	1			Building Permit Application
Other	1			Certificate of Design Application
Other	1			ADA Code Certificate
Other	1			PDF Disc with Plans & Specifications
Other	1			Set of Drawings
Other	1			Set of Specifications
Other	1			Certificate of Design
Other	1			Check # 31117

THESE ARE TRANSMITTED as checked below:

For approval Approved as submitted Resubmit ___ copies for approval
 For your use Approved as noted Submit ___ copies for distribution
 As requested Returned for corrections Return ___ corrected prints
 For review and comment Other
 FOR BIDS DUE PRINTS RETURNED AFTER LOAN TO US

Remarks:

Copy To:

From: Daniel Hebert (Hebert Construction)

Signature: Daniel R Hebert

If enclosures are not as noted, kindly notify us at once.