

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING DEPARTMENT

## PERMIT

Permit Number: 090692

Please Read Application And Notes, If Any, Attached

This is to certify that MMC REALTY CORP /Herbert Construct  
has permission to Radiology/New Nurses Station. New Patient Waiting Rooms. New Finishes  
AT 335 BRIGHTON AVE 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 covered-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. J. HARRIS  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name \_\_\_\_\_

PERMIT ISSUED  
JUL 16 2009  
CITY OF PORTLAND  
PENALTY FOR REMOVING THIS CARD

*James Bank* 7/15/09  
Director - Building & Inspection Services

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

Permit No: 09-0692	Issue Date:	CBL: 121 C009011
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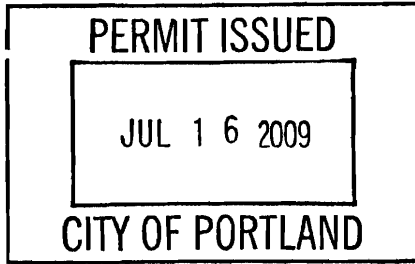
Location of Construction: 335 BRIGHTON AVE	Owner Name: MMC REALTY CORP	Owner Address: PO BOX 380546	Phone:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone: 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-3

Past Use: Maine Medical Ctr Brighton Campus	Proposed Use: Maine Medical Ctr Brighton Campus - Radiology/New Nurses Station. New Patient Waiting Rooms. New Finishes	Permit Fee: \$2,520.00	Cost of Work: \$250,000.00	CEO District: 3
Proposed Project Description: Radiology/New Nurses Station. New Patient Waiting Rooms. New Finishes <i>Ground Floor</i>		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i># see Conditions</i>	INSPECTION: Use Group: <i>I-2</i> Type: <i>1B</i> <i>IBC 2003</i>	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> <i>7/15/09</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: lmd	Date Applied For: 07/02/2009	<b>Zoning Approval</b>		
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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..

<b>Special Zone or Reviews</b> <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>[Signature]</i>	<b>Zoning Appeal</b> <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: <i>[Signature]</i>	<b>Historic Preservation</b> <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: <i>[Signature]</i>
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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

<b>Permit No:</b> 09-0692	<b>Date Applied For:</b> 07/02/2009	<b>CBL:</b> 121 C009011
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<b>Location of Construction:</b> 335 BRIGHTON AVE	<b>Owner Name:</b> MMC REALTY CORP	<b>Owner Address:</b> PO BOX 380546	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Herbert Construction, LLC	<b>Contractor Address:</b> 9 Gould Road Lewiston	<b>Phone</b> (207) 783-2091
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Maine Medical Ctr Brighton Campus - Radiology/New Nurses Station. New Patient Waiting Rooms. New Finishes, Ground Floor	<b>Proposed Project Description:</b> Radiology/New Nurses Station. New Patient Waiting Rooms. New Finishes, Ground Floor
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 07/02/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Separate permits shall be required for any new signage. 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 07/15/2009
<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. 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Keith Gautreau	<b>Approval Date:</b> 07/08/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) No means of egress shall be affected by this renovation 2) 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. 3) Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service. 4) Fire extinguishers required. Installation per NFPA 10 5) All means of egress to remain accessible at all times 6) Fire alarm system requires a Masterbox connection per city ordinance. Masterbox design and installation shall be as approved by City Electrical Division. 7) Emergency lights and exit signs are required 8) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required. 9) The fire alarm system shall comply with NFPA 72 and Fire Department Technical Standard. A compliance letter is required. 10) 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

  7/16/09    
Date

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

  7/15/09    
Date



# 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>Maine Medical Center - Brighton Campus</u> <u>335 Brighton Ave. Portland, ME</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant * <b>must</b> be owner, Lessee or Buyer* Name <u>Maine Medical Center</u> Address <u>22 Bramhall St.</u> City, State & Zip <u>Portland, ME 04102</u>	Telephone:
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>250,000.00</u> C of O Fee: \$ _____ Total Fee: \$ <u>2,520.00</u>
<p>Current legal use (i.e. single family) <u>Radiology Medical Facility</u></p> <p>If vacant, what was the previous use? _____</p> <p>Proposed Specific use: <u>Radiology</u></p> <p>Is property part of a subdivision? _____ If yes, please name _____</p> <p>Project description: <u>New Nurse Station and patient waiting rooms.</u> <u>New Finishes</u></p>		
<p>Contractor's name: <u>Hebert Construction</u></p> <p>Address: <u>9 Gould Road</u></p> <p>City, State &amp; Zip <u>Lewiston, ME 04240</u> Telephone: <u>207-783-2091</u></p> <p>Who should we contact when the permit is ready: <u>David Moore</u> Telephone: <u>207-783-2091</u></p> <p>Mailing address: <u>9 Gould Road, Lewiston, ME 04240</u></p>		

**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: <u>Daniel R. Hebert</u> Daniel R. Hebert/President	Date: <u>06/30/09</u>
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**This is not a permit; you may not commence ANY work until the permit is issue**



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:** 6/30/2009  
**Job:** 090051 Brighton Radiology Reception

**Subject:** Building Inspection Department - Brighton Radiology Reception

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

Document Type	Copies	Date	No.	Description
Other	1			PDF file of Drawings
Other	1			General Building Permit Application
Other	1			Certificate of Design Cert.
Other	1			Accessibility Building Code Cert
Other	1			Certificate of Design
Other	1			Outline Specification
Other	1			Drawings G1001, AD101, AE101, AE102, AE201, AE601
Other	1			Check #31474 for \$2520.00

**THESE ARE TRANSMITTED as checked below:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> For approval | <input type="checkbox"/> Approved as submitted            | <input type="checkbox"/> Resubmit ___ copies for approval   |
| <input type="checkbox"/> For your use            | <input type="checkbox"/> Approved as noted                | <input type="checkbox"/> Submit ___ copies for distribution |
| <input type="checkbox"/> As requested            | <input type="checkbox"/> Returned for corrections         | <input type="checkbox"/> Return ___ corrected prints        |
| <input type="checkbox"/> For review and comment  | <input type="checkbox"/> Other                            |   |
| <input type="checkbox"/> FOR BIDS DUE            | <input type="checkbox"/> 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.



# Certificate of Design Application

From Designer: Carol F. Gillis, MA / Design Group Collaborative  
 Date: JUNE 29, 2009  
 Job Name: MME Brighton Radiology Reception / Waiting Renovations  
 Address of Construction: 335 Brighton 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 I-2  
 Type of Construction 1B, Non-combustible, protected  
 Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC YES  
 Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) N/A  
 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 (7603.11, 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,  $w$  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)

N/A 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 (1616.3)  
 Basic seismic force resisting system (1617.6.2)  
 Response modification coefficient,  $R_d$  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 (1803.1.6, 1612)

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

### Other loads

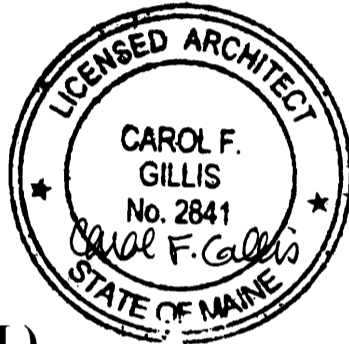
N/A Concentrated loads (1607.4)  
 Partition loads (1607.5)  
 Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



## Accessibility Building Code Certificate

Designer: Carol F. Gillis / Design Group Collaborative  
 Address of Project: 335 Brighton Ave, Portland, ME 04102  
 Nature of Project: MHC Brighton Radiology Reception / Waiting  
Renovations. Interior renovations  
within existing Radiology Department

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.



(SEAL)

6/29/09

Signature: Carol F. Gillis  
 Title: Architect  
 Firm: Design Group Collaborative  
 Address: 22 Free Street, Suite 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](http://www.portlandmaine.gov)





# Certificate of Design

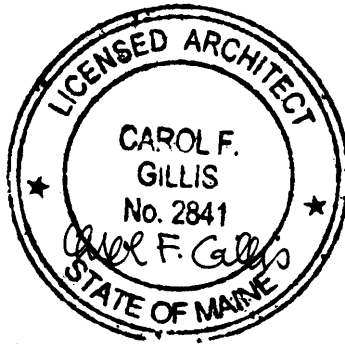
Date: June 29, 2009

From: Carol F. Gillis, AIA / Design Group Collaborative

These plans and / or specifications covering construction work on:

MMC Brighton Radiology Reception / Waiting Renovations  
335 Brighton Ave, Portland, ME 04102

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.



(SEAL) 6/29/09

Signature: Carol F. Gillis

Title: Architect

Firm: Design Group Collaborative

Address: 22 Free Street, Suite 303  
Portland, ME 04102

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](http://www.portlandmaine.gov)