

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

## BUILDING INSPECTION

### PERMIT

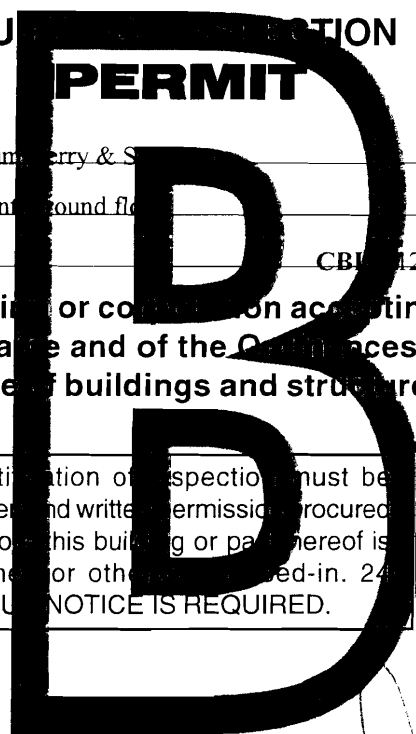
Permit Number: 100042

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that MMC REALTY CORP /William Perry & S  
has permission to Generator replacement basement ground floor  
AT 335 BRIGHTON AVE Basement CBU 121 C009011 JAN 26 2010

### PERMIT ISSUED

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 red-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. K. Anderson  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

[Signature]  
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: 10-0042	Issue Date:	CBL: 121 C009011
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Location of Construction: 335 BRIGHTON AVE Basement	Owner Name: MMC REALTY CORP	Owner Address: PO BOX 380546	Phone:
Business Name: Brighton Campus	Contractor Name: William Berry & Sons, Inc.	Contractor Address: 99 Conifer Hill Drive Danvers	Phone: 2032236026
Lessee/Buyer's Name	Phone:	Permit Type: Generator	Zone: R-3

Past Use: Maine Medical - Brighton Campus	Proposed Use: Maine Medical - Brighton Campus - Generator replacement basement/ ground floor / 1st floor	Permit Fee: \$17,810.00	Cost of Work: \$1,778,046.00	CEO District: 3
Proposed Project Description: Generator replacement basement/ ground floor / first floor.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>*See Conditions</i>	INSPECTION: Use Group: <i>I-2/B</i> Type: <i>2-2B</i> <i>EBC/IMC 2003</i> Signature: <i>(Signature)</i> Date: <i>1/26/10</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: Ldobson	Date Applied For: 01/15/2010	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<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"/> <i>OK w/ condition</i> Date: <i>1/14/10</i> <i>ABU</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: _____	<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 <i>ABU</i> Date: _____
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**PERMIT ISSUED**

JAN 26 2010

City of Portland

**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

**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.


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

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

1-27-10  
Date

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

1/26/10  
Date

**CITY OF PORTLAND**  
**DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**  
 389 Congress Street  
 Portland, Maine 04101

**INVOICE FOR PERMIT FEES**

<b>Application No:</b> 10-0042	<b>Applicant:</b> MMC REALTY CORP
<b>Project Name:</b>	<b>Location:</b> 335 BRIGHTON AVE
<b>CBL:</b> 121 C009011	<b>Development Type:</b>
<b>Invoice Date:</b> 01/15/2010	

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Fees</b>	-	<b>Current Payment</b>	=	<b>Total Due</b>	<b>Payment Due Date</b>
\$0.00		\$0.00		\$17,810.00		\$17,800.46		\$9.54	On Receipt

**First Billing**

<b>Previous Balance</b>	<b>\$0.00</b>
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Fee Description	Qty	Fee/Deposit Charge
Cost of Work First \$1000	1	\$30.00
Cost of Work Add'l \$1000	1778	\$17,780.00
		\$17,810.00

PERMIT ISSUED

JAN 26 2010

City of Portland

<b>Total Current Fees:</b>	+	<b>\$17,810.00</b>
<b>Total Current Payments:</b>	-	<b>\$17,800.46</b>
<b>Amount Due Now:</b>		<b>\$9.54</b>

Detach and remit with payment

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

CBL 121 C009011  
**Application No:** 10-0042  
**Invoice Date:** 01/15/2010  
**Invoice No:** 36433  
**Total Amt Due:** \$9.54  
**Payment Amount:**

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



# General Building Permit Application

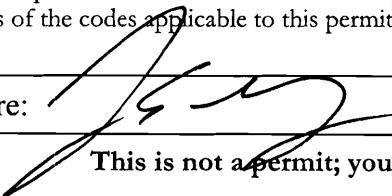
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <b>Maine Medical Center, 335 Brighton Ave, Portland, ME 04102</b>		
Total Square Footage of Proposed Structure/Area <b>Existing</b>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# 121 Block# 274, 262 Lot# 9  <i>121-C-009</i>	Applicant * <b>must be owner, Lessee or Buyer*</b> Name <b>Maine Medical Center</b> Address <b>335 Brighton Ave</b> City, State & Zip <b>Portland, ME 04102</b>	Telephone: <b>207.662.8000</b>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>1,778,046</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>Business, I-2 Institutional</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Same</u> Is property part of a subdivision? <u>No</u> If yes, please name _____ Project description: <u>Generator replacement basement, ground, 1<sup>st</sup> Floor</u>		
		<b>RECEIVED</b> JAN 15 2010
Contractor's name: <u>William A. Berry &amp; Son, Inc</u>		<b>Dept. of Building Inspections</b> City of Portland Maine
Address: <u>99 Conifer Hill Drive</u>		
City, State & Zip: <u>Danvers, MA 01923</u>		Telephone: <u>978.774.1057</u>
Who should we contact when the permit is ready: <u>Jason Lansberry</u>		Telephone: <u>203.223.6026</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:  Date: 1/11/10

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



# Certificate of Design Application

From Designer: DiGiorgio Associates

Date: 1/4/2009

Job Name: Maine Medical Center - Generator MV Gear Replacement

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) B/Business, I-2/Institutional

Type of Construction Type 1, Type 1B, Type II, Type IIB

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC \_\_\_\_\_

Is the Structure mixed use? \_\_\_\_\_ If yes, separated or non separated or non separated (section 302.3) \_\_\_\_\_

Supervisory alarm System? \_\_\_\_\_ Geotechnical/Soils report required? (See Section 1802.2) \_\_\_\_\_

### Structural Design Calculations

\_\_\_\_\_ 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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- \_\_\_\_\_ 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,  $R_f$  and deflection amplification factor  $C_d$  (1617.6.2)
- \_\_\_\_\_ Analysis procedure (1616.6, 1617.5)
- \_\_\_\_\_ Design base shear (1617.4, 1617.5.1)

### Wind loads (1603.1.4, 1609)

- \_\_\_\_\_ 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)

### Flood loads (1803.1.6, 1612)

- \_\_\_\_\_ Flood Hazard area (1612.3)
- \_\_\_\_\_ Elevation of structure

### Earth design data (1603.1.5, 1614-1623)

- \_\_\_\_\_ Design option utilized (1614.1)
- \_\_\_\_\_ Seismic use group ("Category")
- \_\_\_\_\_ Spectral response coefficients,  $S_D$ s &  $S_1$  (1615.1)
- \_\_\_\_\_ Site class (1615.1.5)

### Other loads

- \_\_\_\_\_ 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)



# Certificate of Design

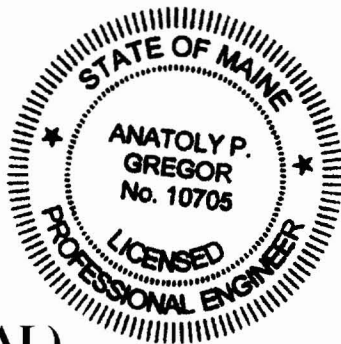
Date: 1-8-10

From: ANATOLY GREGOR - DIGIORGIO ASSOCIATES

These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER - 335 BRIGHTON AVE, PORTLAND, ME 04102  
GENERATOR MV GEAR REPLACEMENT PLANS/SPECIFICATIONS

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: Anatoly P. Gregor

Title: PROJECT MANAGER

Firm: DIGIORGIO ASSOCIATES

Address: 484 MAINE AVE

FARMINGDALE ME 04344

Phone: 207-582-2400

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)



# Accessibility Building Code Certificate

Designer: ANATOLY GREGOR - DIGIORGIO ASSOCIATES

Address of Project: 335 BRIGHTON AVE, PORTLAND ME 04102

Nature of Project: EMERGENCY GENERATOR, MEDIUM & LOW  
VOLTAGE ELECTRICAL DISTRIBUTION EQUIPMENT  
REPLACEMENT / UPGRADES.

The additional actions described in the proposed construction work as described above have been designed to comply with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disabilities 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)



Signature: Anatoly P. Gregor

Title: PROJECT MANAGER

Firm: DIGIORGIO ASSOCIATES

Address: 484 MAINE AVE  
FARMINGDALE ME 04344

Phone: 207-582-2400

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)



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

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

<b>Permit No:</b> 10-0042	<b>Date Applied For:</b> 01/15/2010	<b>CBL:</b> 121 C009011
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<b>Location of Construction:</b> 335 BRIGHTON AVE Basement	<b>Owner Name:</b> MMC REALTY CORP	<b>Owner Address:</b> PO BOX 380546	<b>Phone:</b>
<b>Business Name:</b> Brighton Campus	<b>Contractor Name:</b> William Berry & Sons, Inc.	<b>Contractor Address:</b> 99 Conifer Hill Drive Danvers	<b>Phone:</b> (203) 223-6026
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Generator	

<b>Proposed Use:</b> Maine Medical - Brighton Campus - Generator gear replacement basement/ground floor/first floor	<b>Proposed Project Description:</b> Generator gear replacement basement/ground floor/first floor
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 01/19/2010  
**Note:** Generator is existng.      **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:** 01/26/2010  
**Note:**      **Ok to Issue:**

- 1) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 2) 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.
- 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:** 01/26/2010  
**Note:**      **Ok to Issue:**

- 1) No means of egress shall be affected by this renovation
- 2) Install shall comply with all manufacture's specifications.
- 3) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 4) The sprinkler system shall be installed in accordance with NFPA 13.

**PERMIT ISSUED**

JAN 26 2010

City of Portland