

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 101073

PERMIT ISSUED

This is to certify that Maine Medical Center/Herbert construction

has permission to Refit for Ortho Practice - 2nd fl

AT 335 Brighton Ave CE 121 C009022

AUG - 9

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 used-in. 2 HOUSING NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

- Fira Dept. _____
- Health Dept. _____
- Appeal Board _____
- Other _____
Department Name

Jeanne Banks 9/3/10
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: 10-1073	Issue Date: 09/03/2010	CBL: 121 C009022
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Location of Construction: 335 Brighton Ave	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone:
Business Name: Maine Medical Center	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 Center	Proposed Use: Maine Medical Center / Refit for Ortho Practice - 2nd fl	Permit Fee: \$70.00	Cost of Work: \$5,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>JMB</i>	INSPECTION: Use Group: <i>1/B</i> Type: <i>1B</i> <i>DPK-2003</i>	

Proposed Project Description: Refit for Ortho Practice - 2nd fl	Signature: <i>9/3/10</i>	Signature: <i>JMB 9/3/10</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: gg	Date Applied For: 09/02/2010	Zoning Approval	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

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 <i>OK Interior</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>JMB 9/3/10</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: <i>JMB</i>
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AUG - 9 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 _____



General Building Permit Application

10 1073

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/Area	Square Footage of Lot <u>N/A</u>	Number of Stories <u>N/A</u>
Tax Assessor's Chart, Block & Lot Chart# <u>128</u> Block# <u>E 009</u> Lot# <u>022</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>MAINE MEDICAL CENTER</u> Address <u>22 BRAMHALL</u> City, State & Zip <u>PORTLAND, OH 102</u>	Telephone: 602-8953 <u>602-8069</u> <u>BOB CLOVER</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>5,000.⁰⁰</u> C of O Fee: \$ _____ Total Fee: \$ <u>70.⁰⁰</u>
Current legal use (i.e. single family) <u>MED OFFICE</u>	Number of Residential Units <u>N/A</u>	
If vacant, what was the previous use? <u>MED OFFICE</u>		
Proposed Specific use: <u>WIDEN CHANGE TO OFFICE PLAN</u>		<u>RECALCULATE PERMITS</u>
Is property part of a subdivision? <u>N/A</u>	If yes, please name _____	
Project description: <u>PERMITS FOR ORTHO Practice 2nd floor and floor</u>		
Contractor's name: <u>HEBERT CONSTRUCTION</u>		
Address: _____		
City, State & Zip _____ <u>04102</u>		Telephone: _____
Who should we contact when the permit is ready: <u>DAVE MONNE</u>		Telephone: <u>212-2173</u>
Mailing address: _____		

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: <u>W M P</u>	Date: <u>9/2/10</u>
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This is not a permit; you may not commence ANY work until the permit is issued



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

Sept 2 2011

Received from Robert Clutter

Location of Work 335 Brookline

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 70.0

Building (IL) Plumbing (IS) _____ Electrical (I2) _____ Site Plan (I2) _____

Other _____

CBL: 121-G-009022

Check #: Vesq Total Collected \$ 70.0

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

BUILDING PERMIT INSPECTION PROCEDURES

**Please call 874-8703 or 874-8693 (ONLY)
or email: buildinginspections@portlandmaine.gov**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months, if the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.**

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

 X **Final inspection required at completion of work.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

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Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Maine Medical Center / Refit for Ortho Practice - 2nd fl	Proposed Project Description: Refit for Ortho Practice - 2nd fl
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 09/03/2010
Note:			Ok to Issue: <input checked="" type="checkbox"/>
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: 09/03/2010
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. 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.			
Dept: Fire	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 09/03/2010
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) All construction shall comply with City Code Chapter 10.			

Comments:
9/2/2010-gg: received pdf and entered. /gg
9/2/2010-gg: Bob Cloutier will be in today for payment of \$70.00. /gg
9/2/2010-gg: Received payment of \$70.00 as of 09-02-10. /gg
9/3/2010-jmb: Will Poggart of MMC called on 8/24/10 for minor alterations in the Ortho Lab and if we could expedite.

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