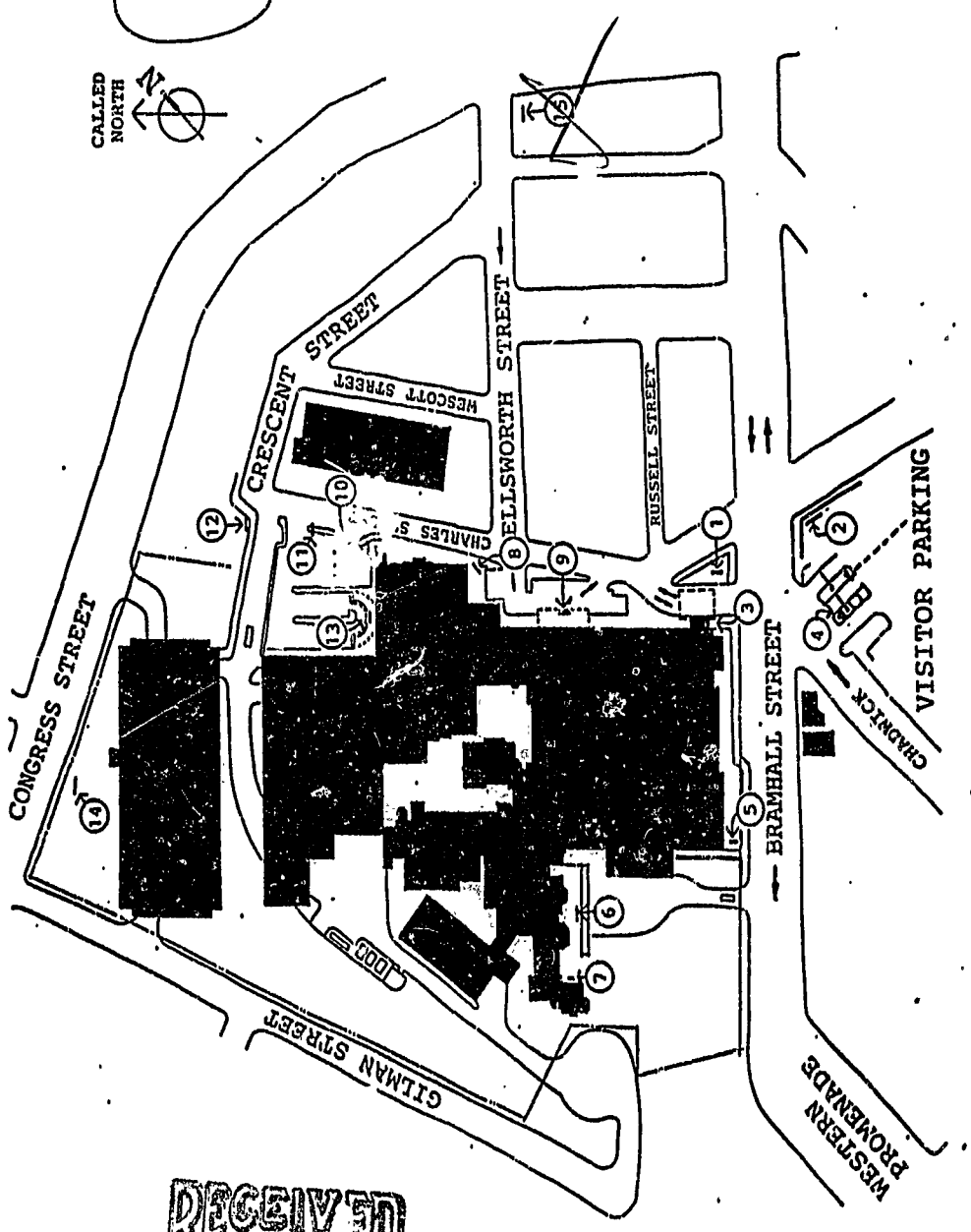
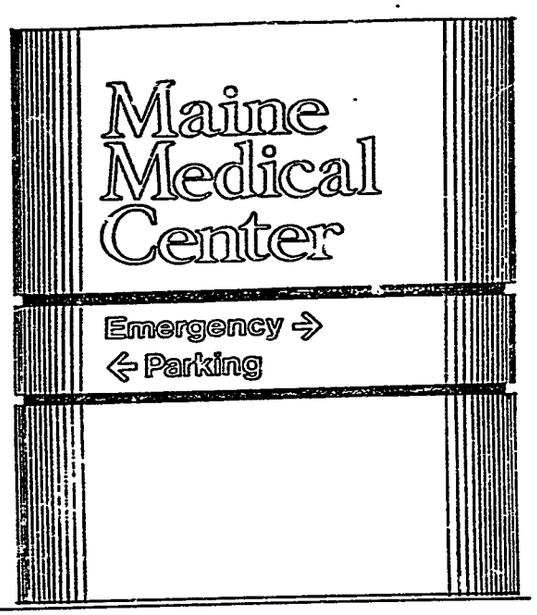
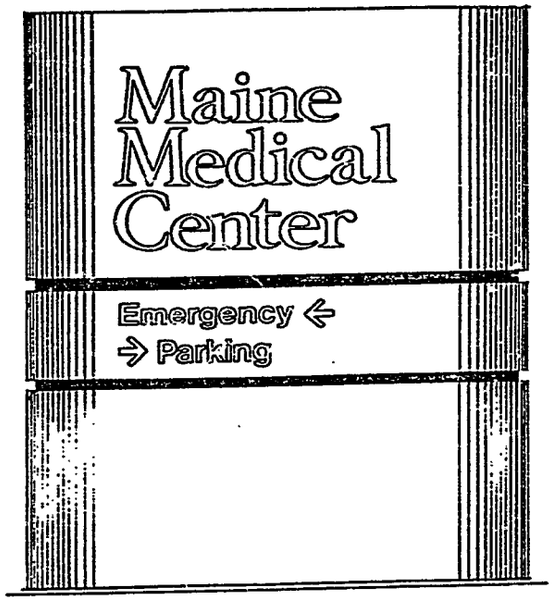
MAINE MEDICAL CENTER
EXTERIOR SIGN PROGRAM

SECTION 7 NEW SIGNS - LOCATION PLAN





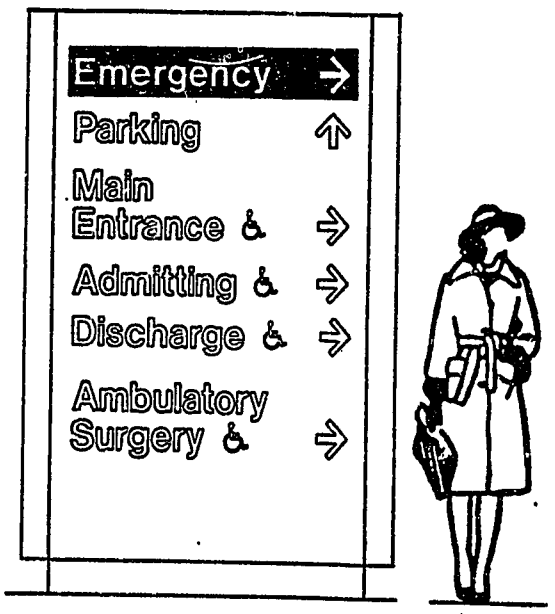
EAST ELEVATION



WEST ELEVATION

SIGN NO. 1-SIGN TYPE "A"

64



STUB

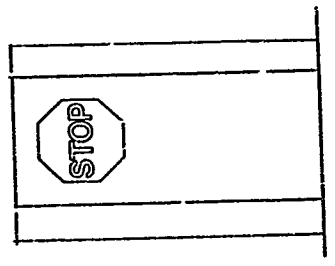
EAST ELEVATION

SIGN NO. 2-SIGN TYPE "B"

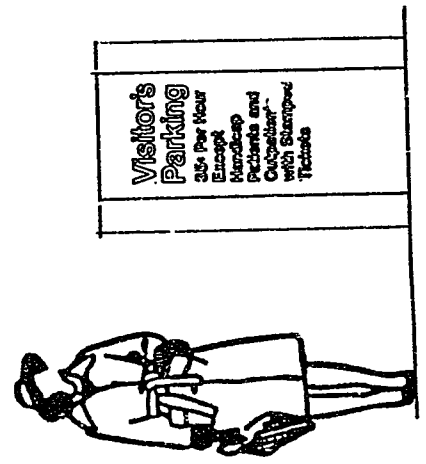
40

SOUTH ELEVATION

SIGN NO. 3-SIGN TYPE "F"

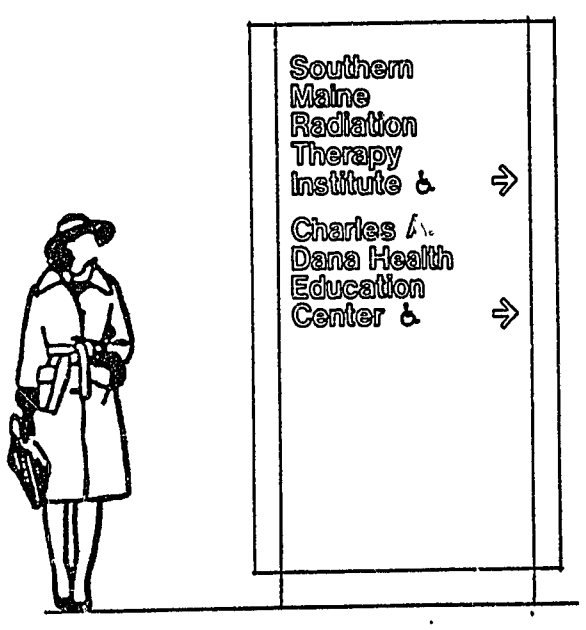


SOUTHEAST ELEVATION

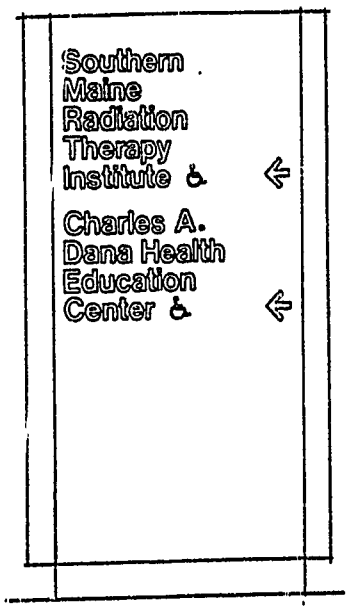


SOUTHWEST ELEVATION
(NORTH ELEVATION SIMILAR)

SIGN NO. 4-SIGN TYPE "D-1"



EAST ELEVATION

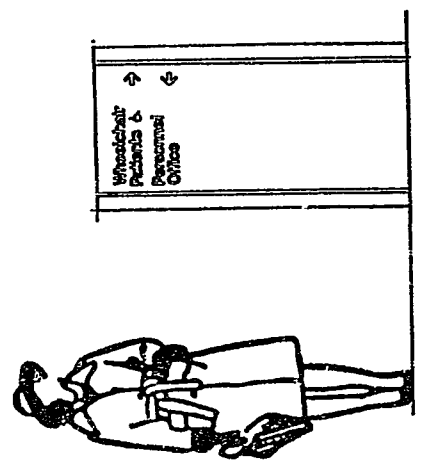


WEST ELEVATION

SIGN NO.5-SIGN TYPE "B-2"

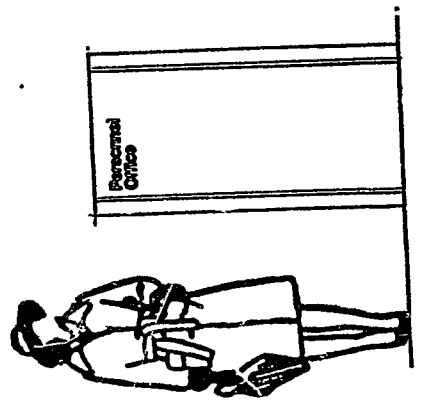
3E

SECTION 8 NEW SIGNS - DRAWINGS: FACE ELEVATIONS AND COPY LAYOUT (Continued)



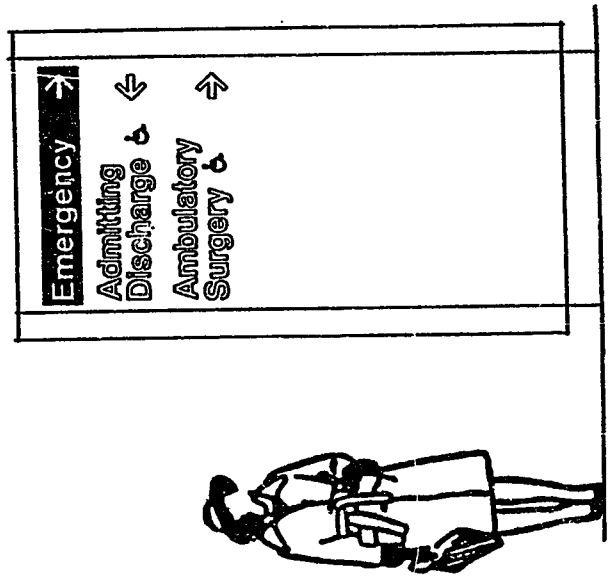
SOUTH ELEVATION

SIGN NO. 6-SIGN TYPE "D"



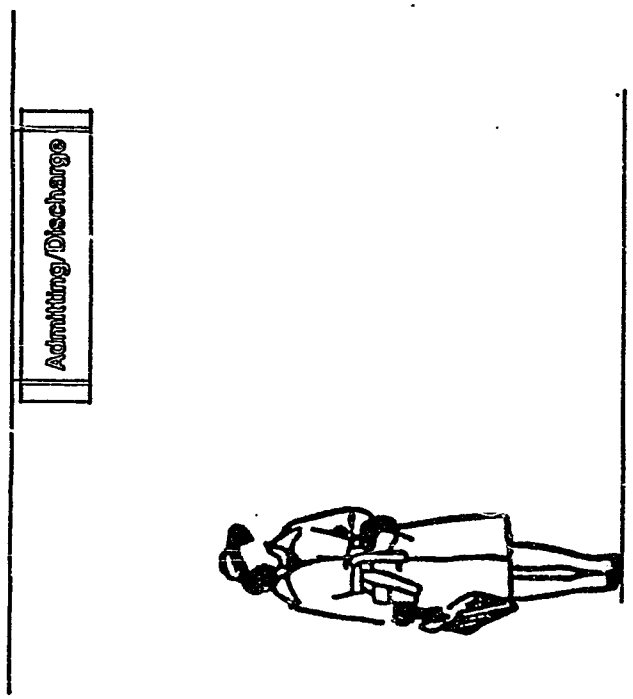
EAST ELEVATION

SIGN NO.7-SIGN TYPE "D"



SOUTHEAST ELEVATION

SIGN NO. 8-SIGN TYPE "B-2"



EAST ELEVATION

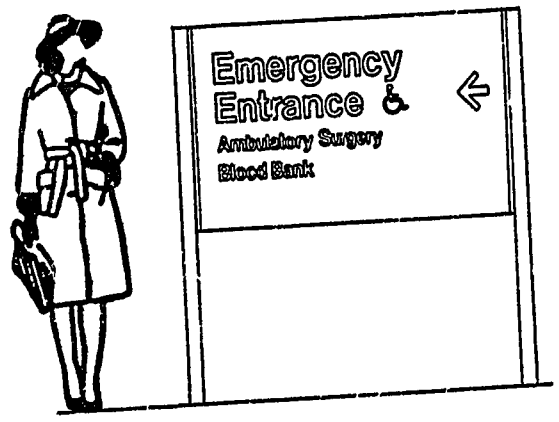
SIGN NO. 9-TYPE "F"

SOUTH ELEVATION

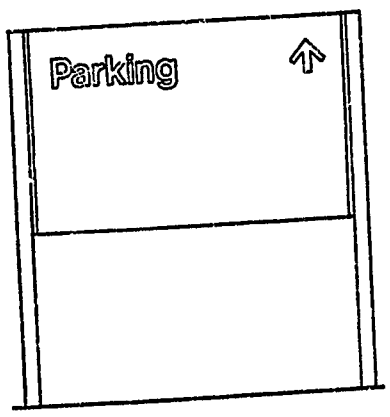
NORTH ELEVATION

SIGN NO.10-SIGN TYPE "E"

15



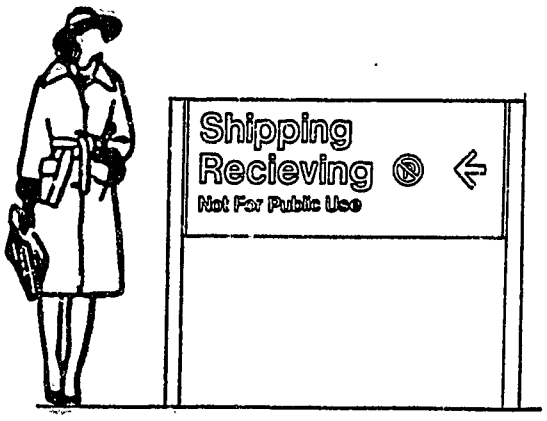
SOUTH ELEVATION



NORTH ELEVATION

SIGN NO. 11-SIGN TYPE "E-1"

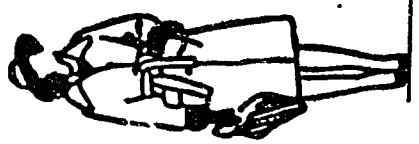
15



SOUTH ELEVATION

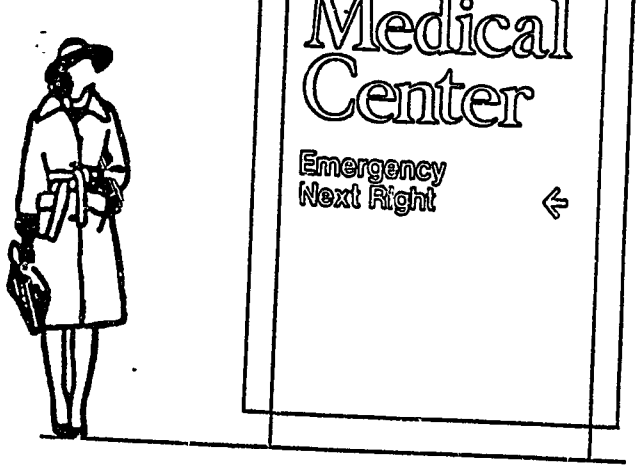
SIGN NO. 12-SIGN TYPE "E"

15



NORTH ELEVATION

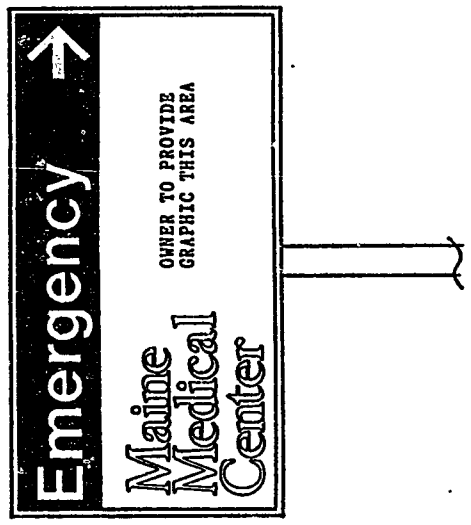
SIGN NO. 13-SIGN TYPE "F-1"



NORTH ELEVATION

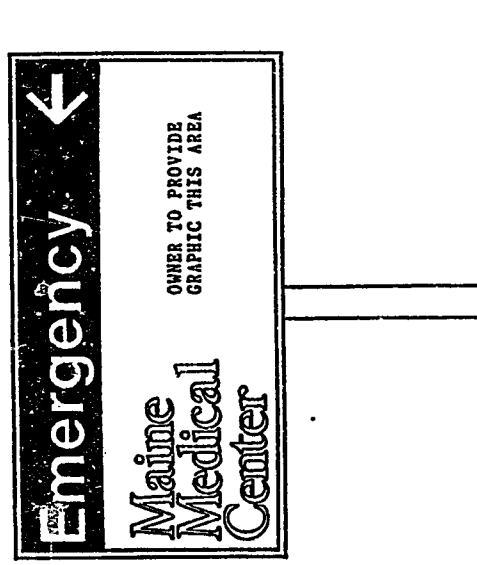
SIGN NO. 14 -SIGN TYPE "B"

SECTION 8 NEW SIGNS - DRAWINGS: FACE ELEVATIONS AND COPY LAYOUT (Continued)

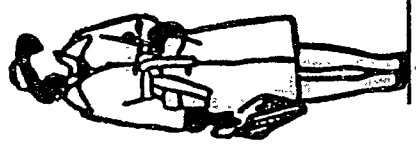


NORTH ELEVATION

SIGN NO. 15-SIGN TYPE "C"



SOUTH ELEVATION



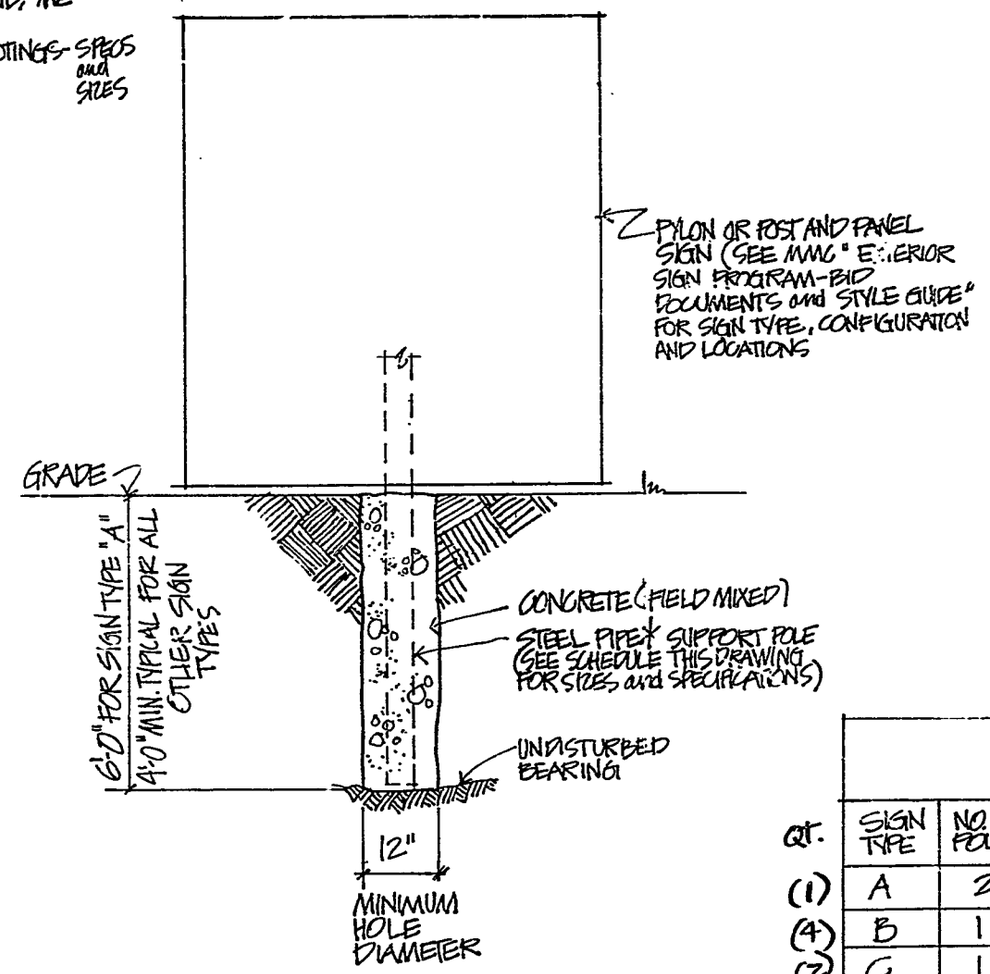
32

NeoKraft
Manufacturers of Interior and Exterior Signage
CreaTech Signs Inc.
[illegible] Main Street
Lewiston, Maine 04240
(207) 782-0884

Shop Drawing

Work Order No. 13030
Job Name MAINE MEDICAL CENTER
Job Location PORTLAND, ME

Date SEPT. 15, 1987
Drawing Title SIGN FOOTINGS - SPECS and SIZES
Drawing No. 1 of 1



SECTION THRU TYPICAL PYLON SIGN FOOTING

NO SCALE

SCHEDULE

POLE SPECIFICATIONS AND FOOTING SIZES

Qt.	SIGN TYPE	NO OF POLES	SIGN AREA (SQ.FT.)	HEIGHT TO CENTER OF SIGN	POLE DIAMETER	FOOTING SIZE DIAMETER	FOOTING SIZE DEPTH
(1)	A	2	80 SQ.FT.	5'-0"	4"	1'-0"	4'-0"
(4)	B	1	40 SQ.FT.	4'-0"	3"	1'-0"	4'-0"
(2)	C	1	32 SQ.FT.	14'-0"	6"	1'-0"	6'-0"
	D	1	9 SQ.FT.	2'-3"	2"	1'-0"	4'-0"
	E	2	15 SQ.FT.	4'-0"	2"	1'-0"	4'-0"

339 SQ.FT.

*NOTE
ALL POLES ARE ASTM SCHEDULE 40 STEEL PIPE
POLE DIAMETER INDICATED IS INSIDE DIAMETER (I.D.)
ALL POLES TO EXTEND FULL DEPTH OF FOOTING

PERMIT #

PORTLAND BUILDING PERMIT APPLICATION

DATE 9/10/87

PERMIT ISSUED
SEP 18 1987
City Of Portland

I. GENERAL INFORMATION

Location/address of construction 22 Bramhall Street

1. Owner's name Maine Medical Center Tel. 871-2944
Address same 04102

2. Lessee's name _____ Tel. _____
Address _____

3. Contractor's name Neo-Kraft Signs Tel. 782-9654 #01213
Address 686 Main Street, Lewiston 04240

4. Is this a legally recorded lot? yes _____ no _____

II. DESCRIPTION OF WORK:

to erect 15 signs as per plans 339 sq. ft. in all
request for variance to limit of 15 sq. ft. per sign. Description and number of signs inclued in cover letter. Section 14-336 in R-6 zone.

Appeal sustained 8/27/87

III. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____

IV. ZONE R-6 Street frontage _____ Zoning board approval: no ☐ yes ☐ date _____
Setbacks: front _____ back _____ side _____ side _____ Planning board approval: no ☐ yes ☐ date _____

V. REVIEW REQUIRED: variance X other _____
site plan _____ subdivision _____ shore _____ floodplain mgmt _____

Number of off-street parking spaces: _____ enclosed _____ outdoors

VI. FEES:
base fee $92.80 other fees variance - $50.00 pd. 8/10/87
subdivision fee _____ late fee _____
site plan review fee _____ TOTAL _____

VII. DETAILS OF WORK

1. WATER SUPPLY: ☐ public ☐ private
2. SEWER: ☐ public ☐ private, type
3. HEAT: type fuel
4. FOUNDATION: type thickness footing
5. ROOF: type pitch covering load
6. PLUMBING: SPRINKLER SYSTEM? yes ☐ no ☐
7. ELECTRICAL: service entrance size # smoke detectors
8. CHIMNEY: # flues material # fireplaces
9. FRAMING: floor joists _____ size _____ max. on center _____ ceiling joists _____ rafters _____ studs _____ wall studs _____
10. If 1-story building w/masonry walls: wall thickness height
11. BEDROOM WINDOWS height width sill height egress window? yes ☐ no ☐

VIII. OFFICE USE:
TAX MAP # 63
LOT # H-3
VALUE/STRUCTURE _____
PERMIT EXPIRATION _____

IX. NEW OR PHASED SUBDIVISION REFERENCE
Name _____
Lot _____
Block _____

CODE _____ If other, explain
X. PROPOSED USE: 323 - hospital Seasonal _____ Condom'ium _____ Apartment _____
XI. PAST USE: _____ Seasonal _____ Condom'ium _____ Apartment _____
XII. OWNERSHIP: _____ PUBLIC X PRIVATE

XIII. EST. CONSTRUCTION COST: _____

XIV. GR. SQ. FT. OF LOT _____
BUILDING _____

COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE

XV. RESIDENTIAL BUILDINGS ONLY:

	BEDROOMS 1 BDRM	2 BDRMS	3 BDRMS
# NEW DWELLING UNITS WITH:			
# EXISTING DWELLING UNITS WITH:			

XVI. # RESIDENTIAL UNITS:
NEW DWELLINGS _____
EXISTING DWELLINGS _____
TOTAL RESIDENTIAL UNITS _____

APPROVALS BY: DATE
BUILDING INSPECTION - PLAN EXAMINER _____
ZONING: A.R. McTurnan Sept. 17, 1987
C.E.O. _____
FIRE DEPT. _____

MISCELLANEOUS
Will work require disturbing of any tree on a public street? _____
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? _____

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical, and mechanicals.

District No. 5

XVII.
SIGNATURE OF APPLICANT _____ PHONE # 871-2944
TYPE NAME OF ABOVE Michael Dunn for Maine Medical Center 1 2 3 4

White - GPCOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector

Wm Lear 6

NOTES

Signs are all up

Permit No.
Location 22 [illegible] 12 // 57
Owner
Date of permit
Approved
Dwelling
Garage
Alteration

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date March 20, 1989, 19
Receipt and Permit number 00746

To the CHIEF ELECTRICAL INSPECTOR, *Portland, Maine:*

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 22 Bramhall St. construction site

OWNER'S NAME: M. M. C. ADDRESS:

	FEES
OUTLETS:	
Receptacles ____ Switches ____ Plugmold ____ ft. TOTAL ____	
FIXTURES: (number of)	
Incandescent ____ Flourescent ____ (not strip) TOTAL ____	
Strip Flourescent ____ ft.	
SERVICES: temp construction service	
Overhead ____ Underground ____ Temporary ____ TOTAL amperes 100	3.00
METERS: (number of) 1	.50
MOTORS: (number of)	
Fractional ____	
1 HP or over ____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) ____	
Electric (number of rooms) ____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) ____	
Oil or Gas (by separate units) ____	
Electric Under 20 kws ____ Over 20 kws ____	
APPLIANCES: (number of)	
Ranges ____ Water Heaters ____	
Cook Tops ____ Disposals ____	
Wall Ovens ____ Dishwashers ____	
Dryers ____ Compactors ____	
Fans ____ Others (denote) ____	
TOTAL ____	
MISCELLANEOUS: (number of)	
Branch Panels ____	
Transformers ____	
Air Conditioners Central Unit ____	
Separate Units (windows) ____	
Signs 20 sq. ft. and under ____	
Over 20 sq. ft. ____	
Swimming Pools Above Ground ____	
In Ground ____	
Fire/Burglar Alarms Residential ____	
Commercial ____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under ____	
over 30 amps ____	
Circus, Fairs, etc. ____	
Alterations to wires ____	
Repairs after fire ____	
Emergency Lights, battery ____	
Emergency Generators ____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	5.00 min

Will be ready on March 20, 19__; or Will Call

CONTRACTOR'S NAME: E S Bonus

ADDRESS: 40 Circus Time Rd. So Ptld.

TEL.: 772-3706

MASTER LICENSE NO.: 03374 SIGNATURE OF CONTRACTOR:

LIMITED LICENSE NO.:

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS—

Permit Number 00146

Location 22 [illegible]

Owner [illegible]

Date of Permit 3/20/89

Final Inspection 3/23/89

By Inspector [illegible]

Permit Application Register Page No. 59

INSPECTIONS: Service 100 amperes by Russo

Service called in 3/23/89

Closing-in ______ by ______

PROGRESS INSPECTIONS: ______ / ______ / ______

DATE:	REMARKS:

COMPLETED

DATE 3/23/89

APPLICATION FOR PERMIT

PERMIT ISSUED
JAN 20 1987
City of Portland

B.O.C.A. USE GROUP .....

B.O.C.A. TYPE OF CONSTRUCTION .....6.....

ZONING LOCATION ..... PORTLAND, MAINE ..Jan..16,..1987

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION ..22 Bramhall St...8th floor of Richards Wing..... Fire District #1 ☐, #2 ☐

1. Owner's name and address ..Maine Medical Center - same..... Telephone ..871-0111
2. Lessee's name and address ..... Telephone .....
3. Contractor's name and address .F. W. Cunningham & SOns Inc..... Telephone ..773-0246

Box 1140 Portland 04104 ..... No. of sheets .....

Proposed use of building .1 room on 8th floor..... No. families .....

Last use ..... No. families .....

Material ..... No. stories ..... Heat ..... Style of roof ..... Roofing .....

Other buildings on same lot .....

Estimated contractural cost $..52,000...

Appeal Fees	$ .....
Base Fee	...280..00....
Late Fee	....
TOTAL	$ .....

FIELD INSPECTOR—Mr. ....

@ 775-5451

Stamp of Special Conditions

To make interior renovations to Room 801 of 8th floor, Richards Wing, to be used for Special Procedures Room as per plans.
10 sheets of plans.

send permit to # 3

NOTE TO APPLICANT: *Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.*

DETAILS OF NEW WORK

Is any plumbing involved in this work? ...yes..... Is any electrical work involved in this work? ....yes...

Is connection to be made to public sewer? ..existing If not, what is proposed for sewage? .....

Has septic tank notice been sent? ..... Form ... be sent? ....

Height average grade to top of plate ..... Height average grade to highest point of roof .....

Size, front ..... depth ..... No. stories ..... solid or filled land? ..... earth or rock? .....

Material of foundation .... Thickness, top ..... bottom ..... cellar ....

Kind of roof .... Rise per foot ..... Roof covering .....

No. of chimneys .... Material of chimneys ..... of lining ..... Kind of heat ..... fuel .....

Framing Lumber—Kind ..... Dressed or full size? ..... Corner posts ..... Sills .....

Size Girder ..... Columns under girders ..... Size ..... Max. on centers .....

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters:	1st floor	2nd	3rd	roof .....
On centers:	1st floor	2nd	3rd	roof .....
Maximum span:	1st floor	2nd	3rd	roof .....

If one story building with masonry walls, thickness of walls? ..... height? .....

IF A GARAGE

No. cars now accommodated on same lot ....., to be accommodated ..... number commercial cars to be accommodated .....

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? .....

APPROVALS BY: *DATE*

BUILDING INSPECTION—PLAN EXAMINER .....

ZONING: .....

BUILDING CODE: .....

Fire Dept.: James V. Colwell Jr.

Health Dept.: .....

Others: .....

MISCELLANEOUS

Will work require disturbing of any tree on a public street? no..

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? ..yes..

Signature of Applicant ..... Phone # ....same.....

Type Name of above Dean Carter for F. W. Cunningham & Sons ..... 1☐ 2☐ 3☒ 4☐

Other .....

and Address ....

15 W.H. Leary

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

Permit No. 87/062

Location 821 [illegible] St.

Owner Mr Medical Ctr.

Date of permit 1-16-87

Approved 1-21-87

Dwelling

Garage

Alteration to Room 801

NOTES

--12-87 Work has started on the renovations to the new procedures room.

B PERMIT # 001679 CITY OF Portland BUILDING PERMIT APPLICATION MAP #_____ LOT#_____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Medical Center

Address: 22 Bramhall St. Portland, Maine 04102

LOCATION OF CONSTRUCTION 22 Bramhall St. Portland

CONTRACTOR: Murray Const. 774- 799-8136 SUBCONTRACTORS:

ADDRESS: P.O. Box 2530 South Portland, Maine 04106

Est. Construction Cost: 38,000 Type of Use: Hospital

Past Use: Hospital

Building Dimensions L___ W___ Sq. Ft.___ # Stories___ Lot Size:___

Is Proposed Use: ___ Seasonal___ Condominium___ Apartment

___ Conversion - Explain To install glass/steel canopy 14 X 16 facing parking lot belonging to MMC off Charles St.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
Residential Buildings Only:
Of Dwelling Units___ # Of New Dwelling Units___

Foundation:
1. Type of Soil:___
2. Set Backs - Front___ Rear___ Side(s)___
3. Footings Size:___
4. Foundation Size:___
5. Other___

Floor:
1. Sills Size:___ Sills must be anchored.
2. Girder Size:___
3. Lally Column Spacing:___ Size:___
4. Joists Size:___ Spacing 16" O.C.
5. Bridging Type:___ Size:___
6. Floor Sheathing Type:___ Size:___
7. Other Material:___

Exterior Walls:
1. Studding Size___ Spacing___
2. No. windows___
3. No. Doors___
4. Header Sizes___ Span(s)___
5. Bracing: Yes___ No.___
6. Corner Posts Size___
7. Insulation Type___ Size___
8. Sheathing Type___ Size___
9. Siding Type___ Weather Exposure___
10. Masonry Materials___
11. Metal Materials___

Interior Walls:
1. Studding Size___ Spacing___
2. Header Sizes___ Span(s)___
3. Wall Covering Type___
4. Fire Wall if required___
5. Other Materials___

For Official Use Only

Date February 10, 1989
Inside Fire Limits:
Bldg Code:
Time Limit:
Estimated Cost 38,000
Value/Structure:
Fee $210.00

Subdivision: Yes / No
Name
Lot
Block
Permit Expiration:
Ownership: Public / Private

PERMIT ISSUED
FEB 14 1989
City Of Portland

Ceiling:
1. Ceiling Joists Size:___
2. Ceiling Strapping Size___ Spacing___
3. Type Ceilings:___
4. Insulation Type___ Size___
5. Ceiling Height:___

Roof:
1. Truss or Rafter Size___ Spacing Size___
2. Sheathing Type___
3. Roof Covering Type___
4. Other___

Chimneys:
Type:___ Number of Fire Places___

Heating:
Type of Heat:___

Electrical:
Service Entrance Size:___ Smoke Detector Required Yes___ No___

Plumbing:
1. Approval of soil test if required Yes___ No___
2. No. of Tubs or Showers___
3. No. of Flushes___
4. No. of Lavatories___
5. No. of Other Fixtures___

Swimming Pools:
1. Type:___
2. Pool Size:___ x___ Square Footage___
3. Must conform to National Electrical Code and State Law.

Zoning:
District___ Street Frontage Req.:___ Provided___
Required Setbacks: Front___ Back___ Side___ Side___

Review Required:
Zoning Board Approval: Yes___ No___ Date:___
Planning Board Approval: Yes___ No___ Date:___
Conditional Use:___ Variance___ Site Plan___ Subdivision___
Shore and Floodplain Mgmt:___ Special Exception___
Other___ (Explain)___
Date Approved___

Permit Received By Latini

Signature of Applicant Donna A. Hulbert AGENT FOR OWNER Date 2/10/89

Signature of CEO (5) Date___

Inspection Dates___

White-Tax Assesor Yellow-GPCOG White Tag -CEO

CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 32 Bramhall ~~Ave~~ - Maine Medical Center

Issued to Maine Medical Center Date of Issue 12/15/89

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 89/1728, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES	APPROVED OCCUPANCY
Magnetic Resonance Imaging facility	Medical

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

10/18/89 Maryland Wing
(Date) *Inspector*

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

002607

PERMIT # _____ **TOWN OF** Portland **BUILDING PERMIT APPLICATION** **MAP #** _____ **LOT#** _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Medical Center

Address: 22 Bramhall St., Portland

LOCATION OF CONSTRUCTION 22 Bramhall St., Emergency Dept.

CONTRACTOR: Murray Construction SUBCONTRACTORS: 799-8136

ADDRESS: PO Box 2530, S. Portland 04106 (Tom Herbert - any questions)

Est. Construction Cost: $315,000 Type of Use: hospital

Past Use: Call When Ready

Building Dimensions L___ W___ Sq. Ft.___ # Stories:___ Lot Size:___

Is Proposed Use:___ Seasonal___ Condominium___ Apartment

___ Conversion - Explain interior renovations.** Complete** 2 sets of plans submitted.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
Residential Buildings Only:
Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:
1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:
1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:
1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only

Date Aug 18, 1989
Inside Fire Limits _____
Bldg Code _____
Time Limit _____
Estimated Cost $315,000
Value/Structure _____
Fee $1,595

Subdivision: PERMIT ISSUED
Name _____
Lot _____
Block SEP 20 1989
Permit Expiration: _____
Ownership: _____ Public _____ Private
City Of Portland

Building:
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:
1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
4. Other _____

Chimneys:
Type: _____ Number of Fire Places _____

Heating:
Type of Heat: _____

Electrical:
Service Entrance Size: _____ Smoke Detector Required Yes___ No___

Plumbing:
1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:
1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:
District _____ Street Frontage Req.: _____ Provided _____
Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shore and Floodplain Mgmt. _____ Special Exception _____
Other _____ (Explain) _____
Date Approved _____

Permit Received By Nancy Grossman

Signature of Applicant Thomas A. Herbert Date 8-18-89
AS AGENT FOR OWNER

Signature of CEO _____ Date _____

Inspection Dates 5

White-Tax Assesor Yellow-GPCOG White Tag -CEO

PERMIT # _____ TOWN OF PORTLAND BUILDING PERMIT APPLICATION MAP #_____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Medical Center

Address: 22 Bramhall Street, Portland, Maine

LOCATION OF CONSTRUCTION Maine Medical Center, Bramhall St.

CONTRACTOR: Allied Construction Co., Inc. SUBCONTRACTORS:

ADDRESS: 208 Fore Street, Portland, ME 04104 772-2888

Est. Construction Cost: $2,000,000.00 Type of Use: Magnetic Resonance Imaging Facility

Past Use:

Building Dimensions L___ W___ Sq. Ft.___ # Stories:___ Lot Size:___

Is Proposed Use:_____ Seasonal_____ Condominium _ __ Apartment

_____ Conversion - Explain To construct new addition as per attached plans.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 1 set of construction plans submitted.

Residential Buildings Only:

Of Dwelling Units_____ # Of New Dwelling Units_____

Foundation:

1. Type of Soil: Clay
2. Set Backs - Front_____ Rear_____ Side(s)_____
3. Footings Size:_____
4. Foundation Size: 95' x 84'
5. Other_____

Floor:

1. Sills Size:_____ Sills must be anchored.
2. Girder Size:_____
3. Lally Column Spacing:_____ Size:_____
4. Joists Size:_____ Spacing 16" O.C.
5. Bridging Type:_____ Size:_____
6. Floor Sheathing Type:_____ Size:_____
7. Other Material: Structural Concrete

Exterior Walls: Structural Concrete

1. Studding Size_____ Spacing_____
2. No. windows_____
3. No. Doors_____
4. Header Sizes_____ Span(s)_____
5. Bracing: Yes_____ No._____
6. Corner Posts Size_____
7. Insulation Type_____ Size_____
8. Sheathing Type_____ Size_____
9. Siding Type_____ Weather Exposure_____
10. Masonry Materials_____
11. Metal Materials_____

Interior Walls:

1. Studding Size 4" & 6" Spacing_____
2. Header Sizes_____ Span(s)_____
3. Wall Covering Type Paint
4. Fire Wall if required_____
5. Other Materials_____

For Official Use Only

Date February 13, 1989
Inside Fire Limits_____
Bldg Code_____
Time Limit_____
Estimated Cost $2,000,000.00
Value/Structure_____
Fee $10,020.00

Subdivision: Yes / No
Name_____
Lot_____
Block_____
Permit Expiration:_____
Ownership: _____ Public _____ Private

Ceiling:

1. Ceiling Joists Size:_____
2. Ceiling Strapping Size_____ Spacing_____
3. Type Ceilings: Acoustical Tile
4. Insulation Type_____ Size_____
5. Ceiling Height: 9' x 0"

Roof:

1. Truss or Rafter Size_____ Span_____
2. Sheathing Type_____ Size_____
3. Roof Covering Type_____
4. Other Time & Ground

Chimneys:

Type:_____ Number of Fire Places_____

Heating:

Type of Heat: Steam from existing building

Electrical:

Service Entrance Size: 277/480V Smoke Detector Required Yes X No____

Plumbing:

1. Approval of soil test if required 60.0200.01 Yes_____ No X
2. No. of Tubs or Showers_____
3. No. of Flushes 3
4. No. of Lavatories 3
5. No. of Other Fixtures_____

Swimming Pools:

1. Type._____
2. Pool Size :_____ x_____ Square Footage_____
3. Must conform to National Electrical Code and State Law.

Zoning:

District R-6 Street Frontage Req.:_____ Provided_____
Required Setbacks: Front_____ Back_____ Side_____ Side_____

Review Required:

Zoning Board Approval: Yes_____ No_____ Date:_____
Planning Board Approval: Yes_____ No_____ Date:_____
Conditional Use:_____ Variance_____ Site Plan_____ Subdivision_____
Shore and Floodplain Mgmt._____ Special Exception_____
Other_____ (Explain)_____
Date Approved 3-3-89

Ok WDH

Permit Received By Nancy Grossman

Signature of Applicant Claire Lundquist Date 2-10-89

Signature of CEO [illegible] Date 3-1-89

Inspection Dates_____

PERMIT ISSUED
MAR 7 1989
City Of Portland

PERMIT ISSUED WITH LETTER

White-Tax Assesor Yellow-GPCOG White Tag -CEO

157 Mid. Turnpike

PLOT PLAN

MAINE MEDICAL CENTER

Stephen L. Perry
Project Manager
Engineering Services

22 Bramhall Street, Portland, Maine 04102 (207) 871-2447

FEES (Breakdown From Front)

Base Fee $ 10,020.00
Subdivision Fee $
Site Plan Review Fee $
Other Fees $
(Explain)
Late Fee $

Inspection Record

Type	Date
Footing & Foundation	6/30/89
8" SSE w/ P	7/6/89
12-11-89	7/19/89
	/ /
	/ /
	/ /

COMMENTS

Signature of Applicant Blaine Dumaine for Allied Construction Co., Inc. **Date** 2-9-89

CITY OF PORTLAND, MAINE
389 CONGRESS STREET
PORTLAND, MAINE 04101
(207)874-8300

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

March 6, 1989

Allied Construction Company Incorporated
208 Fore Street
Portland, Maine 04101

Re: 22 Bramhall Street, Portland, Maine

Dear Sir:

Your application to construct a new addition has been reviewed and a permit is herewith issued subject to the following requirements:

Site Plan Review Requirements

Inspection Services	Approved	W. Giroux	March 3, 1989
Public Works	Approved	S. Harris	February 22, 1989
Planning Division	Approved	M. O'Meara	February 10, 1989
Fire Department	Approved	Lt. Collins	March 3, 1989

Building and Fire Code Requirements

1.) Heat detectors, rate of rise, to be installed in mechanical penthouse.
2.) Smoke detectors to be provided for the "Exam Room" which is shown on plan with no detection or extinquishing protection.
3.) All state laws regarding handicapped accessibility and useability must be adhered to.
4.) All concrete shall be protected from freezing.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief, Inspection Services

cc: Lt. Collins, Fire Department
Ms. O'Meara, Planning
Mr. S. Harris, Public Works

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Maine Medical Center
Applicant

September 28, 1988
Date

22 Bramhall St., Portland, 04102
Mailing Address

22 Bramhall Street
Address of Proposed Site

Imaging Facility
Proposed Use of Site

~~S-H-1~~
Site Identifier(s) from Assessors Maps

1 Acre / 1,000 sq. ft.
Acreage of Site / Ground Floor Coverage

~~R-6~~
Zoning of Proposed Site

Site Location Review (DEP) Required: ( ) Yes (x) No
Board of Appeals Action Required: ( ) Yes (x) No
Planning Board Action Required: (x) Yes ( ) No

Proposed Number of Floors 1
Total Floor Area ~~8,225 Sq. Ft.~~

Other Comments: _____

Date Dept. Review Due: _____

BUILDING DEPARTMENT SITE PLAN REVIEW
(Does not include review of construction plans)

☐ Use does NOT comply with Zoning Ordinance
☐ Requires Board of Appeals Action
☐ Requires Planning Board/City Council Action

Explanation _____

☑ Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK, as applicable

	DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS	
COMPLIES																			
COMPLIES CONDITIONALLY																			CONDITIONS SPECIFIED BELOW
DOES NOT COMPLY																			REASONS SPECIFIED BELOW

REASONS: _____

WDH 3-3-89 OK _____
SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	PORTLAND 22 Brainhall Street
Street Subdivision Lot #	MAINE MED CTR

PROPERTY OWNERS NAME

MRI Bldg

Last: First:

Applicant Name:	THOMAS A KELLET
Mailing Address of Owner/Applicant (If Different)	POB 9007 ARCORDIA

PORTLAND PERMIT # 3,370 TOWN COPY

Date Permit Issued 4 14 89 $ 53 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. #

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature INV. Date Approved

PERMIT INFORMATION

This Application is for

1. ☑ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

APR 1 1989

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☑ OTHER - SPECIFY: Hospital Bldg

Plumbing To Be Installed By:

1. ☑ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # [illegible]

Number	Hook-Ups And Piping Relocation
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.
	HOOK-UP: to an existing subsurface wastewater disposal system.
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.
	Hook-Ups (Subtotal)
$	Hook-Up Fee

Number	Column 2 Type of Fixture
5	Hosebibb / Sillcock
5	Floor Drain
	Urinal
1	Drinking Fountain
	Indirect Waste
	Water Treatment Softener, Filter, etc.
	Grease/Oil Separator
	Dental Cuspidor
	Bidet
	Other:
	Fixtures (Subtotal) Column 2

Number	Column 1 Type Of Fixture
	Bathtub (and Shower)
	Shower (Separate)
6	Sink
3	Wash Basin
3	Water Closet (Toilet)
	Clothes Washer
	Dish Washer
	Garbage Disposal
	Laundry Tub
	Water Heater
12	Fixtures (Subtotal) Column 1
11	Fixtures (Subtotal) Column 2
23	Total Fixtures
$	Fixture Fee
$	Hook-Up Fee
$ 53.00	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

HE - 211 Rev. 4/83

TOWN COPY

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date Oct 3, 1989, 19__
Receipt and Permit number C0755

To the CHIEF ELECTRICAL INSPECTOR, *Portland, Maine:*

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 22 Bramhall MMC Emergency Room Temporary

OWNER'S NAME: MMC ADDRESS: _____

	FEES
OUTLETS:	
Receptacles ____ Switches ____ Plugmold ____ ft. TOTAL 31 to 60	5.00
FIXTURES: (number of)	
Incandescent ____ Flourescent 3 (not strip) TOTAL 3	3.00
Strip Flourescent ____ ft.	
SERVICES:	
Overhead ____ Underground ____ Temporary____ TOTAL amperes ____ ..	
METERS: (number of) ____	
MOTORS: (number of)	
Fractional____	
1 HP or over____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) ____	
Electric (number of rooms) ____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler)____	
Oil or Gas (by separate units)____	
Electric Under 20 kws 1 Over 20 kws ____	5.00
APPLIANCES: (number of)	
Ranges ____ Water Heaters ____	
Cook Tops ____ Disposals ____	
Wall Ovens ____ Dishwashers ____	
Dryers ____ Compactors ____	
Fans ____ Others (denote) ____	
TOTAL ____	
MISCELLANEOUS: (number of)	
Branch Panels ____	
Transformers ____	
Air Conditioners Central Unit ____	
Separate Units (windows) ____	
Signs 20 sq. ft. and under ____	
Over 20 sq. ft. ____	
Swimming Pools Above Ground ____	
In Ground ____	
Fire/Burglar Alarms Residential ____	
Commercial ____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under ____	
over 30 amps ____	
Circus, Fairs, etc. ____	
Alterations to wires ____	
Repairs after fire ____	
Emergency Lights, battery____	
Emergency Generators____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	13.00

INSPECTION:

Will be ready on Oct XX 13, 19__; or Will Call _____

CONTRACTOR'S NAME: Energy Elec

ADDRESS: PO BOx 1436

TEL.: _____

MASTER LICENSE NO.: 4645 SIGNATURE OF CONTRACTOR: James K Baldwin

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS—

Permit Number 00755
Location 22 [illegible]
Owner [illegible]
Date of Permit 10/3/89
Final Inspection 10/13/89
By Inspector [signature]
Permit Application Register Page No. 76

INSPECTIONS: Service ____ by ____
Service called in ____
Closing-in 10/13/89 by [signature]

PROGRESS INSPECTIONS: ____ / ____ / ____

DATE:	REMARKS:

CODE
COMPLIANCE
COMPLETED
DATE 10/13/89

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ... FOR REMOVAL OF ...

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date March 7, 1989, 19__
Receipt and Permit number 00100

To the CHIEF ELECTRICAL INSPECTOR, *Portland, Maine:*

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 22 Bramhall St. MMC

OWNER'S NAME: _____ ADDRESS: _____

	FEES
OUTLETS:	
Receptacles 50 Switches 19 Plugmold _____ ft. TOTAL 69	5.90
FIXTURES: (number of)	
Incandescent 3 Flourescent 30 (not strip) TOTAL 33	5.30
Strip Flourescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	0
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	

Ranges		Water Heaters	
Cook Tops		Disposals	
Wall Ovens		Dishwashers	
Dryers		Compactors	
Fans		Others (denote)	
TOTAL _____			

MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	11.20

INSPECTION:

Will be ready on _____, 19__; or Will Call XX

CONTRACTOR'S NAME: Energy Elec.

ADDRESS: P.O. Box 1436

TEL.: 797-9340

MASTER LICENSE NO.: 4645 SIGNATURE OF CONTRACTOR: James F Gallen

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 00 1990

Location 22 Brentwood Way

Owner Mount Pleasant Center

Date of Permit 3-23-89

Final Inspection

By Inspector

Permit Application Register Page No. 57

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE:	REMARKS:
8/24/89	Permit expired

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

Location of Construction:	Owner:	Phone:	Permit No:
22 Bramhall St	Maine Medical Center		950601
Owner Address:	**Lessee/Buyer's Name:**	**Phone:**	**Business Name:**
Contractor Name:	**Address:**	**Phone:**	
Ledgewood, Inc.	P.O. Box 8107 Ptld, ME 04104	767-1866	
Past Use:	**Proposed Use:**	**COST OF WORK:**	**PERMIT FEE:**
Hospital	Same w/int reno	$ 4,000.00	$ 40.00
		FIRE DEPT. ☑ Approved ☐ Denied	**INSPECTION:** Use Group: I-2 Type: 3B
		Signature:	Signature:
Proposed Project Description:		**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**	
Make interior renovtions PACU - 1st fl B-Wing		Action: Approved ☐ Approved with Conditions: ☐ Denied ☐	
		Signature:	Date:
Permit Taker: Mary Gresik	**Date Applied For:** 06 June 1995		

1. This permit application doesn't 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..

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/her 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 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 provisions of the code(s) applicable to such permit

Scott Christina — 06 June 1995 — 767-1866

SIGNATURE OF APPLICANT — ADDRESS: — DATE: — PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE — PHONE:

PERMIT ISSUED
Permit Issued:
JUN 13 1995
CITY OF PORTLAND

Zone: R-6 | CBL: 063-A-001

Zoning Approval: N 6/7/95

Special Zone or Reviews:
- ☐ Shoreland
- ☐ Wetland
- ☐ Flood Zone
- ☐ Subdivision
- ☐ Site Plan maj ☐ minor ☐ mm ☐

Zoning Appeal
- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

Historic Preservation
- ☐ Not in District or Landmark
- ☑ Does Not Require Review
- ☐ Requires Review

Action:
- ☐ Appoved
- ☐ Approved with Conditions
- ☐ Denied

Date: 6/7/95

CEO DISTRICT 3

White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date August 3, 1983

Receipt and Permit number B08289

To the CHIEF ELECTRICAL INSPECTOR, *Portland, Maine:*

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 22 Bramhall Street - New Bldg. & Rehab. of Old Bldg.

OWNER'S NAME: Maine Medical Center ADDRESS: same

		FEES
OUTLETS.		
Receptacles 2207 Switches 1079 Plugmold 294 ft. TOTAL 3580	✓	357.00
FIXTURES: (number of)		
Incandescent 3417 Flourescent ____ (not strip) TOTAL 3417	✓	343.70
Strip Flourescent ____ ft.		
SERVICES:		
Overhead ____ Underground X Temporary ____ TOTAL amperes 2500 @ 480 volt	✓	9.00
		.50
METERS: (number of) 1		
MOTORS: (number of)		
Fractional 361	✓	180.50
1 HP or over 142	✓	142.00
RESIDENTIAL HEATING:		
Oil or Gas (number of units) ____		
Electric (number of rooms) ____		
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler) ____		
Oil or Gas (by separate units) ____		
Electric Under 20 kws ____ Over 20 kws ____		
APPLIANCES: (number of)		
Ranges ____ Water Heaters ____		
Cook Tops ____ Disposals ____		
Wall Ovens ____ Dishwashers ____		
Dryers ____ Compactors ____		
Fans ____ Others (denote) ____		
TOTAL ____	✓	
MISCELLANEOUS: (number of)		
Branch Panels X 7	✓	28.00
Transformers 60	✓	136.00
Air Conditioners Central Unit ____		
Separate Units (windows) ____		
Signs 20 sq. ft. and under ____		
Over 20 sq. ft. ____		
Swimming Pools Above Ground ____		
In Ground ____	✓	
Fire/Burglar Alarms Residenual ____		
Commercial X	✓	5.00
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under 16	✓	16.00
over 30 amps 98	✓	196.00
Circus, Fairs, etc. ____		
Alterations to wires ____		
Repairs after fire ____		
Emergency Lights, battery ____	✓	5.00
Emergency Generators 1		
INSTALLATION FEE DUE:		
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:		
FOR REMOVAL OF A "STOP ORDER" (304-16.b)		
TOTAL AMOUNT DUE:		1,463.70

INSPECTION:

Will be ready on ____, 19__; or Will Call X

CONTRACTOR'S NAME: Richardson-Ernst Elec.

ADDRESS: 16 Cooper Lane, Waltham, Mass.

TEL.: 617-894-4403

MASTER LICENSE NO.: 3360 SIGNATURE OF CONTRACTOR: Gerald M Richardson

LIMITED LICENSE NO.: ____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 8289

Location 22 Bramhall St.

Owner Prairie Med.

Date of Permit 8-3-83

Final Inspection

By Inspector D. Powell

Permit Application Register Page No. 155

INSPECTIONS: Service ____ by ____

Service called in ____

Closing-in ____ by ____

PROGRESS INSPECTIONS: 11-28-83, 8-21-84, 11-19-84
1-11-84, 9-4-84, 12-5-84
2-28-84, 9-26-84, 1-9-85
3-30-84, 10-15-84, 1-16-85
7-16-84, 10-23-84, 2-11-85
8-7-84, 11-1-84, 3-5-85
10/8/86

DATE:	REMARKS:
11-28-83	Check 1st floor old Bldg.
	Check new addition
3-30-84	Check basement - East
8-21-84	Check out transformer rooms
9-4-84	Check out fire pumps.
12-5-84	Final education Bldg.
1-9-85	Check OR for greenfield over ceiling. OK
1-16-85	Partial C.O.
2-11-85	Check recovery rooms.
6-12-85	Final on 2nd floor new addition.
8-6-85	Final on 5th Floor Richards Wing
	Also on 6th " " "
	Work is mostly cosmetic.
9-13-85	P-5A - P5C Final
12-11-85	4th Floor - Patient rooms to offices
12-31-85	Balance of 4th Floor
2-3-86	9th floor intensivecare
2-27-86	5th floor old Bldg
4-4-86	4th floor old Bldg. (mostly cosmetic)
	9th floor X-ray
10/9/86	1st floor two rooms - clean - offices

CODE COMPLIANCE COMPLETED DATE

Carl Eisenhauser 772-6351 Expediter

Al Cole - 772-1089 Super

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date May 24, 1989, 19__
Receipt and Permit number 003 86

To the CHIEF ELECTRICAL INSPECTOR, *Portland, Maine:*

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 22 Bramhall St
OWNER'S NAME: MMC ADDRESS:

	FEES
OUTLETS:	
Receptacles 115 Switches 55 Plugmold ____ ft. TOTAL 170	16.00
FIXTURES: (number of)	
Incandescent 41 Flourescent 96 (not strip) TOTAL 137	15.70
Strip Flourescent 60 ft.	3.20
SERVICES:	
Overhead ____ Underground XX Temporary ____ TOTAL amperes 1000 ..	6.00
METERS: (number of) ____	
MOTORS: (number of)	
Fractional 2	1.00
1 HP or over 8	8.00
RESIDENTIAL HEATING:	
Oil or Gas (number of units) ____	
Electric (number of rooms) ____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) ____	
Oil or Gas (by separate units) ____	
Electric Under 20 kws ____ Over 20 kws ____	
APPLIANCES: (number of)	

Ranges		Water Heaters	
Cook Tops	1	Disposals	
Wall Ovens		Dishwashers	
Dryers		Compactors	
Fans		Others (denote)	

TOTAL 1	1.50
MISCELLANEOUS: (number of)	
Branch Panels 9	9.00
Transformers 3	6.00
Air Conditioners Central Unit 3	15.00
Separate Units (windows) ____	
Signs 20 sq. ft. and under ____	
Over 20 sq. ft. ____	
Swimming Pools Above Ground ____	
In Ground ____	
Fire/Burglar Alarms Residential 1	2.00
Commercial ____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under ____	
over 30 amps ____	
Circus, Fairs, etc. ____	
Alterations to wires ____	
Repairs after fire ____	
Emergency Lights, battery ____	
Emergency Generators ____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	83.40

INSPECTION:
Will be ready on ____, 19__; or Will Call XX

CONTRACTOR'S NAME: E S Boulos
ADDRESS: 40 Circus Time Rd. So Ptld
TEL.:
MASTER LICENSE NO.: 3291 SIGNATURE OF CONTRACTOR:
LIMITED LICENSE NO.:

ELECTRICAL INSTALLATIONS

Permit Number 003 4C

Location 22 Beal Blvd [illegible]

Owner MMC

Date of Permit 5/25/89

Final Inspection

By Inspector D Quinn

Permit Application Register Page No. 6 4

INSPECTIONS: Service ____ by ____

Service called in ____

Closing-in 8/14/89 by Quinn

PROGRESS INSPECTIONS: ____ / ____ / ____

DATE:	REMARKS:
8/15/89	Basement for west side walls may be closed (MRI) area — Magnetic Resonance Intensifier is the main item in this area —

State of Maine
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE STATE FIRE MARSHAL
Augusta

CONSTRUCTION PERMIT

№ 4279

Permission is hereby given to

Maine Medical Center

22 Bramhall Street

Portland, ME 04102

Project Title

Maine Medical Center--Renovations to Richards Wing, 7th Floor

- ☐ To construct
- ☒ To alter
- ☐ To change the use of any structure to become a public building.

Public buildings include any building or structure constructed, operated or maintained for use by the general public, which shall include, but not limited to, all buildings or portions of buildings used for

- ☐ Schoolhouse
- ☒ Hospital
- ☐ Convalescent home
- ☐ Nursing home
- ☐ Boarding home
- ☐ Theatre
- ☐ Other place of assembly
- ☐ Mercantile occupancy over 3000 sq. ft.
- ☐ Hotel/Motel of 2 stories or more
- ☐ Business occupancy of 2 stories or more
- ☐ Other (specify) .....

At (give address) 22 Bramhall Street

In the city (or town) of Portland

According to plans hitherto filed with the Commissioner and now approved.

Such plans bear File No. 4279, and no departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on December 11, 19 89

This permit is issued under the provisions of Title 25, Chapter 317, Section 2448.

Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.

Dated the 12th day of June A.D. 19 89

John R. Quinn
Commissioner

Fee: $45.00

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 12/10/90, 19__
Receipt and Permit number 01790

To the CHIEF ELECTRICAL INSPECTOR, *Portland, Maine:*

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 22 Bramhall St.

OWNER'S NAME: Maine Medical Center ADDRESS: _____

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	_____
FIXTURES: (number of)	
Incandescent _____ Flourescent _____ (not strip) TOTAL _____	_____
Strip Flourescent _____ ft.	_____
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	_____
METERS: (number of) _____	_____
MOTORS: (number of)	
Fractional _____	_____
1 HP or over _____	_____
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	_____
Electric (number of rooms) _____	_____
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	_____
Oil or Gas (by separate units) _____	_____
Electric Under 20 kws _____ Over 20 kws _____	_____
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	_____
MISCELLANEOUS: (number of)	
Branch Panels _____	_____
Transformers _____	_____
Air Conditioners Central Unit _____	_____
Separate Units (windows) _____	_____
Signs 20 sq. ft. and under _____	_____
Over 20 sq. ft. _____	_____
mming Pools Above Ground _____	_____
In Ground _____	_____
.ce/Burglar Alarms Residential _____	_____
Commercial _____	_____
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	_____
over 30 amps _____	_____
Circus, Fairs, etc. _____	_____
Alterations to wires x	~~5.00~~
Repairs after fire _____	_____
Emergency Lights, battery _____	_____
Emergency Generators _____	_____
INSTALLATION FEE DUE:	_____
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	_____
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	_____
TOTAL AMOUNT DUE:	15.00
	minimum fee

INSPECTION:

Will be ready on _____, 19__; or Will Call x

CONTRACTOR'S NAME: Interstate Electric - MI Systems

ADDRESS: 15 Ote Ln - Bedford, NH

TEL.: 603-627-3230

MASTER LICENSE NO.: Craig Girard#10585 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

15 Euclid Ave INSPECTOR'S COPY — WHITE

Portland, ME 04103 OFFICE COPY — CANARY

0126 12-1-86 CONTRACTOR'S COPY — GREEN

878-2460

ELECTRICAL INSTALLATIONS

Permit Number 01790

Location 22 Bramhall St.

Owner Maine Medical

Date of Permit 12-10-90

Final Inspection 8-12-91

By Inspector R. R. J.

Permit Application Register Page No. 101

INSPECTIONS: Service ____ by ____

Service called in ____ by ____

Closing-in ____ by ____

PROGRESS INSPECTIONS:

____/____/____

____/____/____

____/____/____

____/____/____

____/____/____

____/____/____

DATE:	REMARKS:

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	Falmouth, ME
Street Subdivision Lot #	22 Bucknall Rd. MGRY

PROPERTY OWNERS NAME

Last: MAINE MEDICAL CENTER First:

Applicant Name:	Dominic Faietta Jr.
Mailing Address of Owner/Applicant (If Different)	1 Knoll Rd Yarmouth, ME

PORTLAND 4230 00 TOWN COPY

Date Permit Issued: 12/29/94 $ 16 00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature C.E.T. # 0.12.41

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Dominic Faietta 6-25-94
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

M Wing 7/5/94
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for

1. ☐ NEW PLUMBING
2. ☒ RELOCATED PLUMBING

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER - SPECIFY HOSPITAL

Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 0599.90

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type of Fixture
☐ HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
OR		Floor Drain		Shower (Separate)
☐ HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
1 PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other:		Water Heater
$ 6.00 Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
			$	Fixture Fee
			$ 6.00	Hook-Up & Relocation Fee
			$ 6.00	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	FALMOUTH ME
Street Subdivision Lot #	22 EARHILL DR

PROPERTY OWNERS NAME

MAINE MEDICAL CENTER

Last: First:

Applicant Name	LOMME FRIETH JR.
Mailing Address of Owner/Applicant (If Different)	1 KNOLL RD
	YARMOUTH ME 04096

PORTLAND 4185 TOWN COPY

Daily Sewage 105.8 GPD $ 16.00 FEE ☐ If Combo Fee Check #

Samuel Huffard L.P.I. # 0124

Local Plumbing Inspector Signature

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant — Date: 4-30-91

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

M. Wing — Local Plumbing Inspector Signature

7/2/91 — Date Approved

PERMIT INFORMATION

This Application is for

1. ☐ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER - SPECIFY ____

Plumbing To Be Installed By:

1. ☐ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 10599

Piping Relocation or * Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is no. regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	1	Sink
HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain		Wash Basin
	1	Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: ____		Water Heater
$ Hook-up & Relocation Fee		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			2	Total Fixtures
			$ 6.00	Fixture Fee
			$	Hook-Up & Relocation Fee
			$6.00	Permit Fee (Total)

Page 1 of 1
HHE-211 Rev. 9/86

TOWN COPY

912684

Permit # _____ **City of** Portland **BUILDING PERMIT APPLICATION Fee** $10.00 **Zone** _____ **Map #** _____ **Lot#** _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Medical Center Phone # 871-2238

Address: 22 Bramhall St. Portland, Maine 04102

LOCATION OF CONSTRUCTION 22 Bramhall St.

Contractor: Les Wilson Sub.: _____

Address: P.O. Box 1028 West. 04098 Phone # 854-4583

Est. Construction Cost: _____ Proposed Use: _____

_____ Past Use: _____

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____.

Explain Conversion To remove one 10,000 gal fuel oil underground tank

For Official Use Only

Date June 5, 1991 Subdivision: _____

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Time Limit _____ Ownership: Public

Estimated Cost _____

PERMIT ISSUED

JUN 11 1991

CITY OF PORTLAND

Zoning:

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ___ No ___ Date: _____

Planning Board Approval: Yes ___ No ___ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision ___

Shoreland Zoning Yes ___ No ___ Floodplain Yes ___ No ___

Special Exception _____

Other _____ (Explain) WDA => 6-10-91

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size. _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size ___ ___ Spacing ___ ___
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical

Service Entrance Size: _____ Smoke Detector Required Yes ___ No ___

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

HISTORIC PRESERVATION

Not in District nor Landmark. Does not require review.

Requires Review.

Action: ___ Approved ___ Approved with Conditions ___ Denied

Signature: _____ Date: _____

Permit Received By Lathi

Signature of Applicant Les Wilson Agent for Owner Date 6/5/91

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

Signature of CEO _____ Date 6-5-91

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO

5

MR. W1139

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 10/19/92 19__
Receipt and Permit number 9244

To the CHIEF ELECTRICAL INSPECTOR, *Portland, Maine:*
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 22 Bramhall St. - first floor - pathology lab
OWNER'S NAME: Maine MEdical Center ADDRESS: _____

	FEES
OUTLETS: 9 exit signs Receptacles 20 Switches 6 Plugmold 20 ft. TOTAL ~~46~~ 54	10.80 2x80x
FIXTURES: (number of) Incandescent _____ Flourescent 5 (not strip) TOTAL 5	1.00
Strip Flourescent _____ ft.	
SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of) _____	
MOTORS: (number of) Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING: Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of) Ranges _____ Cook Tops _____ Wall Ovens _____ Dryers _____ Fans _____ Water Heaters _____ Disposals _____ Dishwashers _____ Compactors _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of) Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under 1	2.00
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	15.00 minimum fee

INSPECTION:
Will be ready on 10/20- am , 19__; or Will Call _____
CONTRACTOR'S NAME: D J M E lect Co
ADDRESS: 711 Lisbon St- Lewiston
TEL.: 782-4800
MASTER LICENSE NO.: Dennis Moreau #9244 SIGNATURE OF CONTRACTOR: Dennis B Moreau
LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
OFFICE COPY — CANARY
CONTRACTOR'S COPY — GREEN

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 6/9/92, 19__
Receipt and Permit number 9244

To the CHIEF ELECTRICAL INSPECTOR, *Portland, Maine:*

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 22 Bramhall St- RommKB 157- cystology dept - main bldg

OWNER'S NAME: MMC ADDRESS: _____

	FEES
OUTLETS:	
Receptacles _____ Switches 1 Plugmold _____ ft. TOTAL 1	.20
FIXTURES: (number of)	
Incandescent 1 Flourescent _____ (no. strip) TOTAL 1	.20
Strip Flourescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 H.P or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels 1	4.00
Transformers 1 (7.5 K.V.A)	8.00
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Out . 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, et _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	15.00 minimum fee

INSPECTION:
Will be ready on _____, 19__; or Will Call X

CONTRACTOR'S NAME: D J M Elect

ADDRESS: 711 Lisbon St- Lewiston, ME

TEL.: 782-4800

MASTER LICENSE NO.: Dennis Moreau # SIGNATURE OF CONTRACTOR: Dennis Moreau for Julien Moreau

~~MMDEX~~ LICENSE NO.: #09244

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN