in the	LUMBING	APPLICATI	óN∕ (				partment of Human Services Ivision of Health Engineering 207) 289-3826	
Town Or		RTY ADDRESS	<del>anark</del> ()	0,000				
Plantation Street	20	rtlang	* La	PORTLAND			4792 TOWN COPY	
ubdivision Lot #		Contral Cent		Person Li Li QA	93	b s	29 T FEE Bouton For	
<u> </u>			- Arte	1 Arannit	4.1	<u>W42-</u>	PT. 0.1.2.41	
	e Medical	Frat:		Clupt Plumbing implicit	anan Anr	n		
Applicant Name:	and the second design of the s	R. Kelley						
ailing Address ( wner/Applican (If Different)		lox 1272 prough, ME.	04070		影然			
	Owner/A	ppliciant Statemer		I have in spected the	inclated	spection	d shove and found it to be in	
Incunindae and	ne mormation submitte I understand that any la actor to deny a Permit.	isitication is reason for the l	ocal	compliance with the Ma	aine Pki I	mbing Rules.	6-30-9	
	Signature of Owne	r/Applicant	Date			ector Signature		
<b>19</b>			PERM	IT.INFORMATION				
This April	lication is for	Type Of Str	ucture To E	le Served:	9	lumbing	To Be Installed By:	
			MILYE CLU	ING				
				MOBILE HOME		2. [] OIL BURNERMAN 3. [] MFG'D. HOUSING DEALER/MECHANIC		
	ABING	3. [] MULTIPLE	FAMILY DWE	LLING			CUTILITY EMPLOYEE	
		4. R OTHER -		ospital Computer			ERTYOWNER	
l			R	m	L	ICENSE #	0,2,5,1,9	
	Heek line And	Piping Relocation	Numbar	Column 2 Type of Fixture		Number	Column 1 Type Of Fixture	
Number				Hosebibb / Sillcock			Bathtub (and Shower)	
<u> </u>	HOOK-UP: to put those cases when is not reg: lated ar	a the connection		Floor Drain			Shower (Separate)	
	the local San?			Urinal			Sink	
			<u> </u>	Drinking Fountain	+		Wash Basin	
		uxisting subsurface sal system.				l	Water Closet (Toilet)	
		-		Indirect Waste		1		
				Water Treatment Softener, Filter, e	etc.		Clothes Washer	
ĺ .		TION: of sanitary		Grease/Oil Separator			Dish Washer	
	lines, drains, and new fixtures.	piping without		Dental Cuspidor			Garbage Disposal	
				Bidet			Laundry Tub	
	Hook-Ups (S	ubtotal)		Citiner:	•		Water Heater	
	Houk-Up Fe		╷╪╍╍╍┺╼╸┉	Fixtures (Subtotal) Column 2		. 2	Column 1	
\$	1 Hour-opro			Conamitz			Fixtures (Suptotal) Column 2	
					-		14 State 199 6 State	
		SEE PEH	mit ifer s	CHEDULE		2		
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			الأفاعية: 14 ي يتحمين بي	TOWN COPY		<u>s</u>	· Constitution of the second	
L				ICAMA COLU		s .20	PermitFee (Total)	
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CITY OF PORTLAND, MAINE Department of Building Inspection Certificate of Occupancy LOCATION 22 Bramhall St. Date of Issue 10/6/93 Issued to Maine Medical Center 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.93/0466, has had final inspection, bus been found to conform substantially to requirements of Zoning Ordinance and Euilding 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 nospital - interior renovations Limiting Conditions: - no limiting conditions, as per plans This certificate supersedes certificate issued Law Lowg pproved Copy 10, AN

	BUILDING PERMITAPPLIC	ATION Fee_810.00 ZoneMap #Lot*
	Please fill out any part which applies to jot. Froper plans must accompany and Dwner: Maine Medical Center Phone # 871-0111 Address: 22 Bramhall Street LOCATION OF CONSTRUCTION 22 Bramhall St. Mailer F. H. Chase Inc. Contractor F. H. Chase Inc. Contractor F. H. Chase Inc. Address: 69 Elm St. Foxboro, Na Phone # 617-237-2000 Pmccsed Use: Hospital	PENNIT Toology         Date
	Est. Construction Cost Past Use:       Same         # of Existing Res. Units       # of New Res. Units         Building Dimensions L W Total Sq. Ft	Provided Setbacks: FrontBack
	Foundation:         1. Type of Suil:         2. Set Backs - Front         S. Footings Size:         4. Foundation Size:         5. Other	Ceiling: <u>vH1STORIC Pressure</u> 2. Ceiling Strapping Size Spacing Hotin District nor LopAmura. 3. Type Ceilings: <u>Joes up trajunererient</u> 4. Insulation Type <u>Size</u> Does up trajunererient. 5. Ceiling Height: <u>Does up trajunererient</u> 7. Truss or Rafter Size <u>Span</u> 2. Sheathing Type <u>Size</u> Size <i>Approved</i> The constraint of the second s
*	Floor:       1. Sills Size:	Chimneys: Typo:Number of Fire Places Date: Heating: Typo:Sign 3 pay for With the second seco
	S. Bridging Type:	Electrical: Service Entrance Size: Smoke Detector Required YesNo Plumbing: 1. Approval of soil test if required YesNo 2. No. of Tubs or Showers 3. No. of Flushes
	1. Studing Size	Service Entrance Size:       Since Determinant         Plumbing:       1. Approval of soil test if required       Yes         2. No. of Tubs or Showers
	3. Wall Covoring Type	Inspection Dates
	5. Other Materials White-Tax Assesor Yellow-G	PCOG White Tag -CEO

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PLOT PLAN	
	Inspection Record
FEES (Breakdown From Front)         Base Fee \$	Type     /     /
<u>COMMENTS</u>	

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Inspection Services

Samuel P. Hoffses

Chief

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Planning and Urban Development Joseph E. Gray Jr. Director

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## **CITY OF FORTLAND**

June 3, 1993

#### RE: 22 Bramhall St.

F. H. Chase Inc. 69 Elm St. Foxboro, MA 02035

Dear Sir:

Your application to make interior renovations as per plan has been reviewed and a permit is herewith issued subject to the following requirements:

- 1. Sprinkler plans must be submitted to the State Fire Marshall for approval.
- 2.
- Portable extinguishers shall be provided. Smoke detectors required above the suspended ceiling and below the raised floor where the spaces are used to recirculate air to other 3. parts of the building.
- 4.
- All exit signs, lights and means of egress Jighting shall be done in accordance with Article 8 sections and subsections 822.0 and 823.0 of the City's building code. (The BOCA National Building Code 1990) Elevation change where changes in elevation exist in exit access corridors, exit or exit discharge, <u>ramps</u> shall be used where the difference in elevation is less than 12 inches. 5.

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

Sincerely Sap Hoffs Chief of Inspection Services

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cc: LT. Caylen McDougall, Fire Prevention Bureau

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#### 389 Congress Street • Portland, Maine 04101 • (207) 874-8300

<b>9 305 8 7</b> Permit # Ci:y ofPortlandBUILDING PERMIT APPLICA: Please till out any part which applies to job. Proper plans must accompany form.	PERMIT ISSUED
Owner: Maine Medical Center       Phone #	For Official Use Only         Date
Explain Conversion       Introduction         1. Type of Soil:	Ceiling:
Exterior Walls:       Spacing         1. Studding Size       Spacing         2. No. windows	Plumbing:       1. Approval of soil test if required       Yes       No         2 No. of Tubs or Showers!       3. No. of Flushes       3. No. of Flushes         3. No. of Flushes       4. No. of Lavatories       5. No. of Other Flutures         5. No. of Other Flutures       5. No. of Other Flutures         Swimming Poolsis       1. Type:       2. Pool Size :       2. Pool Size :         3. Must conform to National Electrical Code and State Law.       Permit Received Fly       1.0uise E. Chase         Signature of Applicant       Gldrence Staples       Date         Signature of CEO       Must Conform Lawar Coll Staples       Date
3. Wall Covering Type 4. Fire Wall if required 5. Other Materials EXXX White-Tax Assesor Yellow-GPC	Inspection Dates COG White Tag_CEO J3K,MC Spyright GPGO@1988

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JUN 28 '93 07:48	ME.STATE FIRE MARSHAL
ARSHARE A	STATE OF MAINE DEPARTMENT OF PUBLIC SAFETY OFFICE OF STATE FIRE MARSHAL AUGUSTA FIRE SPRINKLER SYSTEM CONSTRUCTION PERMIT

LER SYSTEM **ION PERMIT** Ng 834

Pertaission is hereby given to:	Froject Title:	Mori-a Ma		
Grinnell Fire Protection	Occupancy:	Light	alcal C	ente
983 Riverside Street	•••			
Contracting the same of	Type of System	· ·	332213.6	101

License #:

NFPA 13/Pipe Size 024/032

"ANARAST

P.2/2

At (give address) \_Bramhall St.

Portland ME 04103

In the city (or town) of Portland. ME 04101

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

Such plans bear File No. <u>834</u>, and no d be made without prior approval in writing. , and no departure from such plans shall

This permit will expire at midnight on December 27, 1993

This permit is issued under the provisions of Title 32, Chapter 20, Section 12004-1.

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

Dated the \_\_\_\_\_\_ day of \_\_\_\_\_\_ A.D., 1993.

### Commissioner

All plans for construction of or alteration to fire sprinkler systems shall prominently display the fire sprinkler system contractor's license number, as well as the responsible managing supervisor's certification number and the name and address of the person to install the fire sprinkler system. Each permit issued shall be displayed prominently at the site of construction. Within 30 days of the completion of a new fire sprinkler system or an addition to an existing fire sprinkler system, a fire sprinkler system contractor shall provide to the State Fire Marshal a copy of the permit signed by the certified responsible managing supervisor representing that the fire sprinkler system has been installed according to specifications of the approved plan to the best of the supervisor's knowledge, NEE PATD S50 00

FEE PAID \$50.00

Permit O Sity of Port1 Rease fill out any part which applies to Owner: Maine MEdical Cer	job. Proper plans must accompa	iny form.					
on number 11 Ctu	D+17 MF 04102		Date 1/24/94		al Use Only PE	UNITE DE LE	í I
22	Bramnall St- Sry i	<u></u>	Inside Fire Limits Bldg Code	· · · · · · · · · · · · · · · · · · ·	Jwnership	FEB LALOS	
Control of Construction Control Edward Hebert & Address: 9 Gould Rd- Lewis	Signit: 103=2091		Time Limit19	9,000		Primia	
Address: 9 40414 Rd Low	Proposed Use: hosp W	<u>inter r</u> enov			CITA	OF PORTLA	NL
	Past Use:hosp		Provid/ d Setba		BackSi		
# of Existing Res. Units # of N Building Dimensions LW	lew Res. Units Total Sq. Ft		Zoning Board A		Date: No Date: xe Site Plan		
# Stavies: # Bedrooms	Lot Size:	······································	Conditional Us Shoreland Zoni	ng Yes No	Site Plan Floodplain Yes	_ No	
Is Proposed Use: Seasonal Cond Explain Conversion interior	iominium Conversion renovations - 3rd	fl	Special Except Other	onxplain)	>1-25-	94	yang Yahu
Explain Conversion	10107001010			N /	HIS		*******
Foundation:			1. Ceiling Joist 2. Ceiling Stra	s Size: pping Size zs:	_Spacing	HOLIN District nor I	Anomus.
2. Set Backs - Front	RearSide(s)		4. Insulation 7	ype	Size	lequires Roview.	. Salaria
4. Foundation Size:			1 Truss or Ba	fter Size	Span_Act	on: Approved.	
			2. Sheathing 3. Roof Cover	Type ng Type	Size per of Fire PlacesSign	ASST A	$H_{\sim}$
1. Sills Size: 2. Girder Size:	Sills must be an		Chimneys: Type:	Numb	er of Fire Places	AHEN	Hor.
3. Lally Column Spacing: 4. Joists Size:	Size:Spacing 16	;" O.C.	Heating: Type of Heat:		Smoke Detector Red	<u> </u>	
6. Floor Sneathing Type: 7. Other Material:	Size:		Electrical: Service Entre Plumbing:	nce Size:	Smoke Detector Re-	juired YesNo	) <u>, 45- 4</u> ,
			1. Approval o 2. No. of Tub	f soil test if required or Showers	Yes	No	
<ol> <li>Cuidding Siza</li> </ol>	Spacing		3. No. of Flue 4. No. of Lav	hes(	Holfve		میں میں اور
3. No. Doors 4. Header Sizes	Span(8) No		0. 140. 01 Och	er Fixtures			}
5, Bracing: Yes 6. Corner Posts Size	No				Square F rical Code and State La	ootage	
8. Sheathing Type	Weather Exposure		Time in Bring Har	Louiserst	chase		
10. Masonry Materials			Signature of Andrican	Stophin &	With 1907	1-9901/24	' <u>194</u>
Interior Walls: 1. Studding Size	Spacing Span(s)			Stephe	d BEI CFOOKON		
2. Header Šizea 3. Wall Covering Type 4. Fire Wall if required	Open(6/	TPERMIT WHIT	CONTINUED TO R	EVERSE SIDE		And the second sec	
5. Other Materials	White - Tax Ass	sessor		ag - CEO	3 ms 20	iw?	
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Permit # City of <u>Portland</u> BUILDING PERMIT APPI Please fill out any part which applies to job: Proper plans must accompany form.	
Owner: Robert W. Auclair Phone # 797-0447	PERMIT ISSUED
Address: 106 Bramblewood Dr- Ptld, ME 04103	For Officia. Use Only Subdivision:
LOCATION OF CONSTRUCTION 106 BramhTewood Dr.	Inside Fire Limite
Contractor: OWNEr Sub:	
Bst. Construction Cost: 3500 Proposed Use: 1-fam w Intr. rend	OV Zoning:
# of Existing Rer. Units# of New Res. Units	Street Frontage Provided:
Building Dimensions LW Total Sq. Ft	Review Required: Zoning Board Approval: YesNoHate:
# Stories: # Bedrooms Lot Size:	Planning Board Approval: Yes No Date:
Is Proposed Use: Seasonal Condominium Conversion	Shoreland Zoning Yes Variance Site Plan Subdivision
Explain Conversion	Special Exception
	and the second
Foundation: 1. Type of Soil:	Ceiling: 1. Ceiling Joists Size:
2. Set Backs - FrontRearSido(s)	2. Ceiling Strapping Size Spacing Not in District nor Landmark
4. Foundation Size	4. Insulation Type
5. Other	
Floor: 1. Sills Size:	Roof: 1. Truss or Rafter Size Span Action: Approved: 2: Sheathing Type Approved:
2. Girder Size	3. Roof Covering Type
3. Lally Column Spacing:Size:Size:Spacing 16" O.C.	Type: Number of Fire Places
5. Bridging Type;Size;Size;	Heating. Type of Heat
7. Other Material:	Electrical: A. Stand
Exterior Walls:	Plumbing:
1. Studding Size Spacing	1. Approval of soil test if required 2. No. of Tubs or Showers No
8. No. Doors	3. No. of Flushes4. No. of L ntories
4. Header Sizes Span(s) Span(s)	5. No. of Other Fixtures
6. Corner Posts Size 7. Insulation Type Size	Swimming Pools:
8: Sheathing Type Size	2. Pool Size : x Square Footage 3. Must conform to National Electric Proc. or Bane, Law,
10. Masonry Materiala	2. Fool Size : Square Footage 3. Must conform to National Electric Proceedings Law. Permit Received By
11. Metal Materials	
1. Studding SizeSpacingSpacing	TO THE WILley Daw 22.702
2. Header Sizes Span(s) Span(s)_Span	Robert N. Aut lair Date
5. Other Materials	Inspection Dates
ER SCI D White Tax Assesor Yellow GPC	
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PLOT	'PLAN	
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	FEES (Brookdown D	······································
	FEES (Breakdown From Front) Base Fee \$ Subdivision Fee \$ Site Plan Review Fee \$	Type Date
	(Explain)	
	Late Fee \$	All ülsek Completeet 2 124 194
COMME	NTS 2-22-94 (Left Notice to call) 2-25-9	4 (All work completed close permit)
Signature	of Applicant_ Briting Quer les	ui Du Chala
Signature	of Applicant_ Biguide Que la	Date 6/23/93
Signature	of Applicant_Builing Que Ca	Date <u>6/23/93</u>
Signature	of Applicant_Burgers Quer Car	Date6/23/93
- ~ , , , 40079302302805-w		Date6/23/93
	of Applicant_Busican Que les	Date 6/23/93

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A.	CITY OF PORTIAND, M	<b>▲</b> 3337	
降位	Department of Building Ins		ì
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	(153) Certificate of Or	cupancy	
	LOCATION 22 Branual	l St	!
n A	Issued to Maine Medical Center Date	of Issue 30 Dec 94	
	Utia is to certify that the building, premises, or you thereof, as	the above location, built maltered	
and the second second second second	- changed as to use under Building Permit No. 94/10952, het 'ad final in substantially to requirements of Zoning Ordinance and Buildi '< Co.v. of occupancy or use, limited or otherwise, as indicated ':elow.	spection, has been f and comport	ţ
A _		PPROVED OCCUPANCY	
~	Entire Ståtrabe		r R R
3 44.	Limiting Conditions:		•
1			ž
	This certificate supersedes		÷
5 33	certificate issued	the second second	
	(Late) Inspector	Inspector of Buildings	
	Notice: This certificate identifies lawful use of building or premises, and ought to owner to owner to owner to owner then property changes hands. Copy will be furnish at to owner or	be transferred from lesser for the dultar.	- 12 - -
	an Bangha a sa yi manang pangga a sa sa		e no e

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Location of Construction: 22 Stanku11 St		Owner:		Phone:	aag gasta di di sagan kabu si kakata di di sa	Perm. 3 Nos 409 5 2
Owner Address:	Leasee/	Buye, 's Name:	Phone:	£usine *	N:une:	Mary Grostk
Contractor Name:	Vidress		E 04104	ne: 767-186-		PERMIT ISSUED
Ladgewind, Inc.	Propose		COST OF WO	<u> K:</u>	PERMIT FEE:	- 0.001
Hipsipite 2	Die .	pital	\$ 34,000		\$ 190.08	SEP 8 1994
EUGPALL 0.		int rain	FIPE DEPT. E	Denied	Use Group 27 pe. // BOCA 93 // M.	GITYOF PORTLAND
Proposed Project Descripti	on		Signature:	ACTIVITIE	Signature: Art. 2. S DISTRICT (C. D.)	Zoning Approval.
<b>.</b>			Action:	Approved		Spe Jal Zone or Fevlews:
Hold Laterian rec Hosan Hasources	tovations as per plans			Approved Denied		CI Shoreland     U Wettand     D Wettand     D Flood Zone
			Signature:		Dare:	D Subdivia'un
<ol> <li>Building permits do</li> <li>Building permits are</li> </ol>	ion doesn't preclude the Applicant onot include plumbing, septic or el e void if work is not arted within s a building permit and stop all wor	ectrical work. ix (6) months of the date $c_i$ is				Zoning Appeal
<ol> <li>Building permits do</li> <li>Building permits are</li> </ol>	not include plumbing, septic or el void if work is not arted within s	ectrical work. ix (6) months of the date $c_i$ is	ssuance. Faise inform		ISSUED	Variance     Variance     Miscellaneous     Conditional Jse     Interpretation     Approved
<ol> <li>Building permits do</li> <li>Building permits are</li> </ol>	not include plumbing, septic or el void if work is not arted within s	ectrical work. ix (6) months of the date $c_i$ is	ssuance. Faise inform	<b>}−</b>	ISSUED LETT_R	Variance     Variance     Miscellaneous     Conditional Jse     Interpretation     Arproved     Denied     Kistosic Preservation     Novin District or Landmark     Does Not Require Review
<ol> <li>Building permits do</li> <li>Building permits are tion may invalidate at thereby certify that I am authorized Ly the owner if a permit for work des</li> </ol>	not include plumbing, septic or el void if work is not arted within s	ectrical work. ix (6) months of the date c. <sup>5</sup> is k <b>CERTIFICAT</b> (ON property, or that the proposed horize: agent and I agree to sertify that the code official's	ssuance. Faise information of the source of	BERMIT ERMIT VITII 1 the owner of the lative shall ha	record and that I have be us jurisdiction. In addition	C Variance Miscellaneous Conditional Jse Interpretation Acproved Denied Kistopic Preservation Kistopic Preservation Number District or Landmark Coos Not Require Review Requires Review Action: App.oved with Conditions Denied Data
<ol> <li>Building permits do</li> <li>Building permits are tion may invalidate at thereby certify that I am authorized Ly the owner if a permit for work des areas covered by such p</li> </ol>	not include plumbing, septic or el evoid if work is not arted within s a building permit and stop all wor h de owner of record of the named p r to make this application as his aut cribed in the application issued, I d termit at any reasonable hour to ent	CEPTIFICAT (ON property, or that the proposed horizve agent and I agree to certify that the code official's	souance. Faise information P P P P P P P P P P P P P P P P P P P	ERMIT VITII 1 the owner of the laws of the the shall ha the permit	record and that I have be us jurisdiction. In addition we the authority to enter	C Variance Miscellaneous Conditional Jse Interpretation Acproved Denied Kistopic Preservation Kistopic Preservation Number District or Landmark Coos Not Require Review Requires Review Action: App.oved with Conditions Denied Data
<ol> <li>Building permits do</li> <li>Building permits are tion may invalidate at thereby certify that I am authorized Ly the owner if a permit for work desired</li> </ol>	not include plumbing, septic or el evoid if work is not arted within s a building permit and stop all wor h de owner of record of the named p r to make this application as his aut cribed in the application issued, I d termit at any reasonable hour to ent	ectrical work. ix (6) months of the date c. <sup>5</sup> is k <b>CERTIFICAT</b> (ON property, or that the proposed horize: agent and I agree to sertify that the code official's	souance. Faise informs	ERMIT VITII 1 the owner of the laws of the the shall ha the permit	record and that I have be us jurisdiction. In addition	C Variance C Miscellaneous Conditional Jse Interpretation Ar.proved Denied Kistosic Preservation Kistosic Preservation Kistosic Preservation Requires Review Requires Review Action: App.oved with Conditions C Denied G
<ol> <li>Building permits do</li> <li>Build'ing permits are tion may invalidate at tion may invalidate at thereby certify that I am authorized Ly the owner if a permit for work des areas covered by such p</li> <li>SCINATURE OF AFPLIC</li> </ol>	not include plumbing, septic or el evoid if work is not arted within s a building permit and stop all wor h de owner of record of the named p r to make this application as his aut cribed in the application issued, I d termit at any reasonable hour to ent	CEPTIFICAT (ON property, or that the proposed horizve agent and I agree to certify that the code official's	souance. Faise information P P P P P P P P P P P P P P P P P P P	ERMIT VITII 1 the owner of the laws of the the shall ha the permit	record and that I have be us jurisdiction. In addition we the authority to enter	C Variance Miscellaneous Conditional Jse Interpretation Acproved Denied Kistopic Preservation Kistopic Preservation Number District or Landmark Coos Not Require Review Requires Review Action: App.oved with Conditions Denied Data

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ocation of Censtruction 22 Bramball St.	Owne. Maine Medical Cer	Phone:	Phone: 8 Busines	71-0111	940909
wner Address: same	Leasee/Buyer's Name:	Phone.	Phone:		Permit Issued:
Contractor Name: Less Wilson and Sons	Address: P. O. Box 1028 Westbrook	04098	854-4583	PERMIT FEE:	
ast Use:	Proposed Use:	\$		\$10.00	
		FIRE DEP	T. D Approved Denied	INSPECTION: Use Group:	24 /
		Signature:		Signature: Holling	Zone: CBL:
Proposed Project Description:	<u></u>	PEDESTR Action:	IAN ACTIVITII Approved	ES DISTRICT (P.D.)	Zoning Approval: Special Zonia of Reviews:
to remove 2000 gal diesal ta	nk	Action.		with Conditions:	□ □ Shoreland □ □ Wetland
			Denied		Flood Zone     Subdivision
e mit i i i i i a da asta manaluda	e the Applicant(s) from meeting applicable S	Signature:	ules.	Date:	Site Plan maj minor 0 mm 0
2. Building permits do not include plumbi	ing, septic or electrical work.				Zoning Appeai
<ol> <li>Building permits are void if work is not tion/may invalidate a building permit a</li> </ol>	started within six (6) months of the date of iss	suance. False in	for.na		Miscellaneous     Conditional Use
non-may invaniance a contemp permit a		LATINI			Interpretation     Approved
1					Denied
					Historic Preservation
					<ul> <li>Does Not Require Review</li> <li>Requires Review</li> </ul>
			hen		Action:
	CERTIFICATION		WITH RE	IIT ISSUED QUIREMENTS	Appoved
Liercby certify that I am the owner of record	d of the named property, or that the proposed v ation as his puthorized agent and I agree to c	work is authoriz	ed by the owner o	f record and that I have be	en Denied
if a permit for work described in the applic	ation issued. I certify that the code official s	aumorized rep.	esemanve snam n	ave the authority to enter	all pater 4444
areas covered by such permit at any reason	able hour to enforce the provisions of the could $1$	- 8/23/94		11111111	think
Find Mallan (19	ent TA UNICA	DATE	8.	S 7958-3 PHONE:	-D-Hemlo-
SIGNATURE OF APPLICANT	Box 1028 1018 4/25/99	- mi a	4098		
RESPONSIBLE PERSON IN CHARGE OF		<u></u>		PHONE	
Wh	lite-Permit Desk Green-Assessor's Ca	nary-D.P.W.	Pink-Public File	Ivory Card-Inspector	M 3 SIM \$80-7
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## APPLICATION FOR PERMIT DEPARTMENT OF BUILDING INSPECTIONS SURVICES ELECTRICAL INSTALLATIONS

LOCATION OF WORF_22 Branhall.       .found floor         OWNERS NAME:M NC      ADDRESS:	FIXTURES. (number of) FIXTURES. (number of) Incandescent <u>2</u> Flourescent <u>5</u> Strip Flourescent <u>ft.</u> SERVICES: Overhead Underground m	gmold ft. TOTAL	<u> </u>
PIXTURES.       Switches       Plugmold       ft. TOTAL         Strip Flourescent	FIXTURES. (number of) FIXTURES. (number of) Incandescent <u>2</u> Flourescent <u>5</u> Strip Flourescent <u>ft.</u> SERVICES: Overhead Underground m	gmold ft. TOTAL	<u> </u>
Incandescent <u>s</u> Flourescent <u>f</u> 1.00         Strip Fourescent <u>f</u> 1.00         Overhead <u>Underground Temporary</u> TOTAL amperes       1         Overhead <u>Underground Temporary</u> TOTAL amperes       1         Practiceal <u>Strip Fourescent f</u> 1         INFORDS: (number of <u>Intics</u> )       1         Electrical <u>Strip Fourescent f</u> 1         Oll or Gas (umber of units)       1         Electric (undber of units)       1         Electric (undber of units)       1         Oll or Gas (by sparate units)       1         Oll or Gas (by sparate units)       1         PEIANCES: (number of)       0         PEIANCES: (number of)       0         PEIANCES: (number of)       0         Provers       2         Other 30 kws       2         Other 30 kms       2         Mall Ovens       2         Disposals       4.00         Branch Panels       2         Transformers       2         Transformers       2         Transformers	Incandescent <u>4</u> Flourescent <u>5</u> Strip Flourescent <u>ft.</u> SERVICES: Overhead Underground T	(not strip) TOTAL <u>5</u>	
Incandescent g.       Flourescent ft       1.00         Strip Flourescent       ft       1.00         Overhead       Underground       Temporary       TOTAL amperes         MDTORS: (number of)       Fracticral	Incandescent <u>4</u> Flourescent <u>5</u> Strip Flourescent <u>ft.</u> SERVICES: Overhead Underground T	(not strip) TOTAL <u>5</u>	
SERVICES:       Overhead       Underground       Temporary.       TOTAL amperes         MOTORS:       (number of)	SERVICES: Overhead Underground T		
SERVICES:       Overhead       Underground       Temporary.       TOTAL amperes         MOTORS:       (number of)	SERVICES: Overhead Underground T		1.00
MOTORS: (number of)       Fracticral	Overhead Underground Te METERS: (number of) MOTORS: (number of)		
MOTORS: (number of)       Fracticral	MOTORS: (number of)	IUIAL amneres	
Fracticnal		·····	<u> </u>
RESIDENTIAL HEATING:	Fractional		
RESIDENTIAL HEATING:	1 HP or over	• • • • • • • • • • • • • • • • • • • •	
COMMERCIAL OR INDUSTRIAL HEATING:	RESIDENTIAL HEATING:	•••••••••••••••••••••••••••••••••••••••	
COMMERCIAL OR INDUSTRIAL HEATING:	Oil or Gas (number of units)		
Oil or Gas (by separate units)	Electric (number of rooms)		
Electric Under 20 kws       Over 20 kws	Oil or Gas (by a main bailed)		
Electric Under 20 kws       Over 20 kws	Oil or Gas (by separate units)		
HPPLIANCES:       (number of)         Ranges       Water Heaters         Cook Tops       Disposals         Drvers       Compactors         Fans       2         Others (denote)       4.00         IISCELLANEOUS:       (number of)         Brauch Panels	Electric Under 20 kurs	kws	
Cook Tops	APPLIANCES: (number of)		·····
Uotor logs       Disposals         Well Ovens       Dishwashers         Drvers       Compactors         Fans       2         'YOTAL_vg.2       Otters (denote)         IISCELLANEOUS: (number of)       4.00         Btal.ch Panels		Water Heaters	
Drvers	Wall Overa	Disposals	
Fans       2       Others (denote)       4.00         IISCELLANEOUS: (number of)       Brauch Panels       4.00         Brauch Panels       Transformers	Durrono		
Brauch Panels		Compactors	
Brauch Panels	FOTAL2	Otrers (denote)	4 00
Air Conditioners Central Unit       Separate Units (windovs)         Signs 20 sq. ft. and under       Over 20 sq. ft.         Over 20 sq. ft.       Swimming Pools Above Ground         In Ground       In Ground         Fire/Burglar Alarms Res.dential			
Air Conditioners Central Unit       Separate Units (windows)         Signs 20 sq. ft. and under       Over 20 sq. ft.         Over 20 sq. ft.       Swimming Pools Above Ground         In Ground       In Ground         Fire/Burglar Alarms Res.dential	Branch Panels		
Separate Units (windov/s)         Signs 20 sq. ft. and under         Over 20 sq. ft.         Swimming Pools Above Ground         In Ground         Fire/Burglar Alarms Res.dential         C*mmercial         Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under         Over 30 an.ps         Alterations to wires         Repairs after fire         Emergency Lights, battery         Emergency Generators         DR ADDITIONAL WORK NOT ON ORIGINAL PERMIT         DOUBLE FEE DUE:         SPECTION:         Will be ready on         Will be ready on         MITEL:         799-0350         ADDRESS:         Cape E 1 iz         TEL:         799-0350         MITED LICENSE NO:			
Signs 20 sq. ft. and under			
Over 20 sq. ft.	Signs 20 sq. ft. and under		
In Ground Fire/Burglar Alarms Residential C 'mmercial Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under Over 30 amps Alterations to wires Alterations to wires Repairs after fire Emergency Lights, battery Emergency Generators DR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: DR REMOVAL OF A "STOP ORDER" (304-16.b) TOFAL AMOUNT DUE: 15_00 minimum fee Will be ready on , 19_; or Will Call X INTRACTOR'S NAME: Bay_Elect_Co ADDRESS: Cape_Eliz TEL: 759-0350 INTERLICENSE NO:	Over 20 sq. ft.	• • • • • • • • • • • • • • • • • • • •	
Fire/Burglar Alarms Residential       C.mmercial         C.mmercial			
Commercial	In Ground		
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under	Cimmondial		
Circus, Fairs, etc	Heavy Duty Outlets, 220 Volt (such as worked		
Alterations to wires			
Emergency Lights, battery	Circus, Fairs, etc.	over so amps	
Emergency Lights, battery	Alterations to wires	•••••••	
Emergency Generators       INSTALLATION FEE DUE:         DR ADDITIONAL WORK NOT ON ORIGINAL PERMIT       DOUBLE FEE DUE:         DR REMOVAL OF A "STOP ORDER" (304-16.b)       TOTAL AMOUNT DUE:         SPECTION:       TOTAL AMOUNT DUE:         Will be ready on       , 19_; or Will Call _X         INTRACTOR'S NAME:       Bay Flect Co         ADDRESS:       Cape Eliz         TEL:       759-0350         INTED LICENSE NO.:       H09171	Repairs after fire	••••	
DR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: DR REMOVAL OF A "STOP ORDER" (304-16.b)	Emergency Generators	••••	
DR REMOVAL OF A "STOP ORDER" (304-16.b)		• • • • • • • • • • • • • • • • • • • •	
TGTAL AMOUNT DUE:	R ADDITIONAL WORK NOT ON ORIGINAL P	ERMIT DOUBLE THE DUE:	
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SPECTION:		TOTAL AMOUNT DUF.	
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ADDRESS: <u>Cape Eliz</u> TEL: <u>799-0350</u> ASTER LICENSE NO.: <u>#09171</u> MITED LICENSE NO.: <u></u>	Will be ready on 10		inimum fee
TEL: 759-0350 ASTER LICENSE NO.: #09171 FIGNETURE OF CONTRACTOR:	NTRACTOR'S NAME: Bay Floct Co	br will Call <u>X</u>	
ASTER LICENSE NO.: #09171 EIGNETURE DE CONTRACTOR:	ADDRESS: Cape Eliz		
MITED LICENSE NO.: #09171 HONOTURE OF CONTRACTOR:			
Rules Ella (6 PAG	SIER LICENSE NO. 400171	ALENTURE OF CONTRACTOR:	
INSPECTOR'S COPY WHITE W'VI TAVALA CHARACT	INSPECTORS	COPY - WHITE BILLY ELL CO. BAR.	

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

Location of Construction: 22 Branhall St	Ow	MMC		Pho	нс.	-940952
Owner Address:	Leasee/Buye		Phone	: Bus	inessName:	Mary Gresik
Contractor Name:	Address:		·	Phone:		PPERMIP ISSUED
Ledgewood, Inc.	P.O. Bo Proposed Us		ME 04104	767- F WORK:	1866 PERMIT FEE:	
	r roposed es			4,000.	\$ 190.00	<b>SEP 8</b> 1994
Hospital	Hospit	a1	FIRE DE	PT. 2 Approv	ed INSPECTION:	
	w/in	t reno		Denied	Boc 4 92	Zame: CROE: ONTLANT
Proposed Project Description:			Signature	: strym >	Signature: 74-14	er Zanica Annuali
			Action:	KIAN AUTIV Approv	TIES DISTRICT (P)	Special Zone or Reviews:
Make interior renovatio	ons as per plans			Approv	ed with Conditions:	□ □ Shoreland
Human Resources Stair R	Renovations			Denied		Wetland     Flood Zone
ġ			Signature		Date:	Subdivision     Site P'an maj 🗆 minor 🗆 mm 🗆
1. This permit application doesn	• ••		e State and Feder	ei rules.		
<ol> <li>Building permits do not incluing</li> <li>Building permits are void if w</li> </ol>			issuance False i	nforma.		Zoning Appeal
tion may invalidate a building		monuis of the date of	1350dilec. 1*4150 1	morma-		Miscellaneous     Conditional Use
						Interpretation
						Approved     Denied
						Historie Preservation
						D Notin District or Landmark
				PERM	IT ISSUED	C Does Not Require Review
					H LETTER	Action:
		CERTIFICATION		AATT.	, al. Total also, also also de la G manufactura de la Companya de la Comp	Appoved
Line I hereby certify that I am the owner	r of record of the named prope		d work is authori	zed by the own	er of record and that I have be	been D Approved with Conditions
authorized by the owner to make the owner to make the second described in the second described in the second described in the second described in the second described	this application as his authorize	ed agent and I agree to	o conforni to all a	pplicable laws	of this jurisdiction. in additi	tion, Denied
areas covered by such permit at ar	ine application issued, i certify ny reasonable hour to enforce	the provisions of the c	code(s) applicable	e to such permi	i have the authority to enter	r all Date;774
	11	-		-		the former of the second secon
	Jun Bustfeth_	DRESS:	31 August		PHONE:	Atrin
SIGNATURE OF APPLICANT	Tim Barthélman Al	JDKE55:	DATI	3:	PHONE:	
RESPONSIBLE PERSON IN CHA	RGE OF WORK, TITLE				PHONE:	
	Wilite-Perinit Desk	toon Accorcor's	101-D 121W	Dink Dublic S	ile ivory Card-Inspector	
	white-permit Desk (	196611-A2362201 2	ary=0.F.w.	Filk-Fublic F	te ivory card-inspector	Ma Simpson
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City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

ocation of Construction: 22 Bramhal! St	Owne	MMC			Nemo	Permit No: 0 9 3 3
22 Brannal: St	Leasee/Buyer's		Phore:	Busines	sName:	Mary Gresik
			Phon	 e:		Permit Issued:
Contractor Name:	Address:	8107 Ptld, ME	04104	767-1866	ó	
Ledgewood, Inc.	Proposed Use:		COST OF WOR	K:	PERMIT FEE:	
-251 080.			\$ 48,000.	/	\$ 260.00	
Hospital	Same		FIRE PEPT.	Approved Denied	INSPECTION: Use Group: 7-2 Type:	IA
	w/int	reno			BOCA 93 - AA	ZOHA VI COE: PURTLAINU
			Signature: 1	t.BM	BOCA 93 Signature: Hoffe	Zoning Approval:
Proposed Project Description:			PEDESTRIAN	ACTIVITI	ES DISTRICT (P/D.	)
			Action:	Approved	with Conditions:	Special Zone or Reviews:           Special Zone or Reviews:           Special Zone or Reviews:
Make interior renovations a	s prr plans			Appro.ed Denied	with Conditions:	Vetland
Family Practice Office (P3A				ecine a		El Flood Zone
ramity reactive office (15A	-,		Signature:		Date:	□ Subdivisic · ; □ Site Plan maj□ minor □ mm □
1. This permit ap lication doesn't precl	ude the Amilicant(s) from	n merting applicable S	State and Federal rules			
1. This permit ap lication doesn't preci	une ne application destru-	i work				Zoning Appeal
<ol> <li>Building pe inite do not include plus</li> <li>Building ermus are void if work is to</li> </ol>	moting, septic or electrica	months of the date of is	ssuance. False informa	l-		Variance Miscellaneous
<ol> <li>Building ærmus are void if work is i tion may invalidate a building perm</li> </ol>	not started within six (0) and stop all work.	monus of the due of th				Conditional Use
tion may invatuate a building perm	ar and orop are control.					Interpretation
						Denied
						Historic Preservation
						Does Not Require Review
				he	RMIT ISSUED	CI Requires Review
				VIII FILL	REQUIREMENTS	Action:
		CERTIFICATION				
		C. 23466 14 4 4 4 4 4 4 4 4				
I hereby certify that I am the owner of re	_		d work is authorized by	the owner of	of record and that I have	been Approved with Conditions
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Permit # City of	Portland BUILDIN	G PERMIT APPLIC	ATION Fee \$95	Zone	Map & FIEDL	CILICOLLED
a source and but any part a success	approv to jaw Troper plans mase	decompany form:			EIN	111100000
Owner: M M C	11000 1	878-2780		For Official		R 1 2 1994
Address: 22 Bramhal	1 St- Ptid, ME 041	02	Date 4/4/94	roi ometar	Srudivision:	M 1 Z 1024
	N 22 Bramhall St		Inside Fire Limits		Neme C	C DODYLAND
Contractor: BRINNEII Edwika x Nebertixa	X X K X	Call Room)	Bldg Code		Ownersb',e. CHTY-U	T I PITLINSL
Address: A and a and a start and a start and a start and a start a sta	Phope	· · · · · · · · · · · · · · · · · · ·	Estimated Cost 14,9	00		
Est. Construction Cost	Proposed Use:	Sp w Sprinki Sys	Zoning:	D		
	Past Use:		Provided Setback	es: Front, P	ackSide_	Side
# of Existing Res. Units Building Dimensions 1.	# of New Res. Units Total Sq. Ft		Review Required:		Date:	
	oras Lot Size:		Planning Board	Apur val: Yes No	Date:	
To Devroyed Han Second	Condominium Conver	ntan	Shoreland Zoniu	Yes No	Site Plan Floodplain Yes No	Cubdgason
Explain Conversion	nst fire sprinkier	syst	Special Exception	()		
		/ ···	A	40	4-5-14	
Foundation: 3, 27Ma	il Permit: contract Grinnell Vire Pr	or Dection	Celling: 1. Cellang Joists	Size	HISTOR	IC PRESERVATI
1. Type of Soil:			2. Cail an Strap	ing Size S	pacing	in District nor Lap JINA
8. Footings Size:		1.0.0	A Jasulation Typ	pe	Size Req	9 D1: 10 10 10
4. Foundation Size: 5. Other		102	5. Ceiling Height			************
Floor:		·IAN	1. Tress or Reile	r Size	Spanaction	Approv A
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2. Girder Size: 3. Lally Column Spacing	;Size:		Type:	/ Number of	Fire Places	H. Maan Fr
4. Joiets Size:	Spz	icing 16 ' O.C.	Leating: Τγρε of Heat:		and the second s	
6. Floor Sheathing Type:	: Sir		filectrica's		moke Detector Required	1 17 11
7. Uther Meterial:			Plumbing:	e Size: 6	moke Detector Reguired	G 168N/
Exterior Walls: 1. Studding Size	Spacing		1. Approval of so 2. No. of Tubs or	il test if required Showers	Yes	No
2. No. windows			3. No. of Flushes	······	Von Alex	
3. No. Deors 4. Header Sizes	i Span(s)		5. No. of Other F	ixtures	TAMP.	
5. Bracing: Yes	· No.		Ewimming Pools: 1. Type:		SOUNS	SIL
7. Insulation Type	Size		2. Pool Size :	XX	Square Footas	1 <u>50</u>
8. Sheathing Type 9. Siding Type	Weather Exp	003017/	a. Must conform	Louise E. ()	Daco	NTS.
10. Masonry Materials 11. Metal Materials	13P-	• ••	'I 'Received By	<u>&gt; 127</u>		
	WITH	SFOLISSIJED	Signaure of Applicant	ent fin	<u></u> C	Date 4/4/94
Interior Walls:	One of the	**************************************				
	Spacing Span(s)	AEQUIREMENTS	CEO's District	Jerek narver	1 Jack	

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PLOT PLAN 128.94 Completed Wo Inspection. Inspection Record FEES (Breakdown From Front) Туре Date Base Fee \$ <u>95</u> Subdivision Fee \$\_\_\_\_\_\_ Site Plan Review Fee \$\_\_\_\_\_ Other Fees \$\_\_\_\_\_ (Explain)\_\_\_\_\_\_ Late Fee \$\_\_\_\_\_ COMMENTS **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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. PHONE NO. ADDRESS SIGNATURE OF APPLICANT PHONE NO. RESPONSIBLE PERSON IN CHARGE OF WOF K, TITLE Ę 1

TELAT PERSON DESCRIPTION

and the second secon

BUILDING PARMIT REPORT					
DATE	4/11/54				
ADDRESS	22 Bigmbill				
REASON FOR PERMIT	Sprinkler Installation				
BUILDING OWNER	mm c				
CONTRACTOR	Grinnell Fier Protection				
PERMIT APPLICANT	Dereh Natures				
Approved	DENIED				

CONDITIONS OF APPROVAL:

1. A 4" storz fire department connection is required.

- 2. Any new sprinkler construction over 6 sprinkler heads needs to have State Fire Marshall approval.
- 3. Any renovations of sprinkler systems over 20 sprinkler heads needs to have State Fire Narshall approval.
- 4. A sprinkler performance test shall be submitted to the Portland Fire Department after completion of sprinkler work.



### APPLICATION FOR PERMIT DEPARTMENT OF BUILDING INSPECTIONS SERVICES ELECTRICAL INSTALLATIONS

Date October 20 19 93 Receipt and Permit number 9/7/ 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 jollowing specifications: LOCATION OF WORK: 22 Bramhall St. OWNER'S NAME: Maine Medical Center ADDRESS: same .... FEES 5.00 ٧... OUTLETS: <u>106</u> Switches <u>33</u> Plugmold <u>10</u> ft. TOTAL <u>149</u> ..... Receptacles \_\_\_\_ \_29\_80 FIXTURES: (number of) Incandescent \_\_\_\_ Flourescent \_\_\_\_\_83(not strip) TOTAL \_\_83\_\_\_ ..... -16-60 Strip Flourescent \_ SERVICES: \_ Underground \_\_\_\_\_ I emporary \_\_\_\_ TOTAL amperes \_\_\_\_\_ . Overhead \_ 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 Cock Tops Disposals Wall Ovens Dishwashers Drvers Compactors Fans Others (denote) TOTAL MISCELLANEOUS: (number of) Branch Panels \_\_\_\_\_ ..... 8,00 \_ ..... Transformers Air Conditioners Central Unit Separate Units (windows) Signs 20 sq. ft. and under \_\_\_\_\_ Over 20 sq. ft. Swimming Fools Above Ground In Ground \_\_\_\_\_\_ Fire/Burglar Atarms Residential Residential \_\_\_\_\_ 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" (304-1C.b) TOTAL AMOUNT DUE: 54.40 see message INSPECTION: , 19\_; or Will Call \_ Will be ready on CONTRACTOR'S NAME: Bay Electric Co. Inc.

í.

ADDRESS:

MASTER LICENSE NO.: LIMITED LICENSE NO.:

TEL.:

<u>799-0350</u> 09171

INSPECTOR'S COPY -- WHITE OFFICE COPY -- CANARY

CONTRACTOR'S COPY --- GREEN

P.O. Box 6316 Cape Elizabeth, ME 04107

SIGNATURE OF CONTRACTOR:

INSPECTIONS: Service By Inspector ... Date of Permit \_\_\_\_ Owner -Permit Number \_\_ Location -Permit Application Register Page Final Inspection Service called in we ELECTRICAL INSTALLATIONS ----Closing-in 1-25-94 by PROGRESS INSPECTIONS: 5-17-94/ 22 BRANNAP **1**17. IM WI C . . . . . . 5% . 1 10-20-93 111 5-17-93 ไปเช. \_\_/\_\_ \_ /\_ z, 1. DATE: ž REMARKS: ,

-0504417-400645 +-

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Perfuit 2 4 Scity of Portland BUILDING PERMIT APPLIC Please fill out any part which applies to job. Proper plans must accompany form.	CATION Fee \$95 Zone Map # PERMIT ISSUE
Dwner: M M C Phase # 878-2780	For Official Use Only
Address: 22 Bramhall St- Ptld, ME 04102	4/4/94 Subdivision:
LOCATION OF CONSTRUCTION 22 Bramhall St - (Physicians'	Inside Fire Limits
Contractor CKXMMEXX Sub.: (311 Room)	) Bidg CodePublic Time LimitPublic Private
<u>ዜ ቋዦቭ ዮ ፈ አ ካ ት ት ት ት ት ት ት ት ት ት ት ት ት ት ት ት ት ት</u>	Time LimitPrivate
Aldress ANXAXRAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ys Zoning:
\$ 14,900 Past Use 11 S D	Street Frontage Provided: Back Side Side
of Existing Res. Units # of Ne Vota	Review Required:
Building Dimensions LW	Zoning Board Approval: Yes No Date: Planning Board Approval: Yes No Date:
# Stories: # Bedrooms % Size:	Conditional Use: Variance Site PlanSubdivision Shoreland Zouing Yee No Floodplain Yees No
Is Proposed Use: Sessonal Con	Special Exception
Is Proposed Use: Seasonal Contract Proposed Use: Seasonal Explain Conversion inst	Special Exception Other (Explain) 4-5-94 UKUC Explain) 4-5-94 HISTOCIC PRESERVATIO
Mail P .t. cr tractor	Ceiling: HISTORIC PRESERVATIO
Foundation:	1. Ceiling Joists Size: SpacingNot in District nor Lindmark 2. Ceiling Strapping Size SpacingNot in District nor Lindmark
Foundation:     Image: Construction       1. Type of Soil:     Image: Construction       2. Set Backs - Front     Image: Construction       3. Frontings Size:     Image: Construction	2. Ceiling Strapping Size Spacing Boas not require series?
2. Set Backs Front ill ers ; de Signs	2. Central Strapping Size Sprang Does not require review. 3. Type Cellings: Size Size Requires Review?.
4. Fourdation Size:P	
2. Set Back The set of the set o	HOOL: Span & Bother Size Span Antron Antroved.
Macha	2. Sheathing Type Size Size
1. Sills Size: Suls must be anchored.	3. Roof Covering Type Reference
2. Girder Size:	Type: Number of Fin Places
4. Joists Size: Spacing 16" O.C. 5. Bridging Type: Size:	Heating: Type of Heat:
5. Bridging Type: Size: 6. Fluor Sheathing Type: Size:	Ella atral and a
6. Floor Sheatning Type:Gize	Service Entrance Size: Smoke Detector Required YesNo
	Plumbing: 1. Approval of soil test if required Yes No
Exterior Walls: 1. Studding Size Spacing	0 Ma of What ar Shawara
2. No. windows	3. No. of Flushes
3. No. Doors	3. No. of Flushes
5. Beecing: Yes No.	Swimming Pools: 1. Type: 2. Pool Size : x Square Fourage 3. Must conform to National Electrical Code and States was pool
6. Corner Posts Size 7. Insulation Type Size	2. Pool Size : x Square Poolage
	3. Must conform to National Electrical Code and Stated away
8. Shenthing Type Size	Permit Received By Louise E. Chase
8. Sheathing Type Size 9. Siding Type Weather Exposure	
8. Sheathing Type Size 9. Siding Type Weather Exposure 10. Masonry Materia <sup>1</sup>	I I MANIA / GX
8. Sheathing Type Size 9. Siding Type Weather Exposure 10. Masonry Materia <sup>1</sup>	Signature of Applicant
8. Sheathing Type Size 9. Siding Type Weather Exposure 10. Masonry Materia <sup>1</sup>	2- Derek Narvaez
8. Sheathing Type	
8. Sheathing Type	CEO's District
8. Sheathing Type	2- Derek Narvaez

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930771 Rermit # City of Part J	and BUILDING PERMIT APP	LICATION Fee 1520 Zone	Map #Lot#
Please fill out any part which applies	o job. I toper thans mass accompany	والمستقد بالمتركبة المداملين والمتشرية شجا فتهيمه فيستعمرونه بالمخط تتعالما والمتقادي والمتقار ومنفوا ومنفوا والمناه	
Owner Maine Medical Cer	1665Phone #871-24-7	For Qff	cial Use Only
Address: 22 Bramhali St:	Pt1d. ME 04102		
AUGUSTAL OF CONSTRUCTION 2	2 Braphall St - R-3 & P34	Ins.de Fire Limits	
LOCATION OF CONSTRUCTION		Blig Code	Ownerstor: L Public
Confactor Ledgewood Inc		Time Limit	UIT UT TURMA
Address: BOX 8197 - PEId.	MEPhone #04194		
Est. Construction Cost: 300,000	Proposed Use:hosp_w inter_r	Street Fronteg. Frovided:	Back Side Side
	Past Use: nosp	m i Desadarada	
# of Existing Res. Units# o	f New Res. Units	Zoning Board Approval: Yes	No Date:
Building Dimensions LW	Tatel Sq. Ft	Zoning Board Approval: Yes Placting Board Approval: Yes Conditional Use: Var	No Date:Subdivision
# Stories: # Bedrooms	Lot Size	Shoreland Zoning Yes No.	Floodplain Yes No
Is Prop. red Use: Seasonal Co	ndominium Conversion	Spe al Exception	
Euclein Conversion interior	ranovations - R-3 & P3A are	eiling	- JE 193
		Ceiling	
Foundation (pi	rk-up truck for debris)	1. ( ling, Juste Size:	Spacing Spacing Space Sp
1. Type of Soil:	RearSide(s)	- 3. Typ vilings:	Size Does ant require rei
2. Set Backs - Front 3. Footings Size:	Kear Side(8)	4. Instruction Type	Requires Eaview.
A. Foundation Size:		Boof:	
5. Other		1. Truss or Ratter Size	Size
Floor:		2. Sheathing Type 3. Rowf Covering Type	Size Approved with
1. Sills Size:	Sills must be anchored.	Chimneys: Type: No Heating:	mban of Firm Place Dates 12 STATE
2. Girder Size: 3. Lally Column Spacing:	Size:	Heating:	Signa Life
4, J Asts Size:		Type of Heat:	
i. Bridging Type: 6. Floor Sheating Type:	Size:	Electrical:	Smoke Detector Required Yes
7. Other Material:			
		Approval of soil test if requir	
Exterior Walls: 1. Studding Size	Spacing	- X 8 No of Flushes	
2. No. windows		4 No of Lavatories	
3. No. Dears	Span(s)S	5 No. of Other Fixtures Swimming Pools:	
5. Bracing: Yes	No		Ding Dotago
6. Corner Posts Size	Size	Pool Size x	lectrical Color will be w.
8. Sheathing Type	Size	Ser.	A CONTRACTOR
9. Siding Type 10. Masonry Materials	Methor inches	1 Type Pool Size X Pool Size X Must conform to National E Entran Sector Y Louise Signature Provident	3
10. Masonry Materials		- August Stationt 21. 11	V.V. SAMANS
	Spacing	Signature of CEO	ac Cridnes
1. Studding Size 2. Header Sizes	SpacingSpan(s)	- Signature of CEO	
3 Wall Covering Type		- 75	
4. Fire Wall if required		Inspection Dates	Copyright GPCOG 1988

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

Ocation of Construction:	Owner:		Phone:	77-0111	Permit No: 0909
22. Branhell St.	Haine Medical Cer	Phone:	Busines		
Owner Address:	Lease/Buyer's Name:	Phone:	Dusines		Pormit Issued:
	Address:		P'ione: 854-658		
Contractor Name: Less Uilsen and Sons	Proposed Use:	COST OF		TPERMIT FEE:	AUS 2 4 1994
Past Use:	Proposed Ose.	\$		\$10.00	AUS 2 4
		FIRE DEP	T. D Approved Denied	INSPECTION:	Zorie: Cal.:
				Bull	
		Signature:	TAN ACTIVITI	Signature: Affection ES DISTRIC f (PALD.)	Zoning Approval
Proposed Project Description:		Action:	Approved		
to remove 2000 gal diesel	tank	Action	Approved	with Conditions.	Shoreland
			Denieci	Ŀ	Wetiand
		Signature:		Date:	Subdivision
					Site Plan maj C minor C mm
1. This permit application doesn't precl	lude the Applicant(s) from meeting applicable S	naie and reden			Zoning Appeal
2. Building permits do not include plu	mbing, septic or electrical work.	ouenes Faire m	forma-		Variance
3. Building permits are void if work is	not started within six (6) months of the date of is	isuance. raise in	nonna-		Conditional Use
tion may invalidate a building perm	it and stop all work.				Interpretation
		latini			Deniec
					J Donnoe
			G	ERMIT ISSUED	Not in District or Landmark
			WIT	ERMIT ISSUED H REQUIREMENTS	Action:
•					
	CERTIFICATION		PERN	AIT ISSUED	Approved with Conditions
I hereby certify that I am the owner of re	cord of the named property, or that the proposed	work is authoria	red by a start for the laws of	this jurisdiction. In additio	n. Derned
authorized by the owner to make this ap	plication as his authorized agent and I agree to	authorized rep	resentative shall h	ave the authority to enter a	all Dates 24144
if a permit for work described in the ap	sonable hour to enforce the provisions of the co	de(s) applicable	e to such permit		1787
		CIE & 31 29		111. 7. 1	Ko to
por the part of the	ADDRESS:			PHONE:	- 1 lin /1/2
SIGNATURE OF APPLICANT	ADDRESS:	DATI	5:	PRONE:	e
	1 1 to Her and a star	6 11	· Jan-		
RESPONSIBLE PERSOT IN CHARGE				PHONE:	CEO DISTRICI
	White-Permit Desk Green-Assessor's G	anary-D.F.W.	Pink-Public File	ivory Card-In actor	Mas Sim Maria
	Witte-Petint Desk Cresh Harrest	•			118 312 1304
a da manda a - Maria na anaraharanan angarahara	CONSISTENTIAN T	101999. "HIGH HOR	AND	дадски ча макти - тилинфикиала 	•
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	<sup>ر</sup> به در د				· · · · · · · · · · · · · · · · · · ·

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COMMENTS. nothing yet lift message to request an 8.210.94 Lite Graduation Report conu A the 914.94 arcavation started, Located @ Perking Danage entrance. 9.15.91 Excavated tank, backfilled hole, comparted. Needs pavement. roped off-secured note. D. ts. 94 Paved over excavated avea. N1 Лĥ Inspection Record Date Туре Foundation: Framing: Plumbing: Final: Other: 飘彩 in the second

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					. * 4° 5 - 7 - 7
		of Environmental			
ta	te House Station	zardous Materials h #17, Augusta, M		, a nm	就帮助礼 小 ディー
	ephone: 207-289 n: Tank Removal	L Notice	ICE OF INTENT		۰ ۲۰ ۳ ۲۰ ۲۰ ۴. ۱۹
		TO ABA	NDON (REMOVE) AN OIL STOPAGE FACIL	чт <b>ц</b> у <u>я</u> 	
Inm	a of Facility O	mer: <u>MAIN</u>	Mailical (	an lad	
lai	ling Address:	22 Bramhn	State: Me 2	hone No: <u>\$7/0///</u> ip Code: <u>04/02</u>	- 1 (11)
lon	tact Person (nam	me, address & tel		Ary SALLO	
	e of Facility:_ ility Location:	SAM AJ	About Rep	gistration No.: /2076	
	•	anks at this loss	tion which are to	he removed.	
•	Identify the ta		Tank Size	Type of Product	
	Tank Number	Age of <u>Tank (Years)</u>	(Gallons)	Most Recently Sto	red
	A. 4	16	2000	<i>Diesel</i>	_
	В, С. D.				•
	-	Pasility (be spec	ifia).		*
2.	Discobione to	ractificy (be spec			
	Directions to MAIM M	Lest. Center			
	MAIN M Is tank(s) use	d for the storage	e of Class . liqui	ds (e.g. gasoline, jet	
	MA-IM M Is tank(s) use fuel)? Yes	d for the storage No // (IF YES,	REMOVAL OF THE TA	ds (e.g. gasoline, jet NK MUST BE UNDER THE SSIONAL FIREFIGHTER.)	
3.	MA-IM N Is tank(s) use fuel)? Yes DIRECTION OF A Name and telep	d for the storage No <u>/</u> (IF YES, CERTIFIED TANK )	REMOVAL OF THE TA INSTALLER OR PROFE	NK MUST BE UNDER THE SSIONAL FIREFIGHTER.)	
3.	MA-IM M Is tank(s) use fuel)? Yes_ DIRECTION OF A Name and telep removal:	d for the storag No (IF YES, CERTIFIED TANK hone number of co <i>k</i> (J P ) Installer Certi	REMOVAL OF THE TA INSTALLER OR PROFE DETIRATION WHO WILL $\underline{Jo} \Delta J \qquad \mathcal{FS4}$ fication Number &	NK MUST BE UNDER THE SSIONAL FIREFIGHTER.) do the tenk	
3.	MA-IM M Is tank(s) use fuel)? Yes_ DIRECTION OF A Name and telep removal:CJ Certified Tank	d for the storag No <u>(</u> (IF YES, CERTIFIED TANK) whone number of c <u>house</u> Installer Certi	REMOVAL OF THE TA INSTALLER OR PROFE DETINGTION WHO WILL JONJ JS4 fication Number &	NK MUST BE UNDER THE SSIONAL FIREFIGHTER.) do the tank 4563 Name (if applicable).	)
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	BUILDING PERMIT REPORT
Date:	23/1349/94
Address;	22 Bramball ST
Type of Permit:	remove 2000 gallon Tank
Owner:	Maine medical Center
contractor:	Los hatson & Sons
Applicant:	e , L
	Approved: Denied:
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Conditions:

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1. All underground tank removal(s) and/or installation(s) shall be done in accordance with Department of Environmental Protection Regulations

(Chapter 691). No cutting of tanks on site. Cutting of tanks to be done at an approved 2.

tank disposal site.
 Fire Dispatcher must be notified 48 hours in advance of removal and/or transporation of tanks.

C.C. 2T. Mc Dougall

COMMENTS ۲ alectrici war zra 5 son d. adquate. 2 inspection, werything mp £ .. **Inspection Record** Туре Date . Foundation: Framing: Plumbing: Final: Other: .

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**Inspection Services** 

Samuel P. Hoffses Chief



Planning and Urban Development Joseph E. Gray Jr. Director

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### **CITY OF PORTLAND**

September 6, 1994

Ledgwood , Inc. P.O. Box 8107 Portland, Maine 04104

RE: 22 Brmhall Street

### Dear Sir,

Your application to make interior renovations (Star Penovations) has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not preclude the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy on be issued until all requirements of this letter are met.

- Means of egress shall have signs with back-up.
   Portable fire extinguishers shall be provided in accordance with NFPA 10
   Means of egress shall be illuminated.
   A fire alarm acceptance report shall be submitted to the Portland Fire Dept.
   Stairs shall comply with section 5-2.2 of the Life Safety Code.

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

Sincerel Hoffses **Chief of Inspection Services** 

cc: Lt. MacDougall - Fire Prevention Bureau

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389 Congress Street • Portland, Maine 04101 • (207) 874-8704 • FAX 874-8716 • TTY 874-8936

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- - 59		(Line of		Building Inspection			
4	e e subjective	Garden and Aller	LOCATION 22	Bramhall St			
	v	Issued to Maine Medical Center Mis is to certify that the b	uilding, premises, or pa	Date of Issue 20 Dec rt thereof, at the above location,	built – altered	,	
ала С40		- changed as to use under Building to substantially to requirements of Zoni occupancy or use, limited or otherwise PORTION OF BUILDING OR P	se, as indicated below.	as had final inspection, has been to ling Code of the City, and is here <u>APPROVED OCCUPANCY</u>	in approved to:		
		раз		Citics (Family	Practive)	مالية م	
		Limiting Conditions:				મું અને ક્રિફિટ્સ અને ક્	
• •	<b>k</b> 1	This certificate supersedes				ء جو جو	
$\therefore$		This certificate supersedes certificate issued Approved:	n. (1))				
		(Date) Inspector	icate identifies, whit use of building or t	Inspector of Bulldin	gs		
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2 Branhall St	Branhall St. HSC		Phone:	one:		Permit No:	
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ntractor Name:	Address:	Phone:			-	Pepip Reader	ISSUED
edgewood, Luc.	P.O. Box 8107 Prid, 1	HE 04104 76	7~1866	,		T CIVILIT I	USULU
·····	Proposed Use:	COST OF WORK:	\$ 260.00			SEP	8 1994
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	T/int read	FIRE DEPT. E Ap					
				Occay3	pe://	CHTY OF PO	KILANU
posed Project Description:		Signature:	<u> </u>	Signature:	Zi-	Zoning Approval:	3-A-003
-		PEDESTRIAN ACT		S DISTRICT (P.		zoning Approval:	
ske interior renovations as			proved w	vith Conditions:			or Reviews:
Semily Practive Office (P3A)			nied	nur conditions.	님	Shoreland Wetland	
·		S:		_	-	Flood Zone	
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Building permits do not include plum	bing, septic or electrical work.	le State and Federal rules.		Date:		Flood Zone     Subdivision     Subdivision     Site Plan maj     Zoning     Variance     Miscellarvous     Conditional U     Interpretation     Approved	Appeal s se
Building permits do not include plum Ruilding permits are void if work is no	bing, septic or electrical work.	le State and Federal rules.	PER		3	□ Flood Zone □ Subdivision □ Site Plan maj □ Variance □ Miscellat.vous □ Conditional U □ Interpretation	Appeal s se eservation or Landmark uuire Review
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Other:

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Address:	22 Bramhall St-	Pt1d, ME 04'.02		Date 1/24/94	For Unicial	Use Only PERMI	LISSUEL S	•
OCATI	ON OF CONSTRUCTION 72	Bremhall St- 36d	f1	Inside Fire Lind'		lamo		
-	or Edward webert & 9 Sould Rd- Lewi	<u>Snob:</u> 783-2091		Bldg Code		And see all the second se	1.494	
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2 <b>st. 、</b> .01		Proposed Use: hosp 4		V Zoning:	Providec':	UTUPP	ORTEAND	
of Even	ting Day Visita	Past Use: hosp New Res. Units		Provide i Setba	cks: Fron E	ackSide	_Side	
Building	Dimensions LW	Total Sq. Ft		Reviev Required: Zoning Board A	pproval Yas No	Date:		
		Lot Size:		Plann ng Board Conditional Use	Approval: YesNo e: Variance	Date:Site PlanS Site PlanS Floodplain YesNo	abdivision	
s Propos	sed Use: Seasonal Cond	Iominium Conversion		Shoreland Zonis Special Exception	ng Yes No		142 M.A.	
Explain (	Conversioninterior	renovations - Ord	f1	Ouper 1 de	ng xylain)	> 1-25-94	RESERVATION	
	·			Ceiling:	• /	HISTORIC	PRESERVATION	
oundat	1			1. Ceiling Joists 2. Ceiling Strap	ning Size S	Dacing a guided	Sirier nor Landingers.	
	2. Set Backs - Front	RearSide(s)		A Ingulation Th	me	Size Beeniese	Remieur	
	4. Foundation Size:			5. Ceiling Heigh	ht:		***********	
	o otner					- Antilar Ann		
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	4. Joists Size: 5. Bridging Type:	Size:	* O.C.	Heating: Type of Heat:				
	6. Floor Sheathing Type:	Size:		Electrical		anoke Detector Required Y	en Na	
	7. Other Material:			Plr.mbing:				
	r Walls: 1. Studding Sizo	Spacing		2. No. of Tubs of	oil test if required			
	2. No. windows 3. No. Doors			4. No. of Level	es	Anistru-		
	4. Header Sizes	Span(s) No		5. No. of Other Swimming Pools:	Fixtures	<u>++</u> <u>[</u> ]		
	6. Corner Posto Size 7. Insulation Type			• M	<b>}</b>	Square Footers		
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1(	9. Siding Type 0. Masonry Materia is	Weather Exposure		Permis Re 200 B	Leuise E. C	hase		
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# APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES ELECTRICAL INSTALLATIONS

	Date22 FEb 94	, 19
, <b>`-</b>	Receipt and Permit num	ber 16470
To the CHIEF ELECTRICAL INSPECTOR, Portland,	Maine:	
The understand berghy applies for a manual to ma	In all should be a start of the second se	the lans of
maine, the Fortiland Electrical Ordinance, the Nationa	Il Electrical Code and the following medica	ations:
LOCATION OF WORK: Maine Medical Center OWNER'S NAME: MMC	22 Bramhall St	
OWNER'S, NAME:MMC	ADDRESS:	
<b>X</b>		FEES
OUTLETS:	100	
Receptacles 146 Switches 50 Plugmo FIXTURES: (number of)	old ft. TOTAL <u>196</u>	39.20
Incandescent Flourescent _108 (no	t strip) TOTAT	21.60
Strip Flourescent ft		
"SERVICES:		
Overhead Underground Temp	orary TOTAL amperes	
METERS: (number of)		
MOTORS: (number of)		
Fractional 1	• • • • • • • • • • • • • • • • • • • •	2.00
1 HP or over	• •• •• •• •• •• •• •• •• •• •• •• •• •	
	• • • • • • • • • • • • • • • • • • • •	
Electric (number of rooms)	• • • • • • • • • • • • • • • • • • • •	•
Oil or Gas (by a main boiler)	• • • • • • • • • • • • • • • • • • • •	
Oil or Gas (by separate units)		
inecure onder 20 kws Over 20 kw	s	
APPLIANCES: (number of)		
Ranges	Water Heaters <u>1</u>	
Cook Tops	Disposals	
Wall Ovens	Dishwashers	
Dryers Fans	Compactors	
	Others (denote)	0.00
MISCELLANEOUS: (number of)		_2.00
Branch Panels 3 Transformers 1	· · · · · · · · · · · · · · · · · · ·	12.00
Transformers <u>1</u> 25-200 KVA	· · · · · · · · · · · · · · · · · · ·	8.00
Air Conditioners Central Unit		
Separate Units (windows)		
Signs 20 sq. ft. and under	• • • • • • • • • • • • • • • • • • • •	
Swimming Pools Above Ground	••••••	
In Ground	• • • • • • • • • • • • • • • • • • • •	
Fire/Burglar Alarms Residential	· · · · · · · · · · · · · · · · · · ·	*****
Commercial		15.00
Heavy Duty Outlets, 220 Volt (such as welders)	30 amps and under	
	over 30 amps	
Circus, Fairs, etc	****	
Alterations to wires Repairs after fire	· · · · · · · · · · · · · · · · · · ·	
Repairs after fire Emergency Lights, battery	•••••••••••••••••••••••••••••••••••••••	
Emergency Generators	• • • • • • • • • • • • • • • • • • • •	6.00
	INSTALLATION FEE DIF	
FOR ADDITIONAL WORK NOT ON ORIGINAL PER	MIT DOUBLE FEE DUE	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)		
	TOTAL AMOUNT DUE:	105.80
INSPECTION:		
Will be ready on, 19_; or	Will Call XXX	
CONTRACTOR'S NAME: Don's Electric		
ADDRESS: P.O. Box 445 Monme	outh, ME 04259	
TEL.: 933-4500	Such j hil 04235	
MASTER LICENSE NO 16470	SIGNATURE OF CONTRACTOR:	
LIMITED I TOTALSE NO.	Kodney Chesley	
ANNEX P. INSPECTOR'S C ANNEX P. INSPECTOR'S C OFFICE COPY CONTRACTOR'S CONTRACTOR'S	Robert Chilling In - Su	m -7180
ALL X TY INSPECTOR'S C	OPY WHITE	
A N IS OFFICE COPY	- CANARY Barry for Sem 3	2207
CONTRACTOR'S	COPY GREEN 3	238:
TH. ACC.	y	

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FEES (Breakdown From Front) Base Fee § - 1075 Subdivision Fee § Site Plan Review Fee § Other Fees § (Captain) 1 Inspection Record 15 Date Туре At. eron Ok . COMMENTS UAU 11-13 TAMIN wo Tumsey ¥, × CERTIFICATION

I hereby certury that I am his overient i record of this named property or that the proposed work is authorized by the owner of record and that I have been authorized by the owner of record and that I have been authorized by the owner of record and that I have been authorized by the owner of record and that I have been authorized by the owner of record and that I have been authorized by the owner of record and that I have been authorized by the owner of record and that I have been authorized by the owner of record and that I have been authorized by the owner of record and that I have been authorized by the owner of record and that I have been authorized by the owner of record and that I have been authorized by the applicable laws of this jurisdiction. I in addition, if a permit for work described in this applicable hour to enter areas covered by such permit at any reaschable hour to enter areas covered by such permit at any reaschable hour to enter areas covered by such permit at any easchable hour to enter areas covered by such permit at any easchable hour to enter areas covered by such permit at any reaschable hour to enter areas covered by such permit at any reaschable hour to enter areas covered by such permit at any reaschable hour to enter areas covered by such permit at any easchable hour to enter areas covered by such permit at any applicable to each addition of a permit at any applicable to each addition. Applies applicable to each addition at a permit at any applicable to each addition at a permit at any applicable to each addition at a permit at any applicable to each addition at a permit at any applicable to each addition at a permit at any applicable to each addition. Applies applicable to each addition at a permit at any applicable to each addition at a permit at any applicable to each addition. Applies applicable to each addition at a permit at any applicable to each addition at a permit at any applicable to each addition at a permit at any applicable to each addition at a permit a - 3 RESPLASELE PERSON IN CHARGE OF WORK, TITLE PHONE NO. /  $\mathbf{C}$ here a second in the second Sec. Sec. A Ŷ -3 Ð



Planning and Urban Dev Joseph

CITY OF PORTLAND

February 9, 1994

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Inspe

RE: 22 Bramhall Street - Portland

Edward Ferbert & Sons S Gould Rd. Tewiston, ME 04240

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Dear Sir:

Your application to make interior renovations on the third floor has been reviewed, and a permit is herewith issued subject to the following requirements:

No Certificate of Occupancy can be issued until all requirements of this letter are met.

A fire alarm acceptance report shall be submitted to the Portland Fire Department before occupancy is granted.

The sprinkler work must be approved by the State Fire Marshal's cffice. All exit signs, lights and means of egress lighting shall be done in accordance with Chapter 10, section & subsections 1023. & 1024.0 of the City's building code. (The BOCA National Building Code/1993)

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

Sincerely,

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P. Samuel chief of Inspection Services

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cc: LT. Gaylen McDougal, Fire Prevention Bureau

389 Congre s Street · Portland, Maine 04101 · (207) 874-8704

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Ň PLOT PLAN FEES (Breakdown From Front) Base Fee. S. / 550.0 Subdivision Fee. S. Site Plan Review Fee. S. Other Fees. S. (Explain)\_\_\_\_\_\_ Late Fee. S.\_\_\_\_\_\_ COMMENTS Inspection Record Date Type ~ である 8.24.93 Date Signature of Applicant p. κ., 0 at a show the for a world late a The States State of a grade 14.4 1.23741 

CITY OF PORTIAND MAINE Department of Building Inspection



Certificate of Occupancy с, <u>к</u>тався (

LOCATION

Date of Issue

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This is to certify that the building, premises or part thereof, at the above boation built - altered - changed as to use under Building Permit No. 93 = 77 ; has had final inspection, has been found to confirm substantially to requirements of Zoning Ordinance and Building Code of the City, and is herely approved to occupancy or use limited or otherwise, as indicated below
<u>PORTION OF BUILDING OR PREMISES</u>
<u>APPROVED OF CUPANCY</u> Issued to Dedeewook Inc.

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Limiting Conditions

43-A 3,2,1

This certificate supersedes certificate issued 115 Approved.

(Date

Inspector of Buildings

Impector ્રે પ્રધાર 10 પ્રકાર તે છે. તે શાળવા પ્રધાર પ્રથમથા પ્રચાન ગાંધો વાલુ તે તે તે માન્ય પ્રદાન પ્રદુશના વાલ્ય છે. એટલ કે તેનું પ્ર તે છે. જે કે તે અને કો અને તે ભાગભાષા Changes Final કે તેનું આવે કે તે તે તે બાળવા પ્રધાન કે કે સાથે તે તે છે. આ Inspection Services Samuel P. Hoffses Chief



Planning and Urban Development Joseph E. Gray Jr. Director

### **CITY OF PORTLAND**

August 27, 1993

bE: 22 Bramhall St. ~-3 & P3A)

Ladgewood Inc. Box 8407 Portland, ME 04104

Dear Sir:

Your application to make interior renovations at R-3 & P3A areas of Maine Medical Center, has been .eviewed and a permit is herewith issued subject to the following requirements:

#### Building & Fire Code Requirements

- A fire alarm acceptance report shall be submitted to the Portland Fire Department. (LT. Gaylen McDougall) All hazardous areas (as defined in Section 13-3.2.1 of N.F.P.A. 101) 1. 2.
- 3.
- 4.
- 5.
- All hazardous areas (as defined in Section 13-3.2.1 of N.F.P.A. 101) shall be enclosed in a one hour fire resistance rated area. All interior finish on walls and ceiling shall be class A. All exit signs, lights and means of egress lighting shall be installed as per Article 8 sections and obsections of 822 and 823 of the City's building code. (The BOCA National Building Code/1990) The builder of a facility to which Section 4594-C of the Maine State Numan Rights Act, Title 5 M.R.S.A. refers, snall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

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

Sincerely

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f inspection Services Chie

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cc: LT. Gaylen McDougall, Fire Prevention Bureau

389 Congress Street • Portland, Maine 04101 • (207) 874-8300

Location of	22 Bramhall Street	Maine	Nedical Ce :	PLIN, M. Phone	7180111	74-8703, FAX: 874-871
Owner Aut	ress: 华在近代	Leasee/Buyer's Nar	me:		ssName:	30009
Contractor	Name:	Address:	· ····································			PERMIT ISSUED
	abert & Tolona		Leviston, No.	Phone		Permit issued:
Past Ust.		Proposed Use:		COST OF WORK:	PERMIT FEE:	FEB - 3 1995
	Hospital	Hospital w/r		\$ 15.000.	\$ 35.00	
	-	"netirgt sit	enovaci ne	FIRE DEPT. C Approved	INSPECTION:	CITY OF PORTLAND
				D Denied	Use Group 2 Type:/	
Proposed D	oject Description:			Signature:	Signature Thill	Zone; CBL:
- toposeu Fi	-		······································	PEDESTRIAN ACTIVIT	ES DISTRICT PUBL	Zoning Approval:
	Interior renovations to	existing structur	re	Action: Approved	$\mathcal{T}$	104 . 2.19
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Inspection Services

Samuel P. Hoffses Chief



Planning and Urban Development Joseph E. Gray Jr. Director

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#### **CITY OF PORTLAND**

February 2, 1995

Edward Hebert & Son 9 Gould Road Lewiston, ME 04240

RE: 22 Bramhall Street Portland, ME 04101 (Maine Medical Center)

Dear Sir:

Your application to make interior renovation as per plan has been reviewed and a permit is herewith issued subject to the following requirements. This permit does not preclude the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy can be issued until all requirements of this letter are met.

 All proposed work shall be done inaccordance to plan - if any changes are made the designer must approve and submit to this office those changes.

2. Before any work 's covered this office must inspect the work.

3. All interior leadtearing wall, partitions, columns, gardens, trusses (other than roof trusses) and framing must meet the fire resistance rating of Table G02 of the 1993 BOCA National Building Code.

If you have any questions regarding this requirement, please do not hesitate to cortact this office.

Sincerely sam Hoffse Chief of Inspection Services

cc: Lt. MacDougall, Fire Prevention

389 Congress Street · Portland, Maine 04101 · (207) 874-8704

Cit Filday Millan Any AMC. Fielday Victor Treodella areniziets office 871-4117 Here Re: MMC Print. Shop 1:30-8 MM I her author if a pe

22 Bromhall Stree:	Owner: Maine Medical Ce		Phone:		874-8703, FAX: 874-87
Gwner Addres:	Leasee/Buyer's Name:	Phone:		1-0111	<b>950</b> 092
Same		r none.	Busines	siname:	DEDMIT ICCLLED
Edward Hebert& Son	Address:	Phon	e:		Permit South 1990EL
Past Use:	9 Gould Rd. Lewiston, Me	. 04240 7	33-2091		
	Proposed Use.	COST OF WOR	K:	PERMIT FEE:	
Hospital	Hospital manage	\$ 15,000.		\$ 95.00	
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			Denied	Use Group: <b>T</b> - <b>2</b> Type:	CITY OF PORTLAN
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Pror used Project Description:		PEDESTRIANA	CTIVITIE	Isignature KLKA	
Interior reportions		Action:	Approved	E DISTRICT (PUD.)	
Interior renovations to	o existing structure			vith Conditions:	Special Zone of Reviews
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Permit Taken By:	Date And LD	Signature:		Date:	
	Date Applied For: 1/24/95				Site Plan maj 🗆 minor 🗆 mm
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Section the

22 Bramhall St.	Owner: Maine Medical	Dha	one:	7) 874-8703, FAX: 874-8716
Owner Address: 22 Bramhall St- Ptld,ME	Leasee/Buyer's Name:		795 - 4117 sinessName:	- PERMIT ISSUED
Contractor Name: 041 Edward Hebert & Sons		Phone:	······································	Permit Issued; MAR 2 1995
Past Use:	9 Gould Rd-Lewiston Proposed Use:	ME 04240 783-	2091 PERMIT FEE:	MAR 2 1995
hospital	hospital w inter	\$ 41,000	\$ 225	CITY OF PORTLAND
	renvtns	FIRE DEPT. 2 Approv		· · · · · · · · · · · · · · · · · · ·
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Proposed Project Description:	······································		Signature: Write TIES DISTRICT (Rul)	$\mathbf{A}$ [K-h] $\mathbf{A}$ $\mathbf{A}$ $\mathbf{A}$
interior renovat	tions - 2nd flr	Action: Approv	ed	Special Zone or Reviewer
		Approv Denied	ed with Conditions:	□ □ Shoreland □ □ Wetland
				I Flood Zone
		Signature:	Dete:	
This permit application de eclude the Building permits do not include plumbing, s	Applicant(s) from meeting applicable St septic or electrical work.		Date:	Subdivision     Site Plan maj ininor in mm in     Zoning Appeal     Variance     Miscellaneous     Conditional Use     Interpretation     Approved
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Department of Public Safety317 State Street(207) 287-3473State House Station #52FAX (207) 287-5163Augusta, ME 04333Comparison of the state stat

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FIRE MARSHAL

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February 24, 1995

Robert Bremm, Director of Facilities Maine Medical Center 22 Bramhali St. Portland, ME 04102

## RE: MMC Radiology Department Alterartions

Dear Mr. Bremm:

After reviewing your plans submitted to this office, I find they are in compliance with the existing requirements of the Life Safety Code and will be considered for approval on submission of complete plans and specifications. CONSTRUCTION SHALL NOT BEGIN UNTIL PERMIT IS ISSUED.

If I may be of further assistance to you in this matter, please do not hesitate to contact this office.

Yours for better fire protection, Donna L. Emerson

FEB 2 7 1995

Fire Protection Specialist

DLE/agp