

# PLUMBING APPLICATION

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

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street: Maine Medical Center

Subdivision Lot #: 1

**PROPERTY OWNERS NAME**

Last: Maine Medical Center First:

Applicant Name: Thomas R. Kelley

Mailing Address of Owner/Applicant (If Different): P.O. Box 1272  
Scarborough, ME. 04070

PORTLAND 4792 TOWN COPY

Date: 6/6/93 Fee: 1.20 FEE Charged: 0.12

Local Plumbing Inspector Signature: Kathy Howe

**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: Thomas R. Kelley 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: Kathy Howe Date Approved: 6-30-93

**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 Computer Room

**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 # 0,2,5,1,9

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	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 Sanitation District.		Hosebib / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	1	Sink
	HOOK-UP: to existing subsurface wastewater disposal system.		Drinking Fountain		Wash Basin
			Indirect Waste	1	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
			Ridet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
				6	Fixtures (Subtotal) Column 2
				2	Total Fixtures
				\$ 2	Permit Fee
				\$ --	Hook-Up Fee
				\$ 20	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE

TOWN COPY

main fee



CITY OF PORTLAND, MAINE  
Department of Building Inspection

## Certificate of Occupancy

LOCATION 22 Bramhall St.

Issued to Maine Medical Center

Date of Issue 10/6/93

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, 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

hospital - interior renovations

Limiting Conditions: - no limiting conditions, as per plans

This certificate supersedes  
certificate issued

Approved:

6/06/94  
(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.

053-D-007

930466

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee 810.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Medical Center Phone # 871-0111  
Address: 22 Bramhall Street  
LOCATION OF CONSTRUCTION 22 Bramhall St.  
Contractor: F.H. Chase Inc. Sub: \_\_\_\_\_  
Address: 69 Elm St. Foxboro, Ma Phone # 617-237-2000  
Est. Construction Cost: 158,000 Proposed Use: Hospital  
Past Use: same  
# 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 Interior renovations per plans

For Official Use Only  
Date May 28, 1993 Subdivision \_\_\_\_\_  
Inside Fire Limits \_\_\_\_\_ Name JUN 3 1993  
Bldg Code \_\_\_\_\_ Ownership: \_\_\_\_\_  
Time Limit \_\_\_\_\_  
Estimated Cost 158,000. CITY OF PORTLAND

Zoning: Street Frontage Provided: \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ 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 WCH-706-1-93 (Explain)

## 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: \_\_\_\_\_ Spacing \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_
3. Type Ceilings: \_\_\_\_\_
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
5. Ceiling Height: \_\_\_\_\_

## Roof:

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_ Size/Action: \_\_\_\_\_
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: \_\_\_\_\_
3. Must conform to National Electrical Code \_\_\_\_\_

## Received By:

Signature of Applicant E. J. [Signature] Date 5/28/93

## Signature of CEO:

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

## Inspection Dates:

Inspection Dates \_\_\_\_\_

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

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**PLOT PLAN**

N  
▲

**FEES (Breakdown From Front)**  
 Base Fee \$ \_\_\_\_\_  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

**Type**

**Inspection Record**

**Date**

_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

**COMMENTS**

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Applicant *Frank Dy*

Date 5/28/93



Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

June 3, 1993

RE: 22 Bramhall St.

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

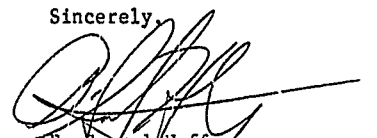
Dear Sir:

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.
3. Smoke detectors required above the suspended ceiling and below the raised floor where the spaces are used to recirculate air to other parts of the building.
4. All exit signs, lights and means of egress lighting 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)
5. Elevation change where changes in elevation exist in exit access corridors, exit or exit discharge, ramps shall be used where the difference in elevation is less than 12 inches.

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

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

/el

cc: LT. Gaylen McDougall, Fire Prevention Bureau

930587

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$60 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Medical Center Phone # \_\_\_\_\_  
Address: 22 Bramhall St. - Ptld, ME 04102  
LOCATION OF CONSTRUCTION 22 Bramhall St. (computer room)  
Contractor: Grinnell Co. Sub.: 878-2780  
Address: 983 Riverside St- Ptld Phone # ME 04103  
Est. Construction Cost: 7600 Proposed Use: hosp w sprink syst  
Past Use: hosp  
# 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 inst sprinkler syst - computer room

## 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 6/29/93  
Inside Fire Limits \_\_\_\_\_  
Bldg Code \_\_\_\_\_  
Time Limit \_\_\_\_\_  
Estimated Cost 7600

Subdivision \_\_\_\_\_  
Name \_\_\_\_\_  
Lot \_\_\_\_\_  
Ownership \_\_\_\_\_

PERMIT ISSUED

JUL 9 1993

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) WSPH 7-7-93

## Ceiling:

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

## Roof:

1. Truss or Rafter Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
3. Roof Covering Type \_\_\_\_\_

## Chimneys:

- Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

## Heating:

- Type of \_\_\_\_\_ 1. Radiant 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.

Permit Received By Louise F. ChaseSignature of Applicant Clarence Staples Date 6-29-93

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

White-Tax Assessor Yellow-GPCOG

White Tag-CEO 13 mds. 2001 © Copyright GPCOG 1988

JUN 28 '93 07:48 ME. STATE FIRE MARSHAL

P.2/2



STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF STATE FIRE MARSHAL  
AUGUSTA

FIRE SPRINKLER SYSTEM  
CONSTRUCTION PERMIT  
NO 834

Permission is hereby given to:

Grinnell Fire Protection

983 Riverside Street

Portland ME 04103

Project Title: Maine Medical Center

Occupancy: Light

Type of System: NFPA 13/Pipe Size

License #: 024/032

At (give address) Bramhall St.

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. 834, and no departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on December 27, 1993

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

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 28th day of June 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, information, and belief.

FEE PAID \$50.00

City of Portland BUILDING PERMIT APPLICATION Fee 1015 Zone Map # Lot #  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Medical Center Phone #                       
Address: 22 Bramhall St- Ptld, ME 04102  
LOCATION OF CONSTRUCTION 22 Bramhall St- 3rd fl  
Contractor: Edward Hebert & Son Sub: 783-2091  
Address: 9 Gould Rd- Lewiston Phone # ME 04240  
Est. Construction Cost: 199,000 Proposed Use: hosp w inter renov Zoning:                       
Past Use: hosp  
# 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                       
Explicit Conversion interior renovations - 3rd fl

Foundations:

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

White - Tax Assessor

For Official Use Only  
Date 1/24/94 Subdivision:                       
Inside Fire Limits                      Name of                       
Bldg Code                      Ownership:                       
Time Limit                      Private                       
Estimated Cost 199,000  
CITY OF PORTLAND

Street Frontage Provided:                      Back                      Side                       
Provide d Setbacks: Front                      Back                      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)                     

Ceiling:

1. Ceiling Joists Size:                      Spacing                      Not in District nor landmark
2. Ceiling Strapping Size                      Spacing                      Does not require review
3. Type Ceilings:                      Size                      Requires Review
4. Insulation Type
5. Ceiling Height:

Roof:

1. Truss or Rafter Size                      Span Action:                      Approved
2. Sheathing Type                      Size                      Approved with conditions
3. Roof Covering Type

Chimneys:

- Type:                      Number of Fire Places                      Date

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.

Permit Reviewed By Louise Chase

Signature of Applicant Stephen

City of Portland

3

1/24/94

Continued to Reverse Side

Ivory Tag - CEO

3 ms Lowe



930544

Permit # 930544 City of Portland BUILDING PERMIT APPLICATION Fee \$40 Zone R-1 Map #        Lot#       

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

Owner: Robert W. Auclair Phone # 797-0447Address: 106 Bramblewood Dr- Ptld, ME 04103LOCATION OF CONSTRUCTION 106 Bramblewood DrContractor: owner Sub:       Address:        Phone #       Est. Construction Cost: 3500 Proposed Use: 1-fam w intr renov Zoning:       Past Use: 1-fam# 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 interior renovations - basement

## 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

Date 6/23/93  
Inside Fire Limits         
Bldg Code         
Time Limit         
Estimated Cost 3500

## For Official Use Only

Subdivision:       Name:       Lot:       Owner:       

City of Portland

PERMIT ISSUED

JUN 28 1993

CITY OF PORTLAND

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: Yes        Variance        Site Plan        Subdivision         
Shoreland Zoning Yes        No        Floodplain Yes        No         
Special Exception         
Other (Explain)       

## Ceiling:

1. Ceiling Joists Size:
2. Ceiling Strapping Size        Spacing        Not in District nor Landmark.
3. Type Ceiling:        Does not require review.
4. Insulation Type        Size        Requires review.
5. Ceiling Height:

## Roof:

1. Truss or Rafter Size        Span Action: Approved
2. Sheathing Type        Size        Approved with conditions.
3. Roof Covering Type

## Chimneys:

1. Type:        Number of Fire Places        Date: 6/23/93

## Heating:

1. Type of Heat:

## Electrical:

1. 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:        Square Footage
2. Pool Size:
3. Must conform to National Electrical Code        Law.

Permit Received By Louise E. ChaseSignature of Applicant Robert W. AuclairSignature of CEO Robert W. AuclairDate 6/23/93Inspection Dates       

White Tax Assessor Yellow GPCOG

White Tag CEO

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PLOT PLAN

N

↑

**FEES (Breakdown From Front)**  
 Base Fee \$ 90-  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

**FEES (Breakdown From Front)**  
 Base Fee \$ 90-  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

## Inspection Record

All work completed  
Close

Signature of Applicant: [Signature]

Robert W. Oursler

6/23/93



CITY OF PORTLAND, MAINE  
Department of Building Inspection

## Certificate of Occupancy

LOCATION 22 Bramhall St

Issued to Maine Medical Center

Date of Issue 30 Dec 94

This is to certify that the building, premises, or part thereof, at the above location, built or altered or changed as to use under Building Permit No. 94/0952, 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

Entire Staircase

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved

(Date)

Inspector

Inspector of Buildings

Note: 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.

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

Location of Construction: <b>22 Bramhall St</b>		Owner: <b>WMC</b>	Phone:	Permit No: <b>840952</b>
Owner Address:	Lease/Buyer's Name:	Phone:	Business Name:	<b>MARY GRUBB</b>
Contractor Name: <b>Ledgewood, Inc.</b>	Address: <b>P.O. Box 8107 Portland, ME 04106</b>		Phone: <b>767-1864</b>	<b>PERMIT ISSUED</b> <b>SEP 8 1994</b>
Past Use: <b>Hospital</b>	Proposed Use: <b>Hospital</b> <b>with zero</b>	COST OF WORK: <b>\$ 74,000.</b>	PERMIT FEE: <b>\$ 190.00</b>	<b>CITY OF PORTLAND</b> <b>DEPT. OF COMMUNITY DEVELOPMENT</b>
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group <b>2</b> Sec. <b>1/9</b> <b>DOCA 93</b>	
Proposed Project Description: <b>Make extensive renovations as per plans</b> <b>Remove masonry wall renovations</b>		FEDESTRIAN ACTIVITIES DISTRICT (F.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

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.

**PERMIT ISSUED  
WITH LETTER**

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application 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

SIGNATURE OF APPLICANT [Signature] ADDRESS: \_\_\_\_\_ DATE: **21 August 1994** PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK: \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Clerk Green-Assessor's Office Yellow-C.P.W. Pink-Public File Ivory Card-Inspector

Zoning Approval:

- Special Zone or Reviews:
- ☐ Shoreland
  - ☐ Wetland
  - ☐ Flood Zone
  - ☐ Subdivision
  - ☐ Site Plan major ☐ 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:

- ☐ Approved
- ☐ Approved with Conditions
- ☐ Denied

Date: 7/11/94

[Signature]

LEO DISTRICT **3**

Mrs Simpson

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

Location of Construction: <u>22 Bramhall St.</u>		Owner: <u>Maine Medical Center</u>		Phone: <u>871-0111</u>		Permit No: <b>940909</b>
Owner Address: <u>same</u>		Lease/Buyer's Name:		Business Name:		
Contractor Name: <u>Less Wilson and Sons</u>		Address: <u>P. O. Box 1028 Westbrook</u>		Phone: <u>34098 854-4583</u>		Permit Issued:  <u>24</u>
Past Use:		Proposed Use:		COST OF WORK: \$ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Use Group: <u>W</u> Signature: <u>Hoffa</u>		
Proposed Project Description:  <u>to remove 2000 gal diesel tank</u>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		PERMIT FEE: \$10.00		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Special Zoning of Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

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.

LATINI

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application 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

Ronald Wilson Agent For Owner 8/23/94  
SIGNATURE OF APPLICANT ADDRESS: P.O. Box 1028 Westbrook, ME 04098 DATE: 8/23/94 PHONE: 8544583

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

**PERMIT ISSUED WITH REQUIREMENTS**

Action:  
☐ Approved ☐ Approved with Conditions ☐ Denied  
Date: 8/23/94

CEO DISTRICT 3

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

M. J. Simpson



APPLICATION FOR PERMIT  
DEPARTMENT OF BUILDING INSPECTIONS SERVICES  
ELECTRICAL INSTALLATIONS

Date 1/19/93, 1993  
Re \_pt and Permit number 9177

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 - ground floor  
OWNER'S NAME: M MC ADDRESS: \_\_\_\_\_

OUTLETS:		FEE
Receptacles _____	Switches _____	Plugmold _____
ft. TOTAL _____		
FIXTURES: (number of)		
Incandescent <u>2</u>	Flourescent <u>5</u> (not strip)	TOTAL <u>5</u>
Strip Flourescent _____	ft. _____	1.00
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 _____	
Drvers _____	Compactors _____	
Fans _____	Others (denote) _____	
TOTAL <u>2</u>		4.00
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 _____		

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... INSTALLATION FEE DUE: \_\_\_\_\_  
FOR REMOVAL OF A "STOP ORDER" (304-16.b) ..... DOUBLE FEE DUE: \_\_\_\_\_  
TOTAL AMOUNT DUE: 15.00  
minimum fee

INSPECTION:

Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call X

CONTRACTOR'S NAME: Bay Elect Co.  
ADDRESS: Cape Eliz  
TEL.: 799-0350  
MASTER LICENSE NO.: #09171  
LIMITED LICENSE NO.: \_\_\_\_\_

SIGNATURE OF CONTRACTOR: Ray Williams

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN





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

Location of Construction: 22 Bramhall St		Owner: MMC		Phone:		Permit No: <b>940952</b>	
Owner Address:		Lease/Buyer's Name:		Phone:		Business Name:	
Contractor Name: LedgeWood, Inc.		Address: P.O. Box 8107 Portland, ME 04104		Phone: 767-1866		<div style="border: 1px solid black; padding: 2px;"> <b>PERMIT ISSUED</b>  <b>SEP 8 1994</b>  <b>CITY OF PORTLAND</b>  <b>Zone: 053-A-003</b> </div>	
Past Use: Hospital		Proposed Use: Hospital w/int reno		COST OF WORK: \$ 34,000. FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>		PERMIT FEE: \$ 190.00 INSPECTION: Use Group 2 Type 1 0004 93 Signature: <i>[Signature]</i>	
Proposed Project Description:  Make interior renovations as per plans  Human Resources Stair Renovations				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Zoning Approval:  Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	

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..

**PERMIT ISSUED  
WITH LETTER**

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application 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

SIGNATURE OF APPLICANT *Tim Barthelman* ADDRESS: \_\_\_\_\_ DATE: 31 August 1994 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

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

**Action:**  
☐ Approved  
☐ Approved with Conditions  
☐ Denied

Date: *9/1/94*  
*[Signature]*

CEO DISTRICT **3**  
*Ms Simpson*

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

Location of Construction: <b>22 Bramhall St</b>		Owner: <b>MMC</b>		Phone:		Permit No: <b>040933</b>
Owner Address:		Leasee/Buyer's Name:		Business Name:		
Contractor Name: <b>Ledgewood, Inc.</b>		Address: <b>P.O. Box 8107 Portland, ME 04104</b>		Phone: <b>767-1866</b>		Permit Issued: <b>PERMIT</b>
Past Use: <b>Hospital</b>		Proposed Use: <b>Same w/int reno</b>		COST OF WORK: <b>\$ 48,000.</b>		
				PERMIT FEE: <b>\$ 260.00</b>		Zoning Approval: <b>065-A-003</b>
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		
				INSPECTION: Use Group <b>F-2</b> Type <b>1A</b> <b>BOCA 93</b>		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
				Signature: <i>[Signature]</i> Date: <i>[Date]</i>		
Proposed Project Description:  <b>Make interior renovations as per plans Family Practice Office (P3A)</b>				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: <i>[Signature]</i> Date: <i>[Date]</i>		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied

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.

**PERMIT ISSUED  
WITH REQUIREMENTS**

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application 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

SIGNATURE OF APPLICANT *Tim Barthelman* ADDRESS: DATE: **31 August 1994** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

CEO DISTRICT

**3**

*Ms Simpson*





**PLOT PLAN**

728.94

Completed w/o Inspection.

(ap)



**FEES (Breakdown From Front)**  
 Base Fee \$ 95-  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

Inspection Record	
Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

**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.

SIGNATURE OF APPLICANT *Derek J. [Signature]* ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE NO. \_\_\_\_\_



BUILDING PERMIT REPORT

DATE 4/11/94  
ADDRESS 22 Bramhall  
REASON FOR PERMIT Sprinkler Installation  
BUILDING OWNER M M C  
CONTRACTOR Gunnell Fire Protection  
PERMIT APPLICANT Derek Narveson  
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 Marshall 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 9171

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: same

**OUTLETS:**

Receptacles 106 Switches 33 Plugmold 10 ft. TOTAL 149 ..... FEES 29.80

**FIXTURES: (number of)**

Incandescent \_\_\_\_\_ Fluorescent 83(not strip) TOTAL 83 ..... 16.60

Strip Fluorescent \_\_\_\_\_ 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 2 ..... 8.00

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" (304-1C.b) ..... TOTAL AMOUNT DUE: 54.40

INSPECTION: see message

Will be ready on \_\_\_\_\_, 19\_\_; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: Bay Electric Co. Inc.

ADDRESS: P.O. Box 6316 Cape Elizabeth, ME 04107

TEL.: 799-0350

MASTER LICENSE NO.: 09171

LIMITED LICENSE NO.: \_\_\_\_\_ SIGNATURE OF CONTRACTOR: Dono Mailman

INSPECTOR'S COPY - WHITE

OFFICE COPY - CANARY

CONTRACTOR'S COPY - GREEN

—GENERAL INFORMATION—

9171

22 December

प्र. २३

18-26-93

$$\underline{5-17-93}$$

31

on Register Page No Completed

**Service called in:** \_\_\_\_\_

Closing-in 1-25-94 by JB

PROGRESS INSPECTIONS: 5-17-94 / \_\_\_\_\_ / \_\_\_\_\_

1

10-26

$$= \frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$$

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE:

REMARKS:

[illegible]

940248

City of Portland

BUILDING PERMIT APPLICATION Fee \$95

Zone

Map #

PERMIT ISSUED

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

Owner: M M C Phone # 878-2780  
 Address: 22 Bramhall St - Ptld, ME 04102  
 LOCATION OF CONSTRUCTION 22 Bramhall St - (Physicians' Call Room)  
 Contractor: XXXXXXXX Sub: XXXXXXXX  
 Address: XXXXXXXXXXXXXXXXXXXX Phone # XXXXXXXX  
 Est. Construction Cost: \$14,900 Proposed Use: hosp w sprinkl sys  
 # of Existing Res. Units: # of New Units: Past Use: n sp  
 Building Dimensions L: W: # Stories: # Bedrooms: Size:  
 Is Proposed Use: Seasonal Conversion: Conversion:  
 Explain Conversion inst: sprinkl sys

**For Official Use Only**  
 Date: 4/4/94 Subdivision: CITY OF PORTLAND  
 Inside Fire Limits: Lot: Ownership: Public  
 Bldg Code: Estimated Cost: 14,900 Private

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) 4-5-94

Foundation: Mail P.O. Contractor  
 1. Type of Soil: General Site Protection  
 2. Set Backs - Front: Side(s)  
 3. Footings Size: Mercede St.  
 4. Foundation Size: Portland, ME 04102  
 5. Other:

Floor:  
 1. Sills Size: Sills must be anchored.  
 2. Girder Size:  
 3. Lally Column Spacing: Size: Spacing 16" O.C.  
 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 Material:  
 11. Metal Material:

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

PERMIT ISSUED  
WITH REQUIREMENTS

White - Tax Assessor

Ceiling:  
 1. Ceiling Joists Size: Spacing: Not in District nor Landmark  
 2. Ceiling Strapping Size: Does not require review.  
 3. Type Ceilings: Size: Requires Review.  
 4. Insulation Type: Size: Requires Review.  
 5. Ceiling Height: \*\*\*\*\*

Roof:  
 1. Truss or Rafter Size: Span: Action: Approved  
 2. Sheathing Type: Size: Approved with conditions  
 3. Roof Covering Type: Date: 4/4/94

Chimneys:  
 Type: Number of Fire Places: Signature: [Signature]

Heating:  
 Type of Heat: Service Entrance Size: Smoke Detector Required Yes No

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: x  
 2. Pool Size: x  
 3. Must conform to National Electrical Code and State

Permit Received By: Louise E. Chase

Signature of Applicant: [Signature] Date: 4/4/94

CEO's District: 3

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

13

930771

Permit # City of Portland BUILDING PERMIT APPLICATION Fee 1520 Zone            Map #            Lot #             
Please fill out any part which applies to job. Proper plans must accompany form

Owner: Maine Medical Center Phone # 871-2427  
Address: 22 Bramhall St; Pld. ME 04102  
LOCATION OF CONSTRUCTION 22 Bramhall St - R-3 & P3A  
Contractor: Ledgewood Inc Sub: 767-1365  
Address: Box 8197 - Pld. ME Phone # 04104  
Est. Construction Cost: 300,000 Proposed Use: hosp w inter renov  
Past Use: nosp  
# 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 interior renovations - R-3 & P3A areas

For Official Use Only	
Date <u>8/27/93</u>	Subdivision: <u>          </u>
Ins-de Fire Limits <u>          </u>	Name <u>AUG 27 1993</u>
Bltg Code <u>          </u>	Lot <u>          </u>
Time Limit <u>          </u>	Ownership: <u>Public</u>
Estimated Cost <u>300,000</u>	<b>CITY OF PORTLAND</b>

Foundation: (pick-up truck for debris)  
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. Joist 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           

**HISTORIC PRESERVATION**  
1. Historic District Size:            Spacing            Not in District or Landmark.  
2. Historic District Size:            Spacing            Does not require review.  
3. Type of Ceilings:            Size            Requires Review.  
4. Insulation Type             
5. Ceiling Height:             
**Roof:**  
1. Truss or Rafter Size            Spacing            Action: Approved  
2. Sheathing Type            Size            Approves with conditions.  
3. Roof Covering Type             
**Chimneys:**  
Type:            Number of Fire Places            Date 8/27/93  
**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            Footage             
3. Must conform to National Electrical Code             
Signature of Applicant Louise E. Chas  
Signature of CEO William J. Bridges  
Inspection Dates           

se 15 0

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

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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: <b>22 Bramhall St.</b>		Owner: <b>Maine Medical Center</b>	Phone: <b>877-0111</b>	Permit No: <b>940909</b>
Owner Address: <b>04098</b>	Lease/Buyer's Name:	Phone:	Business Name:	Permit Issued:  <b>AUG 24 1994</b>
Contractor Name: <b>Leas Utlsen and Sons</b>	Address: <b>P. O. Box 1028 Westbrook 04098</b>		Phone: <b>854-4583</b>	
Past Use:	Proposed Use:	COST OF WORK: \$	PERMIT FEE: <b>\$10.00</b>	
Proposed Project Description:  <b>to remove 2000 gal diesel tank</b>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <b>1100</b>	Zoning: <b>CAL</b>  Zoning Approval: <b>W.A.H.</b> <b>Special Zchs or Reviews:</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input checked="" type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
		Signature: _____		
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions. <input type="checkbox"/> Denied		
		Signature: _____	Date: _____	

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..

**LATINI**

**PERMIT ISSUED  
WITH REQUIREMENTS**

**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, or that the proposed work is authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application 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.

**PERMIT ISSUED  
WITH REQUIREMENTS**  
8/23/94  
1409844  
SIGNATURE OF APPLICANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Historic Preservation**  
☒ Not in District or Landmark  
☐ Does Not Require Review  
☐ Requires Review

**Action:**  
☐ Approved  
☐ Approved with Conditions  
☐ Denied

Date: **8/24/94**  
**Pen**

**CEO DISTRICT: 3**  
**M/S SIMPSON**

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

# COMMENTS

8.26.94 nothing yet - left message to request a copy of the Site Evaluation Report

9.14.94 excavation started, located @ Parking Garage entrance.

9.15.94 excavated tank, backfilled hole, compacted. Need pavement. roped off - secured hole.

10.15.94 Paved over excavated area. all ok.

Type	Inspection/Record	Date
Foundation:		
Framing:		
Plumbing:		
Final:		
Other:		

Maine Departmental of Environmental Protection  
Bureau of Oil & Hazardous Materials Control  
State House Station #17, Augusta, Maine 04333  
Telephone: 207-289-2651  
Attn: Tank Removal Notice

NOTICE OF INTENT  
TO ABANDON (REMOVE) AN  
UNDERGROUND OIL STORAGE FACILITY

Name of Facility Owner: MAIN Medical Center  
Mailing Address: 22 Bramhall St Telephone No: 877 0111  
City: PORTLAND State: ME Zip Code: 04102  
Contact Person (name, address & telephone no.): CHRY SARIO

Name of Facility: SAM A Above Registration No.: 12076  
Facility Location: \_\_\_\_\_

1. Identify the tanks at this location which are to be removed:

	Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A.	4	16	2000	Diesel
B.				
C.				
D.				

2. Directions to Facility (be specific):

MAIN Med. Center

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes \_\_\_ No ☒ (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: LCR Wilson & Sons 854 4583

Certified Tank Installer Certification Number & Name (if applicable):  
N/A

Professional Firefighter Yes \_\_\_ No ☒ (Affiliation: \_\_\_\_\_)

5. Expected date of removal: 8/23/92

I hereby provide notice that I intend to properly abandon the underground oil storage facility as described above.

Date: 8/23/92

Ronald William Rep  
Signature of Tank Owner or Operator

Ronald William Rep  
Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 30 DAYS PRIOR TO REMOVAL - RETURN POSTCARD WHEN TANK(S) HAS BEEN REMOVED.

Mail original and yellow copy to DEP; pink copy to fire dept.; retain gold copy

BUILDING PERMIT REPORT

Date: 23/Aug/94  
Address: 22 Bramhall St  
Type of Permit: remove 2000 gallon Tank  
Owner: Maine Medical Center  
Contractor: Les Wilson & Sons  
Applicant:

Approved: ✓ Denied:

Conditions:

1. All underground tank removal(s) and/or installation(s) shall be done in accordance with Department of Environmental Protection Regulations (Chapter 691).
2. No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
3. Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

C.C. 2T. McDougall

COMMENTS

9/19/94 Work started on 3rd floor. Electricians,  
drywall people there.

12/29/94 Completed final inspection, everything adequate.

Inspection Record		Date
Type		
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____



Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

September 6, 1994

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

**RE: 22 Bmhall Street**

Dear Sir,

Your application to make interior renovations (Star Renovations) 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.

1. Means of egress shall have signs with back-up.
2. Portable fire extinguishers shall be provided in accordance with NFPA 10.
3. Means of egress shall be illuminated.
4. A fire alarm acceptance report shall be submitted to the Portland Fire Dept.
5. 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.

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

cc: Lt. MacDougall - Fire Prevention Bureau



CITY OF PORTLAND, MAINE  
Department of Building Inspection

## Certificate of Occupancy

LOCATION 22 Bramhall St

Issued to Maine Medical Center

Date of Issue 30 Dec 94

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. 94/0953, 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

PA3

Office (Family Practice)

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

12-30-94  
(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.

**City of Portland, Maine - Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 8 '4-8716

Location of Construction: <b>22 Bramhall St</b>		Owner: <b>HMC</b>	Phone:	Permit No: <b>040953</b>
Owner Address:		Leasee/Buyer's Name:	Phone:	Business Name:
Contractor Name: <b>Edgewood, Inc.</b>		Address: <b>P.O. Box 8107 Portland, ME 04104</b>		Phone: <b>767-1866</b>
Past Use: <b>Hospital</b>	Proposed Use: <b>Same w/int reno</b>	COST OF WORK: <b>\$ 48,000.</b>	PERMIT FEE: <b>\$ 260.00</b>	<b>PERMIT ISSUED</b> <b>SEP 8 1994</b> <b>CITY OF PORTLAND</b> Zone: <b>063-A-003</b>
		FIREDEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <b>2</b> Type: <b>1/4</b>	

**Proposed Project Description:**

**Make interior renovations as per plans  
Family Practice Office (F3A)**

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action: ☐ Approved  
☐ Approved with Conditions  
☐ Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

**Zoning Approval:**

**Special Zone or Reviews:**  
☐ Shoreland  
☐ Wetland  
☐ Flood Zone  
☐ Subdivision  
☐ Site Plan ☒ major ☐ 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:**

☐ Approved  
☒ Approved with Conditions  
☐ Denied

Date: **11/1/94**

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application 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.

SIGNATURE OF APPLICANT **Jim Northeiman** ADDRESS: \_\_\_\_\_ DATE: **31 August 1994** PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

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

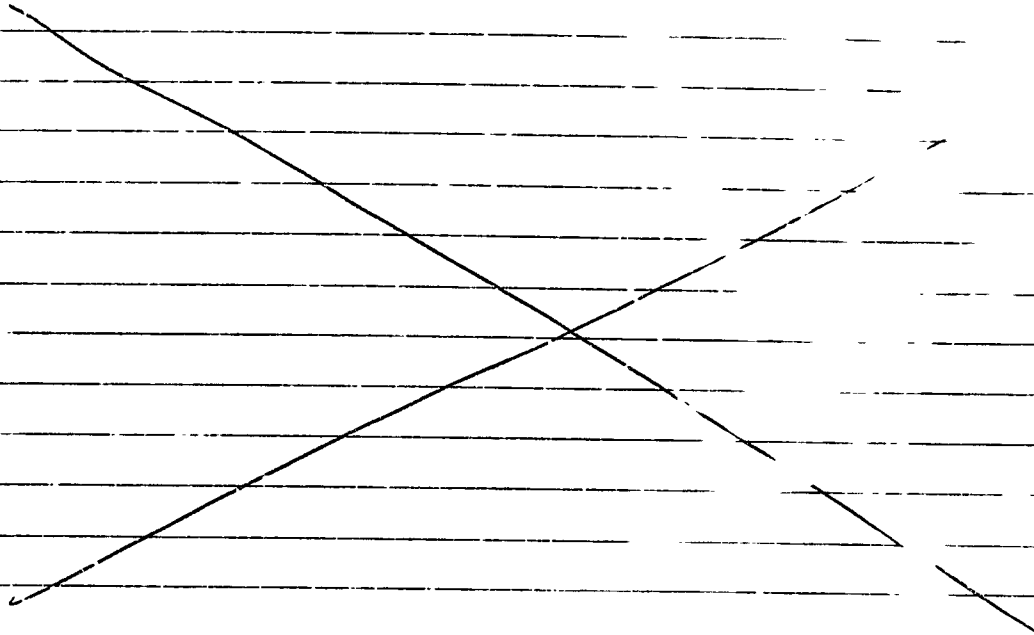
CEO DISTRICT **3**

**Ms Simpson**

**PERMIT ISSUED  
WITH REQUIREMENTS**

COMMENTS

9.14.94 Demo started. Have new lead base paint,  
 asbestos has been abated. Reports DGP.  
 6. 4 Interior removals. Deleted the plans



Inspection Record

Type	Date
Foundation:	
Framing:	
Plumbing:	
Final:	
Other:	

Owner: Maine Medical Center Phone #  
Address: 22 Bramhall St- Ptd, ME 04102  
LOCATION OF CONSTRUCTION 22 Bramhall St- 3rd fl  
Contractor: Edward Lebert & Son Sub: 783-2091  
Address: 9 Gould Rd- Lewiston Phone # ME 04240  
Est. Construction Cost: 199,000 Proposed Use: hosp & inter renov Zoning:  
Past Use: hosp  
# 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: interior renovations - 3rd fl

For Official Use Only

PERMIT ISSUED

Date 1/24/94  
Inside Fire Load  
Bldg Code  
Time Limit  
Estimated Cost 199,000

Subdivision  
Name  
Address  
City  
State  
Zip  
Ownership  
Private

CITY OF PORTLAND

Street Frontage Provided:  
Provide 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)

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: Spacing 16" O.C.  
4. Joists Size:  
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 Ceiling: Does not require review  
4. Insulation Type Size Requires Review  
5. Ceiling Height:

Roof:  
1. Truss or Rafter Size Span Area: Approved  
2. Sheathing Type Size Approved with strength  
3. Roof Covering Type

Chimneys:  
Type: Number of Fire Places Date: 1/25/94

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 comply with National Electrical Code and State Law.

Permit Issued By: Louise E. Chase  
Signature of Applicant: Stephen B. Chase  
Address: 3  
City: Portland  
State: ME  
Zip: 04102

PERMIT ISSUED WITH LETTER

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

Ms Lowe





APPLICATION FOR PERMIT  
DEPARTMENT OF BUILDING INSPECTIONS SERVICES  
ELECTRICAL INSTALLATIONS

Date 22 Feb 94, 19  
Receipt and Permit number 16470

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: Maine Medical Center 22 Bramhall St  
OWNER'S NAME: MMC ADDRESS: \_\_\_\_\_

	FEES
OUTLETS:	
Receptacles <u>146</u> Switches <u>50</u> Plugmold _____ ft. TOTAL <u>196</u>	<u>39.20</u>
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>108</u> (not strip) TOTAL _____	<u>21.60</u>
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional <u>1</u>	<u>2.00</u>
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 <u>1</u>	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	<u>2.00</u>
MISCELLANEOUS: (number of)	
Branch Panels <u>3</u>	<u>12.00</u>
Transformers <u>1</u> 25-200 KVA	<u>8.00</u>
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 <u>1</u>	<u>15.00</u>
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 <u>6</u>	<u>6.00</u>
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: _____	<u>105.80</u>

INSPECTION:

Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call XXX

CONTRACTOR'S NAME: Don's Electric

ADDRESS: P.O. Box 445 Monmouth, ME 04259

TEL.: 933-4500

MASTER LICENSE NO.: 16470

LIMITED LICENSE NO.: \_\_\_\_\_

SIGNATURE OF CONTRACTOR:

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ANNE X P  
Phac  
10/10/94

Rodney Chesley for - Sym-7186  
Barry Johnson 3238?

Permit Number 6470  
Location 22 Bramhall  
Owner M M C  
Date of Permit 2-22-94  
Final Inspection 1-5-95  
By Inspector Steve Boudell  
Permit Application Register Page No. computer

**PROGRESS INSPECTIONS:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

[illegible]

**FEES (Breakdown From Front)**

Base Fee \$ 10.00

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

(explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

Inspection Record	
Type	Date
<i>Met with Supt. from</i>	<i>11/1/94</i>
<i>Albion went thru OK</i>	<i>11/1/94</i>
<i>to close T.H. 44465</i>	<i>11/1/94</i>
<i>Did final with Terry</i>	<i>11/1/94</i>
<i>Hansen &amp; myself</i>	<i>11/1/94</i>

**COMMENTS**

**CERTIFICATION**

I hereby certify that I am the owner, record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in 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.

*Stephen B. Crook*

SIGNATURE OF APPLICANT

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK TITLE

PHONE NO.



Inspection Services  
Samuel P. Hoffes  
Chief



CITY OF PORTLAND

Planning and Urban Development  
Joseph E. Gray Jr.  
Director

February 9, 1994

RE: 22 Bramhall Street - Portland

Edward Ferbert & Sons  
9 Gould Rd.  
Lewiston, ME 04240

Dear Sir:

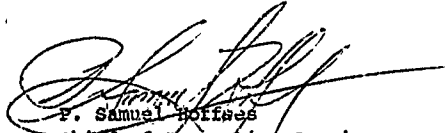
Your application to make interior renovations on the third floor has been reviewed and a permit is herewith issued subject to the following requirements:

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

1. A fire alarm acceptance report shall be submitted to the Portland Fire Department before occupancy is granted.
2. The sprinkler work must be approved by the State Fire Marshal's office.
3. 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,

  
S. Samuel Hoffes  
Chief of Inspection Services

/el

cc: LT. Gaylin McDougal, Fire Prevention Bureau

PLOT PLAN

N

FEES (Breakdown From Front)

Base Fee \$ 753.0  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

Type

Inspection Record

Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant

*[Signature]*

Date 8.24.93





CITY OF PORTLAND MAINE  
Department of Building Inspection

## Certificate of Occupancy

LOCATION

Date of Issue

Issued to Redwork, Inc.

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. 03-171, 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

APPROVED OCCUPANCY

PORTION OF BUILDING OR PREMISES

Medical Center

Limiting Conditions

43-A 3, 2, 1

This certificate supersedes  
certificate issued

Approved.

Inspector of Buildings

(Date)

Inspector

Note: This certificate identifies lawfully existing building structure and is subject to the building code and other regulations which apply to the building. It does not constitute a warranty of the building's condition or the accuracy of the information provided. It is the responsibility of the owner to maintain the building in compliance with all applicable laws and regulations.

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

August 27, 1993

RE: 22 Bramhall St. R-3 & P3A)

Ledgewood Inc.  
Box 8407  
Portland, ME 04104

Dear Sir:

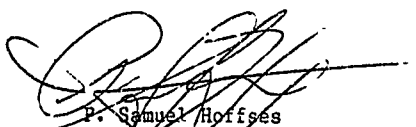
Your application to make interior renovations at R-3 & P3A areas of Maine Medical Center, has been reviewed and a permit is herewith issued subject to the following requirements:

**Building & Fire Code Requirements**

1. A fire alarm acceptance report shall be submitted to the Portland Fire Department. (LT. Gaylen McDougall)
2. 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.
3. All interior finish on walls and ceiling shall be class A.
4. All exit signs, lights and means of egress lighting shall be installed as per Article 8 sections and subsections of 822 and 823 of the City's building code. (The BOCA National Building Code/1990)
5. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the 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,

  
P. Samuel Hoffses  
Chief of Inspection Services

/el

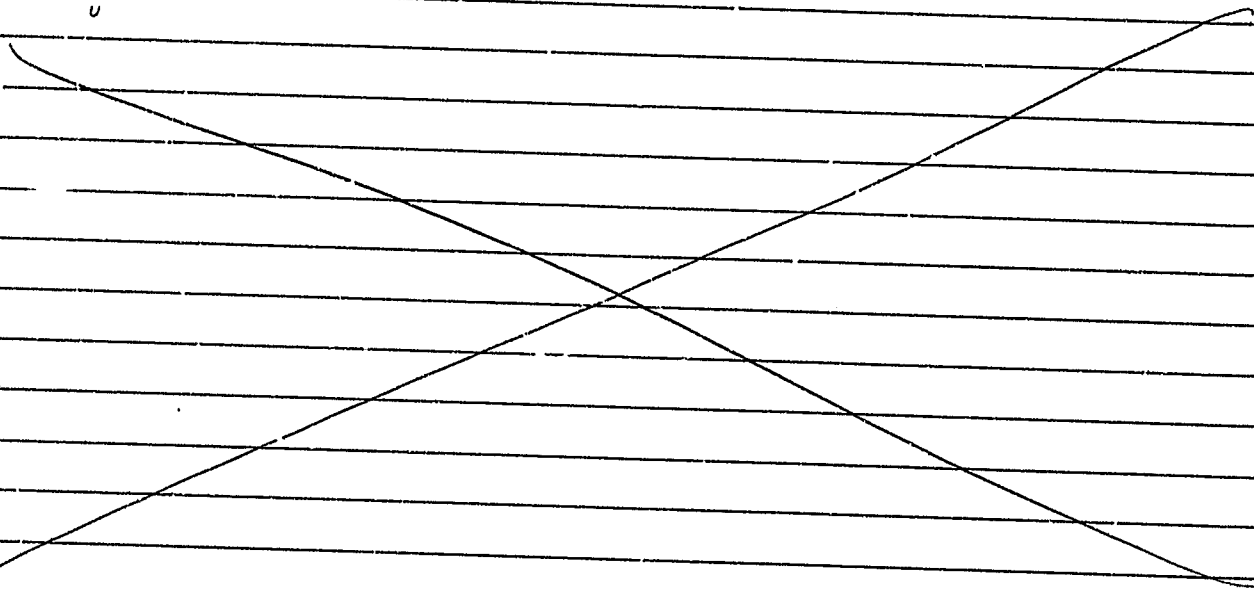
cc: LT. Gaylen McDougall, Fire Prevention Bureau

\_\_\_\_\_

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716					
Location of Construction: 22 Bramhall Street		Owner: Maine Medical Center		Phone: 87160111	
Owner Address: same		Leasee/Buyer's Name:		Business Name:	
Contractor Name: Edward Hobart & Sons		Address: 9 Gould Rd. Lewiston, Me. 04240		Phone: 782-2091	
Past Use: Hospital		Proposed Use: Hospital w/renovations		COST OF WORK: \$ 15,000.	
				PERMIT FEE: \$ 35.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group 12 Type: 1B	
				Signature: [Signature]	
				Signature: [Signature]	
Proposed Project Description: Interior renovations to existing structure		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By:		Date Applied For: 1/26/95		Date:	
<div>1. This permit application doesn't preclude the Applicant(s) from</div> <div>2. Building permits do not include plumbing, septic or electrical rules.</div> <div>3. Building permits are void if work is not started within six (6) months of the date of issuance. Failure to start work within this time may invalidate a building permit and stop all work..</div> <div>What area of the hospital</div> <div>se information</div> <div>PERMIT ISSUED WITH LETTER</div> <div>I hereby certify that I am the owner of record of the named property authorized by the owner to make this application as his authority. If a permit for work described in the application issued, I certify that I am the owner of record and that I have been duly informed of all applicable laws of this jurisdiction. In addition, I authorize the representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the laws of this jurisdiction.</div> <div>authorized by the owner of record and that I have been duly informed of all applicable laws of this jurisdiction. In addition, I authorize the representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the laws of this jurisdiction.</div>					
SIGNATURE OF APPLICANT		ADDRESS:		DATE:	
				PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:	
White-Permit Desk		Green-Assessor's		Canary-D.P.W.	
Pink-Public File		Ivory Card-Inspector			
Permit No. 950092		PERMIT ISSUED		FEB - 3 1995	
CITY OF PORTLAND		Zone: 12		CBL:	
Zoning Approval: 1/23/95		Special Zone or Reviews:			
<input type="checkbox"/> Shoreland		<input type="checkbox"/> Flood Zone		<input type="checkbox"/> Subdivision	
<input type="checkbox"/> Wetland		<input type="checkbox"/> Site Plan major minor mm			
Zoning Appeal		<input type="checkbox"/> Variance		<input type="checkbox"/> Conditional Use	
<input type="checkbox"/> Miscellaneous		<input type="checkbox"/> Interpretation		<input type="checkbox"/> Approved	
<input type="checkbox"/> Conditional Use		<input type="checkbox"/> Denied			
Historic Preservation		<input type="checkbox"/> North District or Landmark		<input type="checkbox"/> Does Not Require Review	
<input type="checkbox"/> Does Not Require Review		<input type="checkbox"/> Requires Review			
Action:		<input type="checkbox"/> Approved		<input type="checkbox"/> Approved with Conditions	
<input type="checkbox"/> Denied		Date: 1/25/95		[Signature]	
CEO DISTRICT 3		Mrs. Simpson			

COMMENTS

8:395 Work completed on weekend, appears  
adequate.



Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

\* Large Blueprint Filed Box #10

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

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:

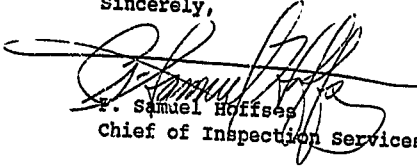
Your application to make interior renovation as per plan has been reviewed and a permit is herewith issued subject to the following requirements. This permit does not preclude the applicant from meeting applicable State and Federal laws.

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

1. All proposed work shall be done in accordance to plan - if any changes are made the designer must approve and submit to this office those changes.
2. Before any work is covered this office must inspect the work.
3. All interior loadbearing wall, partitions, columns, girders, 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 contact this office.

Sincerely,

  
S. Samuel Hoffses  
Chief of Inspection Services

cc: Lt. MacDougall, Fire Prevention



Amur

MMC

Friday 9 AM  
11:00 AM

Victor Irodella  
Architect's office  
871-4117

Re: MMC  
Print Shop

1:30  
2-8  
PM

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SIGNAT

RESPON

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

Location of Construction: 22 Bramhall Street		Owner: Maine Medical Center		Phone: 871-0111		Permit No: <b>950092</b>	
Owner Address: same		Lease/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Edward Hebert & Son		Address: 9 Gould Rd. Lewiston, Me.		Phone: 04240 783-2191		PERMIT FEE: \$ 95.00	
Past Use: Hospital		Proposed Use: Hospital w/renovations		COST OF WORK: \$ 15,000.		INSPECTION: Use Group: Type: 10	
Proposed Project Description: Interior renovations to existing structure		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zoning Approval: Special Zone of Reviews: <i>[Signature]</i>	
Permit Taken By:		Date Applied For: 1/24/95		Signature:		Date:	

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.

**PERMIT ISSUED WITH LETTER**

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application 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

*[Signature]*  
SIGNATURE OF APPLICANT

ADDRESS:

1 - 24 - 95

DATE:

PHONE:

*[Signature]*  
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

783-2091

PHONE:

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

CEO DISTRICT



*[Signature]*  
M D SIMPSON

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

Location of Construction: 22 Bramhall St.		Owner: Maine Medical Center		Phone: 795-4117		<b>950186</b> <b>PERMIT ISSUED</b> Permit Issued: <b>MAR 2 1995</b> <b>CITY OF PORTLAND</b>
Owner Address: 22 Bramhall St- Ptd, ME		Leasee/Buyer's Name:		Phone:		
Contractor Name: * Edward Hebert & Sons		Address: 9 Gould Rd-Lewiston, ME 04240		Phone: 783-2091		
Past Use: hospital		Proposed Use: hospital w inter renvtns		COST OF WORK: \$ 41,000		
				PERMIT FEE: \$ 225		
Proposed Project Description: interior renovations - 2nd flr				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>ALYNS</i> PEDESTRIAN ACTIVITIES DISTRICT (R.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: <i>Not Recd.</i>		INSPECTION: Use Group: <i>1A</i> Signature: <i>Not Recd.</i>
Permit Taken By: L Chase		Date Applied For: 2/23/95		Date:		Zone: <i>53 D 7</i> CBL: <i>53 D 7</i> Zoning Approval: <i>OK-S 2/27/95</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

- This permit application does not include the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

**PERMIT ISSUED WITH LETTER**

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application 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

*Daniel R Hebert*  
SIGNATURE OF APPLICANT

ADDRESS:

*2-23-95*  
DATE:

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

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

**Action:**

- ☐ Approved
- ☐ Approved with Conditions
- ☐ Denied

Date:

CEO DISTRICT

**3**

*Ms Simpson*

## OFFICE OF STATE

Department of Public Safety  
317 State Street  
State House Station #52  
Augusta, ME 04333

(207) 287-3473  
FAX (207) 287-5163



## FIRE MARSHAL

Dennis Lundstedt  
State Fire Marshal

February 24, 1995

Robert Bremm, Director of Facilities  
Maine Medical Center  
22 Bramhall 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*  
Donna L. Emerson  
Fire Protection Specialist

DLE/agp

FEB 27 1995

RECEIVED