

CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall St

Maine Madical Center

Date of issue 29 Sept 94

This is to certify that the building, premises, or part thereof, at the answellocation, built - altered - changed as to use under Building Permit No. 93/4493, has had final inspection, has been found to conform substantially to requirements of Zoni 2 Ordinance and Building Code of the City, and is hereby approved to occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCE

Phase IV

Two Patients Rooms

Limiting Conditions:

CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Branhall St

Issued to Haine Medical Center

Date of Issue 15 Sept 194

This is to certify that the building, premises, or part thereof, at the above location - changed as to use under Ruilding Permit No. 93/4493, has lead final inspection, has been substantially to requirements of Zoning Ordinance and Building Code of the City, and is a superoved for occupancy or use. limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Phase IV

Physicians Call ...om

Limiting Conditions:

This certificate supersedes

certificate issued



CITY OF FORTIAND, MAINE Lepartment of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall St

Issued to Maine Medical Center

Date of Issue

28 July 1994

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. 93/4493, 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 BUILD! . OR PREMISES

APPROVED OCCUPANCY

Phase Il!

Hospital Wing

38 Limiting Conditions

This certificate supersedes certificate issued

CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Gramball St.

suedto Maine Medical Center

Date of Issue 3/17/94

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. 93/4493, 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

(Phase II, Section 2A)
third floor, Richards wing

APPROVED OCCUPANCY

hospital - interior renovations

Limiting Conditions:

This certificate supersed certificate issued

ease fill out any part which applies to job. Proper plans must accompany form.	CATION Fee 1170 Zone Map # Lot#
ther Maine Medical Center Phone #871-2447	11477113044
dress: 22 Bramhall St- Pild, ME 0'10'	For Official Use Only
dress; ZZ Divinda v Starrito, ve o vy	Date 1/15/93 Subdivision
CATION OF CONSTRUCTION 22 Bramha; 1 St - basement, 3rd for intraction of construction costs and construction costs are constructed and construction costs are constructed and construction costs and const	Date 1/15/43 Inside Fire Limite
elections - (amerg root	Bldg Code Owngrahips Public
South Promise to Promise the Promise the Promise to Promise the Promi	Time Limit CITY OF Derivate AN
dress; Box 2530 - Pt1d, ME 0/1115 Phone fair	Estimated Cost 16,000
t. Construction Cost: 16.000 Proposed Use: no so w int renov	Zoning
Past Use:	Street Frontage Provided: Provided Setbacks: Front Back Side Side
of Existing Res. Units# of N. w Res. Units	Provided Setbacks: Front BackSideSide
	Review Required: Zoning Board Approval: Yes No Date:
uilding Dimensions LWTotal Sq. Ft	Diaming Dany' Annual Vos No Hate
Stories: # Bedrooms Lot Size:	Conditional Use: Variance Site Plan Subdivision Shoreland Zoning Yes No Floodplain Yes No
Proposed Use: Seasonal Condomin'um Conversion	
Proposed Use: Seasonal Condomin'um Conversion Interior renovitions - Emergency Room	Special Exception (Evolvin)
	Special Experion Other (Explain)
& 3rd floor (Pavill	Offiling: HISTORIC PRESERVA
unidation: C 2 D)	
1. Type of Soil:	1. Ceiling Joints Size: 2. Ceiling Strapping Size Spacing Notion Notion Land
2. Set Backs - Front Rear Side(s)	3. Type Ceilings: Size Size Remitted Parties Wife
3. Footings Size: 4. Foundation Size:	5 Ceiling Height:
5. Other	
	1. Truss or Rafter Size Span Action Approved. 2. Cheathing Typo Size Size
oor:	2. Sheathing Type Size Size
1. Sills Size: Sills must be an hored. 2. Girder Size:	Chimneys:
3. Lally Column Spacing: Size.	2. Cheathing Type 3. Roof Covering Type Chimneys: Type. Heating: Type of Heat:
4. Joists Size: Spacing 16" O.C. 5. Bridging Type: Size:	Heating:
5. Bridging Type: Size:	
6. Floor Sheathing Type: Size: 7. Other Material:	Electrical: Service Entrance Size: Smoke Petector Required Yes No.
7. Other Macerial:	Plumbing
terior Walls:	1. Approval of soil test if required Yes NoNo
1. Studding Size Spacing	2. No. of Tubs or Showers
2. No. windows	3. No. of Flushes
3. No. Deers 4. Header Sizes Span(s)	5. No of other Fixtures
5. Bracing. Yes No.	Swimming Pools:
6. Corner Posts Lize	1. Type:
6. Corner Posts 'ize 7. Insulation Type Size	1. Type: 2 Pool Size: x Square Footage 3. Must conform to National Electrical Code and State Law.
8. Sheathing Typ Size P. Suding Type Weather Exposure	
10. Masonry Materals	Permit Received By Louise E. Chase
11. Metal Materials	
terior woils:	Signature of Applicant Shomas a. He let Date 1.15.93
1. Studding SizeSpacing	Thomas Kerbert & HI O Animal I
	CEO's District
2. Header Sizes Span(s)	
2. Header Sizes Span(s) 3. Wall Covering Type 4. Fire Wall if required	CONTINUED TO REVERSE SIDE

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FEES (Breakdown From Front) Base Fee \$ Subdivision Fee \$ Subdivis	N A
Base Fee \$ Subdivision Fee \$ Site Plan Review Fee \$ Other Fee \$ (Explain) Late Fee \$ CERTIFICATION To make nis application as has authorized agent and I agree to conform to all applicable taws of this jurisdiction. In addition, if a permit for work describing 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 parameters. Type Other Fee \$ I Date Other Fee \$ I D	
Base Fee \$ Subdivision Fee \$ Site Plan Review Fee \$ Other Fee \$ (Explain) Late Fee \$ CERTIFICATION Teby 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 in the code official or the code officials authorized representative shall have the authority to enter areas covered by such parameters. Type Other Fee \$	
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Other Fees \$. (Explair) Late Fee \$ CERTIFICATION	93
CERTIFICATION CERTIFICATION CERTIFICATION CERTIFICATION The proposed work is authorized by the owner of record and that I have been authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in a second property of the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit.	
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reby 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 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 describing 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.	
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Domas a. Helent	cribed in th

NATURE OF APPLICANT ADDRESS PHONE NO.	,
PONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.	

Inspection Services Samuel P. Hoffses Chief



Planning and Urban Development Joseph E. Gray Jr.

CITY OF PORTLAND

January 21, 1993

Murray Construction P.O. Box 2530 So. Portland, ME 04106

Re: 22 Bramhall St

Dear Sir,

Your application to make interior renovation $% \left(1\right) =\left(1\right) +\left(1\right$

Fire Prevention Review

1. Air conditioning, heating, ventilating ductwork and related equipment shall be installed in accordince with N.F.P.A. 9(A or 90B as applicable as per section 7-21.

Building Inspection Review

1. All construction and demolition debris must be disposed of at the RWS by a licensed carrier of solid waste at the City authorized reclamation site. The fee rate is attached. Proof of such imposal must be furnished to the office of Inspection Services $\sigma_{\rm c}$ ore final demolition permit is issued.

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

Sincerely,

Marge Schmuckal

Asst. Chief of Inspection Services

cc: LT Gaylen McDougall, Fire Prevention Bureau

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



CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall St

Issued to Maine Medical Center

Date of Issue 28 July 1994

This is to vertify that the building premises, or part thereof, at the above location, built — altered changed as to use under Building Permit No. 94/0093. has ban final inspection, has been found to conform

— changed as to use under Building Permit No. 94/0093 , 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

3rd Floor

Physicians Call Room

miting Conditions:

This certificate supersedes certificate issued

Approved:

(Date)

[nspector_/

Inspector of Building

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.

artment of Human Services PLUMBING APPLICATION Division of Health Engineering (207) 289-3826 PROPERT/ADDR SS: STATE COPY 22 BRAMHALL PERSONAL PROPERTY OWNERS NAME AND PROPERTY OWNERS NAME AND PROPERTY OWNERS NAME AND PROPERTY OF THE PROPERTY OF THE PROPERTY OWNERS NAME AND PROPE EDWARD HEBERT & SONS MEDICALFIREICENTER Last: MAINE Applicant Name: ASTERN MECHANISAL Mailing Address of P.O. Box 518
Owner/Applicant
(II Different)
BIDDEFORD, ME. Owner/Applicant Statement Caution: Inspection Required And certify that the information submitted is correct to the best of my higher and understand that any falsification is reason for the Local I have inspected the installation authorized above and found it to be in compilance with the Maine Plumbing Rules. W PERMIT INFORNA This Application is for Type Of Structure To Be Served: im Plumbing To Be installed By: 1. (MASTER PLUMBER 1.

SINGLE FAMILY DWELLING 1. A NEW PLUMBING 2. [] OIL BURNERMAN 2. I MODULAR OR MOBILE HOME 2. I RELOCATED 3. [] MFG'D. HOUSING DEALER / MECHANIC 4. D PUBLIC UTILITY EMPLOYEE 4. TO OTHER - SPECIFY_ HOSPITAL 5. CI PROPERTY OWNER LICENSE # 0.2.3.4.1 -i---Column 2 Hook-Up & Piping Relocation Type of Fixture Type of Flature HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. Fill This Hosebibb / Silicock Bathtub (and Shower) 學型 Floor Drain Shower (Soparate) · 4 . 195 Urinal Sink OR **Drinking Fountain** Wash Basin <u>HOOK-UP:</u> to an existing subsurface wastewater disposal system. Water Closet (Toilet) **Indirect Waste** PIPING RELOCATION: of sanitary lines, drains, and piping without the sanitary new fixtures. Water Treatment Softener, Filter, etc. Clothes Washer -110 Number of Hook-Ups & Relocations Grease / Oil Separator Dish Washer **Dental Cuspidor** Garbage Disposal Hook-Up & Relocation Fee Laundry Tub \mathbf{OR} Bidet Other: Water Heater TRANSFER FEE [\$6.00] Fixtures (Subtotal) Fixtures (Subtotal) Total Fixtures SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE Transfer Fee Hock-Up & Relocation Fee 14 20 Page 1 of 1 HHE-211 Rev. 7/93 STATE COPY . . 4.5 **.

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cation of Construction: 22 Branhall 3t		Owner: Naine Hedical Ct			-2447	Permit No: 951052
yar Address att st	Ptld.ME 04101 Lease	ee/Buyer's Name:	Phone:	Busines	sName:	PERMIT ISSUED
ontractor Name:		6ss Box 8107 - Pt1d	4E 0410 Pho	1e: 767-115	56	Ры ричением: ОСТ - 5 1995
ist Use:	Prope	osed Use:	S52,000	RK:	PERMIT FEE: \$\$230	001 0.00
hospital	1	bospital w	FIRF DEPT.	Approved	INSPECTION:	CITY OF PORTLAND
	1	inter renvins		Denied	Use Group Tatype: 3	Zone: CBL:
oposed Project Descripti	ion:				Signature A D.)	Zoning Approval 10/3/4
sposod i tojiet zestipi.			Action:	Approved	יטעי ב	. I Shecial Tolic of Healesta.
					with Conditions:	
interi	or renovations - g	round & first firs	Ì	Denicd	L	Wetland Flood Zone
			Signature:		Date:	☐ Subdivision
	6.ta a .a.a.	Date Applied For: 10/2				☐ Site Plan maj ☐ minor ☐ mm t
rouit Taken By:	Chass	Date Applied Lot. 2072	.,,,,,		2 · ·	Zoning Appeal
			ate and Endard valo	0		☐ Variance
		ant(s) from meeting applicable St	ate and rederal tyle	S.		☐ Miscellaneous
Buitding permits do	not include tlumbing, septic or	r electrical work.				☐ Conditional Use
Building permits are	void if work is not started withi	in six (6) months of the date of iss	uance. False informa	a-		☐ Interpretation ☐ Approved
tion may invalid te	a building permit and stop all w	vork				Denied .
				Pr	3	
				Dir	RMIT ISSUED	Historic Preservation Not in District or Laridmark
				IN	To Leave	Does Not Require Review
	,			The state of the s	TENOOPE	☐ Requires Review
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					AMIT ISSUED	Action:
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***	- the awar of reased of the same	ed property, or that the proposed v	ork is authorized by	the owner o	f record and that I have bee	
and a street beaution assumed	n en nacka elsia annlication av his	authorized agent and I agree to co	ontorm to all applica	idie iaws of i	ms jurisdiction. 14 audition	It and an arrange
if a normit for work des	cribed in the application issued.	. I certify that the code official's	authorized represent	auve snan n	ave the authority to enter a	Il Date
it a bounds for more dos	permit at any reasonable hour to	enforce the provisions of the cod	e(s) applicable to su	ch permit		
areas covered by such r	10					1 /// //
areas covered by such p	48/ 4 3					to the design
areas covered by such p	#					
areas covered by such p	EXAMPLE	ADDRESS:	DATE:		PHONE:	- Treners
Timol &	CANT	ADDRESS:	DATE:		PHONE:	110000
IGNATURE OF APPT	CANT ON IN CHARGE OF WORK, TI		DATE:		PHONE: PHONE:	CEO DISTRICT 3

Pavillion'D'	COMMENTS
10.14.95 mtu	
Eni#5 Gratining v Harry	aras open not sprinked (completed; 1/20/95)
9 47	
Prop 11 Gyan Pro	
added ple	meine, typical thrunight eyen toom
Derson 9 added plum	bing
7 111	
7	
•	Inspection Record
•	Type Date Foundation:
19	Framing: Plumbing:
	Final:

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ocation of Construction: 22 Branhall St	Owner:		Phone:		Permit No: 951162
Winer Address:	Leasec/Buyer's Name:	Phone:	Busines	sName:	PERMIT ISSUED
ontractor Name: Laufford & Low, Inc.	Address: 248 Warren Ave P.		tland. K		Permit Issued: NOV - 7 1995
ast Use.	Proposed Use:	COST OF WOR \$ 10,500	.00	PERMIT FEE: \$ 75.00	
Mospital	Sans	FIRE DEPT. C	Approved Denied	INSPECTION: Use Group L Type: BOCK 43 - Helder	CITY OF PORTLAND
Proposed Project Description: Int Renovat::::::::::::::::::::::::::::::::::::	- C & D Nursing Stations)	PEDESTRIAN	Approved	with Conditions:	☐ Shoreland ☐ Wetland ☐ Flood Zone ☐ Subdivision
Permit Taken By: Hary Greeik	Date Applied For:	2 Kovember 1995			☐ Site Plan maj☐minor☐mm☐ Zoning Appeal
2. Building permits do not include plum	ot started within six (6) months of the date of is				☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied ☐ Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action:
	CERTIFICATION				E Appoved
if a permit for work described in the appli areas covered by such permit at any reason	ord of the named property, or that the proposed lication as his authorized agent and I agree to ication issued, I certify that the code official's mable hour to enforce the provisions of the code of	conform to all applicat s authorized representa	le taws of t tive shall ha h permit	his jurisdiction. In addition	Approved with Conditions Denied

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COMMEN	TS
11-26-96	
nurses station renoration comple	ted. Upiture, for Balance &
- of sor tile to complete groze	t /)
	Inspection Record
Fou	Type Date
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Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Pon of Construction: Bramhall St Nainz Medical Jwher Address. 2? agh Leasee/Buyer's Name: BusinessName: ighallisto Ptid. ME 0410 Contractor Name: - 現主 Callahan Const Box 677- Auburn, ME 04210 784-6927 OCT 2 4 1995 PERMIT FEE: Proposed Use: COST OF WORK: Past Use; \$ 210,000 \$ 1070 RE DEPT. Approved nospital hospital INSPECTION ☐ Denied iotr renostas 11 1111 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Special Zone or Revisivs: Action: Approved Approved with Conditions: ☐ Shoreland interior resovations - Pavillies C Denied ☐ Flood Zone □ Subdivision Signature: ☐ Site Plan maj ☐ minor ☐ mm ☐ Date Applied For: Permit Taken By: 10/18/95 **Zoning Appeal** □ Valiance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use ☐ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Approved tion may invalidate a building permit and stop all work.. Denied Historic Preservation D Not in District or Landmark
D Does Not Require Review D Requires Review Action: □ Appoved CERTIFICATION ☐ Approved with Conditions 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 □ Denied 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, recrify 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 PHONE: SIGNATULE OF APPLICAN RESPONSIBLE PERSON IN CHARGE OF WORK, TITL'S CEO DISTRICT White-Permit Desk Groen-Assessor's Canary-D.R.W. Pink-Public File Ivory Card-Inspector

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development Joseph E. Gray Jr.

CITY OF PORTLAND

October 24, 1995

mental something of the second

H. E. Callahan Construction Box 677 Auburn, ME 04210

> RE: 22 Bramhall Street Portland, Maine

Dear sir,

Your application to make interior renovations in Pavillion C has been reviewed and a permit is herewith issued subject to the requirements listed below. This permic does not excuse the applicant from meeting applicable state and Federal laws.

No Certificate of Occupancy will be issued until all requirments of this

- 1. The sprinkler system shall be maintained to NFPA #13 Standards.
- 2. The fire alarm system shall be maintained to NFPA \$72 Standards.
- 3. Approval must be granted by the state Fire Marshall's Office
- 4. Portable fire extinguishers shall be located as per NFPA #10, shall bear the label of an approved agency and be of an approved type.
- 5. Special precautions must be observed during the removal of existing reinforced concrete \lim

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

Sincerely,

P. semuel Hoffses Chief, Inspection Services

cc: Lt. McDougal, PFD

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

September 1

ocation of Construction: 22 Pranhall Street	Owner-		Phone:		Permit No: 96002
Owner Addiess:	Leasee/Buyer's Name:	Phone	Busines	· Martin	
	beasee/buyer s (vanie.	Phone	busines	sivame:	PERMIT ISSUED
Contractor Name:	Address:	Phone			will issued:
Ledgewood, Ins.	P. O. Pox 8107, Ps. tland, 1	OATOA COST OF WOR	767-1 <i>2</i> 66		JAN 2 3 1996
Past Use:	Proposed Use	, JOST OF WOR	K:		- JAN Z 3 1990
Scapical basement	renovations to Beau	\$ 92,630.00	<u> </u>	\$480.00	
	aub-basement storage rocas	FIRE DEPT. 19		INSPECTION:	CITY OF PORTLAN
			Denied	Use Group: 7-2 Type:	Zone: CBL:
	ļ	Signature: 4	1419	BOCAG3	A-6 6 -7-5
Proposed Project Description:				S DISTRICT (T.U.D.)	Zening Approval:
Rasement removations as pe	T nlane	1	Approved	(24	Special Zone of Bowley
	e hrans				Special Zone of Reviews
			Denied		□ □ Wetland
				_	☐ Flood Zone
Permit Taken By.	Date Applied For	Signature:		Date:	☐ Subdivision ☐ Site Plan maj ☐ minor ☐ mm
Victoria A. Dov	Date Applied For: January 1	1 109£			- Otto class major minor or min
	January 1	.,, 1770			Zoning Appeal
1. This permit application doesn't pred	lude the Applicant(s) from meeting applicable State	and Federal rules.			☐ Variance
	- • • •	and Federal rules.			☐ Miscellaneous
 Building permits do not include plu Building permits are void if work is 	mbing, septic or electrical work. not started within six (6) months of the date of issuar				
2. Building permits do not include plu	mbing, septic or electrical work. not started within six (6) months of the date of issuar				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation
 Building permits do not include plu Building permits are void if work is 	mbing, septic or electrical work. not started within six (6) months of the date of issuar		PER		☐ Miscellaneous ☐ Conditional Use ☐ Interpretation
 Building permits do not include plu Building permits are void if work is 	mbing, septic or electrical work. not started within six (6) months of the date of issuar		PER	MITT	☐ Miscellaneous ☐ Conditional Use ☐ Interpretation
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	Final: Other:	
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AIA Document A101

Standard Form of Agreement Between **Owner and Contractor**

where the basis of payment is a STIPULATED SUM

1987 EDITION

THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES; CONSULTATION WITH AN ATTORNEY IS ENCOURAGED WITH RESPECT TO ITS COMPLETION OR MODIFICATION.

The 1987 Edition of AIA Decument A201, General Conditions of the Contract for Construction, is adopted in this document by reference. Do not use with other general conditions unless this document is modified This document has been approved and endorsed by The Associated General Contractors of America.

AGREEMENT

made as of the Nineteen Hundred and

THIRT IETH ninety-five

November

in the year of

ARCHITECTS

BETWEEN the Owner:

(Name and address)

Maine Medical Center 22 Bramhall Street

Fortland, Maine 04102

530 SF 871-

\$ 92,000.°

and the Contractor: (Name and addres.)

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

The Project is: (Name and Incation)

Renovations to Bean Sub-Basement Storage Rooms

22 Bramhall Street

Portland, Maine 04102

The Architect is:

Stevens Morton Rose & Thompson

P.O. Box 618

(Name and address)

Portland, Maine 04104

The Owner and Contractor agree as set forth below.

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A101-1987 1

man or many the state of the st

CITY OF PORTLAND

January 22, 1996

Ledgewood, Inc. P. 9. Box 8107 Portland, Maine 04104

> RE: 22 Bramhall Street Maine Medical Center

Dear Sir,

Your application to make renovations to the Bean sub-basement has been reviewed and a permit is herewith issued subject to the requirements listed below. This permit does not excuse the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy will be issued until all requirements of this letter are mea.

luilding and Fire Code Requirements

- 1. If sprinkler system shall be maintained to NFPA 13 Standards.
- 2. The fire alarm system shall be maintained to NFPA 7% Standards.
- 3. A permit from the State Fire Marshall's Office is required.

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

Since tely

2. Samuel Hoffses

Chief, Code Diforcement Division

cc: Lt. McDougall, PFD

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





Certificate of Occupancy

LOCATION 22 Bramball St

Issued to Maine Medical Center

Date of Issue 20 March 1996

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. 960:08 , 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

Bean WingSEM

SCU Classroom

Limiting Conditions:

This certificate supersedes certificate issued

Notice: This certificate identifies tawful 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 - Buildi	II Downit Applicatio	n 389 Congres	Street, 04101, Tel	: (207) 874-8	8703, FAX: 874-8716
	ii humer		Phone: 871-4118	1	
ocation of Construction: 22 Branhall St	Maine Medical	Center Phone:	BusinessName:		PERMIT ISSUED
A . 1	Leasee/Buver's Name:	Phone.			emit Issued:
22 Branhall St- Ptis HE o		Pho	ne·	W.	FEB 2 2 1996
Contractor Name: . H E Callahan Coast Co	Box 677 - Auburn 4E	04210 COST OF WO	RK: PERMIT F	EE:	LED 5 5 1000
Past Use:	Proposed Use:	\$ 23,100			OF DODTI AND
rast Use:		FIRE DEP1.		ON:	CITY OF PORTLAND
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	intr renvtas			2	Zone: CBL:
		Signatu e:	Signature:		Zoning Approval:
Proposed Project Description:		L L	ACTIVITIES DISTRIC		Special Zone or Reviews:
		Action:	Approved with Conditi	ons:	☐ Shoreland
interior renovations	- A694 Mild norrant		Denied		☐ Wetland
- aaring	a room - grad fir	Ì	_	}	☐ Flood Zone ☐ Subdivision
(SCU classroom)		Signature:	Date		☐ Site Plan maj ☐ minor ☐ mm ☐
	Date Applied For: 2	11/96		Ļ	Zoning Appea!
Permit Taken By: 1. Chase					Zoning Appear
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Building permits do not include plumbit	ng, septic of electrical work.	f issuance. False ir for	M:i-		☐ Interpretation ☐ Approved ✓
3. Building permits are void if work is not	started within six (6) months of the date of	1 101 44-10-1		1	☐ Denied
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	CERTIFICATION	J			Approved with Conditions
			by the owner of record and	I have been	Denied \
I hereby certify that I am the owner of recor authorized by the owner to make this appli	d of the named property, or that the proper	to conform to all app	licable laws of this jurisdic	tion in addition, bosity to enter ali	
authorized by the owner to make und appri	Cattor as in a const	allo outhorized repres	entative dilati trave me anc	Jointy to citter and	Dafe:
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areas covered by such permit as any remove		, 1.7	,		1/ Builton
Lobey Blayengt		DATE:	PHONE	<u>:</u>	- Lither King
SIGNATURE OF APPLICANT	ADDRESS:	DATE:			/*
SIGNATURE OF THE PROPERTY.			PHON	a	CEO DISTRICT 3
· RESPONSIBLE PERSON IN CHARGE O	F WORK, TITLE		-		GEO DIGITILO.
RESPONSIBLE PERSON IN CHARGE O	rnite-Permit Desk Green-Assessor's	Canary-D.P.W. Pi	nk-Public File Ivory Co	ard-Inspector	V 2.2
V.	hite-Permit Desk Green-Assessor s	Julius - Direction			. , ,

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THE PROPERTY OF

- COMMENT'S	_
2:21e91e H.E. Callahan has stude up, glass block installat. Have added Ileguage stude @ common wall, located on back side of Elevators to accomodate IDad of ceiling above. Dubois Elec. Un 6ite. Bary Stugard, H.E. Callahan, supt. says wall has 45 min. ran 3:13:910 Final Inspect.	- - - - - - -
Inspection Record	
Type Date Foundation: Framing: Plumbing: Final: Other:	

STORTER A



MINTRAL FIBRE INSULATION

CAUTION

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disagree,

Inspection Services P. Samuel Hoffses



Planning and Urban Development Joseph E. Gray Jr. Director

CITY OF PORTLAND

February 22, 1996

H. E. Callahan Construction Company Box 677 Auburn, Maine 04210

RE: 22 Bramball Street Portland, Maine

Dear Mir,

-Your application to make interior renovations in the Bean Wing hallway, ground floor has been reviewed and a permit is herewith issued subject to requirements listed below.

Mo Cortificate of Occupancy will be issued until all requirements of this letter are met?

Building and Fire Code Requirements

- 1. The sprinkler system shall be maintained to NFPA 13 Standards.
- The fire alarm system shall be maintained to NFPA 72 Standards.

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

F. Same Holfses Chief, Code Enforcement Division

co: Lt. McDougall, PFD

Back was uguage

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25 · 1 · Č

PITTSBURGH CORNING PLGLASS LT. PRODUCTS

The following data is applicable to interior and exterior PC GlassBlock® panels.
For design purposes, panels of PC GlassBlock® products in the REGULAR SERIES weigh approximately 20 lbs./sq. ft. installed: THINLINE® SERIES panels weigh approximately 16 lts./sq. ft. installed: VISTABRIK® solid glass panels weigh approximately 40 lbs./sq. ft. installed; and THICKSET® Block panels weigh approximately 26 lbs./sq. ft. installed. Local building

codes should be checked for any limits on panel sizes or installation details.

on panel sizes or installation details.

City Code Approvals.

New York City Board of Standards and Appeals Calendar #820-38-5M

New York City Meterials and Equipment Acceptance MEA 406-9C-M

Los Angless General Approval 1777959.1

San Francisco General Approval 1777959.1

Eugene, OR. "Approved Glass Products, Storm Windows and Insulated Window Units"

Sound Transmissiv 31

8.T.C.*	Size	Pottern	Assembly Construction
-21	8"x 8"/3"	All Patterns	KWIK'N FZ* Silicone Systems
279	8"x8"x4"	Ail Pallerns	Moriar
40	8"x E x 4 w/LX Fibrous Filter	Ai Patterns	Morter
60	O"x B"x 4" Thick-Faced Binck	THICKSET*	Morter
53	8"x 8" x 3" Solid Unos	VISTABRIK	Morter

Testeo in accordance with ASTM E90-90"... Measure-mant or Authorne Sound Transmission Loss..." 25TO roung value in account maintenances; ...
Classification for Raung Sound insulation."
That mother and Topics and Topi

Test method and STC rating value in accordance v ASTM E80-81 and ASTM 8412-73 accordingly.

Seismic Forces Design

PC GlassBlock® products meet the requirements of Section 2336(a) of the 1991 Uniform Building Code which gave as seismic design of nepstructural components supported by structures.

Maximum Panel Dimensions

Perimeter	REC	REGULAR SERIES			THINLINE SERIES		
Support Method	Area (\$q.Ft.)	Helg. t (Fi.)	Width (Ft.)	Aren (Sq.Ft.)	Height (FL)	Width (Ft.)	
*EXTÉRIOR Channel Type Restraint	1/4	20	25	85	10	25	
Panel Anchers	164	20	25	85	10	25	
Channels or Panel Anchora wilntermediate Stiffener	250	20	25	150	20	25	
INTERIOR Channel Type Restraint	250	20	25	150	20	25	
Penel Anchors	250	20	25	150	ZĽ	25	

*Maximum extenct panel sizes are pased on a pesign wind load of 20 ths per sig ft, with a 2.7 salety factor

Fire Resistance

All sizes (except 12"x 12") of REGULAR SERIES and METRIC SERIES
PC GlassBlock® products in panels up to 120 sqr ft. are classified by Underwriters "Laboratories" for use as 45 minute-rated window assemblies. These panels are usually acceptable for use in fire separa-tion walls requiring ratings of 1 hour or tess.

All THICKSET* bloc's and VISTABRIKS solid glass block are UL®-classified in panels up to 100 sq. ft. They are listed for use as 45-, 60-, and 90-minute fire-rated assemblies

THINLINE* SERIES PC GlassBlock® products, in the DECORA® and VUE® patterns only, are UL®-classified as

45-minute-ratus window assemblies in openings not to exceed 100 sq. ft. in masonry walls or 94 sq. ft. in non-masonry walls.

Refer to the latest issue of JL® Building Materials Directory as well as your local building codes.

Fire Ratings (Per UL® 9—Fire Test of Window Assemblies)

PATTERNS	:	-	\$	IZES				Masen	, Wali	idon-Mas Constru	onry Walt	Channel	Pane!	Specific Ass	Specific Assembly Recuirements	
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	*****				-	٠	RE	GULAR S	ERIES (C	; 98mn	thick)					
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							TH	INLINE"	ERIES (3	156"; 79mr	n thick)					
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City of Portland, Maine

FIRE DEPARTMENT 380 Congress Street Portland, Maine 04101

FACSIMILE MESSAGE COVER SHEET RETURN FAX NUMBER (207) 874-8410

DATE: 3 \18/56	
TIME: <u>0730</u>	
MESSAGE to the attention of: Amy Simp	osan
Company/Entity:	
Message From:	•
Department:	
Phone #	
Receiving FAX number: 87/6	
Total # of Pages including cover sheet:	
MESSAGE:	

ELECTRICAL PERMITCity of Portland, Me.

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 City of Portland Electrical Ordinance, National Electrical code and the following specification:



National Electrical code and the following specification: Date_ 01 March 1996 22 Bramhall St Permit #___16958 OWNER MMC - SCU Classroom -"Bean Wing" ADDRESS TOTAL EACH FEE OUTLETS-Receptacles Switches .20 FIXTURES 1.60 (number of) Incandescent fluorescent .20 fluorescent strip .20 SERVICES Overhead TTL AMPS TO 800 15.00 Underground 800 15.00 TEMPORARY SERV. Overhead AMPS OVER 800 25.00 Underground 800 25.00 METERS (number of) 1.00 MOTORS (number of) 2.00 RESID/COM Electric units 1.00 HEATING oil/gas units 5.00 APPLIANCES Ranges Cook Tops Wall Ovens 5.00 Water heaters Fans Dryers 2.00 Dishwasher Compactors Others (denote) 2.00 MISC. (number o/) Air Cond/win 3.00 Air Cond/cent 10.00 Signs 5.00 Pools 10.00 Alarms/res 5.00 Alarms/com 15.00 Heavy Duty 2.00 Outlets Circus/Carny 25.00 Alterations 5 00 Fire Repairs 15.00 E Lights 1.00 E Generators 20.00 Panels 4.00 TRANSFER 0-25 Kva 5.00 25-200 Kva 8.00 Over 200 Kva 10.00 TOTAL AMOUNT DUE 25.00 25.00 INSPECTION: Will be ready or will call Deblois Electric, Inc.
1033 Sabattus St P.O. Box 7800 Lewiston, EM CONTRACTORS NAME **ADDRESS** TELEPHONE MASTER LICENSE No. 16958 SIGNATURE OF CONTRACTOR LIMITED LICENSE No.

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	TIONS:/	TELECTRICAL INSTALLATIONS— rmit Number 6958 reation 22 BR4mh a 1 cation MMC wher MMC the of Permit 3-1-96 nal Inspection 3-7-96 inspector Spear Boal
DATE:	REMARKS:	
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INSPECTIONS. Service

City of Portland, Maine - Building	g or Use Permit Application	209 Collgless		101, 101. (207) 6				
Location of Construction: 22 Bramhall St	Owner: Maine Medical (Phone:		Permit No:9 604 89			
Owner Address:	Leasee/Buyer's Name:	Phone:	BusinessNa	me:	PERMIT ISSUED			
Contractor Name: H.E. Callahan Const. Co.	Address: P.O. Box 677 Auburn,	Phon ME 04210	784 - 6927	ERMIT FEE:	Permit Issued:			
Past Use:	Proposed Use:	COST OF WOR						
Hospital	Same	FIRE DEPT. Q	Approved IN	ISPECTION:	CITY OF PORTLAND			
		Signature:	114.	gnature: Hully	1-6			
Proposed Project Description:		PEDESTRIAN A	CTIVITIES	DISTRICT (P///D.)	Zoning Approval: 8 5/22/9			
Make Interior Renovations	- Pulmonary Storage Room 1st fl Bean Wing	Action:	Approved Approved with Denied	h Conditions:	Shoreland			
		Signature:		frate:	☐ Subdivision ☐ Site Plan maj ☐ minor ☐ mm ☐			
Permit Taken By: Mary Gresik	Date Applied For:	1 May 1996			Zoning Appeal			
 Building permits do not include plumbing, s Building permits are void if work is not starte 	D Interpretation							
I hereby certify that I am the owner of record of the authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable by the such permit at any reasona	as his authorized agent and I agree to consued, I certify that the code official's announ to enforce the provisions of the code	ntorin to all applicat uthorized representa	tive shall have h permit	jurisaiction. In additio	4			
RESPONSIBLE PERSON IN CHARGE OF WO	RK, TITLE			PHONE:	CEO DISTRICT 3			
White-I	Permit Desk Green-A: essor's Can	ary-D.P.W. Pink-I	Public File iv	ory Card-Inspector	A Supson			

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CITY OF PORTLAND, MAINE Department of Building Inspection.

Certificate of Occupancy

LOCATION

22 Bramhall St

Issued to Maine Medical Center

Date of Issue 21 June 1996

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. 960459 , 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 PRIMISES

APPROVED OCCUPANCY

lst Floor Bean Wing

Pulmonary Storage (Hospital)

Limiting Conditions:

This certificate supersedes certificate issued

City of Portland, Maine - Building	g or Use Permit Application	389 Congres	s Street, 04101 Te	J. (207) 87	M-8703 EAV. 974 9716
Location of Construction: 22 Branholl Sc Owner Address:	Paine Sedical (Phone:	(201) 01	Permit No: 9 6 0 4 5 5
Contractor Name:	Leasee/Buyer's Name:	Phone:	BusinessName:		PERMIT ISSUED
H.E. Callahan Const. Co.	Address: Y.O. Box 677 Appura. Proposed Use:	Phon DE 04210 COST OF WOR	784-6927	r.	Permit Issued: MAY 2 3 1996
Hospital	Saze	FIRE DEPT. (2)	NE 18K \$ 110.0	00	CITY OF PORTLAND
ranged Point D.				13 Type: 35	Zone: CBL:
roposed Project Description: **Hake Intelior Renovetions -	- Pulmonary Storage Room 1st fl Been Wing	PEDESTRIAN A	ACTIVITIES DISTRIC Approved Approved with Condition Denied	r (P.U.D.)	Zoning Approval: Special Zone of Reviews: Shoreland Wetland Flood Zone
ermit Taken By: Hary Greeik	Date Applied For: 21	Kay 1996	Date:		☐ Subdivision ☐ Site Plan maj☐ minot ☐ mm ☐
This permit application doesn't preclude the Application permits do not include plumbing, sep Building permits are void if work is not started the may invalidate a building permit and stop	tic or electrical work. within six (6) months of the date of issuar all work	nce. Fals :	DERMOT ISSUE VITTE LETTER	D)	Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied Historic Preservation Not in District or Landmark Does Not Require Review Requires Review Action:
hereby certify that I am the owner of record of the rauthorized by the owner to make this application as f a permit for work described in the application issures covered by such permit at any reasonable hou	med I cortifu that the and a contain	orin to an applicable	laws of this jurisdiction.	In addition, to enter all	□ Approved □ Approved with Conditions □ Denied Date:
STALL A FALLING GNATURE OF APPLICANT SUGREY BOYERS		21 Kay 1996 DATE:	PHONE:		D. varents
SPONSIBLE PERSON IN CHARGE OF WORK, White-Perm	TITLE nit Desk Green-Assessor's Canary-	-D.P.W. Pink-Pub	PHONE:	spector	CEO DISTRICT
		Other March and			M. Samor, A

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	COMMENTS	
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C/20/90 Unspection	ok to orning.	
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A New York	V	
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	Inspection Record Type	Date
	Foundation:	<i>D</i> ate
	Framing: Plumbing:	
	Final:	
	Other:	, ,
	PAGE 1847 PAGE 1844 PAGE 1	

es.

Inspection Services P. Samuel Hoffses



Planry.,

CITY OF PORTLAND

May 23, 1996

H. E. Callahan Construction Company P. O. Box 677 Auburn, Maine 04210

> RE: 22 Bramhall Street Maine Medical Center

Dear Sir,

Your application to make interior renovations to the pulmonary storage room, 1st floor, Bean Wing, has been reviewed and a permit is herewith issued subject to the requirements listed below. This permit does not excuse the applicant from meeting applicable State and Federal laws.

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

Building and Fire Code Requirements

- The sprinkler system shall be maintained to NFPA 13 Standards.
 The fire alarm system shall be maintained to NFPA 72 Standards.
- 3. All fire proofing must be maintained.

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

Sincerely,

Chief, Code Enforcement Division

cc: Lt. McDougali, PFD

389 Congress Street • Portland, Maine 04101 • (207) 874-8704 • FAX 8" 3716 • TTY 874-8936

City of Portland, Maine - Buil	ling or Use Permit Application	on 389 Congress S	Street, 04101, Tel: (207)	874-8703, FAX: 874-8716
Location o estruction: **Tamhall St Owner Addre	MMC MMC		Phone:	Permit 9:60508
Contractor Nam-	Lea 's Name:	Phone:	BusinessName:	
Langfor Low Past Use:	Addre -3 Warren Ave	Phone: P.O. Box 662 Pt1	774 4383 d, ME 04104 7975124	J. M. I. J. SUED
Hospital	Proposed Use:	\$ 1,200,000.	PERMIT FEE: \$ 6,020.00	JUN - 7 1996
		FIRE DEPT. 12 Ap	nied Use Group: Type:	CITY OF PORTLAND
Proposed Project Description:		Signature: DEDESTRIAN ACT	Signature: 74 FIVITIES DISTRICT (P.O.D.)	Zoning Approval:
Interior Renovations	Richard .h floor	Action: Ap	proved proved with Conditions: nied	Special Zone or Reviews: Shoreland Wetland Flood Zone
Permit Taken By: Mary Gresik	Date Applied For:	Signature:	Date:	☐ Subdivision ☐ Site Plan maj☐ manor ☐ mm ☐
Building permits do not include plumbin	arted within six (6) months of the data at :-	suance. False informa-		Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied
Hazardous Materials to 1	e removed by Abatemen Compa	ny.	RMIT ISSUED	Historic Preservation Not in District or Landmark Does Not Require Review Requires Review
Thereby certify that I am the owner of record o authorized by the owner to make this applicati if a permit for work described in the application areas covered by such permit at any reasonable.	d issue Longify that the and a constant	vork is authorized by the or onform to all applicable la	wner of record and that I have be	Action: Approved Approved with Conditions Denied
areas covered by such permit at any reasonable	hour to enforce the provisions of the code	e(s) applicable to such per	mit	Date:
SIGNATURE OF APPLICANT Jim Ellswo	rth ADDRESS:	29 May 19 DATE:	PHONE:	- D. Andrus
RESPONSIBLE PERSON IN CHARGE OF WO	ORK, TILE		PHONE:	CEO DISTRICT 3
White	Permit Desk Green-Assessor's Can	ary-D.P.W. Pink-Public	File Ivory Card-Inspector	Ms Powers

City of Portland, Maine - Building or Use Permit Application 389 Congress Street. 04101, Tel: (207) 874-8703, FAX: 874-8716 Maine Medical Center 22 Bramhall BusinessName: Owner Address: Leasee/Buyer's Name: Contractor Name:
H.E. Callahan Construction P.O. Box 677 Auburn, ME 04210 784-6927 JUL 3 0 1996 PERMIT FEE: Past Use: Proposed Use: \$ 7,000.00 55.00 Hospital FIRE DEPT. PApproved INSPECTION:
Use Group 72 Type. LIY OF PORTLAND 053-D-007 THYP Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.J.D.) Approved Action: Approved with Conditions: ☐ Shoreland ☐ Wetland Room G650 Make Interior Renovations Denied Main General Building ☐ Flood Zone Signature: Date: Date Applied For: ☐ Site Plan maj ☐ minor ☐ mm ☐ Permit Taken By: 26 July 1996 Mary Gresik Zoning Appeal □ Variance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interp etation □ Approved tion may invalidate a building permit and stop all work.. ☐ Denied Historic Preservation
Not in District or Landmark
Does Not Require Review Requires Review Action: ☐ Approved ☐ Approved with Conditions 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 PHONE: Rodney S. BoyingtoADDRESS: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE CEO DISTRICT

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

tower

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Own ir: 22 Bramhall St Owner Address: | Maine Medical Center | Leasee/Buyer's Name: Phone: PERMIT ISSUED BusinessNanie: Contractor Name: Address: ermít Issued: Grinnell Fire Protection Past Use: 78 Pleasan Proposed Use: - 3 1996 06 | 767-2 COST OF WORK: PERMIT FEE: \$36,000.00 \$ 200.00 INSPECTION: CITY OF PORTLAND FIRE DEPT. Approved

Denied Sprinkler system, 8th flr Richard's Wing Use Group: Zone: CBL: 1/w Signature Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Special Zone

Shoreland Action: Approved Install sprinkler system as per plans Approved with Conditions: Denied ☐ Wetland ☐ Flood Zone ☐ Subdivision ☐ Site Plan maj ☐ minor ☐ mm ☐ Signature: Permit Taken By: Date Applied For: Zoning Appeal This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Variance ☐ Miscellaneous ☐ Conditional Use 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 informa-☐ Interpretation tion may invalidate a Luilding permit and stop all work.. ☐ Approved ☐ Denied Historic Preservation Not in District or Landmark
Does Not Require Review ☐ Requires Review Mail to Grinnell, S.P. Action: CERTIFICATION □ Appoved 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 ☐ Approved with Conditions ☐ Denied / / 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 78 Pleasant Ave., S.P. 04106 767-2166 ADDRESS: DATE:

Portable -

SIGNATURE OF APPLICANT

Brian Benoit Grinnell

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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

CEO DISTRICT

PHONE:

Form##.

ELECTRICAL PERMITCity of Portland, Me.

To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a perro't to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical code and the following energitical and



National Electrical code and the following specification: Date 04 June 1996 22 Bramhall LOCATION: Permi # 15600 MMC Ground Floor LL Bean Wing ADDRESS ÓWNER _ Rooms G004A-6 TOTAL EACH FEE OUTLETS Receptacles Switches Smoke Detector .20 FIXTURES (number of) incandescent fluorescent .20 fluorescent strip .20 SERVICES Overhead TTL AMPSTO 800 15.00 Underground 800 15.00 TEMPORARY SERV Overhead AMPS OVER 003 25.00 METERS Underground 800 25.00 (number of) 1.00 MOTORS-(number of) 2.00 RESID/COM Electric units 1.00 HEATING ol/gas units 5.00 APPLIANCES -Cook Tops Wall Ovens 2.00 ir heaters Fans Dryers 2.00 Disposals Dis vasher Compactors Others (denote) 2.00 MISC. (number of) Air Cond/win 3.00 Air Cond/cent 0.00 Signs 5.00 Pools 10.00 Alarms/res 5.00 Alarms/com 15.00 Heavy Duty 2.00 Outlets Circus/Camv 25.00 Alterations 5.00 Fire Repairs 15.00 E Lights 1.00 E Generators 20.00 Panels 4.00 TRANSFORMER 0-25 Kva 5.00 25-200 Kva 8.00 Over 200 Kva 10.00 TOTAL AMOUNT DUE MINIMUM FEE/COMMERCIAL 35.00 25.00 INSPECTION: Will be ready _ Ready or wil call CONTRACTORS NAME Moreau Electric John Tew ADDRESS. XXX 711 Lisbon St Lewiston, ME TELEPHONE 782-4600 MASTER LICENSE No. SIGNATURE OF CONTRACTOR LIMITED LICENSE No.

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ELECTRICAL PERMITCity of Portland, Me.



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 City of Portland Electrical Ordinance, National Electrical code and the following specification:

Date 21 February 1996
Permit # 16185

åll St						
dical Center	ADDRESS _			TOTAL	EACH F	:FF
rea Renovations					LAGITT	
Receptacles	Switches			556	.20	111.20
(number of)	Omtorios			220		
incandescent	fluorescent			400	.20	87.00
fluorescent strip	Hadroscom			400	.20	07.00
naoresoem surp		+				
Overhead		TTL AMPS TO	800		15.00	
Underground			800		15.00	
0.120.9.03.12						
Overhead		AMPS OVER	800		25.00	
Underground			800		25.00	
(number of)					1.00	
(number of)				26	2.00	52.00
Electric units		<u> </u>			1.00	
oil/gas units					5.00	
Ranges	Cook Tops	Wall Ovens			2.00	
Water heaters	Fans	Dryers			2.00	
Dishwasher	Compactors	Others (denote)			2.00	
Air Cond/win					3.00	
Air Cond/cent					10.00	
Signs					5.00	
Pools					10.00	
Alarms/res					5.00	
Alarms/com				1	15.00	15.00
Heavy Duty					2.00	
Outlets						
Circus/Carny					25.00	
Alterations				1	5.00	5.00
Fire Repairs					15.00	
E Lights			<u></u>	1	1.00	
E Generators					20 00	
Panels				8	4.00	32.00
0-25 Kva					5.00	<u> </u>
25-200 Kva				4	8.00	32.00
Over 200 Kva				<u> </u>	10.00	<u> </u>
		TOTAL AMOUN				
		MINIMUM FEE		25.0	J	327.20
Will be ready EBS, Inc. 772-3706		or will call			J	327.2
					70 0	
16185						
		16185	SIGNATURE O	16185 SIGNATURE OF COI	16185 SIGNATURE OF CONTRAC	16185 SIGNATURE OF CONTRACTOR

INSPECTIONS: PROGRESS INS	Service called in	96 by 813 24 Fin		1 1 1 1 1 1 1 1	Permit Number
DATE:	REMARKS:				•
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City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No; Phone: Location of Construction: Maine Medical Center 22 Bramhail St BusinessName: Phone: Leasee/Buyer's Name. Owner Address: 04102 Ptld ME Permit Issued: 22 Bramhall St Address: Contractor Name: >ヒP | 0 |996 359- Jay ME 04239 Precision fanks Inc Box PERMIT FEE: Proposed Use: Past 1 .c. \$ 45 \$ hospital -FIRE DEPT. Approved INSPECTION: Use Group: □ Denied rem/inst 3 tanks CBL: 11/m Signature: Signature ing Approval: PEDESTRIAN AC IVITIES DISTRICT (P.U.D.) Proposed Project Description: Special Zone or Fleview Approved Action: remove u/g oil tanks - 3 in one site Approved with Conditions: ☐ Shoreland □ Wetland install u/g oil tanks - 3 in one site (total Denied ☐ Flood Zone 75,000 glns) □ Subdivision Signature: Date: ☐ Site Plan maj☐ minor ☐ mm [Date Applied For: Permit Taken By: 9/6/96 L Chase Zoning Appeal □ Variance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 1. □ Conditional Use Building permits do not include plumbing, septic or electrical work. 2. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation 19 Not in District or Landmark Does Not Require Review ☐ Requires Review Action: □ Appoved CERTIFICATION □ Approved with Conditions 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 □ Denied

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 ADDRESS: DATE: PHONE:

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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

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CEO DISTRICT

City of Portland, Maine - Building or Use Permit Application 389 Congress Street. 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: Main Medical Center ocation of Construction BusinessName: 22 Bramhall St Phone: Leasee/Buyer's Nan e: Owner Address. not 25 1996 Phone: Address: 04104 Contractor Name: P.C. Box 1074 COST OF WORK: Keeley Construction 1,520.00 OF PORTL Proposed Use: \$ 300,000.00 Past Use: INSPECTION: Use Gr. up: Type: FIRE DEPT. Approved ☐ Denied Same Hospital Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT OSpecial Zone or Proposed Project Description: Peroved Action: ☐ Shoreland Approved with Conditions. □ Wetland Denied ☐ Fluod Zone Construct Foundation for addition □ Subdivision ☐ Site Plan maj ☐ minor ☐ mm ☐ Date: Signature: Date Applied For: Zoning Appeal 18 October 1996 Permit Taken By: □ Variance Mary Gresik This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous ☐ Conditional Use Building permits do not include plumbing, septic or electrical work. ☐ Interpreration 1. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved 2. □ Denied tion may invalidate a building permit and stop all work.. Historic Preservation ☐ Not in District or Landmark Does Not Require Review Call Keeley Construction 773-8499 This permit is for Foundation only ☐ Requires Review Action: 13 Appoved ☐ Approved with Conditions 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 □ Denied 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 18 October 1996 PHONE: DATE: Stan Fairservice CEO DISTRICT PHONE:

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

	671 772 197	A attitum stiffer in a		Straat 04	1101, Tel: (207) 874	4-8703, FAX: 874-8716
City of Portlar	nd, Maine – Building	or Use Permit Application	389 Congress 3	Phone: 871-2	2/47	Permit No: 961197
Location of Construction 22 Bramha	ction: 11 St - R2	Owner: Maine Medical Leasee/Buyer's Name:	Center Phone:	Business		Permi Issued:
Contractor Name:	1 St- Ptld ME 04101	Address: Box 677 - Auburn ME 04	Phone: 784 COST OF WORK	-6927	PERMIT FEE:	DEC - 6 1996
H E Callah Past Use:	an Const Co	Proposed Use: hospital w	\$330,000 FIRE DEPT. 12	Approved	\$ 1670. INSPECTION: Use Group: Type:	CITY OF PORTLAND
hospita	1	intr rnvtns	1 4	Denied	Signature: ES DISTRICT (P.U.D.)	Zoning Approval: 12/4/9
Proposed Project I		s - R2		A so oroved	with Conditions:	Shoreland Wetland Flood Zone
	interior renovation - k ⁱ	tchen -	Signature:		Date:	☐ Subdivision☐ Site Plan maj ☐ minor ☐ mm ☐
Building F	it application doesn't preclude the	Applicant(s) from meeting applicable States or electrical work.	/ 27 / 96 nate and Federal rules	s. a-		Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied
3. Building F	permits are void it work is not such invalidate a building permit and s	top all work		WITH A	FIMIT ISSUED FOUIREMENTS	Historic Preservation Not-in District or Landmark Does Not Require Review Requires Review Action:
I hereby cert authorized b	ify that I am the owner of record o by the owner to make this applicat for work described in the applicati	CERTIFICATION If the named property, or that the proposed ion as his authorized agent and I agree to on issued, I certify that the code official le hour to enforce the provisions of the code.	I work is authorized le conform to all appli	by the owne cable laws	er of record and that I have of this jurisdiction. In add Il have the authority to ent	beca Denied / /
if a permit I areas covered SIGNATURI	Bujust	on issued, I certify that the code official le hour to enforce the provisions of the company that the code official le hour to enforce the provisions of the code	11/27/9 DATE:	6	PHCNE:	CEO DISTRICT 3
RESPONSI	BLE PERSON IN CHARGE OF Wh	VORK, TITLE te-Permit Desk Green-Assessor's	Canary-D.P.W. Pi	nk-Public	File Ivory Card-Inspec	tor Ti Man

ity of Portland, Maine - Building	- 1. A. 2: - Alon	290 Congress S	Street, 04101, Tel: (207) 87	4-8703, FAX: 874-8716
ity of Portland, Maine – Building	or Use Permit Application		Phone:	Permit N9 70105
cation of Construction: 22 Bramhall St (Be.	Owner: an Wing) Maine Medical Lessee/Buyer's Name	Center Phone:	BusinessName:	Permit No 7 0 1 0 5 PERMIT ISSUED Permit Issued: FEB 1 0 1997 CITY OF PCRTLAND
vnër Address:	Address:	Phone:		Permit Issued: FEB 0 997
niractor Name: H.E. Callahan	Box 677 Auburn, ME Propo ed Use:	COST OF WORK		TED TO SOOT
st Use:	Propo. ed Osc.	\$ 26,175.00 FIRE DEPT. Z	INSPECTION:	CITY OF PORTLAND
Hospital	t ame		Denied Use Group: 121 ypc. 11. Oct. 96 Signature: Helkel	Zone: CBL: Zoning Approval. CK
roposed Project Description: Make Interior Renovations	Bean Wing/2nd floor	PEDESTRIAN A Action:	Approved Approved with Conditions:	Special Lone or Reviews: Shoreland Wetland Flood Zone
		Signature:	Date:	☐ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐
Permit Taken By: Mary Gresik		February 1997		Zoning Appeal Variance Miscellaneous
 This permit application does not preclude the Building permits do not include plumbing. Building permits are void if work is not start tion may invalidate a building permit and s 	ed within six (6) months of the date of iss	suance. False informa		☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
O ED. w.	Tissued Uiremente	PF WTW∵	ENGINE MENTE HULL HISLI	Historic Preservation Not in District or Landmark Does Not Require Review Requires Review Action:
I hereby certify that I am the owner of record of authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable.	CERTIFICATION The named property, or that the proposed on as his authorized agent and I agree to a sissued, I certify that the code official hour to enforce the provisions of the company to the code of the code.		ach permit	een ion, rall Date:
	Boyington ADDRESS:		PHONE:	CEO DISTRICT
RESPONSIBLE PERSON IN CITATOR OF THE	_{B-Pe} mit Desk Green-Assessor's C	anary-D.P.W. Pink	-Public File Ivory Card-Inspecto	MB. Munson.
of a seculiar contribute			•	· · · · · · · · · · · · · · · · · · ·

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

Location of Construction:	Owner:		Phone:	Permit No:
22 Bramhall St	Maine Medi	ical Center	1 1	970165
Owner Address:	Lessee/Buyer's Name:	Phone:	Bus nessName:	910103
		Microuri -	\$3124	Permit Issuedy ICCLIED
Contractor Name: McCathy Bro	Addless: 1341 North cockin	Phone	773-8499	Permit lesued TISSUED
***************************************		COST OF WOR	70.7	
Past Use:	Proposed Use:	\$ 1,132,000		t MAR - 4 1997
		FIRE DEPT. IZ-		
Hospital	Same		Denied Use Group: Type:	OUTVOIC PORTLANT
		1	140	BURITARIA
		Signature:	Signature:	Zoning Approval: /- /a 7
Proposed Project Description.			CTIVITIES DISTRICT (P.A.D.)	0 0000
Structural Steel Phase o	of Addition (Phase II)		rippieres	Special Zone or Reviews:
Structural Steel Phase of	Addition (.nase ii)		· · · · · · · · · · · · · · · · · · ·	□ □ Shoreland □ □ □ Wetland
the sake a consistent such a section of	alled STAN, STEEL	00441	Deliled	☐Flood Zone
177578 1		Signature:	Date:	□Subdivision
Delita Tilan Para	Date Applied For:			□ Site Plan maj □minor □mm □
Permit Taken By: Mary Gresik	Duite rippinen i sir	18 February 1997	7	Zoning Appeal
		his State and Federal rules		Wariance on height.
	ude the Applicant(s) from meeting applica	ible State and redetal fulcs.		☐ Miscellaneous O
Building permits do not include plum	bing, septic or electrical work.			☐ Conditional Use☐ Interpretation
3. Building permits are void if work is no	ot started within six (6) months of the date	of issuance. False informa-	Un An	MApproved 6/20/96
tion may invalidate a building permit	and stop all work		The State	□Denied
			WATERANT ASSUED	
Phase I - Foundation			Wis Win	Historic Preservation Not in District or L. ndmark
	4	. &s.	CALO .	Does Not Require Review
	, and the second se	Mr. CA.	N. T.	☐ Requires Review
		VITA SECULARION	, (
		· Olypisol		Action:
	OPPER LATIO			□Appoved
Thereby certify that I am the owner of reco	CERTIFICATIO	need work is authorized (2)	the owner of record and that I have be	een Approved with Conditions
authorized by the owner to make this app	itestion as his authorized agent and I age	ee to conform to all applicat	ole laws of this jurisdiction. In additi	ion, Denied
authorized by the Swher to make this appli a perir it for work described in the appli	cation is issued. I certify that he code off	iciai's authorized representa	ative shall have the authority to enter	all nate: 2/18/97
areas covered by such permit at any reason	onable hour to enferce the provisions of the	he code(s) applicable to suc	h permit	- S-1-0-1-1-
				1
lle in	James	18 Febr	uary 1997	Kandure lall
SIGNATURE OF APPLICANT Stanle	y Fairsaruica ADDRESS:	DATE:	PHONE:	- 1 00 0000 0 10
MMC	y railselvice			
	THE PLANTS		PHONE:	CEO DISTRICT
RESPONSIBLE PERSON IN CHARGE C				
V	Nhite-Permit Desk Green-Assessor's	s Canary-D.P.W. Pink-F	Public File Ivory Card-Inspector	1 1/4: 50
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	in the second		Act where in a second of the	- AMERICA
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City of Portland, Maine - Building	g or Use Permit Application	389 Congress :	Street, 04	4101, Tel: (207) 87	4-8/03, FAX: 8/4-8/10
Location of Construction:		Phone:		Permit No:	
22 Bramhall St/	Maine Medical Center				970180.
Owner Address:	Lessee/Buyer's Name:	Phone:	Businessi	Name:	The same of the sa
					Perfit saved SSUED
Contractor Name:	Address:	Phone:		01 11 1	1 11000
McCarthy Bros.	1341 No. Rockhill Rd., St.1 Proposed Use:	ouis MO 68124	871-45	04 (job site, PERMIT FEE:	
Past Use:	Proposed Use:	1 .			MAR - 7 1997
	d	\$1,973,000.00		\$9,885.00 INSPECTION:	1 1
77 <i></i> 4		FIRE DEPT.		Use Group: Z=2 Type: 1-1	CITY OF PORTLAND
Hospital	Same				Vone: 1 CBC:
	1	Signature. 4		Signature: July	К → 054-Н
Proposed Project Description:		DIGITALIA. PV		S DISTRICT (A.A.D.)	Zoning Approval: - See previous
	i i	Approved	, 2.2.1 ,	Special Zone of Reviews:	
Exterior Envelope - Phase III		. A	Approved w	ith Conditions:	Dishoreland Approves
			Denied		□ Wetland
(masonry, glass, glazing, roo					Ti Flood Zone 2/5/97
Plans previously submitted		Signature:		Date:	☐ Subdivision /// ☐ Site Plan maj ☐minor ☐mm ☐
Permit Taken By:	Date Applied For:				Hone rian maj Limnor Limii Li
Vicki Dover	2/28/97				Zoning Appeal
This permit application does not preclude the	Applicant(s) from meeting applicable St	ate and Federal rules.			□Variance
The state of the s					☐ Miscellaneous
2. Puilding permits do not include plumbing, se		=	•		☐ Conditional Use ☐ Interpretation
3. Building permits are void if work is not starte	d within six (6) months of the date of issu	iance. False informa-	1		☐ Approved
tion may invalidate a building permit and sto	p all work	1	Salar Salar		□ Denied
			Range VI	ATT ISSUED)	15.4
		-		4.10	Historic Preservation ENet in District or Landmark
			ASSESSED OF STREET	1257	Does Not Require Review
			**	てのかってのファ	☐ Requires Review
				160	
					Action:
	CERTIFICATION			***	□Appoved
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I hereby certify that I am the owner of record of the authorized by the owner to make this application	e named property, or that the proposed was his authorized agent and I have to ac-	ore is aunicitized by III inform to all applicable	c laws of th	is jurisdiction. In addition	
authorized by the owner to make this application if a permit for work described in the application is	as his authorized agent and I agree to CC s issued. I certify that the code official's	authorized representar	ive shall have	ve the authority to enter al	7/12/91/
areas covered by such permit at any reasonable h	our to enforce the provisions of the cade	e(s) applicable to such	permit		Date:
areas covered by such permit at any reasonable in	TO COFFE MILE PROVIDENCE OF THE BOOK		-		
11 , 1		0 10 0 1c =		871-6346	1 7 / Ma. 6
Harly Thumas	arvice ADDRESS:	2/28/97 DATE:		PHONE:	- 1) Anghows
SIGNATURE OF APPLICANTStanley Fairs	ervice ADDALSS.	20°2 3.3 240°		_ 	
MMC					_ #!
RESPONSIBLE PERSON IN CHARGE OF WOR	RK, TITLE			PHONE:	CEO DISTRICT
		ant_D DW Dink D.	iblic File	Ivory Card-Inspector	Marie
White-P	ermit Desk Green-Assessor's Can	ary-piriti riik-Fl	1 110	auta mapadai	11-111111301
NAME OF THE PROPERTY OF THE PR	as vo. no naples	· di memerifica que s	-C - 1775-1	n)	

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City of Portland, Maine - Buildin	g or Use Permit Application	389 Congr	ress Street, (041 <mark>01, Tel:</mark> (207) 87	4-8703, FAX: 874-8716 Permit No: 9 7 0 2 0 7
Location of Construction: Owner:			Phone:	Permit No: 9 7 () 2 0 7	
22 Bramhall Street	Maine Med Center				
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	sName:	PERMIT ISSUED Permit Issued: MAR 4 1997
Contractor Name:	Address: Phone:				Permit Issued:
H.E. Callahan Construction	P.O. Box 677, Auburn 0421	0	784-6927		MAR 4 1997
Past Use:	Propose 1 Use:	COST OF WORK: PERMIT FEE:		j	
			\$10,000.00 \$70.00		CITY OF PORTLAND
Medical Facility	Interior reno to MGB	FIRE DEPT	. Approved	INSPECTION:	TOTT OF TOWERIND
	(basement area)		Denied	Use Group 7-2 Type: B	7
			11.ms	BOCA 961 11	Zone: CBL:
Proposed Project Description:		Signature:	NA CELVIEU	Signature: K-1720.	Zoning Approvals 7/ Na
- 1 op was 1 1 of or 2 or 1 brown		Action:		S DISTRICT (PA.D.)	al 3/1/11
Interview word to MCD becomes as	Action:	Approved	Special Zone or Reviews! /		
Interior reno to MGB basement as per plans Approx Denied				vith Conditions:	☐ Shoreland ☐ Wetland
			Domea		☐ Flood Zone
		Signature:		Date:	☐ Subdivision
Permit Taken By:	Date Applied For:				☐ Site Plan maj ☐minor ☐mm ☐
Vicki Dover	3/12/97		Tarlan Avena		
1 This are it and in deep not made the	Zoning Appeal				
1. This permit application does not preclude the		ate and rederat r	uies.		☐ Miscellaneous
2. Building permits do not include plumbing, se	eptic or electrical work.				☐ Conditional Use
3. Building permits are void if work is not starte	☐ Interpretation				
tion may invalidate a building permit and sto	□ Approved				
					□ Denied
			Dr.		Historic Preservation ☐Not in District or Landmark
	WITH THE RIVER OF THE PARTY OF				
Mail to contractor	Mail to contractor Mail to contractor Mail to contractor				☐ Boes Not Require Review ☐ Requires Review
O'REMEN.					
				STALE.	Action:
•	□Appoved				
I hereby certify that I am the owner of record of th	☐ Approved with Conditions				
authorized by the owner to make this application	□ Denied /				
if a permit for work described in the application is					Day 7/12/97
areas covered by such permit at any reasonable h	our to enforce the provisions of the code	(s) applicable to	such permit	•	
d/ mo			-		Date.
Working & Wayne		2/12/07			12 / 4 5
SIGNATURE OF APPLICANT	ADDRESS:	3/12/97 DATE:		PHONE:	1 n. Hulmus !
Rod Boxington					
n. E. Callana					
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					CEO DISTRICT 3
Mhita_D	CEO DISTRICT 3				
441116-1-4	ermit Desk Green-Assessor's Cana	ary-waratta PM	R-FUNNS FILS	ism's card-mohacing	T. Musson

Department of Human Solvices Division of Health Engineering (207) 289-3826 FORTLAND tamhall FEE Name WATHOREST WOWNERS NAME TO A Mailing Address of Owner/Applicant (If Different) Caution Inspection Required Owner/Applicant State *ent owers PERMIT INFORMATION Plumbing To Be Installed By Type Of Structure To Be Served. This Application is for 1 3 MASTER PLUMBER 1 C SINGLE FAMILY DWELLING 1 D NEW PLUMBING 2 DUIL BURNERMAN 2 1 MOLULAR OR MOFILE HAME 3 I MFG D HOUSING DEALER / MECHANIC 2 B RELOCATED PLUMBING 1 MULTIPLE FAMILY DWELLING) PUBLIC UTILITY EMPLOYEE OTHER -- SPECIFY ____ 5 LI PPOPERTY OWNER LICENSE # CALLICICAL Hook-Up & Piping Retocation Maximum of 1 Hook-Up Type of Fixtur Type of Fixture Bathtub (and Shower) Husebibb / Sillceck HCUK-UP. to public sewer in those cases where the connection is not regulated and inspected by the rocal Sanitary District. Shower (Separate) Floor Drain Sink Urinal OR Wash Basin ¬king Fountain HOOK-UP, to an existing subsurface wastewater disposal system Water Closet (Toilet) Indirect Waste PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures Clothes Washer Water Treatment Softener, Filter, etc Dish Washer Graase / Oil Separato Number of Hock-Ups & Relocations Garhage Dispusal Dental Cuspidor Hook-Up & Relocation Fee _aundry Tub Bidet OR Water Healer Other TRANSFER FEE Fixtures (Subfotal) Column 1 Fixtures (Subtotal) Columa 2 [\$6 00] Fixtures (Subtotal) Column 2 Jotal Fixtures SEE PERMIT FEE SCYEDULE Fixture Fee FOR CALCULATING FEE Transfer Fee Hook-Up & Relocation Feet

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Page 1 of 1 HHE 211 Rev 193