



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall Street

Date of Issue June 19, 1985

Issued to

Maine Medical Center

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

Second floor- Bear Building - Labor & delivery room

Limiting Conditions:

The bypass corridor on the 1st and 2nd floors to be completed in 30 days.

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building and 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.

B.O.C.A. USE GROUP
 B.O.C.A. TYPE OF CONSTRUCTION 00971
 ZONING LOCATION PORTLAND, MAINE Sept. 21, 1983
 CITY of PORTLAND

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

LOCATION 22 Bramhall Street
 1. Owner's name and address Maine Medical Center - same
 2. Lessee's name and address Vermont Heating & Ventilating Co., Inc.
 3. Contractor's name and address 885 Congress St.
 Proposed use of building hospital
 Last use
 Material
 Other buildings on same lot
 Estimated contractual cost \$ 874,000
 FIELD INSPECTOR—Mr. @ 775-5451
 Fire District #1 #2
 Telephone
 Telephone 772-6251
 Telephone 772-4684
 No. of sheets
 No. of families
 No. of families
 P.O. Box 2069
 Burlington, Vt. 05401
 Style of roof 802-658-0500
 Appeal Fees \$
 Base Fee 4,380.00
 Late Fee
 TOTAL \$ 4,380.00

To install complete duct work in new addition of hospital plans are in office on file.

Stamp of Special Conditions

send permit to # 3 04101

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? NO Is any electrical work involved in this work? NO
 Is connection to be made to public sewer? If not, what is proposed for sewage?
 Has septic tank notice been sent? Form notice sent?
 Height average grade to top of plate Height average grade to highest point of roof
 Size, front depth No. stories solid or filled land? earth or rock?
 Material of foundation Thickness, top bottom cellar
 Kind of roof Rise per foot Roof covering Kind of heat fuel
 No. of chimneys Material of chimneys of lining Corner posts Sills
 Framing Lumber—Kind Dressed or full size? Size Max. on centers
 Joists and rafters Columns under girders O. C. Bridging in every floor and flat roof span over 8 feet.
 On centers: 1st floor 2nd 3rd roof
 Maximum span: 1st floor 2nd 3rd roof
 If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

MISCELLANEOUS

Will work require disturbing of any tree on a public street? NO
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? YES.

APPROVALS BY: DATE
 BUILDING INSPECTION—PLAN EXAMINER
 ZONING:
 BUILDING CODE:
 Fire Dept.:
 Health Dept.:
 Others:

Signature of Applicant Garry A. Potvin
 Type Name of above Heating & Ventilating Co., Inc.
 Phone # 802-658-0500

 City and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

5 M.A. L. O. A. Y

is a great deal of work to be done
1-21-85 (Basement) a sub program
of the group, the last hour
of the group of the group. The
work done by the group has
been completed.

2-11-85 I went through the
Special Case 2 on the group.
I met with the Electrical Inspector, Plumbers
inspecting the fire inspection. The report was
a copy of the electrical work is completed
within 2 days.

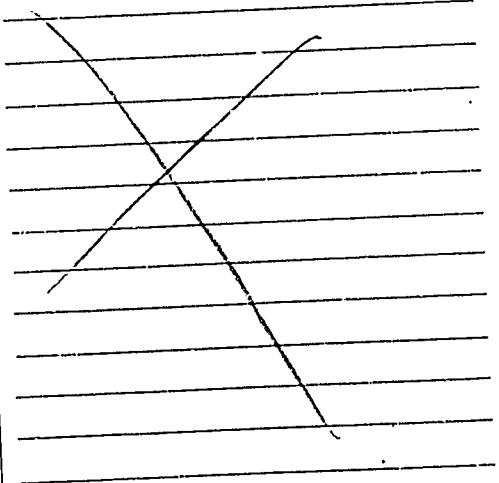
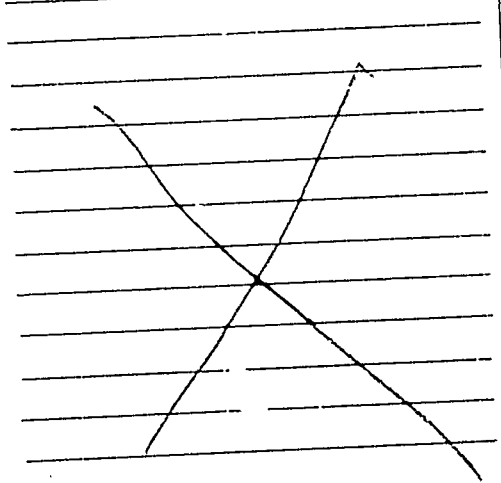
2-15 Sending a Certificate of Occupancy
for the Special Case unit. Some of the work

2-19-85 Certificate of Occupancy issued
the second floor of the new wing of
the Bean Building. The new wing of
the remainder of the bypass work is
to be completed on 30th.

2-27-86 Certificate of Occupancy issued
for the Main General
Psychiatric Annex.

4-9-86 Certificate of Occupancy issued
Main General Ward
Occupational Therapy
Ward for S. H. H.

83/971
2/1/85
2/1/85
9-21-83
9-22-83
Check work on 2/1/85





MAINE MEDICAL CENTER • PORTLAND, MAINE 04102

August 3, 1983

Mr. P. S. Hoffses
Director
Building and Inspection Services
City of Portland
City Hall
389 Congress Street
Portland, Maine 04101

Dear Mr. Hoffses:

As part of our building permit application for the Charles A. Dana Health Education Center, which is an addition to be built atop the Center's Diagnostic Facility, you will find, under separate cover, final plans and specifications. A check in the amount of \$8,010, which represents the estimated construction cost of this project, is enclosed.

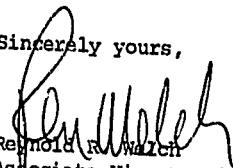
This project received site plan approval from the City of Portland Planning Board, and, of course, the Center has received a Certificate of Need from the Commissioner of the Department of Human Services.

The architects for this project are Shepley, Bulfinch, Richardson and Abbott of Boston, and the project will be done under construction management by McBro of St. Louis. Both of these firms are involved with us in our Phase I Project which is going extremely well.

Although the south elevation, as seen on A5, indicates the correct size and format of the letters that will identify our building, we have not settled on the location of that lettering on the building.

I am sure you will contact me if you have any questions or if you require additional information.

Sincerely yours,


Reymold F. Walsh
Associate Vice President

RRW:JR

cc: Mr. McDowell

Enclosure

An Equal Opportunity Employer



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

August 25, 1983

Mr. Ren Welch
Maine Medical Center
22 Bramhall Street
Portland, ME 04102

RE: Education Facility

Dear Sir:

Your application to construct an education facility at 22 Bramhall Street, Portland, Maine, has been reviewed, and a building permit is herewith issued subject to the following requirements.

Site Plan Review

Inspection Services:	8/4/83	None	M.W.
Public Works Department:	2/1/83	None	W.G.
Fire Department:	2/28/83	None	J.C.
Planning Division:	2/23/83	As approved by Portland Planning Board 2/22/83	R.K.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

PSH/kat



CITY OF PORTLAND

JOSEPH E. McDONOUGH
FIRE CHIEF

February 28, 1983

Mr. Reynold Welch
Maine Medical Center
22 Bramhall Street
Portland, Maine 04102

Re: Alarm requirements for Maine Medical Center renovations

Dear Mr. Welch:

Item #4 of the permit letter dated 11-17-82 is hereby deleted with the following to be added as part of the conditions for construction and occupancy:

All areas listed under Section 13-3.2.1 of the 1981 Life Safety Code shall be protected with smoke detection, and all corridors and hallways shall be protected with rate of rise heat detection installed in accordance with NFPA 72E.

Smoke detectors shall be required on each side of smoke doors, and within 15' of any elevator opening.

In addition, a complete manual fire alarm system shall be installed with pull stations at each exit on each floor and sounding devices placed throughout as needed.

The sprinkler system shall be electrically connected to the alarm system by the use of flow switches or their equivalent.

I trust this will clarify any misunderstandings regarding this item.

Respectfully,

Lt. James P. Collins
Fire Prevention Bureau

JPC/jmr

cc: Fire Marshall
Building Insp.
File

October 5, 1982

Mr. Joseph Beaulieu
Principal Engineer
City of Portland
Department of Parks and Public Works
389 Congress Street
Portland, Maine 04101

Dear Joe:

Thank you very much for meeting with me on Friday around the matter of storm drain discharge flow rates on the Maine Medical Center site. You were a very real help to me, and I came away extremely pleased to know that we have now satisfied the last of the City's concerns with respect to formal site plan approval.

It was clear from our discussion that your primary concern is that we meet the five cubic feet per second requirement and how our engineers design that is not a concern to you. With that in mind, I have asked our consulting engineers to review the proposed solution, and it is possible that we may, in fact, find that another alternative will suffice. In any event, I will confirm that with you as time goes by. You will discover, by copy of a letter that I have sent to Mr. Witherill at the DEP, that we have submitted the same plan that we have provided to the City which demonstrates that at least we have a solution and while we may review the solution, we will absolutely not exceed the required flow rate.

Lastly and with respect to the question you raised in your letter of September 16 to Bill Johnston at TCI regarding cleaning of silt and debris in the system, Maine Medical Center would assume that responsibility since it is on our property.

Again, thank you very much for your assistance.

Sincerely yours,

Raymond R. Welch
Associate Vice President

RHW:JR

cc: Mr. McDowell
Mr. Hollidge

October 4, 1982

Mr. Donald Witherill
Division of Licensing and Review
Bureau of Land Quality Control
Department of Environmental Protection
State House Station 17
Augusta, Maine 04333

Re: MMC Building and Parking Expansion #69-7981-05170

Dear Mr. Witherill:

Maine Medical Center has provided a plan to the City of Portland which meets the City's requirements for storm water delivery rate at not to exceed five cubic feet per second from the discharge point in question. We have now satisfied all City of Portland site plan requirements and are prepared to move on to the formal phase of seeking a foundations permit followed by a building permit.

I have enclosed a copy of the calculations supporting the drainage proposal which the City has accepted.

Sincerely yours,

Reynold R. Welch
Associate Vice President

RBN:JR

cc: J. Beaulieu, Principal Engineer, City of Portland
D. McDowell

Enclosure

TCI

THOMPSON CONSULTANTS, INC. - MARION, MASSACHUSETTS 02738

BY LAF DATE 7/25

SUBJECT STORM RUNOFF

SHEET NO. 1 OF 2

CHKD. BY _____ DATE _____

M.M.C. PORTLAND

JOB NO. 87-103

LEFT. SOUTH

BLDG = 47588 ϕ I = 2.4" C = .95
Q = CIA

47588 x .00002296 = 1.09 ACRES

Q = .95 x 2.4 x 1.09A = 2.5 CFS

LAWN = 50495 ϕ C = .30

50495 x .0002296 = 1.16 ACRES

Q = .30 x 2.4 x 1.16 = .84 CFS

PAVEMENT = 26375 ϕ C = .95

26375 x .00002296 = .60 ACRES

Q = .95 x 2.4 x .60 = 1.37 CFS

TOT = 4.71 CFS

ONE IN SAME { EXIST'G
SAME { NEW

DISCHARGE POINT

"A"
"1"





THOMPSON CONSULTANTS, INC. - MARION, MASSACHUSETTS 02738

BY LA DATE 2/24

SUBJECT STOX MRLINOFF

SHEET NO 2 OF 2

JOB NO. 87-103

CHKD BY _____ DATE _____

M.M.C.

NORTH SIDE OF LINE (RECHARD) $Q = CIA$
BLDG = 23077 # $C = .95$ $I = 2.4$
 $23017 \# \times .00002296 = .53$ ACRES

$$Q = .95 \times 2.4 \times .53 A = 1.21 \text{ CFS}$$

LAWN = 20757 # $C = .30$

$$20757 \# \times .00002296 = .47 \text{ ACRES}$$

$$Q = .30 \times 2.4 \times .47 = .34 \text{ CFS}$$

PAVEMENT = 65298 # $C = .95$

$$65298 \# \times .00002296 = 1.49 \text{ ACRES}$$

$$Q = .95 \times 2.4 \times 1.49 = 3.40 \text{ CFS}$$

$$\text{TOT} = 4.95 \text{ CFS}$$

WE IN
SAME

EXIST
NEW

DISCHARGE POINT "B"

"2"

$$\text{TOT OF LEFT AND RIGHT SIDES} = 9.66 \text{ CFS}$$

TCI

THOMPSON CONSULTANTS, INC. - MARION, MASSACHUSETTS 02738

BY LAF DATE 3/22
CHKD. BY _____ DATE _____

SUBJECT STORM RUNOFF
M.M.C. RUNOFF

SHEET NO. 1 OF 2
JOB NO. 97-103

$$Q = CIA$$

A = AREA TO BE DRAINED IN ACRES

C = COEFFICIENT OF RUNOFF

I = RAIN FALL INTENSITY

$$(\text{SQ. FT} \times .00002296 = \text{ACRES})$$

EXIST. COND.

$$Q = CIA \quad I = 2.4" \quad C = .30$$

$$\text{LAWN} = 81603 \text{ sq ft}$$

$$81603 \times .00002296 = 1.87 \text{ ACRES}$$

$$Q = .30 \times 2.4 \text{ "/HR} \times 1.87 \text{ A} = \underline{1.35 \text{ CFS}}$$

$$\text{PAVEMENT} = 91673 \text{ sq ft}$$

$$I = 2.4" \quad C = .95$$

$$91673 \times .00002296 = 2.10 \text{ ACRES}$$

$$Q = .95 \times 2.4 \text{ "/HR} \times 2.10 \text{ A} = \underline{4.79 \text{ CFS}}$$

$$\text{BLDG.} = 71250 \text{ sq ft}$$

$$I = 2.4" \quad C = .95$$

$$71250 \times .00002296 = 1.63$$

$$Q = .95 \times 2.4 \text{ "/HR} \times 1.63 \text{ A} = \underline{3.72 \text{ CFS}}$$

$$\text{TOT} = \underline{9.86 \text{ CFS}}$$



THOMPSON CONSULTANTS, INC. - MARION, MASSACHUSETTS 02738

BY LAF DATE 3/82 SUBJECT STORM RUNOFF SHEET NO 2 OF 2
CHKD. BY M.M.C. DATE PORTLAND JOB NO. 87-103

PROPOSED COND.

$Q = CIA \quad I = 2.4''$

LAWN = 81,027 ϕ $C = .30 \quad I = 2.4''$
 $81,027 \times .00002296 = 1.85 \text{ ACRES}$
 $Q = .30 \times 2.4''/\text{HR} \times 1.85A = 1.33 \text{ CFS}$

PAVEMENT = 42,940 ϕ $I = 2.4 \quad C = .95$
 $42940 \times .00002296 = .98 \text{ ACRES}$
 $Q = .95 \times 2.4''/\text{HR} \times .98 = 2.23 \text{ CFS}$

BLDG = 121,290 ϕ $C = .95$
 $121,290 \times .0000229 = 2.78$
 $Q = .95 \times 2.4''/\text{HR} \times 2.78 = 6.34 \text{ CFS}$

5.61 A

TOT = 9.90 CFS

STORM RUNOFF CALCULATIONS

JOB # 87-103

N.E. SIDE OF PROPERTY - NEW ADDITION, RICHARDS WING
(POINT B/2) & PAVEMENT

TOTAL SQUARE FOOTAGE = 86,838 SF.
FOR ALL AREAS : I = 2.4, C = 0.95

$$86,838 \text{ SF} \times 0.00002296 = 1.994 \text{ ACRES}$$

$$Q = 1.994 \times 0.95 \times 2.4 = \underline{\underline{4.546 \text{ CFS}}}$$

N.W. SIDE OF PROPERTY - NEW ROAD WORK (STARTING AT
(POINT A/1) CB # 1, ALL PAVEMENT BTW. BLDGS. & EXISTING
BLDG ROOF DRAINS (ESB, ETC.)

TOTAL SQUARE FOOTAGE BUILDINGS & PAVEMENT = 95,016 SF.
FOR ALL AREAS : I = 2.4, C = 0.95

$$95,016 \text{ SF} \times 0.00002296 = 2.1816 \text{ ACRES}$$

$$Q = 2.1816 \times 0.95 \times 2.4 = \underline{\underline{4.974 \text{ CFS}}}$$

1. ALL LAWN AREAS, WITHIN THE SCOPE OF WORK, SLOPE AWAY FROM THE SITE, THEREFORE THE STORM RUNOFF ENTERING THE SITE DRAINAGE NETWORK WOULD BE NEGLIGABLE.
2. FOOTING DRAINAGE IS TO PICK UP GROUNDWATER & IS ALSO CONSIDERED NEGLIGABLE.

FOR THE ABOVE TWO REASONS & CONSIDERING THE ABOVE RUNOFF CALCULATIONS IT IS ASSUMED THAT THE SYSTEM AS DESIGNED WILL NOT EXCEED THE 5 CFS LIMIT.



THOMPSON CONSULTANTS, INC. - MARION, MASSACHUSETTS 02738

BY FA/MIAC DATE 8/30

SUBJECT STORM RUNOFF

SHEET NO 1 OF 2

CHKD. BY DATE

JOB NO. 87-103

HIGH INTENSITY STORM

20 MIN CONCENTRATION
INTENSITY = 4.05 "/HR

RATIONAL METHOD

$$Q = CIA$$

$$C = 0.95$$

$$I = 4.05 \text{ "/HR}$$

$$A = 2.18 \text{ ACRES}$$

$$Q = 0.95 (4.05) 2.18 \\ = 8.39 \text{ CFS}$$

SDMH # 3 DURING A HIGH INTENSITY STORM THE
SDMH # 3 WILL BE REQUIRED TO CARRY
A DISCHARGE RATE OF 8.39 CFS

PER REQUIREMENTS OF THE PUBLIC WORKS
DEPARTMENT OF THE CITY OF PORTLAND
THE CITY SYSTEM WILL ONLY TAKE A
DISCHARGE RATE OF 5 CFS,

THEREFORE 3.39 CFS OF DISCHARGE
MUST BE STORED/DIVERTED.

$$3.39 \text{ CFS} \times 448.831 = 1521.54 \text{ GAL/MIN}$$

$$1521.54 \text{ GAL/MIN} (20 \text{ MIN}) = 30,430.8 \text{ GAL}$$



THOMPSON CONSULTANTS, INC. — MARION, MASSACHUSETTS 02738

BY PA/MAC DATE 2/30

SUBJECT STORM RUNOFF

SHEET NO 2 OF 2

JOB NO. 87-103

CHKD. BY. DATE

SOLUTIONS:

1. HOLDING TANK
2. SUMPS W/ PUMP IN MAN HOLES
3. RETENTION POND (ON-SITE)

STORM RUNOFF CALCULATION

15 MINUTE DURATION HIGH INTENSITY STORM

RAINFALL INTENSITY = 4.36 INCHES/HOUR

RATIONAL METHOD: $Q = C I A$

$$C = 0.95$$

$$I = 4.36 \text{ "/hr}$$

$$A = 2.18 \text{ ACRES}$$

$$Q = 0.95 (4.36) (2.18)$$

$$= 9.03 \text{ C.F.S.}$$

DURING A 15 MINUTE HIGH INTENSITY STORM THE SITE IN QUESTION WOULD BE DRAINING 9.03 CFS. HOWEVER THE CITY SYSTEM CANNOT ACCEPT MORE THAN 5 CFS. THEREFORE, 4.03 CFS MUST SOMEHOW BE DETAINED UNTIL SUCH TIME AS THE FLOW IN THE PIPE DROPS BELOW 5 CFS.

	AREA INVOLVED DIMENSIONS	S.F.	AC.	COEF. OF RUNOFF	RAINFALL INTEN.	(CFS) Q	Q (CFS) TOTAL	PIPE REQ'MENTS
A ₁	70x25	1750	0.04	0.95	4.36	0.166	—	PIPE FROM CB 3 4" @ 2% = 2 FPS
A ₂	100x25	2500	0.057	0.95	4.36	0.238	0.404	4" @ CB - MIN. STE. 12" @ 2% = 2 FPS
A ₃	105x25	2625	0.06	0.95	4.36	0.248	0.652	4" @ CB - MIN. STE. 12" @ 2% = 2 FPS
A ₄	120x25	3000	0.069	0.95	4.36	0.285	0.937	4" @ CB - MIN. STE. 12" @ 2% = 2 FPS
SDMH #3 DRAINAGE TO 187C BLDG	100x40	4000	0.092	0.95	4.36	0.38	—	4" RAIN LEADERS
DRAINAGE TO 187C BLDG	60x65	3900	0.089	0.95	4.36	0.37	0.75	4" RAIN LEADERS 8" @ 2% = 2 FPS 12" @ 2% = 2 FPS
TO BE DRAINED CB # 17	4635 SF + 1125 SF	6560	0.151	0.30 (GRASS)	4.36	0.198	0.95	8" @ 2% = 3.2 FPS
TO BE DRAINED CB # 14	4030 SF + 936 SF	4966	0.114	0.30 (GRASS)	4.36	0.150	1.10	10" @ 2% = 2 FPS
TO BE DRAINED CB # 15	—	3250	0.189	0.95	4.36	0.75	1.85	FROM CB 8" @ 1% = 2.1 FPS 10" @ 2% = 3.3 FPS 12" @ 5% = 2.3 FPS
SDMH #3 DRAINAGE TO 187C BLDG	90x100	9000	0.207	0.95	4.36	0.856	—	RAIN LEADERS
DRAINAGE TO 187C BLDG	122x60	7320	0.168	0.95	4.36	0.696	1.55	RAIN LEADERS 10" @ 1% = 3.1 FPS 12" @ 5% = 2.2 FPS
TO BE DRAINED CB # 13	—	5525	0.127	0.30 (GRASS)	4.36	0.166	1.72	10" @ 2% = 3.2 FPS
TO BE DRAINED CB # 12	85x25	2125	0.149	0.30 (GRASS)	4.36	0.064	1.78	12" @ 5% = 2.3 FPS
AREA OF BLDG	—	750	0.017	0.30	4.36	0.025	—	NEGLECTABLE
ON SIDE OF BLDG	140x25	3500	0.08	0.95	4.36	0.33	0.355	TO BE DRAINED 12" @ 2% = 1.8 FPS 12" @ 5% = 2.7 FPS
SDMH #3	—	—	—	—	—	—	2.135	—
TO BE DRAINED CB # 11	55x25	1375	0.032	0.30 (GRASS & GRAVE)	4.36	0.0413	—	NEGLECTABLE
TO BE DRAINED CB # 12	45x20	900	0.02	0.30	4.36	0.027	0.068	4" @ SLOPE # 2% = 0.7 FPS
SDMH #3	—	—	—	—	—	—	—	(4.99) SUBTOTAL
EXISTING AREA DRAINED ON EXIST. BLDG	—	17,125	0.395	0.95 (GRASS)	4.36	1.63	—	RAIN LEADERS
USE ADJACENT EXISTING BLDG	30x80	2400	0.06	0.30	4.36	0.07	1.70	NEGLECTABLE
ADJACENT EXISTING BLDG	—	4600	0.106	0.95	4.36	0.437	2.13	10" @ 2% = 2.8 FPS 12" @ 5% = 2.6 FPS
TOTALS		92,171	2.116			7.127	7.12	

THE PREVIOUS TOTAL OF 7.12 CFS EXCEEDS THE ALLOWABLE LIMIT OF 5 CFS BY 2.12 CFS, WHICH MUST BE STORED PRIOR TO DISCHARGE. THIS AMOUNT IN GALLONS IS:

$$2.12 \times 448.831 = 951.52 \text{ GALLONS/MIN.}$$

FOR A 15 MINUTE INTENSITY STORM:

$$951.52 \text{ GALLONS/MINUTE} \times 15 \text{ MIN.} = 14,272.83 \text{ GAL.}$$

SAY = 15,000 GALLONS

IT IS PROPOSED THAT THIS AMOUNT OF WATER BE RETAINED ON SITE THROUGH THE USE OF A 15,000 GALLON HOLDING TANK SO AS NOT TO EXCEED THE CITY OF PORTLAND'S DISCHARGE LIMIT OF 5 CFS.

TANK DIMENSIONS: 30'-1" x 11'-0" x 9'-2 1/2"

LIQUID LEVEL: 7'-0"

KNOCKOUTS CAN BE PROVIDED AT DESIGNATED INLET & OUTLET ELEVATIONS.

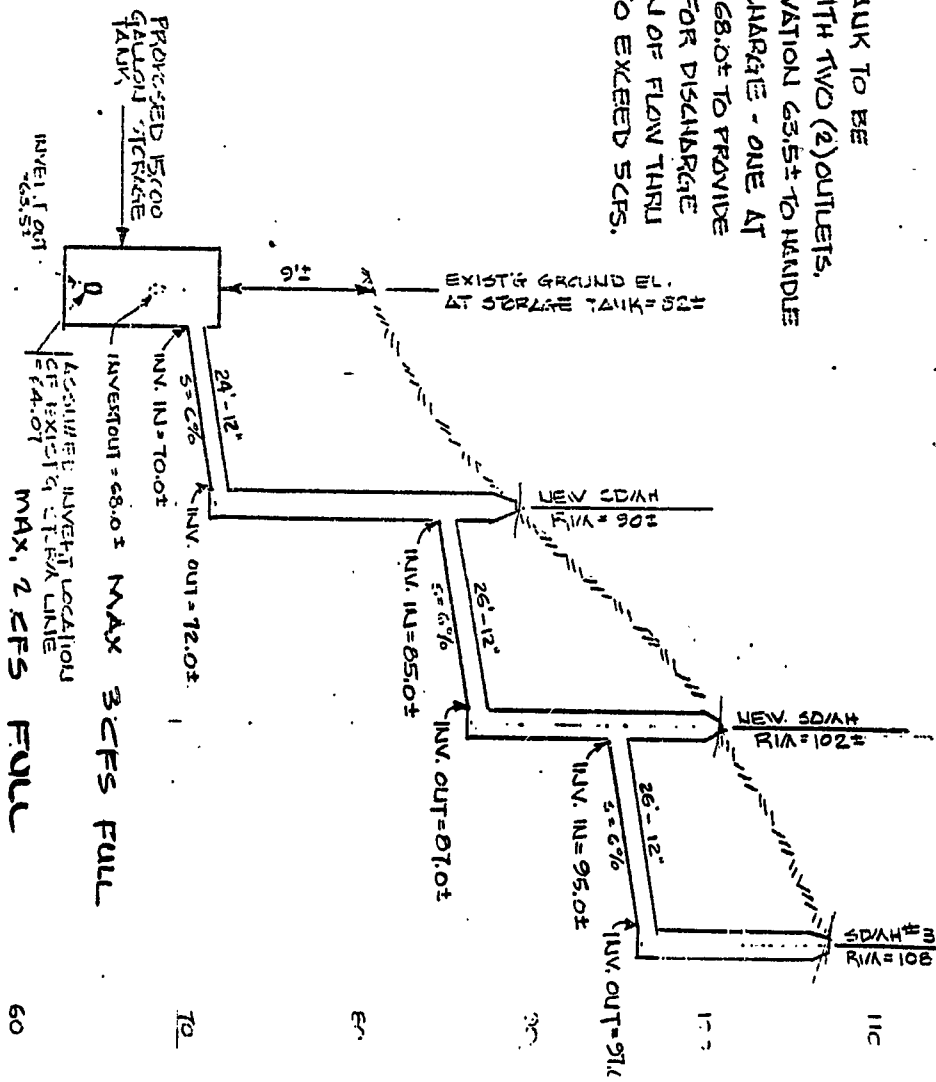
SK/SU-5 A



THOMPSON CONSULTANTS, INC. — MARION, MASSACHUSETTS 02738

BY...A.A.C. DATE 7/7/82 SUBJECT PROFILE OF PROPOSED SHEET NO. 1 OF 1
CHKD. BY... DATE... STORAGE TANK & NEW MAIN LINES JOB NO. 2158

NOTE:
STORAGE TANK TO BE PROVIDED WITH TWO (2) OUTLETS, ONE AT ELEVATION 63.5± TO HANDLE INITIAL DISCHARGE - ONE AT ELEVATION 68.0± TO PROVIDE OVERFLOW FOR DISCHARGE COMBINATION OF FLOW THRU BOTH NOT TO EXCEED 5CFS.



60

70

80

90

100

110



MAINE MEDICAL CENTER • PORTLAND, MAINE 04102

February 1, 1983

Mr. P. Samuel Hoffses
Director of Building Inspection Services
City of Portland
City Hall
389 Congress Street
Portland, Maine 04101

Dear Mr. Hoffses:

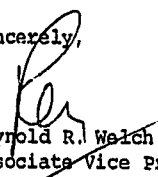
Enclosed is a site plan application which is submitted in support of Maine Medical Center's proposal to construct an education facility on top of the existing New Diagnostic Facility. We understand that a building permit cannot be issued until our final site plan has been reviewed and acted upon favorably by appropriate city departments and the Planning Board.

During our site plan review process for the Center's Phase I Project (for which Planning Board approval was received on April 29, 1982), Mr. McDowell discussed and identified the proposed location for our classroom building. Although the need was supported, the Board of Trustees of Maine Medical Center determined that construction would be supported totally by donated funds and that a separate Certificate of Need would be filed. A Letter of Intent was filed with the Department of Human Services on October 1, 1982, followed by the submittal of a Certificate of Need Application (a copy of which is enclosed) on December 22, 1982.

Four copies of the drawings and documents are attached. We anticipate meeting with the Planning Board on February 8, 1983.

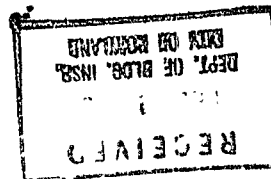
Please contact me if additional information is required.

Sincerely,


Reynold R. Welch
Associate Vice President

Joseph E. Gray
Donald L. McDowell

Enclosures



An Equal Opportunity Employer

SHEPLEY BULFINCH RICHARDSON AND ABBOTT
ARCHITECTS

40 BROAD STREET BOSTON MASSACHUSETTS 02109 617-423-1700

17 January 1983

Maine Medical Center
20 Bramhall Street
Portland, ME 04102

Attn: Mr. Reynold Welch

Re: Code Compliance

Gentlemen:

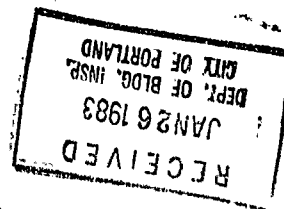
This will confirm that the foundation of the Maine Medical Center new building constructed at 22 Bramhall Street, Portland, Maine, has been designed as per Article 10 of the 1981 BOCA Basic Building Code where applicable and the City of Portland, Maine, amendments to Municipal Code Chapter 301 (Building Code).

Yours very truly,

SHEPLEY BULFINCH RICHARDSON AND ABBOTT

Richard M. Potter

RMP/bab





MAINE MEDICAL CENTER • PORTLAND, MAINE 04102

January 25, 1983

Mr. P. Samuel Hoffses
Director
Building and Inspection Services
City Hall
389 Congress Street
Portland, Maine 04101

Dear Sam:

We have received confirmation from our architects that the conditions associated with the foundation permit for our Phase I Project will be met. I have enclosed a copy of their confirming letter for your information.

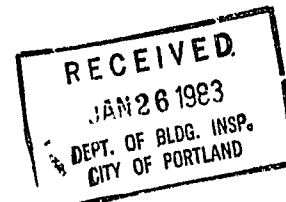
Sincerely yours,


Reynolds R. Welch
Associate Vice President

RRW:JR

cc: Mr. McDowell
Mr. Dyer

Enclosure



An Equal Opportunity Employer

MAINE MEDICAL CENTER

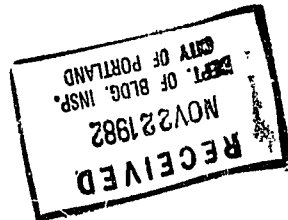


MAINE MEDICAL CENTER • PORTLAND, MAINE 04102

November 19, 1982

Mr. P. Samuel Hoffses
Chief of Inspection Services
City Hall
389 Congress Street
Portland, Maine 04101

Lt. James Collins
Fire Prevention Bureau
City Hall
389 Congress Street
Portland, Maine 04101



Gentlemen:

This letter will convey to you that the Portland Water District, our consulting engineers and our hospital staff have cooperated in identifying an alternative solution to the requirement that Maine Medical Center bring additional fire protection water service to its new site. The site utilities plan, which we filed with our permit applications, shows the replacement of water pipe on Charles Street with 12" line and then some additional pipe onto the site as the means of meeting the water demand.

When the Water District reviewed that original plan, they felt it would be necessary for Maine Medical Center to pay for the upgrading of additional piping around Crescent Street directly in response to the total gallon-per-minute requirements placed on us. Not only had the cost of this solution escalated significantly with the additional work, we were also faced with creating some hazard on Charles Street because of the excavation.

On the basis of Portland Water District flow data, all parties are in agreement that all of the water requirements can be met by coming off the Western Prom, around the service road and tying into the new construction. This will be detailed on a drawing which we will submit to you next week along with the Portland Water District flow data. Lt. Collins will be particularly interested because we can provide 1,500 gallons per minute with this plan, and this plan completes a loop around the facility and assures greater coverage and flexibility with respect to available water and fire safety.

An Equal Opportunity Employer



MAINE MEDICAL CENTER
22 BRAMHALL STREET
PORTLAND, MAINE 04102
TELEPHONE: (207) 871-2404

REYNOLD R. WELCH
Associate Vice President


MAINE MEDICAL CENTER • PORTLAND, MAINE 04102

October 27, 1982

Mr. P. Samuel Hoffses
Chief of Inspection Services
City of Portland
City Hall
389 Congress Street
Portland, Maine 04101

Dear Mr. Hoffses:

Enclosed is our check in the amount of \$15.00 for the site storage and construction trailer permit as requested in your letter of October 25.

Sincerely,

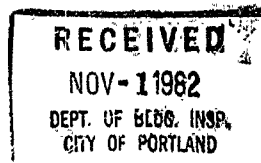
Donald M. Dyer

Donald M. Dyer
Staff Architect

DMD:JR

cc: D. McDowell
R. Welch

Enclosure



An Equal Opportunity Employer



MAINE MEDICAL CENTER • PORTLAND, MAINE 04102

October 22, 1982

Mr. P. S. Hoffses
Chief of Inspection Division
City of Portland
389 Congress Street
Portland, Maine 04101

Dear Mr. Hoffses:

As you know, Maine Medical Center is preparing for construction start, hopefully, November 15 for our Phase I project. We have need for an off site contractor storage and construction trailer area and, as I mentioned to you over the phone last month, we intend to use the vacant lot at Congress and Forest Streets adjacent to the Sportsman's Grille.

As you requested, I am enclosing a sketch showing the contractor's proposed usage of this lot for permit approval. If a fee for this submittal is required, please notify me and I will see that a check is forwarded.

As time is drawing near, your prompt attention to this request would be greatly appreciated.

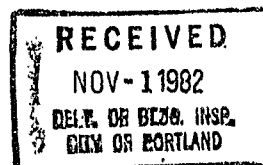
Sincerely,

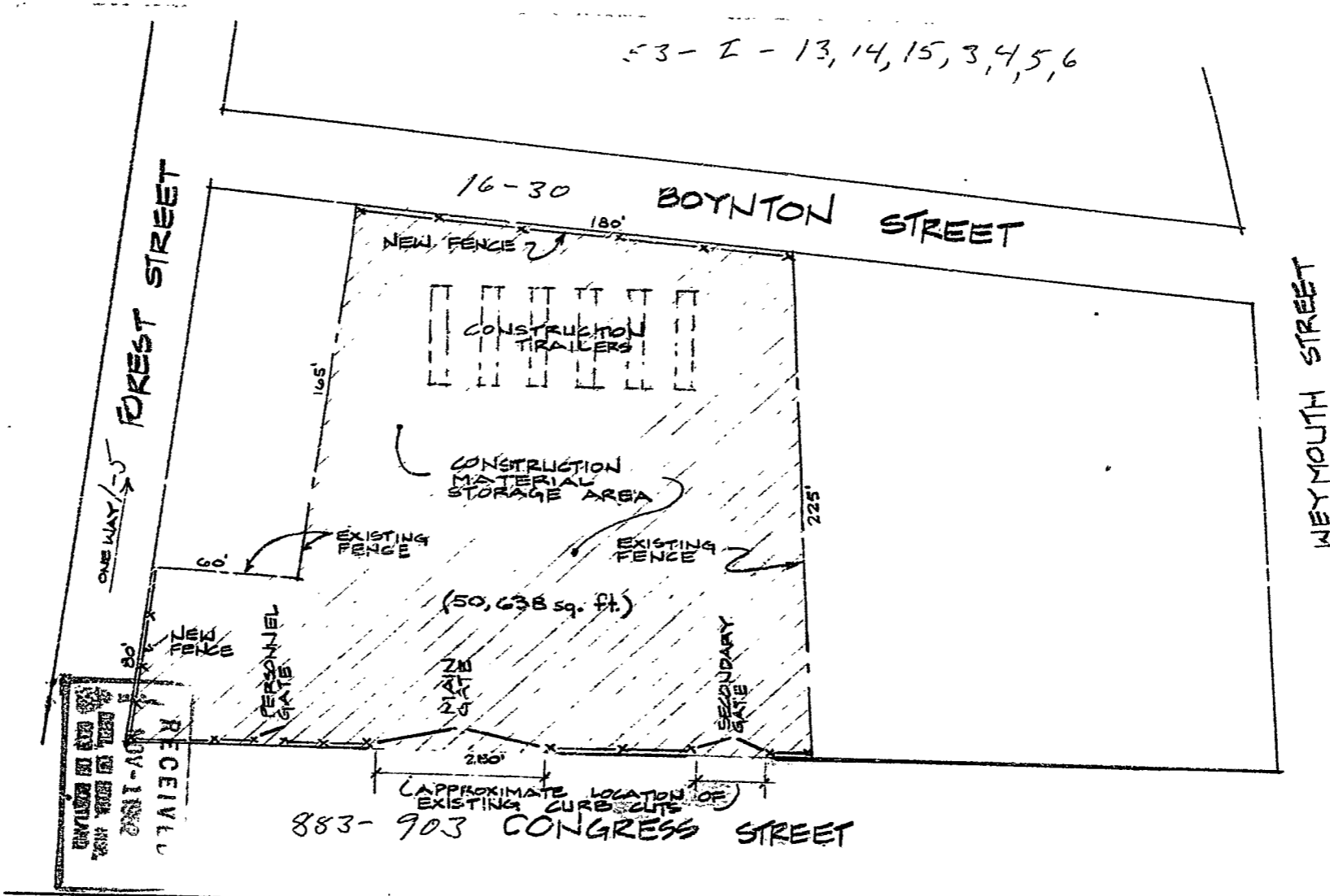
Don Dyer

Don Dyer
Staff Architect

DD:ja
Enclosure

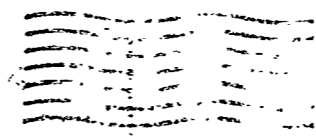
cc: Ren Welch
Don McDowell
Ed Strack





PROPOSED CONTRACTOR STORAGE & TRAILER AREA
 MAINE MEDICAL CENTER - PHASE I
 SCALE 1" = 50'

D. Dyer
MAINE MEDICAL CENTER • PORTLAND, MAINE 04102



Mr. P. S. Hoffses
Chief of Inspection Division
City of Portland
389 Congress Street
Portland, Maine 04101

PLUMBING APPLICATION

22 Bramhall

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

PROPERTY ADDRESS

Town Or Plantation: MAINE MSA CENTER
Portland

Street Subdivision Lot #: Portland 4th

PROPERTY OWNERS NAME

Last: MAINE MSA CENTER
First:

Applicant Name: EVAN C RUSSELL SR

Mailing Address of Owner/Applicant (if different): 95 NEW GLOUCESTER RD
CUMBER ST.

PORTLAND PERMIT # 2,368 TOWN COPY

Date Permit Issued: 6-4-87 FEE \$12.00 Double Fee Charged

Local Plumbing Inspector Signature: [Signature]

L.P.I. #

Owner/Applicant Statement

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

Signature of Owner/Applicant: [Signature] Date: 6-4-87

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: [Signature] Date Approved: JUN 8 1987

PERMIT INFORMATION

This Application is for

1. NEW PLUMBING
2. RELOCATED PLUMBING

Type Of Structure To Be Served:

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

Plumbing To Be Installed By:

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

LICENSE # 02324

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2	Column 1
	Number Type of Fixture	Number Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Hosebibb / Silcock	Bathtub (and Shower)
	Floor Drain	Shower (Separate)
	Urinal	3 Sink
	Drinking Fountain	Wash Basin
	Indirect Waste	Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.	Clothes Washer
	Grease/Oil Separator	Dish Washer
	Dental Cuspidor	Garbage Disposal
	Bidet	Laundry Tub
	Other: _____	Water Heater
Number of Hook-Ups & Relocations		
\$ Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2: 3	Fixtures (Subtotal) Column 1: 3
		Fixtures (Subtotal) Column 2: 3
		Total Fixtures: 3
		Figure Fee: \$12.00
		Hook-Up & Relocation Fee: \$
		Permit Fee (Total): \$

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall Street

Issued to **Maine Medical Center**

Date of Issue **August 17, 1987**

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. **87/1876**, 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

Laundry Room

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

8/17/87 *Merlin Seary*
(Date) Inspector

James P. Bellows, Esq.
[Signature]
Inspector of Buildings

D. P. Russo
EA 2/10

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
Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall Street

Date of Issue April 30, 1987

Issued to Maine Medical Center

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

Limiting Conditions: P 1-A - 1st floor

Pavilion

This certificate supersedes
certificate issued

Approved:

4/30/87 *Marlin Leary*
(Date) Inspector

James P. Collins, Sr.
[Signature]
Inspector of Building

Ed Jones
E. Jones

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
Department of Building Inspection

Certificate of Occupancy

LOCATION

22 Bramhall Street
Date of Issue

April 30, 1987

issued to **Maine Medical Center**

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

1st Floor - R-1

Richards Wing

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

4/30/87 Merlin Leary
(Date) Inspector

Ed Jones
D. Russ

James V. Collins, Esq.
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.

XXXXXXXXXX Feb. 23, 1987

PERMIT # BUILDING PERMIT APPLICATION **Portland** Previous permit #
APPLICANT FILL OUT I - XIII AND DETAILS OF WORK ON REVERSE
Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 22 Bramhall St. - laundry
Owner or lessee's name Maine Med Center Tel. 871-0111
Address same

Contractor's name F. W. Cunningham & Sons Tel. 773-0246
Address P. O. Box 1140 Port 04104

Subcontractors: _____
_____ **PERMIT ISSUED**
_____ **MAR 6 1987**

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
Name _____
Lot _____
Block A 001 City 004
Bk. & pg. Reg./deeds _____
Date recorded _____

III. PROPOSED USE: CODE 323-hospital If other, explain _____ Seasonal _____ Condominium _____ Apartment _____
IV. PAST USE: same
V. OWNERSHIP: PUBLIC (Federal/State/local government) _____ PRIVATE (Individual/corp/nonprofit) _____

VI. DESCRIPTION OF WORK:

To make interior renovations to laundry area of hospital as per plans. 10 sheet of plans. structural changes also.
send permit to #2

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

VIII. EST. CONSTRUCTION COST: 209,500 **IX. GR. SQ. FT. OF LAND:** _____ **BUILDING:** _____

X. RESIDENTIAL BUILDINGS ONLY: (BDR) _____ **BEDROOMS:** _____
NEW DWELLING UNITS WITH: 1 BDRM _____ 2 BDRMS _____ 3 BDRMS _____
EXISTING DWELLING UNITS WITH: _____
XI. RESIDENTIAL UNITS: _____
NEW DWELLINGS _____
EXISTING DWELLINGS _____
NET RESIDENTIAL UNITS _____

XII. SIGNATURE OF APPLICANT: _____ **DATE:** _____
DO NOT WRITE BELOW THIS LINE

XIII. ZONING:
DISTRICT _____ STREET FRONTAGE _____
SETBACKS: front _____ back _____ side _____ side _____
ZONING BOARD APPROVAL: no yes (date) _____
PLANNING BOARD APPROVAL: no yes (date) _____

XIV. OFFICE USE:
TAX MAP _____
LOT _____
VALUE/STRUCTURE _____
PERMIT EXPIRATION _____

XV. CONDITIONAL USE: variance _____ site plan _____ subdivision _____ shore and floodpl. _____
special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO): _____ **DATE:** _____

XVII. FEES:
base fee _____
subdivision fee _____
site plan review fee _____
other fees _____
late fee _____
TOTAL 1,025.00

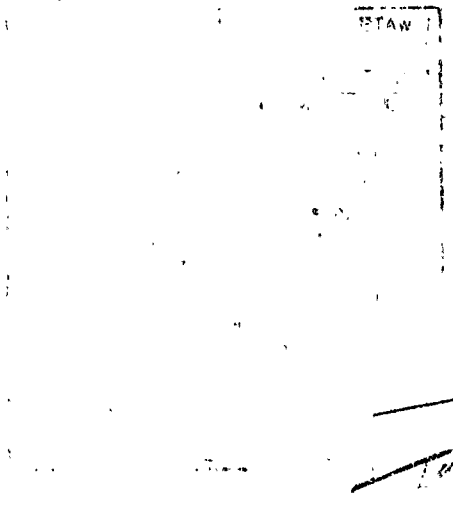
XVIII. SPACE FOR FIGURING/ADDITIONAL COMMENTS:
James P. Collins, Secy

1. WATER SUPPLY <input checked="" type="checkbox"/> public <input type="checkbox"/> private	8. CHIMNEY * flues * fireplaces	PLOT PLAN/DETAILS OF WORK ON REVERSE White - Municipal Office Green - Applicant Yellow - CEO Pink - Tax Assessor Gold - GPCUG
2. SEWER <input type="checkbox"/> public <input checked="" type="checkbox"/> private, type _____	material _____	
3. HEAT type _____ fuel _____	9. FRAMING: floor joist	
4. FOUNDATION .type _____	size _____ max on centers _____	
5 ROOF type _____	ceiling joists _____	
thickness _____ footing _____	rafters _____	
6. PLUMBING * tubs _____ * showers _____	studs _____	
covering _____ load _____	wall studs _____	
* lavatories _____ * laundry tubs _____	10. If 1-story building w/ masonry walls:	
* flushes _____ * other _____	wall thickness _____ height _____	
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	11. BEDROOM WINDOWS	
7. ELECTRICAL service entrance size _____	height _____ width _____ sill height _____	
+ smoke detectors _____	egress window? <input type="checkbox"/> yes <input type="checkbox"/> no	
NUMBER OF OFF-STREET PARKING SPACES:		
enclosed _____ outdoors _____		

5 make LEARY

3-11-57 Work is in progress on the new
laundry room. Some walls have been put
up. All new equipment to be installed.

Laundry room





CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall Street

Date of Issue August 17, 1987

Issued to Main Medical Center

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 87/582, 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

4th Floor

APPROVED OCCUPANCY

Offices

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

8/17/87
(Date)
D. Russo

Wesley Long
Inspector

Notice: This certificate identifies lawful use
owner to owner when property changes hands.

James P. Collins, Sr.
Inspector of Building

Building or premises, and ought to be transferred from
owner to owner or lessee for one dollar.

Certificates of Occupancy
Main Medical Center

Pulmonary Medicine P-4-17
Smith #4

Copied to John O'Leary
F.W. Cummings

Merle Lewis

I. GENERAL INFORMATION

Location/address of construction 22 Bramhall St - Tel 871-0111
 Owner or lessee's name Maine Medical Center
 Address Same
 Contractor's name F. W. Cunningham & Sons Tel 773-0246
 Address P.O. Box 1140 Portland
 Subcontractors: _____ **MAY 27 1987**

PERMIT ISSUED

City Of Portland

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
 Name _____
 Lot _____
 Block _____
 Bk. & pg. Reg./deeds _____
 Date recorded _____

III. PROPOSED USE: CODE 324 If other * explain _____ Seasonal Condominium Apartment
IV. PAST USE: 324
V. OWNERSHIP: PUBLIC (Federal/State/local government) PRIVATE (individual/corp/nonprofit)

VI. DESCRIPTION OF WORK:
 = To remodel present office. R-4 Fourth Floor

Permit to Cunningham

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

VIII. EST. CONSTRUCTION COST: 122,000 **IX. GR. SQ. FT. OF LAND:** _____ **BUILDING:** _____

X. RESIDENTIAL BUILDINGS ONLY:	BEDROOMS	XI. RESIDENTIAL UNITS:
NEW DWELLING UNITS WITH:	1 BDRM _____ 2 BDRMS _____ 3 BDRMS _____	* NEW DWELLINGS _____
EXISTING DWELLING UNITS WITH:	_____	* EXISTING DWELLINGS _____
		NET RESIDENTIAL UNITS _____

XII. SIGNATURE OF APPLICANT: _____ **DATE:** 7/21/87

DO NOT WRITE BELOW THIS LINE

XIII. ZONING: DISTRICT _____ STREET FRONTAGE _____
 SETBACKS: front _____ back _____ side _____ side _____
 ZONING BOARD APPROVAL: no yes (date) _____
 PLANNING BOARD APPROVAL: no yes (date) _____

XIV. OFFICE USE: TAX MAP _____ LOT # _____ VALUE/STRUCTURE _____ PERMIT EXPIRATION _____

XV. CONDITIONAL USE: variance _____ site plan _____ subdivision _____ shore and floodplain mgmt _____
 special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO): _____ **DATE:** _____

XVII. FEES:
 base fee _____
 subdivision fee _____
 site plan review fee _____
 other fees _____
 late fee _____
TOTAL 80.00

XVIII. SPACE FOR FIGURING / ADDITIONAL COMMENTS:
James D. Collins, Licent.

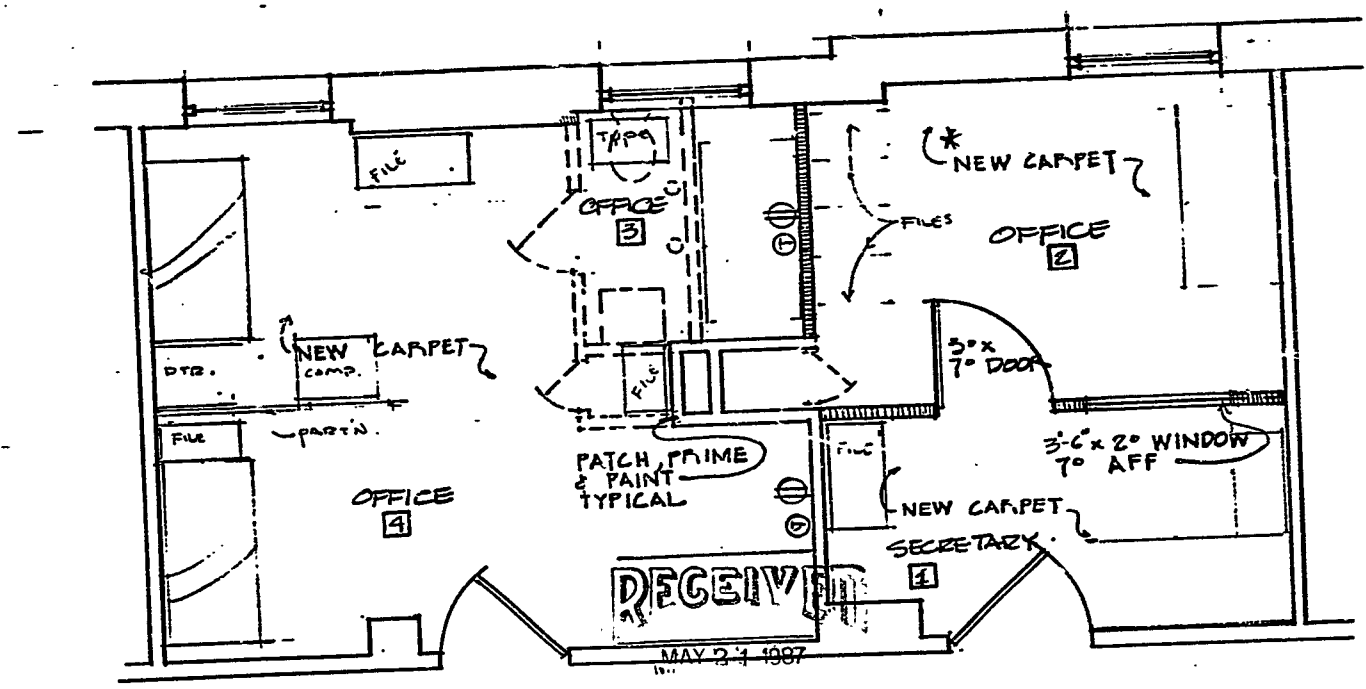
1. WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	8. CHIMNEY * flues _____ * fireplaces _____ material _____
2. SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type _____	9. FRAMING: floor joists _____ size _____ max. on centers _____
3. HEAT type _____ fuel _____	ceiling joists _____
4. FOUNDATION type _____ thickness _____ footing _____	rafters _____
ROOF type _____ pitch _____ covering _____ load _____	studs _____
6. PLUMBING * tubs _____ * showers _____ * lavatories _____ * laundry tubs _____ * flushes _____ * other _____	w. l studs _____
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	10. If 1-story building w/ masonry walls: wall thickness _____ height _____
7. ELECTRICAL service entrance size _____ * smoke detectors _____	11. BEDROOM WINDOWS height _____ width _____ sill height _____ egress window? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
NUMBER OF OFF-STREET PARKING SPACES: enclosed _____ outdoors _____	

PLOT PLAN/DETAILS OF WORK ON REVERSE

Pink - Tax Assessor
Gold - GPCUG

[5] MR Learl

* MOHAWK
SABLE BROWN
AOC-805



DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

- KEY**
- EXISTING TO BE REMOVED
 - ||||| NEW CONSTRUCTION
 - ==== EXISTING TO REMAIN

MMC PULMONARY MED.
ADMINISTRATIVE LAYOUT
1/4" = 1'-0"

STEVENS, MORTAN ROSE & THOMPSON
JANUARY 6, 1987
22 Bramhall St MMC

R-4 floor

8601-11-28



STEVENS MORTON ROSE & THOMPSON
ARCHITECTURE ENGINEERING SURVEY
73 OAK STREET, PORTLAND, ME 04101 (207)772-3846
PO BOX 10 MAIN STREET, LIMERICK, ME 04048 (207)793-8202

Date: 1.8.87
Meeting Report/Memo/Telephone Conversation:
Client: MMC
Project: PUL. B. ED
Between: APT & CUNNINGHAM w/SUBS
Subject: PROJECT ESTIMATE

1. REVIEWED FLOOR PLAN SKETCH & EXISTING CONDITIONS FOR PRELIMINARY PRICING. THE FOLLOWING OBSERVATIONS & ASSUMPTIONS FOR PRICING WERE MADE:

- 1.1 CEILING AT ROOM #2 WILL REMAIN. A LIGHT FIXTURE WILL BE ADDED. AN ALTERNATE FOR 3 TUBE PARABOLICS IN THIS ROOM WILL BE DEVELOPED
- 1.2 CEILING AT RM #1 WILL BE REHUNG. LIGHT FIXTURE WILL BE REORIENTED.
- 1.3 A NEW A.C.T SYSTEM MATCHING ROOMS 1 & 2 WILL BE INSTALLED AT ROOMS 4 & 3. THE CEILING WILL BE AT THE BEAM HEIGHT
- 1.4 TWO LEVEL LIGHT SWITCHING WILL BE PROVIDED AT ROOMS 3/4 & 2
- 1.5 THE FLOOR HT. VARIATION BETWEEN ROOMS 3 & 4 WILL BE FEATHERED. ALL ROOMS WILL BE CARPETED WITH CARPET COMPARABLE TO THAT ON P. 2.
- 1.6 THE EXISTING CLOSET AT ROOM #2 WILL REMAIN. THE DOOR WILL BE REMOVED.
- 1.7 THE RADIATOR AT ROOM #3 WILL BE REMOVED & THE PIPES CAPPED BELOW THE SLAB.
- 1.8 THE RADIATORS AT ROOMS 2 & 4 WILL BE COVERED WITH NEW PLASTIC LAMINATE ENCLOSURES.

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

MAY 21 1987

Copies to:

(2)

- 1.9 NEW LAMIN RECESSED LIGHTING WILL BE INSTALLED IN RMS 3 & 4 - 4 FIXTURES
- 1.10 EXTRANEOUS WALL LIGHTS & EQUIPMENT WILL BE REMOVED & SURFACES PATCHED.
- 1.11 ALL NEW PARTITIONS WILL BE 5/8 GWS BOTH SIDES TO THE UNDERSIDE OF SLAB
- 1.12 DOOR WILL BE S.C. PREMIUM BIRCH GRADE WITH STANDARD MMC HOSPITAL LATCH SET IN H.M. FRAME.
- 1.12 GLASS LITE WILL BE SET IN H.M. FRAME
- 1.13 EXISTING SHELVES & STANDARDS WILL REMAIN
- 1.14 ALL AREAS WILL BE PATCHED AND RECEIVE A PRIMER AND TWO COATS LATEX SATIN PAINT
- 1.15 NO VENTILATION OR AIR CONDITIONING EXISTS OR WILL BE PROVIDED IN THIS WORK.
- 1.16 ANGLED BASE WILL BE PAINTED TO MATCH THE BROWN VCB.
- 2.0 BUDGET WILL BE PROVIDED Monday.

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

RECEIVED
MAY 21 1987

PERMIT # 1218 PORTLAND BUILDING PERMIT APPLICATION DATE 8/10/87 PERMIT ISSUED

I. GENERAL INFORMATION

Location/address of construction 22 Bramhall Street
1. Owner's name Maine Medical Center Tel. 871-2944
Address same 04102
2. Lessee's name _____ Tel. _____
Address _____
3. Contractor's name Neo-Kraft Signs Tel. 782-9654
Address 686 Main Street, Lewiston 04240
4. Is this a legally recorded lot? yes _____ no _____

SEP 18 1987

City of Portland

II. DESCRIPTION OF WORK:

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

Appeal sustained 8/22/87

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

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

V. REVIEW REQUIRED: variance other _____ Number of off-street parking spaces: _____
site plan _____ subdivision _____ shore _____ floodplain mgmt _____ enclosed _____ outdoors _____

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

VII. DETAILS OF WORK

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

VIII. OFFICE USE: TAX MAP # <u>53</u> LOT # _____ VALUE/STRUCTURE _____ PERMIT EXPIRATION _____	IX. NEW OR PHASED SUBDIVISION REFERENCE Name _____ Lot _____ Block _____
---	--

CODE: _____ If other, explain _____ Seasonal Condominium Apartment

X. PROPOSED USE: 336 _____

XI. PAST USE: _____

XII. OWNERSHIP: PUBLIC PRIVATE

XIII. EST. CONSTRUCTION COST: _____

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

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

XV. RESIDENTIAL BUILDINGS ONLY: # NEW DWELLING UNITS WITH _____ # EXISTING DWELLING UNITS WITH _____	# BEDROOMS: 1 BDRM. _____ 2 BDRMS _____ 3 BDRMS _____	XVI. RESIDENTIAL UNITS: # NEW DWELLINGS _____ # EXISTING DWELLINGS _____ TOTAL RESIDENTIAL UNITS _____
--	--	---

APPROVALS BY: _____ DATE _____ BUILDING INSPECTION - PLAN EXAMINER _____ ZONING: _____ C.E.O. _____ FIRE DEPT. _____	MISCELLANEOUS: Will work require disturbing of any tree on a public street? _____ Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? _____
--	---

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

District No. <u>5</u>	XVII. SIGNATURE OF APPLICANT: <u>Leary</u> PHONE: <u>871-2944</u>
	TYPE NAME OF ABOVE: <u>Director, Dept. of Public Works</u>

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

Leary

7.97.944

Department of Human Services
Bureau of Health Engineering
(207) 289-3223

PLUMBING PERMIT APPLICATION

Town or Plantation: Portland, Me

Street: Brinhal Street

Subdivision/Lot #: BRINHAL STREET

PROPERTY OWNER'S NAME: NO. 101 CENTER BLDG

Last: First

Appl. Name: Scot & Iveson Inc.

Address of Owner/Applicant: Portland, Maine 04104

Address of Different: Portland, Maine 04104

Owner/Applicant Statement
I hereby certify that the information submitted is correct to the best of my knowledge and that I understand that this installation is subject to the Local Plumbing Inspection Code of the City of Portland, Maine.

Scott & Iveson Inc. 3/10/88

Date: 3/10/88

Caution: Inspection Required
I have inspected the installation authorized hereon and found it to be in compliance with the Maine Plumbing Rules.

ATLANTIC PERMIT # 7,870 TOWN COPY

Fee: 103.12/188 \$ 11.11/18 L.P.I.# 1111

Local Plumbing Inspector Signature: [Signature] Date Approved: 3/10/88

PERMIT INFORMATION

(1) Application is for:

1. NEW PLUMBING

2. RELOCATED PLUMBING

MAR 22 1988

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER - SPECIFY: Commercial

Plumbing To Be Installed By:

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFG'D. HOUSING'S DEALER/MECHANIC

PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # 0,5,5,1,2

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connect is not regulated and inspected by the local Sanitary District		Refrigerator		Bath Tub (and Shower)
OR		Floor Drain		Shower (Separate)
HOOK-UP to an existing sewer or water distribution system		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet
		Water Treatment (Softener, Filter, etc.)		Clothes Washer
		Grease Oil Separator		Dish Washer
		Dental Equipment		Garbage Disposal
		Rice		Laundry Tub
		Other		Other
Number of Hook-Ups & Relocations		Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
\$ Hook-Up & Relocation			1	Fixtures (Subtotal) Column 2
			6	Total Fixtures
				Hook-Up & Relocation

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS

Town Or Plantation: **Portland**

Street Subdivision Lot #: **22 Bramhall**

PROPERTY OWNERS NAME

Maine Medical Center
Thomas House

Applicant Name: **Scribner & Iverson INC**

Mailing Address of Owner/Applicant (if different): **P O Box 8779 Portland, Maine 04108**

PORTLAND PERMIT # 3,222 TOWN COPY

Date Permit Issued: **12/5/88** FEE: **\$ 13,010.10** Double Fee Charged

Local Plumbing Inspector Signature: _____ L.P.I. # **11213**

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: *[Signature]* Date: **797 944/**

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: _____ Date Approved: **JAN 4 1989**

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> CIVIL BURNERMAN
DEC 7 1988	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input checked="" type="checkbox"/> OTHER - SPECIFY: <u>business</u>	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # 05512

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	3	Shower (Separate)
OR		Urinal	3	Sink lav
		Drinking Fountain	1	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____		Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	10	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			10	Total Fixtures
			\$ 30.	Hook-Up & Relocation Fee
			\$	Permit Fee (Total)
			\$ 30.	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PERMIT # _____ **PORTLAND BUILDING PERMIT APPLICATION** DATE 08/03/87

I. GENERAL INFORMATION
 Location/address of construction My 22 Bramhall Str Portland
 1. Owner's name Maine Medical Center Tel. 871-0111
 Address same
 2. Lessee's name _____ Tel. _____
 Address _____
 3. Contractor's name E.P. & C.H. Murray Inc. Tel. 799-8136
 Address P.O. Box 2530 So. Portland 04106
 4. Is this a legally recorded lot? yes no

II. DESCRIPTION OF WORK:
 Replacing elevator car, cables, machinery. In admitting lobbyrunning from the ~~5th~~ ground to 6th floors.

Send to contractor.

III. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____
IV. ZONE _____ Street frontage _____ Zoning board approval: no yes date _____
 Setbacks: front _____ back _____ side _____ side _____ Planning board approval: no yes date _____
V. REVIEW REQUIRED: variance _____ other _____ Number of off-street parking spaces: _____
 site plan _____ subdivision _____ shore _____ floodplain: mgmt _____ enclosed _____ outdoors _____
VI. FEES:
 base fee \$645.00 other fees _____
 subdivision fee _____ late fee _____
 site plan review fee _____ TOTAL _____

VII. DETAILS OF WORK

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

VIII. OFFICE USE:
 I. _____
 V. _____
 PERMIT EXPIRATION: _____

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

CODE _____ If other, explain _____ Seasonal Condominium Apartment
X. PROPOSED USE: _____ 323 _____
XI. PAST USE: _____ 323 _____
XII. OWNERSHIP: PUBLIC PRIVATE
XIII. EST. CONSTRUCTION COST: 5125,000.00 **XIV. GR. SQ. FT. OF LOT BUILDING:** _____

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

XV. RESIDENTIAL BUILDINGS ONLY: # NEW DWELLING UNITS WITH: _____ # EXISTING DWELLING UNITS WITH: _____	BEDROOMS 1. BDRM _____ 2. BDRMS _____ 3. BDRMS _____	XVI. # RESIDENTIAL UNITS: # NEW DWELLINGS _____ # EXISTING DWELLINGS _____ TOTAL RESIDENTIAL UNITS _____
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APPROVALS BY: DATE _____

BUILDING INSPECTION - PLAN EXAMINER _____
 ZONING: _____
 C.E.O. _____
 FIRE DEPT. _____

MISCELLANEOUS
 Will work require disturbing of any tree on a public street? no
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

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

District No. _____

XVII. SIGNATURE OF APPLICANT: Thomas Barber PHONE # _____
TYPE NAME OF ABOVE: Thomas Barber 1 2 3 4

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

CITY OF PORTLAND, MAINE
Department of Building Inspection



Certificate of Occupancy

LOCATION 22 Bramhall St. (Emergency Dept.)

Date of Issue 5/6/90

Issued to Maine Medical Center

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No 9 / 2607, 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

Old Emergency Room

Phase I

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

6/6/90 *Marland Wing*
(Date) Inspector

P. Lawrence
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.

PERMIT # 092607 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: MAine Medical Center
 Address: 22 Bramhall St., Portland 04102
 LOCATION OF CONSTRUCTION: 22 Bramhall St., Emergency Dept.
 CONTRACTOR: Murray Construction SUBCONTRACTORS: 799-0136
 ADDRESS: PO Box 4530, S. PORTLAND 04106 (Tom Herbert - any

For Official Use PERMIT ISSUED

Date: Aug 18, 1989 Subdivision: Yes / No _____
 Inside Fire Limits: _____ Name: _____
 Bldg Code: _____ Lot: SEP 20 1989
 Time Limit: _____ Block: _____
 Estimated Cost: \$315,000 Permit Expiration: _____
 Value Structure: _____ Ownership: City of Portland
 Fee: \$1,595 Private: _____

Est. Construction Cost: \$315,000 Type of Use: hospital *quest ceiling*
 Past Use: _____ *Call when ready*
 Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion: Explain interior renovations, ** Complete** 2 sets of plans submitted.
COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only:
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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

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

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

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

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

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

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____ *gas*

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

Plumbing:
 1. Approval of soil test if required Yes PC No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures 00.012.1

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

Zoning:
 District: R-6 Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain): _____
 Date Approved: 9-19-89

Permit Received By: Nancy Grossman
 Signature of Applicant: _____ Date: 9-18-89
 Signature of CEO: _____ Date: 9-19-89
 Inspection Dates: _____



PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 25.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ 1,570.00
(Explain) _____
Late Fee \$ _____

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

COMMENTS

Signature of Applicant Thomas A. Herlihy AS AGENT FOR OWNER Date 8 13 89