

OFFICE OF STATE



FIRE MARSHAL

Department of Public Safety
18 Meadow Road (207) 287-3473
52 State House Station FAX (207) 287-5163
Augusta, ME 04333

Angus S. King, Jr., Governor
Dennis Lunnstedt, State Fire Marshal

July 10, 1995

Maine Medical Center
22 Bramhall Street
Portland, ME 04101

RE: **Richard's Wind Renovations**

Dear Sirs:

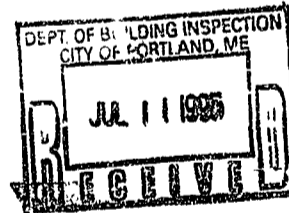
After reviewing your plans submitted to this office, I find they are in compliance with the existing requirements of the Life Safety Code and will be considered for approval on submission of complete plans and specifications. **CONSTRUCTION SHALL NOT BEGIN UNTIL PERMIT IS ISSUED.**

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

Yours for better fire protection,

Angela B. Blevins
Fire Protection Specialist

ABB/agp



OFFICE OF STATE FIRE MARSHAL
PLAN REVIEW SHEET

REVIEWER: ANGELA B. BLEVINS
TELEPHONE: (207) 287-3475
FAX #: (207) 287-5163

CONSTRUCTION PERMIT: X
SPRINKLER PERMIT:
BARRIER/FREE PERMIT:

PROJECT NAME: MAINE MED. CTR. RICHARDS WING

DATE: July 10, 1995

LOCATION: PORTLAND, ME

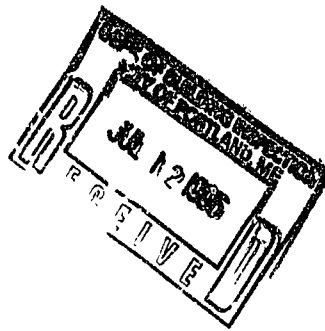
SPRINKLED NO

LOG NUMBER: 9959 CONTRACT:

PHONE NUMBER:

FAX NUMBER:

ITEM#	SHEET#	CODE VIOLATION/COMMENTS
1.		Question Answered:
1.		"Are smoke dampers required at new duct penetrations through the corridor walls?" - Is the air handling system tied into the fire alarm system? If "yes" = not required. If "no" = then it is required.
2.		In storage room 612 & 6117... is a 1" undercut allowed? No. - Door with sill = 3/8" maximum. - Door without sill = 3/4" maximum.
2.		Provide information on fire rating of structural elements.
3.		Provide a door schedule.



These items need to be addressed in writing
before permit can be issued.

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or
Planation: Portland

Street
Subdivision Lot #: 20 Brewer Street

PROPERTY OWNERS NAME

Last: HASKELL First: FRANCES

Applicant
Name:

Mailing Address of
Owner/Applicant
(if Different): 33 Brewer Street
Portland Maine

PORTLAND

Date Permit Issued: _____

Local Plumber's License Signature: Arny Rowe LPI # _____

FEE: _____

Double Fee Charged: _____

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: Frances Haskell Date: 6/19/95

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: Arny Rowe Date Approved: 6-21-95

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING

2. RELOCATED PLUMBING

Type of Structure To Be Served:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER -- SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFG'D HOUSING DEALER / MECHANIC

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # 1727

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		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	/	Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain	/	Wash Basin
HOOK-UP to an existing subsurface wastewater disposal system		Indirect Waste	/	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures.		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
OR		Bidet		Laundry Tub
		Other _____		Water Heater
TRANSFER FEE (\$6.00)		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$12.00	Permit Fee (Total)

License Fee 2000

ELECTRICAL PERMIT
City of Portland, Me.

Radiology Dept
Basement level



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 07 June 1995
 Permit # 9244

LOCATION: 22 Bramhall St

OWNER MMC ADDRESS _____

				TOTAL EACH FEE	
OUTLETS	Receptacles	Switches		.20	12.00
	(number of)				
FIXTURES	Incandescent	fluorescent		.20	9.00
	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	2.00	
	Water heaters	Fans	Dryers	2.00	
	Disposals	Dishwasher	Compactors	Others (denote)	2.00
MISC. (number of)	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/Carnv			25.00	
	Alterations			5.00	5.00
Fire Repairs			15.00		
E Lights			1.00		
E Generators			20.00		
TRANSFER	Panels			4.00	4.00
	0-25 Kva			5.00	
	25-200 Kva			8.00	
	Over 200 Kva			10.00	
				TOTAL AMOUNT DUE	
				MINIMUM FEE	30.00

INSPECTION: Will be ready _____ or will call xxx

CONTRACTORS NAME Moreau Electric Co. Denis Moreau

ADDRESS 711 Lisbon St P.O. Box 1097 Lewiston

TELEPHONE 782-4800

MASTER LICENSE No. 9244

SIGNATURE OF CONTRACTOR

LIMITED LICENSE No. _____

Denis Moreau

ELECTRICAL PERMIT

City 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 07 June 1995
 Permit # 9244

LOCATION 22 Bramhall St

OWNER MMC ADDRESS NDF Building/Basement

				TOTAL EACH FEE	
OUTLETS	Receptacles	Switches		.20	1.60
	(number of)				
FIXTURES	incandescent	fluorescent		.20	.80
	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	2.00	
	Water heaters	Fans	Dryers	2.00	
Disposal:	Dishwasher	Compressors	Others (denote)	2.00	
MISC. (number of)	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/Carnv			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					
MINIMUM FEE				25.00	25.00

INSPECTION: Will be ready _____ or will call xxx _____

CONTRACTORS NAME Moreau Electric Co. Denis B. Moreau
 ADDRESS 711 Lisbon St P.O. Box 1097 Lewiston
 TELEPHONE 782-4800
 MASTER LICENSE No. 9244 SIGNATURE OF CONTRACTOR *Denis B. Moreau*
 LIMITED LICENSE No. _____

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

Location of Construction: 227 Franklin St - Small Dept.		Owner: <i>Green Medical Center</i>		Phone:	Permit No: 050442
Owner Address: <i>Small St - Portland</i>	Leasee/Buyer's Name: <i>14112</i>	Phone:	Business Name:		
Contractor Name: <i>H.L. Callahan Const. Co</i>	Address: <i>233rd 577 - Auburn, ME 04213</i>	Phone:	Permit Issued: MAY 12 1995		
Past Use: <i>hospital</i>	Proposed Use: <i>hosp / lab / revenue</i>	COST OF WORK: \$ <i>100,000</i>	PERMIT FEE: \$ <i>120</i>	CITY OF PORTLAND	
Proposed Project Description: <i>interior renovations</i>		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group <i>2A</i> Signature: <i>[Signature]</i>		
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Permit Taken By: <i>C. V. S.</i>	Date Applied For: <i>5/4/95</i>	Signature: _____ Date: _____		Special Zone of Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan ma <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

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

PERMIT ISSUED WITH LETTER

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: *[Signature]* ADDRESS: _____ DATE: *5/4/95* PHONE: *741-2227*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED
MAY 12 1995
CITY OF PORTLAND

Zoning Appeal:
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation:
 Non in District or Landmark
 Does Not Require Review
 Requires Review

Approved
 Approved with Conditions
 Denied
Date: *5/4/95*

CEL DISTRICT **3**

COMMENTS

Contractors
5/22/95 first day on job, started to dem. ceiling tiles and raise (Gary - Mpt.). Area is protected from patients w/ fire proof door. Fire alarm system is off line. He will notify me of plumbing dem. to inspect capping off of pipes.

6/5/95 dem. completed have started installing metal studs, anchored to concrete floor with RAMSET anchors. Have only encountered one change so far, increasing door size to 3'-8" @ Procedure Room #5. Plumbing cap. id where req'd (Dixon Mechanical).

6/13/95 Electrical Contractor on site, extending tram system to suspend equipment, dem. procedure room #

7/13/95 Have stretcher storage area to fire late. (Just as shown on dup. A-6). Will allow Gary to install 2 layers above. Strapping and 2 layers to bottom of strapping. Need to provide rear ductwork prior to installation. Have given Gary Seta. Need to short cut yet.

8/17/95 Interior finishes being done, final electrical being completed. Plumbing fixtures needed. Have ordered Cert. of Fire rating for "Stretcher Storage" fire door.

9/6/95 Final inspection w/ Lt. McDougal - rec'd Certificate of Fire Rating (from Architect) on Type Fire Door Frame. Date

All is adequate.

X

Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall

Issued to **Maine Medical Center**

Date of Issue 08 September 1995

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. 950442, 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 of use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Radiology Dept
Rooms 5 & 6

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

9/12/95
(Date)

Inspector

Inspector of Buildings

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

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

May 9, 1995

H.E. Callahan Construction Co.
P.O. Box 677
Buburn, ME 04210

RE: 22 Bramhall Street - Maine Medical Center Radiology Department

Dear Sir:

Your application to make interior renovations (Radiology Dept. - Maine Medical Center) has been reviewed and a permit is herewith issued subject to the following requirements: 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.

1. The fire alarm system shall be maintained to NFPA #72 standards.
2. Electrical and plumbing permits will need separate permits.
3. Any cutting and patching of structural members shall have the approval of the design engineer or architect responsible for the design.
4. Safety gazing shall be installed in specific hazardous locations as per Chapter 24, Section 2405.2 of the BOCA/National Building Code/1993.
5. The builder of a facility to which Section 4504-C of the Maine State Human Rights Act, Title 5 MRS refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

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

Sincerely,

P. Samuel Hoffses

P. Samuel Hoffses
Chief of Inspection Services

cc: Lt. McDougall, Fire Prevention



HARRIMAN
ASSOCIATES

May 24, 1995

Mr. Samuel Hoffses
City of Portland
Inspection Services
389 Congress Street
Portland, ME 04161

Re: Maine Medical Center
Alterations to the Radiology Department
R/F Procedure Rooms 5 and 6
22 Bramhall Street
Portland, Maine
Project No. 94.182-00

MAY 26 1995

Celebrating
100
Years

Dear Sam:

This letter is to certify that I am a licensed architect by the State of Maine, and to the best of my knowledge, information, and belief, the alterations to the Radiology Department, R/F Procedure Rooms 5 and 6 comply with applicable provisions of Section 4594-C of the Maine State Human Rights Act, Title 5 MRSA.

If you have any questions or concerns, please contact me.

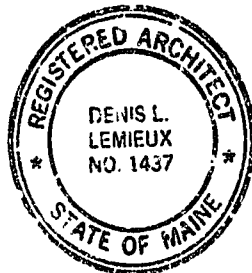
Sincerely,
HARRIMAN ASSOCIATES

Denis L. Lemieux

Denis L. Lemieux, AIA
Project Architect

dll/sjt

cc: Dan Doughty, MMC



D:\94182\GEN\02.WPD

ARCHITECTS & ENGINEERS
17 VERNON COURT ■ WOODBRIDGE, CONNECTICUT 06525 ■ PHONE/FAX 203 • 387 • 3561
ONE AUBURN BUSINESS CENTER ■ AUBURN, MAINE 04216 ■ 207 • 544 • 5100 ■ FAX 207 • 782 • 3000

Inspection Services
P. Samuel Hoffses
Chief



CITY OF PORTLAND

Planning and Urban Development
Joseph E. Gray Jr.
Director

*Morales's
Hoffses
Elec.
Rapor
Plum*

June 7, 1995

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

Re: 22 Bramhall St

Dear Sir,

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

1. The sprinkler system shall be maintained to N.F.P.A. 13 standards.
2. The fire alarm system shall be maintained to N.F.P.A. #72 standards.
3. Cubical curtains and sprinkler location shall be coordinated.
Reference: A 13-3.5.6 of N.F.P.A. 101.

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

cc: LT Mac Dougall, Fire Prevention Bureau

REVIEWED FOR
NOT
BARBER FREE
COMPLIANCE

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



Permit No. 7126

PERMISSION IS HEREBY GIVEN TO:
MAINE MEDICAL CENTER

22 Bramhall Street

Portland, ME 04102

Location of project:

22 Bramhall St.

Portland, ME

PROJECT TITLE:

RADIOLOGY DEPARTMENT

OCCUPANCY CLASSIFICATION:

Hospital

To construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on November 1, 19 95.

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

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

Dated the 2nd day of May A.D. 19 95

FEE \$ 75.00

*NOT SPRINKLED


Commissioner - Public Safety



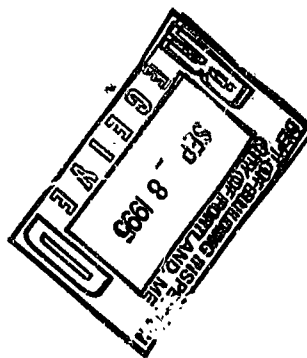
hci/craftsmen®

Comprehensive specialty construction products

September 7, 1995

Dave Rowell
H.E. Callahan Construction
P.O. Box 677
Auburn, Maine 04212

RE: Maine Medical Center
Radiology Rooms 5 and 6
Portland, Maine
#7-6962



Dear Mr. Rowell:

This letter is to certify that the hollow metal frame at opening number 102 was indeed ordered as a fire rated unit.

Evidently the manufacturer, Johnson Metal Products missed applying the physical label.

I assure you and Maine Medical Center that the frame installed at this opening is constructed and meets all requirements of Underwriters Laboratories.

If you have any questions please feel free to contact me.

Sincerely,

HCI/CRAFTSMEN

Peter Macdonald
Peter Macdonald

PM/smc

161 John Roberts Road P.O. Box 2332 South Portland, ME 04106 (207) 775-3191 FAX (207) 775-1366
hci/craftsmen® is a registered service mark of Pleasant's Hardware Company.
"the door, frame and finish hardware professionals"

H E CALLAHAN

12077840769 16:54 09/07/1995



**H.E. CALLAHAN
CONSTRUCTION
COMPANY**

P.O. Box 677
Auburn, Maine 04212-0677
(207)-784-6927
Fax: (207)-784-0769

FAX TRANSMITTAL

FAX #207-784-0769

DATE: 9-7-95
TO: CITY OF PORTLAND
ATTN: AMY SIMPSON 8748716
FROM: DAVE ROWELL
NUMBER OF PAGES TO FOLLOW: 1
REGARDING: FIRE RATING FOR DOOR 102
MAINE MED CENTER - RADIOLOGY

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: 22 Bramhall St.

PROPERTY OWNERS NAME

Maine Medical Center

Last: _____ First: _____

Applicant Name: Damon Mechanical Services

Mailing Address of Owner/Applicant (if Different): PO Box 101
AUBURN, ME 04210-0101

PLUMBING INSPECTOR SIGNATURE

Samuel Hoffer L.P.I. # 0124

PLUMBING INSPECTOR SIGNATURE

DATE APPROVED: 9-8-95

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] Signature of Owner/Applicant Date: _____

Caution: Inspection Required

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

[Signature] Local Plumbing Inspector Signature Date Approved: 9-8-95

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 # 059411

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		Shower (Separate)
OR		Urinal	3	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system		Indirect Waste	2	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	2	Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			2	Fixtures (Subtotal) Column 2
			7	Total Fixtures
			\$ 4	Fixture Fee
			\$ 0	Hook-Up & Relocation Fee
			\$ 28	Permit Fee (Total)

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

Location of Construction: 22 Bramhall St		Owner: MMC	Phone:	Permit No: 950935
Owner Address:	Leasee/Buyer's Name:	Phone:	Business Name:	PERMIT ISSUED Permit Issued: ISEP - 7 1995 CITY OF PORTLAND
Contractor Name: Ledgewood, Inc.	Address: P.O. Box 8107 Ptld, ME 04104	Phone: 767-1866		
Past Use: Hospital	Proposed Use: Same	COST OF WORK: \$ 172,000.00	PERMIT FEE: \$ 880.00	Zoning: CBL: Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Proposed Project Description: Interior Renovations 6th floor - Richards Wing		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: 1A Signature: <i>[Signature]</i>	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	
Permit Taken By: Mary Gresik	Date Applied For: 06 Sept 1995			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:

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

PERMIT ISSUED WITH LETTER

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT *Tim Barthelman* ADDRESS: DATE: 06 Sept 1995 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *9/6/95*

CEO DISTRICT **3**
A. Simpson

ELECTRICAL PERMIT
City 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 28 Sept 95

Permit # 9171

LOCATION: 22 Bramhall St

OWNER MMC Richardsling ADDRESS _____

				TOTAL EACH FEE	
OUTLETS					
	Receptacles	88	Switches	37	.20 25.00
FIXTURES	(number of)				
	incandescent		fluorescent	45	.20 9.00
	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		2.00
	Water heaters	Fans	Dryers		2.00
Disposals	Dishwasher	Compactors	Others (denote)		2.00
MISC. (number of)	Air Cond/win				3.00
	Air Cond/cent				10.00
	Signs				5.00
	Pools				10.00
	Alarms/res				5.00
	Alarms/cc m				15.00
	Heavy Duty				2.00
	Outlets				
	Circus/Carnv				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	
				MINIMUM FEE	25.00 25.00

INSPECTION: Will be ready 9/29 or 10/02 or will call _____

CONTRACTORS NAME Bay Electric Don Mailman

ADDRESS P.O. Box 6316 Cape Eliz.

TELEPHONE 799-0350

MASTER LICENSE No. 9171 SIGNATURE OF CONTRACTOR

LIMITED LICENSE No. _____ Don Mailman

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

Location of Construction: 22 Bramhall St		Owner: MMC	Phone:	Permit No: 951162
Owner Address:	Lease/Buyer's Name:	Phone:	Business Name:	PERMIT ISSUED NOV - 7 1995 CITY OF PORTLAND
Contractor Name: Langford & Low, Inc.	Address: 248 Warren Ave P.O. Box 662 Portland, ME 04104	Phone: XXXXX 774-4383		
Past Use: Hospital	Proposed Use: Same	COST OF WORK: \$ 10,500.00	PERMIT FEE: \$ 75.00	
Proposed Project Description: Int Renovations (P2 - C & D Nursing Stations)		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: 10 Signature: <i>Hoffman</i>	
Permit Taken By: Mary Gresik		Date Applied For: 02 November 1995		
<p>1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>				
CERTIFICATION				
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit				
SIGNATURE OF APPLICANT: <i>James D. Ellsworth</i>		ADDRESS: Jim Ellsworth	DATE: 02 November 1995	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:	

Zone: CBL:
Zoning Approval: *OK 11/7/95*
 Special Zone or Revisions:
 Shoreland
 Wetland
 Flood Zone
 Subdivision:
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
Date: *11/11/95*

CEO DISTRICT **3**
M3 SIMPSON

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



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Branhall St

Issued to Maine Medical Center

Date of Issue 14 July 1995

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. 950586, 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

basement

"NDF"

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

7/14/95 *[Signature]*
(Date) Inspector

[Signature]
Inspector of Buildings

[Handwritten initials]

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 leasee for one dollar.

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

Location of Construction: 22 Bramhall St. Owner: Maine Medical Ctr. Phone: _____

Owner Address: 22 Bramhall St.; Portland, ME Lease/Buyer's Name: _____ Phone: _____ Business Name: _____

Contractor Name: * Callahan Construction Address: 804 577- Auburn, ME 04210 Phone: 784-6927

Past Use: _____ Proposed Use: interior renovations
 COST OF WORK: \$ 25,000 PERMIT FEE: \$ 150
 FIRE DEPT. Approved Denied INSPECTION: Use Group: Type: 3A
 Signature: [Signature] Signature: [Signature]

Proposed Project Description: interior renovations - basement NDF
 PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved with Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: L Chase Date Applied For: 5/2/95

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

PERMIT ISSUED WITH LETTER

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: [Signature] ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK: TITLE _____ PHONE: _____

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

Permit No: **950586**

PERMIT ISSUED
 Permit Issued: JUN - 7 1995
CITY OF PORTLAND

Zone: R-2 CBL: _____
 Zoning Approval: [Signature]
 Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: 6/5/95
 [Signature]

CEO DISTRICT: **3**
 [Signature]

COMMENTS

6/13/95 Asbestos Abatement ongoing

6/16/95 Asbestos Tiles removed floor. Demolishing concrete block wall between rooms to combine space. Corridor reduced to 3'-0" limit of work enclosed with Type X 5/8 sheetrock taped and mudded. Have widened doorway to accommodate new door. Per plans.

6/20/95 Have removed sink from room, have capped plumbing. Electricians on site.

7/13/95 Sprinkler heads relocated, and updated 2 ea room 155° temp. rating. Has to install office partition - last item issue C of O.

~~_____~~
~~_____~~
~~_____~~
~~_____~~

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

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plan: PORTLAND

Street Subdivision Lot #: 22 ~~Bracket St~~ ~~Iskrael St~~

PROPERTY OWNERS NAME

PAULION D

Last: ME, MED, HOSP, First:

Applicant Name: RICHARD COOMBS

Address of Owner/Applicant (if different): 11700 N. MOCK ST WASHINGTON AUBURN

PORTLAND 5599 TOWN COPY

Date Permit Issued: 12.6.95 \$ 60 FEE Double Fee Charged

[Signature] L.P.I. # 0.124

Plumbing Inspector Signature

Owner/Applicant Statement

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

[Signature] 12/1/95
Signature of Owner/Applicant Date

Caution: Inspection Required

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

[Signature] 12-9-95
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>HOSP.</u>	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>16527</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	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.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	<u>15</u>	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other:		Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			<u>15</u>	Total Fixtures
				Fixture Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

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

Location of Construction: 22 Bramhall Street		Owner: Maine Me² Ctr		Phone:
Owner Address:		Leasee/Buyer's Name:	Phone:	Business Name:
Contractor Name: Ledgewood, Inc.		Address: P. O. Box 8107, Portland, ME 04104		Phone: 767-1856
Past Use: Hospital basement		Proposed Use: renovations to Bean sub-basement storage rooms	COST OF WORK: \$ 92,000.00	PERMIT FEE: \$480.00
Proposed Project Description: Basement renovATIOns as per plans		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 1A Signature: <i>[Signature]</i>	
Permit Taken By: Victoria A. Dover		Date Applied For: January 17, 1996		

Permit No: **960027**

PERMIT ISSUED

Permit Issued:
JAN 23 1996

CITY OF PORTLAND

Zone: **R-6** CBL: **G3-A-3**

Zoning Approval:
MC use of us ledge
 Special Zone or Review

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: **1/16/96**

CEO DISTRICT **#3**
A Simpson

PERMIT ISSUED WITH LETTER

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

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his 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

Tim Barthelman
SIGNATURE OF APPLICANT **Tim Barthelman** ADDRESS: **P. O. Box 8107, Portland, ME** DATE: **1/17/96** PHONE: **767-1866**

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE **White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector** PHONE:

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND**

Street Subdivision Lot #: **22 BRAMHALL STREET**

PROPERTY OWNERS NAME

MAINE MEDICAL CENTER

Last: _____ First: _____

Applicant Name: **JAMES J KELLEY ASSOC., INC.**

Mailing Address of Owner/Applicant (If Different): **P.O. BOX 1310 WESTBROOK, ME 04098**

PORTLAND 5517 TOWN COPY

Date Permit Issued: **9/14/95** \$ _____ FEE Double Fee Charged

L.P.I. # **0124**

Local Plumbing Inspector Signature: _____

Owner/Applicant Statement

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

James M. Buckley **08-12-95**
Signature of Owner/Applicant Date

Caution: Inspection Required

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

Anna Simpson **1-19-96**
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER
LICENSE # CO90009024		

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
	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			Fixtures (Subtotal) Column 1
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		0	Fixtures (Subtotal) Column 2
				Total Fixtures
			\$16.00	Fixture Fee
			0	Hook-Up & Relocation Fee
			\$16.00	Permit Fee (Total)

TOWN COPY

-PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland ME

Street: Bramhall St

Subdivision Lot #: 33

PROPERTY OWNERS NAME

Last: Mahe Med. First: Callahan (SCU Basement)

Applicant Name: Richard Coombs (Danion's Arch.)

Mailing Address of Owner/Applicant (if different): Commons Mech. Bldg. 110
Portland ME

PORTLAND 5825 TOWN COPY

Date Permit Issued: 1/27/96 \$ 112.71 FEE Double Fee Charge

Local Plumbing Inspector Signature: [Signature] License # 0.1241

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: Mahe Coombs Date: 1/27/96

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: Amy [Signature] Date Approved: 1-19-96

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 "y"

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 # 16527

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanits lines, drains, and piping without new fixtures.</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Direct Waste		Water Closer (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	1	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			1	Total Fixtures
				Fixture Fee
				Hook-Up & Relocation Fee
				Permit Fee
				Total

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

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

Location of Construction: 22 Bramhall St		Owner: Maine Medical Center	Phone: 781-4118	Permit No: 960084
Owner Address: 22 Bramhall St - Ptld ME 04101		Leasee/buyer's Name:	Phone:	Business Name:
Contractor Name: Ledgewood Inc		Address: P O Box 8107 - Ptld ME 04104		Phone: 767-18866
Past Use: hospital	Proposed Use: hospital w int renvtns	COST OF WORK: \$1,552,000	PERMIT FEE: \$ 7780	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED FEB - 9 1996 CITY OF PORTLAND </div>
Proposed Project Description: interior renovations- ground flr-Bean wing & Flr 5- Pavln A		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-2 Type: 10 Signature: <i>[Signature]</i>	
Permit Taken By: L Chase		Date Applied For: 2/5/96	Signature: <i>[Signature]</i> Date:	

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

Dump ticks to be purchased through DPW - Out of 30 YC

**PERMIT ISSUED
WITH LETTER**

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

[Signature]
SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zone: CBL: *R-6*

Zoning Approval: *OK 2/6/96*

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

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *2/6/96*

CEO DISTRICT 3
A. Simpson

REVIEWED FOR
NOT
BARRIERS FREE
COMPLIANCE

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



Permit No. 7637

PERMISSION IS HEREBY GIVEN TO:
Msine Medical Center
22 Bramhall St.
Portland, ME 04102

Location of project:
22 Bramhall St.
Portland, ME

PROJECT TITLE:
Gas Storage Rooms
OCCUPANCY CLASSIFICATION:
Hospital

To construct or alter the afore referenced building according to the plans hitherto filed with the
Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on July 24, 1997

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

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

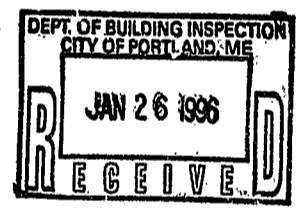
Dated the 25th day of January A.D. 1996

FEE \$ 100.00

*SPRINKLED

Alfred A. Woodford

Commissioner - Public Safety



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

Location of Construction: 22 Bramhall St		Owner: Maine Medical Center	Phone: 871-4118
Owner Address: 22 Bramhall St- Ptld ME 04102		Leasee/Buyer's Name:	Business Name:
Contractor Name: H E Callahan Const Co		Address: Box 677 - Auburn ME 04210	Phone:
Past Use: hospital	Proposed Use: hospital w intr renvtns	COST OF WORK: \$ 23,100	PERMIT FEE: \$ 135.50
Proposed Project Description: interior renovations - Bean Wing hallway - making a room - grd flr (SCU classroom)		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group <u>2</u> Type: <u>14</u> Signature: <u>[Signature]</u> Date: <u>2/2/96</u>
Permit Taken By: L Chase	Date Applied For: 2/7/96	Signature: <u>[Signature]</u>	Date: <u>[Date]</u>

Permit No: **960308**

PERMIT ISSUED
FEB 22 1996
CITY OF PORTLAND

Zone: 20 CBL: [Signature]

Zoning Approval: [Signature] 2/2/96

Special Zone or Reviews:

- Shoreland
- Wetland
- Flood Zone
- Subdivision
- Site Plan maj minor mm

Zoning Appeal

- Variance
- Miscellaneous
- Conditional Use
- Interpretation
- Approved
- Denied

Historic Preservation

- Not in District or Landmark
- Does Not Require Review
- Requires Review

Action:

- Approved
- Approved with Conditions
- Denied

Date: [Signature]

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

PERMIT ISSUED WITH LETTER

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

[Signature] 2/7/96

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

CEO DISTRICT 3

[Signature]



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall St

Issued to Maine Medical Center

Date of Issue 12 February 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. 950935, 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

Sixth Floor - Richards Wing
Hospital

Hospital Wing

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

2.12.96
(Date)

Amy W. Simpson
Inspector

[Signature]
Inspector of Buildings

ASB

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

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

Location of Construction: 22 Bramhall St		Owner: HMC	Phone:	Permit No: 950935
Owner Address:	Lease/Buyer's Name:	Phone:	Business Name:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED SEP - 7 1995 CITY OF PORTLAND </div>
Contractor Name: Ledgewood, Inc.	Address: P.O. Box 8107 Portland, ME 04104	Phone: 767-1866		
Past Use: Hospital	Proposed Use: Same	COST OF WORK: \$ 172,000.00	PERMIT FEE: \$ 850.00	Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Proposed Project Description: Interior Renovations 6th floor - Richards Wing		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 1A Signature: <i>[Signature]</i>	
		Signature: <i>[Signature]</i>	Date:	
Permit Taken By: Mary Gresik	Date Applied For: 06 Sept 1995			Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied

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

PERMIT ISSUED WITH LETTER

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT <i>[Signature]</i> Tim Barthelma	ADDRESS:	DATE: 06 Sept 1995	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

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

Action:
 Approved
 Approved with Conditions
 Denied

Date: **9/16/95**
[Signature]

CEO DISTRICT **3**
A. Simpson

COMMENTS

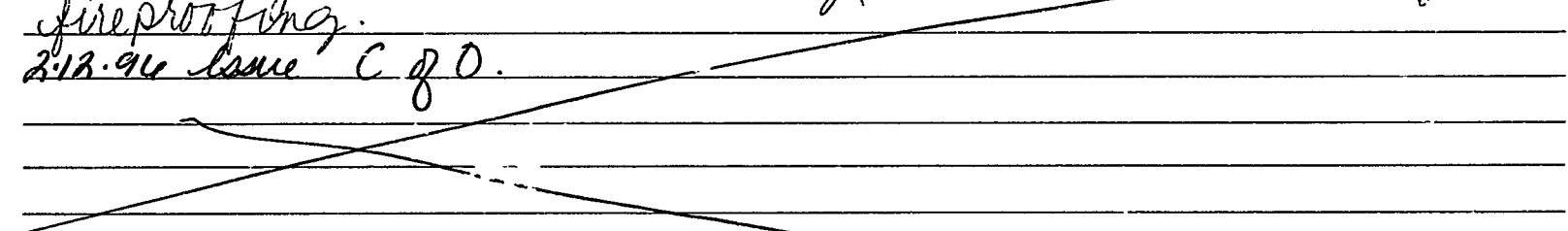
11-28-95 Phase I completed - checked previously w/ Lt. MacDonogh.
Phase II underway. Have dropped 2 ea sprinkler heads
in environmental closets. Need to complete flooring or plumbing
fixtures can be added.

12-4-95 Phase II completed.

1-19-96 Need to finish balance of interior finish items - Suen has
issued check tag for Phase III. Will call when they're
ready for final.

2-5-96 State fire marshall's office has waived the need for add'l
smoke and heat coverage, because of the # of beds is less than
10 in that one area. Fireproofing (sprayed on) is consistent
with the type used in previously inspected areas. Retrofitted
fireproofing.

2-13-96 Issue C of O.



Inspection Record

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

**NOT
REVIEWED FOR
BARRIER FREE
COMPLIANCE**

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



Permit No. 7411

PERMISSION IS HEREBY GIVEN TO:
Maine Medical Center
22 Bramhall St.
Portland, Me 04101

Location of project:

Bramhall St.
Portland, ME

PROJECT TITLE:

Richard's Wing Sixth Floor

OCCUPANCY CLASSIFICATION:

Hospital

To construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on March 10, 1996.

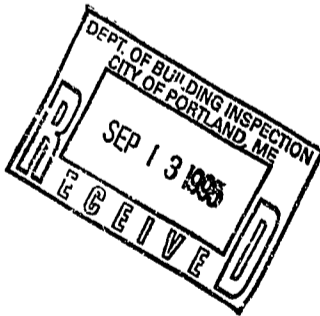
This permit is issued under the provisions of Title 25, Chapter 317, Section 2448

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

Dated the 11th day of September A.D. 1995

FEE \$150.00 *NOT SPRINKLED


Commissioner - Public Safety



PDA Phillip J. Doughty Associates -- Architects

364 U.S. Route One, Falmouth, Maine 04105

Telephone 207•781•5346

ADDENDUM #1

PROJECT: MAINE MEDICAL CENTER R5 RENOVATIONS #950-002

DATE: JULY 27, 1995

TO: ALL INVITED BIDDING GENERAL CONTRACTORS

This Addendum forms a part of the Contract Documents and modifies the original Bidding Documents dated July 19, 1995, as noted below. Acknowledge receipt of the Addendum in the space provided on the Bid Form. Failure to do so may subject the Bidder to disqualification.

This Addendum consists of nine(9) page(s) and includes the following:

1. Pre-Bid Meeting Minutes - July 25, 1995, five(5) pages.
2. Pre-Bid Attendance List - July 25, 1995, one page.
3. Specification and drawing revisions -three(3) pages.
(See the following items 1 thru 13.)

DRAWING NOTES:

1. On drawing A3, Toilet Room 618A, North Elevation, add a 5"D x 18"W stainless steel shelf.

Model#7380 by American Specialties, Inc., or Architect approved equal. Locate the shelf at 3'-4"A.F.F. and 2" from the east wall. The GFI receptacle will need to move west by two (2) tiles.
2. On Drawing PH1, the temporary partition for the shower rooms on R5 needs to be adjusted to allow access to the office across the hall to the east. The 4' x 7' temporary access door shall move to the north temporary wall.
3. On Drawing PH1, the Quite Room in Phase III does not require the GWB temporary partitions. Poly barriers will be acceptable.
4. On Drawing PH1, Phase I indicated a relocated 4' x 7' temporary door, this door shall be the only location for a temporary door in Phase I. The other door location shall be deleted.

Addendum #1 - Page #1

AIA

Member

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5. Add the following to Drawing A8, Finish Schedule:

Room 618A shall have new ceramic tile flooring and wainscot; the walls shall be gypsum wallboard, painted (all four (4) walls); the base is ceramic tile cove base; the ceiling is ACT at 8'-0".

Room 619A shall have the north and east walls patched with new ceramic tile; the north and east walls shall be gypsum wallboard, painted; the flooring shall be patched to match existing ceramic tile; the base shall be ceramic tile; cove base; the ceiling shall be ACT at 8'-0".

6. Drawing D2 - Phase I, ceiling removal should include the ceiling in front of the electrical closets on the east end, as indicated as new on drawing A2.

7. Drawing E1 and D2 - demolition on R5 in the shower rooms should include the removal and reinstallation of the ceiling fixtures

Drawing A2 - ceiling replacement on R5 in the shower area should include the reinstallation of the lights and vents.

8. Drawing A5 and P3 - the Storage Closet #6121 should show the relocation of the sink, base cabinet and plaster trap as shown on the west elevation. On 2/P3, locate the sink on the west wall as indicated on the west elevation on A5.

9. Disregard all reference to specification section 15500.

10. Drawing E2 - 3 of the four receptacles in room 608 indicated by note 20 should be ceiling mounted as shown on drawing A2. Note 20 applies to these 3 receptacles, only. Note 20 shown at the wall mounted T.V. station should read as note 8 (corresponding to note 22).

11. Drawing E2 - the outlet shown on the north wall of the new P.T. room as mounted at 48" should be mounted at the standard mounting height. The receptacle shown on the east wall should be at 48" A.F.F.

BIDDING NOTES:

12. All bidders should include in their base bid a per unit cost for each type of new light fixture. Also, include, as a separate item not part of the base bid, a per unit cost to retrofit the existing light fixtures indicated for removal;

retrofit shall include switching to T8 lamps with electronic ballasts, to use either 2, 3, or 4 lamp ballasts as required by the number of lamps in each fixtures.

SPECIFICATION NOTES:

13. Spec. Section 15400, 1.32B - replace the Sloan Model MIX-30-A-2 and its components with a Sloan ETF-66, Single solenoid valve with plug-in transformer, 2 1/2" gpm laminar flow, and tubing. G.C. note: the electrician shall provide a GFI type receptacle under the sink for the plug-in transformer.

PRE-BID MEETING MINUTES

PROJECT: MAINE MEDICAL CENTER R6 RENOVATIONS #950-002

DATE: JULY 25, 1995 TIME: 2:00 PM

PLACE: MAINE MEDICAL CENTER PLAN ROOM

ATTENDEES: SEE ATTACHED ATTENDANCE LIST

1. Introduction of attendees.
2. Dan Doughty reviewed the specifications:
 - a. Reiterated the Invitation to Bid letter.
 - b. Pre-bid Meeting was not mandatory.
 - c. Hebert & sons could not make it.
3. Contrary to what was discussed in the Pre-bid Meeting, the payment for documents in the Instructions to Bidders remains as indicated in the Project Manual.
4. All questions from the General Contractors shall be received no later than five (5) days prior to the bid due date.
5. The work day shall be 7:00 AM to 4:00 PM, Monday thru Friday.
6. Bids shall include the base bid and alternate #1 (Nurses' Station).
7. Chris reiterated the Summary of Work, Section 01010.
8. Questions:
 - a. Is electrical work shown for the modular system? Yes, General Contractor is responsible for providing the electrical outlets and wiring to both the modular and the built-in Nurses' Station.
 - b. Is there an established completion date? Not really, there has been some in-house discussion, but not drop dead date, but schedules will be considered in the review of bids.
9. Alex McCarthy discussed their schedule and some adjustments. The adjustments have been made in the following anticipated schedule:

Meeting Minutes - 1 -

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The following is an anticipated construction schedule based on the Bid Documents and factoring in asbestos containing material (ACM) removal (based on a six (6) day work week for ACM removal only), and moving time for each phase:

<u>PHASE</u>	<u>DESCRIPTION</u>	<u>START</u>	<u>ACM</u>	<u>CONST.</u>	<u>MOVE</u>
I	New P.T. Area	Aug.28	1 WK	3 WKS	Spt.26
II, -IIA	Exist. P.T. & Stor/Envir. Ser.	Oct.2	2 WKS	4 WKS	Nov.13
III	Step Dn Unit & Quiet Room	Nov.6	2.5 WKS	6 WKS	Jan.8

10. Maine Medical Center would like to minimize work on R5. Maybe immediately following the ACM removal on R5 in each phase, the plumber can be scheduled to go in and complete their work and then new ceiling put up.
11. Temporary partitions are installed by the General Contractor to the finish ceiling. Partitions are expected to be re-used in other phases, if cost effective.
12. Maine Medical Center has recently updated their Finish Hardware Specification, Maine Medical Center will now provide the locksets and cylinders. This change is reflected in the specifications.
13. No construction trailer will be on the site, but Maine Medical Center will arrange for an on-site space for an office with a phone jack.
14. A space will be provided for a dumpster near the loading dock.
15. Maine Medical Center has the right to first refusal of all salvageable materials.
16. The Contractor will be provided parking passes, with three (3) parking spaces available.

WALK-THRU

PHASE 1 - R5:

17. Dan and Chris identified the Phase I area on R5, showing the stretcher storage alcove, describing the temporary partitions and doors which will limit access to one patient room during the phase.

PHASE II - R5:

18. Dan described the work in the three (3) shower areas in Phase II, requiring the removal of the GWB ceilings for the plumbing removal and new for R6, and installation of a new drop-in ceiling.
19. The temporary partitions for this area as shown on the Bid Documents, should be revised to maintain access to the Head Nurse's Office in the cross corridor. Access to this office must be maintained.
20. The corridor ceiling in this area does not get removed.

PHASE I, R6:

21. Dan pointed out that the south wall of the stretcher storage alcove was being removed and a new wall built as the north wall of the new Physical Therapy Room, with a door in the middle of this wall.
22. The Environmental Services Closet gets removed, including the mop sink, sprinkler head and drain, and the ceramic tile.
23. The sink gets relocated to the new Storage Room, including the base cabinet and the plaster trap.
24. The temporary partitions extend down the corridors to include the electric closet, and then the partitions will be moved back to the point shown on the drawings.
25. The Nursing staff was reminded of the need to use stretcher during the entire construction period because of the lack of space to turn the beds into the rooms, due to the temporary partitions.
26. Chris pointed out the electric cableways on the ceiling, which are mounted to both the walls and the ceiling grid. These need to be maintained throughout the project by the General Contractor.

PHASE II - R6:

27. 90% of this floor was renovated in 1983, so the existing wall construction is not the Richard's Wing typical wire stud, metal lath and plaster, it is 4" (actual) metal studs and GWB. In some areas a 4" stud is required in the new construction. These are not long lead items. The demolition time may be less than what is required with the wire studs.

28. The existing Physical Therapy Room will be divided by a partition down the middle to create two (2) semi-private rooms. The closet will be removed, including the sprinkler, and made into a private toilet room for the new patient room. The existing corridor side toilet room door gets relocated.
29. The medical gases for each room is fed from the corridor area that gets cleaned in Phase IIA.
30. The flooring material in all these areas is VCT (no asbestos) and the extent are shown on the drawings.
31. The showers in the shower areas are being removed and patched with ceramic tile. This area will become a Storage Room and an Environmental Services Closet.
33. The Environmental Services Closet will require a sprinkler. The sprinklers are shown on the drawings for assistance to the design/build sprinkler sub-contractor. This sub-contractor is responsible for the design of the new sprinkler connections to meet all applicable codes. The existing sprinkler piping for this area runs down the center of the shower room, above the ceiling, so the connection should be fairly easy.

PHASE III:


34. Quiet Room, in the Bean Wing, is a swing phase of Phase III. This area can probably become the field office during construction. A phone connection will be made available by Maine Medical Center.
35. The Quiet Room will require a new wall and door. This area (Bean Wing) does not have any asbestos, so no temporary partitions are required. Installation of the new wall and door may require a poly barrier, but will not require the GWB and metal studs temporary partition.
36. The 6-Bed Intermediate Care Unit will require the removal of some walls and the installation of some sliding glass aluminum doors separating the two (2) end rooms.
37. Chris pointed out the door frame to be cut and patched. (See notes 11, on Drawing D1).

MISCELLANEOUS:

38. Rob Michael mentioned that the balancing of the system may need to extend beyond the area of the temporary partitions. If this is discovered as the ceilings get removed, then Maine Medical Center will address the issue at this time. The balancing by the General Contractor can not extend beyond the temporary partitions or ACM removal areas.

End of Pre-Bid Meeting Minutes

Please advise the writer of any errors, omissions or inconsistencies of these Minutes.


Christopher Henderson

PDA Phillip J. Doughty Associates — Architects

364 U.S. Route One, Falmouth, Maine 04105

Telephone 207•781•5346

PRE-BID MEETING ATTENDANCE RECORD

PROJECT: Maine Medical Center R6 Renovations PROJECT NO. : 950-002
CLIENT: Maine Medical Center
LOCATION: Maine Medical Center Engineering Dept. - Plan Room
DATE: July 25, 1995 TIME: 12:25 PM

PARTICIPANT DATA (Please Print)

NAME	ORGANIZATION	TELEPHONE / FAX #
Chris Henderson	Phillip J. Doughty Assoc.	781/5346/781-2908
Dan Doughty	Maine Medical Center	871-2013/871-6195
Dave Rowell	H. E. Callahan	784-6927/784-0789
Alex McCarthy	Pine State Environmental	871-2503/871-6145
Bill Rowles	Led.ewood, Inc.	767-1866/767-1869
Rob Michael	Mechanical Systems Engineers	846-1441/846-1443
Tom Linehan	Maine Medical Center	871-4164
Kelly Wood	Maine Medical Center R6	871-2322
Rita Menard	Maine Medical Center R5	871-4885
Alice Cirello	Maine Medical Center	871-2847

Jim Bartholomew back w/Adgewood

AIA

Member

CSI