



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall St

Issued to Maine Medical Center

Date of Issue 29 Sept 94

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

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Phase IV

Two Patients Rooms

Limiting Conditions:

This certificate supersedes
certificate issued 15 Sept 94

Approved: *[Signature]*
(Date)

[Signature]
Inspector of Buildings

Notice: This certificate identifies limited 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 St

Issued to Maine Medical Center

Date of Issue 15 Sept '94

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

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Phase IV

Physicians Call Room

Limiting Conditions:

This certificate supersedes
certificate issued

Approved: *[Signature]*
(Date) Inspector

[Signature]
Inspector of Buildings

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CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall St

Issued to Maine Medical Center

Date of Issue 28 July 1994

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

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Phase II

Hospital Wing

3B

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

July 28, 1994
(Date) Inspector

[Signature]
Inspector of Buildings

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



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall St.

Issued to Maine Medical Center

Date of Issue 3/17/94

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

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

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

hospital - interior
renovations

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

3/17/94
(Date) Inspector

[Signature]
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.

934493

Permit # 934493 City of Portland BUILDING PERMIT APPLICATION Fee 51.00 Zone _____ Map # _____ Lot# _____

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

Owner: Maine Medical Center Phone # 871-2447
 Address: 22 Bramhall St - Portland, ME 04102
 LOCATION OF CONSTRUCTION 22 Bramhall St - basement, 3rd fl
 Contract: CONSTRUCTION Sub: EMERGENCY ROOM
 Address: Box 2530 - Portland, ME 04116 Phone: 799-8135
 Est. Construction Cost: 16,000 Proposed Use: basement renov
 Past Use: _____
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Interior renovations - Emergency Room

For Official Use Only
 Date 1/15/93
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost 16,000
 Subdivision _____
 Name JAN 22 1993
 City of Portland

Zoning: Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) 1-19-93

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

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

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

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

Roofing:
 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 _____

Chimneys:
 Type _____ Number of Fire Places _____
 Heating: Type of Heat: _____

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

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

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

Permit Received By Louise E. Chase
 Signature of Applicant Thomas A. Herbert Date 1-15-93
 CEO's District Thomas Herbert

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO

13 Kathy Lowe White - Tax Assessor

PLOT PLAN



FEES (Breakdown From Front)

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

Inspection Record

Type	Date
Inspected with Dr. M. G. Donald Friday	9/16/93
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS

CERTIFICATION

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

Thomas A. Herbert
 SIGNATURE OF APPLICANT ADDRESS PHONE NO.

 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

Inspection Services
Samuel P. Hoffes
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

January 21, 1993

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

Re: 22 Bramhall St

Dear Sir,

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

Fire Prevention Review

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

Building Inspection Review

1. All construction and demolition debris must be disposed of at the RWS by a licensed carrier of solid waste at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final demolition permit is issued.

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

Sincerely,

A handwritten signature in cursive script that reads "Marge Schmuckal".

Marge Schmuckal
Asst. Chief of Inspection Services

cc: LT Gaylen McDougall, Fire Prevention Bureau



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 22 Bramhall St

Issued to **Maine Medical Center**

Date of Issue **28 July 1994**

This is to verify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 94/0093, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

3rd Floor

Physicians Call Room

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

28 July 94 *Arny Powers*

(Date) Inspector

P. Samuel Hoffa

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.

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street Subdivision Lot #: 22 BRAMHALL ST.

PROPERTY OWNERS NAME

EDWARD HEBERT & SONS

Last: MAINE MEDICAL CENTER

Applicant Name: EASTERN MECHANICAL, INC.

Mailing Address of Owner/Applicant (If Different): P.O. BOX 518 BIDDEFORD, ME. 04005

PORTLAND PERMIT # 5132 STATE COPY

Date Permit Issued: 7.14.94 \$ 8 FEE

Local Plumbing Inspector Signature: 167 LPL # 0,1,2,4

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.

Edward Hebert Signature of Owner/Applicant 7/14/94 Date

Caution: Inspection Required

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

NOT INSPECTED Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for: **1. NEW PLUMBING**

Type Of Structure To Be Served: **4. OTHER - SPECIFY HOSPITAL**

Plumbing To Be Installed By: **1. MASTER PLUMBER**

LICENSE # 0,2,3,4,1

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	1	Bathtub (and Shower)
		Floor Drain	1	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
Number of Hook-Ups & Relocations		Bidet		Laundry Tub
		Other: _____		Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) (Column 1)
				Fixtures (Subtotal) (Column 2)
OR				Total Fixtures
				Fixture Fee
TRANSFER FEE (\$8.00)				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

204.8

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

Location of Construction: 22 Braundall St		Owner: Maine Medical Ctr	Phone: 371-2447	Permit No: 951052
Owner Address: 22 Braundall St - Portland, ME 04101		Lease/Buyer's Name:	Phone:	Business Name:
Contractor Name: Lodgewood Inc		Address: P O Box 8107 - Portland ME 04104		Phone: 767-1866
Past Use: hospital	Proposed Use: hospital w inter renvtns	COST OF WORK: \$52,000	PERMIT FEE: \$230	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED OCT - 5 1995 CITY OF PORTLAND </div>
Proposed Project Description: interior renovations - ground & first flrs		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 3 Type: 3	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: 10/3/95 Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By: L Chase		Date Applied For: 10/2/95		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 include the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

PERMIT ISSUED WITH LETTER

CERTIFICATION

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

SIGNATURE OF APPLICANT: *L. Chase* ADDRESS: _____ DATE: _____ PHONE: _____

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

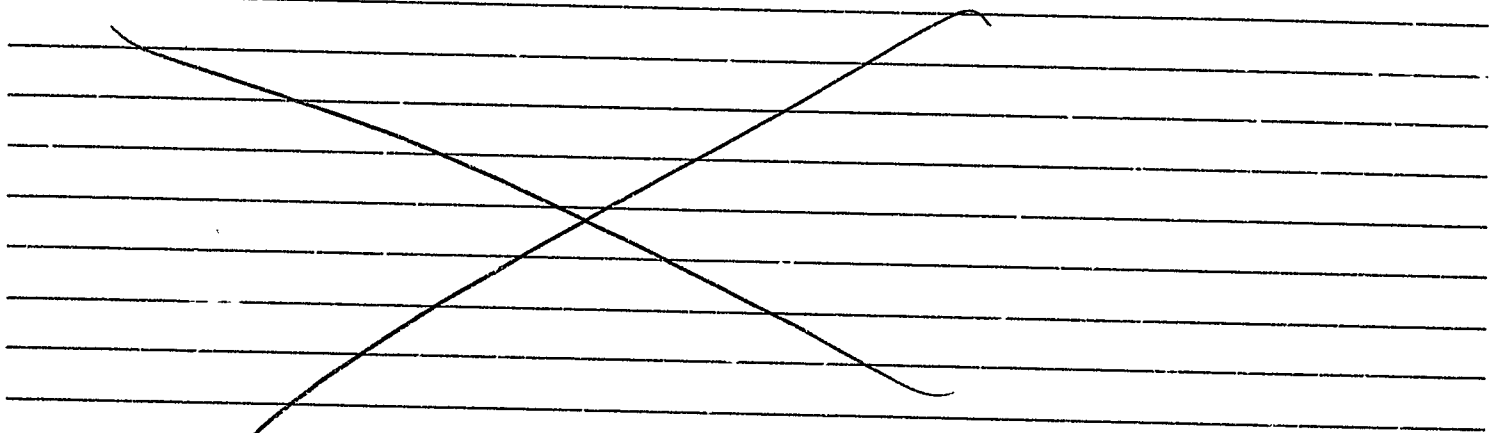
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Date: *10/3/95*
 Signature: *[Signature]*
 CEO DISTRICT **3**

COMMENTS

Pavillion 'D'
10-16-95
EM#4 }
EM#5 } Patching & Painting areas open / not sprinkled (completed; 11/20/95)
EM#4 }

Room 11 Cyana Rooms
10 added plumbing, typical throughout even room
9 added plumbing
8 " "
7 " "



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

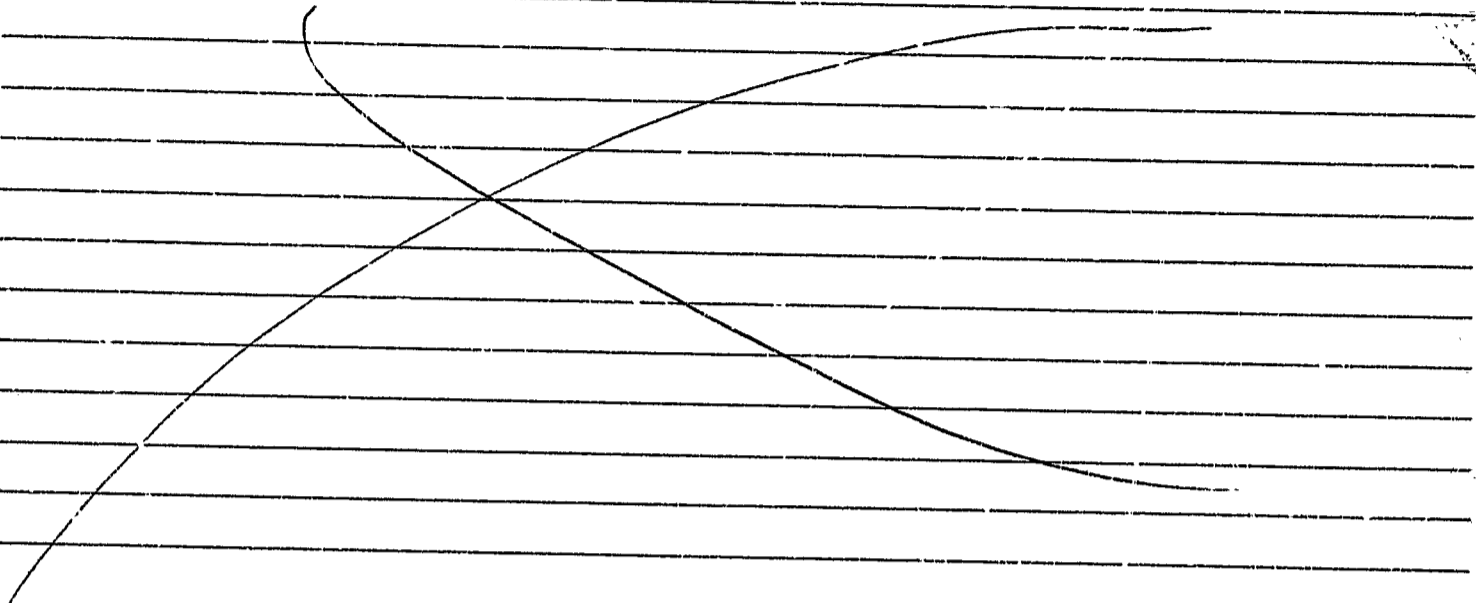
City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 22 Bramhall St		Owner: MFC	Phone:	Permit No: 951162
Owner Address:	Lease/Buyer's Name:	Phone:	Business Name:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: NOV - 7 1995 CITY OF PORTLAND </div>
Contractor Name: Langford & Low, Inc.	Address: 248 Warren Ave P.O. Box 662 Portland, ME 04104	Phone: XXXXXX 774-4383		
Past Use: Hospital	Proposed Use: Same	COST OF WORK: \$ 10,500.00	PERMIT FEE: \$ 75.00	Zoning: R-6 CBL: Zoning Approval: OK 11/4/95 Special Zone or Review: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input checked="" type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Proposed Project Description: Int Renovations (P2 - C & D Nursing Stations)		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 12 Type: 19 Signature: <i>[Signature]</i> BOCA-93	
Permit Taken By: Mary Gresik		Date Applied For: 02 November 1995		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Historic Preservation: <input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>
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				
SIGNATURE OF APPLICANT: <i>[Signature]</i> Jim Ellsworth		DATE: 02 November 1995		
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 <i>[Signature]</i>

COMMENTS

11-26-96

nurses station renovation completed. Waiting for balance of floor tile to complete project.



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

Point of Construction: Branhall St		Owner: Maine Medical Center		Phone:		Permit No: 931120	
Owner Address: 22 Branhall St - Portland, ME 04102		Lease/Buyer's Name:		Phone:		Business Name:	
Contractor Name: H E Callahan Const		Address: Box 677 - Auburn, ME 04210		Phone: 784-6927		Permit Issued: OCT 24 1995	
Past Use: hospital		Proposed Use: hospital intr renovations		COST OF WORK: \$ 210,000		PERMIT FEE: \$ 1070	
Proposed Project Description: interior renovations - Pavilion C <i>GCN/MSB</i>		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Zone: CBL	
Permit Taken By: L Chest		Date Applied For: 10/19/95		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
PEDESTRIAN ACTIVITIES DISTRICT		Action:		<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval:	
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..		<input type="checkbox"/> 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 major <input type="checkbox"/> minor <input type="checkbox"/> none	
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		Historic Preservation		<input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	
Action:		<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Date: <i>10/19/95</i>		Date: <i>[Signature]</i>	
SIGNATURE OF APPLICANT		ADDRESS:		DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		ADDRESS:		DATE:		PHONE:	
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector		GEO DISTRICT 3		PERMIT ISSUED WITH LETTER		PERMIT ISSUED	

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

October 24, 1995

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

RE: 22 Bramhall Street
Portland, Maine

Dear Sir,

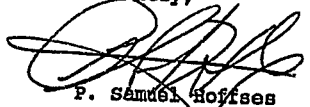
- Your application to make interior renovations in Pavilion C has been reviewed and a permit is herewith issued subject to the requirements listed below. This permit does not excuse the applicant from meeting applicable state and federal laws.

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

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

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

Sincerely,


P. Samuel Hoffses
Chief, Inspection Services

cc: Lt. McDougal, PFD

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 Med Ctr	Phone:	Permit No: 960027
Owner Address:		Leasee/Buyer's Name:	Phone:	Business Name:
Contractor Name: Ledgeswood, Inc.		Address: P. O. Box 8107, Portland, ME 04104		Phone: 767-1866
Past Use: Hospital basement		Proposed Use: renovations to main 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>	Signature: <i>[Signature]</i>
Permit Taken By: Victoria A. Dover		Date Applied For: January 17, 1996		
<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>				
<p>CERTIFICATION</p> <p>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</p>				
SIGNATURE OF APPLICANT <i>[Signature]</i> Tim Barthelme		ADDRESS: P. O. Box 8107, Portland, ME	DATE: 1/17/96	PHONE: 767-1866
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE:		
<p>White--Permit Desk Green-Assessor's Canary-D.P.W. Pink--Public File Ivory Card--Inspector</p>				

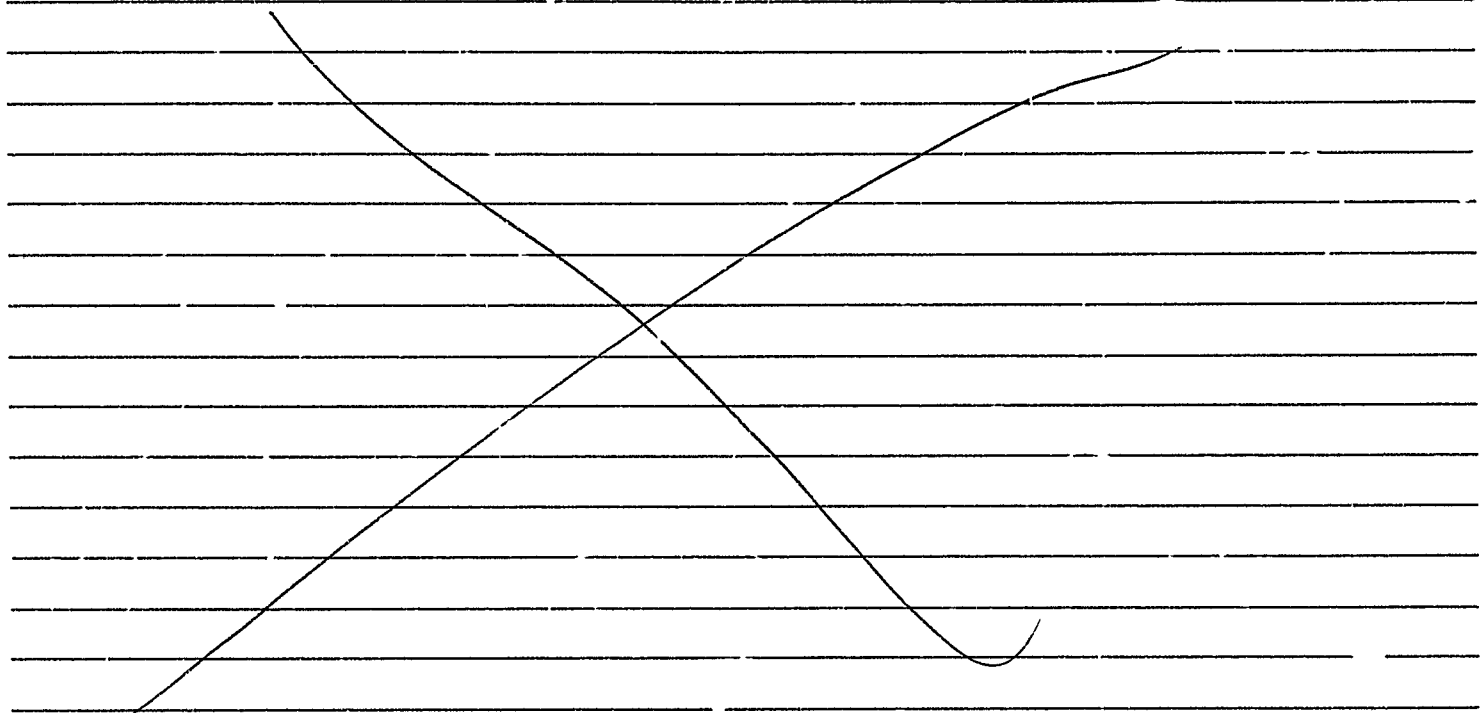
PERMIT ISSUED
 Permit Issued:
JAN 23 1996
CITY OF PORTLAND

PERMIT ISSUED WITH LETTER

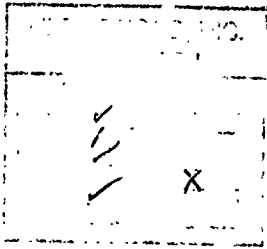
Zoning: **CBL**
 Zoning Approval: *[Signature]*
 Special Zone or Review:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor mm
 Zoning Appeal:
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied
 Historic Preservation:
 Not in District or Landmark
 Does Not Require Review
 Requires Review
 Action:
 Approved
 Approved with Conditions
 Denied
 Date: *[Signature]*
 CEO DISTRICT **#3**
[Signature]

COMMENTS

2.5.96 NWJ
5/16/96 Issue C of O - Completed per submitted.



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



REGISTERED
 ARCHITECTS
 INC.

AIA Document A101

Standard Form of Agreement Between Owner and Contractor

where the basis of payment is a
STIPULATED SUM

1987 EDITION

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

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

AGREEMENT

made as of the ~~THIRTIETH~~ ^{ninety-five} day of November in the year of Nineteen Hundred and

BETWEEN the Owner: **Maine Medical Center** # 92,000.-
 (Name and address) 22 Bramhall Street 530 SF
 Portland, Maine 04102 871-

and the Contractor: **Ledgewood, Inc.**
 (Name and address) P.O. Box 8107
 Portland, Maine 04104

The Project is: **Renovations to Bean Sub-Basement Storage Rooms**
 (Name and location) 22 Bramhall Street
 Portland, Maine 04102

The Architect is: **Stevens Morton Rose & Thompson**
 (Name and address) P.O. Box 618
 Portland, Maine 04104

The Owner and Contractor agree as set forth below.

Copyright 1915, 1918, 1925, 1937, 1951, 1958, 1961, 1963, 1967, 1974, 1977, ©1987 by The American Institute of Architects, 1735 New York Avenue, N.W., Washington, D.C. 20006. Reproduction of the material herein or substantial quotation of its provisions without written permission of the AIA violates the copyright laws of the United States and will be subject to legal prosecution.

CITY OF PORTLAND

January 22, 1996

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

RE: 22 Bramhall Street
Maine Medical Center

Dear Sir,

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

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

Building and Fire Code Requirements

1. All sprinkler system shall be maintained to NFPA 13 Standards.
2. The fire alarm system shall be maintained to NFPA 72 Standards.
3. A permit from the State Fire Marshall's Office is required.

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

Sincerely,



P. Samuel Hoffges
Chief, Code Enforcement Division

cc: Lt. McDougall, PFD

CITY OF PORTLAND, MAINE
Department of Building Inspection



Certificate of Occupancy

LOCATION 22 Bramhall St

Issued to Maine Medical Center

Date of Issue 20 March 1996

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 960:08, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Bean Wing~~SEM~~

SCU Classroom

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

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

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

Location of Construction: 22 Bramhall St		Owner: Maine Medical Center	Phone: 871-4118	Permit No: 960108
Owner Address: 22 Bramhall St- Ptid ME 04102		Leasee/Buyer's Name:	Business Name:	PERMIT ISSUED Permit Issued: FEB 22 1996 CITY OF PORTLAND
Contractor Name: H E Callahan Const Co		Address: Box 677 - Auburn ME 04210	Phone:	
Past Use: hospital	Proposed Use: hospital w intr renovatns	COST OF WORK: \$ 23,100	PERMIT FEE: \$ 135.50	Zoning: CBL Zoning Approval: 2/2/96 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 - Bean Wing hallway - making a room - 2nd flr (SCU classroom)		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: <input type="checkbox"/>	
Permit Taken By: L Chase		Date Applied For: 2/1/96		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied

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

PERMIT ISSUED WITH 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 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

Action:
 Approved
 Approved with Conditions
 Denied
 Date: **2/2/96**

CEO DISTRICT **3**

COMMENTS

2-26-96

H.E. Callahan has studs up, glass block installed. Have added 16 gauge studs @ common wall, located on back side of elevators to accommodate load of ceiling above. Dubois Elec. on site. Gary Stugard, H.E. Callahan, Supt. Says wall has 45 min. rate.

3-13-96 Final Inspect

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



MINERAL FIBRE INSULATION

CAUTION

Man-made mineral fibre has been classified by the International Agency for Research on Cancer (IARC) as Group 2B (possibly carcinogenic).

GENERAL

Possibly carcinogenic to humans.

(e.g. carpentry and joinery, wood dust, asbestos, and fibre glass insulation).

The release of mineral fibres during normal handling may cause irritation to the skin, eyes, a stuffy nose or scratchiness in the throat.

FIRST AID

Eye Contact - Flush eyes with flowing water to remove fibre. If contact persists, seek medical attention.

Skin Contact - Wash with mild soap and flowing water to remove fibres.

PRECAUTIONS

When handling mineral fibre insulation a vacuum respirator meeting the NIOSH approved TC-21C requirement is suggested. (For example, a 3M 5710 or its equivalent) should be used.

Wear long sleeves, long pants, clothing, gloves and eye protection.

For additional information refer to the Material Safety Data Sheet (MSDS) or contact (905) 609-2473 ROXUL.

ROXUL INC.
651 Harro Drive
Milton, Ontario
L7T 2H3

2/15/96

Waiting for Henry Gillette
to return my call. I need a
cut sheet on glass wall. He stated
(on my answering machine) that the
wall did not have to be fire rated. I
disagree.

2/26/96
RATED @ 45 min.
~ Gary Stuyard
under a certain
amt. of ~~***~~

(2)

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

February 22, 1996

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

RE: 22 Bramhall Street
Portland, Maine

Dear Sir,

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

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

Building and Fire Code Requirements

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

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

Sincerely,


P. Samuel Hoffses
Chief, Code Enforcement Division

cc: Lt. McDougall, PFD

Dubois -
Electrical

1/24 } Back wall 16 gauge
studs to carry
ceiling load
Back side of elevator
shaft.

PITTSBURGH CORNING PC GLASSBLOCK PRODUCTS

The following data is applicable to interior and exterior PC GlassBlock® panels.

For design purposes, panels of PC GlassBlock® products in the REGULAR SERIES weigh approximately 20 lbs./sq. ft. installed; THINLINE® SERIES panels weigh approximately 16 lbs./sq. ft. installed; VISTABRIK® solid glass panels weigh approximately 40 lbs./sq. ft. installed; and THICKSET® Block panels weigh approximately 26 lbs./sq. ft. installed. Local building

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

City Code Approvals.

- New York City Board of Standards and Appeals Calendar #B20-38-SM
- New York City Materials and Equipment Acceptance MEA 406-9C-M
- Los Angeles General Approval R. 1-24486
- San Francisco General Approval 177P59.1
- Eugene, OR, "Approved Glass Products, Storm Windows and Insulated Window Units"

Sound Transmission

STC*	Size	Pattern	Assembly Construction
41	8" x 8" x 3"	All Patterns	Kwik'N EZ® Silicone Systems
37†	8" x 8" x 4"	All Patterns	Mortar
40	8" x 8" x 4" w/LX Fibrous Filler	All Patterns	Mortar
60	8" x 8" x 4" Thick-Faced Block	THICKSET® All Patterns	Mortar
53	8" x 8" x 3" Solid Unit	VISTABRIK®	Mortar

*Based in accordance with ASTM E90-80 "Measurement of Airborne Sound Transmission Loss..."

†STC rating value in accordance with ASTM E413-87 "Classification for Rating Sound Insulation."

*Test method and STC rating value in accordance with ASTM E90-81 and ASTM E413-73 accordingly.

Maximum Panel Dimensions

Perimeter Support Method	REGULAR SERIES			THINLINE® SERIES		
	Area (Sq. Ft.)	Height (Ft.)	Width (Ft.)	Area (Sq. Ft.)	Height (Ft.)	Width (Ft.)
*EXTERIOR Channel Type Restraint	144	20	25	65	10	25
Panel Anchors	144	20	25	65	10	25
Channels or Panel Anchors with Intermediate Sillfiner	250	20	25	150	20	25
INTERIOR Channel Type Restraint	250	20	25	150	20	25
Panel Anchors	250	20	25	150	20	25

*Maximum exterior panel sizes are based on a design wind load of 20 lbs. per sq. ft. with a 2.7 safety factor.

Fire Resistance

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

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

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

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

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

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

PATTERNS ¹ (with or without LX ² fibrous glass inserts)	SIZES				Masonry Wall Construction			Non-Masonry Wall Construction ³		Channel Framing	Panel Anchor Framing ⁴	Specific Assembly Requirements ⁵	
	6" x 8" Nom 5 1/2" x 7 1/2" Act (145 mm)	8" x 8" Nom 7 1/2" x 7 1/2" Act (197 mm)	4" x 8" Nom 3 1/2" x 7 1/2" Act (85 x 197 mm)	6" x 8" Nom 5 1/2" x 7 1/2" Act (145 x 197 mm)	45 Min	60 Min	90 Min	Max Area / Panel (ft ²)	Max Ht or Width (ft)			Max Area / Panel (ft ²)	Max Ht or Width (ft)
REGULAR SERIES (3/8" : 98mm thick)													
ARGUS®	X	X		X			120	12	94	10.75	X	X	Use Fire Retardant-Type Sealant
DECORA®	X	X	X	X			120	12	94	10.75	X	X	
ESSEX® AA		X		X			120	12	94	10.75	X	X	
TEXTRA™		X		X			120	12	94	10.75	X	X	
VUE®	X	X	X	X			120	12	94	10.75	X	X	
THINLINE® SERIES (3/16" : 79mm thick)													
DECORA®		X	X	X	X		100	10	94	10.75	X	X	
VUE®	X	X	X	X	X		100	10	94	10.75	X	X	
THICKSET® BLOCK (3/4" : 88mm thick)													
VUE®	X	X			X	X	100	10	94	10.75	X	X	Use Fire Retardant-Type Sealant
ENDURA®		X			X	X	100	10	94	10.75	X	X	
VISTABRIK® Solid Glass Block (3" : 76mm thick)													
VISTABRIK®		X			X	X	100	10	94	10.75	X	X	

¹ All DELPHI® pattern blocks, 6" x 12" block, NEOCON® Corner Block, TRIDRON® 45° Block, Units and EndBlock™ Flat Top Units are not fire-rated.
² In 5/2" size, use fibrous glass inserts only. Use of fire-rated framing system.
³ In non-masonry wall construction, using panel anchor framing, panel anchors must be installed in accordance with the code.

⁴ In non-masonry wall construction, use double-fluting for panel frame and frame supports.
⁵ Expansion materials at joints and joints must be same material class or mineral wool plus other requirements as listed above.
⁶ In masonry wall construction, use A-1 masonry rated window only.
⁷ Underwriters Laboratory Classification R2855 in accordance with NFPA 90, Chapter 16.
 For additional information, contact Pittsburgh Corning Glass Company, Pittsburgh, PA 15201.

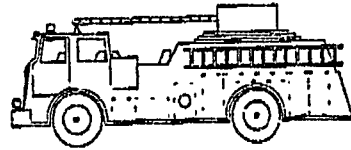
City of Portland, Maine

FIRE DEPARTMENT
380 Congress Street
Portland, Maine 04101

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

DATE: 3/18/96

TIME: 0730



MESSAGE to the attention of: Amy Simpson

Company/Entity: _____

Message From: Mac

Department: _____

Phone # _____

Receiving FAX number: 8716

Total # of Pages including cover sheet: 2

MESSAGE: _____

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:		Permit No: 960489	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: H.E. Callahan Const. Co.		Address: P.O. Box 677 Auburn, ME 04210		Phone: 784-6927		Permit Issued: MAY 23 1996	
Past Use: Hospital		Proposed Use: Same		COST OF WORK: \$ XXXXXXX 18K		PERMIT FEE: \$ 110.00	
Proposed Project Description: Make Interior Renovations - Pulmonary Storage Room 1st fl Bean Wing		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>EA</i> Type: <i>VB</i>		Zoning: CBL:	
		Signature: <i>MMW</i>		Signature: <i>Ruffin</i>		Zoning Approval: <i>John S. Strick</i>	
Permit Taken By: Mary Gresik		Date Applied For: 21 May 1996		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		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 <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
<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>				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		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	
				Signature: _____		Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	
				Signature: _____		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
<p>CERTIFICATION</p> <p>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</p>				DATE: 21 May 1996		Date: <i>5/22/96</i>	
SIGNATURE OF APPLICANT: <i>Rodney Boyington</i>		ADDRESS:		PHONE:		CEO DISTRICT: 3	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:		A. Simpson	

PERMIT ISSUED WITH LETTER

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 Bramhall St

Issued to Maine Medical Center

Date of Issue 21 June 1996

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 960459, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

1st Floor Bean Wing

Pulmonary Storage (Hospital)

Limiting Conditions:

This certificate supersedes certificate issued

Approved: 01/24/96 Amy Towers
(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 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 Brambell St		Owner: Maine Medical Center		Phone:	Permit No: 960489
Owner Address:		Leasee/Buyer's Name:	Phone:	Business Name:	PERMIT ISSUED MAY 23 1996 CITY OF PORTLAND
Contractor Name: H.E. Callahan Const. Co.		Address: P.O. Box 677 Auburn, ME 04210		Phone: 784-6927	
Past Use: Hospital	Proposed Use: Size	COST OF WORK: \$ 110,000 18K		PERMIT FEE: \$ 110.00	Zone: CE CBL: Zoning Approval: 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 maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Proposer's Project Description: Make Interior Renovations - Pulmonary Storage Room 1st fl Bean Wing		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 12 Type: 35		
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	<input type="checkbox"/> PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____
Permit Taken By: Nary Gresik		Date Applied For: 21 May 1996			

- 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. Failure to start work may invalidate a building permit and stop all work.

PERMIT ISSUED WITH LETTER

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

[Signature]
SIGNATURE OF APPLICANT: **Anthony Boyington** ADDRESS: _____ DATE: **21 May 1996** PHONE: _____

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

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]*

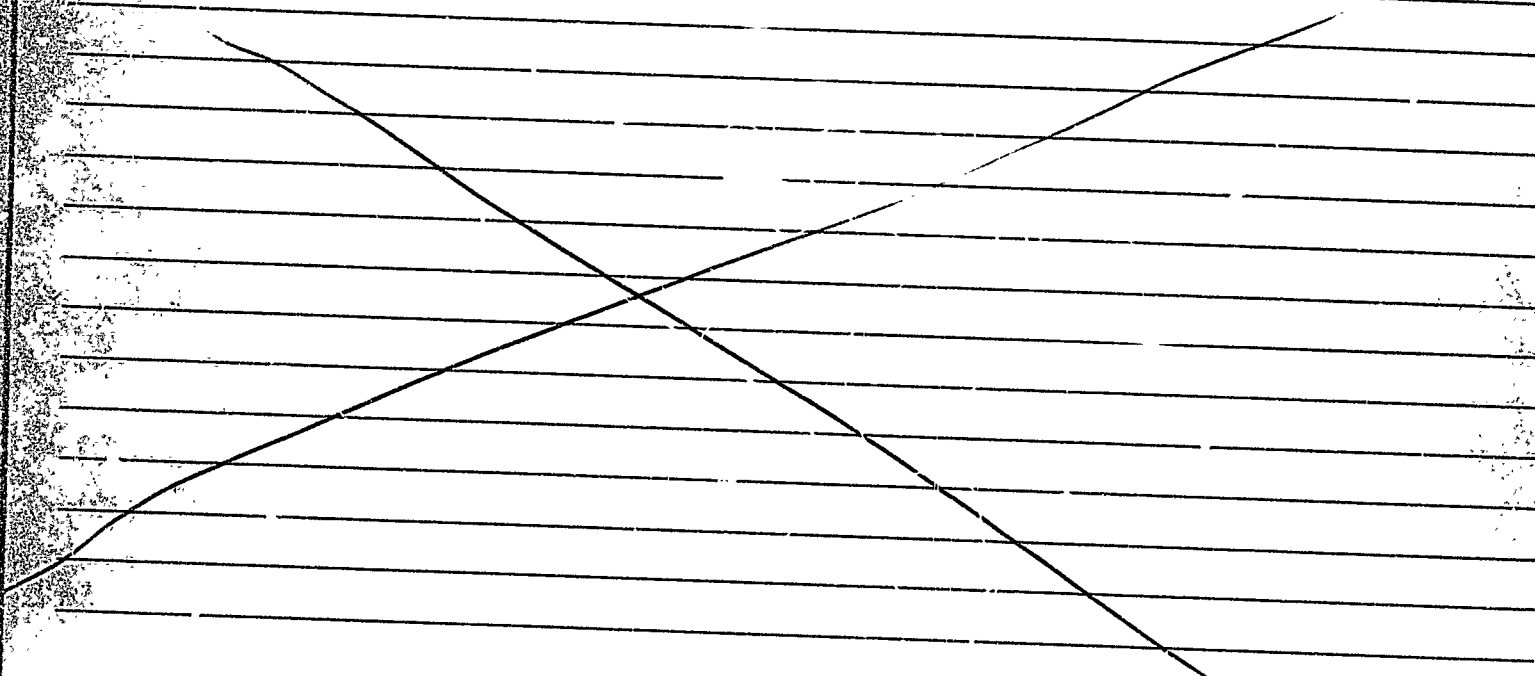
[Signature]

CEO DISTRICT **3**
[Signature]

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

COMMENTS

6/30/96 Inspection - OK to occupy.



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

Inspection Services
P. Samuel Hoffses
Chief



Planning Department
Joseph E. ... Jr.
Director

CITY OF PORTLAND

May 23, 1996

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

RE: 22 Bramhall Street
Maine Medical Center

Dear Sir,

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

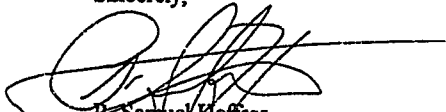
No Certificate of Occupancy will be issued until all requirements of this letter are met.

Building and Fire Code Requirements

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

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

Sincerely,


P. Samuel Hoffses
Chief, Code Enforcement Division

cc: Lt. McDougall, PFD

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

Location of Construction: Hamhall St	Owner: MMC	Phone:	Permit No: 960508
Owner Address:	Lea's Name:	Phone:	Business Name:
Contractor Name: Langford	Address: 3 Warren Ave P.O. Box 662	Phone: 774-1383	PERMIT ISSUED
Past Use: Hospital	Proposed Use:	City: Portland, ME 04104	JUN - 7 1996
Proposed Project Description: Interior Renovations Richard 1st floor	COST OF WORK: \$ 1,200,000.00	PERMIT FEE: \$ 6,020.00	CITY OF PORTLAND
	FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: D Type: 12	Zone: 3-2 Sub: 1
	Signature: [Signature]	Signature: [Signature]	Zoning Approval:
	PEDESTRIAN ACTIVITIES DISTRICT (P.O.D.)	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	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 major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By: Mary Gresik	Date Applied For: 29 May 1996	Signature:	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.

Hazardous Materials to be removed by Abatement Company.

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: James J. Ellsworth ADDRESS: _____ DATE: 29 May 1996 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

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: 5/30/96

D. Andrews

CEO DISTRICT **3**

Ms Powers

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:	Permit No: 960749
Owner Address:		Leasee/Buyer's Name:	Phone:	BusinessName:
Contractor Name: H.E. Callahan Construction		Address: P.O. Box 677 Auburn, ME 04210		Phone: 784-6927
Past Use: Hospital	Proposed Use: Same	COST OF WORK: \$ 7,000.00	PERMIT FEE: \$ 55.00	
Proposed Project Description: Make Interior Renovations Room G650 Main General Building		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denie'	INSPECTION: Use Group: FP Type. BOGA 93	
		Signature: <i>[Signature]</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		
Permit Taken By: Mary Gresik		Date Applied For: 26 July 1996		

PERMIT ISSUED
JUL 30 1996
CITY OF PORTLAND

Zone: **R-6** CBL: **053-D-007**

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: *7/29/96*

[Signature]

CEO DISTRICT **3**
A. Power

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

[Signature]
 SIGNATURE OF APPLICANT **Rodney S. Boyington** ADDRESS: DATE: **26 July 1996** 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

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:		Permit No: 260630	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Grinnell Fire Protection		Address: 78 Pleasant Ave., S.P. 04106		Phone: 767-2166		Permit Issued: JUL - 3 1996	
Fast Use:		Proposed Use: Sprinkler system, 8th flr Richard's Wing		COST OF WORK: \$36,000.00		PERMIT FEE: \$200.00	
Proposed Project Description: Install sprinkler system as per plans		Signature: <i>[Signature]</i>		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
		Signature:		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zone: CBL: R-6 Zoning Approval: <i>[Signature]</i> 7/1/96 Special Zone or Review: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Vicki Dover		Date Applied For: 6/28/96		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 REQUIREMENTS

Mail to Grinnell, S.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>[Signature]</i>		ADDRESS: 78 Pleasant Ave., S.P. 04106		DATE: 6/28/96		PHONE: 767-2166	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: Brian Benoit Grinnell						PHONE:	

- 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: 6/28/96

[Signature]
D. Andrews

CEO DISTRICT
[Signature]
A. Powers

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

Form # 1

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 04 June 1996

LOCATION: 22 Bramhall

Permit # 15600

OWNER MMC Ground Floor LL Bean Wing ADDRESS _____
Rooms G004A-6

				TOTAL EACH FEE		
OUTLETS	Receptacles	Switches	Smoke Detector	11	.20	2.20
FIXTURES	(number of)					
	incandescent	fluorescent			.20	
	fluorescent strip				.20	
SERVICES	Overhead		TTL AMPSTO	800	15.00	
	Underground			800	15.00	
TEMPORARY SERV.	Overhead		AMPS OVER	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	Refrigerators	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				0.00	
	Signs				5.00	
	Pools				10.00	
	Alarms/res				5.00	
	Alarms/com				15.00	
	Heavy Duty				2.00	
	Outlets					
	Circus/Camv				25.00	
	Alterations				1	5.00
Fire Repairs					15.00	
E Lights					1.00	
E Generators					20.00	
Panels					4.00	
TRANSFORMER	0-25 Kva				5.00	
	25-200 Kva				8.00	
	Over 200 Kva				10.00	
				TOTAL AMOUNT DUE		
				MINIMUM FEE/COMMERCIAL 35.00		
				MINIMUM FEE 25.00		
				25.00		

INSPECTION: Will be ready Ready or will call _____

CONTRACTORS NAME Moreau Electric John Tew

ADDRESS XXX 711 Lisbon St Lewiston, ME

TELEPHONE 782-4400

MASTER LICENSE No. 15600

LIMITED LICENSE No. _____

SIGNATURE OF CONTRACTOR

John Tew

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 21 February 1996

Permit # 16185

LOCATION: 22 Bramhall St

OWNER Maine Medical Center ADDRESS _____

		TOTAL EACH FEE		
OUTLETS				
	Receptacles	Switches		
	(number of)			
	incandescent	fluorescent		
	fluorescent strip			
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)		26	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		1	15.00
	Heavy Duty			2.00
	Outlets			25.00
	Circus/Carnv			5.00
	Alterations		1	5.00
	Fire Repairs			15.00
	E Lights			1.00
	E Generators			20.00
	Panels		8	4.00
TRANSFER	0-25 Kva			5.00
	25-200 Kva		4	8.00
	Over 200 Kva			10.00
TOTAL AMOUNT DUE				
MINIMUM FEE				25.00
				327.20

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME EBS, Inc.

ADDRESS 772-3706

TELEPHONE _____

MASTER LICENSE No. 16185

LIMITED LICENSE No. _____

SIGNATURE OF CONTRACTOR
Henry Loggia FOR TOM DAISCOAL

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:	
Owner Address: 22 Bramhall St Ptld ME 04102		Leasee/Buyer's Name:		Phone:	
Contractor Name: Precision Tanks Inc		Address: Box 359- Jay ME 04239		Phone: 645-9549	
Proposed Use: hospital - ren./inst 3 tanks		COST OF WORK: \$		PERMIT FEE: \$ 45	
Proposed Project Description: remove u/g oil tanks - 3 in one site & install u/g oil tanks - 3 in one site (total 75,000 glns)		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Permit Taken By: L Chase		Date Applied For: 9/6/96		Signature: <i>[Signature]</i> Date:	

Permit No: **060898**
PERMIT ISSUED
 Permit Issued:
 SEP 10 1996
CITY OF PORTLAND

Zone: *R2* CBL:
 Zoning Approval: *OK - 9/9/96*
 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: *9/9/96*
D. Andrews

CEO DISTRICT **3**
T. Mans

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

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

[Signature] **TONY COOTURE VICE PRES.** *9/6/96*
 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

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: Main Medical Center		Phone:	
Owner Address: KXXXXXXXX		Leasee/Buyer's Name:		Business Name:	
Contractor Name: Keeley Construction		Address: P.O. Box 1074 Portland, ME 04104		Phone: 773-8499	
Past Use: Hospital		Proposed Use: Same		COST OF WORK: \$ 300,000.00	
Proposed Project Description: Construct Foundation for addition		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		PERMIT FEE: \$ 1,520.00	
		Signature: <i>[Signature]</i>		INSPECTION: Use Gr. up to Type: BOCA 96	
		Signature: <i>[Signature]</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	
		Signature: _____		Date: _____	
Permit Taken By: Mary Gresik		Date Applied For: 18 October 1996			

Permit No: **061068**

PERMIT ISSUED

Permit Issued: **OCT 25 1996**

CITY OF PORTLAND

Zone: **R-4** CBL: **054-H-**

Zoning Approval: *[Signature]* **10/23/96**

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: **23 Oct 1996**

[Signature]

PERMIT ISSUED WITH LETTER

Call Keeley Construction 773-8499

This permit is for Foundation only.

- 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.

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] Stan Fairservice ADDRESS: _____ DATE: 18 October 1996 PHONE: _____

SIGNATURE OF APPLICANT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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

CEO DISTRICT

[Signature]

Ms MURSON

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 - R2		Owner: Maine Medical Center	Phone: 871-2447
Owner Address: 22 Bramhall St- Ptld ME 04101		Leasee/Buyer's Name:	BusinessName:
Contractor Name: H E Callahan Const Co		Address: Box 677 - Auburn ME 04212	Phone: 784-6927
Past Use: hospital		Proposed Use: hospital w intr rvtns	COST OF WORK: \$ 330,000
Proposed Project Description: interior renovations - R2 - kitchen -		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	PERMIT FEE: \$ 1670.
Permit Taken By: L Chase		Signature: <i>[Signature]</i>	INSPECTION: Use Group: Type:
Date Applied For: 11/27/96		Signature: <i>[Signature]</i>	PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied

Permit No: **961197**

PERMIT ISSUED

Permit Issued:
DEC - 6 1996

CITY OF PORTLAND

Zoning: *R2* CBL:

Zoning Approval: *OK 12/4/96*

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

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

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

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

Signature of Applicant: *[Signature]* ADDRESS: _____ DATE: *11/27/96* 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: *12/3/96*

D. Audin

CEO DISTRICT **3**

T. Mans

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

Location of Construction: 22 Branhall St (Bean Wing)		Owner: Maine Medical Center	Phone:	Permit No: 70105
Owner Address:	Lessee/Buyer's Name:	Phone:	Business Name:	PERMIT ISSUED FEB 10 1997 CITY OF PORTLAND
Contractor Name: H.E. Callahan	Address: Box 77 Auburn, ME 04212	Phone: 784-6927		
Past Use: Hospital	Proposed Use: same	COST OF WORK: \$ 26,175.00	PERMIT FEE: \$ 150.00	Zoning Approval: <i>OK</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Proposed Project Description: Make Interior Renovations Bean Wing/2nd floor		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>I-2</i> Type: <i>(P)</i> Signature: <i>[Signature]</i>	
		Signature: <i>[Signature]</i>	Date:	
Permit Taken By: Mary Gresik	Date Applied For: 06 February 1997	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ 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.

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is 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: *Rodney Boyington* ADDRESS: _____ DATE: 06 February 1997 PHONE: 784-6927

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

- Zoning Appeal**
- Variance
 - Miscellaneous
 - Conditional Use
 - Interpretation
 - Approved
 - Denied

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

- Action:
- Approved
 - Approved with Conditions
 - Denied

Date: *7/Feb/97*

[Signature]

GEO DISTRICT **3**
M.B. Munson

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:	Permit No: 970165
Owner Address:		Lessee/Buyer's Name:	Phone:	Business Name:
Contractor Name: <i>McCarty Bros.</i>	Address: <i>1341 North Rock Hill Rd. St. Louis, Missouri 63124</i>		Phone: <i>773-8499</i>	Permit Issued: PERMIT ISSUED MAR - 4 1997 CITY OF PORTLAND
Past Use: Hospital	Proposed Use: Same	COST OF WORK: \$ 1,132,000.00		
		PERMIT FEE: \$ 6,681.02/precut		Zoning Approval: <i>OK WS 2/25/97</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Proposed Project Description: Structural steel Phase of Addition (Phase II) <i>Called STAN, Steel only</i>		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: <i>[Signature]</i> Signature:		
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:		
Permit Taken By: <i>Mary Gresik</i>		Date Applied For: <i>18 February 1997</i>		

- 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.

Phase I - Foundation

PERMIT ISSUED WITH REQUIREMENTS
PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is 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: *Stanley Fairservice* ADDRESS: _____ DATE: *18 February 1997* PHONE: _____
 MMC

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

- Zoning Appeal**
- Variance *on height.*
 - Miscellaneous
 - Conditional Use
 - Interpretation
 - Approved *6/20/96*
 - Denied

- Historic Preservation**
- Not in District or L. ndmark
 - Does Not Require Review
 - Requires Review

- Action:**
- Approved
 - Approved with Conditions
 - Denied

Date: *2/18/97*

Kardice Jalbot

CEO DISTRICT 3
T. MURPHY

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 Address:		Owner: Maine Medical Center		Phone:		Permit No: 970180	
Contractor Name: McCarthy Bros.		Address: 1341 No. Rockhill Rd., St. Louis, MO 63124		Phone: 871-4504 (job site)		Business Name:	
Past Use: Hospital		Proposed Use: Same		COST OF WORK: \$1,973,000.00		PERMIT FEE: \$9,885.00	
Proposed Project Description: Exterior Envelope - Phase III (masonry, glass, glazing, roofing, concrete slabs) Plans previously submitted		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: E2 Type: 1-A		Signature: <i>[Signature]</i>	
Permit Taken By: Vicki Dover		Date Applied For: 2/28/97		Signature: <i>[Signature]</i>		Date: _____	

PERMIT ISSUED
MAR - 7 1997
CITY OF PORTLAND
R-2 054-H

Zoning Approval: *see previous*
Special Zone of Reviews:
 Shoreland *Approved*
 Wetland *3/5/97*
 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: *3/3/97*

CEO DISTRICT #3
T. Munson

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 is 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

Stanley Fair
SIGNATURE OF APPLICANT: Stanley Fairservice ADDRESS: _____ DATE: 2/28/97 PHONE: 871-6346
MMC

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

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

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 Med Center		Phone:		Permit No: 970207
Owner Address:		Lessee/Buyer's Name:		Phone:		
Contractor Name: H.E. Callahan Construction		Address: P.O. Box 677, Auburn 04210		Phone: 784-6927		Zoning Approval: <i>3/11/97</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Past Use: Medical Facility		Proposed Use: Interior reno to MGB (basement area)		COST OF WORK: \$10,000.00 PERMIT FEE: \$70.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group <i>2</i> Type <i>1B</i> Signature: <i>[Signature]</i> Signature: <i>[Signature]</i>		
Proposed Project Description: Interior reno to MGB basement as per plans				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____		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 Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <i>3/12/97</i> <i>[Signature]</i> CEO DISTRICT 3 <i>T. Munson</i>
Permit Taken By: Vicki Dover		Date Applied For: 3/12/97				

1. This permit application does not 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..

Mail to contractor

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is 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] _____ 3/12/97 _____
 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:
 Rod Boyington
 H. E. Callahan

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

