



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

September 20, 1989

RE: 22 Bramhall St., Portland

Murray Construction
P.O. Box 2530
So. Portland, Maine 04106
c/o Tom Herbert

Dear Sir:

Your application to make interior renovations at emergency center has been reviewed and a permit is hereby issued subject to the following requirements:

No certificate of occupancy can be issued until all requirements of this letter is met.

1. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, title 5 M.R.S.A., refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by the sections. 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

/el

cc: LT. W. Garroway, Fire Prevention Bureau



ARCHITECTURE ENGINEERING SURVEY

STEVENS MORTON ROUSE & THOMPSON
39 Forest Avenue P O Box C-8
Portland, Maine 04104
Tel 207-772-3846 Fax 207-772-1070

September 6, 1989
Project No. 88044.1 2.2

City of Portland Fire Department
380 Congress Street
Portland, Maine 04101

Attn: Lt. Garroway

Dear Lt. Garroway:

Per our conversation of 9/6/89, SMRT designed the smoke detectors as shown on our Drawing E-3 for Maine Medical Center's Emergency Department. The intent of our design is that the small individual rooms like offices B-53, B-54, etc. are covered by the smoke detector in the common area B-52.

After our discussion, you indicated that you want to see smoke detectors in all enclosed rooms. The revisions required to our drawing E-3 are as follows:

1. In the Phase I Area, add smoke detectors to Rooms B28, B30, B31, B36, B45, and B48.
2. Also in the Phase I Area, add heat detectors in Rooms B39 and B40.
3. In the Phase II Area, add smoke detectors in Rooms B5A, B5B, B5E, B5F, B53, B54, B55, B56, and B59.

We have reviewed this with Maine Medical Center and they will proceed with this change.

We also discussed with you the possibility of leaving out the smoke detectors in the two seclusion rooms (B-34, B-35). Attached you will find the letter you requested. This letter indicates how the room is used and monitored. The rationale for leaving them out is that the rooms are used to monitor or observe patients who could easily tamper with the detectors.

88044.C2

Page 1 of 2

As they are very anxious to proceed with the work, we would appreciate a prompt review and action on the permit application.

If you have any questions, please call.

Yours truly,

STEVENS MORTON ROSE & THOMPSON, INC.

Richard A. Bilodeau

Richard A. Bilodeau, P.E.
Associate

RAB:rb

cc: A. Thompson
Mike Ryan (MMC)
Steve Perry (MMC)
Ted Hollidge (MMC)
File

MAINE MEDICAL CENTER

RECEIVED

SEP 13 1989

EDWARD MORTON
WILLIAM THOMPSON

City of Portland
Fire Department
380 Congress Street
Portland, Maine 04101

September 13, 1989

Attention: Lt. Garroway

Gentlemen:

Rooms B34 and B35 are used for observation of certain patients. A security guard monitors anyone in these rooms at all times. If you have any questions about this please do not hesitate to call me at the office of Hospital Engineering 871-2447. Thank you.

Sincerely,

Edward W. Hollidge

Edward W. Hollidge
Director
Engineering Services

EWH/pa.1476

cc: D. Bilodeau, SMRT

PLUMBING APPLICATION

854-1167

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND 08-

Street Subdivision Lot #: BRAMHALL STREET

PROPERTY OWNERS NAME

MAINE MEDICAL CENTER

Last: First:

Applicant Name: KELLEY ASSOCIATES, INC.

Mailing Address of Owner/Applicant (If Different): P.O. BOX 1310 WESTBROOK, MAINE 04092

PORTLAND 3762 TOWN COPY

Date Permit Issued: 1/10/90

Local Plumbing Inspector Signature: [Signature]

L.P.I. # 0123

FEE Charged: \$ 6.00

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: [Signature] Date: _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date Approved: JAN 11 1990

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 # 012367

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Number	Column 1	
		Type Of Fixture		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>		Hosebibb / Sillcock		Bathtub (and Shower)	
		Floor Drain		Shower (Separate)	
		Urinal		Sink	
		Drinking Fountain		Wash Basin	
		Indirect Waste		Water Closet (Toilet)	
		Water Treatment Softener, Filter, etc.		Clothes Washer	
	<p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		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	
			1	Fixtures (Subtotal) Column 2	
			0	Total Fixtures	
			1	Fixtures Fee	
			\$ 6.	Hook-Up & Relocation Fee	
			\$ 0.	Permit Fee (Total)	
			\$.		

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PLUMBING APPLICATION

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

PROPERTY ADDRESS
Town Or Plantation: PORTLAND
Street Subdivision Lot #: 22 BRAMMALL ST
PROPERTY OWNERS NAME
Last: MAINE MEDICAL CENTER
UDRA SUNITA RENJANA
Applicant Name: AIRTEMP
Mailing Address of Owner/Applicant (if different): 11 WALLACE AVENUE
SEASIDE BEACH, ME

PORTLAND 3920 TOWN COPY
Date Permitted: 08/24/90
Local Plumbing Inspector Signature: [Signature] L.P.L. # 011012
Permit 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: [Signature] Date: 7/23/90

Caution: Inspection Required AUG 29 1990
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
Local Plumbing Inspector Signature: _____ Date Approved: _____

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 HOODING

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: 06010

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 PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)	
	1	Floor Drain		Shower (Separate)	
		Urinal	6	Sink	
		Drinking Fountain		Wash Basin	
		Indirect Waste		Water Closet (Toilet)	
		Water Treatment Softener, Filter, etc.		Clothes Washer	
		Grease/Oil Separator		Dish Washer	
		Dental Cuspidor		Garbage Disposal	
		Bidet		Laundry Tub	
		Other: _____		Water Heater	
Number of Hook-Ups & Relocations					
Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1		
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				6	Fixtures (Subtotal) Column 1
				1	Fixtures (Subtotal) Column 2
				7	Total Fixtures
				\$21.	Fixture Fee
				\$	Hook-Up & Relocation Fee
		\$21.	Permit Fee (Total)		

TOWN COPY

7742300

Department of Human Services
Division of Health Engineering
(207) 289-3825

PLUMBING APPLICATION

PROPERTY ADDRESS:

Town Or Plantation: PORTLAND ME

Street Subdivision Lot #: 22 BRANHALL ST.

PROPERTY OWNERS NAME:

MAINE MEDICAL CENTER

Last: _____ First: _____

Applicant Name: EDWARD D. WALLACE

Mailing Address of Owner/Applicant (If Different): 90 AIRPORT
11 WALLACE AVE PORTLAND

PORTLAND 4065 TOWN COPY

11/19/90 \$ 16.00 FEE Double Fee Charged

Paul P. ... L.P.I. # 01127

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.

Edward D. Wallace 11/19/90
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

Paul P. ... JUL 7 1990
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 type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING 27 199	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>HOSE</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>106019</u>

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	1	Hose/bibb / Sillcock	7	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR	1	Urinal	2	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system	1	Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	1	Grease/Oil Separator	1	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	2	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			2	Total Fixtures
			\$ 6.	Fixture Fee
			\$ -	Hook-Up & Relocation Fee
			\$ 6.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Planation	Portland
Street Subdivision Lot #	Bramhall
OWNERS NAME	
Last: MMC	First: 7th Flr. R.
Applicant Name	Kelley Associates Inc.
Mailing Address of Owner/Applicant (if Different)	P. O. Box 1310 Westbrook, ME 04092

PORTLAND	PERMIT # 3,350	TOWN COPY
Date Permit Issued: 12/30/89	\$ 1310.10	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: <i>[Signature]</i>		L.P.I. # 11213

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any violation 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.

Local Plumbing Inspector Signature

Date Approved

JUN 2 1989

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 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>Hospital</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>0, 2, 2, 6, 7</u>

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. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
	2	Floor Drain	1	Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
Number of Hook-Ups & Reloc.		Bidet		Laundry Tub
Hook-Up & Relocation Fee		Other:		Water Heater
		Fixtures (Subtotal) Column 2	8	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			10	Total Fixtures
			\$ 30.	Fixtures Fee
			\$	Hook-Up & Relocation Fee
			\$ 30.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

PERMIT # _____ **TOWN OF PORTLAND BUILDING PERMIT APPLICATION** **MAP #** _____ **LOT#** _____

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

Owner: Maine Medical Center
 Address: 22 Bramhall Street, Portland, Maine
 LOCATION OF CONSTRUCTION Maine Medical Center, Bramhall St.
 CONTRACTOR: Allied Construction Co., Inc. SUBCONTRACTORS: _____
 ADDRESS: 208 Fore Street, Portland, ME 04104 772-2888
 Est. Construction Cost: \$2,000,000.00 Type of Use: Magnetic Resonance Imaging Facility

For Official Use Only	
Date: <u>February 13, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$2,000,000.00</u>	Permit Expiration: _____
Value/Structure _____	Ownership: _____
Fee: <u>\$10,020.00</u>	Public _____ Private _____

Past Use: _____
 Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain To construct new addition as per attached plans.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 1 set of construction plans submitted.
 Residential Buildings Only: _____
 # Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:
 1. Type of Soil: Clay
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: 96' x 84'
 5. Other _____

Floors:
 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: Structural Concrete

Exterior Walls: Structural Concrete
 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 4" & 6" Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type Paint
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size: _____ Spacing: _____
 3. Type Ceilings: Acoustical Tile
 4. Insulation Type _____
 5. Ceiling Height: 9' x 0"

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

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: Steam from existing building

Electrical:
 Service Entrance Size: 277/480V 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 3
 4. No. of Lavatories 3
 5. No. of Other Fixture _____

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

Zoning:
 District _____ Street Frontage Req: _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

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

Permit Received By Nancy Grossman
 Signature of Applicant Cherie Dumaine Date 2-10-89
 Signature of CEO for Allied Construction Co. Inc. Date _____
 Inspection Dates (S)mw

001682

PERMIT ISSUED

JAN 14 1988

City Of Portland

FILL IN AND SIGN WITH INK



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, January 13, 1988

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location Bramhall Fire Station... Use of Building Fire Station... No. Stories 2... New Building Existing "
Name and address of owner of appliance City of Portland, 389 Congress Street...
Installer's name and address The Carvel Co., PO. Box 1377, Portland, ME 04104 Telephone 772-7444

General Description of Work

To install replacement boiler

IF HEATER, OR POWER BOILER

Location of appliance... Any burnable material in floor surface or beneath?
If so, how protected?... Kind of fuel?
Minimum distance to burnable material, from top of appliance or casing top of furnace
From top of smoke pipe... From front of appliance... From sides or back of appliance
Size of chimney flue... Other connections to same flue
If gas fired, how vented?... Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner Kewanee Burner... Labelled by underwriters' laboratories? Yes
Will operator be always in attendance? NO... Does oil supply line feed from top or bottom of tank? existing
Type of floor beneath burner concrete... Size of vent pipe 8"
Location of oil storage existing... Number and capacity of tanks
Low water shut off YES... Make McDonnell & Miller 64A... No. 64A
Will all tanks be more than five feet from any flame? yes... How many tanks enclosed?
Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE

Location of appliance... Any burnable material in floor surface or beneath?
If so, how protected?... Height of Legs, if any
Skirting at bottom of appliance?... Distance to combustible material from top of appliance?
From front of appliance... From sides and back... From top of smokepipe
Size of chimney flue... Other connections to same flue
Is hood to be provided?... If so, how vented?... Forced or gravity?
If gas fired, how vented?... Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Blank lines for miscellaneous information

Amount of fee enclosed? 15

APPROVED: [Signature area]

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? Yes

INSPECTION FILE APPLICANT'S COPY ASSESSOR'S COPY
Signature of Installer Wally J. Butchart
15 MR. LEONARD



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date February 2 19 89
 Receipt and Permit number 00008

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: Maine Medical Center L. L. Bean Bldg. 22 Bramhall St.
 OWNER'S NAME: Maine Medical Center ADDRESS: 22 Bramhall St.

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of) _____	.50
Fractional <u>1</u> _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar-Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	2.00
over 30 amps <u>200 A. 480V. 3. PH.</u>	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	2.50
INSTALLATION FEE DUE: _____	2.50
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT _____	DOUBLE FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____	_____
TOTAL AMOUNT DUE: MIN _____	5.00

INSPECTION:
 Will be ready on 2-3-89, 1989; or Will Call _____
CONTRACTOR'S NAME: E. S. Boulos Co.
ADDRESS: 40 Circus Time Rd. S.O. Portland, Maine 04106
TEL: 772-3706
MASTER LICENSE NO.: 3374 **SIGNATURE OF CONTRACTOR:** [Signature]
LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

INSPECTIONS: Service _____ by _____
 Service called in _____
 Closing-in Single - metal by Owner

PROGRESS INSPECTIONS: _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

Permit Number 209008
 Location 22 Franklin St
 Owner Miami Medical Center
 Date of Permit 2/2/89
 Final Inspection 2/2/89
 By Inspector [Signature]
 Permit Application Register Page No. 55

DATE:	REMARKS:
<u>2/2/89</u>	<u>Outlet for lithotripter - ok</u>

**CODE
 COMPLIANCE
 COMPLETED**
 DATE 2/2/89

RECEIVED
 ELECTRICAL
 DIVISION
 CITY OF MIAMI
 FEB 2 1989

924349

Permit # 924349 City of Portland BUILDING PERMIT APPLICATION Fee 40.00 Zone 45-60 Map # Lot#

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

Owner: EMC Realty Phone # 774-7910
 Address: c/o Voc Enterprises P.O. Box 2252 So. Ptld, ME 05106
 LOCATION OF CONSTRUCTION 23 Bramhall St
 Contractor: self Sub:
 Address: Phone #
 Est. Construction Cost: 4,000 Proposed Use: 8-unit dwelling
 Past Use: 8-unit
 # 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 Repair existing porch/deck - not to exceed existing footprint

For Official Use Only **PERMIT ISSUED**
 Date Nov 6, 1992 Subdivision Name
 Inside Fire Limits Lot
 Bldg Code Ownership
 Time Limit Estimated Cost
CITY OF PORTLAND

Zoning:
 Street Frontage Provided:
 Provided Setbacks: Front Back Side Side

Review Required:
 Zoning Board Approval: Yes No Date:
 Planning Board Approval: Yes No Date:
 Conditional Use: Variance Site Plan Subdivision
 Shoreland Zoning Yes No Floodplain Yes No
 Special Exception
 Other (Explain)

Foundation:

- Type of Soil:
- Set Backs - Front Rear Side(s)
- Footings Size:
- Foundation Size:
- Other

Floor:

- Sills Size: Sills must be anchored.
- Girder Size:
- Lally Column Spacing: Size:
- Joists Size: Spacing 16" O.C.
- Bridging Type: Size:
- Floor Sheathing Type: Size:
- Other Material:

Exterior Walls:

- Studs Spacing
- No.
- No.
- Header Size Span(s)
- B. acing: Yes No
- Corner Posts Size
- Insulation Type Size
- Sheathing Type Size
- Siding Type Weather Exposure
- Masonry Materials
- Metal Materials

Interior Walls:

- Stud Size Spacing
- Header Size Spacing
- Wall Covering Type
- Fire Wall if required
- Other Materials

Ceiling:

- Ceiling Joists Size: Spacing
- Ceiling Strapping Size Spacing
- Type Ceilings:
- Insulation Type Size
- Ceiling Height:

Roof:

- Truss or Rafter Size Spacing:
- Sheathing Type Size
- Roof Covering Type

Chimneys:

Type: Number of Fire Places

Heating:

Type of Heat:

Electrical:

Service Entrance Size: Smoke Detector Required Yes No

Plumbing:

- Approval of soil test if required Yes No
- No. of Tubs or Showers
- No. of Flushes
- No. of Lavatories
- No. of Other Fixtures

Swimming Pools:

- Type:
- Pool Size: x Square Footage
- Must conform to National Electrical Code and State Law.

Permit Received By Mary Grogan

Signature of Applicant Jack Fox Date Nov 6, 1992

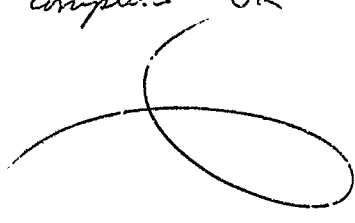
CEO's District

CONTINUED TO REVERSE SIDE Mrs. Love
Ivory Tag - CEO

White - Tax Assessor

PLOT PLAN

12/1 Structural work completed - ok. Finalings remain.
 12/30 Complete - Ok



N



FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ _____	_____	_____	____/____/____
Subdivision Fee \$ _____	_____	_____	____/____/____
Site Plan Review Fee \$ _____	_____	_____	____/____/____
Other Fees \$ _____	_____	_____	____/____/____
(Explain) _____	_____	_____	____/____/____
Late Fee \$ _____	_____	_____	____/____/____

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.

John Fot *FOX ENTERPRISE P.O. BOX 2252 So. Portland ME. 774-7910*

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

BUILDING PERMIT REPORT

ADDRESS: 22 Bramhall St DATE: 19/Nov/92

REASON FOR PERMIT: 23 Bramhall St

BUILDING OWNER: MMC REALTY

CONTRACTOR: owner

PERMIT APPLICANT: 1

APPROVED: *1 *9 *12 *14 *15 *16

CONDITION OF APPROVAL:

- * 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection.)
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) All single and multiple-station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the building code (BOCA National Building Code 1990, and N.F.P.A. 101 Chapter 18 & 19.

- 8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fireresistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.
- 9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 4 inches cannot pass through any opening. Handrails on stairs shall be no less than 34 inches nor more than 38 inches. Handrails within individual dwelling units shall not be less than 30 inches nor more than 38 inches. For more detail on guards & handrails see Article 8 section 824.0 and 825.0 of the BOCA National Building Code.
- 10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.
- 11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
- 12.) Stair construction in Use Group R-3, R-4, is a minimum of 9" tread and 8-1/4" maximum rise.
- 13.) Headroom in habitable spaces is a minimum of 7'6".
- 14.) The minimum headroom in all parts of a stairway shall not be less than 6 feet 8 inches.
- 15.) All construction and demolition debris must be disposed at the RWS by a licensed carrier or 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 certificate of occupancy is issued or demolition permit is granted.

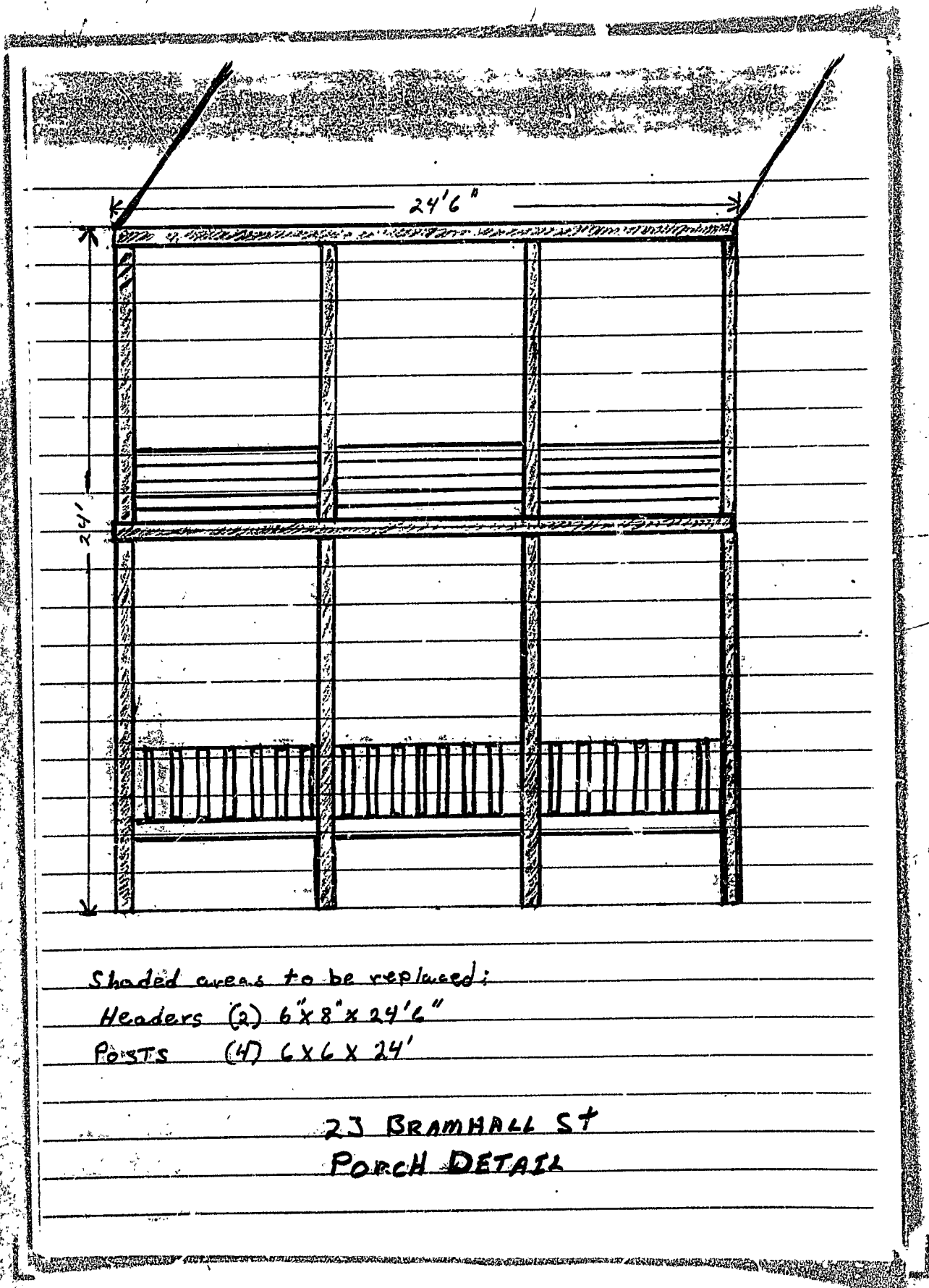
Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el

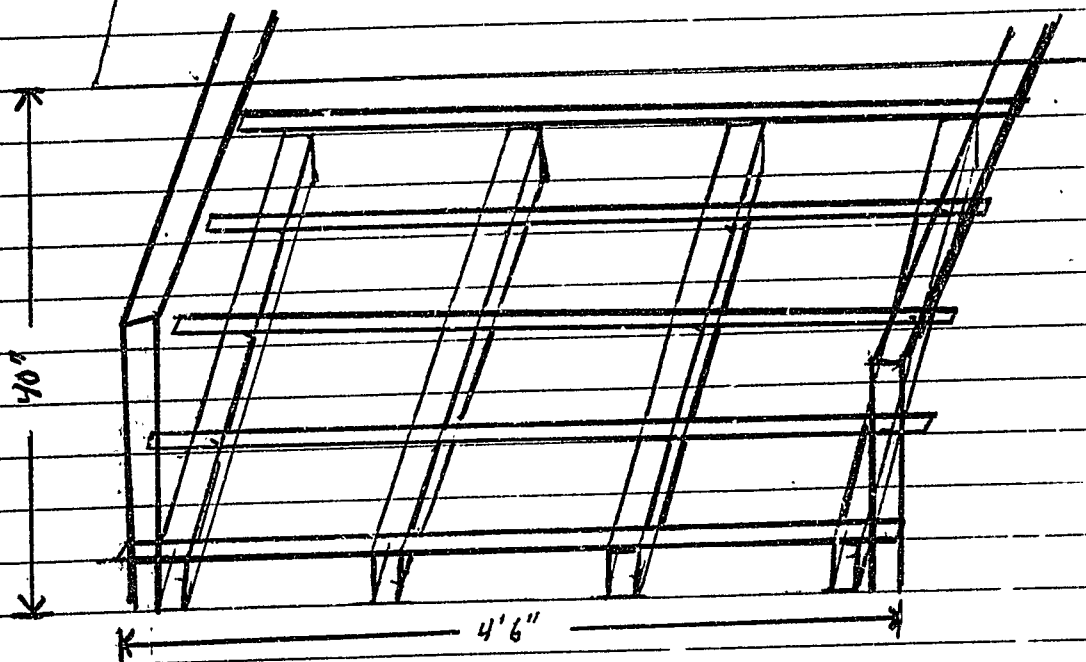
11/16/88-11/27/90-8/14/91-9/2/92-10/14/92

*16- There shall be NO increase in footprint



23 Bramhall St
Rear Step Detail

Porch



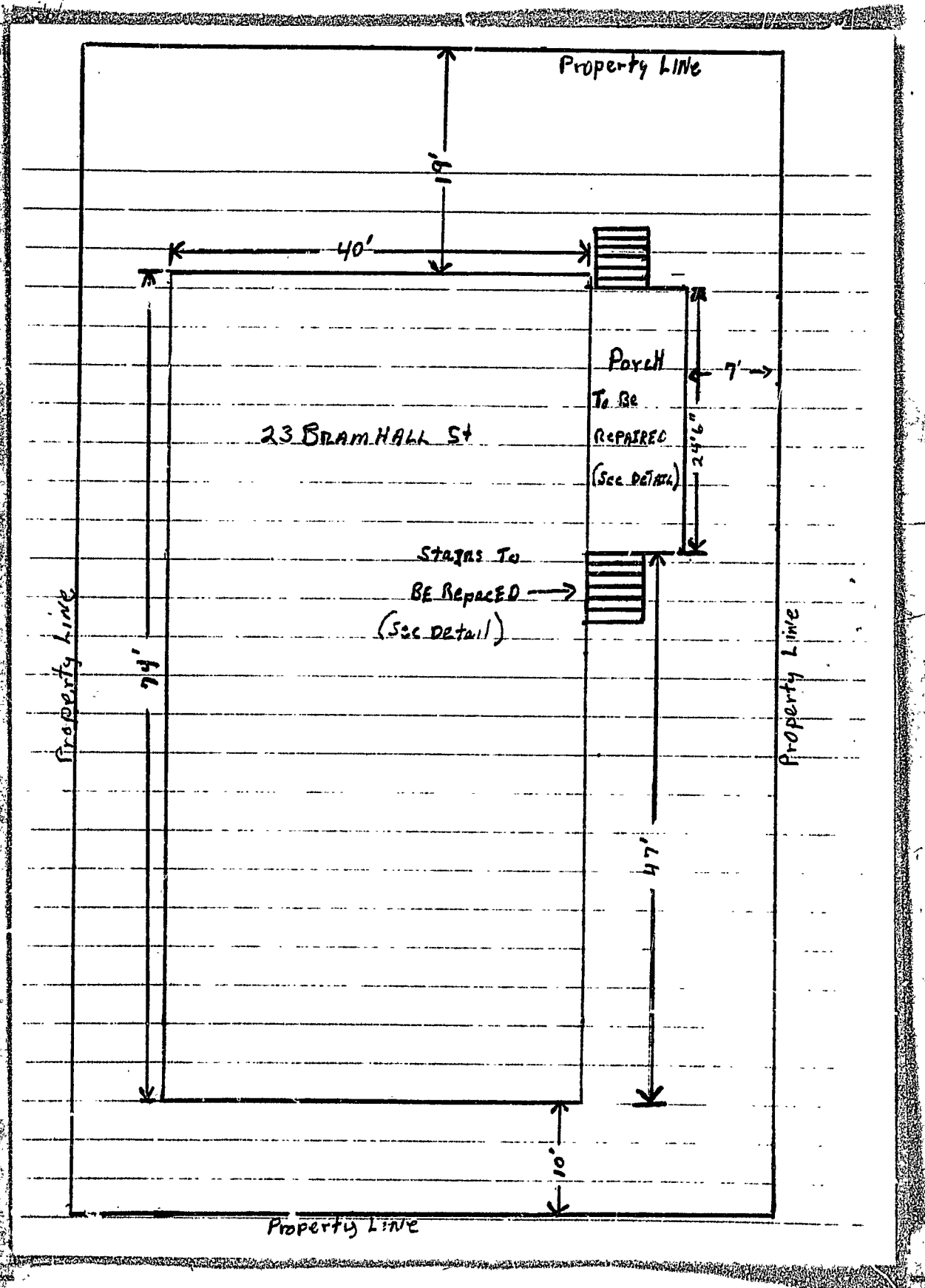
STAIR CONSTRUCTION

Stringers (4) 2x12

Post (2) 4x4

Handrails (2) 2x4

Balusters $1\frac{1}{2} \times 1\frac{1}{2}$ "



CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Stephen L. Perry - 871-2447

Maine Medical Center

September 26, 1988

Applicant
 22 Bramhall st., Portland, 0'101
 Mailing Address
 Imaging Facility *Magnetic Resonance*
 Proposed Use of Site
 1 acre / 1,000 sq. ~~XXX~~ ft.
 Acreage of Site / Ground Floor Coverage

22 Bramhall Street
 Address of Proposed Site
 54-H-1
 Site Identifier(s) from Assessors Maps
 R-6
 Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No

Proposed Number of Floors 1
 Total Floor Area 8,225 sq. ft.

Other Comments: _____

Date Dept. Review Due: _____

BUILDING DEPARTMENT SITE PLAN REVIEW
 (Does not include review of construction plans)

Maine Medical Center proposes the construction of a magnetic resonance imaging facility (MRI Facility) at the southerly corner of the site bounded by Bramhall Street and the Western Promenade. The proposed facility of approximately 8,000 sq. ft., will be located below grade directly adjacent and at the same level as the Radiation Therapy Facility.

- Use does
- Ret
- Ret

Explanation _____

Use complies with Zoning Ordinance — Staff Review Below

Zoning, SPACE & BULK, as applicable	DATE	ZONE LOCATION	INTERIOR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	INTAKE	LOADING	LOADING PAYS	
COMPLIES																			
COMPLIES CONDITIONALLY																			
DOES NOT COMPLY																			

REASONS: *12-4-92 permit not issued*

SIGNATURE OF REVIEWING STAFF/DATE
 BUILDING DEPARTMENT—ORIGINAL

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

Owner: Maine Medical Center / Stephen Perry - 871-2447
 Address: XXXXXXXX 22 Bramhall St., Portland, 04101
 LOCATION OF CONSTRUCTION 22 Bramhall Street
 CONTRACTOR: _____ SUBCONTRACTORS: _____
 ADDRESS: _____

For Official Use Only	
Date: <u>September 28, 1988</u>	Subdivision: <u>Yes / No</u>
Inside Fire Limits: _____	Name: _____
Blgd Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: _____	Permit Expiration: _____
Value/Structure: _____	Ownership: <u>Public</u> / Private
For Major Site Plan: <u>\$350.00</u>	

Est. Construction Cost: _____ Type of Use: Magnetic Resonance Imaging Facility
 Past Use: _____
 Building Dimensions: L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain **Conditional Use Appeal/Major Site Plan Review

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only:
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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

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

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

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

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

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

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

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.

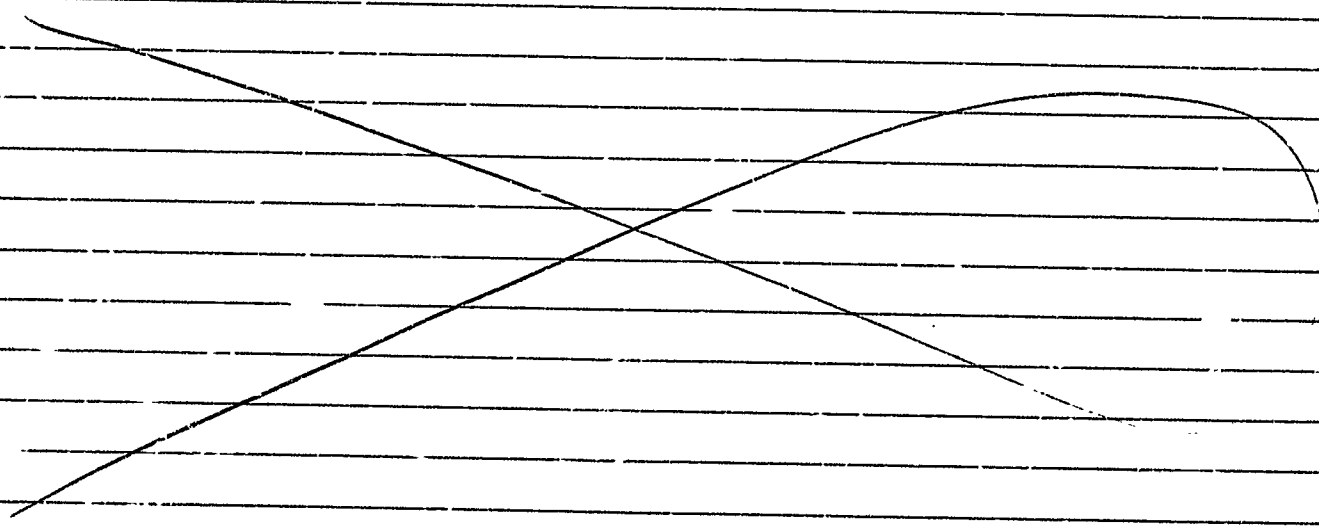
Zoning:
 District _____ Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____ Side _____

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

Permit Received By Nancy Grossman
 Signature of Applicant Stephen Perry (AGENT) Date 9/28/88
 Signature of CEO _____ Date _____
 Inspection Dates _____

COMMENTS

2/13/75 removed + capped.
Repairing + patching walls
removed debris to be disposed of.



	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: Maine Medical Center		Phone:	Permit No: 950601
Owner Address:		Leasee/Buyer's Name:		Phone:	Business Name:
Contractor Name: Ledgewood, Inc.		Address: P.O. Box 8107 Portland, ME		Phone: 04104	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED JUN 13 1995 CITY OF PORTLAND </div>
Past Use: Hospital	Proposed Use: Same w/int reno		COST OF WORK: \$ 4,000.00	REVIEW FEE: 40.00	
Proposed Project Description: Make Interior renovations PACU - 1st fl B-Wing		Signature: <i>[Signature]</i>		SPECIFICATION: Group: Type: 3A Signature: <i>[Signature]</i> Date: <i>[Date]</i>	
Permit Taken By: Mary Gresik		Date Applied For: 06 June 1995		PEDESTRIAN ACCESS DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

- 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.

Zone: CSB: 063-A-001

Zoning Approval: *[Signature]* 6/7/95

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: *[Signature]* 6/7/95

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]
 SIGNATURE OF APPLICANT: Scott Cristina ADDRESS: _____ DATE: 06 June 1995 PHONE: 767-1866

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]
 A. Simpson

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

Location of Construction: 22 Bramhall St.		Owner: Maine Medical Ctr	Phone:	Permit No: 950588
Owner Address: 22 Bramhall St; Ptld, ME	Leasee/Buyer's Name:	Phone:	Business Name:	PERMIT ISSUED Permit Issued: JUN - 7 1995 CITY OF PORTLAND
Contractor Name: * H E Callahan Construction	Address: BOX 677- Auburn, ME 04210	Phone: 734-6927		
Past Use:	Proposed Use: interior renovations	COST OF WORK: \$ 26,200	PERMIT FEE: \$ 150	Zoning: R-2 GBL: Zoning Approval: OK 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"/>
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 2A Type: 2A	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	
Proposed Project Description: interior renovations - basement - NDF		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: L Chase		Date Applied For: 6/2/95		

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 this 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

David Rowell
SIGNATURE OF APPLICANT

ADDRESS: _____ DATE: _____ PHONE: _____

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

White-Permit Desk Greer 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: **6/5/95**

[Signature]

CEO DISTRICT **3**
Ms Simpson



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 28 March 1995, 19
 Receipt and Permit number 45600

To the **CHIEF ELECTRICAL INSPECTOR, Portland, Maine:**

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 22 Branhall St 2nd fl Maternity/Berthing Unit

OWNER'S NAME: MMC ADDRESS: _____

	FEE
OUTLETS:	
Receptr <u>9</u> Switches <u>12</u> Plugmold _____ ft. TOTAL _____	<u>4.20</u>
FIXTURES: (number of)	
Incandescent _____ Fluouescent _____ (not strip) TOTAL <u>15</u>	<u>3.00</u>
Strip Fluouescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional <u>2</u> _____	<u>4.00</u>
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws <u>1</u> Over 20 kws _____ <u>2</u> rooms	<u>2.00</u>
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
	INSTALLATION FEE DUE: _____
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
	TOTAL AMOUNT DUE: <u>15.00</u>

INSPECTION:

Will be ready on _____, 19__; or Will Call xxx

CONTRACTOR'S NAME: Morsau Elec John Tew

ADDRESS: 711 Lisbon St Lewiston, ME

TEL.: 782-4800

MASTER LICENSE NO.: 45600 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN



CITY OF PORTLAND, MAINE
Department of Building Inspector

Certificate of Occupancy

LOCATION 22 Bramhall St

Issued to Maine Medical Center

Date of Issue 26 April 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. 950166, 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

Labor & Maternity 2nd fl

Whirlpools - (2)

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:
4/25/95
(Date)

Inspector

Inspector of Buildings

Note: This certificate defines 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 Arundell St.		Owner: Maine Medical Center	Phone: 755-3117	Permit No: 950166
Owner Address: Arundell St - Portland, ME	Lease/Buyer's Name:	Phone:	Business Name:	PERMIT ISSUED MAR 2 1995
Contractor Name: Edward Robert & Sons	Address: 3 South St - Portland, ME	Phone: 755-2331		
Past Use: Hospital	Proposed Use: Hospital & Inter reviews	COST OF WORK: \$ 11,000	PERMIT FEE: \$ 225	CITY OF PORTLAND Zone: CBL R-6 53-D-7 Zoning Approval: 2/24/95 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 major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Proposed Project Description: Interior renovations - 2nd flr		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: 1A 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: Chase	Date Applied For: 2-23-95			

- 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

Edward R. Robert
SIGNATURE OF APPLICANT ADDRESS: _____ DATE: 2-23-95 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: 2/24/95

CEO DISTRICT **3**
Ms SIMPSON

labor/delivery 2nd floor COMMENTS

3.23.95 Rough Plumbing Inspection, the sub worked on Sunday when the hospital located the extensive care units. There are portions of the plumbing under the floor which I was unable to inspect because of this. Everything was vented and appears to be on adequate 3" main vent which is tied into the 4" roof vent.

The contractor is also relocating a door in the main hallway to accommodate a change in the "sterile area" which has been expanded. This changes no hall size, sprinkler coverage or path of egress.

Using metal studs, and type X sheetrock everywhere.

4.8.95 Progress Inspection - all tile installed, some electrical still to be finished. Doors all installed, heat tile @ ceiling above each tub.

4.26.95 OK to issue C of O.

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

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

February 28, 1995

Edward Hebert & Sons
9 Gould Road
Lewiston, ME 04240

Re: 22 Bramhall Street, 2nd Floor

Dear Sirs:

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

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

1. The sprinkler system shall be maintained to NF:PA #13 Standards.
2. The fire alarm system shall be maintained to MF:PA #72 Standards.
3. If any of the proposed wall and ceiling work involves fire rated walls or ceiling they must be replaced with the same rating.
4. NO exterior alteration is authorized under this permit.

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

Sincerely,

A handwritten signature in dark ink, appearing to read "P. Hoffses", written over a horizontal line.

P. Samuel Hoffses
Chief of Building Inspection Services

cc: Lt. Gaylen McDougal, Fire Prevention
Gary Hamilton, Historic Preservation Officer

PLUMBING APPLICATION

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

3

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot: 111 Bramhall Street

PROPERTY OWNERS NAME

Last Name: maine medical center

Applicant Name: Eastern Mechanical Inc.

Mailing Address of Owner/Applicant (If Different): P.O. Box 518 Biddeford, Maine 04005

PORTLAND PERMIT # 5338 STATE COPY

Date Permit Issued: 2/27/95 \$ 11.16 FEE Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.L. # 0124

Owner/Applicant Statement

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

Signature of Owner/Applicant: [Signature] Date: 2-22-95

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: [Signature] Date Approved: 3-23-95

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC
	4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Hospital</u>	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>07223</u>

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 / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain	1	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
Number of Hook-Ups & Relocations		Bidet		Laundry Tub
		Other: <u>whirlpools</u>		Water Heater
Hook-Up & Relocation Fee	2	Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
OR			4	Total Fixtures
				Fixture Fee
TRANSFER FEE (\$6.00)				Transfer Fee
				Hook-Up & Relocation Fee
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
				Permit Fee (Total)
				\$ 36

PLUMBING APPLICATION

Department of Human Services
 Division of Health Engineering
 (207) 289-3026

PROPERTY ADDRESS
 Town Or Plantation: **PORTLAND**
 Street Subdivision Lot #: **22 BRAMHALL ST.**
 PROPERTY OWNERS NAME
MAINE MEDICAL CENTER
 Last: _____ First: _____
 Applicant Name: **FRIETTA J. SEMINIC**
 Mailing Address of Owner/Applicant (If Different): **1 KNOLL RD YARMOUTH ME 04096**

PORTLAND 5372 TOWN COPY
 Date Permit Issued: **4.13.95** \$ **112.71** Double Fee Charged
 Local Plumbing Inspector Signature: _____ LPI # **0124**

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: _____ Date: **4-7-95**

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: _____ Date Approved: **4-18-95**

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 HOSPITAL	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 # C4599.0

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.	3	Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
Number of Hook-Ups & Relocations		Indirect Waste		Water Closet (Toilet)
Hook-Up & Relocation Fee \$ _____		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
OR TRANSFER FEE (\$6.00)		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
	Other: _____			Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			3	Fixtures (Subtotal) Column 2
				Total Fixtures
			\$ 12	Fixture Fee
			\$ _____	Transfer Fee
			\$ _____	Hook-Up & Relocation Fee
			\$ 12	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, T. (207) 874-8703, FAX: 874-8716 **950442**

Location of Construction: 22 Bramhall St - Radiol Dept		Owner: Maine Medical Center		Phone:	Permit No:
Owner Address: 22 Bramhall St - Portland, ME		Easement/Buyer's Name: 04102		Phone:	PERMIT ISSUED
Contractor Name: H E Callahan Const. Co		Address: P O Box 677 - Auburn, ME 04210		Phone: 781-6927	Permit Issued: MAY 12 1995
Past Use: hospital		Proposed Use: hosp w intr renvtns		COST OF WORK \$ 160,000	PERMIT FEE: \$ 820
Proposed Project Description: interior renovations		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>F2</i> Type: <i>2A</i> Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT		Zoning: CBL: 53 D 1 Zoning Approval: <i>[Signature]</i>	
Permit Taken By: L Chase		Date Applied For: 5/4/95		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 major <input type="checkbox"/> minor <input type="checkbox"/> minor	

- 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

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not In District or Landmark
 Does Not Require Review
 Requires Review

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

John Blanchard
SIGNATURE OF APPLICANT

Turner Rd. Auburn, Me. 5-4-95 784-6927
ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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

Action:
 Approved
 Approved with Conditions
 Denied

Date: *8/4/95*

[Signature]

CEO DISTRICT **3**
A. Simpson

**ROBINSON ASSOCIATES
CONSULTING ENGINEERS**

JOB 1.8 M/MCI PORTLAND, ME
 PREPARED BY JAR DATE 10-30-96
 CHECKED BY DLW DATE 10-30-96

RESISTING MOMENT $M_R \geq F.S. (M_o)$
 $\geq 1.5 (4316)$
 $\geq 6473 \text{ ft}\cdot\text{ft}$

WEIGHT REQUIRED = $W_o = M_R / (b/2)$
 $= 6473 / 5$
 $= 1295 \text{ *}$

BALLAST REQUIRED

BALLAST = $W_s - W_{am}$
 $= 1873 \text{ *} - 436 \text{ *}$
 $= 1437 \text{ *}$

ROOF PRESSURE

STATIC ROOF PRESSURE $q_o = W_m / A_b$
 $= 1873 \text{ *} / 100$
 $= 18.73 \text{ p.p.f.}$

CHANGE COMPARISON

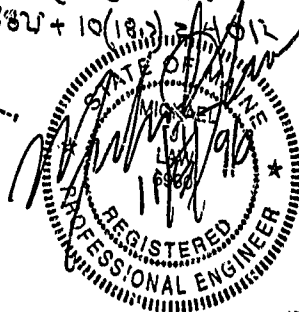
EXISTING ROOF LOAD	$W_e = 12$	PPF	- BALLASTED MOMB
	94	PPF	- 3" SLAB
	5	PPF	- CURT MEXID
	42	PPF	- SNOW LOAD
	<u>153</u>		

$W_e = 153 \text{ PPF}$

COLUMN STRIP LOADING
 EXISTING = $25(153) = 3825$
 NEW = $3825 + 10(18.73) = 3992$

% CHANGE $\leq 5\%$

\therefore O.K.



SHEET NO.
2
 OF 2

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: 871-2447
 Owyer Address: Bramhall St - PtId, ME 04101 Lease/Buyer's Name: _____ Business Name: _____
 Contractor Name: LedgeWood Inc Address: Box 8107 - PtId ME 04101 Phone: 767-1866
 Past Use: _____ Proposed Use: hospital w inter renvins

Proposed Project Description: interior renovations - ground & first flrs
 Signature: _____ Date: _____
 FIRE DEPT. Approved Denied Denied
 COST OF WORK: \$52,000 PERMIT FEE: \$1280
 INSPECTION: US: Group 2 type 3B
 Signature: A. Simpson Signature: A. Simpson
 PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Approved Approved with Conditions Denied

Permit Taken By: L Chase Date Applied For: 10/2/95
 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 applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authority shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) by _____ such permit

Signature of Applicant: _____ ADDRESS: _____ PHONE: _____
 Signature of Responsible Person in Charge of Work: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK TITLE: _____
 White - Permit Desk Green - Assessor's Office - DPW Pink - Public File Ivory Card - Inspector

PERMIT ISSUED
 OCT - 5 1995
 CITY OF PORTLAND

Permit No: **951052**
 Zone: CB1
 Zoning Approval: 10/3/95
 Special Zone or Reviews: _____
 Shoreland
 Wetland
 Flood Zone
 Sub-division
 Site Plan major minor mm

Zoning Appeal
 Verbal
 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: 10/3/95
 Signature: _____
 GEO DISTRICT: 3
 A. Simpson

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

Location of Construction: 22 Bramhall St		Owner: Maine Medical Center		Phone:		Permit No: 951122 PERMIT ISSUED
Owner Address: 22 Bramhall St- Ptld, ME 04102		Leasee/Buyer's Name:		Business Name:		
Contractor Name: * H E Callahan Const		Address: Box 677- Auburn, ME 04210		Phone: 784-6927		Permit Issued: OCT 24 1995 CITY OF PORTLAND
Past Use: hospital		Proposed Use: hospital w intr renovtns		COST OF WORK: \$ 210,000		
Proposed Project Description: interior renovations - Pavillion C		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: 3B Type: D		Zone: CBL: R-2 Zoning Approval: OK 10/19/95 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 maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
		Signature: <i>H. Chase</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: L Chase		Date Applied For: 10/18/95		Signature: _____		Date: _____

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal codes.
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

Daniel Rowell
SIGNATURE OF APPLICANT

ADDRESS: _____ DATE: *10-18-95*

PHONE: _____

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 **3**

A. Simpson

Action:
 Approved
 Approved with Conditions
 Denied
Date: *10/19/95*
[Signature]

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 10-31-95
 Permit # 3291

LOCATION: 22 Bramhall St

OWNER maine Medical Center ADDRESS Building Service Upgrade - Emergency Entrance

		TOTAL EACH FEE			
OUTLETS					.20
	Receptacles	Switches			
FIXTURES	(number of)				.20
	Incandescent	fluorescent			.20
	fluorescent strip				
SERVICES			TTL AMPS TO		
	Overhead		800		15.00
	Underground		800		15.00
TEMPORARY SERV.			AMPS OVER		
	Overhead		800	1000	25.00
	Underground		800	1000	25.00
	(number of)			1	1.00
METERS					2.00
MOTORS	(number of)				1.00
RESID/COM	Electric units				5.00
HEATING	oil/gas units				2.00
APPLIANCES	Ranges	Cook Tops	Wall Ovens		2.00
	Water heaters	Fans	Dryers		2.00
	Dishwasher	Compactors	Others (denote)		3.00
DISPOSALS	Air Cond/win				10.00
MISC. (number of)	Air Cond/cent				5.00
	Signs				10.00
	Pools				5.00
	Alarms/res				15.00
	Alarms/com				2.00
	Heavy Duty				
	Outlets				25.00
	Circus/Carnv				5.00
	Alterations				15.00
	Fire Repairs				1.00
	E Lights				20.00
	E Generators			3	4.00
	Panels				5.00
TRANSFER	0-25 Kva				8.00
	25-200 Kva				10.00
	Over 200 Kva				
			TOTAL AMOUNT DUE		
			MINIMUM FEE		25.00
					38.00

INSPECTION: Will be ready Now or will call _____

CONTRACTORS NAME E.S. Boulos Bill Swanton
 ADDRESS 590 County Rd Westbrook
 TELEPHONE 772-3706
 MASTER LICENSE No. 3291
 LIMITED LICENSE No. _____

SIGNATURE OF CONTRACTOR

