

**DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK**  
**CITY OF PORTLAND**

Please Read  
Application And  
Notes, If Any,  
Attached

**BUILDING INSPECTION**

**PERMIT**

Permit Number: 061735

**PERMIT ISSUED**

DEC 13 2006

This is to certify that HIGHLAND BAY LLC ET AL / Shawmut Design & Construction

has permission to Add 2 walls & soundproofing for existing mens & womens restroom

AT 145 COMMERCIAL ST 029 S001001

provided that the person or persons who perform or supervise the construction accepting this permit shall comply with all of the provisions of the Statutes of the State of Oregon and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procured before this building or part thereof is loaded or services closed-in. 4 HOUR NOTICES ARE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

**OTHER REQUIRED APPROVALS**

Fire Dept. \_\_\_\_\_

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

12/12/06

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1735		Issue Date: <b>PERMIT ISSUED</b> DEC 13 2006		CBL: 029 S001001	
Location of Construction: 145 COMMERCIAL ST	Owner Name: HIGHLAND BAY LLC ETALS	Owner Address: 150 METRO PARK	Phone:		
Business Name: United Health Group	Contractor Name: Shawmut Design & Construction	Contractor Address: 560 Harrison Ave Boston	Phone: 6176227389		
Lessee/Buyer's Name: Lance Russell	Phone: 978-275-1937	Permit Type: Additions - Commercial	Zone: <b>B-3</b>		
Past Use: Commercial - Offices	Proposed Use: Commercial - Offices - Add 2 walls & soundproofing for existing mens & womens restroom	Permit Fee: \$1,050.00	Cost of Work: \$103,000.00	CEO District: 1	
Proposed Project Description: Add 2 walls & soundproofing for existing mens & womens restroom		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>		INSPECTION: Use Group: <b>B</b> Type: <b>IBC 2003</b> <i>[Signature]</i>	
		Signature: <i>Greg Cass</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		Signature: _____ Date: _____			
Permit Taken By: Idobson	Date Applied For: 12/01/2006	<b>Zoning Approval</b>			

<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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"/> Date: <i>3 12/1/06</i>	<b>Zoning Appeal</b> <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 Date: _____	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>Requires A Separate Review &amp; Approval</i>
---	--	---	--

**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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

# BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

Footing/Building Location Inspection: Prior to pouring concrete  
 Re-Bar Schedule Inspection: Prior to pouring concrete  
 Foundation Inspection: Prior to placing ANY backfill  
 Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling  
 Final Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects **DO** require a final inspection

       If any of the inspections do not occur, the project cannot go on to the next phase, **REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

       **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

Paul J. Cook  
Signature of Applicant/Designee

12/13/06  
Date

[Signature]  
Signature of Inspections Official

H.S.1  
Date

CBL: 29-S-1

Building Permit #: 06 1735

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 06-1735	<b>Date Applied For:</b> 12/01/2006	<b>CBL:</b> 029 S001001
------------------------------	--	----------------------------

<b>Location of Construction:</b> 145 COMMERCIAL ST	<b>Owner Name:</b> HIGHLAND BAY LLC ETALS	<b>Owner Address:</b> 150 METRO PARK	<b>Phone:</b>
<b>Business Name:</b> United Health Group	<b>Contractor Name:</b> Shawmut Design & Construction	<b>Contractor Address:</b> 560 Harrison Ave Boston	<b>Phone:</b> (617) 622-7389
<b>Lessee/Buyer's Name:</b> Lance Russell	<b>Phone:</b> 978-275-1937	<b>Permit Type:</b> Additions - Commercial	

<b>Proposed Use:</b> Commercial - Offices - Add 2 walls & soundproofing for existing mens & womens restroom	<b>Proposed Project Description:</b> Add 2 walls & soundproofing for existing mens & womens restroom
--	---

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 12/01/2006**Note:** **Ok to Issue:** 

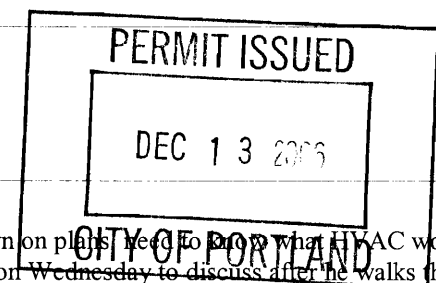
- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 12/12/2006**Note:** **Ok to Issue:** 

- 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) ANY exterior work requires separate review and approval thru Historic Preservation
- 3) ANY exterior work requires separate review and approval thru Historic Preservation
- 4) All penetrations between dwelling units and dwelling units and common areas shall be maintained with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the required rating.
- 5) As discussed, any HVAC work may require separate design work and plans to be submitted for review.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Cptn Greg Cass      **Approval Date:** 12/05/2006**Note:** **Ok to Issue:** 

- 1) New walls require Fire Alarm and Sprinkler system reviews to insure code compliance. NFPA 72 and 13 compliance letters will be required
- 2) All construction shall comply with NFPA 101

**Comments:**

12/12/2006-tmm: spoke w/Dan Cook - discussed cost of work opposed to what is shown on plans. Need to know what HVAC work is going to be done, are ceilings rated, is above ceiling area return air plenums? Meeting on Wednesday to discuss after he walks the space



# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>145 Commercial St</u>		
Total Square Footage of <del>Proposed</del> <sup>Existing</sup> Structure Bldg: <u>37,008 SF</u> Tenant space: <u>12,600 SF</u>		Square Footage of Lot <u>Roughly 12,600 SF</u>
Tax Assessor's Chart, Block & Lot Chart# <u>29</u> Block# <u>S</u> Lot# <u>1001</u>	Owner: <u>Cianchette Family</u> Attn: <u>Peggy Cianchette</u>	Telephone: <u>207-774-1000E</u>
Lessee/Buyer's Name (If Applicable) <u>Lance Russell (978-275-1937)</u> <u>United Health Group/Trammel Crow Co.</u> <u>6 Joseph Ave.</u> <u>Dracut, MA 01826-5762</u>	Applicant name, address & telephone: <u>Daniel Cook</u> <u>Shawmut Design + Construction</u> <u>560 Harrison Ave.</u> <u>Boston, MA 02118</u>	Cost Of Work: \$ <u>103,000</u> Fee: \$ <u>1,050.00</u> C of O Fee: \$ <u>N/A</u>
Current Specific use: <u>United Health Group Office Space - 1st Floor</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>Minor alterations to bathrooms (see below)</u>		
Project description: <u>Add 2 screen walls in front of men's and women's rooms.</u> <u>Extend existing walls in restrooms to the deck. Insulation applied above</u> <u>acoustical ceilings.</u> <u>All work being done to seclude and soundproof bathrooms from office area.</u>		
Contractor's name, address & telephone: <u>Shawmut Design and Construction</u> <u>560 Harrison Avenue</u> <u>Boston, MA 02118</u>		
Who should we contact when the permit is ready: <u>Jason Smith / Dan Cook</u> Mailing address: <u>Shawmut Design and Construction</u> <u>560 Harrison Avenue</u> <u>Boston, MA 02118</u> Phone: <u>617-622-7401 / 617-622-7402</u>		

Please submit all of the information outlined in the Commercial Application Checklist.  
Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. 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's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Daniel J. Cook</u>	Date: <u>11/30/06</u>
---	-----------------------

This is not a permit; you may not commence ANY work until the permit is issued.

**Permit Nbr** 
**Location of Construction**  
**Appl. Date**

**Status** 
**Permit Type** 
**Issue Date**

**CBL** 
**District Nbr** 
**Estimated Cost** 
**Date Closed**

Comment Date	Comment	Add	Delete	Save	Print
<input type="text" value="12/12/2006"/>	<input type="text" value="spoke w/Dan Cook - discussed cost of work opposed to what is shown on plans, need to know what HVAC work is going to be done, are ceilings rated, is aboce ceiling area return air plenums? Meeting on Wednesday to discuss after he walks the space"/>				
	<b>Name</b> <input type="text" value="tmm"/>	<b>Follow Up Date</b> <input type="text"/>	<b>Completed</b> <input type="checkbox"/>		

**CreatedBy** 
**CreateDate** 
**ModBy** 
**ModDate**

**Time** 
**Time**

# Commercial Interior & Change of Use Permit Application Checklist

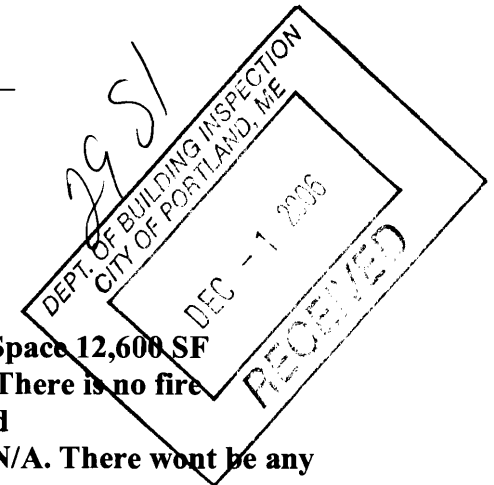
UnitedHealth Group – Restroom Alterations  
145 Commercial Street  
Portland, ME 04101

Items to be included:

1. Cross sections w/ framing details – **Partition section detail shown on drawing AE101**
2. Detail of any new walls or permanent partitions – **Section and plan view details of partitions shown on drawing AE101**
3. Floor Plans and elevations – **See drawing AE101**
4. Window and door schedules – **N/A**
5. Complete electrical and plumbing layout – **N/A**
6. Mechanical Drawings – **N/A**
7. Insulation R-factors of walls, ceilings, floors and U-factors of windows – **N/A. Interior demising partitions only**
8. Proof of ownership – **Checked on computer at Portland Bldg Dept 11/17/06**
9. Reduced plans or electronic files in PDF or 11”x17” – **A PDF of the drawing was sent via email to Lannie on 11/30/06. An 11x17 will be sent with the application along with full size stamped drawing from the architect**

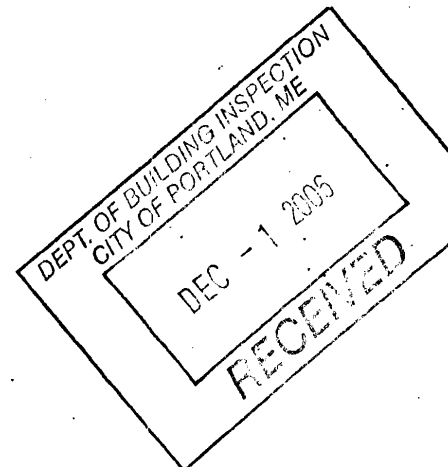
Fire Department Requirements:

1. Name, address and phone number of the project architect –  
**David Goulson  
RSP Architects  
1220 Marshall St. NE  
Minneapolis, MN 55413  
617-677-7156**
2. Proposed use of structure – **2003IBC Office Space**
3. SF of proposed structure – **Building 37,008 SF, Tenant Space 12,600 SF**
4. Existing and proposed fire protection of structure – **N/A. There is no fire protection work involved, building already sprinklered**
5. Separate plans for fire protection and detection system – **N/A. There wont be any alterations.**
6. A separate life safety plan - **N/A. Work being done will not affect means of egress or any life safety lighting, exit signs, fire extinguishers, etc.**





CITY OF PORTLAND  
BUILDING CODE CERTIFICATE  
389 Congress St., Room 315  
Portland, Maine 04101



TO: Inspector of Buildings City of Portland, Maine  
Department of Planning & Urban Development  
Division of Housing & Community Service

FROM: \_\_\_\_\_

RE: Certificate of Design

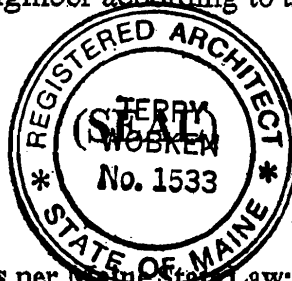
DATE: 11/28/06

These plans and / or specifications covering construction work on:

145 COMMERCIAL ST

PORTLAND, ME 04101

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the 2003 International Building Code and local amendments.



As per Maine State Law:

\$50,000.00 or more in new construction, repair expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.

Signature: Terry Wobken

Title: PRINCIPAL

Firm: RSP ARCHITECTS

Address: 1220 MARSHALL ST NE  
MINNEAPOLIS, MN

55413



FROM DESIGNER:

DAVID GOULSON

DATE:

11/27/06

Job Name:

LHG REMODEL

Address of Construction:

145 COMMERCIAL ST, PORTLAND, ME 04101

2003 International Building Code

Construction project was designed according to the building code criteria listed below:

Building Code and Year 2003 IBC Use Group Classification(s) \_\_\_\_\_

Type of Construction \_\_\_\_\_

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IBC? Yes

Is the Structure mixed use? \_\_\_\_\_ if yes, separated or non separated (see Section 302.3)

Supervisory alarm system? \_\_\_\_\_ Geotechnical/Soils report required? (See Section 1802.2) NA

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME  
DEC 1 2006  
RECEIVED

STRUCTURAL DESIGN CALCULATIONS

N/A Submitted for all structural members  
(106.1, 106.1.1)

Live load reduction  
(1603.1.1, 1607.5, 1607.10)

Roof live loads (1603.1.2, 1607.11)

DESIGN LOADS ON CONSTRUCTION DOCUMENTS  
(1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use Loads Shown

Roof snow loads (7603.7.3, 1608)

N/A

Ground snow load,  $P_g$  (1608.2)

If  $P_g > 10$  psf, flat-roof snow load,  $P_f$   
(1608.3)

If  $P_g > 10$  psf, snow exposure factor,  $C_e$   
(Table 1608.3.1)

If  $P_g > 10$  psf, snow load importance  
factor,  $I_s$  (Table 1604.5)

Roof thermal factor,  $C_t$  (Table 1608.3.2)

Sloped roof snowload,  $P_s$  (1608.4)

Seismic design category (1616.3)

Basic seismic-force-resisting system  
(Table 1617.6.2)

Response modification coefficient,  $R$ ,  
and deflection amplification factor,  $C_d$   
(Table 1617.6.2)

Analysis procedure (1616.6, 1617.5)

Design base shear (1617A, 1617.8.1)

Wind loads (1603.1.4, 1609)

N/A Design option utilized (1609.1.1, 1609.6)

Basic wind speed (1609.3)

Building category and wind importance  
factor,  $I_w$  (Table 1604.5, 1609.5)

Wind exposure category (1609.4)

Internal pressure coefficient (ASCE 7)

Component and cladding pressures  
(1609.1.1, 1609.6.2.2)

Main force wind pressures (7603.1.1,  
1609.6.2.1)

Flood loads (1603.1.8, 1612)

N/A

Floodhazard area (1612.3)

Elevation of structure

Other loads

N/A

Concentrated loads (1607.4)

Partition loads (1607.5)

Impact loads (1607.8)

Misc. loads (Table 1607.8, 1607.8.1,  
1607.7, 1607.12, 1607.13, 1610,  
1611, 2404)

Earthquake design data (1603.1.5, 1614 - 1623)

N/A Design option utilized (1614.1)

Seismic use group ("Category")  
(Table 1604.5, 1616.2)

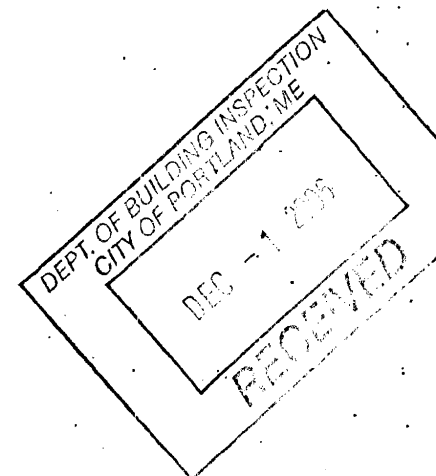
Spectral response coefficients,  $S_{DS}$  &  
 $S_{D1}$  (1615.1)

Site class (1615.1.5)

2951



CITY OF PORTLAND  
BUILDING CODE CERTIFICATE  
389 Congress St., Room 315  
Portland, Maine 04101



ACCESSIBILITY CERTIFICATE

Designer: DAVID GOULSON

Address of Project: 145 COMMERCIAL ST, PORTLAND, ME 04101

Nature of Project: ADD SCREENING WALLS  
IN FRONT OF MEN'S + WOMEN'S  
RESTROOMS

2951

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act.

Signature: David Goulson

Title: JOB CAPTAIN

Firm: RSP ARCHITECTS

Address: 1220 MARSHALL ST NE  
MINNEAPOLIS, MN 55413

Phone: 612-677-7156

(SEAL)

**NOTE: If this project is a new Multi Family Structure of 4 units or more, this project must also be designed in compliance with the Federal Fair Housing Act. On a separate submission, please explain in narrative form the method of compliance.**

# Transmittal Cover Sheet

Project # 060872

United Health Group - Bathroom Reno - Portland, ME  
145 Commercial Street  
Portland, ME

Date: 11/30/2006

Reference Number: 001

## Transmitted To

Lannie Dobson  
Portland Planning and Development Department  
389 Congress Street  
Portland, ME 04101

## Transmitted By

Daniel Cook  
Shawmut Design and Construction  
560 Harrison Avenue  
Boston, MA 02118  
Tel: (617) 622-7389  
Fax: (617) 622-8389

## Package Transmitted For

Review, Approval

## Delivered Via

Overnight - Standard

## Tracking Number

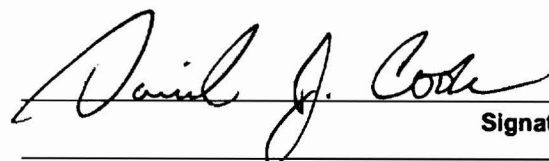
Item #	Qty	Item	Reference	Description	Notes	Status
001	1.00	Drawings		Full size stamped drawing by the architect		Sent
002	1.00	Check		Payment in filing for permit		Sent
003	1.00	Drawings		11x17 drawing of proposed work		Sent
004	1.00			Permit application with all necessary paperwork attached		Sent

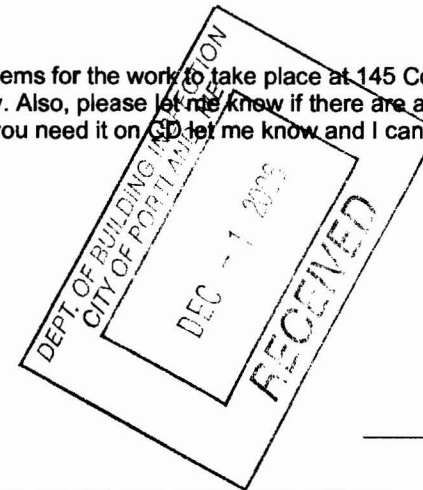
## Remarks

Lannie,

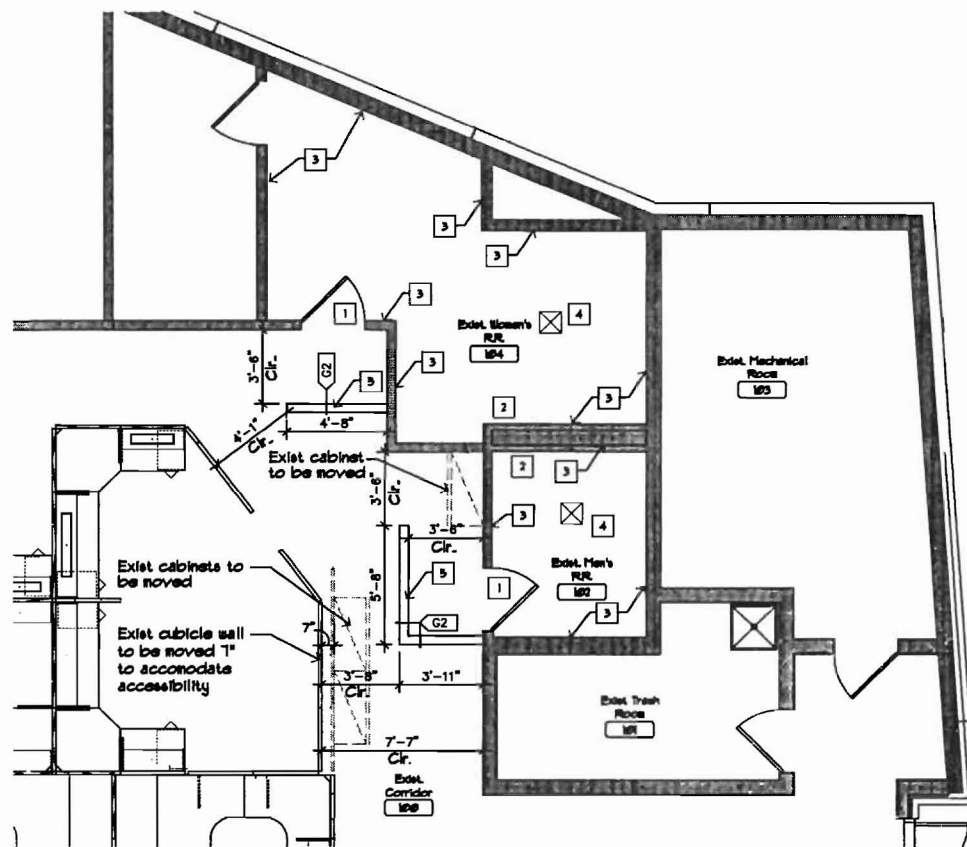
Please see the attached permit application and other required items for the work to take place at 145 Commercial St. Please call or email upon receipt of this package to confirm the delivery. Also, please let me know if there are any additional items that you'll need. I sent you the PDF of the drawing via email, if you need it on CD let me know and I can arrange for that.

Thanks,  
Dan

  
Signature



  
Signed Date



1 LEVEL 1 ARCHITECTURAL FLOOR PLAN  
1/4" = 1'-0"

### GENERAL FLOOR PLAN NOTES:

- LIFE SAFETY MUST BE MAINTAINED FOR ALL PERSONNEL WORKING ON THE FLOOR. ALL FIRE STAIRS, ALARMS, SPEAKERS, EXIT SIGNS, ETC. MUST REMAIN ACCESSIBLE AND OPERABLE AT ALL TIMES. NOTIFY BUILDING SECURITY AND BUILDING MANAGER OF DAMAGED SYSTEMS AND REPAIR OR REPLACE DAMAGED SYSTEMS IMMEDIATELY.
- ALL NEW PARTITIONS TO BE TYPE G2, U.N.O.
- ALL CLEAR DIMENSIONS ARE TO BE EXACT WITHIN 1/8"; ALONG FULL HEIGHT AND FULL WIDTH OF WALLS. CONTRACTOR SHALL NOT ADJUST ANY DIMENSIONS MARKED "CLEAR" OR "CLR" WITHOUT WRITTEN INSTRUCTION FROM THE ARCHITECT.
- VERIFY INTEGRITY OF EXISTING FIRE-RATED PARTITIONS TO REMAIN AND REPORT FINDINGS TO THE PROJECT MANAGER.
- ALL PARTITIONS ARE DIMENSIONED FROM FINISH FACE TO FINISH FACE. ALL DIMENSIONS MARKED "CLR" SHALL BE MAINTAINED, AND SHALL NOT VARY MORE THAN 1/8" WITHOUT WRITTEN INSTRUCTION FROM TENANT'S REPRESENTATIVE.

### KEYNOTES:

- CONTRACTOR TO PROVIDE & INSTALL NEW DOOR CLOSER ON EXISTING DOORS
- CONTRACTOR TO PROVIDE & INSTALL NEW BATTERY OPERATED FRAGRANCE MISTER. VERIFY LOCATION WITH TENANT.
- EXISTING BATHROOM PARTITIONS TO BE EXTENDED TO DECK & INSULATED-SIMILAR TO WALL TYPE 'G2A'.
- CONTRACTOR TO PROVIDE & INSTALL NEW BATHROOM EXHAUST FAN & DUCTWORK. REFER TO DESIGN BUILD CONTRACTOR FOR PLANS.
- NEW PARTITIONS TO DECK, PAINT TO MATCH EXISTING WALLS. PATCH & REPAIR CEILING GRID, AND REPLACE DAMAGED CEILING TILES AS NECESSARY.

### LEGEND:

- NEW PARTITION
- EXISTING PARTITION TO REMAIN
- NEW DOOR AND FRAME  
DOOR NUMBER
- EXISTING DOOR AND FRAME TO REMAIN
- PARTITION TYPE INDICATOR
- AREA NOT IN SCOPE.

## CODE SUMMARY AND NOTES

### I. GENERAL INFORMATION

- A. PROJECT DESCRIPTION**  
REMODEL OF AN EXISTING UNOCCUPIED OFFICE SPACE.  
TENANT AREA: 12,600 S.F. (USF)  
REMODELED AREA: 617 S.F. (USF)
- B. APPLICABLE CODES**  
BUILDING CODE: 2003 INTERNATIONAL BUILDING CODE  
MECHANICAL CODE: 2003 INTERNATIONAL MECHANICAL CODE  
PLUMBING CODE: 2000 INTERNATIONAL PLUMBING CODE  
ELECTRICAL CODE: 2002 NATIONAL ELECTRICAL CODE  
FIRE CODE: 2000 INTERNATIONAL FIRE CODE
- C. BUILDING INFORMATION**  
BUILDING USES: OFFICES FOR UNITED HEALTH GROUP.  
FLOOR IS FULLY AUTOMATIC FIRE SPRINKLED WITH SMOKE DETECTION,  
ALARM AND COMMUNICATION SYSTEM CONNECTED TO A CENTRALLY  
MONITORED STATION.

### II. BUILDING CLASSIFICATION

- A. OCCUPANCY GROUP:** B - OFFICE  
**B. TYPE OF CONSTRUCTION:** TYPE IIB  
**C. OCCUPANT LOAD:**  
OFFICE: 12600 S.F./100 S.F. PER OCCUPANT = 126 OCCUPANTS  
TOTAL OCCUPANT LOAD: = OCCUPANTS  
**D. SUITES OR ROOMS WITH MORE THAN 49 OCCUPANTS REQUIRE 2 MEANS OF EGRESS.**  
**E. MAXIMUM TRAVEL DISTANCE TO EXIT:** 200 FEET. (300 FEET W/ SPRINKLER SYSTEM)  
**F. MAXIMUM DEAD END CORRIDOR LENGTH:** 20 FEET. (50 FEET W/ SPRINKLER SYSTEM)  
**G. MINIMUM CORRIDOR/AISLE WIDTH:** 44 INCHES.  
**H. WORKSTATIONS NOT TO EXCEED 72" IN HEIGHT TO BE CONSIDERED A PARTIAL PARTITION.**

### III. BUILDING REQUIREMENTS

CONSTRUCTION TYPE: IIB ALLOWABLE HEIGHT: 3 STORIES HIGH

### IV. CONSTRUCTION REQUIREMENTS

CONSTRUCTION TYPE: TYPE IIB

### BUILDING ELEMENTS - FIRE-RESISTIVE REQUIREMENT:

STRUCTURAL FRAME: (INCLUDING COLUMNS, GIRDERS, TRUSSES):	0 - HOURS
BEARING WALLS - EXTERIOR:	0 - HOURS
BEARING WALLS - INTERIOR:	0 - HOURS
NON-BEARING WALLS - EXT./INT.:	(TABLE 602/SECTION 602)
FLOOR CONSTRUCTION: (INCLUDING SUPPORTING BEAMS AND JOISTS)	0 - HOURS
ROOF CONSTRUCTION: (INCLUDING SUPPORTING BEAMS AND JOISTS)	0 - HOURS

### V. INTERIOR WALL AND CEILING FINISH REQUIREMENTS BY OCCUPANCY:

OCCUPANCY TYPE: B

### SPRINKLERED BUILDINGS:

VERTICAL EXITS AND EXIT PASSAGEWAYS: B  
EXIT ACCESS CORRIDORS AND OTHER EXITWAYS: C  
ROOMS AND ENCLOSED SPACES: C