

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 021332

This is to certify that Hannaford Bros Co #351c/Laurewood I
has permission to Alterations to existing Medical Office for exam rooms
AT 295 Forest Ave 034A C001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 written permission procured before this building or part thereof is leased or occupied. 24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-1332	Issue Date:	CBL: 034A C001001
-----------------------	-------------	----------------------

Location of Construction: 295 Forest Ave	Owner Name: Hannaford Bros Co #351c	Owner Address: Po Box 1000	Phone: 207-772-5437
Business Name: n/a	Contractor Name: Ledgewood Inc.	Contractor Address: PO Box 8107 Portland	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: B-2

Past Use: Commercial / Physicians Office	Proposed Use: Physicians Office / Minor alterations to existing medical office - Exam rooms. <i>2nd floor</i>	Permit Fee: \$527.00	Cost of Work: \$71,123.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>2C</i> <i>12/10/02</i>	

Proposed Project Description: Alterations to existing Medical Office for exam rooms.	Signature: <i>[Signature]</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: gg	Date Applied For: 12/02/2002	Zoning Approval	
------------------------	---------------------------------	------------------------	--

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>12/5/02</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
---	---	--	--

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application 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

02 1332

All Purpose 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>295 Forest Ave. - Portland, ME 04101</u>		
Total Square Footage of Proposed Structure <u>N/A</u>	Square Footage of Lot <u>N/A</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>084</u> Block# <u>AC</u> Lot# <u>001</u>	Owner: <u>Hanaford Food</u> <u>Drug</u>	Telephone: <u>(207) 772-5437</u>
Lessee/Buyer's Name (If Applicable) <u>University Health Care</u> <u>For Kids</u>	Applicant name, address & telephone: <u>Brandon Mitchell</u> <u>P.O. Box 8107</u> <u>Portland, ME 04104, 767-1866</u>	Cost Of Work: \$ <u>71,123.00</u> Fee: \$ <u>527.00</u>
Current use: <u>Physicians Office</u>		
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>Physicians Office</u>		
Project description: <u>Minor Alterations to Existing Medical Office - Exam Rooms</u>		
Contractor's name, address & telephone: <u>Ledgewood, Inc., P.O. Box 8107, Portland, ME 04104, (207) 767-1866</u>		
Who should we contact when the permit is ready: <u>Brandon Mitchell</u>		
Mailing address: <u>27 Main St.</u> <u>South Portland, ME 04106</u> xx		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: (207) 767-1866 Call		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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>Brandon J. Mitchell</u>	Date: <u>12/17/02</u>
--	-----------------------

This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

OFFICE OF BUILDING INSPECTION
CITY OF PORTLAND, ME
RECEIVED
DEC 18 2002

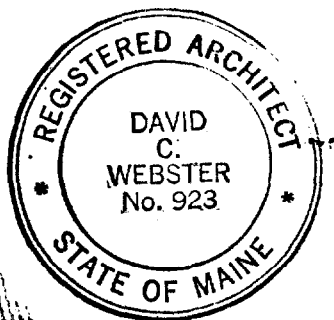


**CITY OF PORTLAND
ACCESSIBILITY CERTIFICATE**

Designer: PDT Architects
Address of Project: University Health Care Pediatrics Facility - 2nd Floor
295 Forest Avenue, Hanford Plaza, Portland, Me
Nature of Project: Minor interior/ exterior renovations
to 2nd floor tenant space including main entry.
Date: Sept. 16, 2012

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.

(SEAL)



Signature: [Handwritten Signature]
Title: Partner
Firm: PDT Architects.
Address: 49 Dartmouth St.
Portland, ME 04101
Telephone: 207-775-1059



CITY OF PORTLAND MAINE

389 Congress St., Rm 315
Portland, ME 04101
Tel. - 207-874-8704
Fax - 207-874-8716

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

FROM DESIGNER: David Webster
PDT Architects

DATE: Sept. 19, 2012

Job Name: University HealthCare Pediatrics Facility

Address of Construction: 295 Forest Avenue, Portland, Maine

THE BOCA NATIONAL BUILDING CODE/1999 Fourteenth EDITION

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

Building Code and Year Use Group Classification(s)

Type of Construction II Bldg. Height EXISTING Bldg. Sq. Footage UNKNOWN

Seismic Zone EXISTING Group Class BUSINESS

Roof Snow Load Per Sq. Ft. EXISTING Dead Load Per Sq. Ft. EXISTING

Basic Wind Speed (mph) EXISTING Effective Velocity Pressure Per Sq. Ft. EXISTING

Floor Live Load Per Sq. Ft. EXISTING

Structure has full sprinkler system? Yes No Alarm System? Yes No
Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

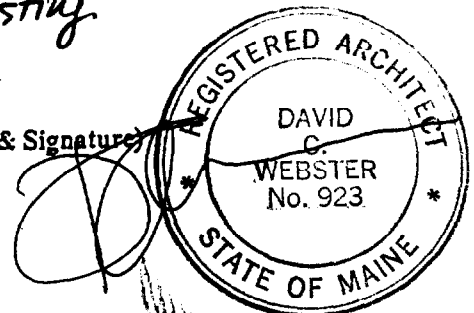
Is structure being considered unlimited area building: Yes No EXISTING

If mixed use, what subsection of 313 is being considered N/A

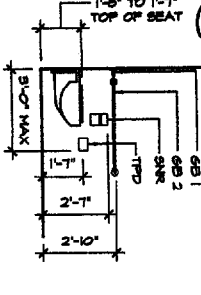
List Occupant loading for each room or space, designed into this Project. EXISTING

PSH 6/07/2K

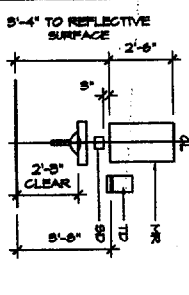
(Designers Stamp & Signature)



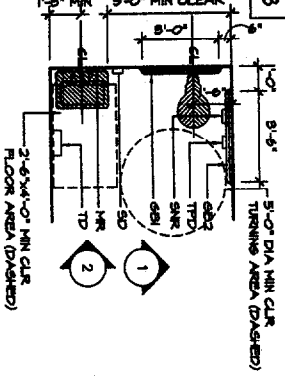
TYPICAL TOILET ROOM LAYOUT



BARRIER-FREE TOILET ELEV. TOILET 052



BARRIER-FREE LAVATORY ELEV. TOILET 052

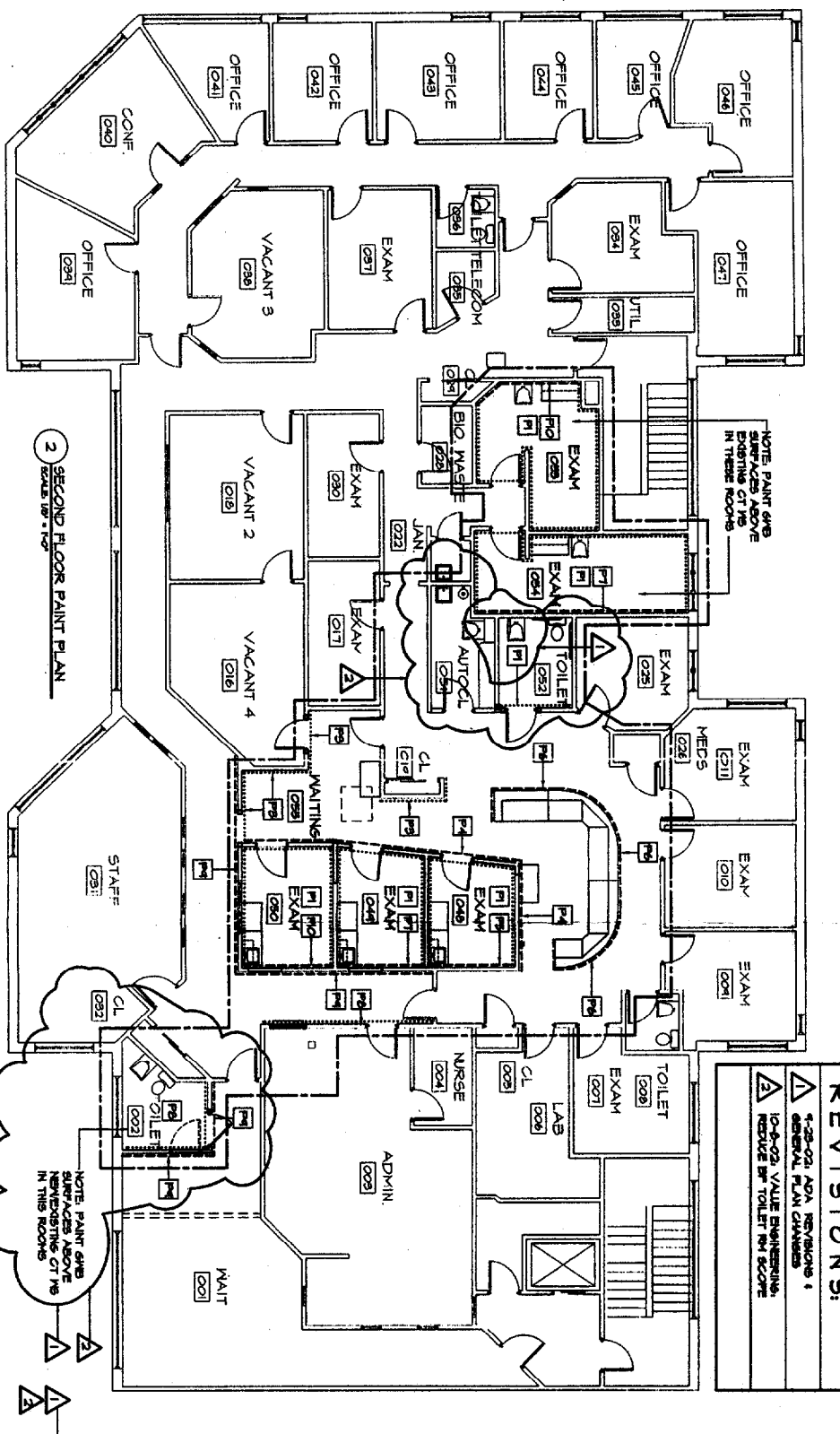
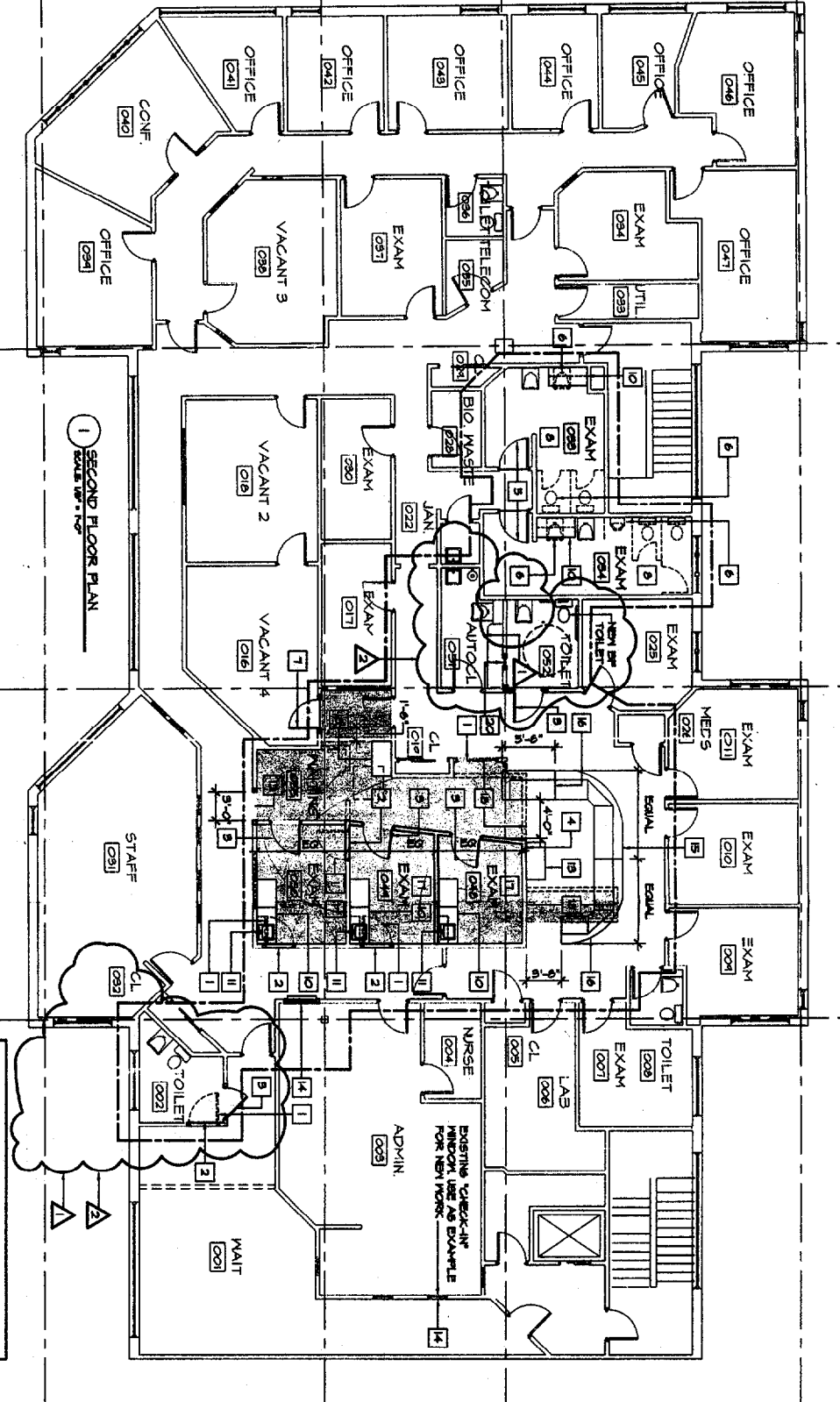


BARRIER-FREE LAVATORY PLAN: TOILET 052

PAINTING KEY NOTES

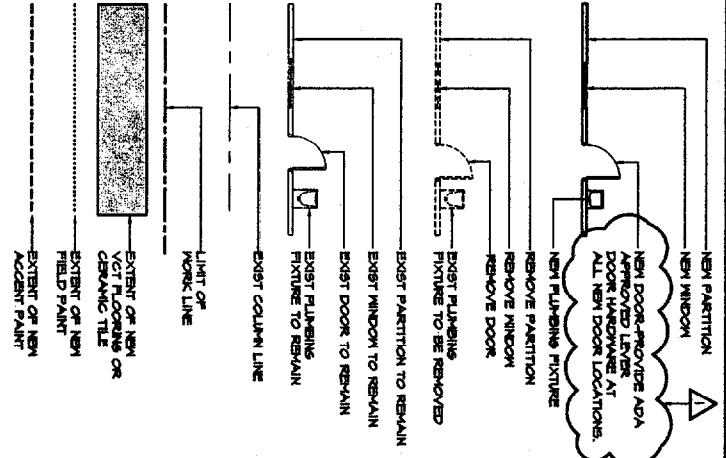
#	PAINT DESCRIPTION
1	SHERWIN WILLIAMS 'CREAK' 8166
2	SHERWIN WILLIAMS 'NAVY' 8128
3	SHERWIN WILLIAMS 'STEAM DOLL' 8168
4	SHERWIN WILLIAMS 'HARBOR' 8004
5	SHERWIN WILLIAMS 'TIDE' 8477
6	SHERWIN WILLIAMS 'GLASS' 8010
7	SHERWIN WILLIAMS 'LILY' 8457
8	SHERWIN WILLIAMS 'TEARDROP' 8444
9	SHERWIN WILLIAMS 'LUCE' 8176
10	SHERWIN WILLIAMS 'TEACUP' 8191

- PAINTING NOTES:
1. ALL TRIM TO BE 'P' UNLESS OTHERWISE NOTED.
 2. TRIM INCLUDES PAINTED DOORS, FRAMES AND INTERIOR WINDOWS.
 3. ALL NEW WALLS TO RECEIVE VINYL COVE BASE. JOINTS TO BE PAINTED 'P'.



- REVISIONS:
- 1-28-02 ADA REVISIONS 1
 - 10-1-02 VALUE ENGINEERING
 - REUSE BY TOILET RM SCORE

GRAPHIC LEGEND



KEY NOTES

NUMBER	REMARK DESCRIPTION
1	REMOVE AND SALVAGE EXISTING DOOR AND FRAME.
2	INSTALL EXISTING DOOR OPENING W/ METAL STUDS AND GWS TO MATCH ADJACENT CONSTRUCTION.
3	NEW WOOD DOOR AND 1/4" FRAME OR RE-GLAZED EXISTING 1/4" DOOR AND 1/4" FRAME 60 TO VERIFY FOR BEST APPLICATION.
4	REMOVE EXISTING BENCHMARK LITE IN FULL WALL TO MATCH ADJACENT CONSTRUCTION.
5	REMOVE EXISTING MET. DOOR, REPLACE W/ WOOD DOORS AND HARDWARE TO MATCH TYPICAL EXAM ROOMS.
6	REMOVE EXISTING PLUMBING FIXTURE, REMOVE PLUMBING LINES FROM VIEW AND PATIENTS' EYE LEVEL, AND WALL SURFACES TO MATCH EXISTING MATERIAL.
7	REMOVE EXISTING 1/4" FRAME, INSTALL NEW 1/4" FRAME BLOCKING AND GWS AS NEEDED FOR NEW 1/4" WOOD DOOR TO MATCH EXISTING DOORS.
8	REMOVE AND SALVAGE ALL EXISTING PATIENT ROOM ACCESSORIES, HANGERS AND TOILET PARTITION WALLS WHERE THESE ITEMS HAVE BEEN REMOVED.
9	REMOVE EXISTING CABINETS.
10	PLASTIC LAMINATE EXAM ROOM CABINETS, TO INCLUDE BASE CABINETS, WALL CABINETS AND COUNTERS.
11	NEW STAINLESS STEEL SINK.
12	NEW OPENING IN EXISTING METAL STUD WALL PROVIDE GWS HEAD AND JAMB.
13	NEW PLASTIC LAMINATE WORK SURFACE W/ PLASTIC LAMINATE END PANELS.
14	NEW 1/4" FRAME TRANSOM WINDOW W/ GWS JAMBS AND HEAD, PROVIDE NEW 1/4" CONCRETE WINDOW SILL, COUNTER AND TRIM DETAILS W/ AT CHECK-IN LOCATION.
15	EXISTING NURSE STATION TO REMAIN, REMOVE PLASTIC LAMINATE TRANSOM COUNTER AND WORK SURFACE, REMOVE TRANSOM PANELS FOR EXPANSION INTEREST TO MATCH NEW EXPANSION COMPONENTS AND REFINISH ALL EXPOSED END SURFACES.
16	NEW NURSE STATION EXPANSION COMPONENTS, MATCH EXISTING CONSTRUCTION AND PROVIDE INTERNAL SPACE FOR FORMER AND DATA LOCATIONS.
17	PROVIDE NEW CEILING TO MATCH EXISTING, 60 TO COORDINATE LIGHTING, MECHANICAL, AND SPRINKLER HOOD/FIXTURE FOR NEW AND EXISTING WORK IN THE FIELD.
18	HOOPER ROOF CEILING, TILE AND GRID AS NEEDED IN THE HOOD/FIXTURE FOR NEW AND EXISTING WORK IN THE FIELD. HOOD/FIXTURE FOR NEW AND EXISTING WORK IN THE FIELD.
19	REMOVED SPECIALLY FINISH CABINET, DOMINICK B-505 OR EQUAL, LOCATION BY OWNER, 8' 0" x 4' 0" W/

FOR CONSTRUCTION: 8 OCTOBER 2002

UNIVERSITY HEALTH CARE PEDIATRICS
 PORTLAND, MAINE
 295 FRUIT AVE
 SHEET A1.1
 DEC - 3 2002