

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING DEPARTMENT

## PERMIT ISSUED

Permit Number: 100902

Please Read Application And Notes, If Any, Attached

This is to certify that MAINE MEDICAL CENTER / McLaughan Wood Works, Inc. AUG 20 2010

has permission to Office fit-up for Patient Accounts Maine Medical Center

AT 173 HIGH ST - CALLED 50 FOREST AVE CB# 037 E006007 City of Portland

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 lathed or otherwise covered-in. 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. CAPT. R. Sauter

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

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

Other \_\_\_\_\_

Department Name

Director - Building & Inspection Services

### PENALTY FOR REMOVING THIS CARD



# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

7. 28 2010

Received from

Maine Media Unit #7

Location of Work

Ed Banko 173 High St.

Cost of Construction \$ \_\_\_\_\_

Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: 40

Building (U) \_\_\_\_\_

Plumbing (U) \_\_\_\_\_

Electrical (U) \_\_\_\_\_

Site Plan (U) \_\_\_\_\_

Other \_\_\_\_\_

CEL: 3786

Check #: 2172150

Total Collected \$ 40

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy

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

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

Permit No: 10-0902	Issue Date:	CBL: 037 E006007
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Location of Construction: 173 HIGH ST <i>Called 50 Forest Ave</i>	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Monaghan Woodworks, Inc.	Contractor Address: 100 Commercial St Suite 311 Portland	Phone: 2077752683
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-3

Past Use: Commercial - Office	Proposed Use: Commercial - Office - Office fit-up for Patient Accounts Maine Medical Center	Permit Fee: \$40.00	Cost of Work: \$1,900.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>*See Conditions</i>	INSPECTION: Use Group: <i>B/S-1</i> Type: <i>2B</i> <i>IBC 2003</i>	

Proposed Project Description: Office fit-up for Patient Accounts Maine Medical Center	Signature: <i>(K6)</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: 07/28/2010	<b>Zoning Approval</b>
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<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>	<b>Special Zone or Reviews</b>	<b>Zoning Appeal</b>	<b>Historic Preservation</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"/> M/M <input type="checkbox"/> Date: <i>[Signature]</i>	<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: _____	<input checked="" 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>[Signature]</i>

**PERMIT ISSUED**

**AUG 20 2010**

City of Portland

**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 \_\_\_\_\_

17-4-10

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need to make E to U

U to

18-2-10

de to close

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

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

<b>Permit No:</b> 10-0902	<b>Date Applied For:</b> 07/28/2010	<b>CBL:</b> 037 E006007
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<b>Location of Construction:</b> 173 HIGH ST/ 50 Forest Ave	<b>Owner Name:</b> MAINE MEDICAL CENTER	<b>Owner Address:</b> 22 BRAMHALL ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Monaghan Woodworks, Inc.	<b>Contractor Address:</b> 100 Commercial St Suite 311 Portland	<b>Phone</b> (207) 775-2683
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Commercial - Office - Office fit-up for Patient Accounts Maine Medical Center	<b>Proposed Project Description:</b> Office fit-up for Patient Accounts Maine Medical Center
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 08/11/2010  
**Note:** **Ok to Issue:** ✓

- 1) Separate permits shall be required for any new signage.
- 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:** 08/20/2010  
**Note:** **Ok to Issue:** ✓

- 1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Keith Gautreau      **Approval Date:** 08/13/2010  
**Note:** **Ok to Issue:** ✓

- 1) No means of egress shall be affected by this renovation
- 2) Any cutting or welding and hot work taking place in a commercial building requires a separate "Hot Work Permit" from the Fire Department.
- 3) This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require ammendments and approval.

**PERMIT ISSUED**

**AUG 20 2010**

City of Portland

## **BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY)**

**or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months, if the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.**

  **X**   **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

  **X**   **Final inspection required at completion of work.**

**The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.**

**PERMIT ISSUED**

**AUG 20 2010**

City of Portland



# 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>50 FOREST AVE</u>		
Total Square Footage of Proposed Structure/Area <u>N/A</u>	Square Footage of Lot <u>N/A</u>	Number of Stories <u>N/A</u>
Tax Assessor's Chart, Block & Lot Chart# <u>37</u> Block# <u>E</u> Lot# <u>6</u>	Applicant *must be owner, Lessee or Buyer* Name <u>MAINE MEDICAL CTR</u> Address <u>22 BRAMHALL</u> City, State & Zip <u>PORTLAND</u>	Telephone: <u>602-3323</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>1900.00</u> C of O Fee: \$ Total Fee: \$ <u>46.00</u>
Current legal use (i.e. single family) _____ Number of Residential Units _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>office fit up for Patient Accounts</u>		
Contractor's name: <u>MANAGER WORKSHOPS</u> Address: <u>100 COMMERCIAL ST</u> City, State & Zip: <u>PORTLAND</u> <u>Will Pogan - Facilities Dev</u> Telephone: _____ Who should we contact when the permit is ready: <u>W. POGAN</u> Telephone: <u>602-3323</u> Mailing address: <u>22 BRAMHALL</u> <u>04102</u>		

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

RECEIVED

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 or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division 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: Will Pogan Date: 7/28/10

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

# MAINE MEDICAL CENTER

## PATIENT ACCOUNTS

### EXPANSION

## 50 FOREST AVE PORTLAND, MAINE

**RECEIVED**  
 JUL 28 2010  
 Dept. of Building Inspections  
 City of Portland Maine

CONSULTANTS

Patient  
 Accounts  
 Expansion

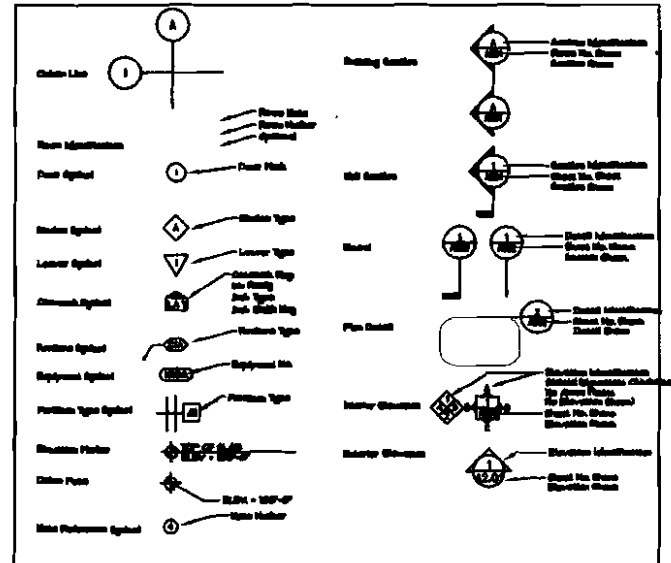
**DRAWING LIST**

T-1	TITLE SHEET
A-1	FLOOR PLAN- 1/8" SCALE
A-2	ENLARGED PLAN
A-3	DETAILS

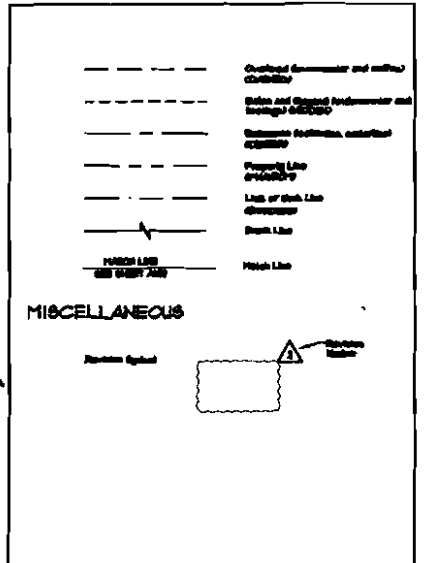
**MATERIAL CONVENTIONS**

[Symbol]	Assembled Top of Panel	[Symbol]	Insulating Slag
[Symbol]	Aluminum	[Symbol]	Wetset, Green (Set at Ready to Cast)
[Symbol]	Block	[Symbol]	Wetset, Grey (Set at Ready to Cast)
[Symbol]	Concrete (Set at Ready to Cast)	[Symbol]	Wetset, White (Set at Ready to Cast)
[Symbol]	Concrete Cast-in-Place	[Symbol]	Steel
[Symbol]	Deck	[Symbol]	Steel Decking
[Symbol]	Flashing	[Symbol]	Steel Decking
[Symbol]	Glass (Set at Ready to Cast)	[Symbol]	Steel Decking
[Symbol]	Rebar	[Symbol]	Steel Decking
[Symbol]	Insulation, Rigid or Flexible	[Symbol]	Structural Formwork

**GRAPHIC SYMBOLS**



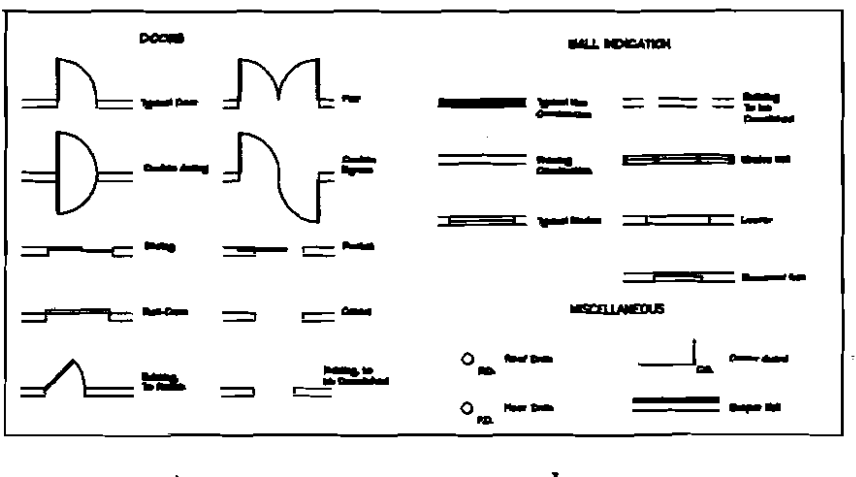
**LINETYPES**



**CODE ANALYSIS**

PROJECT SCOPE and FIRE RESISTANCE RATINGS

PROJECT SCOPE	SEE OFFICE FOR FURTHER ADDRESS REVISIONS.																												
APPLICABLE CODES	INTERNATIONAL BUILDING CODE, 2009 AMERICAN IRON PIPE AND PIPE-FITTING ASSOCIATION (AIPFA) 60-LIFE SAFETY CODE-2009 AIPFA 60-610 ON BUILDING CODE TYPES-2009																												
OCCUPANCY	RESEARCH																												
CONSTRUCTION TYPE	STRUCTURE - NO CHANGE																												
FIRE RESISTANCE RATINGS	<table border="1"> <tr><td>WALLS AND PARTITIONS</td><td>2H</td></tr> <tr><td>ROOF</td><td>2H</td></tr> <tr><td>FLOOR</td><td>2H</td></tr> <tr><td>CEILING</td><td>2H</td></tr> <tr><td>MECHANICAL ROOMS</td><td>2H</td></tr> <tr><td>ELECTRICAL</td><td>2H</td></tr> <tr><td>PLUMBING</td><td>2H</td></tr> <tr><td>MECHANICAL</td><td>2H</td></tr> <tr><td>ELECTRICAL</td><td>2H</td></tr> <tr><td>PLUMBING</td><td>2H</td></tr> <tr><td>MECHANICAL</td><td>2H</td></tr> <tr><td>ELECTRICAL</td><td>2H</td></tr> <tr><td>PLUMBING</td><td>2H</td></tr> <tr><td>MECHANICAL</td><td>2H</td></tr> </table>	WALLS AND PARTITIONS	2H	ROOF	2H	FLOOR	2H	CEILING	2H	MECHANICAL ROOMS	2H	ELECTRICAL	2H	PLUMBING	2H	MECHANICAL	2H	ELECTRICAL	2H	PLUMBING	2H	MECHANICAL	2H	ELECTRICAL	2H	PLUMBING	2H	MECHANICAL	2H
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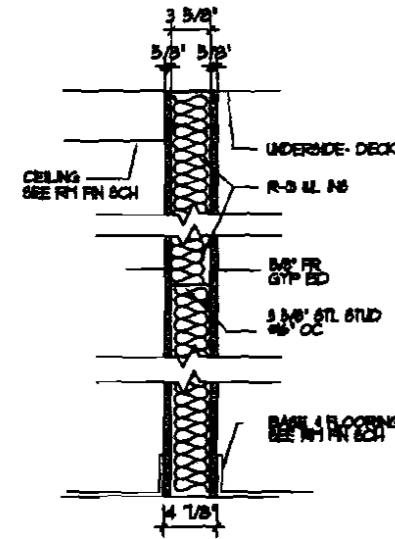


MARK	DATE	DESCRIPTION
		For Construction
	7/15/10	ISSUE
		PROJECT NO: 210068
		CAD DWG FILE: UNKNOWN
		DRAWN BY: WIP
		CHECKED BY: DP

SHEET TITLE  
**TITLE SHEET**

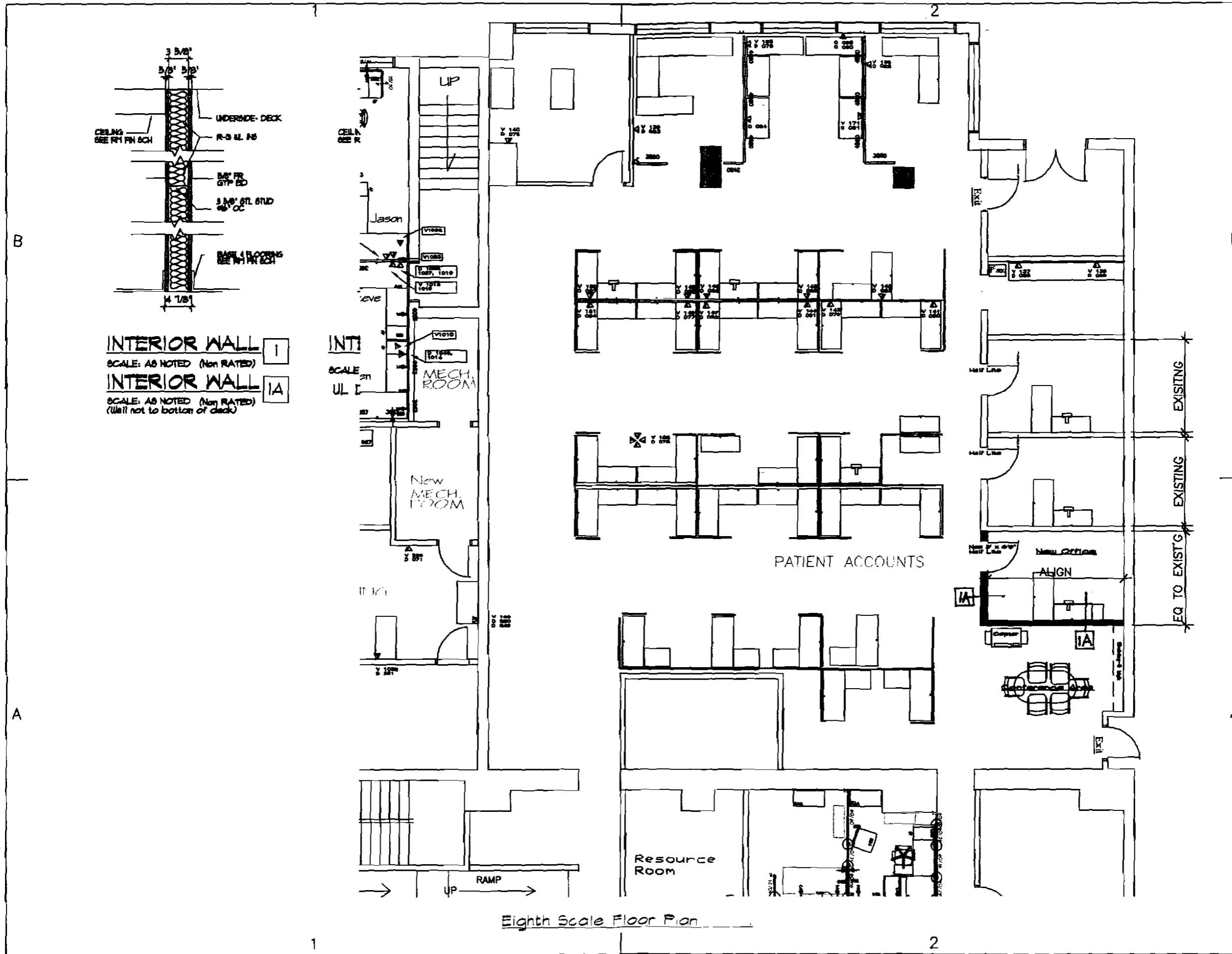
T-1  
 Sheet of





**INTERIOR WALL I**  
SCALE: AS NOTED (Non RATED)

**INTERIOR WALL IA**  
SCALE: AS NOTED (Non RATED)  
(Wall not to bottom of deck)



Eighth Scale Floor Plan

**Maine Medical Center**  
22 Bramhall Street  
Portland, ME. 04102-3175  
Facilities Development  
207-662-2013

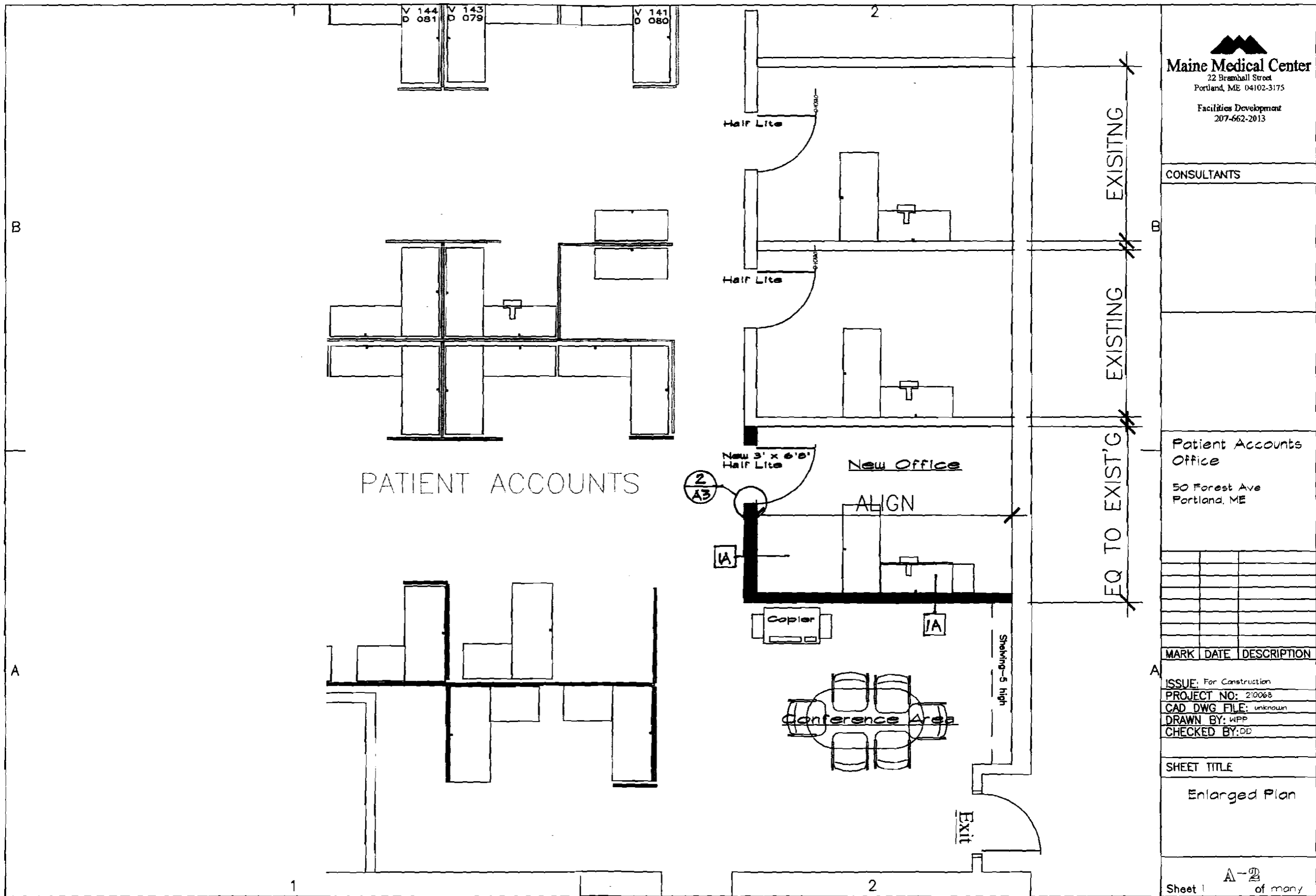
CONSULTANTS

Patient Accounts Office  
50 Forest Ave  
Portland, ME

MARK	DATE	DESCRIPTION

ISSUE: For Construction  
PROJECT NO: 210068  
CAD DWG FILE: --  
DRAWN BY: WPP  
CHECKED BY: DD

SHEET TITLE  
1/8 Scale Plan



**Maine Medical Center**  
 22 Bramhall Street  
 Portland, ME 04102-3175  
 Facilities Development  
 207-662-2013

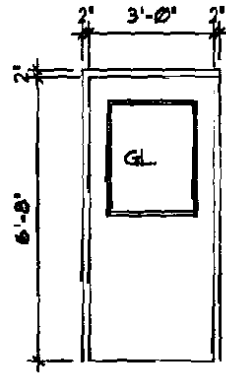
CONSULTANTS

Patient Accounts  
 Office  
 50 Forest Ave  
 Portland, ME

MARK	DATE	DESCRIPTION
ISSUE:	For Construction	
PROJECT NO:	210068	
CAD DWG FILE:	unknown	
DRAWN BY:	WPP	
CHECKED BY:	DD	

SHEET TITLE  
 Enlarged Plan

Sheet 1 A-2 of many



**ELEVATION**

SOLID WOOD DOOR W/ METAL FRAME  
SCALE: 1/4" = 1'-0"

**INTERIOR DOOR NOTE:**

**DOOR HARDWARE GENERAL NOTES**

1. ALL DOOR HARDWARE SHALL ALLOW FREE ACCESS IN THE ESCAPE DIRECTION AT ALL TIMES.
2. ALL DOORS, FRAMES, AND HARDWARE SHALL BE THE BUILDING STANDARD UNLESS OTHERWISE NOTED.
3. ALL HARDWARE SHALL COMPLY WITH ADA REQUIREMENTS AND STANDARDS.
4. ALL SEPARATE LOCKS SHALL BE MASTER-KEYED TO THE STANDARD.
5. ALL DOORS SHALL HAVE LEVER HANDLES.
6. HARDWARE FINISH USES BRUSHED STAINLESS.
7. PAINT ALL INT. DOOR FRAMES TO MATCH EXISTING CONDITIONS, UNLESS OTHERWISE NOTED.
8. PAINT PUBLIC CORRIDOR SIDE OF DOORS TO MATCH EXISTING CONDITIONS. PAINT INTERIOR SIDE THE STANDARD.

- 1) **INTERIOR DOORS:** MANUFACTURER-CURVED OR EQUAL  
A) STYLE: MATCH EXISTING (PREFINISH)

**HARDWARE SET 1**

1/2 PR HINGES  
LOCKSET (with key function)-LEVER HANDLES  
3 EACH BALANCERS  
FLOOR STOP  
FOR EACH LEAF

**HARDWARE SET 2**

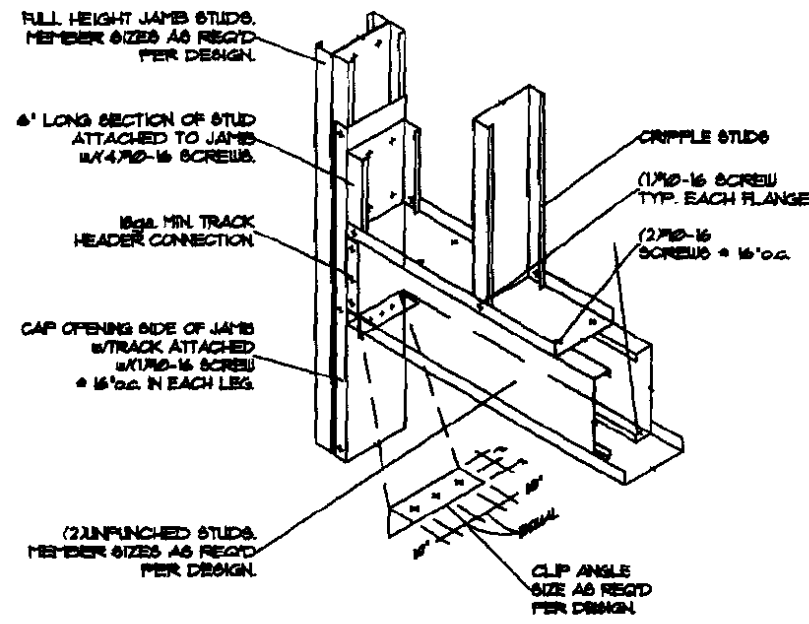
1/2 PR HINGES  
LOCKSET (with key function)-LEVER HANDLES  
3 EACH BALANCERS  
UPLOOR STOP

**HARDWARE SET 3**

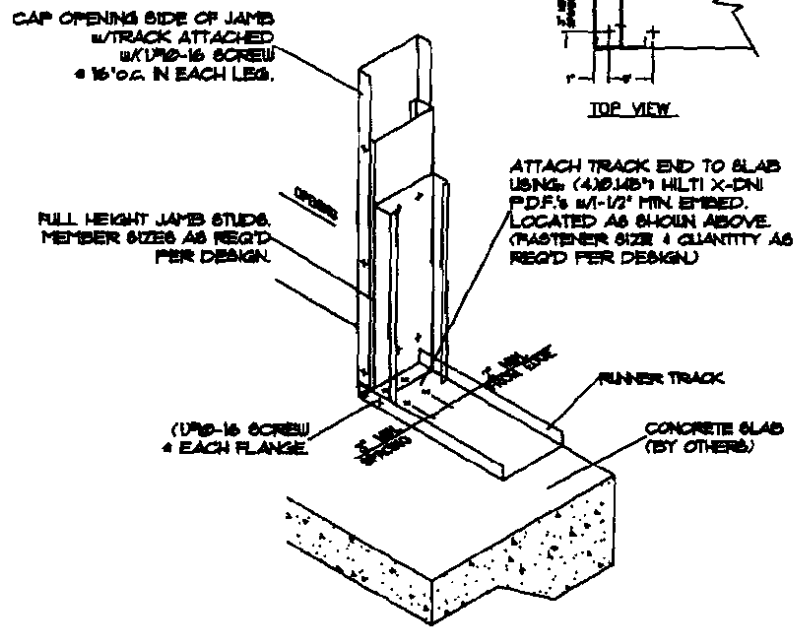
1/2 PR HINGES  
PASSAGE LATCHSET-LEVER HANDLES  
3 EACH BALANCERS  
UPLOOR STOP

**HARDWARE SET 4**

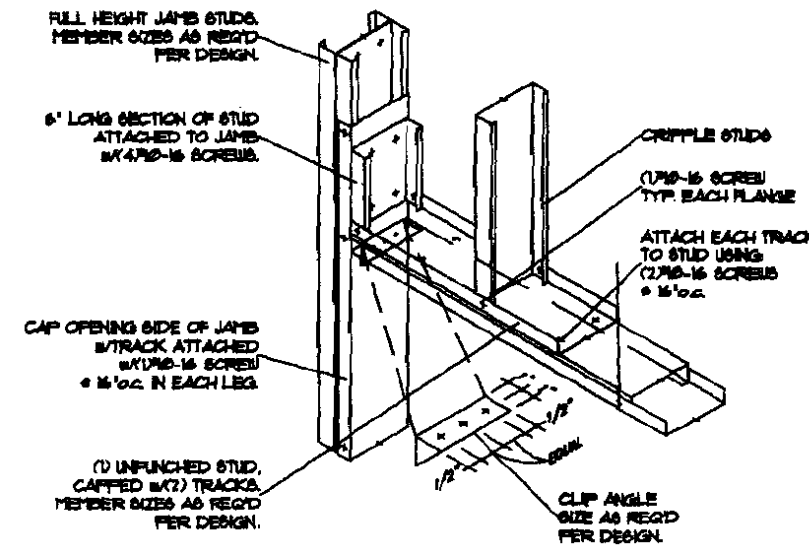
1/2 PR HINGES  
LOCKSET (with key function)-LEVER HANDLES  
3 EACH BALANCERS  
FLOOR STOP  
FOR EACH LEAF



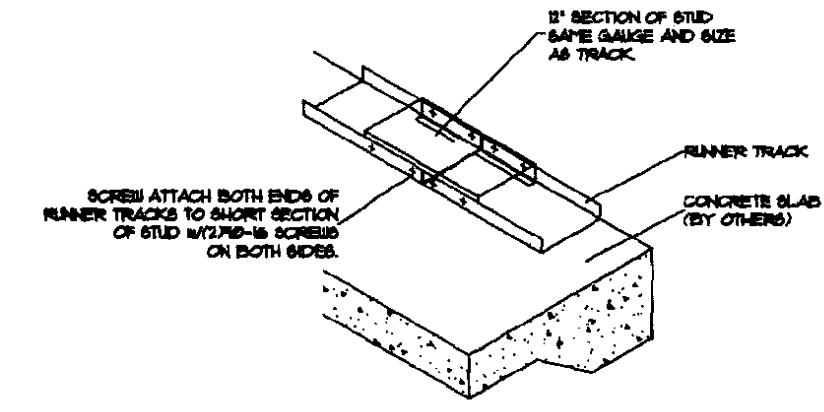
1 **BOXED HEADER CONNECTION**  
CURTAIN WALL HEADER TO BACK-TO-BACK JAMB



2 **DOOR JAMB ANCHORAGE**  
(2) JAMB ANCHORAGE TO STRUCTURE W/ (4) P.D.F.'s



3 **LAY-IN HEADER CONNECTION**  
CURTAIN WALL LAY-IN HEADER USING (2) STUD W/ (2) TRACKS



4 **BOTTOM TRACK SPLICE**  
RUNNER TRACK SPLICE - SCREW ATTACHED

**Maine Medical Center**  
22 Bramhall Street  
Portland, ME 04102-3175  
Facilities Development  
207-662-2013

**CONSULTANTS**

Patient Accounts Office  
50 Forest Ave  
Portland, ME

MARK	DATE	DESCRIPTION
ISSUE:	For Construction	
PROJECT NO:	21006B	
CAD DWG FILE:	unknown	
DRAWN BY:	WPP	
CHECKED BY:	DD	

**SHEET TITLE**

Details