

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 090870

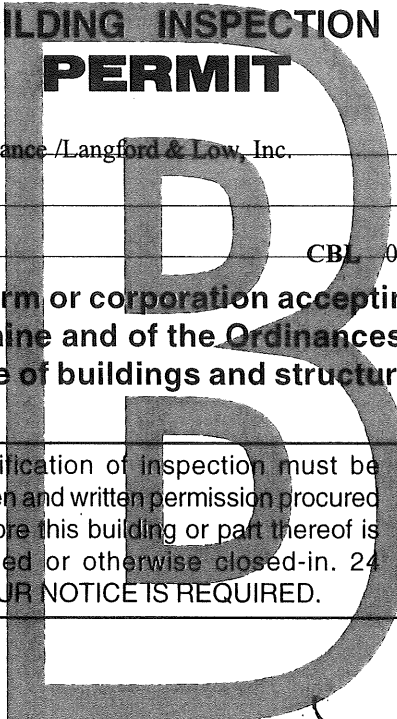
Please Read
Application And
Notes, If Any,
Attached

This is to certify that Maine Employers' Mutual Insurance / Langford & Low, Inc.

has permission to Tenant fit-out.

AT 245 Commercial St CBL 038 F006001

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 closed-in. 24 HOUR NOTICE IS REQUIRED.

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

PERMIT ISSUED

OTHER REQUIRED APPROVALS

Fire Dept. [Signature] 202

Health Dept. AUG 21 2009

Appeal Board

Other

CITY OF PORTLAND

Department Name

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

SCANNED



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

_____ 6-16 20 09 _____

Received from Handcraft

Location of Work 175 Park Street

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 55

Building (IL) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 7341

Check #: 9645 **Total Collected \$** 55

**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
Department of Building Inspections

Original Receipt

6-16 20 09

Received from 1001 rd +

Location of Work 175 Fox River

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 374

Building (I1) Plumbing (I5) Electrical (I2) Site Plan (U2)

Other sign

CBL: 73-A-1

Check #: 2643 **Total Collected \$** 374

**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
Department of Building Inspections

Original Receipt

August 7 2009

Received from Langford Law Inc.

Location of Work 215 - 253 Commercial St.

Cost of Construction \$ 47,000 Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 490

Building (I1) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 038-F.006

Check #: 39417

Total Collected \$ 490-

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

Taken by: LMD

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: 09-0870	Issue Date:	CBL: 038 F006001
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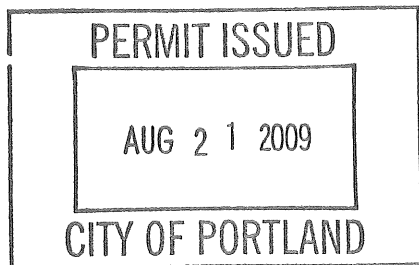
Location of Construction: 245 Commercial St	Owner Name: Maine Employers' Mutual Insurance	Owner Address: Po Box 11409	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name Abilis	Phone:	Permit Type: Alterations - Commercial	Zone: B-3

Past Use: Commercial / Office (Drummond Woodsum)	Proposed Use: Office / Abilis (Technology software office) Tenant fit-out. <i>3rd floor</i>	Permit Fee: \$490.00	Cost of Work: \$47,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <i>w/conditions</i> 8/17/09	INSPECTION: Use Group: <i>B</i> Type: <i>3</i> <i>IBC 2003</i>	

Proposed Project Description: Tenant fit-out.	Signature: <i>[Signature]</i> 202	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: 08/07/2009	Zoning Approval
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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>	<p>Special Zone or Reviews</p> <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 checked="" type="checkbox"/> MM <input type="checkbox"/> Denied Date: <i>8/14/09</i>	<p>Zoning Appeal</p> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Date:	<p>Historic Preservation</p> <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>any changes to the exterior of the Bldg requires a separate review approval</i>
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0870	Date Applied For: 08/07/2009	CBL: 038 F006001
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Location of Construction: 245 Commercial St	Owner Name: Maine Employers' Mutual Insurance	Owner Address: Po Box 11409	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone (207) 797-5141
Lessee/Buyer's Name Abilis	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Office / Abilis (Technology software office) Tenant fit-out. 3rd floor	Proposed Project Description: Tenant fit-out. 3rd floor
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/14/2009

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) Separate permits shall be required for any new signage.
- 3) 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:** 08/21/2009

Note: **Ok to Issue:**

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

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Ben Wallace Jr. **Approval Date:** 08/17/2009

Note: **Ok to Issue:**

- 1) Fire extinguishers required. Installation per NFPA 10
- 2) A separate Sprinkler System Permit is required per the Fire Department.
- 3) A separate Fire Alarm System Permit is required per the Fire Department.
- 4) Fire Alarm system shall be maintained.
If system is to be off line over 4 hours a fire watch shall be in place.
Dispatch notification required 874-8576.
- 5) Sprinkler protection shall be maintained.
Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
- 6) Emergency lights are required to be tested at the electrical panel.
- 7) Emergency lights and exit signs are required
- 8) Any cutting or welding operations require a separate permit from the Fire dept.
- 9) All construction shall comply with NFPA 101

Comments:

Location of Construction: 245 Commercial St	Owner Name: Maine Employers' Mutual Insurance	Owner Address: Po Box 11409	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone (207) 797-5141
Lessee/Buyer's Name Abilis	Phone:	Permit Type: Alterations - Commercial	

8/14/2009-gg: Spoke with Gabby the last use for this space was a lawfirm office (Drummond Woodsum) and will still be an office (Abilis). /gg

BUILDING PERMIT INSPECTION PROCEDURES

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

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.

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

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

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.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date



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>245-253 COMMERCIAL ST.</u>		
Total Square Footage of Proposed Structure/Area <u>3890 (PARTIAL FLOOR)</u>	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# <u>038</u> Block# <u>F</u> Lot# <u>006</u>	Applicant * <u>must be owner, Lessee or Buyer*</u> Name <u>MEMIC</u> Address <u>261 COMMERCIAL ST.</u> City, State & Zip <u>PORTLAND 04101</u>	Telephone: <u>207.791.3304</u>
Lessee/DBA (If Applicable) <u>ABILIS</u> <i>DEPT. CITY INSPECTIONS DIVISION AUG - 7 2009</i>	Owner (if different from Applicant) Name <u>MEMIC</u> Address City, State & Zip	Cost Of Work: \$ <u>47,000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>BUSINESS</u> Number of Residential Units <u>NA</u> If vacant, what was the previous use? <u>BUSINESS</u> Proposed Specific use: <u>BUSINESS ABILIS - Technology Software office</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>NO CHANGE OF USE, TENANT FIT OUT, NO NEW WALLS, NEW CARPET, PAINT, CEILING/SOFFITS, ADD GLAZING TO EXIST DOORS, MODIFICATION (DESIGN/BUILD APPROACH) OF ELEC/MECH/SPRINK/FA - SEPARATE PERMIT APP.</u>		
Contractor's name: <u>LANFORD AND LOW, INC.</u>		
Address: <u>248 WARREN AVE.</u>		
City, State & Zip <u>PORTLAND ME 04103</u>		Telephone: <u>207.797.5141</u>
Who should we contact when the permit is ready: <u>GABRIELLE RUSSELL</u>		Telephone: <u>207.756.3162</u>
Mailing address: <u>PO Box 1662, PORTLAND ME 04104</u> <i>call</i>		

Please submit all of the information outlined on the applicable 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 or to download copies of this form and other applications visit the Inspections Division on-line at 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: [Signature] Date: 8/7/09

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



Accessibility Building Code Certificate

Designer: _____

Address of Project: _____

Nature of Project: _____

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. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.

Signature: _____

Title: _____

(SEAL)

Firm: _____

Address: _____

Phone: _____

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Certificate of Design

Date: _____

From: _____

These plans and / or specifications covering construction work on:

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

Signature: _____

Title: _____

(SEAL)

Firm: _____

Address: _____

Phone: _____

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Certificate of Design Application

From Designer: _____
 Date: _____
 Job Name: _____
 Address of Construction: _____

2003 International Building Code

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

Building Code & Year _____ Use Group Classification (s) _____

Type of Construction _____

Is there a fire suppression system in accordance with Section 903.3.1 of the 2003 IBC? _____ Supervisory alarm system? _____

Is the structure mixed use? _____ If yes, separated or non separated or non separated (section 302.3) _____

Geotechnical/Soils report required? (See Section 1802.2) _____

Structural Design Calculations

_____ Submitted for all structural members (106.1 – 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
_____	_____
_____	_____
_____	_____
_____	_____

Wind loads (1603.1.4, 1609)

_____ Design option utilized (1609.1.1, 1609.6)
 _____ Basic wind speed (1809.3)
 _____ 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)

Earth design data (1603.1.5, 1614-1623)

_____ Design option utilized (1614.1)
 _____ Seismic use group ("Category")
 _____ Spectral response coefficients, S_D s & S_D1 (1615.1)
 _____ Site class (1615.1.5)

_____ Live load reduction
 _____ Roof live loads (1603.1.2, 1607.11)
 _____ Roof snow loads (1603.7.3, 1608)
 _____ Ground snow load, P_g (1608.2)
 _____ If $P_g > 10$ psf, flat-roof snow load P_f
 _____ If $P_g > 10$ psf, snow exposure factor, C_e
 _____ If $P_g > 10$ psf, snow load importance factor, I_s
 _____ Roof thermal factor, C_t (1608.4)
 _____ Sloped roof snowload, P_s (1608.4)
 _____ Seismic design category (1616.3)
 _____ Basic seismic force resisting system (1617.6.2)
 _____ Response modification coefficient, R , and
 deflection amplification factor C_d (1617.6.2)
 _____ Analysis procedure (1616.6, 1617.5)
 _____ Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

_____ Flood Hazard area (1612.3)
 _____ Elevation of structure

Other loads

_____ Concentrated loads (1607.4)
 _____ Partition loads (1607.5)
 _____ Misc. loads (Table 1607.8, 1607.6.1, 1607.7,
 1607.12, 1607.13, 1610, 1611, 2404)

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 specifications:

Date _____
 Permit # 2009-4344
 CBL# 73A1

LOCATION: 175 Fore River Parkway METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Mercy Hospital
 TENANT Mercy Hospital PHONE # 207-879-3294

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector	.20
FIXTURES	Incandescent	Fluorescent	Strips	.20
SERVICES	Overhead	Underground	TTL AMPS <800	15.00
	Overhead	Underground	>800	25.00
Temporary Service	Overhead	Underground	TTL AMPS	25.00
				25.00
METERS	(number of)			1.00
MOTORS	(number of)			2.00
RESID/COM	Electric units			1.00
HEATING	oil/gas units	Interior	Exterior	5.00
		APPLIANCES	Ranges	Cook Tops
	Insta-Hot	Water heaters	Fans	2.00
	Dryers	Disposals	Dishwasher	2.00
	Compactors	Spa	Washing Machine	2.00
	Others (denote)			2.00
MISC. (number of)	Air Cond/win			3.00
	Air Cond/cent		Pools	10.00
	HVAC	EMS	Thermostat	5.00
	1 Signs			10.00
	Alarms/res			5.00
	Alarms/com			15.00
	Heavy Duty(CRKT)			2.00
	Circus/Carnv			25.00
	Alterations			5.00
	Fire Repairs			15.00
	E Lights			1.00
	E Generator			20.00
PANELS	Servic			4.00
TRANSFORMER	0-25 Kv			5.00
	25-200 Kv			8.00
	Over 200 Kv			10.00
	MINIMUM FEE/CU			45.00

OK to Issue
 Elect. permit enclosed
 w/ sign permit.
 Shane - 782-9654

CONTRACTORS NAME Neokraft Signs Inc LIC. # MCL60016882
 ADDRESS 686 Main St, Lewiston, ME 04201 ED LIC. # _____
 TELEPHONE 207-782-9654

SIGNATURE OF CONTRACTOR [Signature] Shane Moffett
 White Copy - Office • Yellow Copy - Applicant [Neokraft Signs Inc.]

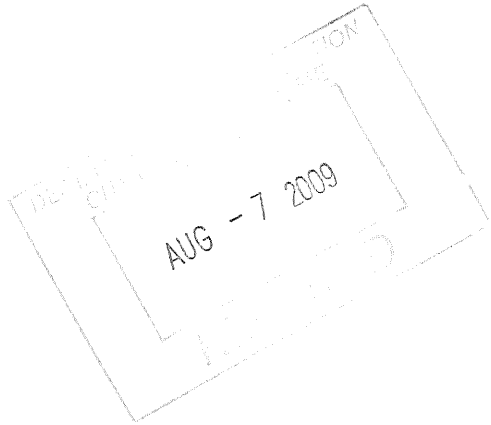
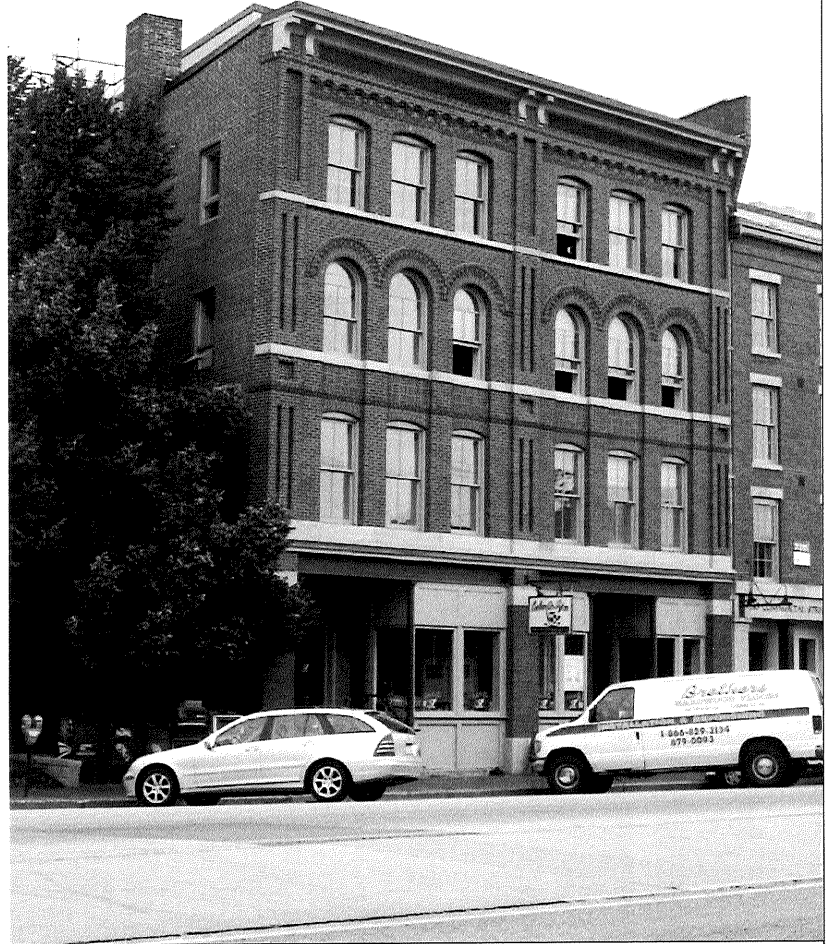
MEMIC / NATHAN WINSLOW BLOCK

TENANT FIT-OUT - ABILIS

245-253 ^{COMMERCIAL} CONGRESS ST

RENOVATION TO 3rd FLOOR

PORTLAND, MAINE 04101



LIST OF DRAWINGS:

- A 0.1 COVER SHEET
- A 1.1 3rd Floor Plan
- A 2.1 3rd Floor Reflected Ceiling Plan + Notes

PROJECT TEAM:

- Design: Langford and Low
- Construction: Langford and Low

NO CHANGE OF USE PROPOSED
 NO PROPOSED MODIFICATIONS TO STRUCTURE, EGRESS COMPONENTS, FIRE AND / OR SMOKE PARTITION RATINGS, OR ADA ACCESSIBILITY

OCCUPANCY: BUSINESS (EXISTING)

ALLOWABLE = 100 sf / PERSON
 AFFECTED SQUARE FOOTAGE OF TENANT FIT-UP = 3,890
 MAXIMUM NUMBER OF OCCUPANTS ALLOWED = 38
 ACTUAL NUMBER OF OCCUPANTS PROPOSED = 20

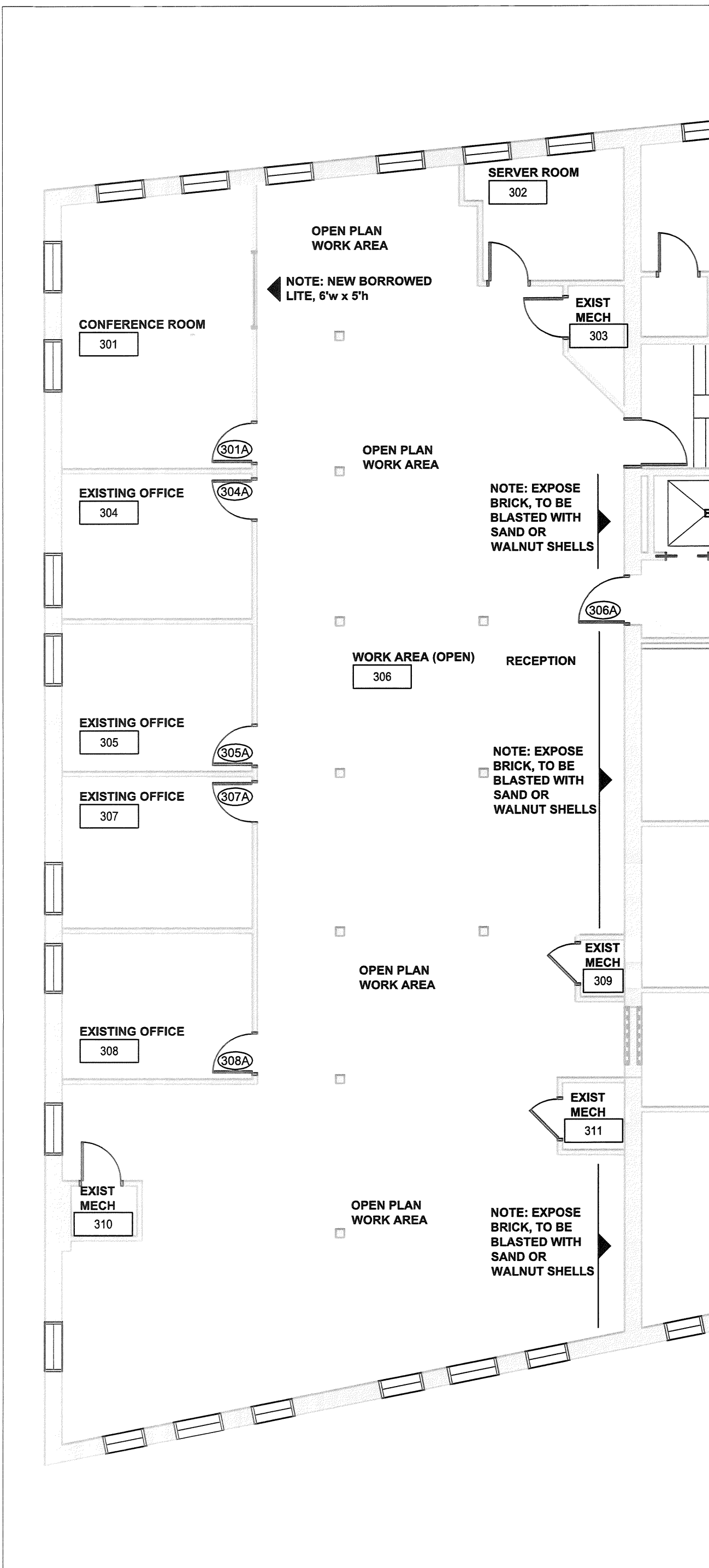
GENERAL SYMBOLS:

- ROOM NAME**
 [ROOM #] = ROOM TAG
- (101A) = DOOR TAG
- # = WINDOW TAG
- [W-#] = WALL / PARTITION TYPE
- = CENTER LINE
- # = REVISION TAG
- = BREAK LINE
- ↑ N = NORTH ARROW
- MATCH LINE
 con't on SHEET # = MATCH LINE
- # DWG = DETAIL TAG
- # DWG = SECTION TAG
- # DWG = ELEVATION TAG
- ① = NOTE TAG (same page)

LANGFORD AND LOW GENERAL CONTRACTOR	CONSULTANTS STRUCTURAL: _____ MECHANICAL: _____ ELECTRICAL: _____ LANDSCAPE: _____ CODE: _____ DESIGN: _____	REGISTERED PROFESSIONAL'S SEAL	REVISIONS REVISION #: _____ DATE: _____ DESCRIPTION: _____ REVISION #: _____ DATE: _____ DESCRIPTION: _____ REVISION #: _____ DATE: _____ DESCRIPTION: _____	DATE AUGUST 7, 2009	DRAWING TITLE PLAN
	DRAWN BY: GABRIELLE RUSSELL, LEED AP PROJECT DESIGNER / PROJECT COORDINATOR LANGFORD AND LOW MASTER OF ARCHITECTURE, TULANE UNIVERSITY BACHELOR OF ARCHITECTURE, TULANE UNIVERSITY	DRAWING STATUS <input type="checkbox"/> OFFICE REVIEW <input type="checkbox"/> CLIENT REVIEW <input checked="" type="checkbox"/> PERMIT SET <input type="checkbox"/> BID / ESTIMATING SET <input type="checkbox"/> CONTRACT DRAWINGS <input type="checkbox"/> CONSTRUCTION SET	REVIEWED BY: _____	JOB NUMBER 0909	SCALE N/A
© 2009 LANGFORD AND LOW DESIGN, DRAWINGS, ELECTRONIC FILES AND RELATED INFORMATION ARE PROPERTY OF LANGFORD AND LOW, INC. AND SHALL NOT BE REPLICATED OR COPIED WITHOUT THE OWNER'S WRITTEN CONSENT.					SHEET NUMBER A0.1

GENERAL DESIGN INTENT + NOTES:

- NO NEW WALLS
- EXISTING DOORS SHALL HAVE GLASS CUT IN.
- NEW FLOORING, PAINT, ACT, + SOFFITS
- DESIGN BUILD APPROACH FOR ELECTRICAL, MECHANICAL, SPRINKLER
- SELECTED NEW LIGHTING
- MODIFIED MECHANICAL + SPRINKLER



DOORS				
DOOR #	DOOR SIZE	FRAME TYPE	DOOR MAT.	NOTES
301A	3'0"x6'8"	HOLLOW METAL	WOOD /GLASS	REUSE EXISTING DOOR - ADD 24'X60' TEMPERED GLAZING, NEW ADA LEVER HARDWARE
304B	3'0"x6'8"	HOLLOW METAL	WOOD /GLASS	REUSE EXISTING DOOR + HARDWARE - ADD 24'X60' TEMPERED GLAZING
305A	3'0"x6'8"	HOLLOW METAL	WOOD /GLASS	REUSE EXISTING DOOR + HARDWARE - ADD 24'X60' TEMPERED GLAZING
306A	3'6"x6'8"	HOLLOW METAL	WOOD /GLASS	REUSE EXISTING DOOR - ADD 24'X60' TEMPERED GLAZING, NEW ADA LEVER HARDWARE
307A	3'0"x6'8"	HOLLOW METAL	WOOD /GLASS	REUSE EXISTING DOOR + HARDWARE - ADD 24'X60' TEMPERED GLAZING
308A	3'0"x6'8"	HOLLOW METAL	WOOD /GLASS	REUSE EXISTING DOOR + HARDWARE - ADD 24'X60' TEMPERED GLAZING


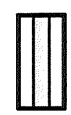


FINISHES								
ROOM #	ROOM NAME	FLOOR	BASE	CEILING	WALL - NORTH	WALL - EAST	WALL - SOUTH	WALL - WEST
301	CONF.	CPT	VINYL BASE	ACT	PAINT	PAINT	PAINT	PAINT
302	SERVER ROOM	VCT	VINYL BASE	ACT	PAINT	PAINT	PAINT	PAINT
303	EXIST. MECH	-	-	-	-	-	-	-
304	EXIST. OFFICE	CPT	VINYL BASE	-	PAINT	PAINT	PAINT	PAINT
305	EXIST. OFFICE	CPT	VINYL BASE	-	PAINT	PAINT	PAINT	PAINT
306	WORK AREA	CPT	VINYL BASE	ACT	PAINT	EXPOSE BRICK	PAINT	PAINT
307	EXIST. OFFICE	CPT	VINYL BASE	-	PAINT	PAINT	PAINT	PAINT
308	EXIST. OFFICE	CPT	VINYL BASE	-	PAINT	PAINT	PAINT	PAINT
309	EXIST. MECH	-	-	-	-	-	-	-
310	EXIST. MECH	-	-	-	-	-	-	-
311	EXIST. MECH	-	-	-	-	-	-	-

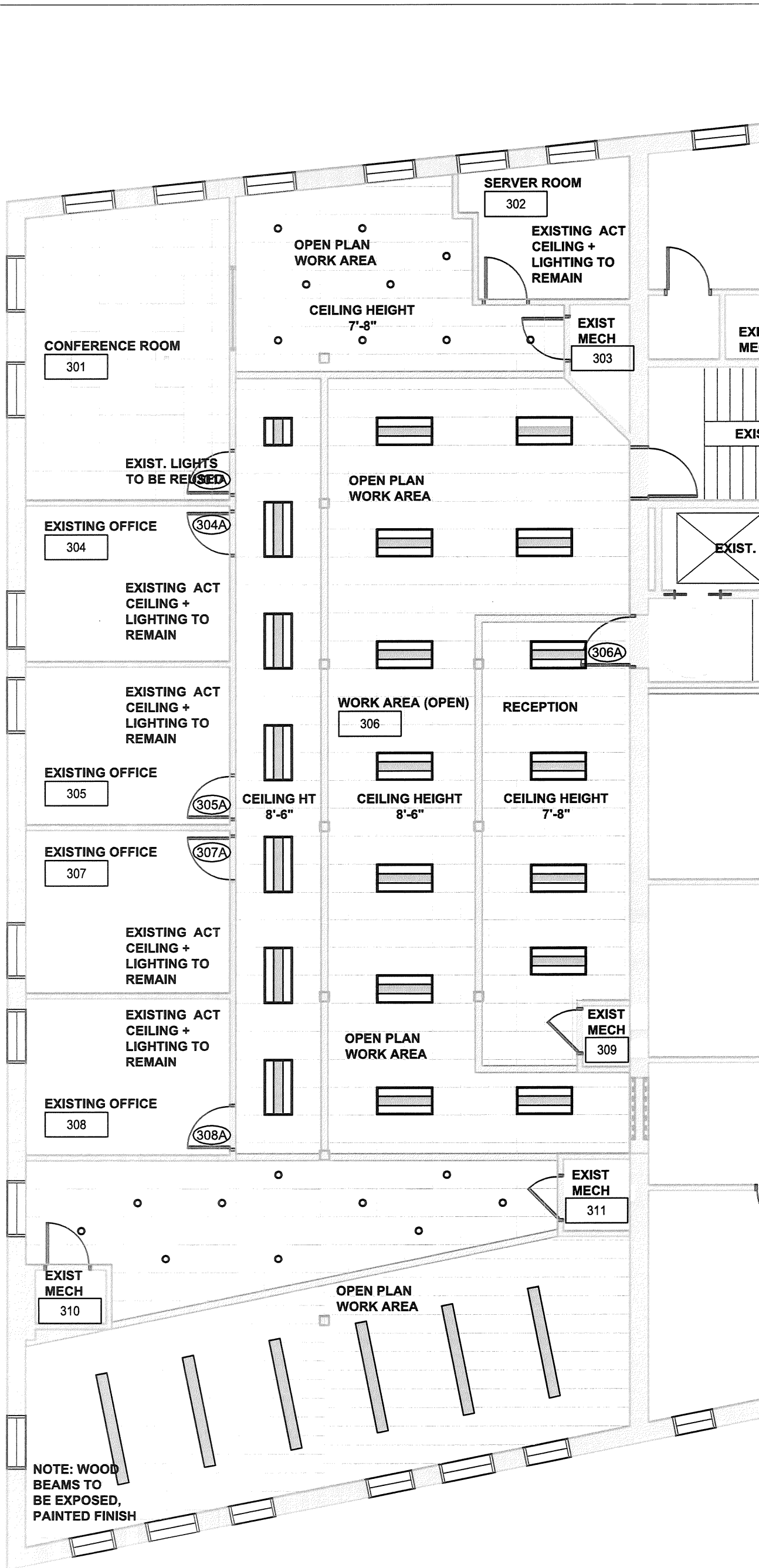
LANGFORD AND LOW GENERAL CONTRACTOR	CONSULTANTS STRUCTURAL: _____ MECHANICAL: _____ ELECTRICAL: _____ LANDSCAPE: _____ CODE: _____ DESIGN: _____	REGISTERED PROFESSIONAL'S SEAL _____ _____	REVISIONS REVISION #: _____ DATE: _____ DESCRIPTION: _____ REVISION #: _____ DATE: _____ DESCRIPTION: _____ REVISION #: _____ DATE: _____ DESCRIPTION: _____	DATE AUGUST 7, 2009	DRAWING TITLE PLAN
	DRAWN BY: GABRIELLE RUSSELL, LEED AP PROJECT DESIGNER / PROJECT COORDINATOR LANGFORD AND LOW MASTER OF ARCHITECTURE, TULANE UNIVERSITY BACHELOR OF ARCHITECTURE, TULANE UNIVERSITY	DRAWING STATUS <input type="checkbox"/> OFFICE REVIEW <input type="checkbox"/> CLIENT REVIEW <input checked="" type="checkbox"/> PERMIT SET <input type="checkbox"/> BID / ESTIMATING SET <input type="checkbox"/> CONTRACT DRAWINGS <input type="checkbox"/> CONSTRUCTION SET	REVIEWED BY _____	JOB NUMBER 0909	SCALE 1/8"=1'

A1.1

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LEGEND:
LIGHTING FIXTURES

-  = NEW 2x2 RECESSED DIRECT / INDIRECT FLOURESCENT (sim to Lightolier HP90)
-  = NEW 2x4 RECESSED DIRECT / INDIRECT FLOURESCENT (sim to Lightolier HP90)
-  = NEW RECESSED CAN (FLOOD LIGHT)
-  = NEW PENDANT (sim to ALERA CURV or FINELITE series 8-FP) DIRECT / INDIRECT LINEAR FLOURESCENT



NOTE: WOOD BEAMS TO BE EXPOSED, PAINTED FINISH

LANGFORD AND LOW
GENERAL CONTRACTOR

DRAWN BY:
GABRIELLE RUSSELL, LEED AP
PROJECT DESIGNER / PROJECT COORDINATOR
LANGFORD AND LOW
MASTER OF ARCHITECTURE, TULANE UNIVERSITY
BACHELOR OF ARCHITECTURE, TULANE UNIVERSITY

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CONSULTANTS
STRUCTURAL: LANDSCAPE:
MECHANICAL: CODE:
ELECTRICAL: DESIGN:

DRAWING STATUS
 OFFICE REVIEW
 CLIENT REVIEW
 PERMIT SET
 BID / ESTIMATING SET
 CONTRACT DRAWINGS
 CONSTRUCTION SET

REGISTERED PROFESSIONAL'S SEAL

REVIEWED BY

REVISIONS
REVISION # DATE DESCRIPTION
REVISION # DATE DESCRIPTION
REVISION # DATE DESCRIPTION

JOB NUMBER 0909
SCALE 1/8"=1'

DATE
AUGUST 7, 2009

PROJECT NAME & LOCATION
MEMIC /
ABILIS TENANT FIT-OUT
245-253 COMMERCIAL ST.
3RD FLOOR
PORTLAND, ME 04101

DRAWING TITLE
REFLECTED CEILING PLAN

SHEET NUMBER
A1.2