General Building

If you or the property owner owes real estate o
within the City, payment arrangements m

Inspections Division

Date: 04/30/14

Address/Location of Construction: 245 COMM	
Total Square Footage of Proposed Structure:	
Tax Assessor's Chart, Block & Lot Chart# 038 Block# F00 Lot# 6001	**Applicant N** Address ME 26 City, State & Z PORTLAND,
Lessee/Owner Name: CASCO VIEW HOLDINGS, LLC (if different than applicant) Address: P.O. BOX 11609 City, State & Zip: PORTLAND, ME 04104 Telephone & E-mail: SAME AS APPLICANT	**Contractor I** (if different from Address: 21 NEW PO City, State & GORHAM, Telephone & E-mail: 207-839-6072 dgengineering@aol.com.

Total Fees : $_____

Current use (i.e. single family) BUSINESS OFFICES

If vacant, what was the previous use? NOT APPLICABLE

Proposed Specific use: SAME

Is property part of a subdivision? NO If yes, please name N/A

Project description:
RENOVATE 3RD FLOOR MEN'S TOILET: ADD AN ADA URINAL & TOILET PARTITION AT EXISTING ADA TOILET. NEW PAINT @ WALLS, NEW TILE FLOOR

Who should we contact when the permit is ready:	JEROME DOBRANSKY
Address:	261 COMMERCIAL STREET
City, State & Zip:	PORTLAND, MAINE 04101
E-mail Address:	jdobransky@memic.com
Telephone:	207-791-3317

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

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: Michael F. Hays for MEMIC **Date:** 4-23-2014

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

PORTLA

Strengthening a Remarkable City

Jeff Levine, AICP, Director
Director of Planning and Urban Development

RESURGAM. CITY OF PORTLAND, MAINE

Electronic Signature and F

Inspections Division

Notice: Your electronic signature is c

Date: 04/30/14

By digitally signing the attached document(s), you
document and your electronic signature is considere
also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are ***paid in full*** to the Inspections Office, City of Portland Maine by method noted below:

- [ ] Within 24-48 hours, once my complete permit application and corresponding paperwork has been electronically delivered, I intend to **call the Inspections Office** at 207-874-8703 and speak to an administrative representative and provide a credit/debit card over the phone.
- [x] Within 24-48 hours, once my permit application and corresponding paperwork has been electronically delivered, I intend to **hand deliver** a payment method to the Inspections Office, Room 315, Portland City Hall.
- [ ] I intend to deliver a payment method through the U.S. Postal Service mail once my permit paperwork has been electronically delivered.

Applicant Signature: Michael F. Hays Date: 4/23/2014

I have provided digital copies and sent them on: Date: 4/23/2014

NOTE: All electronic paperwork must be delivered to buildinginspections@portlandmaine.gov or by physical means ie; a thumb drive or CD to the office.

Certificate of De

From Designer: MICHAEL F. HAYC

Date: APRIL 23, 2014

Job Name: MEN'S TOILET ROOM

Address of Construction: 245 COMMERCIAL

2009 Internationa

Construction project was designed to t

Building Code & Year 2009 IBC Use Group Classificatic

Type of Construction III B

Will the Structure have a Fire suppression system in Accordance with

Is the Structure mixed use? YES If yes, separated or non se

Supervisory alarm System? YES Geotechnical/Soils report

Inspections Division

Date: 04/30/14

Structural Design Calculations

N/A 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
TOILET ROOM	80 PSF

Wind loads (1603.1.4, 1609)

N/A 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)

N/A Design option utilized (1614.1)

Seismic use group ("Category")

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

Site class (1615.1.5)

N/A 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_s and deflection amplification factor C_d (1617.6.2)

Analysis procedure (1616.6, 1617.5)

Design base shear (1617.4, 16175.5.1)

Flood loads (1803.1.6, 1612)

N/A Flood Hazard area (1612.3)

Elevation of structure

Other loads

N/A 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

Accessibility Build

Designer: MICHAEL F. H

Address of Project: 245 COMME

Nature of Project: RENOVATE 3M

AN ADA UNIVA

EXISTING ADA

NEW TUE AT F

Inspections Division

Date: 04/30/14

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.

LICENSED ARCHITECT
MICHAEL F. HAYS
No. 1724
STATE OF MAINE

(SEAL)

Signature: Michael F. Hays

Title: PRINCIPAL

Firm: GRANT HAYS ASSOCIATES

Address: P.O. BOX 6179

FALMOUTH, MAINE 04105

Phone: 207-871-5900

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

Building Inspections Division • 389 Congress Street • Portland, Maine 04101 • (207) 874-8703 • FACSIMILE (207) 874-8716 • TTY (207) 874-8936

Certificat

Date: APRIL 23, 201

From: MICHAEL F. HAY

These plans and / or specifications covering co

RENOVATE 3RD FLOOR MEN'S TOILET; A

AT EXISTING ADA TOILET. NON PRINT A

Inspections Division

Date: 04/30/14

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the **2009 International Building Code** and local amendments.

LICENSED ARCHITECT
MICHAEL F.
(SEAL)
No. 1724
STATE OF MAINE

Signature: Michael F. Hays

Title: PRINCIPAL

Firm: GRANT HAYS ASSOCIATES

Address: P.O. BOX 6179

FALMOUTH, ME 04105

Phone: 207-871-5900

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