

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

## BUILDING INSPECTION

# PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 090384

PERMIT ISSUED  
MAY 9 2009

This is to certify that MAINE EMPLOYERS' MUTUAL INSURANCE COMPANY/TBD

has permission to Commercial - Construction - Construction of interior partitions on first floor in preparation for new tenant

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.

### OTHER REQUIRED APPROVALS

Fire Dept. CAPT. M. Fairbank

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

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

Other \_\_\_\_\_  
Department Name

*Christopher M. [Signature]* 5/19/09  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

# SCANNED



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 245 COMMERCIAL ST CBL 038 F006001

Issued to Maine Employers' Mutual Insurance /Peter Noone Date of Issue 06/03/2009

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 09-0218, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

1st Floor Right Side/Salt Exchange

APPROVED OCCUPANCY

A-2/Resturant  
Type III  
IBC2003

Limiting Conditions: None

*90 occ. load int. + STAFF  
③ outside.*

This certificate supersedes  
certificate issued

Approved:

*[Signature]*  
.....  
(Date) Inspector

*[Signature]*  
.....  
Inspector of Buildings



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 245 COMMERCIAL ST CBL 038 F006001

Issued to Maine Employers' Mutual Insurance /Peter Noone Date of Issue 05/29/2009

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 09-0218 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

1st Floor Right Side/Salt Exchange

APPROVED OCCUPANCY

A-2/Resturant  
Type III  
IBC2003

**Limiting Conditions:** Temporary until 06/03/2009. No cooking until Hood system is complete and inspected.

**This certificate supersedes  
certificate issued**

**Approved:**

5/29/09  
-----  
(Date)

Inspector

-----  
Inspector of Buildings



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 245 COMMERCIAL ST CBL 038 F006001

Issued to Maine Employers' Mutual Insurance /Peter Noone Date of Issue 05/29/2009

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 09-0218, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

1st Floor Right Side/Salt Exchange

APPROVED OCCUPANCY

A-2/Resturant  
Type III  
IBC2003

**Limiting Conditions:** Temporary untill 06/03/2009. No cooking untill Hood system is complete and inspected.

This certificate supersedes  
certificate issued

Approved:

5/29/09

(Date)

Inspector

Inspector of Buildings

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0384	Issue Date: 5/19/09	CBL: 038 F006001
-----------------------	------------------------	---------------------

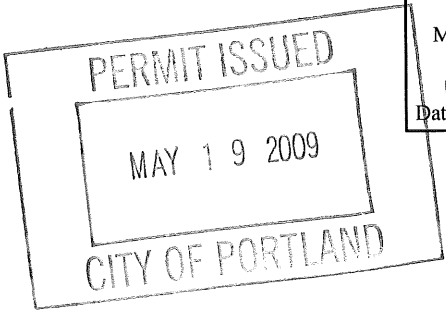
Location of Construction: 245 COMMERCIAL ST	Owner Name: MAINE EMPLOYERS' MUTUAL I	Owner Address: PO BOX 11409	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-3

Past Use: Commercial - <i>office</i>	Proposed Use: <i>office</i> Commercial - Construction - Construction of interior partitions on first floor in preparation for new tenants.	Permit Fee: \$1,020.00	Cost of Work: \$100,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>* See Conditions</i>	INSPECTION: Use Group: <i>B</i> Type: <i>III</i> <i>JBL-2003</i>	

Proposed Project Description: <i>office</i> Commercial - Construction - Construction of interior partitions on first floor in preparation for new tenants. ( <i>left rear space</i> )	Signature: <i>RG</i>	Signature: <i>CEM 5/19/09</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: Ldobson	Date Applied For: 04/29/2009	<b>Zoning Approval</b>		
-----------------------------	---------------------------------	------------------------	--	--

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <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>5/19/09 ABU</i>	Zoning Appeal <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: _____	Historic Preservation <i>yes</i> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>5/7/09</i> <i>J. Andrew S</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

5/29/09 Final Inspection w/ Keith G. Christ + Jon Rous

1. Hood to be finished by Tues, - ✓

2. Block Hole under Stoves + fire ✓  
Caulk Temp. till Tues.

3. Wany extinguishers ✓

No - cooking until Hood  
complete.  
- Stocking + prep  
only.

4. Knox box phone #'s ✓  
Put Cord in box.

5. FRP - Spec sheet - Flammable/combustible ✓

6. Key fire Alarm Panel in Knox box ✓

7. Compliance letter on Sprinkler ✓

207-222-9855 Charlie.

C+S restaurant. DBA

Salt Exchange.

**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.

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

5-20-09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Inspections Official

5-20-09  
\_\_\_\_\_  
Date



**CITY OF PORTLAND, MAINE**  
Department of Building Inspections

**Original Receipt**

\_\_\_\_\_ 20

Received from \_\_\_\_\_

Location of Work \_\_\_\_\_

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

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

**Total:** \_\_\_\_\_

Building (IL) \_\_\_ Plumbing (I5) \_\_\_ Electrical (I2) \_\_\_ Site Plan (U2) \_\_\_

Other \_\_\_\_\_

CBL: 33 F 6

Check #: 11581 **Total Collected \$** 4,000

**No work is to be started until permit issued.**

If permit is Withdrawn or Denied, amount of the Refund is based on \$20.00 or 20% of the fee, (whichever is greater)

In order to receive a refund, you MUST present the Original Receipt.

Taken by: \_\_\_\_\_

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy



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

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

Permit No: 09-0384	Date Applied For: 04/28/2009	CBL: 038 F006001
-----------------------	---------------------------------	---------------------

Location of Construction: 245 COMMERCIAL ST	Owner Name: MAINE EMPLOYERS' MUTUAL I	Owner Address: PO BOX 11409	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - office - Construction of interior partitions on first floor in preparation for new tenants.	Proposed Project Description: Commercial - office - Construction of interior partitions on first floor (left rear) in preparation for new tenants.
---	---

**Dept:** Historic      **Status:** Approved      **Reviewer:** Deborah Andrews      **Approval Date:** 05/07/2009  
**Note:**      **Ok to Issue:**

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 05/07/2009  
**Note:**      **Ok to Issue:**

- 1) This permit is being issued with the understanding that the use of the space will continue to be as an office. Any change of use will require a separate permit application for review and approval.
- 2) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 3) Separate permits shall be required for any new signage.
- 4) 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:** Chris Hanson      **Approval Date:** 05/19/2009  
**Note:**      **Ok to Issue:**

- 1) The design load spec sheets for any engineered beam(s) / Trusses must be submitted to this office.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 3) ANY exterior work requires separate review and approval thru Historic Preservation
- 4) An inspection of the installation of the steel and concrete and structural bracing shall be conducted by a licensed engineer and his/her certification shall be submitted to this office stating compliance with the approved plans.
- 5) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 6) State law requires notification of hazardous materials and abatement by a licensed professional
- 7) 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:** Capt Keith Gautreau      **Approval Date:** 05/08/2009  
**Note:**      **Ok to Issue:**

- 1) All construction shall comply with NFPA 101
- 2) Exit sign will be required at the single exit into the lobby.
- 3) The sprinkler system shall be installed in accordance with NFPA 13.
- 4) The fire alarm system shall comply with NFPA 72.  
Compliance letter is required.

<b>Location of Construction:</b> 245 COMMERCIAL ST	<b>Owner Name:</b> MAINE EMPLOYERS' MUTUAL I	<b>Owner Address:</b> PO BOX 11409	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> TBD	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

5) Installation of a Fire Alarm system requires a Knox Box to be installed per city ordinance



# 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 COMMERCIAL ST., PORTLAND</u>		
Total Square Footage of Proposed Structure/Area <u>1,856 SF. OF EXISTING BLDG.</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>038      F006001</u>	Applicant * <b>must be owner, Lessee or Buyer</b> * Name <u>PDT ARCHITECTS</u> Address <u>49 DAKT MOUTH ST.</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Telephone: <u>775-1059</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>MEMIC</u> Address <u>261 COMMERCIAL ST.</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Cost Of Work: \$ <u>100,000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>BUSINESS</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>BUSINESS</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>CONSTRUCTION OF INTERIOR PARTITIONS ON FIRST FLOOR IN PREPARATION FOR NEW TENANTS.</u>		
Contractor's name: <u>TBD</u> Address: _____ City, State & Zip _____ Telephone: _____ Who should we contact when the permit is ready: _____ Telephone: _____ Mailing address: _____		

APR 28 2009

**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](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

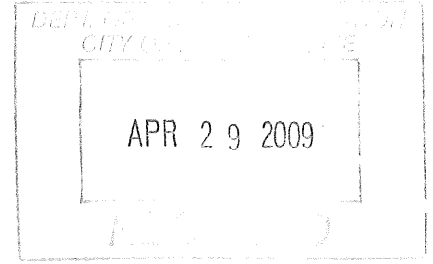
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: Katherine A. Fisher Date: 4-28-09

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



# Certificate of Design



Date: April 29, 2009

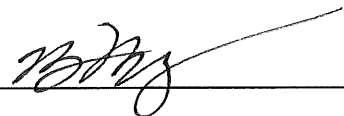
From: Brian M. Curley, AIA

These plans and / or specifications covering construction work on:

MEMIC Annex first floor tenant fit-up

245 Commercial Street, 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.

Signature: 

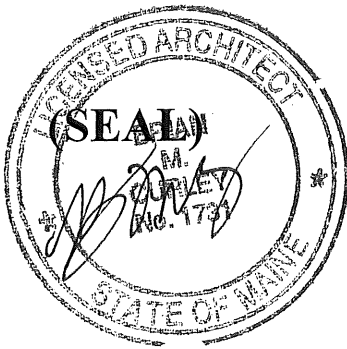
Title: Principal

Firm: PDT Architects

Address: 49 Dartmouth Street

Portland, ME 04101

Phone: 207-775-1059 x337



For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



# Accessibility Building Code Certificate

Designer: Brian M. Curley, AIA

Address of Project: 245 Commercial Street, First Floor

Nature of Project: MEMIC Annex, first floor tenant fit-up

\_\_\_\_\_  
\_\_\_\_\_

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: 

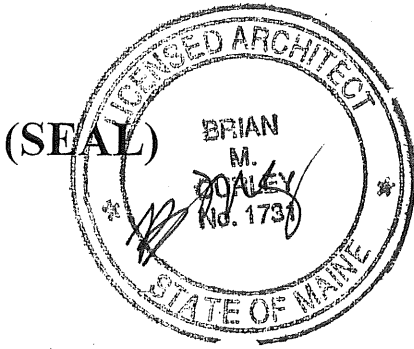
Title: Principal

Firm: PDT Architects

Address: 49 Dartmouth Street

Portland, ME 04101

Phone: 207-775-1059 x337



For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



# Certificate of Design Application

From Designer: Brian M. Curley, AIA  
 Date: April 29, 2009  
 Job Name: MEMIC Annex, first floor tenant fit-up  
 Address of Construction: 245 Commercial Street, Portland, Maine

## 2003 International Building Code

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

Building Code & Year IBC 2003 Use Group Classification (s) Business

Type of Construction Type III

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? yes If yes, separated or non separated or non separated (section 302.3) separated

Geotechnical/Soils report required? (See Section 1802.2) N/A

### Structural Design Calculations see attached drawings

                     Submitted for all structural members (106.1 – 106.11)

### Design Loads on Construction Documents (1603) existing

Floor Area Use	Loads Shown

- 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,  $R_d$  and deflection amplification factor  $C_d$  (1617.6.2)
- Analysis procedure (1616.6, 1617.5)
- Design base shear (1617.4, 1617.5.1)

### 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)

### Flood loads (1803.1.6, 1612)

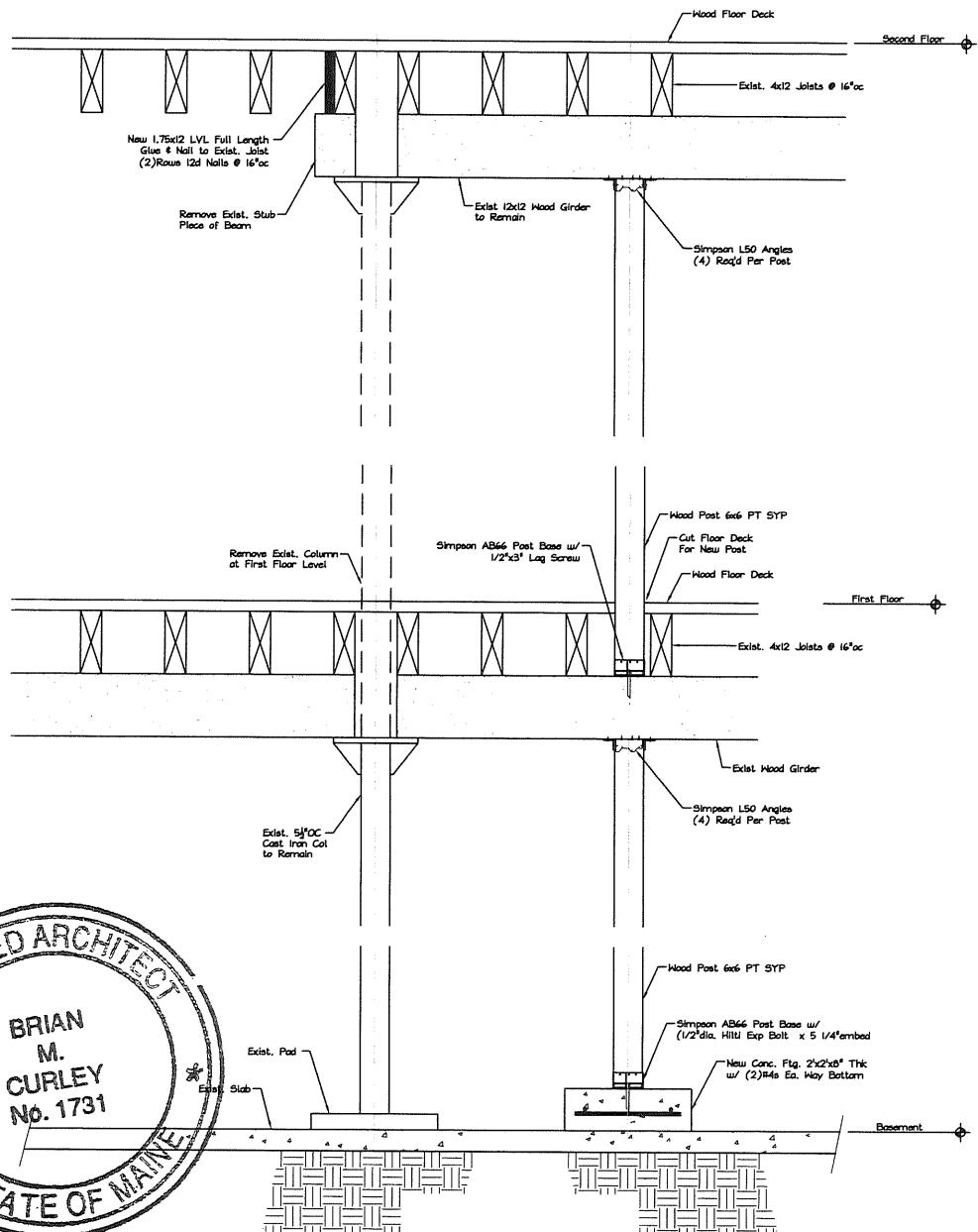
- Flood Hazard area (1612.3)
- Elevation of structure

### Earth design data (1603.1.5, 1614-1623)

- Design option utilized (1614.1)
- Seismic use group ("Category")
- Spectral response coefficients,  $S_D$  &  $S_{D1}$  (1615.1)
- Site class (1615.1.5)

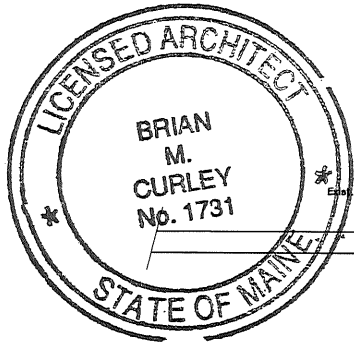
### Other loads

- 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)



SECTION  
SCALE: 3/1" = 1'-0"

1  
S1



**STRUCTURAL DESIGN CRITERIA:**

1. BUILDING CODE: IBC 2006 INTERNATIONAL BUILDING CODE
2. DESIGN LOADS
  - FLOOR DEAD LOAD = 20 PSF
  - FLOOR LIVE LOAD = 50 PSF
  - PARTITION LOAD = 20 PSF
  - CORRIDORS ABOVE FIRST FLOOR = 80 PSF

**GENERAL NOTES:**

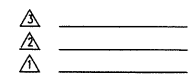
1. STRUCTURAL DRAWINGS SHALL BE USED IN CONJUNCTION WITH JOB SPECIFICATIONS AND ARCHITECTURAL, MECHANICAL, ELECTRICAL, PLUMBING, AND SITE DRAWINGS. CONSULT THESE DRAWINGS FOR LOCATIONS AND DIMENSIONS OF OPENINGS, CHASES, INSERTS, REGLETS, SLEEVES, DEPRESSIONS, AND OTHER DETAILS NOT SHOWN ON THE STRUCTURAL DRAWINGS.
2. ALL DIMENSIONS AND CONDITIONS MUST BE VERIFIED IN THE FIELD. ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE ENGINEER BEFORE PROCEEDING WITH THE AFFECTED PART OF THE WORK.
3. THE STRUCTURE IS DESIGNED TO BE SELF SUPPORTING AND STABLE AFTER THE BUILDING IS COMPLETE. IT IS THE CONTRACTOR'S SOLE RESPONSIBILITY TO DETERMINE ERECTION PROCEDURES AND SEQUENCE TO ENSURE SAFETY OF THE STRUCTURE AND PERSONNEL DURING ERECTION. THIS INCLUDES THE ADDITION OF THE NECESSARY SHORING, SHEETING, TEMPORARY BRACING, GUYS OR TIEDOWNS. SUCH MATERIAL SHALL REMAIN THE PROPERTY OF THE CONTRACTOR AFTER COMPLETION OF THE PROJECT.
4. ALL APPLICABLE FEDERAL, STATE, AND MUNICIPAL REGULATIONS SHALL BE FOLLOWED, INCLUDING THE FEDERAL DEPARTMENT OF LABOR OCCUPATIONAL SAFETY AND HEALTH ACT.
5. IT IS THE OWNER'S SOLE RESPONSIBILITY TO EMPLOY ONE OR MORE SPECIAL INSPECTORS (IF REQUIRED) TO PROVIDE INSPECTIONS IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF IBC.

**WOOD FRAMING NOTES:**

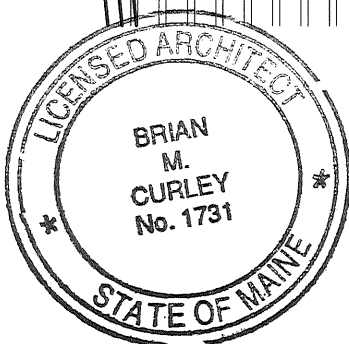
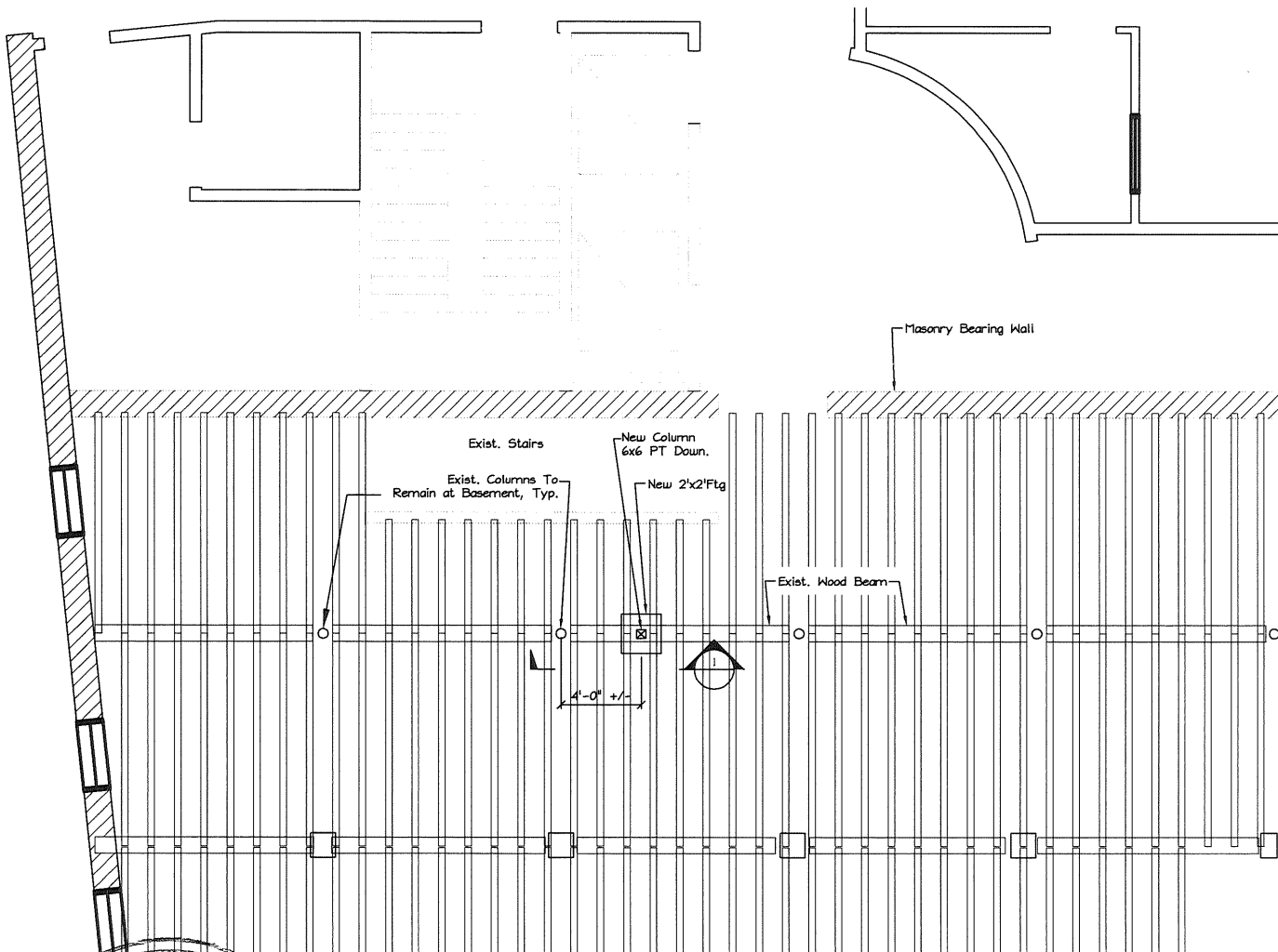
1. STRUCTURAL LUMBER: SOUTHERN YELLOW PINE NO1/NO2 OR BETTER PRESSURE TREATED
2. DESIGN CODE: IBC 2006 / NATIONAL DESIGN SPECIFICATIONS FOR WOOD CONSTRUCTION BY THE NATIONAL FOREST PRODUCTS ASSOCIATION.
3. PROVIDE PRESSURE TREATED LUMBER FOR ALL LUMBER IN CONTACT WITH MASONRY OR CONCRETE.
4. ALL NAILS, SPIKES, BOLTS ETC. FASTENING MEMBERS TO PRESSURE TREATED LUMBER SHALL BE EITHER STAINLESS STEEL OR HEAVY GALVANIZED.

**CONCRETE NOTES:**

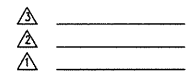
1. ALL CONCRETE WORK SHALL CONFORM TO ACI-318.
2. CONCRETE COMPRESSIVE STRENGTH AT 28 DAYS SHALL BE 3000 PSI AT FOUNDATION WALLS AND FOOTINGS, MAXIMUM SIZE AGGREGATE SHALL BE 3/4".
3. REINFORCING BARS SHALL CONFORM TO ASTM A615 GRADE 40.



<b>MacLeod</b> Structural Engineers, PA		
245-251 Commercial Street MEDIC PORTLAND, MAINE		
FIRST FLOOR COLUMN REMOVAL		
TITLE: CROSS SECTION		
DATE: 4/21/09	DRAWN BY: BMM	DRAWING NUMBER:
SCALE: as noted	PROJ NO: 2009-154	S-3

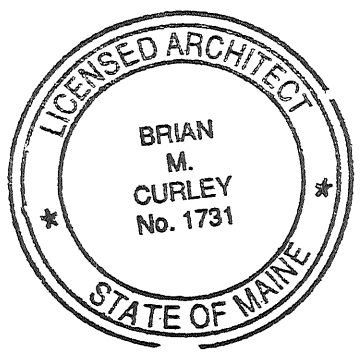
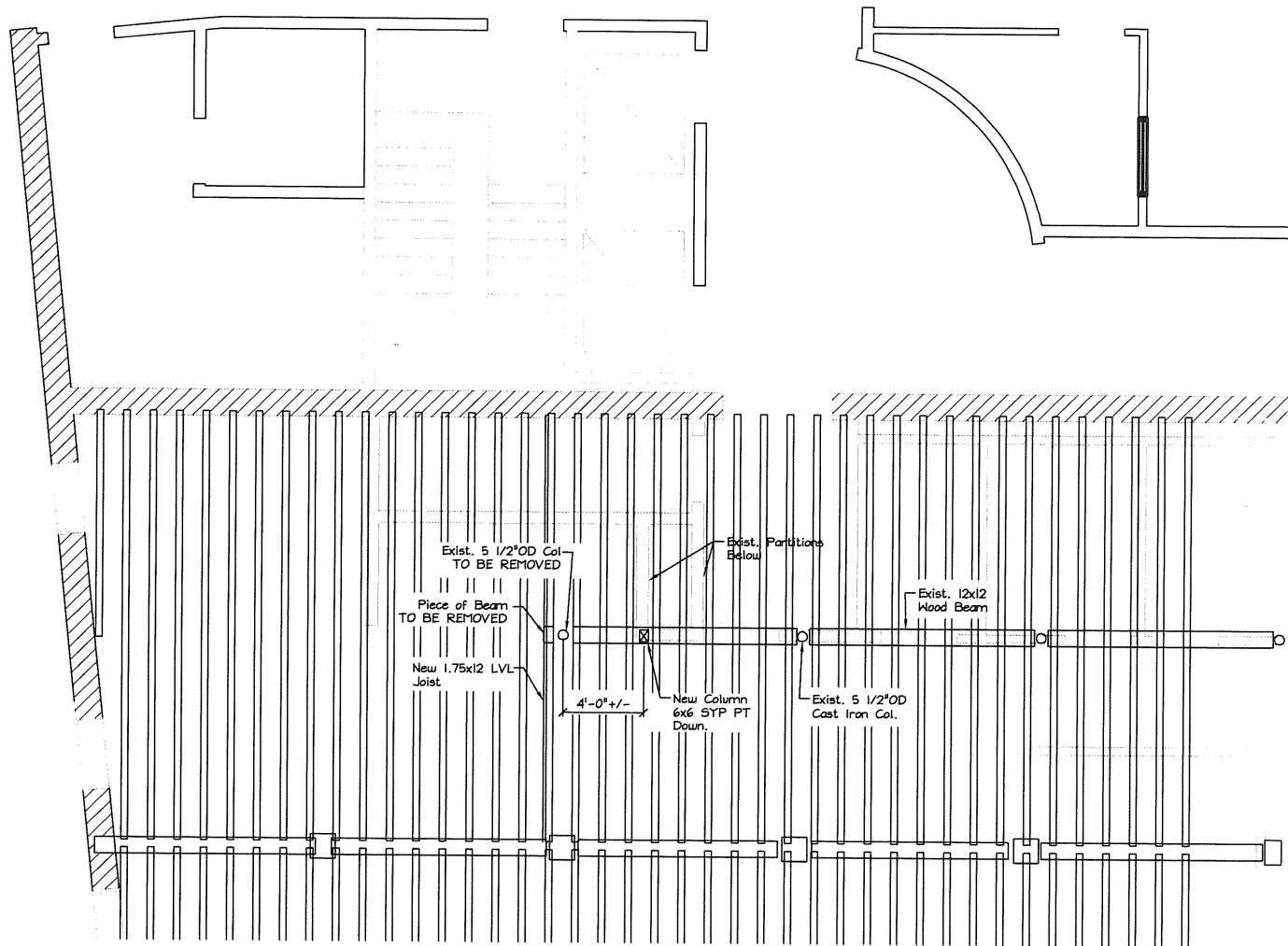


FOUNDATION & FIRST FLOOR FRAMING PLAN  
 SCALE: 1/4" = 1'-0"



<b>MacLeod</b> Structural Engineers, PA	
245-251 Commercial Street NEWIC PORTLAND, MAINE	
FIRST FLOOR COLUMN REMOVAL	
TITLE: FOUNDATION AND FIRST FLOOR FRAMING PLAN	
DATE: 4/21/09	DRAWN BY: BMM
SCALE: as noted	PROJ. NO: 2009-15A
DRAWING NUMBER: S-1	





**SECOND FLOOR FRAMING PLAN**  
 Scale: 1/4" = 1'-0"



<b>MacLeod</b> Structural Engineers, PA		
245-251 Commercial Street MEMC PORTLAND, MAINE		
FIRST FLOOR COLUMN REMOVAL		
TITLE: SECOND FLOOR FRAMING PLAN		
DATE: 4/21/09	DRAWN BY: BIM	DRAWING NUMBER:
SCALE: as noted	PROJ NO: 2009-154	S-2

# FIRE ALARM TEST/INSTALLATION ACKNOWLEDGEMENT

**tyco** / Fire & Security / **SimplexGrinnell**

20 Thomas Drive  
Westbrook, ME 04092  
P. 207-842-6440 F. 207-842-6439

BOOK #	SEQ. #
CALL #	

DISTRICT <b>147</b>	SERVICE AT CUSTOMER NUMBER	SITE AND PROJECT NO.	TR ARRIVAL DATE <b>053009053009</b>	TR COMP. DATE	NON-BILL	SVC. CODE	MIN	TRACT
NAME <b>SALT exchange</b>		INSP. DATE <b>0509</b>		CUSTOMER P.O. AND/OR		CUSTOMER CONTACT NAME (PRINT)		
ADDRESS (OR ATTN: OF) <b>Commercial St</b>		WARRANTY CODE		LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	MILES
ADDRESS <b>Portland ME 04101</b>		TLP CODE		LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	ARRIVAL
CITY STATE ZIP		RESOLUTION CODE		LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	DEPARTURE

CONTROL PANEL													
MANUFACTURER <b>Simplex</b>		MODEL NO. <b>4010</b>		SERIAL NO.		WIRING DIAG. NO.		SEQUENCE NO.					
TYPE OF SIGNALING <input type="checkbox"/> GENERAL ALARM <input type="checkbox"/> SELECTIVE SIGNALS <input type="checkbox"/> CODED <input type="checkbox"/> PRE-SIGNAL				POWER SOURCE		CIR. BRKR. LOCATION NO.		LOCKED CIR. BRKR. <input type="checkbox"/> Y <input type="checkbox"/> N		DEDICATED CIR. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
BATTERIES <input type="checkbox"/> NOTE # _____ VOLTAGE WITH CHARGER <input type="checkbox"/> NORM _____ VOLTS <input type="checkbox"/> NOTE # _____ VOLT WITHOUT CHARGER <input type="checkbox"/> N/A _____ % CHARGED				TROUBLE CONDITIONS		RESPONSE TO: ZONE TROUBLE <input type="checkbox"/> NORM <input type="checkbox"/> NOTE #		SIGNAL TROUBLE <input type="checkbox"/> NORM <input type="checkbox"/> NOTE #		AC/OP POWER LOSS <input type="checkbox"/> NORM <input type="checkbox"/> NOTE #		EARTH GROUND <input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE #	
CUSTOMER OPERATING INSTRUCTIONS PROVIDED TO:						STR. TR. SIGNATURE <i>John Hill</i>			TR # <b>1949</b>				
CUSTOMER SIGNATURE <i>[Signature]</i>						FIRE ALARM LICENSE NO. - STATE CERTIFICATION NO.							
SEE NOTATION NO.		THE SIMPLEXGRINNELL-SUPPLIED EQUIPMENT FOR THIS SYSTEM WAS TESTED AND FOUND OPERATIONAL. WARRANTY BEGINS ON <b>5</b> MONTH <b>20</b> DAY <b>09</b> YEAR				SIGNALS SOUNDED PER CUSTOMER REQUEST <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				CUST. INIT.			

AUXILIARY FUNCTIONS											
ANNUNCIATOR MFGR. SERIAL				DOOR HOLDERS <input type="checkbox"/> NORM <input type="checkbox"/> QTY. <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A							
MODEL WIRING DIAGRAM				ELEVATOR FIRE RECALL RECALL TO PRIMARY FLOOR <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A							
TYPE <input type="checkbox"/> INCAND. <input type="checkbox"/> GRAPHIC <input type="checkbox"/> CRT <input type="checkbox"/> LED <input type="checkbox"/> DROP				VOLTAGE		NO. OF ZONES		UNUSED PTS.		RECALL TO ALTERNATE FLOOR <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A	
AUX FUNCTIONS <input type="checkbox"/> LAMP TEST <input type="checkbox"/> REMOTE RESET <input type="checkbox"/> DRILL SW <input type="checkbox"/> REMOTE ACK				ADDITIONAL NOTES:		HVAC SHUTDOWN AIR HANDLER SHUTDOWN <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> QTY.				AIR HANDLER(S) RESTART FROM SHUTDOWN AUTOMATICALLY <input type="checkbox"/> Y <input type="checkbox"/> N	
SPECIAL CONSIDERATIONS - TO BE AWARE OF BEFORE TESTING											
CITY CONNECTION OR CITY RESPONSE TO ALARM <input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE #				OFFICIAL CONTACTED		<ol style="list-style-type: none"> <li>1. Added shunt trip for outside Air supply</li> <li>2. For Restaurant. and also tested</li> <li>3. IAM for Kitchen Hood.</li> </ol>					
CENTRAL STATION MONITORING CITY RESPONSE TO TROUBLE <input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE #				TIME OF DAY							
LOCAL FIRE DEPT./CENTRAL STATION <b>Protection one</b>				F.D. BUS. PHONE NO./CENTRAL STATION							

MPX/TPR CHECKLIST								PERIPHERAL/PARTS USED				THE NUMBER OF PERIPHERAL DEVICES TESTED IS:		
MODEL NO.	THE FOLLOWING TRANSPONDERS FAILED THE TEST		ITEM	PRODUCT I.D.	QTY.	INV. LOC./SEQ.	NC	USG.	UNIT PRICE	TOTAL NO. OF DEVICES	No. Tested	1 okay X See below		
NO. OF XPNDRS TESTED	LOCATION.	NOTE #	1							3	3	3		
POWER SUPPLY VOLTAGE NOTE #	LOCATION	NOTE #	2							1	1	1		
<input type="checkbox"/> NORM														
CHARGER VOLTAGE NOTE #	LOCATION	NOTE #	3							1	1	1		
<input type="checkbox"/> NORM														
GROUND FAULT NOTE #	LOCATION	NOTE #	4											
<input type="checkbox"/> Y <input type="checkbox"/> N														
BATTERIES VOLTAGE NOTE #	LOCATION	NOTE #	5											
<input type="checkbox"/> NORM														
POINTS TESTED NOTE #	LOCATION	NOTE #	6							1	1	1		
<input type="checkbox"/> NORM														
OTHER NOTE #	LOCATION	NOTE #	7											
<input type="checkbox"/> Y <input type="checkbox"/> N														
PRINTERS NOTE #	CRT'S NOTE #	OTHER NOTE #	8											
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N													

FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS:									
<input checked="" type="checkbox"/> None <input type="checkbox"/> As Follows (describe fully)									
					RELATED TR		RELATED CALL #		
					PROBLEM CODE	CORRECTIVE ACTION	CLOSE DATE	SERV. COMPL.	RSN

**SimplexGrinnell**  
**BE SAFE.**

TR #

1949

TASK/CALL #

PROJECT #

20 Thomas Drive  
Westbrook, ME 04092  
P 207-842-6440 F. 207-842-6439

LICENSE #

NAME SALT Exchange

ADDRESS (OR ATTENTION OF)

ADDRESS Commercial St

CITY Portland STATE ME ZIP 04101

TR ARRIVAL DATE	BILL.	NON-BILL.	SERV. COMPL.	ACE CODE	NAT. ACCT.
<u>5/30/09</u>					

CUSTOMER PURCHASE ORDER

LABOR - REG.	LABOR - OT	LABOR - DT
TRAVEL - REG.	TRAVEL - OT	TRAVEL - DT
MIN.	INSP. MONTH	
PHONE		MILES

"PUT CUSTOMER STAMP ON ALL 3 PAGES"

**WE STRONGLY RECOMMEND IMMEDIATE CORRECTION OF ANY DEFICIENCIES/IMPAIRMENTS IDENTIFIED. WE URGE YOU TO NOTIFY THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSURANCE CARRIER WITHOUT DELAY.**

**SimplexGrinnell, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions outlined below.**

I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

Customer signature

Date

PAYMENT TERMS	IMMEDIATE <input type="checkbox"/>	COD <input type="checkbox"/>	NET 10 <input type="checkbox"/>
<input type="checkbox"/> Time and Material	<input type="checkbox"/> Price Not to Exceed \$ _____	<input checked="" type="checkbox"/> Fixed Price of \$ _____	
DEPOSIT \$ _____	BALANCE DUE \$ _____	<input type="checkbox"/> BILLABLE	<input type="checkbox"/> NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE

Program + test AIR Supply shunt trip.

WORK PERFORMED / RESOLUTION CODE

programmed shunt trip to shunt when Any Device in the SALT exchange goes into Alarm. Breaker cannot Be Reset until Fire Alarm panel is Reset- tested shunt trip. System Normal on departure.

GRP	PRODUCT I.D.	SERIAL # / DESCRIPTION	QTY.	COST	NO.	USG.	UNIT PRICE
SYSTEM TYPE/LOCATION				CONTACT NAME		TOTALS	

IMPORTANT NOTICE TO CUSTOMER

Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

CUSTOMER ACCEPTANCE

(Customer Acceptance)

(Print Name)

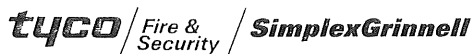
SIMPLEXGRINNELL LP

(SimplexGrinnell Representative)

(Print Name)

© SimplexGrinnell LP 2007  
All rights reserved  
Service Request Form

# FIRE ALARM TEST/INSTALLATION ACKNOWLEDGEMENT



20 Thomas Drive  
Westbrook, ME 04092  
P. 207-842-6440 F. 207-842-6439

BOOK #	SEQ. #
CALL #	

DISTRICT <b>147</b>	SERVICE AT CUSTOMER NUMBER	SITE AND PROJECT NO.	TR ARRIVAL DATE <b>05/09/09</b>	TR COMP. DATE	NON-BILL	SVC. CODE	MIN	TRACT
NAME <b>SALT exchange</b>		INSPECTION DATE <b>05/09</b>		CUSTOMER P.O. AND/OR		CUSTOMER CONTACT NAME (PRINT)		
ADDRESS (OR ATTN. OF) <b>Commercial St</b>		SERVICE CODE		LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	MILES
ADDRESS <b>Portland ME 04101</b>		WARRANTY CODE		LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	ARRIVAL
CITY STATE ZIP		TLP CODE		LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	DEPARTURE
RESOLUTION CODE								

CONTROL PANEL									
MANUFACTURER <b>Simplex</b>		MODEL NO. <b>4010</b>		SERIAL NO.		WIRING DIAG. NO.		SEQUENCE NO.	
TYPE OF SIGNALING			POWER SOURCE			CIR. BRKR. LOCATION		NO. LOCKED CIR. BRKR.	
<input type="checkbox"/> GENERAL ALARM <input type="checkbox"/> SELECTIVE SIGNALS <input type="checkbox"/> CODED <input type="checkbox"/> PRE-SIGNAL			<input type="checkbox"/> Y <input type="checkbox"/> N			<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
BATTERIES		VOLTAGE WITH CHARGER		TROUBLE CONDITIONS		RESPONSE TO:		EARTH GROUND	
<input type="checkbox"/> NOTE # _____		<input type="checkbox"/> NORM <input type="checkbox"/> N/A    _____ VOLTS		<input type="checkbox"/> NORM <input type="checkbox"/> NOTE # _____		<input type="checkbox"/> ZONE TROUBLE <input type="checkbox"/> SIGNAL TROUBLE <input type="checkbox"/> AC/OP POWER LOSS		<input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE # _____	
CUSTOMER OPERATING INSTRUCTIONS PROVIDED TO:					STR TR 1-SIGNATURE <i>[Signature]</i>		TR # <b>119419</b>		
CUSTOMER SIGNATURE <i>[Signature]</i>					FIRE ALARM LICENSE NO. - STATE CERTIFICATION NO.				
SEE NOTATION NO.		THE SIMPLEXGRINNELL-SUPPLIED EQUIPMENT FOR THIS SYSTEM WAS TESTED AND FOUND OPERATIONAL. THE WARRANTY BEGINS ON _____ MONTH _____ DAY _____ YEAR			SIGNALS SOUNDED PER CUSTOMER REQUEST <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				

AUXILIARY FUNCTIONS											
ANNUNCIATOR			DOOR HOLDERS			ELEVATOR FIRE RECALL					
MFGR. SERIAL MODEL WIRING DIAGRAM TYPE <input type="checkbox"/> INCAND. <input type="checkbox"/> GRAPHIC <input type="checkbox"/> CRT <input type="checkbox"/> LED <input type="checkbox"/> DROP AUX FUNCTIONS <input type="checkbox"/> LAMP TEST <input type="checkbox"/> REMOTE RESET <input type="checkbox"/> DRILL SW <input type="checkbox"/> REMOTE ACK			NO. OF ZONES UNUSED PTS. ADDITIONAL NOTES:			DOOR RELEASE DEVICES, INCLUDING CLOSERS AND LATCHES <input type="checkbox"/> NORM <input type="checkbox"/> QTY. <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A RECALL TO PRIMARY FLOOR <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A RECALL TO ALTERNATE FLOOR <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A AIR HANDLER SHUTDOWN <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> QTY.			ELEVATORS RESTART FROM FIRE SVC. SHUTDOWN AUTOMATICALLY <input type="checkbox"/> Y <input type="checkbox"/> N AIRHANDLER(S) RESTART FROM SHUTDOWN AUTOMATICALLY <input type="checkbox"/> Y <input type="checkbox"/> N		
CITY CONNECTION OR					SPECIAL LIST ANY UNIQUE FUNCTIONS CONSIDERATIONS TO BE AWARE OF BEFORE TESTING						
CITY RESPONSE TO ALARM <input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE # _____ CITY RESPONSE TO TROUBLE <input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE # _____ LOCAL FIRE DEPT./CENTRAL STATION <b>Detection one</b>					OFFICIAL CONTACTED TIME OF DAY OUT OF SERVICE   IN SERVICE F.D. BUS. PHONE NO./CENTRAL STATION <b>1. Added short tip for outside A.I. supply</b> <b>2. for restaurant and also tested</b> <b>3. IAM for kitchen Hood.</b>						

MPX/TPR CHECKLIST				PERIPHERAL/PARTS USED					THE NUMBER OF PERIPHERAL DEVICES TESTED IS:				
MODEL NO.	THE FOLLOWING TRANSPONDERS FAILED THE TEST			ITEM	PRODUCT I.D.	QTY.	INV. LOC./SEQ.	NC	USG.	UNIT PRICE	TOTAL NO. OF DEVICES	No. Tested	1 okay X See below
NO. OF XPNDRS TESTED	LOCATION	NOTE #		1							3	3	3
POWER SUPPLY VOLTAGE NOTE #	LOCATION	NOTE #		2									
<input type="checkbox"/> NORM CHARGER VOLTAGE NOTE #	LOCATION	NOTE #		3									
<input type="checkbox"/> NORM GROUND FAULT NOTE #	LOCATION	NOTE #		4									
<input type="checkbox"/> Y <input type="checkbox"/> N BATTERIES VOLTAGE NOTE #	LOCATION	NOTE #		5									
<input type="checkbox"/> NORM POINTS TESTED NOTE #	LOCATION	NOTE #		6									
<input type="checkbox"/> NORM OTHER NOTE #	LOCATION	NOTE #		7									
PRINTERS NOTE #	CRT'S NOTE #	OTHER NOTE #		8									

FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS:				<input checked="" type="checkbox"/> None <input type="checkbox"/> As Follows (describe fully)			
<div style="font-size: 2em; font-weight: bold; text-align: center;">A</div>				RELATED TR			
PROBLEM CODE				CORRECTIVE ACTION		CLOSE DATE	
SERV. COMPL.				RSN			

245 Commercial St.



www.glasbord.com

# TECHNICAL DATA 6296

Rev. 14 7/07

## PIF/P

### GLASBORD EMBOSSED WALL PANEL CLASS C FIRE RATING AS TESTED PER ASTM E-84

JUN 2 2009

#### Product

Glasbord-P with Surfaseal is made of fiberglass reinforced plastic. It is a durable, flexible building material and will not mold, mildew, rot, or corrode. It exhibits excellent resistance to mild chemicals and moisture. The panel has a Class C rating for flame spread and smoke development when tested per ASTM E-84.

#### Surfaseal Finish

Surfaseal is a unique surface treatment that, when compared to ordinary frp, exhibits up to ten times the cleanability, six times the stain resistance, and twice the abrasion resistance.

#### Purpose

Glasbord-P embossed panels are designed for interior wall finishes where a Class C, sanitary, easy-to-clean panel is desired.

PHYSICAL PROPERTIES: TABLE 1

PROPERTY	TYPICAL VALUE		TEST METHOD
	0.09"	2.3 mm	
Flexural Strength	8.5 x 10 <sup>5</sup> psi	59 MPa	ASTM D790
Flexural Modulus	0.35 x 10 <sup>6</sup> psi	2413 MPa	ASTM D790
Tensile Strength	5.0 x 10 <sup>5</sup> psi	34 MPa	ASTM D638
Tensile Modulus	0.6 x 10 <sup>8</sup> psi	4137 MPa	ASTM D638
Barcol Hardness	35	35	ASTM D2583
Izod Impact Strength	6 ft-lb/in notched	0.32 J/mm	ASTM D256
Gardner Impact Strength	30 in-lbs	3.4 J	ASTM D5420
Coefficient of Linear Thermal Expansion	1.6 x 10 <sup>-6</sup> in/in*°F	29 µm/m*°C	ASTM D696
Water Absorption	0.16%/24 hrs@77°F	0.16%/24 hrs@25°C	ASTM D570
R Value	0.23 hr*ft <sup>2</sup> *°F/Btu	0.047 hr*ft <sup>2</sup> *°C/Kcal	ASTM C1114
Surface Burning Characteristics	Class C	Class C	ASTM E84
Taber Abrasion Resistance (cs-17 wheels, 1000 g. wt., 25 cycles)	0.01% max wt loss	0.01% max wt loss	Taber Test

DESIGN DATA: TABLE 2

PART NUMBER IDENTIFIER	AVAILABLE COLORS	SIZE	FINISH	NOMINAL THICKNESS
PIF	85 white 83 colonial white 70 beige 48 pearl gray 84 ivory 66 silver	4' x 8', 9', 10', 12' (1.2m x 2.4m, 2.7m, 3.0m, 3.7)	embossed	0.09" (2.3 mm)
FTST	1201 black*			

Other lengths, widths, and colors available by quotation.

\*Black 1201 is Class C FTST, see Technical Data #2501 for formulations.

## SPECIFICATIONS

These panels are manufactured by a continuous laminating process in lengths as required.

## COMPOSITION

1. **Reinforcement:** Random chopped fiberglass roving.
2. **Resin mix:** Modified polyester copolymer and inorganic fillers and pigments.

## FINISHED PANEL QUALITY

1. Panels shall have a wear side with a pebble-like embossed finish. Color shall be uniform throughout, as specified. Other colors can be manufactured. The backside shall be smooth. Backside imperfections that do not affect functional properties are not cause for rejection.
2. Physical properties shall be as set forth in Table 1.
3. Product quality standards and tolerances for panel weight and thickness shall be as set forth in Crane Composites' Quality Control Procedures/Standards which are available on request.
4. Dimensions shall be as specified on purchase order, subject to the following tolerances:  
**Width:**  $\pm 1/8"$  (3.2 mm)  
**Length:**  $\pm 1/8"$  (3.2 mm) up to 12' (3.7 m)  
**Squareness:** not more than  $1/8"$  (3.2 mm) out of square.
5. Panels shall be installed in accordance with manufacturer's guidelines as set forth in the Glasbord "Installation Guide."
6. Bulk Coil Policy #6207 applies for coils for lamination.

## CERTIFICATION

- A. Meets USDA/FSIS requirements.
- B. Meets minimum requirements of major model building codes for Class C interior wall and ceiling finishes of flame spread less than 200, smoke developed 450 or less when tested per ASTM E-84.
- C. ICBO Report #ER-4583.
- D. Product identified by a single black thread on the back. One Translucent Plastic Thread with Fluorescent Pigment Design on the front identifies Glasbord-P.
- E. Frp does not support mold or mildew (when tested per ASTM D3273 and ASTM D3274).
- F. Meets FMVSS 302 requirements.
- G. MEA Approved. MEA 16-85M. VOL. II.

## FABRICATING RECOMMENDATIONS

**Note:** Protect your eyes with goggles; cover your nose and mouth with a filter mask when cutting Glasbord panels.

**Hand fabricating:** Drilling—High speed drill bit (60° cutting angle, with 12°-15° clearance) or hole saw.

**Stapling:** Standard pneumatic stapler.

**Cutting:** Sheet metal shears or circular saw with reinforced carborundum or carbide-tipped blade.

**Production fabricating:** Use carbide-tipped tools. Straight cuts can be sheared (90° cutting edge with 0.002" [0.05 mm] clearance) or sawed. For irregular cuts, use die punch or band saw.

## STORAGE

All Crane Composites products should be stored indoors.

## SERVICEABLE TEMPERATURE RANGE

Panels will perform in temperatures from -40°F (-40°C) to 130°F (54°C). For use in environments beyond this range, contact Kemlite for recommendations.

## PRODUCT LIMITATIONS

**Near heat source:** Glasbord panel products may discolor when installed near a heat source which radiates temperatures exceeding 130°F (55°C) such as cookers, ovens, and deep fryers.

**Uneven surface:** Installation over uneven concrete block walls may result in areas of delamination and bulging.

## KEMLITE TESTING

**Cleanability test:** When Glasbord with Surfaseal and an ordinary frp panel are heavily soiled, the Glasbord panel exhibits up to 10 times more cleanability per MacBeth Computer Colorimeter.

**Stain resistance test:** Prolonged direct contact to concentrated ammonia-based cleaner exhibited no color change per MacBeth Computer Colorimeter.

## NOTICE

Panels will provide a clean, aesthetically-pleasing finished installation. However, by nature, fiberglass reinforced plastic paneling may occasionally have small areas that are aesthetically unacceptable for use. Panels should be inspected on-site prior to installation. If any portion of material will not provide an acceptable appearance, Crane Composites should be notified at once. Upon verification of unacceptability, that portion of material will be replaced by Crane Composites. Crane Composites' sole responsibility is for the replacement of defective material but not for labor or other handling or installation expenses.

## FLAME SPREAD AND SMOKE DEVELOPMENT RATINGS

The numerical flame spread and smoke development ratings are not intended to reflect hazards presented by Crane Composites products or any other material under actual fire conditions. These ratings are determined by small-scale tests conducted by Underwriters Laboratories and other independent testing facilities using the American Society for Testing and Materials E-84 test standard (commonly referred to as the "Tunnel Test"). CRANE COMPOSITES PROVIDES THESE RATINGS FOR MATERIAL COMPARISON PURPOSES ONLY. Like other organic building materials (e.g. wood), panels made of fiberglass reinforced plastic resins will burn. When ignited, frp may produce dense smoke very rapidly. All smoke is toxic. Fire safety requires proper design of facilities and fire suppression systems, as well as precautions during construction and occupancy. Local codes, insurance requirements and any special needs of the product user will determine the correct fire-rated interior finish and fire suppression system necessary for a specific installation.

We believe all information given is accurate. It is offered in good faith, but without guarantee. Since conditions of use are beyond our control, all risks are assumed by the user. Nothing herein shall be construed as a recommendation for uses which infringe on valid patents or as extending a license under valid patents.

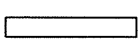
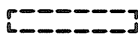

## Additional Information Available:

#6211 Installation Guide

CSI Specifications

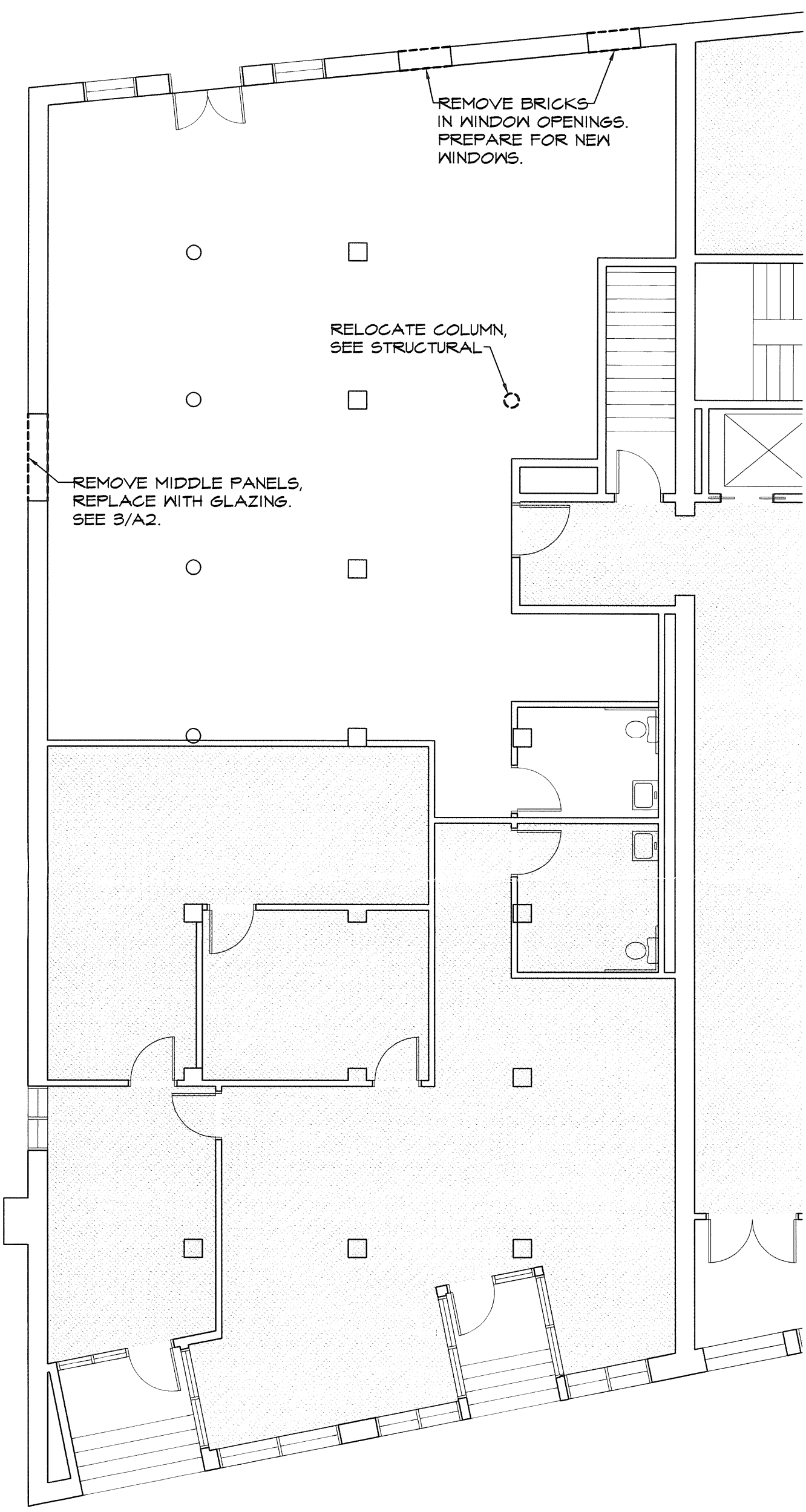
#6220 Accessories Tech Data

**DEMOLITION LEGEND**

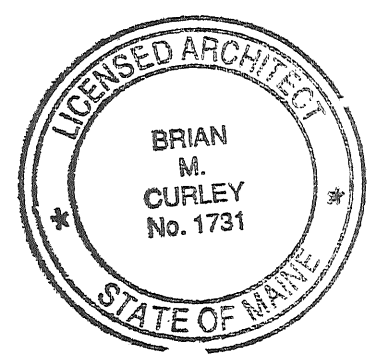
 EXISTING WALL TO REMAIN  
 EXISTING WALL TO BE DEMOLISHED  
 AREA NOT IN SCOPE OF WORK

**DEMOLITION GENERAL NOTES**

1. ALL SWITCHES & OUTLETS TO REMAIN UNLESS NOTED OTHERWISE.
2. PROTECT ALL SURFACES TO REMAIN DURING CONSTRUCTION.



1 DEMO PLAN  
1/8" = 1'-0"



ARCHITECTURE  
INTERIOR DESIGN  
PLANNING

49 DARTMOUTH STREET  
PORTLAND, MAINE 04101  
www.pdtarchs.com

ARCHITECTS

© 2009 PDT Architects

**MEMIC Annex**  
245 COMMERCIAL STREET, PORTLAND, MAINE

TITLE  
DEMOLITION PLAN & NOTES

JOB # 09034  
DATE: 28 APRIL 2009  
SCALE AS NOTED

SHEET  
**D1**

# MEMIC ANNEX

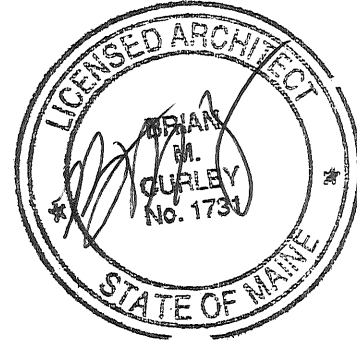
First Floor Tenant Fit-Up

245 Commercial Street  
Portland, Maine

## ISSUE

CONSTRUCTION DRAWINGS

28 APRIL 2009



ARCHITECTS

49 DARTMOUTH STREET  
PORTLAND, MAINE 04101  
207-775-1059  
www.pdtarchs.com

## PROJECT GENERAL NOTES

1. THESE NOTES ARE INTENDED FOR GENERAL REFERENCE AND INFORMATION AND TO AUGMENT THE CONTRACT.

2. ALL WORK INCLUDED IN THIS CONTRACT SHALL CONFORM TO ALL NATIONAL, STATE, AND LOCAL CODES, ORDINANCES AND AGENCY REQUIREMENTS INCLUDING, BUT NOT LIMITED TO: HAZARDOUS MATERIAL REMOVAL, SOLID WASTE DISPOSAL, SEISMIC DESIGN, AND LIFE-SAFETY.

3. DEFINITIONS:

- NEW: MAY BE USED TO INDICATE ITEMS WHICH SHALL BE FURNISHED AND INSTALLED BY THIS CONTRACT. TYPICALLY USED TO ENSURE CLARITY BETWEEN VARIOUS COMPONENTS OF THE DRAWINGS. NOT ALL ITEMS ARE LABELED AS "NEW" WHEN IT IS OBVIOUS BY OTHER INDICATION.
- EXISTING: EXISTING BUILDING OR SITE COMPONENTS WHICH ARE IN PLACE AT THE START OF CONSTRUCTION. NOT ALL ITEMS ARE LABELED AS "EXISTING" WHEN IT IS OBVIOUS BY OTHER INDICATION. CONSULT THE ARCHITECT FOR CLARIFICATION.
- REPAIR: RESTORE TO PROPER OPERATING AND AESTHETIC CONDITION.
- RESTORE: BRING BACK TO FORMER CONDITION, BY REPAIRING OR PATCHING AS REQUIRED.
- PATCH: RESTORE TO CONDITION MATCHING EXISTING ADJACENT CONSTRUCTION, SURFACE TEXTURE AND FINISH.
- N.I.C. (NOT IN CONTRACT): WORK WHICH IS NOT INCLUDED IN THIS CONTRACT, BUT WHICH MAY REQUIRE CONTRACTOR COORDINATION.
- REMOVE: DISMANTLE AND/OR EXTRACT FROM THE PREMISES ENTIRELY. DISPOSE OF OFF SITE UNLESS NOTED OTHERWISE.
- REPLACE: DISMANTLE AND/OR EXTRACT FROM THE PREMISES ENTIRELY. DISPOSE OF OFF SITE UNLESS NOTED OTHERWISE. PROVIDE NEW MATERIAL AS INDICATED.
- DEMOLISH: DISMANTLE AND/OR EXTRACT FROM THE PREMISES ENTIRELY. DISPOSE OF OFF SITE UNLESS NOTED OTHERWISE.
- SALVAGE: REMOVE AND REINSTALL OR REMOVE AND DELIVER TO THE OWNER, AS INDICATED.

4. IT IS THE INTENT OF THE DRAWINGS AND SPECIFICATIONS TO HAVE THE CONTRACTOR PROVIDE A COMPLETE RENOVATION READY FOR OCCUPANCY. PROVIDE ALL LABOR, MATERIALS AND INCIDENTALS NECESSARY TO ACHIEVE THIS INTENT. FAILURE OF THE DRAWINGS OR SPECIFICATIONS TO INDICATE EACH INCIDENTAL SHALL NOT RELIEVE THE CONTRACTOR FROM PROVIDING THE NECESSARY ITEMS AS PART OF THIS CONTRACT. THE DRAWINGS SHOW THE DESIGN AND LAYOUT, DESCRIBE THE QUALITY LEVEL AND CONSTRUCTION TECHNIQUES IN A GENERAL SENSE ONLY. ALL DETAILS ARE TYPICAL. WHAT IS SHOWN IN ONE CONDITION APPLIES TO ALL OTHER SIMILAR CONDITIONS, UNLESS NOTED OTHERWISE.

5. VERIFY THE FOLLOWING ITEMS AND REPORT ANY DISCREPANCIES TO THE ARCHITECT PRIOR TO PROCEEDING WITH WORK, AND PROCEED WITH THE WORK ONLY AFTER SUCH DISCREPANCIES ARE RESOLVED BY THE ARCHITECT:

- EXISTING CONDITIONS
- THE SIZE AND LOCATION OF ALL EXISTING UTILITIES.
- DISCREPANCIES BETWEEN OR WITHIN THE CONTRACT DOCUMENTS.
- UNSUITABLE SOILS: REPORT THE LOCATION OF ALL UNSUITABLE SOIL MATERIALS BELOW ANTICIPATED LEVELS OF FOOTINGS OR SLABS PRIOR TO SETTING FORMS.
- MECHANICAL, ELECTRICAL AND PLUMBING COORDINATION HAVING POTENTIAL IMPACT ON CEILING HEIGHTS OR BUILDING APPEARANCE
- DIMENSIONAL DISCREPANCIES.

6. PROVIDE BOND-OUTS, BLOCKING, SLEEVES AND PIPES AS REQUIRED FOR ALL WALL, FLOOR, ROOF, AND CEILING PENETRATIONS THROUGH STRUCTURE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR COORDINATION OF STRUCTURAL, MECHANICAL, PLUMBING AND ELECTRICAL COMPONENTS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR SEALING ALL PENETRATIONS IN FIRE RATED ASSEMBLIES AND SMOKE ASSEMBLIES TO CONFORM TO U.L. RATED ASSEMBLIES AND ALL NFPA AND BOCA BUILDING CODE REQUIREMENTS. ALL PENETRATIONS SHALL ALSO COMPLY WITH THE ACOUSTICAL ASSEMBLY RATING REQUIRED FOR EACH WALL OR FLOOR ASSEMBLY.

7. DO NOT PENETRATE STRUCTURAL BEAMS, COLUMNS, OR SHEAR WALLS.

8. COORDINATE THE WORK OF ALL SUBCONTRACTORS.

9. PROVIDE WORK HOLES AND ACCESS HOLES TO INSTALL NEW SYSTEMS IN CONCEALED SPACES, AS REQUIRED OR INDICATED. REPAIR THE OPENINGS AS INDICATED IN NOTES.

10. MAINTAIN FIRE RATING OF CORRIDORS AND OTHER RATED SPACES AFFECTED BY CONSTRUCTION. MAINTAIN CODE-REQUIRED EGRESS ROUTE AND WIDTH DURING CONSTRUCTION.

APR 28 2009

## SYMBOLS

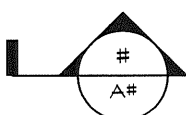
INTERIOR ELEVATION



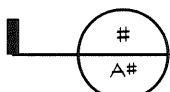
ELEVATION



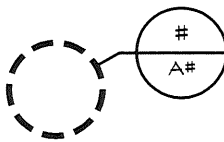
SECTION



SECTION DETAIL



PLAN DETAIL



WALL IDENTIFIER



REVISION SYMBOL



DOOR IDENTIFIER



FIRE EXTINGUISHER ON BRACKET



## LIST OF DRAWINGS

T1	GENERAL NOTES, SYMBOLS, DRAWING LIST
D1	DEMOLITION PLAN
A1	FLOOR PLAN, PARTITION TYPE, INTERIOR ELEVATIONS
A2	DOOR SCHEDULE, DOOR TYPES & DETAILS
A3	FINISH SCHEDULE, CASEWORK DETAIL
A4	CEILING PLAN & DETAILS

ARCHITECTURE  
INTERIOR DESIGN  
PLANNING

49 DARTMOUTH STREET  
PORTLAND, MAINE 04101  
www.pdtarchs.com

ARCHITECTS

© 2009 PDT Architects

MEMIC Annex

245 COMMERCIAL STREET, PORTLAND, MAINE

TITLE  
GENERAL NOTES, SYMBOLS, DRAWING LIST

JOB # 09034

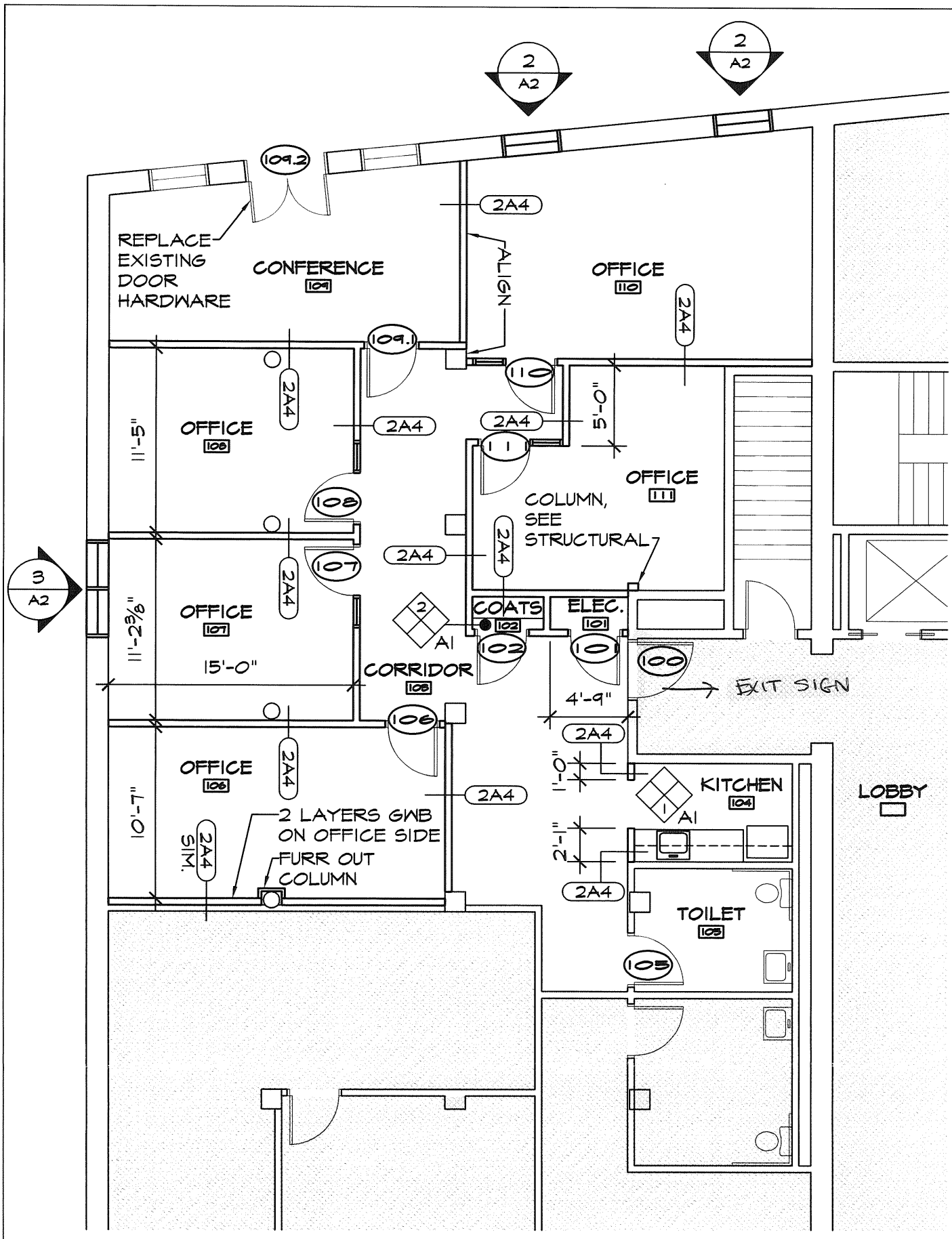
DATE 28 APRIL 2009

SCALE AS NOTED

SHEET

T1



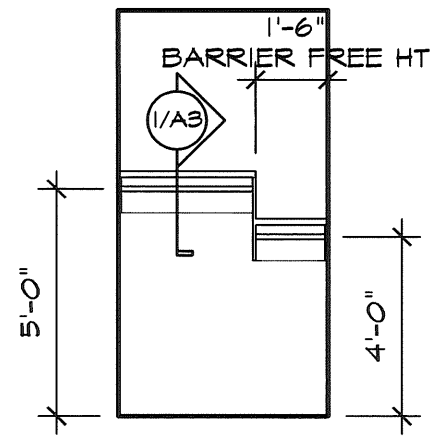


LEGEND	
	EXISTING WALL TO REMAIN
	NEW WALL
	AREA NOT IN SCOPE OF WORK

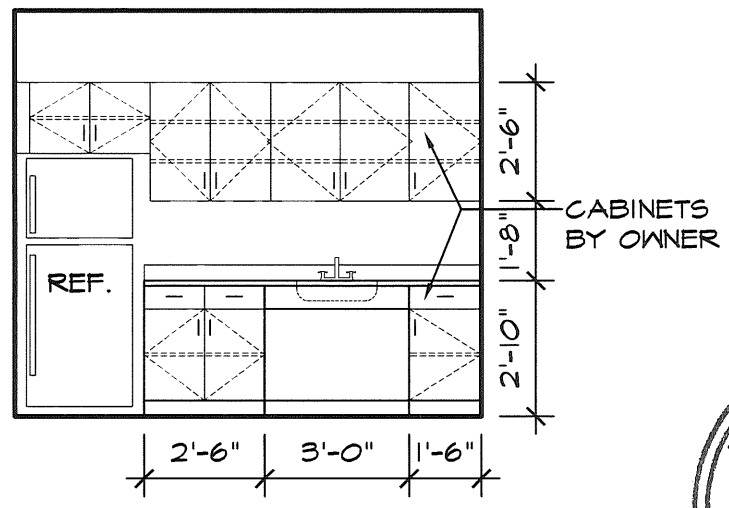
WALL TYPES:	
EXIST. STRUCTURE	
FILL VOIDS AT STRUCT. W/ FG INSUL	
DEFLECTION CHANNEL ANCHOR TO STRUCT. GNB & STUDS FREE FLOATING	
1 LAYER 5/8" GNB EA. SIDE	
ACOUST. BATT INSULATION	
PLAN GRAPHIC	SMOKE PARTITION
3 5/8" METAL STUD, 2 LAYERS GNB	2A4
	2A4-S

*Fire Alarm System  
Supervised Sprinkler System*

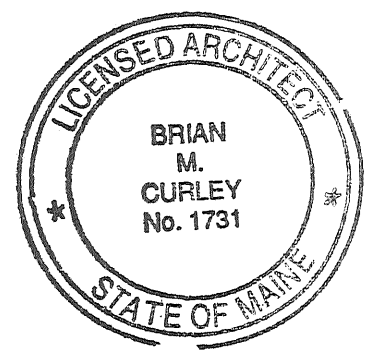
**3 FLOOR PLAN**  
1/8" = 1'-0"



**2 COATS ELEVATION**  
1/4" = 1'-0"



**1 KITCHEN ELEVATION**  
1/4" = 1'-0"



ARCHITECTURE  
INTERIOR DESIGN  
PLANNING  
  
49 DARTMOUTH STREET  
PORTLAND, MAINE 04101  
www.pdtarchs.com

ARCHITECTS

© 2009 PDT Architects

**MEMIC Annex**  
245 COMMERCIAL STREET, PORTLAND, MAINE

TITLE  
FLOOR PLAN, PARTITION TYPE,  
INTERIOR ELEVATIONS

JOB # 09034  
DATE 28 APRIL 2009  
SCALE AS NOTED

SHEET  
**A1**

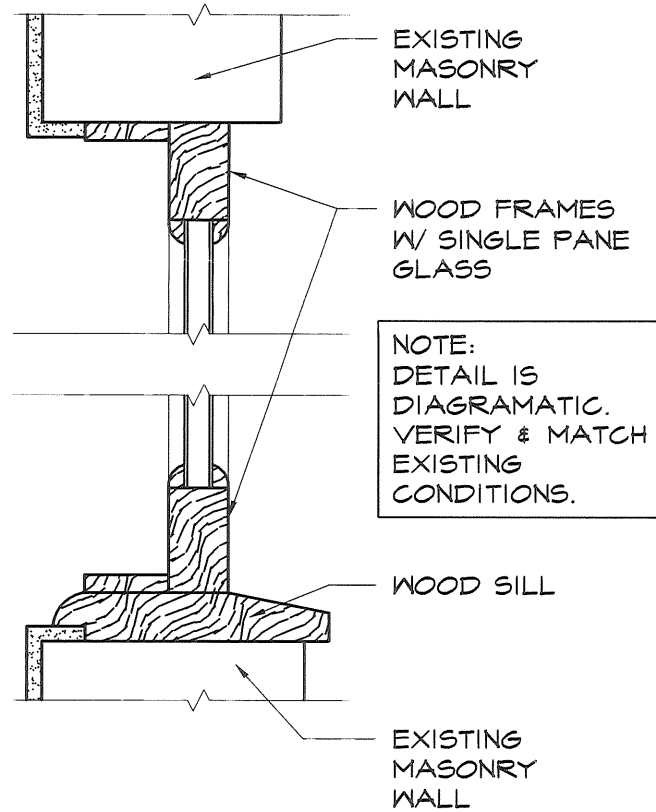
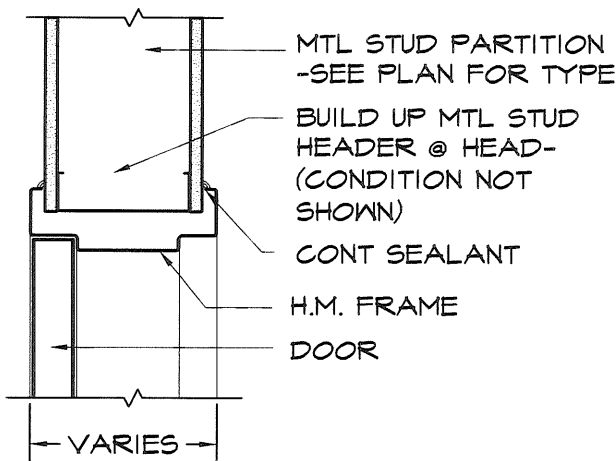
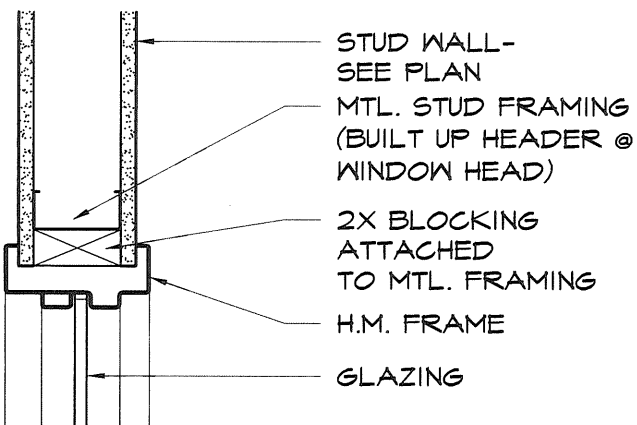
**DOOR SCHEDULE**

DR NO	LOCATION	STATUS	DOOR MAT.	DOOR TYPE	FRAME TYPE	SIZE	REMARKS
100	CORRIDOR	EXIST	NA	NA	NA	NA	PROVIDE KEYED LOCK IN EXISTING DOOR
101	ELECTRICAL		H.M.	2	B	3-0x6-8	STORAGE FUNCTION
102	COATS		H.M.	2	B	2-6x6-8	PASSAGE FUNCTION
105	TOILET	EXIST	NA	NA	NA	NA	PRIVACY FUNCTION
106	OFFICE		H.M.	2	B	3-0x6-8	CLASSROOM FUNCTION
107	OFFICE		H.M.	2	A	3-0x6-8	CLASSROOM FUNCTION
108	OFFICE		H.M.	2	A	3-0x6-8	CLASSROOM FUNCTION
109.1	CONFERENCE		H.M.	1	B	3-0x6-8	PASSAGE FUNCTION
109.2	CONFERENCE	EXIST	NA	NA	NA	NA	PROVIDE KEYED LOCK FROM EXTERIOR IN EXISTING DOOR
110	OFFICE		H.M.	2	A	3-0x6-8	CLASSROOM FUNCTION
111	OFFICE		H.M.	2	A	3-0x6-8	CLASSROOM FUNCTION

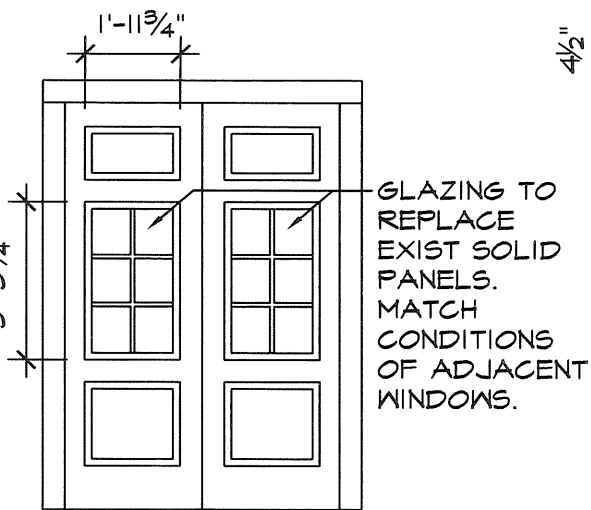
**NOTE:**

PROVIDE HINGES, LEVER HANDLE, SILENCERS, AND DOOR STOP FOR ALL DOORS, U.N.O.

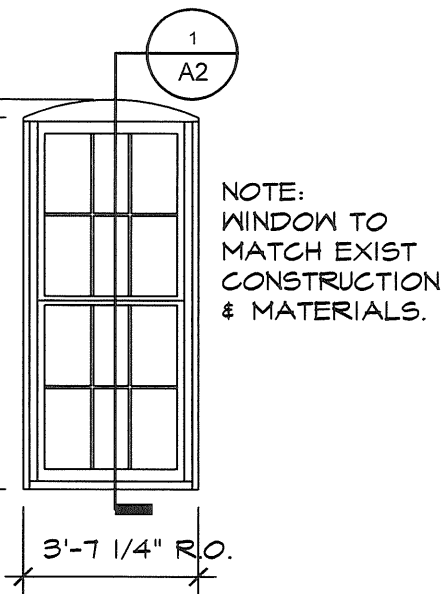
**6 DOOR SCHEDULE**  
NTS



**5 WINDOW JAMB DETAIL**  
1/2" = 1'-0" (HEAD SIM.)



**4 DOOR JAMB DETAIL**  
1/2" = 1'-0" (HEAD SIM.)

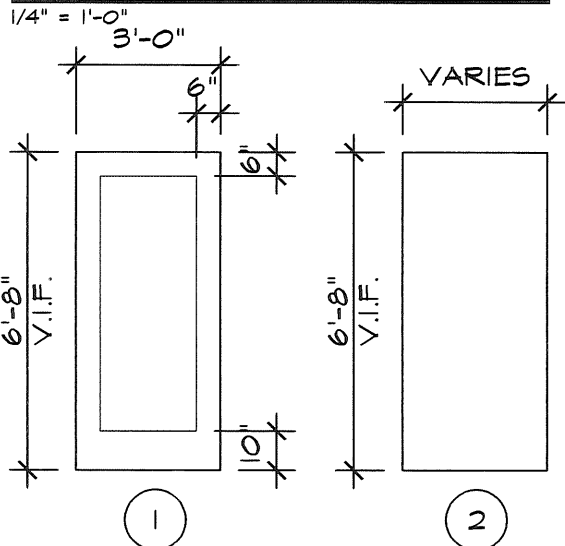


**1 WINDOW DETAIL**  
1/4" = 1'-0"

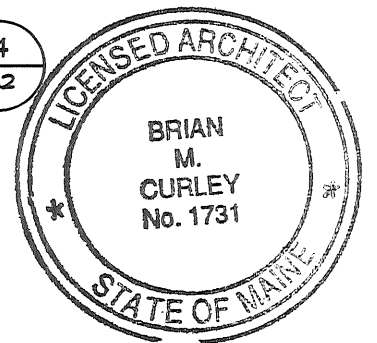
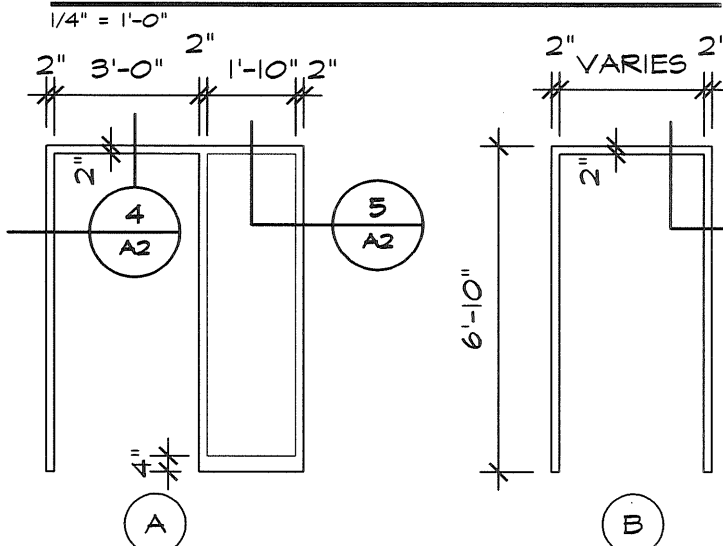
**3 PANEL TYPE**  
1/4" = 1'-0"

**2 WINDOW TYPE**  
1/4" = 1'-0"

**DOOR TYPES**  
1/4" = 1'-0"



**FRAME TYPES**  
1/4" = 1'-0"



ARCHITECTURE  
INTERIOR DESIGN  
PLANNING

49 DARTMOUTH STREET  
PORTLAND, MAINE 04101  
www.pdtarchs.com

ARCHITECTS

© 2009 PDT Architects

**MEMIC Annex**  
245 COMMERCIAL STREET, PORTLAND, MAINE

TITLE  
DOOR SCHEDULE,  
DOOR TYPES & DETAILS

JOB # 09034  
DATE 28 APRIL 2009  
SCALE AS NOTED

SHEET  
A2

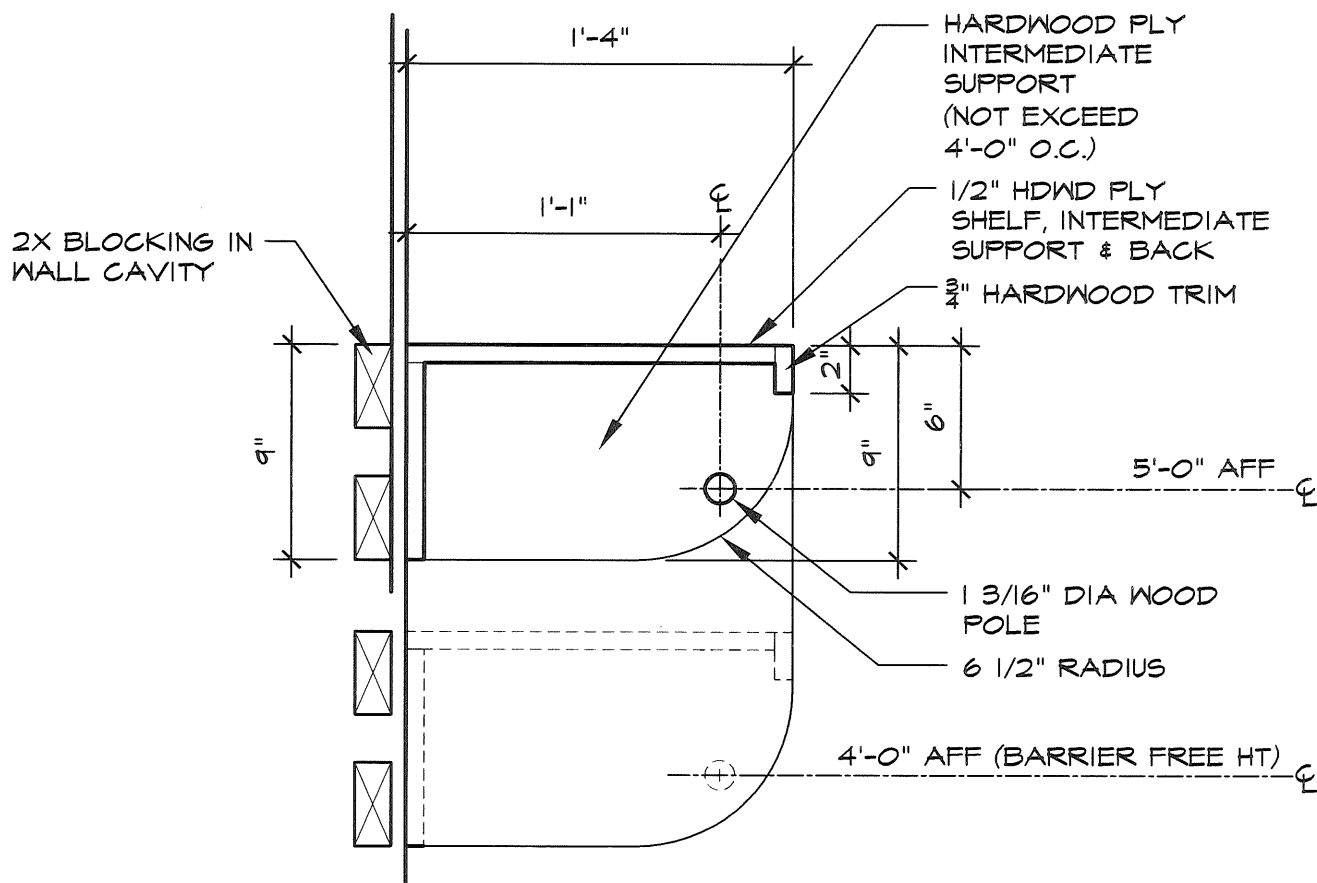
**FINISH SCHEDULE**

RM #	NAME	WALLS				FLOOR MAT.	BASE MAT.	FRAME Color
		N	E	S	W			
101	ELECTRICAL	P	P	P	P	CPT	VB	
102	COATS	P	P	P	P	CPT	VB	
103	CORRIDOR	P	P	P	P	CPT	VB	
104	KITCHEN	P	P	P	P	SV	VB	
105	TOILET	NA	NA	NA	NA	NA	NA	NA
106	OFFICE	P	P	P	P	CPT	VB	
107	OFFICE	P	P	P	P	CPT	VB	
108	OFFICE	P	P	P	P	CPT	VB	
109	CONFERENCE	P	P	P	P	CPT	VB	
110	OFFICE	P	P	P	P	CPT	VB	
111	OFFICE	P	P	P	P	CPT	VB	

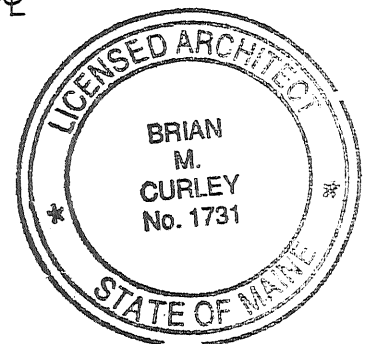
**NOTE:**

1. COLORS TO BE DETERMINED.

2 FINISH SCHEDULE  
NTS



1 SECTION @ COAT SHELF & POLE  
1 1/2" = 1'-0"



ARCHITECTURE  
INTERIOR DESIGN  
PLANNING

49 DARTMOUTH STREET  
PORTLAND, MAINE 04101  
www.pdtarchs.com

ARCHITECTS

© 2009 PDT Architects

**MEMIC Annex**  
245 COMMERCIAL STREET, PORTLAND, MAINE

TITLE  
FINISH SCHEDULE, CASEWORK DETAIL

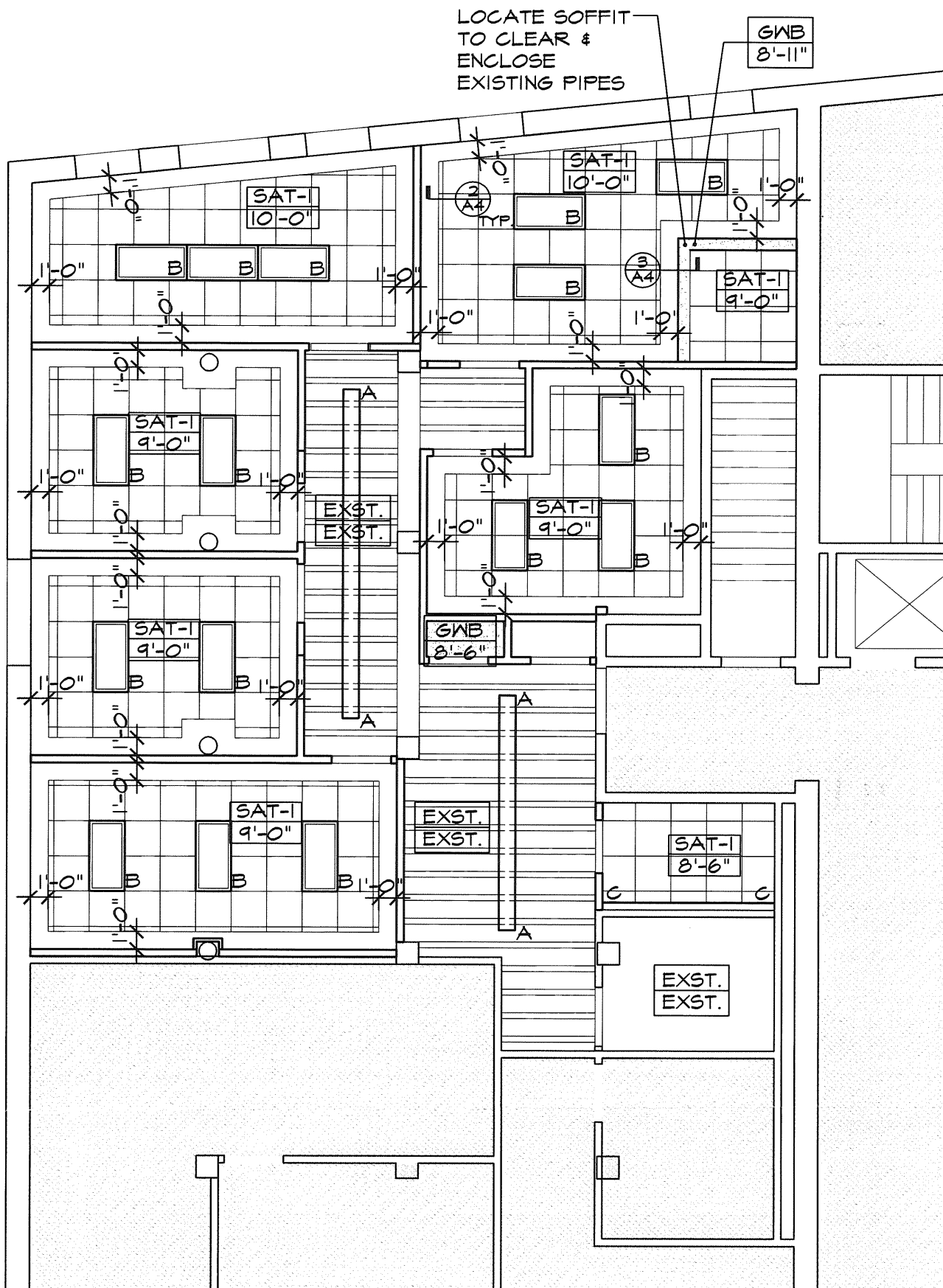
JOB # 09034

DATE 28 APRIL 2009

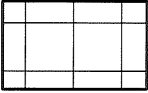

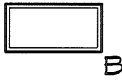






SCALE AS NOTED

SHEET

A3



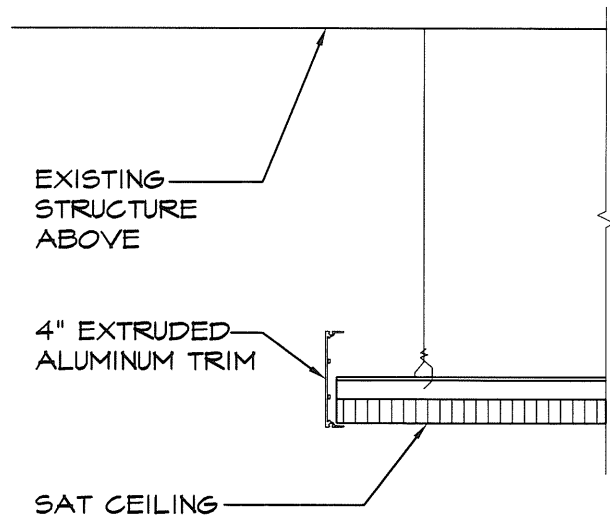
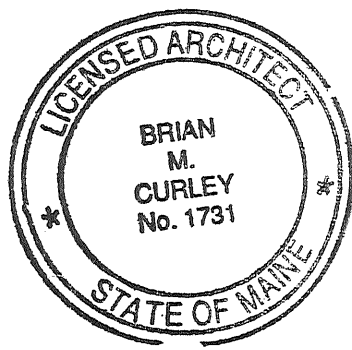
**CEILING LEGEND**

-  SAT-I:  
2' x 2'
- TYPE**  
**HEIGHT**
- CEILING TAG:**  
SAT - SUSPENDED  
ACOUST. TILE  
GWB - GYPSUM WALL BD.  
EXST. - EXISTING CLG.  
AND/OR HEIGHT
-  A LIGHTOLIER  
ENERGOS SERIES I
-  B LIGHTOLIER  
COFFAIRE 2'x4'  
DIRECT/INDIRECT
-  C LIGHTOLIER  
UNDER SHELF LUMINAIRE  
TSL SERIES
-  \$ NEW LIGHT SWITCH
-  NEW CLG. MOUNTED  
EXIT SIGN
-  NEW WALL-MOUNTED  
EXIT SIGN
-  NEW ELEC. OUTLET
-  NEW TEL/DATA OUTLET

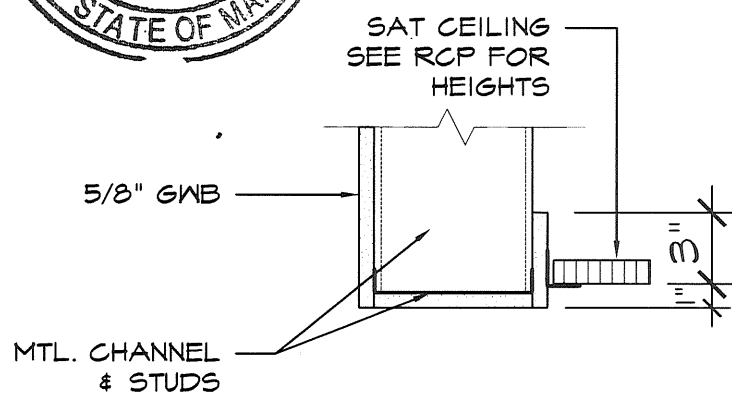
**CEILING GENERAL NOTES**

1. COORDINATE LIGHTS WITH EXISTING HVAC EQUIPMENT AND SPRINKLER PIPING AND HEADS.
2. PAINT EXISTING BEAMS THAT WILL REMAIN EXPOSED. COORDINATE WITH OWNER.
3. PAINT SPRINKLERS & OTHER PIPES THAT WILL REMAIN EXPOSED. COORDINATE WITH OWNER.

3 **CEILING PLAN**  
1/8" = 1'-0"



2 **CEILING DETAIL**  
1/2" = 1'-0"



3 **DETAIL @ SOFFIT**  
1/2" = 1'-0"