

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 071187

PERMIT ISSUED

OCT 12 2007

CITY OF PORTLAND

This is to certify that HOME FOR AGED WOMEN Wright Building Construction, Inc.

has permission to 7 independent living units 4th level only

AT 2 GRAY ST 4th Level C.L. 044 G002001

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 laid or closed-in. HEAVY 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. *M. Shultz 10/11/07*

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Jeanie Bonke 10/12/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

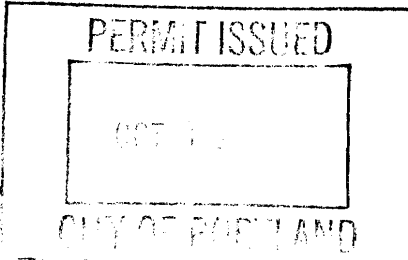
Permit No: 07-1187	Issue Date:	CBL: 044 G002001
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Location of Construction: 2 GRAY ST 4th Level	Owner Name: HOME FOR AGED WOMEN	Owner Address: 75 STATE ST	Phone:
Business Name:	Contractor Name: Wright Ryan Construction, Inc	Contractor Address: 10 Danforth Street Portland	Phone 2077733625
Lessee/Buyer's Name	Phone:	Permit Type: Institutional	Zone: R-6

Past Use: Institutional Use - Intermediate Care Facility	Proposed Use: Intermediate Care Facility - Renovate /Change use 14 existing Ambulatory care units into 7 independent living units 4th level only	Permit Fee: \$6,095.00	Cost of Work: \$600,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See conditions</i>	INSPECTION: Use Group: <i>E-1/R2</i> Type: <i>2A</i> <i>41A FL</i> <i>IBC-2003</i>	

Proposed Project Description: 7 independent living units 4th level only	Signature: <i>M. H. [unclear] 10/11/07</i>	Signature: <i>AMB 10/12/07</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 09/24/2007	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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>9/25/07</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 <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>Requires A separate review and approval</i>
		Date: <i>9/25/07</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

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-1187	Date Applied For: 09/24/2007	CBL: 044 G002001
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Location of Construction: 2 GRAY ST 4th Level	Owner Name: HOME FOR AGED WOMEN	Owner Address: 75 STATE ST	Phone:
Business Name:	Contractor Name: Wright Ryan Construction, Inc	Contractor Address: 10 Danforth Street Portland	Phone (207) 773-3625
Lessee/Buyer's Name	Phone:	Permit Type: Institutional	

Proposed Use: Intermediate Care Facility - Renovate /Change use 14 existing Ambulatory care units into 7 independent living units 4th level only	Proposed Project Description: 7 independent living units 4th level only
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 09/25/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.			
2) This property shall remain an Intermediate Care Facility. Any change of use shall require a separate permit application for review and approval. These units are considered separate from a dwelling unit.			
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 10/12/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.			
2) All penetrations through rated assemblies must be protected by an approved firestop system installed as tested in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.			
Dept: Fire	Status: Approved with Conditions	Reviewer: Deputy Chief Shutts	Approval Date: 10/11/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) All construction shall comply with NFPA 101			



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>75 STATE STREET HARBORSIDE SOUTH - 4TH FLOOR</u>		
Total Square Footage of Proposed Structure/Area <u>7287 s/f (4TH)</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>44 6 2</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>WRIGHT, RYAN CONSTRUCTION</u> Address <u>10 OAKFORTH ST</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Telephone: <u>773-3625</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>SEVENTY FIVE STATE ST.</u> Address <u>75 STATE ST</u> City, State & Zip <u>PORTLAND ME 04101</u>	Cost Of Work: \$ <u>600,000</u> C of O Fee: \$ <u>75</u> Total Fee: \$ <u>6005.-</u>
<p>Current legal use (i.e. single family) <u>AMBULATORY CARE</u></p> <p>If vacant, what was the previous use? _____</p> <p>Proposed Specific use: <u>APARTMENT (4TH LEVEL)</u></p> <p>Is property part of a subdivision? _____ If yes, please name _____</p> <p>Project description: <u>RENOVATE 14 EXISTING AMBULATORY CARE UNITS INTO 7 INDEPENDANT LIVING UNITS ON THE FOURTH LEVEL ONLY</u></p>		
<p>Contractor's name: <u>WRIGHT, RYAN CONSTRUCTION INC</u></p> <p>Address: <u>10 OAKFORTH ST</u></p> <p>City, State & Zip <u>PORTLAND ME 04101</u> Telephone: <u>773-3625</u></p> <p>Who should we contact when the permit is ready: <u>PETER HABER c W/R</u> Telephone: <u>773-3625</u></p> <p>Mailing address: <u>10 OAKFORTH ST. PORTLAND ME</u></p>		

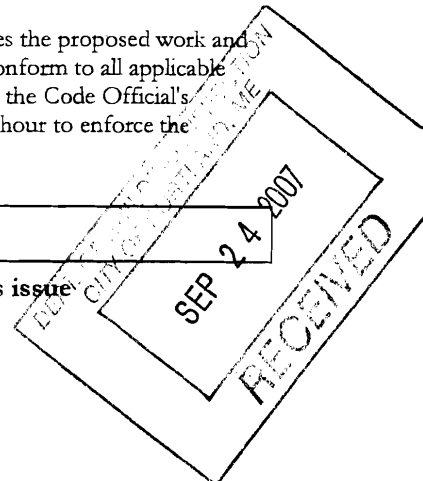
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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: 9.24.07

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





Certificate of Design Application

From Designer: Stan Gawron - Gawron Turgeon Architects
 Date: 9/11/07
 Job Name: South Harborside - Seventy five State Street
 Address of Construction: Seventy five State Street

2003 International Building Code

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

Building Code & Year 2003 Use Group Classification (s) New Apartment Bldg (level 4)
 Type of Construction Type II 2, 2, 2
 Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC yes (level 4)
 Is the Structure mixed use? yes If yes, separated or non separated or non separated (section 302.3) Separated
 Supervisory alarm System? yes Geotechnical/Soils report required? (See Section 1802.2) NOT REQUIRED

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
<u>existing</u>	

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_I (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_B (1608.4)
 _____ Seismic design category (1616.3)
 _____ Basic seismic force resisting system (1617.6.2)
 _____ Response modification coefficient, R_f 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)

Fire Department requirements.

The following shall be submitted on a separate sheet:

- Name, address and phone number of applicant **and** the project architect.
- Proposed use of structure (NFPA and IBC classification)
- Square footage of proposed structure (total and per story)
- Existing and proposed fire protection of structure.
- Separate plans shall be submitted for
 - a) Suppression system
 - b) Detection System (separate permit is required)
- A separate Life Safety Plan must include:
 - a) Fire resistance ratings of all means of egress
 - b) Travel distance from most remote point to exit discharge
 - c) Location of any required fire extinguishers
 - d) Location of emergency lighting
 - e) Location of exit signs
 - f) NFPA 101 code summary
- Elevators shall be sized to fit an 80" x 24" stretcher. *Existing*

For questions on Fire Department requirements call the Fire Prevention Officer at (207) 874-8405.

Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.

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.

Permit Fee: \$30.00 for the first \$1000.00 construction cost, \$10.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.



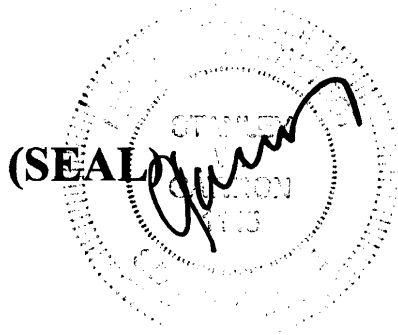
Accessibility Building Code Certificate

Designer: Stan Gawn - Gawn Turgeon Architects

Address of Project: Seventy Five State Street

Nature of Project: ~~is~~ Renovate fourth level only of the South Harborside building from existing ambulatory care to new ~~exp~~ independent living apartment units. Reduce from 14 units to 7 units.

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: Stan Gawn

Title: President

Firm: Gawn Turgeon Architects

Address: 29 Blackpoint Rd.
Scarborough, Me 04074

Phone: 207-883-6307

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: 9/11/07

From: Stan Gawron - Gawron Turgeon Architects

These plans and / or specifications covering construction work on:

Fourth level renovation of Harborside South from 14 ambulatory units to 7 independent apartment units.

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: Stan Gawron

Title: President

Firm: Gawron Turgeon Architects

Address: 29 Blackpoint Rd
Scarborough, ME 04074

Phone: 207-883-6307

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