

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

## BUILDING INSPECTION

### PERMIT

Permit Number: 081024

Please Read Application And Notes, If Any, Attached

This is to certify that HOME FOR AGED WOMEN Wright-Ryan Construction, Inc.  
has permission to Commercial - Independent Living Apartments - 13 Model 13 - Residential care units to 7 independent living apartm  
2nd floor ONLY  
AT 115 DANFORTH ST - 3rd floor (75 State Street) 044 G001001

provided that the person or persons firm or person 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.

Classification of inspection must be given and when permission procedure before this building or part thereof is altered or otherwise closed-in. 4 HOUR NOT REQUIRED.

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

#### OTHER REQUIRED APPROVALS

Fire Dept. Covered  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_

CITY OF PORTLAND  
SEP 17 2008  
Department Name

*Carrie Banks* 9/16/08  
Director - Building & Inspection Services

PERMIT ISSUED PENALTY FOR REMOVING THIS CARD

## 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/Certificate of Occupancy: Prior to any occupancy of the structure or use.  
NOTE: There is a \$75.00 fee per inspection at this point.

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.

**CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

  
\_\_\_\_\_  
Signature of Applicant/Designee

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date

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

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

Permit No: 08-1024	Issue Date:	CBL: 044 G001001
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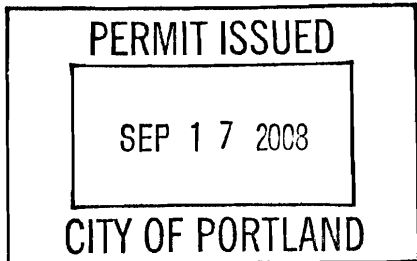
Location of Construction: 115 DANFORTH ST - 3rd floor (75)	Owner Name: HOME FOR AGED WOMEN	Owner Address: 75 STATE ST	Phone:
Business Name:	Contractor Name: Wright Ryan Construction, Inc	Contractor Address: 10 Danforth Street Portland	Phone 2077733625
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone: R-6

Past Use: Institutional - Intermediate Care Facility	Proposed Use: Institutional - Intermedoiate Care facility - Remodel 13 residential care units to 7 independent living apartments 3rd floor ONLY	Permit Fee: \$6,595.00	Cost of Work: \$650,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>see conditions</i>	INSPECTION: Use Group: R-2 Type: 2A IBC-2003	

Proposed Project Description: Commercial - Independent Living Apartments - Remodel 13 residential care units to 7 independent living apartments 3rd floor ONLY	Signature: <i>Lera C...</i>	Signature: <i>JMB 9/16/08</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: 08/18/2008	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>OK w/ conditions</i> Date: <i>8/26/08</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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 <i>Any exterior work requires a separate review</i> Date:
	<i>approval thru Historic Preservation.</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

<b>Permit No:</b> 08-1024	<b>Date Applied For:</b> 08/18/2008	<b>CBL:</b> 044 G001001
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<b>Location of Construction:</b> 115 DANFORTH ST - 3rd floor (75	<b>Owner Name:</b> HOME FOR AGED WOMEN	<b>Owner Address:</b> 75 STATE ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Wright Ryan Construction, Inc	<b>Contractor Address:</b> 10 Danforth Street Portland	<b>Phone</b> (207) 773-3625
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Institutional - Intermedoiate Care facility - Remodel 13 residential care units to 7 independent living apartments 3rd floor ONLY	<b>Proposed Project Description:</b> Commercial - Independent Living Apartments - Remodel 13 residential care units to 7 independent living apartments 3rd floor ONLY
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 08/26/2008
<b>Note:</b> Similar permit applied for on fourth floor, South Commons - #07-1037 to demo the 4th floor & #07-1187 to go from 14 care units to 7 independent living units. <b>Ok to Issue:</b> <input checked="" type="checkbox"/>			
<ol style="list-style-type: none"> <li>1) This property shall remain an Intermediate Care Facility. Any change of use shall require a separate permit application for review and approval.</li> <li>2) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.</li> <li>3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.</li> </ol>			

<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 09/19/2008
<b>Note:</b> <b>Ok to Issue:</b> <input checked="" type="checkbox"/>			
<ol style="list-style-type: none"> <li>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.</li> <li>2) 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.</li> <li>3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.</li> </ol>			

<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Greg Cass	<b>Approval Date:</b> 08/26/2008
<b>Note:</b> <b>Ok to Issue:</b> <input checked="" type="checkbox"/>			
<ol style="list-style-type: none"> <li>1) All construction shall comply with NFPA 101</li> <li>2) The " WET" wall in each unit shall enclosed at the floor ceiling assembly. 1 hr. Same use. 2 hr. Other use.</li> <li>3) Application requires State Fire Marshal approval.</li> <li>4) Emergency lights are required to be tested at the electrical panel.</li> <li>5) Any cutting or welding operations require a seperate permit from the Fire dept.</li> <li>6) A single source supplier should be used for all through penetrations.</li> <li>7) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.</li> <li>8) All means of egress to remain accessible at all times</li> <li>9) Non- combustable construction of this structure requires all construction to be Non-combustable.</li> <li>10 Walls in structure are to be labeled according to fire resistance rating. IE; 1 hr. / 2 hr. / smokeproof.</li> <li>11 Doors to dwelling units shall be rated for 20 min.</li> </ol>			

<b>Location of Construction:</b> 115 DANFORTH ST - 3rd floor (75	<b>Owner Name:</b> HOME FOR AGED WOMEN	<b>Owner Address:</b> 75 STATE ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Wright Ryan Construction, Inc	<b>Contractor Address:</b> 10 Danforth Street Portland	<b>Phone</b> (207) 773-3625
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	



# 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 ST. - 3<sup>RD</sup> FLOOR - (115 Danforth)</u>		
Total Square Footage of Proposed Structure/Area <u>7705 SF</u>		Square Footage of Lot <u>N/A</u>
Tax Assessor's Chart, Block & Lot Chart# <u>44</u> Block# <u>6</u> Lot# <u>1</u>	Applicant * <b>must</b> be owner, Lessee or Buyer* Name <u>SEVEN FIVE STATE STREET</u> Address <u>75 STATE ST.</u> City, State & Zip <u>PORTLAND ME 04101</u>	Telephone: <u>207-772-2675</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>650,000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>RESIDENTIAL CARE (1 OCCUPANCY)</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>INDEPENDENT LIVING APARTMENTS (R-2 OCCUPANCY)</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>REMOVE 13 RESIDENTIAL CARE UNITS TO 7 INDEPENDENT LIVING APARTMENTS. SCOPE OF WORK IS 3<sup>RD</sup> FLOOR ONLY</u>		
Contractor's name: <u>WRIGHT-RYAN CONSTRUCTION</u> Address: <u>10 DANFORTH ST</u> City, State & Zip <u>PORTLAND ME 04101</u> Telephone: <u>773-3625</u> Who should we contact when the permit is ready: <u>PETER HABEN</u> Telephone: <u>756-2520</u> Mailing address: <u>10 DANFORTH ST, PORTLAND ME 04101</u>		

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

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: [Signature] Date: 9.19.08

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

APPROVED

permit #07-1037, 07-107

**From:** Marge Schmuckal  
**To:** ALEX JAEGERMAN; Barbara Barhydt; PENNY LITTELL  
**Date:** 9/18/2007 11:43:27 AM  
**Subject:** 75 State Street

Thanks for setting up the meeting with Tony Forgionne, Rick Meinking, and others. The information was good. At this point I am convinced that the work that is being done would not trigger a subdivision review. The fourteen "spaces" have been existing as such since the issuance of original building permits. Those living spaces have not been considered individual, residential dwelling units since they were created. And the given evidence from yesterday's meeting indicates that they are not used for that purpose now or in the near future.

Today there is no longer a use called "home for aged" as listed in previous ordinances. Today the use probable falls under "intermediate care facility".

In any case, there is no change of use under zoning. And I believe that new dwelling units are not being created. I do not believe that subdivision approvals will be necessary in this case.

I am also understanding that Planning is convinced that these spaces do not constitute a loss of housing units under the Preservation of Housing Ordinance. Therefore, I do not see that Planning Staff is involved for review purposes with the current building permit application.

Please let me know if other staff members are convinced otherwise.

I am signing off for zoning on the permit application that we have on file for this project.

Marge

Average Age 94 of folks [9/27/07] NM profit organization

Tony Fargione - President CEO 75 STATE ST D H S home aged → Building Care "Residential Care"

16 NO rate A Small Spaces to Assisted Living program into 7 units with full kitchen  
yes there are kitchen facilities (stoves) Apartment style living  
→ only HAVE single rooms & BATH (no cooking facilities)  
if NO kitchens → Sunsets

Serving meals - if NO kitchens → Sunsets  
Assisted living programs thru out the building  
1 meal a day I can buy

traditional: 1 fee for everything  
now menu driven - meals -  
basic level of service - 1 meal a day - AGE RESTRICTED 65 yrs a older -  
A care program vs State PA  
licensed nurse, bathing

waiting list - yes

Discharge - No under Landlord Tenant State Laws  
no payment - a danger - Aging & placement

permit #1  
07-1232  
07-1157

Contract → Residential Care in Advance - ME Care  
basic level -

They HAVE emergency call buttons - will check on them if they don't show up for meals -

Nursing Staff 24 hours - 11:00pm - 7pm boundaries

Doors are locked -

Funding - covered under ME Care - self pay - Insurance Care  
over night guests, but it can't be 1. 2. 3.  
TRANSPARATION -





# Certificate of Design Application

From Designer: \_\_\_\_\_

Stan Gawron - Gawron Turgeon Architects

Date: \_\_\_\_\_

8/15/08

Job Name: \_\_\_\_\_

Harborside South - 3rd floor

Address of Construction: \_\_\_\_\_

75 state street

## 2003 International Building Code

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

Building Code & Year 2003 IBC Use Group Classification (s) R-2

Type of Construction Type II (III)

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC Yes

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) NO

### Structural Design Calculations

N/A Submitted for all structural members (106.1 - 106.11)

- \_\_\_\_\_ 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, 16175.5.1)

### 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,  $w$ , 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 &  $S_{D1}$  (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)



## Certificate of Design

Date: 8/15/08

From: Stan Gawron

These plans and / or specifications covering construction work on:

Third floor renovation of Harborside South at  
75 State Street

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: Principal

Firm: Gawron Turgeon Architects

Address: 29 Blackpoint Rd

Scarborough, ME 04074

Phone: 207-883-0307

**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: Stan Gawron - Gawron Turgeon Architects  
 Address of Project: 75 State Street  
 Nature of Project: Harborside South - 3rd Floor  
 \_\_\_\_\_  
 \_\_\_\_\_

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 Gawron  
 Title: Principal  
 Firm: Gawron Turgeon Architects  
 Address: 201 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](http://www.portlandmaine.gov)