

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

Permit Number: 091146

BUILDING INSPECTION PERMIT

This is to certify that MERCY HOSPITAL / DMC Painting & Remodeling has permission to Install a handicap lift. Use existing closet area for a for lift way. Reconfigure the opening to relocate to common ha AT 97 STATE ST CBL 045 B025001

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. R. Gauthier
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

OCT 23 2009

City of Portland

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-1146	Issue Date:	CBL: 045 B025001
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Location of Construction: 97 STATE ST	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone:
Business Name:	Contractor Name: DMC Painting & Remodeling	Contractor Address: 59 Sanford Drive, Suite 3 Gorham	Phone 207871 1080
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-6

Past Use: Residential Lodging House "Gary's House"	Proposed Use: Residential Lodging House - Install a handicap lift. Use existing closet area for a for lift way. Reconfigure the opening to relocate to common hallway alter several doorways to ADA spec	Permit Fee: \$420.00	Cost of Work: \$40,000.00	CEO District: 2
Proposed Project Description: Install a handicap lift. Use existing closet area for a for lift way. Reconfigure the opening to relocate to common hallway alter several doorways to ADA spec	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: R-1 Type: 5B TBC 2003		
	Signature: <i>RC</i>	Signature: <i>[Signature]</i>		
	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied			
	Signature: _____ Date: _____			

Permit Taken By: Ldobson	Date Applied For: 10/15/2009	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>9/10/23/09</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 <i>Any exterior work requires a separate review & approval</i> Date: _____
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CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

PERMIT ISSUED

_____ SIGNATURE OF APPLICANT	_____ ADDRESS	OCT 23 2009 DATE	_____ PHONE
_____ RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	_____ DATE	City of Portland	_____ PHONE

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-1146	Date Applied For: 10/15/2009	CBL: 045 B025001
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Location of Construction: 97 STATE ST	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone:
Business Name:	Contractor Name: DMC Painting & Remodeling	Contractor Address: 59 Sanford Drive, Suite 3 Gorham	Phone (207) 871-1080
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Residential Lodging House - Install a handicap lift. Use existing closet area for a for lift way. Reconfigure the opening to relocate to common hallway alter several doorways to ADA spec	Proposed Project Description: Install a handicap lift. Use existing closet area for a for lift way. Reconfigure the opening to relocate to common hallway alter several doorways to ADA spec
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 10/23/2009

Note: **Ok to Issue:**

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 3) This property shall remain a lodging house (Gary's House) with six (6) rooms with kitchen and dining. Any change of use shall require a separate permit application for review and approval.
- 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:** Tammy Munson **Approval Date:** 11/05/2009

Note: **Ok to Issue:**

- 1) 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:** 10/28/2009

Note: **Ok to Issue:**

- 1) Fire Alarm system shall be maintained.
If system is to be off line over 4 hours a fire watch shall be in place.
Dispatch notification required 874-8576.
- 2) Sprinkler protection shall be maintained.
Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
- 3) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance.
Compliance letters are required.
- 4) The fire alarm system shall comply with NFPA 72 and Fire Department Technical Standard. A compliance letter is required.
- 5) All construction shall comply with NFPA 101
- 6) All fire alarm records required by NFPA 72 should be stored in an approved cabinet located at the FACP and keyed alike, labeled "FIRE ALARM RECORDS".

PERMIT ISSUED

OCT 23 2009

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

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

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

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

PERMIT ISSUED

OCT 23 2009

City of Portland



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

_____ 10.15 20 09 _____

Received from _____ Ray Boesley _____

Location of Work _____ 97 State St. _____

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 420

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

Other _____

CBL: 45-B-25

Check #: CC Total Collected \$ 420

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

Taken by: [Signature]

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



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>97 state street</u>		
Total Square Footage of Proposed Structure/Area <u>8,350 Sqf.</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>45 B 25</u>	Applicant * must be owner, Lessee or Buyer* Name <u>DMC</u> Address <u>59 Sanford Dr.</u> City, State & Zip <u>Gorham, ME 04038</u>	Telephone: <u>856-1838</u> <u>329-2354</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Mercy Hospital</u> Address <u>144 state st.</u> City, State & Zip <u>Portland, ME 04101</u>	Cost Of Work: \$ <u>25,000</u> Lift cost additional <u>15,000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>Benevolent - Housing for Families of Mercy Patients</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>No use change</u> Is property part of a subdivision? <u>No</u> If yes, please name _____ Project description: <u>Install a handicap lift. Use existing closet area for lift way. Reconfigure the opening to relocate to common hallway alter several doorways to ADA specifications.</u>		
Contractor's name: <u>DMC</u> Address: <u>59 Sanford Dr.</u> City, State & Zip <u>Gorham, ME 04038</u> Telephone: <u>856-1838</u> Who should we contact when the permit is ready: <u>Roger Beesley</u> Telephone: <u>329-2354</u> Mailing address: <u>59 Sanford Dr. Gorham, ME 04038</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, 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: 9-28-09

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

RECEIVED
OCT 15 2009
Dept. of Building Inspections
City of Portland Maine



Certificate of Design Application

From Designer: SCOTT VONHELGUT AIA
 Date: OCTOBER 2, 2009
 Job Name: MARY'S HOUSE HANDICAP LIFT RENOVATION
 Address of Construction: 97 STATE STREET, PORTLAND ME 04101

2003 International Building Code

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

Building Code & Year IBC 2003 Use Group Classification (s) R-3, LONGTERM LIVING FACILITIES (TRANSIENT WITH 10 OR FEWER OCCUPANTS)
 Type of Construction TYPE V B
 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? NO If yes, separated or non separated or non separated (section 302.3) _____
 Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) NO

Structural Design Calculations

_____ Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
_____	<u>YES - DESIGN LOADS</u>
_____	<u>NOTED, BASED</u>
_____	<u>ON IBC 2006</u>
_____	<u>AND ASCE-7-05</u>

Wind loads (1603.1.4, 1609)

N/A Design option utilized (1609.1.1, 1609.6)
 _____ Basic wind speed (1809.3)
 _____ Building category and wind importance Factor, w , table 1604.5, 1609.5
 _____ Wind exposure category (1609.4)
 _____ Internal pressure coefficient (ASCE 7)
 _____ Component and cladding pressures (1609.1.1, 1609.6.2.2)
 _____ Main force wind pressures (7603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

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

N/A Live load reduction
N/A 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_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)

N/A Flood Hazard area (1612.3)
 _____ Elevation of structure

Other loads

AS PROVIDED Concentrated loads (1607.4)
BY LIFT Partition loads (1607.5)
SUPPLIER Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)

Fire Department Requirements
Gary's House Handicap Lift Renovations

1) Sandra Anthoine
Executive Director
Gary's House
97 State Street
Portland, ME 04101

Scott Vonnegut A.I.A.
Project Manager
SMRT Architects and Engineers
144 Fore Street
Portland, ME 04104

2) Gary's House is a Residential Lodging House per NFPA 101 2003 and is an R-3
Congregate living facility(transient) per IBC 2003. R-1

3) The total square footage is 8,350 SF. Basement area is 2,250 SF, First Floor is 2,250 SF, Second Floor is 2,250 SF and Third Floor is 1,600 SF

4) Existing sprinkler and detection system will remain as is

5) See attached Life Safety Plans for:

- 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

6) Handicap lift meets access requirements of ADA

Gary's House NFPA 101, 2003, Code Summary

Occupancy: Residential Lodging House

Construction type: Type V 000

Fire protection: Fully supervised sprinklered building

Number of Exits: 2

Separation of Exits: Greater than 1/3 the diagonal (in fully sprinklered building)

Minimum width of corridors and stairs: 3'-0"

Common Path, Dead-End and Travel Distance Limits: No requirement per Table A.7.6



Accessibility Building Code Certificate

Designer: SCOTT VONNEGUT

Address of Project: 91 STATE STREET, PORTLAND ME 04101

Nature of Project: RENOVATION TO INSTALL HANDICAP LIFT
BETWEEN FIRST AND SECOND 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: Scott Vonnegut

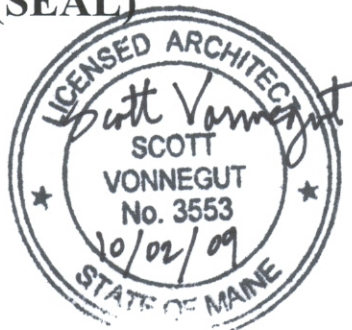
Title: PROJECT MANAGER

Firm: SMRT

Address: 144 FORE STREET
PORTLAND MAINE 04104

Phone: 712-3246 EXT. 222

(SEAL)



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: OCTOBER 2, 2009

From: SCOTT VONNEGUT

These plans and / or specifications covering construction work on:

GARY'S HOUSE

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: Scott Vonnegut

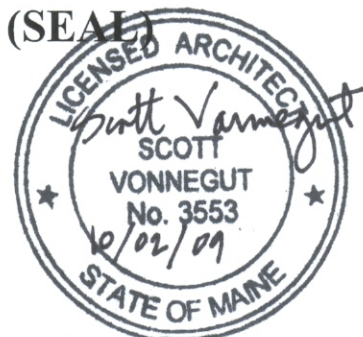
Title: PROJECT MANAGER

Firm: SMRT

Address: 144 FORE STREET

PORTLAND, MAINE 04104

Phone: 772-1070



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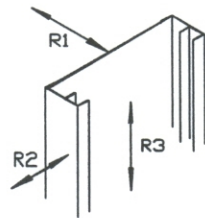
Vertical Wheelchair Lift Installation Notes

1. The lift and door operators must be supplied power from a fused lockable disconnect at the lowest landing, outside the door of the lift – within sight of the controller. This location must also meet the NEC.
2. There must be a working phone line supplied to the lift. MAC will hook it up and supply a phone. This phone must be able to place a call (either manually or automatically) to an emergency number 24 hours a day.
3. The lighting over the lift shall either be on all the time, or be triggered by a occupancy sensor. The light shall not be on a switch capable of being turned off (other than the circuit breaker).
4. An emergency light that has a 4 hour battery needs to be installed in the lift area, with 2 heads, with a head shining directly into the lift. This light needs to be hooked to the lighting circuit over the lift. Our Inspector will request that we turn off the circuit breaker feeding the lighting over the lift, and will look for the emergency light to come on.
5. Hoistway needs to have a hoisting hook securely fastened to the ceiling (can be temporary), centered over the tower side. It will be used to hoist components that weigh as much as 450 lbs.

Site Construction Details

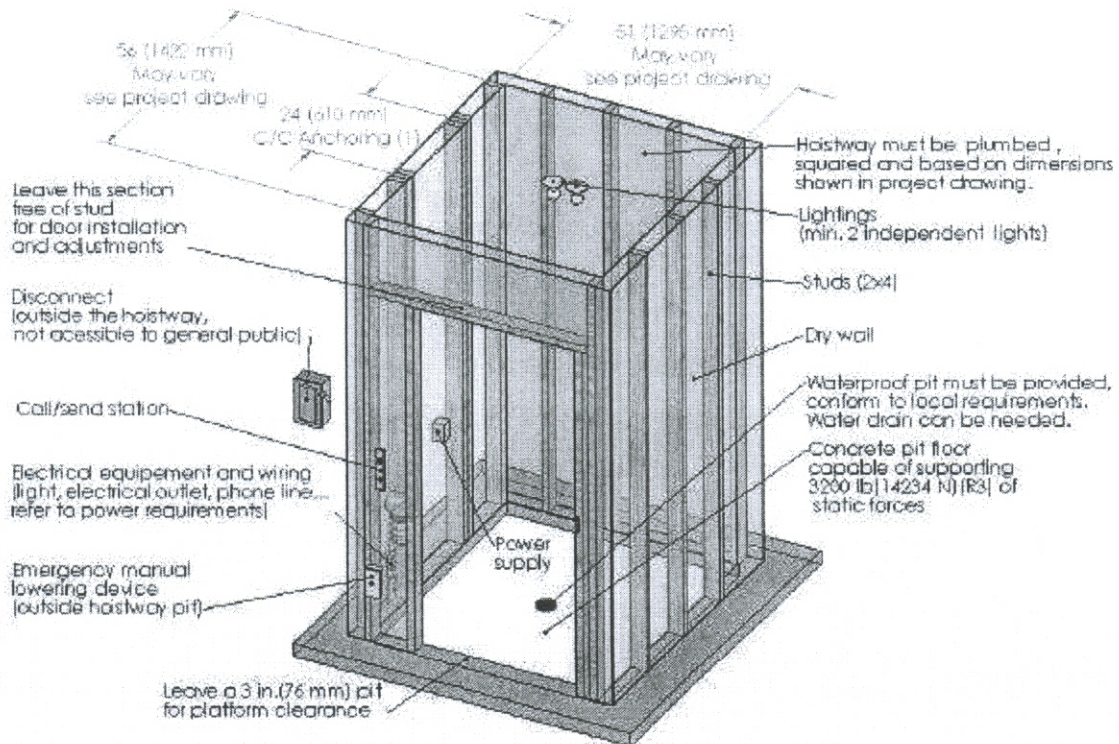
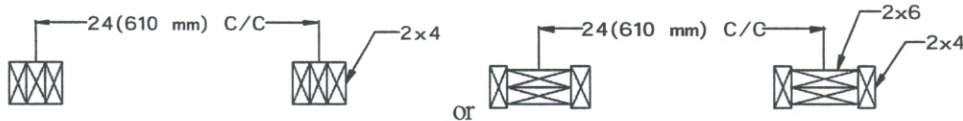
V1504 needs a minimal support to operate. In fact, you will need a wall that supports 472 lb (1157 N) of pull out force. A combination of 2 columns of three 2x4 is required. A concrete or brick wall can also satisfy that need.

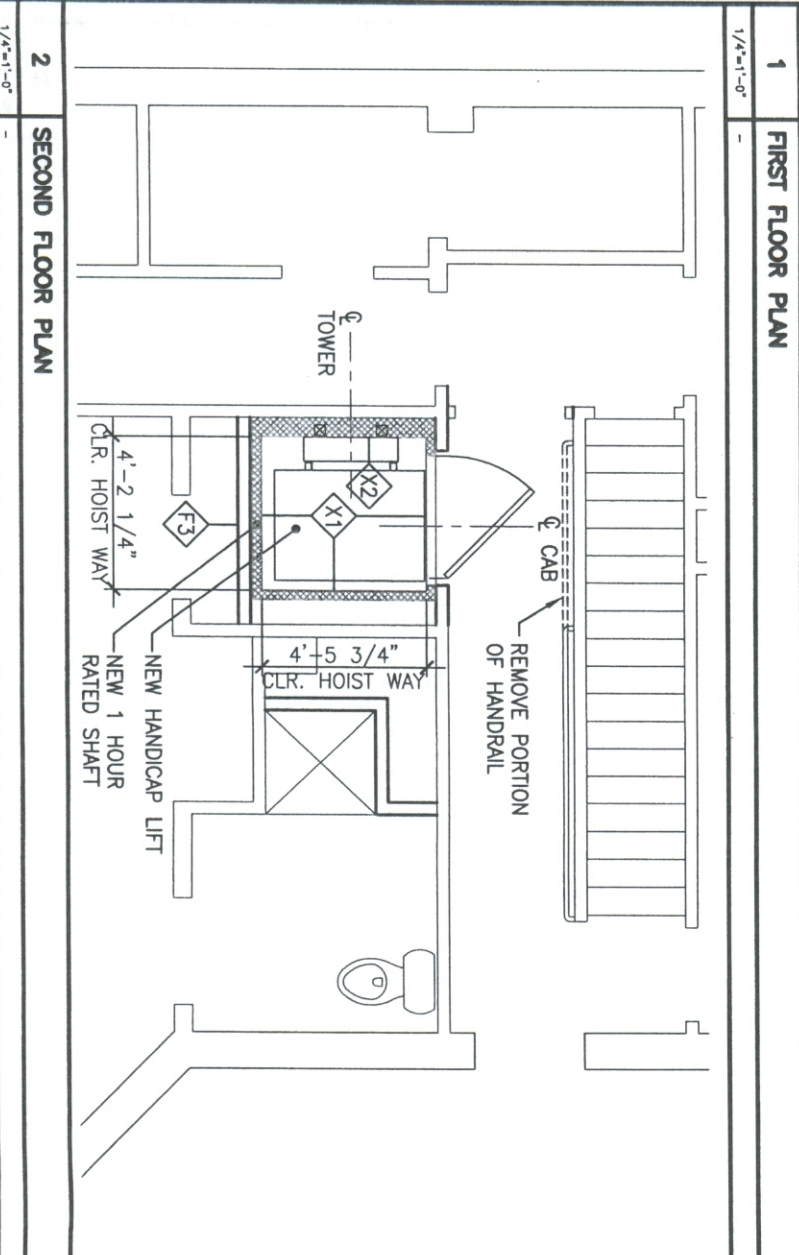
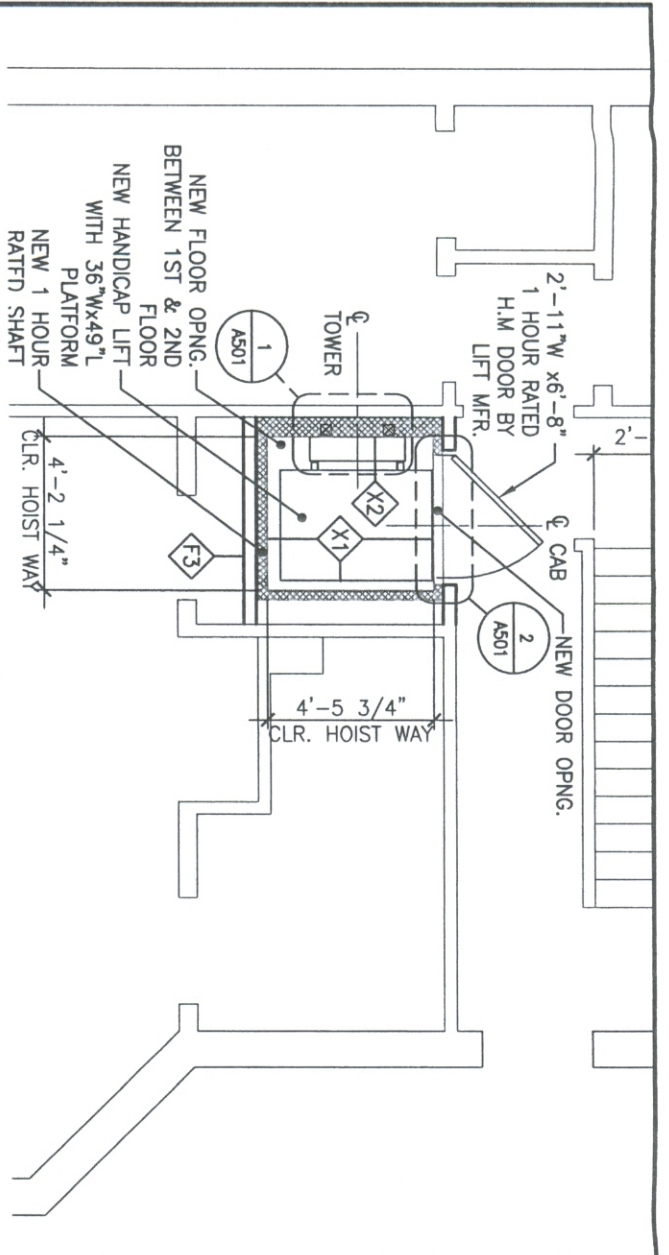
Rail Reactions



- R1: 472 LB (2100N)
- R2: 260 LB (14234N)
- Pit Loading:
- R3: 3200 LB (14234N)

Support Wall Configuration (1)





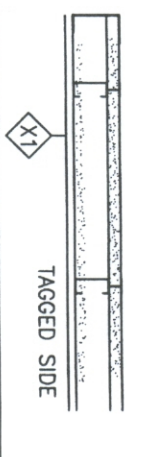
NOTES:

- SEE ATTACHED SAVARIA CONCORD DRAWINGS FOR HANDICAP LIFT INFORMATION.
- PROVIDE **X1** TYPE PARTITION AT CEILING OF LIFT HOIST WAY.
- PROVIDE UL DESIGN NO. L513 AT FLOOR OF LIFT HOISTWAY COORDINATE WITH SAVARIA CONCORD DRAWINGS AND STRUCTURAL LIMITS FOR LIFT PIT DEPTH. -SEE 1/A502.
- PROVIDE POWER FOR LIFT FROM A 20A, SINGLE POLE CIRCUIT BREAKER THROUGH A FUSED DISCONNECT SWITCH WITH AUXILIARY CONTACT. WIRING TO LIFT TO BE 2 #12 AWG & #12 GND AND WIRING FROM FUSED DISCONNECT AUXILIARY CONTACT TO LIFT CONTROL PANEL TO BE 2 #18 AWG. COORDINATE WITH LIFT INSTALLER FOR EXACT LOCATIONS OF ELECTRICAL CONNECTIONS.

PARTITION LEGEND

- X1** 1 HOUR FIRE RATED PARTITION: UL DESIGN U415
- X2** SAME AS X1 EXCEPT WITH 6" 'C-H' STUDS

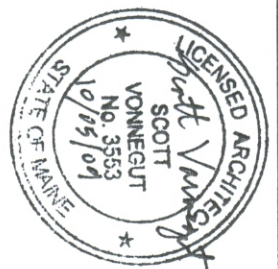
2-1/2" 24 MSG (MIN) 'J' SHAPED FLOOR AND CEILING RUNNERS ATTACHED TO STRUCTURAL SUPPORTS 2" (MAX) FROM EDGE AND 24" (MAX) O.C. 25 MSG 2-1/2" 'C-H' SHAPED STUDS SPACED 24" O.C. (MAX). 1" GWB LINER PANELS INSERTED INTO 'H' SECTION OF 'C-H' STUDS, ATTACH TO LONG LEG OF 'J' SHAPE WITH 1-5/8" TYPE S SELF DRILLING, SELF TAPPING SCREWS 12" O.C. (MAX). FASTEN (1) LAYER 5/8" TYPE X GWB TO OUTER FACE OF 'C' PORTION OF 'C-H' STUDS WITH 1" TYPE S SELF TAPPING SCREWS AT 8" O.C. ALONG EDGES AND 12" O.C. INFIELD. INSTALL BOARD WITH VERTICAL JOINTS STAGGERED. APPLY 2" PAPER JOINTS AND FINISH W/3 COATS OF JOINT COMPOUND. SEAL TIGHT TO STRUCTURE AND DECK. BLANKET INSULATION IN PARTITION.



F3 PARTITION

- (1) LAYER 5/8" INTERIOR GWB TO DECK
- 2x4 WOOD STUDS @ 16" O.C. TO DECK
- FULL BAIT INSULATION
- SEAL PENETRATIONS FOR SOUND

F3



144 Fore Street/P.O. Box 618
Portland, Maine 04104
tel. (207) 772-3846
fax. (207) 772-1070
www.smrtinc.com

ARCHITECTURE
ENGINEERING
PLANNING
INTERIOR DESIGN
COMMISSIONING

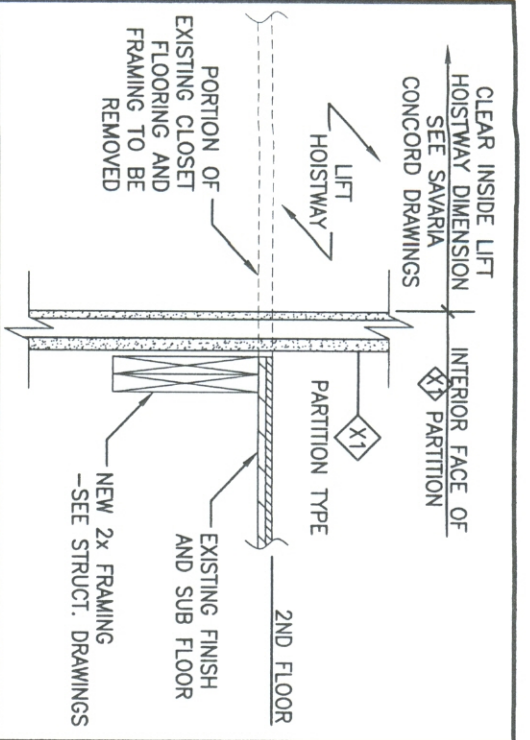
SMRT
**MERCY HOSPITAL
GARY'S HOUSE**
PORTLAND, ME

**ISSUED FOR PERMIT
10-2-09**

CURRENT ISSUE STATUS:

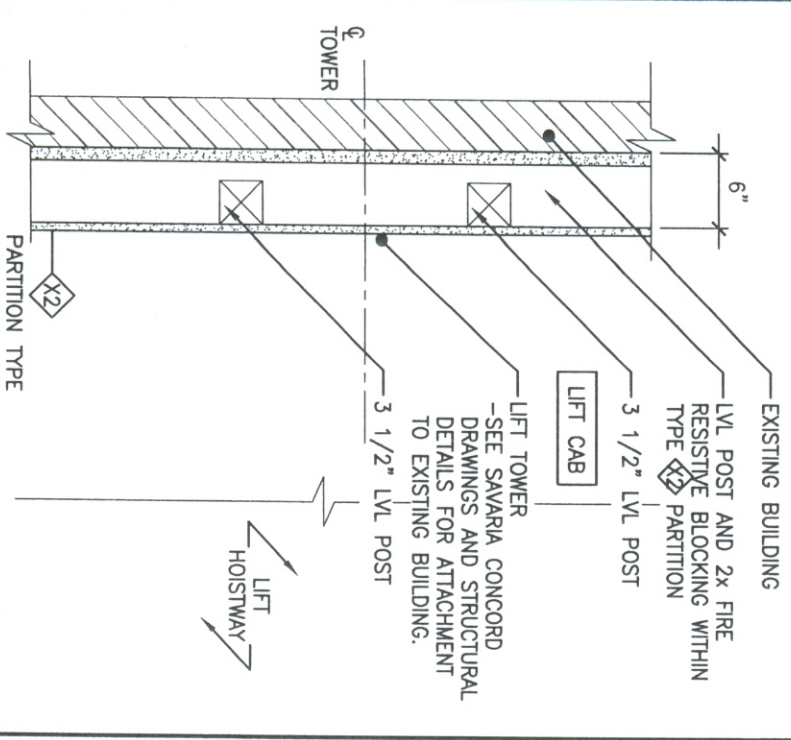
REV	DESCRIPTION	DATE

SCALE:	1/4"=1'-0"
PROJECT MANAGER:	SV
JC/DRAWN BY:	AFP
A/E OF RECORD:	SV
CAD FILE:	A101-08179
PROJECT NO.:	08179
DATE:	
SHEET TITLE:	HANDICAP ACCESSIBILITY FLOOR PLANS
SHEET NO.:	A101



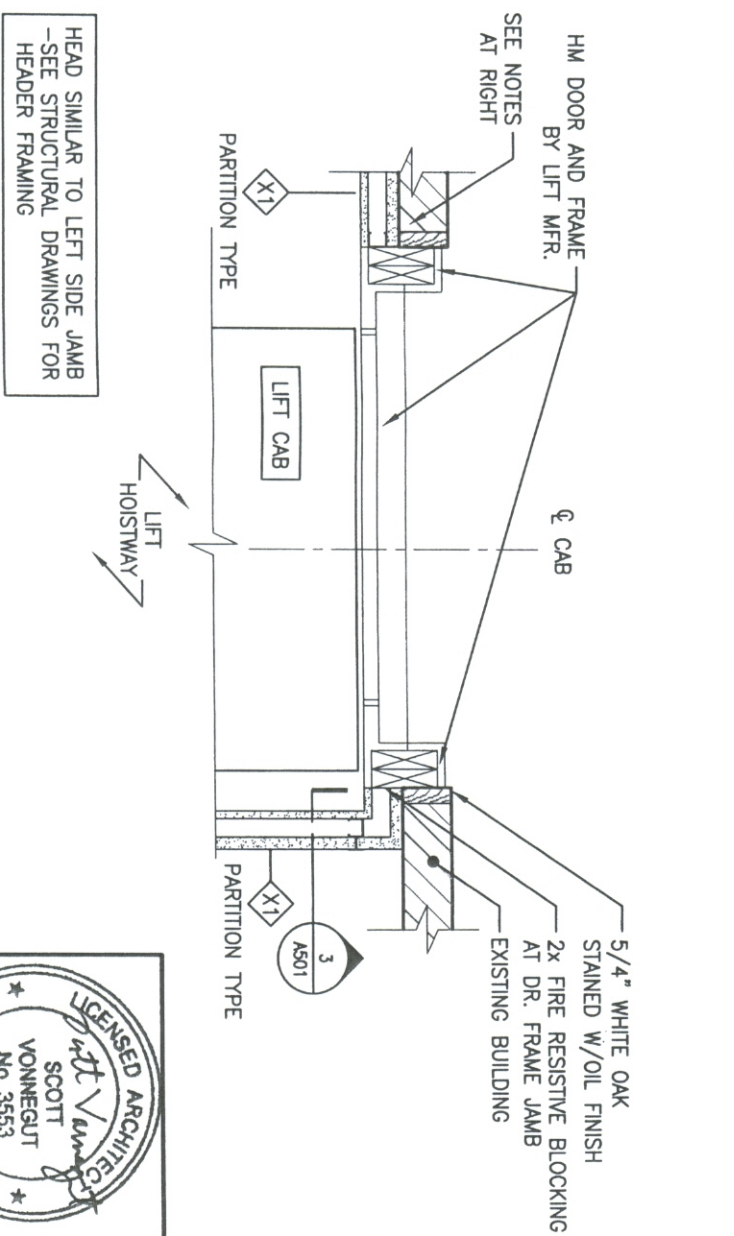
3 SECTION AT 2ND FLOOR

1'-1'-0"



1 PLAN DETAIL AT TOWER

1'-1'-0"



2 LIFT DOOR JAMB DETAILS

1'-1'-0"



ISSUED FOR PERMIT
10-2-09

REV	DESCRIPTION	DATE

ARCHITECTURE
ENGINEERING
PLANNING
INTERIOR DESIGN
COMMISSIONING

SMRT

MERCY HOSPITAL
GARY'S HOUSE
PORTLAND, ME

144 Fore Street/P.O. Box 618
Portland, Maine 04104
tel. (207) 772-3846
fax. (207) 772-1070
www.smrtinc.com

SCALE: AS NOTED
PROJECT MANAGER: SV
J/C/DRAWN BY: AFP
A/E OF RECORD: SV
CAD FILE: A501-08179
PROJECT NO: 08179
DATE: 10/05/01
SHEET TITLE: SECTIONS AND DETAILS
SHEET No. A501
© COPYRIGHT 2009 SMRT INC.

FLOOR-CEILING SYSTEMS, WOOD-FRAMED

GA FILE NO. FC 5415

PROPRIETARY†

1 HOUR
FIRE

35 to 39 STC
SOUND

WOOD JOISTS, GYPSUM WALLBOARD, RESILIENT CHANNELS

One layer 5/8" proprietary type X gypsum wallboard or gypsum veneer base applied at right angles to resilient furring channels 16" o.c. with 1" Type S drywall screws 12" o.c. Gypsum board end joints located midway between continuous channels and attached to additional pieces of channel 72" long with screws 8" o.c. Resilient furring channels applied at right angles to 2 x 10 wood joists 24" o.c. with 6d coated nails, 1 7/8" long, 0.092" shank, 1/4" heads. Wood joists supporting 3/4" nominal interior plywood with exterior glue T & G subfloor perpendicular to joists with joints staggered. Underside of T & G joints covered between joist spaces with 6" x 22 1/2" x 5/8" type X gypsum wallboard battens attached to flooring with 16 gage x 1 1/8" legs x 1/2" crown staples spaced 7" o.c. along each edge.



PROPRIETARY GYPSUM BOARD

American Gypsum Company	5/8" FIREBLOC TYPE C
CertainTeed Gypsum, Inc.	5/8" ProRock™ Type C Gypsum Panels
G-P Gypsum	5/8" ToughRock® Fireguard® C
Lafarge North America Inc.	5/8" Firecheck® Type C
National Gypsum Company	5/8" Gold Bond® Brand FIRE-SHIELD C™ Gypsum Wallboard
PABCO Gypsum	5/8" FLAME CURB® Super 'C'
Temple-Inland Forest Products Corporation	5/8" SHEETROCK® Brand Gypsum Panels, FIRECODE® C Core
United States Gypsum Company	5/8" TG-C

†Contact the manufacturer for more detailed information on proprietary products.

Approx. Ceiling
Weight: 2.5 psf
Fire Test: UL R5229-2, 5-25-73,
UL Design L513
Sound Test: Estimated

1 UL DESIGN NO. L513

N.T.S.

144 Fore Street/P.O. Box 618
Portland, Maine 04104
tel. (207) 772-3846
fax. (207) 772-1070
www.smrtinc.com

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MERCY HOSPITAL
GARY'S HOUSE
PORTLAND, ME

ISSUED FOR PERMIT
10-2-09

CURRENT ISSUE STATUS:

REV	DESCRIPTION	DATE

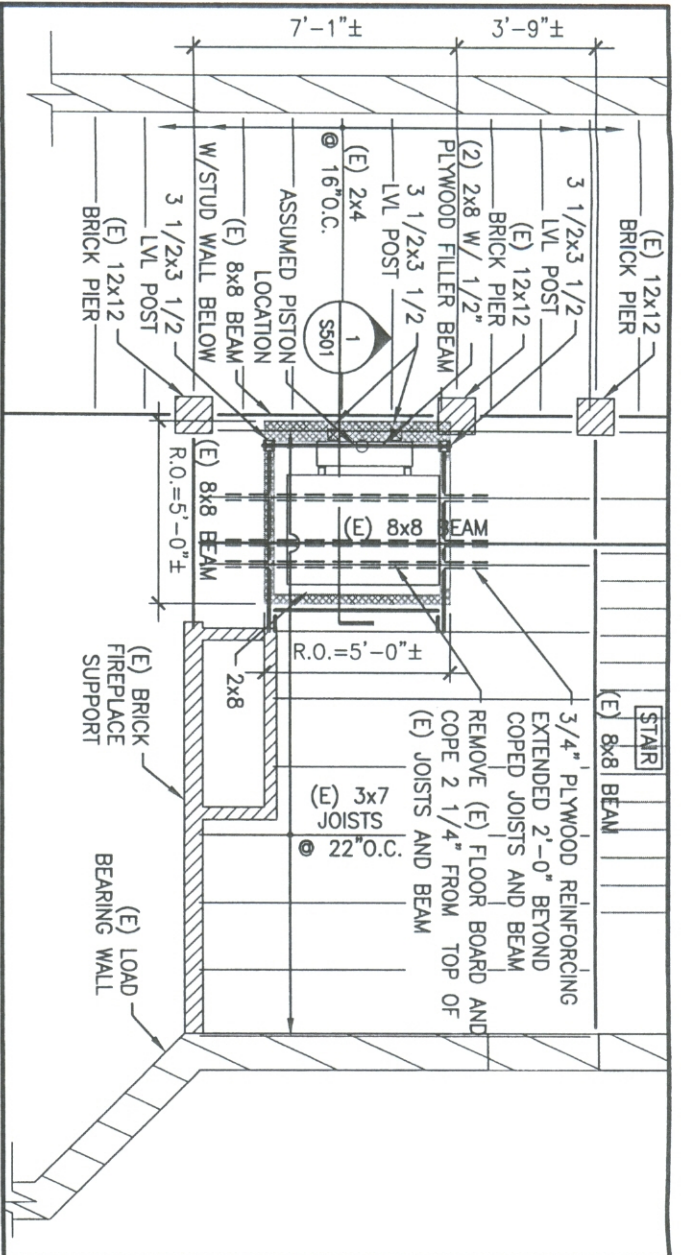
SCALE: AS NOTED
PROJECT MANAGER: SV
JC/DRAWN BY: AFP
A/E OF RECORD: SV
CAD FILE: A502-08179
PROJECT NO: 08179
DATE:
SHEET TITLE:
SECTIONS AND DETAILS

SHEET No.

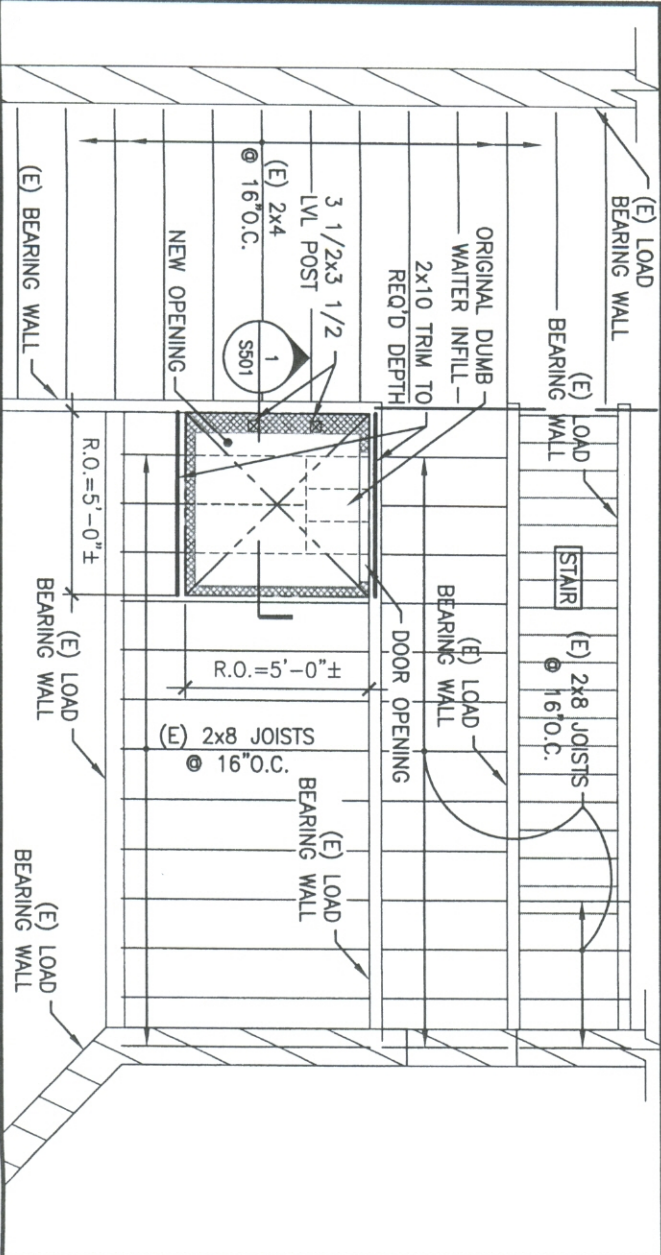
A502

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1 FIRST FLOOR FRAMING PLAN



2 SECOND FLOOR FRAMING PLAN



GENERAL NOTES:

- STRUCTURAL DRAWINGS SHALL BE USED IN ARCHITECTURAL, MECHANICAL, ELECTRICAL, PLUMBING, AND SITE DRAWINGS. CONSULT THESE DRAWINGS FOR LOCATIONS AND DIMENSIONS OF OPENINGS, CHASES, SLEEVES, DEPRESSIONS, AND OTHER DETAILS NOT SHOWN ON STRUCTURAL DRAWINGS.
- 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.
- 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 THE SAFETY OF THE BUILDING AND ITS COMPONENTS DURING ERECTION. THIS INCLUDES THE ADDITION OF NECESSARY SHORING. SUCH MATERIAL SHALL REMAIN THE PROPERTY OF THE CONTRACTOR AFTER COMPLETION OF THE PROJECT.
- SECTIONS AND DETAILS SHOWN ON ANY STRUCTURAL DRAWINGS SHALL BE CONSIDERED TYPICAL FOR SIMILAR CONDITIONS.
- THE CONTRACTOR SHALL PERFORM ALL WORK IN CONFORMANCE WITH ALL APPLICABLE FEDERAL, STATE AND MUNICIPAL REGULATIONS.

DESIGN LOADS:

- THIS BUILDING IS DESIGNED TO COMPLY WITH THE 2006 EDITION OF THE INTERNATIONAL BUILDING CODE AND ASCE 7-05.
- LIVE LOADS ARE AS FOLLOWS: FLOORS --40 PSF
WHEEL CHAIR LIFT LOADS AS SPECIFIED BY SAVARIA CONCORD MODEL V1504-STD. WITH A 750 LB CAPACITY. CONTRACTOR SHALL NOTIFY ENGINEER IF MODEL AND LOADING IS DIFFERENT THAN ORIGINALLY SPECIFIED.
- DEAD LOADS = ACTUAL WEIGHTS OF COMPONENTS PLUS 5 psf ALLOWANCE FOR MISCELLANEOUS DUCTWORK, SPRINKLER PIPING AND OTHER HUNG ITEMS.

WOOD FRAMING NOTES: (E) = EXISTING

- CONNECT (2) 2x8 W/ 1/2" PLYWOOD FILLER BEAM TO LVL POST WITH SIMPSON BC4 POST CAP OR APPROVED EQUAL.
- CONNECT LVL POST BASE TO FOOTING WITH AB44 POST BASE
- FOOTINGS SHALL BE 1'-6"x1'-6" x8" DEEP. REINFORCED WITH (3) #4 BARS EA. WAY 3" FROM THE BOTTOM. THE TOP OF FOOTING SHALL BE PLACED FLUSH WITH THE EXISTING SLAB.



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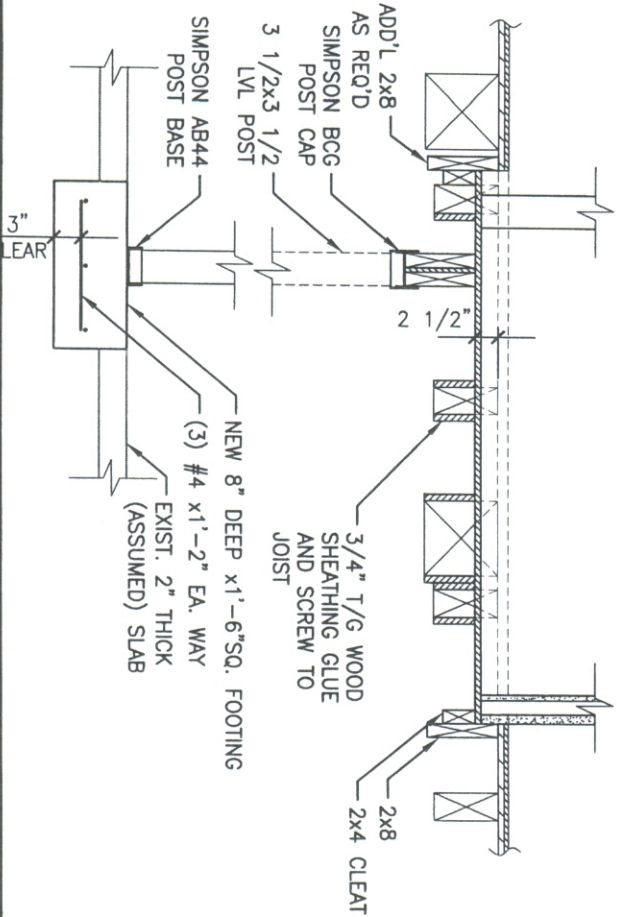
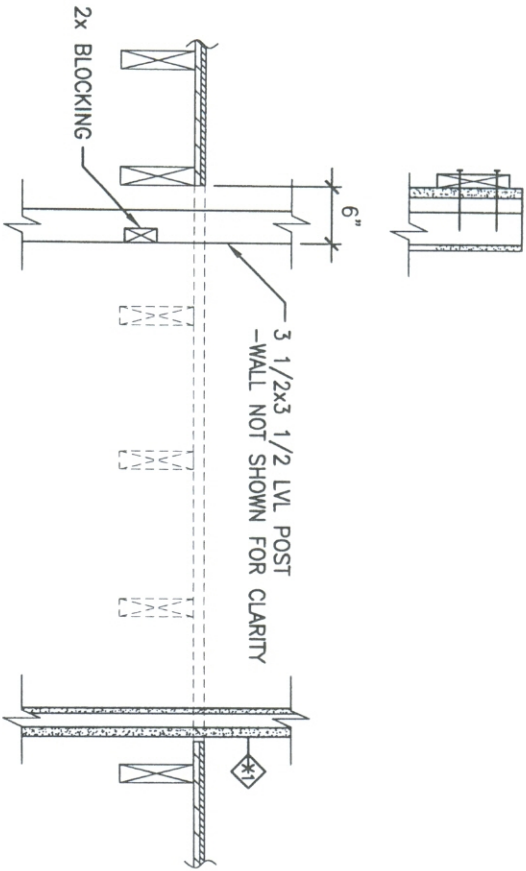
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10-2-09

REV	DESCRIPTION	DATE

SCALE:	1/4"=1'-0"
PROJECT MANAGER:	SV
J.C./DRAWN BY:	AFP
A/E OF RECORD:	RWR
CAD FILE:	S101-08179
PROJECT NO.:	08179
DATE:	
SHEET TITLE:	HANDICAP ACCESSIBILITY FLOOR FRAMING PLANS
SHEET NO.:	S101



SECTION 1

3/4"=1'-0"



SHEET No. **S501**

SECTION TITLE: **SECTIONS AND DETAILS**

DATE: 08/17/09

PROJECT NO: 081779

CAD FILE: S501-08179

A/E OF RECORD: RWR

J/C/DRAWN BY: AFP

PROJECT MANAGER: SV

SCALE: AS NOTED

**ISSUED FOR PERMIT
10-2-09**

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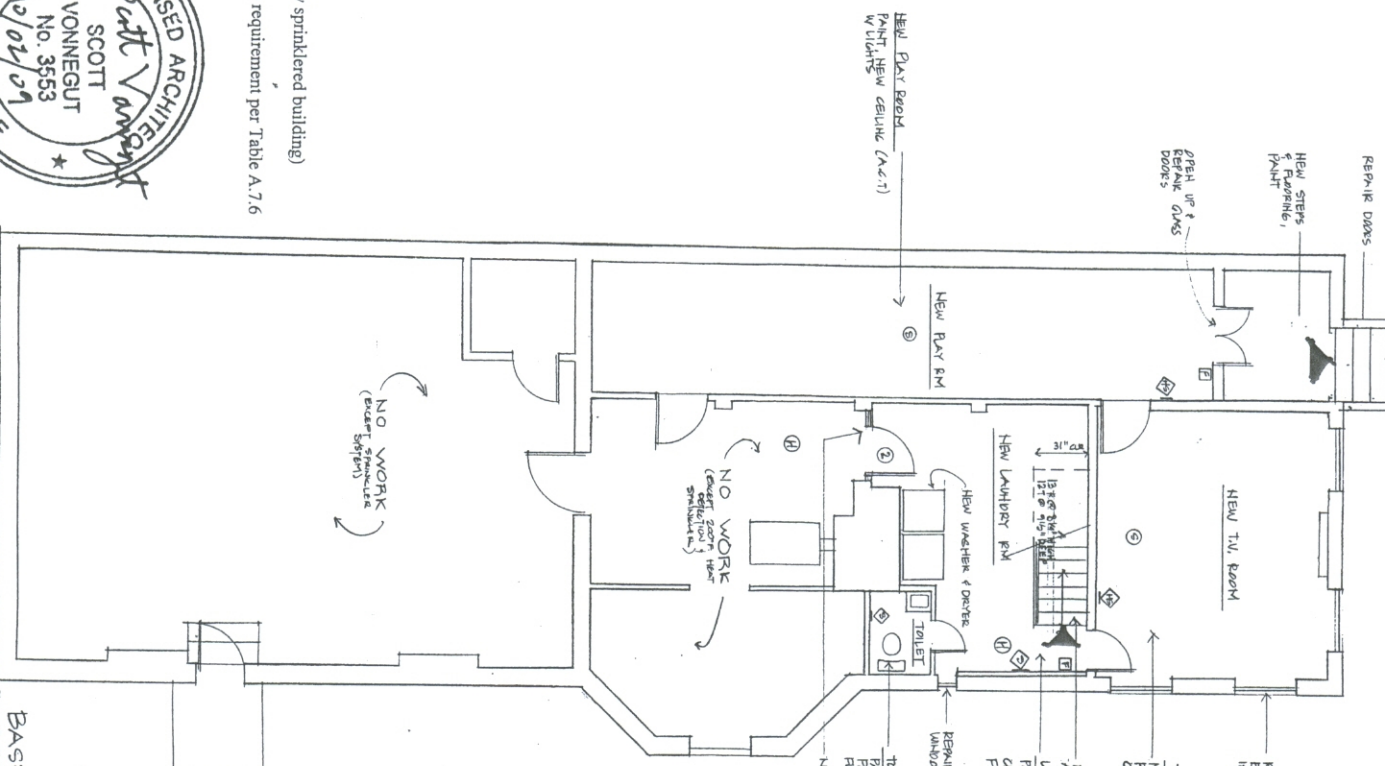
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Gary's House NFPA 101, 2003, Code Summary

Occupancy: Residential Lodging House
 Construction type: Type V 000
 Fire protection: Fully supervised sprinklered building
 Number of Exits: 2
 Separation of Exits: Greater than 1/3 the diagonal (in fully sprinklered building)
 Minimum width of corridors and stairs: 3'-0"
 Common Path, Dead-End and Travel Distance Limits: No requirement per Table A.7.6



BASEMENT

LEGEND

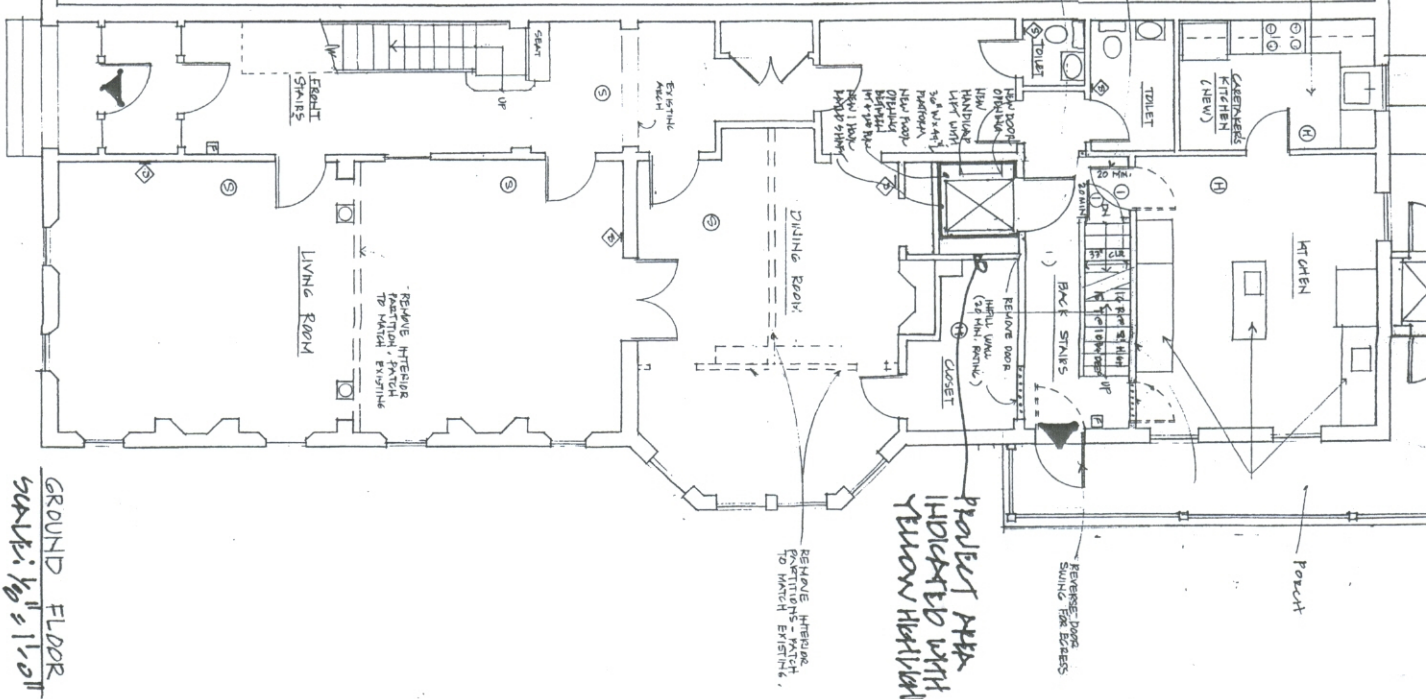
WALL TYPES:
 - EXISTING 20 MIN. FIRE RATED - PLASTER ON WOOD LATH
 - NEW 20 MIN. FIRE RATED - NEW WALL (NO PARTING) 1 1/2" GIBB 2x4-3/2" 2000 STYI

DOOR TYPES:
 ① NEW 20 MIN. FIRE RATED (WOOD) w/ THE FRAMEWORK: 20" REEL 6 SIDE 60" DOOR
 ② NEW WOOD DOOR - NO PARTING.
 NOTE: ALL NEW DOORS SHALL BE SELF-CLOSING.

LIFE SAFETY SYSTEM:
 ③ MULTI-STATION AUTOMATIC IRRADIATION (MIL) POWERED (M/C) 1/2" BATTERY TRIGGER SMOKE DETECTOR FOR SLEEPING AREAS (SMD) HEAT DETECTOR - MILD TRIG @ 135°F (SMD @ 160°F) (MIL)
 ④ Sprinkler Light (only) - ADA COMPLIANT - 12/75 CD
 ⑤ Hour Glass - ADA COMPLIANT 15/75 CD
 ⑥ Manual Pull Station - Double Action

NOTES:
 1. ALL NEW DOORS SHALL BE SELF-CLOSING.
 2. ALL NEW DOORS SHALL BE 20 MIN. FIRE RATED (WOOD) w/ THE FRAMEWORK: 20" REEL 6 SIDE 60" DOOR.
 3. ALL NEW DOORS SHALL BE 20 MIN. FIRE RATED (WOOD) w/ THE FRAMEWORK: 20" REEL 6 SIDE 60" DOOR.
 4. ALL NEW DOORS SHALL BE 20 MIN. FIRE RATED (WOOD) w/ THE FRAMEWORK: 20" REEL 6 SIDE 60" DOOR.

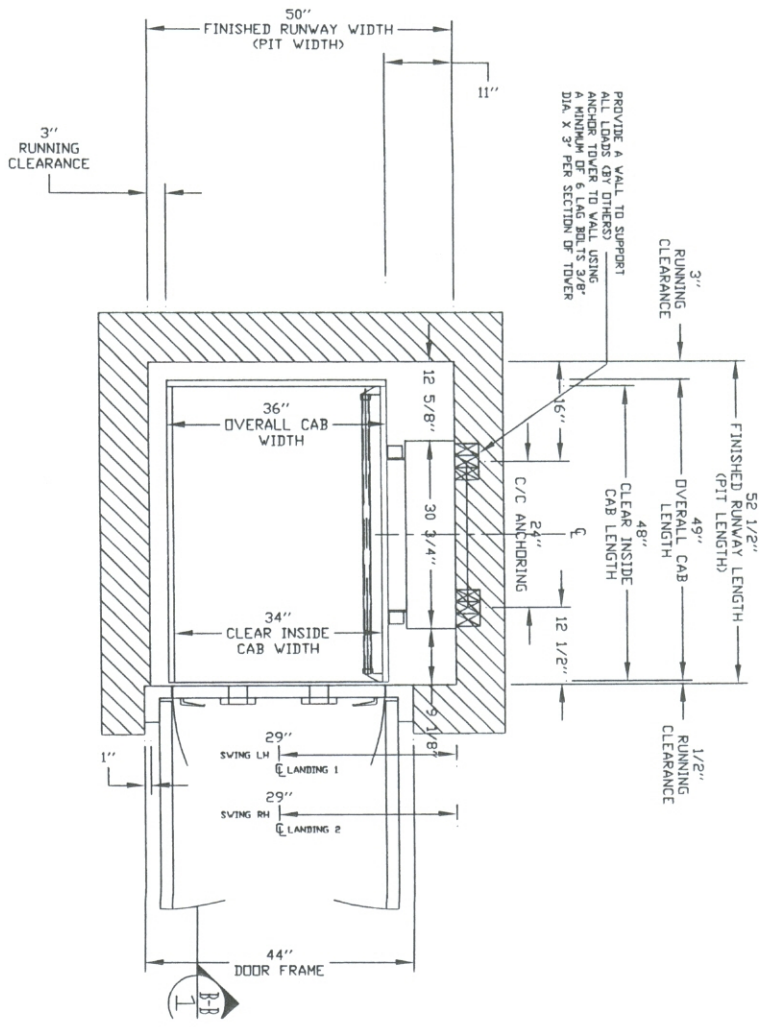
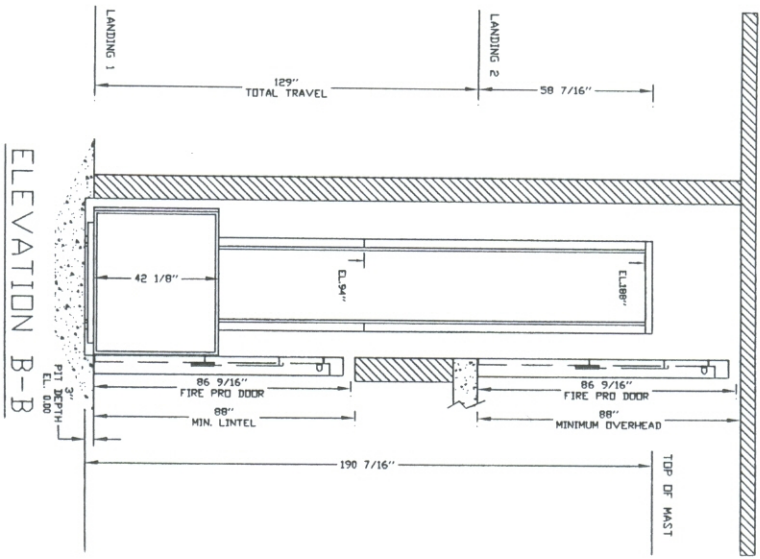
GENERAL NOTES:
 1. ALL WORK SHALL BE FULLY SPRINKLERED w/ NFPA APPROVED EQUIPMENT.
 2. ALL WORK SHALL BE FULLY SPRINKLERED w/ NFPA APPROVED EQUIPMENT.
 3. ALL WORK SHALL BE FULLY SPRINKLERED w/ NFPA APPROVED EQUIPMENT.
 4. ALL WORK SHALL BE FULLY SPRINKLERED w/ NFPA APPROVED EQUIPMENT.



GROUND FLOOR
 SCALE: 1/8" = 1'-0"

LIFE SAFETY PLANS Legend

INDICATES EXIT



GENERAL ARRANGEMENT		OFFICE USE ONLY:	
ENCLOSED VERTICAL WHEELCHAIR PLATFORM LIFT		OPERATION VERSION SHIP: 1.0	Port No. 14633
CUSTOMER: MAINE ACCESSIBILITY CORPORATION		MODEL REGION SHIP: 4-50	Version No. 14633
PROJECT: 03	DATE: 08/10/09	REVISION NO.:	
ADDRESS: 201 STEELES CITY ME	COMPLETED BY: Auto	DATE: 09/24/09	
JOB NO.:		DESIGNED BY: SAVARIA	
		CHECKED BY: CONCORD	
		SHEET NO. 1 OF 3	

PROVISIONS BY OTHERS

ELECTRICAL

GENERAL - THE HOISTWAY MUST BE DESIGNED AND BUILT IN ACCORDANCE WITH 'SAFETY STANDARD FOR PLATFORM LIFTS AND STAIRWAY CHAIRLIFTS' OR 'SAFETY CODE FOR ELEVATORS AND ESCALATORS' AND ALL STATE AND LOCAL CODES.

PLUMB RUNWAY - DUE TO CLOSE RUNNING CLEARANCES OWNER/AGENT MUST ENSURE THAT HOISTWAY AND PIT (WHERE PROVIDED) ARE LEVEL. PLUMB (-/+ 1/8" (3 mm)) AND SQUARE AND ARE IN ACCORDANCE WITH THE DIMENSIONS ON THESE DRAWINGS.

MINIMUM OVERHEAD CLEARANCE - OWNER/AGENT MUST ENSURE MINIMUM OVERHEAD CLEARANCE IS IN COMPLIANCE WITH CODES.

CONSTRUCTION SITE - OWNER/AGENT TO PROVIDE ALL MASONRY, CARPENTRY AND DRYWALL WORK AS REQUIRED AND SHALL PATCH AND MAKE GOOD (INCLUDING FINISH PAINTING) ALL AREAS WHERE WALLS/FLOORS MAY REQUIRE TO BE CUT, DRILLED OR ALTERED IN ANY WAY TO PERMIT THE PROPER INSTALLATION OF THE LIFT.

DIMENSIONS - CONTRACTOR/CUSTOMER TO VERIFY ALL DIMENSIONS AND REPORT ANY DISCREPANCIES TO OUR OFFICE IMMEDIATELY.

STRUCTURAL

FLOOR/SUPPORT WALL LOADS - STRUCTURAL ENGINEER TO ASSURE THAT BUILDING AND SHAFT WALL SAFELY SUPPORT ALL LOADS IMPOSED BY THE LIFT EQUIPMENT. REFER TO THE LOAD DIAGRAM ON THIS DRAWING.

MAST TO BE SECURELY FASTENED - WHERE REQUIRED THE MAST MUST BE SECURELY FASTENED TO THE STRUCTURAL SUPPORT WALL. REFER TO WALL / FLOOR SUPPORT LOAD DIAGRAM AND WALL LAG DIMENSIONS ON THIS DRAWING.

WHERE DOORS ARE REQUIRED - SUITABLE LINTELS MUST BE PROVIDED BY OWNER/AGENT. DOOR FRAMES ARE NOT DESIGNED TO SUPPORT OVERHEAD WALL LOADS.

GENERAL

GENERAL - ELECTRICAL EQUIPMENT AND WIRING TO COMPLY WITH SECTION 36 OF CSA C22.1 (CANADA) OR SECTION 680 OF NEC ANSI/NFPA 70 (USA).

POWER SUPPLY - 120VAC, 20A, 60HZ, 1PH CIRCUIT THROUGH A FUSE DISCONNECT WITH AUXILIARY CONTACT ON MAIN POWER SUPPLY. PROVIDE TWO 18 AWG CONDUCTORS BETWEEN CONTACT AND CONTROLLER.

LIGHTING - LIGHTING OF 100 LX MIN. AT PLATFORM AND LANDINGS. LIGHTING WITH SWITCH AND ELECTRICAL GFCI OUTLET IN HOISTWAY PIT.

ADDITIONAL BRANCH CIRCUIT - BRANCH CIRCUIT WITH DISCONNECT FOR DOOR OPERATORS OF EQUIPPED (120VAC, 15A, 60HZ, 1PH) BRANCH CIRCUIT WITH DISCONNECT FOR VENTILATION SYSTEM (IF EQUIPPED) (120VAC, 15A, 60HZ, 1PH).

ENTRANCES

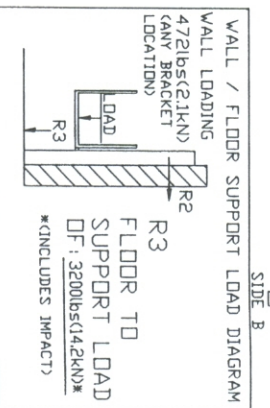
UPPER LANDING GATES - WHERE REQUIRED, SMOOTH SOLID BARRIERS ARE TO BE SUPPLIED AND INSTALLED ON BOTH SIDES OF ENTRANCE AT UPPER LEVEL AND MUST BE A MINIMUM OF 42" (1067 mm) HIGH. ENTRANCE ASSEMBLY MUST BE IN PLACE PRIOR TO THIS PROVISION.

FASCIA PANEL BELOW UPPER LEVEL ENTRANCE - WHERE REQUIRED, FASCIA PANEL MUST BE FASTENED TO A SOLID WALL AND BE SELF-SUPPORTING FOR LONG, CONTINUOUS RUNS. FASCIA IS NOT SELF-SUPPORTING FOR LONG, CONTINUOUS RUNS VOID OF ENTRANCES. ADEQUATE SUPPORT FOR THE FASCIA MUST BE PROVIDED.

ENTRANCE ASSEMBLIES - ENTRANCE ASSEMBLIES MUST BE ADJUSTED TO ALIGN WITH PLATFORM AND INTERLOCK EQUIPMENT. OTHERS TO ALLOW AN ADEQUATE ROUGH OPENING.

RETURN WALLS - RETURN WALLS AT ENTRANCES MUST BE BUILT-IN BY OTHERS AFTER ENTRANCE ASSEMBLIES ARE IN PLACE. ENTRANCE ASSEMBLY MUST BE SECURELY FASTENED TO WALLS.

ENTRANCE LOCATIONS



SPECIFICATIONS

GENERAL

CLASSIFICATION - Enclosed Vertical Wheelchair Platform Lift

APPLIED CODE - ASME A18.1 Section 2 (Public)

MODEL - V1504-STD

CAPACITY - 750 lbs (341 kg)

SPEED - 25"/min (0.127 m/s)

TRAVEL - 129" (3277 mm)

PIT DEPTH - 3" (76 mm)

PLATFORM SIZE - 34" X 48" (864 mm X 1219 mm)

POWER SUPPLY - 110V/200A/60HZ SINGLE PHASE

JACK UNIT

STROKE - 72" (1829 mm)

PLUNGER D/D - 1.5" (38 mm)

CYL. D/D - 2.0" (51 mm)

CYL. I/D - 1.75" (44 mm)

CONTROLLER

MODEL - V-1504

TYPE - CPFS

CTL # - 94307

CONTROL VOLTS - 24VAC/12VDC

CONTROL AMPS - 1 A

H.P. - 15

AMPS - 15

MFR. - SAVARIA

DOORS / GATES / CALL STATIONS

	LANDING 1	LANDING 2	LANDING 3	LANDING 4
DOOR TYPE	Fire Rated Pro Door	Fire Rated Pro Door		
ENTRANCE SIDE	C	C		
DOOR SWING	In	Out		
DOOR INSERT	Not Applicable	Not Applicable		
LOCK TYPE	Pro Door Lock	Pro Door Lock		
AUTO DOOR OPENER	Pro Door Opener II	Pro Door Opener II		
CUSTOM DOOR WIDTH				
CUSTOM DOOR HEIGHT				
CALL STN. TYPE	no	no		
CALL STN. KEYPAD	Call/Send	Call/Send		
CALL STN. STYPE BUTTON	Not Required	Not Required		
CALL STN. MOUNTING	Flush Wall Mount	Flush Wall Mount		

OPTIONS PROVIDED

PLATFORM GATE - NO

PLATFORM GATE SIDE - N/A

WINGS - no

TROUGH UP PAINT - 1 (conts)

BUILDING - Public Building

LIGHT CURTAIN - no

PHONE OR PHONE PLUG - Regular Phone

POWER UNIT

MOTOR FLOW - 1.5 HP, 110 VAC
115 Gal/min (4.35L/min)

HYDRAULIC DATA

DIL TYPE - UNIVIS 32 INDOOR
DEXRON ATF OUTDOOR

GALLONS REQ'D - 1.0 Gal (3.79 L)

MAXIMUM WORKING PRESSURE - 2000 psi (137 MPa)

RELIEF PRESSURE - W/P x125% MAX.

MAXIMUM RELIEF PRESSURE - 2000 psi (13.7 MPa)

HYDRAULIC HOSE - 1/4" (6.4 mm) ID

BURST - 20000 psi (137.9 MPa)

FITTINGS - 1/4" (6.4 mm) NPT MALE

SUSPENSION CHAIN - 2X #50 ROLLER CHAIN

BREAKING STRENGTH - 7171 lbs (319 kN) each

SAFETY BRAKE - TYPE 'A'

DATA SHEET

CUSTOMER: MAINE ACCESSIBILITY CORPORATION

PROJECT: BOULEVARD CITY

ADDRESS: 101 STEEL STREET, BOULEVARD CITY

DATE: 08/10/09

ROOM NO.: 09/24/09

CONTRACT NO.: Auto

JOB NO.: 14633

SAVARIA CONCORD

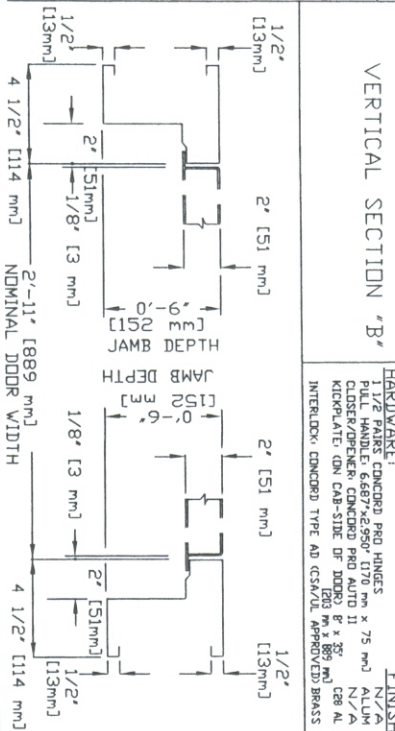
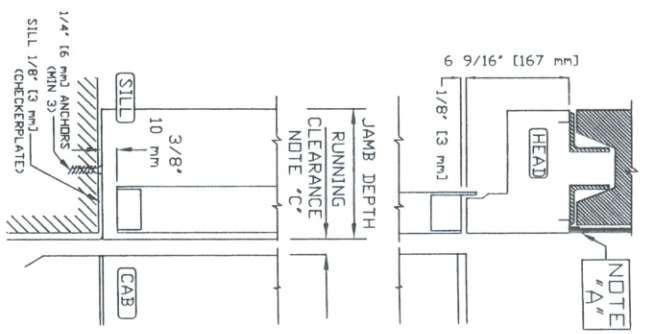
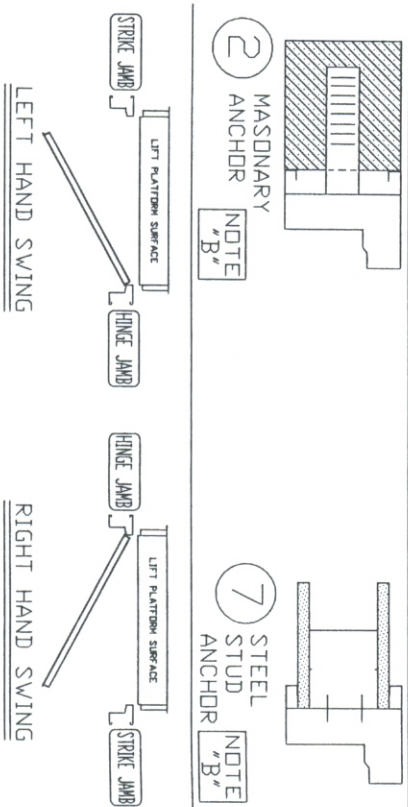
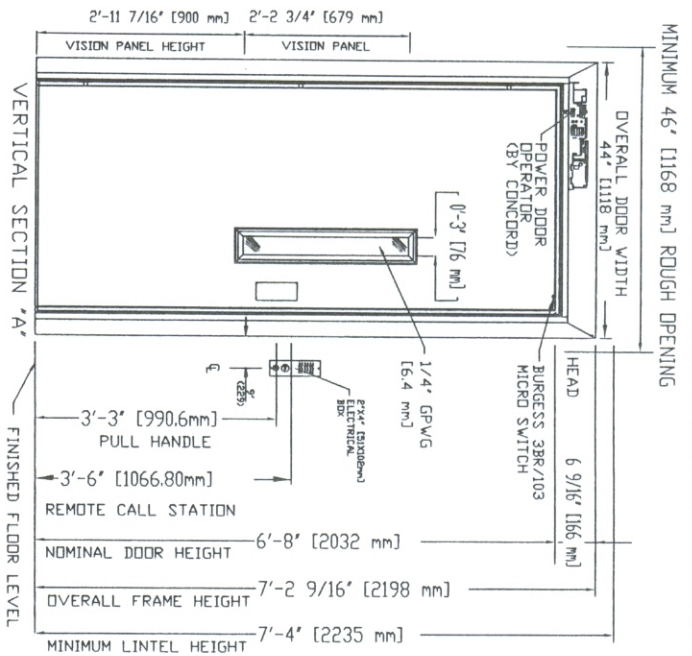
SHEET NO.: 2 OF 3

OFFICE USE ONLY:

CONSTRUCTION VERSION: 1.0

ISSUE: 1-5-10

WORK NO.: 14633



LANDING ENTRANCE SCHEDULE				
#	LEVEL	ENTRANCE DESIGNATION	SWING	FIRE LABEL ANCHOR TYPE HALL CALL POS.
1	1	LH B C	B C	
2	2	RH B C	B C	
				COMMENTS

NOTES:
 1. REFER TO DRAWING BY OTHERS AS REQ.
 2. DOOR TYPE 217 ARE STANDARD & ARE "BUILT-IN" TO FRAME. THIS COMBINATION MARKED "C" IN SCHEDULE. COSEE DATASHEET OF THE INSTALLATION DRAWING FOR LANDING ENTRANCE SCHEDULE AND RUNNING CLEARANCE. REFER TO DRAWING FOR MORE DETAILS. PLEASE REFER TO DRAWING FOR THE MOST RECENT UPDATES.
 www.condor-elevator.com

GENERAL SPECIFICATIONS:
 - EACH LANDING ENTRANCE SHALL BE SUPPLIED AS A FINISHED ASSEMBLY WITH DOOR AND FRAME BLANKED. REFER TO DRAWING FOR MORE DETAILS.
 - FRAMES SHALL BE 16 GA. FULLY WELDED CONSTRUCTION WITH ALL WELDED JOINTS GROUNDED TO A SMOOTH, UNIFORM FINISH. SUPPLIED WITH 3 CAPTIVE WALL ANCHORS PER DOOR.
 - DOORS SHALL BE 16 GA. 32" THICK. SWINGING FLUSH. STEEL REINFORCED CONSTRUCTION COMPLETE WITH GLASS LITES AS INDICATED.
 - DOORS/FRAMES TO BE FABRICATED FROM ZINC COATED STEEL.
 - FACTORY APPLIED TOUCH-UP AT THESE AREA WHERE INTERLOCK CONCORD TYPE AD CSANOL APPROVED BRASS FINISH

HARDWARE:
 1 1/2" FINISH CONDOR PRO HINGE N/A
 1 1/2" HANDLE CONDOR PRO AUTO 11 3/4" N/A
 CONDOR PRO AUTO 11 3/4" N/A
 KICKPLATE: ON CAB-SIDE OF DOOR 8" x 30" C88 AL
 INTERLOCK: CONDOR TYPE AD CSANOL APPROVED BRASS

FIREPRO DOORS
 ENCLOSED VERTICAL WHEELCHAIR PLATFORM LIFT

CONDOR
 MAINE ACCESSIBILITY CORPORATION
 201 STEEL STREET, CITY ME

DATE: 08/21/09
 DRAWN BY: SAVARIA
 CHECKED BY: CONCORD

PROJECT NO. 14633
 SHEET NO. 3 OF 3