

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 01-134510V 7	Issue Date: 7	CBL: 045 C006001
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Location of Construction: 148 State St	Owner Name: Mercy Hospital	Owner Address: 144 State St	Phone: 207-879-3895
Business Name: n/a	Contractor Name: Ledgewood Inc.	Contractor Address: PO Box 8107 Portland	Phone: 2077671866
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: R-6

Past Use: Medical Office	Proposed Use: Medical Office / Renovate existing space to add a new cardiac cath lab	Permit Fee: \$1,398.00	Cost of Work: \$228,887.00	CEO District: 3
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Proposed Project Description: Renovate to add cardiac cath lab	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-2 Type: 1B 11/19/01 Signature: <i>[Signature]</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: gg	Date Applied For: 10/29/2001	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>11/11/01</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</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.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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All Purpose 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: Mercy Hospital 144 STATE ST Portland

Total Square Footage of Proposed Structure	Square Footage of Lot
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Tax Assessor's Chart, Block & Lot Chart# <u>045</u> Block# <u>C</u> Lot# <u>006</u>	Owner: <u>Mercy Hospital</u>	Telephone: <u>Bill Connolly</u> <u>879-3895</u>
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Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>767-1866</u> <u>LEDGEWOOD INC</u> <u>27 MAIN ST S. Portland 04106</u>	Cost Of Work: \$ <u>228,887</u> Fee: \$ <u>1398.00</u>
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Current use: MEDICAL OFFICE

If the location is currently vacant, what was prior use: _____

Approximately how long has it been vacant: _____

Proposed use: MEDICAL - CATH LAB

Project description:
RENOVATE EXISTING SPACE TO ADD A NEW CATH LAB.

Contractor's name, address & telephone:

Who should we contact when the permit is ready: Becky Knox

Mailing address: 27 MAIN ST
S. Portland ME 04106

Phone: 767-1866

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

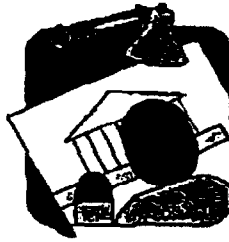
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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 of applicant: <u>Scott W. Cristina</u>	Date: <u>10.24.01</u>
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SCOTT CRISTINA, PROJECT MANAGER

This is not a permit, you may not commence work until the permit is issued

RECEIVED
 OCT 24 2001
 10/29



CITY OF PORTLAND MAINE

389 Congress St., Rm 315
Portland, ME 04101
Tel. - 207-874-8704
Fax - 207-874-8716

TO: Inspector of Buildings City of Portland, Maine
Planning & Urban Development
Division of Housing & Community Services

FROM DESIGNER: CRAIG PIPER

DATE: 11/6/01

Job Name: MERCY HOSPITAL CARDIAC CATH LAB

Address of Construction: 75

THE BOCA NATIONAL BUILDING CODE/1999 Fourteenth EDITION

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

TO THE BEST
OF MY KNOWLEDGE
INFORMATION
AND BELIEF.

Building Code and Year BOCA/2000 NFPA Use Group Classification(s) I-2

Type of Construction IB Bldg. Height (EXISTING) Bldg. Sq. Footage (EXISTING)

Seismic Zone N/A Group Class N/A

Roof Snow Load Per Sq. Ft. N/A Dead Load Per Sq. Ft. N/A

Basic Wind Speed (mph) N/A Effective Velocity Pressure Per Sq. Ft. N/A

Floor Live Load Per Sq. Ft. N/A

Structure has full sprinkler system? Yes No Alarm System? Yes No

Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

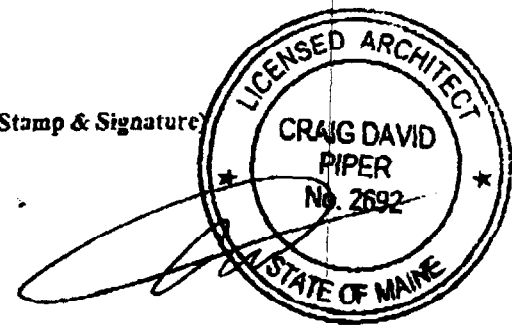
Is structure being considered unlimited area building: Yes No

If mixed use, what subsection of 313 is being considered N/A

List Occupant loading for each room or space, designed into this Project.

PSH 6/07/ZK

(Designers Stamp & Signature)





City of Portland, Maine
389 Congress St., Rm 315
Portland, ME 04101

ACCESSIBILITY CERTIFICATE

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Services

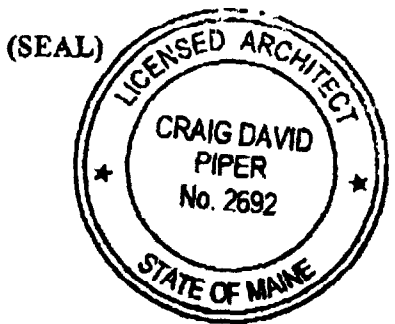
FROM: CRAIG PIPER

RE: Certificate of Design, HANDICAP ACCESSIBILITY

DATE: 11/6/01

These plans and/or specifications covering construction work on:
MERCY HOSPITAL - AREA CARDIAC CATH RENOVATIONS.
STATE STREET, PORTLAND

TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF
Have been designed and drawn up by the undersigned, a Maine registered
engineer/architect according to State Regulations as adopted by the State of Maine on
Handicapped Accessibility.

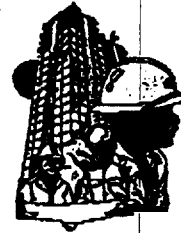


Signature [Handwritten Signature]

Title ARCHITECT

Firm SMRT

Address 144 FINE STREET
PORTLAND



**CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Rm 315
Portland, ME 04101**

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: CRAIG PIPER

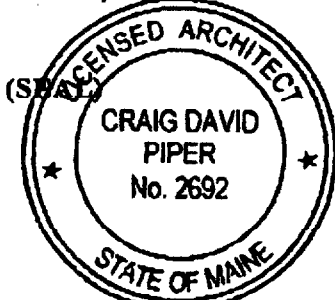
RE: Certificate of Design

DATE: 11/6/01

These plans and/or specifications covering construction work on:

MERCY HOSPITAL CARDIAC CATH LAB

TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF,
Have been designed and drawn up by the undersigned, a Maine registered architect/engineer according to the BOCA National Building Code/1999 Fourteenth Edition, and local amendments.



Signature [Handwritten Signature]

Title ARCHITECT

Firm SMRT

Address 144 FORE STREET, PORTLAND

As per Maine State Law:

\$50,000.00 or more in new construction, repair, expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.

Inspection Services
389 Congress St.
Portland, ME 04101

Phone: (207) 874-8700
Fax: (207) 874-8716

Facsimile transmittal

To: SMRT/Craig David ~~PIPER~~ From: Mike Nugent
Fax: 772-1070 Date: November 5, 2001
Phone: 772-3846 Pages: 8
Re: Mercy Hospital #1069 CC:

Urgent For Review Please Comment Please Reply Please Recycle

Notes: Attached are certifications for the above project. Please forward them to your design professional and return them to this office. Also included is Section 1705 of the Building Code. These special inspections will be required throughout this project. Please review this with your design professional and prepare a statement that complies with Section 1705.1.1. Please call me if you have any questions.

* SYSTEM DESIGNED BY REGISTERED ARCHITECT & ENGINEER.

Proj# _____ File# _____

Routing _____



STATEMENT OF SPECIAL INSPECTIONS

PROJECT:	Mercy Hospital, Cardiac Cath Renovation
LOCATION:	Mercy Hospital, Portland, Maine
PERMIT APPLICANT:	Ledgewood, Inc.
APPLICANT'S ADDRESS:	PO Box 8107 Portland, Maine 04104

Structural Engineer of Record:

Scott S. Kibler, P.E.

SMRT

Name

Firm

Architect of Record:

Craig Piper

SMRT

Name

Firm

This Statement of Special Inspections is submitted in accordance with Section 1705.0 of the 1999 BOCA National Building Code. It includes a "Schedule of Special Inspections" and a "Special Inspections List of Agents," specific to this project. The Special Inspector is identified in the "List of Agents."

The Special Inspector shall keep records of all inspections listed herein, and shall furnish inspection reports to the Code Official and to the Structural Engineer of Record. All discrepancies will be brought to the immediate attention of the contractor for correction. If the discrepancies are not corrected, the discrepancies shall be brought to the attention of the Structural Engineer of Record and Code Official. Interim reports shall be submitted to the Structural Engineer of Record and the Code Official.

Job Site safety is solely the responsibility of the Contractor. Materials and activities to be inspected are not to include the Contractor's equipment and methods used to erect and install the materials listed.

Prepared by: *(Structural Engineer of Record)*

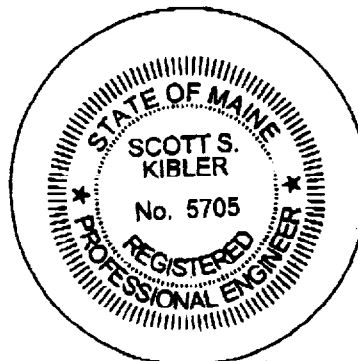
Scott S. Kibler, P.E.

Name

Scott S. Kibler 11/12/01

Signature

Date



*Structural Engineer
of Record's P.E. Seal*

SPECIAL INSPECTIONS - LIST OF AGENTS

PROJECT: Mercy Hospital – Cardiac Cath Renovation

LOCATION: Mercy Hospital, Portland, Maine

STRUCTURAL

ENGINEER OF RECORD: Scott S. Kibler, P.E. SMRT
 Name Firm
144 Fore Street, Portland, Maine
 Address

**ARCHITECT
OF RECORD:**

Craig Piper SMRT
 Name Firm
144 Fore Street, Portland, Maine
 Address

Following is the list of Agents selected for performance of Special Inspections for this project.

	Type	Name	Firm
1.	Special Inspector	Scott Kibler, P.E.	SMRT
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy – Cardiac Cath

Project Number 01069

Page 1 of 8

MATERIAL/ACTIVITY	ITEM	SERVICE	APPLICABLE TO THIS PROJECT					
			EXEMPT (All, Sample, Other, None)	COMMENTS	AGENT	DATE COMPLETED	REV	
STRUCTURAL STEEL - Fabrication NOTE: SER may waive Fabricator shop inspection if Fabricator is currently certified through the AISC Quality Certification Program.	1.1a	Review Fabricator QA/QC procedures manual.		One shop inspection required.	Due to limited scope of job, inspections will be limited to erected steel only.	1		
	1.1b	Review Fabricator QA/QC procedures implementation and conformance.		One shop inspection required. Visual inspection of shop conformance.	N/A			
	1.1c	Review material certificates of compliance (bolts, nuts, washers, structural steel and weld filler material).		Verify that certificates of compliance have been approved.		1		
	1.1d	Review welder certification.		Obtain certification numbers for all welders and all steel.		1		
	1.1d	Review structural steel and fabrication for conformance to approved shop drawings.		Verify member sizes, piece marks and connection details match approved shop drawings. Visually inspect bolts and welds.		1		
	1.1e	Review welding of seismic-resisting systems in Category ACB buildings.		Magnetic particle test 10% of all welds.	N/A			
STRUCTURAL STEEL - Erection	1.2a	Review welder certification.		Obtain certification numbers for all welders and all steel.		1		
	1.2b	Review materials certificates of compliance (bolts, nuts, washers, and weld filler material).		Verify that certificates of compliance have been approved.		1		
	1.2c	Review structural steel and erection for conformance to approved shop drawings.		Verify all member sizes, piece marks and connection details.		1		
	1.2d	Inspect field bolting installation in accordance with Section 9 of RCSC Specification for Structural Joints Using ASTM A325 or A490 Bolts.		Visually inspect all bolts.		1		
	1.2e	Review shear connections.		Visually inspect all.		1		
	1.2f	Review Moment connections and Category ACB seismic connections.		Visually inspect all.	N/A			

All Structural Inspections have been completed in accordance with applicable BOCA requirements.

Special Inspector _____ Date _____

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy – Cardiac Cath

Project Number 01069

Page 2 of 8

MATERIAL/ACTIVITY	ITEM	SERVICE	EXTENT (Full, Simple, Other, None)	APPLICABLE TO THIS PROJECT				
				COMMENTS	AGENT	DATE COMPLETED	REV	
STRUCTURAL STEEL – Erection (continued)	1.2g	Review Bracing connections.	Visually inspect all.	N/A				
	1.2h	Review Column splices.	Visually inspect all.	N/A				
	1.2i	Review base metal testing for >1.5".	Ultrasonic testing of all welds per AWS D1.1.	N/A				
STEEL JOIST AND JOIST GIRDERS – Fabrication NOTE: SER may waive Fabricator shop inspection if Fabricator is currently a member of the Steel Joist Institute.	1.3a	Review Fabricator QA/QC procedures manual.	One shop inspection required.	N/A				
	1.3b	Review Fabricator QA/QC procedures implementation and conformance.	One shop inspection required. Visual inspection of shop conformance.	N/A				
	1.3c	Review material certificates of compliance (bolts, nuts, washers, structural steel and weld filler material).	Obtain copies of mill certificates for all structural steel, bolts and weld material.	N/A				
	1.3d	Review welder certification.	Obtain certification numbers for all welders and all steel.	N/A				
	1.3e	Review connections. Visually inspect bolts and welds.	Verify member sizes, piece marks and connection details match approved shop drawings.	N/A				
STEEL JOIST AND JOIST GIRDERS – Erection	1.4a	Review welder certification.	Obtain certification numbers for all welders and all steel.	N/A				
	1.4b	Review materials certificates of compliance (bolts, nuts, washers, and weld filler material).	Obtain copies of mill certificates for all structural steel, bolts and weld materials.	N/A				
	1.4c	Review steel joist and erection for conformance to approved shop drawings.	Verify all member sizes, piece marks and connection details.	N/A				
	1.4d	Review joist bearing connection, bearing length, and bridging.	Visually inspect all.	N/A				
	1.4e	Verify installation of joist reinforcement.	Where concentrated loads are installed over joist chords, verify installation of reinforcement.	N/A				

All Structural Inspections have been completed in accordance with applicable BOCA requirements.

Special Inspector _____ Date _____

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy – Cardiac Cath

Project Number 01069

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MATERIAL/ACTIVITY	ITEM	SERVICE	EXTENT (All, Sample, Other, None)	APPLICABLE TO THIS PROJECT			AGENT	DATE COMPLETED	REV
				COMMENTS					
SECONDARY / MISC STRUCTURAL STEEL	1.5a	Review stair connections.	Visually inspect all.	N/A					
	1.5b	Review girts connections.	Visually inspect all.	N/A					
	1.5c	Review steel deck shop drawings.	Verify approval	N/A					
	1.5d	Review welder certification.	Obtain certification numbers for all welders.	N/A					
	1.5e	Verify number, type and location of steel deck connection to framing and side lap fasteners.	Visually inspect all.	N/A					
	1.5f	Review lintel connections/installation.	Visually inspect all. Verify member size and bearing length.	N/A					
	1.5h	Review details of steel frames.	Visually inspect all.	N/A					
SECTION 2 CONCRETE CONSTRUCTION (BOCA 1705.3)									
CONCRETE MATERIALS	2.1a	Review mix design.	Verify approval of all mixes intended for use.	N/A					
	2.1b	Review reinforcement grade.	Inspect identifying marks on reinforcing steel.	N/A					
	2.1c	Review submittals.	Verify acceptance of propriety products and reinforcing steel shop drawings. Review requirements of reinforcing steel on placement drawings.	N/A					
REINFORCING AND PRESTRESSING STEEL	2.2a	Inspect condition and placement of reinforcing steel.	All reinforcing steel at walls, spread footings, columns and beams and column piers. Check prior to each concrete placement.	N/A					
FORMWORK	2.3a	Verify acceptability of substrate.	Prior to each concrete placement.	N/A					
	2.3b	Verify dimensions and materials acceptability.	Prior to each concrete placement.	N/A					
EMBEDMENTS	2.4a	Inspect installation of anchor bolts, masonry dowels and other embedded items.	Inspect for each concrete placement.	N/A					
CONCRETE OPERATIONS	2.5a	Field testing of concrete slump, temperature, and air content.	All concrete placements.	N/A					

All Structural Inspections have been completed in accordance with applicable BOCA requirements.

Special Inspector _____ Date _____

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy – Cardiac Cath

Project Number 01069

Page 4 of 8

MATERIAL/ACTIVITY	ITEM	SERVICE	EXEMPTION (All, Sample, Other, None)	APPLICABLE TO THIS PROJECT COMMENTS	AGENT	DATE COMPLETED	REV.
	2.5b	Take concrete cylinder samples and perform compressive strength test.		All concrete placements.	N/A		
	2.5c	Observe concrete placement.		Inspect placement procedures at all concrete placements.	N/A		
	2.5d	Observe concrete curing technique and temperature.		Once daily when air temperature is above 32°F. Twice daily when temperature is below 32°F.	N/A		
PRESTRESSING OPERATIONS	2.6a	Observe application of prestressing force for compliance with ACI 318 Sec. 18.18.			N/A		
	2.6b	Observe grouting of bonded prestressing tendons in Category ACB seismic resisting systems.			N/A		
PRECAST CONCRETE FABRICATION	2.7a	Review Fabricator QA/QC procedures manual.		One shop inspection required.	N/A		
	2.7b	Review Fabricator QA/QC procedures implementation and conformance.		One shop inspection required. Visual inspection of shop conformance.	N/A		
	2.7c	Review material certificates of compliance (concrete, reinforcing, embedded items).		Verify that certificates of compliance for all concrete components, reinforcing, and embedded items have been approved.	N/A		
	2.7d	Review fabrication for conformance to approved shop drawings. Visually inspect all embedded items.		Verify member sizes, piece marks and connection details match approved shop drawings.	N/A		
	2.7e	Inspect placement of prestressing strands and reinforcing steel.		10% of fabricated members.	N/A		

All Structural Inspections have been completed in accordance with applicable BOCA requirements.

Special Inspector _____ Date _____

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy – Cardiac Cath

Project Number 01069

Page 5 of 8

MATERIAL/ACTIVITY	ITEM	SERVICES	EXTENT (All, Sample, Other, None)	APPLICABLE TO THIS PROJECT			
				COMMENTS	AGENT	DATE (COMPLETION)	REV.
PRECAST CONCRETE ERECTION	2.8a	Review submittals.	Verify acceptance of proprietary products and shop and erection drawings.	N/A			
	2.8b	Review precast erection.	Verify all member sizes, piece marks and connection details in accordance with approved erection drawings.	N/A			
	2.8c	Inspect field bolting.	Visually inspect all connections.	N/A			
	2.8d	Inspect field welding.	Visually inspect all connections. Obtain certification numbers for all welders.	N/A			
	2.8e	Inspect key reinforcing and grouting.	Visually inspect all joints.	N/A			
ELEVATED CONCRETE	2.9a	Inspect placement of elevated concrete for compliance with contract documents.	Visually inspect all placement and curing.	N/A			
MASONRY CONSTRUCTION (BOCA 1705.5)							
MATERIALS	3.1a	Review material certification.	Verify that product certificates for all concrete masonry components, grout, mortar, reinforcing and embedded items have been approved.	N/A			
	3.1b	Review grout materials and mix design.	Verify approval.	N/A			
	3.1c	Review mortar materials and mix designs.	Verify approval of mortar for use in reinforced masonry.	N/A			
	3.1d	Review strength determination in accordance with the Prism Strength method in ACI 530.	As directed by SER or Code Enforcement Officer. See contract documents for requirements.	N/A			
	3.1e	Review of submittals.	Verify approval of reinforcing steel shop drawings and all items intended for use.	N/A			
	3.1f	Preconstruction testing of grout.	Verify submittal approval.	N/A			
	3.1g	Preconstruction testing of mortar.	Verify submittal approval.	N/A			
	3.1h	Preconstruction Prism tests.	Verify submittal approval.	N/A			

All Structural Inspections have been completed in accordance with applicable BOCA requirements.

Special Inspector _____

Date _____

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy – Cardiac Cath

Project Number 01069

Page 6 of 8

MATERIAL/ACTIVITY	ITEM	SERVICE	APPLICABLE TO THIS PROJECT					
			EXISTING (All Sample Other None)	COMMENTS	AGENT	DATE COMPLETED	BY	
GENERAL MASONRY WORK	3.2a	Inspect mortar mix proportions, mixing and placing procedures in reinforced masonry construction.		Inspect daily.	N/A			
	3.2b	Inspect grout mixture proportions, mixing and placing procedures.		Inspect daily.	N/A			
	3.2c	Inspect installation of horizontal, vertical and joint reinforcing including location, size, splices and positioning devices.		Inspect daily.	N/A			
	3.2d	Inspect installation of anchorage devices and veneer ties.		Inspect daily.	N/A			
	3.2e	Inspect installation of deformed bar reinforcement.		Inspect prior to each grout placement.	N/A			
	3.2f	Field testing of grout, masonry prisms, and mortar utilized in reinforced masonry construction.		One test per 5000 square feet of reinforced masonry wall construction.	N/A			
SECTION 4 - WOOD CONSTRUCTION (BOCA 1705.6)								
WOOD TRUSS FABRICATION NOTE: SBR may waive Fabricator shop inspection if Fabricator is currently certified through the TPI Quality Certification Program	4.1a	Review Fabricator QA/QC procedures manual.		One shop inspection required.	N/A			
	4.1b	Review Fabricator QA/QC procedures implementation and conformance.		One shop inspection required. Visual inspection of shop conformance.	N/A			
	4.1c	Review material certificates of compliance (wood grade and species, metal connectors).		Obtain copies of mill certificates for all lumber and metal connectors used in truss fabrication.	N/A			
	4.1d	Inspect fabrication for conformance to approved shop drawings. Visually inspect grade stamps and metal plates.		Verify member sizes, piece marks and connection details match approved shop drawings.	N/A			
WOOD TRUSS ERECTION	4.2a	Inspect wood trusses and erection for conformance to approved shop drawings.		Verify all member sizes, piece marks and connection details.	N/A			
	4.2b	Inspect wood truss bearing connection, bearing length, bridging, and bracing. Inspect installation of trusses for conformance to TPI HIB-91.		Visually inspect all trusses.	N/A			

All Structural Inspections have been completed in accordance with applicable BOCA requirements.

Special Inspector _____ Date _____

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy – Cardiac Cath

Project Number 01069

Page 7 of 8

MATERIAL/ACTIVITY	ITEM	SERVICE	APPLICABLE TO THIS PROJECT				
			EXTENT (A) Simple - Other (None)	COMMENTS	AGENT	DATE COMPLETED	REV.
WOOD TRUSS ERECTION (continued)	4.2c	Inspect installation of metal connectors for compliance with contract documents and manufacturer's recommendation.	Visually inspect all connections.	N/A			
GENERAL WOOD CONSTRUCTION	4.3a	Inspect installation, spacing and connection of wood framing for conformance to contract documents.	Visually inspect all framing and connections.	N/A			
	4.3b	Inspect installation and fastening of structural wood panels to wood framing.		N/A			
	4.3c	Inspect nail size and spacing at all diaphragms and shearwalls.	Visually inspect all.	N/A			
	4.3d	Inspect installation of metal connectors for compliance with contract documents and manufacturer's recommendation.	Visually inspect all connections.	N/A			
SECTION 5 PREPARED FILL (BOCA 1705.7)							
PREPARED FILL SITE PREPARATION	5.1a	Inspect site preparation and soil conditions prior to placement of fill.	Area of Concern: Fill placements beneath and adjacent to foundations.	N/A			
	5.1b	Inspect filter fabric installation.	At Area of Concern, verify project and installation in accordance with contract documents.	N/A			
	5.1c	Perform gradations and proctor tests.	Fill materials used at Area of Concern.	N/A			
	5.1d	Inspector shall be present for all fill and compaction operations.	At Area of Concern.	N/A			
	5.1e	Additional gradation and proctor tests.	At Area of Concern only at intervals of approximately 1500 cubic yards or whenever a change is detected.	N/A			
	5.1f	Compaction tests.	Test each lift with a minimum of one test per 1000 square feet at Area of Concern.	N/A			
	5.1g	Additional tests and retests.	Where compaction is found to be inadequate at Area of Concern.	N/A			
	5.1h	Further tests.	Where previously approved areas have been disturbed at Area of Concern.	N/A			

All Structural Inspections have been completed in accordance with applicable BOCA requirements.

Special Inspector _____ Date _____

