

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 01-1522	Issue Date: JAN 23 2002	CBL: 045 C006001
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Location of Construction: 148 State St	Owner Name: Mercy Hospital	Owner Address: 144 State St	Phone: 879-3895
Business Name:	Contractor Name: Ledgewood Inc.	Contractor Address: PO Box 8107 Portland	Phone: 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-6

Past Use: Hospital	Proposed Use: Hospital/Auto Cad Disc to be dropped off.	Permit Fee: \$2,142.00	Cost of Work: \$352,666.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-2 Type: 1B BOCA 1999	

Proposed Project Description: Renovations to 4th Floor/ Auto Cad Disc to be dropped off.	Signature: <i>[Handwritten Signature]</i>	Signature: <i>[Handwritten Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: <i>[Handwritten Signature]</i> Date:		

Permit Taken By: dgc	Date Applied For: 12/12/2001	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 checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 12/17/01	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: 01/22/02	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 Any exterior work requires separate permit and review 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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

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		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-2 Type: 1B BOCA 1999	

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Renovations to 4th Floor/ Auto Cad Disc to be dropped off.

Signature: *[Handwritten Signature]* Signature: *[Handwritten Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: *[Handwritten Signature]* Date:

Permit Taken By: dgc	Date Applied For: 12/12/2001	Zoning Approval
-------------------------	---------------------------------	------------------------

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date:</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input checked="" type="checkbox"/> Conditional Use <i>[Handwritten Signature]</i></p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>01/22/02</i></p>	<p>Historic Preservation</p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
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SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

01-1522

THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

**Building or Use Permit Pre-Application
Attached Single Family Dwellings/Two-Family Dwelling
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

NOTEIf 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 (include Portion of Building): MERCY HOSPITAL 4TH FLOOR SOUTH		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Number Chart# 033 Block# D-046001 Lot# 001	Owner: MERCY HOSPITAL BILL CONNOLLY	Telephone#: 879-3895
Owner's Address: 045-C-006 144 STATE ST.	Lessee/Buyer's Name (If Applicable)	Cost Of Work: \$352,100 Fee: \$2,142
Proposed Project Description: (Please be as specific as possible) RENOVATE EXISTING ROOM/OFFICES INTO ONCOLOGY RECOVERY, NO STRUCTURAL RENOVATIONS. NEW WALLS, DOORS, FINISHES, ELECTRICAL, PLUMBING + HVAC. Auto load disk to be dropped off		
Contractor's Name, Address & Telephone: LEDGEWOOD INC P.O. BOX 8107 PORTLAND, ME Call Clint 767-1866		Rec'd By: 04104
Current Use:	Proposed Use:	

Separate permits are required for Internal & External Plumbing, HVAC and Electrical installation.

- All construction must be conducted in compliance with the 1996 B.O.C.A. Building Code as amended by Section 6-Art II.
- All plumbing must be conducted in compliance with the State of Maine Plumbing Code.
- All Electrical Installation must comply with the 1996 National Electrical Code as amended by Section 6-Art III.
- HVAC (Heating, Ventilation and Air Conditioning) installation must comply with the 1993 BOCA Mechanical Code.

You must include the following with you application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
- 2) A Copy of your Construction Contract, if available
- 3) A Plot Plan/Site Plan

Minor or Major site plan review will be required for the above proposed projects. The attached checklist outlines the minimum standards for a site plan.

4) Building Plans

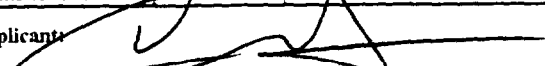
Unless exempted by State Law, construction documents must be designed by a registered design professional.

A complete set of construction drawings showing all of the following elements of construction:

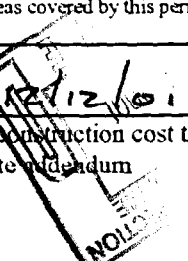
- Cross Sections w/Framing details (including porches, decks w/ railings, and accessory structures)
- Floor Plans & Elevations
- Window and door schedules
- Foundation plans with required drainage and dampproofing
- Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review must be included.

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Signature of applicant: 	Date: 12/12/01
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Building Permit Fee: \$30.00 for the 1st \$1000. cost plus \$6.00 per \$1,000.00 construction cost thereafter.
Additional Site review and related fees are attached on a separate addendum





ARCHITECTURE
ENGINEERING
PLANNING

Fax Transmission

* **RESENT TO TAMMY MUNSON**
874-8716

1/15/02

To:	Clint Gendreau, Ledgewood, Inc.	Fax #:	767-1869
To:	Mike Nugent, City of Portland	Fax #:	874-8716
To:	Bill Connolly, Mercy Hospital	Fax #:	879-3326
To:		Fax #:	
To:		Fax #:	
To:		Fax #:	
To:		Fax #:	
From:	Craig D. Piper, AIA, ASLA	Date:	December 19, 2001
Re:	City of Portland Forms	Job #:	01069

5 pages, including cover.

REMARKS:

Mike,

Please find attached requested forms for the Mercy Hospital Fourth Floor Renovations project. I will be sending by mail Computer files.

Please call if you have any questions.

Thank you.

Craig D. Piper, AIA, ASLA

cc: 01118 file 22

*** MULTI TX/RX REPORT ***

TX/RX NO 1962
PGS 5
TX/RX INCOMPLETE
TRANSACTION OK (1) 97671669
(2) 98748716
(3) 98793326

ERROR INFORMATION -----



ARCHITECTURE
ENGINEERING
PLANNING

Fax Transmission

To: Clint Gendreau, Ledgewood, Inc. Fax #: 767-1869
To: Mike Nugent, City of Portland Fax #: 874-8716
To: Bill Connolly, Mercy Hospital Fax #: 879-3326
To: Fax #:
To: Fax #:
To: Fax #:
To: Fax #:
From: Craig D. Piper, AIA, ASLA Date: December 19, 2001
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Craig D. Piper, AIA, ASLA

cc: 01118 file 22



City of Portland, Maine

389 Congress St., Rm 315
Portland, ME 04107

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

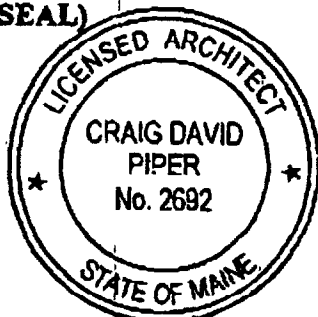
DATE: 12/19/07

These plans and/or specifications covering construction work on:

MERCY HOSPITAL - 4TH FLOOR RENOVATIONS - ONCOLOGY
144 STATE STREET, PORTLAND MAINE

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.

(SEAL)



Signature

Title

Firm

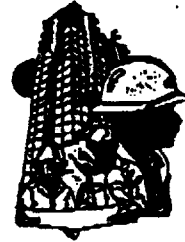
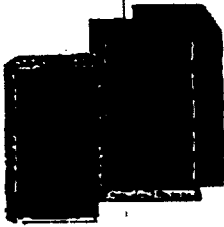
Address

[Handwritten Signature]

ARCHITECT

SMRT

144 FARE 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

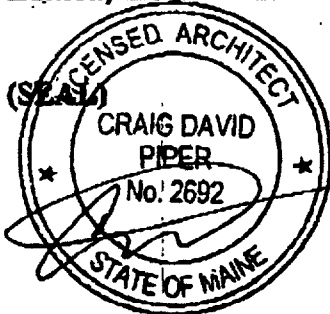
RE: Certificate of Design

DATE: 12/19/01

These plans and/or specifications covering construction work on:

MERCY HOSPITAL FOURTH FLOOR RENOVATIONS "ONCOLOGY"

TO THE BEST OF MY KNOWLEDGE, INFORMATION & 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]

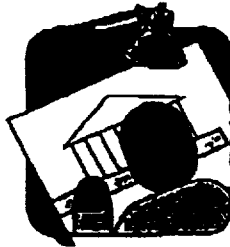
Title ARCHITECT

Firm SMRT

Address 144 FOLF 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.



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
SMRT

DATE: 12.19.01

Job Name: MERCY HOSPITAL FOURTH FLOOR RENOVATIONS "ONCOLOGY"

Address of Construction: 144 STATE STREET

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
& BELIEF

Building Code and Year BOCA/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 X No _____ Alarm System? Yes X No _____

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

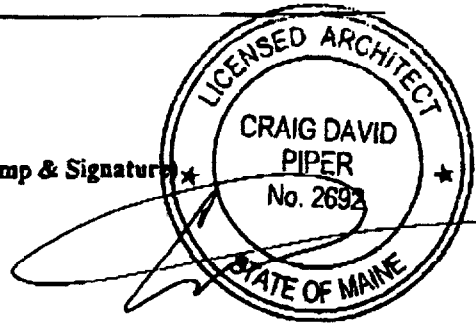
Is structure being considered unlimited area building: Yes X No _____

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 6/07/2K

(Designers Stamp & Signature)





Ledgewood Inc PO Box 8107, Portland ME 04104 (207)767-1866 Fax (207)767-1869

FAX COVER SHEET

Date: 12/12/01

Please deliver the following pages to:

Name: Craig Piper

Firm: SMRT

Address: _____

RE: Mercy 4th Floor Oncology

Fax number: 772-1070 Total pages sent: 4

From: Clint Gendreau

Comments:

Craig,

The following pages need to be completed by you in order for a building permit to be issued. You can fax them directly to the City of Portland. They've also requested that a complete set of plans be submitted on disc/ CD, can you arrange this?

I will also be delivering Tom Smith's submittal packages. As you know, there is a 11-12 week lead on the roof unit.

Please call if you have any questions.

Proj# _____ File# _____

Routing _____

Construction Managers General Contractors Design Build



ARCHITECTURE
ENGINEERING
PLANNING

Fax Transmission

To:	Scott Cristina, Ledgewood, Inc.	Fax #:	767.1869
To:	Mike Nugent, City of Portland	Fax #:	874-8716
To:	Bill Connolly, Mercy Hospital	Fax #:	879-3326
To:		Fax #:	
To:		Fax #:	
To:		Fax #:	
To:		Fax #:	
From:	Craig D. Piper, AIA, ASLA	Date:	January 15, 2002
Re:	Special Inspection Statement	Job #:	01069

10 pages, including cover.

REMARKS:

Mike,

Please find attached completed Special Inspection Statement for the Mercy Hospital Cardiac Cath Lab projects.

Please call if you have any questions.

Thank you.

Craig D. Piper, AIA, ASLA

cc: SSK, 01069 file 22

FINAL REPORT OF SPECIAL INSPECTIONS

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

Structural Engineer of Record:**Scott S. Kibler, P.E.****SMRT, Inc.**

Name

Firm

Architect of Record:**Craig Piper****SMRT, Inc.**

Name

Firm

General Contractor:**Ledgewood, Inc.**

Name

Firm

The Special Inspections required for this project are complete. A copy of the completed Schedule of Special Inspections is attached.

Submitted By:

SPECIAL INSPECTOR

Scott S. Kibler, P.E.

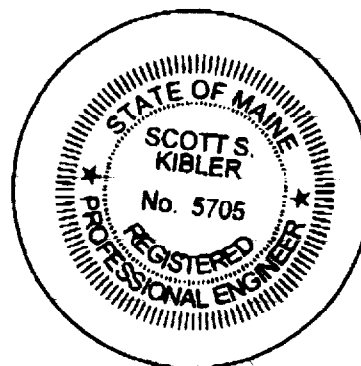
(Name)

Scott S. Kibler

(Signature)

1/15/02

(Date)



Special
Inspector's
P.E. Seal

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 Samples Only, Note)	COMMENT	AGENT	DATE COMPLETED	REV	
STRUCTURAL STEEL - Fabrication	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 AC@ 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 AC@ seismic connections.		Visually inspect all.	N/A			

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

Special Inspector

Scott D. Kelly

Date

1/15/02

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy – Cardiac Cath

Project Number 01069

Page 2 of 8

MATERIAL/ACTIVITY	ITEM	SERVICE	APPLICABLE TO THIS PROJECT				
			EXTENT (All, Sample, Other, None)	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

Scott S. Kith

Date

1/15/02

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy – Cardiac Cath

Project Number 01069

Page 3 of 8

MATERIAL/ACTIVITY	ITEM	SERVICE	EXTENT (All, Sample, Other, None)	APPLICABLE TO THIS PROJECT COMMENTS	AGENT	DATE COMPLETED	REVISIONS
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

Scott S. Ralsh

Date

1/15/02

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy - Cardiac Cath

Project Number 01069

Page 4 of 8

MATERIAL/ACTIVITY	ITEM	SERVICE	EXTENT (All, Sample, Other, None)	APPLICABLE TO THIS PROJECT COMMENTS	AGENT	DATE COMPLETED	BY
	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 ACI seismic resisting systems.		N/A			
PRECAST CONCRETE FABRICATION Note: SER may waive Fabricator shop inspection if Fabricator is currently certified for the specified category by the Precast/Prestressed Concrete Institute.	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

Scott S. Kelly

Date

1/15/02

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy – Cardiac Cath

Project Number 01069

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MATERIAL/ACTIVITY	ITEM	SERVICE	APPLICABLE TO THIS PROJECT					
			EXEMPT (All, Some, None, None)	COMMENTS	AGENCY	DATE COMPLETED	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

Scott D. Kulk

Date

1/15/02

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy – Cardiac Cath

Project Number 01069

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MATERIAL/ACTIVITY	ITEM	SERVICE	APPLICABLE TO THIS PROJECT				
			TESTS (All, Sample, Other, None)	COMMENTS	AGENT	DATE COMPLETED	REV
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: SER 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 HJB-91.	Visually inspect all trusses.	N/A			

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Special Inspector

Scott J. Kelly

Date

1/15/02

SCHEDULE OF SPECIAL INSPECTIONS

Project Mercy – Cardiac Cath

Project Number 01069

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MATERIAL/ACTIVITY	ITEM	SERVICE	APPLICABLE TO THIS PROJECT				
			EXTENT (All/Some/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

Scott J. Kelly

Date

1/15/02

City of Portland
INSPECTION SERVICES

Room 315
389 Congress Street
Portland, Maine 04101

Phone: (207) 874-8703 or 874-8693
Fax : (207) 874-8716

FAX TRANSMISSION COVER SHEET

Date: 01/14/02

To: Craig D. Piper

Fax: 772-1070

Re: Certificate of Design / Mercy Hospital 4th floor.

Sender: Tammy Munson 874-8706

Please fill out + return for - 4th flr - 144 State St.

YOU SHOULD RECEIVE 4 PAGE(S), INCLUDING THIS COVER SHEET.

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL 874-8693 or 874-8703.



State of Maine
Department of Public Safety
Construction Permit



Reviewed
 for Barrier
 Free

12154

Sprinkled
 Sprinkler Supervised

MERCY HOSPITAL-4TH FLOOR RENOVATION-ONCOLOGY

Located at: 144 STATE STREET

PORTLAND

Occupancy/Use: HOSPITAL

Permission is hereby given to:

MERCY HOSPITAL
 C/O BILL CONNOLLY
 144 STATE STREET
 PORTLAND, ME 04101

to construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved. no departure from application form/plans shall be made without prior approval in writing. This permit is issued under the provision of Title 25, Chapter 317, Section 2448 and the provisions of Title 5, Section 4594 - F.

Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

This permit will expire at midnight on the 8th of July 2002

Dated the 9th day of January A.D. 2002

Commissioner

Fee: \$150.00
 \$150.00

Copy-3 Code Enforcement Officer

Comments:

Code Enforcement Officer
 PORTLAND, ME