

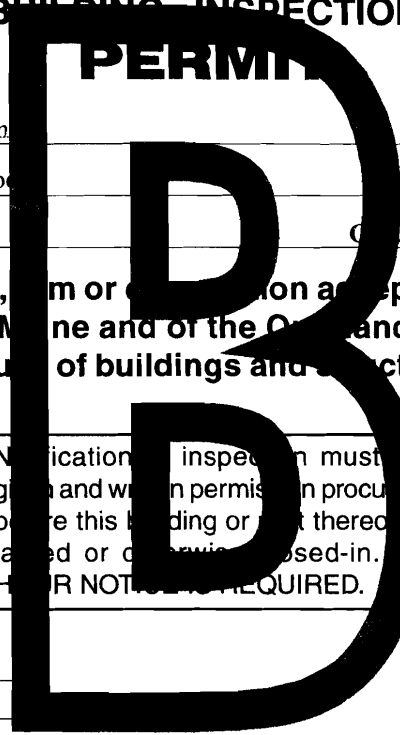
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

SC

BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

Permit Number: 040537



PERMIT ISSUED
MAY 12 2004
CITY OF PORTLAND

This is to certify that Mercy Hospital/Scott Cristin

has permission to Interior alterations to 3rd floor

AT 148 State St

045 C006001

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 work on permit must be completed before this building or part thereof is occupied or otherwise closed-in. HOUR NOTICE REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0537	Issue Date: PERMIT ISSUED MAY 12 2004	CBL: 045 C006001
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Location of Construction: 148 State St	Owner Name: Mercy Hospital	Owner Address: 144 State St	Phone:
Business Name:	Contractor Name: Scott Cristina / Redwood Tr	Contractor Address: 27 Main St. South Portland	Phone: 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R6

Past Use: Hospital	Proposed Use: Hospital w/alterations to 3rd floor	Permit Fee: \$354.00	Cost of Work: \$36,888.00	CEO District: 2
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Proposed Project Description: Interior alterations to 3rd floor	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: ID Type: 1B 5/11/04
	Signature: <i>[Signature]</i>	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: kwd	Date Applied For: 05/04/2004	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>5/5/04</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>requires A Separate Review</i>
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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

Station
6/29/04
Max to close out permit

Close in okay -
Final okay - still need few items for
go

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-0537	Date Applied For: 05/04/2004	CBL: 045 C006001
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Location of Construction: 148 State St	Owner Name: Mercy Hospital	Owner Address: 144 State St	Phone:
Business Name:	Contractor Name: Ledgewood Inc.	Contractor Address: 27 Main Street South Portland	Phone (207) 767-1866
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Hospital w/alterations to 3rd floor	Proposed Project Description: Interior alterations to 3rd floor
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 05/05/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 05/11/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Lt. MacDougal	Approval Date: 05/06/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>

Comments:
5/5/2004-kwd: 5/5/2004: called, LVM for materials and dimensions to go with floorplan. Kwd.

04-0537

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: <u>144 STATE STREET - 3RD FLOOR</u>		
Total Square Footage of Proposed Structure <u>1316 SQ FT RENOVATION</u>	Square Footage of Lot <u>N/A</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>045</u> Block# <u>C</u> Lot# <u>006</u>	Owner: <u>Bill Connolly</u> <u>Mercy Hospital</u>	Telephone: <u>879-3895</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>LEDGENOOD INC.</u> <u>27 MAIN ST. S. Portland</u>	Cost Of Work: \$ <u>36,888</u> <u>4354.00</u> Fee: \$ <u>353.00</u>
Current use: <u>MEDICAL</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>MEDICAL OFFICE</u>		
Project description: <u>RENOVATION OF EXISTING 3rd FLOOR SPACE.</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>SCOTT CRISTINA</u> <u>415-7991</u>		
Mailing address: <u>27 MAIN STREET</u> <u>S. Portland ME 04106</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>767-1866 x4</u>		

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:	Date: <u>5.3.04</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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.

Pre-construction Meeting: Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

Footing/Building Location Inspection: Prior to pouring concrete

Re-Bar Schedule Inspection: Prior to pouring concrete

Foundation Inspection: Prior to placing ANY backfill

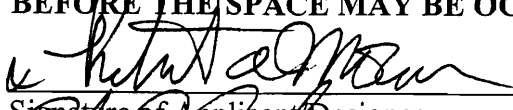
Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling

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

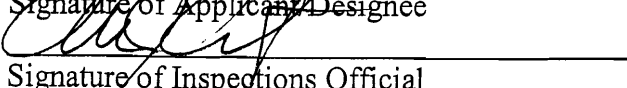
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

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

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

CBL: 045 006

Building Permit #:

040537



CITY OF PORTLAND
ACCESSIBILITY CERTIFICATE

Designer: SMRT CRAIG PIPER

Address of Project 144 STATE STREET - MERCY HOSPITAL

Nature of Project RENOVATION OF EXISTING
SPACE FOR OFFICE SUITE

Date 5.4.04

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.

(SEAL)



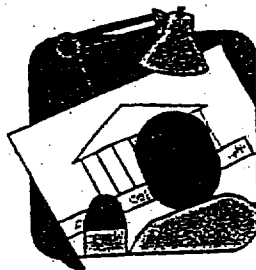
Signature [Handwritten Signature]

Title ARCHITECT

Firm SMRT

Address 144 FORE STREET
PO BOX 618
PORTLAND, MAINE

Telephone 207.772.3846



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, SMART
144 FOLF STREET, PORTLAND, MAINE

DATE: 5.4.04

Job Name: MERCY HOSPITAL - 3RD FLOOR RENOVATION

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:

Building Code and Year BOCA Use Group Classification(s) 1.2 (BUSINESS ACCESSORY)
 Type of Construction IB Bldg. Height N/A Bldg. Sq. Footage N/A
 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

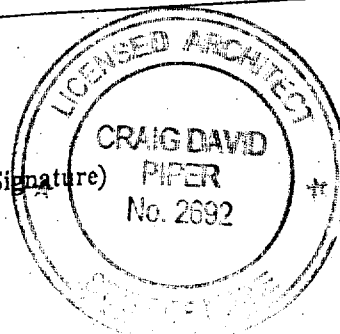
Structure has full sprinkler system? Yes No Alarm System? Yes No
Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

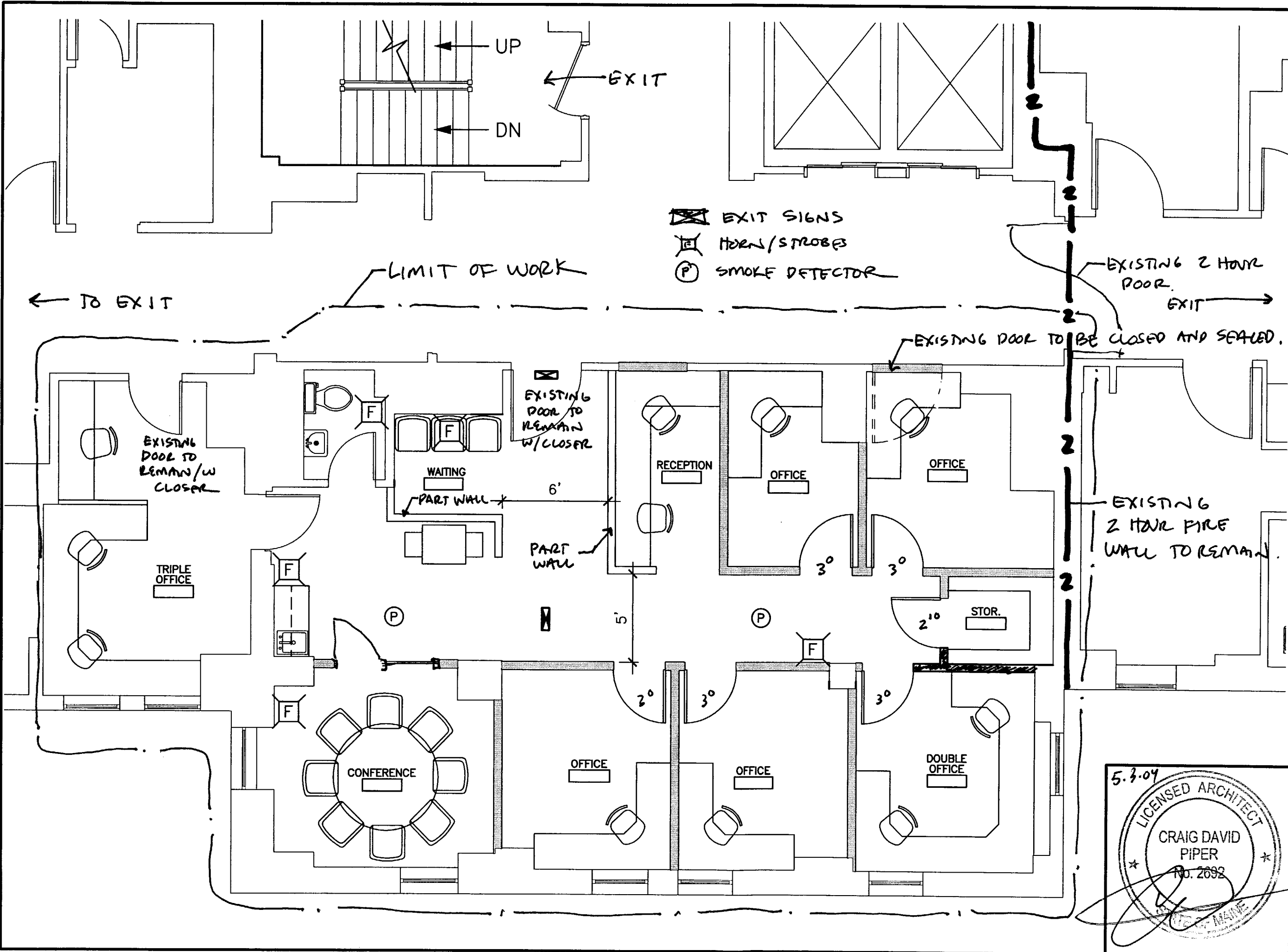
Is structure being considered unlimited area building: Yes No




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


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

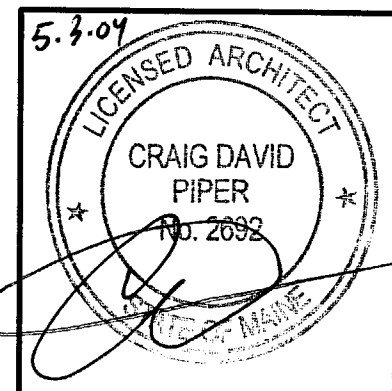
(Designers Stamp & Signature)

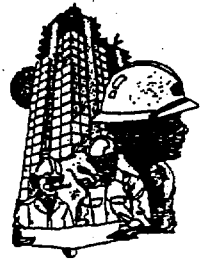
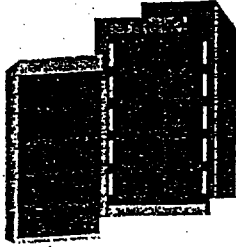




-  EXIT SIGNS
-  HORN/SROBES
-  SMOKE DETECTOR

CURRENT ISSUED STATUS: ISSUED FOR CONSTRUCTION 4-30-04		SCALE: 3/16" = 1'-0"		JC/DRAWN BY: CDP		DATE: 4-30-04	
PROJECT: MERCY HOSPITAL 3 FLOOR OFFICE RENOVATIONS PORTLAND, MAINE		PROJECT MANAGER: CDP		A/E OF RECORD: CDP		SHEET TITLE: FLOOR PLAN	
SHEET No. A1		SMRT CAD FILE: 03143		PROJECT No. 4-30-04		SHEET No. 4-30-04	
REV		DESCRIPTION		DATE		 ARCHITECTURE ENGINEERING PLANNING SMRT 144 Fore Street/P.O. Box 618 PORTLAND, MAINE 04104 tel. (207) 772-3846 / fax. (207) 772-1070	





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, SMART

RE: Certificate of Design

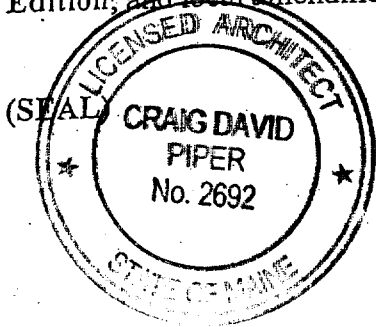
DATE: 5.4.04

These plans and/or specifications covering construction work on:

of 144 ~~FOURTH~~ STATE STREET (MERCY HOSPITAL)

3RD FLOOR RENOVATIONS

TO THE BEST OF MY BELIEFS & KNOWLEDGE THIS
~~Has~~ 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]

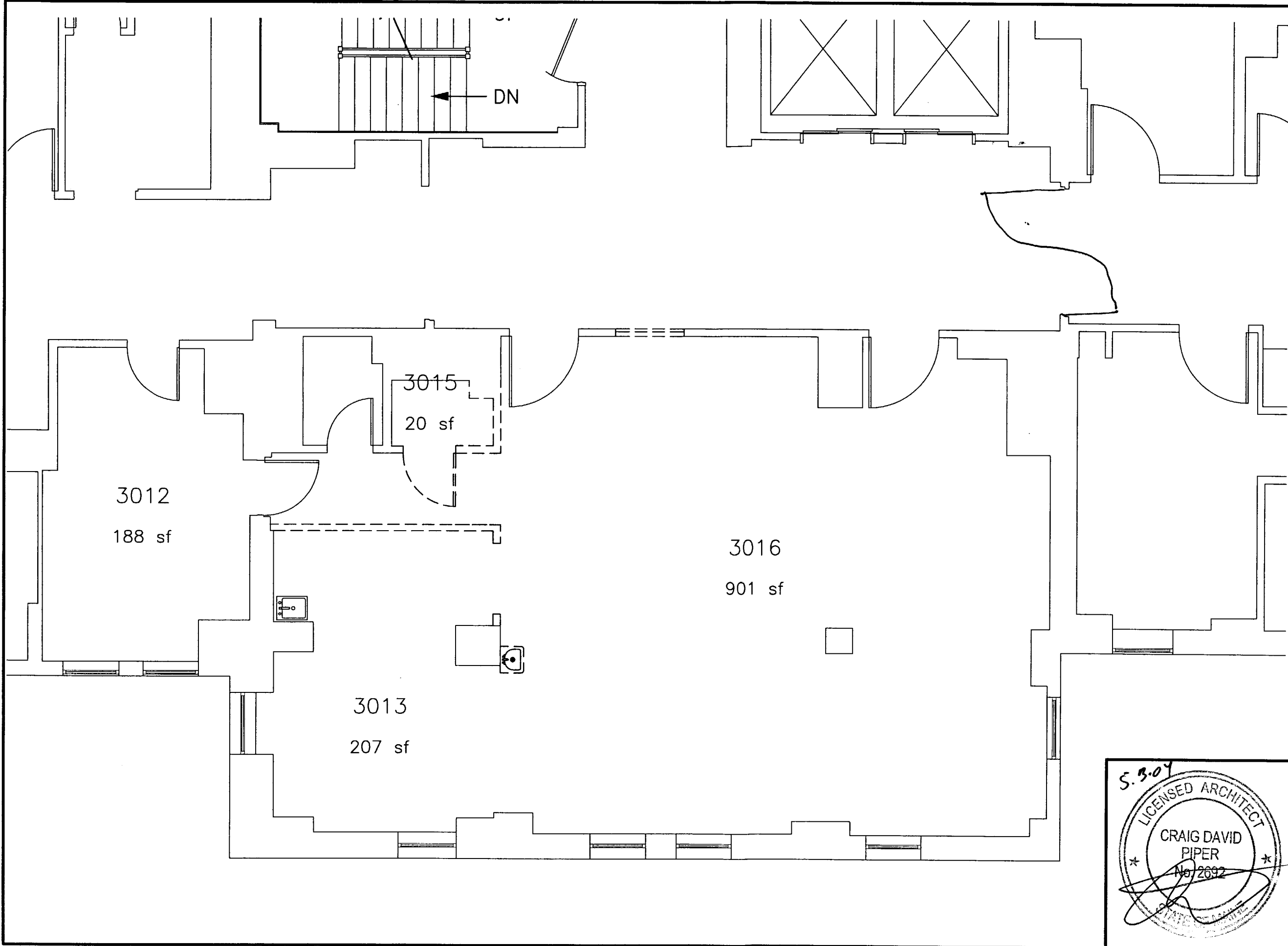
Title ARCHITECT

Firm SMART

Address 144 FOLF STREET
PORTLAND.

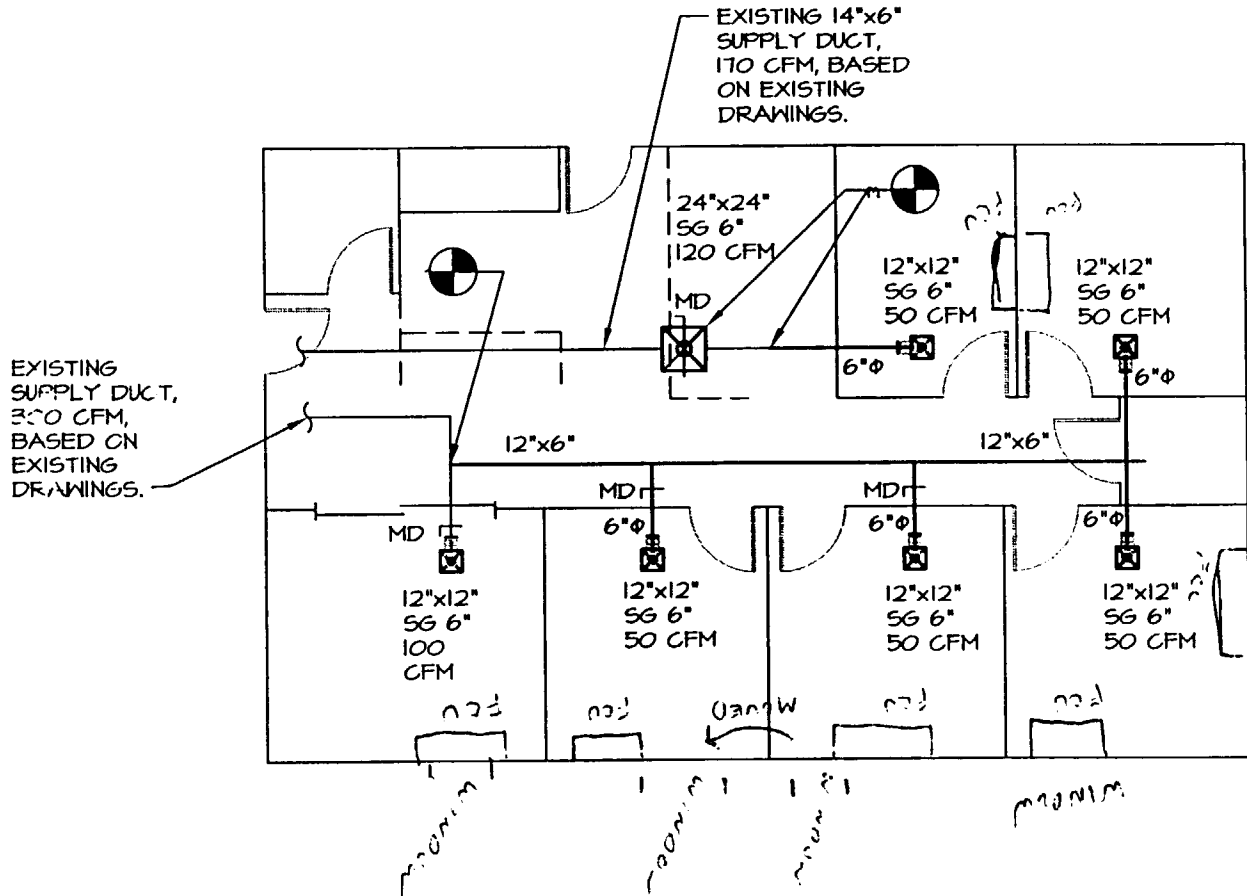
As per Maine State Law:

\$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.



ISSUED FOR CONSTRUCTION 4-30-04		PROJECT: MERCY HOSPITAL 3 FLOOR OFFICE RENOVATIONS PORTLAND, MAINE		SMRT ARCHITECTURE ENGINEERING PLANNING 144 Fore Street/P.O. Box 618 PORTLAND, MAINE 04104 tel. (207) 772-3846 / fax. (207) 772-1070	
CURRENT ISSUED STATUS:	SCALE: 3/16" = 1'-0"	PROJECT MANAGER: CDP	REV	DESCRIPTION	DATE
ISSUED FOR CONSTRUCTION 4-30-04	JC/DRAWN BY: CDP A/E OF RECORD: CDP SMRT CAD FILE: 03143 PROJECT No: 4-30-04 DATE:	SHEET TITLE: REMOVALS PLAN			

- III • FLEX DUCT
- MD MANUAL DAMPER
- CONNECTION TO EXISTING DUCT



MERCY HOSPITAL
3rd FLOOR HVAC AIR REDISTRIBUTION
 SCALE NONE

TITLE: MERCY HOSPITAL 3RD FLR
 HVAC AIR REDISTRIBUTION

DATE: May 3, 2004

ATTN: -

Titan Mechanical Inc.
 Design Build Engineering - Mechanical Contracting
 P.O. Box 3927 / 352 Warren Ave - Unit 2
 Portland, Maine 04104
 Ph. (207) 878-5223 Fax. (207) 878-5235





PROJECT TEAM FAX COVER SHEET

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

Mercy Hospital 3rd Floor

Job # 04431

Date: 5/5/04

From: Scott Cristina

Total Pages Sent: 5

Distribute to:

✓	Company	Fax #	Attention	Phone #
	Titan Mechanical	878-5235	Tom Smith	878-5223
	Porter Drywall	878-2085	Jim Roy	878-2024
	HCI Craftsman	828-5180	Charlie Tarte	775-3191
	Trico Millwork	637-2727	Dave Baker	637-2711
	EMI	791-0966	Steve Stewart	780-1919
	John Cyr Construction	688-4155	John Cyr	688-4155
	Capozza Tile	797-0846	Tom Herbert	797-7635
	Van de Graaf Painting	799-6821	Tuenis Van de Graaf	799-6821
	Morrissey Enterprises	786-5575	Dan Mercier	783-4260
	Commercial Glass	883-8937	Dick Dixon	883-8941
x	City of Portland	874-8716	Karen/Mike Nugent	874-8700
	Ledgewood - onsite cell phone		Cappy Adams	712-3238
	Mercy Hospital	879-3326	Bill Connolly	879-3895
x	Ledgewood Jobsite		Rob Morin	415-7986

Comments:

Karen,
Please find the information requested enclosed.
Please call with any questions.
Scott Cristina



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

PROJECT TEAM FAX COVER SHEET

Mercy Hospital 3rd Floor

Job # 04431

Pricing Information

cc: Craig Piper (SMRT)

Date: 4/20/04

From: Scott Cristina

Total Pages Sent: 5

Distribute to:

✓	Company	Fax #	Attention	Phone #
X	Titan Mechanical	878-5235	Tom Smith	878-5223
X	Porter Drywall	878-2085	Jim Roy	878-2024
X	HCI Craftsman	828-5180	Charlie Tarte	775-3191
X	Trico Millwork	637-2727	Dave Baker	637-2711
X	EMI	791-0966	Steve Stewart	780-1919
X	ESB	464-1833	Shawn/ Garret	464-3706
X	Capozza Tile	797-0846	Tom Herbert	797-7635
X	Van de Graaf Painting	799-6821	Tuenis Van de Graaf	799-6821
X	Morrissey Enterprises	786-5575	Dan Mercier	783-4260
X	Paul White Tile Co.	797-5605	Paul White Jr	797-7949
X	Ascanio Painting & Decorating	878-2873	Dick Bemis	878-2870
X	Aceto Acoustics	799-4543	Ralph Aceto Jr	799-4543
X	Deign Acoustics	799-2497	John Alston	799-2285
X	Mercy Hospital	879-3326	Bill Connolly	879-3895
	Ledgewood Jobsite	N/A	Rob Morin	415-7986

Comments:

Door Schedule:

Wall thickness unless noted is 4 7/8"

Doors labeled ER (Existing to Remain)- refinish with coat of paint or poly to match existing

Door # 1,2,4,5,6

3x7 pre-finished oak door with locking hardware to match hospital keying system

Door # 3

30"x7 pre-finished oak door with locking hardware to match hospital keying system

Door # 7

3x7 pre-finished oak door with passage set hardware with a 3-0" full height sidelight

Door # 8

Existing door system to remain. Remove exiting card access hardware and provide keyed lockset to match hospital keying system.

Gypsum Wallboard

All walls to be 3 5/8" with 5/8" type x gyp each side with sound batts to deck above

Patch at all existing walls as required for a smooth surface

Construction Managers General Contractors Design-Build Services



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

PROJECT TEAM FAX COVER SHEET

Room Finish Schedule:

Flooring

All rooms to have hospital standard carpet with 4" VCB, with the exception of the existing bathroom, this to have new VCT & 4" VCB. Include misc. floor prep in your quote.

Ceilings

All ceilings to be new 15/16" grid with standard 2x2 reveal tile. Office # 10, grid to remain, change act to new 2x2 tile, add 2' tees as required
GWB soffits to be repainted

Painting

All walls to be finished painted
New Doors to be pre-finished, paint existing
Paint all door frames

HVAC/Plumbing

Modify ductwork as required for new space.
Remove existing sink base and provide new sink in corridor millwork

Fire Protection

Modify/relocate existing heads for new layout

Electrical

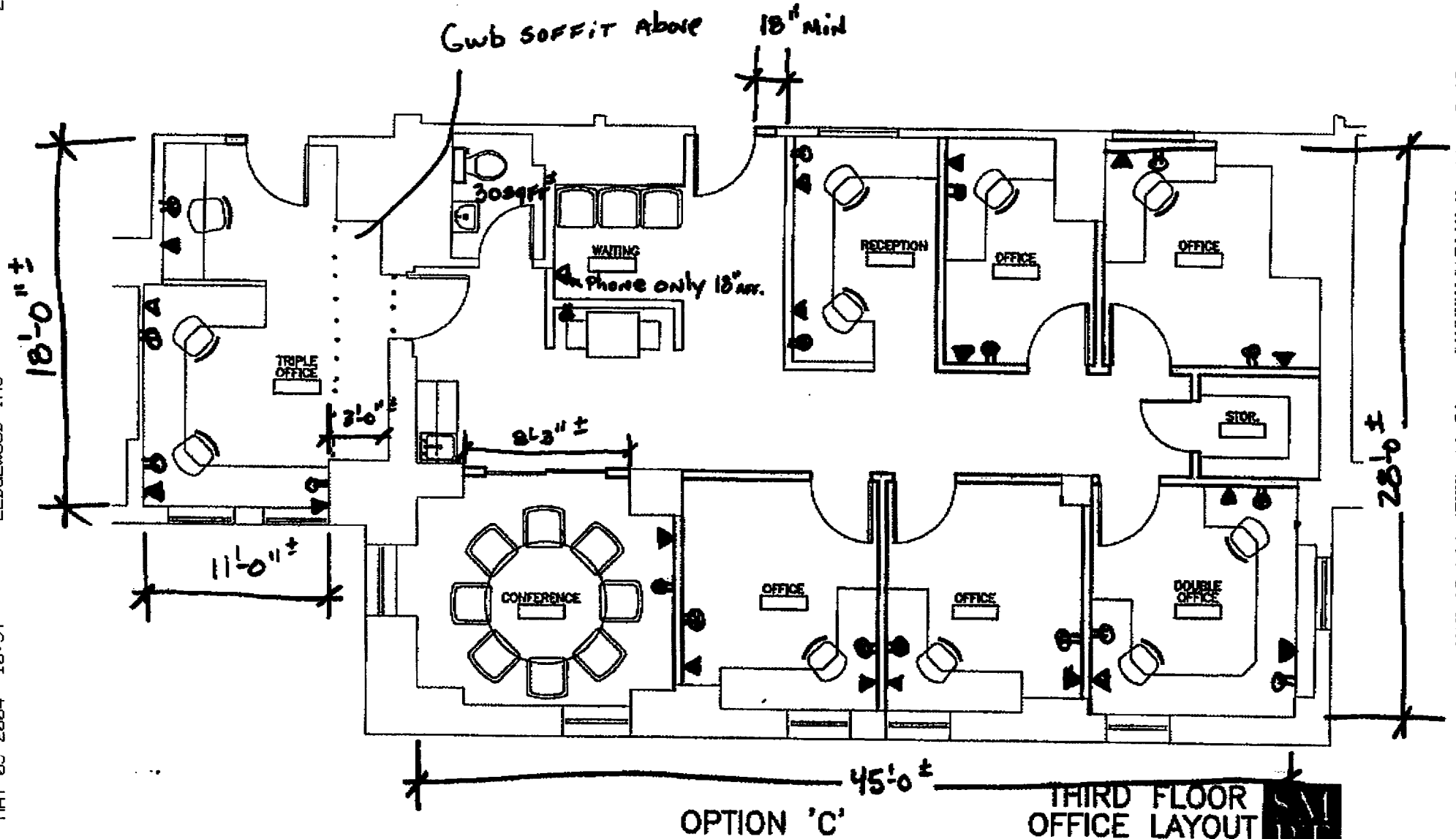
Demolition of existing electrical wiring systems as required
Reuse of existing lighting in new layout
Install new power as required. One quad required for each tele data jack @ each work station
Install boxes for owners tele-data vendor 2 per single office minimum
Disconnect exiting alarm system and card access system and turn over to the owner

Please provide pricing by Friday 4/23/04

Please call with any questions. To view the site please call Rob @ 415-7986
Scott Cristina

* TELE DATA & RECEPTACLE LOCATIONS TO BE CONFIRMED BY OWNER'S REP

* LAYOUT FOR REFERENCE ONLY



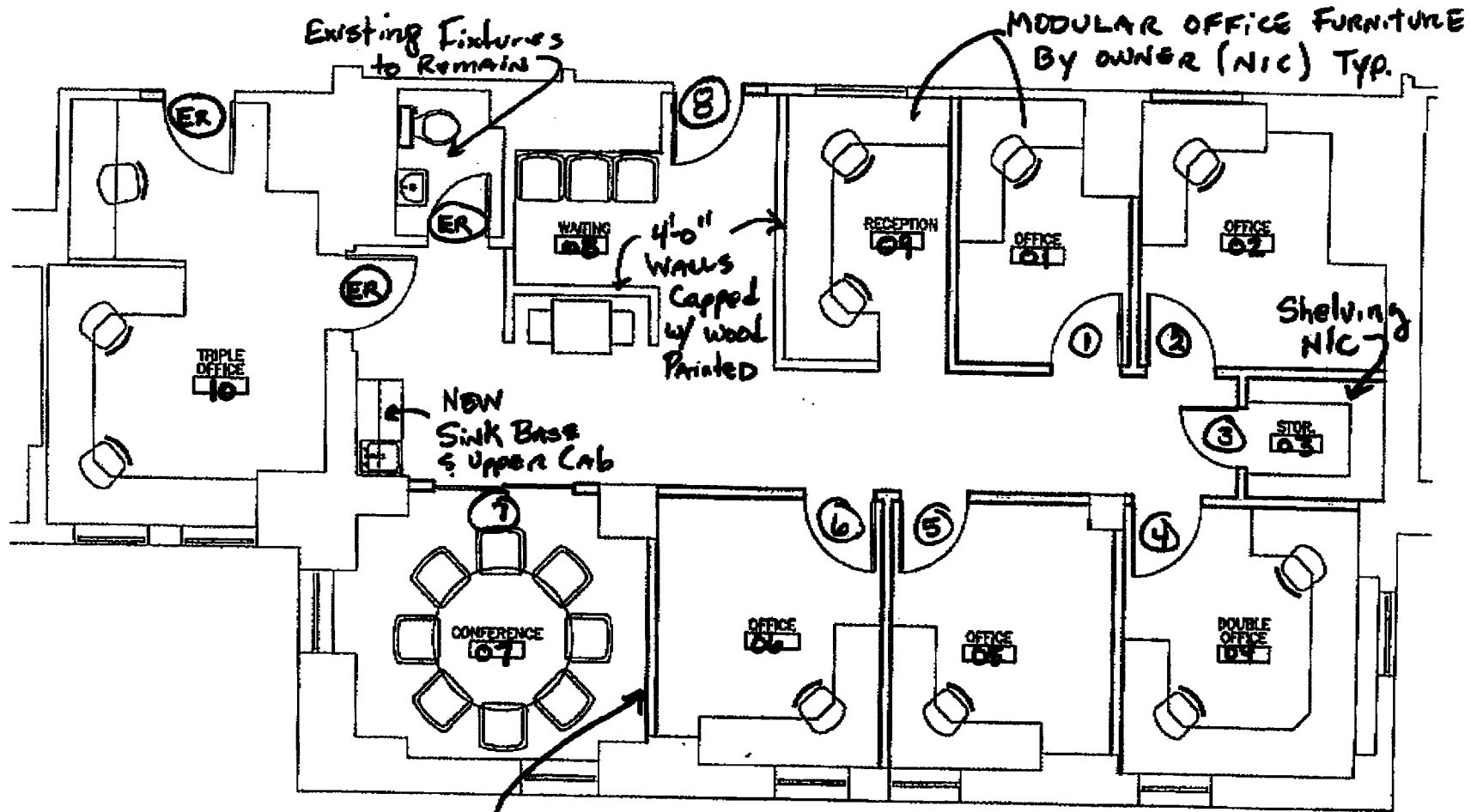
THIRD FLOOR OFFICE LAYOUT

1/8" = 1'-0"



*** GENERAL NOTES**

- ALL NEW WALLS Full Height 3/8" w/ 5/8" F.C. Gyp each side, sound batts
- Corridor walls & walls adjacent to other spaces, verify Full Height Gyp & Fire Tape/Seal as Required
- Patch all perimeter walls as Required for Paint Finish.



Existing Wall to Remain (Overlay Office Side) OPTION 'C'

THIRD FLOOR OFFICE LAYOUT

U.A.04

1/8"=1'-0"

