

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 041939

PERMIT ISSUED

NOV 17 2004

CITY OF PORTLAND

This is to certify that Mercy Hospital/H.P. Cummings Constr

has permission to Emergency Department Tenant Fit-up

AT 148 State St L 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 written permission procured before this building or part thereof is laid or closed-in.
HEAR 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. *[Signature]*

Health Dept. _____

Appeal Board _____

Other _____

DepartmentName

[Signature] 11/10/04
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: 04-1559	Issue Date: NOV 17 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: H.P. Cummings Construction	Contractor Address: P.O. Box 297 Winthrop	Phone: 2078793895
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R6

Past Use: Commercial / Mercy Hospital	Proposed Use: Mercy Hospital/ Emergency Department Tenant Fit-up	Permit Fee: \$8,886.00	Cost of Work: \$984,087.00	CEO District: 2
Emergency Department Tenant Fit-up		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group I2 Type: B	
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature _____ Date _____				

Permit Taken By: Idobson	Date Applied For: 10/14/2004	Zoning Approval		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	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 <input type="checkbox"/> Minor Date:	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 checked="" type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
	See form Any exterior work requires a separate review & approval D. Anderson 11/10/04		

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
KESPERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-1559	Date Applied For: 10/14/2004	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: H.P. Cummings Construction	Contractor Address: P.O. Box 297 Winthrop,	Phone (207) 879-3895
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use:	Proposed Project Description: Emergency Department Tenant Fit-up
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Dept: Historical **Status:** Approved with Conditions **Reviewer:** Deborah Andrews **Approval Date:** 11/10/2004

Note: **Ok to Issue:**

- * Exterior alterations must conform with Historic Preservation Committee 7/21/04 approval.

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 11/01/2004

Note: **Ok to Issue:**

- ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within a Historic District.
- Separate permits shall be required for any new signage.
- 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 **Reviewer:** Mike Nugent **Approval Date:** 11/16/2004

Note: **Ok to Issue:**

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Lt. MacDougal **Approval Date:** 10/19/2004

Note: **Ok to Issue:**

- the sprinkler system and fire alarm system shall be tested to the appropriate standard and the results shall be submitted to the Portland Fire Department
- the fire alarm system shall be maintained to NFPA 72 standards
- Application requires State Fire Marshal approval.
- the sprinkler system shall be maintained to NFPA 13 standards
- Life safety systems shall be maintained during construction

Comments:

11/5/2004-mjn: Have questions about Structural for Roof top units.

Design professional certified the load issue

City of Portland, Maine - Building or Use Permit
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-1559	Date Applied For: 10/14/2004	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: H.P. Cummings Construction	Contractor Address: P.O. Box 297 Winthrop,	Phone (207) 879-3895
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Mercy Hospital/ Emergency Department Tenant Fit-up	Proposed Project Description: Emergency Department Tenant Fit-up
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- 2) Separate permits shall be required for any new signage.
- 3) 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: Pending	Reviewer:	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				

Dept: Fire	Status: Approved with Conditions	Reviewer: Lt. MacDougal	Approval Date: 10/19/2004	Ok to Issue: <input checked="" type="checkbox"/>
Note:				

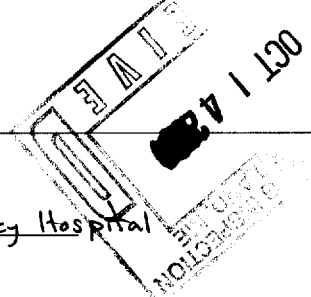
- 1) the sprinkler system and fire alarm system shall be tested to the appropriate standard and the results shall be submitted to the Portland Fire Department
- 2) the fire alarm system shall be maintained to NFPA 72 standards
- 3) Application requires State Fire Marshal approval.
- 4) the sprinkler system shall be maintained to NFPA 13 standards
- 5) Life safety systems shall be maintained during construction



Commercial 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.

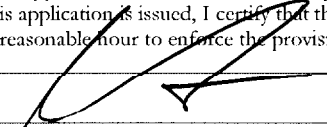
Total Square Footage of Proposed Structure 6800 SF of Renovation 240,000 SF Total building size		Square Footage of Lot 2.286 Acres	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 045-6007001	Owner Mercy Hospital 144 State Street Portland, Maine 04101		Telephone. 207-879-3895
Lessee/Buyer's Name (If Applicable) N/A	Xpphcant name, address & telephone. Mercy Hospital Attn Bill Connolly 144 State Street Portland, ME 04101 207-879-3895		Cost Of Work: \$ 984,087 Fee: \$ 8,877
Project description: Renovations to an existing emergency department including upgrades and modifications to floor plan, finishes, mechanical and electrical.			
Contractor's name, address & telephone: H.P. Cummings Construction P.O. Box 297 Winthrop, ME 04364		Who should we contact when the permit is ready: Bill Connolly - Mercy Hospital	
Mailing address: Mercy Hospital 144 State Street Portland, ME 04101		Phone: 207-879-3895	



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

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections 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 of applicant:  Date: 10/13/04

Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101

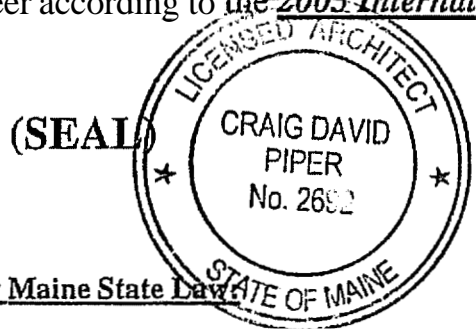
TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: ARCHITECT / CRAIG PIPER SMART
RE: Certificate of Design CONTRACTOR / JOHN SCOTT HPCCC

DATE: 11/1/04

These plans and / or specifications covering construction work on:
RENOVATIONS TO EXISTING EMERGENCY DEPARTMENT FOR
MERCY HOSPITAL - 144 STATE STREET

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the 2003 International Building Code and local amendments.



Signature: [Handwritten Signature]

Title: ARCHITECT

Firm: SMART

Address: 144 FORE STREET,
PORTLAND, MAINE

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.

FROM DESIGNER: CRAIG PIPER
 DATE: 11.1.04
 Job Name: MERCY - HOSPITAL - EMERGENCY DEPARTMENT
 Address of Construction: 144 STATE STREET. RENOVATION

2003 International Building Code

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

Building Code and Year IBC 2003 Use Group Classification(s) I-2

Type of Construction EXISTING (IB)

Will the Structure have a Fire suppression system in Accordance with section 903.3.1 of the 2003 IRC YES (AREA RENOVATED)

Is the Structure mixed use? NO if yes, separated or non separated (see Section 302.3)

Supervisory alarm system? YES Geotechnical/Soils report required? (See Section 1802.2) N/A

STRUCTURAL DESIGN CALCULATIONS

EXISTING Submitted for all structural members (106.1, 106.1.1)

DESIGN LOADS ON CONSTRUCTION DOCUMENTS (1603)

Uniformly distributed floor live loads (1603.1.1, 1607)

Floor Area Use

Loads Shown

EXISTING

Wind loads (1603.1.4, 1609)

Design option utilized (1609.1.1, 1609.6)

Basic wind speed (1609.3)

N/A

Building category and wind importance factor, I_w (Table 1604.5, 1608.6)

Wind exposure category (7609.4)

Internal pressure coefficient (ASCE 7)

Component and cladding pressures (1609.1.1, 1609.6.2.2)

Main force wind pressures (1609.1.1, 1609.6.2.1)

Earthquake design data (1603.1.5, 1614 - 1623)

Design option utilized (1614.7)

N/A

Seismic use group ("Category") (Table 1604.5, 1618.2)

Spectral response coefficients, S_Ds & S_{D1} (1615.1)

Site class (1615.1.5)

Live load reduction (1603.1.1, 1607.9, 1607.10)

Roof live loads (1603.1.2, 1607.11)

Roof snow loads (1603.1.3, 1608)

Ground snow load, P_g (1608.2)

If $P_g > 10$ psf, flat-roof snow load, P_f (1608.3)

If $P_g > 10$ psf, snow exposure factor, C_e (Table 1608.3.1)

If $P_g > 10$ psf, snow load importance factor, I_s (Table 1604.5)

N/A

Roof thermal factor, C_t (Table 1608.3.2)

Sloped roof snowload, P_s (1608.4)

Seismic design category (1616.3)

Basic seismic-force-resisting system (Table 1617.8.2)

Response modification coefficient, R , and deflection amplification factor, C_d (Table 1617.6.2)

Analysis procedure (1616.8, 1617.5)

Design base shear (1617.4, 1617.5.1)

Flood loads (1603.1.6, 1612)

N/A

Flood hazard area (1612.3)

Elevation of structure

Other loads

Concentrated loads (1607.4)

Partition loads (1607.5)

N/A

Impact loads (7607.8)

Misc. loads (Table 1607.6, 1607.6.1, 1607.7, 1607.12, 1607.18, 1610, 1611, 2404)



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St , Room 315
Portland, Maine 04101


ACCESSIBILITY CERTIFICATE

Designer: CRAIG PIPER

Address of Project: 144 STATE STREET - MERCY HOSPITAL

Nature of Project: RENOVATIONS TO EMERGENCY
DEPARTMENT.

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.

Signature:  CRAIG PIPER

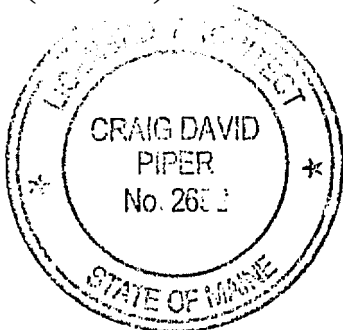
Title: ARCHITECT

Firm: SMRT

Address: 144 FOLF STREET
PORTLAND, MAINE

Phone: 772-3846

(SEAL)





CITY OF PORTLAND, MAINE
Department of Building Inspections

_____ 20 _____

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

Building (I1) ____ Plumbing (I5) ____ Electrical (I2) ____ Site Plan (U2) ____

Other _____

CBL: _____

Check #: _____

Total Collected \$ _____

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

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