

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND



BUILDING PERMIT

This is to certify that MERCY HOSPITAL

Located At 120 STATE

Job ID: 2011-07-1593-ALTCOMM

CBL: 045 - - C - 007 - 001 - - - -

has permission to renovate existing space on 1st floor

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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months. If the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.
 1. Close-in inspection required prior to insulating or drywalling.
 2. Final inspection required upon completion of work prior to occupancy.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-07-1593-ALTCOMM

Located At: 120 STATE

CBL: 045 - - C - 007 - 001 - - - -

Conditions of Approval:

Fire

All construction shall comply with City Code Chapter 10.

The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.

A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model.

Fire Alarm system shall be maintained. If system is to be off line over 4 hours a fire watch shall be in place. Dispatch notification required 874-8576.

A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.

Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.

Fire extinguishers are required per NFPA 10.

Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.

Any cutting and welding done will require a Hot Work Permit from Fire Department.

Walls in structure are to be labeled according to fire resistance rating. 1E; 1 hr. / 2 hr. / smoke proof.


A single source supplier should be used for all through penetrations.


Building

1. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
2. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
3. All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2009 Section 713.
4. This permit does not authorize any structural work. All framing of non-bearing partitions must be steel studs.
5. All wiring must comply with the NEC and meet the requirements for hospital installation.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-07-1593-ALTCOMM	Date Applied: 7/1/2011	CBL: 045 - - C - 007 - 001 - - - - -	
Location of Construction: 144 STATE STREET	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST PORTLAND, ME - MAINE 04101	Phone:
Business Name: Mercy Hospital	Contractor Name: Mercy Hospital - P & E Dept - Michael Connolly	Contractor Address:	Phone: 879-3574
Lessee/Buyer's Name:	Phone:	Permit Type: Interior renovations	Zone: R-6
Past Use: Hospital	Proposed Use: Same: Hospital - renovations to existing space (10,000 sf) on the first floor	Cost of Work: \$360,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: I-2 Type: IB IBC 09
Proposed Project Description: Renovations to 1st floor		Signature: <i>Bjornael</i> (58) 	
Permit Taken By: Lannie		Pedestrian Activities District (P.A.D.)	
		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>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK</i>  <i>7/8/11</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 Dist 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:
	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	PHON

SUBMITTED TO THE CITY OF PORTLAND 7/1/2011 @ 1:55 PM



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>MERCY HOSPITAL 144 STATE ST.</u>		
Total Square Footage of Proposed Structure/Area <u>10,315 RENOVATION</u>		Square Footage of Lot <u>N/A (INSIDE EXISTING BUILDING)</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>045 C 007</u>	Applicant * must be owner, Lessee or Buyer* Name <u>MERCY HOSPITAL</u> <u>MIKE CONNOLLY</u> Address <u>144 STATE ST</u> City, State & Zip <u>PORTLAND 04101</u>	Telephone: <u>879-3574</u> <u>207-879-3000</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address <u>SAME AS ABOVE</u> City, State & Zip	Cost Of Work: \$ <u>360,000</u> C of O Fee: \$ <u>3620</u> Total Fee: \$ <u>3620</u>
Current legal use (i.e. single family) <u>HOSPITAL / HEALTHCARE</u> If vacant, what was the previous use? <u>NO BUILDING STILL OCCUPIED</u> Proposed Specific use: <u>PHYSICIANS SUITE / OFFICES</u> Is property part of a subdivision? <u>NO</u> If yes, please name <u>F-6</u> Project description: <u>MINOR RENOVATIONS TO AN EXISTING SPACE (10,000 SF) ON THE 1ST FLOOR OF MERCY HOSPITAL @ 144 STATE STREET</u>		
Contractor's name: <u>MERCY HOSPITAL - P&E DEPARTMENT</u> Address: <u>144 STATE ST</u> Telephone: <u>207-879-3000</u> City, State & Zip: <u>PORTLAND MAINE 04101</u> Telephone: <u>207-879-3574</u> Who should we contact when the permit is ready: <u>MICHAEL CONNOLLY</u> Telephone: <u>207-879-3574</u> Mailing address: <u>144 STATE ST, PORTLAND MAINE 04101</u>		

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

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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

RECEIVED

JUL - 1 2011

Signature: [Signature] (MICHAEL CONNOLLY) Date: 07/01/2011 Dept. of Building Inspections
City of Portland Maine

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



Certificate of Design Application

From Designer: SMPT
 Date: 1 JULY 2011
 Job Name: MERCY HOSPITAL PAIN CENTER
 Address of Construction: 144 STATE ST PORTLAND

~~2003~~²⁰⁰⁹ International Building Code

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

Building Code & Year IBC 2009 Use Group Classification (s) F-2

Type of Construction EXISTING HOSPITAL

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC YES

Is the Structure mixed use? _____ If yes, separated or non separated or non separated (section 302.3) _____

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

Structural Design Calculations

_____ Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Wind loads (1603.1.4, 1609)

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

Earth design data (1603.1.5, 1614-1623)

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

- _____ Live load reduction
- _____ Roof live loads (1603.1.2, 1607.11)
- _____ Roof snow loads (1603.7.3, 1608)
- _____ Ground snow load, P_g (1608.2)
- _____ If $P_g > 10$ psf, flat-roof snow load P_f
- _____ If $P_g > 10$ psf, snow exposure factor, C_e
- _____ If $P_g > 10$ psf, snow load importance factor, I_s
- _____ Roof thermal factor, C_t (1608.4)
- _____ Sloped roof snowload, P_s (1608.4)
- _____ Seismic design category (1616.3)
- _____ Basic seismic force resisting system (1617.6.2)
- _____ Response modification coefficient, R , and deflection amplification factor C_d (1617.6.2)
- _____ Analysis procedure (1616.6, 1617.5)
- _____ Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

- _____ Flood Hazard area (1612.3)
- _____ Elevation of structure

Other loads

- _____ Concentrated loads (1607.4)
- _____ Partition loads (1607.5)
- _____ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



Accessibility Building Code Certificate

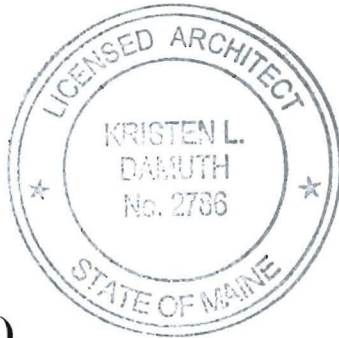
Designer: SMRT - KRISTEN DAMUTH

Address of Project: 144 STATE ST. - MERCY HOSPITAL

Nature of Project: RENOVATE FORMER BIRTHPLACE SUITE

INTO A NEW PAIN CENTER

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



(SEAL)

Signature: Kristen Damuth.

Title: ARCHITECT

Firm: SMRT

Address: 144 FORE ST

PORTLAND, ME 04101

Phone: 772-3846

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Certificate of Design

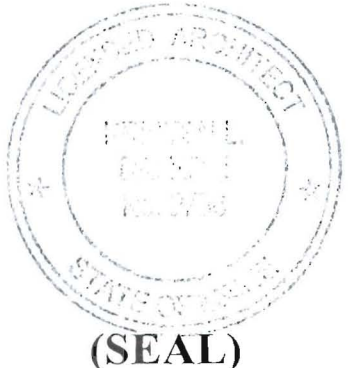
Date: 1 JULY 2011

From: KRISTEN DAMUTH, SMRT

These plans and / or specifications covering construction work on:

RENOVATIONS OF EXISTING SUITE @ MERCY HOSPITAL INTO
A NEW PAIN CENTER.

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the ~~2003~~ ²⁰⁰⁹ *International Building Code* and local amendments.



Signature: Kristen Damuth.

Title: ARCHITECT

Firm: SMRT

Address: 144 FORE ST
PORTLAND 04101

Phone: 772-3846

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

7.1 20 11

Received from

Michael Connolly-

Location of Work

144 State St.

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: \$3,620

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

Other _____

CBL: _____

Check #: CC

Total Collected \$ \$3,620

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

Taken by: [Signature]

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