

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 091006

This is to certify that MERCY HOSPITAL /H.P. Cummings Co. has permission to expansion of an existing concrete slab 16' wide, extending existing frame, the slab will support an upgrade to existing AT 148 STATE ST. C 045 C007001

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 lath or other work is set-in. 2 HOUR 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. Health Dept. Appeal Board Other Department Name

Signature: James Burke 9/21/09 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: 09-1006	Issue Date:	CBL: 045 C007001
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Location of Construction: 120 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: Additions - Commercial	Zone: R-6
Past Use: Mercy Hospital	Proposed Use: Mercy Hospital - expansion of an existing concrete slab 16' x8', extend existing fence, the slab will support an upgrade to existing oxygen vaporization system	Permit Fee: \$220.00	Cost of Work: \$20,000.00
Proposed Project Description: expansion of an existing concrete slab 16' x8', extend existing fence, the slab will support an upgrade to existing oxygen vaporization system		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: Slab Foundation for Equipment Signature: JMB 9/21/09
		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: Ldobson	Date Applied For: 09/14/2009	Zoning Approval		
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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 9/16/09	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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 9/21/09 D. Andrews	

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

BUILDING PERMIT INSPECTION PROCEDURES

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

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.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers**

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

9-21-09

Date



Signature of Inspections Official

9/21/09

Date

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-1006	Date Applied For: 09/14/2009	CBL: 045 C007001
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Location of Construction: 120 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: Additions - Commercial	

Proposed Use: Mercy Hospital - expansion of an existing concrete slab 16' x8' , extend existing fence, the slab will support an upgrade to existing oxygen vaporization system	Proposed Project Description: expansion of an existing concrete slab 16' x8' , extend existing fence, the slab will support an upgrade to existing oxygen vaporization system
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Dept: Historic	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 09/21/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/16/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.			
2) 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 with Conditions	Reviewer: Jeanine Bourke	Approval Date: 09/21/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.			
2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.			

Comments:
9/21/2009-gg: received from historic on 9/21/09. /gg
9/21/2009-jmb: Spoke with Mike H. At HP Cummings to confirm the specs on the pad and bearing. Not placing a tank, only 500lb aluminum manifold.



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>144 STATE STREET, PORTLAND, ME</u>		
Total Square Footage of Proposed Structure/Area <u>APPROX 150 SF</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>45</u> Block# <u>C</u> Lot# <u>7</u>	Applicant *must be owner, Lessee or Buyer* Name <u>MERCY HOSPITAL</u> Address <u>144 STATE STREET</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Telephone: <u>207 879 3574</u>
Lessee/DBA (If Applicable) <u>N/A</u>	Owner (if different from Applicant) Name <u>N/A</u> Address <u>N/A</u> City, State & Zip	Cost Of Work: \$ <u>20,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>200</u>
Current legal use (i.e. single family) <u>HEALTH CARE FACILITY (HOSPITAL)</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>UPGRADE, VAPORIZATION FOR OXYGEN SYSTEM</u> Is property part of a subdivision? <u>N/A</u> If yes, please name <u>N/A</u> Project description: <u>THE PROJECT CONSISTS OF THE EXPANSION OF AN EXISTING CONCRETE SLAB (6" REINFORCED) 16' X 8', WITH AN EXTENSION OF THE EXISTING CHAIN LINK FENCE ENCLOSURE. THE SLAB WILL SUPPORT AN UPGRADE TO THE EXISTING OXYGEN VAPORIZATION SYSTEM.</u>		
Contractor's name: <u>H.P. CUMMINGS CONSTRUCTION COMPANY</u> Address: <u>P.O. Box 297</u> City, State & Zip <u>WINTHROP, ME 04364</u> Telephone: <u>207 377 2232</u> Who should we contact when the permit is ready: <u>MICHAEL J. HRICKO</u> Telephone: <u>207 377 2232</u> Mailing address: <u>P.O. Box 297, WINTHROP, ME 04364</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.

Signature: Michael J. Hricko Date: 9/14/09

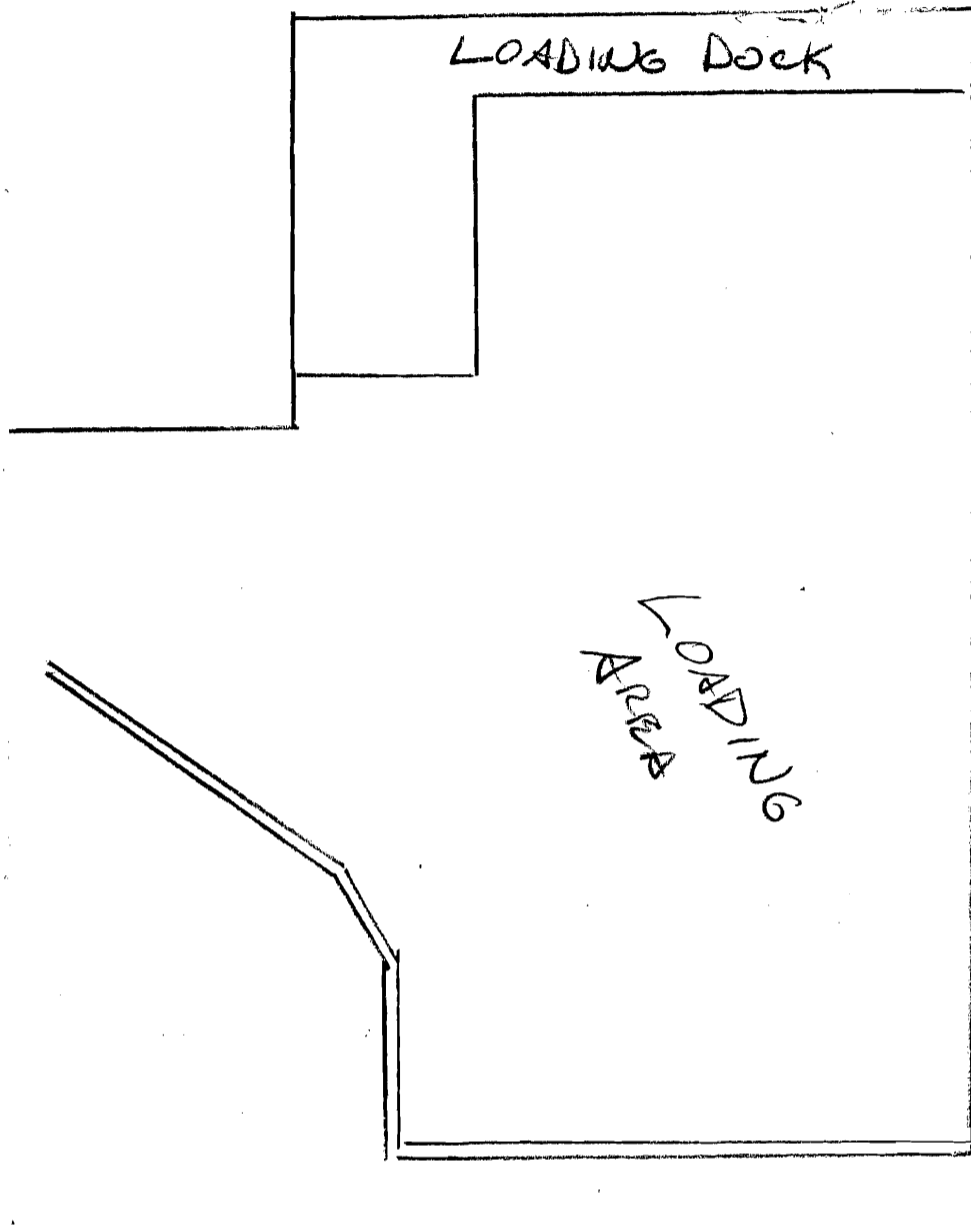
This is not a permit; you may not commence ANY work until the permit is issued

9/21/09

per Mike Itrick
contractor
HP Cummings

NOT supporting
a tank
only 500 lb
Aluminum
manifold

6" reinforced
slab



LOADING DOCK

LOADING
AREA

4'-11"

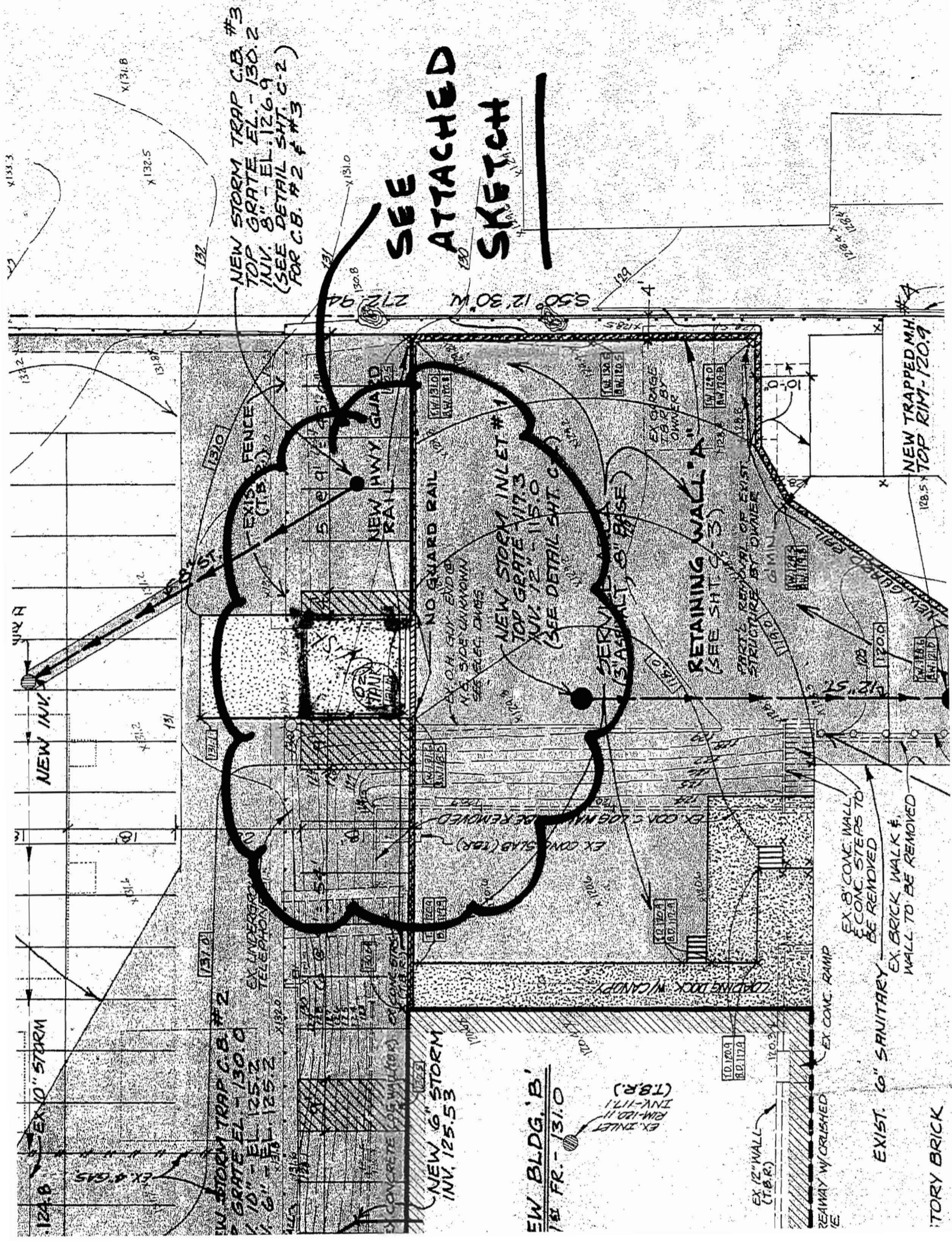
EXISTING
GUARD RAIL

NEW

NEW
16' x 8'
CONCRETE PAD

18' x 18' 6"

EXISTING
GUARD RAIL



NEW STORM TRAP C.B. #3
 TOP GRATE EL. - 130.2
 INV. 8" - EL. 126.9
 (SEE DETAIL SHT. C-2
 FOR C.B. #2 & #3)

**SEE
 ATTACHED
 SKETCH**

EXIST. FENCE
 (C.B. #2)

NEW HWY GUARD
 RAIL

NEW STORM INLET #1
 TOP GRATE INV. 3
 INV. 12" - 115.0
 (SEE DETAIL SHT. C)

RETAINING WALL #1
 (SEE SHT. C-3)

NEW TRAPPED MH #4
 TOP RIM - 120.9

NEW STORM TRAP C.B. #2
 TOP GRATE EL. - 130.0
 INV. 6" - EL. 125.2

NEW 6" STORM
 INV. 125.53

EW BLDG. 'B'
 FR. - 131.0

EXIST. 6" SANITARY
 EX. BRICK WALK #1
 WALL TO BE REMOVED

STORY BRICK

NEW INV.

EX. 10" STORM

NO GUARD RAIL
 EX. O.H. GUY END
 N.S. SIDE UNKNOWN
 SEE ELEC. DIAGS.

SEWER MAIN
 (3" ASBEST. @ BASE)

EX. BRICK WALL
 EX. CONC. STEPS TO
 BE REMOVED

EX. CONC. RAMP
 REWAY W/CRUSHED

EX. 12" WALL
 (T.B.R.)

EX. INLET
 RM-120.11
 INV-171
 (T.B.R.)

LOADING DOCK W/ CANOPY

EX. CONC. SLAB (T.B.R.)

BR. CONC. LOG WALL TO BE REMOVED

EX. BRICK WALL

EX. CONC. STEPS TO
 BE REMOVED

EX. BRICK WALK #1
 WALL TO BE REMOVED

EX. CONC. RAMP

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