

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that HOSPITAL MERCY

Located At 120 STATE

Job ID: 2011-04-740-ALTCOMM

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

has permission to reovations on 5th fl physician suite
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues 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 CAR**

[Handwritten signature and date 4/13/11]

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-04-740-ALTCOMM	Date Applied: 4/5/2011	CBL: 045 - - C - 007 - 001 - - - - -	
Location of Construction: 120 STATE ST	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST PORTLAND, ME - MAINE 04101	Phone: 879-3574
Business Name:	Contractor Name: Connolly, Michael	Contractor Address: 144 STATE ST PORTLAND MAINE 04101	Phone: (207) 879-3574
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: R-6
Past Use: Mercy Hospital - 5 th floor	Proposed Use: Mercy Hospital - renovations to physicians suite - 5 th floor	Cost of Work: 486000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: I Type: /
		Signature: <i>Bjarnabjorn</i> (58)	Signature: <i>[Signature]</i>
Proposed Project Description: 144 State St. / Mercy Hospital - renovations on 5 th floor		Pedestrian Activities District (P.A.D.)	
Permit Taken By:		Zoning Approval	

	Special Zone or Reviews	Zoning Appeal	Historic Preservation
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 informatin may invalidate a building permit and stop all work.	<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	<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	<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: <i>OK w/ conditions</i> <i>4/7/11 ABM</i>	Date:	Date: <i>Any exterior work requires a separate review & approval thru historic preservation</i>

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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHON
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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 drywalling or insulating.
 2. Final inspection required upon completion of work.

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: 2011-04-740-ALTCOMM

Located At: 120 STATE

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

Conditions of Approval:

Zoning

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
2. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.

Fire

All construction shall comply with City Code Chapter 10.

This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.

Application requires State Fire Marshal approval.

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.

The fire alarm system shall comply with the City of Portland Standard for Signaling Systems for the Protection of Life and Property. All fire alarm installation and servicing companies shall have a Certificate of Fitness from the Fire Department.

The sprinkler system shall be installed in accordance with NFPA 13.

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.

The Fire Department will require Knox locking caps on all Fire Department Connections on the exterior of the building.

Installation of a sprinkler or fire alarm system requires a Knox Box to be installed per city ordinance.

Fire extinguishers are required. Installation per NFPA 10.

Occupancies with an occupant load of 100 persons or more require panic hardware on all doors serving as a means of egress.

All means of egress to remain accessible at all times.

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

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. IE; 1 hr. / 2 hr. / smoke proof.

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.

Building

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. All penetrations between units and common areas shall be protected with approved firestop materials and shall not reduce the required rating.
3. 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

4/5/11

Job Summary Report
Job ID: 2011-04-740-ALTCOMM

Report generated on Apr 6, 2011 9:50:46 AM

Job Type:	Adds/Alter Commercial	Job Description:	144 State St. / Mercy Hospital	Job Year:	2011
Building Job Status Code:	In Review	Pin Value:	1057	Tenant Name:	
Job Application Date:		Public Building Flag:	N	Tenant Number:	
Estimated Value:	486,000	Square Footage:			
Related Parties:		HOSPITAL MERCY		<i>Property Owner</i>	
		- Michael Connolly		<i>GENERAL CONTRACTOR</i>	

Job Charges

Fee Code Description	Charge Amount	Permit Charge Adjustment	Net Charge Amount	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Net Payment Amount	Outstanding Balance
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Location ID: 6924

Location Details

Alternate Id	Parcel Number	Census Tract	GIS X	GIS Y	GIS Z	GIS Reference	Longitude	Latitude
911040	045 C 007 001		M				-70.265195	43.651428

Location Type	Subdivision Code	Subdivision Sub Code	Related Persons	Address(es)
1				120 STATE STREET WEST

Location Use Code	Variance Code	Use Zone Code	Fire Zone Code	Inside Outside Code	District Code	General Location Code	Inspection Area Code	Jurisdiction Code
BENEVOLENT & CHARITABLE		NOT APPLICABLE			Historic District		DISTRICT 3	WEST END

Structure Details

Structure: Loc id 000046132 Alt id 911040

Occupancy Type Code:

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address
CONVERSION	6	99595,584		120 STATE STREET WEST

Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference	User Defined Property Value
0	0	M				

Structure: Mercy Hospital

GG

Occupancy Type Code:

Job Summary Report
Job ID: 2011-04-740-ALTCOMM

Report generated on Apr 6, 2011 9:50:46 AM

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address			
Hospitals & Institutional Buildings	0		486000	120 STATE STREET WEST			
Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference	User Defined Property	Value

Permit #: 20112489

Permit Data								
Location Id	Structure Description	Permit Status	Permit Description	Issue Date	Reissue Date	Expiration Date		
6924	Mercy Hospital	Initialized	reovations on 5th fl physician suite					
Inspection Details								
Inspection Id	Inspection Type	Inspection Result Status	Inspection Status Date	Scheduled Start Timestamp	Result Status Date	Final Inspection Flag		
Fees Details								
Fee Code Description	Charge Amount	Permit Charge Adjustment	Permit Charge Adj Remark	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Payment Adj Comment
Job Valuation Fees	\$4,880.00							

120576

received pdf entered 66



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 STREET</u>		
Total Square Footage of Proposed Structure/Area <u>8100 SF</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 * <u>must</u> be owner, Lessee or Buyer* Name <u>MERCY HOSPITAL / MIKE CONNOLLY</u> Address <u>144 STATE ST.</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Telephone: <u>207-879-3574</u> <u>207-879-3000</u>
Lessee/DBA (If Applicable) <u>APR - 5 2011</u> RECEIVED Dept. of Building Inspections City of Portland Maine	Owner (if different from Applicant) Name Address <u>(SAME AS ABOVE)</u> City, State & Zip	Cost Of Work: \$ <u>426,000 (460 SF)</u> C of O Fee: \$ _____ Total Fee: \$ <u>4,880.00</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 _____ Project description: <u>MINOR RENOVATIONS TO AN EXISTING PHYSICIANS SUITE (8100 SF) ON THE 5TH FLOOR OF MERCY HOSPITAL @ 144 STATE ST.</u>		
Contractor's name: <u>MERCY HOSPITAL - P&E DEPARTMENT</u> Address: <u>144 STATE ST</u> City, State & Zip <u>PORTLAND MAINE 04101</u> Telephone: <u>207-879-3000</u> <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.

Signature: [Signature] Date: 04-05-2011

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



Certificate of Design Application

From Designer: SMRT - KRISTEN DAMUTH
 Date: 4-1-11
 Job Name: MERY HOSPITAL 5TH FLOOR CARDIOLOGY RENOVATIONS (8100 SF)
 Address of Construction: 144 STATE STREET - PORTLAND, ME 04101

2009

~~2003~~-International Building Code

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

Building Code & Year IBC 2009 Use Group Classification (s) I.2 HOSPITAL

Type of Construction EXISTING

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? NO If yes, separated or non separated or non separated (section 302.3) _____

Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) NO

Structural Design Calculations

_____ Submitted for all structural members (106.1 - 106.11)

N/A

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_r (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 forec 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_{D1} (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_f 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 STREET - PORTLAND, ME 04101

Nature of Project: RENOVATION (MINOR) TO EXISTING (8100 SF)
PHYSICIANS SUITE @ MERCY 144 STATE ST.

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

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

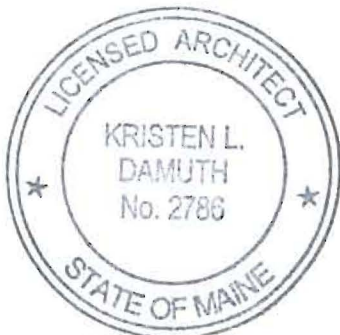
Date: APRIL 1, 2011

From: SMRT, KRISTEN DAMUTH

These plans and / or specifications covering construction work on:

MINOR RENOVATIONS TO AN EXISTING PHYSICIANS SUITE (8100 SF)
ON THE 5th FLOOR OF MERCY HOSPITAL @ 144 STATE ST.

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



(SEAL)

Signature: Kristen Damuth.

Title: ARCHITECT

Firm: SMRT

Address: 144 FORE ST.

PORTLAND

Phone: 772-3846

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