

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that MERCY HOSPITAL

Located At 120 STATE ST

Job ID: 2012-09-4898-ALTCOMM

CBL: 045-C-007-001

has permission to Phase 1 interior demo IR Room 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.**

Footings/Setbacks prior to pouring concrete

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

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
Jeff Levine

Job ID: 2012-09-4898-ALTCOMM

Located At: 120 STATE ST

CBL: 045- C-007-001

Conditions of Approval:

Building

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. This is a demolition permit only. No other construction activities allowed until a separate approved building permit is issued.

Fire

1. All construction shall comply with City Code Chapter 10. Permit is for demolition only. Any construction will require a separate permit.
2. 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.
3. 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.
4. Fire extinguishers are required per NFPA 1.
5. Any cutting and welding done will require a Hot Work Permit from Fire Department.

City of Portland, Maine - Building or Use Permit Application

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

| | | | |
|--|--|--|--|
| Job No: 2012-09-4898-ALTCOMM | Date Applied: 9/6/2012 | CBL: 045- C-007-001 | |
| Location of Construction: 120 STATE ST | Owner Name: MERCY HOSPITAL | Owner Address: 144 STATE ST PORTLAND, ME 04101 | Phone: |
| Business Name: Mercy Hospital | Contractor Name: Langford & Low, Inc - Gus | Contractor Address: 248 WARREN AVE PORTLAND MAINE 04104 | Phone: 318-0546 |
| Lessee/Buyer's Name: | Phone: | Permit Type: BLDG | Zone: R-6 |
| Past Use: Hospital | Proposed Use: Same: Hospital - in 1 st floor imaging room - to do demolition of existing equipment - follow up permit to come for new work | Cost of Work: \$15,000.00 | CEO District: |
| | | Fire Dept: 10/15/12 Signature: <i>[Signature]</i> (58) | Inspection: Use Group: I-2 Type: IA IBC 09 Signature: <i>[Signature]</i> |
| Proposed Project Description: Phase 1 Interior demo IR Room 1st floor | | Pedestrian Activities District (P.A.D.) | |
| Permit Taken By: Lannie | | 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 informatin may invalidate a building permit and stop all work.</p> | <p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>___ Maj ___ Min ___ MM</p> <p>Date: <i>OK - 9/17/12</i></p> | <p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p> | <p>Historic Preservation</p> <p><i>within</i></p> <p><input type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>Amy exterior work requires a separate review & approval</i></p> |
| | 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 appication 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 |



Demolition of a Structure Permit Application

2012-09-4898

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</u> | | |
| Total Square Footage of Proposed Structure | | Square Footage of Lot: |
| Tax Assessor's Chart, Block & Lot: Chart# <u>45</u> Block# <u>C</u> Lot# <u>7</u> | Owner: <u>Mercy Hospital</u> | Telephone: <u>879-3574</u> |
| Lessee/Buyer's Name (If Applicable) | Applicant name, address & telephone: <u>Mercy Hospital</u> <u>144 State St.</u> <u>Portland, ME 04101</u> | Cost Of Work: \$ <u>15,000</u> Fee: \$ <u>170</u> |
| Current legal use: (i.e. garage, warehouse) <u>Imaging Rm.</u> If vacant, what was the previous use? _____ How long has it been vacant? _____ Project description: <u>Remove existing Equipment Replace all finishes and install new Equipment.</u> <u>on 1st floor just Demo</u> | | |
| Contractor's name, address & telephone: <u>Langston & Low, Inc.</u> | | |
| Who should we contact when the permit is ready: <u>Gus Dargatzis</u> Mailing address: <u>248 Warehouse Ave</u> Telephone: <u>318-0546</u> <u>Portland, ME 04104</u> | | |

Electronic files in pdf format are also required

Please submit all of the information outlined in the Demolition call list. 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 of applicant:  | Date: <u>9-3-12</u> |
|---|---------------------|

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

RECEIVED
SEP 06 2012
Dept of Building Inspections
City of Portland Maine

MERCY HOSPITAL PORTLAND, MAINE

IMAGING ROOM EQUIPMENT REPLACEMENT

DEMOLITION PACKAGE 8-31-12

144 Fore Street/P.O. Box 618
Portland, Maine 04104
tel. (207) 772-3846
fax. (207) 772-1070
www.smrinc.com

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INTERIOR DESIGN
COMMISSIONING



MERCY HOSPITAL
IR EQUIPMENT REPLACEMENT
PORTLAND, MAINE

| REV | DESCRIPTION | DATE |
|-----|-------------|------|
| | | |
| | | |
| | | |
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| | |
|----------------------------------|---|
| ISSUED FOR DEMOLITION 8-31-12 | CURRENT ISSUE STATUS: |
| SCALE: 1/4"=1'-0" | PROJECT MANAGER: KD |
| JC/DRAWN BY: MDR | A/E OF RECORD: KD |
| CAD FILE: G001-12076 | PROJECT NO: 12076 |
| DATE: 8-31-12 | SHEET TITLE: COVER SHEET DEMO PACKAGE |
| SHEET No. AD100 | |

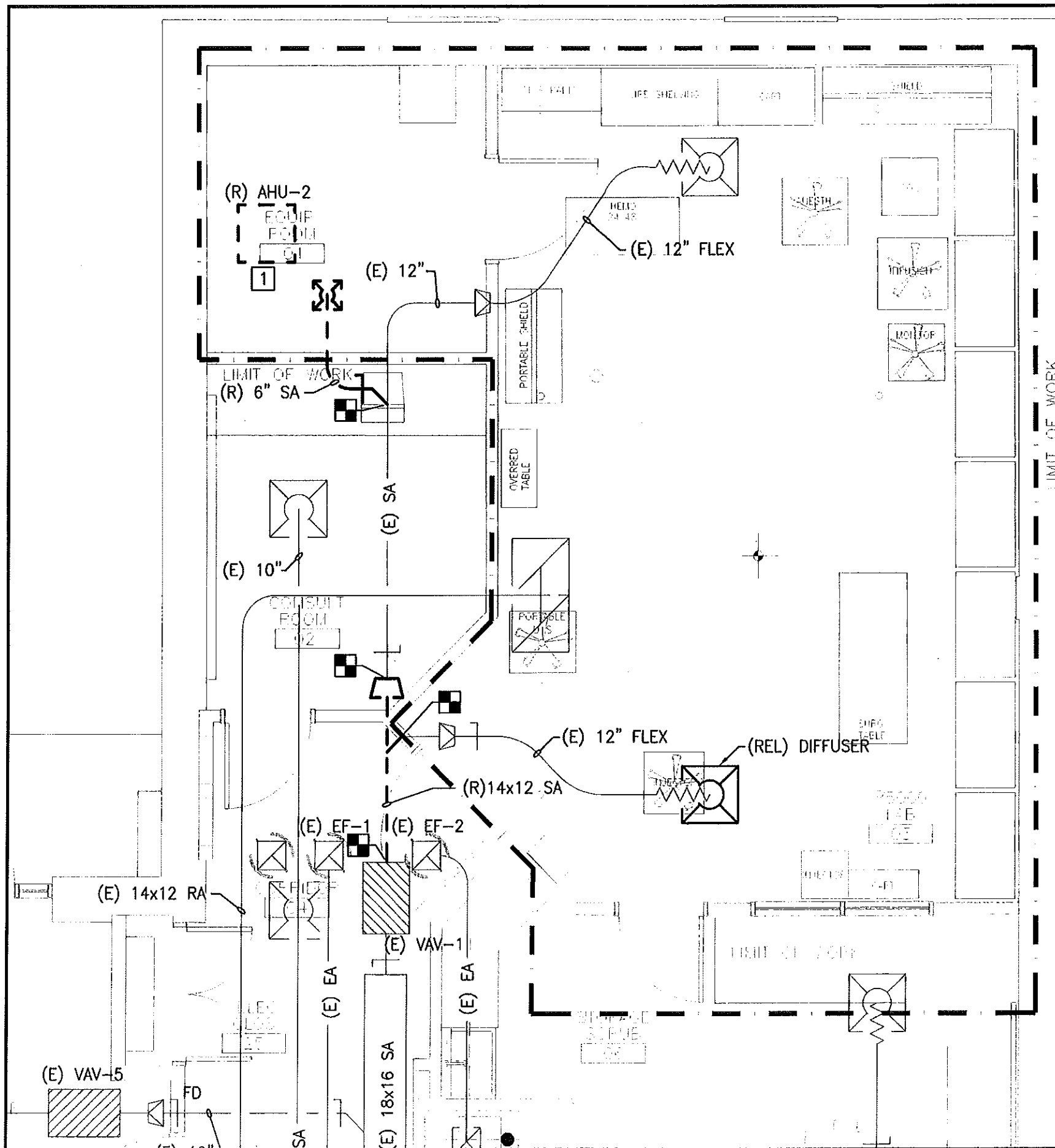
DRAWING LIST

GENERAL

- G-001 COVER SHEET
- AD100 DEMOLITION PLAN
- MD100 HVAC DEMOLITION PLAN
- MD101 HVAC DEMOLITION ROOF PLAN
- PD100 PIPING DEMOLITION PLAN
- E-100 ELECTRICAL DEMOLITION PLAN

RECEIVED
SEP 06 2012
Dept. of Building Inspections
City of Portland Maine

Arsten Danylo
31 Aug 12

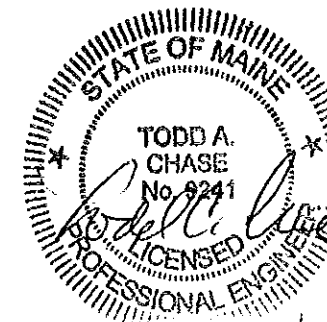


DEMOLITION KEY NOTES:

- 1 REMOVE FAN COIL, ASSOCIATED PIPING, CONTROLS, AND CONDENSING UNIT ON ROOF IN ITS ENTIRETY. RE-CLAIM REFRIGERANT AS REQUIRED. PREPARE CONDENSATE DRAIN FOR NEW FAN COIL UNITS.

LEGEND - ABBREVIATIONS

- (E) EXISTING
- (R) REMOVE
- (REL) RELOCATE
- LIMIT OF REMOVAL
- ⊕ CONNECT TO EXISTING
- ↔ MEDICAL VACUUM INLET
- ↔ MEDICAL AIR OUTLET
- - - DEMOLITION
- EXISTING
- NEW



8/31/12

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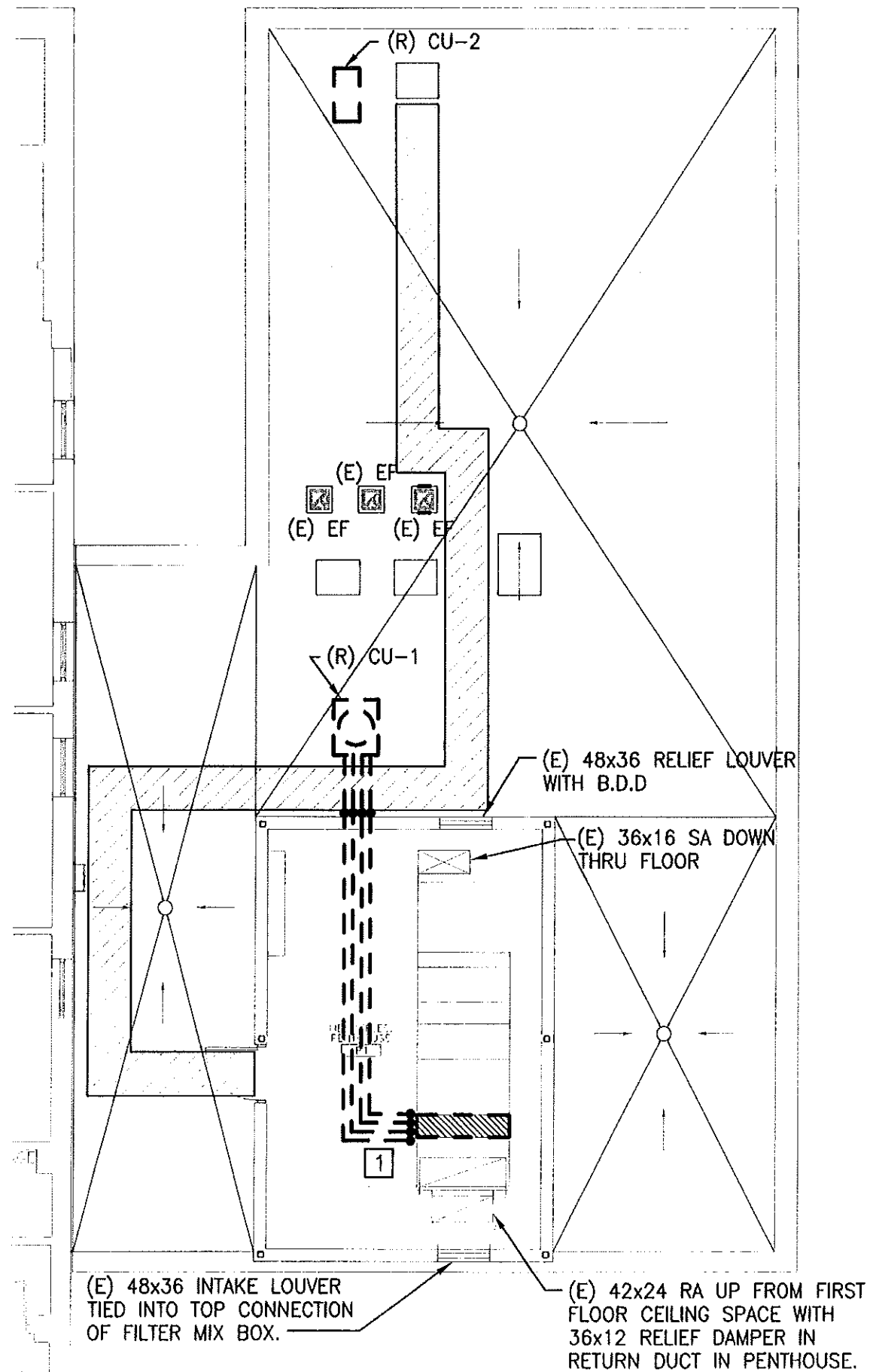
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MERCY HOSPITAL
 IR EQUIPMENT REPLACEMENT
 PORTLAND, MAINE

| | | |
|----------------------------------|-----------------------|---------|
| ISSUED FOR DEMOLITION 8-31-12 | | DATE |
| CURRENT ISSUE STATUS: | | |
| 0 | ISSUED FOR DEMOLITION | 8-31-12 |
| REV | DESCRIPTION | |

| | |
|------------------|-------------------------|
| SCALE: | 1/4"=1'-0" |
| PROJECT MANAGER: | KD |
| IC/DRAWN BY: | MBD |
| A/E OF RECORD: | KD |
| CAD FILE: | MD100-12076 |
| PROJECT NO: | 12076 |
| DATE: | 8-31-12 |
| SHEET TITLE: | HVAC DEMOLITION PLAN |
| SHEET No. | MD100 |

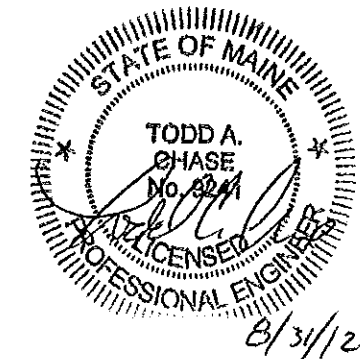


DEMOLITION KEY NOTES:

- 1 REMOVE EXISTING DX COIL, ASSOCIATED PIPING, AND CONDENSING UNIT IN ITS ENTIRETY. RECLAIM REFRIGERANT AS REQUIRED.

LEGEND—ABBREVIATIONS

- (E) EXISTING
- (R) REMOVE
- (REL) RELOCATE
- LIMIT OF REMOVAL
- CONNECT TO EXISTING
- ◀▶ MEDICAL VACUUM INLET
- ▶ MEDICAL AIR OUTLET
- - - DEMOLITION
- EXISTING
- NEW



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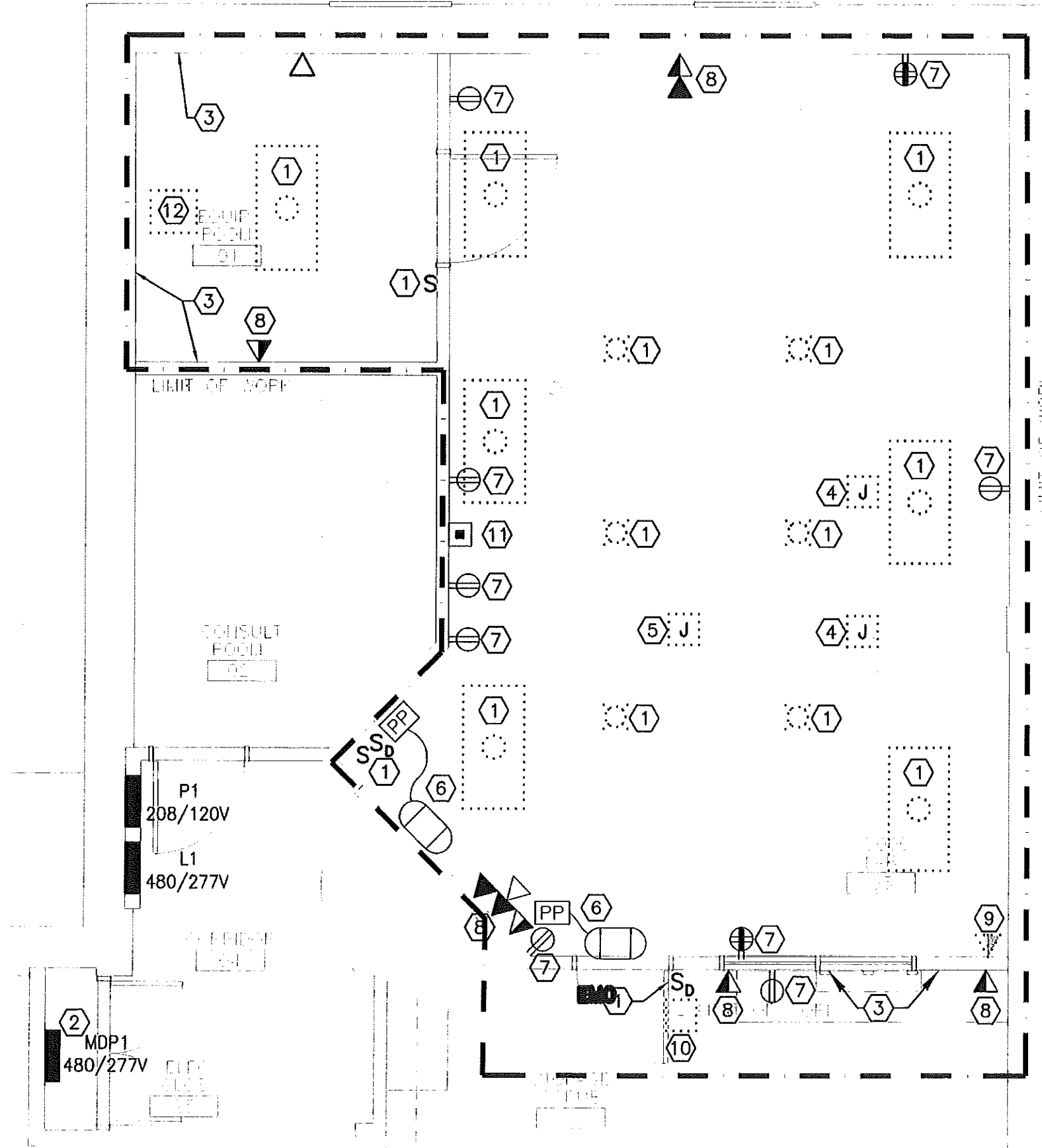
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 PORTLAND, MAINE

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|----------------------------------|-----|-----------------------|---------|------|
| ISSUED FOR DEMOLITION 8-31-12 | 0 | ISSUED FOR DEMOLITION | 8-31-12 | DATE |
| | REV | DESCRIPTION | | |

| | |
|------------------|------------------------------|
| SCALE: | 1/8"=1'-0" |
| PROJECT MANAGER: | KD |
| IC/DRAWN BY: | MBD |
| A/E OF RECORD: | KD |
| CAD FILE: | MD101-12076 |
| PROJECT NO: | 12076 |
| DATE: | 8-31-12 |
| SHEET TITLE: | HVAC DEMOLITION ROOF PLAN |
| SHEET No. | MD101 |

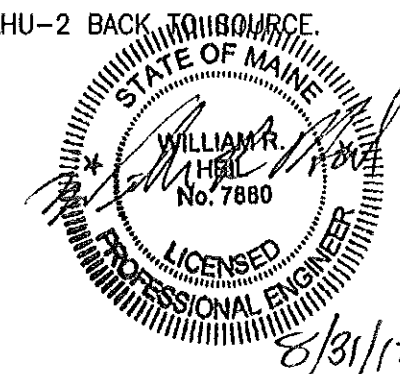


GENERAL NOTES:

- SEE SHEET E-001 FOR LEGEND AND GENERAL NOTES.
- REMOVE FEEDER TO CONDENSING UNIT CU-2 BACK TO SOURCE. REMOVE CONNECTION AT CONDENSING UNIT CU-1, FEEDER REMAINS FOR REUSE. SEE MECHANICAL DRAWING MD-101 FOR LOCATIONS.

KEYED NOTES:

- REMOVE FIXTURES AND SWITCHES. LIGHTING CIRCUIT TO REMAIN.
- REMOVE FEEDER SERVING EXISTING "ALLURA" EQUIPMENT. 125A BREAKER TO REMAIN FOR REUSE UNDER NEW WORK.
- REMOVE WIRE TROUGH, JUNCTION BOXES AND CONDUITS ASSOCIATED WITH IMAGING EQUIPMENT.
- REMOVE CEILING JUNCTION BOXES AND CONDUITS ASSOCIATED WITH IMAGING EQUIPMENT.
- REMOVE FLOOR JUNCTION BOX, FLOOR TROUGH AND CONDUITS ASSOCIATED WITH IMAGING EQUIPMENT.
- EXISTING DOOR OPERATORS REMAIN.
- EXISTING RECEPTACLES REMAIN.
- EXISTING TELE/DATA REMAINS.
- REMOVE TELE/DATA JACK AND CABLES.
- REMOVE EXISTING EMERGENCY OFF BUTTON.
- CODE BLUE BUTTON REMAINS.
- REMOVE FEEDER TO AHU-2 BACK TO SOURCE.



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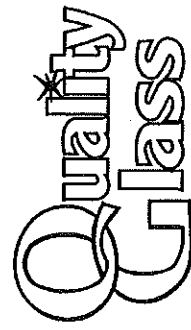
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MERCY HOSPITAL
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 PORTLAND, MAINE

| | | | | | |
|----------------------------------|-----------------------|--|-----|-------------|------|
| ISSUED FOR DEMOLITION 8-31-12 | CURRENT ISSUE STATUS: | | REV | DESCRIPTION | DATE |
| | | | | | |

| | |
|------------------|----------------------------|
| SCALE: | 1/4"=1'-0" |
| PROJECT MANAGER: | KD |
| IC/DRAWN BY: | CDS |
| A/E OF RECORD: | WRH |
| CAD FILE: | E-E100-12076 |
| PROJECT NO: | 12076 |
| DATE: | 8-31-12 |
| SHEET TITLE: | ELECTRICAL DEMOLITION PLAN |
| SHEET No. | E-100 |



What we do is improve your view!

969 Lisbon Street
Lewiston, ME 04240

Langford & Low
28 Warren Ave.
Portland, Me. 04103
Attn: Gus Doughty

Estimate

| | |
|-----------|------------|
| Date | Estimate # |
| 8/31/2012 | 160 |

| Description | Total |
|---|---------------------|
| Job Name: MMC SCI Pavilion/Solarium | |
| **COMPARISON PRICING** | |
| Original Bid: Wasco acrylic Circular C48 Dome | \$2726.00 ea. |
| Wasco Tempered glass circular Solar Band 60 Flat | \$4870.00 ea. |
| Original Bid: Kalwall Sky Roof | \$5870.00 for both |
| Wasco Black Frame all glass Solar Band 60 with Diffuser | \$11626.00 for both |
| Subtotal | \$0.00 |
| Sales Tax (5.0%) | \$0.00 |
| Total | \$0.00 |

| | |
|--------------|--------------|
| Phone # | Fax # |
| 207-777-7727 | 207-777-7737 |

| |
|---------------------------|
| E-mail |
| qualityglassinc@yahoo.com |