

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that **MERCY HOSPITAL**

Located At **144 STATE ST**

Job ID: **2012-09-4963-ALTCOMM**

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

Has permission to **Remove existing radiology equipment & replace with new equipment all new electrical & mechanical**

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

10/19/2012

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: 2012-09-4963-ALTCOMM

Located At: 144 STATE ST

CBL: 045- C-007-001

Conditions of Approval:

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. Equipment shall be installed in compliance with the manufacturer's specifications and the UL listing.
3. All penetrations shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the required rating per Sec. 713 of IBC.

Fire

1. All construction shall comply with City Code Chapter 10.
2. 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.
3. Fire extinguishers are required. Installation per NFPA 10.
4. The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
5. 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.
6. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.
7. 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.
8. Non-combustible construction of this structure requires all construction to be Non-combustible.
9. 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: 2012-09-4963-ALTCOMM	Date Applied: 9/14/2012	CBL: 045- C-007-001	
Location of Construction: 144 STATE ST	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST PORTLAND, ME 04101	Phone: 879-3574
Business Name: Mercy Hospital	Contractor Name: Lanfgord & Low, Inc., Gus Doughty	Contractor Address: 248 Warren Ave., Portland, ME 04101	Phone: 797-5141 318-0546 GD
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG ALT	Zone: R-6
Past Use: Hospital	Proposed Use: Same: Hospital – in Angio Lab – remove existing radioloty equipumnt & replace with new equipment – all new electrical & mechanical systems	Cost of Work:	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: I-2 Type: IA IBC 05
Proposed Project Description: remove & replace radiology equipment.		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Gayle		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 9/14/12</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>any 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

entered PDF 2012 09 4963



General Building Permit Application R-6

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.

C 100 State

Location/Address of Construction: <u>144 STATE STREET</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * must be owner, Lessee or Buyer * Name <u>Mercy Hospital</u> Address <u>144 STATE ST.</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Telephone: <u>879-3574</u>
<u>045 C 007</u>		
Lessee/DBA (If Applicable) RECEIVED SEP 14 2012 Dept. of Building Inspections	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>280,000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal type of Portland Maine <u>Angio LAB</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>SAME</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Remove Existing Radiology equipment & Replace with New Equipment. Add All New Finishes to the Rm. Modify Electrical & Mechanical Systems.</u>		
Contractor's name: <u>LANGFORD + LOW, INC.</u> <u>GUS</u> <u>CWO</u> <u>SIRST</u> Address: <u>248 WARREN AVE.</u> City, State & Zip: <u>PORTLAND ME 04104</u> <u>747-5141</u> Telephone: Who should we contact when the permit is ready: <u>GUS DOUGHERTY</u> <u>518-0546</u> Telephone: Mailing address: <u>248 WARREN AVE. PORTLAND ME 04104</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: _____ Date: 9-14-12

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



Certificate of Design Application

From Designer: SMPT inc. KRISTEN DANUTH
 Date: 12 Sept 12
 Job Name: MERCY IR EQUIPMENT REPLACEMENT
 Address of Construction: 144 STATE ST

2003 International Building Code

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

Building Code & Year 2009 IBC Use Group Classification (s) F-2
 Type of Construction 1B - PROTECTED (NFPA 332)
 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? _____ 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
SEE SUPP. DRAWINGS.	

Wind loads (1603.1.4, 1609)

NA Design option utilized (1609.1.1, 1609.6)
 _____ Basic wind speed (1809.3)
NA Building category and wind importance Factor, I_w (table 1604.5, 1609.5)
 _____ Wind exposure category (1609.4)
 _____ Internal pressure coefficient (ASCE 7)
NA 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)

NA Design option utilized (1614.1)
NA Seismic use group ("Category")
NA Spectral response coefficients, S_D & S_1 (1615.1)
 _____ Site class (1615.1.5)

NA 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
NA If $P_g > 10$ psf, snow exposure factor, C_e
NA 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)
NA 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: KRISTEN DAMUTH

Address of Project: MERCY HOSPITAL · 144 STATE ST.

Nature of Project: EQUIPMENT REPLACEMENT IN
IMAGING ROOM · PATIENTS ONLY ACCESS
SPACE VIA STRETCHER.

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

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: 12 Sept 12

From: KRISTEN DAMUTH / SMKT

These plans and / or specifications covering construction work on:

MERCY HOSPITAL INTERVENTIONAL RADIOLOGY
EQUIPMENT REPLACEMENT PROJECT

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: SMKT

Address: 144 FORE ST.

PORTLAND, ME

Phone: 772-3846

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Receipts Details:

Tender Information: Check , BusinessName: Langford & Low, Inc., Check Number: 45498
Tender Amount: 2820.00

Receipt Header:

Cashier Id: gguertin
Receipt Date: 9/14/2012
Receipt Number: 48221

Receipt Details:

Referance ID:	8018	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	2820.00	Charge Amount:	2820.00
Job ID: Job ID: 2012-09-4963-ALTCOMM - remove & replace radiology equipment.			
Additional Comments: 144 State St., Lanford & Low			

Thank You for your Payment!