

D1 DEMOLITION PLAN

D6 REFLECTED CEILING PLAN

D11 FLOOR PLAN

1/4"=1'-0" *

1/4"=1'-0" *

1/4"=1'-0" *

- GENERAL DEMOLITION NOTES:**
- COORDINATE EXTENT OF DEMOLITION WITH THE REQUIREMENTS OF OTHER WORK OF THIS CONTRACT AS DESCRIBED HERE IN AND IN THE CONTRACTORS SUBMITTALS, AND WITH LOCATIONS OF FINISHES NOTED AS EXISTING TO REMAIN.
 - ANY WALL, PARTITION OR SURFACE DISTURBED BY WORK OF THIS CONTRACT SHALL BE PATCHED AND FINISHED CONTINUOUSLY TO THE NEAREST CORNER UNLESS NOTED OTHERWISE, MATCH EXISTING ADJACENT CONSTRUCTION FINISHES, CONTINUITY AND FIRE RATINGS UNLESS NOTED OTHERWISE.
 - PROTECT ALL FINISHES, MATERIALS AND EQUIPMENT NOTED AS EXISTING TO REMAIN. CONTRACTOR SHALL BE RESPONSIBLE TO REPLACE ALL FINISHES, MATERIALS AND EQUIPMENT DAMAGED DURING CONSTRUCTION.
 - DIMENSIONS INDICATED ± ARE EXISTING CONDITION DIMENSIONS TO BE VERIFIED IN FIELD.
 - OWNER IS RESPONSIBLE FOR THE REMOVAL AND RELOCATION OF EXISTING FURNITURE WITH IN SCOPE OF CONSTRUCTION.

- DEMOLITION KEY NOTES:**
- REMOVE CEILING TILE AND GRID ASSEMBLY COMPLETE. COORDINATE EXTENTS OF REMOVAL WITH PARTITION LOCATIONS AND EXISTING FINISHES TO REMAIN. EXISTING DIFFUSERS AND SPRINKLERS TO REMAIN.
 - REMOVE FLOORING SYSTEM AND PREPARE SUBSTRATE FOR PROPOSED FLOORING. COORDINATE EXTENT WITH PROPOSED FINISH.
 - REMOVE CASEWORK COMPLETE
 - REMOVE WINDOW TREATMENTS COMPLETE
 - REMOVE ANY MISC. EQUIPMENT NOT BEING USED, COORDINATE WITH OWNER.
 - N/A
 - REMOVE CURTAIN TRACK AND CURTAIN. HAND OVER TO OWNER.

- SYMBOL LEGEND**
- 2x2 SUSPENDED CEILING PANEL AND GRID ASSEMBLY.
 - 2x4 SUSPENDED CEILING PANEL AND GRID ASSEMBLY.
 - GWB CEILING.
 - 2x4 LAY-IN LIGHT FIXTURE.
 - 1x4 PENDANT LIGHT FIXTURE.
 - DOWN LIGHT.
 - CEILING MOUNTED EXIT LIGHT.
 - RETURN AIR GRILLE.
 - SUPPLY AIR GRILLE.
 - EXHAUST AIR GRILLE.

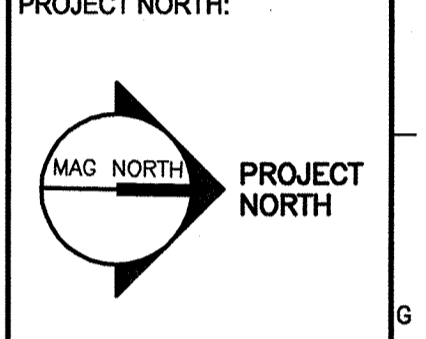
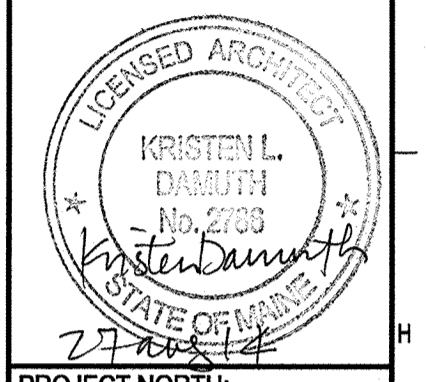
- REFLECTED CEILING NOTES**
- ALIGN CEILING ITEMS AS SHOWN, WITH COMMON CENTERLINES, TYPICALLY. CENTER ITEMS IN CEILINGS, OR IN AREAS UNLESS INDICATED OTHERWISE.
 - MATCH EXISTING CEILING HEIGHTS.
 - EXCEPT WHERE INDICATED, CENTER CEILING GRIDS IN ROOMS. USE HALF TILES OR GREATER @ PERIMETERS AS POSSIBLE.
 - PROVIDE ACCESS PANELS AS REQUIRED IN GWB CEILINGS FOR ACCESS TO MECHANICAL VALVES/ CONTROLS. REFERENCE MECHANICAL.
- KEYED NOTES:**
- EXISTING CEILING OR SOFFIT TO REMAIN.
 - SOFFIT HEIGHT 3" LOWER THAN ADJACENT CEILING
 - WINDOW VALANCE TRIM APPLIED TO EXISTING SOFFIT, SEE G1/A-102. RETURN TO WALL.
 - NEW RETURN 12"x12" GRILLE TO MATCH EXISTING ADJACENT. TIE DUCT INTO CLOSEST EXISTING RETURN DUCT.
 - RELOCATED/REINSTALL EXISTING DIFFUSER
 - REINSTALL CURTAIN TRACK AND CURTAIN.

- FLOOR PLAN NOTES:**
- SEE GENERAL NOTES ON G1001.
 - FURNITURE DASHED IN BY OTHERS IS INDICATED FOR COORDINATION. PROVIDE IN WALL BLOCKING FOR ALL WALL MOUNTED CASEWORK, FURNITURE, EQUIPMENT AND ANY OTHER NIC ITEM.
 - PARTITION TYPE IS TYPICAL UNLESS NOTED OTHERWISE.
 - REFER TO DETAILS AND/OR ENLARGED PLANS FOR ADDITIONAL INFORMATION.
 - AT ALL REMOVED ITEMS, PATCH WALL SURFACE TO MATCH ADJACENT MATERIAL, TYPICAL.
 - EXTERIOR DIMENSIONS ARE FROM FACE OF STUD TO FACE OF STUD. UNLESS NOTED OTHERWISE.

- KEYED NOTES:**
- NEW FURNITURE, COORDINATE WITH OWNER
 - EXISTING WALL MOUNTED TV
 - WOOD CHAIRAIL, WITH PWC BELOW, SEE DETAIL A13/D-101
 - BUMPER RAIL, COORDINATE MOUNTING HEIGHT WITH OWNER.

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MERCY HOSPITAL
4N TYLER SUITE RENOVATIONS
STATE STREET - PORTLAND, MAINE

ISSUED FOR CONSTRUCTION
8-27-14

CURRENT ISSUE STATUS:

REV	DATE	DESCRIPTION
0	8-27-14	ISSUED FOR CONSTRUCTION

GRAPHIC SCALE:
0' 1'

SCALE: 1/4"=1'-0"

PROJECT MANAGER: KD

JC/DRAWN BY: MDR /MDR

A/E OF RECORD: KD

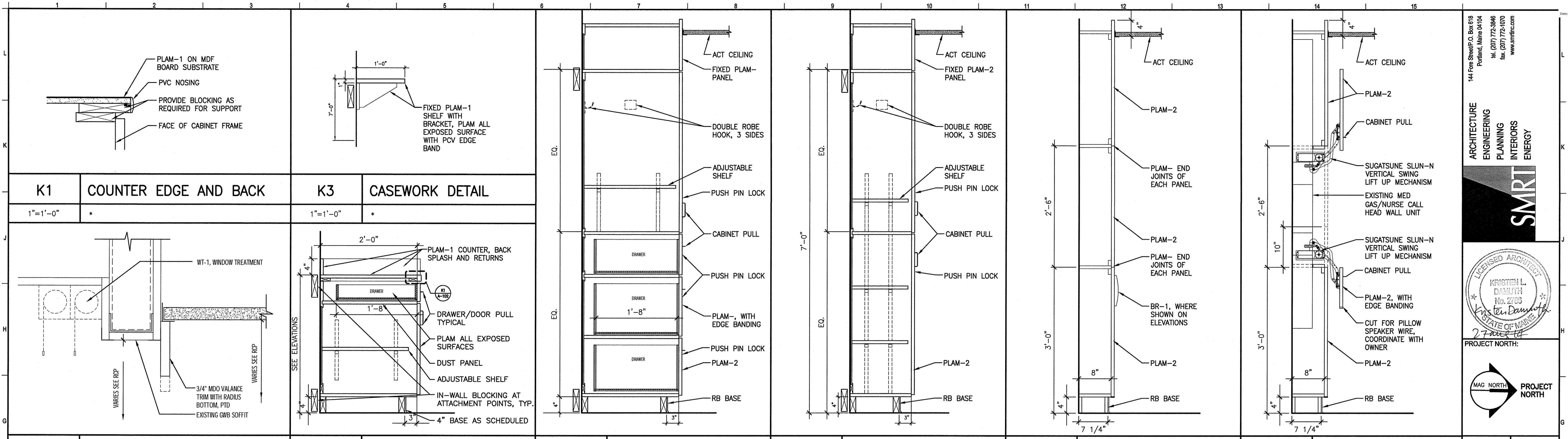
PROJECT NO: 14108

SMRT FILE: A-101-14108

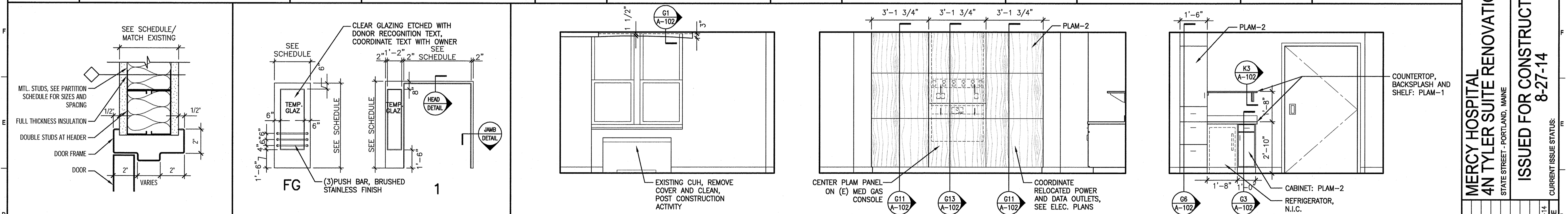
DATE: 8-27-14

SHEET TITLE:
PLANS
AND NOTES

SHEET No.
A-101



K1 COUNTER EDGE AND BACK 1"=1'-0" *
K3 CASEWORK DETAIL 1"=1'-0" *
G1 SOFFIT DETAIL 1"=1'-0" *
G3 CASEWORK DETAIL 1"=1'-0" *
G6 CASEWORK DETAIL 1"=1'-0" *
G9 CASEWORK DETAIL 1"=1'-0" *
G11 CASEWORK DETAIL 1"=1'-0" *
G13 CASEWORK DETAIL 1"=1'-0" *



D1 HEAD/JAMB DETAIL 3"=1'-0" *
D3 DOOR/FRAME ELEVATIONS 1/4"=1'-0" *
D6 INTERIOR ELEVATION 3/8"=1'-0" *
FG 1'-6"=1'-0" *
1 1'-6"=1'-0" *

DOOR SCHEDULE											
DOOR NUMBER	DOOR			GLAZING	FRAME			HWS	FIRE RATING (MIN.)	DOOR NUMBER	NOTES
	SIZE	MATERIAL	ELEVATION		MATERIAL	ELEVATION	HEAD				
4096a	3'-6", 2'-0"x7'-0"	WD	FG	TEMP	HM	1	D1/A-102	D1/A-102	1	4096a	

GENERAL DOOR NOTES:

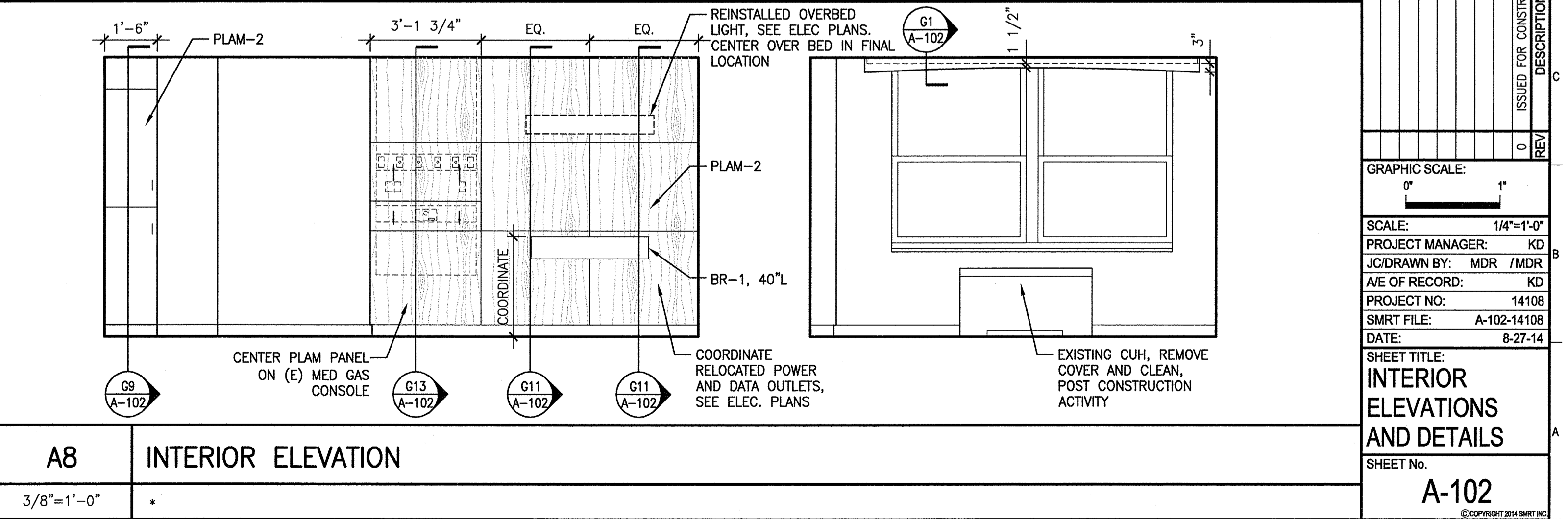
- ALL SWINGING DOORS TO BE 1-3/4" THICK (U.N.O.).
- ALL DOORS SHALL BE 3/4" UNDERCUT (TYPICAL) EXCEPT WHEN THERE IS A BOTTOM FRAME OR SILL THRESHOLD OR SPECIFICALLY NOTED OTHERWISE.
- ALL DOORS WITH BOTTOM FRAMES OR SILL THRESHOLDS SHALL HAVE MANUFACTURERS RECOMMENDED STANDARD UNDERCUT.
- GLAZING NOTED ON DOOR SCHEDULE IS FOR THE DOOR AND SIDELIGHTS IN THE FRAME (TYPICAL).
- WOOD DOORS SPECIES/FINISH TO MATCH EXISTING.
- HARDWARE FINISH TO MATCH EXISTING.

DOOR ABBREVIATIONS:

AL/ALUM	ALUMINUM	S/S	STAINLESS STEEL
HM	HOLLOW METAL	STL	STEEL
LAM	LAMINATED	TEMP	TEMPERED GLASS
INS	INSULATED	WIRE	WIRE GLASS
WD	WOOD	R/E	RE-USE EXISTING

HARDWARE SETS:

HWS 1:
 HINGES, LEVER STYLE LOCKSET(PASSAGE) ON ACTIVE LEAF, THUMB LATCHES O INACTIVE LEAF, (3) 1" DIA. PUSH RAILS W/ CONCEALED MOUNTING ON EACH LEAF, WALL STOP FOR LARGE LEAF, SILENCERS.



A8 INTERIOR ELEVATION 3/8"=1'-0" *

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LICENSED ARCHITECT
 KRISTEN L. DANFORTH
 No. 2783
 Kristen Danforth
 STATE OF MAINE
 PROJECT NORTH:

MAG NORTH PROJECT NORTH

**MERCY HOSPITAL
 4N TYLER SUITE RENOVATIONS**
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 JC/DRAWN BY: MDR /MDR
 A/E OF RECORD: KD
 PROJECT NO: 14108
 SMART FILE: A-102-14108
 DATE: 8-27-14

SHEET TITLE:
**INTERIOR
 ELEVATIONS
 AND DETAILS**

SHEET No.
A-102



Accessibility Building Code Certificate



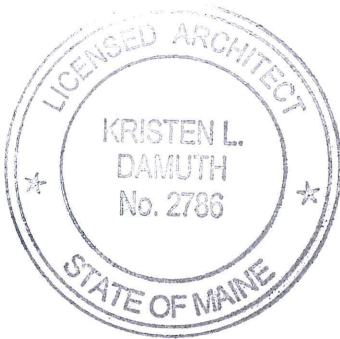
Inspections Division
Date: 10/22/14

Designer: KRISTEN DAMUTH, SMRT

Address of Project: MERCY HOSPITAL, 144 STATE ST.

Nature of Project: 570 SQ FT RENC OF 2 PATIENT ROOMS

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.



Signature: Kristen Damuth.

Title: ARCHITECT

Firm: SMRT

Address: 144 FORE STREET
PORTLAND 04101

Phone: 772.3846

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Certificate of Design Application

From Designer: KRISTEN DAMUTH, SMRT
 Date: 9 Oct 14
 Job Name: MERCY HOSPITAL- 4N TYLER SUITE RENO
 Address of Construction: 144 STATE ST PORTLAND 04101

2009 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 IB

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2009 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) _____

Structural Design Calculations N/A RENO

_____ 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) N/A RENO

- _____ Design option utilized (1609.1.1, 1609.6)
- _____ Basic wind speed (1809.3)
- _____ Building category and wind importance Factor, w_b (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) N/A RENO

- _____ Design option utilized (1614.1)
- _____ Seismic use group ("Category")
- _____ Spectral response coefficients, S_D s & S_I (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) N/A RENO

- _____ 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)



Certificate of Design



Inspections Division
Date: 10/22/14

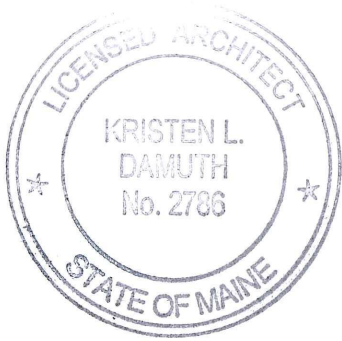
Date: 9 Oct 14

From: KRISTEN DAMUTH, SMRT

These plans and / or specifications covering construction work on:

MERLY HOSPITAL , 4 NORTH

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



Signature: Kristen Damuth

Title: ARCHITECT

Firm: SMRT

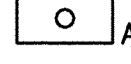



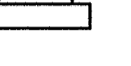
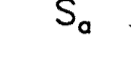
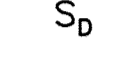

Address: 144 FORE STREET

PORTLAND 04101



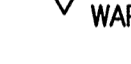

Phone: 772-3846

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LIGHTING

-  2x4 FLUORESCENT FIXTURE ASSOCIATED CONTROL DEVICE FIXTURE TYPE (SEE LIGHT FIXTURE SCHEDULE)
-  2x2 FLUORESCENT FIXTURE
-  FIXTURE WIRED TO SWITCHED EMERGENCY CIRCUIT
-  DOWN LIGHT
-  WALL MOUNTED FIXTURE
-  SINGLE POLE TOGGLE SWITCH
a. INDICATES CONTROLLED FIXTURE
-  DIMMER SWITCH
-  EXIT SIGN, CEILING MOUNTED
ARROW INDICATES EGRESS DIRECTION
SHADING INDICATES SIGN FACE





COMMUNICATION & DATA SYSTEMS

-  COMBINATION VOICE/DATA SYSTEM OUTLET
D—DATE LINE V—VOICE LINE
(2)—INDICATES 2 OUTLETS, SINGLE BOX
-  TELEPHONE SYSTEM WALL JACK
-  DATA SYSTEM OUTLET
WAP = WIRELESS ACCESS POINT
-  CABLE TELEVISION SYSTEM OUTLET.




POWER

-  HOSPITAL GRADE DUPLEX RECEPTACLE, NEMA 5-20R
E = INSTALLED ON EMERGENCY CIRCUIT
-  SINGLE RECEPTACLE, NEMA 5-20R
u = SINGLE RECEPTACLE W/2 USB CHARGING PORTS


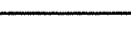

FIRE ALARM

-  FIRE ALARM SPEAKER/STROBE UNIT
-  FIRE ALARM VISIBLE ONLY NOTIFICATION APPLIANCE
-  FIRE ALARM MANUAL PULL STATION
-  PHOTOELECTRIC SMOKE DETECTOR, CEILING MOUNTED

NURSE CALL SYSTEM

-  NURSE CALL CALL LIGHT
-  NURSE CALL-CORD STATION
-  NURSE CALL PULL CORD

LINE TYPES

-  EXISTING
-  NEW
-  DEMOLITION

ABBREVIATIONS

AAMP	AMPERE	LA	LIGHTNING ARRESTER
AF	ABOVE FINISHED FLOOR	LTG	LIGHTING
AFG	ABOVE FINISHED GRADE	MC	METAL CLAD
AHJ	AUTHORITY HAVING JURISDICTION	MCB	MAIN CIRCUIT BREAKER
AIC	AMPERE INTERRUPTING CAPACITY	MFR	MANUFACTURER
AWG	AMERICAN WIRE GAUGE	MI	MINERAL INSULATED
BFG	BELOW FINISHED GRADE	MLO	MAIN LUG ONLY
BOS	BOTTOM OF STEEL	MTD	MOUNTED
C	CONDUIT, CONDUCTOR	MV	MEDIUM VOLTAGE
CATV	CABLE TELEVISION	NC	NORMALLY CLOSED
CB	CIRCUIT BREAKER	NEC	NATIONAL ELECTRICAL CODE
CCTV	CLOSED CIRCUIT TELEVISION	NEG	NEGATIVE
CPT	CONTROL POWER TRANSFORMER	NEUT	NEUTRAL
CT	CURRENT TRANSFORMER	NIC	NOT IN CONTRACT
CU	COPPER	NO	NORMALLY OPEN
DACT	DIGITAL ALARM COMMUNICATOR TRANSMITTER	NTS	NOT TO SCALE
DB	DIRECT BURIED	PF	POWER FACTOR
DISC	DISCONNECT	PH	PHASE
DN	DOWN	PVC	POLYVINYL CHLORIDE
EMT	ELECTRICAL METALLIC TUBING	RGS	RIGID STEEL CONDUIT
EWC	ELECTRIC WATER COOLER	RSC	RIGID STEEL CONDUIT
FAA	FIRE ALARM ANNUNCIATOR	RTD	RESISTANCE TEMPERATURE DETECTOR
FACP	FIRE ALARM CONTROL PANEL	SN	SOLID NEUTRAL
FBO	FURNISHED BY OTHERS	STP	SHIELDED TWISTED PAIR
FU	FUSE	STT	SHIELDED TWISTED TRIPLET
FWE	FURNISHED WITH EQUIPMENT	SWBD	SWITCHBOARD
GEN	GENERATOR	SWGR	SWITCHGEAR
GFCI	GROUND FAULT CIRCUIT BREAKER	TOS	TOP OF STEEL
GND	GROUND	TRANSF	TRANSFORMER
HP	HORSEPOWER	TVSS	TRANSIENT VOLTAGE SURGE SUPPRESSOR
HTR	HEATER	V	VOLT
IG	ISOLATED GROUND	VA	VOLT-AMPERE
IMC	INTERMEDIATE METAL CONDUIT	VAR	VOLT-AMPERE REACTIVE
K	KILO	WM	WATT METER
KCMIL	THOUSAND CIRCULAR MILS	WP	WEATHER PROOF
KV	KILOVOLT	XFMR	TRANSFORMER
KVA	KILOVOLT-AMPERE	XP	EXPLOSION PROOF
KVAR	KILOVOLT-AMPERE REACTIVE		
KW	KILOWATT		
KWH	KILOWATT-HOUR		

GENERAL NOTES:

- ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH NFPA-70, NATIONAL ELECTRICAL CODE (NEC).
- UNLESS OTHERWISE NOTED CONVENIENCE RECEPTACLES SHALL BE MOUNTED 18-INCHES AFF, LIGHTING TOGGLE SWITCHES 48-INCHES AFF AND DATA SYSTEM OUTLETS 18-INCHES.
- AN EQUIPMENT GROUNDING CONDUCTOR SHALL BE INSTALLED WITH EVERY BRANCH CIRCUIT. UNLESS OTHERWISE NOTED WIRING SHALL BE 2#12 AWG CONDUCTORS AND #12 GND. WIRING ORIGINATING FROM EMERGENCY PANELBOARDS SHALL BE INSTALLED IN EMT. WHERE FISHED INTO EXISTING WALLS, WIRING IS PERMITTED TO BE MC CABLE. ALL OTHER BRANCH CIRCUIT WIRING SHALL BE HOSPITAL GRADE MC CABLE.
- LIGHTING TOGGLE SWITCHES SHALL BE COMMERCIAL SPECIFICATION GRADE 120/277 VOLT, SIDE WIRED AND PROVIDED WITH GROUNDING SCREW. DIMMING SWITCHES SHALL BE LEVITON PART #IP710-LFZ
- CONVENIENCE RECEPTACLES SHALL BE HOSPITAL GRADE, GROUNDING TYPE NEMA 5-20R, SIDE WIRED.
- PROVIDE WALL PLATES FOR ALL WIRING DEVICES, NYLON SMOOTH TYPE.

GENERAL NOTE

1. ALL GENERAL NOTES, SYMBOL LISTS, AND DETAILS ARE TO BE CONSIDERED AS APPLICABLE TO ALL ELECTRICAL DRAWINGS FOR THIS PROJECT. SYMBOLS AND ABBREVIATIONS SHOWN ON THIS SHEET ARE FOR REFERENCE ONLY AND DO NOT INDICATE THEIR INCORPORATION IN THE DESIGN.

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Rev. 0
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PROJECT NORTH:

MERCY HOSPITAL
4N TYLER SUITE RENOVATIONS
STATE STREET - PORTLAND, MAINE

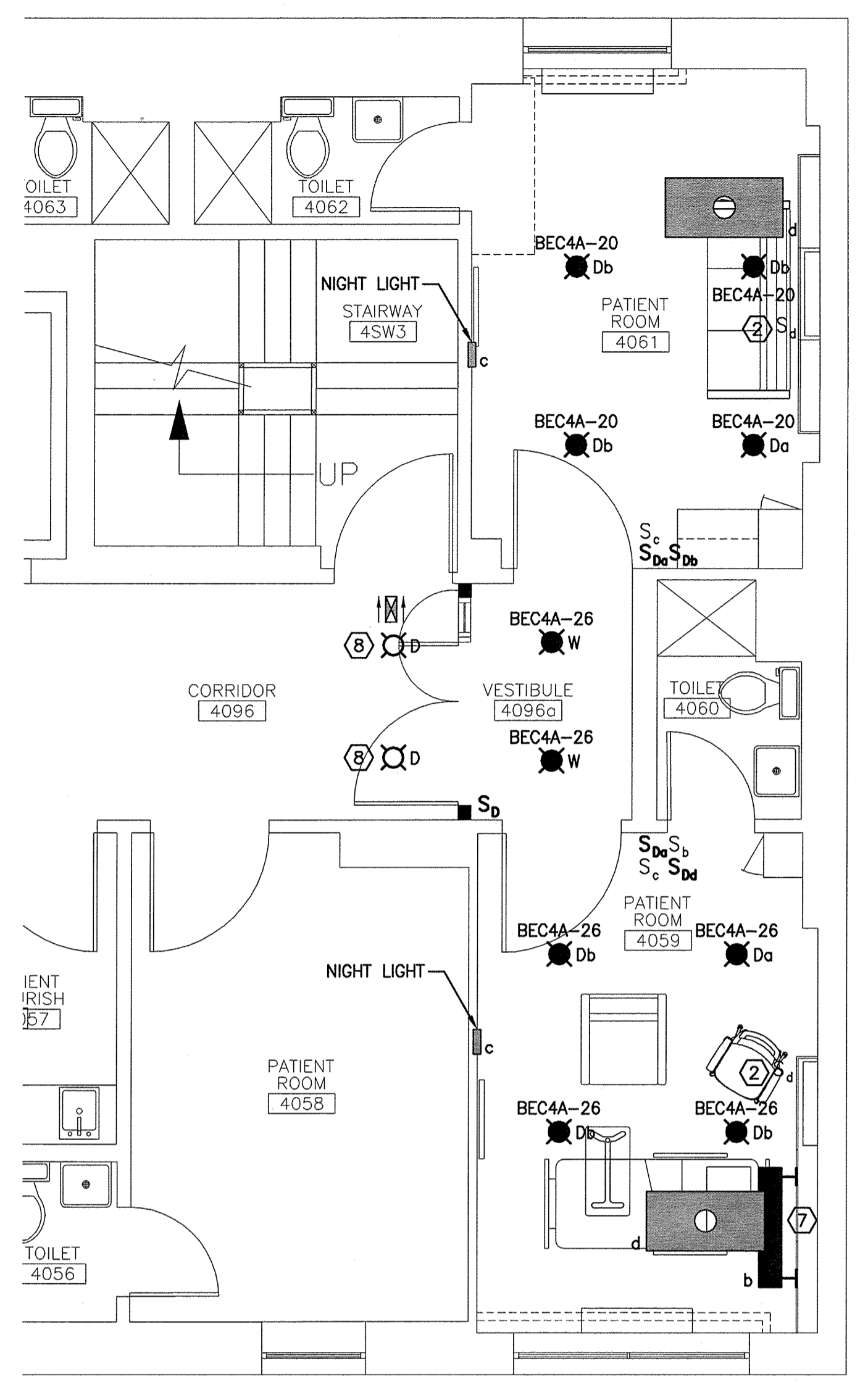
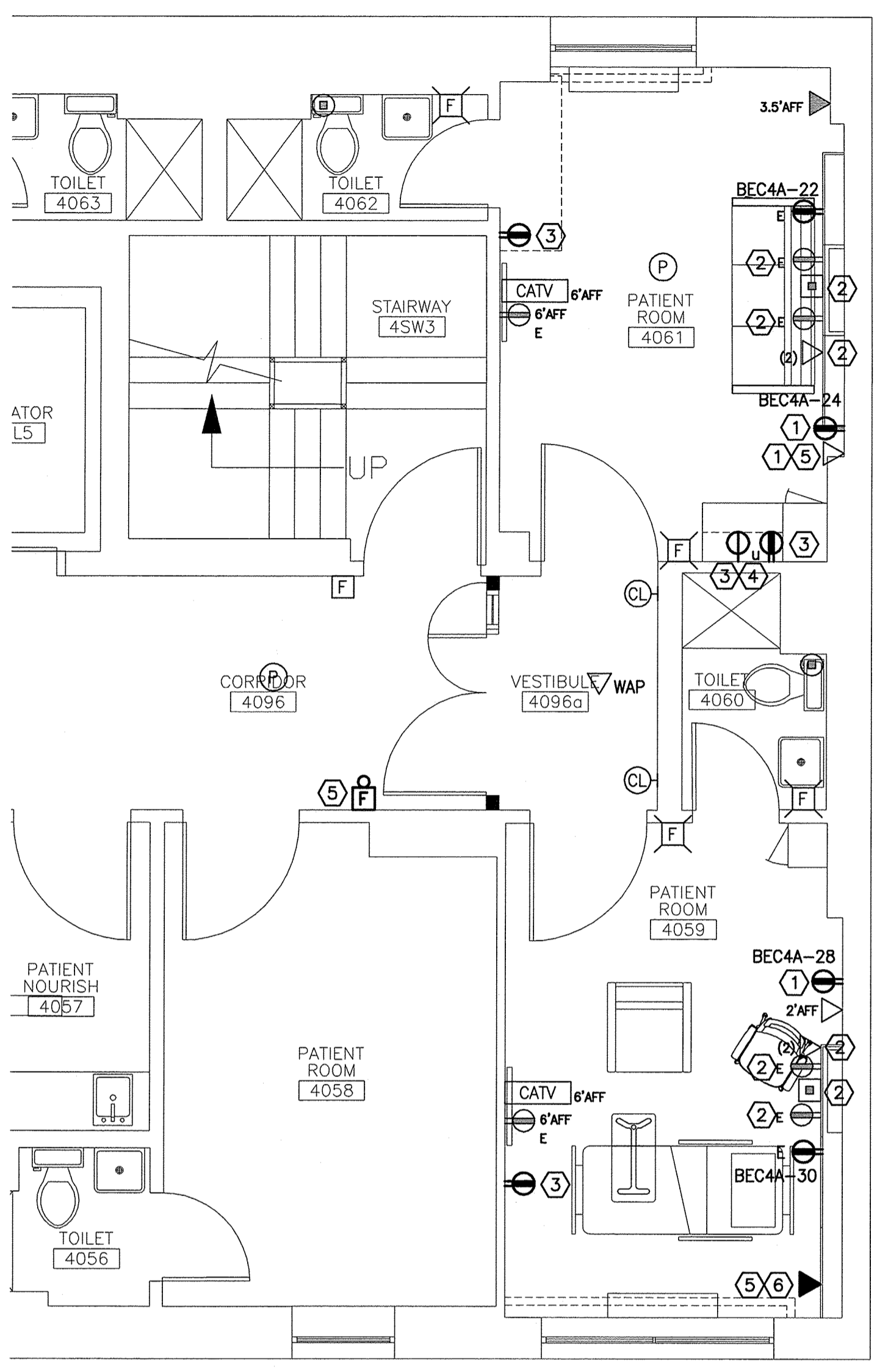
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GRAPHIC SCALE:
0" 1"

SCALE: NONE
PROJECT MANAGER: KD
JCD/DRAWN BY: MDR / CDS
A/E OF RECORD: JPP
PROJECT NO: 14108
SMART FILE: E-001-14108
DATE: 8-27-14
SHEET TITLE:
LEGEND AND GENERAL NOTES



NOTE:

- SEE SHEET E-001 FOR LEGEND AND GENERAL NOTES.

KEYED NOTES:

- INSTALL 24" AFF.
- INSTALLED ON FRONT OF HEADWALL UNIT.
- PROVIDE NORMAL BRANCH CIRCUIT TO RECEPTACLE. COORDINATE WITH OWNER FOR BRANCH CIRCUIT PANEL LOCATION. ONLY 1 CIRCUIT REQUIRED FOR BOTH ROOMS.
- INSTALL ABOVE COUNTER, 44" AFF.
- RELOCATED DEVICE POSITION.
- INSTALL 42" AFF.
- RELOCATED HEADWALL LIGHT FIXTURE. CONNECT TO EXISTING CIRCUIT AND SWITCHING. SWITCH Sb CONTROLS THE UPLIGHT, PULL CHAIN CONTROLS THE DOWNLIGHT.
- CONNECT TO EXISTING CORRIDOR LIGHTING CIRCUIT.

D1 POWER AND SYSTEMS PLAN
1/4"=1'-0"

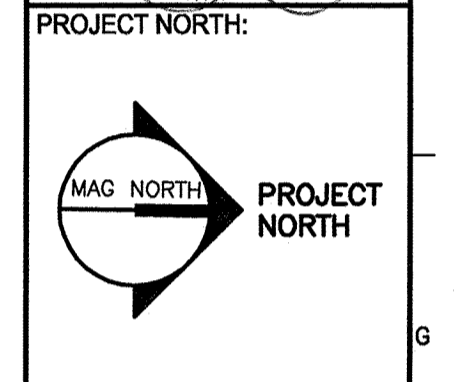
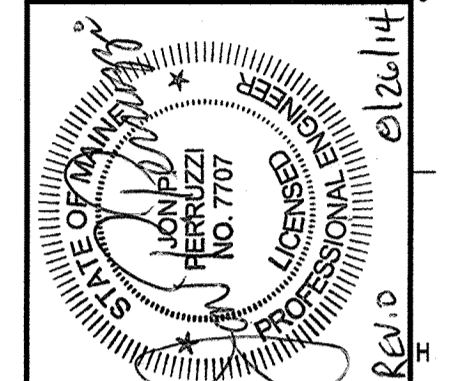
D6 LIGHTING PLAN
1/4"=1'-0"

LIGHT FIXTURE SCHEDULE					
TYPE	DESCRIPTION	MFR.	LAMPS	MOUNTING	NOTES
D	6" LED DOWNLIGHT WITH MEDIUM LIGHT DISTRIBUTION, WHITE APERTURE AND TRIM AND SEMI-SPECULAR REFLECTOR. 120V/277V	GOTHAM EVO-35/18-6WR -MD-MVOLT	28W LED 3500K	RECESSED	
W	6" LED WALLWASH DOWNLIGHT WITH WHITE APERTURE AND TRIM AND SEMI-SPECULAR REFLECTOR. 120V/277V	GOTHAM EVO-WW-35/18 -6WR-MVOLT	28W LED 3500K	RECESSED	

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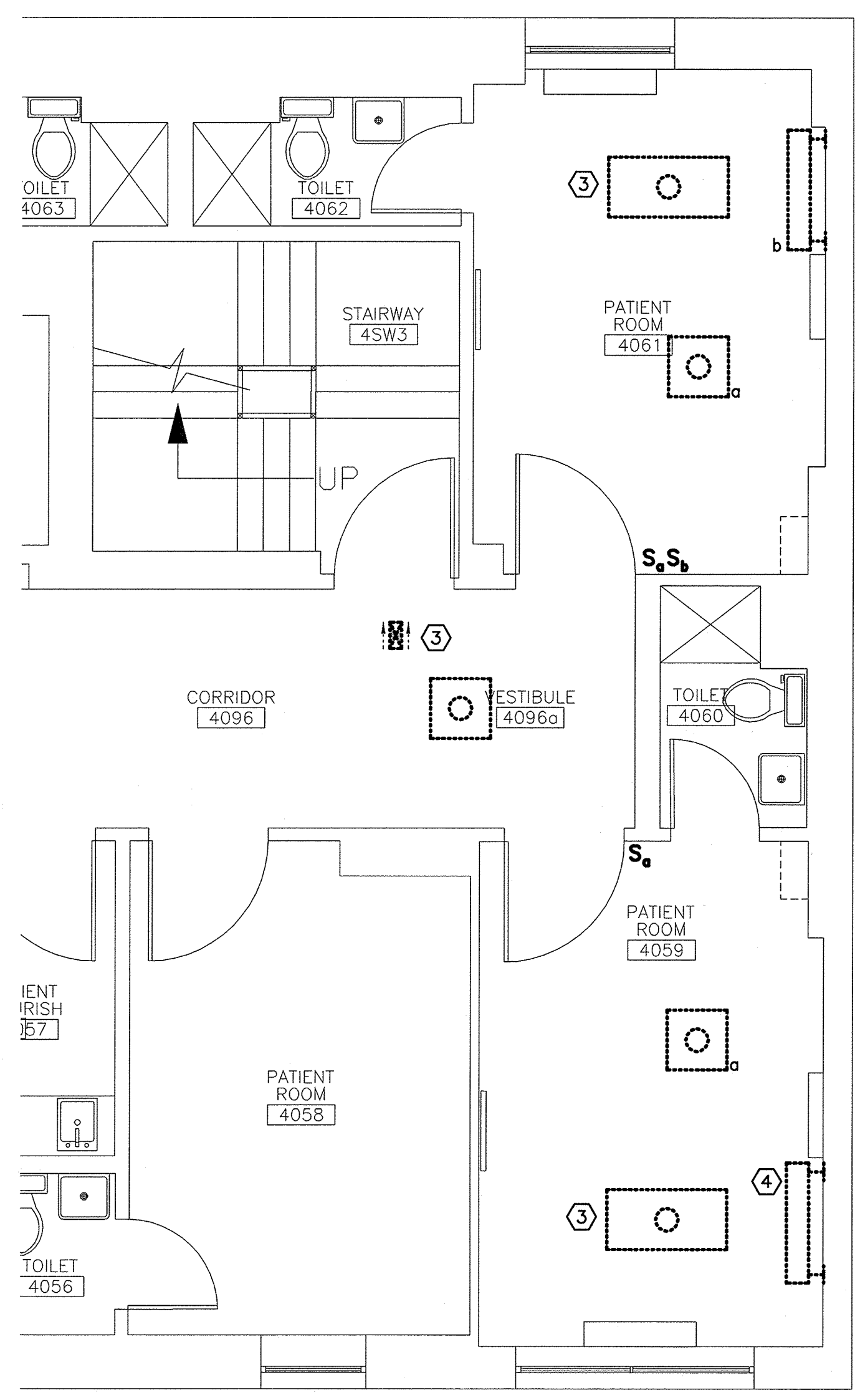
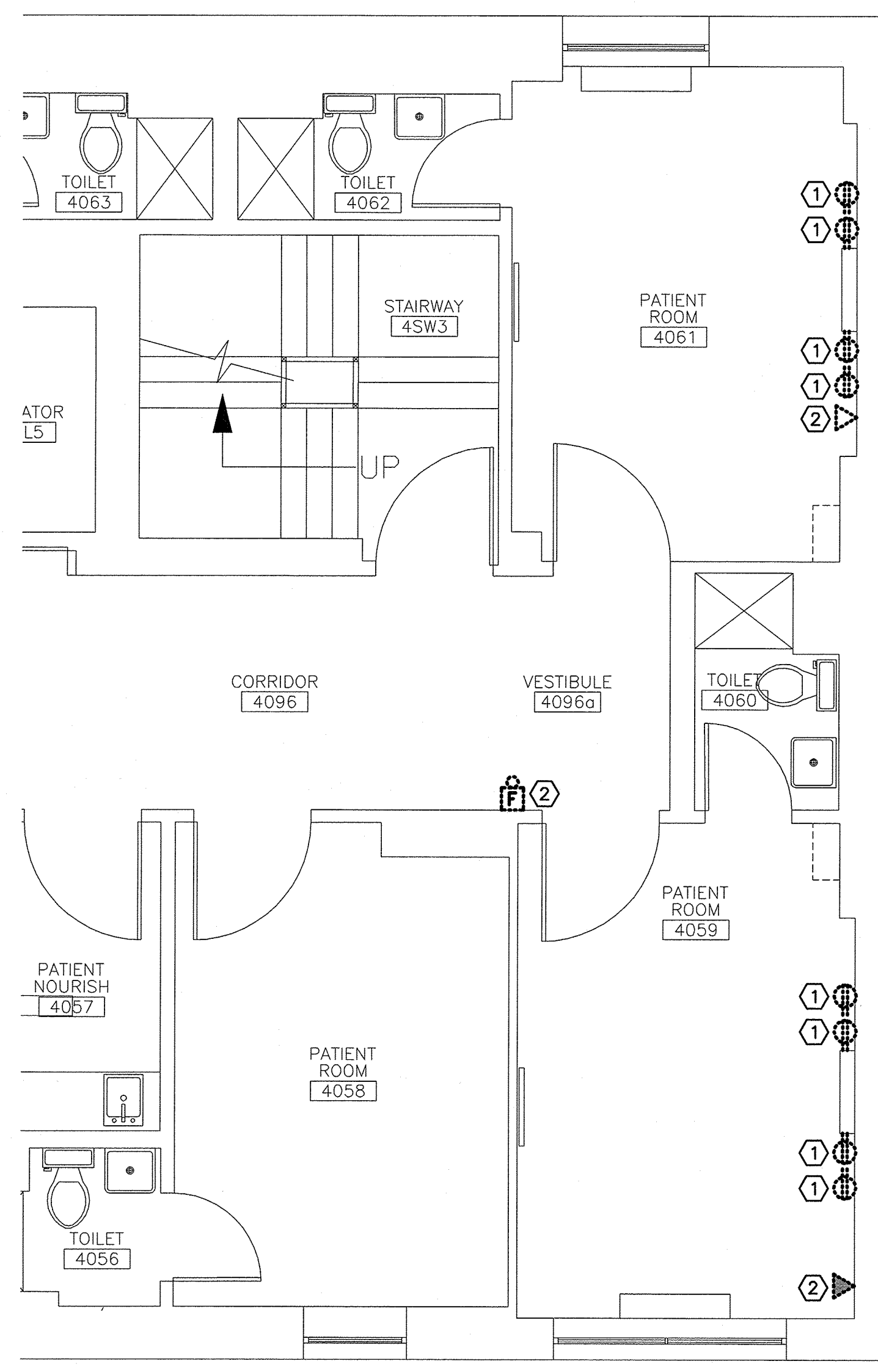
REV	DESCRIPTION	DATE
0	ISSUED FOR CONSTRUCTION	8-27-14

GRAPHIC SCALE:
0" 1"

SCALE: 1/4"=1'-0"
PROJECT MANAGER: KD
JC/DRAWN BY: MDR / GDS
A/E OF RECORD: JPP
PROJECT NO: 14108
SMRT FILE: E-101-14108
DATE: 8-27-14

SHEET TITLE:
ELECTRICAL PLANS

SHEET No.
E-101



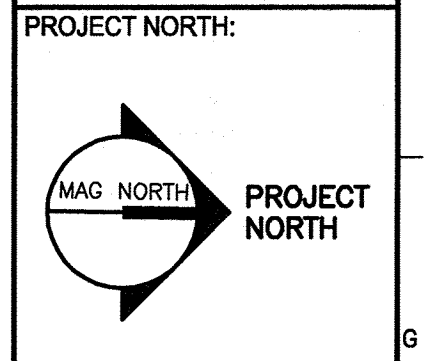
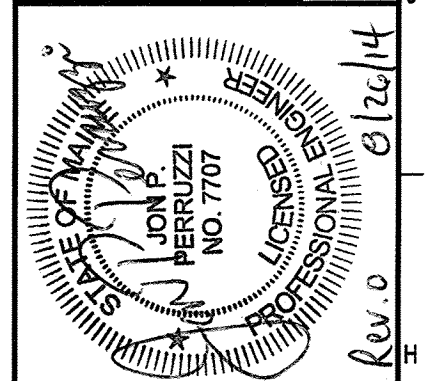
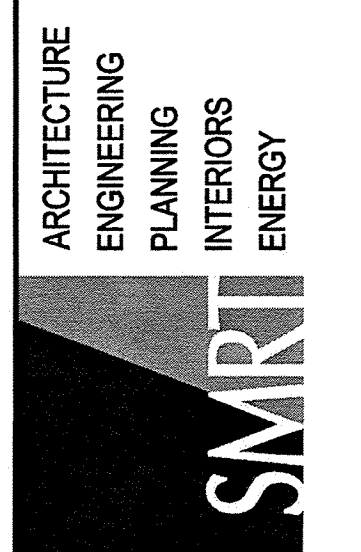
NOTE:

- 1. SEE SHEET E-001 FOR LEGEND AND GENERAL NOTES.

KEYED NOTES:

- ① INSTALLED ON SIDE OF HEADWALL UNIT.
- ② DEVICE TO BE RELOCATED.
- ③ TEMPORARILY SUPPORT DEVICE DURING CEILING DEMOLITION AND RE-INSTALL IN NEW CEILING.
- ④ RELOCATE HEADWALL LIGHT FIXTURE. CONNECT TO EXISTING CIRCUIT AND SWITCHING. SWITCH S_b CONTROLS THE UPLIGHT, PULL CHAIN CONTROLS THE DOWNLIGHT.

144 Fore Street, P.O. Box 818
Portland, Maine 04104
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Fax: (207) 772-1070
www.smrtinc.com



**MERCY HOSPITAL
4N TYLER SUITE RENOVATIONS**
STATE STREET - PORTLAND, MAINE

**ISSUED FOR CONSTRUCTION
8-27-14**

CURRENT ISSUE STATUS:

REV	DESCRIPTION	DATE
0	ISSUED FOR CONSTRUCTION	8-27-14

GRAPHIC SCALE:
0" 1"

SCALE: 1/4"=1'-0"
PROJECT MANAGER: KD
JC/DRAWN BY: MDR / CDS
A/E OF RECORD: JPP
PROJECT NO: 14108
SMRT FILE: ED101-14108
DATE: 8-17-14
SHEET TITLE:
**ELECTRICAL
DEMOLITION
PLANS**

SHEET No.
ED101

D1	POWER AND SYSTEMS DEMOLITION PLAN	D6	LIGHTING DEMOLITION PLAN
1/4"=1'-0"	*	1/4"=1'-0"	*



PORTLAND MAINE

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Jeff Levine, AICP, Director
Director of Planning and Urban Development

Tammy Munson
Director, Inspections Division

Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a **legal signature** per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are **paid in full** to the Inspections Office, City of Portland Maine by method noted below:

Within 24-48 hours, upon receipt of an e-mailed invoice from Building Inspections, which signifies that my electronic permit application and corresponding paperwork have been received, determined complete, entered by an administrative representative, and assigned a permit number, I then have the following four (4) payment options:

- to provide an on-line electronic check or credit/debit card (we now accept American Express, Discover, VISA, and MasterCard) payment (along with applicable fees beginning July 1, 2014),
- call the Inspections Office at (207) 874-8703 and speak to an administrative representative to provide a credit/debit card payment over the phone,
- hand-deliver a payment method to the Inspections Office, Room 315, Portland City Hall,

or deliver a payment method through the U.S. Postal Service, at the following address:

City of Portland
Inspections Division
389 Congress Street, Room 315
Portland, Maine 04101

Once my payment has been received, this then starts the review process of my permit. **After all approvals have been met and completed, I will then be issued my permit via e-mail.** No work shall be started until I have received my permit.

Applicant Signature: Kristen Danforth Date: 9 Oct 14

I have provided digital copies and sent them on: 10 Oct 14 Date: _____

NOTE: All electronic paperwork must be delivered to buildinginspections@portlandmaine.gov or by physical means ie; a thumb drive or CD to the office.

Room 315 - 389 Congress Street- Portland, Maine 04101 (207) 874-8703 - Fax: 874-8716 - TTY: 874-8936



Acknowledgment of Code Compliance Responsibility- Fast Track Project



Jeffrey Bennett am the owner or duly authorized owner's agent of the property listed below
Print Legal Name

MERCY HOSPITAL, 144 STATE ST PORTLAND
Physical Address

I am seeking a permit for the construction or installation of:

570 SQ FT RENOVATION OF 2 PATIENT ROOMS

Proposed Project Description

I understand that the permits obtained pursuant to this acknowledgement of code compliance responsibility will be in my name and that I am acting as the **general contractor** for this project. I accept full responsibility for the work performed.

I am submitting for a permit authorized by the **State of Maine Uniform Building and Energy Code (MUBEC), Fuel Board Laws and Rules and all locally adopted codes and standards applying to Plumbing, Electrical, Fire Prevention and Protection in anticipation of having it approved or approved with conditions.** I have read the following statement and understand that **failure to comply with all conditions once construction is begun may necessitate an immediate work stoppage until such time as compliance with the stipulated conditions is attained.** I certify that I have made a diligent inquiry regarding the need for concurrent state or federal permits to engage in the work requested under this building permit, and no such permits are required or I will have obtained the required permits prior to issuance of this permit. I understand that the granting of this permit shall not be construed as satisfying the requirements of other applicable Federal, State or Local laws or regulations, including City of Portland historic preservation requirements, if applicable. I understand and agree that this permit does not authorize the violation of regulations.

In addition, I understand and agree that this building permit does not authorize the violation of the **12 M.R.S. § 12801 et seq. - Endangered Species.**

I certify under penalty of perjury and under the laws of the State of Maine the foregoing is true and correct. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application.

I hereby apply for a permit as a OWNERS AGENT of the below listed property and by so doing will assume responsibility for compliance with all applicable codes, bylaws, rules and regulations.
Owner or Owner's Agent

I further understand that it is my responsibility to schedule inspections of the work as required and that the City's inspections will, at that time, check the work for code compliance. The City's inspectors may require modifications to the work completed if it does not meet applicable codes. _____ INITIAL HERE

Sign Here: Jeffrey Bennett
Owner or Owner's Authorized Agent

Date: 10/9/14

PLEASE ALSO FILL OUT AND SIGN SECOND PAGE



Acknowledgment of Code Compliance Responsibility- Fast Track Project

OFFICE USE ONLY

PERMIT # _____

CBL # _____



THIS PROJECT IS ELIGIBLE FOR FAST TRACK PERMITTING BECAUSE IT IS IN THE FOLLOWING CATEGORY / CATEGORIES (CHECK ALL THAT APPLY):

- One/Two Family Swimming Pools, Spas or Hot Tubs
- One/Two Family Decks, Stairs and Porches (attached or detached) First Floor Only
- One/Two Family Detached One Story Accessory Structures (garages, sheds, etc.) not to exceed 600sq ft with no habitable space
- Home Occupations (excluding day cares)
- One/Two Family Renovation/Rehabilitation (within the existing shell)
- Attached One /Two Family Garages /Additions/Dormers bearing the seal of a licensed design professional
- New *Sprinklered* One and Two Family Homes (bearing the seal of a licensed design professional stating code compliance) – **MUST STILL RECEIVE LEVEL 1 SITE PLAN APPROVAL FROM PLANNING**
- One/Two Family HVAC (including boilers, furnaces, heating appliances, pellet and wood stoves)
- Interior office renovations with no change of use (no expansions; no site work; no load bearing structural changes are eligible) bearing the seal of a licensed design professional stating code compliance
- Interior Demolition with no load bearing demolition
- Amendments to existing permits
- Commercial HVAC systems (with structural and mechanical plans bearing the seal of a licensed design professional stating code compliance)
- Commercial HVAC for Boilers/Furnaces/Heating Appliances
- Commercial Signs or Awnings
- Exterior Propane Tanks
- Residential or Commercial Subsurface Waste Water Systems (No Rule Variance Only)
- Renewal of Outdoor Dining Areas
- Temporary Outdoor Tents and stages under 750 sq ft per tent or stage
- Fire Suppression Systems (Both non-water and water based installations)
- Fences over 6'-0" in height
- Site work only
- Retaining walls over 4ft in height with stamped plans (or approval from inspection staff)

I understand that if the property is located in a historic district this application will also be reviewed by Historic Preservation. I further understand that the Building Inspections Division reserves the right to deny a fast track eligible project.

Sign Here: _____
Owner or Owner's Authorized Agent

Date: 10/9/14 _____



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.

Address/Location of Construction: <u>MERCY HOSPITAL- 144 STATE ST, 4th FLOOR</u>		
Total Square Footage of Proposed Structure:		<u>570 SQ FT RENO</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant Name: <u>MERCY HOSPITAL</u> Address: <u>JEFF BENNETT</u> <u>144 STATE ST</u> City, State & Zip: <u>PORTLAND ME 04101</u>	Telephone: <u>879.3865</u> Email: <u>BENNETTJ@EMHS.ORG</u>
Lessee/Owner Name : (if different than applicant) Address: City, State & Zip: Telephone & E-mail:	Contractor Name: (if different from Applicant) Address: City, State & Zip: Telephone & E-mail:	Cost Of Work: <u>\$ 64,000</u> C of O Fee: \$ _____ Historic Rev \$ _____ Total Fees : \$ <u>718</u>
Current use (i.e. single family) <u>HOSPITAL</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>HOSPITAL</u> Is property part of a subdivision? <input type="checkbox"/> If yes, please name _____ Project description: <u>RENOVATION OF 2 PATIENT ROOMS ON 4th FLOOR</u>		
Who should we contact when the permit is ready: <u>JEFF BENNETT, MERCY</u>		
Address: <u>144 STATE ST</u>		
City, State & Zip: <u>PORTLAND ME 04101</u>		
E-mail Address: <u>BENNETTJ@EMHS.ORG</u>		
Telephone: <u>879.3865</u>		

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

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: <u>[Signature]</u>	Date: <u>10/9/14</u>
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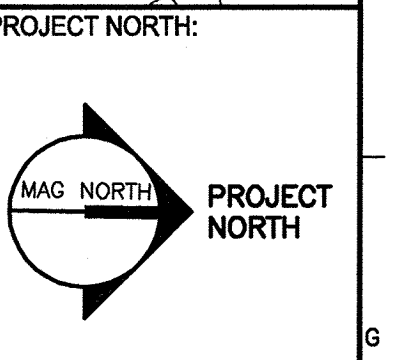
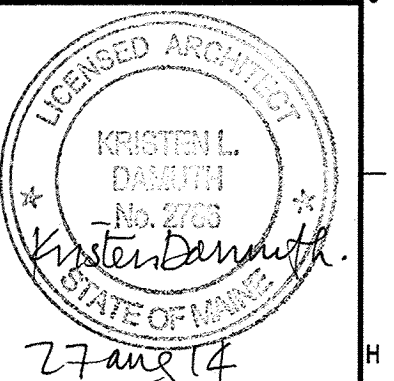
This is not a permit; you may not commence ANY work until the permit is issued.

MERCY HOSPITAL STATE ST. - 4 NORTH TYLER SUITE RENOVATIONS PORTLAND, MAINE

144 Fore Street, P.O. Box 618
Portland, Maine 04104
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**MERCY HOSPITAL
4N TYLER SUITE RENOVATIONS**
STATE STREET - PORTLAND, MAINE

**ISSUED FOR CONSTRUCTION
8-27-14**

CURRENT ISSUE STATUS:

REV	DATE	DESCRIPTION
0	8-27-14	ISSUED FOR CONSTRUCTION

GRAPHIC SCALE:
0' 1'

SCALE: 1/4"=1'-0"

PROJECT MANAGER: KD
JC/DRAWN BY: MDR /MDR
A/E OF RECORD: KD
PROJECT NO: 14108
SMART FILE: G1001-14108
DATE: 8-27-14

SHEET TITLE:
COVER SHEET

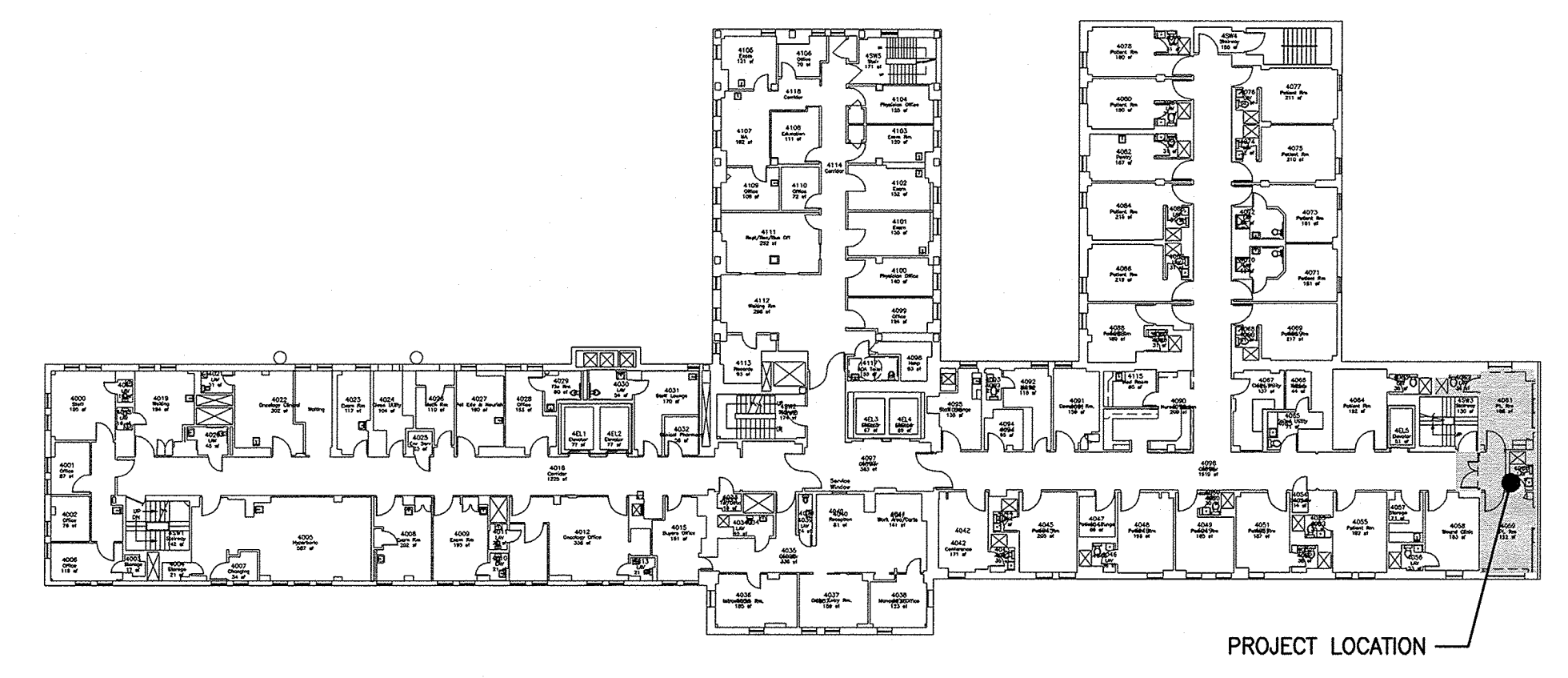
SHEET No.
G1001

A/C	AIR CONDITIONING	N	NOSING
ACPLAS	ACOUSTICAL PLASTER	NIC	NOT IN CONTRACT
ACT	ACOUSTIC CEILING TILE	NS	NEAR SIDE
AFF	ABOVE FINISHED FLOOR	NTS	NOT TO SCALE
AP	ACCESS PANEL	OC	ON CENTER
BCE	BOTTOM CHORD EXTENSION	OF	OUTSIDE FACE
BD	BOARD	OH	OVERHEAD
BLP	BORROWED LIGHT PANEL	PA	PUBLIC ADDRESS
BO	BOTTOM OF	PAF	POWDER-ACTUATED FASTENER
BOF	BOTTOM OF FOOTING	PL	PLATE
BOS	BOTTOM OF STEEL	PLAM	PLASTIC LAMINATE
BS	BOTH SIDES	PLF	POUNDS PER LINEAR FOOT
BSE	BSBRICK SHELF ELEVATION	PP	POWER PANEL
C	CHANNEL	PSF	POUNDS PER SQUARE FOOT
CB	CATCH BASIN; CHALKBOARD	PSI	POUNDS PER SQUARE INCH
CFM	CUBIC FEET PER MINUTE	PT	PRESSURE-TREATED
CJ	CONTROL JOINT; CONSTRUCTION JOINT	PVC	POLYVINYL CHLORIDE
CLG	CEILING	PWP	PLASCORE WALL PANEL
CMU	CONCRETE MASONRY UNIT	R	RISER; RADIUS
CT	CERAMIC TILE	RB	RESILIENT BASE
CUH	CABINET UNIT HEATER	RD	ROOF DRAIN
DF	DRINKING FOUNTAIN	RO	ROUGH OPENING
DR	DISPLAY RAIL	RR	RUB-RAIL
DW	DISHWASHER	ACT	SUSPENDED ACOUSTIC TILE CEILING
EF	EXHAUST FAN; EACH FACE	SBO	SUPPLIED BY OWNER
EJ	EXPANSION JOINT	IBC	INSTALLED BY CONTRACTOR
EPDM	ETHYLENE PROPYLENE DIENE MONOMER	SC	SOLID CORE
EW	EACH WAY	SCHD	SCHEDULE
EWC	ELECTRIC WATER COOLER	SF	SQUARE FOOT; SUPPLY FAN
FB	FLAT BAR	SK	SHEAR KEY
FBO	FURNISHED BY OTHERS	SN	SANITARY NAPKIN (DISPENSER)
FCO	FLOOR CLEAN-OUT	SP	SPACES
FD	FLOOR DRAIN	SS	STAINLESS STEEL
FE	FIRE EXTINGUISHER	T	TREAD
FF	FINISHED FLOOR; FAR FACE	TB	TACKBOARD
FO	FRAMED OPENING	T&B	TOP AND BOTTOM
FS	FAR SIDE	TBM	TEMPORARY BENCHMARK
GB	GRAB BAR	TCE	TOP CHORD EXTENSION
GC	GENERAL CONTRACTOR	TJ	TIE JOIST
GDT	GYPSUM DROP-IN TILE	TO	TOP OF
GWB	GYPSUM WALL BOARD	TOC	TOP OF CONCRETE
H	HORIZONTAL	TOF	TOP OF FOOTING
HC	HANDICAPPED; HOLLOW CORE	TOM	TOP OF MASONRY
HM	HOLLOW METAL	TOP	TOP OF PIER
HRU	HEAT RECOVERY UNIT	TOS	TOP OF STEEL; TOP OF SLAB
HT	HEIGHT	TOW	TOP OF WALL
H&V	HEATING AND VENTILATING	TP	TOILET PAPER (DISPENSER)
HVAC	HEATING, VENTILATING AND AIR CONDITIONING	TS	
IF	INSIDE FACE	UH	UNIT HEATER
IJ	ISOLATION JOINT	UNO	UNLESS NOTED OTHERWISE
INV	INVERT	V	VENT PIPE; VERTICAL
JS	JOIST SUBSTITUTE	VB	VAPOR BARRIER
L	ANGLE	VCT	VINYL COMPOSITION TILE
LLH	LONG LEG HORIZONTAL	VP	VISION PANEL
LLV	LONG LEG VERTICAL	VTR	VENT THROUGH THE ROOF
LP	LIGHTING PANEL; LIQUIFIED PROPANE	W/	WITH
MB	MARKER BOARD	WC	WATER CLOSET
MDO	MEDIUM DENSITY OVERLAY	WF	WIDE FLANGE
MO	MASONRY OPENING	WH	WATER HEATER
MR	MOISTURE-RESISTANT	W/O	WITHOUT
MUA	MAKE-UP AIR	WP	WALL PROTECTION
		WS	WEB STIFFENER
		WWF	WELDED WIRE FABRIC

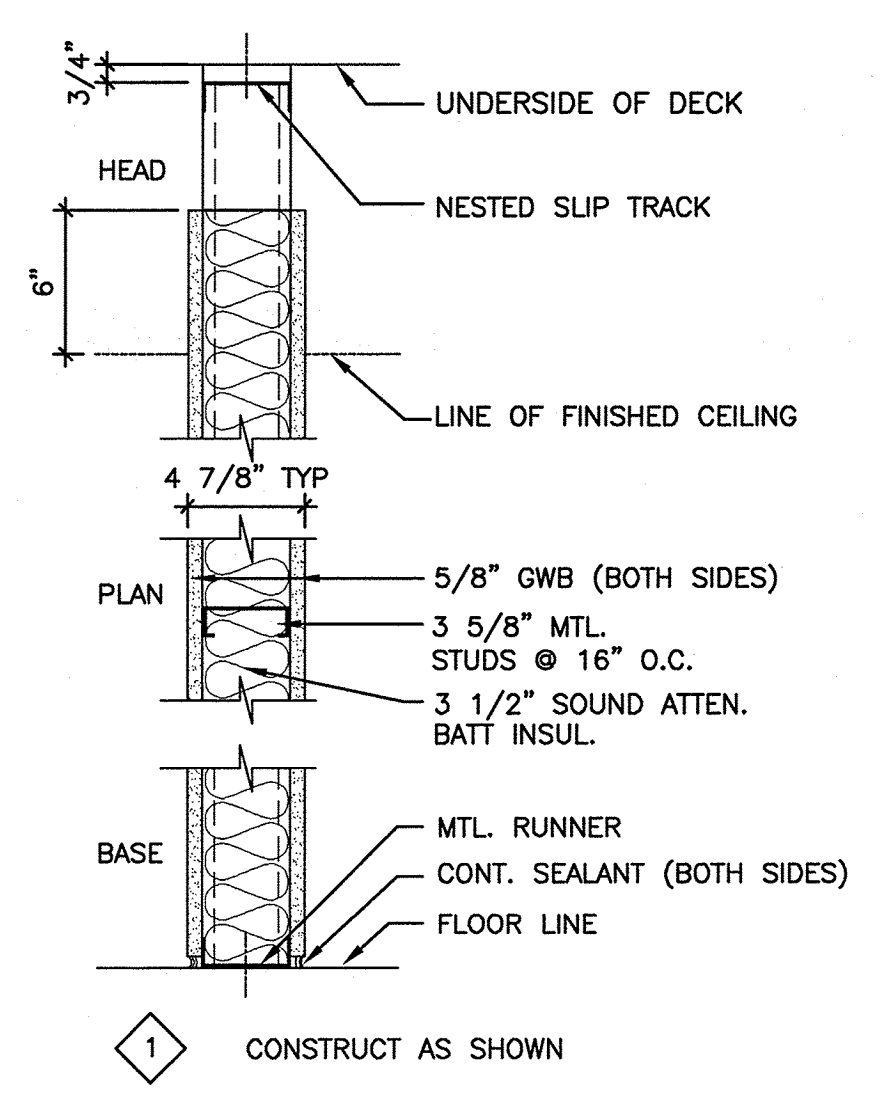
GRID LOCATION	TITLE
SCALE	REFERENCE SHEET
DRAWING TITLE BLOCK	

- BUILDING SECTION
- WALL SECTION
- DETAIL
- LEVEL LINE
- REVISION
- WINDOW TYPE
- DOOR NUMBER
- LOBBY
- ROOM NAME
- ROOM NUMBER
- INTERIOR ELEVATION
- WALL TYPE
- BACKER ROD AND SEALANT
- EXTERIOR ELEVATION

PROJECT LOCATION - 4th FLOOR



PARTITION TYPES



EXISTING STUD WALL, PATCH AND REPAIR HOLES, CRACKS AND/OR ANY OTHER BLEMISH. PREPARE SUBSTRATE FOR SCHEDULED FINISH PER MANUFACTURERS WRITTEN RECOMMENDATIONS.

DRAWING LIST

- GENERAL**
- G1001 COVER SHEET
- ARCHITECTURAL**
- A-101 PLANS
 - A-102 INTERIOR ELEVATION AND DETAILS
 - ID-101 FINISH PLANS AND MISC. DETAILS
- ELECTRICAL**
- E-001 LEGEND AND GENERAL NOTES
 - ED101 ELECTRICAL DEMOLITION PLANS
 - E-101 ELECTRICAL PLANS

PROJECT SUMMARY:

THIS PROJECT CONSISTS OF APPROXIMATELY 570 SQUARE FEET OF RENOVATION FOR PATIENT ROOMS ON THE FOURTH FLOOR OF THE HOSPITAL. CONSISTS OF FINISH UPGRADES: FLOORING REPLACEMENT, CEILING/LIGHT REPLACEMENT AND NEW PAINT.

APPLICABLE CODES

- FIRE:** NFPA INCLUDING 101 LIFE SAFETY CODE, 2000 AND 2009 EDITION
- BUILDING:** IBC BUILDING CODE, 2009 EDITION
- ACCESSIBILITY:** ADA, ACCESSIBILITY GUIDELINES FOR BUILDINGS AND FACILITIES 2010 EDITION.
- MECHANICAL:** 2007 ASHRAE STANDARD 90.1
- PLUMBING:** 2009 MAINE STATE PLUMBING CODE
- ELECTRICAL:** 2008 NATIONAL ELECTRIC CODE

FINISH SCHEDULE									
ROOM NUMBER	ROOM NAME	FLOOR	BASE	WALLS				CEILING	
				NORTH	SOUTH	EAST	WEST	MATERIAL	HEIGHT
4059	PATIENT ROOM	SV-1	RB-2	PTD-3	PTD-3	PTD-3	PTD-3	ACT-1	EXIST
4060	TOILET	EXIST	EXIST	PTD-3	PTD-3	PTD-3	PTD-3	EXIST	EXIST
4061	PATIENT ROOM	SV-1	RB-2	PTD-4	PTD-4	PTD-4	PTD-4	ACT-1	EXIST
4062	TOILET	EXIST	EXIST	PTD-3	PTD-3	PTD-3	PTD-3	EXIST	EXIST
4096a	VESTIBULE	SV-1	RB-1	PWC-1/PTD-3	PTD-3	PTD-3	PTD-3	ACT-1	EXIST
4096	CORRIDOR	EXIST	RB-1	EXIST	EXIST	EXIST	EXIST	EXIST/PTD-3	EXIST

FINISH ABBREVIATIONS:

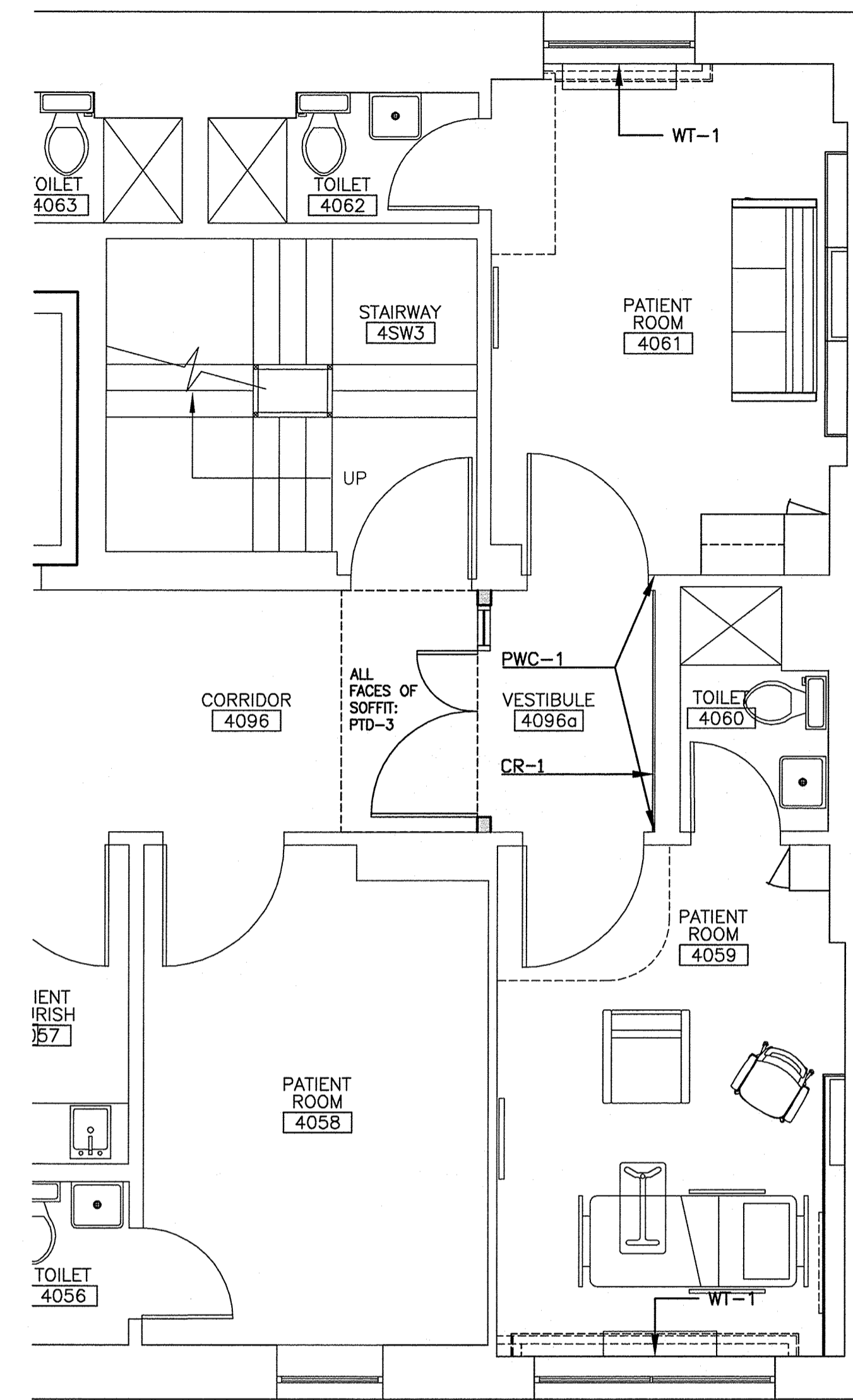
ACT	ACOUSTICAL CEILING TILE	PTD	PAINTED
CPT	CARPET	RB	RUBBER BASE
CR	CHAIR RAIL	SSM	SOLID SURFACE MATERIAL
EXIST	EXISTING TO REMAIN	SV	SHEET VINYL FLOORING
EXP	EXPOSED STRUCTURE	VCT	VINYL COMPOSITION TILE
GWB	GYPSUM WALLBOARD	WD	WOOD
PLAM	PLASTIC LAMINATE		

FINISH LEGEND:

- ACOUSTIC CEILING TILE**
 ACT-1 ARMSTRONG, ULTIMA TEGULAR 24"x24". 15/16" GRID.
- BUMPER RAIL**
 BR-1 KOROSEAL, KOROGARD C770 CRASH RAIL. HONEY MAPLE. HAIRCELL TEXTURE.
- CHAIR RAIL**
 CR-1 MAPLE, STAINED TO MATCH PLAM-2. 3/4" X 4-1/2". TOP OF CHAIR RAIL TO BE 34" AFF. REFER TO DETAIL A13.
- PAINT**
 PTD-1 BENJAMIN MOORE, WHITE DOVE 1-06
 PTD-2 BENJAMIN MOORE, NOVEMBER RAIN 2142-60
 PTD-3 BENJAMIN MOORE, WYTHE BLUE HC-143
 PTD-4 BENJAMIN MOORE, ROSEMARY SPRIG 2144-30
- PLASTIC LAMINATE**
 PLAM-1 PIONITE, OATMEAL FIBER AT101. PVC EDGE BAND: DOELLKEN WOODTAPE #2114 ALMOND
 PLAM-2 PIONITE, HONEY MAPLE WM951. GRAIN TO RUN VERTICAL. PVC EDGE BAND: DOELLKEN WOODTAPE #4557 ANIGRE
- RESILIENT BASE**
 RB-1 MATCH EXISTING
 RB-2 JOHNSONITE 4" TRADITIONAL WALL BASE. COLOR: 09 CLAY
- SHEET VINYL**
 SV-1 ARMSTRONG REJUVENATIONS, TIMBERLINE. RUSTIC BEECH, COLOR: "LIFE IS A" #37347. HEAT WELD SEAMS, ROD TO MATCH FLOORING.
- WALL PROTECTION**
 PWC-1 KOROSEAL, KOROGARD, MEADOW. HAIRCELL TEXTURE. HEIGHT: 32" AFF.
- WINDOW TREATMENTS**
 WT-1 MECHOSHADE OR EQUAL, DOUBLE MANUAL SHADE (5% OPEN/SOLID VINYL) 5% OPEN: 1300 SERIES COLOR: EGGSHELL #1316. SOLID VINYL: STANDARD BLACKOUT SHADE CLOTH 0700 SERIES, #0701 WHITE.

FINISH NOTES:

- REFER TO ELEVATIONS FOR LOCATIONS OF PLASTIC LAMINATE.
- PROVIDE WINDOW TREATMENTS WT-1 IN 4059 AND 4061. REFER TO FINISH PLAN FOR LOCATIONS.
- WINDOW VALANCES TO BE PAINTED WOOD, PTD-2.
- REFER TO FINISH PLAN FOR ADDITIONAL INFORMATION REGARDING LOCATIONS OF FINISH MATERIALS AND DIRECTION OF FLOORING MATERIAL.
- CONTRACTOR TO PERFORM ALKALINITY AND ADHESION TESTS (ASTM F 1869 & 2170) RECOMMENDED BY FLOORING MANUFACTURER FOR EACH TYPE OF FLOORING. PROCEED WITH INSTALLATION ONLY AFTER SUBSTRATES PASS TESTING. VERIFY RESULTS WITH FLOORING MANUFACTURER. CONTRACTOR TO CARRY ALLOWANCE FOR TOPICAL TREATMENT IF REQUIRED, KOESTER OR EQUAL.



D11 FINISH PLAN

1/4"=1'-0"

*

A10

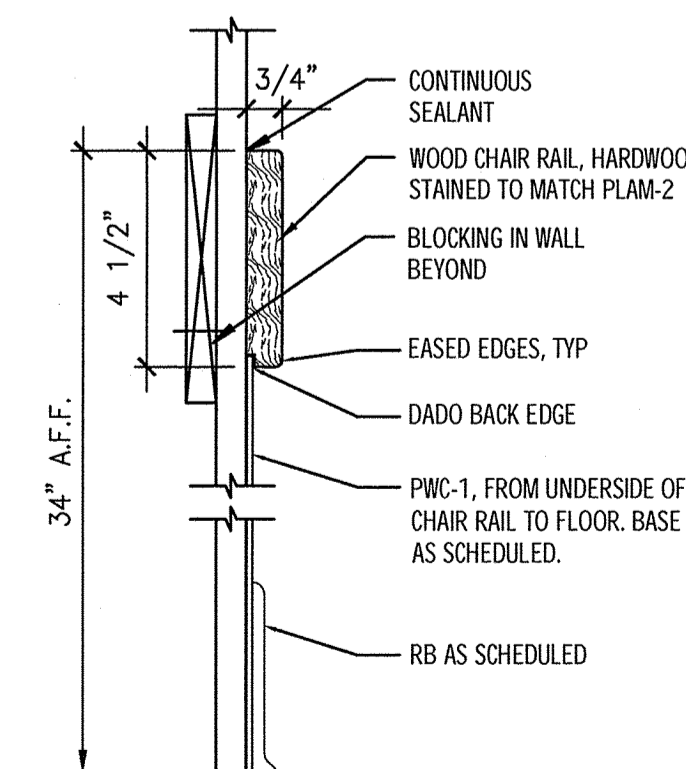
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A13

CHAIR RAIL DETAIL

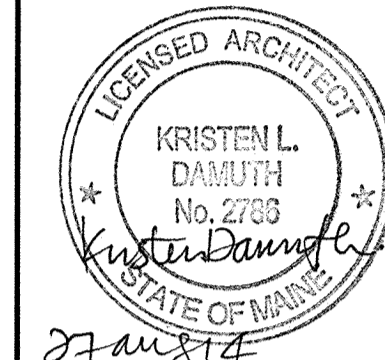
3"=1'-0"

*



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 Portland, Maine 04104
 Tel: (207) 772-2946
 Fax: (207) 772-1070
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PROJECT NORTH:



MERCY HOSPITAL
 4N TYLER SUITE RENOVATIONS
 STATE STREET - PORTLAND, MAINE

ISSUED FOR CONSTRUCTION
 8-27-14

REV	DESCRIPTION	DATE
0	ISSUED FOR CONSTRUCTION	8-27-14

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 SCALE: 1/4"=1'-0"
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 JC/DRAWN BY: MDR /MDR
 A/E OF RECORD: KD
 PROJECT NO: 14108
 SMRT FILE: ID-101-14108
 DATE: 8-27-14

SHEET TITLE:
 FINISH PLAN
 AND MISC.
 DETAILS

SHEET No.
 ID-101



Commercial Interior & Change of Use Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

One (1) complete set of construction drawings must include:

Note: Construction documents for costs in excess of \$50,000.00 must be prepared by a Design Professional and bear their seal.

- N/A Cross sections w/framing details
- Detail of any new walls or permanent partitions
- Floor plans and elevations
- Window and door schedules
- Complete electrical and plumbing layout.
- N/A Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment or other types of work that may require special review
- N/A Insulation R-factors of walls, ceilings, floors & U-factors of windows as per the IECC 2009
- N/A Proof of ownership is required if it is inconsistent with the assessors records.
- Reduced plans or electronic files in PDF format are required.
- N/A Per State Fire Marshall, all new bathrooms must be ADA compliant.

Separate permits are required for internal and external plumbing, HVAC & electrical installations.

For additions less than 500 sq. ft. or that does not affect parking or traffic, a site plan exemption should be filed including:

- The shape and dimension of the lot, footprint of the existing and proposed structure and the distance from the actual property lines.
- Location and dimensions of parking areas and driveways, street spaces and building frontage.
- Dimensional floor plan of existing space and dimensional floor plan of proposed space.

A Minor Site Plan Review is required for any change of use between 5,000 and 10,000 sq. ft. (cumulatively within a 3-year period)



Fire Department requirements.

The following shall be submitted on a separate sheet:

- Name, address and phone number of applicant **and** the project architect.
- Proposed use of structure (NFPA and IBC classification)
- Square footage of proposed structure (total and per story)
- Existing and proposed fire protection of structure.
- Separate plans shall be submitted for
 - a) Suppression system
 - b) Detection System (separate permit is required)
- A separate Life Safety Plan must include:
 - a) Fire resistance ratings of all means of egress
 - b) Travel distance from most remote point to exit discharge
 - c) Location of any required fire extinguishers
 - d) Location of emergency lighting
 - e) Location of exit signs
 - f) NFPA 101 code summary
- Elevators shall be sized to fit an 80" x 24" stretcher.

For questions on Fire Department requirements call the Fire Prevention Officer at (207) 874-8405.

Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.

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.

Permit Fee: \$25.00 for the first \$1000.00 construction cost, \$11.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.