FLOOR PLAN NOTES:

- 1. SEE GENERAL NOTES ON GIO02.
- 2. FURNITURE DASHED IN BY OTHERS IS INDICATED FOR COORDINATION. PROVIDE IN WALL BLOCKING FOR ALL WALL MOUNTED CASEWORK, FURNITURE, EQUIPMENT AND ANY OTHER NIC
- 3. PARTITION TYPE (E) IS TYPICAL UNLESS NOTED OTHERWISE.
- 4. REFER TO DETAILS AND/OR ENLARGED PLANS FOR ADDITIONAL INFORMATION.
- 5. AT ALL REMOVED ITEMS, PATCH WALL SURFACE TO MATCH ADJACENT MATERIAL, TYPICAL.
- 6. EXTERIOR DIMENSIONS ARE FROM FACE OF STUD TO FACE OF STUD. UNLESS NOTED OTHERWISE.

KEYED NOTES:

- 1 PLAM SHELVES ON STANDARDS AND WALL BRACKETS
- 2 EXISTING FURNITURE RELOCATED
- 3 NEW FURNITURE
- 4 N/A
- 5 INFILL WALL WHERE EXISTING DOOR AND FRAME WAS REMOVED. INFILL WALL FLUSH ON BOTH SIDES WITH MATERIAL SIMILAR TO ADJACENT CONSTRUCTION.
- 6 REINSTALL DOOR FRAME, DOOR AND HARDWARE
- 7 POSSIBLE WATER COOLER LOCATION
- 8 WALL MOUNTED TV, PROVIDE IN WALL BLOCKING
- CR CHAIR RAIL, 1X6 STAINED TO MATCH EXISTING
- CG CORNER GUARD

			FIN	ISH SC	HEDUL	E			
ROOM	T 5001 11115	FLOOR	DACE		WA	CEILING			
NUMBER	ROOM NAME	FLOOR	BASE	NORTH	SOUTH	EAST	WEST	MATERIAL	HEIGHT
3009	OFFICE	CPT	RB-1	PTD	PTD	PTD	PTD	ACT	EXIST
3009A	STORAGE	CPT	RB-1	PTD	PTD	PTD	PTD	ACT	EXIST
3010	TOILET	EXIST	EXIST	PTD	PTD	PTD	PTD	EXIST	EXIST
3011A	CHECK IN/ WAITING	CPT	RB-1	PTD	PTD	PTD	PTD	ACT	EXIST
3011B	CHECK IN/WORK ROOM	CPT	RB-1	PTD	PTD	PTD	PTD	ACT	EXIST
3092	CORRIDOR	EXISTING	EXISTING	EXIST	EXIST	PTD	EXIST	EXIST	EXIST
	1								

RUBBER BASE

FINISH ABBREVIATIONS:

ACOUSTICAL CEILING TILE

CPT CARPET **EXIST**

PLAM

EXISTING TO REMAIN EXP EXPOSED STRUCTURE **GWB** GYPSUM WALLBOARD

PLASTIC LAMINATE

SSM SV VCT WD

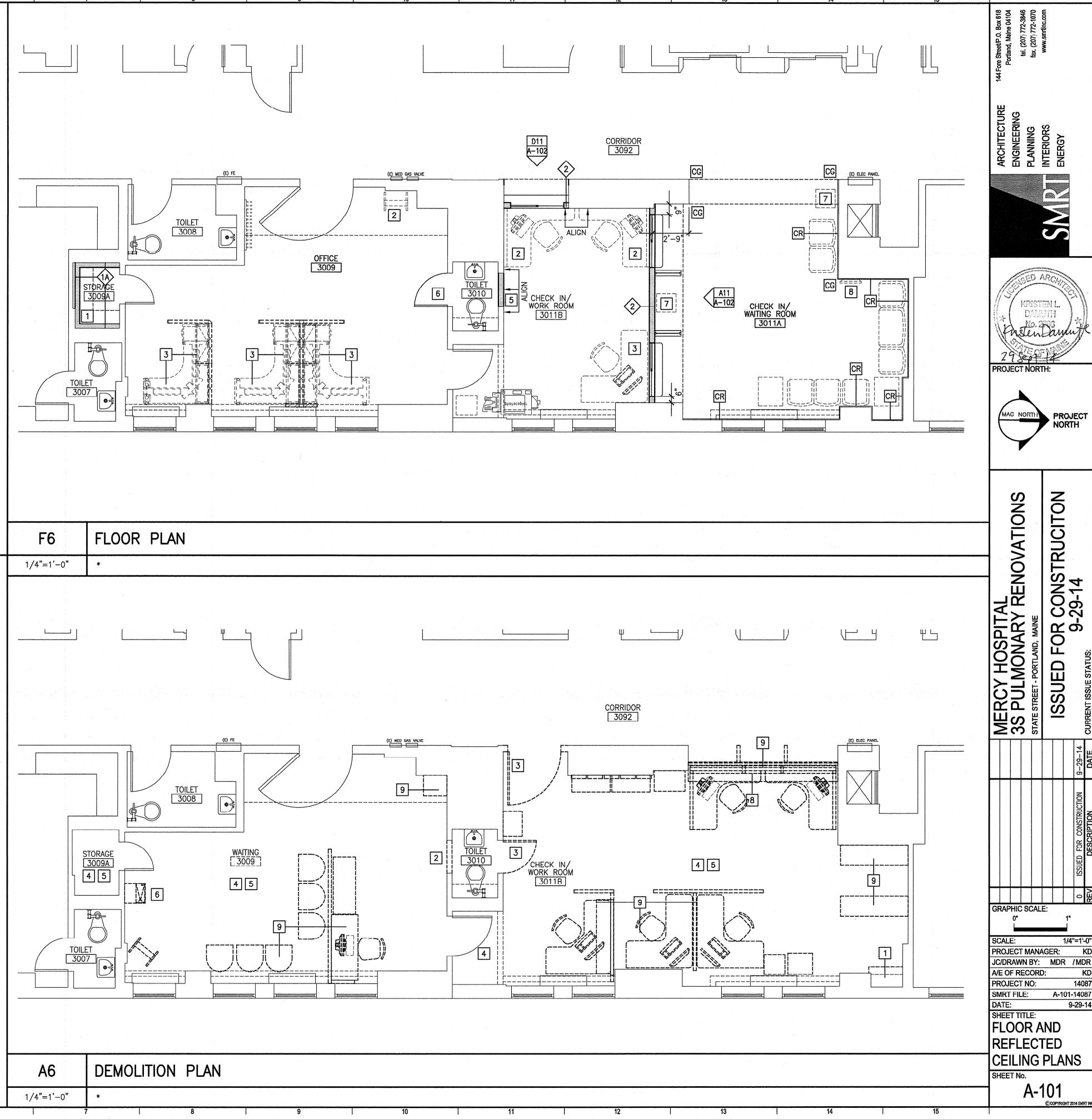
SOLID SURFACE MATERIAL SHEET VINYL FLOORING VINYL COMPOSITION TILE

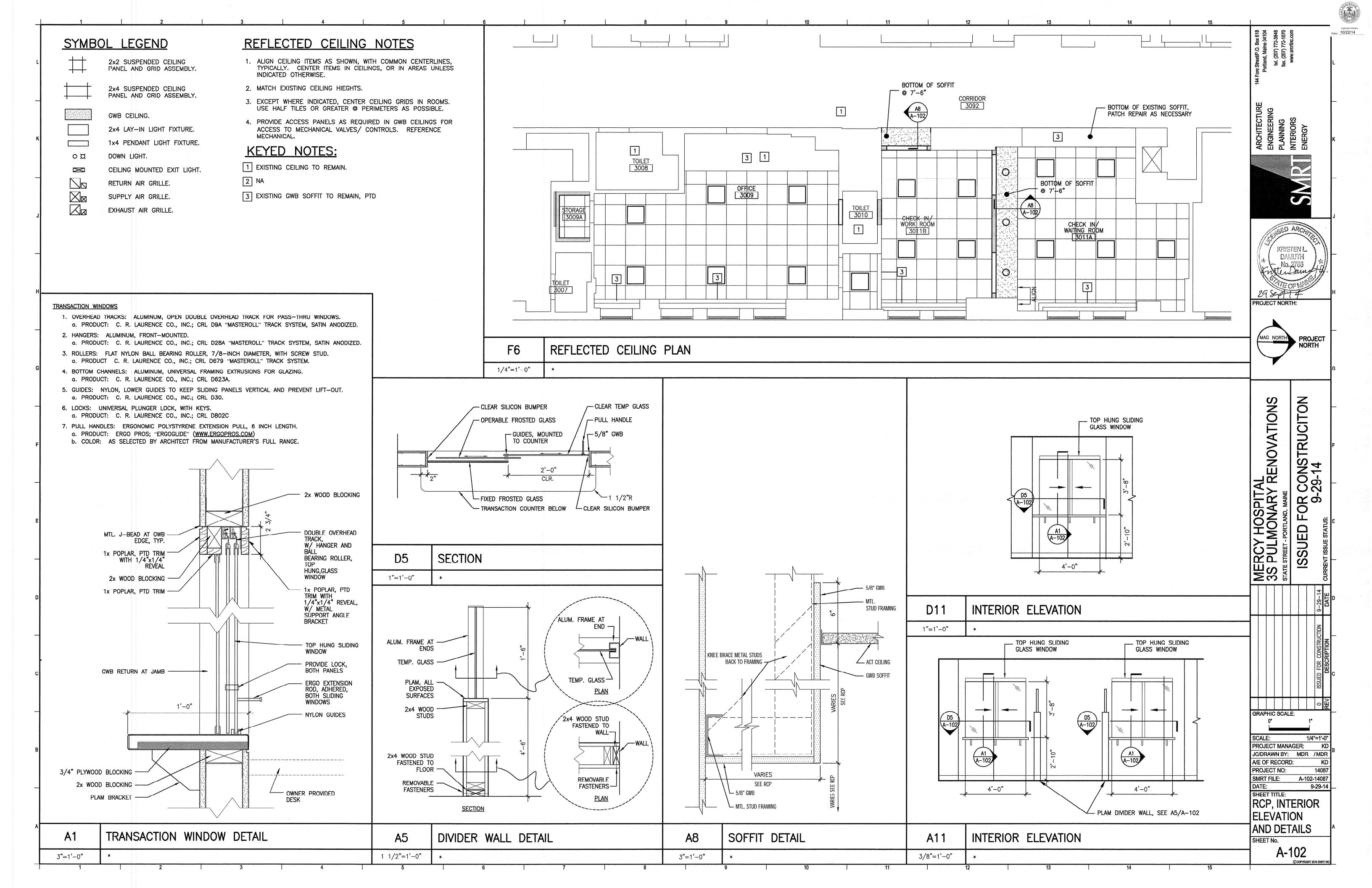
GENERAL DEMOLITION NOTES:

- 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.
- 2. 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.
- 3. 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.
- 4. DIMENSIONS INDICATED ± ARE EXISTING CONDITION DIMENSIONS TO BE VERIFIED IN FIELD.
- 5. OWNER IS RESPONSIBLE FOR THE REMOVAL AND RELOCATION OF EXISTING FURNITURE WITH IN SCOPE OF CONSTRUCTION.

DEMOLITION KEY NOTES:

- 1 REMOVE CASEWORK COMPLETE.
- 2 REMOVE PORTION OF THE EXISTING WALL TO ALLOW FOR THE INSTALLATION OF DOOR AND FRAME.
- 3 REMOVE DOOR, FRAME AND HARDWARE ASSEMBLY COMPLETE. TURN OVER TO OWNER.
- 4 REMOVE CEILING TILE AND GRID ASSEMBLY COMPLETE. COORDINATE EXTENTS OF REMOVAL WITH PARTITION LOCATIONS AND EXISTING FINISHES TO REMAIN.
- REMOVE FLOORING SYSTEM AND PREPARE SUBSTRATE FOR PROPOSED FLOORING. COORDINATE EXTENT WITH PROPOSED
- 6 REMOVE WATER FOUNTAIN. RETURN TO OWNER, CAP PIPES.
- 8 REMOVE OVERHEAD COILING DOOR COMPLETE.
- 9 REMOVE FURNITURE, RELOCATE FOR OWNER.







Accessibility Building Code Certificate



Designer:

KRISTEN DAMUTH, SMRT

Address of Project:

144 STATE ST MERCY 3rd FLOOR

Nature of Project:

885 SOFT RENO FOR PULMONARY SUITE.

NEW GHECK-IN POUT, WAITING ROOM

+ STAFF WORK AREA

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: Knoten Damuth

Title: ARCHITEG

Firm: SMPT

Address: 144 FORE STREET

POPTUNO

Phone: 207.772.3846

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 Application

	SURG 14 ZZ
ate:	Inspections Division 10/22/14

From Designer:	KRISTEN DAMUTH	1, SMRT
Date:	9 oct 14	
Job Name:	MERCY HOSPITAL	35 PULMONARY PENOVATIONS
Address of Construction:	144 STATE ST	
	2009 International	Parilding Code
Cons		e building code criteria listed below:
Building Code & Year BC	2009 Use Group Classification	n(s) HOSPITAL- IZ
Type of Construction 18	- Consideration	The state of the s
Will the Structure have a Fire sup	pression system in Accordance with S	Section 903.3.1 of the 2009 IRC YES
Is the Structure mixed use? No		arated or non separated (section 302.3)
Supervisory alarm System?	, , 1	equired? (See Section 1802.2) NA
		(See Seedon 1002.2)
Structural Design Calculations	N/A RENO	Live load reduction
	structural members (106.1 – 106.11)	Roof live loads (1603.1.2, 1607.11)
		Roof snow loads (1603.7.3, 1608)
Design Loads on Construction		Ground snow load, Pg (1608.2)
Uniformly distributed floor live loads Floor Area Use	s (7603.11, 1807) Loads Shown	If $Pg > 10$ psf, flat-roof snow load Pf
		J.
		If $Pg > 10$ psf, snow exposure factor, Q
		If $P_g > 10$ psf, snow load importance factor, J_f
		Roof thermal factor, $_{ extit{ iny{0}}}$ (1608.4)
		Sloped roof snowload, P _r (1608.4)
Wind loads (1603.1.4, 1609)	ARENO	Seismic design category (1616.3)
Design option utiliz	ed (1609.1.1, 1609.6)	Basic seismic force resisting system (1617.6.2)
Basic wind speed (18	809.3)	Response modification coefficient, R1 and
Building category an	nd wind importance Factor, _h ,	deflection amplification factor (1617.6.2)
Wind exposure cate	table 1604.5, 1609.5) gory (1609.4)	Analysis procedure (1616.6, 1617.5)
Internal pressure coeff	0 , (Design base shear (1617.4, 16175.5.1)
Component and cladd	ing pressures (1609.1.1, 1609.6.2.2)	Flood loads (1803.1.6, 1612) N/A RENC
•	ures (7603.1.1, 1609.6.2.1)	·
Earth design data (1603.1.5, 161	14-1623) N/A RENO	Flood Hazard area (1612.3)
Design option utiliz		Elevation of structure
Seismic use group (*		Other loads
	pefficients, SDs & SD1 (1615.1)	Concentrated loads (1607.4)
Site class (1615.1.5)	,,	Partition loads (1607.5)

_Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404





Certificate of Design

Date: (oct 14	
From: KUSTEN DAMUTH, SURT	_
These plans and / or specifications covering construction work on:	

CHECK-IN/OUT + STAFF WORK ANGA.

Have been designed and drawn up by the undersigned, a Maine registered Architect /

Engineer according to the 2009 International Building Code and local amendments.

MERCY HOSPITAL 35. PENOVATIONS FOR WAITING ROOM



Signature: EnstenDanuth.

Title: ARCHITECT

Firm: SMPT

Address: 144 FORE STREET

PORTLAND

Phone: 20+.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

ABBREVIATIONS

A,AMP	AMPERE	LA	LIGHTNING ARRESTER
AFF	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
С	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
ĊÜ	COPPER	NO	NORMALLY OPEN
DACT	DIGITAL ALARM COMMUNICATOR	NTS	NOT TO SCALE
57.10.	TRANSMITTER	PF	POWER FACTOR
DB	DIRECT BURIED	PH	PHASE
DISC	DISCONNECT	PVC	POLYVINYL CHLORIDE
DN	DOWN	RGS	RIGID STEEL CONDUIT
EMT	ELECTRICAL METALLIC TUBING	RSC	RIGID STEEL CONDUIT
EWC	ELECTRIC WATER COOLER	RTD	RESISTANCE TEMPERATURE
FAA	FIRE ALARM ANNUNCIATOR	*****	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
HTR	HEATER	1100	SURGE SUPPRESSER
IG .	ISOLATED GROUND	٧	VOLT
IMC	INTERMEDIATE METAL CONDUIT	VA	VOLT-AMPERE
K	KILO	VAR	VOLT-AMPERE REACTIVE
KCMIL	THOUSAND CIRCULAR MILS	WM	WATT METER
KV	KILOVOLT	WP	WEATHER PROOF
KVA	KILOVOLT—AMPERE	XFMR	TRANSFORMER
KVAR	KILOVOLT—AMPERE REACTIVE	XP	EXPLOSION PROOF
KW	KILOWATT	· · · ·	2.1. 200,011 1 11001
KWH	KILOWATT-HOUR		

GENERAL NOTES:

- 1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH NFPA-70, NATIONAL ELECTRICAL CODE (NEC).
- 2. UNLESS OTHERWISE NOTED CONVENIENCE RECEPTACLES SHALL BE MOUNTED 18-INCHES AFF, LIGHTING TOGGLE SWITCHES 48-INCHES AFF AND DATA SYSTEM OUTLETS 18-INCHES.
- 3. 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.
- 4. 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,
- 6. PROVIDE WALL PLATES FOR ALL WIRING DEVICES, NYLON SMOOTH TYPE.
- 7. FIRE ALARM NOTIFICATION APPLIANCES SHALL BE COMPATIBLE WITH EXISTING SIEMENS

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.



PROJECT NORTH



CONSTRUCITON -29-14 MERCY HOSPITAL

3S PULMONARY RENOVATIONS
STATE STREET - PORTLAND, MAINE FO

ISSUED

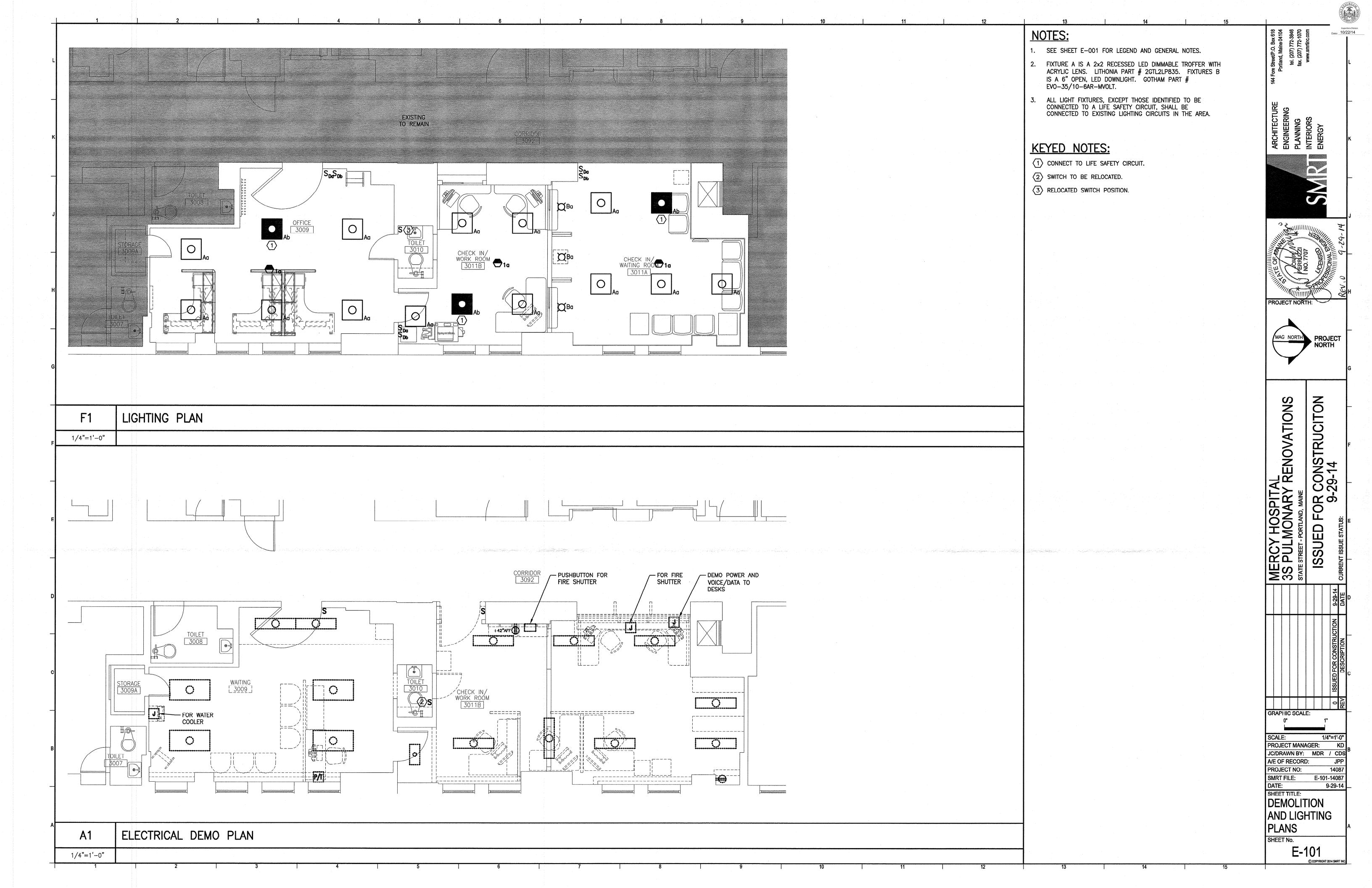
PROJECT MANAGER: JC/DRAWN BY: MDR / CD A/E OF RECORD:

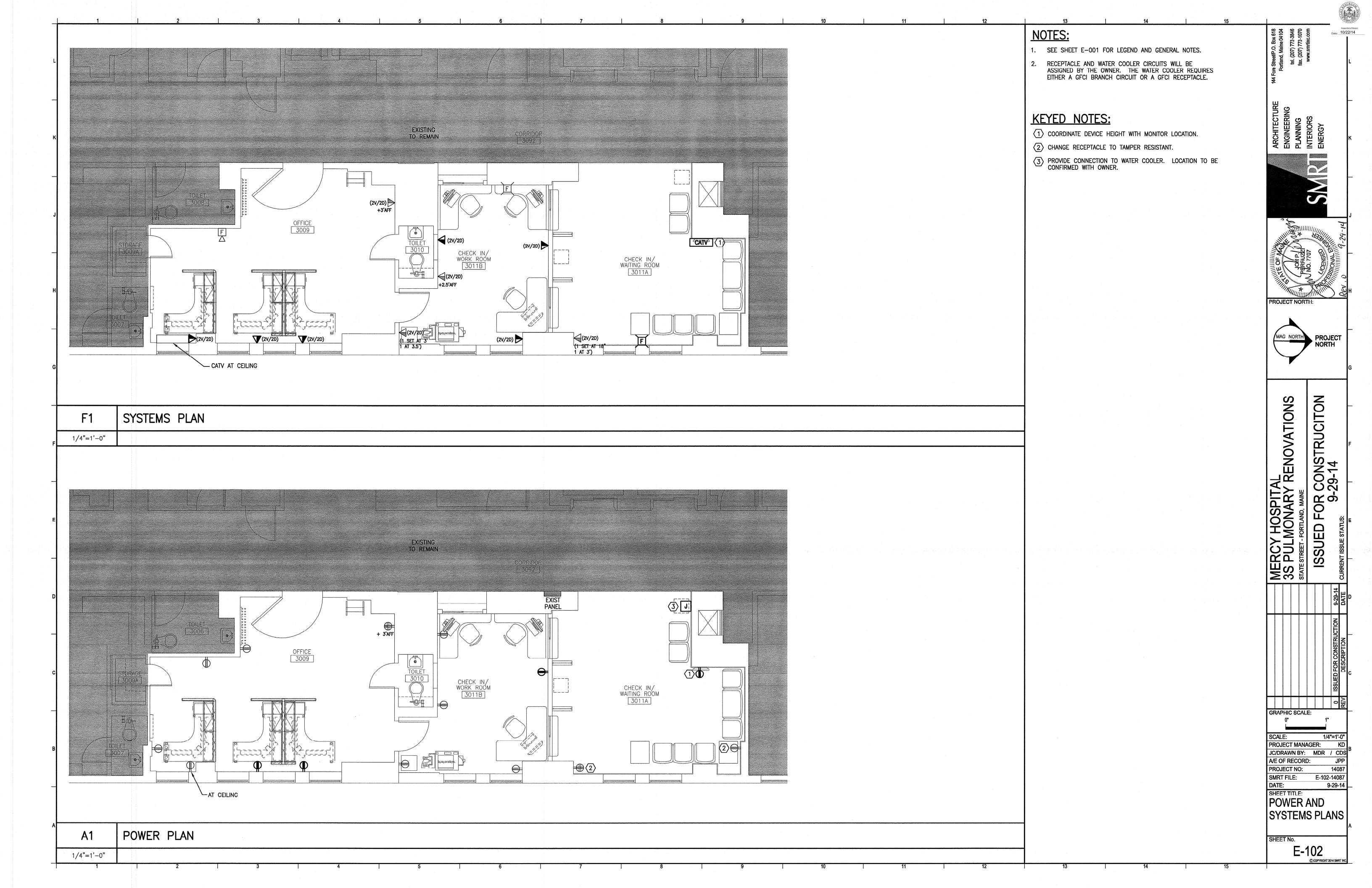
PROJECT NO: SMRT FILE: E-001-14087 DATE: 9-29-14 SHEET TITLE:

GRAPHIC SCALE:

LEGEND AND **GENERAL NOTES**

SHEET No. E-001 ©COPYRIGHT 2014 SMRT II









O:

PORTLAND MANE

Strengthening a Remarkable City, Building a Community for Life . www.portlandmaine.gov

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:

an administrative representative, and assigned a permit number, I then have the options:	following four (4) payment
to provide an on-line electronic check or credit/debit card (we now accept Am and MasterCard) payment (along with applicable fees beginning July 1, 2014),	nerican Express, Discover, VISA,
call the Inspections Office at (207) 874-8703 and speak to an administrate credit/debit card payment over the phone,	tive representative to provide a
hand-deliver a payment method to the Inspections Office, Room 315, Portland C	City Hall,
or deliver a payment method through the U.S. Postal Service, at the following ad	Idress:
City of Portland	
Inspections Division	
389 Congress Street, Room 315	
Portland, Maine 04101	
nce my payment has been received, this then starts the review process of my permit. And completed, I will then be issued my permit via e-mail. No work shall be started until	
Applicant Signature: Knsten Dannith. Goct 14	Date:
I have provided digital copies and sent them on: 10 oct 14	Date:

NOTE: All electronic paperwork must be delivered to <u>buildinginspections@portlandmaine.gov</u> 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





I, _______am the owner or duly authorized owner's agent of the property listed below Print Legal Name

MERCY HOSPITAL 144 STATE ST. 37 Fc.

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

RENOVATION OF 385 SOFT. IN PULMONARY SUITE

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.

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.

Sign Here:

Owner or Owner's Authorized Agent

PLEASE ALSO FILL OUT AND SIGN SECOND PAGE

Date:

Revised: June, 2013



Acknowledgment of Code Compliance Responsibility- Fast Track Project

OFFICE USE ONLY	
PERMIT #	
CBL#	
STATE TO AND THE STATE OF THE S	
THIS PROJECT IS ELIGI CATEGORIES (CHECK /	BLE FOR FAST TRACK PERMITTING BECAUSE IT IS IN THE FOLLOWING CATEGORY /
One/Two Fai	mily Swimming Pools, Spas or Hot Tubs
One/Two Fai	mily Decks, Stairs and Porches (attached or detached) First Floor Only
One/Two Fai with no habi	mily Detached One Story Accessory Structures (garages, sheds, etc.) not to exceed 600sq ft table space
Home Occup	pations (excluding day cares)
One/Two Fai	mily Renovation/Rehabilitation (within the existing shell)
Attached On	e /Two Family Garages /Additions/Dormers bearing the seal of a licensed design professional
1 1	ered One and Two Family Homes (bearing the seal of a licensed design professional stating ance) – MUST STILL RECEIVE LEVEL 1 SITE PLAN APPROVAL FROM PLANNING
One/Two Fa	mily HVAC (including boilers, furnaces, heating appliances, pellet and wood stoves)
	e renovations with no change of use (no expansions; no site work; no load bearing structural eligible)bearing the seal of a licensed design professional stating code compliance
Interior Dem	nolition with no load bearing demolition
Amendment	s to existing permits
	HVAC systems (with structural and mechanical plans bearing the seal of a licensed design stating code compliance)
Commercial	HVAC for Boilers/Furnaces/Heating Appliances
Commercial	Signs or Awnings
Exterior Pro	pane Tanks
Residential o	or Commercial Subsurface Waste Water Systems (No Rule Variance Only)
Renewal of 0	Outdoor Dining Areas
Temporary (Outdoor Tents and stages under 750 sq ft per tent or stage
Fire Suppres	sion Systems (Both non-water and water based installations)
Fences over	6'-0" in height
Site work on	ıly
Retaining wa	alls over 4ft in height with stamped plans (or approval from inspection staff)
	he property is located in a historic district this application will also be reviewed by Historic er understand that the Building Inspections Division reserves the right to deny a fast track
Sign Here:	Date: U 9 14

Room 315 - 389 Congress Street- Portland, Maine 04101 (207) 874-8703 - Fax: 874-8716 - TTY: 874-8936 On the Web @ http://www.portlandmaine.gov/planning/buildinsp.asp

Revised: June, 2013





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: He	PEUP HOSPITAL STATE ST	3rd Frook					
Total Square Footage of Proposed Structure:							
Tax Assessor's Chart, Block & Lot	Applicant Name: MFRCY HOSPITA	Telephone:					
Chart# Block# Lot#	Applicant Name: MERCY HOSPITA Address	879.3865					
	144 STATE ST	Email:					
	City, State & Zip	bennett Demhs					
, ,, ₋ , , ₋ ,	PORTIAND 09101	Democrate					
Lessee/Owner Name:	Contractor Name:	Cost Of Work:					
(if different than applicant)	(if different from Applicant)	\$ 67,000					
Address:	Address:						
		C of O Fee: \$					
City, State & Zip:	City, State & Zip:	II: . : D #					
	W 1	Historic Rev \$					
Telephone & E-mail:	Telephone & E-mail: Total Fees: \$ 751						
		10.00					
(: 1 C : 1) H-0.4							
Current use (i.e. single family) Hosp	TAC						
If vacant, what was the previous use?							
Proposed Specific use: HOSPITAL	na places page						
Is property part of a subdivision? If ye	es, please name						
Project description: RENOVATION OF 885 SO FT 1	A) DIVINONALLY SUITE FOR	CHOIK-INSPOUT					
WATTING AREA + STAPE WE		Great tree or,					
		W HAS DITH					
Who should we contact when the permit is r	_	A MOSPUAL					
Address: 144 STATE ST, PO	PTIAND 04101						
City, State & Zip:							
E-mail Address: BENNETTJ @ E	MHS. ORG						
Telephone: 879.3865		-					
Please submit all of the information	outlined on the applicable checklis	st. 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.

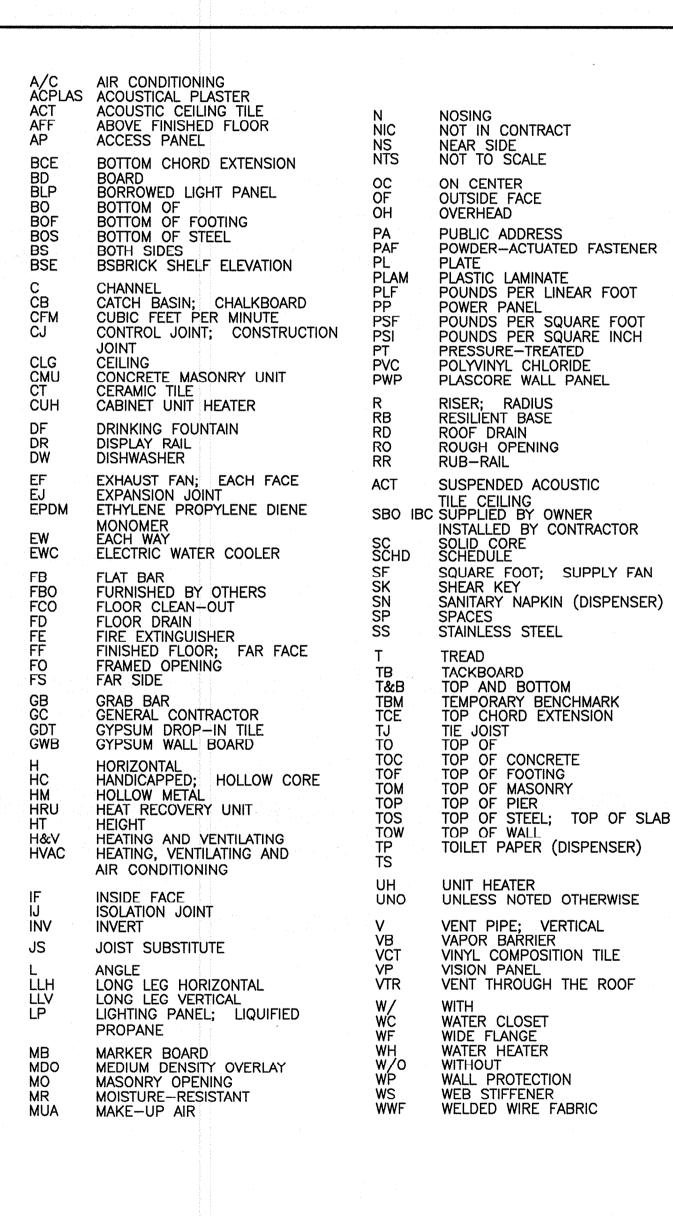
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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.

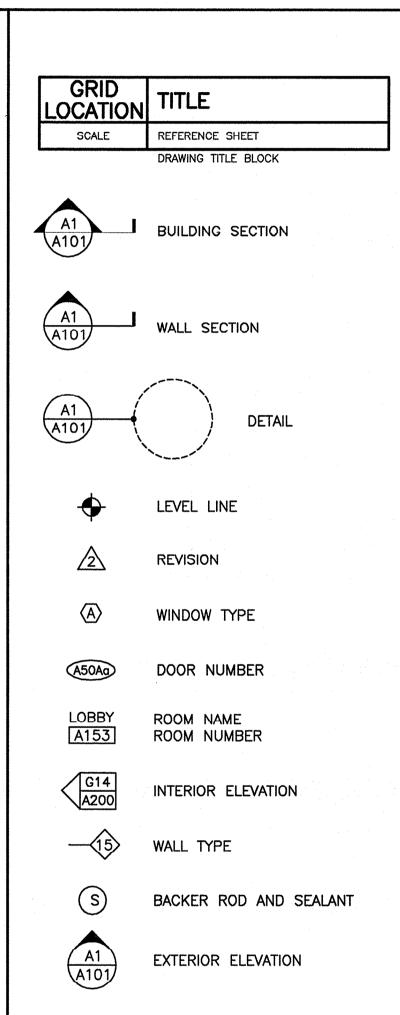
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	10	47	-	10	10	1 1	
Signature:	m/	MM	Date:	10	19	114	
/	X			7	l		

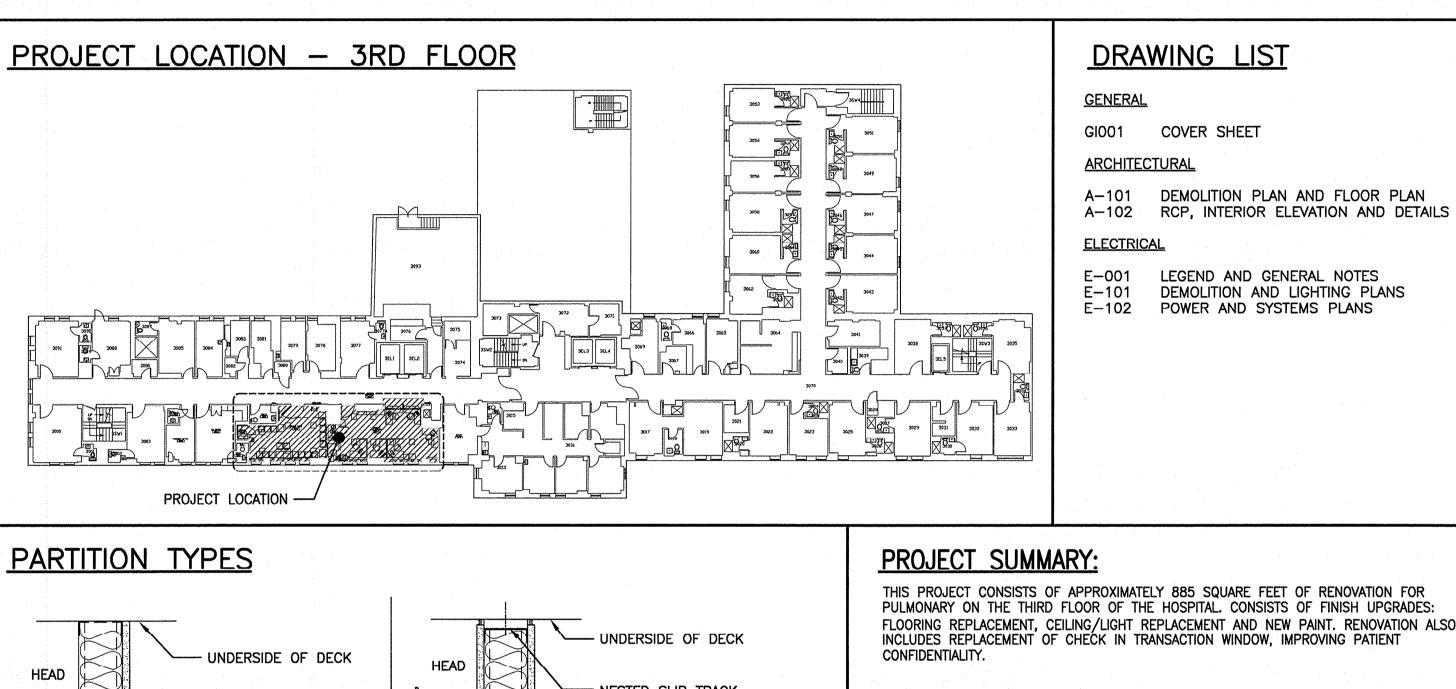
This is not a permit; you may not commence ANY work until the permit is issued.

MERCY HOSPITAL STATE ST. - 3S PULMONARY RENOVATIONS

PORTLAND, MAINE







-LINE OF FINISHED CEILING

- 5/8" GWB (BOTH SIDES)

3 5/8" MTL. STUDS @ 16"

→ 3 1/2" SOUND ATTEN. BATT

- MTL. RUNNER

- FLOOR LINE

CONSTRUCT AS SHOWN

DESIGN NO. U465

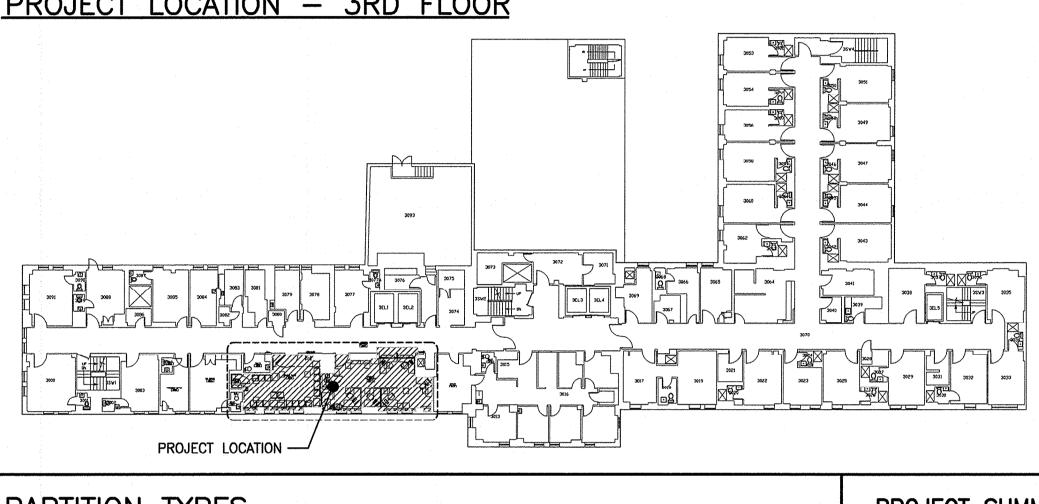
6" MTL. STUDS

*TYPICAL PARTITION U.N.O.

CONSTRUCT AS SHOWN 1 HOUR FIRE-RESISTANCE RATING U.L.

INSUL. (FOR STC 45 MIN)

- CONT. SEALANT (BOTH SIDES)



4 7/8" TYP

BASE

DRAWING LIST

COVER SHEET

ARCHITECTURAL

DEMOLITION PLAN AND FLOOR PLAN RCP, INTERIOR ELEVATION AND DETAILS

LEGEND AND GENERAL NOTES DEMOLITION AND LIGHTING PLANS POWER AND SYSTEMS PLANS

MAG NORTH

Knoten Danin

PITAL RY RENOVATIONS PNA NA NA NA NA

NFPA INCLUDING 101 LIFE SAFETY CODE, 2000 AND 2009 EDITION

BUILDING:

IBC BUILDING CODE, 2009 EDITION

ACCESSIBILITY:

ADA, ACCESSABILITY GUIDELINES FOR BUILDINGS AND FACILITIES 2010 EDITION.

MECHANICAL:

2007 ASHRAE STANDARD 90.1

PLUMBING:

ELECTRICAL:

2008 NATIONAL ELECTRIC CODE

APPLICABLE CODES

2009 MAINE STATE PLUMBING CODE

					STATE STREET - PORTLA		SSUFD			CURRENT ISSUE STATUS
									9-29-14	DATE
									ISSUED FOR CONSTRUCTION	DESCRIPTION
									0	REV
	GF	RAP	0"	80	AL	E:		1"		
,		AL						1/4'	<u>'=1'</u>	
				ГМ						KD
				IN E			MDI	₹ ,	ME	OR CD
				F NO		<i>J</i>			140	
		IRT			<u> </u>	.,	GIO		140	
		TE							29-	
				ITI	Ξ.					

COVER SHEET

GI001

©COPYRIGHT 2014 SMRT INC

SHEET No.

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

- LINE OF FINISHED CLG.

- 5/8" GWB (ONE SIDE)

MTL. STUDS @ 16" O.C.

- 3 1/2" SOUND ATTEN.

BATT INSUL. (FOR STC

- 3 5/8"

- MTL. RUNNER

- CONT. SEALANT

- FLOOR LINE

CONSTRUCT AS SHOWN

2-1/2" MTL. STUDS

6" STUD

GWB TO 6" ABOVE CEILING

GWB TO 6" ABOVE CEILING

PLAN





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.
 ✓ 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.
Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment or other types of work that may require special review Insulation R-factors of walls, ceilings, floors & U-factors of windows as per the IEEC 2009 Proof of ownership is required if it is inconsistent with the assessors records.
Reduced plans or electronic files in PDF format are required. 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.