

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 071448

PERMIT ISSUED

DEC 21 2007

This is to certify that MAINE MEDICAL CENTER Langford &amp; Low, Inc.

has permission to Richards Wing 1st Floor - Replace existing ceiling, add sprinklers, minor changes to Medical Room

AT 2 BRAMHALL ST Richards Wing 1st Floor L 053 D007001

provided that the person or persons who perform or supervise the work accepting this permit shall comply with all of the provisions of the Statutes of the State of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Classification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is closed-in. 4  
YOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

## OTHER REQUIRED APPROVALS

Fire Dept. Craig Carr

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*Jennifer Burke* 12/21/07  
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 07-1448	Issue Date:	CBL: 053 D007001
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Location of Construction: 2 BRAMHALL ST Richards Wing 1	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: CA1

Past Use: Commercial - Maine Medical - Richards Wing 1st Floor	Proposed Use: Commercial - Maine Medical - Richards Wing 1st Floor -Replace existint Ceilings, add sprinkler, minor changes to Med Room	Permit Fee: \$1,560.00	Cost of Work: \$153,014.00	CEO District: 2
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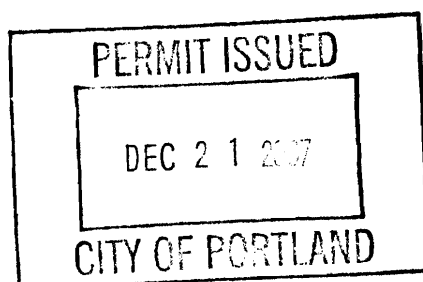
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-2 Type: 1B IBC-2003
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Proposed Project Description: Richards Wing 1st Floor -Replace existint Ceilings, add sprinkler, minor changes to Med Room	Signature: <i>Greg Case</i>	Signature: <i>JMB 12/21/07</i>
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
Signature: _____ Date: _____

Permit Taken By: ldobson	Date Applied For: 11/26/2007	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>11/29/07</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 07-1448	<b>Date Applied For:</b> 11/26/2007	<b>CBL:</b> 053 D007001
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<b>Location of Construction:</b> 2 BRAMHALL ST Richards Wing 1	<b>Owner Name:</b> MAINE MEDICAL CENTER	<b>Owner Address:</b> 22 BRAMHALL ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Langford & Low, Inc.	<b>Contractor Address:</b> PO Box 662 Portland	<b>Phone</b> (207) 797-5141
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Commercial - Maine Medical - Richards Wing 1st Floor -Replace exisint Ceilings, add sprinkler, minor changes to Med Room	<b>Proposed Project Description:</b> Richards Wing 1st Floor -Replace exisint Ceilings, add sprinkler, minor changes to Med Room
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 11/29/2007  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 12/21/2007  
**Note:**      **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) All penetratios through rated assemblies must be protected by an approved firestop system installed as tested in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.

**Dept:** Fire      **Status:** Approved      **Reviewer:** Capt Greg Cass      **Approval Date:** 11/29/2007  
**Note:**      **Ok to Issue:**



# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

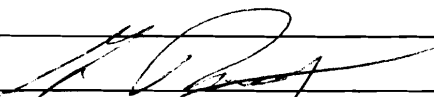
Location/Address of Construction: <u>22 BRAMHALL STREET</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant * <b>must</b> be owner, Lessee or Buyer* Name <u>MANE Medical Center</u> Address <u>22 Bramhall Street</u> City, State & Zip <u>Portland, ME 04102</u>	Telephone: <u>662 4118</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>53,014</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>PATIENT CARE</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>SAME</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>Replace Existing ceiling, add sprinklers, minor changes to med room Richards wing 1st Floor</u>		
Contractor's name: <u>LANFORD &amp; LOW, INC.</u> Address: <u>248 WARREN AVE.</u> City, State & Zip <u>PORTLAND MAINE 04104</u> Telephone: <u>797-5171</u> Who should we contact when the permit is ready: <u>GUS DECHENT</u> Telephone: <u>315-6546</u> Mailing address: <u>248 WARREN AVE PORTLAND ME</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.**

NOV 26 2007

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](http://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: 11/21/07

**This is not a permit, you may not commence ANY work until the permit is issued**



# Accessibility Building Code Certificate

Designer: MARK WILCOX

Address of Project: MMZ 22 BRANHALL ST.

Nature of Project: R1 SPRINKLER SYSTEM

\_\_\_\_\_

\_\_\_\_\_

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: *Mark Wilcox* 11/28/07

Title: PRINCIPAL

Firm: WINTON SCOTT ARCHTS

Address: 5 MILK ST.  
PORTLAND, ME 04101

Phone: 774-4861

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



# Certificate of Design

Date:

11.28.07

NOV 28

From:

MARK WILCOX

These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER R1 RENOVATION

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



Signature:

*Mark Wilcox*

Title:

PRINCIPAL

Firm:

WINTON SCOTT ARCHTS

Address:

5 MILK ST.

PORTLAND, ME 04101

Phone:

774.4811

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



# Certificate of Design Application

From Designer: WINTON SCOTT ARCHITECTS NOV 28  
Date: 11.28.07  
Job Name: MMC RI SPRINKLER SYSTEM  
Address of Construction: 22 BRANHALL ST.

## 2003 International Building Code

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

Building Code & Year 2003 IBC Use Group Classification (s) I 2

Type of Construction 1 B

Is there a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IBC? YES Supervisory alarm system? YES

Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) \_\_\_\_\_

Geotechnical/Soils report required? (See Section 1802.2) N/A

### Structural Design Calculations N/A

\_\_\_\_\_ Submitted for all structural members (106.1 - 106.11)

### Design Loads on Construction Documents (1603) N/A

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
_____	_____
_____	_____
_____	_____
_____	_____

### Wind loads (1603.1.4, 1609) N/A

\_\_\_\_\_ Design option utilized (1609.1.1, 1609.6)  
\_\_\_\_\_ Basic wind speed (1809.3)  
\_\_\_\_\_ Building category and wind importance Factor,  $w$   
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

\_\_\_\_\_ Design option utilized (1614.1)  
\_\_\_\_\_ Seismic use group ("Category")  
\_\_\_\_\_ Spectral response coefficients, SDs & SD1 (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,  $R_d$  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

\_\_\_\_\_ Flood Hazard area (1612.3)  
\_\_\_\_\_ Elevation of structure

### Other loads N/A

\_\_\_\_\_ 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)

**CITY OF PORTLAND**  
**DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**  
 389 Congress Street  
 Portland, Maine 04101

**INVOICE FOR PERMIT FEES**

<b>Application No:</b> 7-1448	<b>Applicant:</b> MAINE MEDICAL CENTER
<b>Project Name:</b> Richards Wing 1st Floor -Replace e	<b>Location:</b> 2 BRAMHALL ST Richards Wing 1
<b>CBL:</b> 053 D007001	<b>Development Type:</b>
<b>Invoice Date:</b> 11/26/2007	

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Fees</b>	-	<b>Current Payment</b>	=	<b>Total Due</b>	<b>Payment Due Date</b>
\$0.00		\$0.00		\$1,560.00		\$1,550.00		\$10.00	On Receipt

**First Billing**

**Previous Balance**

**\$0.00**

Fee Description	Qty	Fee/Deposit Charge
Building Permit Fee First \$1000	1	\$30.00
Building Permit Fee Add'l \$1000	1	\$1,530.00
		\$1,560.00

**PO#0732**  
**Permit# 07-1448**  
**Richards Wing 1st Floor**

<b>Total Current Fees:</b>	+	<b>\$1,560.00</b>
<b>Total Current Payments:</b>	-	<b>\$1,550.00</b>
<b>Amount Due Now:</b>		<b>\$10.00</b>

-----  
 Detach and remit with payment

**Bill to:** MAINE MEDICAL CENTER  
 22 BRAMHALL ST  
 PORTLAND, ME 04102

CBL 053 D007001  
**Application No:** 7-1448  
**Invoice Date:** 11/26/2007  
**Invoice No:** 29677  
**Total Amt Due:** \$10.00  
**Payment Amount:**

Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.



**Asbestos,  
Project  
Notification**

2004 Revision

**State of Maine**  
**Department of Environmental Protection**  
**Lead & Asbestos Hazard Prevention Program**  
 17 State House Station, Augusta, ME 04333  
 TEL (207) 287-2651 FAX (207) 287-7826

Page 1 of 3

**Important Notice:** The notification submitter must send a complete notification including any applicable fee which is postmarked at least 10 calendar days or received by the Department at least 5 working days prior to the start of an asbestos abatement project. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record.

<b>1. Project* Code</b> 2993-ME1 (Assigned by notification submitter) *See definition of project at Chapter 425.1.CCC		<b>2. Type of Notification</b> <input checked="" type="checkbox"/> Standard (O) <input type="checkbox"/> Facility O&M (Annual) <input type="checkbox"/> Emergency (E) <input type="checkbox"/> Courtesy (Not Regulated)		<b>3. Type of Activity</b> <input type="checkbox"/> Demolition (D) <input checked="" type="checkbox"/> Renovation (R) <input type="checkbox"/> Repair		<b>4. Variances</b> (Check all that apply) <input type="checkbox"/> Non-Standard (NS) <input checked="" type="checkbox"/> Standard (S) <input type="checkbox"/> Notification Waiver (10 day)	
<b>5. Asbestos Contractor</b> Name <u>MORRISSEY ENVIRONMENTAL</u> Address <u>P.O. BOX 1568</u> City <u>LEWISTON</u> State <u>ME</u> Zip <u>04241</u> Contact <u>RON TILSON</u> TEL <u>207-783-4260</u> FAX <u>207-786-5575</u>				<b>6. Facility Owner</b> Name <u>Maine Medical Center</u> Mailing Address <u>22 Bramhall St.</u> City <u>Portland</u> State <u>ME</u> Zip <u>04102</u> Contact <u>Richard Sakel</u> TEL <u>207-662-2447</u> FAX <u>207-662-6195</u>			
<b>7. Facility Location (Where removal is to take place)</b> BLDG Name <u>Richard's Wing</u> Floor and/or Rm # <u>2-111</u> Physical Address <u>22 Bramhall St.</u> City <u>Portland</u> State <u>ME</u> Zip <u>04102</u>				<b>8. Facility Description</b> Present Use <u>Hospital</u> Prior Use <u>Same</u> BLDG Size <u>100,000 sq. ft.</u> No. Floors <u>9</u> BLDG Age <u>40+/-</u>			
<b>9. Notification Fees (Required fees must accompany notification)</b> <input type="checkbox"/> \$100.00 = ACM amounts 100 SqFt/100 LnFt to 1000 SqFt/5000 LnFt. <input checked="" type="checkbox"/> \$200.00 = ACM amounts greater than 1000 SqFt/5000 LnFt. <input type="checkbox"/> Not Required or Not Included (Complete Block #9A)		<b>9A. Notification Fee Not Included</b> <input type="checkbox"/> Single family home exemption <input type="checkbox"/> ACM amount less than 100 SqFt/100 LnFt <input type="checkbox"/> Fees paid quarterly (Non-Scheduled O&M only) <input type="checkbox"/> BGS exemption		<b>10. Project Work Hours</b> <u>7:00 AM</u> to <u>4:00 PM</u> (Show actual hours) Weekdays (Check all that apply) <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> F Weekend (Check all that apply) <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
<b>11. Scheduled Dates for Asbestos Project</b> Project Start Date <u>12-03-07</u> Project Completion Date <u>04-11-08</u> ACM Removal Dates (from) <u>12-04-07</u> (to) <u>04-10-08</u>							
<b>12. Asbestos (ACM) Removal</b>							
				<b>ME DEP USE ONLY</b>			
ACM Type		Amount		Measurement		Postmark/ FAX/ hand delivered	
<u>Coating Material</u>		<u>1100</u>		SqFt <u>1</u> LnFt <u></u>		_____	
<u>Fire Proofing on Beam</u>		<u>100</u>		SqFt <u></u> LnFt <u></u>		Date Received _____	
				SqFt <u></u> LnFt <u></u>		Check # _____	
				SqFt <u></u> LnFt <u></u>		NESHAP _____	
				SqFt <u></u> LnFt <u></u>		State _____	
				SqFt <u></u> LnFt <u></u>		Variance _____	

**Asbestos  
Project  
Notification**

State of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-7826

FORM

N

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2004 Revision

Project Code

13. Demolition (complete as applicable)

2993-MEI  
(As listed on page 1)

Ordered demolition (structurally unsound) by State or local government (attach copy of order and name of professional engineer who determined building structurally unsound)

All other demolitions

Demolition Dates: \_\_\_\_\_ to \_\_\_\_\_

14. Procedure Used to Detect Presence of Asbestos

Testing  Assumed Positive  Tested Positive

Method  PLM  TEM

Sampled By Alex McCarthy  
(Print Name)

Company McCarthy Environmental

15. Project Clearance

Visual evaluation by: (Air Monitor (if known) and Company)

Alex McCarthy

Air Clearance by: (Air Monitor (if known) and Company)

McCarthy Environmental

Note: Whenever building materials are assumed to contain asbestos, signed bulk sampling disclosure forms must be at the asbestos abatement project site and available for review by the Department.

16. Asbestos Abatement Methods (check all that apply & submit variance request (Form V) if required)

- Regulated area with containment consisting of 2-layers 4 mil poly on walls & ceiling & 2 layers 6 mil poly on floors
- Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors
- Regulated area with Exclusion zone  Intact flooring demo by heavy equipment
- Multiple non-contiguous glovebags (variance required)  Adhesive by grinding or bead blasting
- Contiguous glovebags less than 30 Ln/ft (variance required)  Enclosure
- Wrap & cut- TSI in good condition (no containment)(variance required)  Encapsulation
- Wrap & cut- TSI not in good condition (containment required)  Roofing removal by mechanical saws/cutters
- Flooring by mechanical equipment/ice scrapers/pry bars  Other (specify) \_\_\_\_\_

17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter)

Name SERVICE TRANSPORT

Address 58 PYLES LANES

City NEW CASTLE State DEL Zip 19720

Contact RANDY BRIDGES

TEL 302-778-5930 FAX 302-778-0446

18. Disposal Site

Name A&L SALVAGE

Address 11225 S.R. 45 - P.O. BOX 333

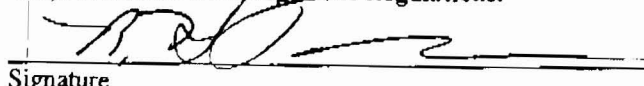
City LISBON State OH Zip 44432

Contact BARRY GAUDET

TEL 330-424-3739 FAX \_\_\_\_\_

19. Certification (Notification Submitted by)

I certify that to the best of my knowledge, the information contained in this notification is true and accurate, and that the asbestos abatement contractor will be/has been contracted to implement work practices as required by Maine DEP Chapter 425, the Asbestos Management Regulations.



Signature

RON TILLSON  
Print Name

Date 11-19-07

Mailing Address P.O. BOX 1568

City LEWISTON State ME Zip 04241-1568

TEL 207-782-4260 FAX 207-786-5575

**Asbestos Project  
Variance Request**2993-MEI  
Project CodeState of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-7826**FORM****V**

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**Standard Variance(s) Requested by Maine Certified Asbestos Design Consultant**

Check all that apply. Written Department approval is not required prior to implementation. Standard variances submitted during or before the project due to unforeseeable conditions shall not be implemented until 5 days after the variance is received by the Department unless otherwise approved by the Department.

**1. Wetting ACM (during removal phase only) is not required when:**

- Temperature inside regulated area below 32°F & heating not feasible nor practical
- Electrical conditions exist that would create shock/electrocution hazard
- Operational high-pressure steam lines are being abated/repaired

**2. Exhausting to Ambient Air is not feasible when:**

- Distance too great       Health & Safety concerns (limited egress)

**3. Aggressive Air Clearances in dirt crawl spaces only are not required when:**

- Dirty or dusty conditions exist not related to asbestos activities exist inside or outside the regulated area and will likely result in count overloads (Static Air Samples are required)

**4. Containment and air clearances not necessary when:**

- Enclosure activities do not impact ACM
- Removal of TSI components that utilize "wrap & cut" methods, provided that an Asbestos Inspector has determined the components to be in good condition & not likely to release fibers during removal, & has recorded this determination in the project design. **By signing below, the Design Consultant attests that the TSI is in good condition.**
- Removal or repair of ACM using multiple non-contiguous glovebags that are no larger than 60 inches by 60 inches
- Removal or repair, using contiguous glovebags, that involve a total of no more than 30 1/ft of ACM on a single pipeline, or any amount of ACM that can be removed within 10 glovebags for pipelines running parallel to each other

**5. Remote decontamination unit is needed:**

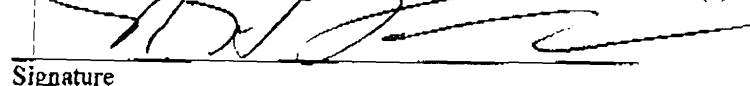
Explain: \_\_\_\_\_

**6. Smaller than standard decontamination unit needed in residential structure:**

A variance to the requirements for minimum decontamination unit size is allowed in residential structures where construction of a decontamination unit meeting minimum size requirements is not possible due to room size and configuration, HVAC system component locations, or restriction of safe egress for residents.

**Note:** A detailed floor plan showing the work area, decontamination unit n and room dimensions must be submitted with the requested variance.

**Design Consultant Sign-off for Standard Variance(s)**



Signature

RON TILLSON  
Print Name

Date 11-19-07

Company MORRISSEY ENVIRONMENTAL

ME Certification Number DC-0036

Address P.O. BOX 1568

Certification Expiration Date 11-30-08

City LEWISTON State ME Zip 04241

TEL 207-783-4260 FAX 207-786-5575

**Asbestos Project  
Variance Request**

2993-MEI  
Project Code

State of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-7826

**FORM**

**V**

Page 2 of 2

2004 Revision

**Non-Standard Variance(s) Requested by Maine Certified Asbestos Design Consultant**

Provide written justification that presents clear & convincing evidence that the asbestos project is distinctive in some way & the proposed alternative(s) to required work practices will comply with the intent of State law & rules. Written Department approval is required prior to implementation of non-standard variance(s).

**List proposed work practice alternatives**

Smaller than required decon units will need to be built for various locations throughout the project.

**Reasons for Non-Standard Variance(s) (Explain in detail. You may add an attachment when necessary)**

Due to life safety code requirements in the hospital, it will not be possible to build full size decons at every location.

**Design Consultant Sign-off for Non-Standard Variance(s)**



Signature

RON TILLSON

Print Name

Date 11-19-07

Company MORRISSEY ENVIRONMENTAL

ME Certification Number DC-0036

Address P.O. BOX 1568

Certification Expiration Date 11-30-08

City LEWISTON State ME Zip 04241

TEL 207-783-4260 FAX 207-786-5575

**MEDEP Action on Non-Standard Work Practices Variance(s) Requested**

APPROVED  DISAPPROVED (by) \_\_\_\_\_ (date) \_\_\_\_\_

**MORRISSEY ENTERPRISES**

DBA MORRISSEY ENVIRONMENTAL  
 P.O. BOX 1568  
 LEWISTON, ME 04241-1568  
 (207) 783-4260

Norway Savings Bank

52-7451-2112

11/19/2007

PAY  
 TO THE  
 ORDER OF

ME ENV. PROTECTION FUND

\$

\*\*200.00

Two Hundred and 00/100..... DOLLARS

ME ENV. PROTECTION FUND  
 17 STATE HOUSE STATION  
 AUGUSTA, ME 04333

*Rennie [Signature]*  
 AUTHORIZED SIGNATURE

MEMO

2993-MEI

⑈011043⑈ ⑆211274515⑆ 870 2202797⑈

MORRISSEY ENTERPRISES

11043

ME ENV. PROTECTION FUND  
 6275 · Job Notif/Employee Licensing

2993-MEI

11/19/2007

200.00

Cash Checking

2993-MEI

200.00

**Asbestos Project  
Variance Request**2993-MEI  
Project CodeState of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-7826**FORM****V**

Page 2 of 2

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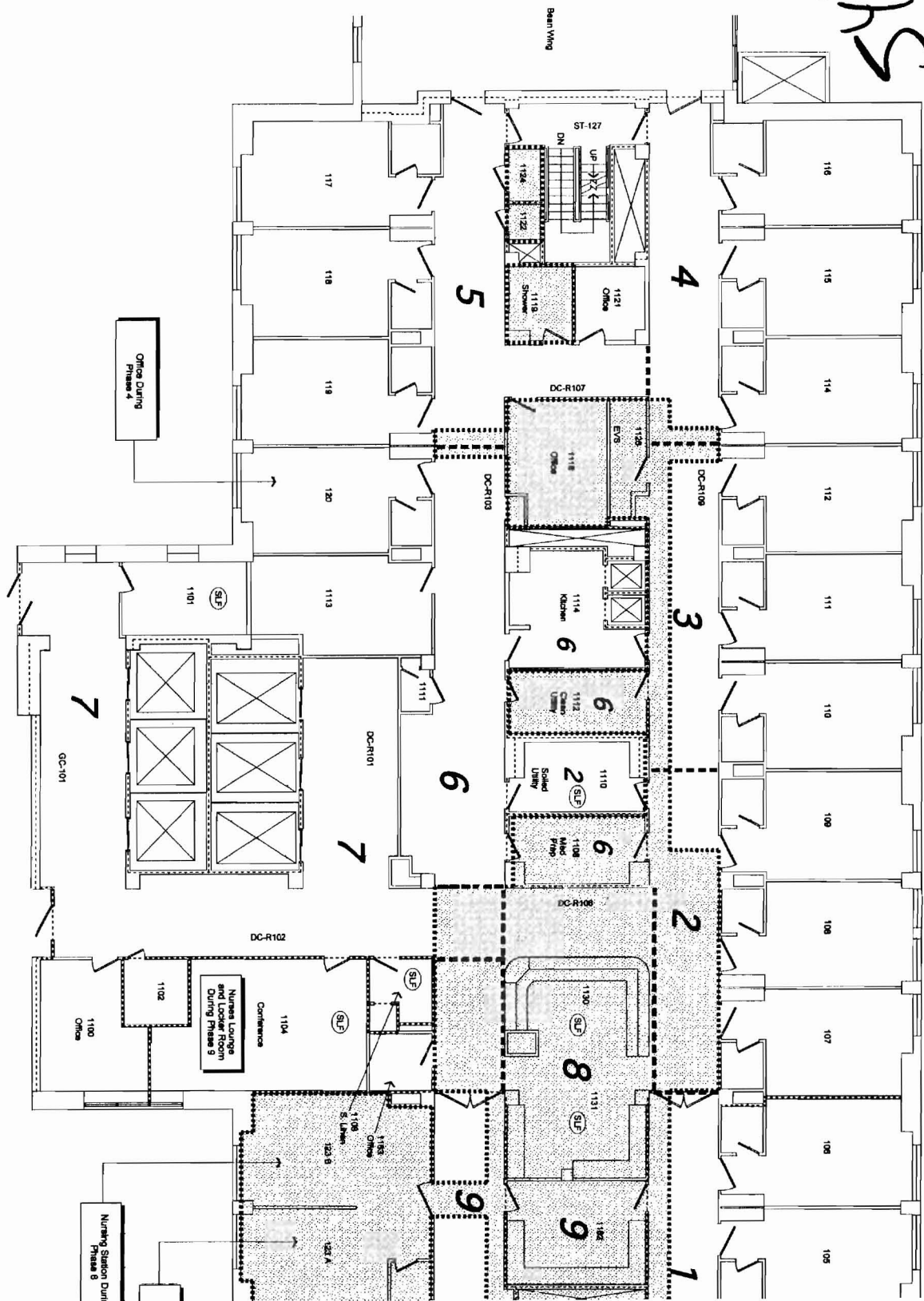
**MEDEP Action on Non-Standard Work Practices Variance(s) Requested** APPROVED DISAPPROVED (by)

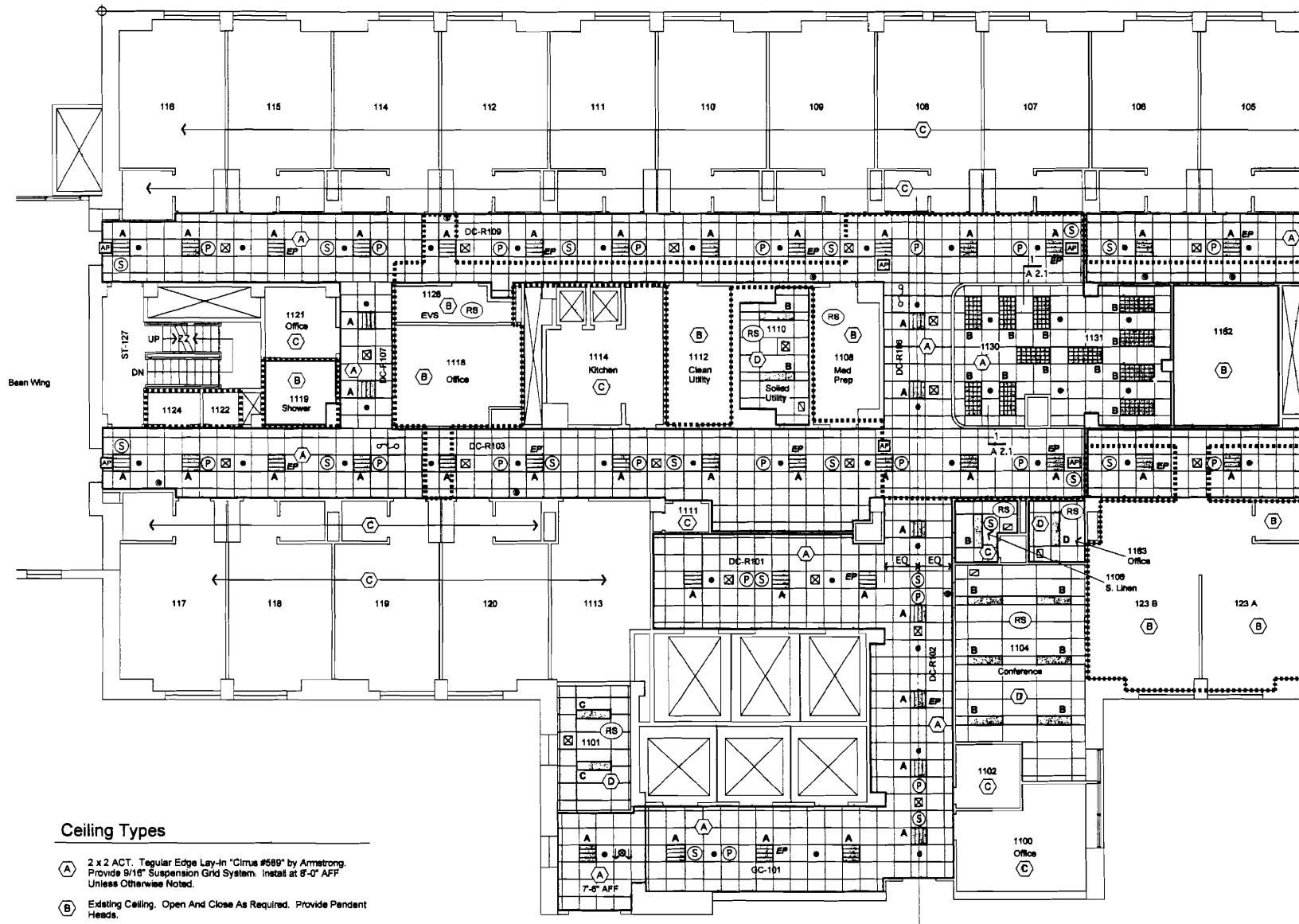
Stuart Gauszley (date) 11/20/07

SFZ

NOV 26 2007

SBH 3





### Ceiling Types

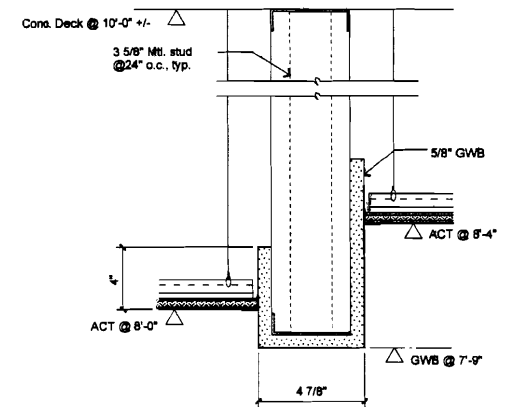
- (A) 2 x 2 ACT. Tegular Edge Lay-in "Cirrus #589" by Armstrong. Provide 9/16" Suspension Grid System. Install at 8'-0" AFF Unless Otherwise Noted.
- (B) Existing Ceiling. Open And Close As Required. Provide Pendant Heads.
- (C) Existing Ceiling To Remain Undisturbed. Sprinkler Piping To Be Sidewall Heads With Valence Cover System
- (D) Existing Ceiling And Sprinklers To Be Removed. Provide 2 X 4 Act Square Edge Lay-in "Fine Fissured Humiguard #1729" By Armstrong. Provide 15/16" Suspension Grid System.

### Lighting Fixture Schedule

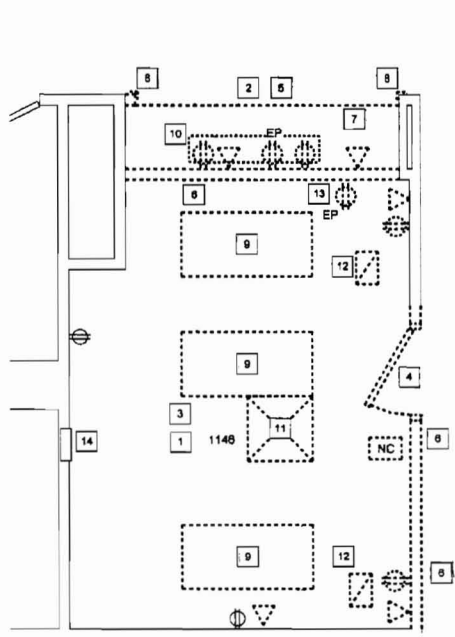
	Mfr	Type	Model No.	Mounting	Lamping	Remarks
A	Lightolier	Typical Corridor Ceiling Luminaire	QVS 2 G PF OS 2 FT 120 SB	Recessed	(2) 40W TT5	Typical Unless Noted Otherwise. Wire to existing lighting circuits / Verify continuity / See switching diagram for 24 Hour fixtures
B	Existing		Existing	Recessed	Existing	Remove & Replace Existing Fluorescent Light Fixture
C	Existing		Existing	Surface	Existing	Remove & Replace Existing Fluorescent Light Fixture
D	Lightolier	1 x 4 Troffer	SPS1GFSVA232 120 SO	Recessed	(2) 40W TT5	

### Note

EP Wire fixture shown to existing emergency power lighting circuit







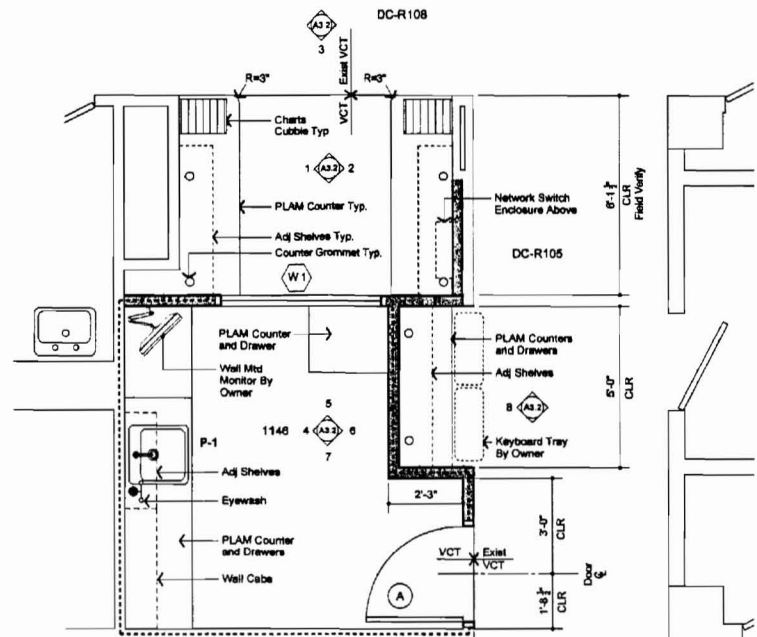
Removals Plan

Removals Symbols

- Remove existing power outlet.
- Remove emergency power outlet.
- Remove existing voice or data outlet.
- Existing power outlet to remain.
- Remove existing nurse call station. Save for reuse.

Removals Notes

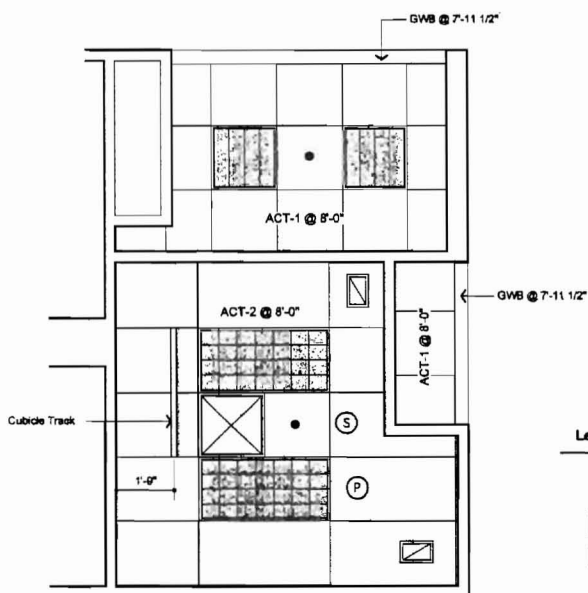
- 1 Remove existing carpet and vinyl base in this room. Prepare slab for proposed floor finish.
- 2 Remove existing VCT and vinyl base in this area. Prepare slab for proposed floor finish.
- 3 Remove ACT ceiling in this room.
- 4 Remove door and frame.
- 5 Remove existing GWB soffit in this area.
- 6 Remove metal stud drywall partition. Patch floor and adjacent walls to match existing.
- 7 Remove existing counter and charts cubbies.
- 8 Remove existing corner guard.
- 9 Remove existing light fixture and switching, save light for reuse.
- 10 Remove existing light fixture and switching.
- 11 Remove existing supply air grille. Verify existing air flow CFM and report to Architect.
- 12 Remove existing return air grille. Verify existing air flow CFM and report to Architect.
- 13 Remove existing conduit bushing at data cables. Do not disturb cables.
- 14 Existing abandoned NC backbox to remain. Verify cabling proximity to proposed sink.



Floor Plan

Legend

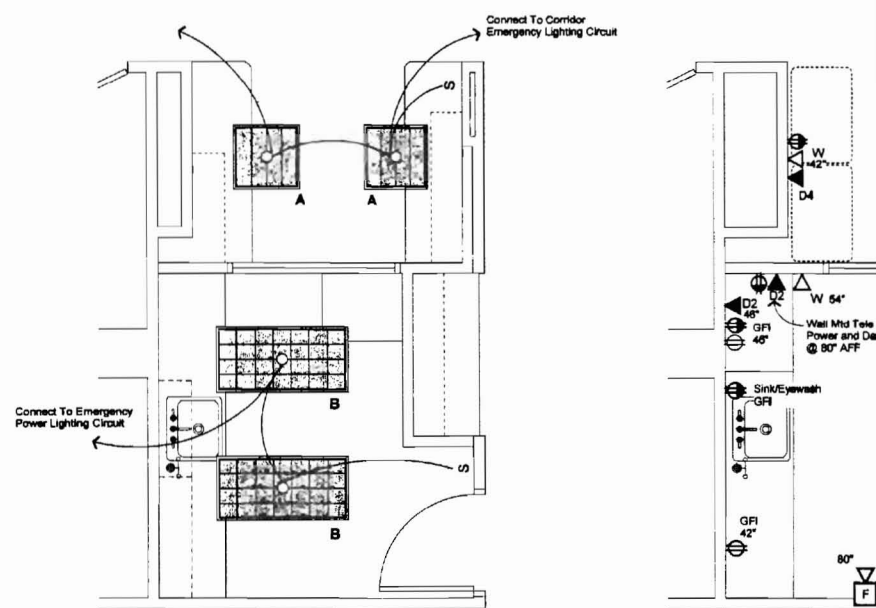
- Partition or item to be removed.
- Existing partition or item to remain.
- Extend Existing Partition To Underside of Slab Above 5/8" GWB Each Side
- Proposed Partition 3 5/8 25 ga. Mt. Studs 16" O.C. 5/8" GWB Each Side
- Proposed Partition One Hour Fire Rated 3 5/8 25 ga. Mt. Studs 16" O.C. 5/8" GWB Each Side Extend To Underside of Slab Above



Reflected Ceiling Plan

Legend

- Sprinkler Head (By Separate Contract)
- Provide Supply Air Grille Report Air Flow CFM To Architect
- Provide Return Air Grille Report Air Flow CFM To Architect
- Paging System Speaker
- Smoke Detector
- Recessed Fluorescent Light Fixture
- Cubicle Track - ADC Model 110-C Include End Caps and Suspension From Underside of Conc Slab Above



Electrical Lighting Plan

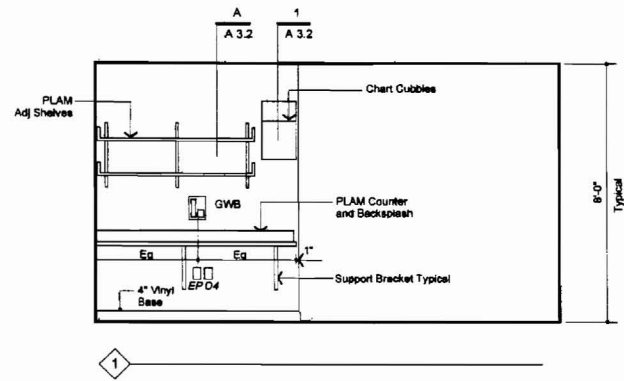
Electrical Power and Systems

Ceiling Types

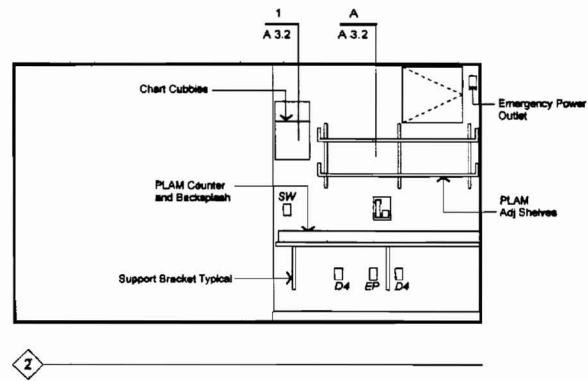
- ACT - 1 2 x 2 ACT. Tegular Edge Lay-In "Cirrus #589" by Armstrong. Provide 9/16" Suspension Grid System.
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Lighting Fixture Schedule

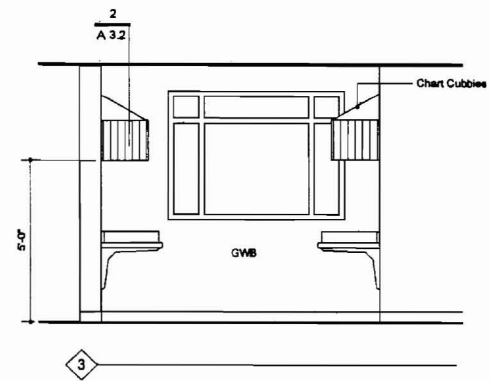
Mfr	Type	Model No.	Mounting	Lamping	Remarks
A	Lightboller	Typical Corridor Ceiling Luminaire	QV8 2 G PF OS 2 FT 120 SB	Recessed	(2) 40W TT5 Wire to existing lighting circuit
B	Parabolic Troffer			Recessed	Existing Fixture To Be Reuse



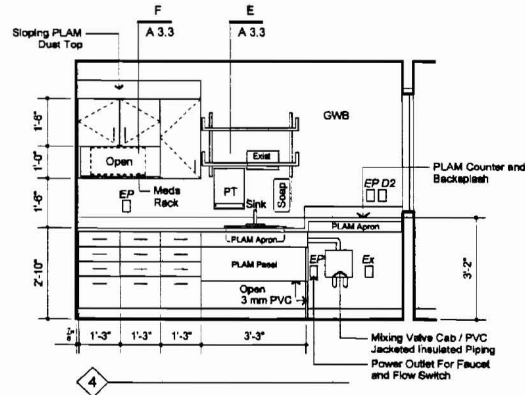
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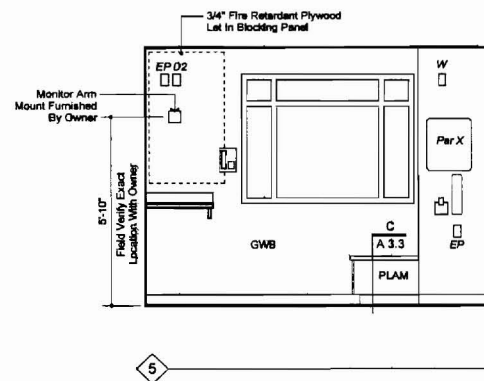
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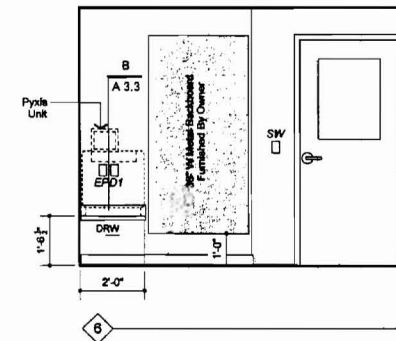
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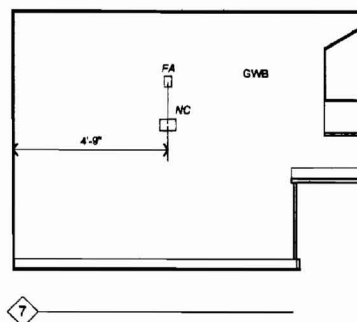
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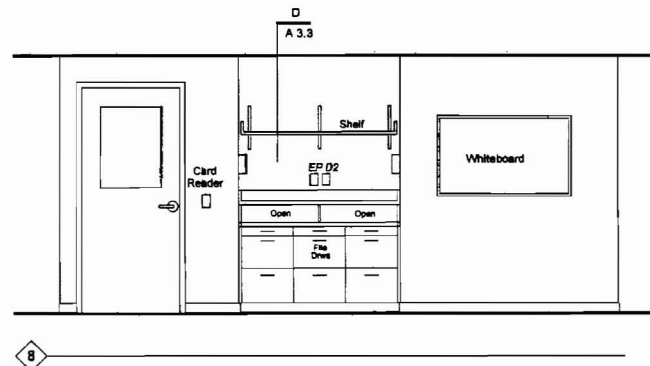
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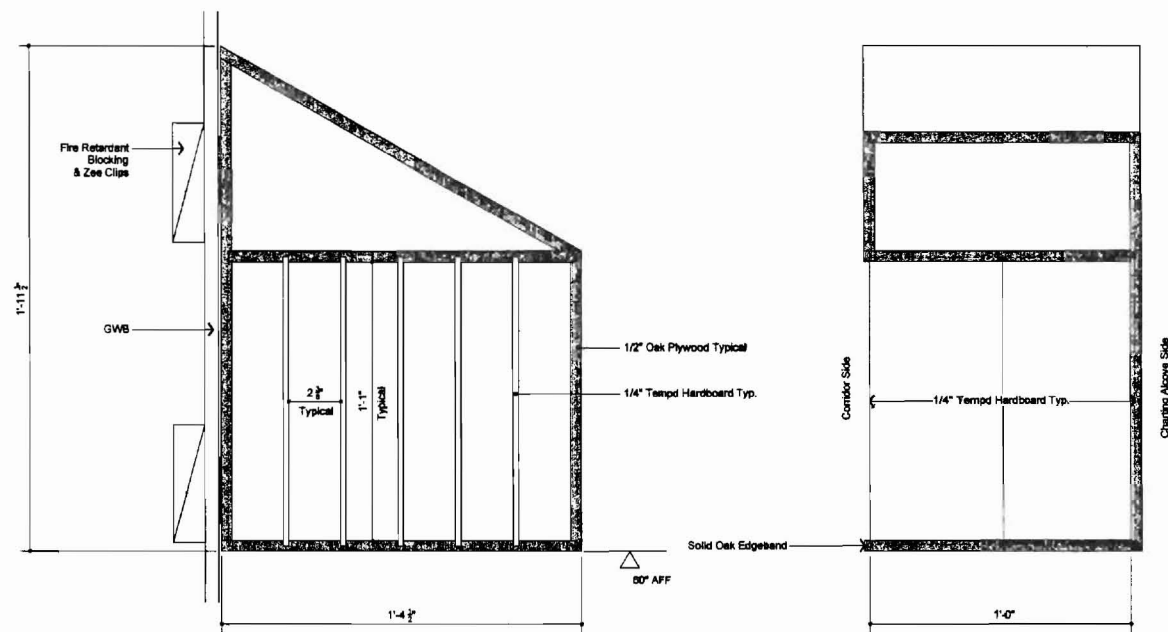
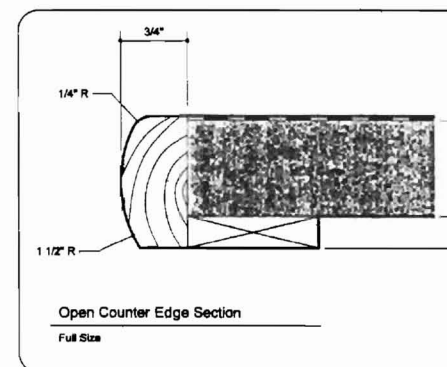
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7

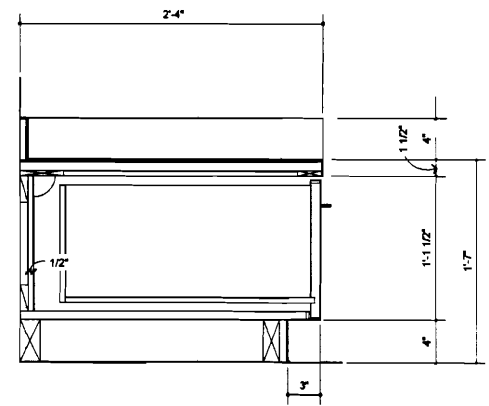


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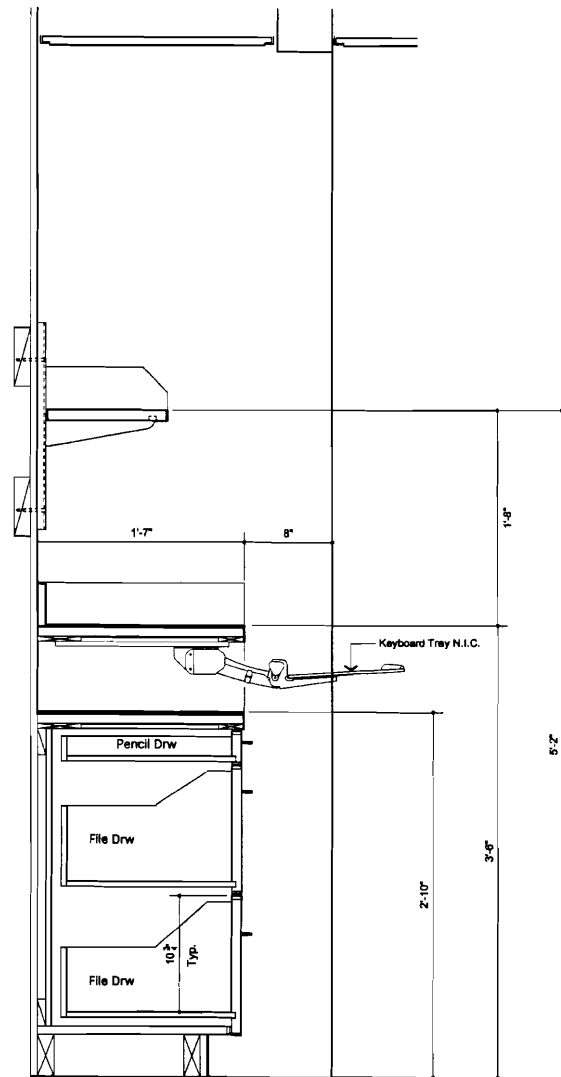


1 Chart Cubbies Section  
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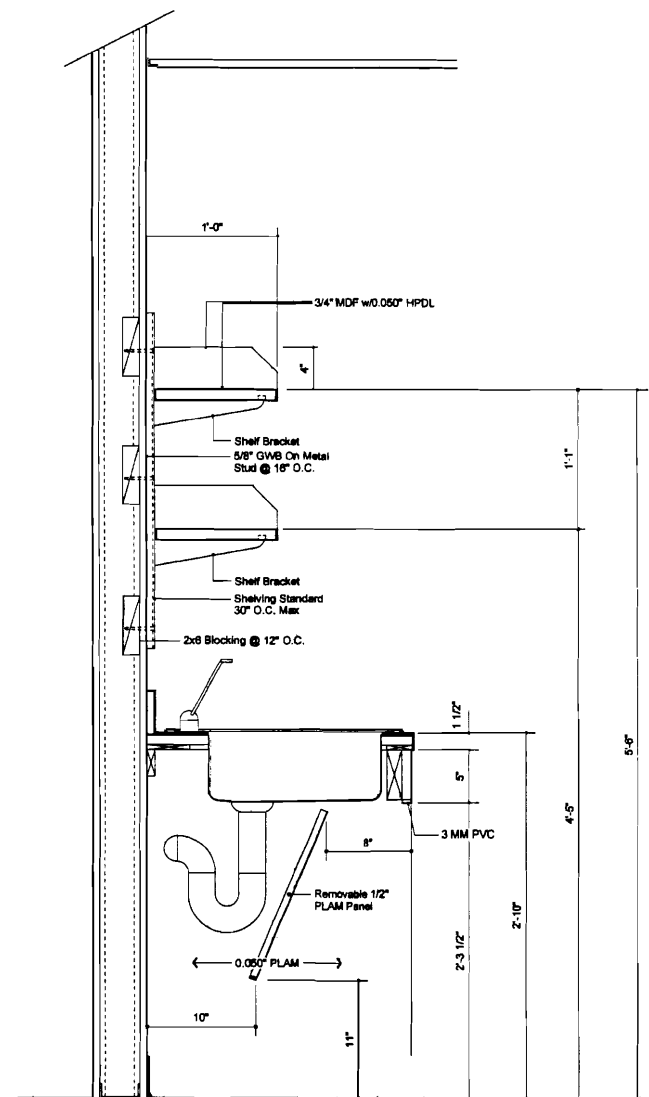
2 Chart Cubbies Section  
3\"/>



**B** Base Cabinet Section  
1 1/2" = 1'-0"



**D** Base Cabinet Section  
1 1/2" = 1'-0"



**E** Sink Section  
1 1/2" = 1'-0"

3 mm PVC ↗