

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 051002
AUG - 1 2005
CITY OF PORTLAND

This is to certify that MAINE MEDICAL CENTER Herbert... LLC

has permission to Endoscopy exam rooms/ tena... it -up

AT 2 BRAMHALL ST

053 D007001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of 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.

Notification of inspection must... and written permission procured before this building or part thereof is altered or occupied. HEAVY 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. Capt. Greg Cass 7-28-05

Health Dept.

Appeal Board

Other

Department Name

Signature: [Handwritten Signature] 7/27/05
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: 05-002	Issue Date: PERMIT ISSUED AUG - 1 2005	CBL: 053 D007001
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Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone: 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Past Use: Maine Medical Ctr	Proposed Use: Maine Medical Ctr/ Endoscopy exam rooms/ tenant fit -up	Permit Fee: \$1,821.00	Cost of Work: \$200,000.00	CEO District: 2
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Proposed Project Description: Endoscopy exam rooms/ tenant fit -up	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>with conditions</i>	INSPECTION: Use Group: <i>I-2</i> Type: <i>IA</i> <i>7/27/05</i> <i>[Signature]</i>
	Signature: <i>Chpt. Cass</i> Signature: <i>[Signature]</i>	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 07/22/2005	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules Building permits do not include plumbing, septic or electrical work. 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.. 	Special Zone or Reviews <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 type="checkbox"/> MM <input type="checkbox"/> Date: _____	Zoning Appeal <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: _____	Historic Preservation <input 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

Permit No: 05-1002	Date Applied For: 07/22/2005	CBL: 053 D007001
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Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone (207) 783-2091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Maine Medical Ctr/ Endoscopy exam rooms/ tenant fit -up	Proposed Project Description: Endoscopy exam rooms/ tenant fit -up
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Dept: Zoning Status: Not Applicable Reviewer: Approval Date: Note: Ok to Issue:

Dept: Building Status: Approved Reviewer: Mike Nugent Approval Date: 07/27/2005 Note: Ok to Issue:

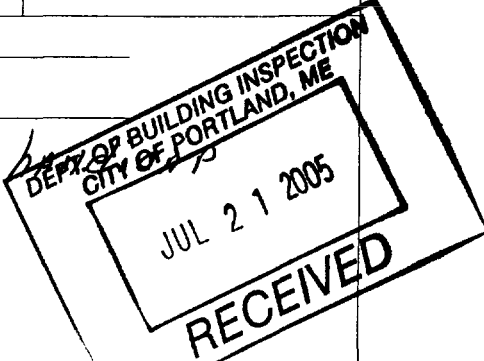
Dept: Fire Status: Approved with Conditions Reviewer: Cptm Greg Cass Approval Date: 07/28/2005 Note: Ok to Issue:

- 1) Sprinkler system to comply with NFPA 13
- 2) Fire alarm to comply with NFPA 72
- 3) All building construction to comply with NFPA 101



Commercial 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.

Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart#	Block#	Lot#	Owner: MAINE MEDICAL CENTER
			Telephone: 662-6149
Lessee/Buyer's Name (If Applicable)		Applicant name, address & telephone: HEBERT CONSTRUCTION 9 GOULD ROAD LEWISTON, ME 04240 207-783-2091	Cost Of Work: \$200,000.00 Fee: \$1,821.00
Current Specific use: <u>ENDOSCOPY EXAM ROOMS</u>			
Proposed Specific use: <u>MINOR PROCEDURE ROOMS</u>			
Project description: <u>NEW INTERIOR FINISHES - NEW BATH ROOM ASU, NOW</u>			
			
Contractor's name, address & telephone: <u>HEBERT CONSTRUCTION, 9 GOULD RD LEWISTON 207-783-2091</u>			
Who should we contact when the permit is ready: <u>DAN HEBERT</u>			
Mailing address: <u>9 GOULD RD LEWISTON, ME 04240</u>			
Phone: <u>207-783-2091</u>			

Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 574-8703

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 my reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Daniel R Hebert</u>	Date: <u>7/21/05</u>
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Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

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

BUILDING PERMIT INSPECTION PROCEDURES

Please call **874-8703** or **874-8693** to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in **48-72** hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- Footing/Building** Location Inspection; Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation** Inspection: Prior to placing ANY backfill
- Framing/Rough** Plumbing/Electrical: Prior to any insulating or drywalling
- Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

CBL: 53 D007

Building Permit #: 051002

**ATLAS** SUPPLY CORP.

"THE TIN STORE"
47 LINCOLN STREET
LEWISTON, MAINE 04240

06-15-05

FONE 207-784-4726
FAX 207-782-3108

Atlas Supply will be closing down operations from **July 2nd, 2005** through **July 11th, 2005** so that our employees may enjoy some deserved vacation time. This means there will be no one here to ship or receive orders during this time.

In consideration of the above **we** ask that our customers plan accordingly and place orders for goods needed during this **time** frame **not** later than **noon July 1st, 2005**. We ask our suppliers that no shipments be made to us via LTL or parcel carriers from June **24th, 2005** to July **8th, 2005**. This request **does** not include shipments being sent directly **to** our customers.

I would like to take this opportunity to wish everyone **a safe and happy Independence Day** from all of **us here**.

Sincerely,

Jeffrey M. Lothrop-Pres.



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: Charles Rizza, AIA

RE: Certificate of Design

DATE: July 20, 2015

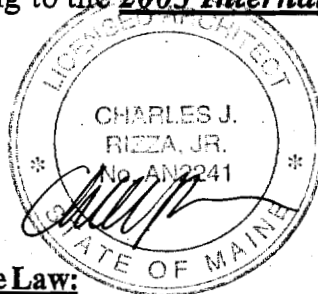
These plans and/ or specifications covering construction work on:

Maine Medical Center - Ambulatory Surgery

Unit 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.

(SEAL)



Signature: [Signature]

Title: Director

Firm: Morris Switzer Environments
for Health

Address: One Dana Street
Portland, ME 04101

As per Maine State Law:

\$50,000.00 or more in new construction, repair expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.

X



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101

ACCESSIBILITY CERTIFICATE

Designer: Morris Switzer Environments for Health
Address of Project: Maine Medical Center, 22 Bramhall Street
Nature of Project: Remodeling of Existing Endoscopy
Suite into Minor Procedure
Holdina 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.

Signature: *[Handwritten Signature]*

Title: Director

(SEAL)

Firm: Morris Switzer Environments for Health

Address: One Dana Street

Portland, ME 04101

Phone: 207-773-8841

NOTE: If this project is a new ~~Muti~~ Family Structure of 4 units or more, this project must also be designed in compliance with the Federal Fair Housing Act. On a separate submission, please explain in narrative form the method of compliance.

X

FROM DESIGNER: Morris Switzer Environments for Health

DATE: July 20, 2005

Job Name: Maine Medical Center - Ambulatory Surgery Unit

Address of Construction: 22 Bramhall Street Renovation

2003 International Building Code

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

Building Code and Year IBC 2003 Use Group Classification(s) T-2

Type of Construction IA

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC No

Is the Structure mixed use? Yes dyes, separated or non separated (see Section 302.3) Separated

Supervisory alarm system? Yes Geotechnical/Soils report required? (See Section 1802.2) N/A

STRUCTURAL DESIGN CALCULATIONS

N/A Submitted for all structural members (108.1, 108.1.1)

DESIGN LOADS ON CONSTRUCTION DOCUMENTS (1803)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use Loads Shown

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Wind loads (1803.1.4, 1809)

_____ Design option utilized (1809.1.1, 1809.5)

_____ Basic wind speed (1809.3)

_____ Building category and wind importance factor, I_w (Table 1804.5, 1809.5)

_____ Wind exposure category (1809.4)

_____ Internal pressure coefficient (ASCE 7)

_____ Component and cladding pressures (1809.1.1, 1809.5.2.2)

_____ Main force wind pressures (7603.1.1, 1809.5.2.1)

Earthquake design data (1803.1.5, 1614-1623)

_____ Design option utilized (1814.1)

_____ Seismic use group ("Category") (Table 1604.5, 1616.2)

_____ Spectral response coefficients, S_{DS} & S_{D1} (1615.1)

_____ Site class (1816.1.5)

_____ Live load reduction (1803.1.7, 1807.9, 1807.10)

_____ Roof live loads (1803.1.2, 1807.11)

_____ Roof snow loads (7603.7.3, 1808)

_____ Ground snow load, P_g (1808.2)

_____ If $P_g > 10$ psf, flat-roof snow load, P_f (1808.3)

_____ If $P_g > 10$ psf, snow exposure factor, C_e (Table 1808.3.1)

_____ If $P_g > 10$ psf, snow load importance factor, I_s (Table 1804.5)

_____ Roof thermal factor, C_t (Table 1808.3.2)

_____ Sloped roof snowload, P_s (1808.4)

_____ Seismic design category (1816.3)

_____ Basic seismic-force-resisting system (Table 1817.5.2)

_____ Response modification coefficient, R , and deflection amplification factor, C_d (Table 1817.5.2)

_____ Analysis procedure (1816.6, 1617.5)

_____ Design base shear (1617.4, 1817.5.1)

Flood loads (1803.1.6, 1612)

_____ Flood hazard area (1612.3)

_____ Elevation of structure

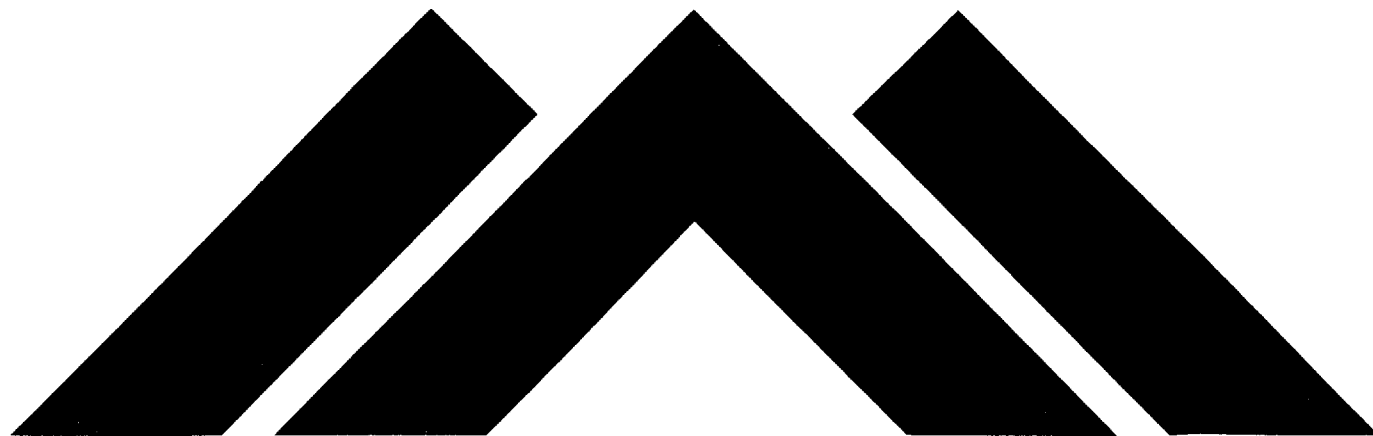
Other loads

_____ Concentrated loads (1607.4)

_____ Partition loads (1607.5)

_____ Impact loads (1607.8)

_____ Misc. loads (Table 1607.6, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1811, 2404)



INDEX OF DRAWINGS

ARCHITECTURAL:

AG-1	ARCHITECTURAL STANDARD GRAPHICS
A1-1	DEMOLITION, NEW WORK AND REFLECTED CEILING PLANS
A1-2	PARTITION TYPES, SCHEDULE, DETAILS AND INTERIOR ELEVATIONS
M-1	ASU INTAKE MECHANICAL REVISION PLANS
E-1	LIGHTING AND FIREALARM PLAN
E-2	POWER DISTRIBUTION PLAN
E-3	DEMOLITION PLAN, SCHEDULES, NOTES AND SYMBOLS

Maine Medical Center Portland, Maine

ASU INTAKE (AMBULATORY SURGERY RENOVATION)

MAINE MEDICAL CENTER

PORTLAND, MAINE

FOR PERMITTING AND CONSTRUCTION

20 JULY 2005

OWNER:


Maine Medical Center
22 Bramhall Street
Portland, Maine 04102
t: (207) 662-0111
f: (207) 662-65 (Facilities)

ARCHITECT:

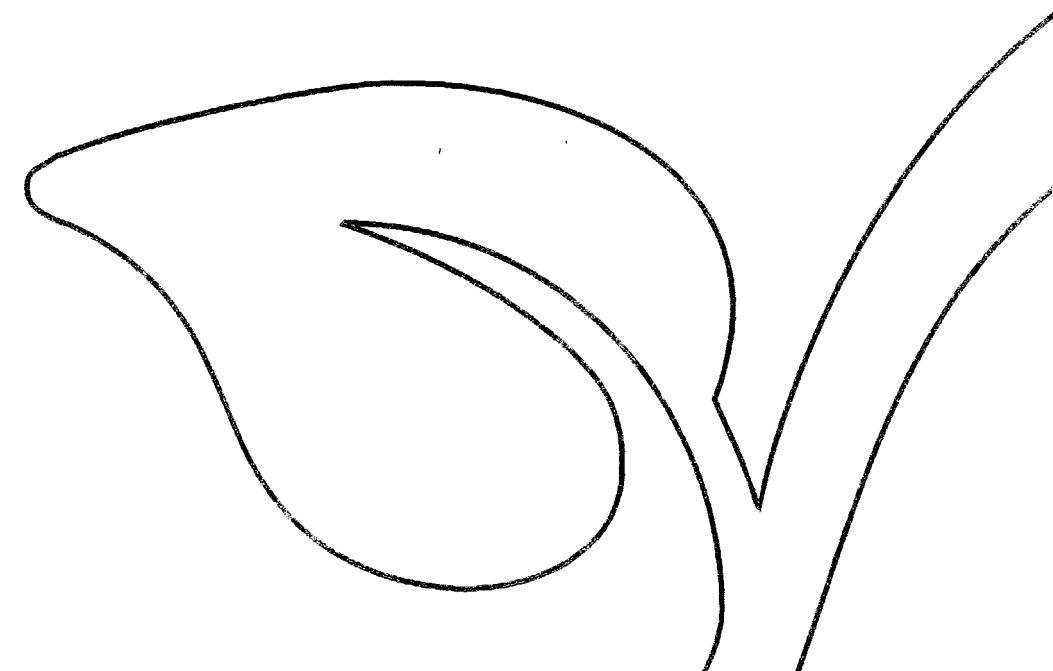
 **MorrisSwitzer**
Environments for Health
One Dana Street
Portland, Maine 04101
t: (207) 773-8841
f: (207) 773-8840
www.morriswitzer.com

MECHANICAL:

JOHNSON & JORDAN
18 Mussey Road
Scarborough, Maine 04074
t: (207) 883-8345
f: (207) 883-8619

ELECTRICAL:

ELECTRICAL DESIGN CONSULTANTS
P.O. Box 282
Long Island, Maine 04050
t: (207) 766-5041



AC	ANCHOR BOLT	JAN	JANITOR
AB	ACCESS	JST	JOIST
ACC	ACOUSTICAL CEILING TILE	KT	KITCHEN
AD	ADHESIVE	KN	KNOCKOUT
ADJ	ADJUSTABLE	KD	KICK PLATE
AFF	ABOVE FINISHED FLOOR	KL	KICK RAIL
AGOR	AGGREGATE	KR	LENGTH
AHU	AIR HANDLING UNIT	LAB	LABORATORY
ALT	ALTERNATE	LAM	LABORATORY (D)
ALLUM	ALUMINUM	LAV	LABORATORY
ANOD	ANODIZED	LBL	LABEL
ARCH	ARCHITECTURAL	LF	LINEAR FOOT (FEET)
ASB	ASBESTOS	LH	LEFT HAND
ASPH	ASPHALT	LHR	LEFT HAND REVERSE
AUTO	AUTOMATIC	LL	LEFT LOAD
BD	BOARD	LP	LOW POINT
BDM	BITUMINOUS	MATL	MATERIAL
BLDG	BUILDING	MAX	MAXIMUM
BLK	BLOCK	MBR	MEMBER
BLKG	BLOCKING	MCH	MECHANICAL
BM	BENCH MARK	MEMB	MEMBRANE
BOT	BOTTOM	MFR	MANUFACTURER
BR	BRICK	MH	MAN HOLE
BRG	BRACING	MJ	MISCELLANEOUS
BRK	BRICK	MO	MASONRY OPENING
BRZ	BRONZE	MOD	MODULAR
BSMT	BASEMENT	MON	MONITOR
BTU	BRITISH THERMAL UNIT	MRS	MOISTURE RESISTANT
BUR	BUILT-UP ROOFING	MTD	MOUNTED
BV	BEVELED	MTL	METAL
CAB	CABINET	MULL	MULLION
CB	CATCH BASIN	N	NORTH
CCT	CUBICAL CURTAIN TRACK	NA	NOT APPLICABLE
CCU	CORONARY CARE UNIT	NC	NOT IN CONTRACT
CEM	CEMENT	NO.#	NUMBER
CFI	CONTRACTOR FURNISHED	NOM	NOMINAL
	CONTRACTOR INSTALLED	NRG	NOISE REDUCTION COEFFICIENT
	CONTRACTOR FURNISHED	NST	NOT TO SCALE
CG	CORNER GUARD	OA	OVERALL
CI	CAST IRON	OBS	OBSCURE
CJ	CORNER JOINT	OC	ON CENTER
CL	CENTER LINE	OD	OUTSIDE DIAMETER
CLG	CEILING	OFR	OWNER FURNISHED
CLD	CALLING	OFI	OWNER INSTALLED
CLO	CLOSE	OH	OWNER FURNISHED
CLOS	CLOSURE	OI	OWNER INSTALLED
CLR	CLEAR	OP	OPPOSITE
CMU	CONCRETE MASONRY UNIT	OPG	OPENING
CO	CLEAN OUT	OPP	OPPOSITE
COL	COLUMN	PACU	POST ANESTHESIA CARE UNIT
CONC	CONCRETE	PAR	PARALLEL
CONF	CONFERENCE	PARTN	PARTITION
CONN	CONNECT (ION)	PBD	PARTICLE BOARD
CONT	CONTINUOUS	PC	PERSONAL COMPUTER
CONTR	CONTRACTOR	PERF	PERFORATED
CORR	CORRIDOR	PERM	PERIMETER
CPT	CARPET	PL	PLATE
CR	CHAIR RAIL	PLAM	PLASTIC LAMINATE
CS	CENTRAL STERILE	PLAS	PLASTER
CSI	CONSTRUCTION SPECIFICATION	PLYWD	PLYWOOD
	INSTITUTE	PNL	PANEL
CSMT	CASEMENT	POLY	POLYETHYLENE
CT	CERAMIC TILE	PR	PAIR
CW	COLD WATER	PREFAB	PREFABRICATED
DIA	DOUBLE ACTING	PRT	PRESSURE TREATED
DBL	DOUBLE	PSF	POUNDS PER SQUARE FOOT
DEC	DEGREE	PSI	POUNDS PER SQUARE INCH
DEM	DEMOLITION	PT	PAINT
DEMONT	DEMOUNTABLE	PTSTA	PNEUMATIC TUBE STATION
DEP	DEPRESSED	PVC	POLYVINYL CHLORIDE
DET	DETAIL	PWC	PROTECTIVE WALL COVERING
DF	DRINKING FOUNTAIN	QT	QUARTY TILE
DH	DOUBLE HANG	QTY	QUANTITY
DIA	DIAMETER	R	RISER
DIAG	DIAGONAL	RA	RETURN AIR
DM	DIMENSION	RAD	RADIUS
DN	DIVISION	RB	RUBBER BASE
DR	DOOR	RD	ROOF DRAIN
DW	DISHWASHER	REF	REFRIGERATOR
DWR	DRAWER	RENF	REINFORCED
E	EACH	REQD	REQUIRED
EA	EMERGENCY DEPARTMENT	RESIL	RESILIENT
ED	EXHAUST FAN	REV	REVISION
EFS	EXTERIOR INSULATING	RH	RIGHT HAND
	FINISH SYSTEM	RHR	RIGHT HAND REVERSE
EU	EXPANSION JOINT	RM	ROOM
EL	ELEVATION	RO	ROUGH OPENING
ELEV	ELECTRIC (AL)	ROW	RIGHT OF WAY
EMERG	EMERGENCY	RUB	RUBBER
ENCL	ENCLOSURE	RWC	RAINWATER CONDUCTOR
EO	EMERGENCY ELECTRICAL OUTLET	S	SCHEDULE
EPS	EPOXY PAINT SYSTEM	SCHD	SOLID CORE WOOD
EXPS	EXTERIOR PAINT SYSTEM	SECT	SECTION
EQ	EQUAL	SEG	SEGMENT
EQUIP	EQUIPMENT	SF	SQUARE FOOT
ETR	EXISTING TO REMAIN	SHR	SHOWER
EW	ELECTRIC WATER COOLER	SHT	SHEET
EXCAV	EXCAVATE	SHG	SHIELDING
EXH	EXHAUST	SM	SIMILAR
EXST	EXISTING	SPEC	SPECIFICATION
EXP	EXPANSION	SPKR	SPEAKER
EXT	EXTERIOR	SQ	SQUARE
FA	FIRE ALARM	SS	SERVICE SINK
FAB	FABRICATED	SSS	SURGICAL SCRUB SINK
FD	FLOOR DRAIN	SST	STAINLESS STEEL
FE	FIRE EXTINGUISHER	STA	STATION
FEC	FIRE EXTINGUISHER CABINET	STD	STANDARD
FFEL	FINISH FLOOR ELEVATION	STC	SOUND TRANSMISSION CLASS
FHEC	FIRE HOSE & EXTINGUISHER CABINET	STL	STEEL
FHC	FIRE HOSE CABINET	STOR	STORAGE
FLR	FLOOR	STRUCT	STRUCTURAL, STRUCTURE
FLUOR	FLUORESCENT	SURG	SURGERY
FM	FACTORY MUTUAL	SUSP	SUSPENDED
FOC	FACE OF CONCRETE	SV	SHEET VINYL
FOF	FACE OF FINISH	SPV	SLIP RESISTANT VINYL
FOS	FACE OF STUD	SYM	SYMMETRICAL
FRPF	FIREPROOF	T	TREAD (S)
FRPL	FIREPLACE	T&B	TOP AND BOTTOM
FRT	FIRE RETARDANT TREATED	T&G	TONGUE AND GROOVE
FT (F)	FOOT / FEET	TEL	TELEPHONE
FTG	FOOTING	TELEM	TELEMETRY
FURN	FURNISH, FURNITURE	TERR	TERRAZZO
FURR	FURRED, FURRING	THK	THICK (NESS)
FUT	FUTURE	THRES	THRESHOLD
GA	GAUGE	TIT	TOILET
GALV	GALVANIZED	TOP	TOP OF CONCRETE
GC	GENERAL CONTRACTOR	TOF	TOP OF FOOTING
GL	GLASS, GLAZING	TOS	TOP OF STEEL
GRD	GRADE	TOW	TOP OF WALL
GYP	GYPSONUM BOARD, GYPSONUM	TRANSF	TRANSFORMER
GWB	GYPSONUM WALLBOARD	TV	TELEVISION
HB	HOSE BIBB	UL	UNDERWRITERS LABORATORY
HCC	HANDICAPPED	UNEXCAV	UNEXCAVATED
HCD	HOLLOW CORE WOOD	UNF	UNFINISHED
HD	HEAVY DUTY	UN	UNLESS OTHERWISE NOTED
HDR	HARDENER	URNAL	URNAL
HDR	HEADER	VAR	VARNISH
HDWD	HARDWOOD	VAT	VINYL ASBESTOS TILE
		VB	VINYL BASE
		VCB	VINYL COVER BASE
		VCT	VINYL COMPOSITION TILE

PLAN VIEW

- CL: WALL CLOCK
- TV: TELEVISION OUTLET
- C: CODE BUTTON
- I: INTERCOM
- M: MONITOR OUTLET
- N: NURSE CALL
- P: PANIC BUTTON
- D: DATA OUTLET
- DT: DATAPHONE OUTLET
- V: VACUUM
- A: MEDICAL AIR
- W: WALL TELEPHONE
- F: FAX OUTLET
- D: DICTAPHONE
- D/T: FLOOR RECESSED DATAPHONE OUTLET

ELEVATION

- TV: TELEVISION
- I: INTERCOM
- M: MONITOR
- N: NURSE CALL
- P: PANIC BUTTON
- D: DATA OUTLET
- DT: DATAPHONE
- V: VACUUM
- A: MEDICAL AIR

WALL CASING

- AS-1: INTERIOR ELEVATION TAG
- AS-2: PLAN OR ENLARGED DETAIL TAG
- AS-3: BUILDING OR WALL SECTION TAG
- AS-4: EXTERIOR ELEVATION TAG
- AS-5: NEW COLUMN LINE REFERENCE
- AS-6: EXISTING COLUMN LINE REFERENCE
- AS-7: ROOM NAME & NUMBER TAG
- AS-8: PARTITION TYPE TAG
- AS-9: ELEVATION TAG ON SECTION
- AS-10: DOOR NUMBER TAG
- AS-11: WINDOW TAG

GENERAL NOTES

- PENCIL DRAWERS WHERE SHOWN SHALL BE 3" IN HEIGHT AND A MAXIMUM WIDTH OF 24". ALL PENCIL DRAWERS TO BE REMOVABLE.
- CABINET UNIT DEPTHS TO BE AS FOLLOWS, UNLESS OTHERWISE NOTED: (EXCLUDING DOORS) WALL CABINETS: 1'-0" BASE CABINETS: 2'-0" TALL STORAGE CABINETS: 2'-0"
- TYPICAL TOE SPACE AT FLOOR MOUNTED CABINETS: DEPTH: 3" HEIGHT: 4"
- END PANELS AT KNEE SPACES, END RUNS OR UNDER-COUNTER EQUIPMENT TO BE 3"W. CONSTRUCTED OF 2X2 W/ 3/4" PLASTIC LAMINATE EACH SIDE.
- CABINETS TO BE PROVIDED WITH ADJUSTABLE SHELVES AS FOLLOWS, UNLESS OTHERWISE NOTED: BASE CABINETS: 1 SHELF TALL STORAGE: 5 SHELVES SUSPENDED: 5 SHELVES SINK BASE: 2 SHELVES (24"-36" H) WALL CABINETS: 2 SHELVES (LESS THAN 24" H)
- TYPICAL COUNTERTOP TO BE PLASTIC LAMINATE FINISH, UNLESS OTHERWISE NOTED: PROVIDE A BACKSPASH AT ENDS OF COUNTERTOP WHERE ADJACENT TO A WALL OR PARTIAL BACKSPASH AT PARTIAL WALL WHERE APPLICABLE.
- ALL DRAWERS IN BASE CABINETS TO BE 6" IN HEIGHT UNLESS OTHERWISE NOTED.
- AT KNEE SPACES, THE COUNTERTOP SHALL BE PROVIDED WITH A PLASTIC LAMINATE APRON WHEREVER PENCIL DRAWERS DO NOT OCCUR. HEIGHT OF APRON TO COORDINATE WITH PENCIL DRAWER HEIGHT OR DRAWER IN ADJACENT CABINET AS SHOWN ON MILLWORK ELEVATION. ALL APRONS TO BE REMOVABLE.
- TOP OF WALL CABINETS TO BE MOUNTED AT 47-2" AFF UNLESS OTHERWISE SHOWN. TALL STORAGE UNITS TO BE 7'-2" TALL UNLESS OTHERWISE NOTED.
- WALL CABINET BULKHEADS TO BE OF GYB/WST CONSTRUCTION UNLESS OTHERWISE NOTED.
- CUSTOM MILLWORK TO BE AS DIMENSIONED AS INDICATED ON SPECIFIC ELEVATIONS.
- PROVIDE A WALL STOP WHEREVER A TALL STORAGE UNIT DOOR PULL IMPACTS AN ADJACENT GYB FINISH WHEN OPENED.

PLAN VIEW	ELEVATION
CL	WALL CLOCK
TV	TELEVISION OUTLET
C	CODE BUTTON
I	INTERCOM
M	MONITOR OUTLET
N	NURSE CALL
P	PANIC BUTTON
D	DATA OUTLET
DT	DATAPHONE OUTLET
V	VACUUM
A	MEDICAL AIR
W	WALL TELEPHONE
F	FAX OUTLET
D	DICTAPHONE
D/T	FLOOR RECESSED DATAPHONE OUTLET

MATERIAL LEGEND

- TOPSOIL
- ROOF BALLAST
- CRUSHED GRAVEL
- CONCRETE
- CONCRETE BLOCK
- BRICK
- PLASTER/MORTAR, PRECAST CONC. CONC OR EPS IN ELEVATION
- STUCCO/MORTAR
- STEEL
- ALUMINUM
- SHEET METAL (IN ELEVATION)
- WOOD BLOCKING OR CONTINUOUS NAULER
- WOOD SHIM
- HARDWOOD TRIM
- PLYWOOD
- BATT INSULATION
- RIGID INSULATION
- WATERPROOF MEMBRANE
- GLASS (LARGE SCALE)
- GYPSUM BOARD
- CERAMIC TILE
- MARBLE
- ACOUSTICAL TILE

MODULAR CASEWORK

CODE SYSTEM

WALL CABINETS

BASE CABINETS

GENERAL NOTES:

- PENCIL DRAWERS WHERE SHOWN SHALL BE 3" IN HEIGHT AND A MAXIMUM WIDTH OF 24". ALL PENCIL DRAWERS TO BE REMOVABLE.
- CABINET UNIT DEPTHS TO BE AS FOLLOWS, UNLESS OTHERWISE NOTED: (EXCLUDING DOORS) WALL CABINETS: 1'-0" BASE CABINETS: 2'-0" TALL STORAGE CABINETS: 2'-0"
- TYPICAL TOE SPACE AT FLOOR MOUNTED CABINETS: DEPTH: 3" HEIGHT: 4"
- END PANELS AT KNEE SPACES, END RUNS OR UNDER-COUNTER EQUIPMENT TO BE 3"W. CONSTRUCTED OF 2X2 W/ 3/4" PLASTIC LAMINATE EACH SIDE.
- CABINETS TO BE PROVIDED WITH ADJUSTABLE SHELVES AS FOLLOWS, UNLESS OTHERWISE NOTED: BASE CABINETS: 1 SHELF TALL STORAGE: 5 SHELVES SUSPENDED: 5 SHELVES SINK BASE: 2 SHELVES (24"-36" H) WALL CABINETS: 2 SHELVES (LESS THAN 24" H)
- TYPICAL COUNTERTOP TO BE PLASTIC LAMINATE FINISH, UNLESS OTHERWISE NOTED: PROVIDE A BACKSPASH AT ENDS OF COUNTERTOP WHERE ADJACENT TO A WALL OR PARTIAL BACKSPASH AT PARTIAL WALL WHERE APPLICABLE.
- ALL DRAWERS IN BASE CABINETS TO BE 6" IN HEIGHT UNLESS OTHERWISE NOTED.
- AT KNEE SPACES, THE COUNTERTOP SHALL BE PROVIDED WITH A PLASTIC LAMINATE APRON WHEREVER PENCIL DRAWERS DO NOT OCCUR. HEIGHT OF APRON TO COORDINATE WITH PENCIL DRAWER HEIGHT OR DRAWER IN ADJACENT CABINET AS SHOWN ON MILLWORK ELEVATION. ALL APRONS TO BE REMOVABLE.
- TOP OF WALL CABINETS TO BE MOUNTED AT 47-2" AFF UNLESS OTHERWISE SHOWN. TALL STORAGE UNITS TO BE 7'-2" TALL UNLESS OTHERWISE NOTED.
- WALL CABINET BULKHEADS TO BE OF GYB/WST CONSTRUCTION UNLESS OTHERWISE NOTED.
- CUSTOM MILLWORK TO BE AS DIMENSIONED AS INDICATED ON SPECIFIC ELEVATIONS.
- PROVIDE A WALL STOP WHEREVER A TALL STORAGE UNIT DOOR PULL IMPACTS AN ADJACENT GYB FINISH WHEN OPENED.

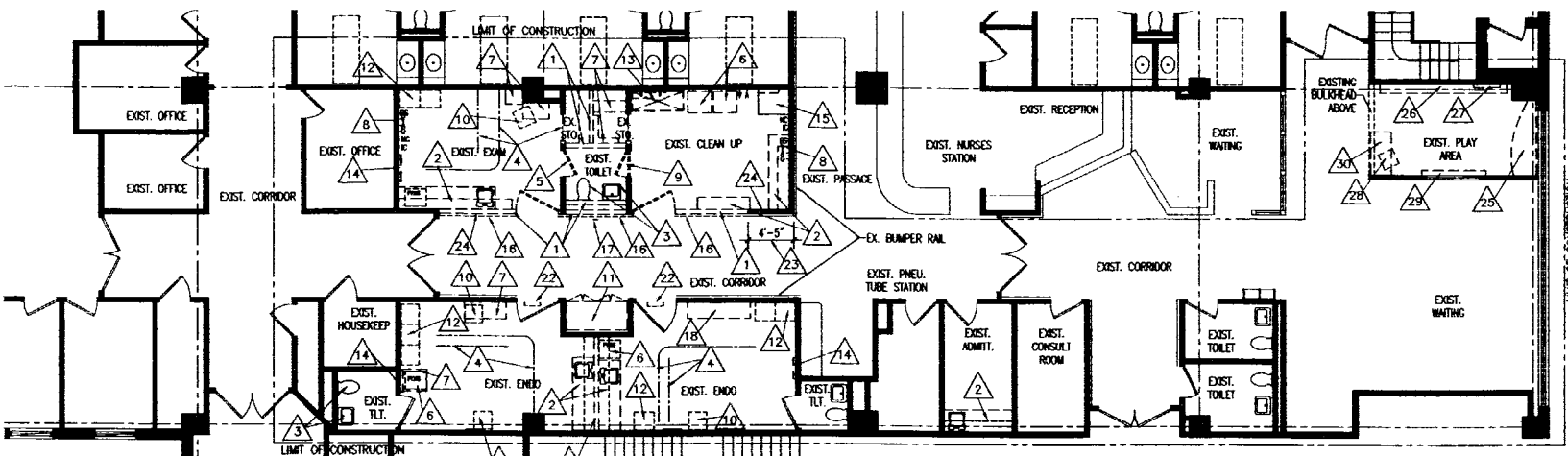
OPEN SHELVING

TALL STORAGE UNITS

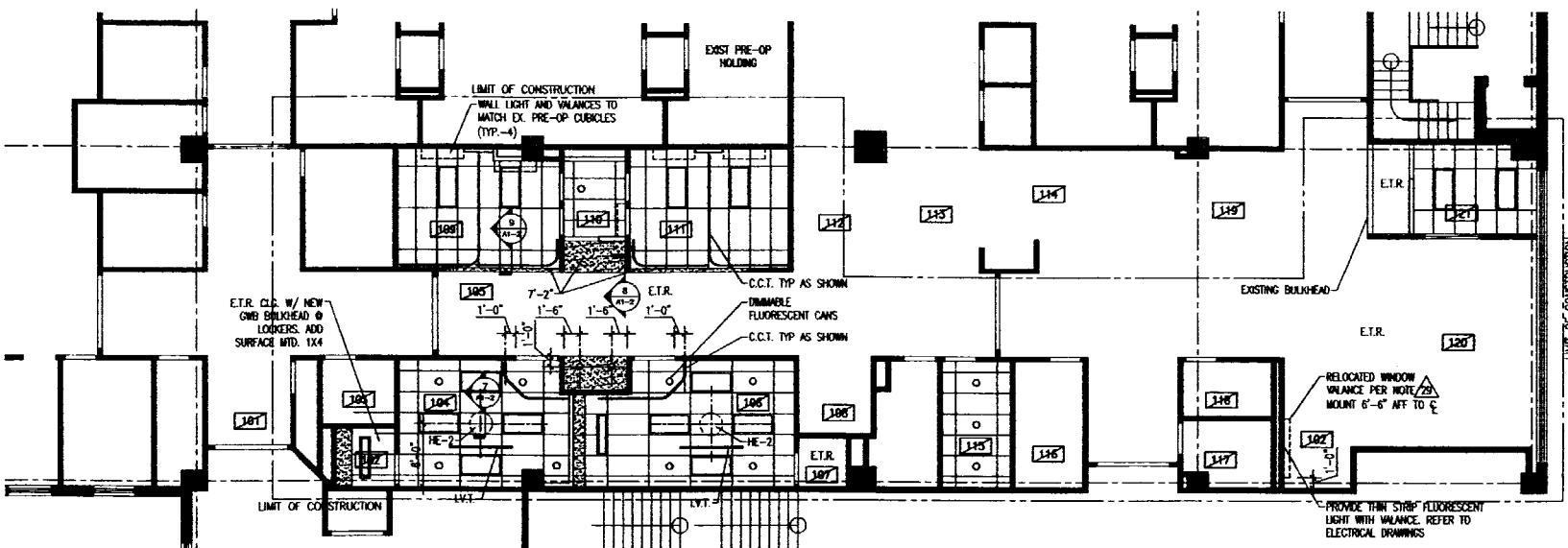
TOILET ACCESSORIES

No.	DESCRIPTION	MOUNTING HEIGHT (ABOVE FINISH FLOOR)
T-1	GRAB BAR - 36"	
T-2	GRAB BAR - 42"	2'-0" TO E
T-3	GRAB BAR - 24"	2'-0" TO E
T-3A	GRAB BAR - 24"	2'-0" TO E
T-4	GRAB BAR - 12"	MOUNTED ON A 45° ANGLE
T-5	GRAB BAR - 48"	2'-0" TO E
T-6	SWING UP GRAB BAR w/ TOILET TISSUE DISPENSER	2'-0" TO E
T-6A	SWING UP GRAB BAR w/ TOILET TISSUE DISPENSER	2'-0" TO E
T-7	90° TWO WALL GRAB BAR - 36" x 54"	2'-0" TO E
T-8	SURFACE MOUNTED SOAP DISPENSER, OFOI	
T-8	RECESSED PAPER TOWEL DISPENSER / DISPOSAL - 4" RECESS, 12 GALLON CAPACITY	5'-0" TO TOP OF UNIT
T-10	RECESSED PAPER TOWEL DISPENSER / DISPOSAL - 7 5/8" RECESS, 18 GALLON CAPACITY	5'-0" TO TOP OF UNIT
T-11	RECESSED PAPER TOWEL DISPENSER - FLUSH UNIT - 4" RECESS	4'-4 1/2" TO TOP OF UNIT, UNON
T-12	SURFACE MOUNTED PAPER TOWEL DISPENSER, OFOI	ABOVE COUNTER 3'-10" TO BOTTOM OF UNIT
T-13	RECESSED WASTE RECEPTACLE - 7 5/8" RECESS, 12 GALLON CAPACITY	5'-0" TO TOP OF UNIT
T-14	SURFACE MOUNTED TOILET TISSUE DISPENSER, OFOI	1'-2" TO E
T-15	RECESSED SINGLE-ROLL TOILET TISSUE DISPENSER	1'-7" TO E
T-15A	RECESSED SINGLE-ROLL TOILET TISSUE DISPENSER, THEFT RESISTENT SPINDLE	1'-7" TO E
T-16	RECESSED DUAL-ROLL TOILET TISSUE DISPENSER	1'-7" TO E
T-17	SURFACE MTD SINGLE-ROLL TOILET TISSUE DISPENSER	1'-7" TO E
T-18	SURFACE MTD DUAL-ROLL TOILET TISSUE DISPENSER	1'-7" TO E
T-19	SURFACE MOUNTED PAPER TOWEL DISPENSER - 400 C-FOLD	4'-0" TO TOP OF UNIT
T-20	SURFACE MOUNTED PAPER TOWEL DISPENSER - 200 C-FOLD	BELOW WALL CABINETS
T-21	RECESSED WASTE RECEPTACLE - 4" RECESS, 12 GALLON CAPACITY	3'-6" TO TOP OF UNIT
T-22	PARTITION MOUNTED SANITARY NAPKIN DISPOSAL	2'-10" TO TOP OF UNIT
T-23	RECESSED TOILET SEAT COVER DISPENSER	3'-8 1/2" TO TOP OF UNIT
T-24	COUNTERTOP SOAP DISPENSER	IN COUNTERTOP
T-25	UNFRAMED MIRROR, SEE INTERIOR ELEVATIONS FOR SIZE	
T-26	UNFRAMED MIRROR - 18" WIDE x 36" HIGH	3'-2" TO BOTTOM
T-27	UNFRAMED MIRROR - 18" WIDE x 60" HIGH	1'-2" TO BOTTOM
T-28	FRAMED MIRROR w/SHELF - 18" WIDE x 36" HIGH	3'-2" TO BOTTOM
T-29	TLT MIRROR - 18" WIDE x 36" HIGH	5'-8 1/2" TO TOP OF UNIT
T-30	SINGLE ROBE HOOK (NOTE: T-30S, MTD. STD. HGT.)	HANDICAP - 4'-6" AFF & STD. - 5'-0" AFF
T-31	TOWEL BAR - 18" LENGTH	3'-0" TO E
T-32	TOWEL RING	3'-6" AFF TO E OF MOUNTING
T-33	HEAVY-DUTY SHOWER CURTAIN ROD - LENGTH AS REQD	
T-34	FOLDING SHOWER SEAT, RIGHT HAND	COORDINATE w/CURTAIN & SPECIFIC INSTALLATION
T-35	FOLDING SHOWER SEAT, LEFT HAND	1'-0" ABOVE SHOWER FLOOR TO SEAT
T-36	SOLID POLYMER RECESSED SOAP DISH	1'-6" ABOVE SHOWER FLOOR TO SEAT

No.	DESCRIPTION	MOUNTING HEIGHT (ABOVE FINISH FLOOR)
T-1	GRAB BAR - 36"	
T-2	GRAB BAR - 42"	2'-0" TO E
T-3	GRAB BAR - 24"	2'-0" TO E
T-3A	GRAB BAR - 24"	2'-0" TO E
T-4	GRAB BAR - 12"	MOUNTED ON A 45° ANGLE
T-5	GRAB BAR - 48"	2'-0" TO E
T-6	SWING UP GRAB BAR w/ TOILET TISSUE DISPENSER	2'-0" TO E
T-6A	SWING UP GRAB BAR w/ TOILET TISSUE DISPENSER	2'-0" TO E
T-7	90° TWO WALL GRAB BAR - 36" x 54"	2'-0" TO E
T-8	SURFACE MOUNTED SOAP DISPENSER, OFOI	
T-8	RECESSED PAPER TOWEL DISPENSER / DISPOSAL - 4" RECESS, 12 GALLON CAPACITY	5'-0" TO TOP OF UNIT
T-10	RECESSED PAPER TOWEL DISPENSER / DISPOSAL - 7 5/8" RECESS, 18 GALLON CAPACITY	5'-0" TO TOP OF UNIT
T-11	RECESSED PAPER TOWEL DISPENSER - FLUSH UNIT - 4" RECESS	4'-4 1/2" TO TOP OF UNIT, UNON
T-12	SURFACE MOUNTED PAPER TOWEL DISPENSER, OFOI	ABOVE COUNTER 3'-10" TO BOTTOM OF UNIT
T-13	RECESSED WASTE RECEPTACLE - 7 5/8" RECESS, 12 GALLON CAPACITY	5'-0" TO TOP OF UNIT
T-14	SURFACE MOUNTED TOILET TISSUE DISPENSER, OFOI	1'-2" TO E
T-15	RECESSED SINGLE-ROLL TOILET TISSUE DISPENSER	1'-7" TO E
T-15A	RECESSED SINGLE-ROLL TOILET TISSUE DISPENSER, THEFT RESISTENT SPINDLE	1'-7" TO E
T-16	RECESSED DUAL-ROLL TOILET TISSUE DISPENSER	1'-7" TO E
T-17	SURFACE MTD SINGLE-ROLL TOILET TISSUE DISPENSER	1'-7" TO E
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T-21	RECESSED WASTE RECEPTACLE - 4" RECESS, 12 GALLON CAPACITY	3'-6" TO TOP OF UNIT
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T-24	COUNTERTOP SOAP DISPENSER	IN COUNTERTOP
T-25	UNFRAMED MIRROR, SEE INTERIOR ELEVATIONS FOR SIZE	
T-26	UNFRAMED MIRROR - 18" WIDE x 36" HIGH	3'-2" TO BOTTOM
T-27	UNFRAMED MIRROR - 18" WIDE x 60" HIGH	1'-2" TO BOTTOM
T-28	FRAMED MIRROR w/SHELF - 18" WIDE x 36" HIGH	3'-2" TO BOTTOM
T-29	TLT MIRROR - 18" WIDE x 36" HIGH	5'-8 1/2" TO TOP OF UNIT
T-30	SINGLE ROBE HOOK (NOTE: T-30S, MTD. STD. HGT.)	HANDICAP - 4'-6" AFF & STD. - 5'-0" AFF
T-31	TOWEL BAR - 18" LENGTH	3'-0" TO E
T-32	TOWEL RING	3'-6" AFF TO E OF MOUNTING
T-33	HEAVY-DUTY SHOWER CURTAIN ROD - LENGTH AS REQD	
T-34	FOLDING SHOWER SEAT, RIGHT HAND	COORDINATE w/CURTAIN & SPECIFIC INSTALLATION
T-35	FOLDING SHOWER SEAT, LEFT HAND	1'-0" ABOVE SHOWER FLOOR TO SEAT
T-36	SOLID POLYMER RECESSED SOAP DISH	1'-6" ABOVE SHOWER FLOOR TO SEAT



1 DEMOLITION PLAN
1/8" = 1'-0"



2 REFLECTED CEILING PLAN
1/8" = 1'-0"

AND/OR WALL SURFACE EXISTING CONSTRUCTION TO REMAIN, WHICH IS DISTURBED, SHALL BE REPAIRED TO ORIGINAL INTEGRITY AND FINISHED TO MATCH EXISTING FINISHES OR AS SCHEDULED IF NEW FINISHES ARE PROVIDED. REFER TO MECHANICAL DRAWINGS FOR ADDITIONAL INFORMATION.

C. WHERE NEW FINISHES ARE INDICATED TO BE PROVIDED BY FINISH SCHEDULE, SUCH AS SUSPENDED CEILING SYSTEMS, BASE AND FLOOR FINISH, CONTRACTOR SHALL REMOVE EXISTING FINISHES INCLUDING LIGHT FIXTURES AND ELECTRICAL DEVICES NOT SCHEDULED OR INDICATED TO REMAIN. REFER TO OTHER DRAWINGS, SCHEDULES, NOTES FOR ADDITIONAL INFORMATION.

D. REFER TO PLUMBING, MECHANICAL AND ELECTRICAL DRAWINGS FOR ADDITIONAL AND COORDINATED DEMOLITION REQUIRED.

E. WHERE EXISTING WALL, CEILING OR FLOOR FINISHES ARE TO REMAIN AND ARE DISTURBED BY DEMOLITION AND/OR NEW CONSTRUCTION, THEY SHALL BE REPAIRED AS REQUIRED TO MATCH ORIGINAL INTEGRITY AND ADJACENT CONSTRUCTION. REFER TO FINISH SCHEDULE FOR ADDITIONAL INFORMATION.

F. WHERE NEW CONSTRUCTION OCCURS, CARE SHALL BE TAKEN SO AS NOT TO DISTURB CONSTRUCTION TO REMAIN. INTEGRITY OF EXISTING RATINGS AND FIRE PROTECTION ELEMENTS UNLESS SPECIFICALLY DESIGNATED TO BE MODIFIED.

G. THE DEMOLITION CONTRACTOR WORK SHALL CONFORM TO ALL LOCAL, STATE AND NATIONAL SAFETY CODES.

H. DEMOLITION CONTRACTOR: BEFORE STARTING WORK, CHECK AND VERIFY DIMENSIONS AND ELEVATIONS. SURVEY ALL EXISTING CONDITIONS. PREPARE A LIST OF EXISTING DAMAGED AREAS VERIFIED BY DATED PHOTOGRAPHS AND SIGNED BY CONTRACTOR AND OTHERS CONDUCTING INVESTIGATION.

I. DEMOLITION CONTRACTOR: COORDINATE WORK AND ESTABLISH APPROVAL FROM THE OWNER FOR THE PROCEDURES AND USE OF THE BUILDING FACILITIES INCLUDING ELEVATORS, STAIRS, TOILETS, HEATING, AIR CONDITIONING, ELECTRICITY ETC.

J. WHERE DEMOLITION AND ALTERATIONS OCCUR WITH NO SPECIFIC SCHEDULED NEW FINISHES, REPAIR AND/OR REPLACE EXISTING FINISH AS REQUIRED TO MATCH EXISTING ADJACENT FINISH.

K. WHERE NEW OPENING IS REQUIRED IN AN EXISTING WALL, NEW LINTELS SHALL BE PROVIDED AS NECESSARY.

L. WHERE EXISTING TOILET FACILITIES OCCUR AT RENOVATED PLUMBING FIXTURE AREAS AND TOILET ROOMS, THE EXISTING ACCESSORIES SHALL BE RETURNED TO THE OWNER.

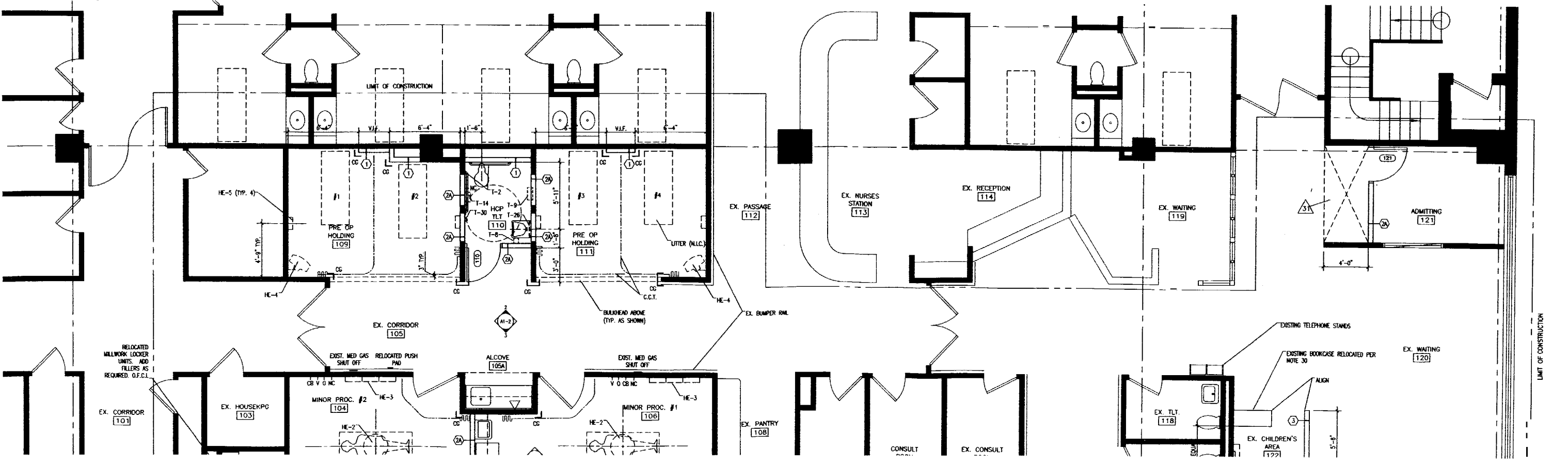
M. THE OWNER SHALL REMOVE ALL MISCELLANEOUS WALL MOUNTED EQUIPMENT AND ACCESSORIES PRIOR TO DEMOLITION.

N. ALL FLOOR SLAB DEPRESSIONS REMAINING, DUE TO REMOVAL OF WALLS AND FLOOR FINISHES, SHALL BE REPAIRED WITH CONCRETE AS REQUIRED TO OBTAIN UNIFORM FLOOR FINISH OF ORIGINAL INTEGRITY AND LEVEL. DEPRESSIONS REQUIRING LIGHT WEIGHT CONCRETE FILL SHALL FIRST BE CLEANED THOROUGHLY. AN EPOXY BONDING AGENT (SONOBOND OR EQUAL) SHALL BE APPLIED BEFORE PLACEMENT OF NEW TOPPING.

HOSPITAL EQUIPMENT LIST:

HE-1: EXISTING WALL MONITOR BRACKET W/ NEW MONITOR	E.O.R.
HE-2: MINOR SURGICAL LIGHT	O.F.C.I.
HE-3: 3 PANEL FILM ILLUMINATOR	O.F.C.I.
HE-4: WALL MOUNTED TELEVISION AND WALL BRACKET (FLAT PANEL, NO BLOCKING REQ'D)	O.F.C.I.
HE-5: PATIENT TRACKING SYSTEM KEYPAD	O.F.C.I.

- REMOVE EXISTING CASEWORK IN ITS ENTIRETY INCLUDING BUREAUS, PLUMBING FIXTURES AND ACCESSORIES WHERE OCCUR.
- REMOVE EXISTING PLUMBING FIXTURES AND ACCESSORIES IN THEIR ENTIRETY. REFER TO DEMOLITION NOTES FOR ADDITIONAL INFORMATION.
- REMOVE EXISTING CURTAIN TRACKS & I.V. TRACKS IN THEIR ENTIRETY.
- REMOVE EX. DOOR, FRAME AND HARDWARE AND CLOSE OPENING WITH WALL CONSTRUCTION TO MATCH EXISTING ADJACENT.
- REMOVE EXISTING HOSPITAL EQUIPMENT AND TURN OVER TO OWNER.
- REMOVE EXISTING SHELF UNITS IN THEIR ENTIRETY.
- EX. MED GAS OUTLETS, INTERCOM AND NURSE CALL TO BE REMOVED. REFER TO MEP DRAWINGS FOR NEW WORK.
- REMOVE EX. DOOR, FRAME & GYP. INFILL PANEL AS REQ'D FOR INSTALLATION OF NEW DOOR SCHEDULED.
- REMOVE EX. MONITOR, BRACKET AND OUTLET TO REMAIN FOR NEW PROCEDURE MONITORS.
- REMOVE EXISTING SCOPE DRYING CABINET IN ITS ENTIRETY AND TURN OVER TO OWNER.
- REMOVE EX. 'C' LOCKERS AND TURN OVER TO OWNER.
- REMOVE EX. STAINLESS STEEL SINK UNIT & TURN OVER TO OWNER.
- REMOVE EX. FILM ILLUMINATOR & TURN OVER TO OWNER.
- REMOVE EX. STAINLESS STEEL COUNTER & BULLETIN BOARD & TURN OVER TO OWNER.
- REMOVE PORTION OF EXISTING WOOD BUMPER RAIL AS REQUIRED BY LAYOUT CHANGES. REPAIR AND REFINISH NEW TERMINATIONS AS REQUIRED.
- EXISTING AUTOMATIC DOOR OPERATOR PUSH PLATE TO BE REMOVED AND RELOCATED PER NEW WORK PLAN.
- REMOVE EXISTING COUNTERTOP IN ITS ENTIRETY.
- EXISTING CLOCKS TO REMAIN.
- 4'-5" OF EXISTING WALL TO REMAIN AS SHOWN ON PLAN.
- REMOVE EXISTING MEDICAL GAS VALVE BOX.
- REMOVE EXISTING BENCH AND TURN OVER TO OWNER.
- REMOVE EXISTING BLUE WALL LIGHT AND TURN OVER TO OWNER.
- REMOVE EXISTING WALL MOUNTED CHILD ACTIVITY UNIT AND RELOCATE TO NEW PLAY AREA AS SHOWN ON NEW WORK PLAN.
- REMOVE EXISTING TV AND BRACKET AND RELOCATE PER NEW WORK PLAN.
- REMOVE EXISTING WINDOW VALANCE AND RELOCATE TO NEW PLAY AREA AS SHOWN. INSTALL OVER NEW 48" LONG FLUORESCENT LIGHT @ 7'-2" TO UNDERSIDE FROM FINISH FLOOR.
- REMOVE EXISTING STORAGE CABINET AND RELOCATE TO NEW PLAY AREA AS SHOWN PER NEW WORK PLAN. REPAIR EXISTING FLOORING AS REQUIRED.
- PROVIDE NEW CARPET INFILL AS REQUIRED TO MATCH EXISTING CARPET OR NEW ROOM 121 FLOOR FINISH.



Willston, Portland, © 2005 MorrisSwift

FOR PERM Revision

M

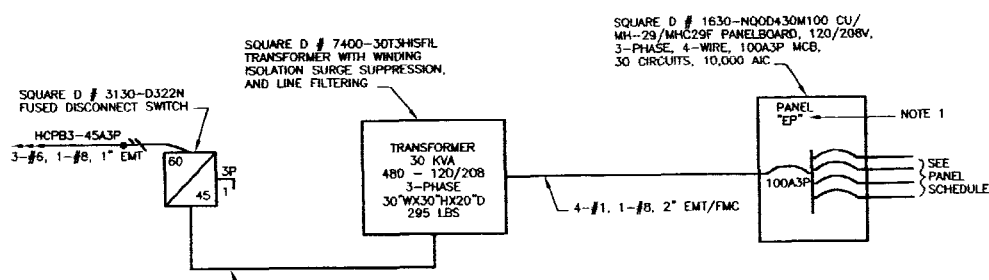
(Ar)

MorrisSwift Date Scale

JTE	QTY	DESCRIPTION	TYPE	SIZE	AMPS	VOLTS	WATTAGE	REMARKS
A	4	AP524-332-G-FA-A19-3EBBLH-277	FLUSH	277	3	32	3500K	T8
A	1	CN41-28E85-277	SURFACE	277	1	28	3500K	T5
D								
E		EXT-050625	SURFACE	6	1	25	INC	PAR36
JTE		CFTD832HEB-DM-RIF1-WTFD-8064-TRG-SL-B24	RECESSED	277	2	32	4100K	TT
A	1	WC4233-EBBLH-277-DR	SURFACE	277	2	32	3500K	T8
A	1	F42UD-T8-WMR-NA-LD-EBBLH-277-MW-36"	SURFACE	277	2	32	3500K	T8
A	1	P222-232U6-G-LD3X3-S-EBBLH-277	RECESSED	277	2	32	3500K	U6T8
A	1	P224-332G-LD-3X6-S-EBBLH-277	RECESSED	277	3	32	3500K	T8

NOTE: # IS FOR 2' X 4' SUSPENDED GRID CEILING. PART NUMBER MUST BE REVISED IF A GYPCBOARD CEILING IS INSTALLED.

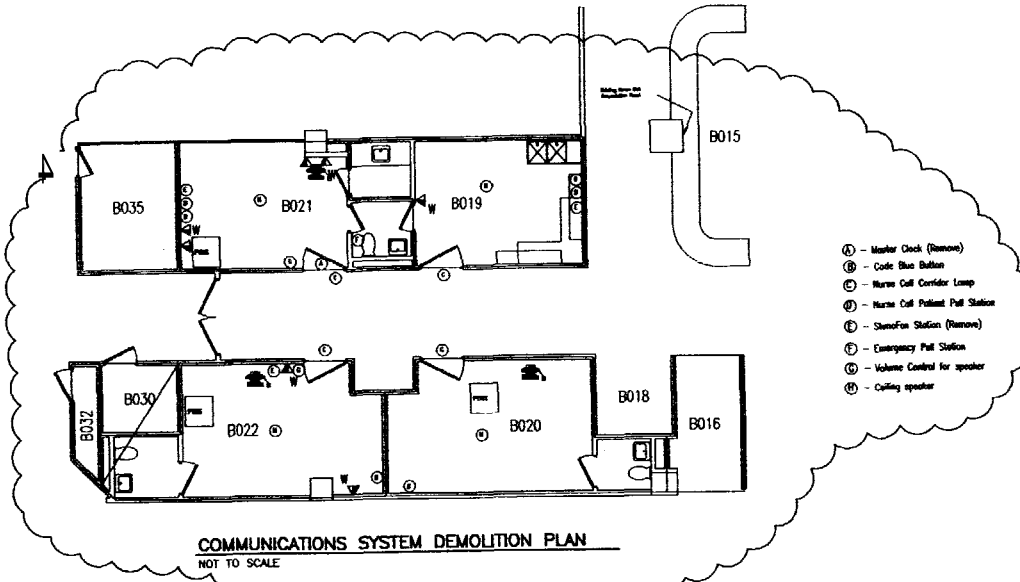
CIRCUIT	TYPE	LOAD	REMARKS
1	20	1.0	RECEPTACLES RM 104
2	20	1.8	RECEPTACLES RM 106
3	20	1.6	REC LITHO/PRINTER TABLE
4	20	1.6	REC LITHO/PRINTER TABLE
5	20	1.6	RECEPTACLES RM 106
6	20	1.6	RECEPTACLES RM 111
7	20	1.0	SURGICAL LIGHT RM 106
8	20	1.0	FILM READER
9	20	1.0	RECEPTACLES RM 106
10	20	1.0	RECEPTACLES RM 106
11	20	1.0	RECEPTACLES RM 106
12	20	1.0	RECEPTACLES RM 106
13	20	1.0	SURGICAL LIGHT RM 106
14	20	1.0	FILM READER
15	20	1.0	RECEPTACLES RM 106
16	20	1.0	RECEPTACLES RM 106
17	20	1.0	RECEPTACLES RM 106
18	20	1.0	RECEPTACLES RM 106
19	20	1.0	RECEPTACLES RM 106
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21	20	1.0	RECEPTACLES RM 106
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25	20	1.0	RECEPTACLES RM 106
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27	20	1.0	RECEPTACLES RM 106
28	20	1.0	RECEPTACLES RM 106
29	20	1.0	RECEPTACLES RM 106
30	20	1.0	RECEPTACLES RM 106
31	20	1.0	RECEPTACLES RM 106
32	20	1.0	RECEPTACLES RM 106
33	20	1.0	RECEPTACLES RM 106
34	20	1.0	RECEPTACLES RM 106
35	20	1.0	RECEPTACLES RM 106
36	20	1.0	RECEPTACLES RM 106
37	20	1.0	RECEPTACLES RM 106
38	20	1.0	RECEPTACLES RM 106
39	20	1.0	RECEPTACLES RM 106
40	20	1.0	RECEPTACLES RM 106
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43	20	1.0	RECEPTACLES RM 106
44	20	1.0	RECEPTACLES RM 106
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79	20	1.0	RECEPTACLES RM 106
80	20	1.0	RECEPTACLES RM 106
81	20	1.0	RECEPTACLES RM 106
82	20	1.0	RECEPTACLES RM 106
83	20	1.0	RECEPTACLES RM 106
84	20	1.0	RECEPTACLES RM 106
85	20	1.0	RECEPTACLES RM 106
86	20	1.0	RECEPTACLES RM 106
87	20	1.0	RECEPTACLES RM 106
88	20	1.0	RECEPTACLES RM 106
89	20	1.0	RECEPTACLES RM 106
90	20	1.0	RECEPTACLES RM 106
91	20	1.0	RECEPTACLES RM 106
92	20	1.0	RECEPTACLES RM 106
93	20	1.0	RECEPTACLES RM 106
94	20	1.0	RECEPTACLES RM 106
95	20	1.0	RECEPTACLES RM 106
96	20	1.0	RECEPTACLES RM 106
97	20	1.0	RECEPTACLES RM 106
98	20	1.0	RECEPTACLES RM 106
99	20	1.0	RECEPTACLES RM 106
100	20	1.0	RECEPTACLES RM 106



NOTES:
 1. PANEL LABEL "EP" FOR THIS PROJECT DRAWINGS. HOSPITAL LABELING METHOD TO BE APPLIED IN THE FIELD.
 EMERGENCY POWER DETAIL
 NOT TO SCALE

- 5 ALL EXISTING ELECTRICAL EQUIPMENT AND MATERIAL SHALL REMAIN THE PROPERTY OF THE OWNER UNTIL SUCH TIME THAT THE OWNER OR THE OWNER'S REPRESENTATIVE HAS REVIEWED AND RELEASED THE ELECTRICAL EQUIPMENT AND MATERIAL TO THE CONTRACTOR FOR REMOVAL. ELECTRICAL EQUIPMENT AND MATERIAL RELEASED TO THE CONTRACTOR SHALL BE REMOVED FROM THE PREMISES BY THE CONTRACTOR.
- 6 THE CONTRACTOR SHALL VERIFY THE FIRE RATING OF WALLS, FLOORS AND CEILINGS WITH THE ARCHITECT'S DRAWINGS AND SHALL PROVIDE ELECTRICAL PENETRATIONS OF THESE PARTITIONS HAVING THE SAME OR HIGHER FIRE RATING BASED ON AND AS SHOWN IN THE UL FIRE RESISTANCE DIRECTORY FOR EACH CIRCUMSTANCE.
- 7 THE ELECTRICAL DRAWINGS AND SPECIFICATIONS FORM AN INTEGRAL PART OF THE CONTRACT DOCUMENTATION AND INFORMATION GIVEN IN EITHER IS AS APPLICABLE AS IF GIVEN IN BOTH.
- 8 WHERE DIFFERENCES EXIST BETWEEN TWO OR MORE DESCRIPTIONS OF WORK TO BE DONE, THE MORE DETAILED DESCRIPTION SHALL PREVAIL.
- 9 WHERE ALLOWED AND UNLESS OTHERWISE NOTED ON THE DRAWINGS OR IN THE SPECIFICATIONS, ALL WIRING FOR 20 AMPERE, 120 AND 277 VOLT BRANCH CIRCUITS SHALL BE COPPER NUMBER 12/2 W/GND TYPE HOSPITAL GRADE MC CABLE. ALL WIRING ON THE LOAD SIDE OF THE ISOLATED POWER PANELS SHALL BE TYPE FR-XLP INSULATED BUILDING WIRE IN EMT. ALL WIRING CONNECTED TO EMERGENCY POWER SHALL BE XHHW IN EMT.
- 10 GFCI RECEPTACLES ARE NOT TO BE THROUGH WIRED TO PROTECT DOWN-STREAM EQUIPMENT UNLESS OTHERWISE SPECIFICALLY NOTED ON THE DRAWINGS OR IN THE SPECIFICATIONS.
- 11 LUMINAIRES RECESSED INTO FIRE RATED CEILINGS SHALL HAVE FIRE RATED ENCLOSURES IN ACCORDANCE WITH THE UL FIRE RESISTANCE DIRECTORY.
- 12 THE CONTRACTOR SHALL VERIFY WITH OTHER TRADES AND PROVIDE RECEPTACLES THAT MATCH THE PLUG PROVIDED WITH THEIR EQUIPMENT WHEN THAT EQUIPMENT IS REFERENCED ON THE ELECTRICAL DRAWINGS.
- 13 THE CONTRACTOR SHALL ARRANGE TO HAVE THE ELECTRICAL INSPECTOR HAVING JURISDICTION INSPECT ALL WIRING BEFORE IT IS CONCEALED.
- 14 ALL TEMPORARY WIRING AND ELECTRICAL EQUIPMENT USED DURING CONSTRUCTION SHALL BE REMOVED FROM THE BUILDING BEFORE COMPLETION.
- 15 THE CONTRACTOR SHALL COORDINATE THE MOUNTING HEIGHT OF ALL LIGHT SWITCHES AND RECEPTACLES IN THE FIELD WITH ARCHITECT'S FLOOR PLANS, ELEVATIONS, AND AREA UTILIZATION DETAILS.

- CONDUIT TURNING DOWN OR INTO DRAWING
- S LIGHT SWITCH, SINGLE POLE
- △ LUMINAIRES: (DRAWN TO APPROXIMATE SHAPE AND TO SCALE OR LARGE ENOUGH FOR CLARITY)
- LUMINAIRES STRIP TYPE (LENGTH DRAWN TO SCALE)
- EXIT LIGHTING FIXTURE, ARROWS AND EXIT FACE AS INDICATED ON DWGS (MOUNTING HEIGHTS TO BE DETERMINED BY JOB SPECIFICATIONS)
- EMERGENCY BATTERY REMOTE LIGHTING HEADS
- EMERGENCY BATTERY UNIT WITHOUT LIGHTING HEADS
- DUPLEX RECEPTACLE - NEMA 5-20R
- HOSPITAL GRADE DUPLEX RECEPTACLE-GFCI TYPE-NEMA 5-20-R
- HOSPITAL GRADE DUPLEX RECEPTACLE - NEMA 5-20R
- FIRE ALARM SYSTEM-STROBE LIGHT UNIT, NUMBER=CANDELLA OF STROBE
- FIRE ALARM SYSTEM-HORN/STROBE LIGHT UNIT, NUMBER=CANDELLA OF STROBE
- BRANCH CIRCUIT HOMERUN TO PANEL CIRCUIT LP-15, SINGLE HALF ARROW HEAD INDICATES 120 VOLT CIRCUIT. TWO HALF ARROW HEADS INDICATES 240 VOLT CIRCUIT.
- LP-15
- VOICE/DATA OUTLET
- EMT ELECTRICAL METALLIC TUBING
- FMC FLEXIBLE METALLIC TUBING
- CATV ANTENNA AND CONTROL OUTLET
- COMBINATION NURSE CALL AND CODE BLUE STATION
- NURSE CALL STATION
- RISER DIAGRAM ITEM NUMBERS
- NAVIGARE KEYPAD
- WALL PHONE OUTLET
- MIC STANDARD VOICE/DATA OUTLET. SEE SPECIFICATION SECTION 16800
- TV CONTROL AND PILLOW SPEAKER OUTLET
- EMERGENCY CALL STATION
- NURSE CALL SYSTEM CORRIDOR LIGHT
- NURSE CALL SYSTEM CORRIDOR MOUNTED ZONE LIGHT
- CEILING MOUNTED PAGING SPEAKER

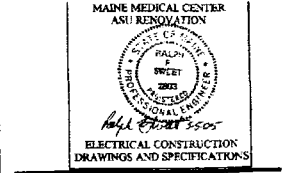
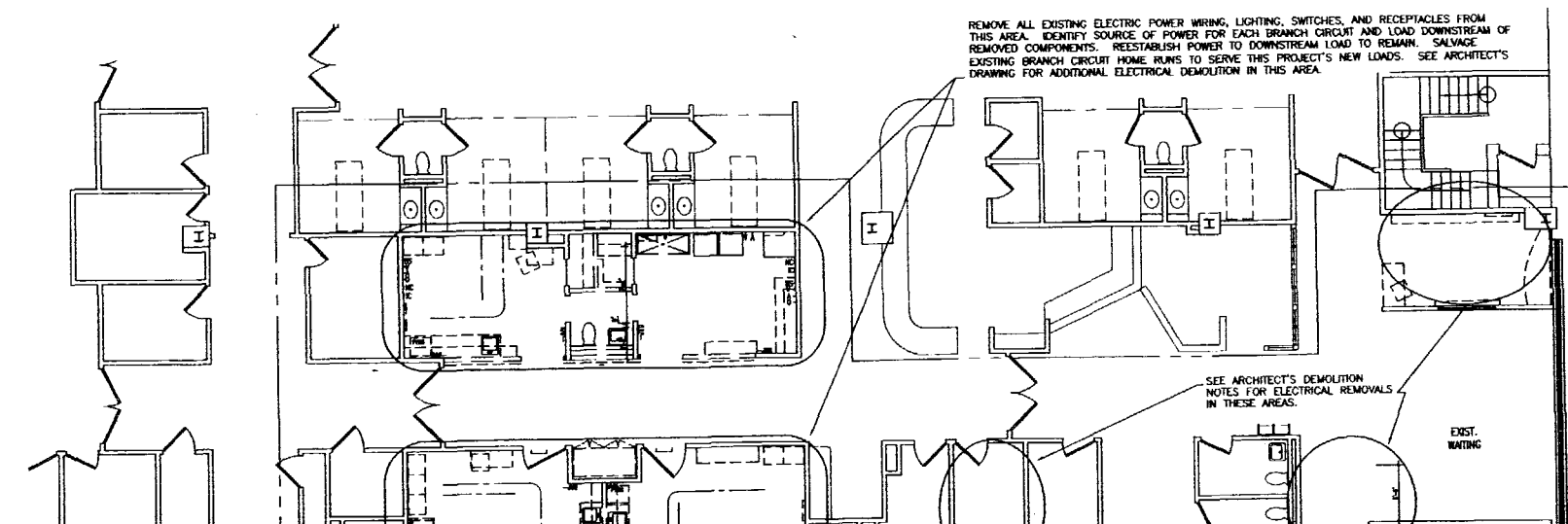


REMOVE ALL EXISTING ELECTRIC POWER WIRING, LIGHTING, SWITCHES, AND RECEPTACLES FROM THIS AREA. IDENTIFY SOURCE OF POWER FOR EACH BRANCH CIRCUIT AND LOAD DOWNSTREAM OF REMOVED COMPONENTS. REESTABLISH POWER TO DOWNSTREAM LOAD TO REMAIN. SALVAGE EXISTING BRANCH CIRCUIT HOME RUNS TO SERVE THIS PROJECT'S NEW LOADS. SEE ARCHITECT'S DRAWING FOR ADDITIONAL ELECTRICAL DEMOLITION IN THIS AREA.

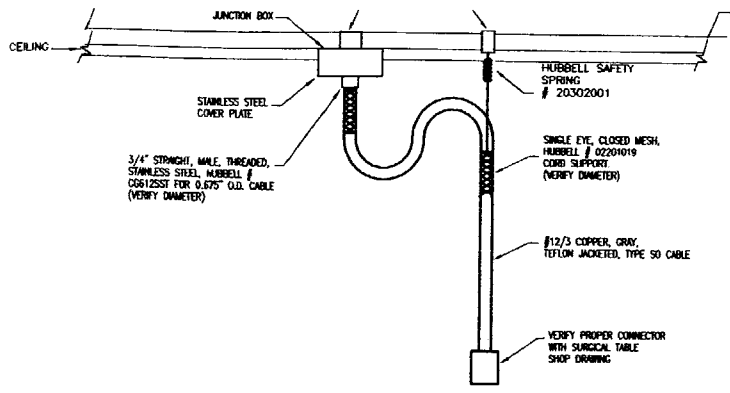
NOTES (APPLIES TO ALL SHEETS)

ELECTRICAL CONTRACTOR SHALL VERIFY THAT ELECTRIC POWER HAS BEEN REMOVED FROM ALL EXPOSED WIRING AND WIRING SERVING RECEPTACLES, LIGHTS, LIGHT SWITCHES AND JUNCTION BOXES AT EVERY DEMOLITION LOCATION PRIOR TO THE COMMENCEMENT OF WORK AT THAT LOCATION. THE ELECTRICAL CONTRACTOR SHALL BE PRESENT AT ALL DEMOLITION WORK TO ASSURE THAT THE ELECTRICAL POWER IS REMOVED FROM CONCEALED WIRING EXPOSED DURING THE DEMOLITION WORK. ALL WIRING INVOLVED IN DEMOLITION WORK WILL BE TESTED BY THE ELECTRICAL CONTRACTOR AND CERTIFIED TO BE DE-ENERGIZED BEFORE DEMOLITION WORK CAN PROCEED.

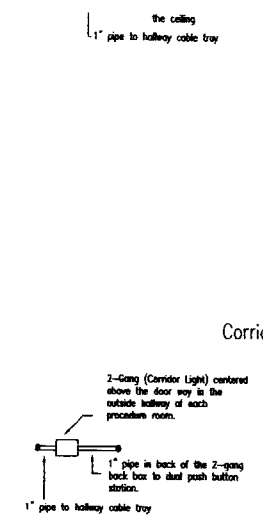
EXISTING ELECTRICAL EQUIPMENT, MATERIAL, CONDUIT, WIRE, EMT, FASTENERS, AND WIRING DEVICES THAT HAVE NO SPECIFIC IDENTIFICATION AT THE COMPLETION OF THE PROJECT SHALL BE REMOVED FROM THE BUILDING. ALL ABANDONED ELECTRICAL SYSTEM COMPONENTS, WHETHER ABANDONED AS PART OF THIS PROJECT OR BY A PREVIOUS PROJECT SHALL BE REMOVED FROM THE BUILDING AND POSPOSED OR IN ACCORDANCE WITH THE WASTE DISPOSAL LAWS OF THE STATE OF MAINE.



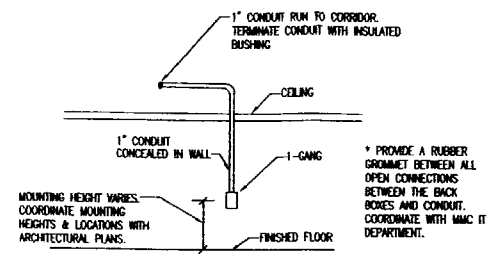
Revision	Date



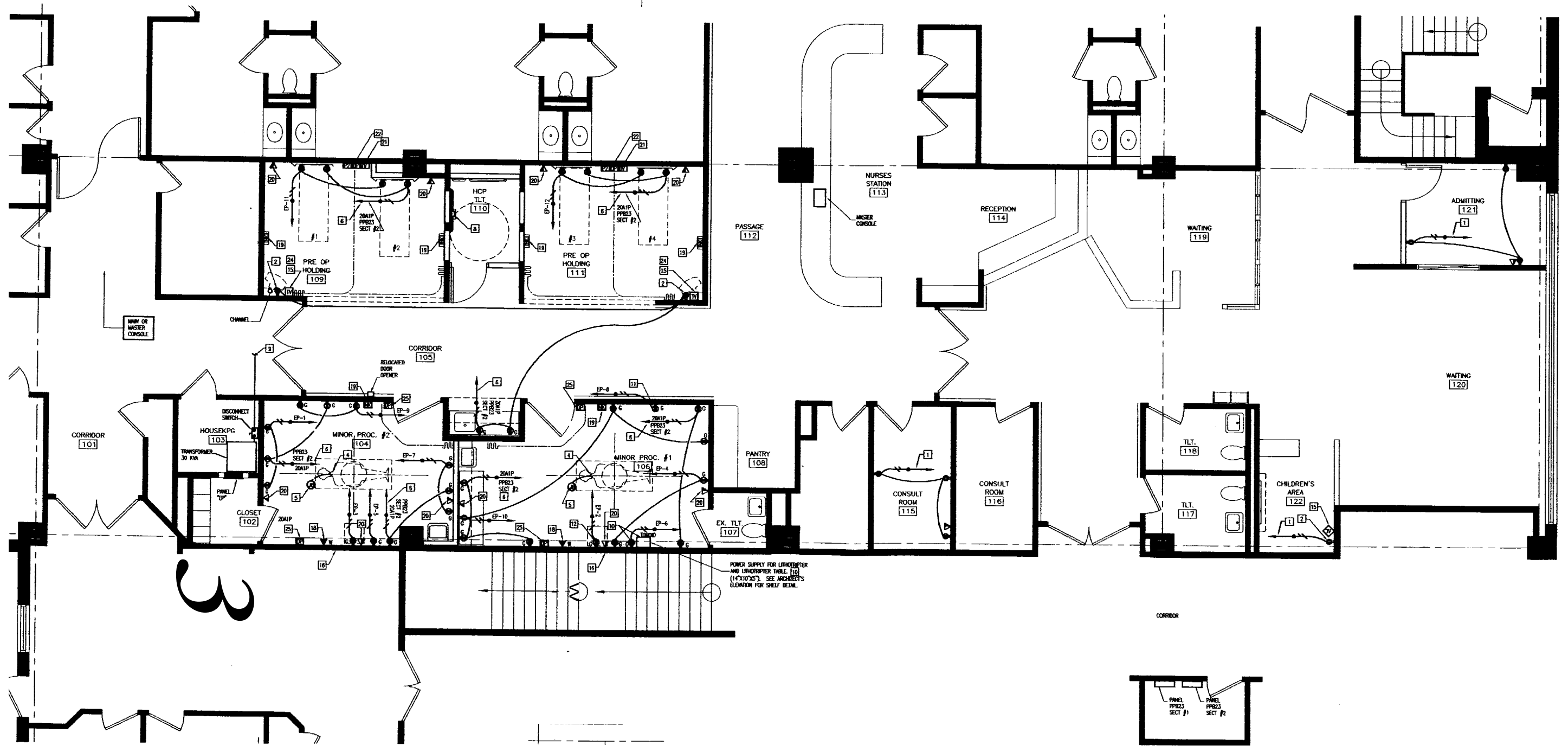
SURGICAL TABLE POWER CORD DETAIL
NOT TO SCALE



Corridor



DETAIL - NURSE CALL DUAL PUSH BUTTON STATION
NOT TO SCALE



Revision

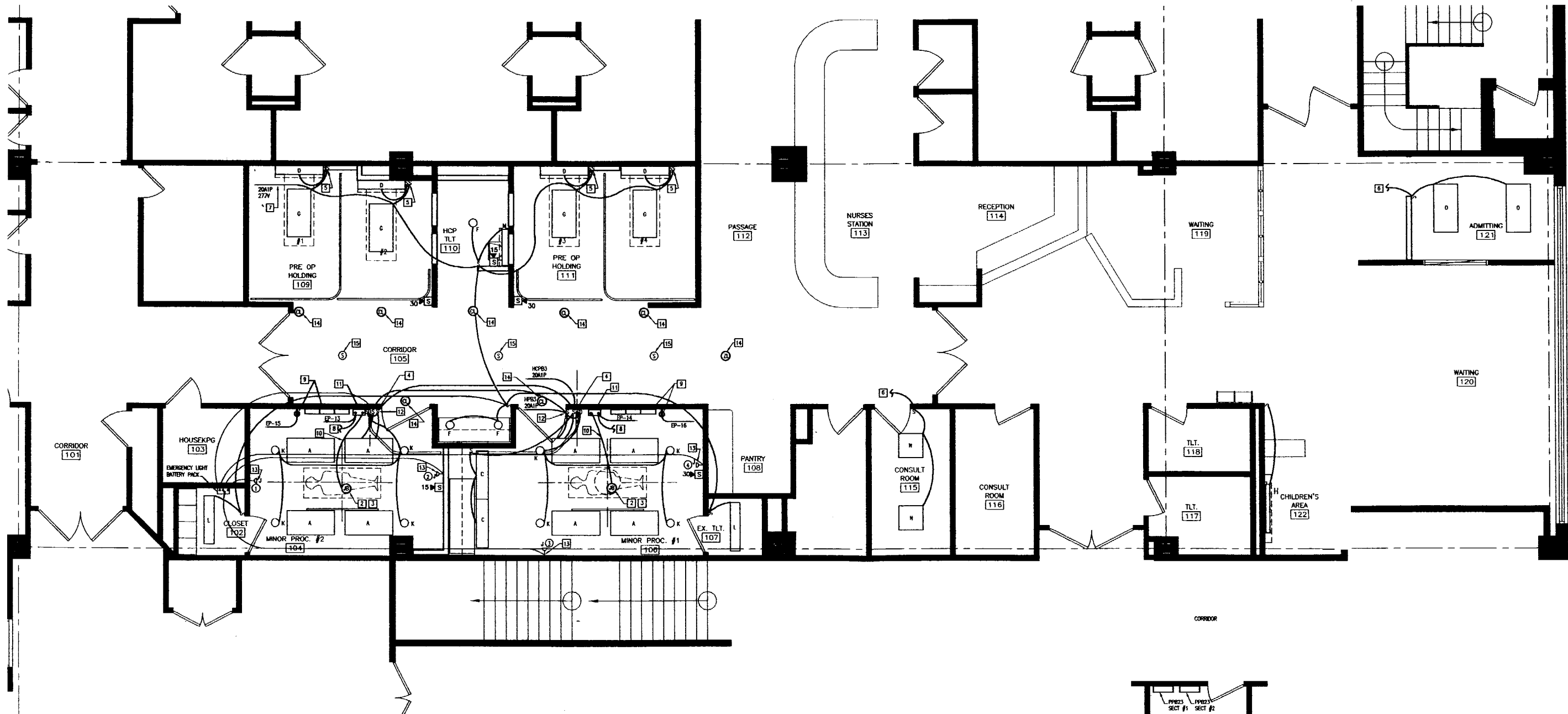
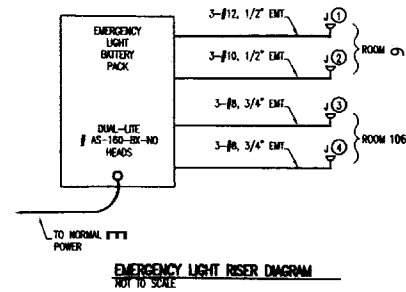


Ambulatory St
Renova

MorrisSwitzer Project Number
Date: 4-25-05
Scale
Sheet Title and Number

POW
DISTRIBUIT

- 3) VERIFY CORRECT JUNCTION BOX SIZE AND LOCATION WITH SURGICAL LIGHT SHOP DRAWING.
- 4) CONNECT ONE LIGHT SWITCH TO A BALLAST CONTROLLING THE CENTER TWO LAMPS AND THE OTHER LIGHT SWITCH TO THE BALLAST CONTROLLING THE PERIMETER TWO LAMPS.
- 5) PROVIDE A THREE GANG LOW VOLTAGE SWITCH AT THIS LOCATION. VERIFY WIRING AND LOW VOLTAGE CONTROLLER INSTALLATION REQUIREMENTS WITH LUMINAIRE MANUFACTURER.
- 6) PROVIDE POWER TO THIS ROOM'S LIGHTS FROM THE EXISTING LIGHT CIRCUIT.
- 7) PROVIDE 277 VOLT POWER TO THIS 1700 WATT LIGHTING LOAD FROM THE EXISTING LIGHTING CIRCUIT SERVING THESE ROOMS.
- 8) CONTINUE BRANCH CIRCUIT TO SURGICAL TABLE DROP CORO. SEE SHEET E-2.
- 9) PROVIDE POWER TO RECEPTACLE AT 80" AFF FOR READER. VERIFY POWER CONNECTION LOCATION WITH SHOP DRAWING. VERIFY CORRECT LOCATION OF NEW BOX WITH ARCHITECT'S ELEVATIONS.
- 10) PROVIDE 3/4" EMT BETWEEN THE SURGICAL LIGHT VARIABLE INTENSITY CONTROL AND THE JUNCTION BOXES AT THE CEILING FOR EACH TYPE LIGHT.
- 11) VERIFY WHETHER THE SURGICAL LIGHT VARIABLE INTENSITY CONTROL ENCLOSURE IS SURFACE OR RECESS MOUNTED. SEE MANUFACTURER'S WIRING DIAGRAM FOR PROPER CONNECTIONS OF POWER TO LIGHT CONTROLLER. POWER TO LIGHT FROM CONTROLLER AND GROUNDING.
- 12) THESE TWO LIGHT SWITCHES ARE TO BE INSTALLED IN INDIVIDUAL 2"x4" BOXES AND CONDUIT TO THE TYPE "A" LIGHT. DO NOT PUT EMERGENCY POWER CONDUCTORS IN SAME ENCLOSURE WITH NORMAL POWER CONDUCTORS EXCEPT IN THE BALLAST CHANNEL.
- 13) PROVIDE REMOTE POWERED EMERGENCY LIGHTS AT 96" ABOVE FINISHED FLOOR WHERE SHOWN.
- 14) PROVIDE NURSE CALL SYSTEM CORRIDOR LIGHT, CONDUIT, WIRING AND OUTLET BOX IN ACCORDANCE WITH NMC SPEC. SECTION 16600.
- 15) PROVIDE CEILING GRID MOUNTED PAGING SPEAKER, CONDUIT, WIRING, OUTLET BOX AND BACK BOX IN ACCORDANCE WITH NMC SPEC. SECTION 16600.



Revision	Description

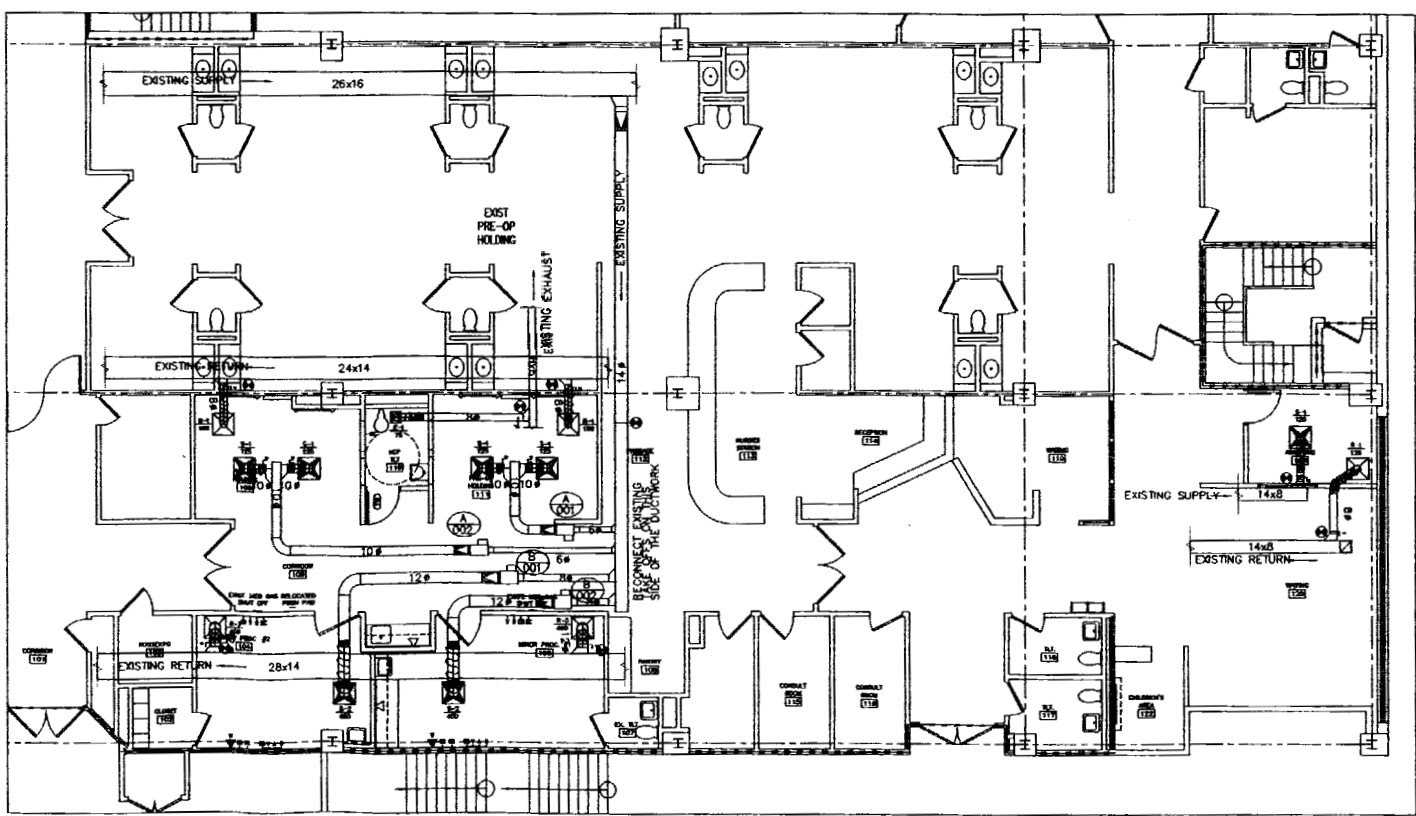
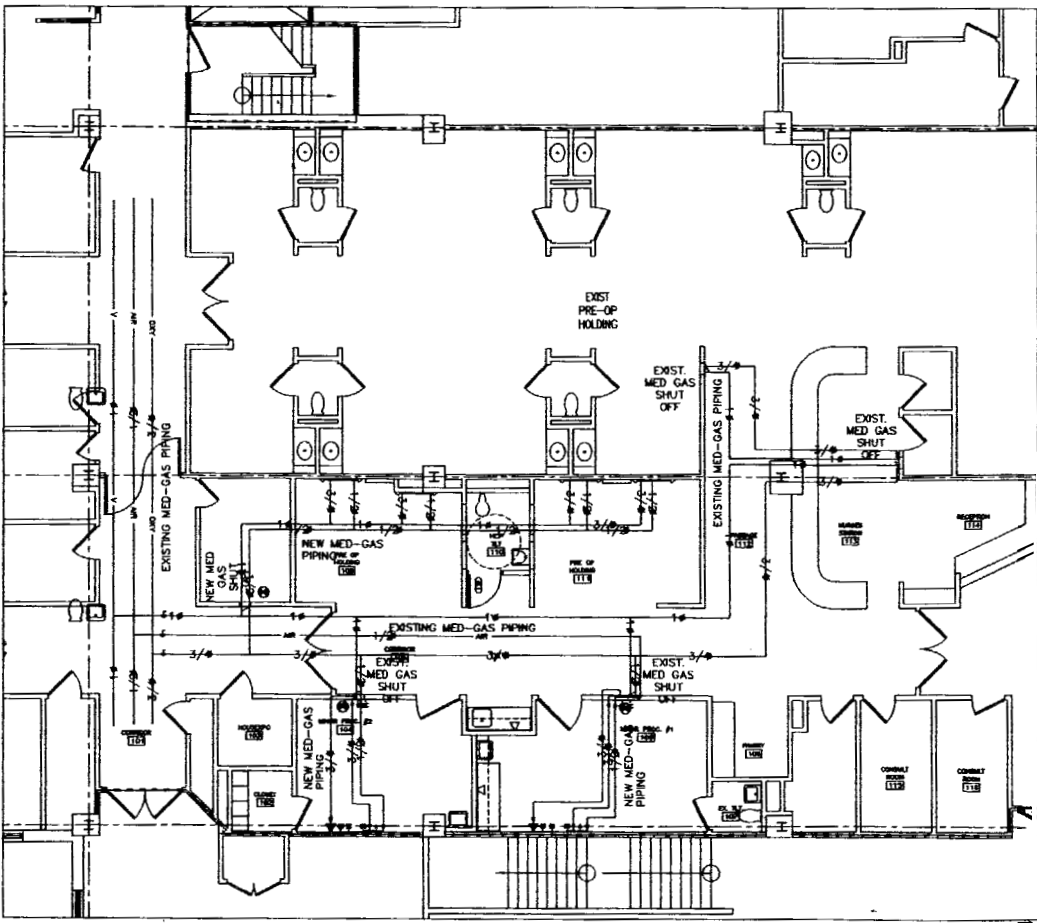
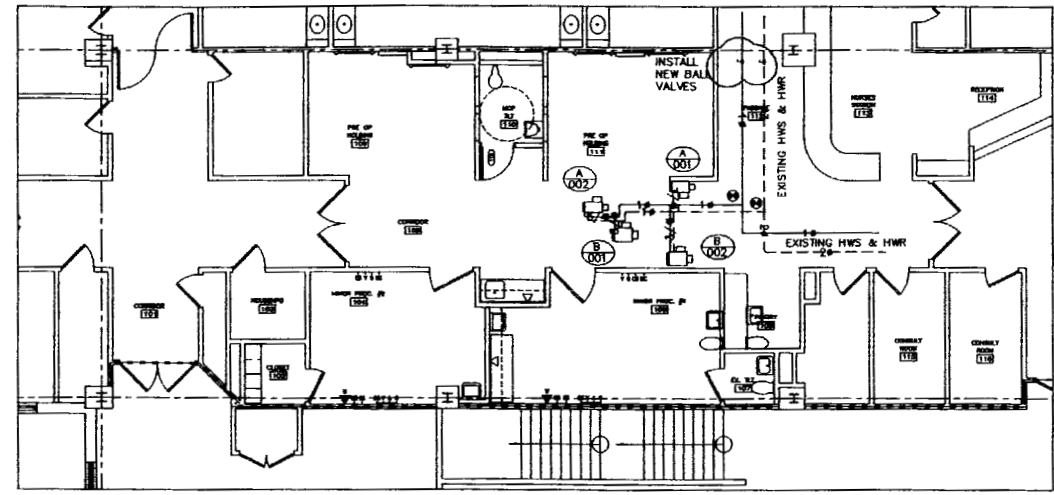
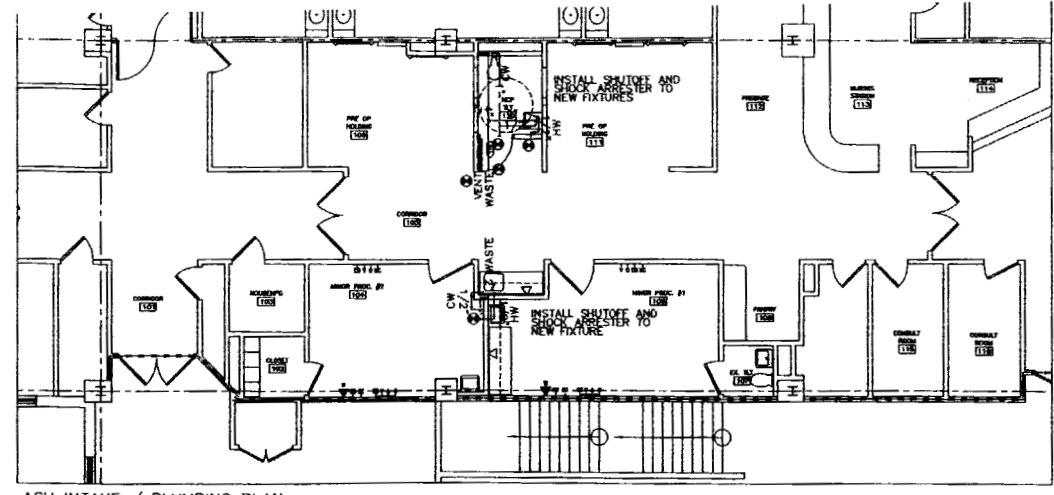
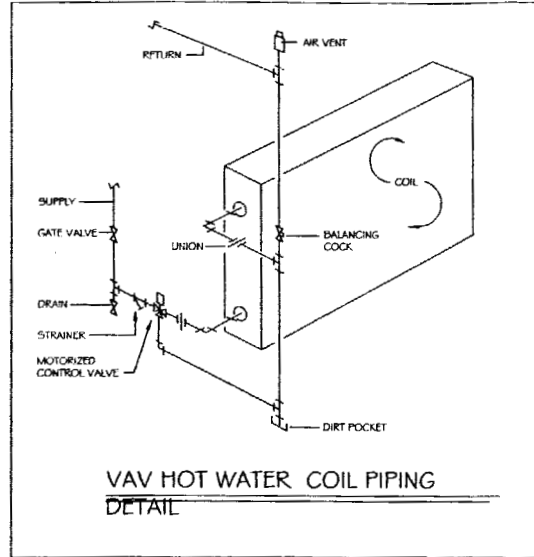


**Ambulatory Surg
Renovatio**

VAV ZONE DAMPERS					
SYMBOL	SIZE	CFM	P.D.	MAX. VEL.	MAKE & MODEL
A	5"	125 - 250			TRANE VCVF05 W/1 ROW FWC
B	8"	225 - 450			TRANE VCVF08 W/1 ROW FWC

DIFFUSERS ~ GRILLES ~ REGISTERS								
SIZE CODE	MFGR & MODEL#	SIZE	CFM	NC	PD	THROW	CONN.	REMARKS
S-1	TITUS OMNI	24"x24"	125-150	<20	0.03	3-6	10" DIA.	
S-2	TITUS OMNI	24"x24"	450	<20	0.09	3-15	12" DIA.	
R-1	TITUS 50P	24"x24"	125-150	<20	0.05		8" DIA.	
R-2	TITUS 50P	24"x24"	325	<20	0.03		10" DIA.	
R-3	TITUS 50P	24"x24"	450	<20	0.04		12" DIA.	
E-1	TITUS 50P	12"x12"	75	<20	0.01		8" DIA.	

PLUMBING FIXTURES SCHEDULE						
TAG	FIXTURE TYPE	HOT	COLD	SANITARY	VENT	MANUFACTURER & MODEL
P-1	WATER CLOSET, WALL MOUNT	1"	4"	2"		KOHLER, K-4330 WISLOAN #111 FLUSH VALVE & BEMIS 1655C SEAT
P-2	LAVATORY, WALL MOUNT		2"			KOHLER, K-2032
P-3	FAUCET, LAVATORY	1/2"	1/2"			CHICAGO FAUCETS, B02-V317
P-4	SINK, DROP IN		2"			SLAY, LP-1522-S
P-5	FAUCET	1/2"	1/2"			CHICAGO FAUCETS, 706-SWE3X



JOHNSON & JORDAN
MECHANICAL CONTRACTORS
18 MAJESSEY ROAD
SCARBOROUGH, MAINE 04074
TEL: (207) 883-8846 • FAX: (207) 883-8019

REVIEW SET

ASU INTAKE MECHANICAL REVISION PLANS

PROJECT: MAINE MEDICAL CENTER
PORTLAND, MAINE

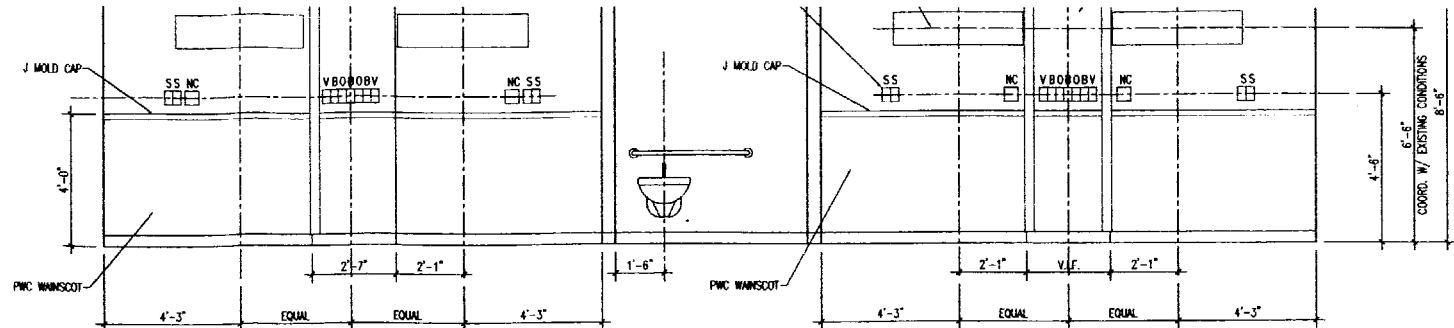
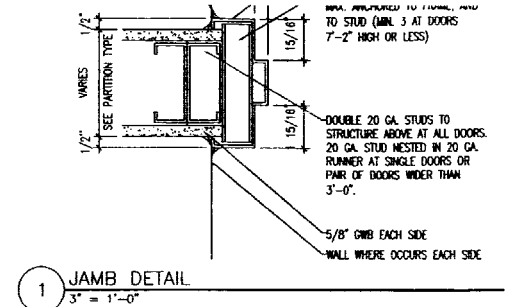
DRAWN: BSJ, DJF
CHECKED: DRAWINGS THIS SHEET:
SCALE: 1/8"=1'-0"
DATE: 4-27-05
PROJECT#: 03168 - MMC

M-1
OF 1

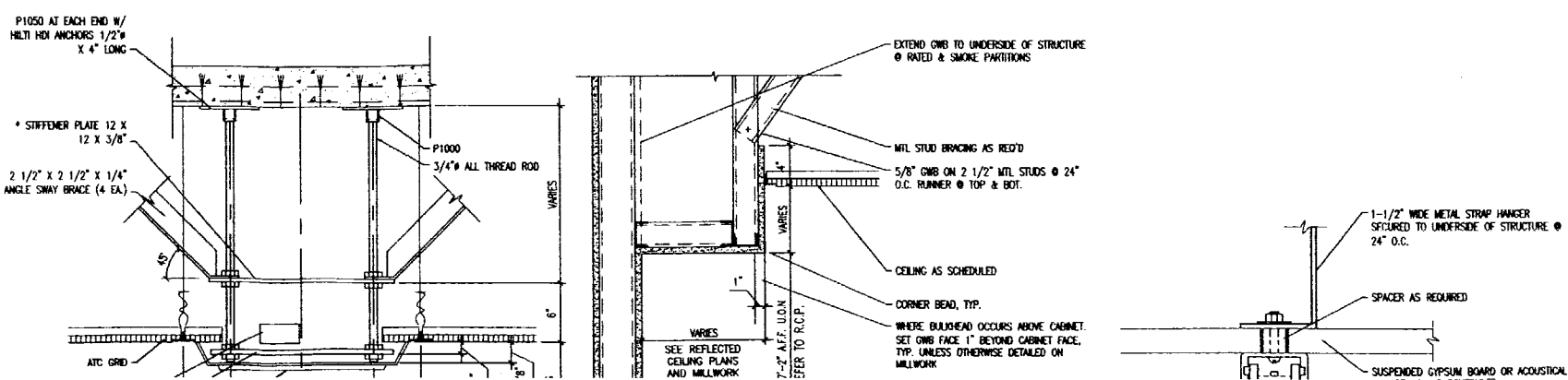
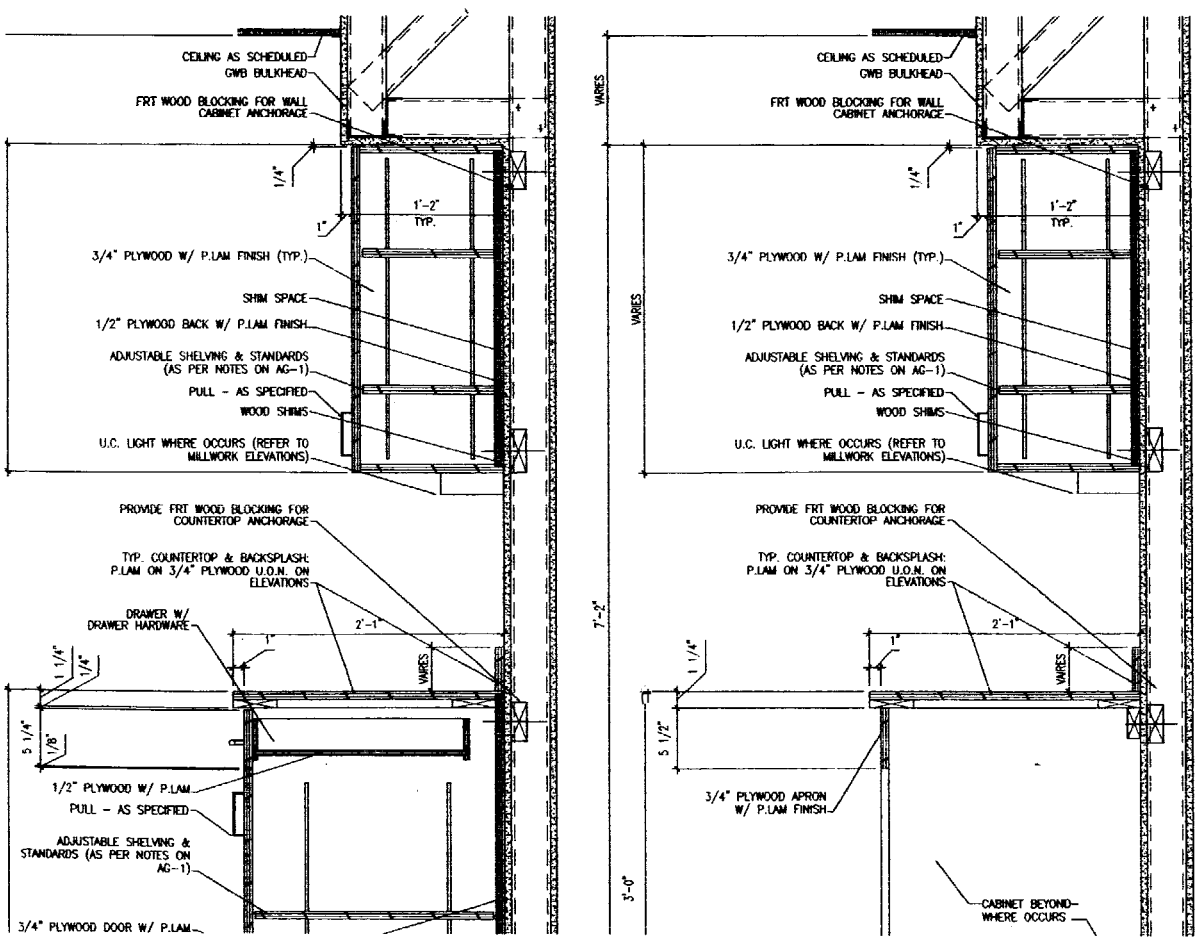
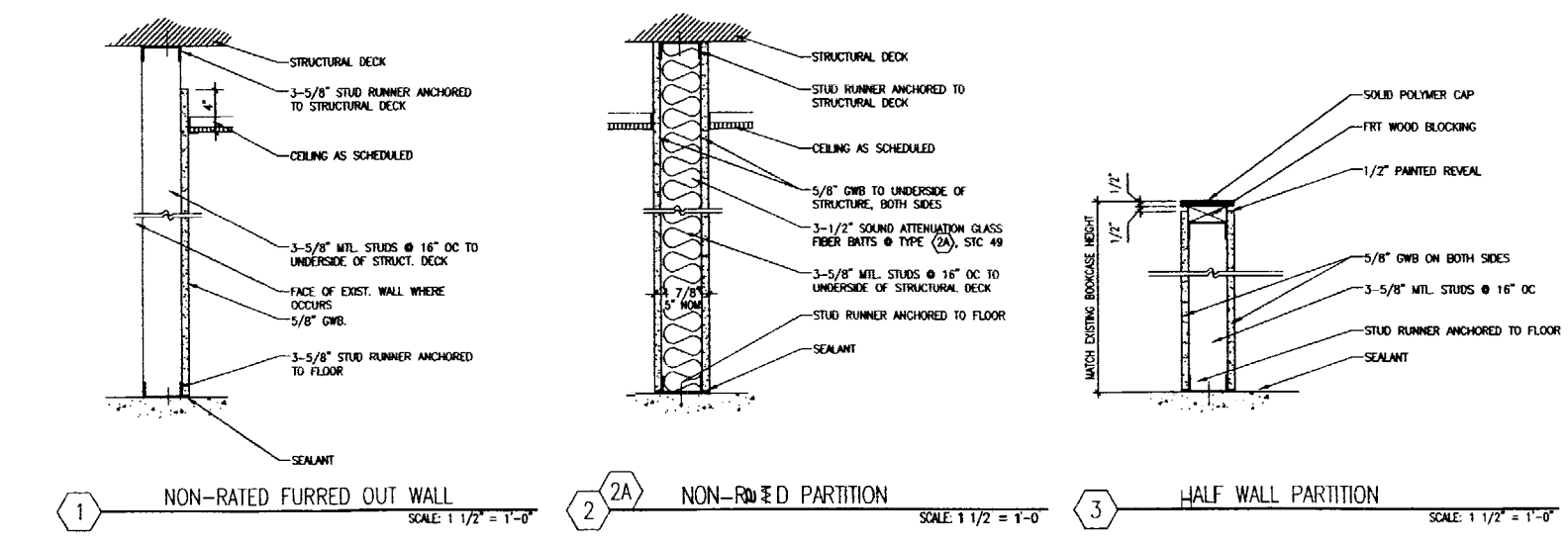
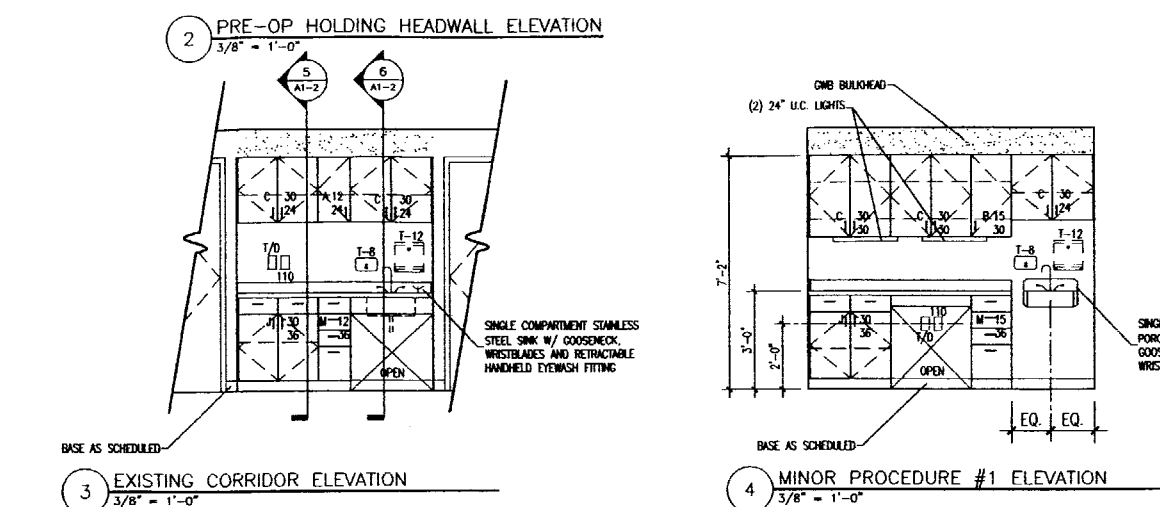
JSH OR

① SINGLE OR DOUBLE DOORS w/ 6" HOSPITAL STOPS

OR BEER	DOOR		SIZE		GLAZ. TYPE	FRAME			FIRE Rtg.	HARDWARE GROUP	REMARKS
	TYPE	MATL	WIDTH	HEIGHT		TYPE	MATL	DETAIL			
10	A	WD	3'-0"	7'-0"	-	I	HM	1	-	1	-
21	A	WD	3'-0"	7'-0"	-	I	HM	1	-	2	-



NO.	ROOM NAME	FLOOR	BASE	NORTH WALL		EAST WALL		SOUTH WALL		WEST WALL		CASEWORK		CEILING		REMARKS
				MATERIAL	FINISH	MATERIAL	FINISH	MATERIAL	FINISH	MATERIAL	FINISH	P. LAM	CHTR TOP	MATERIAL	FINISH	
01	EX. CORRIDOR	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		
02	CLOSET	EX.	VB	EX.	P	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		
03	EX. HOUSEKEEPING	EX.	EX.	EX.	P	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		
04	MINOR PROCEDURE #2	SV	SV	GWB/EX.	P	GWB/EX.	P	EX.	P	EX.	P	-	-	ATC 2	9'-0"	
05	EX. CORRIDOR	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		
05A	ALCOVE	VCT	VB	EX.	P	EX.	P	EX.	P	-	-	PLAM 1	PLAM 2	GWB	P	7'-2"
06	MINOR PROCEDURE #1	SV	SV	EX.	P	EX.	P	GWB/EX.	P	EX.	P	PLAM 1	PLAM 2	ATC 2	9'-0"	
07	EXISTING TOILET	EX.	EX.	EX.	P	EX.	P	EX.	P	EX.	P	-	-	EX.		
08	EX. PANTRY ALCOVE	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		
09	PRE-OP HOLDING	VCT	VB	GWB/EX.	P	EX.	P	GWB/EX.	P	GWB/EX.	P/PWC	-	-	ATC 1		
10	HCP TOILET	SV	SV	GWB/EX.	EP	GWB	EP	GWB/EX.	EP	GWB	EP	-	-	ATC 1		
11	PRE-OP HOLDING	VCT	VB	EX.	P	EX.	P	GWB/EX.	P	GWB/EX.	P/PWC	-	-	ATC 1		
12	EX. PASSAGE	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		
13	EX. NURSES STATION	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		
14	EX. RECEPTION	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		
15	CONSULT ROOM	C	VB	EX.	P	EX.	P	EX.	P	EX.	P	-	-	ATC 1	8'-0"	
16	EX. CONSULT ROOM	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		
17	EX. TOILET	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		
18	EX. TOILET	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		
19	EX. WAITING	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		
20	EX. WAITING	EX.	EX./VB	EX.	P	EX.	P	EX.	P	EX.	P	-	-	EX.		
21	ADMITTING	C	VB	EX.	P	EX.	P	GWB	P	EX.	P	-	-	ATC 1	8'-0"	
22	EX. CHILDREN'S AREA	EX.	EX./VB	EX.	EX.	EX.	EX.	EX.	EX.	EX.	EX.	-	-	EX.		



Revision	Date	Scale	Sheet Title and Number



CITY OF PORTLAND, MAINE

Department of Building Inspections

7.21 20 05

Received from

Helbert Const.

Location of Work

22 Bramble

Cost of Construction

\$ _____

Permit Fee

\$ 1821.⁰⁰/₁₀₀

Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)

Other _____

CBL: _____

Check #: 076052

Total Collected \$ 1821.⁰⁰/₁₀₀

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy