

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION PERMIT

Permit Number: 061805

PERMIT ISSUED
DEC 28 2008
CITY OF PORTLAND

This is to certify that MAINE MEDICAL CENTER Hebert Construction LLC

has permission to Interior renovations

AT 2 BRAMHALL ST

053 D007001

provided that the person or persons who accept 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.

Verification 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 Cass
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

All Purpose 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 3RD FLOOR</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>53 D 007</u>	Owner: <u>MAINE MEDICAL CENTER</u>	Telephone: <u>207-662-2988</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>HEBERT CONSTRUCTION 9 GOULD ROAD LEWISTON, ME 04240</u>	Cost Of Work: \$ <u>725,000.00</u> Fee: \$ <u>1,270.00</u>
Current use: <u>ACUTE CARE FOR THE ELDERLY</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>ACUTE CARE FOR THE ELDERLY</u>		
Project description: <u>NEW FINISHES, NURSE STATION, SHOWER & HANDICAP BATH ROOM.</u>		
Contractor's name, address & telephone: <u>HEBERT CONSTRUCTION LLC, 9 GOULD RD, LEWISTON</u>		
Who should we contact when the permit is ready: <u>DANIEL HEBERT</u>		
Mailing address: <u>9 GOULD ROAD, LEWISTON, MAINE 04240</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>207-783-2091</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: Daniel Hebert DEPT. OF BUILDING INSPECTION Date: 12/18/06
CITY OF PORTLAND, ME

This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

RECEIVED
DEC 18 2006

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1805	Date Applied For: 12/19/2006	CBL: 053 D007001
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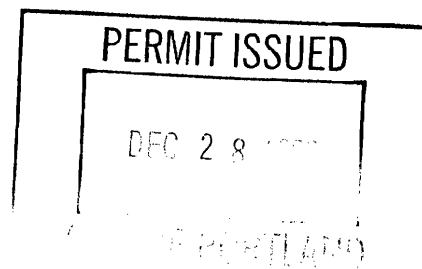
Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone: (207) 783-2091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial / Acute Care for the Elderly interior renovations	Proposed Project Description: Interior renovations
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 12/20/2006
Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 12/23/2006
Note: **Ok to Issue:**
1) 061779 and 061805 MMC--both ok, no conditions PER MIKE NUGENT

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 12/21/2006
Note: **Ok to Issue:**
1) All construction shall comply with NFPA 101
2) The sprinkler system shall be installed in accordance with NFPA 13.
A fire alarm system shall be installed in accordance with NFPA 72 with a Masterbox connection.
3) Application requires State Fire Marshal approval.



City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1805	Issue Date:	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: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone: 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: CH

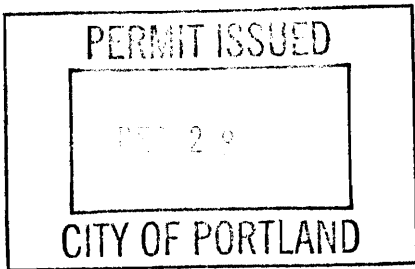
Past Use: Commercial / Acute Care for the Elderly	Proposed Use: Commercial / Acute Care for the Elderly interior renovations	Permit Fee: \$7,270.00	Cost of Work: \$725,000.00	CEO District: 2
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Proposed Project Description:
Interior renovations

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: I-2 Type: 1B 12/23/06
Signature: <i>Greg Cross</i>	Signature: <i>Ally...</i>
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: dmartin	Date Applied For: 12/19/2006	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: 12/20/06	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 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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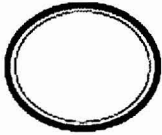


CERTIFICATION

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

Since 1948



**HEBERT
CONSTRUCTION
LLC**

**Hebert Construction LLC
9 Gould Road
Lewiston, ME 04240 (207)783-2091
FAX: (207) 782-4938**

LETTER OF TRANSMITTAL

TO: City of Portland
Code enforcement

DATE: 12/15/2006

RE: Maine Medical Center
ACE Unit Pavillion C-D 3rd floor

Attn:

WE ARE SENDING YOU:

- SHOP DRAWINGS
- COPY OF LETTER

ATTACHED

- PRINTS
- CHANGE ORDER

UNDER SEPERATE COVER VIA

- PLANS
- Contract
- SAMPLES

COPIES	Date	Description
1 Each	12/18/2006	Building permit application
1	12/18/2006	PDF Disc
1	12/18/2006	set building plans
1	12/18/2006	Room Finish schedule
1	12/18/2006	Accessibility Certificate
1	12/18/2006	Building code certificate
1	12/18/2006	2003 International building code certificate

THESE ARE TRANSMITTED AS CHECKED BELOW:

- FOR APPROVAL
- FOR YOUR USE
- AS REQUESTED

- APPROVED AS SUBMITTED
- APPROVED AS NOTED
- RETURNED FOR CORRECTIONS

- RESUBMIT COPIES
- FOR REVIEW & COMMENT
- RETURN CORRECTED PRINTS

FOR BIDS DUE:

REMARKS :

COPY TO :

SIGNED: Dan Hebert



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

ACCESSIBILITY CERTIFICATE

Designer: USA INC - SERGIO GADDAR AIA

Address of Project: 22 BRANHALL ST.

Nature of Project: RENOVATIONS TO PAVILION

C-D 3RD. FLOOR

MAINE MEDICAL CENTER

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: 

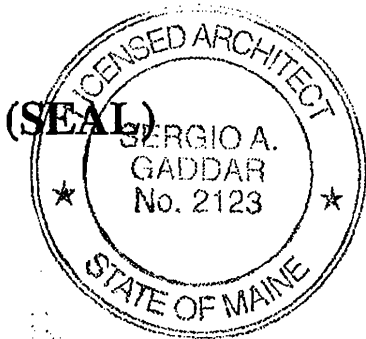
Title: ARCHITECT - SENIOR ASSOCIATE

Firm: USA INC.

Address: PORTSMOUTH, NH

03801

Phone: (603) 436-2551





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 & Development
Division of Inspections Services

FROM: SERGIO A. GADDAR, AIA

RE: Certificate of Design

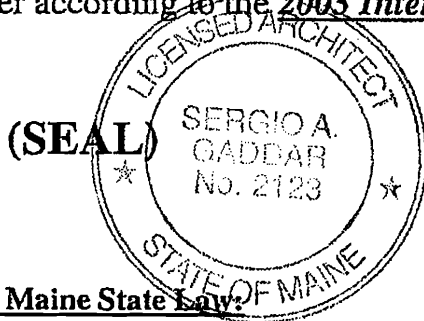
DATE: DEC - 15, 2006

These plans and / or specifications covering construction work on:

RENOVATIONS TO PAVILION C-D 3RD FLOOR,

MAINE MEDICAL CENTER, 22 BRANDELL ST.

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: SERGIO A. GADDAR

Title: ARCHITECT - SENIOR ASSOCIATE

Firm: JSA INC

Address: PORTSMOUTH, NH 03801

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.

FROM DESIGNER: SERGIO GADDAR, AIA
 DATE: DEC 15, 2006
 Job Name: _____
 Address of Construction: _____

2003 International Building Code

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

Building Code & Year IBC - 2003 Use Group Classification (s) I-2
 Type of Construction 1
 Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IBC - YES
 Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) _____
 Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) NO

STRUCTURAL DESIGN CALCULATIONS - EXISTING

Submitted for all structural members (106.1 - 106.11)

DESIGN LOADS ON CONSTRUCTION DOCUMENTS (1603)

Uniformly distributed floor live loads (7603.1.1, 1807)

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

Wind loads (1603.1.4, 1609)

- _____ Design option utilized (1609.1.1, 1609.6)
- _____ Basic wind speed (1809.3)
- _____ Building category and wind importance Factor, I_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)

- _____ Design option utilized (1614.1)
- _____ Seismic use group ("Category") (Table 1604.5, 1616.2)
- _____ Spectral response coefficients, S_D & S_1 (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 (Table 1617.6.2)
- _____ Response modification coefficient, R and deflection amplification factor C_d (Table 1617.6)
- _____ Analysis procedure (1616.6, 1617.5)
- _____ Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

- _____ Flood Hazard area (1612.3)
- _____ Elevation of structure

Other loads

- _____ Concentrated loads (1607.4)
- _____ Partition loads (1607.5)
- _____ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)

Room #	Room Name	Floor		Walls		Door & Door Trim Finish		Ceiling			Remarks
		Material	Base	Material	Finish	Door	Trim	Material	Finish	Type	
PC301	Corridor	RF-1,2,3	Exist or RB-2	Conc.	P-1	WD	P-1	Exist			
PC302	Corridor	RF-1,2,3	Exist or RB-2	Conc.	P-1	WD	P-1	Exist			
PC303	Corridor	RF-1,2,3	Exist or RB-2	Conc.	P-1	WD	P-1	Exist			
PD301	Corridor	RF-1,2,3	Exist or RB-2	Conc.	P-1	WD	P-1	Exist			
356	Patient Room:Single	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
357	Patient Room:Single	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
358	Patient Room:Double	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
359	Patient Room:Double	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
360	Patient Room:Double	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
361	Patient Room:Double	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
364	Patient Room:Double	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2

Room #	Room Name	Floor		Walls		Door & Door Trim Finish		Ceiling			Remarks
		Material	Base	Material	Finish	Door	Trim	Material	Finish	Type	
368	Nourishment Kitchen	SV-1	RB-1	Conc.	P-1	WD	P-1	ACT-1			
370	Multi-Purpose	CPT-1	RB-1	Conc.	P-1	WD	P-1	ACT-1			
3318	Patient Room:Double	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
376	Storage	VCT-1&2	RB-1	Conc.	P-3	WD	P-1	ACT-2			
378	Patient Room:Single	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
380	Patient Isolation Room	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
383	Patient Isolation Room	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
384	Patient Room:Single	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
385	E.O.L. Single	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
386	Patient Room:Single	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
387	E.O.L. Single	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
388	Shower Room	SV-2	INT.	Conc	P-3	WD	P-1	GWB	P-3		
390	Storage	VCT-1&2	RB-1	Conc.	P-3	WD	P-1	ACT-2			

Room #	Room Name	Floor		Walls		Door & Door Trim Finish		Ceiling			Remarks
		Material	Base	Material	Finish	Door	Trim	Material	Finish	Type	
391	Patient Room:Double	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
392	Patient Room:Single	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
393	Patient Room:Single	SV-1	RB-1	Conc.	P-1/P-2/ P WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
394	Patient Room:Single	SV-1	RB-1	Conc.	P-1/P-2/ P WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
395	Patient Room:Single	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
396	Patient Room:Single	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
397	Patient Room:Single	SV-1	RB-1	Conc.	P-1/P-2/ WD &PF	WD	P-1	ACT-1			RVS at headwall/ WD & PF at wall organizer/ VWC-1 is Add Alt. For P-2
398	Shower Room	SV-2	INT.	Conc	P-3	WD	P-1	GWB	P-3		
3228	Staff Lockers	VCT-1&2	RB-1	Conc.	P-3	WD	P-1	GWB	P-3		
3229	Staff Lounge	VCT-1&2	RB-1	Conc.	P-3	WD	P-1	GWB	P-3		
3311	Bathing	Exist	Exist	Conc.	P-3	WD	P-1	GWB	P-3		
3317	Nurse Station	RF-1	RB-2	GWB	P-1/P-2	WD	P-1	ACT-1			
3319	Nurse Educator	CPT-1	RB-2	GWB	P-1/P-2	WD	P-1	ACT-1			
3321	Nursing Alcove	RF-1	RB-2	GWB	P-1/P-2	WD	P-1	ACT-1			
3322	Hand Wash Alcove	RF-1	RB-2	Conc.	P-1		P-1	ACT-1			
3323	Charting	CPT-1	RB-2	GWB	P-1/P-2	WD	P-1	ACT-1			

Room #	Room Name	Floor		Walls		Door & Door Trim Finish		Ceiling			Remarks
		Material	Base	Material	Finish	Door	Trim	Material	Finish	Type	
3327	Lav (Family Room)	Exist	RB-2	Exist	P-3	WD	P-1	existing			
3328	Family Room	CPT-1	RB-2	GWB	P-1	WD	P-1	ACT-1			
3329	Quiet Room	CPT-1	RB-2	GWB	P-1	WD	P-1	ACT-1			
3402	Meds	VCT-1&2	RB-1	Conc.	P-3	WD	P-1	ACT-2			
3403	Equipment Alcove	RF-1	RB-2	Conc.	P-1		P-1	GWB	P-3		
3404	HC Lavatory	CT-2	CT-1	Conc.	P-3	WD	P-1	ACT-1			w/ sanitary basecove
3405	Care Coordinator Office	CPT-1	RB-1	GWB	P-1	WD	P-1	ACT-1			
3406	Clean Utility	VCT-1&2	RB-1	Conc.	P-3	WD	P-1	ACT-2			
3408	Soiled Utility	VCT-1&2	RB-1	Conc.	P-3	WD	P-1	ACT-2			
3412	Hand Wash Alcove	RF-1	RB-2	Conc.	P-1		P-1	ACT-1			
3422	Conference Room	CPT-1	RB-1	GWB	P-1	WD	P-1	ACT-1			
	*Note:										

Finish Code	CSI #	Manufacturer	Style	Color	Manufacturer's REP		Remarks
ACT-1	09511	Armstrong	Cirrus Tegular:24"x24"x3/4", fine texture	#584,White			use with15/16" Prelude Grid
ACT-2	09511	Armstrong	Cirrus Tegular:24"x48"x3/4", fine texture	#535,White			use with15/16" Prelude Grid
CC-1		Standard Textile	Interspec: #5020,Grove; 100% Polyester FR Fabric. Width: 72"; Repeat: V+12";H=12-3/4"	#13, Agua	Frank Triggs	Ph: 860-632-2768	Patient cubicle curtain/same fabric to be used for window valances in Pt. Rms.
CG-1	10260	Acrovyn		#479, Cappuccino			
CR-1	10260	Existing					Refinish
CPT-1	09680	Collins & Aikmen	6' cushion rolled goods;Patterned loop; 75% solution dyed;25% Yarn dyed ;Style: #02672, Pastel	#32505, Camel	Kerry Murphy	617-233-2377	
CT-1	09300	American Olean	6" x 6" Matte wall tile	#0095, Snow Mist			shower room walls
CT-2	09300	American Olean	12"X12" Porcelain tile, unpolished	#BA02 Monzone; unpolished surface			shower room and lavatory floors
P-1	09900	ICI	Low Lustre Finish	MMC #2 Custom: Light Camel	Steve Dunn, Devoe Paint	800-300-9553	Corridors, Patient Rooms Accent in Patient Rooms: at Foot Wall in Singles/ at Window Wall in doubles
P-2	09900	ICI	Low Lustre Finish	#829, Deep Ravine	Steve Dunn, Devoe Paint	800-300-9553	
P-3	09900	ICI	Low Lustre Finish	#739, Antique White	Steve Dunn, Devoe Paint	800-300-9553	B.O.H., Shower Rms,GWB Ceilings
PF-1		Interface Fabrics	100% recycled polyester Panel Fabric	Coastline #3495; Color: 032, Beach Glass		800-544-0200	covers tackable surface of wall organizer
PLAM-1	06400	Wilsonart	Decorative Laminate, vertical grade	# 7909-60, Fusion Maple	Susan Frohn	603-494-8468	vertical foreground at Nurse Station and vertical & horizontal at Patient storage units

Finish Code	CSI #	Manufacturer	Style	Color	Manufacturer's REP		Remarks
PLAM-2	06400	Pionite	Decorative Laminate, vertical grade	#AV721-S, Thyme Fiber	Jill Robles	877-746-6483, ext. 2508	vertical background at Nurse Station
RB-1	09651	Johnsonite	4" Rubber Base	#130, Sisal	Nigel Harris	800-899-8916 x786	Patient Rooms, B.O.H.
RB-2	09651	Johnsonite	6" Millwork Rubber Base, Monarch Profile	#130, Sisal	Nigel Harris	800-899-8916 x786	Family Rm, Quiet Room, Nurse Station, Corridors if curbing is removed
RF-1	09651	Nora	Noraplan Environcare, 2mm Rubber Flooring, rolled goods	#2967, Moor Grass	Ed Farrington	603-801-0095	Field
RF-2	09651	Nora	Noraplan Environcare, 2mm Rubber Flooring, rolled goods	#2953, Agave	Ed Farrington	603-801-0095	Border and Medallion accent
RF-3	09651	Nora	Noraplan Environcare, 2mm Rubber Flooring, rolled goods	#2936, Flax	Ed Farrington	603-801-0095	Medallion accent
RP-1		3-Form	1/4" gauge decorative resin panel: Bear Grass	Color: Caramel/ Finish: Patina on front & Back	Lisa Walters	617-799-1800	at soffit in Nurse Station/and as back of upper shelf unit at Patient window on headwall of Patient Rooms/ use with end cap #701 in cashew color (0240); at each headwall @
RVS	102123	InPro	.080" thick, 7-3/4" x 1" Wall Guard	#700; Color: 0240, Cashew	Dave Ronca	888-715-8390, ext 168	18" A.F.F.
SS-1	06650	Dupont Corian		Beigi Fieldstone (F)			Counter @ Nurse Station
SV-1	09650	Toli International	Mature: 6' wide, 2mm vinyl sheet flooring	#761, Beechwood Plank	Bill Blasek	617-513-6339	Patient Rooms
SV-2	09650	Mannington	Assurance II: 6' wide, 2mm vinyl sheet flooring	#16306, Toasted Sesame	Chris Twombly	800-241-2262, ext 8530	Shower Rooms/ with Integral cove; use Mannington heat weld rod #842336
VCT-1	09650	Armstrong	Imperial Texture, Standard Excelon	#51929, Sandy Beach			Field Tile
VCT-2	09650	Armstrong	Imperial Texture, Standard Excelon	#51805, Camel Beige			Random Accent Tile
VWC-1	09720	Wolf Gordon	Type II, 54" wide	PLL 5=614, Palladium Dollar	Felisa Blasek	800-347-0550 ext.844	Add. Alt. as accent in Patient Rooms (in place of accent paint, P-2)

CODE	DESCRIPTION
ACT	Acoustic Ceiling
AP	Acrylic Panel
BL	Bed Locator
BT	Carpet Binding Tape
CC	Cubicle Curtain
CG	Corner Guard
CR	Chairrail Wall Protection
CONC	Concrete
CPT	Carpet
CT	Ceramic Tile
GL	Glass
GWB	Gypsum Wall Board
IN	Integral
LN	Linoleum
MAT	Walk-off Matt
MCT	Metal Ceiling Tile
MTL	Metal
P	Paint
PF	Panel Fabric
PLAM	Plastic Laminate
QT	Quarry Tile
QCT	Quartz Color Tile
RB	Rubber Base
RF	Rubber Floor
RP	Resin Panel
RT	Rubber Tread
RVS	Rigid Wall Guard
SCONC	Concrete Sealed
SP	Special Paint
SS	Solid Surface Materials
ST	Stone
SV	Sheet Vinyl
VWC	Vinyl Wall Covering
WB	Wood Base
WD	Wood- Species &/or Stain
WG	Wall Guard
WP	Wood Paneling
WPV	Wood Planked Vinyl Flooring