

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that MAINE MEDICAL CENTER

Located At 22 BRAMHALL ST

Job ID: 2012-10-5130-ALTCOMM


CBL: 053- D-007-001

has permission to Renovations to switchboard dispatch and supervisors office provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

\_\_\_\_\_  
**Fire Prevention Officer**

 \_\_\_\_\_ 10/20/2012  
**Code Enforcement Officer / Plan Reviewer**

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD**

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



# PORTLAND MAINE

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Director of Planning and Urban Development  
Jeff Levine

Job ID: 2012-10-5130-ALTCOMM

Located At: 22 BRAMHALL ST

CBL: 053- D-007-001

## **Conditions of Approval:**

### **Building**

1. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

### **Fire**

1. All construction shall comply with City Code Chapter 10.
2. Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
3. Fire extinguishers are required. Installation per NFPA 10.
4. The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
5. A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model.
6. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.
7. Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
8. Non-combustible construction of this structure requires all construction to be Non-combustible.
9. Any cutting and welding done will require a Hot Work Permit from Fire Department.

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

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

Job No: 2012-10-5130-ALTCOMM	Date Applied: 10/5/2012	CBL: 053- D-007-001	
Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST PORTLAND, ME 04102	Phone: 662-2447
Business Name:	Contractor Name: Tim Hebert @ HERBERT CONSTRUCTION	Contractor Address: 9 GOULD RD LEWISTON MAINE 04240	Phone: 783-2091 (207) 212-2173
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG ALT	Zone: #C-41
Past Use: <b>Hospital</b>	Proposed Use: <b>Same: Hospital – minor renovation to switchboard dispatch and supervisors office</b>	Cost of Work: \$50,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: <b>I-2</b> Type: <b>IA</b> <b>IBC 09</b>
Proposed Project Description: Renovations to SWITCHBOARD dispatch and office		Signature: <i>Capt. Purwin 10/18/12</i> Pedestrian Activities District (P.A.D.)	

Permit Taken By: Brad	<b>Zoning Approval</b>		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  <input type="checkbox"/> Maj <input type="checkbox"/> Min <input checked="" type="checkbox"/> MM Date: <i>ok 10/9/12</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 Dist 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: <i>S</i>
	<b>CERTIFICATION</b>		

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

C-41  
 Extended 6/5/12  
 (5)



# 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.

2012-10-5130 - Altcomm

Location/Address of Construction: 22 Bramhall St. <u>Switchboard Area</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant * <b>must be owner, Lessee or Buyer*</b> Name <u>Maine Medical Center</u> Address <u>22 Bramhall St.</u> City, State & Zip <u>Portland, ME 04102</u>	Telephone:  <u>207-662-2447</u>
<u>053</u> <u>0007</u>		
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>50,000.00</u> C of O Fee: \$ _____ Total Fee: \$ <u>520.00</u>
Current legal use (i.e. single family) <u>Office</u>		
If vacant, what was the previous use? _____		
Proposed Specific use: <u>Office</u>		
Is property part of a subdivision? <u>No</u> If yes, please name _____		
Project description: <u>Minor renovation to switchboard dispatch and supervisors office, minor casework and room reconfiguration.</u>		
Contractor's name: <u>Hebert Construction</u>		
Address: <u>9 Gould Road</u>		
City, State & Zip <u>Lewiston, ME 04240</u>		Telephone: _____
Who should we contact when the permit is ready: <u>Daniel R. Hebert</u> <u>207-783-2091</u>		Telephone: _____
Mailing address: <u>AA Deer 212-2173</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.**

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: Daniel R. Hebert      Date: September 20, 2012  
 Daniel R. Hebert / President

**This is not a permit; you may not commence ANY work until the permit is issue**



# PORTLAND MAINE

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## Receipts Details:

**Tender Information:** Check , Check Number: 42300

**Tender Amount:** 520.00

## Receipt Header:

**Cashier Id:** bsaucier

**Receipt Date:** 10/5/2012

**Receipt Number:** 49024

## Receipt Details:

Referance ID:	8284	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	520.00	Charge Amount:	520.00
Job ID: Job ID: 2012-10-5130-ALTCOMM - Renovations to SWITCHBOARD dispatch and office			
Additional Comments: 22 Bramhall; Switchboard			

**Thank You for your Payment!**



# Certificate of Design Application

From Designer:

Carol Coillis, AIA, Design Group Collaborative

Date:

September 20, 2012

Job Name:

Switchboard Renovations - Maine Medical Center

Address of Construction:

22 Bramhall Street, Portland, ME 04102

## 2003 International Building Code

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

Building Code & Year 2009 Use Group Classification (s) I-2

Type of Construction Type IA

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC N/A

Is the Structure mixed use? no If yes, separated or non separated or non separated (section 302.3) N/A

Supervisory alarm System? yes 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)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
<u>N/A</u>	

### 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,  $I_w$  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)

N/A Design option utilized (1614.1)

Seismic use group ("Category")

Spectral response coefficients,  $S_D$  &  $S_1$  (1615.1)

Site class (1615.1.5)

N/A 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,  $R$ , 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)



# Certificate of Design

Date: September 20, 2012

From: Carol Gillis, AIA, Design Group Collaborative

These plans and / or specifications covering construction work on:

Interior renovations at Maine Medical Center - Switchboard

To the best of my knowledge, information and belief,  
have been designed and drawn up by the undersigned, a Maine registered Architect /  
Engineer according to the *2009 International Building Code* and local amendments.



(SEAL) 9/20/12

Signature: Carol F. Gillis

Title: Principal

Firm: Design Group Collaborative

Address: 22 Free Street, Suite 303  
Portland, ME 04101

Phone: 699-3300

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)





# Accessibility Building Code Certificate

Designer: Carol Coillis, AIA, Design Group Collaborative

Address of Project: 22 Bramhall Street, Portland, ME 04102

Nature of Project: Interior Renovations -

Maine Medical Center - Switchboard

To the best of my knowledge, information and belief  
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: Carol F. Coillis

Title: Principal

Firm: Design Group Collaborative

Address: 22 Free Street, Suite 303  
Portland, ME 04101

Phone: 609-3300

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)



# Maine Medical Center

## SWITCHBOARD RENOVATIONS

Portland, Maine

ISSUED FOR CONSTRUCTION

### CODE COMPLIANCE INFORMATION

#### APPLICABLE CODES AND GUIDELINES

INTERNATIONAL BUILDING CODE (IBC), 2009 EDITION  
NFPA 101 LIFE SAFETY CODE, 2009 EDITION  
AMERICANS WITH DISABILITIES ACT (ADA), 2010 STANDARDS  
AIA GUIDELINES FOR DESIGN AND CONSTRUCTION OF  
HEALTHCARE FACILITIES, 2010 EDITION  
MAINE UNIFORM BUILDING AND ENERGY CODE, 2010 EDITION

#### EXISTING CONSTRUCTION TYPE

IBC - TYPE 1A  
NFPA - TYPE 1 (3,3,2)

#### OCCUPANCY CLASSIFICATION

IBC - INSTITUTIONAL I-2  
NFPA - CHAPTER 18 NEW HEALTHCARE

#### FIRE SUPPRESSION

FULLY SPRINKLERED PER NFPA 13

### DRAWING INDEX

#### ARCHITECTURAL

GI000 COVER SHEET  
AE100 REMOVALS, FLOOR PLAN, REFLECTED CEILING PLAN

### PROJECT LOCATION:

EAST TOWER CONNECTOR, GROUND FLOOR  
MAINE MEDICAL CENTER (BRAMHALL CAMPUS)  
22 BRAMHALL STREET  
PORTLAND, ME 04102

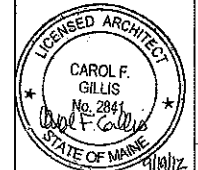
### DESIGN GROUP COLLABORATIVE

ARCHITECTURE  
DESIGN | PLANNING

22 Free Street Suite 303  
PORTLAND, MAINE 04101  
T (207) 699-3300

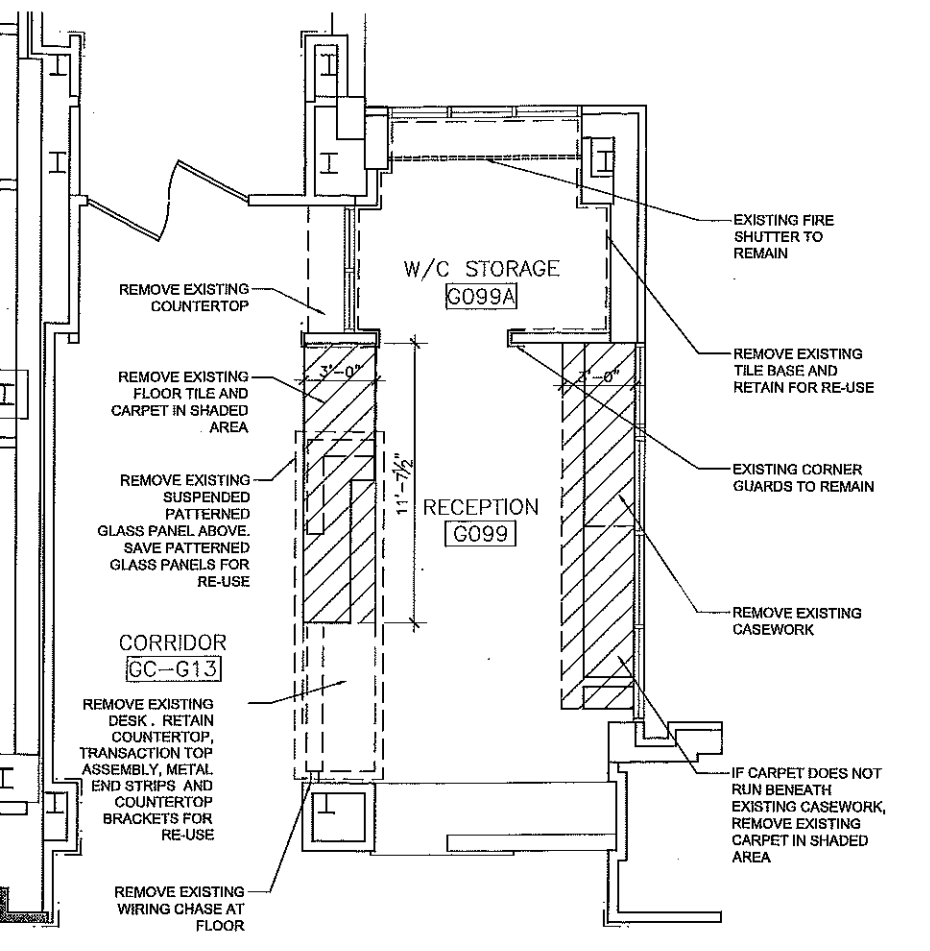
REV.	DESCRIPTION	DATE
0	ISSUED FOR CONSTRUCTION	9-19-12

ISSUED FOR CONSTRUCTION  
9/19/12  
CURRENT ISSUE STATUS:

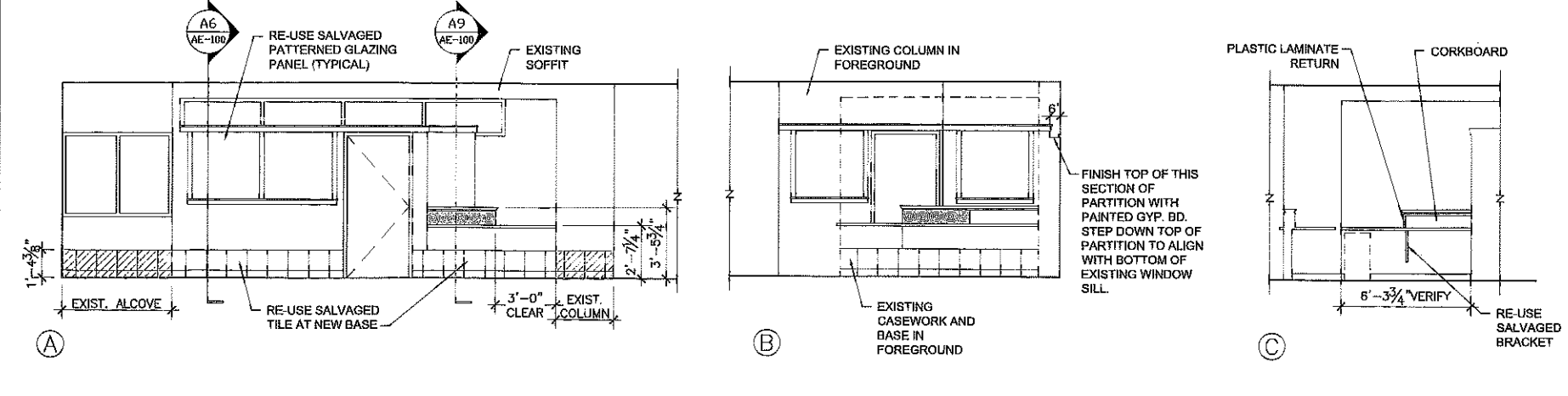
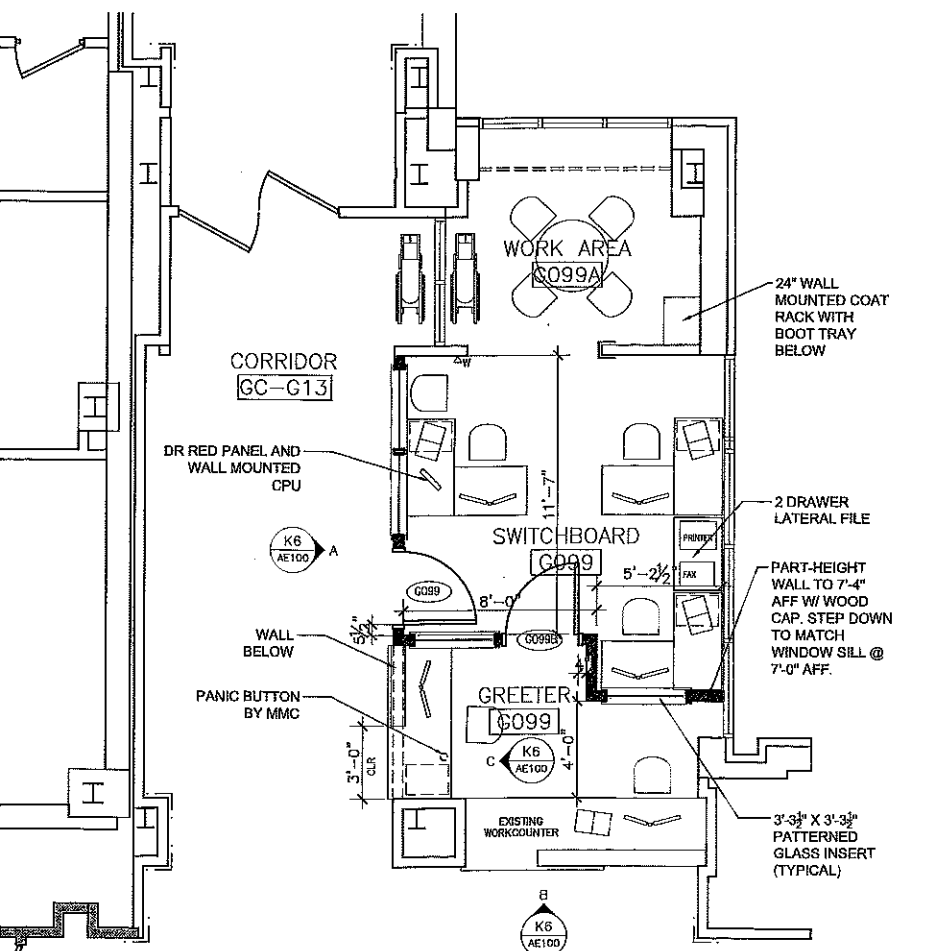


MAINE MEDICAL CENTER  
SWITCHBOARD RENOVATIONS  
PORTLAND, MAINE

COVER SHEET



REMOVALS PLAN



K6 INTERIOR ELEVATIONS

1/4" = 1'-0"

ROOM FINISH SCHEDULE										
NO.	ROOM NAME	FLOOR		BASE	WALL				CEILING	REMARKS
		MAT'L	MAT'L		NORTH	EAST	SOUTH	WEST		
G099A	WORK AREA	EXIST	RB	PT-1	PT-1	PT-1	PT-1	EXIST	EXIST	
G099	SWITCHBOARD	EXIST	RB	PT-1	PT-1	PT-1	PT-1	EXIST	EXIST	1
G099B	GREETER	EXIST	EXIST	PT-1	PT-1	PT-1	PT-1	EXIST	EXIST	1
GC-G13	CORRIDOR	EXIST	EXIST	N/A	PT-1	N/A	N/A	EXIST	EXIST	

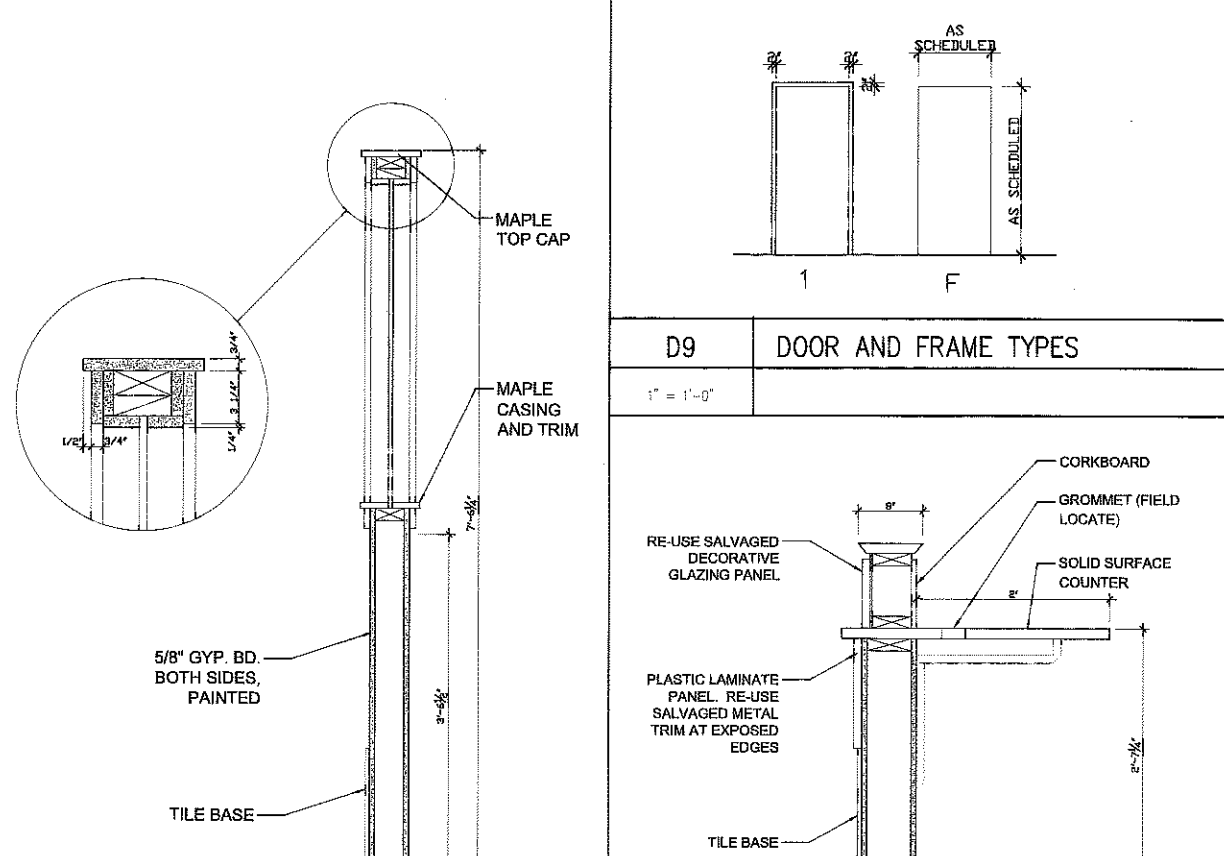
FINISH SCHEDULE REMARKS KEY:  
 1. INSTALL NEW CARPET AT LOCATIONS WHERE EXISTING FLOORING IS NOTED TO BE REMOVED.  
 2. INSTALL NEW TILE BASE WHERE INDICATED IN INTERIOR ELEVATION.

DOOR SCHEDULE									
DOOR NO.	DOOR		GLAZE	DETAILS		HWS	FIRE RTG. (MIN.)	REMARKS	
	SIZE	MAT'L		ELEVATION	MAT'L				ELEV
G099	3'-0" X 7'-0"	WOOD	F	*	HM	1	1	*	
G099B	3'-0" X 7'-0"	WOOD	F	*	HM	1	2	*	

DOOR HARDWARE:  
 1. HINGES, PUSHBUTTON LOCKSET WITH KEY OVERRIDE), WALL STOP.  
 2. HINGES, LOCKSET (OFFICE FUNCTION), OVERHEAD DOOR STOP.

G6 SCHEDULES

N.T.S.



D9 DOOR AND FRAME TYPES

1" = 1'-0"

**PARTITION TYPES:**  
 1 PART-HEIGHT WALL (TYPICAL): 3/8" METAL STUDS SPACED 16" O.C. TO 7'-4" AFF. (1) LAYER 5/8" GYP BD ON BOTH SIDES.

**CASEWORK SPECIFICATIONS:**  
 PLASTIC LAMINATE MILLWORK: AWI CUSTOM GRADE. PLASTIC LAMINATE TO BE FORMICA, COLOR 933-58 MISSION WHITE. PROVIDE METAL TRIM AT EXPOSED EDGE OF PLASTIC LAMINATE PANEL.  
 SOLID SURFACE COUNTERTOPS: RE-USE SALVAGED MATERIAL.

**HARDWARE:**  
 1. GROMMET FOR CABLE PASSAGE THROUGH COUNTERTOP: 3" OD BLACK MOLDED PLASTIC GROMMET AND MATCHING PLASTIC CAPS WITH SLOT FOR WIRE PASSAGE. DOUG MOCKETT & CO. EDP SERIES OR EQUAL.  
 2. WORK COUNTER BRACKET: RE-USE SALVAGED BRACKET

**ELECTRICAL NOTES:**  
 1. ELECTRICAL DESIGN IS BY DESIGN-BUILD SUBCONTRACTOR.  
 2. EXISTING LIGHT FIXTURES TO REMAIN. PROVIDE LIGHT SWITCH ADJACENT TO ROOM DOOR AT INTERIOR OF ROOM G099.  
 3. PROVIDE POWER RECEPTACLES AT ALL COMPUTER AND OFFICE EQUIPMENT LOCATIONS. PROVIDE EMERGENCY POWER AT LOCATIONS REQUESTED BY HOSPITAL.  
 4. PROVIDE ROUGH-IN FOR VOICE/DATA AT ALL COMPUTER AND OFFICE EQUIPMENT LOCATIONS TO INCLUDE: 1 GANG BACKBOX LOCATED AT 18" AFF WITH 3/4" CONDUIT STUBBED ABOVE THE CEILING. A RUBBER GASKET AND PULL STRING ARE NEEDED AT ALL BACKBOXES.  
 5. PROVIDE FIRE ALARM NOTIFICATION DEVICES, EXIT AND EMERGENCY LIGHTING PER CODE.

**MECHANICAL/ FIRE SUPPRESSION NOTES:**  
 1. MECHANICAL AND FIRE PROTECTION DESIGN IS BY DESIGN-BUILD SUBCONTRACTORS.

- GENERAL NOTES:**
- DO NOT SCALE DRAWINGS
  - FIELD VERIFY ALL DIMENSIONS PRIOR TO PROCEEDING WITH WORK. IF DISCREPANCIES ARE FOUND, NOTIFY ARCHITECT IN WRITING FOR CLARIFICATION BEFORE PROCEEDING WITH WORK.
  - ALL DIMENSIONS ARE MEASURED TO FACE OF FINISH.
  - PROVIDE BLOCKING FOR ALL CASEWORK, WALL-MOUNTED DOOR STOPS, AND WALL-MOUNTED FIXTURES AND EQUIPMENT.
  - PATCH HOLES AND CRACKS IN EXISTING WALLS TO RECEIVE NEW PAINT.
  - PROVIDE FIRESTOPPING AT ALL MECHANICAL, ELECTRICAL AND PLUMBING PENETRATIONS IN FIRE-RATED PARTITIONS AND FLOOR/CEILING ASSEMBLIES. MATCH ASSEMBLY FIRE RATING.
  - UNLESS NOTED OTHERWISE, ELECTRICAL CONDUIT AND WIRING, PLUMBING AND MECHANICAL PIPING SHALL BE CONCEALED AND WALL FRAMING SHALL BE OF ADEQUATE DIMENSION TO ACCOMPLISH THIS WITHOUT CHANGES IN WALL PLANE.
  - CONTRACTOR SHALL PROVIDE INFECTION CONTROL ENCLOSURES PER MMC STANDARDS. AVOID ANY IMPACT TO THE AREAS DESIGNATED FOR OWNER USE AND OCCUPANCY.
  - ALL FURNITURE IS N.I.C.
- REMOVALS NOTES:**
- ALL BUILDING STRUCTURAL ELEMENTS SHALL REMAIN U.N.O.
  - PROTECT ALL EXISTING MATERIALS AND FINISHES. ANY MATERIALS OR FINISHES DISTURBED OR DAMAGED DURING DEMOLITION AND NEW WORK SHALL BE REPAIRED OR REPLACED AND FINISHED TO MATCH ADJACENT CONSTRUCTION CONTINUOUSLY TO NEAREST CORNER.
  - DURING DEMOLITION AND NEW WORK, WHERE EXISTING CONDITIONS ARE FOUND TO BE DEFECTIVE, NOTIFY OWNER AND ARCHITECT AND PROVIDE CHANGE PROPOSAL FOR CORRECTION OF THESE CONDITIONS.

REV.	DESCRIPTION	DATE
0	ISSUED FOR CONSTRUCTION	9-19-12

ISSUED FOR CONSTRUCTION  
9/19/12

CURRENT ISSUE STATUS:

PROJECT NORTH

**DESIGN GROUP COLLABORATIVE**  
 ARCHITECTURE DESIGN + PLANNING  
 22 FREE STREET  
 PORTLAND, MAINE 04104  
 (207) 699-3300

MAINE MEDICAL CENTER  
 SWITCHBOARD RENOVATIONS  
 PORTLAND, MAINE

REMOVALS, FLOOR PLAN,  
 DETAILS AND SCHEDULES