

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 081192

Please Read
Application And
Notes, If Any,
Attached

This is to certify that MAINE MEDICAL CENTER Herbert C. LLC
has permission to Maine Medical Ctr - R4 - R4 to Ada Bathrooms, Storage area of existing space, minor interior renovations t
AT 22 BRAMHALL ST R4 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 be given and written permission procured before this building or part thereof is lath or other work is used-in. 24 HOUR 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. B. J. [Signature] 207
Health Dept. [Signature]
Appeal Board [Signature]
Other [Signature]

Department Name

10/10/08 [Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

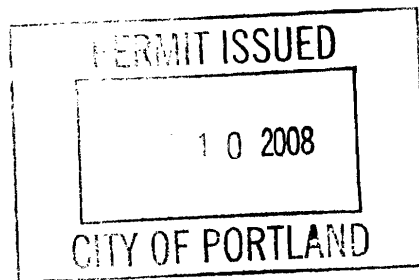
City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1192	Issue Date: 10/9/08	CBL: 053 D007001
-----------------------	------------------------	---------------------

Location of Construction: 22 BRAMHALL ST R4	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: E41

Past Use: Maine Medical Ctr - R4	Proposed Use: Maine Medical Ctr - R4 - R4 two Ada Bathrooms, Storage area out of existing space, minor interior renovations to R4	Permit Fee: \$820.00	Cost of Work: \$80,000.00	CEO District: 2
Proposed Project Description: Maine Medical Ctr - R4 - R4 two Ada Bathrooms, Storage area out of existing space, minor interior renovations to R4		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>With conditions</i>	INSPECTION: Use Group: F2 Type: 2B IBC-2003	
		Signature: <i>[Signature]</i> 208	Signature: <i>[Signature]</i> 10/9/08	
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: Idobson	Date Applied For: 09/19/2008	Zoning Approval		
<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"/>	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	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: <i>[Signature]</i> 9/22/08	Date: _____	Date: <i>[Signature]</i>



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: 08-1192	Date Applied For: 09/19/2008	CBL: 053 D007001
------------------------------	--	----------------------------

Location of Construction: 22 BRAMHALL ST R4	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 - R4 - R4 two Ada Bathrooms, Storage area out of existing space, minor interior renovations to R4	Proposed Project Description: Maine Medical Ctr - R4 - R4 two Ada Bathrooms, Storage area out of existing space, minor interior renovations to R4
---	---

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/22/2008	Note:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 09/30/2008	Note:	Ok to Issue: <input checked="" type="checkbox"/>
1) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712. 2) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.					
Dept: Fire	Status: Approved with Conditions	Reviewer: Ben Wallace Jr.	Approval Date: 10/08/2008	Note:	Ok to Issue: <input checked="" type="checkbox"/>
1) The fire alarm system shall comply with NFPA 72 2) Emergency lighting is required.. 3) All construction shall comply with NFPA 101					

Comments: 10/6/2008-ldobson: Dave 662-3254 Called and asked if we would call asap for the permit 9/30/2008-csh: Given to Greg Cass 9/30/08

BUILDING PERMIT INSPECTION PROCEDURES

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

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.

 X Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

 X Final inspection required at completion of work.

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.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

BUILDING PERMIT INSPECTION PROCEDURES

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

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.

Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

Final inspection required at completion of work.

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.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

BUILDING PERMIT INSPECTION PROCEDURES

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

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.

 X Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

 X Final inspection required at completion of work.

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.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date



General Building Permit Application

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

Location/Address of Construction: <u>22 BRAMHALL</u>		
Total Square Footage of Proposed Structure/Area <u>N/A</u>		Square Footage of Lot <u>N/A</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>053 D 007</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>MAINE MEDICAL CTR</u> Address <u>22 BRAMHALL</u> City, State & Zip <u>Portland</u>	Telephone: <u>662-3323</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>SAME</u> Address City, State & Zip	Cost Of W Work: \$ <u>80,000.00</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>HEALTHCARE</u> If vacant, what was the previous use? Proposed Specific use: <u>SAME - INTERIOR REFURBISHMENT ONLY</u> Is property part of a subdivision? <u>N/A</u> If yes, please name _____ Project description: <u>R4-2 ADA Bathroom, existing Area to Storage Interior Renovations</u>		DEPT. OF PLANNING AND DEVELOPMENT CITY OF PORTLAND, ME SEP 19 2008 RECEIVED
Contractor's name: <u>HERBERT CONSTRUCTION</u> Address: <u>9 Gould Rd</u> City, State & Zip <u>Lewiston, ME</u> Telephone: <u>783-2091</u> Who should we contact when the permit is ready: <u>Dave Moore</u> Telephone: <u>212-2173</u> Mailing address: _____		

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, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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

Signature: _____

Date: _____

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



Maine Medical Center

Maine Medical Center
22 Bramhall Street
Portland, Maine 04102
September 19, 2008

Code Enforcement Office
City of Portland, Maine
389 Congress Street
Portland, Maine 04101

RE: Project Explanation- Miscellaneous Revisions to R-4

To Whom it May Concern:

The scope of work for R-4 Revisions is very minor. There are four rooms that are being refurbished. Of the four, two areas involve only furniture/ equipment (Storage Room and Family Room). One room (Patient Shower) involves correcting the shower fixture so that it has correct clearances per Americans with Disability Act requirements. The final spaces are the only ones requiring new wall construction. One is a storage/conference area being converted to a private office. The other is a Public Toilet Room (being made ADA accessible).

From this brief explanation I hope you can see that the scope of work is extremely minor, and as such should not require extensive code review, since none of the work impacts egress or fire safety.

Sincerely,

William Pogar, AIA, NCARB
Architect

MAINE MEDICAL CENTER

MISCELLANEOUS REVISIONS TO R-4

BRAMHALL CAMPUS PORTLAND, MAINE

CONSULTANTS

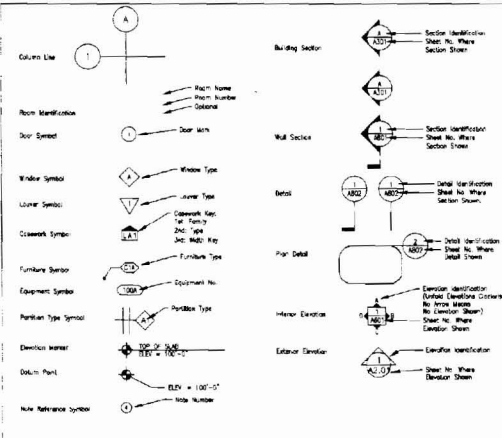


MISCELLANEOUS
REVISIONS TO
R-4

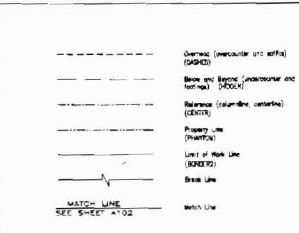
MATERIAL CONVENTIONS

	Asphaltic Tile or Panel		Insulation Rigid
	Aluminum		Membr. Group (On't at Section Scales)
	Brick		Plumbast (On't at Section Scales)
	Plan Section (On't at Section Scales)		Concrete Cast-in-Place
	Earth		Steel
	Flooring		Wood Panel
	Glass (On't at Section Scales)		Wood Framing Continuous
	Opacuit Board		Wood Framing Interrupted Member
	Insulation Batt or Blanket		Waterproofing

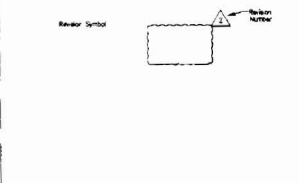
GRAPHIC SYMBOLS



LINETYPES



MISCELLANEOUS



CODE ANALYSIS

CODE ANALYSIS-FIRE RESISTANCE RATINGS

APPLICABLE CODES

INTERNATIONAL BUILDING CODES ONE
ADDITIONS WITH LOCAL AMENDMENTS
1995-01

OCCUPANCY

RESEARCH

CONSTRUCTION TYPE

TYPIC NON-COMBUSTIBLE UNPROTECTED

FIRE RESISTANCE RATINGS

WALLS: 2 HOUR

ROOFING: 1 HOUR

FLOOR CEILING JOIST
AND GYPSUM BOARD: 1 HOUR

STAIR
ENCLOSURE: 1 HOUR

FLOOR CEILING JOIST
AND GYPSUM BOARD: 1 HOUR

WALLS: 1 HOUR

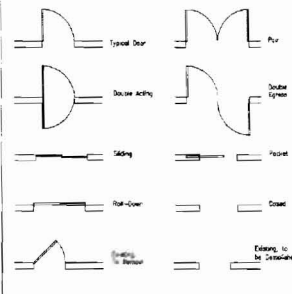
ROOFING: 1 HOUR

FLOOR CEILING JOIST
AND GYPSUM BOARD: 1 HOUR

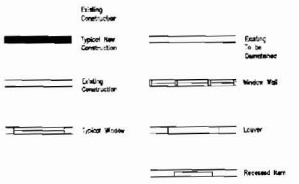
STAIR
ENCLOSURE: 1 HOUR

FLOOR CEILING JOIST
AND GYPSUM BOARD: 1 HOUR

DOORS



WALL INDICATION



MISCELLANEOUS



MARK DATE DESCRIPTION

ISSUE: For Construction

PROJECT NO: 28003

CAD DWG FILE:

DRAWN BY: WPP

CHECKED BY: WPP

SHEET TITLE

Title Sheet

CONSULTANTS



MISCELLANEOUS
REVISIONS TO
R-4



EXISTING CONDITION PLAN

SCALE: 1/8"=1'-0"

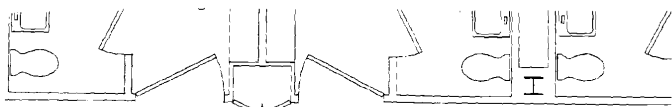
MARK	DATE	DESCRIPTION
		ISSUE: For Pricing
		PROJECT NO: 28005
		CAD DWG FILE: -
		DRAWN BY: WPP
		CHECKED BY: WPP

SHEET TITLE

EXISTING
CONDITIONS
PLAN

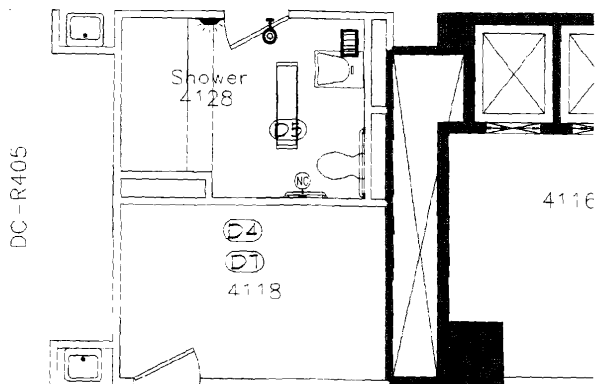
AE-1

Sheet of



Demo Notes For 4128:

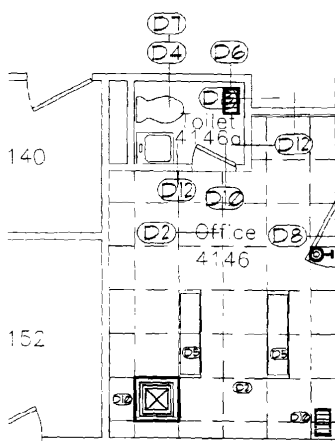
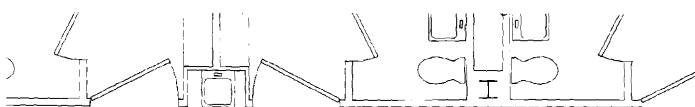
1. Remove all wall/floor tile.
2. Remove grab bars/ toilet accessories- save for re-use.
3. Plumbing: remove all fixtures, as required to conform with ADA.
4. Demo electrical for new light fixtures, per interior elevations.



DC-R404

DEMO PLAN- PATIENT SHOWER RM

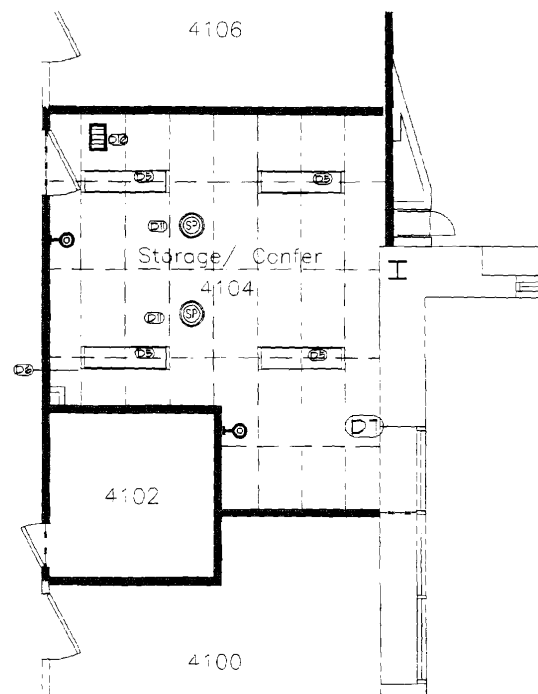
SCALE: 1/2"=1'-0"



DC-R406

DEMO PLAN- FAMILY RM / TOILET RM

SCALE: 1/2"=1'-0"



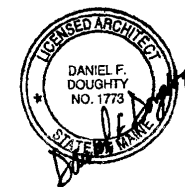
DEMO PLAN- NEW OFFICE/ EQUIP RM

SCALE: 1/2"=1'-0"

Maine Medical Center
22 Bramhall Street
Portland, ME. 04102-3175

Facilities Development
207-871-2013

CONSULTANTS



MISCELLANEOUS
REVISIONS TO
R-4

MARK	DATE	DESCRIPTION
		ISSUE: For Construction
		PROJECT NO: 28005
		CAD DWG FILE: -
		DRAWN BY: WPP
		CHECKED BY: WPP

SHEET TITLE

**DEMOLITION
PARTIAL PLANS**

Sheet

DD-1

of

CONSULTANTS



MISCELLANEOUS
 REVISIONS TO
 R-4

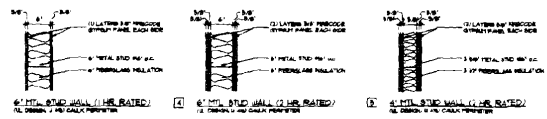
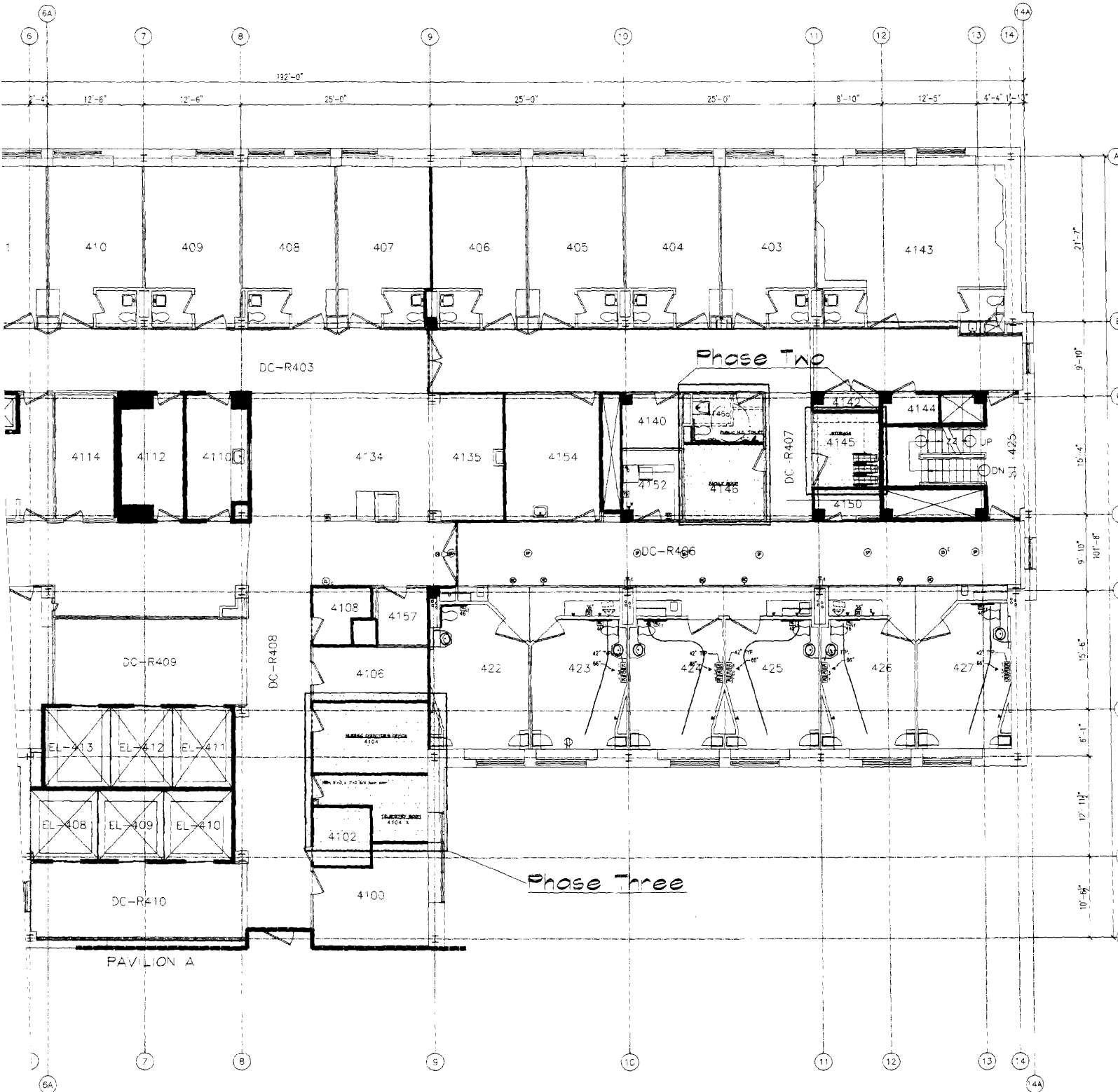
MARK	DATE	DESCRIPTION
		ISSUE: For Construction
		PROJECT NO: 28005
		CAD DWG FILE: unknown
		DRAWN BY: WP
		CHECKED BY: WP

SHEET TITLE

**FLOOR/PHASING
 PLAN**

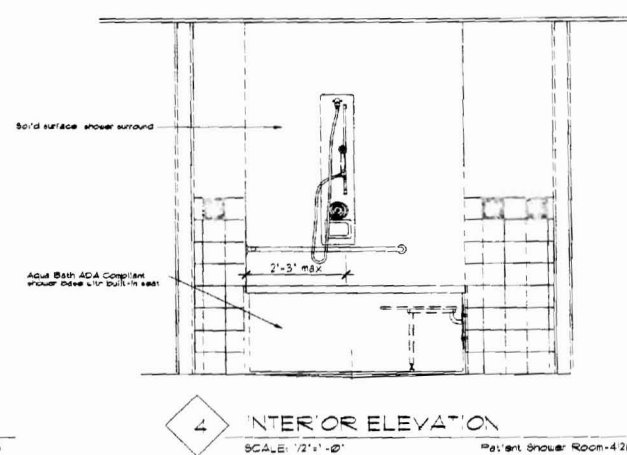
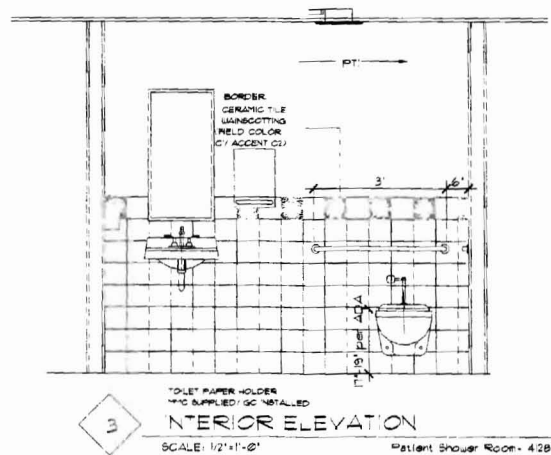
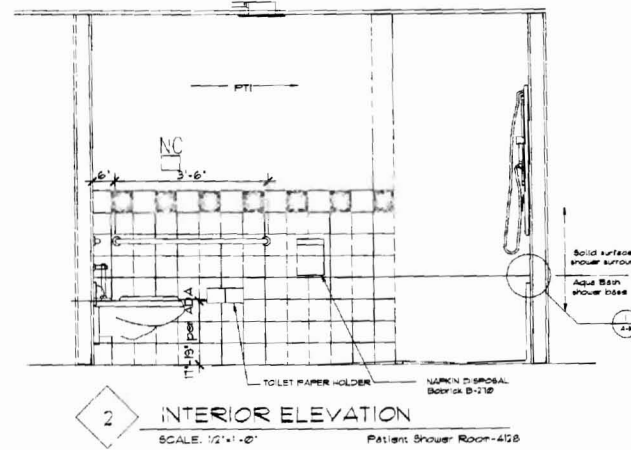
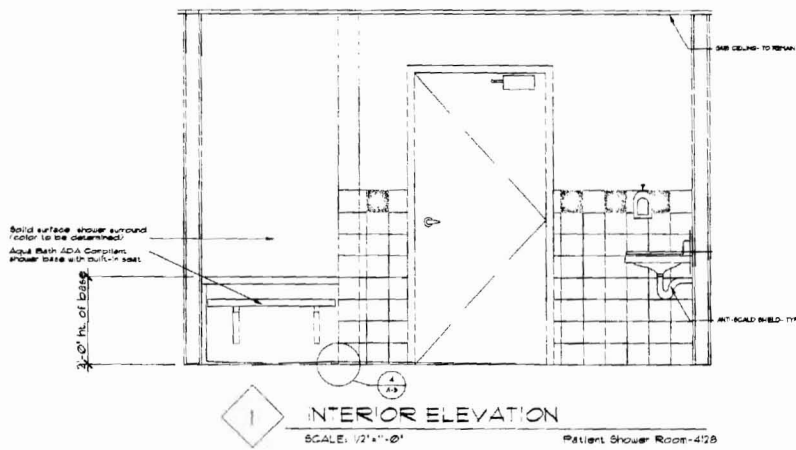
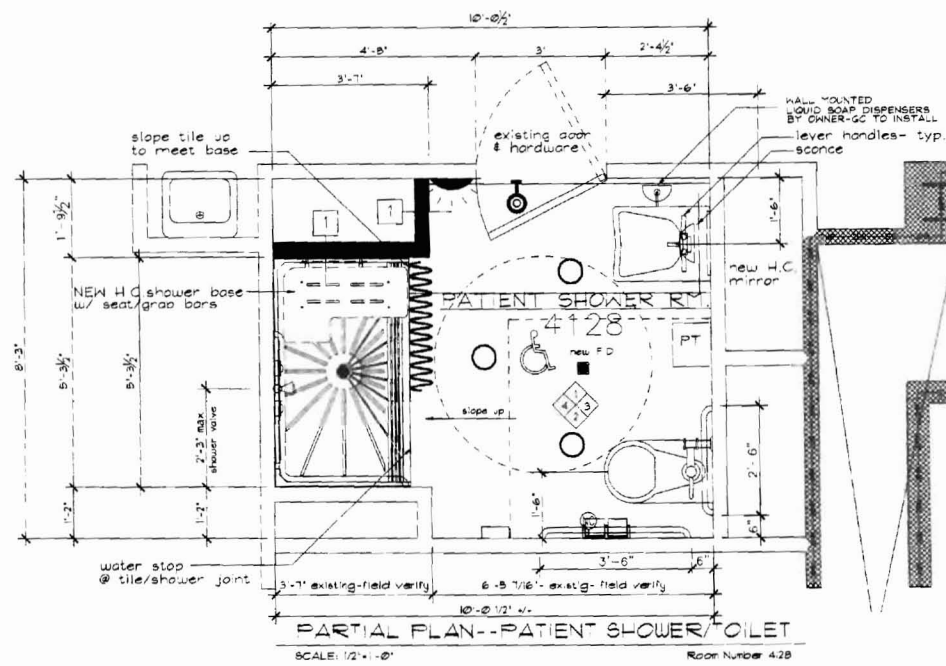
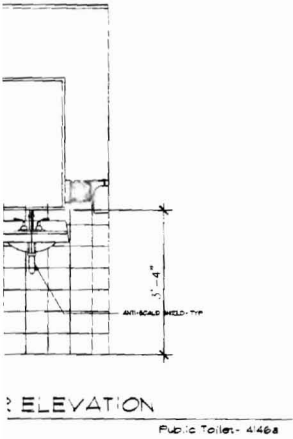
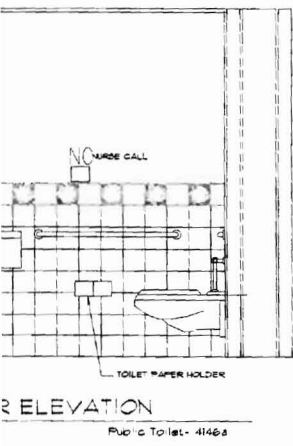
A-1

Sheet of



Floor/Phasing Plan
 SCALE: 1/8"=1'-0"

CONSULTANTS



MISCELLANEOUS
REVISIONS TO
R-4

MARK	DATE	DESCRIPTION
ISSUE:		For Construction
PROJECT NO:		28005
CAD DWG FILE:		unknown
DRAWN BY:		WPP
CHECKED BY:		WPP

SHEET TITLE

INTERIOR
ELEVATIONS

A-2

Sheet of

CONSULTANTS



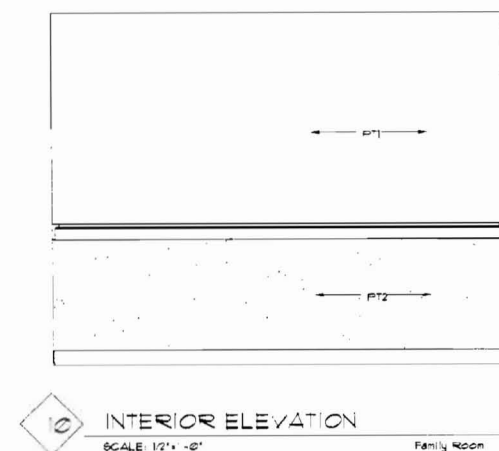
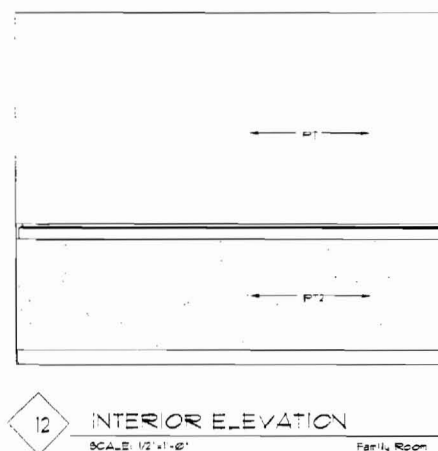
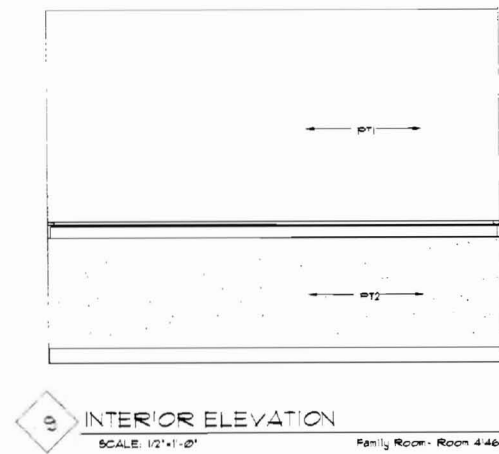
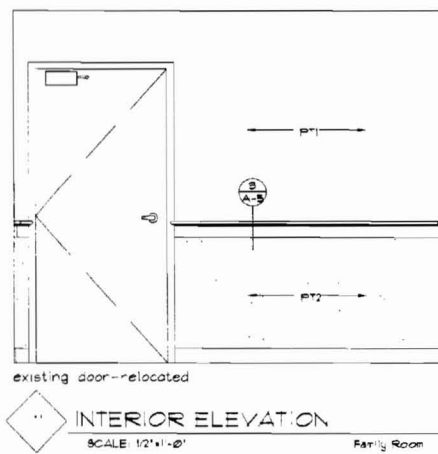
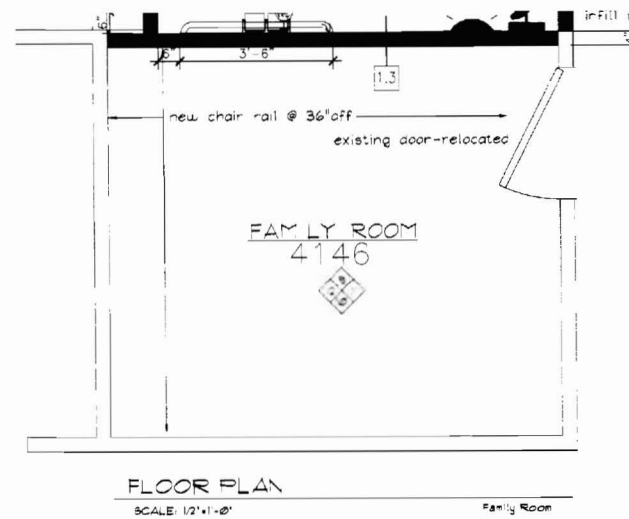
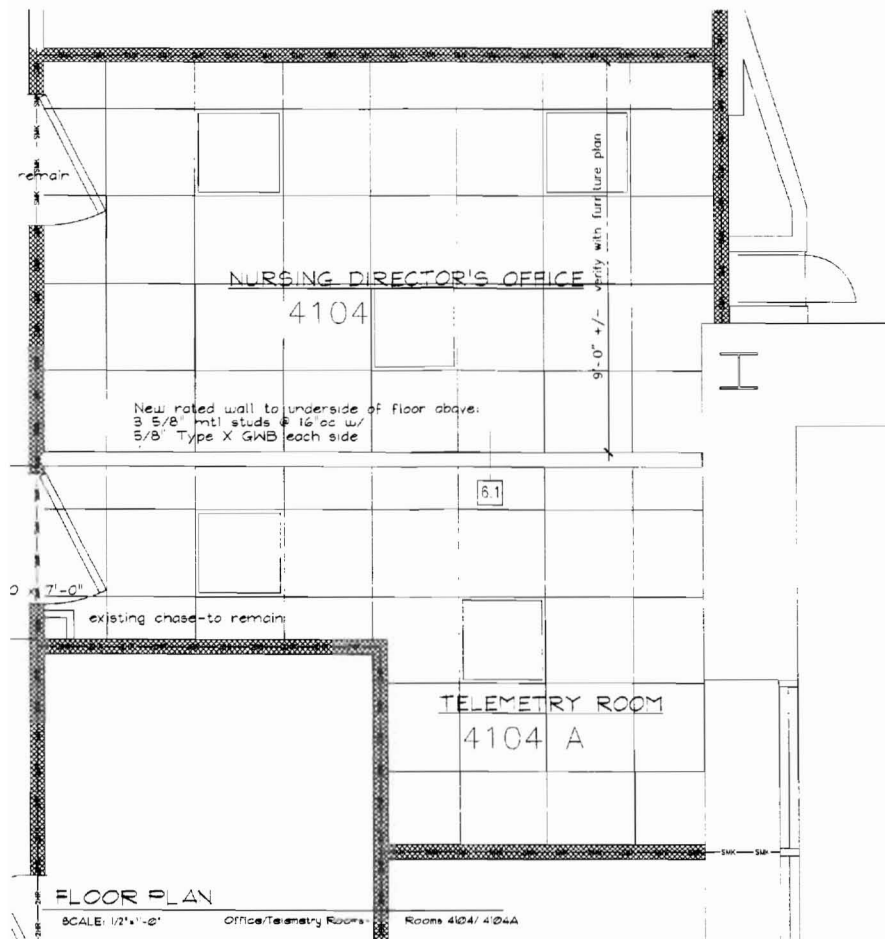
MISCELLANEOUS
 REVISIONS TO
 R-4

MARK	DATE	DESCRIPTION
ISSUE:		For Pricing
PROJECT NO:		28005
CAD DWG FILE:		unknown
DRAWN BY:		WPP
CHECKED BY:		WPP

SHEET TITLE

INTERIOR
 ELEVATIONS

A-3
 Sheet of



CONSULTANTS



**MISCELLANEOUS
 RENOVATIONS
 TO R-4**

Code Summary For Permit Review 08/21/08

Prepared by: William Fogar, Architect
 Checked by: D. Dougherty, Architect - Facilities Development, Maine Medical Center
 Items in red shall be verified.

A. Name and address of project site:
 Maine Medical Center
 22 Bramhall Street
 Portland, ME 04102

B. Owner:
 Maine Medical Center
 22 Bramhall Street
 Portland, ME 04102

C. Architect of Record:
 Maine Medical Center
 22 Bramhall Street
 Portland, Maine 04102

D. Applicable Codes: (City of Portland Requirements)
 International Building Code - 2003
 NFPA 101 - Life Safety Code - 2003
 NFPA 1 - Uniform Fire Code - 2003
 IECC - 2003
 National Electrical Code - 2005
 NFPA 70 -
 Uniform Plumbing Code - 2000
 International Mechanical Code - 2003

E. General Scope of work:
 Note: This project requires very limited renovations to less than 10% of the floor area.
Renovations to Patient Shower/Bathrooms:
 Limited demolition and re-fit of existing mechanical, electrical, tel/data/nurse call
 Reconfigure existing bath/shower room to meet ADA requirements
 New interior wall insulation + gypsum board- limited scope/ per plan
 Existing emergency lighting, signs, + fire alarm- retrofit per new plan
Renovations to Guest Toilet Room:
 Limited demolition of existing mechanical, electrical, tel/data
 New offices with non-loadbearing interior partitions
 New exterior wall insulation + gypsum board
Renovations to Store Rooms- Convert to Office:
 Limited demolition of existing mechanical, electrical, tel/data
 New office with non-loadbearing interior partitions
 New interior wall insulation + gypsum board
 New emergency lighting, signs, + fire alarm

F. Proposed uses of structure:
Institutional Occupancy (IBC classification)
Existing Healthcare Occupancy (NFPA classification)

G. Square Footage:
a. Existing Building:
 Masonry/steel structure, concrete floors + roof, masonry exterior walls.
 Previous use: no change
 Footprint: N/A
 Number of stories: N/A Gross Area / each floor: Existing-to remain as is
b. Proposed Development:
 Renovation of Existing Interior
c. Number of Stories: N/A- no additional stories added
d. Total (Existing + Proposed):
 Footprint: - Existing-footprint to remain as is
 Number of Stories: N/A

H. Fire Suppression System:
Existing Fire Suppression System (currently in place)

I. Fire Detection System:
 Yes (by Owner)

J. IBC 2003 - Applicable Sections:

Chapter 3 - Occupancy & Classification
 302 - Institutional: Group I-2

Chapter 6 - Types of Construction
 602.3 - Type 2A = Exterior walls are protected noncombustible and interior building elements are of any material. B = Unprotected

Table 601 - Fire resistance rating requirements for building elements (hours)

Structural Frame	=	1
Bearing walls		
Exterior	=	1 (this project n/a)
Interior	=	n/a (this project n/a)
Non bearing walls & partitions		
Exterior	=	n/a (this project n/a)
Interior	=	0
Floor Construction	=	1
Roof Construction	=	1

Chapter 7 - Fire-Resistance-Rated Construction

707.2 - Shaft Enclosure Required = penetrations through a ceiling / floor assembly shall be protected with a shaft enclosure.

707.4 - Fire Resistance Rating = shall not be less than 1 hour when connecting less than 4 stories.
 2 hour rating over 4 stories.

Chapter 9 - Fire Protection Systems
 This floor currently is served by an approved fire protection system

Chapter 10 - Means of Egress

1003.2 - Ceiling height = 7'-6" minimum

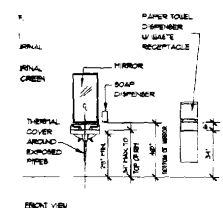
1004.1 - Occupant Load = no change in Occupant Load

1005.1 - Minimum Required Egress Width = 0.3 inches per occupant in stairways, 0.2 inches per occupant in all other components of egress, multiple means of egress shall be sized so that the loss of one means shall not reduce the capacity to less than 50% of the required.

1005.2 - Door Encroachment = Doors opening into the path of egress travel shall not reduce the required width to less than 1/2 during the course of the swing. Doors fully open shall not project more than 7" into the required width.

1006.1 - Egress Illumination = required at all times, must have battery back-up

ORY STANDARDS



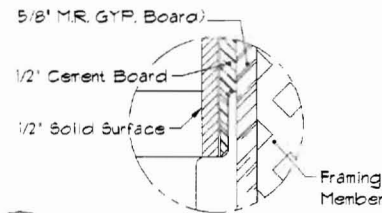
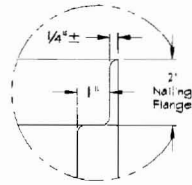
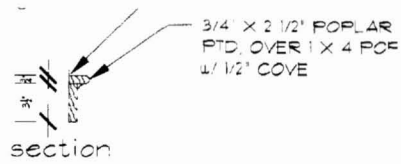
MARK	DATE	DESCRIPTION
		ISSUE: For Construction
		PROJECT NO: 28005
		CAD DWG FILE: unknown
		DRAWN BY: WPP
		CHECKED BY: WPP

SHEET TITLE

**Schedules and
 Notes**

A-4

Sheet: of



3
A-5

CHAIR RAIL DETAIL

SCALE: not to scale

2
A-5

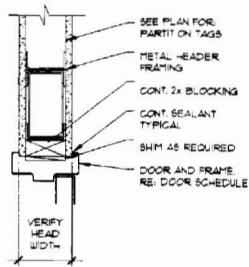
SHOWER BASE DETAIL

SCALE: not to scale

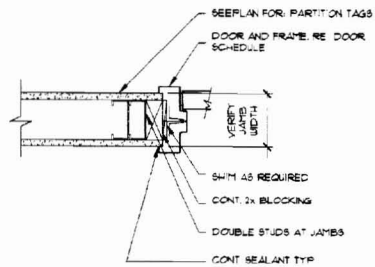
1
A-5

SHOWER BASE FINISH DETAIL

(For Solid Surface Applications)
SCALE: not to scale



A HEAD

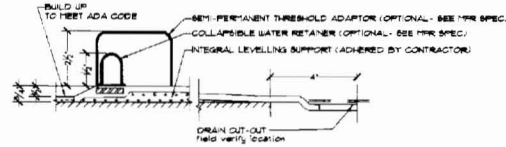


B JAMB

5
A-5

DOOR FRAME DETAILS

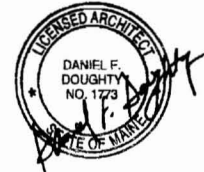
SCALE: not to scale



4
A-5

WATER STOP DETAILS

SCALE: not to scale



MISCELLANEOUS
REVISIONS TO
R-4

MARK	DATE	DESCRIPTION
ISSUE: For Construction		
PROJECT NO: 28005		
CAD DWG FILE: -		
DRAWN BY: WPP		
CHECKED BY: WPP		

SHEET TITLE

MISCELLANEOUS
DETAILS

A-5

Sheet of

CONSULTANTS



MISCELLANEOUS
REVISIONS TO
R-4

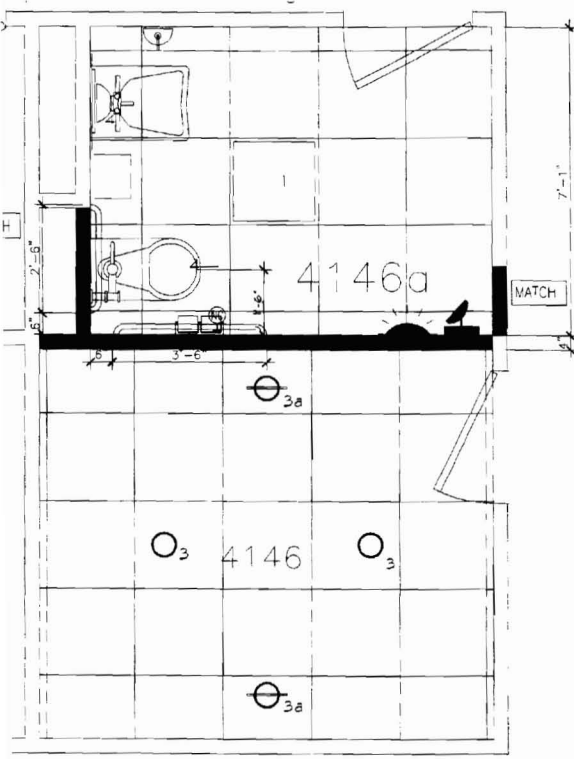
MARK	DATE	DESCRIPTION
		ISSUE: For Construction
		PROJECT NO: 28005
		CAD DWG FILE: unknown
		DRAWN BY: WP
		CHECKED BY: WP

SHEET TITLE

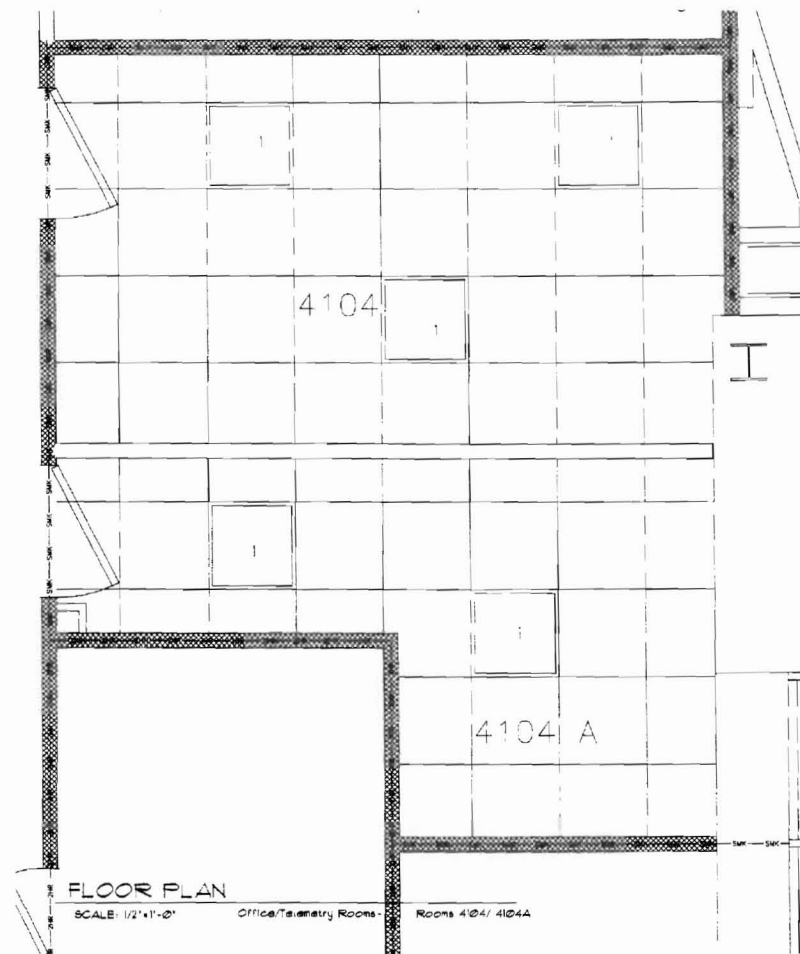
Reflected Ceiling
Plan

A-6

Sheet of



CEILING @ FAMILY RM/PUBLIC TOILET
Rooms 4146/4146a



REFLECTED CEILING @ OFFICE/STORAGE
SCALE: 1/2"=1'-0"
Office/Telemetry Rooms - Rooms 4104/4104A

CEILING LEGEND

- | | | | |
|--|--------------------------------|--|-----------------------------------|
| | 4'-0" STRIP FLUORESCENT | | FLUORESCENT WALL SCONCE |
| | RECESSED 1X4 FLUORESCENT | | HVAC SUPPLY DIFFUSER |
| | RECESSED 2X2 FLUORESCENT | | HVAC RETURN GRILLE/EXHAUST GRILLE |
| | RECESSED 2X4 FLUORESCENT | | CEILING HEIGHT (AFF) |
| | RECESSED FLUORESCENT DOWNLIGHT | | SOFFIT HEIGHT (AFF) |
| | RECESSED FLUORESCENT WALL WASH | | ACT CEILING SYSTEM |
| | 12' dia H-D | | GWB CEILINGS/SOFFITS |
| | SPEAKER | | SPRINKLER |