

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 091367

This is to certify that Maine Medical Center/Herbert Construction

has permission to Interior renovations to three existing offices on the 4th floor.

AT 22 Bramhall St CB# 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 lathed or otherwise closed-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. [Signature]

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature] 12/21/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland

- 2 -

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-1367	Issue Date:	CBL: 053 D007001
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Location of Construction: 22 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone:
Business Name: Maine Medical Center	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone: 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C-4

Past Use: Maine Medical Center	Proposed Use: Maine Medical Center / Interior renovations to three existing offices on the 4th floor.	Permit Fee: \$280.00	Cost of Work: \$25,840.00	CEO District: 2
		FIRE DEPT: <i>Conditions</i> 12/14/09 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>I-2</i> Type: <i>2B</i> <i>IBC 2003</i>	

Proposed Project Description: Interior renovations to three existing offices on the 4th floor.	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied		
Signature:	Date:	

Permit Taken By: gg	Date Applied For: <i>12/24/09</i> 12/02/2009	Zoning Approval
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- 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..

PERMIT ISSUED

- 2

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 checked="" type="checkbox"/> Date: <i>ok</i> <i>12/24/09</i>	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: <i>[Signature]</i>
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City of Portland

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



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: 22 Bramhall St.		
Total Square Footage of Proposed Structure/Area 716 sq. lft.		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 053 D 007	Applicant * <u>must be owner, Lessee or Buyer</u> * Name Maine Medical Center Address 22 Bramhall St. City, State & Zip Portland, ME 04102	Telephone:
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ 25,840.00 C of O Fee: \$ Total Fee: \$ 280.00
<p>Current legal use (i.e. single family) <u>Hospital Office Space</u></p> <p>If vacant, what was the previous use? _____</p> <p>Proposed Specific use: <u>Same</u> NOV 24 2009</p> <p>Is property part of a subdivision? _____ If yes, please name _____</p> <p>Project description: <u>17th floor</u></p> <p>Interior renovations to (3) existing offices to include <u>removals</u> new partitions, doors and frames, new suspended ceilings, flooring and painting.</p> <p style="text-align: right;">RECEIVED Dept. of Building Inspections City of Portland Maine</p>		
Contractor's name: <u>Hebert Construction</u>		
Address: <u>9 Gould Road</u> XX		
City, State & Zip <u>Lewiston, ME 04240</u>		Telephone: <u>207-783-2091</u>
Who should we contact when the permit is ready: <u>David Moore</u> cell # 207-2173		Telephone: <u>207-783-2091</u>
Mailing address: <u>9 Gould Road, Lewiston, ME 04240</u> call David will pick up that day, etc		

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: <u>Daniel R Hebert</u> Daniel R. Hebert/President	Date: November 24, 2009
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This is not a permit; you may not commence ANY work until the permit is issue



Certificate of Design Application

From Designer: CAROL F. GILLIS, AIA / DESIGN GROUP COLLABORATIVE
 Date: NOVEMBER 20, 2009
 Job Name: HMC - EPIDEMIOLOGY OFFICE RENOVATIONS
 Address of Construction: 22 BRAYHALL STREET, PORTLAND ME 04102

2003 International Building Code

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

Building Code & Year IBC 2003 Use Group Classification (s) BUSINESS Institution
 Type of Construction 3B, EXTERIOR WALLS NON-COMBUSTIBLE / INTERIOR ANY PERMITTED MAT'L
 Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC EXISTING SPRINKLER SYSTEM
 Is the Structure mixed use? YES If yes, separated or non separated or non separated (section 302.3) EXISTING SEPARATION
 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_{D1} (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_d and deflection amplification factor C_d (1617.6.2)
 Analysis procedure (1616.6, 1617.5)
 Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

N/A Flood Hazard area (1612.3)
 Elevation of structure

Other loads

N/A Concentrated loads (1607.4)
 Partition loads (1607.5)
 Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



Certificate of Design

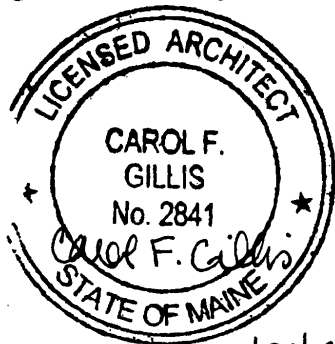
Date: NOVEMBER 20, 2009

From: CAROL F. GILLIS, AIA / DESIGN GROUP COLLABORATIVE

These plans and / or specifications covering construction work on:

UNC - EPIDEMIOLOGY OFFICE RENOVATIONS
22 BRANHALL STREET, PORTLAND, ME 04102

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 *2003 International Building Code* and local amendments.



(SEAL) 11/20/09

Signature: Carol F. Gillis

Title: ARCHITECT

Firm: DESIGN GROUP COLLABORATIVE

Address: 22 FREE STREET, SUITE 303

PORTLAND, ME 04101

Phone: (207) 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



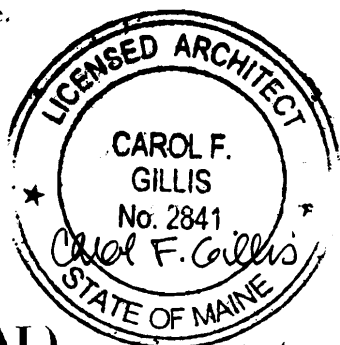
Accessibility Building Code Certificate

Designer: CAROL F. GILLIS / DESIGN GROUP COLLABORATIVE

Address of Project: 22 BRANHALL STREET, PORTLAND, ME 04102

Nature of Project: EPIDEMIOLOGY OFFICE RENOVATIONS -
INTERIOR RENOVATIONS WITHIN EXISTING
OFFICE USE AREA

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.



(SEAL)

11/20/09

Signature: Carol F. Gillis

Title: ARCHITECT

Firm: DESIGN GROUP COLLABORATIVE

Address: 22 FREE STREET, SUITE 303

PORTLAND, ME 04101

Phone: (207) 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



Hebert Construction, LLC
9 Gould Road
Lewiston, ME 04240
T/207-783-2091 F/207-782-4938
www.hebertconstructioncorp.com

LETTER OF TRANSMITTAL

TO: City of Portland
284 Danforth St Ste 1
Portland, Maine 04102

DATE: 12/7/2009
ATTN: Jeanie Bourke
RE: MMC - P6

WE ARE SENDING YOU:

- ATTACHED SHOP DRAWINGS PRINTS PLANS
 COPY OF LETTER CHANGE ORDER Contract SAMPLES

COPIES	DATE	NO.	DESCRIPTION
1ea	12/07/09		Statement of Inspection for MMC P6

THESE ARE TRANSMITTED AS CHECKED BELOW:

- FOR YOUR USE AS REQUESTED FOR BIDS DUE FOR APPROVAL
 APPROVED AS SUBMITTED APPROVED AS NOTED FOR REVIEW & COMMENT
 RETURNED FOR CORRECTIONS RETURN CORRECTED PRINTS RESUBMIT COPIES

REMARKS:

RECEIVED

DEC - 8 2009

Dept. of Building Inspections
City of Portland Maine

If you have any questions, Please feel free to call me at anytime.

COPY TO: File

SIGNED: Daniel R Hebert/ AMB

Project: Maine Medical Center P6 Renovations
Date Prepared: 11/30/2009

Structural Statement of Special Inspections

Project: *Maine Medical Center, P6 Renovations*

Location: *Portland, Maine*

Owner: *Maine Medical Center*

This *Statement of Special Inspections* encompass the following discipline: **Structural**

This *Statement of Special Inspections* is submitted as a condition for permit issuance in accordance with the Special Inspection and Structural Testing requirements of the Building Code. It includes a schedule of Special Inspection services applicable to this project as well as the name of the Structural Special Inspection Coordinator (SSIC) and the identity of other approved agencies to be retained for conducting these inspections and tests.

The Structural Special Inspection Coordinator shall keep records of all Structural inspections and shall furnish inspection reports to the Building Code Official (BCO) and the Structural Registered Design Professional in Responsible Charge (SRDP). Discovered discrepancies shall be brought to the immediate attention of the Contractor for correction. If such discrepancies are not corrected, the discrepancies shall be brought to the attention of the Building Official and the Structural Registered Design Professional in Responsible Charge. The Special Inspection program does not relieve the Contractor of his or her responsibilities.

Interim reports shall be submitted to the Building Official and the Structural Registered Design Professional in Responsible Charge at an interval determined by the SSIC and the BCO.

A *Final Report of Special Inspections* documenting completion of all required Special Inspections, testing and correction of any discrepancies noted in the inspections shall be submitted to the BCO prior to issuance of a Certificate of Use and Occupancy.

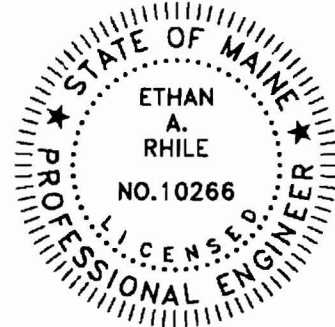
Job site safety and means and methods of construction are solely the responsibility of the Contractor.

Interim Report Frequency: Upon request of Building Official _____ or per attached schedule.

Prepared by:



Ethan A. Rhile, P. E.
Becker Structural Engineers



Design Professional Seal

11/30/2009
Date

Signature

Owner's Authorization:

 *12/3/09*
Signature Date

Building Code Official's Acceptance:

Signature Date

Project: Maine Medical Center P6 Renovations
Date Prepared: 11/30/2009

Structural Statement of Special Inspections (Continued)

List of Agents

Project: *Maine Medical Center P6 Renovations*

Location: *Portland, Maine*

Owner: *Maine Medical Center*

This *Statement of Special Inspections* encompass the following discipline: **Structural**

(Note: *Statement of Special Inspections* for other disciplines may be included under a separate cover)

This Statement of Special Inspections / Quality Assurance Plan includes the following building systems:

- Soils and Foundations
- Cast-in-Place Concrete
- Precast Concrete System
- Masonry Systems
- Structural Steel
- Wood Construction
- Special Cases

Special Inspection Agencies	Firm	Address, Telephone, e-mail
1. STRUCTURAL Special Inspections Coordinator (SSIC)	<i>Becker Structural Engineers</i>	<i>75 York Street Portland, Maine 04101 (207) 879-1838 info@beckerstructural.com</i>
2. Special Inspector (SI 1)	<i>Becker Structural Engineers</i>	<i>75 York Street Portland, Maine 04101 (207) 879-1838 info@beckerstructural.com</i>
3. Special Inspector (SI 2)	<i>Quality Assurance Labs</i>	<i>80 Pleasant Street South Portland, Maine 04106 (207) 799-8911</i>
4. Testing Agency (TA 1)		
5. Testing Agency (TA 2)		
6. Other (O1)		

Note: The inspectors and testing agencies shall be engaged by the Owner or the Owner's Agent, and not by the Contractor or Subcontractor whose work is to be inspected or tested. Any conflict of interest must be disclosed to the Building Official, prior to commencing work.

Project: Maine Medical Center P6 Renovations
Date Prepared: 11/30/2009

Structural Statement of Special Inspections (Continued)

Final Report of Special Inspections (SSIC/SI 1)

[To be completed by the Structural Special Inspections Coordinator (SSIC/SI 1). Note that all Agent's Final Reports must be received prior to issuance.]

Project: *Maine Medical Center P6 Renovations*
Location: *Portland, Maine*
Owner: *Maine Medical Center*
Owner's Address: *22 Bramhall Street, Portland, Maine 04102*

Architect of Record: _____
(name) (firm)

Structural Registered Design
Professional in Responsible Charge: _____
(name) (firm)

To the best of my information, knowledge and belief, the Special Inspections required for this project, and itemized in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved.

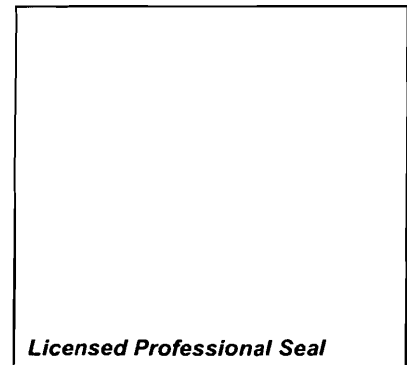
Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,
Structural Special Inspection Coordinator

(Type or print name)

(Firm Name)

Signature Date



Project: Maine Medical Center P6 Renovations
Date Prepared: 11/30/2009

Structural Statement of Special Inspections (Continued)

Special Inspector's/Agent's Final Report

Project:

Special Inspector or
Agent:

Designation:

(name)

(firm)

To the best of my information, knowledge and belief, the Special Inspections or testing required for this project, and designated for this Inspector/Agent in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved.

Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,
Special Inspector or Agent:

(Type or print name)

Signature

Date

***Licensed Professional Seal or
Certification Number***

Structural Schedule of Special Inspections

Qualifications of Inspectors and Testing Technicians

The qualifications of all personnel performing Special Inspection and testing activities are subject to the approval of the Building Official. The credentials of all Inspectors and testing technicians shall be provided to the Special Inspector for their records. *NOTE VERIFICATION THAT QUALIFIED INDIVIDUALS ARE AVAILABLE TO PERFORM STIPULATED TESTING AND/OR INSPECTION SHOULD BE PROVIDED PRIOR TO SUBMITTING STATEMENT. AGENT QUALIFICATIONS IN SCHEDULE ARE SUGGESTIONS ONLY; FINAL QUALIFICATIONS ARE SUBJECT TO THE DISCRETION OF THE REGISTERED DESIGN PROFESSIONAL PREPARING THE SCHEDULE.*

Key for Minimum Qualifications of Inspection Agents:

When the Registered Design Professional in Responsible Charge or Special Inspector of Record deems it appropriate that the individual performing a stipulated test or inspection have a specific certification, license or experience as indicated below, such requirement shall be listed below and shall be clearly identified within the schedule under the Agent Qualification Designation.

PE/SE	Structural Engineer – a licensed SE or PE specializing in the design of building structures
PE/GE	Geotechnical Engineer – a licensed PE specializing in soil mechanics and foundations
EIT	Engineer-In-Training – a graduate engineer who has passed the Fundamentals of Engineering examination

Experienced Testing Technician

ETT	Experienced Testing Technician – An Experienced Testing Technician with a minimum 5 years experience with the stipulated test or inspection
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American Concrete Institute (ACI) Certification

ACI-CFTT	Concrete Field Testing Technician – Grade 1
ACI-CCI	Concrete Construction Inspector
ACI-LTT	Laboratory Testing Technician – Grade 1&2
ACI-STT	Strength Testing Technician

American Welding Society (AWS) Certification

AWS-CWI	Certified Welding Inspector
AWS/AISC-SSI	Certified Structural Steel Inspector

American Society of Non-Destructive Testing (ASNT) Certification

ASNT	Non-Destructive Testing Technician – Level II or III.
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International Code Council (ICC) Certification

ICC-SMSI	Structural Masonry Special Inspector
ICC-SWSI	Structural Steel and Welding Special Inspector
ICC-SFSI	Spray-Applied Fireproofing Special Inspector
ICC-PCSI	Prestressed Concrete Special Inspector
ICC-RCSI	Reinforced Concrete Special Inspector

National Institute for Certification in Engineering Technologies (NICET)

NICET-CT	Concrete Technician – Levels I, II, III & IV
NICET-ST	Soils Technician - Levels I, II, III & IV
NICET-GET	Geotechnical Engineering Technician - Levels I, II, III & IV

Other

Project: Maine Medical Center P6 Renovations

Date Prepared: 11/30/2009

Structural Schedule of Special Inspections

SOILS & FOUNDATION CONSTRUCTION

VERIFICATION AND INSPECTION	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
IBC Section 1704.7, 1704.8, 1704.9						
1. Verify existing soil conditions, fill placement and load bearing requirements						
a. Prior to placement of prepared fill, determine that the site has been prepared in accordance with the approved soils report.	N					
b. During placement and compaction of fill material, verify material being used and maximum lift thickness comply with the approved soils report.	N					
c. Test in-place dry density of compacted fill complies with the approved soils report.	N					
2. Pile foundations:						
a. Observe and record procedures for static load testing of piles.	N					
b. Observe and record procedures for dynamic load testing of piles.	N					
c. Record installation of each pile and results of load test. Include cutoff and tip elevations of each pile relative to permanent reference.	N					
d. Test welded splices of steel piles	N					
3. Pier foundations: Verify installation of pier foundations for buildings assigned to Seismic Design Category C, D, E or F.	N					
a. Verify pier diameter and length	N					
b. Verify pier embedment (socket) into bedrock	N					
c. Verify suitability of end bearing strata	N					

Structural Schedule of Special Inspections
CONCRETE CONSTRUCTION

VERIFICATION AND INSPECTION	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGEN T	AGENT QUALIFICATION	TASK COMPLETED
IBC Section 1704.4						
1. Inspection of reinforcing steel, including prestressing tendons, and placement	N					
2. Inspection of reinforcing steel welding in accordance with Table 1704.3, Item 5B	N					
3. Inspect bolts to be installed in concrete prior to and during placement of concrete where allowable loads have been increased	N					
4. Verifying use of required design mix	N					
5. At time fresh concrete is sampled to fabricate specimens for strength test, perform slump and air content test and temperature	N					
6. Inspection of concrete and shotcrete placement for proper application techniques	N					
7. Inspection for maintenance of specified curing temperature and techniques	N					
8. Inspection of Prestressed Concrete						
a. Application of prestressing force.	N					
b. Grouting of bonded prestressing tendons in seismic force resisting system	N					
9. Erection of precast concrete members	N					
10. Verification of in-situ concrete strength, prior to stressing of tendons in post-tensioned concrete and prior to removal of shores and forms beams and structural slabs	N					

Structural Schedule of Special Inspections
MASONRY CONSTRUCTION – LEVEL 1 (NON-ESSENTIAL FACILITY)

VERIFICATION AND INSPECTION IBC Section 1704.5	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
1. As masonry construction begins, the following shall be verified to ensure compliance:						
a. Proportions of site-prepared mortar.	N					
b. Construction of mortar joints.	N					
c. Location of reinforcement and connectors.	N					
d. Prestressing technique.	N					
e. Grade and size of prestressing tendons and anchorages.	N					
2. The inspection program shall verify:						
a. Size and location of structural elements.	N					
b. Type, size and location of anchors, including other details of anchorage of masonry to structural members, frames or other construction.	N					
c. Specified size, grade and type of reinforcement.	N					
d. Welding of reinforcing bars.	N					
e. Protection of masonry during cold weather (temperature below 40°F) or hot weather (temperature above 90°F).	N					
f. Application and measurement of prestressing force.	N					
3. Prior to grouting, the following shall be verified to ensure compliance:						
a. Grout space is clean.	N					
b. Placement of reinforcement and connectors and prestressing tendons and anchorages.	N					
c. Proportions of site-prepared grout and prestressing grout for bonded tendons.	N					
d. Construction of mortar joints.	N					
4. Grout placement shall be verified to ensure compliance with code and construction document provisions.	N					
a. Grouting of prestressing bonded tendons.	N					
5. Preparation of any required grout specimens, mortar specimens and/or prisms shall be observed.	N					
6. Compliance with required inspection provisions of the construction documents and the approved submittals shall be verified.	N					

Structural Schedule of Special Inspections
MASONRY CONSTRUCTION – LEVEL 2 (ESSENTIAL FACILITY)

VERIFICATION AND INSPECTION IBC Section 1704.5	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
1. From the beginning of masonry construction, the following shall be verified to ensure compliance:						
a. Proportions of site-mixed mortar, grout and prestressing grout for bonded tendons.	N					
b. Placement of masonry units and construction of mortar joints.	N					
c. Placement of reinforcement, connectors and prestressing tendons and anchorages.	N					
d. Grout space prior to grouting.	N					
e. Placement of grout.	N					
f. Placement of prestressing grout.	N					
2. The inspection program shall verify:						
a. Size and location of structural elements.	N					
b. Type, size and location of anchors, including other details of anchorage of masonry to structural members, frames or other construction.	N					
c. Specified size, grade and type of reinforcement.	N					
d. Welding of reinforcement.	N					
e. Protection of masonry during cold weather and (temperature below 40°F) or hot weather (temperature above 90°F).	N					
f. Application and measurement of prestressing force.	N					
3. Preparation of any required grout specimens, mortar specimens and/or prisms shall be observed.	N					
4. Compliance with required inspection provisions of the construction documents and the approved submittals shall be verified.	N					

Project: Maine Medical Center P6 Renovations

Date Prepared: 11/30/2009

Structural Schedule of Special Inspections - STEEL CONSTRUCTION

VERIFICATION AND INSPECTION	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
IBC Section 1704.3						
1. Material verification of high-strength bolts, nuts and washers:						
a. Identification markings to conform to ASTM standards specified in the approved construction documents.	Y	S	Applicable ASTM material specifications; AISC 335, Section A3.4; AISC LRFD, Section A3.3	SII	PE/SE or EIT	
b. Manufacturer's certificate of compliance required.	Y	S		SII	PE/SE or EIT	
2. Inspection of high-strength bolting						
a. Bearing-type connections.	Y	P	AISC LRFD Section M2.5 IBC Sect 1704.3.3	SII	AWS/AISC-SSI	
b. Slip-critical connections.	N					
3. Material verification of structural steel (IBC Sect 1708.4):						
a. Identification markings to conform to ASTM standards specified in the approved construction documents.	Y	S	ASTM A 6 or ASTM A 568 IBC Sect 1708.4	SII	PE/SE or EIT	
b. Manufacturers' certified mill test reports.	Y	S	ASTM A 6 or ASTM A 568 IBC Sect 1708.4	SII	PE/SE or EIT	
4. Material verification of weld filler materials:						
a. Identification markings to conform to AWS specification in the approved construction documents.	Y	S	AISC, ASD, Section A3.6; AISC LRFD, Section A3.5	SII	PE/SE or EIT	
b. Manufacturer's certificate of compliance required.	Y	S		SII	PE/SE or EIT	
5. Submit current AWS D1.1 welder certificate for all field welders who will be welding on this project.	Y	S	AWS D1.1	SII	PE/SE or EIT	
6. Inspection of welding (IBC 1704.3.1):						
a. Structural steel:						
1) Complete and partial penetration groove welds.	Y	C	AWS D1.1	SII	AWS-CWI	
2) Multipass fillet welds.	Y	C		SII	AWS-CWI	
3) Single-pass fillet welds > 5/16"	Y	C		SII	AWS-CWI	
4) Single-pass fillet welds < 5/16"	Y	P		SII	AWS-CWI	
5) Floor and deck welds.	Y	P	AWS D1.3	SII	AWS-CWI	
b. Reinforcing steel (IBC Sect 1903.5.2):						
1) Verification of weldability of reinforcing steel other than ASTM A706.	N					
2) Reinforcing steel-resisting flexural and axial forces in intermediate and special moment frames, and boundary elements of special reinforced concrete shear walls and shear reinforcement.	N					
3) Shear reinforcement.	N					
4) Other reinforcing steel.	N					
7. Inspection of steel frame joint details for compliance (IBC Sect 1704.3.2) with approved construction documents:						
a. Details such as bracing and stiffening.	Y	P		SII	PE/SE or EIT	
b. Member locations.	Y	P		SII	PE/SE or EIT	
c. Application of joint details at each connection.	Y	P		SII	PE/SE or EIT	

Structural Schedule of Special Inspection Services
FABRICATION AND IMPLEMENTATION PROCEDURES – STRUCTURAL STEEL

VERIFICATION AND INSPECTION IBC Section 1704.2	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
1. Fabrications Procedures: Review of fabricator's written procedural and quality control manuals and periodic auditing of fabrication practices by an approved special inspection agency. At the completion of fabrication, the approved fabricator shall submit a certificate of compliance to the building code official stating that the work was performed in accordance with the approved construction documents. -OR- 2. AISC Certification	Y	S	Fabricator shall submit one of the two qualifications	SII	PE/SE or EIT	
3. At completion of fabrication, the approved fabricator shall submit a certificate of compliance to the building code official stating that the work was performed in accordance with the approved construction documents.	Y	S	IBC 1704.2.2	SII	PE/SE or EIT	

Structural Schedule of Special Inspection Services
FABRICATION AND IMPLEMENTATION PROCEDURES – WOOD TRUSSES

VERIFICATION AND INSPECTION IBC Section 1704.2	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
1. Fabrications Procedures: Review of fabricator's written procedural and quality control manuals and periodic auditing of fabrication practices by an approved special inspection agency. At the completion of fabrication, the approved fabricator shall submit a certificate of compliance to the building code official stating that the work was performed in accordance with the approved construction documents. -OR- 2. TPI Inspection Program: Fabricator shall participate in the TPI Quality Assurance Inspection Program, and maintain a copy of the Quality Assurance Procedures Manual, QAP-90. Submit copy of certificate. All trusses shall bear the TPI Registered Mark.	N					
3. At completion of fabrication, the approved fabricator shall submit a certificate of compliance to the building code official stating that the work was performed in accordance with the approved construction documents	N					

Structural Schedule of Special Inspections
WOOD CONSTRUCTION

VERIFICATION AND INSPECTION IBC Section 1704.6	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
1. Fabrication of high-load diaphragms						
a. Verify wood structural panel sheathing for grade and thickness	N					
b. Verify the nominal size of framing members at adjoining panel edges	N					
b. Verify the nail or staple diameter and length	N					
b. Verify the number of fastener lines	N					
b. Verify the spacing between fasteners in each line and at edge margins	N					
2. Load Tests for Joist Hangers: Provide evidence of manufacturer's load test in accordance with ASTM D1761 including the vertical load bearing capacity, torsional moment capacity, and deflection characteristics when there is no calculated procedure recognized by the code.	N					

Structural Schedule of Special Inspections

SEISMIC RESISTANCE - STRUCTURAL

VERIFICATION AND INSPECTION	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETE D
IBC Section 1707						
1. Special inspections for seismic resistance. Special inspection as specified in this section is required for the following:			Seismic Design Category: C			
a. The seismic-force-resisting systems in structures assigned to Seismic Design Category C, D, E or F	Y	P	IBC 1707.1	SII	PE/SE or EIT	
2. Structural steel: Continuous special inspection for structural welding in accordance with AISC 341.	N	None (not a AISC 341 project)				
3. Structural wood:						
a. Continuous special inspection during field gluing operations of elements of the seismic-force-resisting system.	N					
b. Periodic special inspections for nailing, bolting, anchoring and other fastening of components within the seismic-force-resisting system, including drag struts, braces and hold-downs	N					
4. Cold-formed steel framing: Periodic special inspections during welding operations of elements of the seismic-force-resisting system. Periodic special inspections for screw attachment, bolting, anchoring and other fastening of components within the seismic-force-resisting system, including struts, braces, and hold-downs	N					
4. Seismic isolation system. Provide periodic special inspection during the fabrication and installation of isolator units and energy dissipation devices if used as part of the seismic isolation system	N					

Quality Assurance Plan – Seismic and Wind

QUALITY ASSURANCE FOR SEISMIC RESISTANCE CHECK LIST [IBC 1705]

Seismic Design Category **C**

FOR SEISMIC DESIGN CATEGORY C OR HIGHER:

Structural:

- The seismic-force-resisting systems
 - Steel Braced Frames and associated connections/anchorage
 - Steel Moment Frames and associated connections
 - Shear walls: CMU Wood Concrete
 - Diaphragms: Floor Roof
 - Other:

QUALITY ASSURANCE FOR WIND RESISTANCE CHECK LIST [IBC 1706]

Wind Exposure Category **C**

REQUIRED	NOT REQUIRED	NOT APPLICABLE	QUALITY ASSURANCE PLAN REQUIREMENTS (A Quality Assurance Plan is required where indicated below)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In wind exposure Categories A and B, where the 3-second-gust basic wind speed is 120 miles per hour (mph) (52.8 m/sec) or greater.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In wind exposure Categories C and D, where the 3-second-gust basic wind speed is 110 mph (49 m/sec) or greater.

Prepared by:

Building Code Official's Acceptance:

Signature

Date

Signature

Date

Contractor's Statement of Responsibility

Each contractor responsible for the construction or fabrication of a system or component designated in the Quality Assurance Plan must submit a Statement of Responsibility. The Statement of Responsibility is required for Seismic Design Category C or higher. Make additional copies of this form as required.

Project: Maine Medical Center, P6 Renovations, Portland, Maine

Contractor's Name:

Address:

License No.:

Description of designated building systems and components included in the Statement of Responsibility:

Contractor's Acknowledgment of Special Requirements

I hereby acknowledge that I have received, read, and understand the Quality Assurance Plan and Special Inspection program.

I hereby acknowledge that control will be exercised to obtain conformance with the construction documents approved by the Building Official.

Manuel R Hebert
Signature

12-8-09
Date

Contractor's Provisions for Quality Control

Procedures for exercising control within the contractor's organization, the method and frequency of reporting and the distribution of reports is attached to this Statement.

Identification and qualifications of the person(s) exercising such control and their position(s) in the organization are attached to this Statement.