

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND BUILDING PERMIT

This is to certify that Maine Medical Center

Located At 887 CONGRESS ST

Job ID: 2012-04-3734-ALTCOMM

CBL: 053-1-001-001

has permission to Structural repairs to SKYBRIDGE over Congress St.

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**

**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.**

Required Inspections:

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

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Acting Director of Planning and Urban Development  
Gregory Mitchell

Job ID: 2012-04-3734-ALTCOMM

Located At: 887 CONGRESS ST

CBL: 053- I-001-001

## **Conditions of Approval:**

### **Fire**

Installation shall comply with City Code Chapter 10.

All construction shall comply with City Code Chapter 10.

All means of egress to remain accessible at all times.

No means of egress shall be affected by this renovation.

Any cutting and welding done will require a Hot Work Permit from Fire Department.

### **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.
2. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
3. Prior to the final inspection a sealed letter shall be submitted to this office confirming that based on inspections performed all discrepancies have been corrected and the structural work is in substantial compliance with the approved plans.

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

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

Job No: <b>2012-04-3734-ALTCOMM</b>	Date Applied: <b>4/10/2012</b>	CBL: <b>053- I-001-001 &amp; 053 X001</b>	
Location of Construction: <b>887 CONGRESS ST- Sky Bridge that connects to Maine Medical Center Parking Garage</b>	Owner Name: <b>MAINE MEDICAL CENTER</b>	Owner Address: <b>22 BRAMHALL ST. PORTLAND, ME</b>	Phone: <b>207-232-2003</b>
Business Name:	Contractor Name: <b>Consigli Construction Co</b>	Contractor Address: <b>15 Franklin ST Portland ME 04101</b>	Phone: <b>(207) 791-2509</b>
Lessee/Buyer's Name:	Phone:	Permit Type: <b>BLDG - Building</b>	Zone: <b>C-41</b>
Past Use:  <b>Sky bridge over Congress St. to connect medical offices to Maine Medical Center</b>	Proposed Use:  <b>Same – Sky bridge over Congress St. to connect medical offices to Maine Medical Center – structural repairs</b>	Cost of Work: <b>102000.00</b>	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved <i>w/conditions</i> <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: <b>I</b> Type: <b>1</b> <b>IBC 09</b>
Proposed Project Description: <b>Structural repairs to SKYBRIDGE over Congress St.</b>		Signature: <i>Capt. Brian 4/16/12</i> <b>Pedestrian Activities District (P.A.D.)</b>	
Permit Taken By:	<b>Zoning Approval</b>		

	Special Zone or Reviews	Zoning Appeal	Historic Preservation
<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building Permits do not include plumbing, septic or electrical work.</li> <li>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.</li> </ol>	<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 type="checkbox"/> MM Date: <i>OK 4/12/12</i> <i>ABM</i>	<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:	<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>ABM</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 appication 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	

C41

Entered 4/10/12 (18)



# 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.

887 Elevated

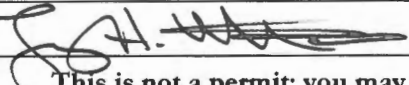
Location/Address of Construction: <b>CONGRESS ST. Walkway from 887 Congress to Maine Medical Center Parking Garage</b>		
Total Square Footage of Proposed Structure/Area <b>1000 SF</b>	Square Footage of Lot <b>NA</b>	
Tax Assessor's Chart, Block & Lot Chart# <b>053 - X - 001</b> Block# <b>17 Forest St.</b> Lot# <b>53-I 001</b>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <b>MAINE MEDICAL CENTER</b> Address <b>22 BRANHALL ST.</b> City, State & Zip <b>PORTLAND, MAINE</b>	Telephone: <b>207-232-2003</b>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <b>102,000</b> C of O Fee: \$ <b>0-</b> Total Fee: \$ <b>1,040-</b>
Current legal use (i.e. single family) _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <b>STRUCTURAL REPAIRS TO SKYBRIDGE OVER CONGRESS STREET.</b>		
Contractor's name: <b>CONIGLI CONSTRUCTION CO., INC.</b> Address: <b>15 FRANKLIN ST.</b> City, State & Zip <b>PORTLAND, ME 04101</b> Telephone: <b>207-791-2509</b> Who should we contact when the permit is ready: <b>JEREMY WHITEHOUSE</b> Telephone: <b>207-232-2003</b> Mailing address: <b>15 FRANKLIN ST.</b>		

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

RECEIVED  
APR 10 2012  
Dept. of Building Inspections  
City of Portland Maine

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:  Date: **04/06/12**

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



## Commercial Interior & Change of Use Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

One (1) complete set of construction drawings must include:

Note: Construction documents for costs in excess of \$50,000.00 must be prepared by a Design Professional and bear their seal.

- Cross sections w/framing details
- Detail of any new walls or permanent partitions N/A
- Floor plans and elevations N/A FOR STRUCTURAL REPAIR; SEE ORIGINAL DOCUMENTS
- Window and door schedules
- Complete electrical and plumbing layout.
- Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment or other types of work that may require special review
- Insulation R-factors of walls, ceilings, floors & U-factors of windows as per the IEBC 2003
- Proof of ownership is required if it is inconsistent with the assessors records.
- Reduced plans or electronic files in PDF format are required if originals are larger than 11" x 17".
- Per State Fire Marshall, all new bathrooms must be ADA compliant.

Separate permits are required for internal and external plumbing, HVAC & electrical installations.

For additions less than 500 sq. ft. or that does not affect parking or traffic, a site plan exemption should be filed including:

- The shape and dimension of the lot, footprint of the existing and proposed structure and the distance from the actual property lines.
- Location and dimensions of parking areas and driveways, street spaces and building frontage.
- Dimensional floor plan of existing space and dimensional floor plan of proposed space.

A Minor Site Plan Review is required for any change of use between 5,000 and 10,000 sq. ft. (cumulatively within a 3-year period)

**Fire Department requirements.**

The following shall be submitted on a separate sheet:

- Name, address and phone number of applicant and the project architect.
- Proposed use of structure (NFPA and IBC classification)
- Square footage of proposed structure (total and per story)
- Existing and proposed fire protection of structure.
- Separate plans shall be submitted for
  - a) Suppression system
  - b) Detection System (separate permit is required)
- A separate Life Safety Plan must include:
  - a) Fire resistance ratings of all means of egress
  - b) Travel distance from most remote point to exit discharge
  - c) Location of any required fire extinguishers
  - d) Location of emergency lighting
  - e) Location of exit signs
  - f) NFPA 101 code summary
- Elevators shall be sized to fit an 80" x 24" stretcher.

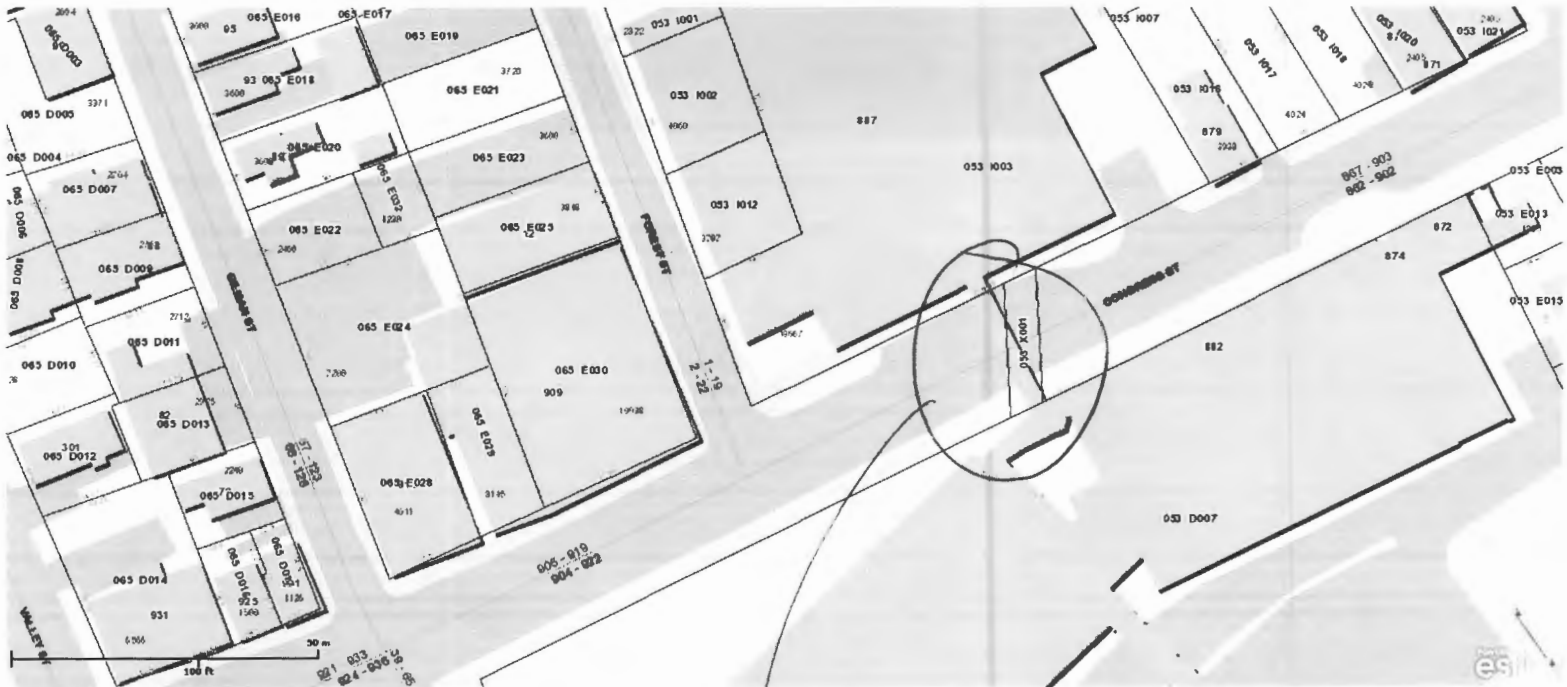
For questions on Fire Department requirements call the Fire Prevention Officer at (207) 874-8405.

**Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.**

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.

**Permit Fee: \$30.00 for the first \$1000.00 construction cost, \$10.00 per additional \$1000.00 cost**

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



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area of work





# Certificate of Design Application

From Designer: CARL WALKER, INC.  
 Date: 6 APRIL 2012  
 Job Name: MAINE MEDICAL CENTER SKYBRIDGE  
 Address of Construction: \_\_\_\_\_

2009  
**2003 International Building Code**

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

Building Code & Year IBC 2009 Use Group Classification (s) GROUP S-2

Type of Construction II-B

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC \_\_\_\_\_

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

Supervisory alarm System? \_\_\_\_\_ Geotechnical/Soils report required? (See Section 1802.2) No

**Structural Design Calculations**

\_\_\_\_\_ 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
<u>CORRIDOR</u>	<u>80 psf</u>
_____	_____
_____	_____
_____	_____

**Wind loads (1603.1.4, 1609)**

METHOD 2 Design option utilized (1609.1.1, 1609.6)

100 MPH Basic wind speed (1809.3)

II, 1.0 Building category and wind importance Factor,  $I_w$  (table 1604.5, 1609.5)

8 Wind exposure category (1609.4)

+/- 0.18 Internal pressure coefficient (ASCE 7)

+2.7 psf / -60 psf Component and cladding pressures (1609.1.1, 1609.6.2.2)

24.2 psf Main force wind pressures (7603.1.1, 1609.6.2.1)

**Earth design data (1603.1.5, 1614-1623)**

ASCE 7-05  
CHPT 11 & 12 Design option utilized (1614.1)

II Seismic use group ("Category")

$S_{DS} = 0.326$  ;  $S_{D1} = 0.1289$  Spectral response coefficients,  $S_D$  &  $S_{D1}$  (1615.1)

D Site class (1615.1.5)

- 20% (64 psf) Live load reduction
- 20 psf Roof live loads (1603.1.2, 1607.11)
- 50 psf Roof snow loads (1603.7.3, 1608)
- 60 psf Ground snow load,  $P_g$  (1608.2)
- 50 psf If  $P_g > 10$  psf, flat-roof snow load  $P_f$
- 1.0 If  $P_g > 10$  psf, snow exposure factor,  $C_e$
- 1.0 If  $P_g > 10$  psf, snow load importance factor,  $I_s$
- 1.2 Roof thermal factor,  $C_t$  (1608.4)
- 50 psf Sloped roof snowload,  $P_s$  (1608.4)
- 8 Seismic design category (1616.3)

ORDINARY STEEL  
CONC. BRACED FRAMES Basic seismic force resisting system (1617.6.2)

3.25, 3.25 Response modification coefficient,  $R$ , and

EQUIV. LATERAL deflection amplification factor,  $C_d$  (1617.6.2)

FORCE PROPORTION analysis procedure (1616.6, 1617.5)

18 KIPS Design base shear (1617.4, 1617.5.1)

**Flood loads (1803.1.6, 1612)**

\_\_\_\_\_ Flood Hazard area (1612.3)

\_\_\_\_\_ Elevation of structure

**Other loads**

2,000 lb Concentrated loads (1607.4)

N/A Partition loads (1607.5)

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



## Certificate of Design

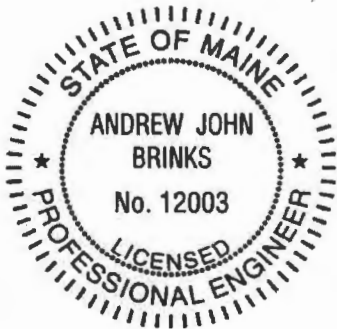
Date: 6 APRIL 2012

From: CARL WALKER, INC.

These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER SKYBRIDGE TRUSS REPAIRS

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the 2003 *International Building Code* and local amendments.  
2009



Signature: Andrew John Brinks

Title: PROJECT ENGINEER

Firm: CARL WALKER, INC.

Address: 8910 PURDUE ROAD SUITE 400

INDIANAPOLIS, IN 46268

Phone: (317) 735-3349

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)



# PORTLAND MAINE

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## Receipts Details:

**Tender Information:** Check , BusinessName: Consigli Construction, Check Number: 198470  
**Tender Amount:** 1040.00

## Receipt Header:

**Cashier Id:** bsaucier  
**Receipt Date:** 4/10/2012  
**Receipt Number:** 42713

## Receipt Details:

Referance ID:	6017	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	1040.00	Charge Amount:	1040.00
Job ID: Job ID: 2012-04-3734-ALTCOMM - Structural repairs to SKYBRIDGE over Congress St.			
Additional Comments: 887 Congress			

Thank You for your Payment!



# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

4/10 2012

Received from mmc / B. Dye

Location of Work \_\_\_\_\_

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: 1040.00

Building (IL)  Plumbing (IS) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: \_\_\_\_\_

Check #: \_\_\_\_\_ Total Collected \$1040.00

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by: 

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy