

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that MAINE MEDICAL CENTER

Located At 229 VAUGHAN ST

Job ID: 2012-08-4800-ALTCOMM

CBL: 063- C-005-00A

has permission to Renovate 1st fl MMC offices, partitions, lighting
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

Jeanne Bouke
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

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: 2012-08-4800-ALTCOMM

Located At: 229 VAUGHAN ST

CBL: 063- C-005-00A

Conditions of Approval:

Building

1. Application approval based upon information provided by the applicant or design professional. Any deviation from approved plans requires separate review and approval prior to work.
2. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

Fire

Installation shall comply with City Code Chapter 10.

All construction shall comply with City Code Chapter 10.

<http://www.portlandmaine.gov/citycode/chapter010.pdf>

Street addresses shall be marked on the structure and shall be as approved by the City E-911 Addressing Officer. Contact Michelle Sweeney at 874-8682 for further information.

Fire extinguishers are required per NFPA 1.

Any Fire alarm or Sprinkler systems shall be reviewed by a licensed contractor(s) for code compliance. Compliance letters are required.

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. This review does not include approval of fire alarm system design or installation.

Fire Alarm system shall be maintained. If system is to be off line over 4 hours a fire watch shall be in place. Dispatch notification required 874-8576.

The fire alarm system shall comply with the City of Portland Fire Department Rules and Regulations. All fire alarm installation and servicing companies shall have a Certificate of Fitness from the Fire Department.

A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads. This review does not include approval of sprinkler system design or installation.

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.

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.

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: 2012-08-4800-ALTCOMM	Date Applied: 8/24/2012	CBL: 063- C-005-00A	
Location of Construction: 229 VAUGHAN ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST PORTLAND, ME 04102	Phone: 662-2447
Business Name:	Contractor Name: Herbert Construction - Dan	Contractor Address: 9 GOULD LEWISTON MAINE 04240	Phone: (207) 783-2091
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG ALT	Zone: R-6
Past Use: Medical Offices	Proposed Use: Same: Medical Offices – to remove wall to create 3 larger spaces update lighting fixtures – reconfigure sprinkler system	Cost of Work: \$42,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: B Type: 2B MUBEC '09 Signature: JMB
Proposed Project Description: interior renovations		Pedestrian Activities District (P.A.D.) 9/12/12	
Permit Taken By: Gayle		Zoning Approval	

<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>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>___ Maj ___ Min ___ MM</p> <p>Date: OK 8/30/12</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><i>within</i></p> <p><input type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><i>Any exterior work requires separate permits & Approvals</i></p> <p>Date:</p>
	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

Amber PLS 2012 08 4500 60



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: 229 Vaughan Street		
Total Square Footage of Proposed Structure/Area 2,130		Square Footage of Lot <i>H. 1300</i>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <i>063 C 005 00A</i>	Applicant * must be owner, Lessee or Buyer* Name Maine Medical Center Address 22 Bramhall St. City, State & Zip Portland, ME 04102	Telephone: 207-662-2447
Lessee/DBA (If Applicable) <i>RECEIVED</i> <i>VAUGHAN ST</i> <i>Professional Condo</i> AUG 24 2012 Dept. of Building Inspections City of Portland Maine	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ 42,000.00 C of O Fee: \$ _____ Total Fee: \$ 440.00
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: Remove walls to create (3) larger spaces - update flooring, ceiling, paint. Install (1) new door and relocate existing lighting fixtures. Reconfigure sprinkler system for new layout.		
Contractor's name: <u>Hebert Construction</u>		
Address: <u>9 Gould Road</u>		
City, State & Zip <u>Lewiston, ME 04240</u> Telephone: <i>Call first</i>		
Who should we contact when the permit is ready: <u>Daniel R. Hebert</u> <u>207-783-2091</u> Telephone:		
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: <i>Daniel R Hebert</i> Daniel R. Hebert / President	Date: August 20, 2012
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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: WINTON SCOTT ARCHT'S

Date: 8.17.12

Job Name: MHC RENOVATIONS FOR HUMAN RESOURCES

Address of Construction: 229 VAUGHAN ST

2007 International Building Code / MURK

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

Building Code & Year IBC '09 Use Group Classification (s) B

Type of Construction IB (EXISTING BLDG)

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC YES NFPA 13

Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) _____

Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) NA

Structural Design Calculations

NA 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>NA</u>	

Wind loads (1603.1.4, 1609)

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

- NA Design option utilized (1614.1)
- Seismic use group ("Category")
- ✓ Spectral response coefficients, S_D & S_{D1} (1615.1)
- Site class (1615.1.5)

- NA 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, 16175.5.1)

Flood loads (1803.1.6, 1612)

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

Other loads

- NA 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: 8/17/12

From: MARK M. WILCOX

These plans and / or specifications covering construction work on:

NMC RENOVATIONS FOR HUMAN RESOURCES
229 VAUGHAN ST.

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



(SEAL)

Signature: [Handwritten Signature]

Title: PRINCIPAL

Firm: WINTON SCOTT ARCHT'S

Address: 5 MILK ST

PORTLAND, ME 04101

Phone: 774-4811 EXT 2

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: MARK M. WILCOX

Address of Project: 229 VAUGHAN ST.

Nature of Project: RENOVATION - OFFICES

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: *Mark Wilcox*

Title: PRINCIPAL

Firm: WINTON SCOTT ARCHTS

Address: 5 MARK ST

PORTLAND, ME 04101

Phone: 774-4811 EXT 2

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Letter of Transmittal

To: Jeannie Burke
Portland City Hall
Inspection Division
389 Congress St.
Portland, ME 04101
Ph: 207-874-8703

Transmittal #: 1
Date: 8/21/2012
Job: 120105 MMC 229 Vaughn Human Resources

Subject: Inspection Dept.

- WE ARE SENDING YOU**
- Attached
 - Under separate cover via None the following items:
 - Shop drawings
 - Prints
 - Plans
 - Samples
 - Copy of letter
 - Change order
 - Specifications
 - Other

Document Type	Copies	Date	No.	Description
Permit Application	1	8/21/12		General Building Permit Application
Design Application	1	8/21/12		Certificate of Design Application
Cert of Design	1	8/21/12		Certificate of Design
Access Bldg Code Cert	1	8/21/12		Accessibility Building Code Certificate
HCC Payment	1	8/21/12		Check in the Amount of \$440.00
CD	1	8/21/12		Digital File Drawings on Disk
Plans	1	8/21/12		Permit Drawing Set

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested
- For review and comment
- FOR BIDS DUE
- Approved as submitted
- Approved as noted
- Returned for corrections
- Other
- PRINTS RETURNED AFTER LOAN TO US
- Resubmit ___ copies for approval
- Submit ___ copies for distribution
- Return ___ corrected prints

Remarks:

Copy To:

From: Daniel R. Hebert (Hebert Construction)

Signature: _____



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Receipts Details:

Tender Information: Check , BusinessName: Herbert Construction LLC, Check Number: 42009

Tender Amount: 440.00

Receipt Header:

Cashier Id: gguertin

Receipt Date: 8/24/2012

Receipt Number: 47503

Receipt Details:

Referance ID:	7782	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	440.00	Charge Amount:	440.00
Job ID: Job ID: 2012-08-4800-ALTCOMM - interior renovations			
Additional Comments: 229 Vaughan St. Herbert Construction			

Thank You for your Payment!