

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-1304	Issue Date: PERMIT ISSUED NOV 3 2005	CBL: A022001
Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone: 2077975141
Contractor Name: Langford & Low, Inc.	Contractor Address: PO BOX 662 Portland	Phone: 2077975141
Permit Type: Alterations - Commercial	CITY OF PORTLAND	

Location of Construction:
995 CONGRESS ST

Business Name:
[Blank]

Lessee/Buyer's Name:
[Blank]

Past Use:
Commercial

Proposed Use:
ME MED OFFICES/ interior remodel/ install new ADA Bathrooms

Proposed Project Description:
interior remodel/ install new ADA Bathrooms

\$921.00 | \$100,000.00 | 3

FIRE DEPT:
 Approved
 Denied
with conditions

INSPECTION:
 Use Group **B** Type: **5B**
 11/01/05
 Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: Idobson **Date Applied For:** 09/07/2005 **Zoning Approval**

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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"/> Denied <i>ok with conditions</i> Date: <i>9/10/27/05</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved	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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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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 051304
NOV 3 2005
CITY OF PORTLAND

This is to certify that MAINE MEDICAL CENTER / Langford & Low, Inc.

has permission to interior remodel/ install new ADA Bath

AT 995 CONGRESS ST

065 A022001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 with 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 when permission is procured before this building or part thereof is occupied or otherwise used-in-accordance with the permit. YOUR 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. Greg, Cass 10-27-05

Health Dept. _____

Appeal Board _____

Other _____

Department Name


Director of Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



Commercial 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>995 CONGRESS ST.</u>		
Total Square Footage of Proposed Structure <u>EXISTING 2381^{sq} TOTAL</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>65</u> Block# <u>A</u> Lot# <u>22</u>	Owner: <u>MAINE MEDICAL CENTER</u> <u>CD BOB CLOUTIER</u> <u>22 BRAMHALL ST.</u>	Telephone: <u>879-8065</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>GUS DOUGHTY</u> <u>LANGFORD & LOW</u> <u>248 WARREN AVE</u> <u>PORTLAND ME 04104</u>	Cost Of Work: \$ <u>100,000</u> Fee: \$ <u>840.00</u> ⁵⁰ / ₁₀₀
Current Specific use: <u>BUSINESS</u>		
Proposed Specific use: <u>BUSINESS/ASSEMBLY</u>		
Project description: <u>INTERIOR REMODEL. INSTALL NEW ADA BATHROOMS.</u>		
Contractor's name, address & telephone: <u>Langford & Low</u>		
Who should we contact when the permit is ready: <u>GUS DOUGHTY</u>		
Mailing address:		
Phone: <u>793-2111</u>		

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

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 873-8703

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 of applicant: [Signature]

Date: 9-6-05

Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

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

FROM DESIGNER: MARK MUELLER
 DATE: SEP 2, '05
 Job Name: MAINE WED OFFSITE BLDG
 Address of Construction: 995 CONGRESS ST / PORTLAND

2003 International Building Code

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

Building Code and Year IBC 2003 Use Group Classification(s) BIG / ASSEMBLY ARE

Type of Construction FB

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC No
 Is the Structure mixed use? Yes if yes, separated or non separated (see Section 302.3) NON SEPARATED
 Supervisory alarm system? No Geotechnical/Soils report required? (See Section 1802.2) No

STRUCTURAL DESIGN CALCULATIONS

Submitted for all structural members
 (106.1, 106.1.1)

Live load reduction
 (1603.1.1, 1607.9, 1607.10)

Roof live loads (1603.1.2, 1607.11)

DESIGN LOADS ON CONSTRUCTION DOCUMENTS
 (1603)

Roof snow loads (7603.7.3, 1608)

Uniformly distributed floor live loads (7603.11, 1607)

Ground snow load, P_g (1608.2)

If $P_g > 10$ psf, flat-roof snow load, P_f
 (1608.3)

Floor Area Use	Loads Shown

If $P_g > 10$ psf, snow exposure factor, C_e
 (Table 1608.3.1)

If $P_g > 10$ psf, snow load importance factor, I_s (Table 1604.5)

Roof thermal factor, C_t (Table 1608.3.2)

Sloped roof snowload, P_s (1608.4)

Seismic design category (1616.3)

Basic seismic-force-resisting system
 (Table 1617.6.2)

Wind loads (1603.1.4, 1608)

Design option utilized (1609.1.7, 1609.6)

Basic wind speed (1609.3)

Building category and wind importance factor, I_w (Table 1604.6, 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)

Response modification coefficient, R , and deflection amplification factor, C_d
 (Table 1617.6.2)

Analysis procedure (1616.6, 1617.5)

Design base shear (1617.4, 1617.5.1)

Flood loads (1603.1.8, 1612)

Flood hazard area (1612.3)

Elevation of structure

Other loads

Concentrated loads (1613.7.4)

Partition loads (1607.5)

Impact loads (1607.8)

Misc. loads (Table 1607.6, 1607.8.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)

Earthquake design data (1603.1.5, 1614-1623)

Design option utilized (1614.1)

Seismic use group ("Category")
 (Table 1604.5, 1616.2)

Spectral response coefficients, S_{DS} & S_{D1} (1615.1)

Site class (1615.1.5)