

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that GREATER PORTLAND TRANSIT
DISTRICT

Located At 91 ST JOHN ST

CBL: 068- B-012-001

Job ID: 2012-11-5408-ALTCOMM

has permission to Remove existing vehicle lifts in maintenance building and replace with new, includes new concrete & reinforcement

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

closed

SCANNED

City of Portland, Maine - Building or Use Permit Application

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

| | | | |
|--|--|--|--|
| Job No: 2012-11-5408- ALTCOMM | Date Applied: 11/16/2012 | CBL: 068- B-012-001 | |
| Location of Construction: 91 ST JOHN ST / 114 VALLEY STREET | Owner Name: GREATER PORTLAND TRANSIT DISTRICT | Owner Address: 114 VALLEY STREET PORTLAND, MAINE 04102 | Phone: 774-0351 |
| Business Name: RTP | Contractor Name: LAMOUNTAIN BROS., INC.- Dan Moore | Contractor Address: 37 FEDERAL HILL ROAD OXFORD, MA 01540 | Phone: 508-889-4654 |
| Lessee/Buyer's Name: | Phone: | Permit Type: Building ALT | Zone: I-Mb |
| Past Use: Regional Transportation District – storage & repair & fueling of fleet vehicles with offices | Proposed Use: Same: storage & repair & fueling of fleet vehicles with offices – remove existing vehicle lifts in existing maintenance bldg. and replace with new | Cost of Work: \$624,000,000.00 Fire Dept: 11/24/12 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>[Signature]</i> (50) | CEO District: Inspection: Use Group: B/S-1 Type: 2B <i>MURPHY</i> Signature: <i>[Signature]</i> |
| Proposed Project Description: remove existing vehicle lifts and replace with new | | Pedestrian Activities District (P.A.D.) 12/4/12 | |
| 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 information may invalidate a building permit and stop all work.</p> | <p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan</p> <p>Maj ___ Min ___ MM ___ Date: <i>o/c</i> <i>11/20/12</i></p> | <p>Zoning Appeal</p> <p><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</p> <p>Date: _____</p> | <p>Historic Preservation</p> <p><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</p> <p>Date: <i>[Signature]</i></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 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 |

- 1-16-13 DWM David 283-4949 under slab Bay "D" OK
1-18-13 DWM Slab SJ1 OK Bay "D"
2-5-13 DWM Slab + plumb RTP Lifo OK
2-28-13 DWM under slab plumb Bay "C" OK
3-28-13 DWM Final OK pending SI report
3-29-13 DWM Final OK

TAX MAP

LOT #

PLUMBING APPLICATION

11182

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY ADDRESS

>> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation: KORILAND

Street or Road: 119 Valley St

Subdivision, Lot #:

Town/City: _____ Permit # _____

Date Permit Issued: 1/16 Fee: \$ _____ Double Fee Charged []

Local Plumbing Inspector Signature: _____ L.P.I. # _____

PROPERTY OWNERS NAME

Name (last, first, MI): KORILAND MIRO Owner Applicant

Mailing Address of Owner/Applicant: 71 GUNN ROAD

Daytime Tel. #: 283 4949

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Internal Plumbing Rules.

OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

[Signature] 1-15-13
Signature of Owner or Applicant Date

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] Date Approved (Rough-In) _____
Local Plumbing Inspector Signature Date Approved (Final) _____

PERMIT INFORMATION

| | | |
|--|--|---|
| This Application Is For 1. <input checked="" type="checkbox"/> NEW PLUMBING INSTALLATION 2. <input type="checkbox"/> RELOCATED PLUMBING | Type of Structure To Be Served 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>PUB TRANS</u> | Plumbing To Be Installed By 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>101621131</u> |
|--|--|---|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 Type of Fixture | | Column 1 Type of Fixture | |
|--|------------------------------|--|------------------------------|-----------------------|
| | Number | Type of Fixture | Number | Type of Fixture |
| HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR HOOK UP: to an existing subsurface wastewater disposal system PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures OR TRANSFER FEE (\$10.00) | | Hosebibb / Sillcock | | Bathtub (and Shower) |
| | 6 | Floor Drain | | Shower (Separate) |
| | | Urinal | | Sink |
| | | Drinking Fountain | | Wash Basin |
| | | Indirect Waste | | Water Closet (Toilet) |
| | | Waste Treatment Softener, Filter, etc. | | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | | Water Heater |
| | Fixtures (Subtotal) Column 2 | 10 | Fixtures (Subtotal) Column 1 | |
| | | 6 | Fixtures (Subtotal) Column 2 | |
| | | 6 | Total Fixtures | |
| | | 10.00 | Fixture Fee | |
| | | | Transfer Fee | |
| | | | Hook-Up & Relocation Fee | |
| | | | Permit Fee | |

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.**

Foundation/Rebar

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

Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-11-5408-ALTCOMM

Located At: 91 ST JOHN ST

CBL: 068- B-012-001

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.
3. A final special inspection report shall be submitted prior to the final inspection or issuance of a certificate of occupancy. This report must demonstrate all deficiencies and corrective measures that were taken.

entered 7/08

2012-11-5408 68



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.

91 ST JOHN I-MB

| | | | |
|---|---|---|---|
| Location/Address of Construction: 114 VALLEY ST. / 91 ST. JOHN ST. | | | |
| Total Square Footage of Proposed Structure/Area EXISTING STRUCTURE, PROPOSED AREA = 0 | | Square Footage of Lot 131513 | |
| Tax Assessor's Chart, Block & Lot Chart# 068 Block# B Lot# 12 | | Applicant * must be owner, Lessee or Buyer* Name GREATER PORTLAND TRANSIT DISTRICT Address 114 VALLEY ST. City, State & Zip PORTLAND, ME 04102 | Telephone: 207-774-0351 |
| Lessee/DBA (If Applicable) N/A | RECEIVED NOV 16 2012 Dept. of Building Inspection City of Portland | Owner (if different from Applicant) Name SAME Address _____ City, State & Zip Maine | Cost Of Work: \$ 623,657.00 C of O Fee: \$ _____ Total Fee: \$ 6,260.00 |
| Current legal use (i.e. single family) MOTOR VEHICLE INSPECTION & REPAIR, OFFICES If vacant, what was the previous use? N/A Proposed Specific use: UNCHANGED Is property part of a subdivision? NO If yes, please name _____ Project description: REMOVAL OF EXISTING VEHICLE LIFTS IN EXISTING MAINTENANCE BUILDING AND REPLACEMENT WITH NEW LIFTS. | | | |
| Contractor's name: LA MOUNTAIN BROS., INC. | | 308 889 4654 | |
| Address: 37 FEDERAL HILL RD. | | Call Dan | |
| City, State & Zip OXFORD, MA 01540 | | 508-987-5322 Telephone: | |
| Who should we contact when the permit is ready: DANIEL MOORE | | 508-889-4654 Telephone: | |
| Mailing address: SAME | | | |

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: *[Signature]* Date: **11-16-12**

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



Certificate of Design Application

From Designer:

PINKHAM & GREER CONSULTING ENGINEERS

Date:

11/14/12

Job Name:

VEHICLE LIFT REPLACEMENT PROJECT

Address of Construction:

114 VALLEY ST. / 91 ST. JOHN ST.

2009 International Building Code

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

Building Code & Year 2009 IBC Use Group Classification (s) B/S1

Type of Construction TYPE II B (EXISTING BUILDING)

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2009 IRC EXISTING SYSTEM

Is the Structure mixed use? YES If yes, separated or non separated or non separated (section 302.3) SEPARATED

Supervisory alarm System? N/A Geotechnical/Soils report required? (See Section 1802.2) NO

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 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)

N/A 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

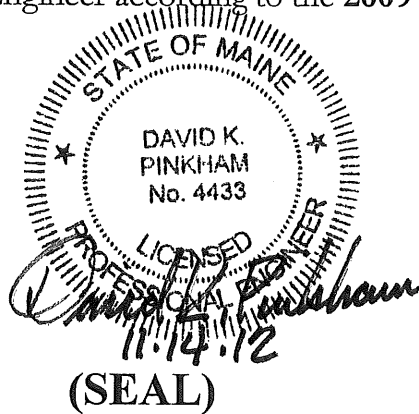
Date: 11/14/12

From: DAVID K. PINKHAM, P.E.

These plans and / or specifications covering construction work on:

VEHICLE LIFT REPLACEMENT PROJECT
GREATER PORTLAND TRANSIT DISTRICT, 114 VALLEY ST., PORTLAND, ME

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



Signature: David K. Pinkham

Title: PRINCIPAL

Firm: PINKHAM & GREER

Address: 28 VANNAH AVE.

PORTLAND, ME 04103

Phone: 207-781-5242

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



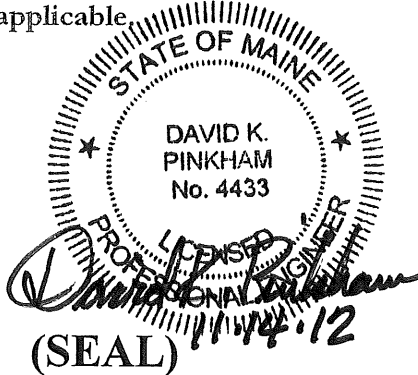
Accessibility Building Code Certificate

Designer: DAVID K. PINKHAM, P.E.

Address of Project: 114 VALLEY ST./91 ST. JOHN ST.

Nature of Project: REPLACEMENT OF EXISTING VEHICLE
LIFTS IN EXISTING BUILDING

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: David K. Pinkham

Title: PRINCIPAL

Firm: PINKHAM & GREEZ

Address: 28 VANNAH AVE.
PORTLAND, ME 04103

Phone: 207-781-5242

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Phone: (508) 987-0333 Fax: 508-987-0063 OXFORD INSURANCE AGENCY INC P O BOX 370 OXFORD MA 01540 | CONTACT NAME: Oxford Insurance Agency Inc. PHONE (A/C, No, Ext): (508) 987-0333 FAX (A/C, No): (508) 987-5517 E-MAIL ADDRESS: PRODUCER CUSTOMER ID: 14049 | | | | | | | | | | | | | | |
|--|--|-------------------------------|--------|--|--|---|--|--|--|--|--|-------------|--|-------------|--|
| INSURED LAMOUNTAIN BROTHERS INC. 37 FEDERAL HILL ROAD OXFORD, MA 01540 | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Admiral Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B : Commerce Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER C : Admiral Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER D : Commerce & Industry Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Admiral Insurance Co. | | INSURER B : Commerce Insurance Co. | | INSURER C : Admiral Insurance Co. | | INSURER D : Commerce & Industry Insurance Co. | | INSURER E : | | INSURER F : | |
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| INSURER C : Admiral Insurance Co. | | | | | | | | | | | | | | | |
| INSURER D : Commerce & Industry Insurance Co. | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 76342

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADD'L INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|------------|----------|----------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> BLANKET ADDITIONAL INS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | FEIECC1083800 | 11/01/12 | 11/01/13 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED. EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS90 END INCLUDED | | | BDTJWL | 11/01/12 | 11/01/13 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ |
| C | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$ | | | FEIEXS1083900 | 11/01/12 | 11/01/13 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N <input type="checkbox"/> N/A | | | WC5319881 | 09/30/12 | 09/30/13 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH ER \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE-EA EMPLOYEE \$ 1,000,000 E.L. DISEASE-POLICY LIMIT \$ 1,000,000 |
| A | POLLUTION LIABILITY POLICY | | | FEIECC1083800 | 11/01/12 | 11/01/13 | \$2,000,000 per Claim \$3000000 Agg |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

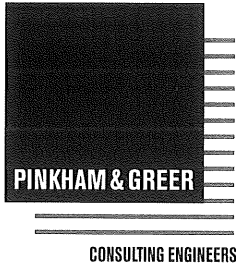
CERTIFICATE HOLDER**CANCELLATION**

City of Portland
 389 Congress Street
 Portland, ME 04104

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Brian M. Ravenelle
 Brian M. Ravenelle



28 Vannah Avenue
Portland, Maine 04103
Tel: 207.781.5242
Fax: 207.781.4245

FIRE DEPARTMENT PERMIT REQUIREMENTS

Project: Vehicle Lift Replacement Project

Applicant: Greater Portland Transit District
114 Valley St
Portland, ME 04102
207-774-0351

Engineer: David K. Pinkham, P.E.
Pinkham & Greer Consulting Engineers
28 Vannah Ave
Portland, ME 04103
207-781-5242

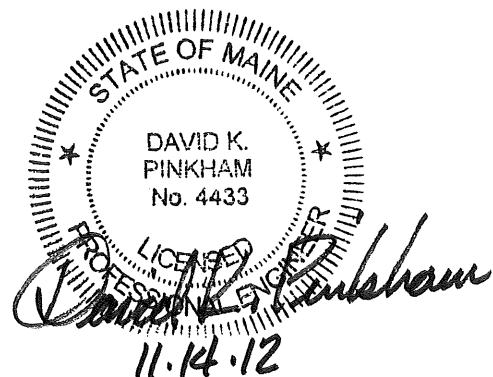
Use of Structure: Motor vehicle inspection and repair/office. IBC Group S1/B.
This is the existing use and is unchanged.

Square footage of Proposed Structure: N/A, existing vehicle lifts are being replaced with new lifts within the existing structure.

Suppression & Detection Systems: These systems exist and are unchanged.
Project has no effect on these systems.

Life Safety Plan: Existing is unchanged. Project has no effect on egress and fire separation.

Elevators: N/A





PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Receipts Details:

Tender Information: Check , BusinessName: LaMountain Bros. Inc, Check Number: 248906\$6,260.00

Tender Amount: 6260.00

Receipt Header:

Cashier Id: gguertin

Receipt Date: 11/16/2012

Receipt Number: 50291

Receipt Details:

| | | | |
|---|---------|----------------|-----------|
| Referance ID: | 8758 | Fee Type: | BP-Constr |
| Receipt Number: | 0 | Payment Date: | |
| Transaction Amount: | 6260.00 | Charge Amount: | 6260.00 |
| Job ID: Job ID: 2012-11-5408-ALTCOMM - remove existing lvehicle lists & replace | | | |
| Additional Comments: 91 St John | | | |

Thank You for your Payment!

Statement of Special Inspections

RECEIVED
DEC 06 2012
Dept. of Building Inspections
City of Portland Maine

Project: *Vehicle Lift Replacement Project*
Location: *114 Valley St./91 St. John St., Portland, Maine*
Owner: *Greater Portland Transit District*

Design Professional in Responsible Charge: *David K. Pinkham, P.E.*

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 Special Inspection Coordinator and the identity of other approved agencies to be retained for conducting these inspections and tests. This *Statement of Special Inspections* encompass the following disciplines:

- Structural Mechanical/Electrical/Plumbing
 Architectural Other: _____

The Special Inspection Coordinator shall keep records of all inspections and shall furnish inspection reports to the Building Official and the Registered Design Professional in Responsible Charge. 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 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 Registered Design Professional in Responsible Charge.

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 prior to issuance of a Certificate of Use and Occupancy.

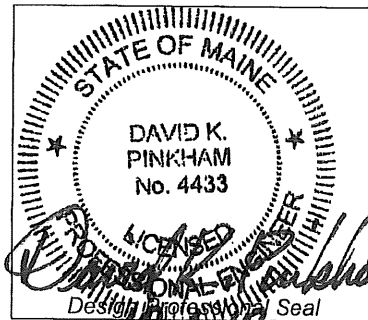
Job site safety and means and methods of construction are solely the responsibility of the Contractor.

Interim Report Frequency: *Monthly*

or per attached schedule.

Prepared by:

David K. Pinkham, P.E.
(type or print name)



David K. Pinkham
Signature

12/6/12
Date

Owner's Authorization:

Building Official's Acceptance:

ADG
Signature

12/06/12
Date

Signature

Date

Schedule of Inspection and Testing Agencies

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Soils and Foundations | <input type="checkbox"/> Spray Fire Resistant Material |
| <input checked="" type="checkbox"/> Cast-in-Place Concrete | <input type="checkbox"/> Wood Construction |
| <input type="checkbox"/> Precast Concrete | <input type="checkbox"/> Exterior Insulation and Finish System |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Mechanical & Electrical Systems |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Architectural Systems |
| <input type="checkbox"/> Cold-Formed Steel Framing | <input type="checkbox"/> Special Cases |

| Special Inspection Agencies | Firm | Address, Telephone, e-mail |
|--|---|--|
| 1. Special Inspection Coordinator David K. Pinkham, P.E. | <i>Pinkham & Greer Consulting Engineers</i> | <i>28 Vannah Ave. Portland, ME 04103</i> |
| 2. Inspector James A. Moran III, P.E. | <i>Pinkham & Greer Consulting Engineers</i> | <i>Same</i> |
| 3. Inspector | | |
| 4. Testing Agency To be determined, see below | | |
| 5. Testing Agency | | |
| 6. Other | | |

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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.

As of 12/6/12, the Owner has received proposals from testing agencies and is evaluating those proposals. A single testing agency will be retained to perform field tests. Once the testing agency is selected, the Owner will notify the Building Official.

Quality Assurance Plan

Quality Assurance for Seismic Resistance

Seismic Design Category *N/A*
Quality Assurance Plan Required (Y/N) *N*

Description of seismic force resisting system and designated seismic systems:
N/A

Quality Assurance for Wind Requirements

Basic Wind Speed (3 second gust) *N/A*
Wind Exposure Category *N/A*
Quality Assurance Plan Required (Y/N) *N*

Description of wind force resisting system and designated wind resisting components:
N/A

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Statement of Responsibility

Each contractor responsible for the construction or fabrication of a system or component designated above must submit a Statement of Responsibility.

N/A

| Item | Agency # (Qualif.) | Scope |
|-------------------------------|-----------------------|---|
| 1. Shallow Foundations | 1,2 | <p><i>Inspect soils below slab to determine suitability.-All</i></p> <p><i>Inspect removal of unsuitable material and preparation of subgrade prior to placement of controlled fill.-ALL</i></p> |
| 2. Controlled Structural Fill | 3 | <p><i>Perform modified Proctor tests (ASTM D1557) for each source of fill material.</i></p> <p><i>Inspect placement, lift thickness and compaction of controlled fill.</i></p> <p><i>Test density of each lift of fill by nuclear methods (ASTM D2922).-ALL</i></p> |
| | | <p style="text-align: right;">RECEIVED DEC 06 2012 Dept. of Building Inspections City of Portland Maine</p> |
| | | |
| | | |

Cast-in-Place Concrete

| Item | Agency # (Qualif.) | Scope |
|-------------------------------------|--------------------|---|
| 1. Mix Design | 1, 2 | <i>Review concrete mix design.</i> |
| 2. Material Certification | N/A | |
| 3. Reinforcement Installation | 1, 2 | <i>Inspect size, spacing, cover, positioning and grade of reinforcing steel. Verify that reinforcing bars are free of form oil or other deleterious materials. Verify that bars are adequately tied and supported on chairs or bolsters.- ALL</i> |
| 4. Post-Tensioning Operations | N/A | |
| 5. Welding of Reinforcing | N/A | |
| 6. Anchor Rods | N/A | |
| 7. Concrete Placement | 1, 2, 3 | <i>Inspect placement of concrete. Verify that concrete conveyance and depositing avoids segregation or contamination. Verify that concrete is properly consolidated.- SAMPLE</i> |
| 8. Sampling and Testing of Concrete | 3 | <i>Test concrete compressive strength (ASTM C31 & C39), slump (ASTM C143), air-content (ASTM C231 or C173) and temperature (ASTM C1064).- SAMPLE</i> |
| 9. Curing and Protection | 1, 2 | <i>Inspect curing, cold weather protection procedures.</i> |
| 10. Other: | N/A | |

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Jeanie Bourke - METRO Lift Project, 91 St. John St.

From: "David Pinkham" <DPinkham@pinkhamandgreer.com>
To: "Jeanie Bourke" <JMB@portlandmaine.gov>
Date: 1/24/2013 11:10 AM
Subject: METRO Lift Project, 91 St. John St.

Hi Jeanie,

The testing agency for soil compaction and concrete testing for the Metro lift project is John Turner Consulting. They have a Portland office, but thus far the testing has been done out of their Dover, NH office. When I sent you the Statement of Special Inspections, the testing agency had not yet been selected. Their full address is 19 Dover St., Dover, NH 03820, phone (603) 749-1841.

Thanks,
Dave

David K. Pinkham, P.E.
Pinkham & Greer Consulting Engineers
28 Vannah Ave.
Portland, ME 04103
Tel. 207-781-5242
Fax: 207-781-4245

68-B-12

stertil[®]**KRON**

Hydraulic vehicle lift

SKY-200/250

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City of Portland Maine




Full
Manual in
G Drive
PDR

Installation, operation and maintenance instructions

T





**PLEASE DELIVER TO THE LIFT ALL OPERATION, INSPECTION AND
MAINTENANCE MANUALS, AND ALL OTHER INSTRUCTIONAL MATERIAL
FURNISHED WITH THE LIFT, TO THE LIFT
OWNER / USER / EMPLOYER.**

**PLEASE READ AND UNDERSTAND ALL INSTRUCTIONS IN THIS MANUAL
BEFORE INSTALLING, OPERATING OR MAINTAINING THIS LIFT.**

**Installation, operation and maintenance instructions for the Stertil-Koni
hydraulic vehicle lift**

SKY-200/250

Starting at Serial Number:

TZ141655



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Statement of conformity

Statement of conformity with the European machine guideline (06/42/EG), the ANSI/ALI ALCTV 2006, ANSI/UL201 2nd edition and CAN/CSA C22.2 No. 68-92.

Manufacturer: Steril B.V.
Postbus 23
9288 ZG Kootstertille
The Netherlands

Machine: Surface and flush mounted hydraulic vehicle lift.

Make: STERTIL - KONI

Serial Number:

Date first used:

| Model | SKY-200 | SKY-250 |
|----------|---|---|
| Version | Surface and flush mounted Automotive Lift with tracks | Surface and flush mounted Automotive Lift with tracks |
| Variants | SKY200-7 (track length 22' - 11 1/2") SKY200-8 (track length 26' - 3") SKY200-9 (track length 29' - 6 1/2") SKY200-10 (track length 32' - 9 1/2") | SKY250-8 (track length 26' - 3") SKY250-10 (track length 32' - 9 1/2") SKY250-12 (track length 39' - 4 1/2") SKY250-14,5 (track length 47' - 7") |
| Options | Lighting Extra long drive on ramps Jacking beam JB120 Wash bay model Double lowering speed Synchronization set for connected versions Remote control | Lighting Extra long drive on ramps Jacking beam JB160 Wash bay model Double lowering speed Synchronization set for connected versions Remote control |

The manufacturer is authorised to constitute the technical documentation.

The undersigned, U. Bijlsma, director, authorised for this purpose by Steril B.V., declares that the vehicle lift is in accordance with the 'machine guideline' 06/42/EG. The vehicle lift complies with the basic safety requirements as stipulated in this guideline. The model has undergone an EC type testing in accordance with this guideline. This EC testing was carried out by:

TÜV SÜD - Product Service GMBH - Index CE 0123
Gottlieb Daimler Strasse 7
70794 Filderstadt

SKY-200/250 EC-Type Examination Certificate No.: M6 08 01 62959 002

These vehicle lifts are also approved by:
ETL, Testing Laboratories, Inc. - Lexington,
KY 40510 USA, under report no.: 3107897CRT-001.
Date, 4 november 2007.

Steril B.V. Kootstertille

U. Bijlsma
Director

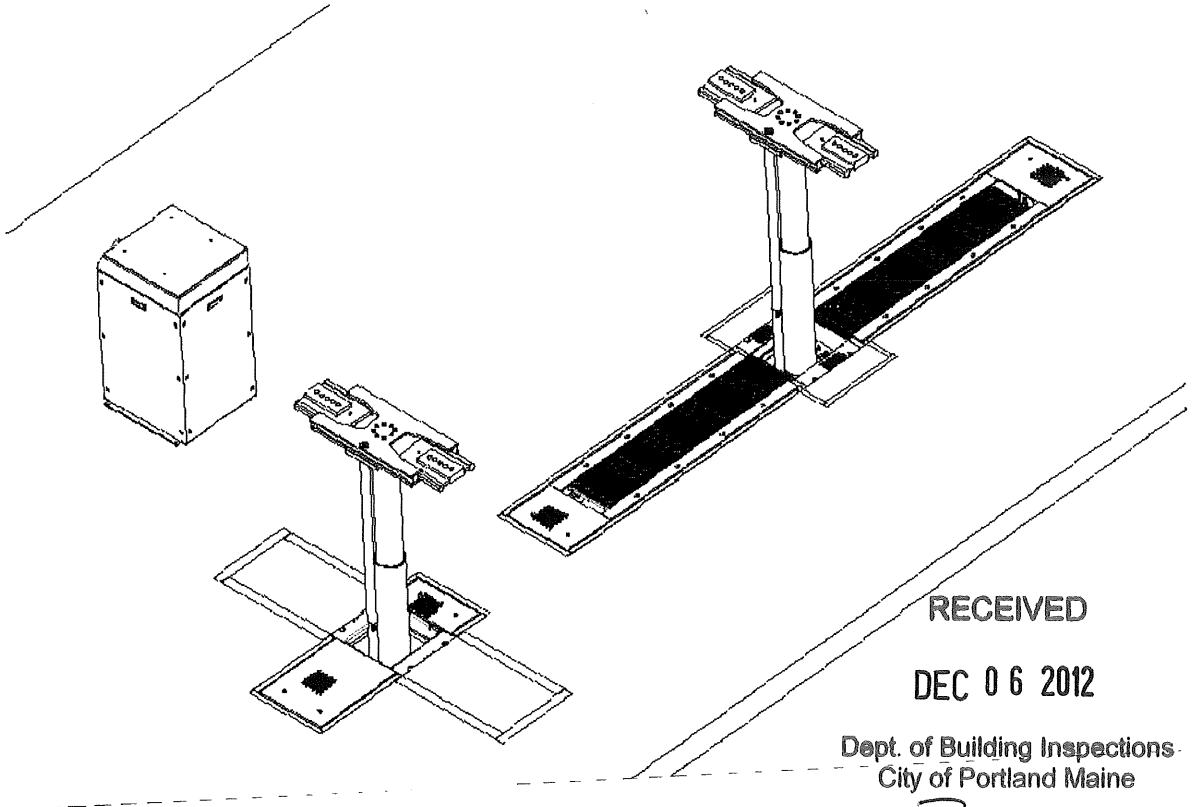
Signature:



In-ground lift

Diamond 64 & Diamond 96

stertil[®]**KONI**



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Dept. of Building Inspections
City of Portland Maine

*Full manual
in G Drive
PDF*

**Safety, installation,
operation, maintenance and
troubleshooting instructions**

**ATTENTION! THOROUGHLY READ AND COMPREHEND
ALL SECTIONS OF THIS MANUAL BEFORE
INSTALLATION, OPERATION, MAINTENANCE AND
TROUBLESHOOTING THE DIAMOND 64 & 96 LIFT**

**STERTIL-KONI
200 LOG CANOE CIRCLE,
STEVENSVILLE, MD 21666
TEL. 800-336-6637 OR
410-643-9001
FAX. 410-643-8901**

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Jeanie Bourke - Re: Metro Lift Project- floor drains

From: Jeanie Bourke
To: David Pinkham
Date: 1/15/2013 2:15 PM
Subject: Re: Metro Lift Project- floor drains

Hi David,

Per our telephone conversation today and the product information you have provided, the installation of the Sure Seal floor drain trap primer is approved for use in the existing floor drains at the Metro lift project on 91 St. John St.

This approval is based on the 2009 UPC Sec. 301.2 Alternate Materials and Methods of Construction Equivalency & 1007.0 Trap Seal Protection. You have indicated the existing floor drains will be replaced, however the plumbing infrastructure and traps will not be substantially exposed, therefore prohibiting, within the scope of work, the installation of water lines for trap primer connection. This approval does not allow any other alternate materials or plumbing systems and requires that all new plumbing fixtures and installations comply with the requirements for new.

Please keep in mind, upon inspection of this work, assessment for code compliance is at the discretion of the city official and is binding. If the installation of water lines to existing floor drains with infrequent use, is feasible, they shall be required, any new floor drains and traps shall meet the code for new installations.

Thank you for contacting me, let me know if you have any questions,
Jeanie

Jeanie Bourke
CEO/LPI/Plan Reviewer

City of Portland
Planning & Urban Development Dept./ Inspections Division
389 Congress St. Rm 315
Portland, ME 04101
jmb@portlandmaine.gov
Direct: (207) 874-8715
Office: (207) 874-8703

>>> "David Pinkham" <DPinkham@pinkhamandgreer.com> 1/15/2013 10:59 AM >>>
Hi Jeanie,

The attachment is the cut sheet sent to me by the general contractor for the drain seal. I've also provided a link to the Sure Seal website. As we discussed, it seems to me this is an improvement over what is currently in the building. I'll be glad to meet with you in your office or at the job site and provide you with information about the current floor drain system to the extent that it is shown on the original (1983) construction drawings. Please let me know if there is anything else I can help you with.

Thanks,
Dave

www.thesureseal.com



The Green Solution

Inline 4" Floor Drain Trap Sealer Model SS4009



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Dept. of Building Inspection
City of Richmond, VA

Specification: Sure Seal Model SS4009 preassembled Inline Floor Drain Trap Sealer. 2 pieces: 1 commercial grade ABS plastic housing & proprietary neoprene rubber diaphragm with 1 soft rubber sealing gaskets. Floor rating ASSE – 1072 AF-GW.

Function: Inline 4" Floor Drain Trap Sealer. Creates a physical barrier to block sewer gases and their odors from escaping. Can be used in either the strainer or in the floor drain outlet.

- **New Construction:** Used in floor drains to provide added protection against escaping sewer gases. Can be used in either the strainer or in the floor drain outlet. Eliminates the need to repair/replace trap primers when they fail.
- **Retrofit:** Used in situations where trap primers have failed or where trap primers were never installed.

Benefits: Simple to install, eliminates the need for complex, time consuming, and expensive repairs. Provides added protection against noxious sewer gasses. ECO friendly saving water.

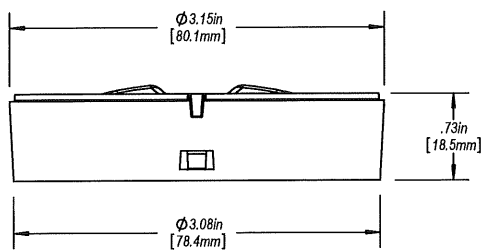
BEFORE

Strainer
Floor
Drain Outlet

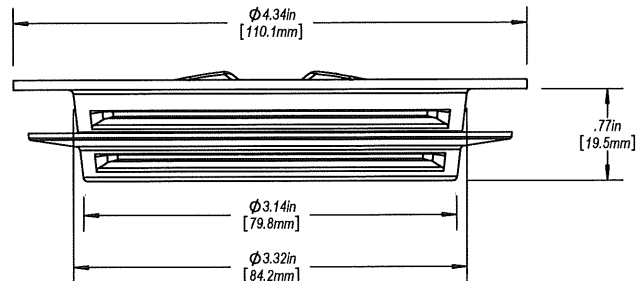
AFTER

A B
Strainer
Floor
SureSeal
Drain Outlet

ICC-ES Listed: PMG-1070 IAPMO Listed: C-4165 Patents: US 6,273,124 B1 • CA 2,450,304 • Other Patents Pending



Housing (No Gasket)



Housing & Gasket

ICC-ES PMG Listing
PMG-1070
Effective Date: February 1, 2012
This listing is subject to re-examination in one year.

www.icc-es-pmg.org | (800) 423-6587 | (562) 699-0543 *A Subsidiary of the International Code Council®*

CSI: DIVISION: 22 00 00—PLUMBING
 Section: 22 13 16—Sanitary Waste and Vent Piping

Product certification system:

The ICC-ES product certification system includes testing samples taken from the market or supplier's stock, or a combination of both, to verify compliance with applicable codes and standards. The system also involves factory inspections, and assessment and surveillance of the supplier's quality system.

Product: Sure Seal - Barrier Type Floor Drain Trap Seal Protection Devices ("Device") Models SS2009, SS3000, SS3509 and SS4009

Listee: Sure Seal Manufacturing, LLC
 1614 South Mildred Street, Suite 12
 Tacoma, Washington 98465
www.thesureseal.com
Compliance with the following codes:

 2012 and 2009 *International Plumbing Code®* (IPC)
 2012 and 2009 *International Residential Code®* (IRC)
 2009 *Uniform Plumbing Code®* (UPC)*

**Uniform Plumbing Code® is a copyrighted publication of the International Association of Plumbing and Mechanical Officials*

Compliance with the following standards:

 ASSE 1072, Performance Requirements for Barrier Type Floor Drain Trap Seal Protection Devices, American Society of Sanitary Engineering.
 LC1015, PMG Listing Criteria for Elastomeric, Normally Closed, Floor Drain Evaporation Resistant Sealing System

Identification:

The product and/or package must bear the Sure Seal Manufacturing, LLC, name, the model number and the ICC-ES PMG listing mark.

Installation:

Sure Seal trap primer alternates are to be installed in accordance with the manufacturer's instructions and the applicable code.

Models:

| MODEL | Device SIZE | | FLOW RATE | |
|--------------|-------------|-------|-----------|-------|
| | Inches | mm DN | GPM | L/M |
| Model SS2009 | 2 | 40 | 12.0 | 45.4 |
| Model SS3000 | 3 | 50 | 34.0 | 128.7 |
| Model SS3509 | 3 1/2 | 80 | 73.0 | 276.4 |
| Model SS4009 | 4 | 100 | 73.0 | 276.4 |

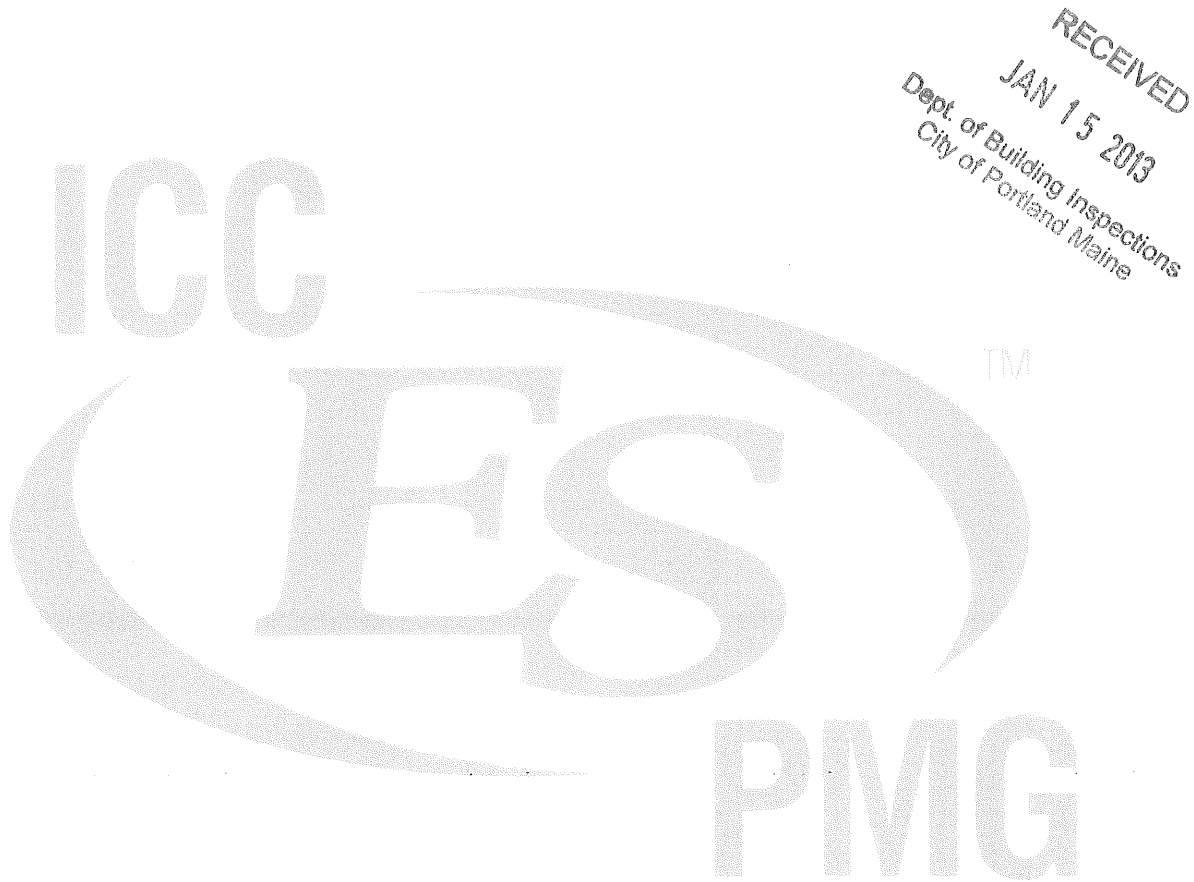
Listings are not to be construed as representing aesthetics or any other attributes not specifically addressed, nor are they to be construed as an endorsement of the subject of the listing or a recommendation for its use. There is no warranty by ICC Evaluation Service, LLC, express or implied, as to any finding or other matter in this listing, or as to any product covered by the listing.



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 Dept. of Building Inspections
 City of Portland Maine

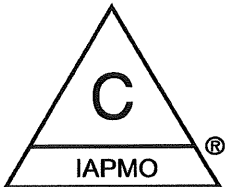
Conditions of listing:

1. Sure Seal devices, recognized by this listing, are intended to serve as alternates to the code-required trap primer. They must serve a functioning trap.
2. The plumbing systems must be installed in accordance with the applicable code.
3. The "Device" must be accessible.
4. Sure Seal trap primer alternates are manufactured in Bothell, Washington, under a quality control program with annual surveillance inspections by ICC-ES PMG.



IAPMO RESEARCH AND TESTING, INC.

5001 East Philadelphia Street, Ontario, California 91761-2816 • (909) 472-4100 Fax (909) 472-4244 • www.iapmo.org



CERTIFICATE OF LISTING

IAPMO Research and Testing, Inc. is a product certification body which tests and inspects samples taken from the supplier's stock or from the market or a combination of both to verify compliance to the requirements of applicable codes and standards. This activity is coupled with periodic surveillance of the supplier's factory and warehouses as well as the assessment of the supplier's Quality Assurance System. This listing is subject to the conditions set forth in the characteristics below and is not to be construed as any recommendation, assurance or guarantee by IAPMO Research and Testing, Inc. of the product acceptance by Authorities Having Jurisdiction.

Effective Date: August 2012

Void After: August 2013

Product: Floor Drain Trap Seal Protection Devices

File No. C-4165

Issued To: Sure Seal, Inc.
1614 S Mildred Stste #12
Tacoma, WA 98464-5376

Identification: Each device shall bear permanent legible markings to identify the manufacturer. This marking shall be the Manufacturer's name or trademark, application designation (per Table 2 of ASSE 1072-07), and the C/IAPMO® triangular certification mark.

Characteristics: Floor drain trap seal protection device manufactured to the requirements of ASSE 1072-07.

Products listed on this certificate have been tested by an IAPMO R&T recognized laboratory. This recognition has been granted based upon the laboratory's compliance to the applicable requirements of ISO/IEC 17025.

Products are in compliance with the following code(s):
International Plumbing Code (IPC®)

Products are in compliance with the following standard(s):
ASSE 1072-2007


Chairman, Product Certification Committee

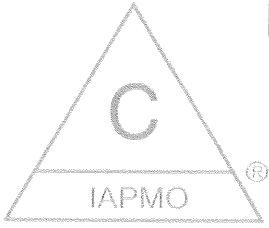

CEO, The IAPMO Group

For the most accurate and updated information please visit <http://pld.iapmo.org/C-4165>

This listing period is based upon the last date of the month indicated on the Effective Date and Void After Date shown above. Any change in material, manufacturing process, marking or design without having first obtained the approval of the Product Certification Committee, or any evidence of non-compliance with applicable codes and standards or of inferior workmanship, may be deemed sufficient cause for revocation of this listing. Production of or reference to this form for advertising purposes may be made only by specific written permission of IAPMO Research and Testing, Inc. Any alteration of this certificate could be grounds for revocation of the listing.

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JAN 15 2013
Dept. of Building Inspections
City of Portland Maine





IAPMO RESEARCH AND TESTING, INC. CERTIFICATE OF LISTING

Page 2

Void After: August 2013

Product: Floor Drain Trap Seal Protection Devices

File No. C-4165

Issued To: Sure Seal, Inc.

MODELS:

Sureseal™

Model No.

SS2009

SS3000

SS3509

SS4009

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City of Portland Maine