

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMITPlease Read
Application And
Notes, If Any,
Attached

PERMIT ISSUED

Permit Number: 090132

MAR 10 2009

This is to certify that ST JOHN STREET ASSOCIATES LIMITED PARTNERSHIPhas permission to Change of use from warehouse to food testing, Bio Lab & ADA sex bathroomAT 70 ST JOHN STCB 070 A001001

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 red-in. 24 HOURS 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. CAPT. K. [Signature]

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature] 3/10/09
Director Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

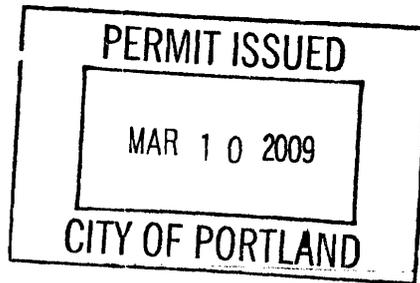
City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0132	Issue Date:	CBL: 070 A001001
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Location of Construction: 70 ST JOHN ST	Owner Name: ST JOHN STREET ASSOCIATES	Owner Address: PO BOX 4821	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: I-Mb

Past Use: Commercial - Warehouse - Barbar Foods	Proposed Use: Commercial - Barbar Foods - Food testing, Bio Lab & ADA unisex bathroom - Change of use from warehouse to Food testing, Bio Lab & ADA unisex bathroom -	Permit Fee: \$695.00	Cost of Work: \$60,000.00	CEO District: 2
All within the existing structure Proposed Project Description: Change of use from warehouse to Food testing, Bio Lab & ADA unisex bathroom		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: FZ Type: 2B IBC-2003	
		Signature: <i>RG</i>	Signature: <i>JMB 3/10/09</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Ldobson	Date Applied For: 02/18/2009	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	Zoning Appeal	Historic Preservation
		<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"/>	<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	<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>2/19/09</i>	Date:	Date: <i>[Signature]</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 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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

Final/Certificate of Occupancy: Prior to any occupancy of the structure or use.

NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee

3/10/09
Date



Signature of Inspections Official

3/10/09
Date

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0132	Date Applied For: 02/18/2009	CBL: 070 A001001
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Location of Construction: 70 ST JOHN ST	Owner Name: ST JOHN STREET ASSOCIATES	Owner Address: PO BOX 4821	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	

Proposed Use: Commercial - Barbar Foods - Food testing, Bio Lab & ADA unisex bathroom - Change of use from warehouse to Food testing, Bio Lab & ADA unisex bathroom -	Proposed Project Description: Change of use from warehouse to Food testing, Bio Lab & ADA unisex bathroom
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 02/19/2009

Note: **Ok to Issue:**

- 1) It is understood that all work is within the existing shell of the building.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 03/10/2009

Note: **Ok to Issue:**

- 1) Structural analysis of roof joists required at HVAC permit application for new rooftop units
- 2) Tempered glazing required at the replacement window at the exterior stair run, if under 60" above the tread nosing height. Guardrail exception to this allowed per Sec. 2406.3(10)(11)
- 3) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 4) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 5) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 02/26/2009

Note: **Ok to Issue:**

- 1) Emergency lights and exit signs are required
- 2) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 3) The fire alarm system shall comply with NFPA 72
- 4) The sprinkler system shall be installed in accordance with NFPA 13.
- 5) All construction shall comply with NFPA 101
- 6) The sprinkler system shall be installed in accordance with NFPA 13.

Comments:

3/4/2009-jmb: Spoke with Mike C. About asbestos removal, tempered glazing at exterior stair and structurals required for rooftop units at HVAC applicaiton. He will submit the DEP BDNF form.

Location of Construction: 70 ST JOHN ST	Owner Name: ST JOHN STREET ASSOCIATES	Owner Address: PO BOX 4821	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	
3/10/2009-jmb: Mike C. Submitted the asbestos information, structurals for the HVAC will be a condition to be submitted with that permit, ok to issue			



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: <u>70 ST. JOHN ST.</u>		
Total Square Footage of Proposed Structure/Area <u>1240 SF INTERIOR</u>	Square Footage of Lot <u>5.9 A</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>70</u> Block# <u>A</u> Lot# <u>01</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>BARBER FOODS INC.</u> Address <u>70 ST JOHN ST</u> City, State & Zip <u>PORTLAND ME 04112</u>	Telephone: <u>541-2800</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>60,000</u> C of O Fee: \$ <u>\$0</u> Total Fee: \$ <u>620.00</u>
Current legal use (i.e. single family) <u>MANUFACTURING</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>MANUFACTURING</u> Is property part of a subdivision? <u>N</u> If yes, please name _____ Project description: <u>• CONSTRUCT NEW INTERIOR FOOD TESTING BIO-LAB</u> <u>• RE-FURBISH EXH. CONFERENCE ROOM</u> <u>• CREATE NEW ADA UNISEX BATHROOM.</u>		
Contractor's name: <u>T.I.D.</u>		
Address: _____		
City, State & Zip: _____ FEB 11 2009		
Telephone: _____		
Who should we contact when the permit is ready: <u>Michael Cushing</u> Telephone: <u>237-3853</u>		
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.

AGENT: AARON S. WILSON P.E. 878-1757

Signature: [Signature]

Date: 2-11-09

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



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
- Floor plans and elevations
- Window and door schedules
- Complete electrical and plumbing layout. *(PLANS BY ELECTRICAL/PLUMBING CONTRACTOR)*
- Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment or other types of work that may require special review *(PLANS BY MECHANICAL CONTRACTOR)*
- Insulation R-factors of walls, ceilings, floors & U-factors of windows as per the IEEC 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 (PLANS BY SPRINKLER CONTRACTOR)
 - 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. (N.A.)

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, 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.

**Asbestos
Project
Notification
Revision**

State of Maine
Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, ME 04333
TEL (207) 287-2651 FAX (207) 287-6220

**FORM
R**

Page 1 of 1
2008 Revision

1. Project Code

NES-SMBF03928
(assigned by original
notification submitter)

2. Revision #

1

3. Revision Information Submitted by

Name Northeastern Environmental Services

Mailing Address P O Box 291

City Pittsfield State Maine Zip 04967

Contact Bobbie Goulette

TEL 207-487-3091 FAX 207-487-3025

FAXED By: *BGA*
Date: *3/9/09*

4. Asbestos Contractor (As listed in original notification)

Name Northeastern Environmental Services

Address P O Box 291

City Pittsfield State Maine Zip 04967

Contact Bobbie Goulette

TEL 207-487-3091 FAX 207-487-3025

5. Facility Location (Where removal is to take place)

BLDG Name Barbara Foods

Floor and/or Rm.# D4 Storage Area

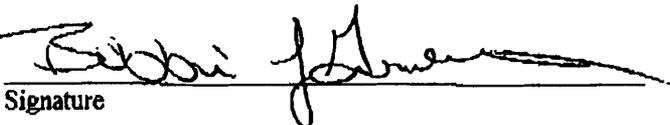
Physical Address 82 St. John Street

City Portland State ME Zip 04104

6. Notification Revisions (Check all that apply)

- Change Start Date from _____ to _____
- Change End Date from _____ to _____
- Change in Work Hours
- Cancellation of Project Date _____ to _____
- Change in Contractor to _____
- Change in amount of ACM being removed (Show increase or decrease)
- Change in Waste Transporter to _____
- Change in Disposal Site to _____
- Variance Request not previously submitted (Non-Standard Variance Request requires Department written approval)
- Change in abatement methods
- Other Corrected physical address. Should be 82 St. John Street, not 70.

MAR 10 2009


Signature

Bobbie Goulette
Print Name

Date 03/09/09

ME DEP USE ONLY

Postmark/ FAX/ Hand delivered

Date Received _____

Important Note: This form may be faxed to the Department. Remember to keep a record of all notifications sent to the Department.

Asbestos Project Notification 2008 Revision		State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-6220		FORM N Page 1 of 3	
Important Notice: The notification submitter must send a complete notification including any applicable fee which is postmarked at least 10 calendar days or received by the Department at least 5 working days prior to the start of an asbestos abatement project. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record.					
1. Project* Code NES-SMBF03928 (Assigned by notification submitter) *See definition of project at Chapter 425.1.CCC		2. Type of Notification <input checked="" type="checkbox"/> Standard (O) <input type="checkbox"/> Facility O&M (Annual) <input type="checkbox"/> Emergency (E) <input type="checkbox"/> Courtesy (Not Regulated)		3. Type of Activity <input type="checkbox"/> Demolition (D) <input checked="" type="checkbox"/> Renovation (R) <input type="checkbox"/> Repair	
				4. Variances (Check all that apply) <input type="checkbox"/> Non-Standard (NS) <input type="checkbox"/> Standard (S) <input type="checkbox"/> Notification Waiver (10 day)	
5. Asbestos Contractor Name Northeastern Environmental Services Address P O Box 291 City Pittsfield State Maine Zip 04967 Contact Bobbie Goulette TEL 207-487-3091 FAX 207-487-3025			6. Facility Owner Name Barbara Foods Mailing Address 70 St. John Street City Portland State ME Zip 04104 Contact Gerry Langlais @ Sullivan & Merrit TEL 657-6922 x 3 FAX		
7. Facility Location (Where removal is to take place) BLDG Name Barbara Foods Floor and/or Rm.# D4 storage area Physical Address 70 St. John St City Portland State ME Zip 04104			8. Facility Description Present Use storage area Prior Use tire facility BLDG Size 30 x 120 No. Floors 1 + bsmt BLDG Age 50+		
9. Notification Fees (Required fees must accompany notification) <input checked="" type="checkbox"/> \$100.00 = ACM amounts 100 SqFt/100 LnFt to 1000 SqFt/5000 LnFt. <input type="checkbox"/> \$200.00 = ACM amounts greater than 1000 SqFt/5000 LnFt. <input type="checkbox"/> Not Required or Not Included (Complete Block #9A)		9A. Notification Fee Not Included <input type="checkbox"/> Single family home exemption <input type="checkbox"/> ACM amount less than 100 SqFt/100 LnFt <input type="checkbox"/> Fees paid quarterly (Non-Scheduled O&M only) <input type="checkbox"/> BGS exemption		10. Project Work Hours 6:00 AM to 4:30 PM (Show actual hours) Weekdays (Check all that apply) <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> T <input type="checkbox"/> F Weekend (Check all that apply) <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
11. Scheduled Dates for Asbestos Project Project Start Date (mm/dd/yy) 03/16/09 Project Completion Date 03/19/09 ACM Removal Dates (from) 03/16/09 (to) 03/19/09					
12. Asbestos (ACM) Removal				ME DEP USE ONLY	
ACM Type		Amount		Measurement	
non-friable floor tile		576		SqFt x LnFt	
				SqFt LnFt	
				SqFt LnFt	
				SqFt LnFt	
				SqFt LnFt	
				SqFt LnFt	
				Postmark/ FAX/ hand delivered _____	
				Date Received _____	
				Check # _____	
				NESHAP _____	
				State _____	
				Variance _____	



Certificate of Design Application

From Designer:

ASSOCIATED DESIGN PARTNERS, INC

Date:

2-11-09

Job Name:

BARBER FOODS - BIO LAB / CONFERENCE RM

Address of Construction:

70 ST. JOHN ST

2003 International Building Code

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

Building Code & Year IBC 2003 Use Group Classification (s) F-2

Type of Construction II-B

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 ~~IBC~~ IBC Y

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

Supervisory alarm System? Y Geotechnical/Soils report required? (See Section 1802.2) N

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>ENTRY STAIR</u>	<u>100 PSF</u>

Wind loads (1603.1.4, 1609)

N.A. Design option utilized (1609.1.1, 1609.6)

N.A. Basic wind speed (1809.3)

N.A. Building category and wind importance Factor, w table 1604.5, 1609.5

N.A. Wind exposure category (1609.4)

N.A. Internal pressure coefficient (ASCE 7)

N.A. Component and cladding pressures (1609.1.1, 1609.6.2.2)

N.A. 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)

N.A. Seismic use group ("Category")

N.A. Spectral response coefficients, S_D s & S_{D1} (1615.1)

N.A. Site class (1615.1.5)

N.A. Live load reduction

N.A. Roof live loads (1603.1.2, 1607.11)

N.A. Roof snow loads (1603.7.3, 1608)

N.A. Ground snow load, P_g (1608.2)

N.A. If $P_g > 10$ psf, flat-roof snow load P_f

N.A. If $P_g > 10$ psf, snow exposure factor, C_e

N.A. If $P_g > 10$ psf, snow load importance factor, I_s

N.A. Roof thermal factor, C_t (1608.4)

N.A. Sloped roof snowload, P_s (1608.4)

N.A. Seismic design category (1616.3)

N.A. Basic seismic force resisting system (1617.6.2)

N.A. Response modification coefficient, R_d and deflection amplification factor, C_d (1617.6.2)

N.A. Analysis procedure (1616.6, 1617.5)

N.A. 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)

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)



Accessibility Building Code Certificate

Designer: ASSOCIATED DESIGN PARTNERS, INC

Address of Project: 70 ST. JOHN ST

Nature of Project: INTERIOR RENOVATIONS

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: *Aaron S. Wilson*

Title: ENGINEER

Firm: ASSOCIATED DESIGN PARTNERS INC

Address: 80 LEIGHTON RD
FARMOUTH, ME 04105

Phone: 878-1751

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 Design

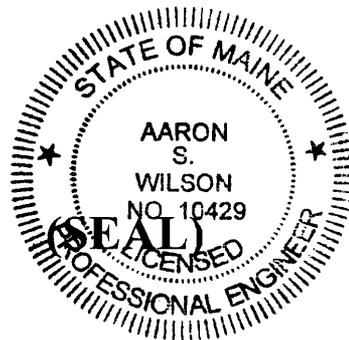
Date: 2-11-09

From: ASSOCIATED DESIGN PARTNERS, INC

These plans and / or specifications covering construction work on:

BARBEIZ FOODS BIO LAB / CONFERENCE ROOM
RENOVATIONS

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



Signature: Aaron S. Wilson

Title: ENGINEER

Firm: ASSOCIATED DESIGN PARTNERS INC.

Address: 80 LEIGHTON RD

FARMOUTH ME 04105

Phone: 878-1751

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

CITY OF PORTLAND - FIRE DEPARTMENT REVIEW INFORMATION

BARBER FOODS BIOLAB / CONFERENCE ROOMS – INTERIOR FIT-UP.

OWNER

Barber Foods Inc
70 St. John Street
Portland Maine 04112
Contact: Carl Vadnais

ENGINEER

Associated Design Partners, Inc
80 Leighton Rd
Falmouth, Maine 04105
Contact: Aaron S. Wilson, P.E.

Current Legal Use – Manufacturing

Proposed Legal Use – Manufacturing

Square Footage of Interior Fit-Up = 1240sf

Existing Fire Protection – NFPA 13 System with Supervisory Alarm

Proposed Fire Protection - NFPA 13 System with Supervisory Alarm



ASSOCIATED DESIGN PARTNERS INC.
 80 Leighton Road
 Falmouth, Maine 04105
 Office: (207) 878-1751
 Fax: (207) 878-1788
 E-Mail: adp@adpengineering.com

THIS DRAWING, DESIGN AND ELECTRONIC FILE ARE THE PROPERTY OF ASSOCIATED DESIGN PARTNERS, INC. THE REPRODUCTION, COPYING OR ANY OTHER USE OF THIS DOCUMENT WITHOUT WRITTEN CONSENT IS PROHIBITED.

PROJECT: **BIO-LAB + CONFERENCE ROOM**
70 SAINT JOHN ST. PORTLAND ME
 FOR: BARBER FOODS INC.
 SHEET TITLE: **DOOR, WINDOW, AND ADA DETAILS**
 ISSUED FOR PERMITTING

NO.	BY	DATE	REVISIONS	DESCRIPTION

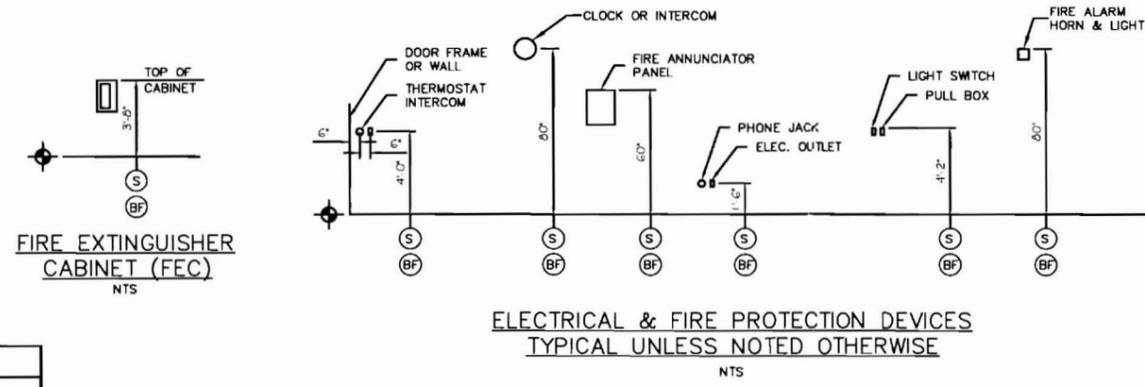
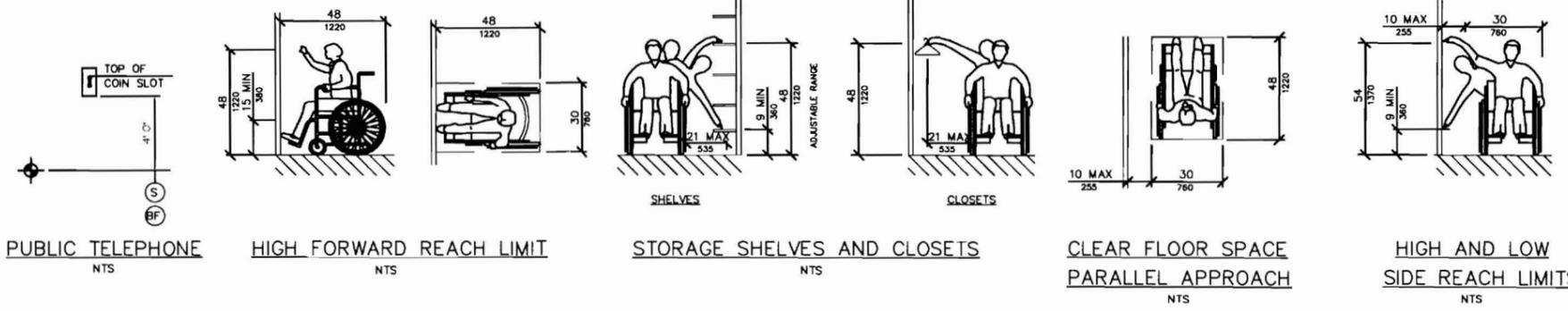
DATE: 2-11-09
 SCALE: AS NOTED
 DESIGN BY: ASW
 DRAWN BY: RC
 FILE #: 08170-0601.DWG
 PROJECT NUMBER:
08373
 SHEET NO:
A601

ACCESSIBILITY ACCESSORY MOUNTING HEIGHTS

- GRAB BARS 33"-36"
- TOILET PAPER HOLDER 19" MIN
- TOWEL BAR/PAPER TOWEL DISPENSER 48" MAX
- BUILT IN PAPER TOWEL DISPENSER 48" MAX
- SOAP DISH/DISPENSER AT WALL 48" MAX
- SANITARY NAPKIN DISPENSER 48" MAX
- SANITARY NAPKIN DISPOSAL 19" MAX
- MIRROR (BOTTOM) 40" MAX
- SHELVES/STORAGE 48" MAX
- ELECTRICAL SWITCHES/OUTLETS 48" MAX
- COAT HOOKS/RODS 48" MAX
- signage (to braille component) 60" MAX

ACCESSIBILITY GENERAL NOTES

- DOORWAYS SHALL HAVE A MINIMUM CLEAR WIDTH OF 32" WITH THE DOOR OPEN 90 DEGREES, MEASURED BETWEEN THE FACE OF THE DOOR AND THE OPPOSITE STOP.
- ALL DOORS SHALL HAVE LEVER HANDLE HARDWARE, EXCEPT AT SECURED STORAGE ROOMS, MECHANICAL ROOMS, AND ELEVATOR MACHINE ROOMS.
- ALL CLOSERS SHALL BE 5LB PULL MAXIMUM AT DOORS EQUIPPED WITH LEVER HANDLE HARDWARE.
- ALL DOORS WITH CLOSERS SHALL HAVE 18" CLEAR DISTANCE FROM THE LATCHSIDE OF THE OPENING TO ANY ADJACENT WALL OR OBSTRUCTION ON THE PULL SIDE OF THE OPENING.
- ALL DOORS WITH CLOSERS SHALL HAVE 12" CLEAR DISTANCE FROM THE LATCHSIDE OF THE OPENING TO ANY ADJACENT WALL OR OBSTRUCTION ON THE PUSH SIDE OF THE OPENING.
- all signage shall be mounted 60" off to braille component at latch-side wall of doors and openings.

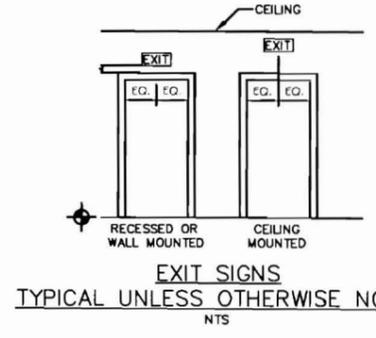


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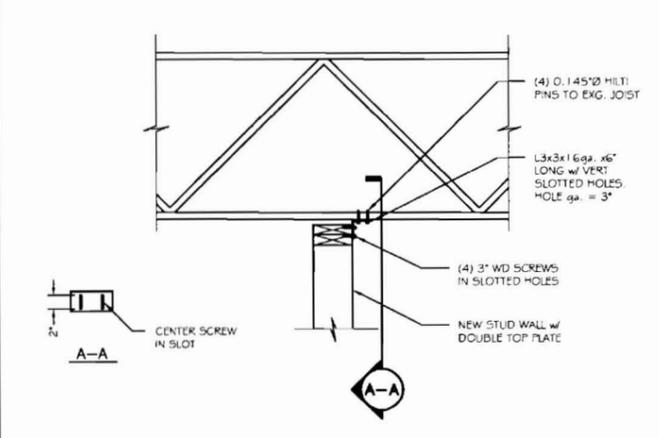
- (S) STANDARD MOUNTING HEIGHT
- (BF) BARRIER FREE ADULT MOUNTING HEIGHT
- ◆ FINISH FLOOR LINE

NOTE

MOUNT ALL FIXTURES AT STANDARD MOUNTING HEIGHT UNLESS INDICATED ON PLAN BY A S SYMBOL. A BF SYMBOL AT ANY ROOM SHALL INCLUDE ONE OF ANY FIXTURE AND ACCESSORY WITHIN THE ROOM.



C4 ADA / NFPA NOTES AND DETAILS
 SCALE: NTS



WINDOW SCHEDULE

NO.	TYPE	MANUFACTURER		NOMINAL SIZE		DETAILS				REMARKS	
		MANUFACTURER	MODEL	WIDTH	HEIGHT	HEAD	JAMB	SILL	MUNT		MULL
1	STOREFRONT	KAWNEER	TR FAB 400	19'-0"	7'-10"	-	-	-	-	-	SEE ELEVATIONS

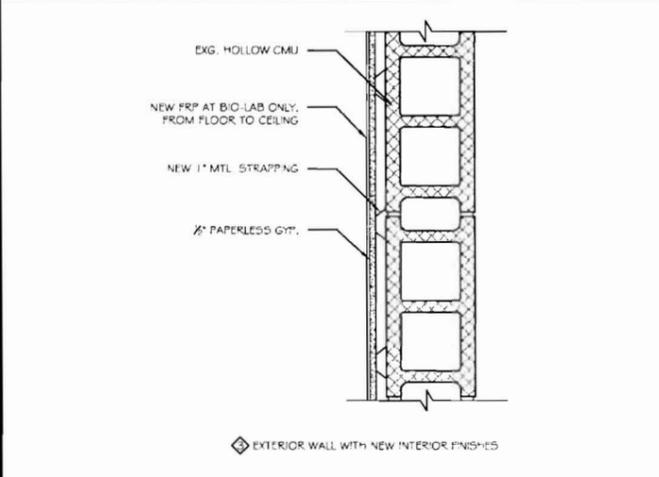
DOOR SCHEDULE

NO.	TYPE	SIZE (w x h)	THK	INSUL	HW	FR	GLASS TYPE	GLASS SIZE	REMARKS	FRAMES			THRESHOLDS			
										TYPE	FR	PROFILE	HEAD	JAMB	MATERIAL	DETAILS
101	A	3070	1 3/4	Y	HW-1	1HR	T/INSUL	2'X3'		P/HM	1HR	MAS	-	-	ALUM	ADA
102	B	3070	1 3/4	NO	HW-1	1HR	FIRELITE	4'x25"		P/HM	1HR	DW	-	-	-	-
103	C	3070	1 3/4	NO	HW-2	NO	NO	NO		P/HM	NO	DW	-	-	-	-
104	C	3070	1 3/4	NO	HW-2	1HR	NO	NO		P/HM	1HR	DW	-	-	-	-

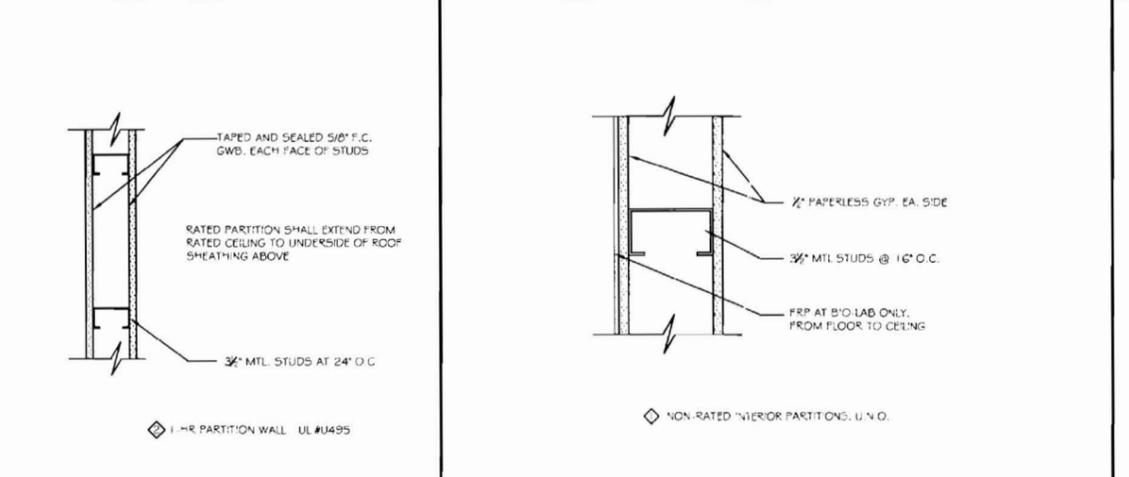
ROOM FINISH SCHEDULE

NO.	NAME	WALLS	FLOOR	CEILING	TRIM		
					BASE BOARD	WINDOW SILL	WINDOW JAMB/HD
4Q1	CONFERENCE	PAINTED PAPERLESS GWS	VCT (STYLE BY OWNER)	2-2 ACOUSTIC CEILING TILE	VINYL COVE BASE	PAINTED COMPOSITE BD	FRP RETURN
4Q2	BIO-LAB	FRP OVER FRIMED PAPERLESS GWS	VCT (STYLE BY OWNER)	2-2 ACOUSTIC CEILING TILE	VINYL COVE BASE	PAINTED COMPOSITE BD	GWB RETURN
4Q3	CORRIDOR	PAINTED PAPERLESS GWS	VCT (STYLE BY OWNER)	2-2 ACOUSTIC CEILING TILE	VINYL COVE BASE	PAINTED COMPOSITE BD	GWB RETURN
4Q4	CORRIDOR	PAINTED PAPERLESS GWS	VCT (STYLE BY OWNER)	2-2 ACOUSTIC CEILING TILE	VINYL COVE BASE	PAINTED COMPOSITE BD	GWB RETURN
4Q5	UNI-SEX LAV	PAINTED PAPERLESS GWS	VCT (STYLE BY OWNER)	2-2 ACOUSTIC CEILING TILE	VINYL COVE BASE	PAINTED COMPOSITE BD	GWB RETURN

B4 PARTITION WALL ATTACHMENT TO EXG. ROOF JOIST
 SCALE: NO SCALE



B3 WINDOW / DOOR / FINISH SCHEDULE
 SCALE: NTS

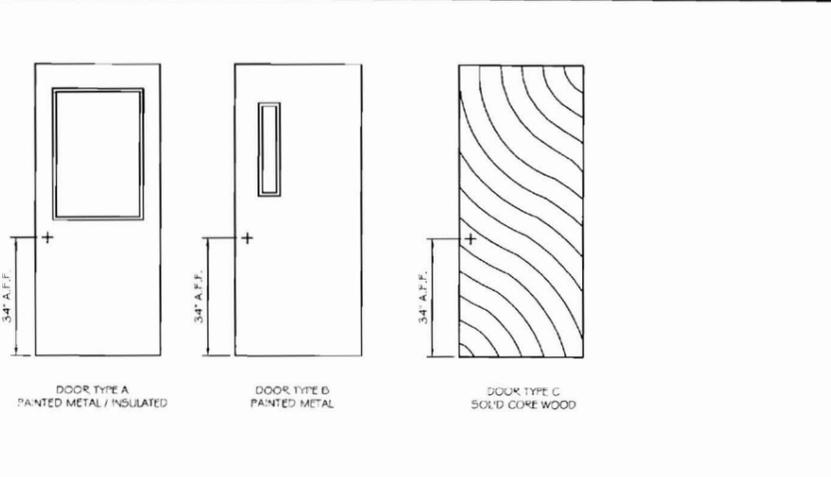


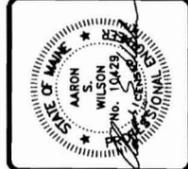
A4 NON-RATED INTERIOR PARTITION TYPE
 SCALE: NTS

A3 1 HR RATED PARTITION TYPE
 SCALE: NTS

A2 NON-RATED INTERIOR PARTITION TYPE
 SCALE: NTS

A1 WINDOW AND DOOR TYPES
 SCALE: NTS





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 Falmouth, Maine 04105

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BIO-LAB + CONFERENCE ROOM
 70 SAINT JOHN ST, PORTLAND ME
 FOR: BARBER FOODS INC.
 PROJECT:
 SHEET TITLE:
DOOR, WINDOW, AND ADA DETAILS
 ISSUED FOR PERMITTING

NO.	BY	DATE	REVISIONS

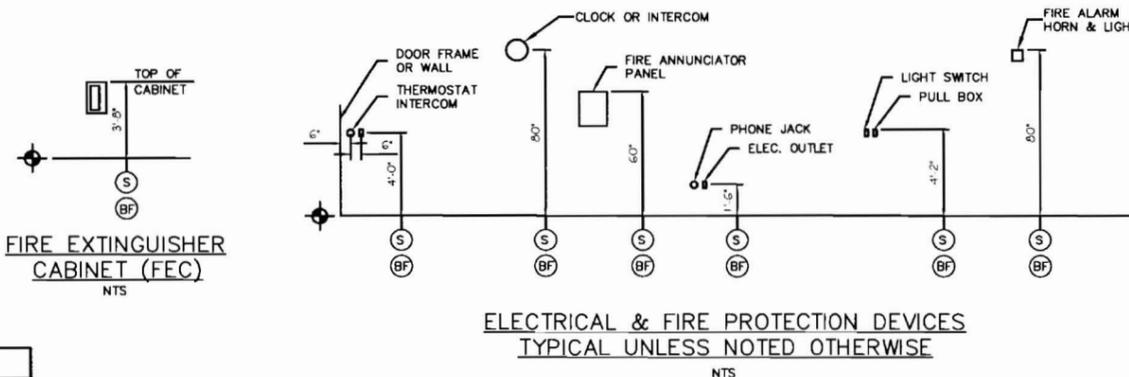
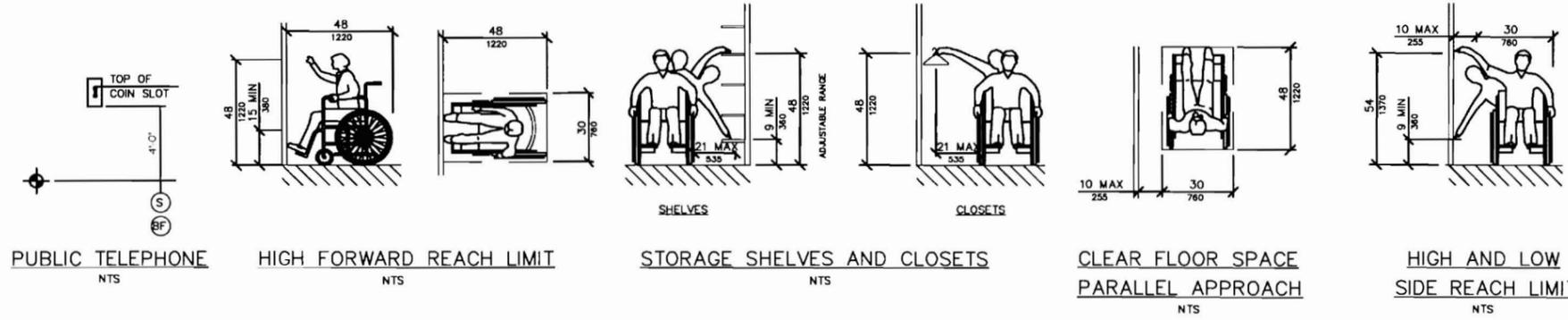
DATE: 2-11-09
 SCALE: AS NOTED
 DESIGN BY: ASW
 DRAWN BY: RC
 FILE #: 08170-A601.DWG
 PROJECT NUMBER:
08373
 SHEET NO:
A601

ACCESSIBILITY ACCESSORY MOUNTING HEIGHTS

GRAB BARS	33"-36"
TOILET PAPER HOLDER	19" MIN
TOWEL BAR/PAPER TOWEL DISPENSER	48" MAX
BUILT IN PAPER TOWEL DISPENSER	48" MAX
SOAP DISH/DISPENSER AT WALL	48" MAX
SANITARY NAPKIN DISPENSER	48" MAX
SANITARY NAPKIN DISPOSAL	19" MAX
MIRROR (BOTTOM)	40" MAX
SHELVES/STORAGE	48" MAX
ELECTRICAL SWITCHES/OUTLETS	48" MAX
COAT HOOKS/RODS	48" MAX
signage (to braille component)	60" MAX

ACCESSIBILITY GENERAL NOTES

- DOORWAYS SHALL HAVE A MINIMUM CLEAR WIDTH OF 32" WITH THE DOOR OPEN 90 DEGREES, MEASURED BETWEEN THE FACE OF THE DOOR AND THE OPPOSITE STOP.
- ALL DOORS SHALL HAVE LEVER HANDLE HARDWARE, EXCEPT AT SECURED STORAGE ROOMS, MECHANICAL ROOMS, AND ELEVATOR MACHINE ROOMS.
- ALL CLOSERS SHALL BE SLB PULL MAXIMUM AT DOORS EQUIPPED WITH LEVER HANDLE HARDWARE.
- ALL DOORS WITH CLOSERS SHALL HAVE 18" CLEAR DISTANCE FROM THE LATCHSIDE OF THE OPENING TO ANY ADJACENT WALL OR OBSTRUCTION ON THE PULL SIDE OF THE OPENING.
- ALL DOORS WITH CLOSERS SHALL HAVE 12" CLEAR DISTANCE FROM THE LATCHSIDE OF THE OPENING TO ANY ADJACENT WALL OR OBSTRUCTION ON THE PUSH SIDE OF THE OPENING.
- all signage shall be mounted 60" off to braille component at latch-side wall of doors and openings.

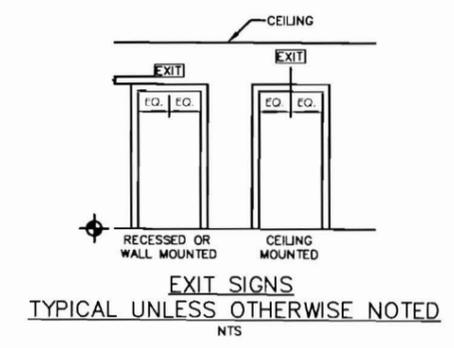


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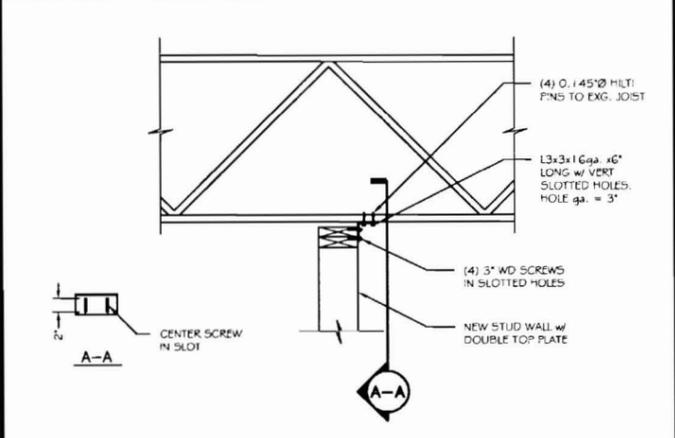
- (S) STANDARD MOUNTING HEIGHT
- (BF) BARRIER FREE ADULT MOUNTING HEIGHT
- ◆ FINISH FLOOR LINE

NOTE

MOUNT ALL FIXTURES AT STANDARD MOUNTING HEIGHT UNLESS INDICATED ON PLAN BY A (S) SYMBOL. A (BF) SYMBOL AT ANY ROOM SHALL INCLUDE ONE OF ANY FIXTURE AND ACCESSORY WITHIN THE ROOM.



C4 ADA / NFPA NOTES AND DETAILS
 SCALE: NTS



WINDOW SCHEDULE

NO.	TYPE	MANUFACTURER	MODEL	NOMINAL SIZE		DETAILS					REMARKS	
				WIDTH	HEIGHT	HEAD	JAMB	SILL	MUNT	MULL		
1	STOREFRONT	KAWNEER	TRI FAB 400	13'-0"	7'-10 1/2"	-	-	-	-	-	-	SEE ELEVATIONS

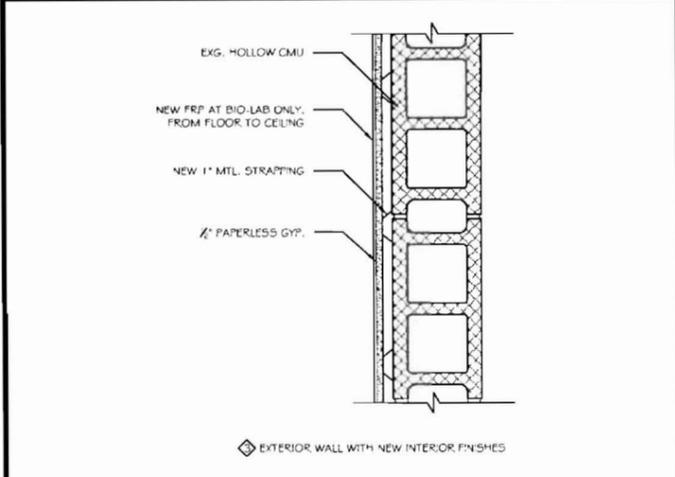
DOOR SCHEDULE

NO.	TYPE	SIZE (w x h)	THK	INSUL	HOWE	FR	GLASS TYPE	GLASS SIZE	REMARKS	FRAMES			THRESHOLDS			
										TYPE	FR	PROFILE	HEAD	JAMB	MATERIAL	DETAILS
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102	B	3070	1 3/4	NO	HW-1	1HR	FIRELITE	4"x25"		P/HM	1HR	DW	-	-	-	-
103	C	3070	1 3/4	NO	HW-2	NO	NO	NO		P/HM	NO	DW	-	-	-	-
104	C	3070	1 3/4	NO	HW-2	1HR	NO	NO		P/HM	1HR	DW	-	-	-	-

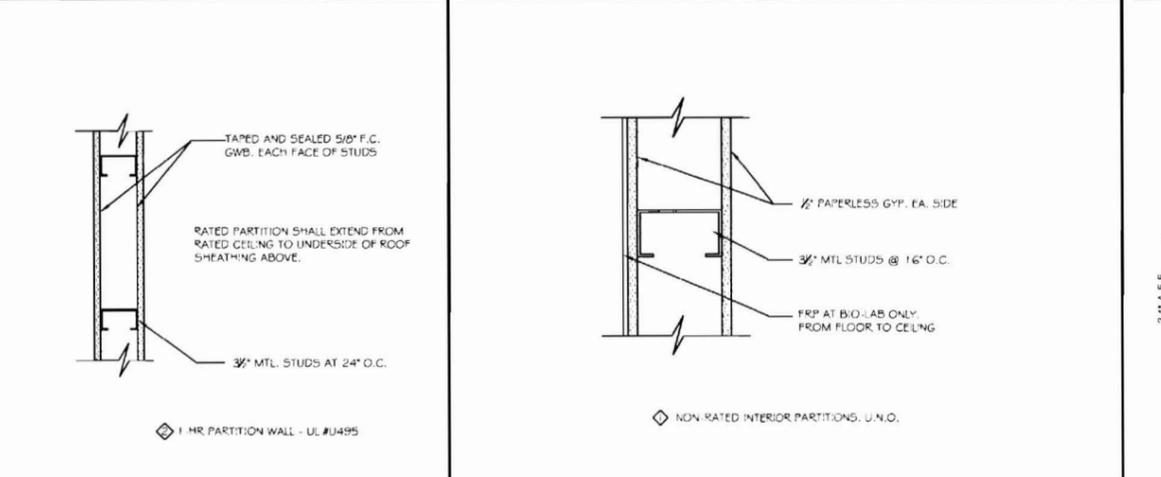
ROOM FINISH SCHEDULE

NO.	NAME	WALLS	FLOOR	CEILING	TRIM		
					BASE BOARD	WINDOW SILL	DOOR JAMB/HEAD
401	CONFERENCE	PAINTED PAPERLESS GWB	VCT (STYLE BY OWNER)	2x2 ACOUSTIC CEILING TILE	VINYL COVE BASE	PAINTED COMPOSITE B3	FRP RETURN
402	BIO-LAB	FRP OVER PRIMED, PAPERLESS GWB	VCT (STYLE BY OWNER)	2x2 ACOUSTIC CEILING TILE	VINYL COVE BASE	PAINTED COMPOSITE B3	GWB RETURN
403	CORRIDOR	PAINTED PAPERLESS GWB	VCT (STYLE BY OWNER)	2x2 ACOUSTIC CEILING TILE	VINYL COVE BASE	PAINTED COMPOSITE B3	GWB RETURN
404	CORRIDOR	PAINTED PAPERLESS GWB	VCT (STYLE BY OWNER)	2x2 ACOUSTIC CEILING TILE	VINYL COVE BASE	PAINTED COMPOSITE B3	GWB RETURN
405	UNI-SEX LAV	PAINTED PAPERLESS GWB	VCT (STYLE BY OWNER)	2x2 ACOUSTIC CEILING TILE	VINYL COVE BASE	PAINTED COMPOSITE B3	GWB RETURN

B4 PARTITION WALL ATTACHMENT TO EXG. ROOF JOIST
 SCALE: NO SCALE



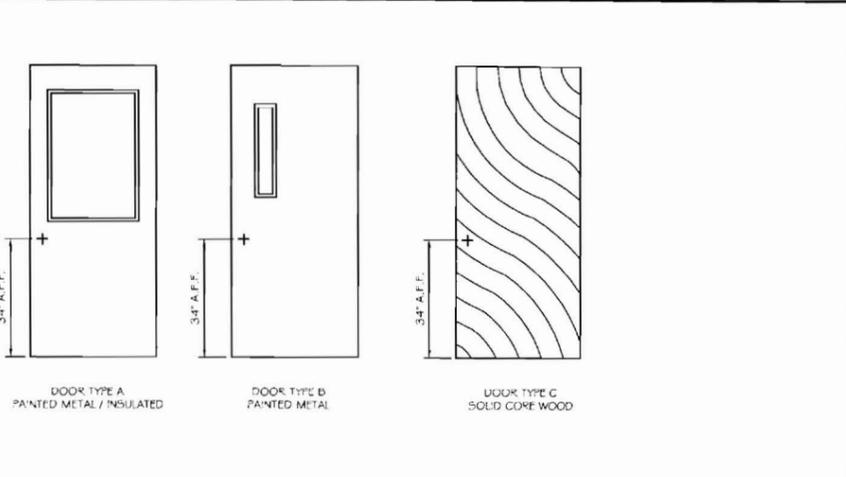
B3 WINDOW / DOOR / FINISH SCHEDULE
 SCALE: NTS



A4 NON-RATED INTERIOR PARTITION TYPE
 SCALE: NTS

A3 1 HR RATED PARTITION TYPE
 SCALE: NTS

A1 WINDOW AND DOOR TYPES
 SCALE: NTS



◆ EXTERIOR WALL WITH NEW INTERIOR FINISHES

◆ 1 HR PARTITION WALL - UL#495

◆ NON-RATED INTERIOR PARTITIONS, U.N.O.

◆ DOOR TYPE A PAINTED METAL / INSULATED

◆ DOOR TYPE B PAINTED METAL

◆ DOOR TYPE C SOLID CORE WOOD