

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 081575

This is to certify that MERCY HOSPITAL /Leavitt Harris Inc
has permission to add awning to Mercy Hospital Biology w/ No signage
AT 175 FORE RIVER PKWY CL 073 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.

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____

OTHER REQUIRED APPROVALS

JAN 15 2009

Department Name

CITY OF PORTLAND

15/09 *Christy J. PA*
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

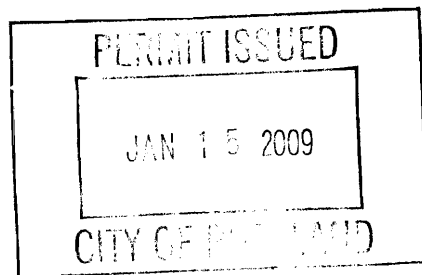
Permit No: 08-1575	Issue Date: 1/15/09	CBL: 073 A001001
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Location of Construction: 175 FORE RIVER PKWY	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone:
Business Name:	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St Portland	Phone 2077970100
Lessee/Buyer's Name	Phone:	Permit Type: Awning, no signage	Zone: C-26

Past Use: Commercial - Mercy Hospital Radiology entry	Proposed Use: Commercial - Mercy Hospital Radiology entry - add awning to Mercy Hospital Radiology entry w/ NO signage	Permit Fee: \$180.00	Cost of Work: \$15,890.00	CEO District: 3
Proposed Project Description: add awning to Mercy Hospital Radiology entry w/ NO signage		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>I-2</i> Type: <i>IB</i> <i>IBC-2003</i>	
		Signature: <i>Green</i> Signature: <i>1/15/09</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: Idobson	Date Applied For: 12/29/2008	Zoning Approval
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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"/> Date: <i>1/15/09</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	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>9</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

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.

 X Final inspection required at completion of work.

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

Date

Signature of Inspections Official

Date

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1575	Date Applied For: 12/29/2008	CBL: 073 A001001
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Location of Construction: 175 FORE RIVER PKWY	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone:
Business Name:	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St Portland	Phone (207) 797-0100
Lessee/Buyer's Name	Phone:	Permit Type: Awning, no signage	

Proposed Use: Commercial - Mercy Hospital Radiology entry - add awning to Mercy Hospital Radiology entry w/ NO signage	Proposed Project Description: add awning to Mercy Hospital Radiology entry w/ NO signage
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 01/05/2009
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:**
Note: **Ok to Issue:**
1) Awning must meet section 3105.3 of the IBC 2003 and chapter 16
2) 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 **Reviewer:** Capt Greg Cass **Approval Date:** 01/07/2009
Note: **Ok to Issue:**

Dept: Planning **Status:** Approved with Conditions **Reviewer:** Jean Fraser **Approval Date:** 01/14/2009
Note: **Ok to Issue:**
1) This is an approved site plan exemption with the condition that the nearby parking bays, sidewalk and ramp remain ADA compliant.
(the approval relates to the design that includes a cantilevered awning over the sidewalk with no poles obstructing the sidewalk nor the ramp)

Comments:

12/29/2008-mes: Front staff did not get a site plan of the campus showing where this awning entry is going - I called and left a message for Carl Rickett to get me a site plan.

1/5/2009-mes: I received a small sketch plan that was brought in on 12/30/08 showing where the entry way awning was going. I made copies and gave to Jean F. in planning. Zoning is ok - I passed on to fire for review. - WAIT FOR PLANNING OK BEFORE ISSUING

1/14/2009-mes: At the site plan review meeting, Jean F. gave me a copy of revised plans - she will get the exemption sign off to us so we can issue the permit. I gave Chris H. the plans to put with the permit.

Signage/Awning 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: MERCY AT THE FORE FORE RIVER HOSPITAL - FORE RIVER PARKWAY PORTLAND ME.		
y Tax Assessor's Chart, Block & Lot Chart# 75 Block# A Lot# 1	x Owner: Mercy Hospital	x Telephone: 879-3574
Lessee/Buyer's Name (If Applicable) N/A	Contractor name, address & telephone: LEAVITT and PARRIS INC 256 READ STREET Portland ME 04103 207-797-0100	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work 15,890⁰⁰ Total Fee: \$ 180
Who should we contact when the permit is ready: CARL M RICKETT III phone: 797-0100		
y Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) 133 Single Tenant or Multi Tenant Lot SINGLE		
Current Specific use: ENTRY / EXIT DOOR FOR RADIOLOGY MRI If vacant, what was prior use: _____ Proposed Use: TO PROVIDE COVERAGE		
Information on proposed sign(s): N/A Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____		
Proposed awning? Yes <input checked="" type="checkbox"/> No _____ Is awning backlit? Yes _____ No <input checked="" type="checkbox"/> Height of awning: 3'6" Length of awning: 10' Depth: 7' 14" Is there any communication, message, trademark or symbol on it? Yes _____ No <input checked="" type="checkbox"/> If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): N/A Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions: _____ Awning? Yes _____ No _____ Sq. ft. area of awning w/communication: _____		
A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required.		

Please submit all of the information outlined in the Sign/Awning Application Checklist.

Failure to do so may 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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections 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 of applicant:

Carl M. Rickett III

Date:

12-15-08

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

Signage/Awning 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.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- Certificate of flammability required for awning or canopy.
- A UL# is required for lighted signs at the time of final inspection.
- Pre-application questionnaire completed and attached.
- Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

**Permit fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, \$10.00 per additional \$1,000.00 of cost.**

Base application fee for any Historic District signage is \$65.00.



December 22, 2008

City of Portland
389 Congress Street
Portland, Maine 04101

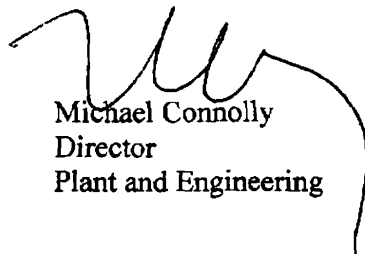
RE: Mercy Hospital Fore River Campus – Awning Work

To Whom It May Concern:

Mercy Healthcare System gives Leavitt and Parris Incorporated permission to fabricate and install a stationary awning on the Fore River Campus. The awning will be located on the North side of the hospital at the ambulance entrance.

Should you have any questions please do not hesitate to contact me at 879-3197.

Sincerely,



Michael Connolly
Director
Plant and Engineering



FAX



To: John Hutchins

Fax Number: 207-797-4194

From: Chris Hanson

Fax Number: 207-874-8716

Date: 1/15/09

Regarding: 175 Fore River / Awning

Total Number Of Pages Including Cover:

Phone Number For Follow-Up:

Comments:

Section 3105.3 IBC - Design
and Construction.

City Of Portland, Maine
Inspections Division Services
389 Congress St Room 315 Portland Me 04101-3509
Phone: (207) 874-8703 or (207) 874-8693
Fax: (207) 874-8716
<http://www.portlandmaine.gov/>

3104.4 Contents. Only materials and decorations approved by the building official shall be located in the pedestrian walkway.

3104.5 Fire barriers between pedestrian walkways and buildings. Walkways shall be separated from the interior of the building by fire barrier walls with a fire-resistance rating of not less than 2 hours. This protection shall extend vertically from a point 10 feet (3048 mm) above the walkway roof surface or the connected building roof line, whichever is lower, down to a point 10 feet (3048 mm) below the walkway and horizontally 10 feet (3048 mm) from each side of the pedestrian walkway. Openings within the 10-foot (3048 mm) horizontal extension of the protected walls beyond the walkway shall be equipped with devices providing a $\frac{3}{4}$ -hour fire protection rating in accordance with Section 715.

Exception: The walls separating the pedestrian walkway from a connected building are not required to have a fire-resistance rating by this section where any of the following conditions exist:

1. The distance between the connected buildings is more than 10 feet (3048 mm), the pedestrian walkway and connected buildings are equipped throughout with an automatic sprinkler system in accordance with NFPA 13 and the wall is constructed of a tempered, wired or laminated glass wall and doors subject to the following:
 - 1.1. The glass shall be protected by an automatic sprinkler system in accordance with NFPA 13 and the sprinkler system shall completely wet the entire surface of interior sides of the glass wall when actuated.
 - 1.2. The glass shall be in a gasketed frame and installed in such a manner that the framing system will deflect without breaking (loading) the glass before the sprinkler operates.
 - 1.3. Obstructions shall not be installed between the sprinkler heads and the glass.
2. The distance between the connected buildings is more than 10 feet (3048 mm), and both sidewalls of the pedestrian walkway are at least 50 percent open with the open area uniformly distributed to prevent the accumulation of smoke and toxic gases.
3. Buildings are on the same lot, in accordance with Section 503.1.3.
4. Where exterior walls of connected buildings are required by Section 704 to have a fire-resistance rating greater than 2 hours, the walkway shall be equipped throughout with an automatic sprinkler system installed in accordance with NFPA 13.

The previous exceptions shall apply to pedestrian walkways having a maximum height above grade of three stories or 40 feet (12 192 mm), or five stories or 55 feet (16 764 mm) where sprinklered.

3104.6 Public way. Pedestrian walkways over a public way shall also comply with Chapter 32.

3104.7 Egress. Access shall be provided at all times to a pedestrian walkway that serves as a required exit.

3104.8 Width. The unobstructed width of pedestrian walkways shall not be less than 36 inches (914 mm). The total width shall not exceed 30 feet (9144 mm).

3104.9 Exit access travel. The length of exit access travel shall not exceed 200 feet (60 960 mm).

Exceptions:

1. Exit access travel distance on a pedestrian walkway equipped throughout with an automatic sprinkler system in accordance with NFPA 13 shall not exceed 250 feet (76 200 mm).
2. Exit access travel distance on a pedestrian walkway constructed with both sides at least 50 percent open shall not exceed 300 feet (91 440 mm).
3. Exit access travel distance on a pedestrian walkway constructed with both sides at least 50 percent open, and equipped throughout with an automatic sprinkler system in accordance with NFPA 13, shall not exceed 400 feet (122 m).

3104.10 Tunneled walkway. Separation between the tunneled walkway and the building to which it is connected shall not be less than 2-hour fire-resistant construction and openings therein shall be protected in accordance with Table 715.3.

3104.11 Ventilation. Smoke and heat vents shall be provided for enclosed walkways and tunneled walkways as required for Group F-1 occupancies in accordance with Section 910.

SECTION 3105 AWNINGS AND CANOPIES

3105.1 General. Awnings or canopies shall comply with the requirements of this section and other applicable sections of this code.

3105.2 Definition. The following term shall, for the purposes of this section and as used elsewhere in this code, have the meaning shown herein.

RETRACTABLE AWNING. A retractable awning is a cover with a frame that retracts against a building or other structure to which it is entirely supported.

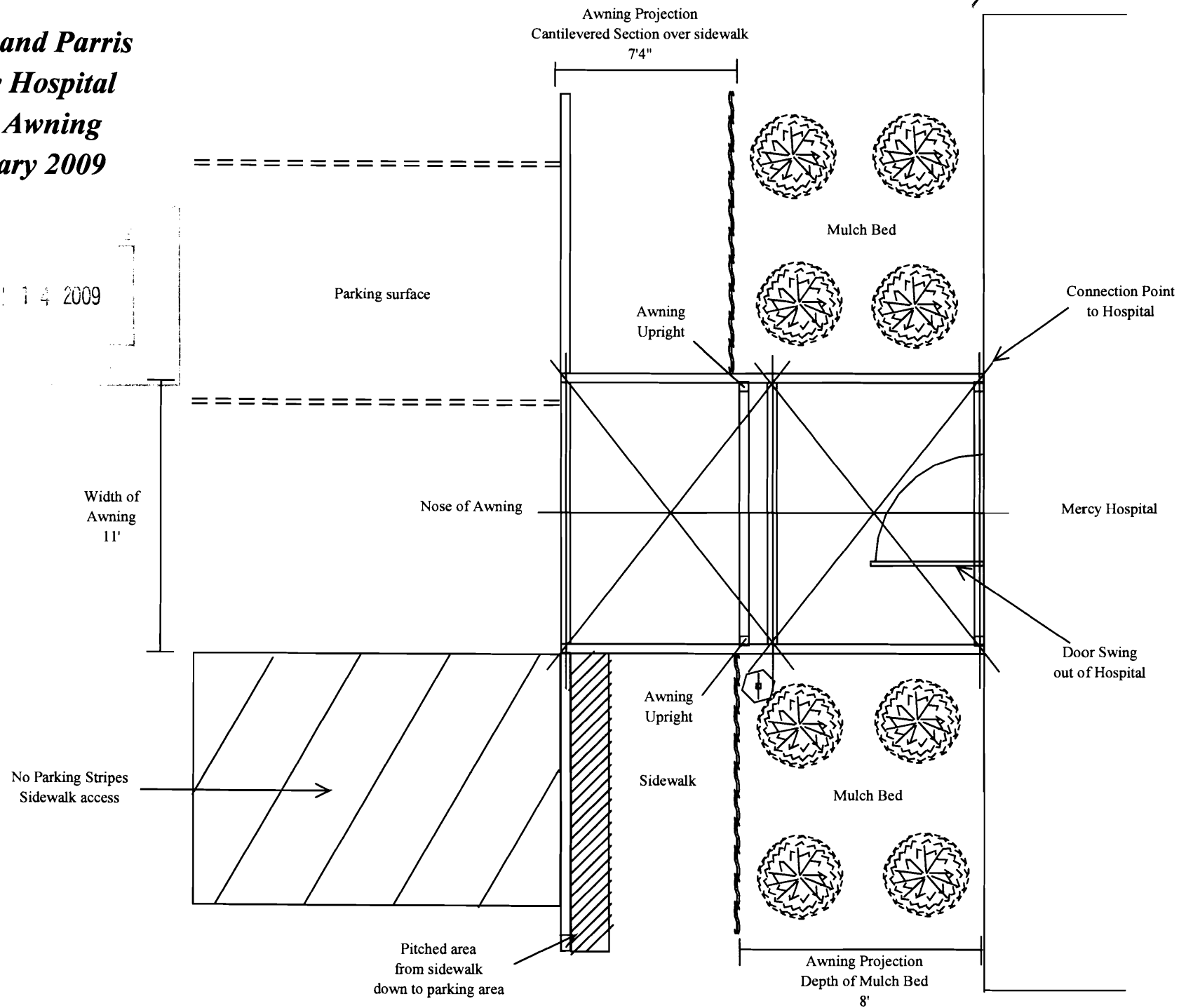
3105.3 Design and construction. Awnings and canopies shall be designed and constructed to withstand wind or other lateral loads and live loads as required by Chapter 16 with due allowance for shape, open construction and similar features that relieve the pressures or loads. Structural members shall be protected to prevent deterioration. Awnings shall have frames of noncombustible material, fire-retardant-treated wood, wood of Type IV size, or 1-hour construction with combustible or noncombustible covers and shall be either fixed, retractable, folding or collapsible.

3105.4 Canopy materials. Canopies shall be constructed of a rigid framework with an approved covering, that is flame resistant in accordance with NFPA 701 or has a flame spread index not greater than 25 when tested in accordance with ASTM E 84.

Leavitt and Parris
Mercy Hospital
MRI Awning
January 2009

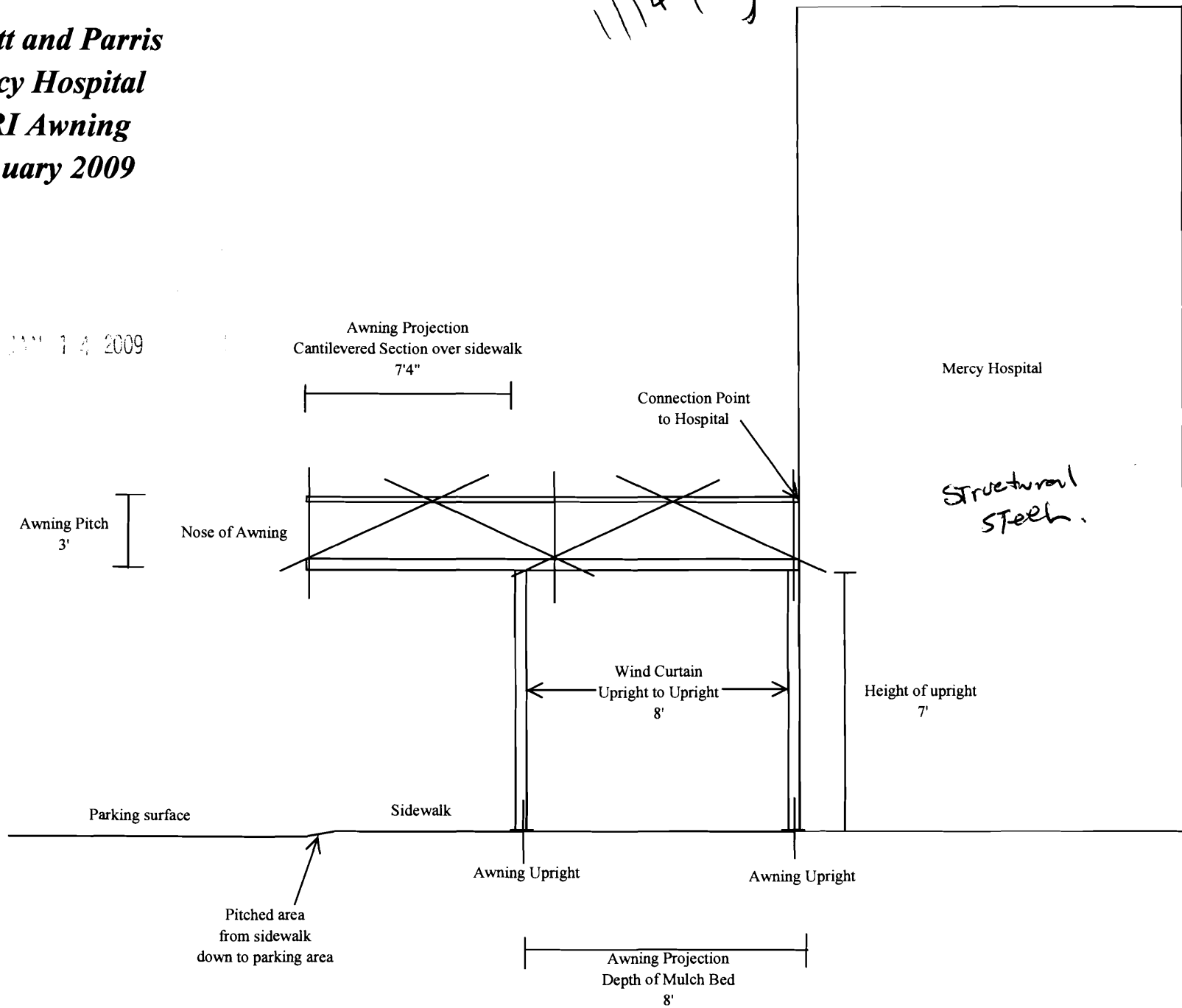
1/14/09

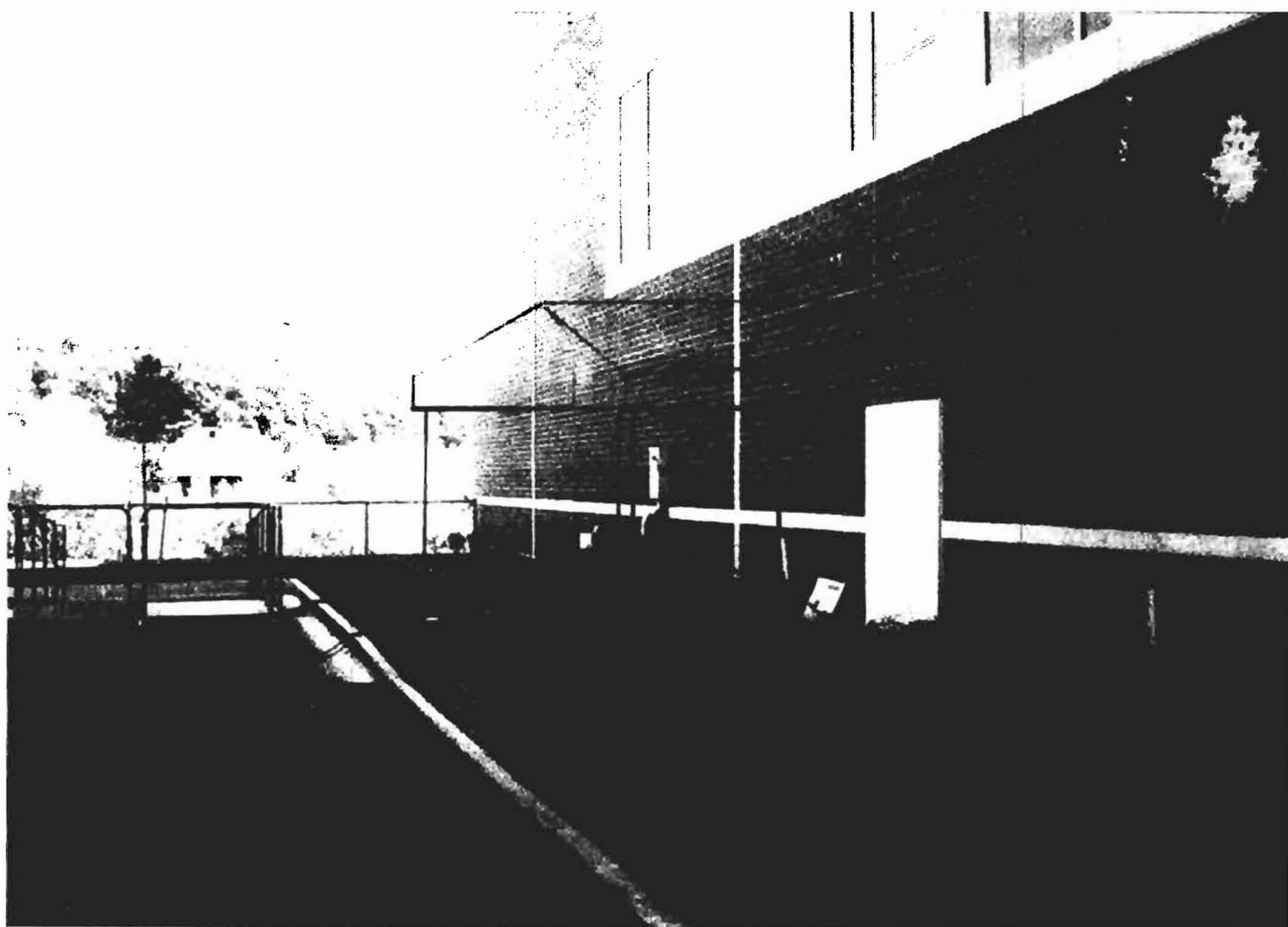
JAN 14 2009



Leavitt and Parris
Mercy Hospital
MRI Awning
January 2009

1/14/09





ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 12/16/2008
PRODUCER (207)780-1677 FAX: (207)780-6377 Cross Insurance-Portland 2331 Congress Street PO Box 567 Portland ME 04112		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Leavitt & Parris, Inc. JJ&L, Corp. 256 Read Street Portland ME 04103		
		INSURERS AFFORDING COVERAGE
		INSURER A: One Beacon Ins Co
		INSURER B: Maine Employers Mutual
		INSURER C:
		INSURER D:
		INSURER E:
		NAIC # 20621 11149

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded: \$1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	7100110630002	4/30/2008	4/30/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input 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"/> Drive Other Car	7100110630002	4/30/2008	4/30/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	7100110630002	4/30/2008	4/30/2009	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	1810063708	4/30/2008	4/30/2009	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 *10 Day notice for nonpayment of premium except for Workers' Compensation. Certificate Holder is an Additional Insured as respects to Commercial General Liability only.
 RE: Mercy at the Fore

CERTIFICATE HOLDER

City of Portland
 389 Congress St.
 Portland, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30*** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Hope Cote/EJG



Certificate of Flame Resistance



ISSUED BY
Glen Raven Custom Fabrics, LLC
1831 North Park Avenue
Glen Raven, NC 27217

(Phone) 336/227-6211 (Fax) 336/229-4039

Date treated or
manufactured

1-12-2008

This is to certify that the materials described below have been flame-retardant treated (or are inherently nonflammable).

FOR

LEAVITT & PARRIS INC
256 READ STREET
PORTLAND
ME 041033446

Certification is hereby made that: (Check "a" or "b")

- (a) The articles described below this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used _____ Chem. Reg. No. _____

Method of application _____

- (b) The articles described below are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used

88031
FIRESIST HUV BURGUNDY

Reg. No. F-368.05

The Flame-Retardant Process Used WILL NOT Be Removed By Washing

Glen Raven Custom Fabrics, LLC

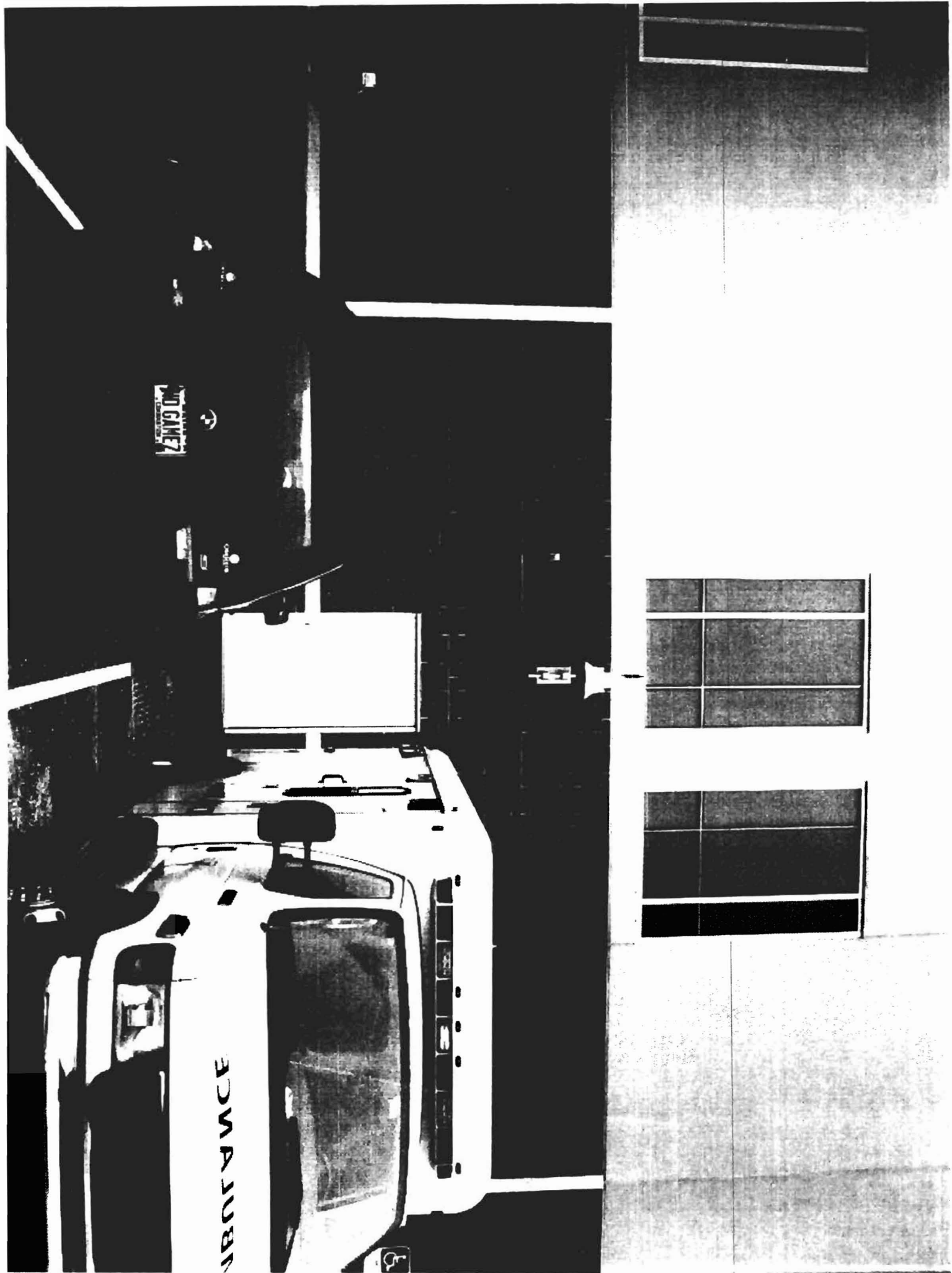
Name of Applicator or Production Superintendent

By

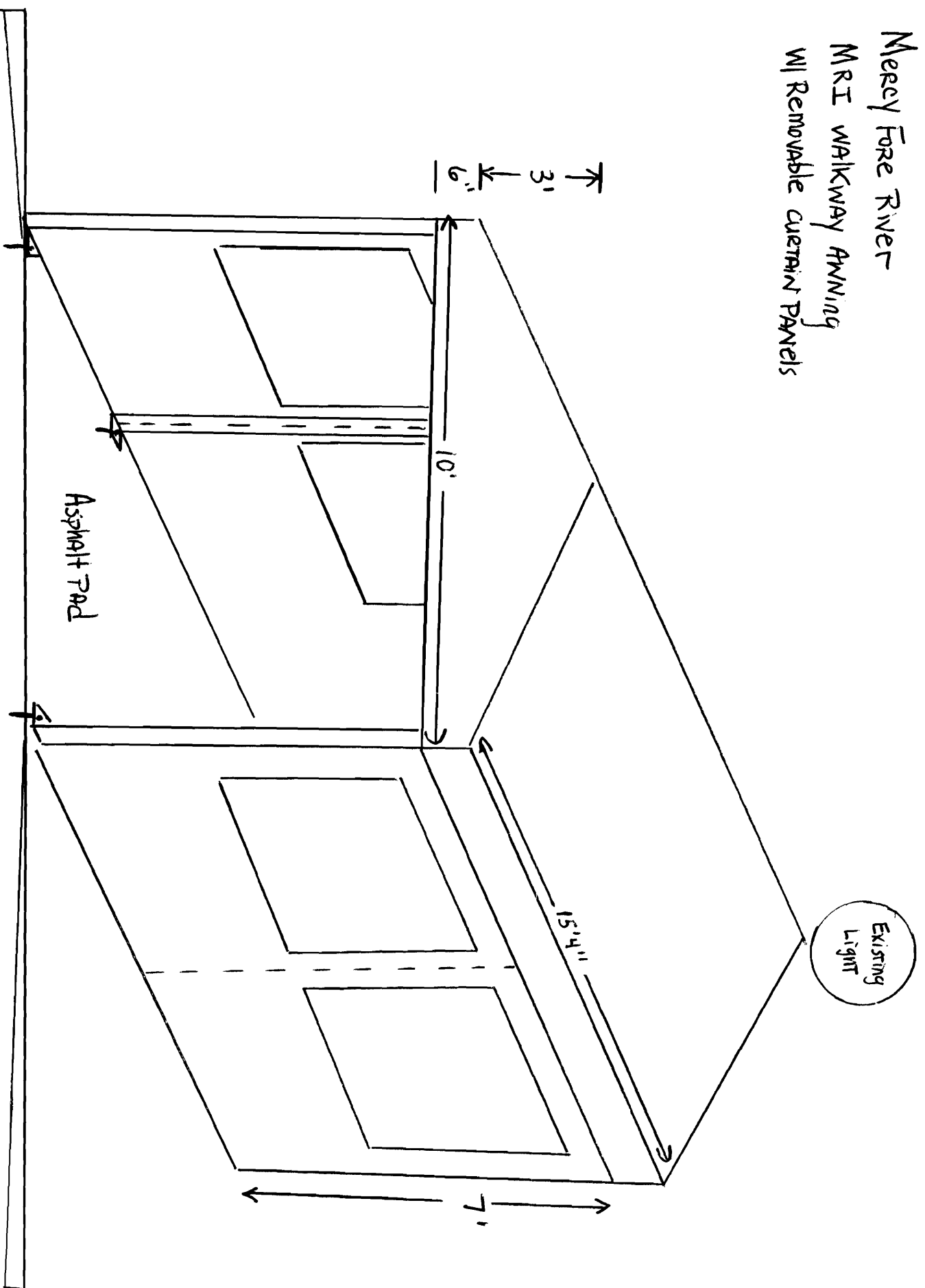
Steven L. Ellington

General Manager/Steven L. Ellington

Control Number 14415

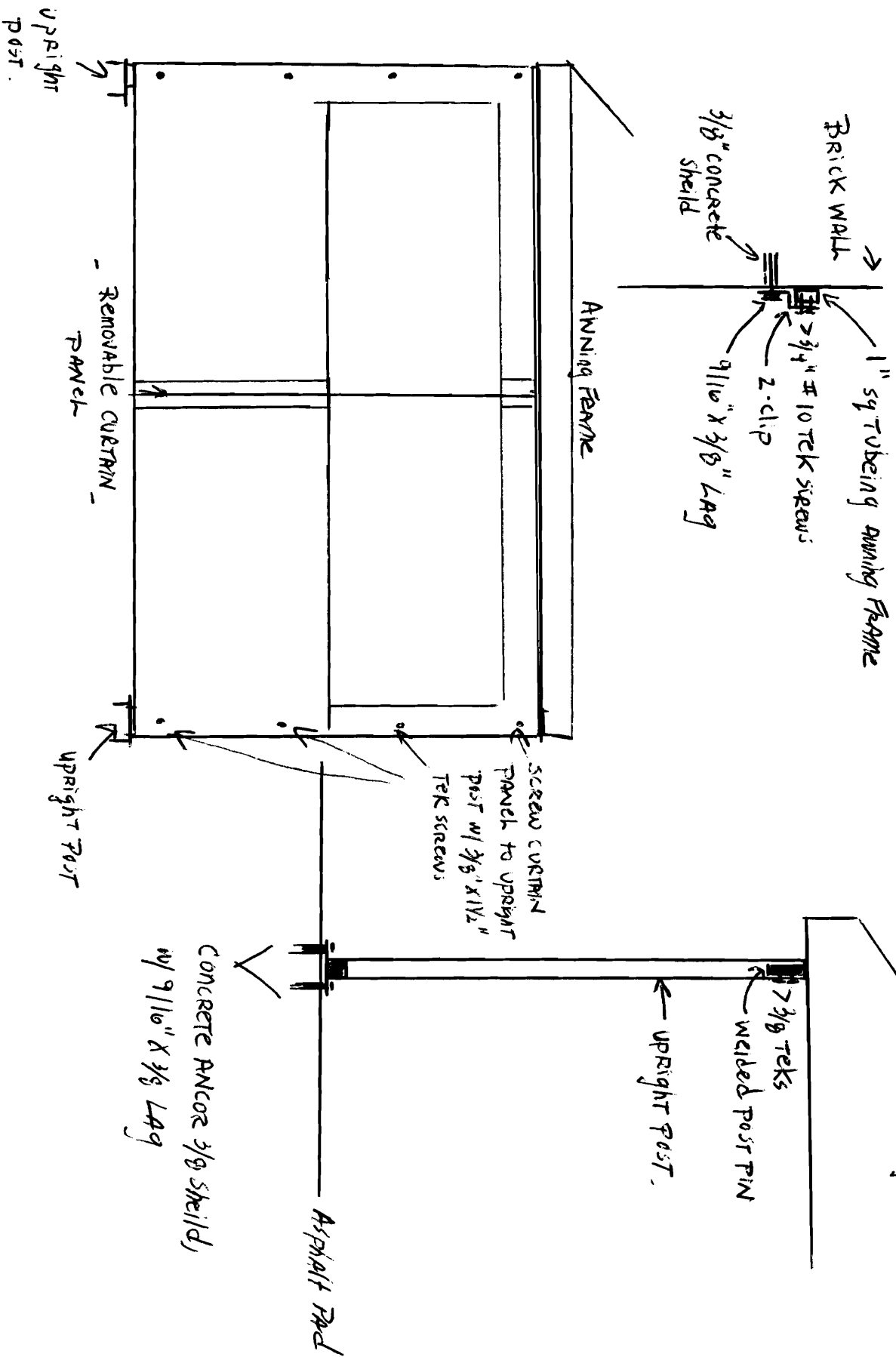


Mercy Fore River
MRI Walkway Awning
w/ Removable Curtain Panels



MERCY AT THE FORE
ATTACHMENT DETAIL

WALL
ATTACHMENT DETAIL



Mercy AT THE FORE -
PLOT PLAN

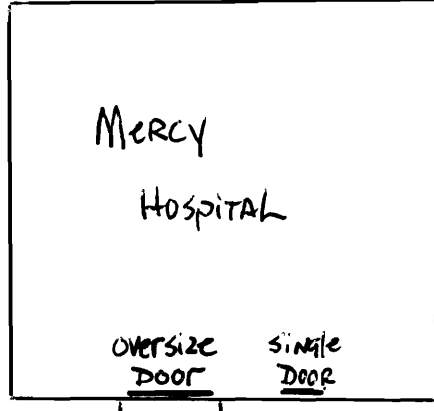
PRIVATE ROAD (Lower Parking)

ENTRY
EXIT

BLACK CHAIN LINK FENCE

Proposed Hospital
ADDITION AREA -

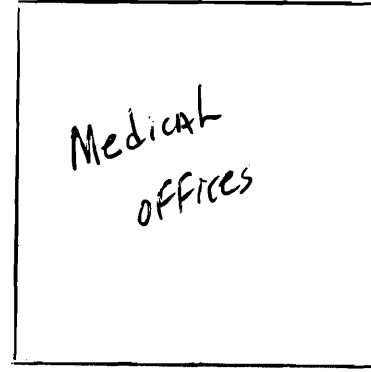
Parking lot @ THIS
TIME



- FORE RIVER PARKWAY -

MAIN
ENTRY

FRONT
PARKING



PARKING -

ENTRY/EXIT

- Cumberland County Trail -

CUMBERLAND COUNTY
CORRECTION FACILITY

25753

2991

415

415

415

415

1074

3252

127

415

419

381

3668

9929

737

2988

419

454

(A)

857

568

PHASE 1 M.O.B.

80,054 SF (4 STORY)

F.F.E. 30.0

2457

444

318

794

1674

1752

419

415

1162

431

715

769

71015

(D)