

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
 Application And
 Notes, If Any,
 Attached

BUILDING INSPECTION

PERMIT

Permit Number: 100120

This is to certify that MERCY HOSPITAL /I-Associates, NE/RE de

has permission to Window Replacement

AT 175 FORE RIVER PKWY

CP 073 A001001 FEB 11 2010

PERMIT ISSUED

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. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

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: 10-0120	Issue Date:	CBL: 073 A001001
-----------------------	-------------	---------------------

Location of Construction: 175 FORE RIVER PKWY	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone:
Business Name:	Contractor Name: I-Associates, NE /Richard Doyle	Contractor Address: 18 Dunstable Road, Suite 3 N Chelmsf	Phone 9788772041
Lessee/Buyer's Name	Phone:	Permit Type: Replacement windows	Zone: C-26

Past Use: Mercy Hospital - Fore River	Proposed Use: Mercy Hospital - Fore River - Window Replacement	Permit Fee: \$90.00	Cost of Work: \$6,400.00	CEO District: 3
Proposed Project Description: Window Replacement		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>I-2</i> Type: <i>1A</i> <i>IBC 2003</i>	
		Signature: <i>[Signature]</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: 02/10/2010	Zoning Approval
-----------------------------	---------------------------------	------------------------

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>OK w/condition</i> Date: <i>2/10/10</i> <i>ABM</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 <i>ABM</i> Date: _____
--	---	--	---

PERMIT ISSUED

FEB 11 2010

City of Portland

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

PERMIT ISSUED

FEB 11 2010

City of Portland

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-0120	Date Applied For: 02/10/2010	CBL: 073 A001001
-----------------------	---------------------------------	---------------------

Location of Construction: 175 FORE RIVER PKWY	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone:
Business Name:	Contractor Name: I-Associates, NE /Richard Doyle	Contractor Address: 18 Dunstable Road, Suite 3 N Chelmsf	Phone (978) 877-2041
Lessee/Buyer's Name	Phone:	Permit Type: Replacement windows	

Proposed Use: Mercy Hospital - Fore River - Window Replacement	Proposed Project Description: Window Replacement
--	--

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 02/10/2010

Note:**Ok to Issue:**

- 1) 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:** Tammy Munson **Approval Date:** 02/11/2010

Note:**Ok to Issue:**

- 1) Application approval based upon information provided by applicant. 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 or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.



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>Mercy Hospital at The Cove</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>73 A 1</u>	Applicant * must be owner, Lessee or Buyer* Name Address City, State & Zip	Telephone:
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Mercy Hospital</u> Address <u>144 STATE ST.</u> City, State & Zip <u>Portland, ME 04101</u>	Cost Of Work: \$ <u>6400.00</u> C of O Fee: \$ _____ Total Fee: \$ <u>90</u>
Current legal use (i.e. single family) _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <p style="text-align: center;"><u>Window Replacement</u></p>		
Contractor's name: <u>F-Associates, Inc</u>		
Address: <u>18 DEUSTABLE RD, SUITE 3</u>		
City, State & Zip <u>N. Chesterfield, ME 04863</u>		Telephone: <u>978877741</u>
Who should we contact when the permit is ready: <u>Richard Doyle</u>		Telephone: <u>same</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.

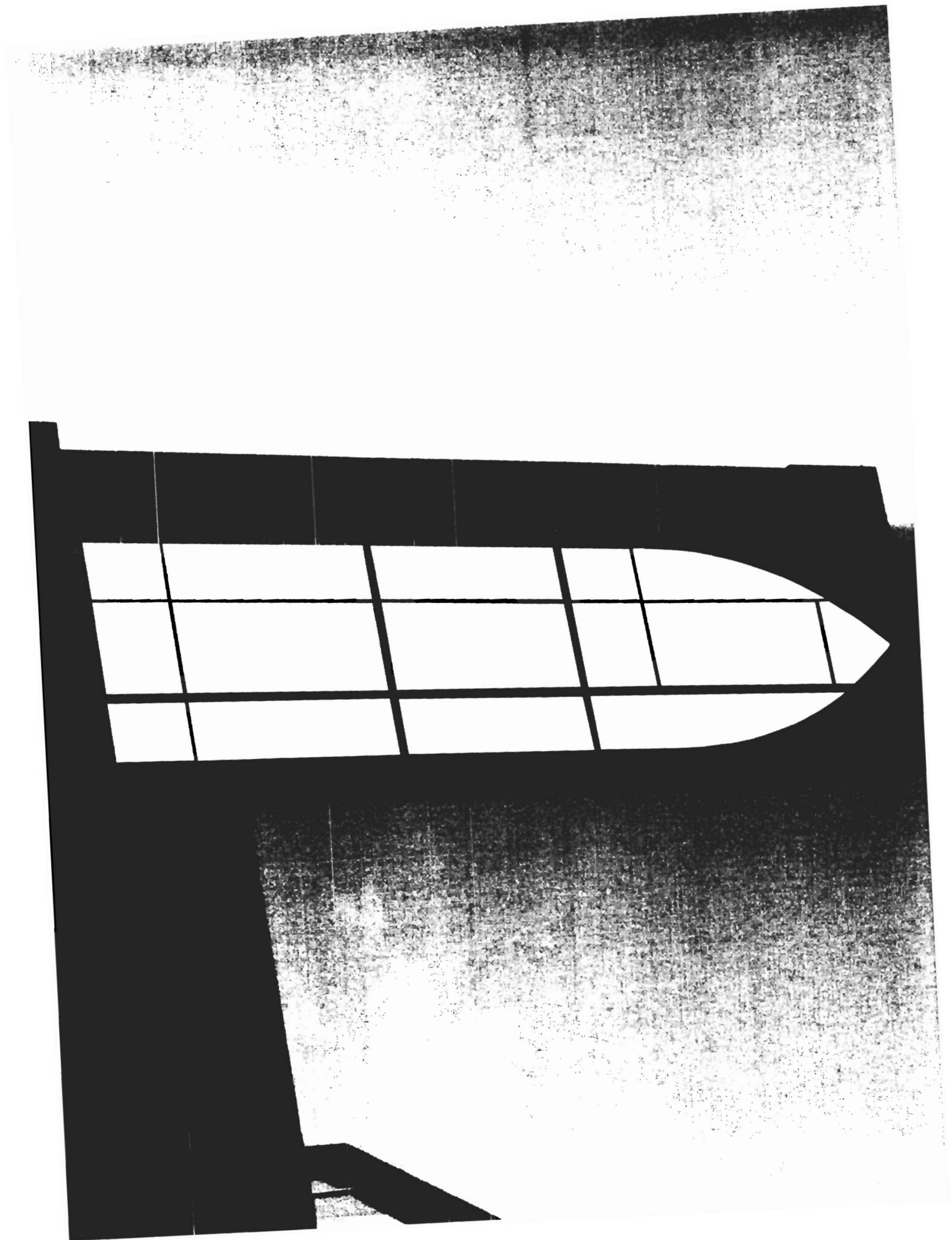
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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.

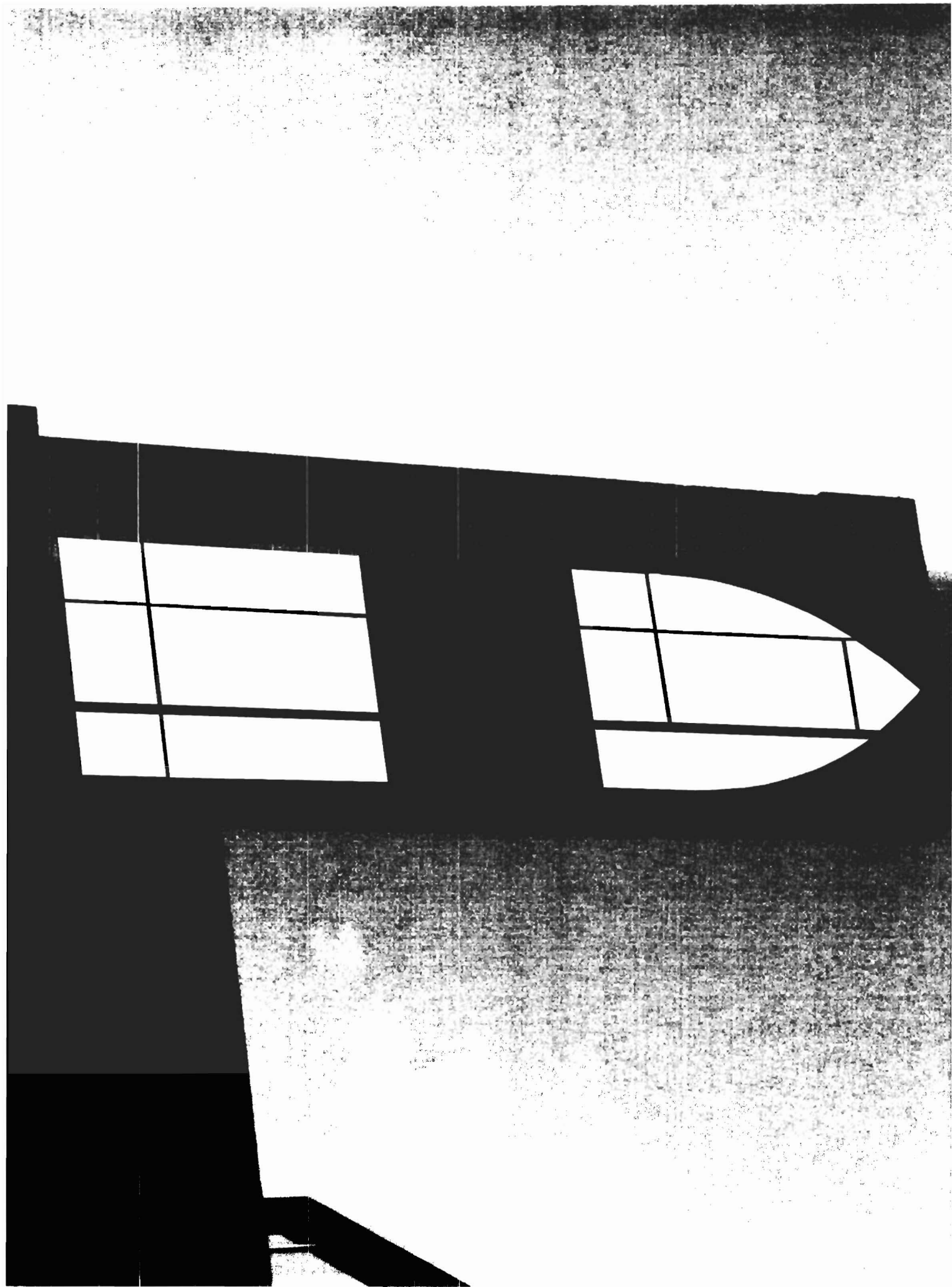
Signature: Richard Doyle Date: 2/10/10

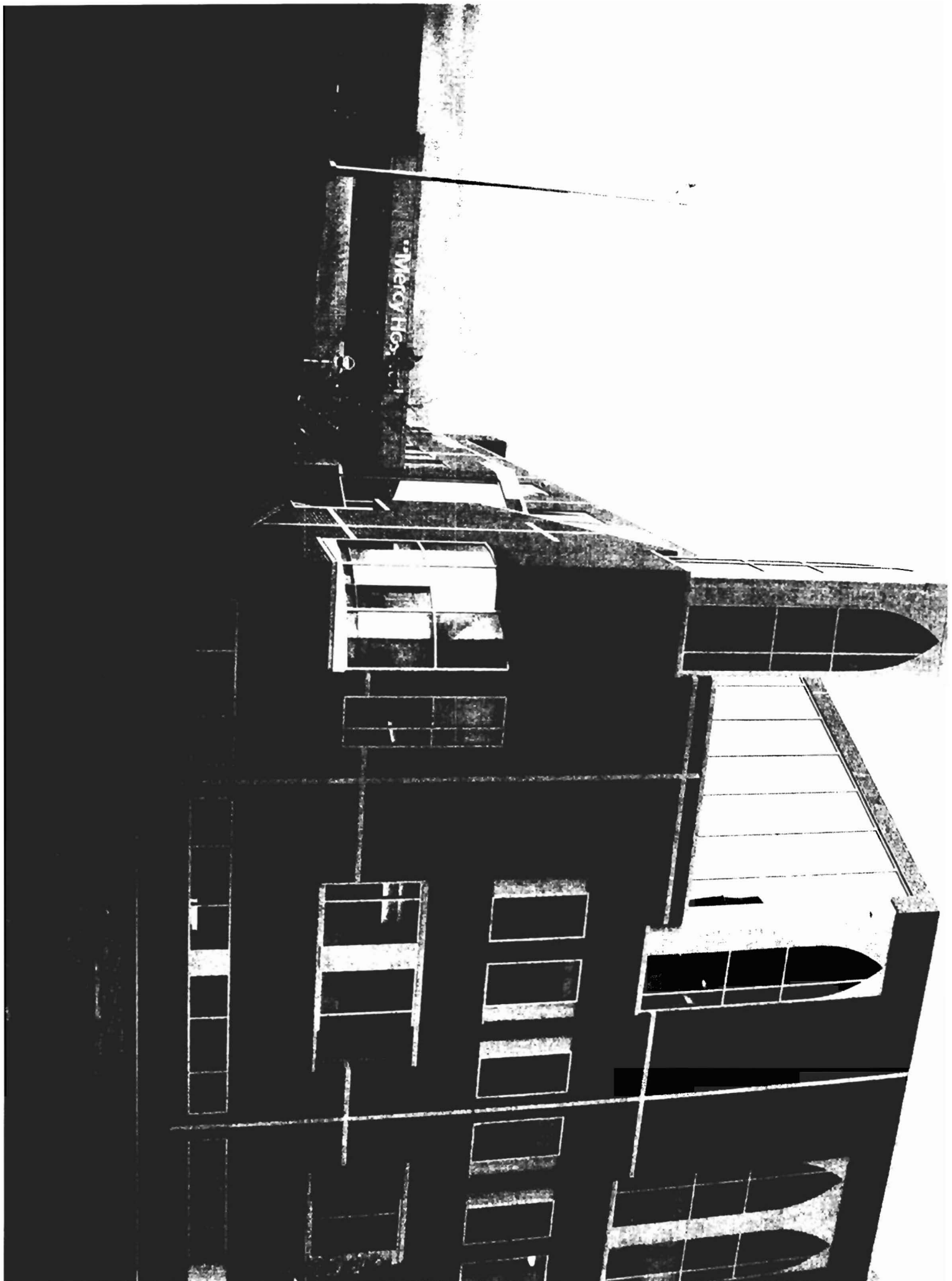
This is not a permit; you may not commence ANY work until the permit is issued.

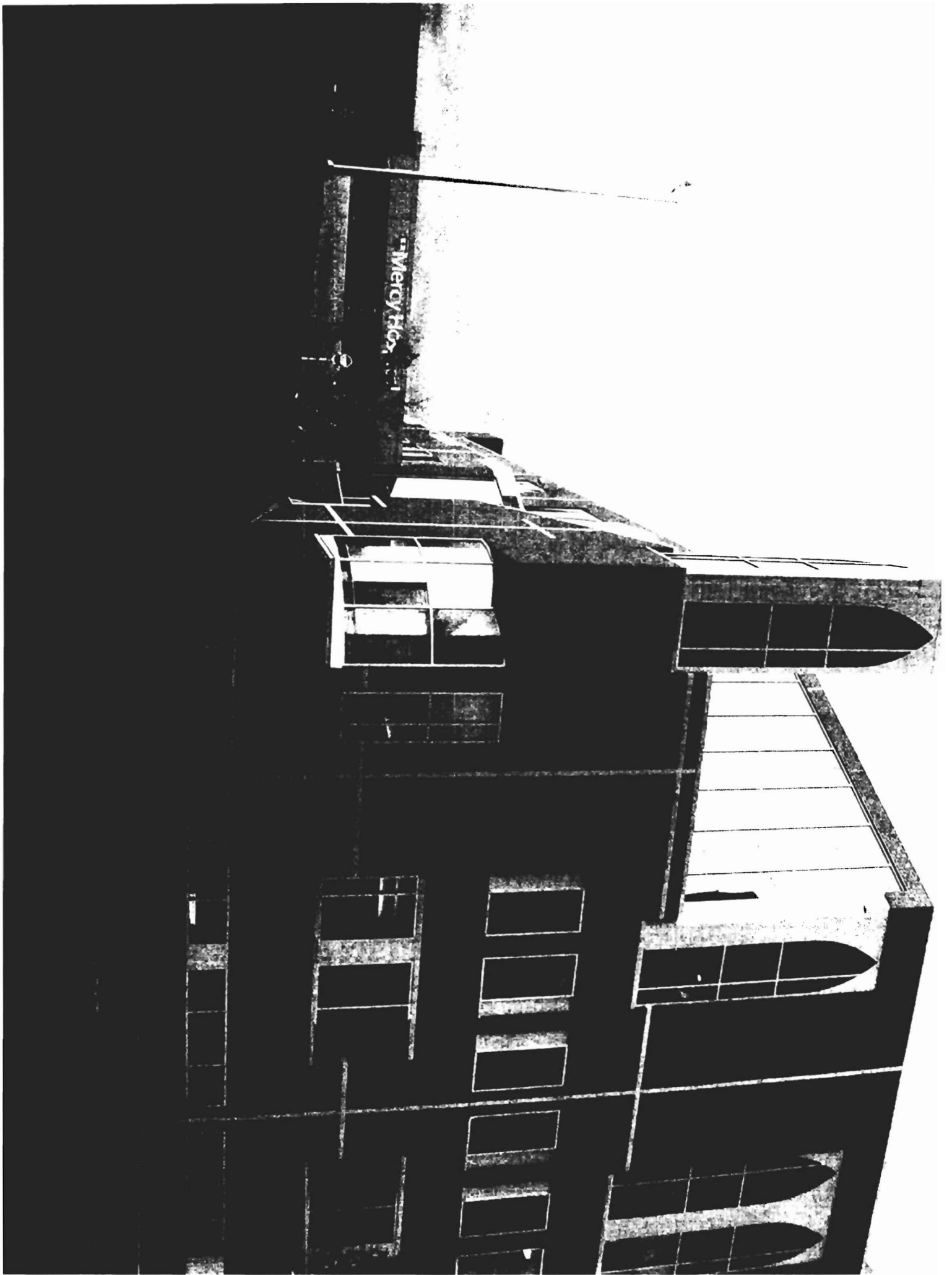












Tammy Munson - Fwd: Re: Req. for Determination on Mercy Hospital Spire

From: Jean Fraser
To: Munson, Tammy
Date: 2/9/2010 3:11 PM
Subject: Fwd: Re: Req. for Determination on Mercy Hospital Spire

Tammy

Please see below the Planning Division approval to the replacement of glass panels in the Mercy Hospital Spire. Both Alex and Barbara viewed the submitted graphics and confirmed that these were OK and de-minimus.

Barbara and I particularly wanted to thank you for having the applicant check it out with us before going too far with the building permit; fortunately this was one of those unusual occasions when the changes are for the better.

Jean

>>> Jean Fraser 2/9/2010 3:06 PM >>>
Mr Doyle,

I am writing on behalf of the Director of Planning, and the Development Review Services Manager, who are authorized to determine what level of review is appropriate when there are amendments to approved plans.

In respect of the proposal to replace the "dark" glass panels (understood to be a total of 6 panels, as per the graphics you sent) with clear glass panels in the Mercy Hospital Spire, I confirm that this can be approved as a de-minimus alteration. Staff consider that this is a minor alteration and an improvement and is consistent with approved plans.

I will inform Tammy Munson in our Inspections Division so that the Building Permit process can proceed.

Jean

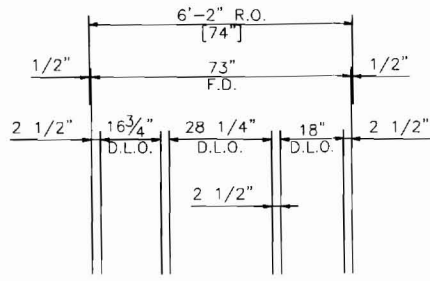
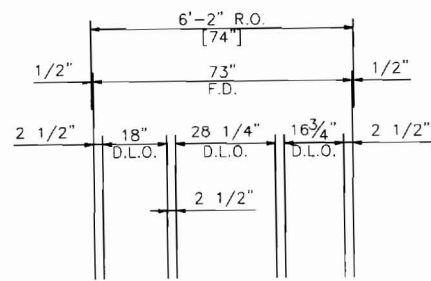
Jean Fraser, Planner
City of Portland
(207) 874 8728

>>> Dick Doyle <rdoyle@oneilmg.com> 2/9/2010 12:33 PM >>>
Hi Jean, Attached are photos and elevations on the Mercy Hospital Spire. We are replacing the dark glass with clear glass to match the rest of the Spire.

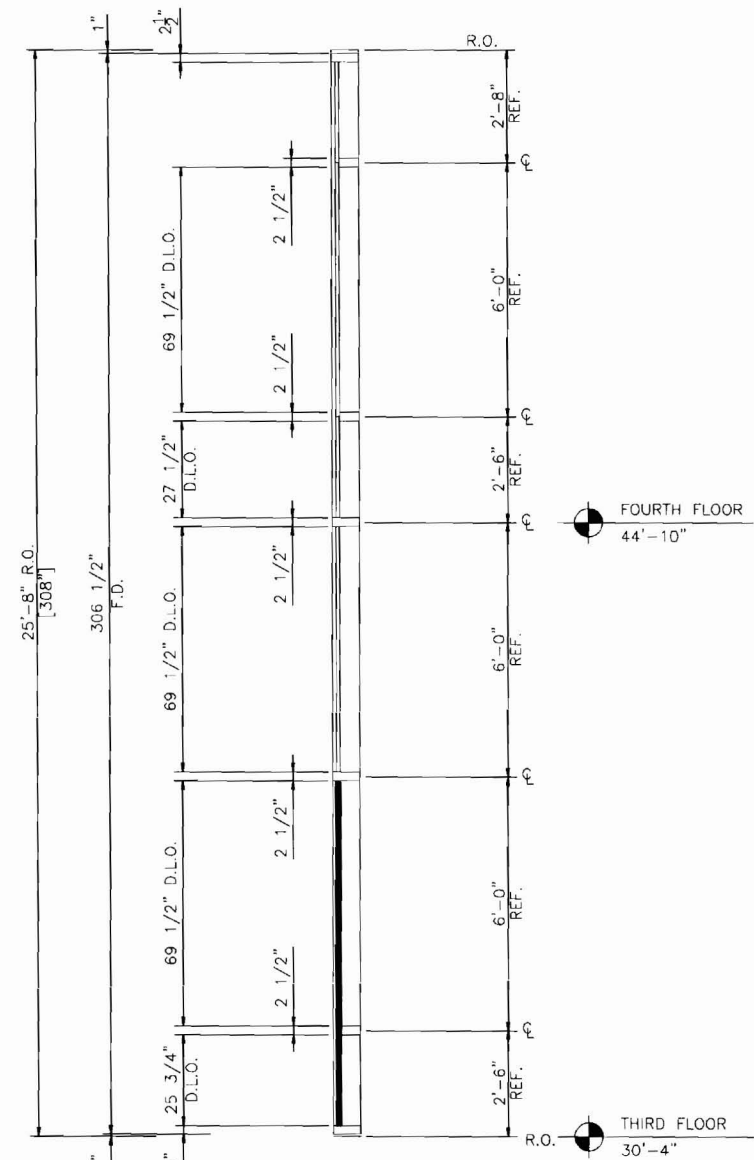
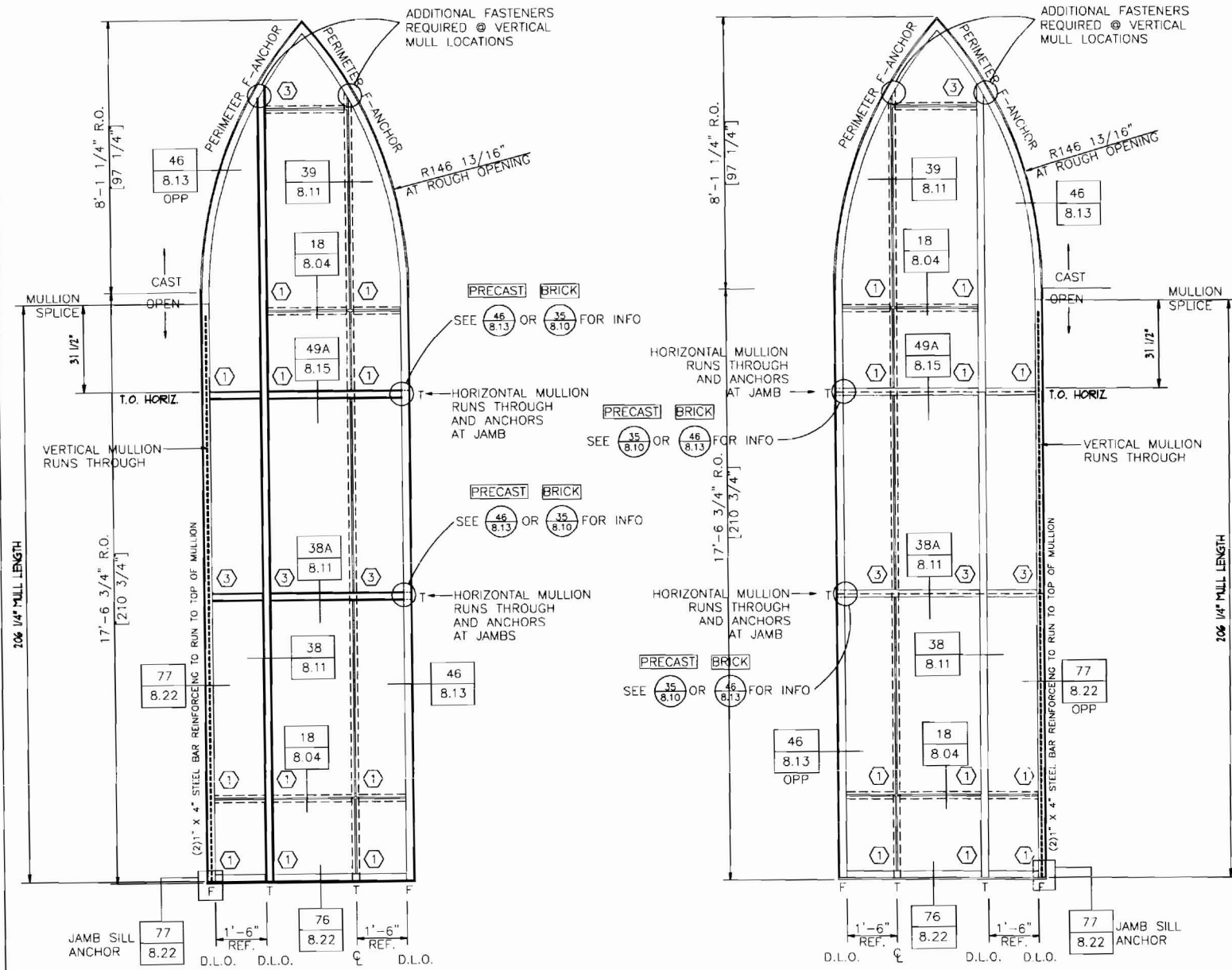
I have discussed this with Tammy.

Thanks for your help, Dick Doyle

--
Richard Doyle
I-Associates, NE
rdoyle@oneilmg.com
978-877-2041



ARCH. / G.C. NOTE:
VERIFY ANCHORAGE AT JAMBS



ARCH. / G.C. NOTE:
HORIZONTAL LOCATIONS AS SHOWN
ALIGN WITH ELEVATION 10.
WALL SECTIONS DO NOT MATCH.
PLEASE VERIFY

(1) REQUIRED THUS
SYSTEM 1 & 2 CURTAIN WALL - 2 1/2" X 7 1/2"
ELEVATION REFERENCE: W22/A6.11

(1) REQUIRED THUS
SYSTEM 1 & 2 CURTAIN WALL - 2 1/2" X 7 1/2"
ELEVATION REFERENCE: W22A/A6.11

1 WALL SECTION
ARCHITECTURAL REFERENCE: 1/A3.06

PROJECT:	MERCY HEALTH SYSTEM OF MAINE
LOCATION:	FORE RIVER SHORT STAY HOSPITAL
TITLE:	PORTLAND, MAINE
ELEVATIONS	
DATE:	06/13/07
REVISIONS:	05/14/07
NO.	DESCRIPTION
1	FIRST SUBMISSION
2	REVISION
3	REVISION
4	REVISION
5	REVISION
6	REVISION
7	REVISION
8	REVISION
9	REVISION
10	REVISION
11	REVISION
12	REVISION
13	REVISION
14	REVISION
15	REVISION
16	REVISION
17	REVISION
18	REVISION
19	REVISION
20	REVISION
21	REVISION
22	REVISION
23	REVISION
24	REVISION
25	REVISION
26	REVISION
27	REVISION
28	REVISION
29	REVISION
30	REVISION
31	REVISION
32	REVISION
33	REVISION
34	REVISION
35	REVISION
36	REVISION
37	REVISION
38	REVISION
39	REVISION
40	REVISION
41	REVISION
42	REVISION
43	REVISION
44	REVISION
45	REVISION
46	REVISION
47	REVISION
48	REVISION
49	REVISION
50	REVISION
51	REVISION
52	REVISION
53	REVISION
54	REVISION
55	REVISION
56	REVISION
57	REVISION
58	REVISION
59	REVISION
60	REVISION
61	REVISION
62	REVISION
63	REVISION
64	REVISION
65	REVISION
66	REVISION
67	REVISION
68	REVISION
69	REVISION
70	REVISION
71	REVISION
72	REVISION
73	REVISION
74	REVISION
75	REVISION
76	REVISION
77	REVISION
78	REVISION
79	REVISION
80	REVISION
81	REVISION
82	REVISION
83	REVISION
84	REVISION
85	REVISION
86	REVISION
87	REVISION
88	REVISION
89	REVISION
90	REVISION
91	REVISION
92	REVISION
93	REVISION
94	REVISION
95	REVISION
96	REVISION
97	REVISION
98	REVISION
99	REVISION
100	REVISION

R&R WINDOW CONTRACTORS, INC.
We make a difference ... and it shows
ONE ARTHUR ST., EASTHAMPTON, MA. 01027 (413) 527-7500

DATE: 05/14/07
JOB NO.: 7009
SHEET NO.: 5.17