

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 090830

PERMITTED
AUG 14 2009

This is to certify that LANDMARK HEALTHCARE FACILITIES Edgewood

has permission to First Floor Tenant Fit-up for Priority Care

AT 195 FORE RIVER PKWY

CB 0075 A005001

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 closed-in. 24 HOUR 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. R. Soutter

Health Dept. _____

Appeal Board _____

Other _____
Department Name

Chris M. [Signature] 8/14/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

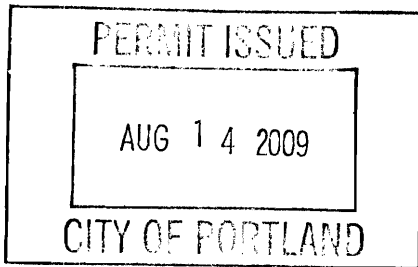
City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0830	Issue Date: 8/14/09	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY	Owner Name: LANDMARK HEALTHCARE FA	Owner Address: 839 NORTH JEFFERSON	Phone: 207-767-1866
Business Name:	Contractor Name: Ledgewood Construction	Contractor Address: 27 Maine St. So. Portland	Phone: 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C-26

Past Use: Commercial - Fore River Medical Complex, LLC	Proposed Use: Commercial - Fore River Medical Complex, LLC - First Floor Tenant Fit-up for Primary Care Office	Permit Fee: \$535.00	Cost of Work: \$43,330.00	CEO District: 3
Proposed Project Description: First Floor Tenant Fit-up for Primary Care Office		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: B Type: IIB IBC-2003	
		Signature: (KB)	Signature: el	
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: lmd	Date Applied For: 07/31/2009	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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Denied Date: 8/17/09	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:	



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

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

Permit No: 09-0830	Date Applied For: 07/31/2009	CBL: 075 A005001
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Business Name:	Contractor Name: Ledgewood Construction	Contractor Address: 27 Maine St. So. Portland	Phone: (207) 767-1866
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - Fore River Medical Complex, LLC - First Floor Tenant Fit-up for Primary Care Office	Proposed Project Description: First Floor Tenant Fit-up for Primary Care Office
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/07/2009
Note: **Ok to Issue:**
 1) Separate permits shall be required for any new signage.
 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:** Chris Hanson **Approval Date:** 08/14/2009
Note: **Ok to Issue:**
 1) 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.
 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.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 08/12/2009
Note: **Ok to Issue:**
 1) Emergency lights and exit signs are required
 2) Fire Alarm system shall be maintained.
 If system is to be off line over 4 hours a fire watch shall be in place.
 Dispatch notification required 874-8576.
 3) No means of egress shall be affected by this renovation
 4) Sprinkler protection shall be maintained.
 Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
 5) Fire extinguishers required. Installation per NFPA 10
 6) All means of egress to remain accessible at all times
 7) All construction shall comply with NFPA 101

Comments:
 8/6/2009-lmd: Owes \$71.00 in C of O fees. There check amount was incorrect



General Building Permit Application

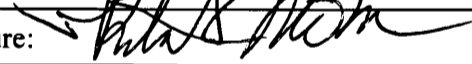
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>Mercy MOB, 195 Fore River Parkway, Portland, ME 04102</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * must be owner, Lessee or Buyer * Name <u>Mercy Hospital</u> Address <u>144 State Street</u> City, State & Zip <u>Portland, ME 04102</u>	Telephone:
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>43,330.00</u> C of O Fee: \$ <u>30.00</u> Total Fee: \$ <u>464.00</u>
<p>Current legal use (i.e. single family) <u>Vacant</u></p> <p>If vacant, what was the previous use? <u>New Construction - Medical Office Building</u></p> <p>Proposed Specific use: <u>Medical Office</u></p> <p>Is property part of a subdivision? _____ If yes, please name _____</p> <p>Project description: <u>Fit-up for Medical Office - Back Right hand corner of first floor.</u> <u>Primary Care</u></p>		
Contractor's name: <u>Ledgewood Construction</u>		
Address: <u>27 Main Street</u>		
City, State & Zip <u>South Portland, ME 04106</u>		Telephone: <u>767-1866</u>
Who should we contact when the permit is ready: <u>Chris Morin</u>		Telephone: <u>615-1184</u>
Mailing address: <u>Same as above</u>		

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: 	Date: <u>7/31/09</u>
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This is not a permit; you may not commence ANY work until the permit is issue



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: CRAIG PIER - SMRT

RE: Certificate of Design

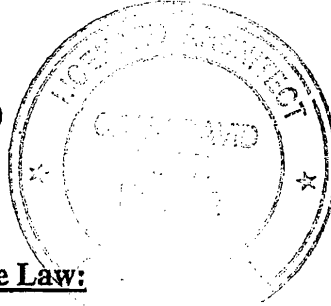
DATE: 7-20-09

These plans and / or specifications covering construction work on:

MERCY HOSPITAL - FORE RIVER MOB LAB

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

(SEAL)



Signature: _____

Title: PRINCIPAL / ARCHITECT

Firm: SMRT

Address: 144 FORE STREET
PO BOX 618
PORTLAND, MAINE
04104

As per Maine State Law:

\$50,000.00 or more in new construction, repair expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101

ACCESSIBILITY CERTIFICATE

Designer: CRAIG PIPER - SMRT

Address of Project: 195 FORE RIVER PARKWAY

Nature of Project: MERCY HOSPITAL - FORE RIVER MOB LAB

- RENOVATION OF EXISTING FAMILY PRACTICE AND VACANT
SPACE TO CREATE SMALL LAB/DRAW SPACE.

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.

Signature: 

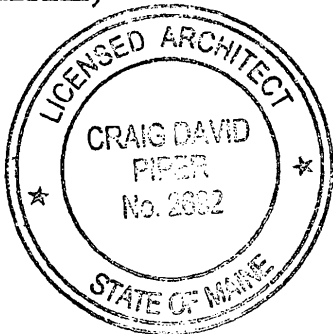
Title: PRINCIPAL / ARCHITECT

Firm: SMRT

Address: 144 FORE STREET
PO BOX 618
PORTLAND, MAINE 04104

Phone: 207-772-3846

(SEAL)



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.

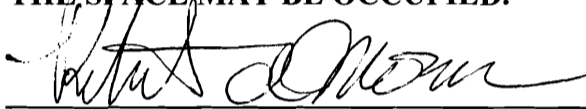
 X Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

 X 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

8-14-09

Date



Signature of Inspections Official

8/14/09

Date

MERCY HOSPITAL

PORTLAND, MAINE

FORE RIVER MOB LAB

144 Fore Street/P.O. Box 618
 Portland, Maine 04104
 tel. (207) 772-3846
 fax. (207) 772-1070
 www.smritinc.com



ARCHITECTURE
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SMRTI

MERCY HOSPITAL
 FORE RIVER MOB LAB
 PORTLAND, MAINE

ABBREVIATIONS

ACT	ACOUSTIC CEILING TILE
AFF	ABOVE FINISHED FLOOR
CG	CORNER GUARD
CL	CENTER LINE
CLR	CLEAR
DWG	DRAWING
E	EXIST(ING)
EA	EACH
EXIST	EXISTING
FBO	FURNISHED BY OTHERS
FE	FIRE EXTINGUISHER
FF	FINISHED FLOOR; FAR FACE
GC	GENERAL CONTRACTOR
GWB	GYPNUM WALL BOARD
HC	HANDICAPPED
MAX	MAXIMUM
MFR	MANUFACTURER
MIN	MINIMUM
MISC	MISCELLANEOUS
NIC	NOT IN CONTRACT
NTS	NOT TO SCALE
PLAM	PLASTIC LAMINATE
PTD	PAINTED
REL	RELOCATE(D)
SIM	SIMILAR
TYP	TYPICAL
W/	WITH
W/O	WITHOUT

SYMBOL LEGEND

	CIRCLE NOTE
	PARTITION TAG
	DOOR TAG
	LOBBY ROOM NAME ROOM NUMBER
	KEYED NOTE
	WALL SECTION
	INTERIOR ELEVATION

GENERAL NOTES:

1. FIELD VERIFY ALL DIMENSIONS AND LAYOUT PRIOR TO PROCEEDING WITH WORK. NOTIFY ARCHITECT IN WRITING OF ANY DISCREPANCIES OR INCONSISTENCIES. FAILURE TO REPORT ANY DISCREPANCIES WITHIN THESE CONSTRUCTION DOCUMENTS TO THE ARCHITECT WILL NOT BE GROUNDS FOR ADDITIONAL COST OR CHANGE ORDERS.
2. CONTRACTOR SHALL BE RESPONSIBLE FOR PROVIDING ALL MATERIALS (UNLESS NOTED OTHERWISE), AND WORKMANSHIP IN ACCORDANCE WITH FEDERAL, STATE, CITY AND LOCAL BUILDING CODES AND THEIR REQUIREMENTS.
3. CONTRACTOR AND ALL TRADES SHALL NOTE REQUIREMENTS OF "GENERAL NOTES" ON ALL SHEETS.
4. EACH TRADE TO PROVIDE SMOKE OR FIRE SEALANT AT PENETRATIONS AS REQUIRED FOR WALL TYPE. ALL SEALANT, FIRE STOPPING, AND SMOKE STOPPING ASSEMBLIES SHALL BE U.L. RATED.
5. DIMENSIONS ARE FACE OF EXISTING PARTITION AND CENTERLINE OF STUD PARTITIONS, UNLESS INDICATED OTHERWISE.
6. REFER TO ALL CONSTRUCTION DOCUMENTS FOR REQUIREMENTS WHICH MAY AFFECT THE WORK IN ANOTHER DISCIPLINE AND COORDINATE WORK.
7. REFER TO DETAILS FOR ADDITIONAL DIMENSIONAL INFORMATION.
8. DOOR JAMBS SHALL BE LOCATED 6" FROM CORNER IN STUD PARTITIONS UNLESS INDICATED OTHERWISE.
9. PROVIDE BLOCKING IN WALLS AS NECESSARY WHERE CASEWORK, SHELVES, HANDRAILS, AND MISC. EQUIPMENT ARE LOCATED.
10. DO NOT SCALE DRAWINGS.
11. "PROVIDE" MEANS "FURNISH AND INSTALL".

DRAWING LIST

GENERAL

GI001	COVER SHEET, LEGEND AND ABBREVIATIONS
GI002	WALL TYPES AND SCHEDULES
GI003	GENERAL MOUNTING HEIGHTS

ARCHITECTURAL

A-001	PARTIAL FIRST FLOOR FACILITY PLAN
A-002	LIFE SAFETY PLAN
AD101	DEMOLITION PLAN
AE101	ENLARGED FLOOR PLAN
AE102	ENLARGED FLOOR PLAN
AE103	ENLARGED LAYOUT PLAN
AE104	ENLARGED LAYOUT PLAN
AE105	REFLECTED CEILING PLAN
AE201	INTERIOR ELEVATIONS
AE501	INTERIOR DETAILS
AE502	INTERIOR DETAILS
AE601	FINISH SCHEDULE
AE602	DOOR SCHEDULE AND DETAILS
AF101	FLOOR FINISH PLAN

ISSUED FOR CONSTRUCTION
 7-20-09

CURRENT ISSUE STATUS:

REV	DESCRIPTION	DATE
0	ISSUED FOR CONSTRUCTION	7-20-09

SCALE: AS NOTED

PROJECT MANAGER: CDP

JC/DRAWN BY: CAH

A/E OF RECORD: CDP

CAD FILE: GI001-09067-00

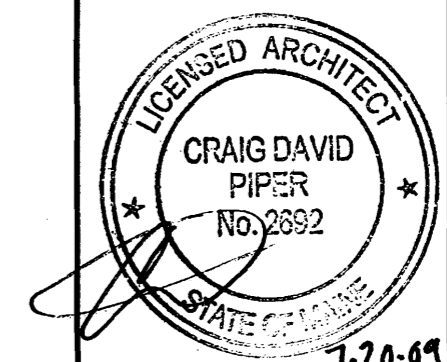
PROJECT NO: 09067-00

DATE: 7-20-09

SHEET TITLE:

COVER SHEET, LEGEND AND ABBREVIATIONS

SHEET No. GI001



7-20-09

TOILET ACCESSORY SCHEDULE

TAG	DESCRIPTION	C/C
(A)	SOAP DISPENSER	C/C
(B)	PAPER TOWEL DISPENSER	C/C
(C)	SANITARY NAPKIN WASTE CONTAINER	C/C
(D)	MIRROR (TOILET ROOMS) 18" X 30"	C/C
(E)	TOILET TISSUE DISPENSER	C/C
(F)	36" GRAB BAR	C/C
(G)	42" GRAB BAR	C/C
(H)	COAT HOOK (MOUNTED ON WALL)	C/C

C/C - CONTRACTOR FURNISHED/CONTRACTOR INSTALLED
 O/C - OWNER FURNISHED/CONTRACTOR INSTALLED
 O/O - OWNER FURNISHED/OWNER INSTALLED

INTERIOR WALL TYPES

S3 3-5/8" METAL STUDS @ 16" O.C. (1) LAYER 5/8" GWB EACH SIDE. FULL BATT INSULATION. ASSEMBLY TO 6" ABOVE FINISHED CEILING.



F2 2-1/2" METAL STUDS @ 16" O.C. (1) LAYER 5/8" GWB TAGGED SIDE ONLY. ASSEMBLY TO 6" ABOVE FINISHED CEILING.



F3 3-5/8" METAL STUDS @ 16" O.C. (1) LAYER 5/8" GWB TAGGED SIDE ONLY. ASSEMBLY TO 6" ABOVE FINISHED CEILING.



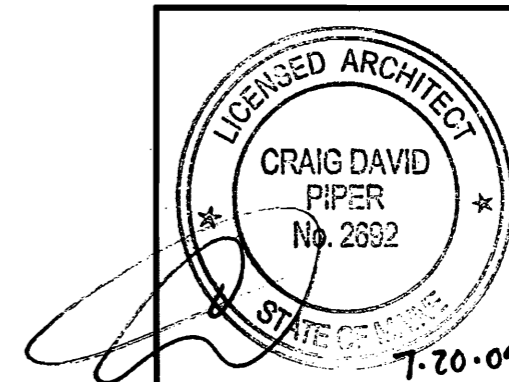
NOTES:

E MATCH EXISTING WALL TYPE AND RATING.

EQUIP/FURNISHINGS SCHEDULE

TAG	DESCRIPTION	C/C
①	DRAW CHAIR	O/O
②	TABLE	O/O
③	SHARPS CONTAINER	O/C
④	LABEL PRINTER (POWER/DATA)	O/O
⑤	COMPUTER AND MONITOR (POWER/DATA)	O/O
⑥	PRIVACY CURTAIN	C/C
⑦	COAT RACK	O/C
⑧	TAKE A NUMBER SYSTEM (POWER/DATA)	O/C
⑨	PHONE (DATA)	O/O
⑩	PRINTER (POWER/DATA)	O/O
⑪	EYEWASH (EXISTING RELOCATED)	O/C
⑫	UNDER COUNTER REFRIGERATOR (RELOCATED, POWER)	O/O
⑬	PAPER TOWEL DISPENSER (EXISTING RELOCATED)	O/C
⑭	CENTRIFUGE (POWER)	O/O
⑮	PASS-THRU (BOBRICK MODEL B-505)	C/C
⑯	CORK BOARD (EXISTING RELOCATED)	O/C
⑰	PRIVACY SCREEN	O/C
⑱	KEYBOARD TRAY	O/C
⑲	CORNER GUARD (RELOCATE 6 EXISTING)	C/C
⑳	SOAP DISPENSER (EXISTING RELOCATED)	O/C

C/C - CONTRACTOR FURNISHED/CONTRACTOR INSTALLED
 O/C - OWNER FURNISHED/CONTRACTOR INSTALLED
 O/O - OWNER FURNISHED/OWNER INSTALLED



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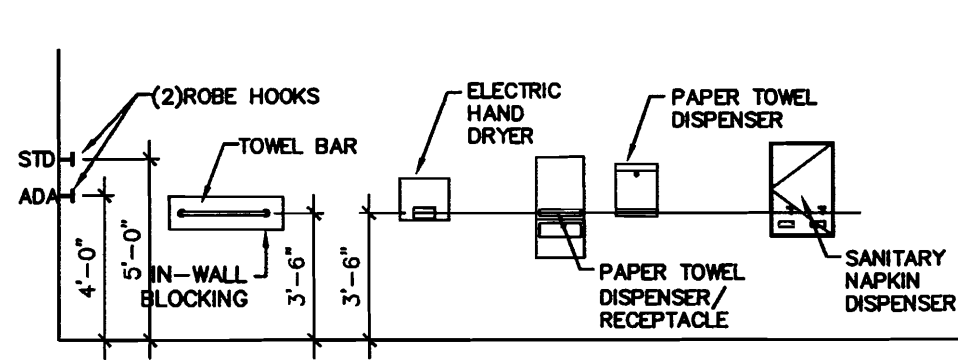
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REV	DATE	DESCRIPTION
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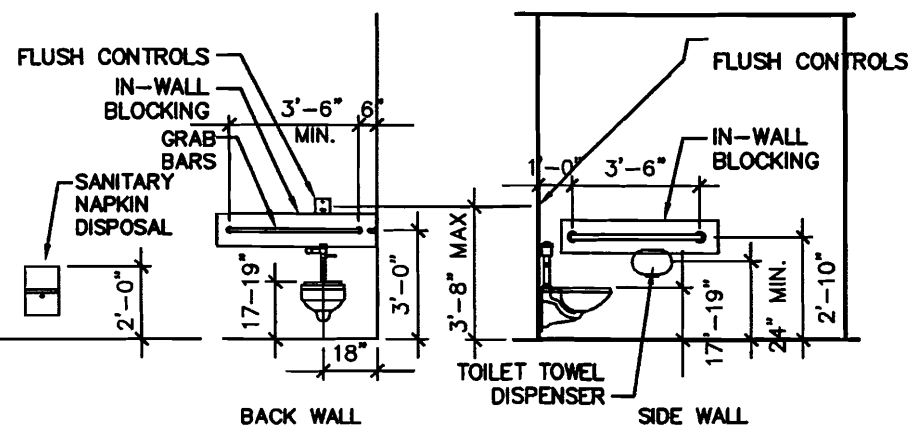
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PROJECT MANAGER:	CDP
IC/DRAWN BY:	CAH
A/E OF RECORD:	CDP
CAD FILE:	G1002-09067-00
PROJECT NO:	09067-00
DATE:	7-20-09

SHEET TITLE:
 WALL TYPES AND SCHEDULES

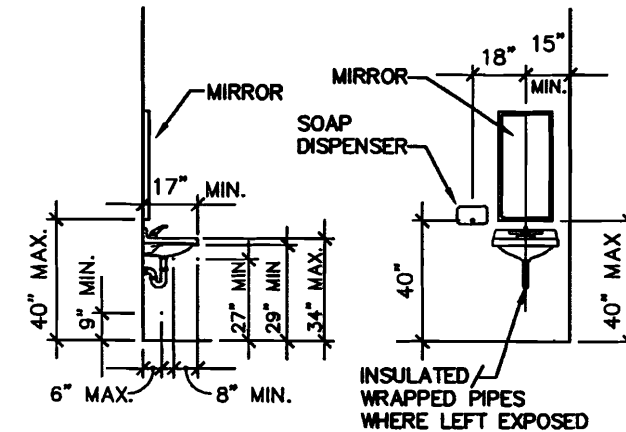
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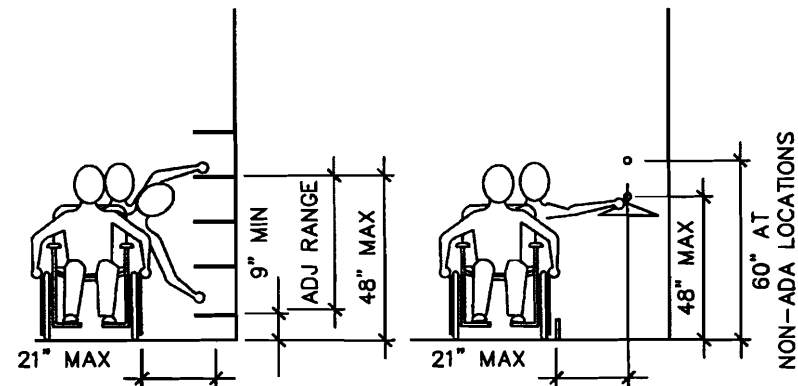
TOILET ACCESSORIES



TOILET & GRAB BARS

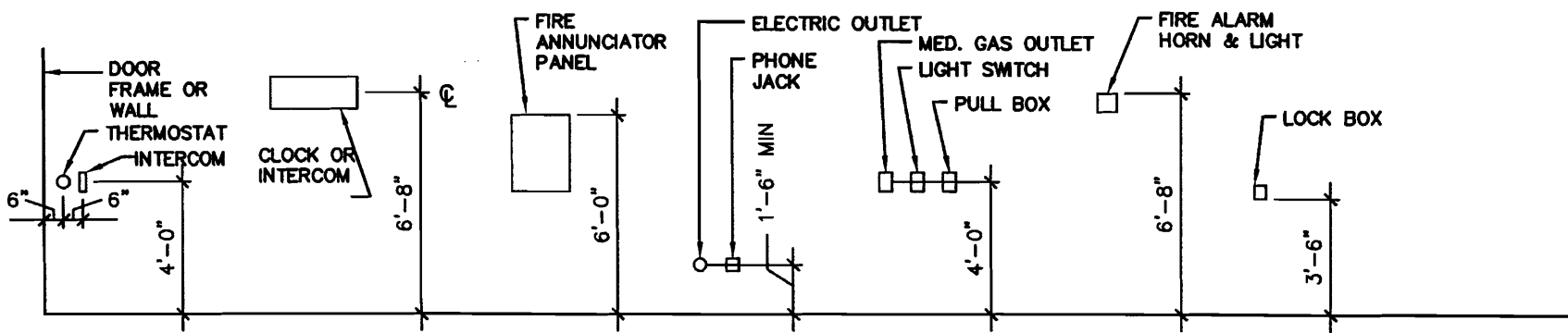


SINKS & LAVATORIES

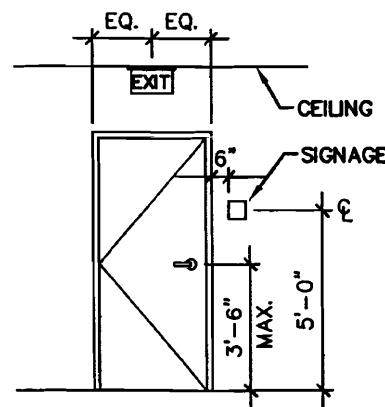


SHELVES

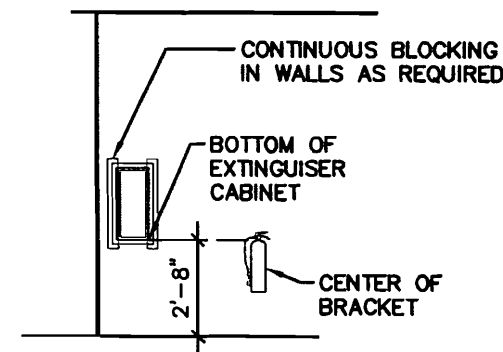
CLOSETS



ELECTRICAL & FIRE PROTECTION DEVICES
TYPICAL UNLESS NOTED OTHERWISE



DOOR HARDWARE & SIGNAGE



FIRE EXTINGUISHER

NOTE:
NOT ALL ITEMS ARE APPLICABLE TO CURRENT PROJECT.
FIXTURES AND DEVICES ARE DRAWN DIAGRAMMATIC FOR DIMENSIONAL PURPOSES ONLY.
THEY MAY NOT REPRESENT THE ACTUAL ITEMS TO BE USED IN THIS PROJECT.

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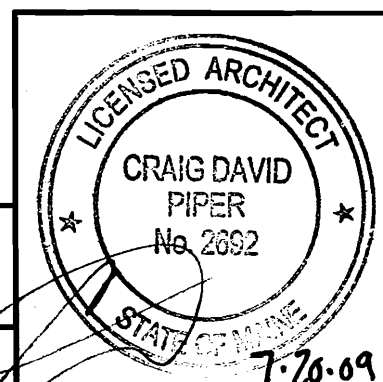
SMRTI

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A1

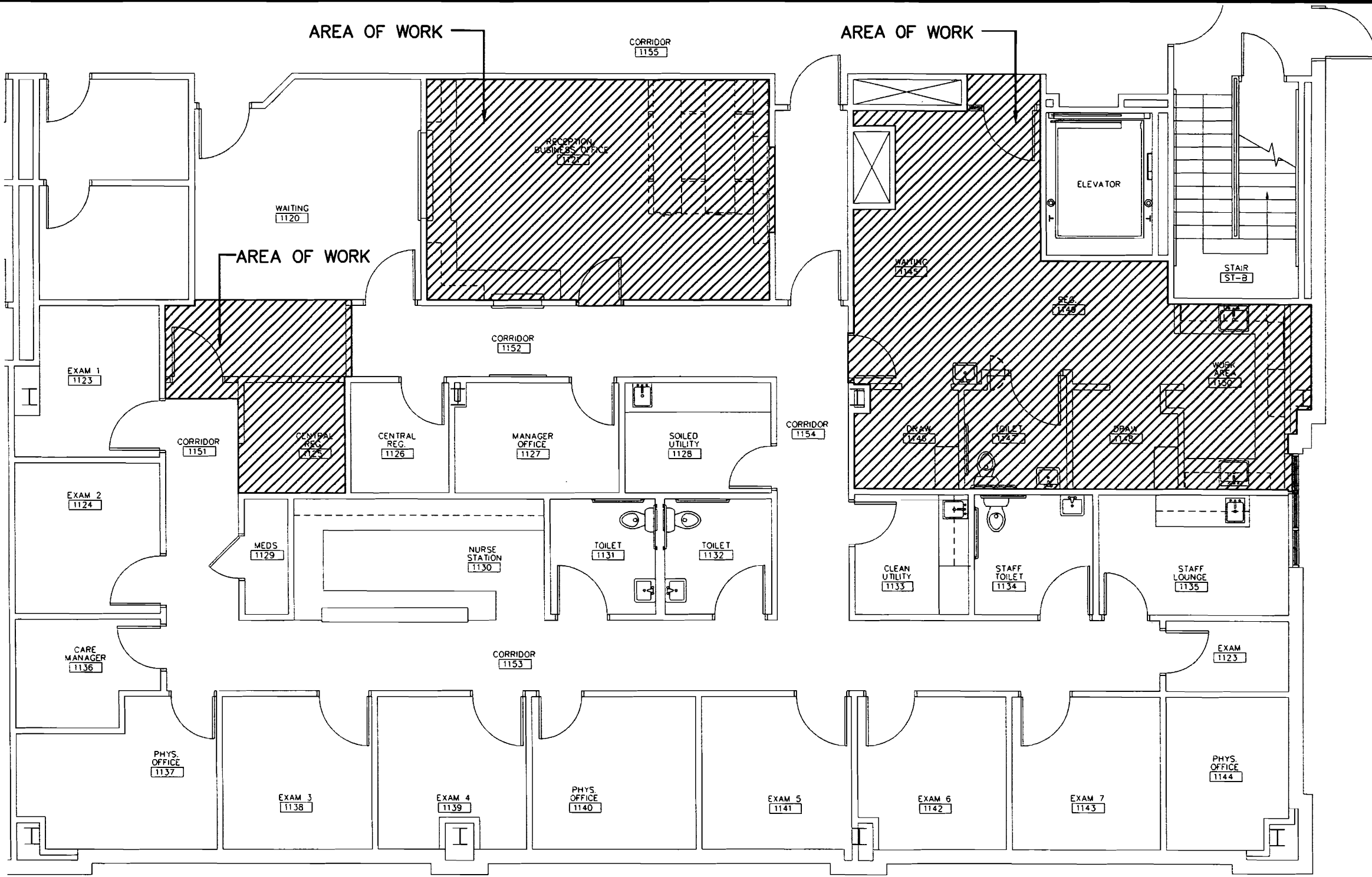
MOUNTING HEIGHTS

N.T.S.

SHEET No.

G1003

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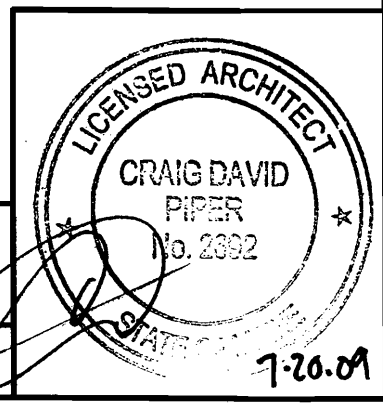
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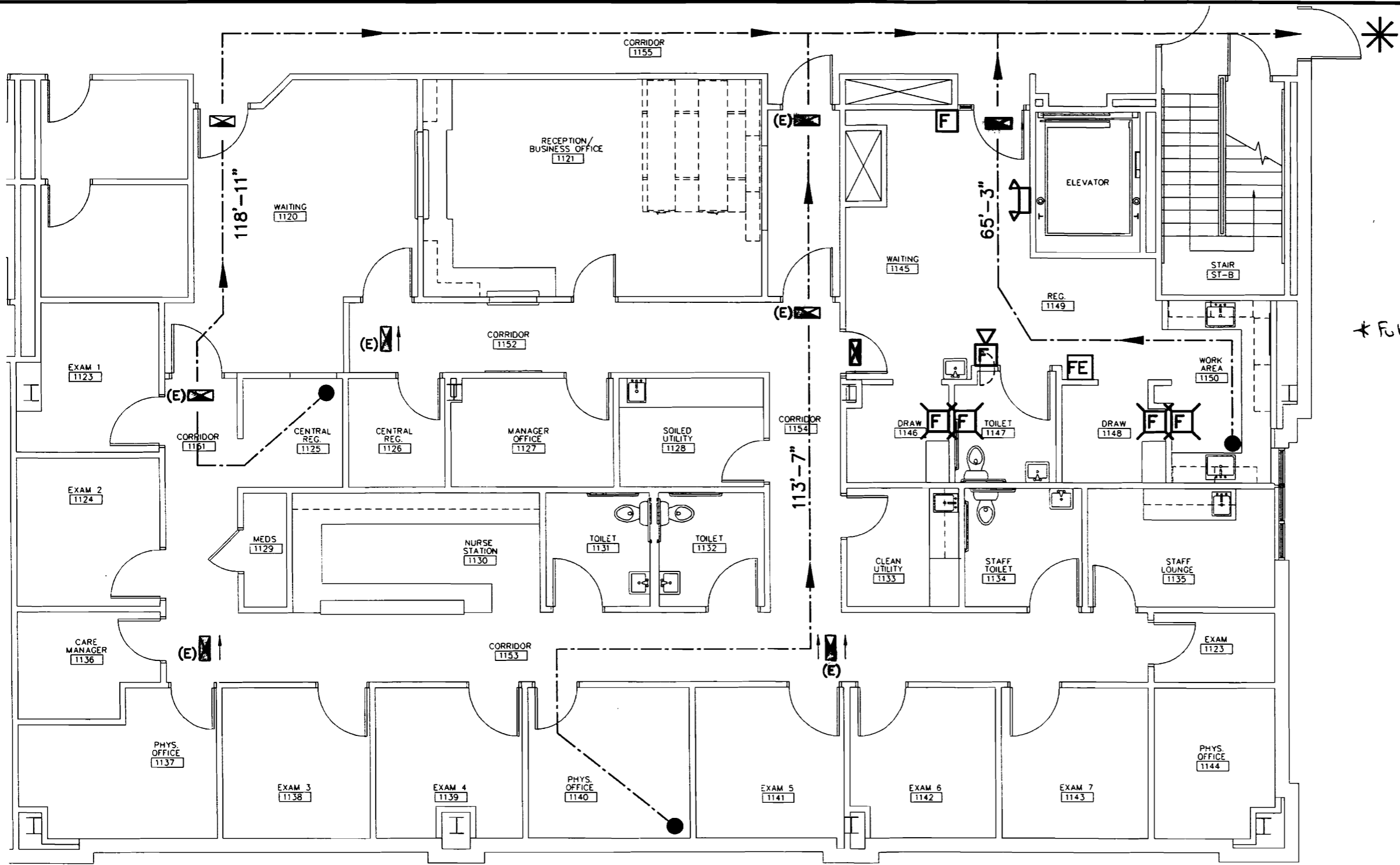
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PROJECT MANAGER:	CDP
IC/DRAWN BY:	CAH
A/E OF RECORD:	CDP
CAD FILE:	A-001-09067-00
PROJECT NO:	09067-00
DATE:	7-20-09
SHEET TITLE:	PARTIAL FIRST FLOOR FACILITY PLAN



A1 PARTIAL FIRST FLOOR FACILITY PLAN




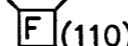




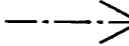

1/8"=1'-0"

SHEET No. **A-001**
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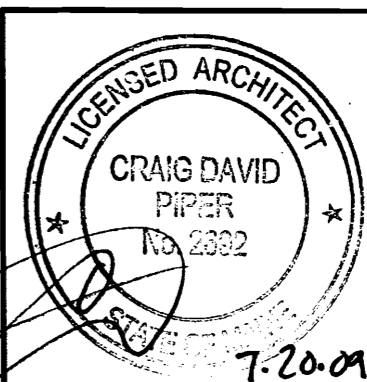


* Fully Sprinkled

SYMBOL LEGEND


-  EMERGENCY LIGHT BATTERY PACK
-  FIRE ALARM PULL STATION
-  FIRE ALARM VISIBLE ONLY
-  FIRE ALARM VISIBLE ONLY, 110 CANDELA
-  FIRE ALARM AUDIBLE/VISIBLE
-  EXIT SIGN CEILING MTD
-  EXIT SIGN WALL MTD
-  FIRE EXTINGUISHER
-  PATH OF EGRESS
-  POINT OF EGRESS

A1	LIFE SAFETY PLAN
1/8"=1'-0"	



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CURRENT ISSUE STATUS:	DATE
0	7-20-09
ISSUED FOR CONSTRUCTION	DESCRIPTION
0	REV

SCALE: 1/8"=1'-0"

PROJECT MANAGER: CDP

IC/DRAWN BY: CAH

A/E OF RECORD: CDP

CAD FILE: A-002-09067-00

PROJECT NO: 09067-00

DATE: 7-20-09

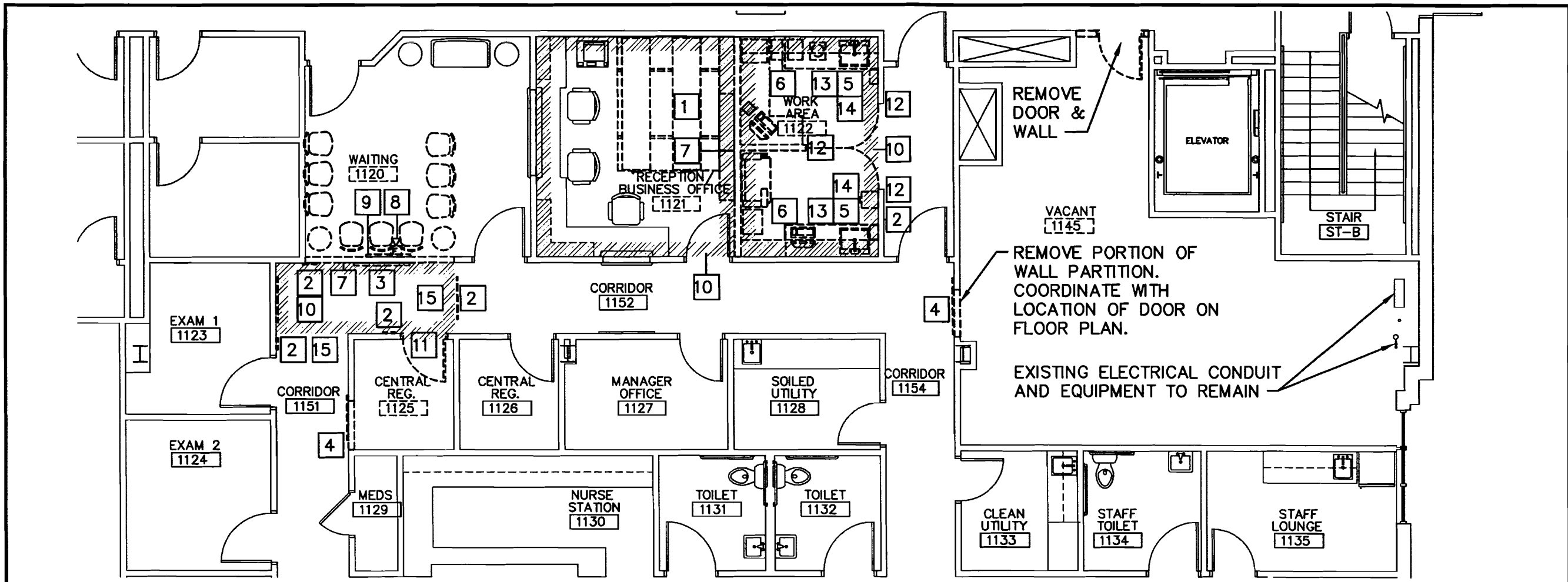
SHEET TITLE:

LIFE SAFETY PLAN

SHEET No. A-002

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7-20-09	ISSUED FOR CONSTRUCTION	7-20-09
0	REV	

A1

DEMOLITION PLAN

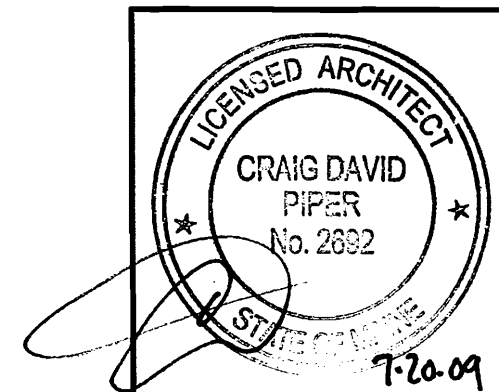
1/8"=1'-0"

DEMOLITION KEYED NOTES:

- 1 CONDENSED STORAGE UNIT TO BE RELOCATED BY OTHERS.
- 2 REMOVE AND RELOCATE SIGN.
- 3 REMOVE AND RELOCATE LITERATURE RACK.
- 4 REMOVE AND RELOCATE MAP.
- 5 REMOVE AND RELOCATE SINK AND FAUCET.
- 6 REMOVE AND RELOCATE UPPER WALL CABINETS.
- 7 REMOVE WALL UP TO 2" BELOW FINISHED CEILING.
- 8 REMOVE AND RELOCATE HORN/STROBE.
- 9 REMOVE AND RELOCATE PAINTING. COORDINATE W/OWNER FOR NEW LOCATION.
- 10 REMOVE FLOORING TO PERIMETER HATCH.
- 11 REMOVE AND RELOCATE DOOR AND FRAME TO DOOR # 1145B.
- 12 REMOVE CORNER GUARDS, SALVAGE FOR RE-USE.
- 13 REMOVE AND RELOCATE SOAP DISPENSER.
- 14 REMOVE AND RELOCATE PAPER TOWEL DISPENSER.
- 15 REMOVE PORTION OF CEILING. COORDINATE WITH NEW WALL LOCATION.

DEMOLITION NOTES:

- 1. SEE SHEET G1001 FOR LEGEND AND ABBREVIATIONS.
- 2. COORDINATE WITH OWNER FOR NEW LOCATIONS OF SIGNS, MAPS, LITERATURE RACK AND ART WORK.



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7-20-09	ISSUED FOR CONSTRUCTION	7-20-09
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SCALE: 1/8"=1'-0"

PROJECT MANAGER: CDP

IC/DRAWN BY: CAH

A/E OF RECORD: CDP

CAD FILE: AD101-09067-00

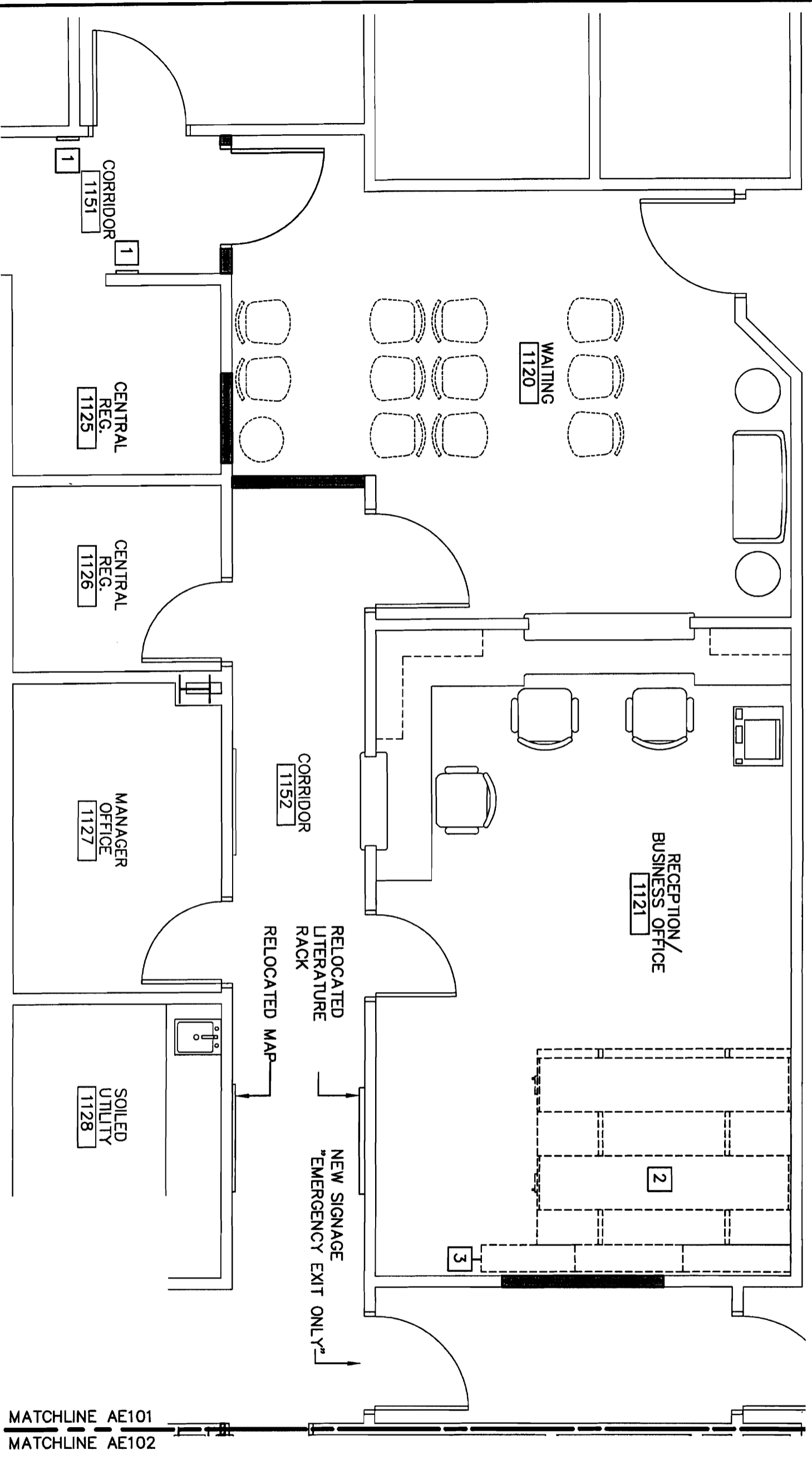
PROJECT NO: 09067-00

DATE: 7-20-09

SHEET TITLE:
DEMOLITION PLAN

SHEET No. AD101

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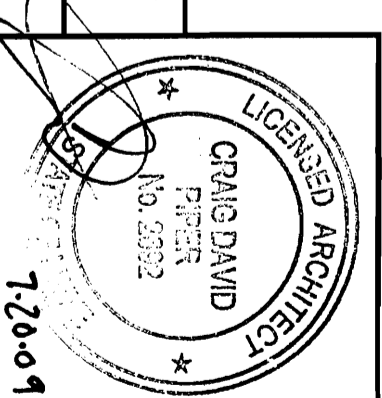
KEYED NOTES:

- 1 RELOCATED SIGN.
- 2 RELOCATED CONDENSED STORAGE UNIT BY OTHERS.
- 3 RELOCATED SHELVING BY OTHERS.

A1 ENLARGED FLOOR PLAN

1/4"=1'-0"

MATCHLINE AE101
MATCHLINE AE102



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7-20-09

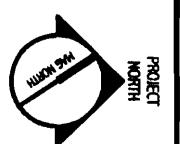
REV	DESCRIPTION	DATE
0	ISSUED FOR CONSTRUCTION	7-20-09

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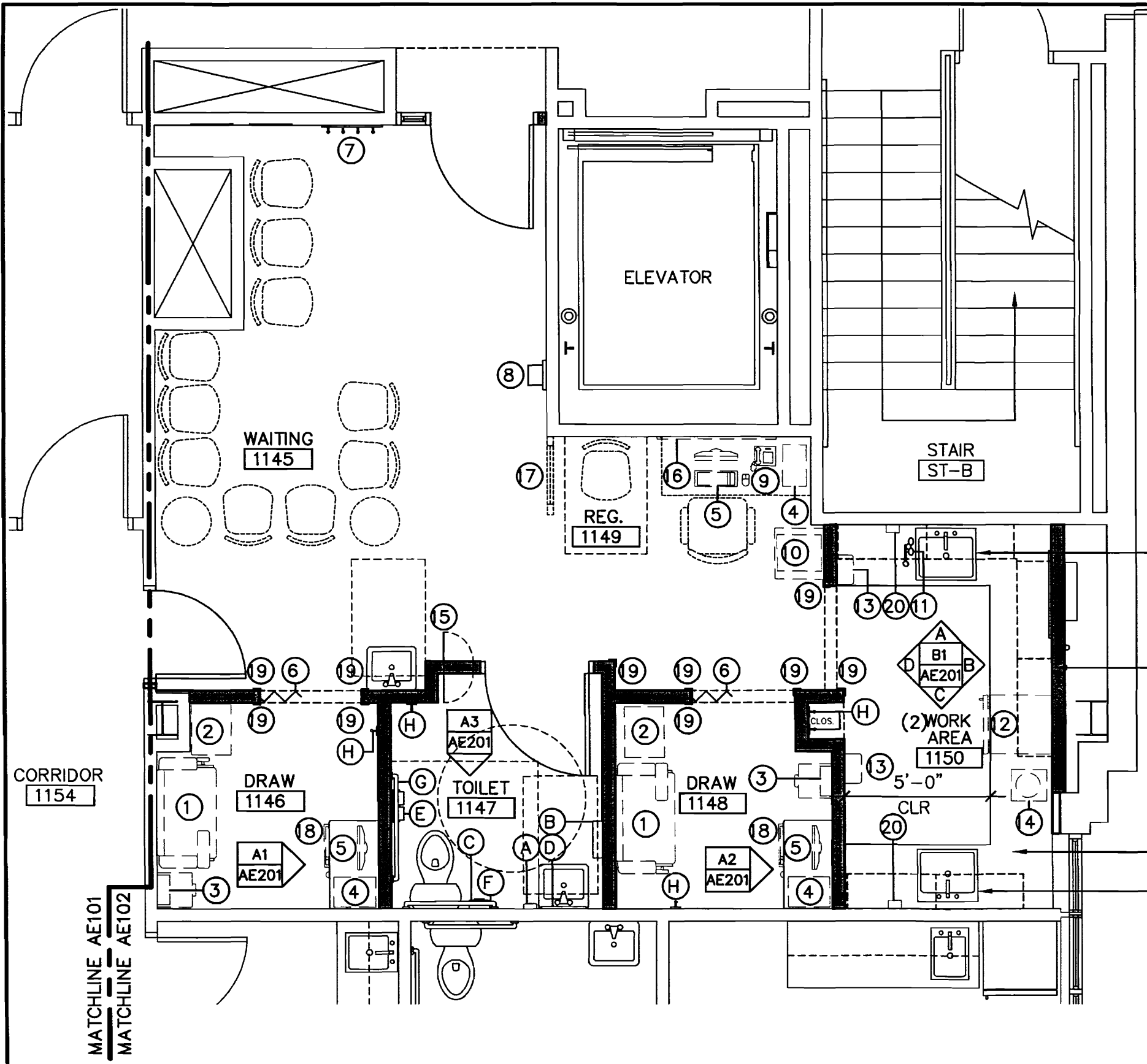
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SCALE:	1/4"=1'-0"
PROJECT MANAGER:	CP
IC/DRAWN BY:	CAH
AE OF RECORD:	CP
CAD FILE:	AE101-09067-00
PROJECT NO.:	09067-00
DATE:	7-20-09
SHEET TITLE:	ENLARGED FLOOR PLAN
SHEET No.	AE101

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NOTES:

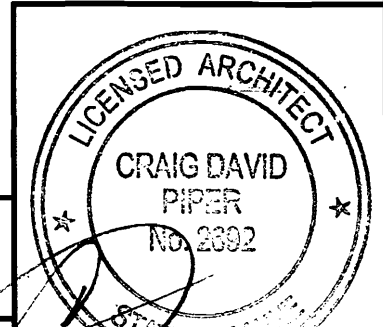
1. SEE SHEET G1001 FOR LEGEND AND ABBREVIATIONS.
2. ALL DASHED FURNITURE AND EQUIPMENT TO BE PROVIDED BY OWNER UNLESS NOTED OTHERWISE.
3. REFER TO G1002 FOR EQUIPMENT AND ACCESSORY SCHEDULES.

RELOCATED SINK AND BASE CABINET

RELOCATED UPPER CABINETS, TYP. 6

NEW PLAM COUNTER

RELOCATED SINK AND BASE CABINET



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7-20-09

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0	ISSUED FOR CONSTRUCTION	7-20-09

CURRENT ISSUE STATUS:

SCALE: 1/4"=1'-0"

PROJECT MANAGER: CDP

JC/DRAWN BY: CAH

A/E OF RECORD: CDP

CAD FILE: AE102-09067-00

PROJECT NO: 09067-00

DATE: 7-20-09

SHEET TITLE:
ENLARGED FLOOR PLAN

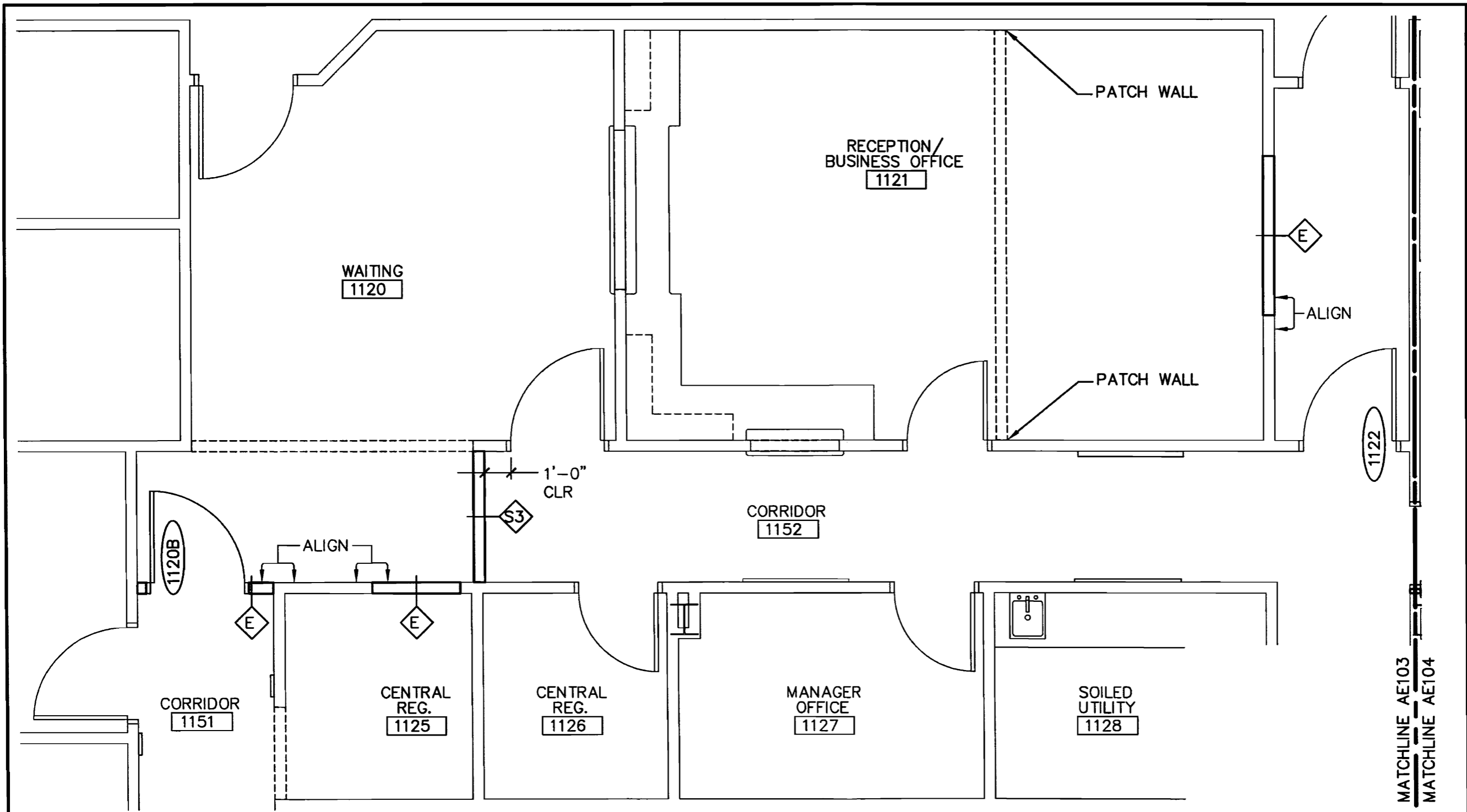
SHEET No. AE102

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A1 ENLARGED FLOOR PLAN

1/4"=1'-0"

7-20-09



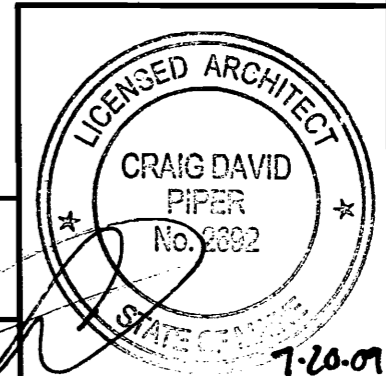
NOTES:

1. SEE SHEET G1001 FOR LEGEND AND ABBREVIATIONS.
2. REFER TO G1002 FOR EQUIPMENT AND ACCESSORY SCHEDULES.
3. REFER TO AE602 FOR DOOR SCHEDULE.

A1

ENLARGED LAYOUT PLAN

1/4"=1'-0"



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7-20-09

CURRENT ISSUE STATUS:

SCALE: 1/4"=1'-0"

PROJECT MANAGER: CDP

JC/DRAWN BY: CAH

A/E OF RECORD: CDP

CAD FILE: AE103-09067-00

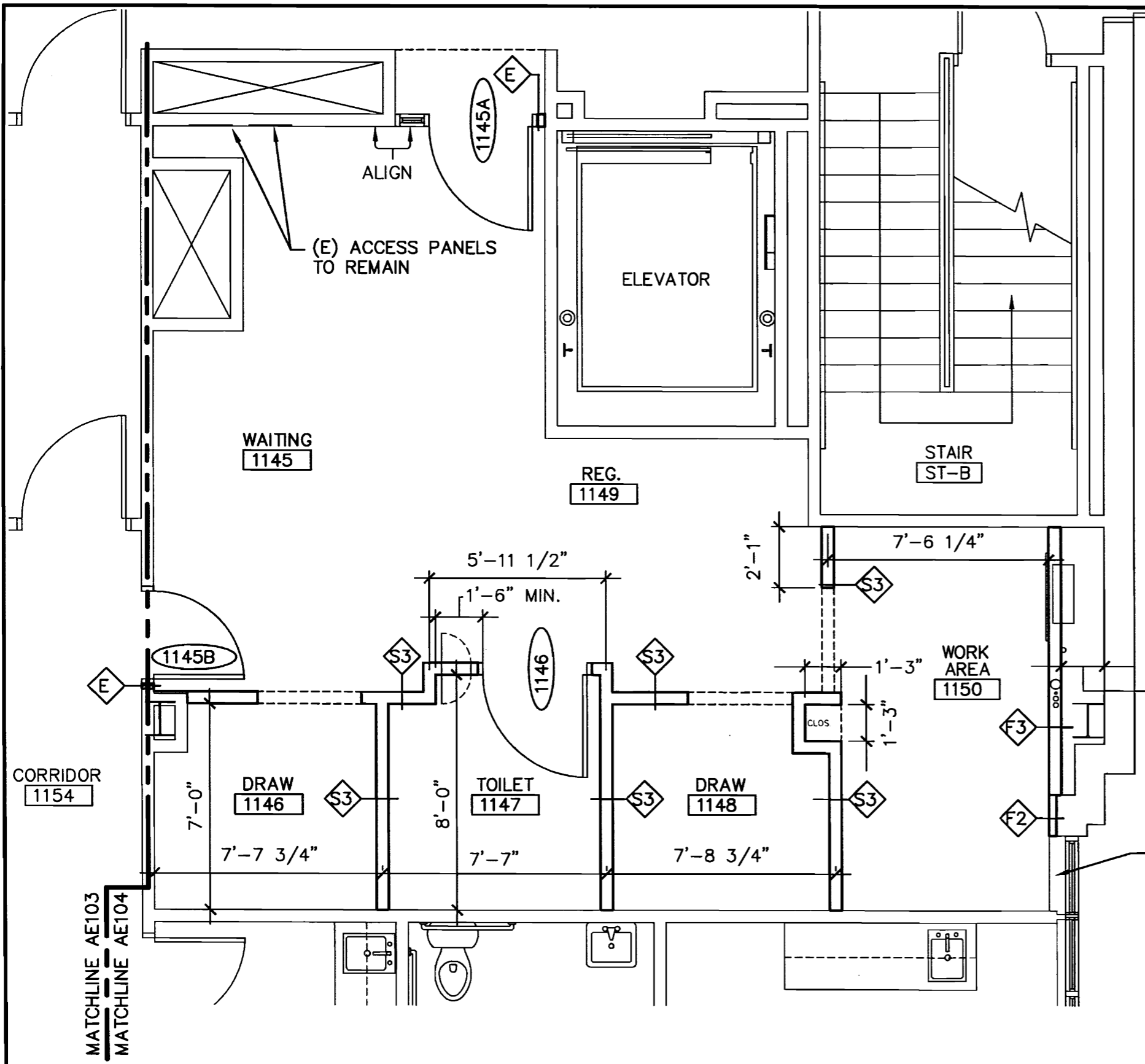
PROJECT NO: 09067-00

DATE: 7-20-09

SHEET TITLE:
ENLARGED LAYOUT PLAN

SHEET No. AE103

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NOTES:

1. SEE SHEET GI001 FOR LEGEND AND ABBREVIATIONS.
2. REFER TO GI002 FOR EQUIPMENT AND ACCESSORY SCHEDULES.
3. REFER TO AE602 FOR DOOR SCHEDULE.
4. LOCATE WALL SUCH THAT ELECTRICAL CONDUIT AND WIREWAY IS CONCEALED WITHIN OR BEHIND WALL.

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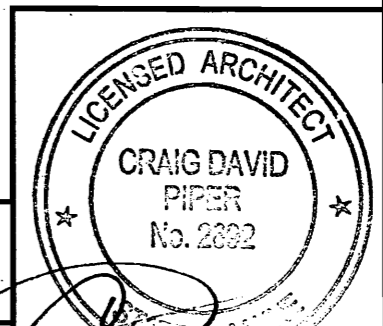
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SCALE:	1/4"=1'-0"
PROJECT MANAGER:	CDP
JC/DRAWN BY:	CAH
A/E OF RECORD:	CDP
CAD FILE:	AE104-09067-00
PROJECT NO:	09067-00
DATE:	7-20-09

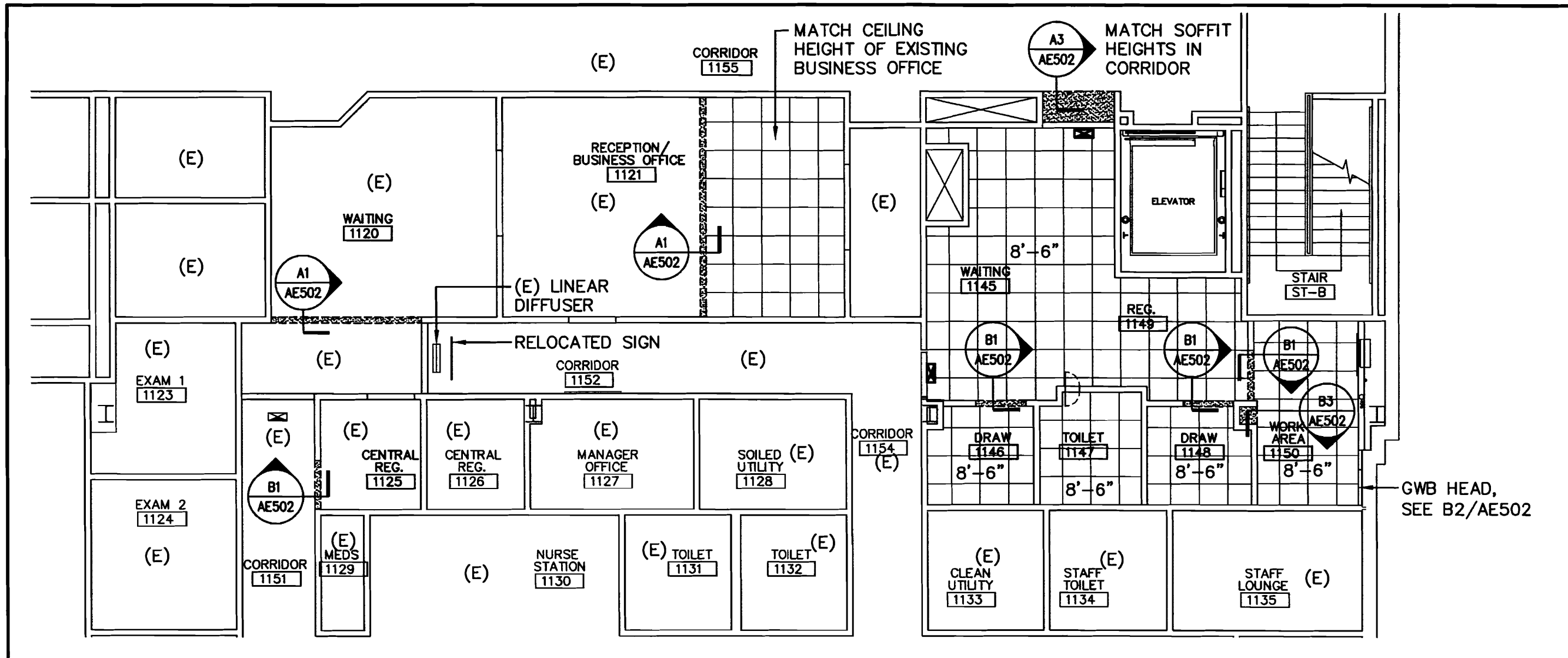


[Handwritten signature]
 7-20-09

A1 ENLARGED LAYOUT PLAN

1/4"=1'-0"

SHEET TITLE:
 ENLARGED LAYOUT PLAN
 SHEET No. AE104
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A1

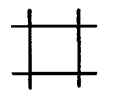
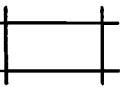
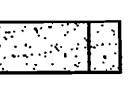
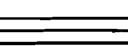

REFLECTED CEILING PLAN

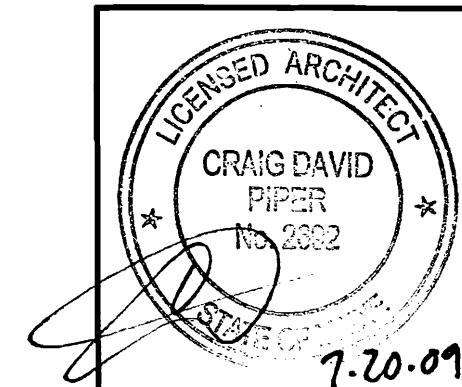
1/8"=1'-0"

REFLECTED CEILING NOTES

1. SEE G1001 FOR LEGEND AND ABBREVIATIONS.
2. ALIGN CEILING ITEMS AS SHOWN, WITH COMMON CENTERLINES, TYPICALLY. CENTER ITEMS IN CEILINGS, OR IN AREAS UNLESS INDICATED OTHERWISE.
3. EXCEPT WHERE INDICATED, CENTER CEILING GRIDS IN ROOMS. USE HALF TILES OR GREATER @ PERIMETERS AS POSSIBLE.
4. PROVIDE ACCESS PANELS AS REQUIRED IN GWB CEILINGS FOR ACCESS TO MECHANICAL VALVES/ CONTROLS.

SYMBOL LEGEND

-  2x2 SUSPENDED CEILING PANEL AND GRID ASSEMBLY.
-  2x4 SUSPENDED CEILING PANEL AND GRID ASSEMBLY.
-  GWB CEILING.
-  LINEAR DIFFUSER
-  CEILING MOUNTED EXIT SIGN/LIGHT.



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0		7-20-09

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SCALE: 1/8"=1'-0"

PROJECT MANAGER: CDP

IC/DRAWN BY: CAH

A/E OF RECORD: CDP

CAD FILE: AE105-09067-00

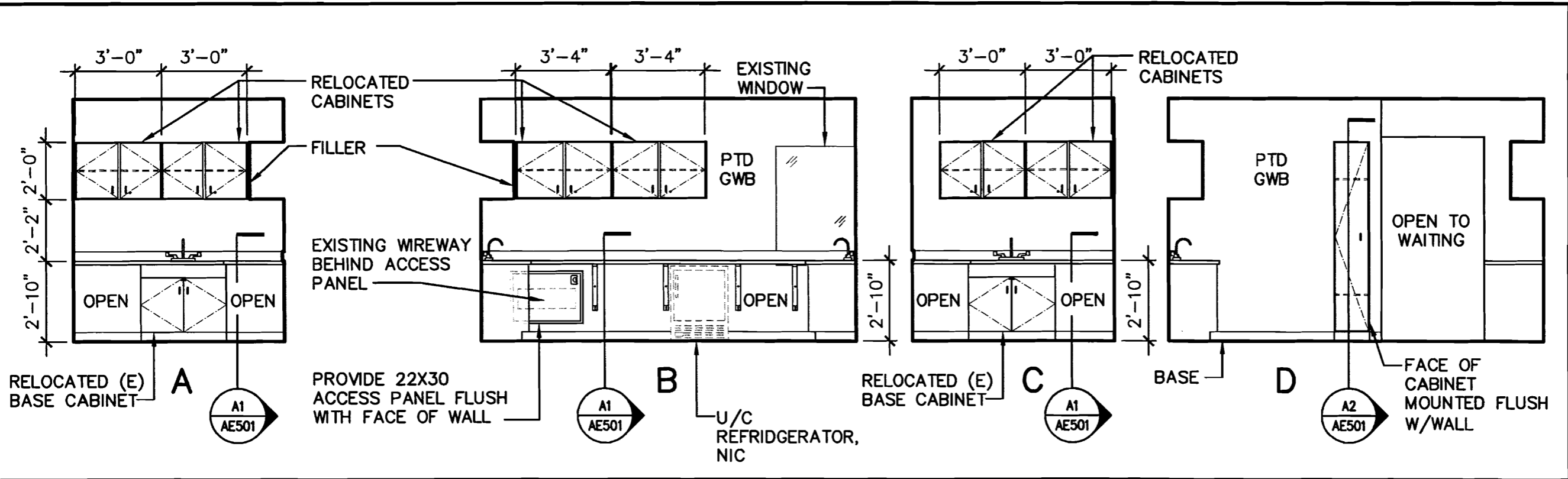
PROJECT NO: 09067-00

DATE: 7-20-09

SHEET TITLE:
REFLECTED CEILING PLAN

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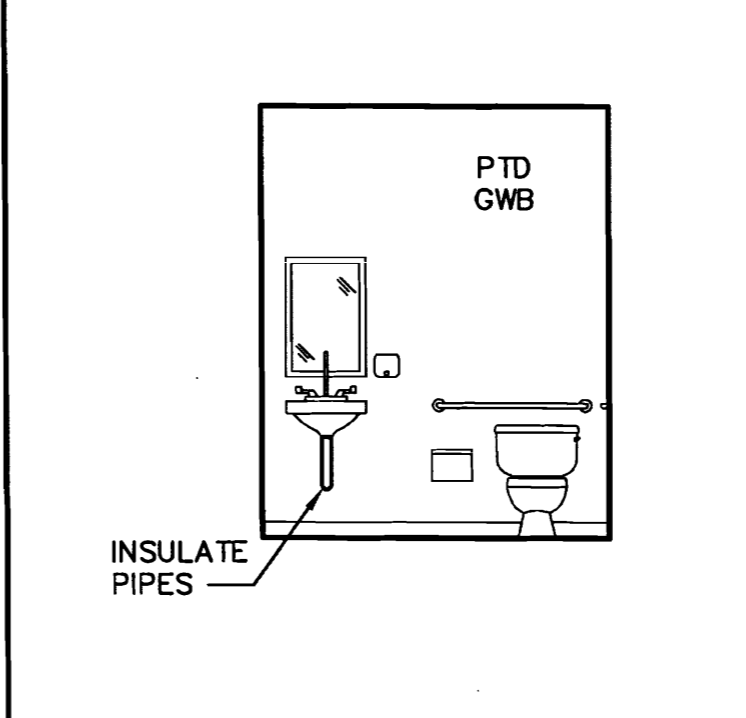
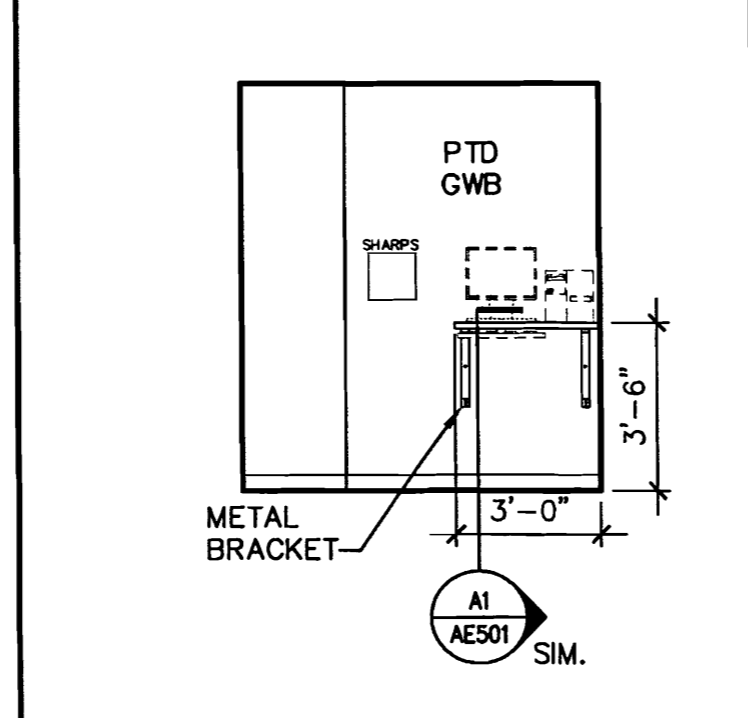
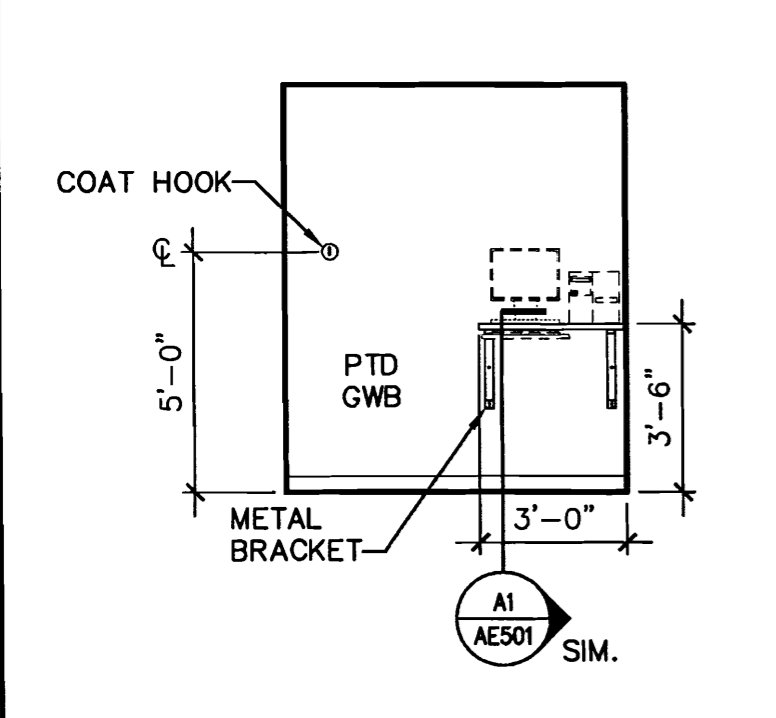
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B1

WORK AREA 1150

1/4" = 1'-0"



A1

DRAW 1146

A2

DRAW 1148

A3

TOILET 1147

1/4" = 1'-0"

1/4" = 1'-0"

1/4" = 1'-0"

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CURRENT ISSUE STATUS:

REV	DESCRIPTION	DATE
0	ISSUED FOR CONSTRUCTION	7-20-09

SCALE: AS NOTED

PROJECT MANAGER: CDP

IC/DRAWN BY: CAH

A/E OF RECORD: CDP

CAD FILE: AE201-09067-00

PROJECT NO: 09067-00

DATE: 7-20-09

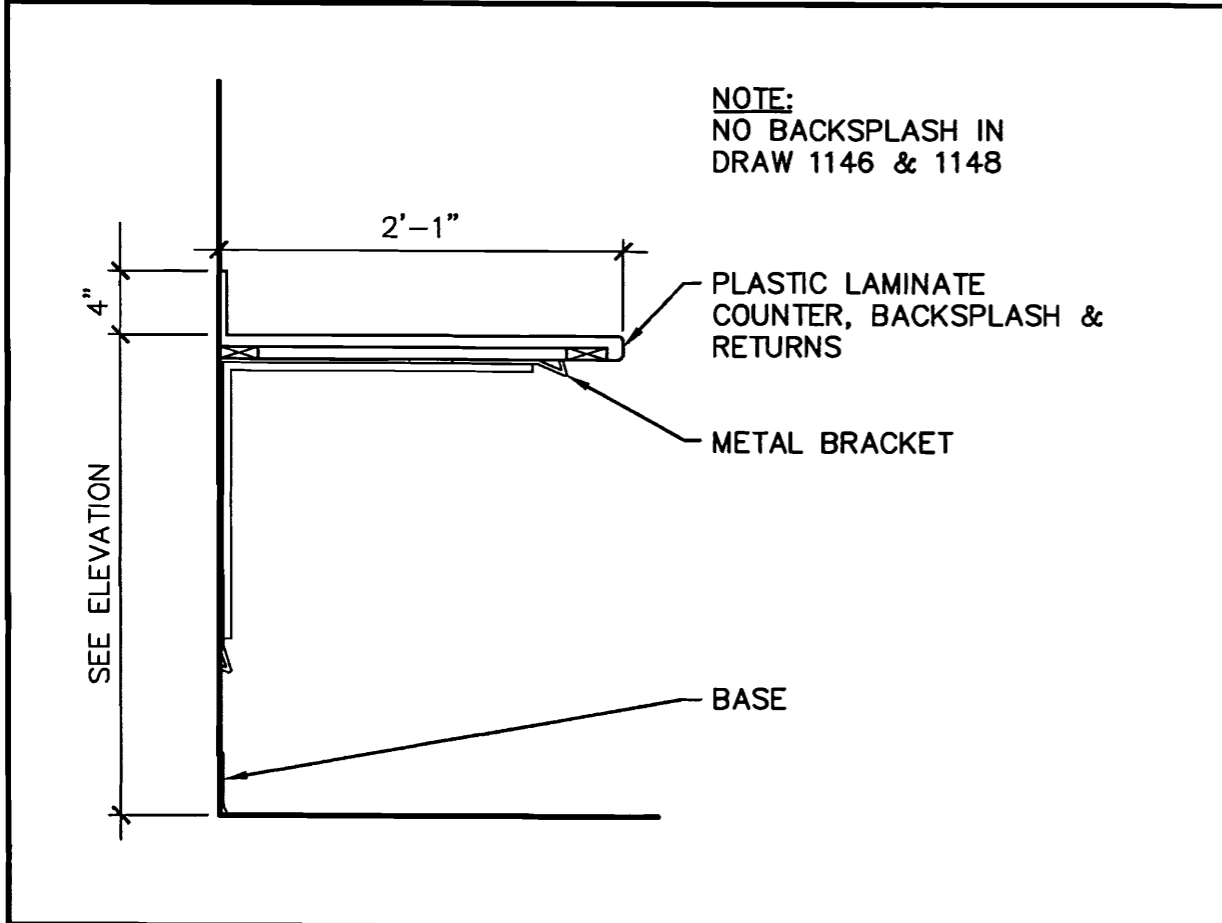
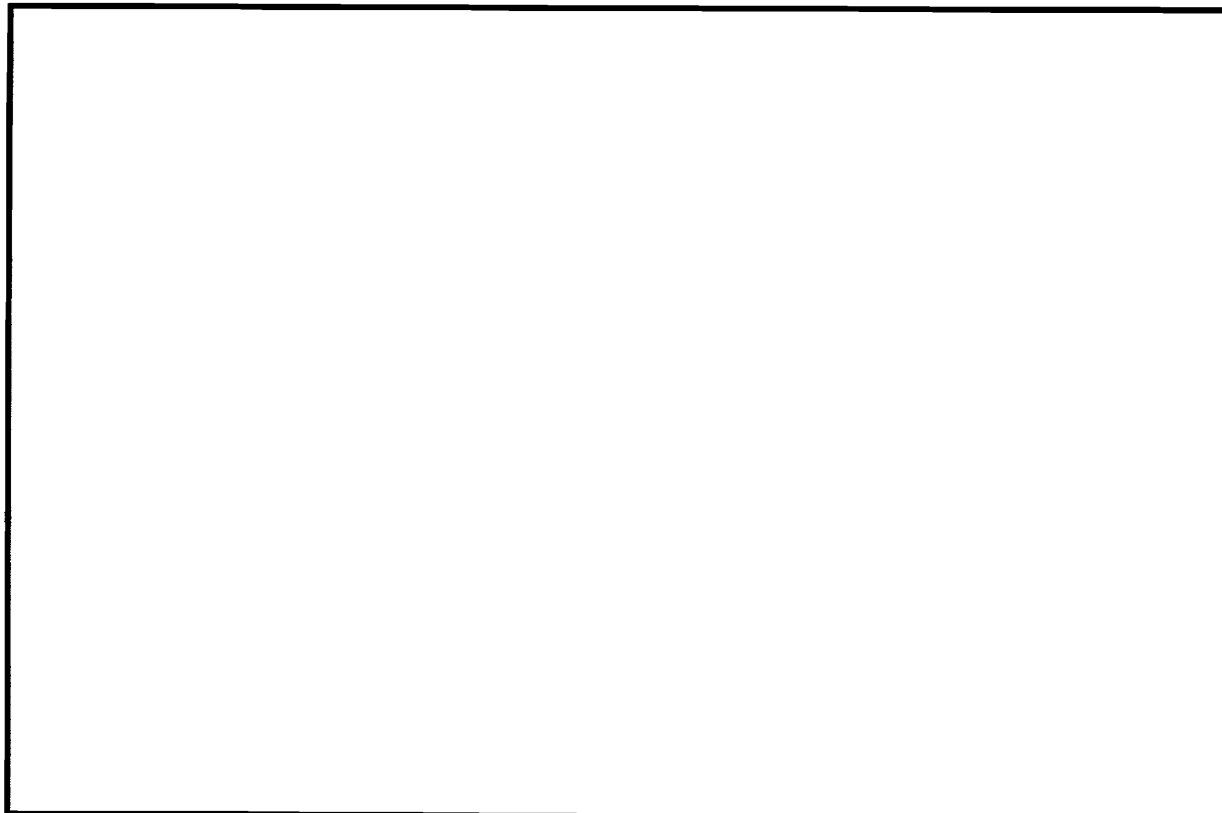
SHEET TITLE:
 INTERIOR ELEVATIONS

SHEET No. AE201

7-20-09

LICENSED ARCHITECT
 CRAIG DAVID PIPER
 No. 2892

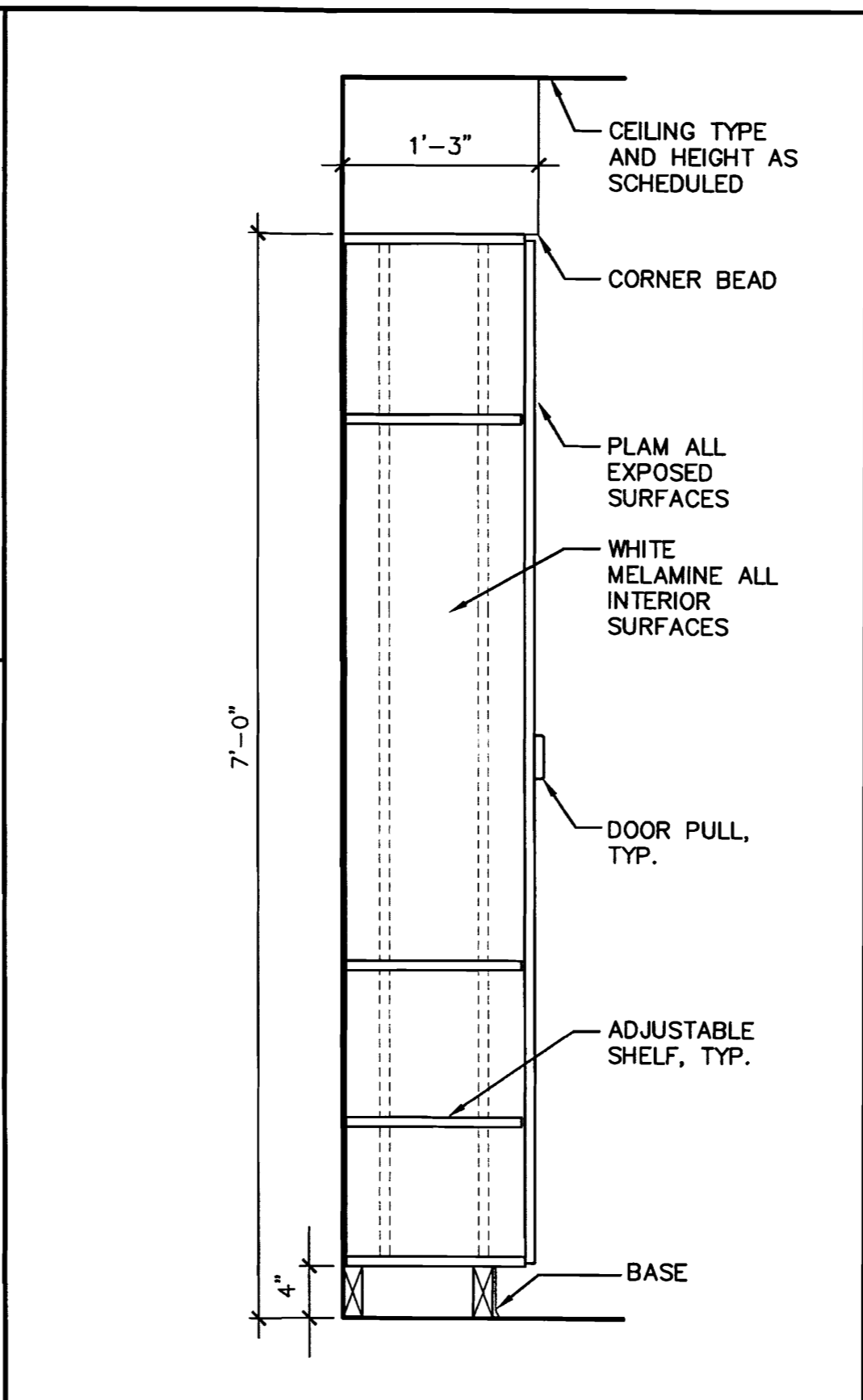
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A1

CASEWORKK DETAIL

1"=1'-0"



A2

CASEWORKK DETAIL

1"=1'-0"

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7-20-09

CURRENT ISSUE STATUS:

REV	DESCRIPTION	DATE
0	ISSUED FOR CONSTRUCTION	7-20-09

SCALE: AS NOTED

PROJECT MANAGER: CDP

IC/DRAWN BY: CAH

A/E OF RECORD: CDP

CAD FILE: AE501-09067-00

PROJECT NO: 09067-00

DATE: 7-20-09

SHEET TITLE:
INTERIOR
DETAILS

SHEET No. AE501

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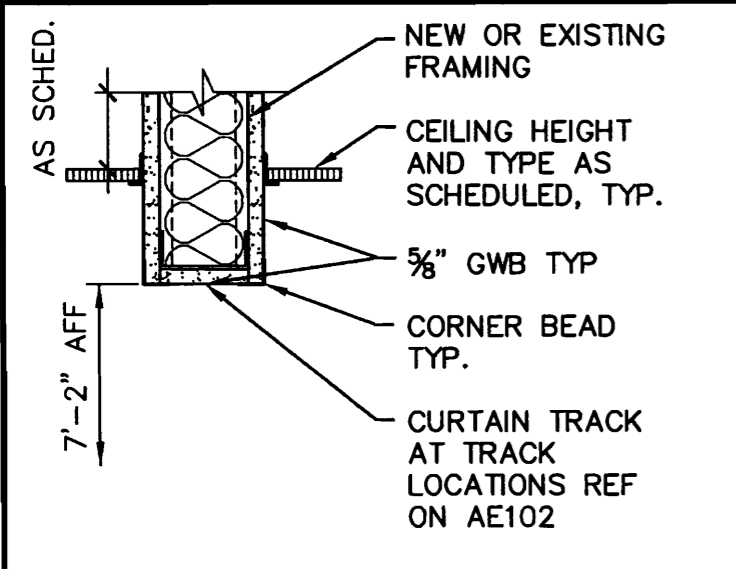
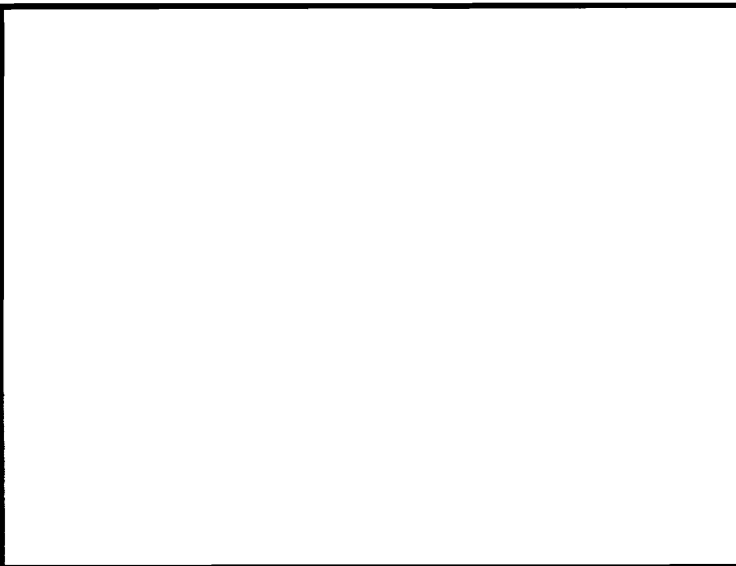
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LICENSED ARCHITECT
CRAIG DAVID
PIPER
No. 2692
STATE OF MAINE

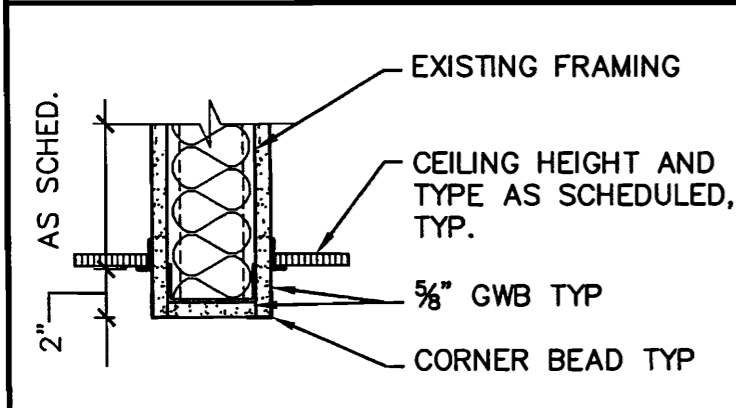
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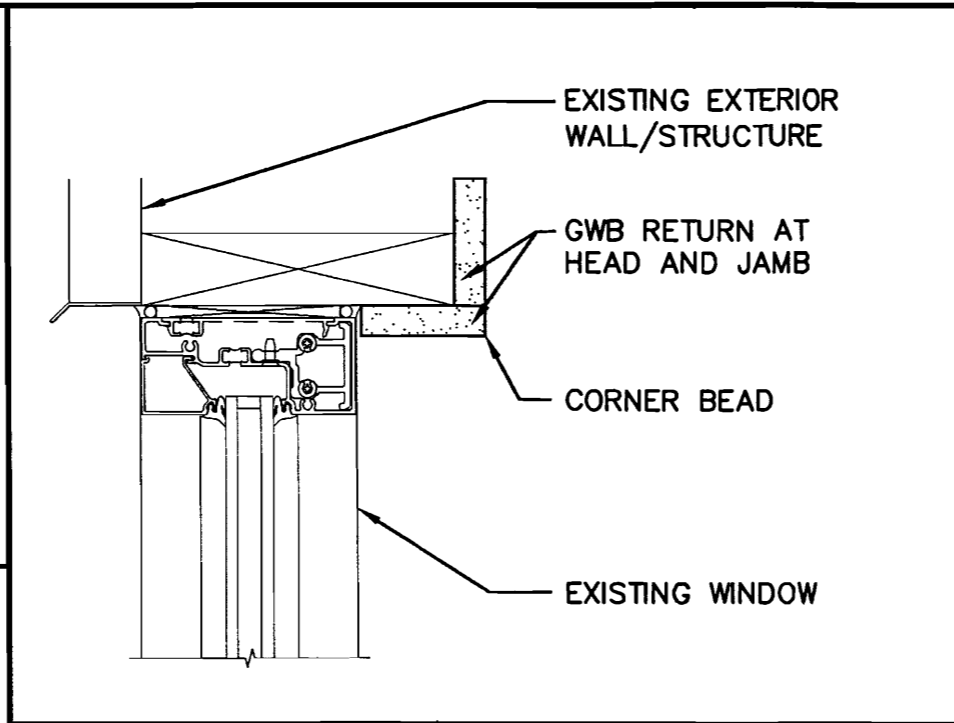
B1 SOFFIT DETAIL

1-1/2"=1'-0"



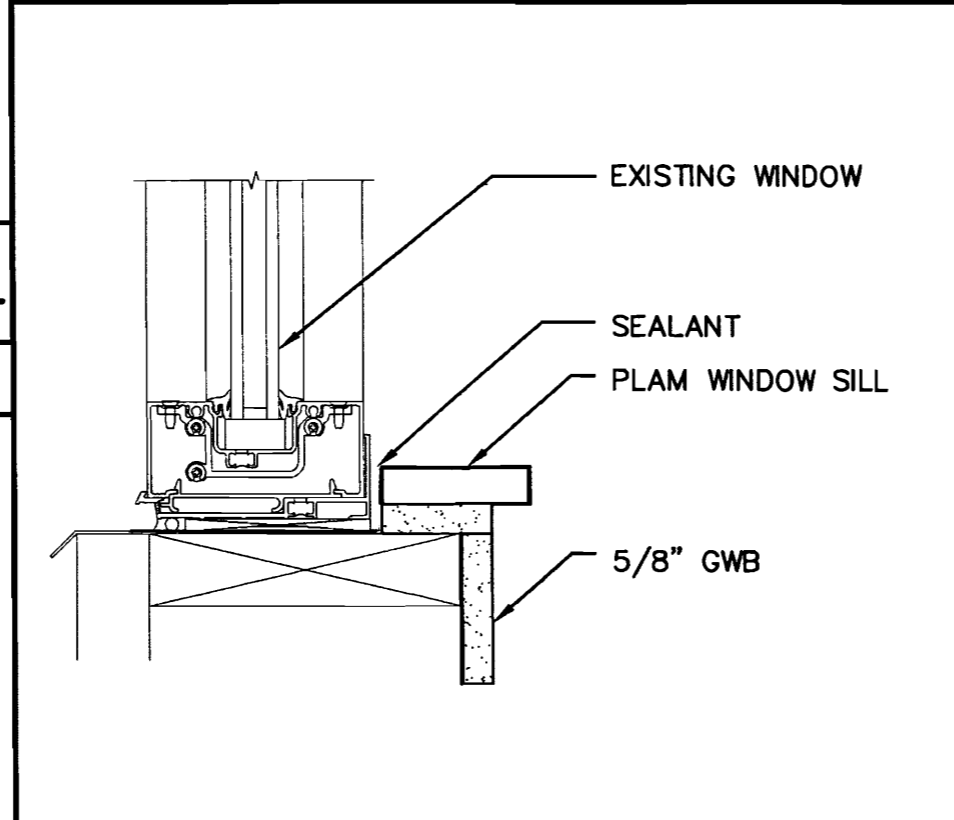
A1 SOFFIT DETAIL

1-1/2"=1'-0"



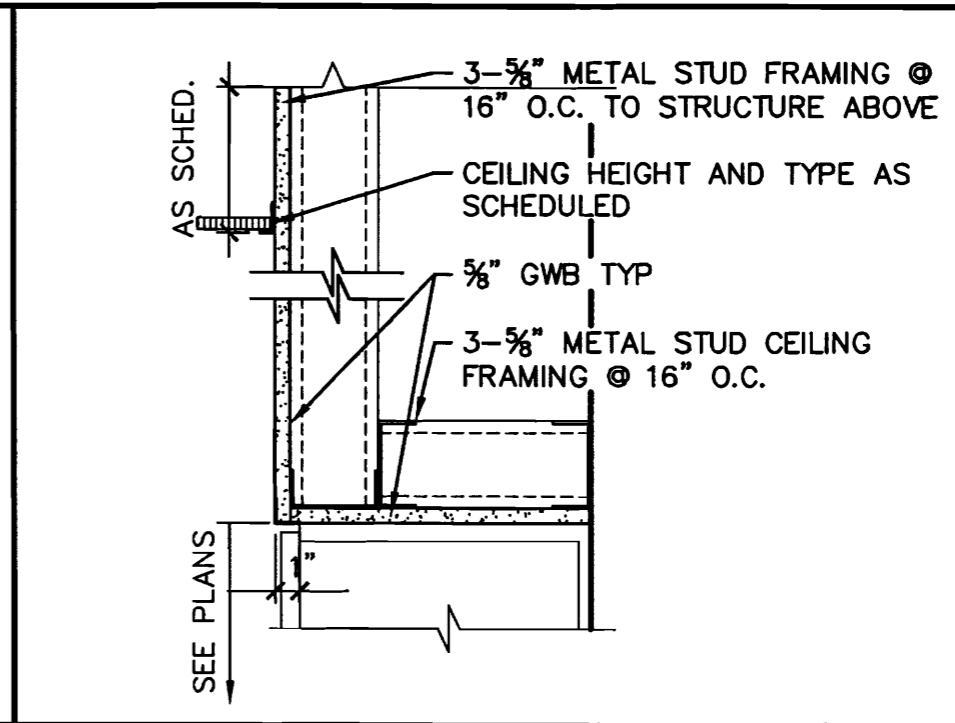
B2 WINDOW HEAD DETAIL

3"=1'-0"



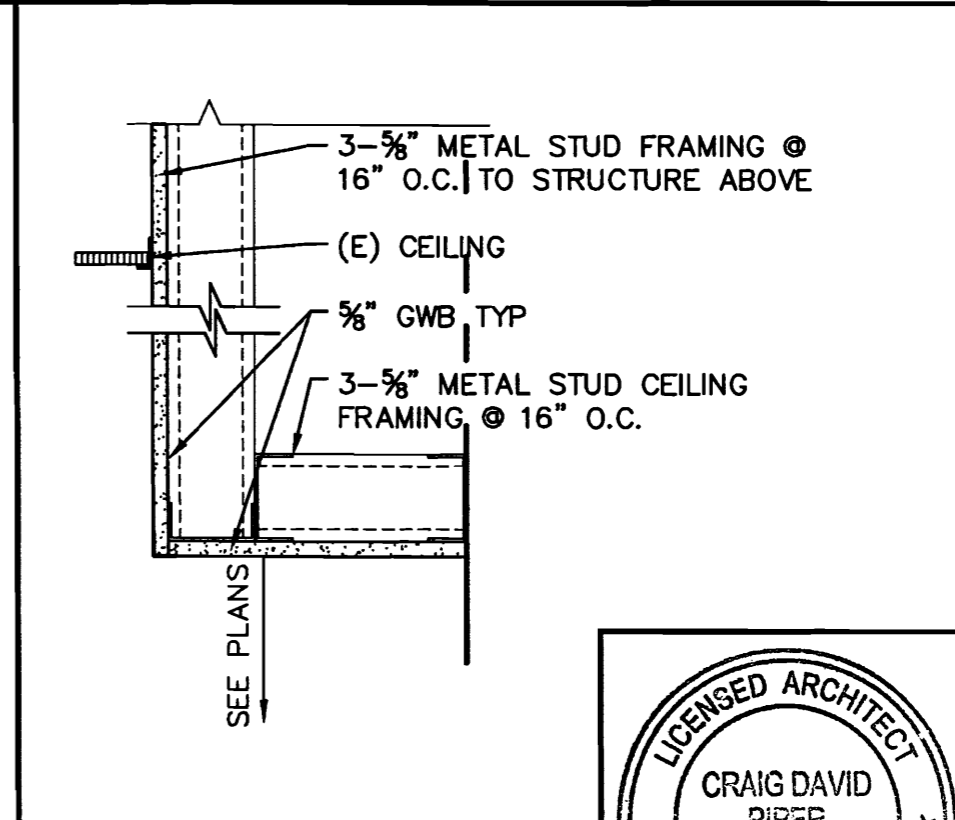
A2 WINDOW SILL DETAIL

3"=1'-0"



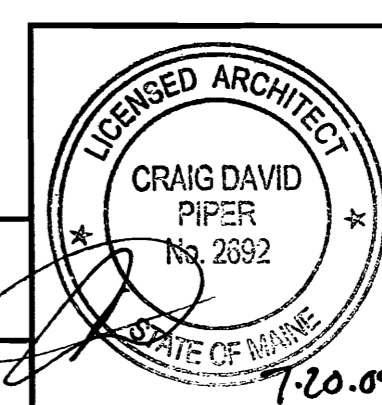
B3 SOFFIT DETAIL

1-1/2"=1'-0"



A3 SOFFIT DETAIL

1-1/2"=1'-0"



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0	ISSUED FOR CONSTRUCTION	7-20-09

CURRENT ISSUE STATUS:

SCALE: AS NOTED

PROJECT MANAGER: CDP

IC/DRAWN BY: CAH

A/E OF RECORD: CDP

CAD FILE: AE502-09067-00

PROJECT NO: 09067-00

DATE: 7-20-09

SHEET TITLE:
INTERIOR DETAILS

SHEET No. AE502

7-20-09

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ROOM FINISH SCHEDULE

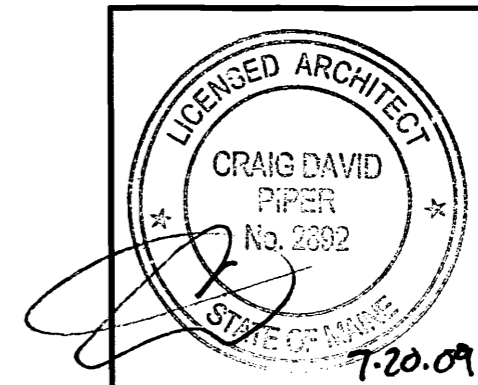
ROOM TAG	ROOM NAME	FLOOR	BASE	WALLS				CEILING		ROOM TAG	REMARKS
				NORTH	SOUTH	EAST	WEST	MATERIAL	HEIGHT		
1120	WAITING	SEE AF101	RB	-	PTD	PTD	PTD	(E) ACT	EXIST	1120	
1121	RECEP/BUSINESS OFFICE	SEE AF101	RB	PTD	PTD	PTD	-	(E) ACT	EXIST	1121	
1125	CENTRAL REG.	SEE AF101	RB	PTD	-	-	PTD	(E) ACT	EXIST	1125	
1145	WAITING	SEE AF101	RB	PTD	PTD	PTD	PTD	ACT	SEE AE105	1145	
1146	DRAW	SEE AF101	RB	PTD	PTD	PTD	PTD	ACT	SEE AE105	1146	
1147	TOILET	SEE AF101	RB	PTD	PTD	PTD	PTD	ACT	SEE AE105	1147	
1148	DRAW	SEE AF101	RB	PTD	PTD	PTD	PTD	ACT	SEE AE105	1148	
1149	REG.	SEE AF101	RB	PTD	PTD	PTD	PTD	ACT	SEE AE105	1149	
1150	WORK AREA	SEE AF101	RB	PTD	PTD	PTD	PTD	ACT	SEE AE105	1150	
1151	CORRIDOR	SEE AF101	RB	PTD	-	-	-	(E) ACT	EXIST	1151	
1152	CORRIDOR	SEE AF101	RB	-	-	-	PTD	(E) ACT	EXIST	1152	
1155	CORRIDOR	SEE AF101	RB	-	PTD	-	-	(E) ACT/GWB	EXIST	1155	

LEGEND:

PTD: PAINTED GWB: GYPSUM WALL BOARD ACT: ACOUSTIC CEILING TILE

FINISH NOTES:

1. REFER TO RCP FOR SOFFIT HEIGHTS. ALL SOFFITS TO BE PAINTED.
2. ALL NEW FLOORING MATERIAL TO RUN BENEATH NEW CASEWORK UNLESS NOTED OTHERWISE.
3. ALL GYP. CEILINGS TO BE PAINTED.



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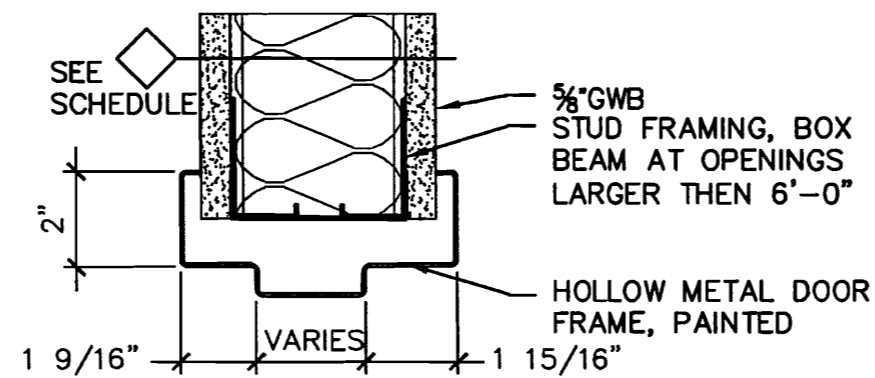
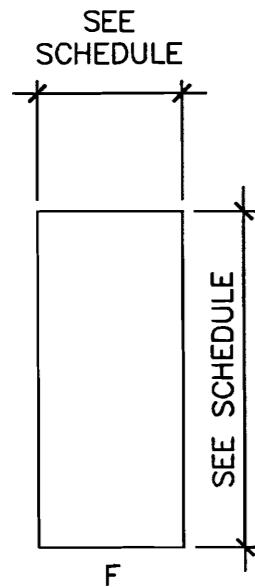
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CURRENT ISSUE STATUS:	
ISSUED FOR CONSTRUCTION	7-20-09
DESCRIPTION	DATE
REV	REV
0	0

SCALE:	NTS
PROJECT MANAGER:	CDP
JC/DRAWN BY:	CAH
A/E OF RECORD:	CDP
CAD FILE:	AE601-09067-00
PROJECT NO:	09067-00
DATE:	7-20-09
SHEET TITLE:	FINISH SCHEDULE
SHEET No.	AE601

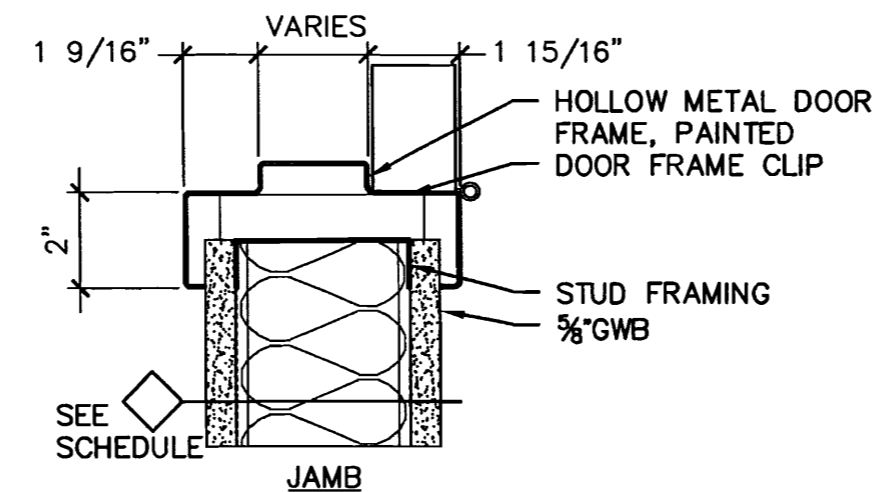
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DOOR SCHEDULE

DOOR TAG	DOOR			GLAZING	FRAME		FIRE RATING (MIN.)	DOOR TAG	REMARKS
	SIZE	MATERIAL	ELEVATION		MATERIAL	ELEVATION			
1120B	3'-6"x7'-0"x1-3/4"	WOOD	F	-	HM	1	-	1120B	
1122	EXISTING	EXISTING	-	-	-	-	-	1122	NEW LATCH REQD.
1145A	3'-6"x7'-0"x1-3/4"	WOOD	F	-	HM	2	-	1145A	12" SIDE LIGHT
1145B	(REL) 3'-0"x7'-0"x1-3/4"	WOOD	F	-	HM	1	-	1145B	RELOCATED
1146	3'-6"x7'-0"x1-3/4"	WOOD	F	-	HM	1	-	1146	

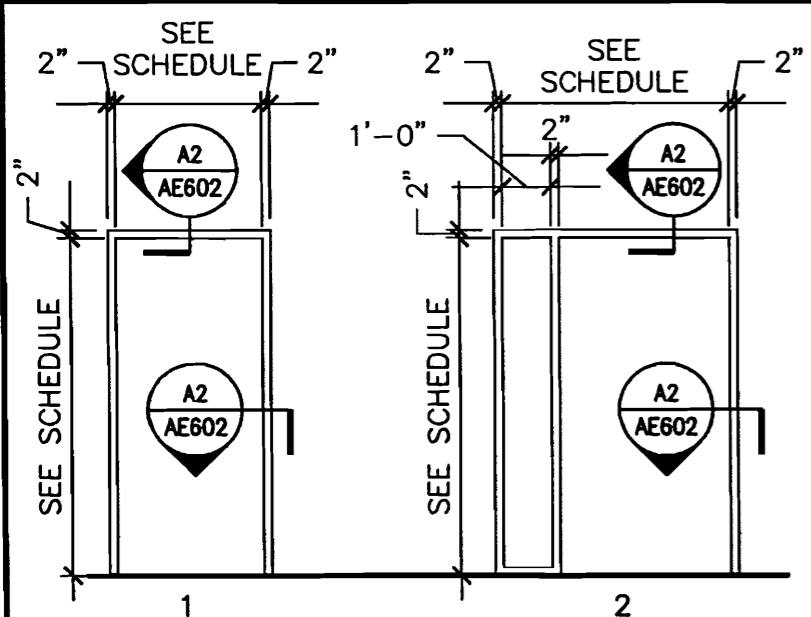


HEAD



JAMB

B1	DOOR TYPE
1/4"=1'-0"	



A1	FRAME TYPES
1/4"=1'-0"	

A2	DOOR HEAD/JAMB DETAIL
3"=1'-0"	

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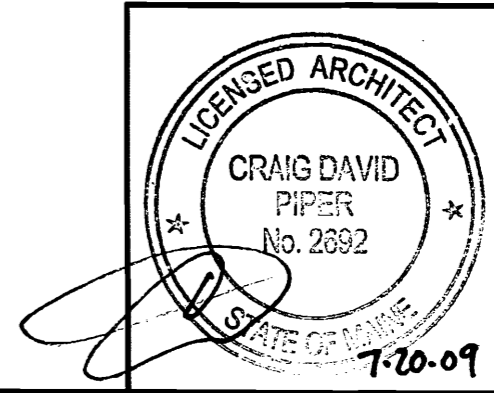
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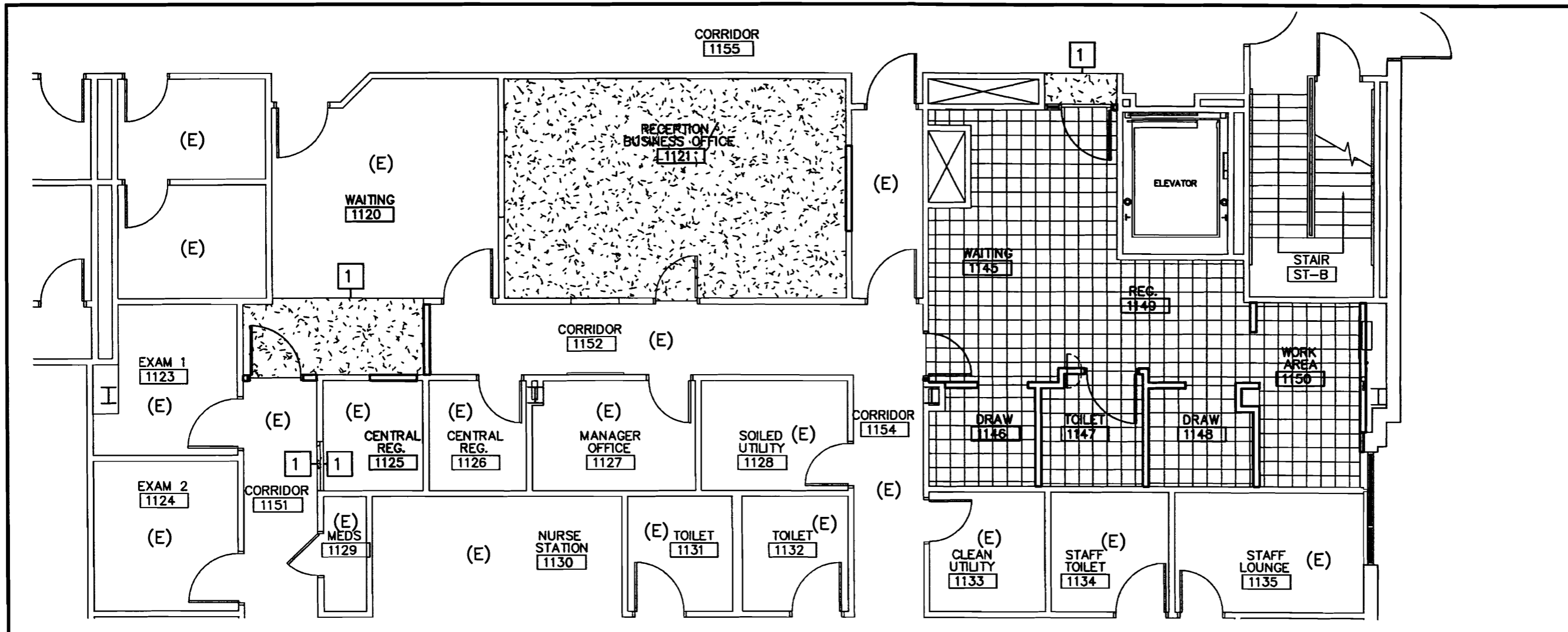
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ISSUED FOR CONSTRUCTION 7-20-09	
CURRENT ISSUE STATUS:	
ISSUED FOR CONSTRUCTION	DATE
0	7-20-09
REV	DESCRIPTION

SCALE:	AS NOTED
PROJECT MANAGER:	CDP
IC/DRAWN BY:	CAH
A/E OF RECORD:	CDP
CAD FILE:	AE602-09067-00
PROJECT NO:	09067-00
DATE:	7-20-09



SHEET TITLE: DOOR SCHEDULE & DETAILS	
SHEET No.	AE602



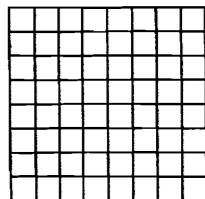
A1 FLOOR FINISH PLAN

1/8" = 1'-0"

LEGEND:



CARPET



VINYL COMPOSITION TILE

(E) EXISTING FLOORING TO REMAIN

NOTE:

1. SEE GI001 FOR LEGEND AND ABBREVIATIONS.

FLOOR FINISH NOTES:

1. EACH SQUARE IN THE VCT FLOOR TILE PATTERN REPRESENTS A 12" X 12" TILE.
2. ALL NEW FLOORING MATERIAL TO RUN BENEATH NEW CASEWORK UNLESS NOTED OTHERWISE.

FLOOR FINISH KEYED NOTE:

1 PATCH TO MATCH EXISTING CARPET.

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PROJECT NORTH

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7-20-09	7-20-09

ISSUE STATUS:	DESCRIPTION	DATE
0	ISSUED FOR CONSTRUCTION	7-20-09

SCALE: 1/8" = 1'-0"

PROJECT MANAGER: CDP
IC/DRAWN BY: CAH
A/E OF RECORD: CDP
CAD FILE: AF101-09067-00
PROJECT NO: 09067-00
DATE: 7-20-09

SHEET TITLE:
FLOOR FINISH PLAN

SHEET No. AF101

CRAIG DAVID PIPER
No. 2392
7-20-09

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