

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

DEPARTMENT OF BUILDING INSPECTION

## PERMIT

Permit Number: 071203

This is to certify that LANDMARK HEALTHCARE FACILITIES LLC / Ledgewood

has permission to Establish the use of 2nd & 3rd floor for as offices w/ tenant fit-up

AT 10 FORE RIVER PKWY 2nd & 3rd Floor CE 075 A00500

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.

**PERMIT ISSUED**  
NOV 16 2007  
CITY OF PORTLAND

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and work in progress must be reported before this building or part thereof is 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. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*Jeanie Bonke* 11/13/07  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

# 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.

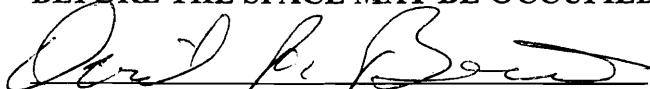
A Pre-construction Meeting will take place upon receipt of your building permit.

- \_\_\_\_\_ Footing/Building Location Inspection: Prior to pouring concrete
- \_\_\_\_\_ Re-Bar Schedule Inspection: Prior to pouring concrete
- \_\_\_\_\_ Foundation Inspection: Prior to placing ANY backfill
- \_\_\_\_\_ 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.**

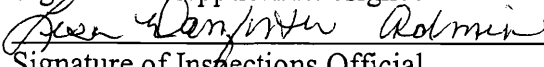
\_\_\_\_\_ **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**



Signature of Applicant/Designee

11-16-07

Date



Signature of Inspections Official

11/16/2007

Date

CBL: 075 A005

Building Permit #: \_\_\_\_\_

**City of Portland, Maine - Building or Use Permit Application**

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

|                       |             |                     |
|-----------------------|-------------|---------------------|
| Permit No:<br>07-1203 | Issue Date: | CBL:<br>075 A005001 |
|-----------------------|-------------|---------------------|

|  |  |  |                      |
|--|--|--|----------------------|
| Location of Construction:<br>0 FORE RIVER PKWY 2nd & 3rd | Owner Name:<br>LANDMARK HEALTHCARE FA      | Owner Address:<br>839 NORTH JEFFERSON            | Phone:               |
| Business Name:   | Contractor Name:<br>Ledgewood Construction | Contractor Address:<br>27 Maine St. So. Portland | Phone:<br>2077671866 |
| Lessee/Buyer's Name                                      | Phone:                                     | Permit Type:<br>Commercial                       | Zone:<br>C26         |

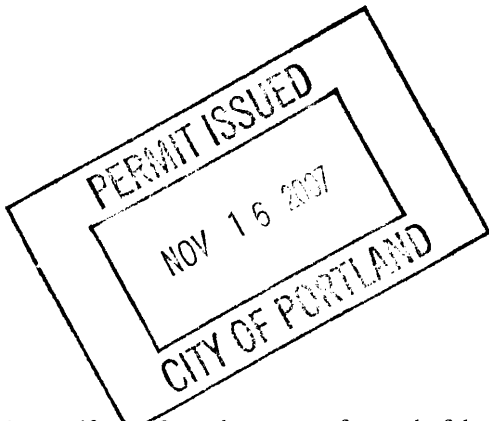
|   |   |  |  |                    |
|---|---|--|--|--------------------|
| Past Use:<br>Vacant Building - Original Permit under CBL 073 A001001 permit# 061802 | Proposed Use:<br>Commercial - Medical Offices - Establish the use of 2nd & 3rd Floor as offices w/Tenant fit-up | Permit Fee:<br>\$23,520.00   | Cost of Work:<br>\$2,350,000.00  | CEO District:<br>3 |
|   |   | FIRE DEPT:<br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>w/conditions<br>10/15/07<br>Signature: <i>Greg Lass</i> | INSPECTION:<br>Use Group: B Type: ZB<br>IBC-2003<br>Signature: <i>AMB 11/15/07</i> |                    |

|  |   |
|--|---|
| Proposed Project Description:<br>Establish the use of 2nd & 3rd Floor as offices w/Tenant fit-up | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)<br>Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied<br>Signature: _____ Date: _____ |
|--|---|

|                             |                                 |                        |
|-----------------------------|---------------------------------|------------------------|
| Permit Taken By:<br>Idobson | Date Applied For:<br>09/26/2007 | <b>Zoning Approval</b> |
|-----------------------------|---------------------------------|------------------------|

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br>Date: <i>Conditions</i><br><i>9/27/07</i> | <input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: _____ | <input checked="" type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>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 |

**City of Portland, Maine - Building or Use Permit**

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

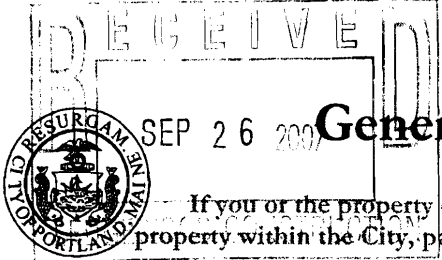
|                              |  |                            |
|------------------------------|--|----------------------------|
| <b>Permit No:</b><br>07-1203 | <b>Date Applied For:</b><br>09/26/2007 | <b>CBL:</b><br>075 A005001 |
|------------------------------|--|----------------------------|

|   |   |   |                                |
|---|---|---|--------------------------------|
| <b>Location of Construction:</b><br>0 FORE RIVER PKWY 2nd & 3rd | <b>Owner Name:</b><br>LANDMARK HEALTHCARE FAC     | <b>Owner Address:</b><br>839 NORTH JEFFERSON            | <b>Phone:</b>                  |
| <b>Business Name:</b>   | <b>Contractor Name:</b><br>Ledgewood Construction | <b>Contractor Address:</b><br>27 Maine St. So. Portland | <b>Phone</b><br>(207) 767-1866 |
| <b>Lessee/Buyer's Name</b>                                      | <b>Phone:</b>                                     | <b>Permit Type:</b><br>Commercial                       |                                |

|  |   |
|--|---|
| <b>Proposed Use:</b><br>Commercial - Medical Offices - Establish the use of 2nd & 3rd Floor as offices w/Tenant fit-up | <b>Proposed Project Description:</b><br>Establish the use of 2nd & 3rd Floor as offices w/Tenant fit-up |
|--|---|

|   |   |                                  |   |
|---|---|----------------------------------|---|
| <b>Dept:</b> Zoning   | <b>Status:</b> Approved with Conditions | <b>Reviewer:</b> Marge Schmuckal | <b>Approval Date:</b> 09/27/2007                        |
| <b>Note:</b>  |   |                                  | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.                                       |   |                                  |   |
| 2) Separate permits shall be required for any new signage.  |   |                                  |   |
| <b>Dept:</b> Building   | <b>Status:</b> Approved with Conditions | <b>Reviewer:</b> Jeanine Bourke  | <b>Approval Date:</b> 11/15/2007                        |
| <b>Note:</b>  |   |                                  | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.                     |   |                                  |   |
| 2) All penetrations through rated assemblies must be protected by an approved firestop system installed as tested in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712. |   |                                  |   |
| <b>Dept:</b> Fire   | <b>Status:</b> Approved with Conditions | <b>Reviewer:</b> Capt Greg Cass  | <b>Approval Date:</b> 10/15/2007                        |
| <b>Note:</b>  |   |                                  | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| 1) A single source supplier should be used for all through penetrations.  |   |                                  |   |
| 2) The fire alarm system shall comply with NFPA 72  |   |                                  |   |
| 3) Installation of a Fire Alarm system requires a Knox Box to be installed per city ordinance   |   |                                  |   |
| 4) All construction shall comply with NFPA 101  |   |                                  |   |
| 5) The sprinkler system shall be installed in accordance with NFPA 13.  |   |                                  |   |
| 6) Application requires State Fire Marshal approval.  |   |                                  |   |

|   |
|---|
| <b>Comments:</b>  |
| 10/25/2007-jmb: Spoke with Lou Posada, architect for information on projected staff occupancy, siting the codes specific to Portland adoption, gender ID on bathroom facilities, and wall type at for areas covered under the shell permit around the electrical and tele/data rooms. |
| 11/6/2007-jmb: Received letter from Lou P., via email. I replied requesting info on the gender ID and the water fountain, which I had overlooked originally.  |
| 11/13/2007-jmb: Received email from Lou P. With the details on the bathroom ID and water fountain location, ok to issue   |
| 9/27/2007-ldobson: Spoke with Rick Stoughton when he submitted the permit app still need certificate of design form   |



# 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. Floor 2nd & 3rd

|   |   |  |
|---|---|--|
| Location/Address of Construction: <u>195 FORE RIVER PKWY, PORTLAND, ME 04102</u>  |   |  |
| Total Square Footage of Proposed Structure/Area<br><u>2nd + 3rd FLOORS 40,000 GSF</u>   |   | Square Footage of Lot  |
| Tax Assessor's Chart, Block & Lot<br>Chart# <u>075</u> Block# <u>A</u> Lot# <u>5</u>  |   | Applicant * <u>must</u> be owner, Lessee or Buyer*<br>Name <u>LANDMARK Health Facilities, LLC</u><br>Address <u>839 N. JEFFERSON ST.</u><br>City, State & Zip <u>MILWAUKEE, WI 53202</u> |
| Telephone: <u>(414) 277-0500</u>  |   |  |
| Lessee/DBA (If Applicable)<br><u>TENANT - MERCY HOSPITAL</u>  | Owner (if different from Applicant)<br>Name<br>Address<br>City, State & Zip | Cost Of Work: \$ <u>2,350,000.00</u><br>C of O Fee: \$ <u>23,520</u><br>Total Fee: \$ <u>75</u>  |
| Current legal use (i.e. single family) _____<br>If vacant, what was the previous use? _____<br>Proposed Specific use: _____<br>Is property part of a subdivision? <u>NO</u> If yes, please name _____<br>Project description: <u>Approx. 40,000 GSF TENANT BUILD-OUT IN FORE RIVER MEDICAL OFFICE BLDG. INCLUDES, WALL CONSTRUCTION, MECHANICAL, ELECTRICAL, PLUMBING AND FINISHES.</u> |   |  |
| Contractor's name: <u>LEDGEWOOD CONSTRUCTION</u>  |   |  |
| Address: <u>27 MAIN STREET</u>  |   |  |
| City, State & Zip <u>PORTLAND, MAINE 04106</u>  |   | Telephone: <u>(207) 767-1866</u>   |
| Who should we contact when the permit is ready: <u>RICK STOUGHTON (LHF)</u>   |   | Telephone: <u>(414) 277-0500</u>   |
| Mailing address: <u>SEE ABOVE.</u>  |   |  |

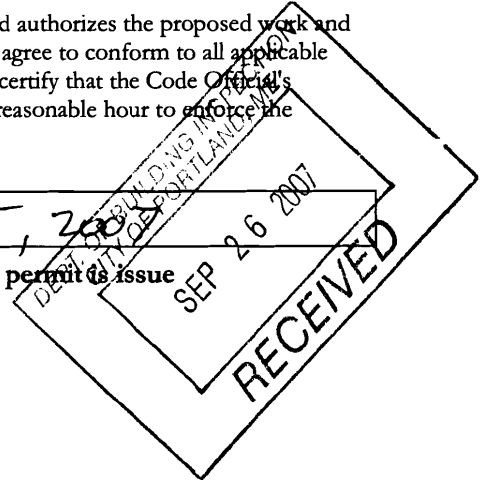
**Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.**

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](http://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.

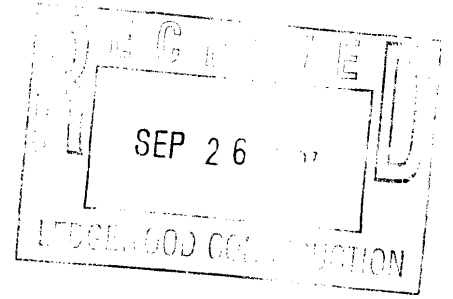
Signature: *Neil Hoffman* Date: Sept 25, 2007

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





# Certificate of Design



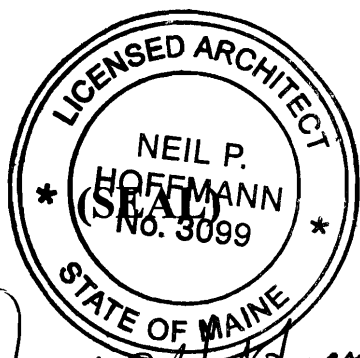
Date: September 26, 2007

From: Francis Caverman Foley Hoffmann,  
Architects Ltd.

These plans and / or specifications covering construction work on:

2nd & 3rd Floor Tenant Build-out of the Fore  
River Medical Office Building, 195 Fore River Pkwy

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

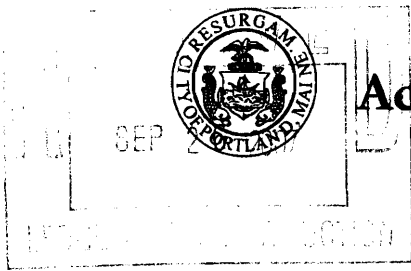


*Neil P. Hoffmann*

Signature: *Neil P. Hoffmann*  
Title: CHIEF OPERATING OFFICER  
Firm: FRANCIS CAVERMAN FOLEY  
HOFFMANN, ARCHITECTS LTD.  
Address: 2120 ARCH STREET  
PHILADELPHIA, PA 19103  
Phone: (215) 568-8250

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)

# Accessibility Building Code Certificate



Designer:

FRANCIS CAUFFMAN FOLEY HOFFMANN, Architects Ltd.

Address of Project:

195 FORE RIVER PARKWAY

Nature of Project:

2ND & 3RD FLOOR TENANT BUILD-OUT  
OF THE FORE RIVER MEDICAL OFFICE  
BUILDING

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.

Signature:

*Neil P. Hoffmann*

Title:

CHIEF OPERATING OFFICER

Firm:

FRANCIS CAUFFMAN FOLEY  
HOFFMANN, ARCHITECTS LTD.

Address:

2120 ARCH STREET

PHILADELPHIA, PA 19103

Phone:

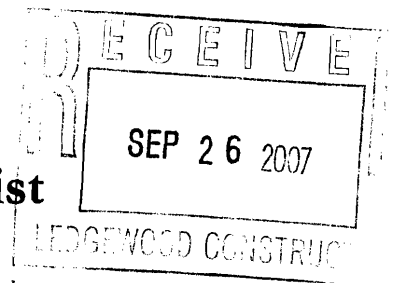
(215) 568-8250



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# New Commercial 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
- Foundation plans with rebar specifications and required drainage and damp proofing (if applicable)
- Detail egress requirements and fire separations
- Insulation R-factors of walls, ceilings, floors and U-factors of windows as per the IECC 2003
- Complete the Accessibility Certificate and The Certificate of Design
- A statement of special inspections as required per the IBC 2003
- Complete electrical and plumbing layout.
- Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review.
- 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 & external plumbing, HVAC and electrical installations.

## Nine (9) copies of the minor (< 10,000 sf) or major (> 10,000 sf) site plan application is required that includes:

- A stamped boundary survey to scale showing north arrow, zoning district and setbacks to a scale of  $\geq 1" = 20'$  on paper  $\geq 11" \times 17"$
- The shape and dimension of the lot, footprint of the proposed structure and the distance from the actual property lines. Photocopies of the plat or hand draw footprints not to scale will not be accepted.
- Location and dimensions of parking areas and driveways, street spaces and building frontage
- Finish floor or sill elevation (based on mean sea level datum)
- Location and size of both existing utilities in the street and the proposed utilities serving the building
- Existing and proposed grade contours
- Silt fence (erosion control) locations





*State of Maine*  
*Department of Public Safety*  
**Construction Permit**



Reviewed  
 for Barrier  
 Free

# 17211

**Sprinkled**  
**Sprinkler Supervised**

**FORE RIVER MEDICAL OFFICE BUILDING (2ND&3RD FLR)**

Located at: 195 FORE RIVER PKWY

**PORTLAND**

Occupancy/Use: BUSINESS

**Permission is hereby given to:**

FORE RIVER MEDICAL CENTER

839 N JEFFERSON ST.  
 MILWAUKEE, WI 53202

to construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved.

No departure from application form/plans shall be made without prior approval in writing. This permit is issued under the provision of Title 25, Chapter 317, Section 2448 and the provisions of Title 5, Section 4594 - F.

Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

*This permit will expire at midnight on the 28 th of April 2008*

Dated the 29 th day of October A.D. 2007

Commissioner

**Copy-3 Code Enforcement Officer**

Comments: INTERNAL NOTE: REVIEWED FOR TENANT FIT-UP 2ND & 3RD FLOORS ONLY.

1585  
 07/20/03

Code Enforcement Officer  
 PORTLAND, ME

Francis Cauffman

# 071203  
-7S-A-S-

# Transmittal

Fore River Medical Office Building  
2nd and 3rd Floor Build out  
Project  
City of Portland  
Planning & Development Department  
389 Congress Street  
Portland, Maine 04101-3509

Lannie Dobson  
Attention  
10/1/2007

Via:  Mail  Courier  Express  
 E-Mail  Hand  \_\_\_\_\_

## Enclosed

|   |                                |
|---|--------------------------------|
| 1 | Copy of additional permit form |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |

- As requested
- For quotation
- For review
- Approved for payment
- For distribution
- For approval
- For your records
- \_\_\_\_\_

- Shop drawing review status**
  1. No exceptions noted. No further review submissions required.
  2. Note Markings. No further review submissions required.
  3. Revise and resubmit for final review.  
Work may proceed to contract requirements.
  4. Revise and resubmit before proceeding with work.
  5. Rejected.
  6. Resubmit for record only.
- See status stamp on drawings.**

## Distribution

Rick Stoughton-Landmark

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**07-5198**

## Remarks

Find the attached page that was requested for the above mentioned permit application

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Luis Posada**

Francis Cauffman

Document2



# Certificate of Design Application

From Designer: FRANCIS CAFFMAN Foley Hoffmann, Architects Ltd.  
 Date: SEPTEMBER 29, 2007  
 Job Name: FORE RIVER MEDICAL OFFICE BUILDING (2ND & 3rd BUILD)  
 Address of Construction: 195 FORE RIVER PARKWAY, PORTLAND, ME 04101

## 2003 International Building Code

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

Building Code & Year IBC 2003 Use Group Classification (s) BUSINESS  
 Type of Construction 2B

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC YES  
 Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) \_\_\_\_\_  
 Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) NO

REFERENCE CORE & SHELL PERMIT NUMBER FOR INFORMATION BELOW

### Structural Design Calculations

\_\_\_\_\_ 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 |
|----------------|-------------|
| _____          | _____       |
| _____          | _____       |
| _____          | _____       |
| _____          | _____       |
| _____          | _____       |

### Wind loads (1603.1.4, 1609)

\_\_\_\_\_ Design option utilized (1609.1.1, 1609.6)  
 \_\_\_\_\_ Basic wind speed (1809.3)  
 \_\_\_\_\_ Building category and wind importance Factor,  $w$  (table 1604.5, 1609.5)  
 \_\_\_\_\_ Wind exposure category (1609.4)  
 \_\_\_\_\_ Internal pressure coefficient (ASCE 7)  
 \_\_\_\_\_ Component and cladding pressures (1609.1.1, 1609.6.2.2)  
 \_\_\_\_\_ Main force wind pressures (7603.1.1, 1609.6.2.1)

### Earth design data (1603.1.5, 1614-1623)

\_\_\_\_\_ Design option utilized (1614.1)  
 \_\_\_\_\_ Seismic use group ("Category")  
 \_\_\_\_\_ Spectral response coefficients,  $S_D$ s &  $S_I$  (1615.1)  
 \_\_\_\_\_ Site class (1615.2)

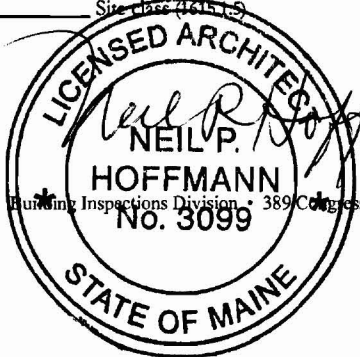
\_\_\_\_\_ Live load reduction  
 \_\_\_\_\_ Roof live loads (1603.1.2, 1607.11)  
 \_\_\_\_\_ Roof snow loads (1603.7.3, 1608)  
 \_\_\_\_\_ Ground snow load,  $P_g$  (1608.2)  
 \_\_\_\_\_ If  $P_g > 10$  psf, flat-roof snow load  $P_f$   
 \_\_\_\_\_ If  $P_g > 10$  psf, snow exposure factor,  $C_e$   
 \_\_\_\_\_ If  $P_g > 10$  psf, snow load importance factor,  $I_s$   
 \_\_\_\_\_ Roof thermal factor,  $C_t$  (1608.4)  
 \_\_\_\_\_ Sloped roof snowload,  $P_s$  (1608.4)  
 \_\_\_\_\_ Seismic design category (1616.3)  
 \_\_\_\_\_ Basic seismic force resisting system (1617.6.2)  
 \_\_\_\_\_ Response modification coefficient,  $R_d$  and  
 \_\_\_\_\_ deflection amplification factor,  $C_d$  (1617.6.2)  
 \_\_\_\_\_ Analysis procedure (1616.6, 1617.5)  
 \_\_\_\_\_ Design base shear (1617.4, 16175.5.1)

### Flood loads (1803.1.6, 1612)

\_\_\_\_\_ Flood Hazard area (1612.3)  
 \_\_\_\_\_ Elevation of structure

### Other loads

\_\_\_\_\_ Concentrated loads (1607.4)  
 \_\_\_\_\_ Partition loads (1607.5)  
 \_\_\_\_\_ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)





# Certificate of Design Application

From Designer: FRANCIS CAUFFMAN Foley Hoffmann, Architects Ltd.  
 Date: SEPTEMBER 29, 2007  
 Job Name: FORE RIVER MEDICAL OFFICE BUILDING (2ND & 3RD BUILD)  
 Address of Construction: 195 FORE RIVER PARKWAY, PORTLAND, ME 04101

## 2003 International Building Code

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

Building Code & Year IBC 2003 Use Group Classification (s) BUSINESS  
 Type of Construction 2B

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC YES  
 Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) \_\_\_\_\_  
 Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) NO

*REFERENCE CORE & SHELL PERMIT NUMBER FOR INFORMATION BELOW*

- Structural Design Calculations**
- \_\_\_\_\_ Submitted for all structural members (106.1 - 106.11)
  - \_\_\_\_\_ Live load reduction
  - \_\_\_\_\_ Roof live loads (1603.1.2, 1607.11)
  - \_\_\_\_\_ Roof snow loads (1603.7.3, 1608)
  - \_\_\_\_\_ Ground snow load,  $P_g$  (1608.2)
  - \_\_\_\_\_ If  $P_g > 10$  psf, flat-roof snow load  $P_f$
  - \_\_\_\_\_ If  $P_g > 10$  psf, snow exposure factor,  $C_e$
  - \_\_\_\_\_ If  $P_g > 10$  psf, snow load importance factor,  $I_s$
  - \_\_\_\_\_ Roof thermal factor,  $C_t$  (1608.4)
  - \_\_\_\_\_ Sloped roof snowload,  $P_s$  (1608.4)
  - \_\_\_\_\_ Seismic design category (1616.3)
  - \_\_\_\_\_ Basic seismic force resisting system (1617.6.2)
  - \_\_\_\_\_ Response modification coefficient,  $R$ , and deflection amplification factor,  $C_d$  (1617.6.2)
  - \_\_\_\_\_ Analysis procedure (1616.6, 1617.5)
  - \_\_\_\_\_ Design base shear (1617.4, 16175.5.1)

**Design Loads on Construction Documents (1603)**  
 Uniformly distributed floor live loads (7603.1.1, 1807)

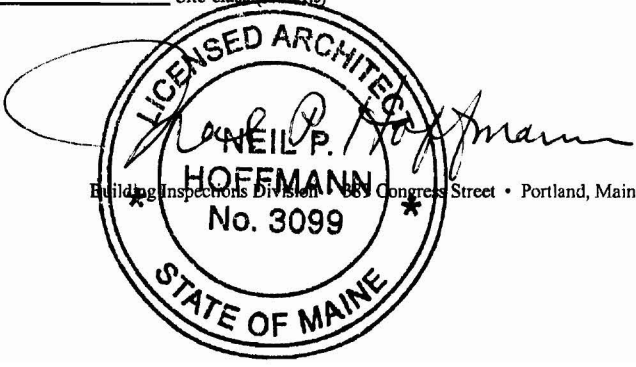
| Floor Area Use | Loads Shown |
|----------------|-------------|
| _____          | _____       |
| _____          | _____       |
| _____          | _____       |
| _____          | _____       |
| _____          | _____       |

- Wind loads (1603.1.4, 1609)**
- \_\_\_\_\_ Design option utilized (1609.1.1, 1609.6)
  - \_\_\_\_\_ Basic wind speed (1809.3)
  - \_\_\_\_\_ Building category and wind importance Factor,  $I_w$  (table 1604.5, 1609.5)
  - \_\_\_\_\_ Wind exposure category (1609.4)
  - \_\_\_\_\_ Internal pressure coefficient (ASCE 7)
  - \_\_\_\_\_ Component and cladding pressures (1609.1.1, 1609.6.2.2)
  - \_\_\_\_\_ Main force wind pressures (7603.1.1, 1609.6.2.1)

- Earth design data (1603.1.5, 1614-1623)**
- \_\_\_\_\_ Design option utilized (1614.1)
  - \_\_\_\_\_ Seismic use group ("Category")
  - \_\_\_\_\_ Spectral response coefficients,  $S_D$  &  $S_1$  (1615.1)
  - \_\_\_\_\_ Site class (1615.1.5)

- Flood loads (1803.1.6, 1612)**
- \_\_\_\_\_ Flood Hazard area (1612.3)
  - \_\_\_\_\_ Elevation of structure

- Other loads**
- \_\_\_\_\_ Concentrated loads (1607.4)
  - \_\_\_\_\_ Partition loads (1607.5)
  - \_\_\_\_\_ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)





# Certificate of Design Application

From Designer: Francis Cauffman Foley Hoffmann, Architects Ltd.  
 Date: September 29, 2007  
 Job Name: FORE RIVER MEDICAL OFFICE BUILDING (2ND & 3rd FLOOR TENANT BUILD)  
 Address of Construction: 195 FORE RIVER PARKWAY, PORTLAND, ME 04101

## 2003 International Building Code

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

Building Code & Year IBC 2003 Use Group Classification (s) BUSINESS  
 Type of Construction 2B

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC YES  
 Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) \_\_\_\_\_  
 Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) NO

**REFERENCE CORE / SHELL PERMIT NUMBER FOR INFORMATION BELOW**

**Structural Design Calculations**  
 \_\_\_\_\_ 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  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

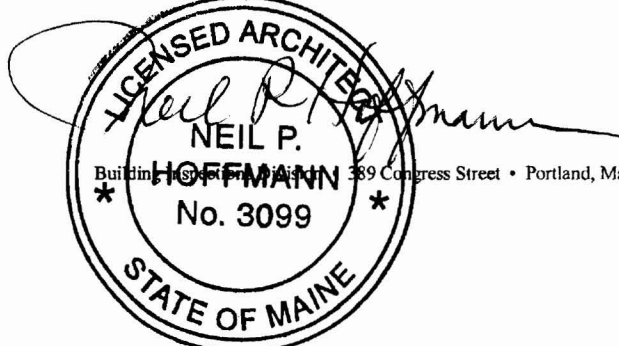
**Wind loads (1603.1.4, 1609)**  
 \_\_\_\_\_ Design option utilized (1609.1.1, 1609.6)  
 \_\_\_\_\_ Basic wind speed (1809.3)  
 \_\_\_\_\_ Building category and wind importance Factor,  $w$   
    table 1604.5, 1609.5)  
 \_\_\_\_\_ Wind exposure category (1609.4)  
 \_\_\_\_\_ Internal pressure coefficient (ASCE 7)  
 \_\_\_\_\_ Component and cladding pressures (1609.1.1, 1609.6.2.2)  
 \_\_\_\_\_ Main force wind pressures (7603.1.1, 1609.6.2.1)

**Earth design data (1603.1.5, 1614-1623)**  
 \_\_\_\_\_ Design option utilized (1614.1)  
 \_\_\_\_\_ Seismic use group ("Category")  
 \_\_\_\_\_ Spectral response coefficients,  $S_D$  &  $S_{D1}$  (1615.1)  
 \_\_\_\_\_ Site class (1615.1.5)

\_\_\_\_\_ Live load reduction  
 \_\_\_\_\_ Roof live loads (1603.1.2, 1607.11)  
 \_\_\_\_\_ Roof snow loads (1603.7.3, 1608)  
 \_\_\_\_\_ Ground snow load,  $P_g$  (1608.2)  
 \_\_\_\_\_ If  $P_g > 10$  psf, flat-roof snow load  $P_f$   
 \_\_\_\_\_ If  $P_g > 10$  psf, snow exposure factor,  $C_e$   
 \_\_\_\_\_ If  $P_g > 10$  psf, snow load importance factor,  $I_s$   
 \_\_\_\_\_ Roof thermal factor,  $C_t$  (1608.4)  
 \_\_\_\_\_ Sloped roof snowload,  $P_s$  (1608.4)  
 \_\_\_\_\_ Seismic design category (1616.3)  
 \_\_\_\_\_ Basic seismic force resisting system (1617.6.2)  
 \_\_\_\_\_ Response modification coefficient,  $R$ , and  
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 \_\_\_\_\_ Flood Hazard area (1612.3)  
 \_\_\_\_\_ Elevation of structure

**Other loads**  
 \_\_\_\_\_ Concentrated loads (1607.4)  
 \_\_\_\_\_ Partition loads (1607.5)  
 \_\_\_\_\_ Misc. loads (Table 1607.8, 1607.6.1, 1607.7,  
 1607.12, 1607.13, 1610, 1611, 2404)



# Francis Cauffman

November 5, 2007

Jeanie Bourke  
City of Portland  
Building Inspections Division  
389 Congress Street  
Portland, Maine 04101

Re: Fore River Medical Pavilion  
2<sup>nd</sup> & 3<sup>rd</sup> Floor Tenant Improvements  
Response to Review Comments

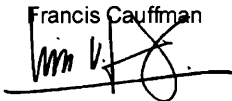
Dear Jeanie,

In response to your review comments we discussed on our phone conversation of October 25th, I have itemized all the items with our responses listed below as follows:

1. Revise the Building Code Summary Code References:  
International Building Code (IBC), 2003  
NFPA 101-2003  
Maine State Internal Plumbing Code based on the 2000 Uniform Plumbing Code  
National Electrical Code-2005  
International Energy Conservation Code-2004  
ICC/ANSI A117.1-2003
2. You raised the question regarding the rating of the electrical and tele/data rooms on each floor. Per NFPA 101, 8.4.1.2 and IBC Table 508.2, these rooms are not required to be rated and only enclosed with smoke partitions since the building is fully sprinklered.
3. Staff counts per floor are as follows:
  - a. 2<sup>nd</sup> Floor:  
35 Staff
  - b. 3<sup>rd</sup> Floor:  
36 Staff

Please let me know if you have any questions regarding the requested clarifications above.

Sincerely,  
Francis Cauffman



Luis V. Posada, Jr.

Distribution: Rick Stoughton-Landmark  
Anthony Lampasona-Landmark  
Tom Hyde-Francis Cauffman

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Stephen J. Hegeman, AIA

Chairman Emeritus

James J. Foley, Jr., RA

**Jeanie Bourke - RE: Fore River Medical Pavilion**

**From:** "Lou Posada" <lposada@franciscauffman.com>  
**To:** "Jeanie Bourke" <JMB@portlandmaine.gov>  
**Date:** 11/13/2007 6:12 PM  
**Subject:** RE: Fore River Medical Pavilion

Hi Jeanie- Sorry I haven't been back to you on these items.

As far as the drinking fountain, we have on the 2<sup>nd</sup> floor to the right of doors 2010-2. We forgot to show the one on the third floor but I have attached a sketch of where it will be located (see attached PDF).

As far as the toilets, they break down as follows:

Male: 2104, 3124, 3204, 3226, 3244.

Female: 2103, 3102, 3115, 3203, 3228, 3242

When we spoke on the phone, you will recall we discussed that due to the type of care that was taking place in some of these suites, in most cases, female oriented care centers. We have not designated male and female because the major patient population would be female. Those toilets are as follows: 2145, 2202, 2302 and 2403.

I hope this answers any questions you may have. Let me know if I can clarify anything else.

Thanks again for your help.

Luis V. Posada, Jr.  
**Francis Cauffman**

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**From:** Jeanie Bourke [mailto:JMB@portlandmaine.gov]  
**Sent:** Tuesday, November 06, 2007 11:59 AM  
**To:** lposada@franciscauffman.com  
**Subject:** Fore River Medical Pavillion

Hi Lou,

Thanks for the letter, the only item we discussed that is not addressed is the gender ID for the bathrooms, specifically where there are 2 bathrooms grouped in one reception or clinical area, or where there are 2 staff bathroom groupings.

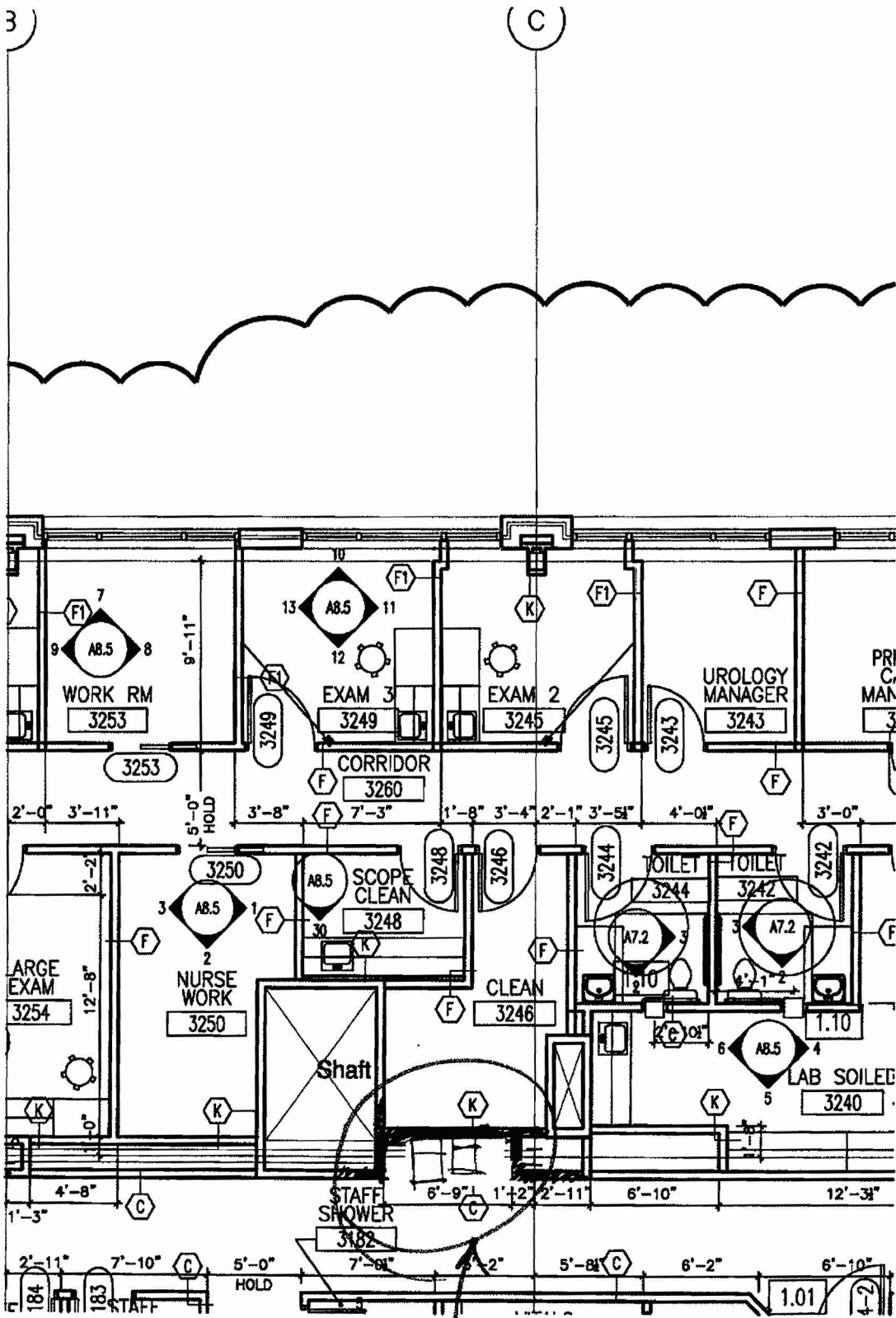
Also, an item I just came across, there should be one drinking fountain per occupied floor. See Table 4-1.

Thanks

Jeanie Bourke  
Inspection Services Division Director

City of Portland  
Planning & Development Dept./ Inspections Division  
389 Congress St. Rm 315  
Portland, ME 04101  
[jmb@portlandmaine.gov](mailto:jmb@portlandmaine.gov)  
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Third Floor Plan

electric water cooler location