

# Transmittal

Fore River Medical Pavilion  
Project  
 Landmark Healthcare Facilities LLC  
 839 North Jefferson  
 Milwaukee, WI 53202  
 414.277.0500

Anthony Lampasona  
Attention  
 November 27, 2007

Via:  Mail  Courier  Express  
 E-Mail  Hand

### Enclosed

4 sets	Ankle and Foot Associates, includes: Architectural signed and sealed, MEP signed and sealed
1 set	Certificate of Design Application

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

- 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

File \_\_\_\_\_  
 \_\_\_\_\_  
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### Remarks

Please distribute as appropriate.  
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F07-5256.01

Kirsten E. Graupner  
 Francis Cauffman  


N:\F07-5198\04-drawings\Tenant Suites\5256.01\_Ankle and Foot Associates\07-Correspondance\Landmark\Landmark - 11.27.07\Transmittal\_11.27.07.doc



# Certificate of Design Application

From Designer: FRANCIS CAUFFMAN  
 Date: NOVEMBER 16, 2007  
 Job Name: FORE RIVER MEDICAL PAVILION - ANKLE & FOOT ASSOCIATES  
 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) B - 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) N/A

Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) NO

**REFERENCE "CORE & SHELL PERMIT NUMBER (061802) FOR THE INFORMATION LISTED 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,  $I_w$  (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 &  $S_{D1}$  (1615.1)



\_\_\_\_\_ 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,  $I_f$   
 \_\_\_\_\_ Roof thermal factor,  $C_t$  (1608.4)  
 \_\_\_\_\_ Sloped roof snowload,  $P_B$  (1608.4)  
 \_\_\_\_\_ Seismic design category (1616.3)  
 \_\_\_\_\_ Basic seismic force resisting system (1617.6.2)  
 \_\_\_\_\_ Response modification coefficient,  $R_f$  and deflection amplification factor,  $C_d$  (1617.6.2)  
 \_\_\_\_\_ Analysis procedure (1616.6, 1617.5)  
 \_\_\_\_\_ Design base shear (1617.4, 1617.5.1)

### 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)





# Barrier-Free Permit Fee Schedule

State Fire Marshal's Office  
52 State House Station  
Augusta, Maine 04333-0052

Tel: 207-626-3870  
Fax: 207-287-6251

Make Check Payable to: "Treasurer, State of Maine"



## Permit Fee

## Construction Cost

\$25.00 ..... For under ..... \$100,000.00

\$50.00 ..... From ..... \$100,000.00  
but less than ..... \$350,000.00

\$150.00 ..... From ..... \$350,000.00  
but less than ..... \$600,000.00

\$200.00 ..... From ..... \$600,000.00  
but less than ..... \$2,000,000.00

\$250.00 ..... From ..... \$2,000,000.00



# 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>195 FORE RIVER PARKWAY, PORTLAND, ME 04101</u>		
Total Square Footage of Proposed Structure/Area <u>2152 SF</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant * <u>must be owner, Lessee or Buyer*</u> Name Address City, State & Zip	Telephone:
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ _____ C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>BUSINESS - MEDICAL OFFICE BUILDING</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>MEDICAL OFFICE SUITE</u> Is property part of a subdivision? <u>NO</u> If yes, please name <u>N/A</u> Project description: <u>TENANT FIT-OUT SPACE FOR THE ANKLE &amp; FOOT ASSOCIATES ON THE 1ST FLOOR OF THE NEWLY CONSTRUCTED MEDICAL OFFICE BUILDING.</u>		
Contractor's name: <u>LEDGEWOOD CONSTRUCTION</u> Address: <u>27 MAIN STREET</u> City, State & Zip: <u>SOUTH PORTLAND, ME 04106</u> Telephone: <u>207-415-7993</u> Who should we contact when the permit is ready: <u>KEVIN MCCOSH</u> Telephone: _____ 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](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: [Handwritten Signature] Date: 11/20/07

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

# LANDMARK HEALTHCARE FACILITIES LLC

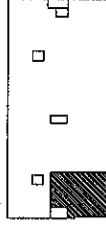
Mercy Hospital  
Medical Office Building

Ankle and Foot Associates

Suite No.: 120  
Floor No.: 1st

LANDMARK  
HEALTHCARE  
FACILITIES, LLC  
839 North Jefferson Street  
Milwaukee, Wisconsin 53202  
Telephone: (414) 277-0500  
Facsimile: (414) 277-1055

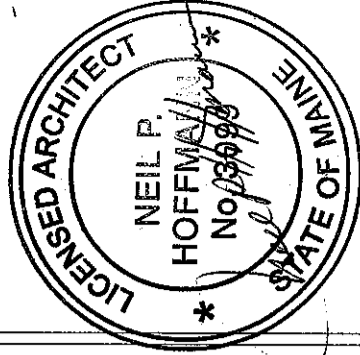
Key Plan



NORTH



Revisions



T1.1 Title Sheet

T1.2 Title Sheet

A6.1 Floor Plan - Architectural (Partial)

A6.2 Floor Plan - Furnishings, Power and  
Equipment Locations

A7.1 Room Finish Schedule and Details

A8.1 Standard Casework Elevations

A8.2 Casework Sections

A8.3 Interior Elevations

A8.4 Cabinet Details

A9.1 Reflected Ceiling Plan

A10.1 Partition Types

A10.2 Partition Types

A10.3 Interior Details

A10.4 Interior Details

A11.1 Door Schedule and Details

A11.2 Equipment by Tenant Schedule

Architectural

Francis Cauffman

2120 Arch Street  
Philadelphia, PA 19103  
Ph 215.568.8250  
Fx 215.568.2639

Structural

O'Donnell & Naccarato

111 S. Independence Mall  
Suite 950  
Philadelphia, PA 19106  
Ph 215-925-3788  
Fx 215-627-1051

Mechanical/Plumbing

AKF ENGINEERS, LLP

1500 Walnut Street  
Suite 1400  
Philadelphia, PA 19102  
Ph 215-735-7290  
Fx 215-735-6706

Electrical

AKF ENGINEERS, LLP

1500 Walnut Street  
Suite 1400  
Philadelphia, PA 19102  
Ph 215-735-7290  
Fx 215-735-6706

Fire Protection

AKF ENGINEERS, LLP

1500 Walnut Street  
Suite 1400  
Philadelphia, PA 19102  
Ph 215-735-7290  
Fx 215-735-6706

P060106-B.H-1.0

P060106-B.H-2.0

P060106-B.H-3.0

P060106-B.P-1.0

P060106-B.P-1.1

P060106-B.P-2.0

P060106-B.P-3.0

P060106-B.P-4.0

P060106-B.P-5.0

P060106-B.E-1.0

P060106-B.E-2.0

P060106-B.E-3.0

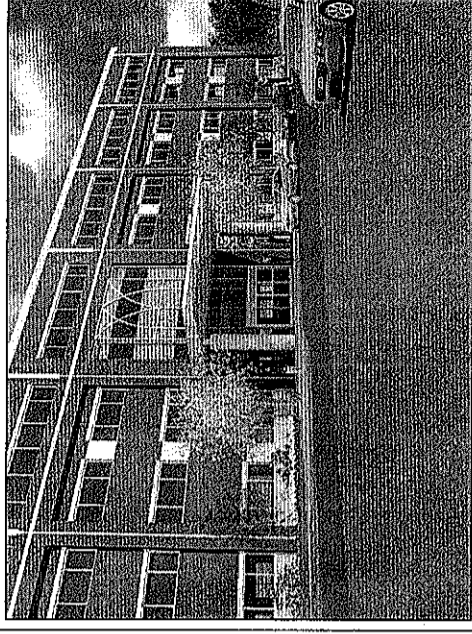
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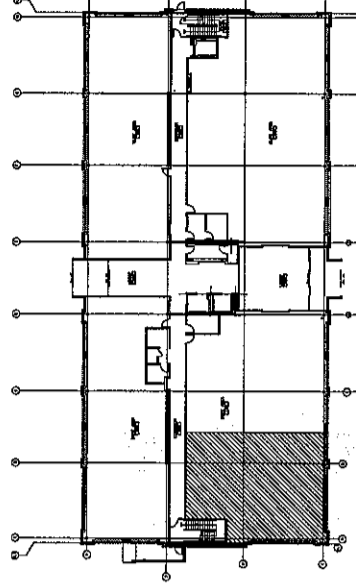
P060106-B.E-5.1

P060106-B.E-6.0

Building Rendering



1st Floor Plan - Suite Location



Building Data / Code Summary

2,152 S.F.

- Code Reference: Building Code - International Building Code 2003  
Accessibility Code - Maine Accessibility Code ICC / ANSI A117.1  
Plumbing Code - International Plumbing Code 2003  
Fire Protection Code - NFPA Code / City of Portland  
Mechanical Code - International Mechanical Code 2003  
Electrical Code - NEC National Electric Code 2005
- Occupancy / Use Group: Business Use Group B (IBC Code 2003)  
New Business Occupancy (NFPA-101)
- Construction Type: Type II-B with approx. automatic sprinkler system / IBC 2003  
Type II (000) - Unprotected, Noncombustible with approved supervised automatic sprinkler system / NFPA-101/220.  
NFPA 13 - Install. of Sprinkler Systems, Ordinary Hazard
- Fire Resistance: Exterior Wall - 0 Hr.  
Shaft Wall - 1 Hr.  
Corridor Wall - 0 Hr.  
Demising Wall - 2 Hr.  
Floor/Roof Construction - 0 Hr.  
Columns/Beams - 0 Hr.
- Fire Protection System: Fully Sprinkled, Manual Fire Alarm

Sheet

Title Sheet

Project

MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates

Suite 120

Date

November 26, 2007

Project No.

F07-5256.01

Sheet No.

T1.1

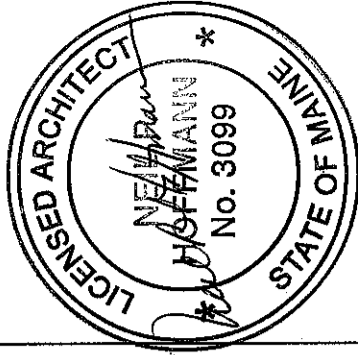
Key Plan



NORTH



Revisions



Sheet

Title Sheet

Project

MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
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Associates

Suite 120

Date

November 26, 2007

Project No.

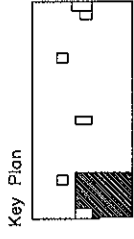
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Sheet No.

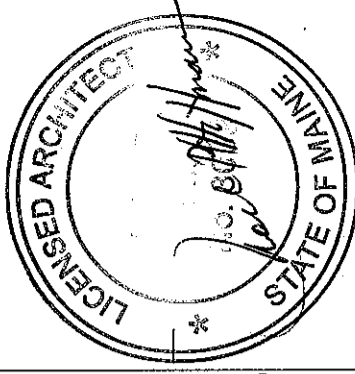
T1.2

## GENERAL NOTES

1. SUITE AREAS SHALL BE FINISHED IN THE CORE AND SHELL BUILDING PHASE AS NOTED BELOW:
  - A) EXTERIOR STUD WALLS: EXPOSED STUDS, INSULATION AND VAPOR BARRIER IF INDICATED BY WALL SECTIONS
  - B) EXTERIOR CONCRETE WALLS: EXPOSED STUDS OR FURRING, INSULATION AND VAPOR BARRIER
  - C) INTERIOR FIRE RATED PARTITIONS: TAPED GYPSUM BOARD
  - D) INTERIOR NON-RATED PARTITIONS: EXPOSED STUDS (AND INSULATION IF APPLICABLE BY WALL TYPE)
  - E) CEILING: EXPOSED STRUCTURE
  - F) FLOORS ON GRADE: GRANULAR FILL OVER VAPOR BARRIER WITH CONCRETE SLAB, INCLUDE IN SHELL AND CORE CONTRACT. SLABS IN TENANT SUITES TO BE POURED AS TENANT CONSTRUCTION DRAWINGS BECOME AVAILABLE.
  - G) FLOORS AT UPPER LEVEL: EXPOSED STRUCTURE
  - H) COLUMNS UNRATED: EXPOSED STEEL OR CONCRETE
  - J) COLUMNS RATED: FIRE PROOFING ON STEEL OR EXPOSED CONCRETE
2. EXTERIOR WALL BELOW FINISH CEILING SHALL BE INSULATED WITH UN-FACED BATT INSULATION IN METAL STUDS AND VAPOR BARRIER ONLY IN SUITE AREAS. DRYWALL AND FINISH SHALL BE PROVIDED IN SUITE AREA BUILD-OUT CONTRACT AFTER OUTLETS HAVE BEEN LOCATED.
3. EXTERIOR WALL ABOVE FINISH CEILING SHALL BE SIMILAR TO NOTE 2 ABOVE PLUS EXTERIOR WALL SHALL RECEIVE 1/4" GYPSUM BOARD TO PROTECT INSULATION AND VAPOR BARRIER ABOVE CEILING. CONTRACTORS SHALL VERIFY FINISH CEILING HEIGHT WITH LANDMARK PRIOR TO START OF CONSTRUCTION AND SHALL PLACE 1/4" GYPSUM BOARD STARTING 6" ABOVE FINISH CEILINGS.
4. SPACE ABOVE "CEILING" IS A RETURN AIR PLENUM. WIRING IN PLENUMS SHALL COMPLY WITH THE REQUIREMENTS OF THE APPLICABLE EDITION OF THE NATIONAL ELECTRIC CODE. LOW VOLTAGE WIRING ABOVE CEILINGS OF CORRIDORS, TELEPHONE AND ELECTRICAL ROOMS IN THE BASE BUILDING, WHICH ARE NON-PLENUM AREAS, MAY BE EXPOSED WHEN THE FLOOR/ CEILING OR ROOF CEILING IS NOT A U.L. ASSEMBLY. BUT MUST COMPLY WITH PLENUM REQUIREMENTS WHEN PART OF A U.L. ASSEMBLY. LOW VOLTAGE WIRING IS NOT TO BE RUN IN THE CEILING SPACE ABOVE PUBLIC RESTROOMS, ELEVATOR ROOMS, OR MECHANICAL ROOMS.
5. EXTERIOR WALL AT BRACE FRAME SHALL BE INSULATED WITH UN-FACED BATT INSULATION AND A VAPOR BARRIER IN SUITE AREA. A SECOND PARTITION SIMILAR TO TYPE "K" SHALL BE PROVIDED AROUND BRACE FRAME. DRYWALL AND FINISH SHALL BE PROVIDED IN A SUITE AREA BUILD-OUT AFTER OUTLETS HAVE BEEN LOCATED. REFER TO DETAIL 1 "FINISH AT STRUCTURAL BRACE FRAME" ON SHEET A\_---
6. SEE SHEET A X.X FOR PARTITION TYPES.
7. DIMENSIONS ARE FACE OF WALL TO FACE OF WALL (NOMINAL).



Revisions



Sheet  
**Floor Plan -  
Architectural  
(Partial)**

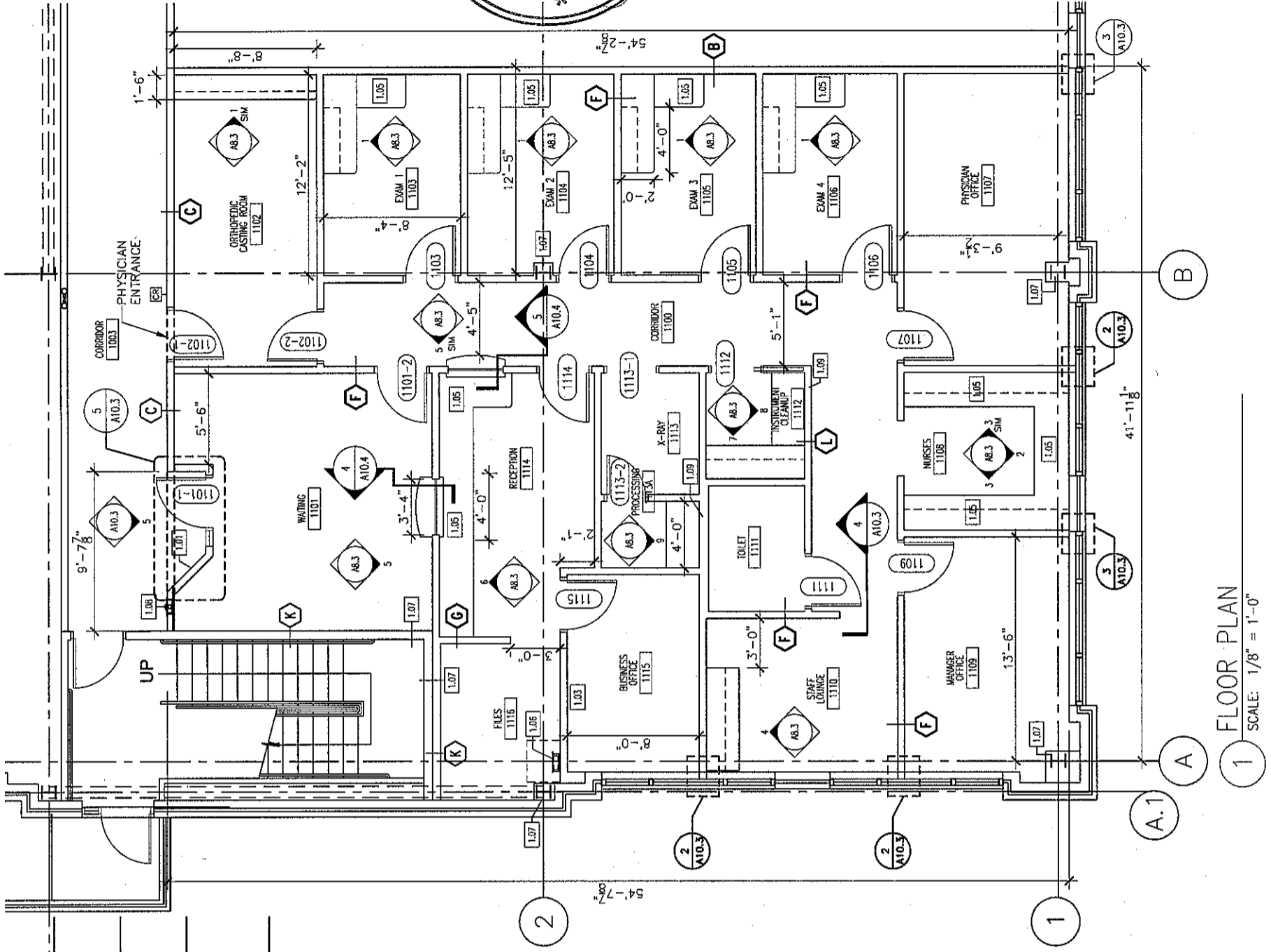
Project  
**MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates  
Suite 120**

Date  
**November 26, 2007**

Project No.  
**F07-5256.01**

Sheet No.

**A6.1**



**FLOOR PLAN**  
SCALE: 1/8" = 1'-0"

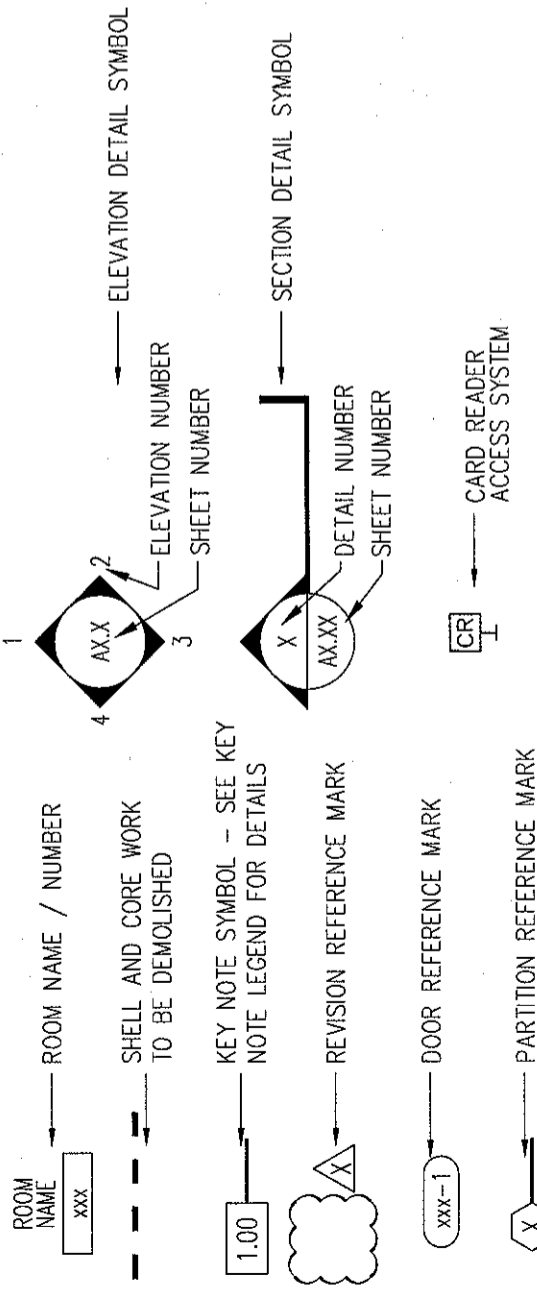
**GENERAL NOTES**

1. PROVIDE INSULATION AND GYPSUM BOARD FINISH ON THE METAL STUDS PROVIDED IN THE SHELL AND CORE WORK - FIELD VERIFY AND CLARIFY ALL CONDITIONS PRIOR TO BIDDING
2. USE WATER RESISTANT GYPSUM BOARD IN TOILET ROOMS AND OTHER SIMILAR ROOMS
3. ALL CHANGES TO THE SHELL AND CORE WORK DUE TO TENANT WORK SHALL BE INCLUDED IN THE COST FOR TENANT WORK
4. DIMENSIONS ARE FACE TO FACE (NOMINAL) OF FINISH MATERIAL, UNLESS NOTED OTHERWISE
5. PROVIDE MINI-BLINDS IN ALL TENANT SUITE WINDOWS ANCHORED TO ALUMINUM FRAME

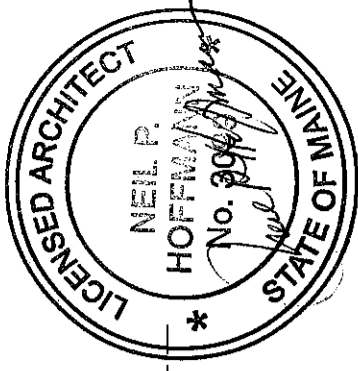
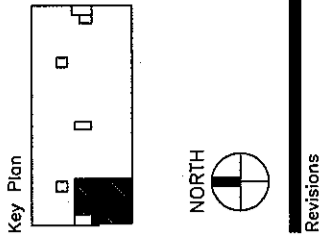
**KEY NOTE LEGEND**

- |      |                                                                               |
|------|-------------------------------------------------------------------------------|
| 1.01 | SUITE ENTRY PLAQUE - SEE DETAIL 4/A10.4                                       |
| 1.02 | COAT HOOK - MOUNTED AT 3'-4" CENTERED ON BACK OF DOOR; TYP.                   |
| 1.03 | PLASTIC LAMINATE SHELVES ON ADJUSTABLE STANDARDS                              |
| 1.04 | ALIGN SURFACE WITH ADJACENT SURFACE                                           |
| 1.05 | GROMMET HOLE IN COUNTERTOPS TO BE CONFIRMED IN THE FIELD                      |
| 1.06 | TELEPHONE BACKBOARD                                                           |
| 1.07 | GYPSUM BOARD FINISH ON SHELL AND CORE METAL STUDS PROVIDED BY T.I. CONTRACTOR |
| 1.08 | FIRE EXTINGUISHER AND BRACKET                                                 |
| 1.09 | PLUMBING FOR EQUIPMENT                                                        |

**LEGEND**







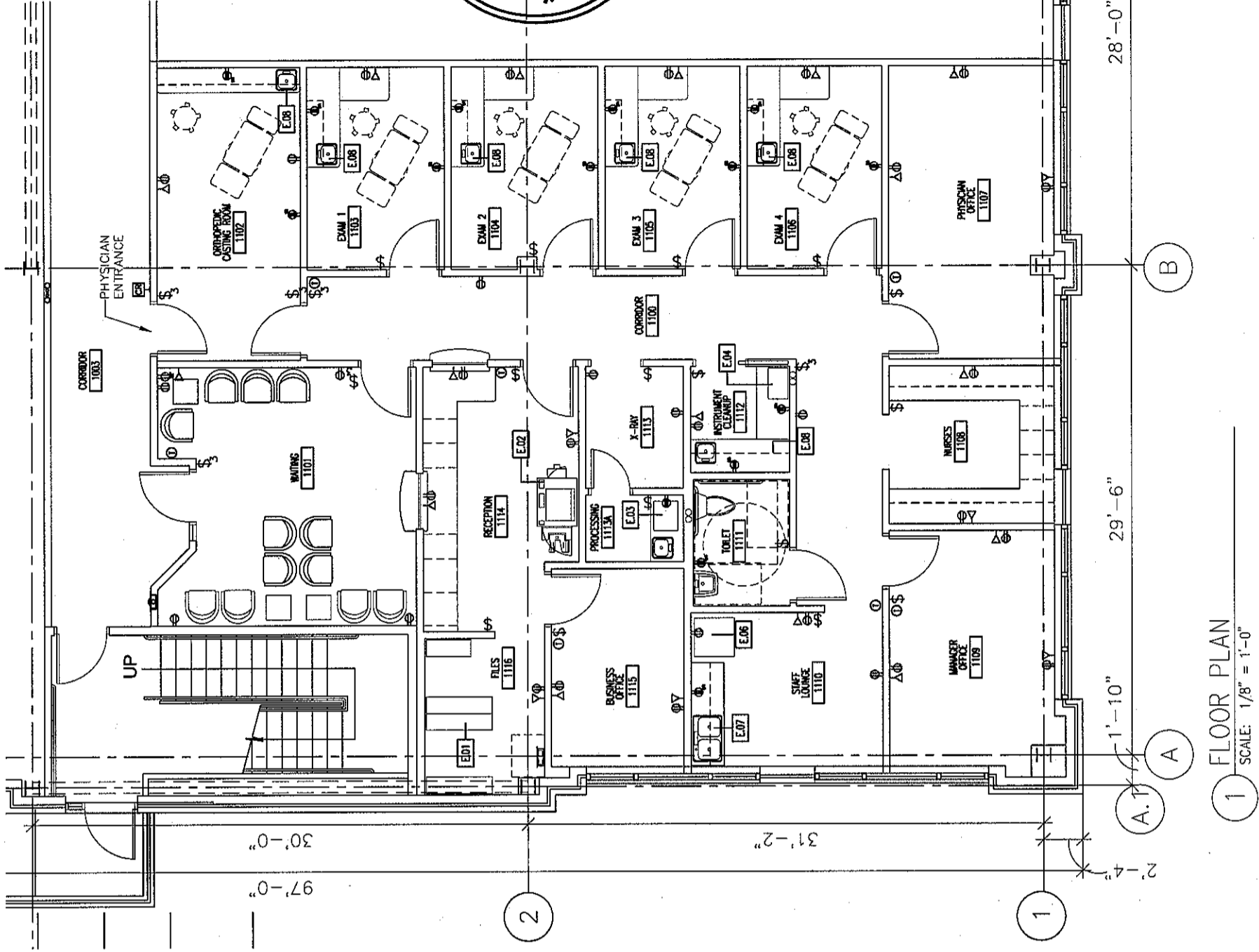
Sheet  
Floor Plan -  
Furnishings, Power  
and Equipment  
Locations

Project  
MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates  
Suite 120

Date  
November 26, 2007

Project No.  
F07-5256.01

Sheet No.  
A6.2



GENERAL NOTES

- THE FOLLOWING WORK, INCLUDING SYSTEMS, DEVICES AND WIRING, IS NOT INCLUDED IN THE CONTRACT BUT MAY BE PROVIDED BY OTHERS:
  - TELEPHONE AND COMPUTER SYSTEMS
  - MEDICAL GAS SYSTEMS
  - PNEUMATIC TUBE SYSTEMS
  - SECURITY AND TIME CLOCK SYSTEMS
  - NURSE CALL / NURSE NOTIFICATION SYSTEMS
  - TOILET PAPER, TOWELS, SOAP DISPENSORS
  - CHART HOLDERS AND MAGAZINE RACKS
- JUNCTION BOX AND CONDUIT TO AN ACCESSIBLE CEILING SHALL BE PROVIDED FOR TELEPHONE / COMPUTER SYSTEMS
- JUNCTION BOX AND CONDUIT TO AN ACCESSIBLE CEILING MAY BE PROVIDED FOR SECURITY, NURSE CALL, NURSE NOTIFICATION, AND OTHER SYSTEMS, IF REQUESTED BY THE TENANT
- FIXTURES AND FURNITURE SHOWN WITH A DASHED LINE INDICATES TENANT PROVIDED, TENANT INSTALLED.

MECHANICAL NOTES

- PERIMETER ROOMS WILL BE ZONED TOGETHER AND SHALL BE CONDITIONED WITH ELECTRIC REHEAT COILS IN FAN POWERED VAV TERMINAL UNITS AND CONTROLLED WITH ONE THERMOSTAT
- INTERIOR ROOMS WILL BE ZONED TOGETHER AND SHALL BE CONDITIONED WITH SHUT-OFF FAN POWERED VAV TERMINAL UNITS AND CONTROLLED WITH ONE THERMOSTAT
- RETURN AIR SHALL BE THROUGH A PLENUM TYPE RETURN AIR LIGHT FIXTURE
- ROOFTOP MOUNTED CENTRAL EXHAUST SHALL BE PROVIDED FOR TOILET ROOMS

LEGEND

- |  |                                                         |  |                                                                               |
|--|---------------------------------------------------------|--|-------------------------------------------------------------------------------|
|  | DUPLEX RECEPTACLE MOUNTED 18" AFF                       |  | SPECIAL OUTLET                                                                |
|  | DUPLEX RECEPTACLE MOUNTED ABOVE COUNTER                 |  | DUPLEX RECEPTACLE MOUNTED 5'-0" A.F.F. FOR OWNER PROVIDED/INSTALLED VIEWBOXES |
|  | DUPLEX RECEPTACLE - GFI MOUNTED ABOVE COUNTER           |  | SINGLE POLE SWITCH                                                            |
|  | QUADRIPLEX RECEPTACLE MOUNTED 18" AFF                   |  | DIMMER SWITCH                                                                 |
|  | QUADRIPLEX RECEPTACLE MOUNTED ABOVE COUNTER             |  | THREE WAY SINGLE POLE SWITCH                                                  |
|  | TELEPHONE / COMPUTER JUNCTION BOX MOUNTED 18" AFF       |  | OVERRIDE SWITCH - AFTER HOURS                                                 |
|  | TELEPHONE / COMPUTER JUNCTION BOX MOUNTED ABOVE COUNTER |  | CARD READER ACCESS SYSTEM                                                     |
|  |                                                         |  | VAV THERMOSTAT                                                                |
|  |                                                         |  | EQUIPMENT KEY NOTE SYMBOL SEE A11.2 EQUIPMENT SCHEDULE                        |

**GENERAL NOTES**

- HOLLOW METAL DOOR AND WINDOW FRAMES IN CORRIDOR WALLS SHALL BE PAINTED TO MATCH SHELL AND CORE HOLLOW METAL FRAMES
- ALL OTHER HOLLOW METAL DOOR AND WINDOW FRAMES IN TENANT SUITE SHALL BE PAINTED TO MATCH RUBBER BASE COLOR
- RUBBER FLOOR TRANSITION STRIP COLOR SHALL MATCH RUBBER BASE COLOR

**RFS LEGEND**

DESIGNATION	XX-X	COLOR
		MATERIAL
FLOORS	FIELD COLOR	
	ACCENT OR BORDER COLOR	
WALLS	FIELD COLOR	
	ACCENT OR BORDER COLOR	

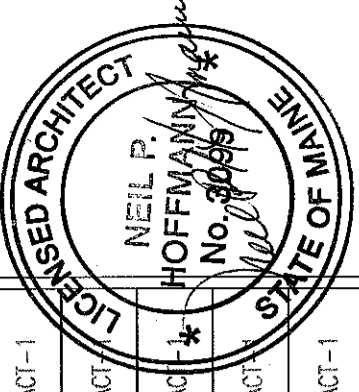
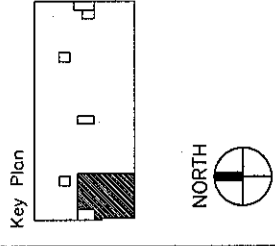
**INTERIOR FINISH LEGEND**

<u>CPT - CARPET</u>	CPT-1	CAMBRIDGE, "ROYAL TROON #26812"
	CPT-2	CAMBRIDGE, "ROYAL TROON #26806"
	CPT-3	CAMBRIDGE, "ROYAL TROON #26809"
	CPT-4	CAMBRIDGE, "ROYAL TROON #26805"
	CPT-5	CAMBRIDGE, "ROYAL TROON #26811"
	CPT-6	CAMBRIDGE, "ROYAL TROON #26803"
	CPT-7	CAMBRIDGE, "ST. ANDREW #26710"
	CPT-8	CAMBRIDGE, "ST. ANDREW #26706"
	CPT-9	CAMBRIDGE, "ST. ANDREW #26704"
	CPT-10	CAMBRIDGE, "ST. ANDREW #26707"
	CPT-11	CAMBRIDGE, "ST. ANDREW #26711"
	CPT-12	CAMBRIDGE, "ST. ANDREW #26708"
	CPT-13	CAMBRIDGE, "CROSSROADS 36 #CRS16"
	CPT-14	CAMBRIDGE, "CROSSROADS 36 #CRS31"
	CPT-15	CAMBRIDGE, "CROSSROADS 36 #CRS18"
	CPT-16	CAMBRIDGE, "CROSSROADS 36 #CRS36"
	CPT-17	CAMBRIDGE, "CROSSROADS 36 #CRS13"
	CPT-18	CAMBRIDGE, "CROSSROADS 36 #CRS37"
<u>VCT - VINYL TILE</u>	VCT-1	TARKETT, "DESERT SAND #1337"
<u>RB - RUBBER BASE</u>	RB-1	JOHNSONITE, "BEIGE #49"
	RB-2	JOHNSONITE, "CHARCOAL #20"
	RB-3	JOHNSONITE, "THUNDER #168"
	RB-4	JOHNSONITE, "BROWN #47"
<u>CT - CERAMIC TILE</u>	CT-1	DAL-TILE, "ALMOND MATT #X735"
	CT-2	DAL-TILE, "BROWNSTONE MOSAICS #DK156"
<u>PT - PAINT</u>	PT-1	BEN MOORE, "SEA URCHIN #1052"
	PT-2	BEN MOORE, "CAYMAN ISLANDS #952"
	PT-3	BEN MOORE, "NATURE'S ESSENTIALS #1521"
<u>WVC - VINYL WALL COVERING</u>	WVC-1	KORSEAL, "CIP MOUNTAIN TRIAL #19"
	WVC-2	KORSEAL, "CIP TAWNY TAUPE #36"
	WVC-3	KORSEAL, "CIP LA TERRA #46"
	WVC-4	KORSEAL, "CIP SAND STONE #04"
	WVC-5	KORSEAL, "CIP TOASTED ALMOND #12"
	WVC-6	KORSEAL, "CIP ACAPULCO #07"
	WVC-7	KORSEAL, "CIP FLINT #24"
	WVC-8	KORSEAL, "CIP PRAIRIE DUST #15"
	WVC-9	KORSEAL, "CIP SEAL ROCK #81"
	WVC-10	KORSEAL, "CIP ISLE #88"
	WVC-11	KORSEAL, "CIP FOUNTAIN HEAD #30"
	WVC-12	KORSEAL, "CIP ARROWHEAD #97"
	WVC-13	KORSEAL, "CIP TUMBLEWEED #23"
<u>ACT - ACOUSTICAL CEILING</u>	ACT-1	USG, "F FISSURED SL #132"

**ROOM FINISH SCHEDULE**

ROOM NO.	ROOM NAME	FLOOR				WALLS				CEILING
		FINISH	BASE	NORTH	SOUTH	EAST	WEST			
1100	CORRIDOR	CPT-	CB-	WVC-	WVC-	WVC-	WVC-	ACT-1		
1101	WAITING	CPT-	CB-	WVC-	WVC-	WVC-	WVC-	ACT-1		
1102	ORTHOPEDIC CASTING ROOM#	VCT-1	RB-	PT-	PT-	PT-	PT-	ACT-1		
1103	EXAM 1	VCT-1	RB-	PT-	PT-	PT-	PT-	ACT-1		
1104	EXAM 2	VCT-1	RB-	PT-	PT-	PT-	PT-	ACT-1		
1105	EXAM 3	VCT-1	RB-	PT-	PT-	PT-	PT-	ACT-1		
1106	EXAM 4	VCT-1	RB-	PT-	PT-	PT-	PT-	ACT-1		
1107	PHYSICIAN OFFICE	CPT-	CB-	PT-	PT-	PT-	PT-	ACT-1		
1108	NURSES	CPT-	CB-	PT-	PT-	PT-	PT-	ACT-1		
1109	MANAGER OFFICE	CPT-	CB-	PT-	PT-	PT-	PT-	ACT-1		
1110	STAFF LOUNGE	VCT	RB-	PT-	PT-	PT-	PT-	ACT-1*		
1111	TOILET	CT-	CT-	PT-	PT-	PT-	PT-	ACT-1		
1112	INSTRUMENT CLEAN-UP	VCT-1	RB-	PT-	PT-	PT-	PT-	ACT-1		
1113	X-RAY	VCT-1	RB-	PT-	PT-	PT-	PT-	ACT-1		
1113A	PROCESSING	VCT-1	RB-	PT-	PT-	PT-	PT-	ACT-1		
1114	RECEPTION	CPT-	CB-	PT-	PT-	PT-	PT-	ACT-1		
1115	BUSINESS OFFICE	CPT-	CB-	PT-	PT-	PT-	PT-	ACT-1		
1116	CORRIDOR	CPT-	CB-	WVC-	WVC-	WVC-	WVC-	ACT-1		

**LANDMARK HEALTHCARE FACILITIES, LLC**  
 839 North Jefferson Street  
 Milwaukee, Wisconsin 53202  
 Telephone: (414) 277-0500  
 Facsimile: (414) 277-1055

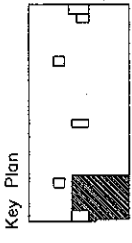


Sheet  
**Room Finish Schedule and Details**

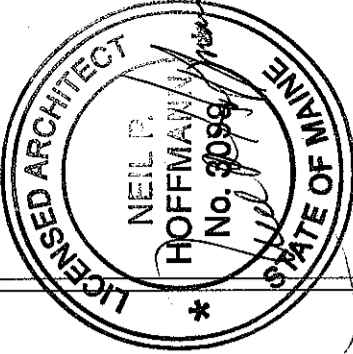
Project  
**MERCY HOSPITAL**  
 Medical Office Bldg.  
 Portland, Maine  
 Ankle and Foot Associates  
 Suite 120

Date  
**November 26, 2007**  
 Project No.  
**F07-5256.01**  
 Sheet No.

**A7.1**



Revisions



Sheet

**Standard Casework Elevations**

Project

**MERCY HOSPITAL**  
 Medical Office Bldg.  
 Portland, Maine

**Ankle and Foot Associates**

Suite 120

Date

**November 26, 2007**

Project No.

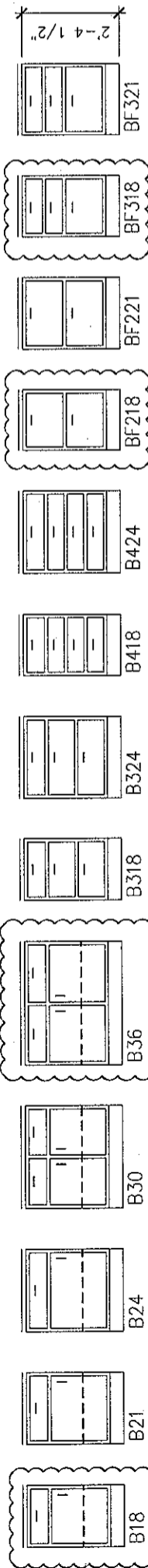
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Sheet No.

**A8.1**

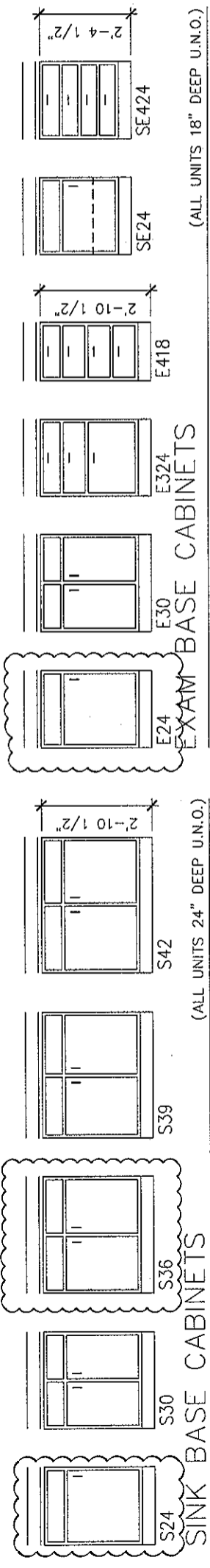
**LAB BASE CABINETS**

- B324- BUSINESS DRAWER BASE CABINET  
 WIDTH IN INCHES  
 NO. OF DRAWERS
- BF218- BUSINESS FILE DRAWER BASE CABINET  
 WIDTH IN INCHES  
 NO. OF DRAWERS
- L324- LAB DRAWER BASE CABINET  
 WIDTH IN INCHES  
 NO. OF DRAWERS
- LF318- LAB FILE DRAWER BASE CABINET  
 WIDTH IN INCHES  
 NO. OF DRAWERS
- S24- SINK BASE CABINET  
 WIDTH IN INCHES
- E24- EXAM BASE CABINET  
 WIDTH IN INCHES
- E424- EXAM BASE CABINET  
 WIDTH IN INCHES  
 NO. OF DRAWERS
- SE24- SPECIAL EXAM BASE CABINET  
 WIDTH IN INCHES
- SE424- SPECIAL EXAM BASE CABINET  
 WIDTH IN INCHES  
 NO. OF DRAWERS
- W18- WALL CABINET  
 WIDTH IN INCHES
- SW18- SPECIAL WALL CABINET  
 WIDTH IN INCHES
- PD24- PENCIL DRAWER  
 WIDTH IN INCHES
- TS36- TALL STORAGE CABINET
- WB30L- LEFT BLIND CORNER WALL CABINET
- WB30R- RIGHT BLIND CORNER WALL CABINET
- WC30- TRACER COMPUTER WALL CABINET
- MW30- MIRCORWAVE WALL CABINET



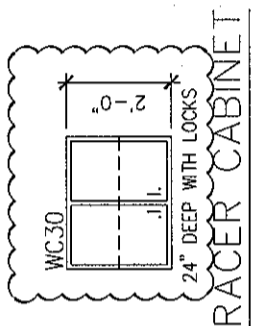
(ALL UNITS 24" DEEP U.N.O.)

(ALL UNITS 24" DEEP U.N.O.)



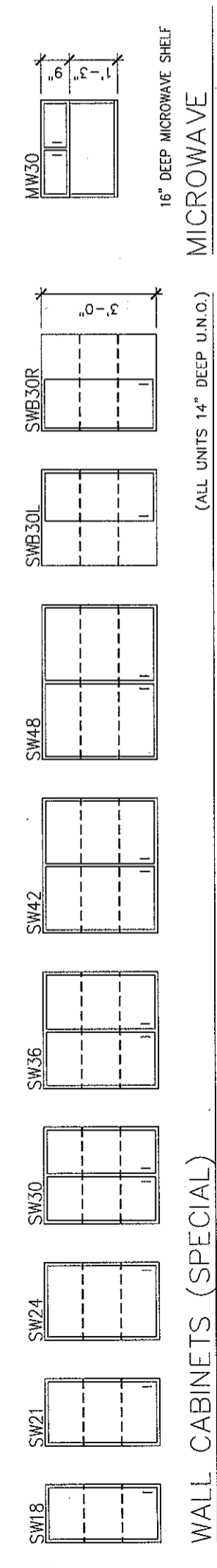
(ALL UNITS 18" DEEP U.N.O.)

**EXAM BASE CABINETS**



**TRACER CABINET**

(ALL UNITS 14" DEEP U.N.O.)



**WALL CABINETS (SPECIAL)**

(ALL UNITS 14" DEEP U.N.O.)

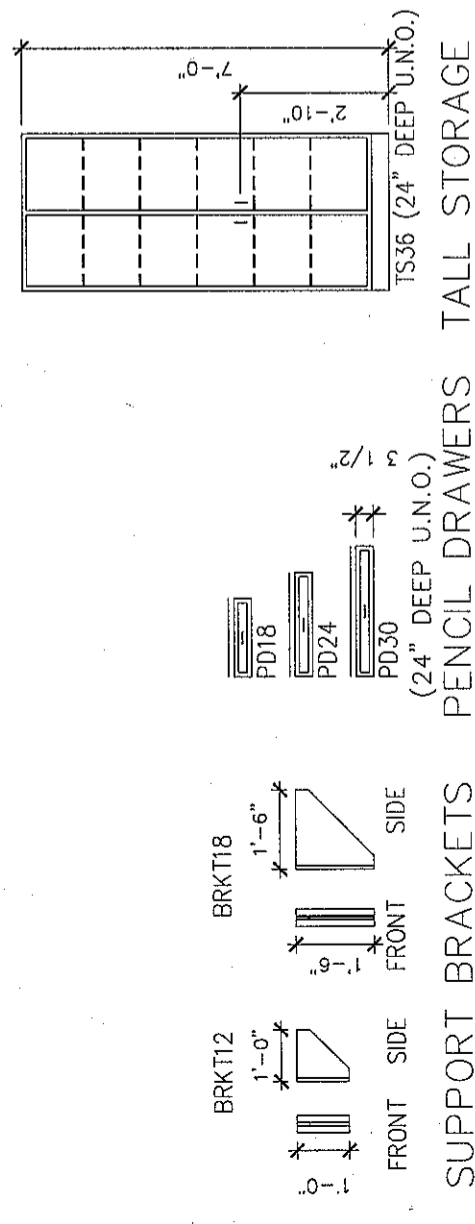
16" DEEP MICROWAVE SHELF

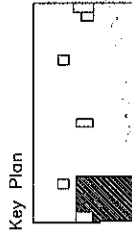
**MICROWAVE**

INDICATES CABINET STYLE IS USED

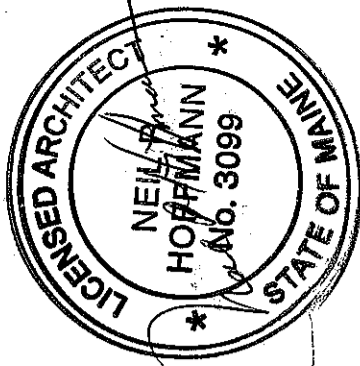
**GENERAL NOTES**

- ALL CABINET AND COUNTERTOP MATERIAL IS 3/4" THICK UNLESS NOTED OTHERWISE
- THE BOTTOM OF ALL DRAWERS IS 5/16" (8MM) ABOVE EITHER THE CABINET BOTTOM OR THE HORIZONTAL BRACES.
- WALL AND BASE CABINET BACKS AND DRAWER BOTTOMS ARE 1/4" THICK. ALL OTHER CABINET AND COUNTERTOP COMPONENTS ARE 3/4" THICK UNLESS NOTED OTHERWISE.
- ALL EXPOSED COUNTERTOP CORNERS ARE TO BE RADIUS





Revisions



Sheet

Casework  
Sections

Project

MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates  
Suite 120

Date

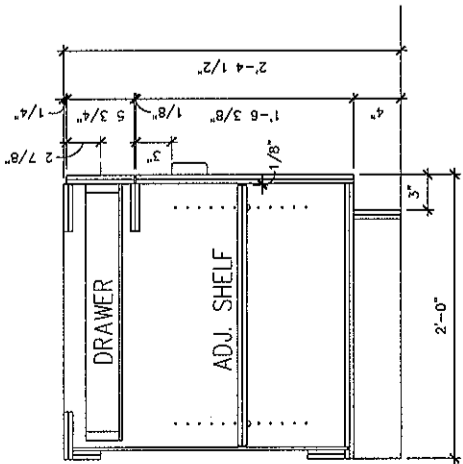
November 26, 2007

Project No.

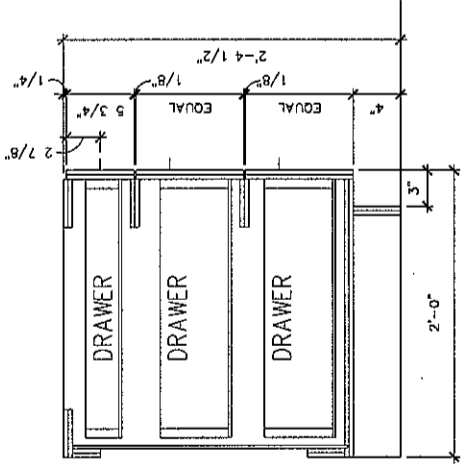
F07-5256.01

Sheet No.

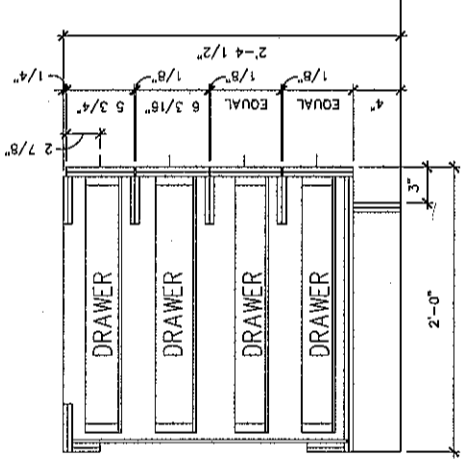
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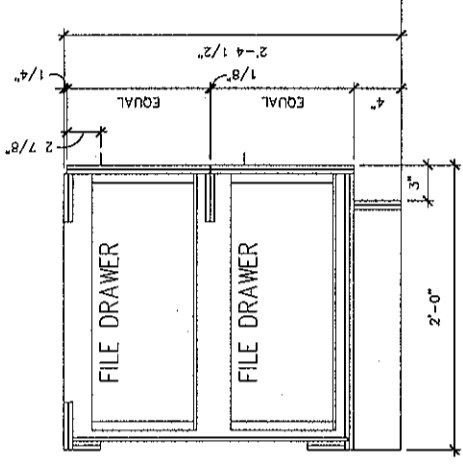
1 DOOR CABINET - BUSINESS  
SCALE: 3/4" = 1'-0"



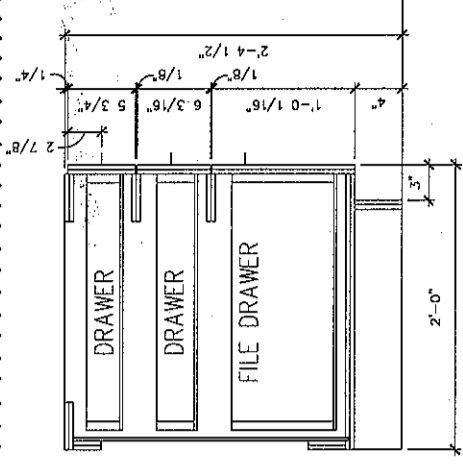
2 3 DRAWER - BUSINESS  
SCALE: 3/4" = 1'-0"



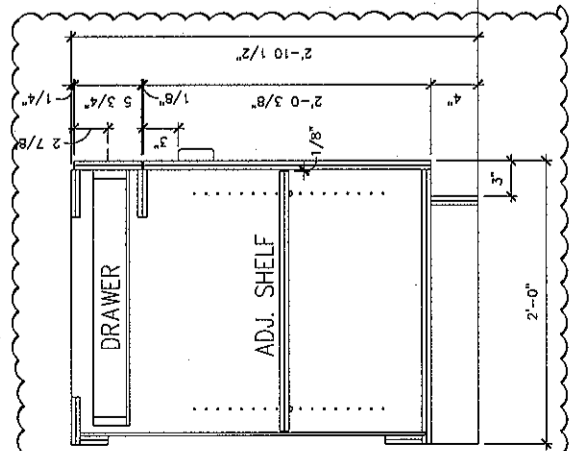
3 4 DRAWER - BUSINESS  
SCALE: 3/4" = 1'-0"



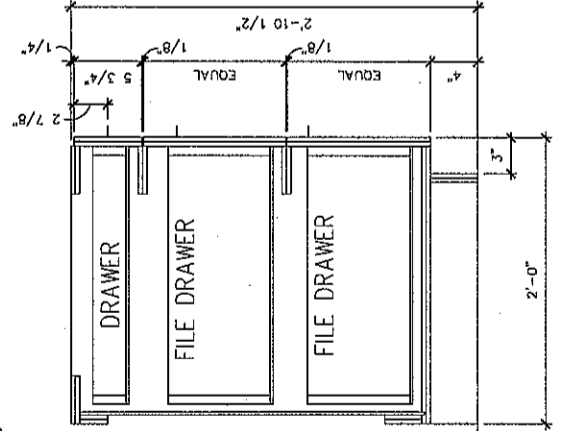
4 DOUBLE FILE - BUSINESS  
SCALE: 3/4" = 1'-0"



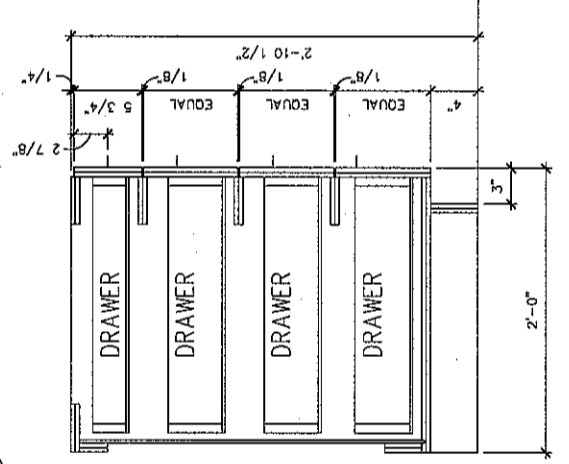
5 SINGLE FILE - BUSINESS  
SCALE: 3/4" = 1'-0"



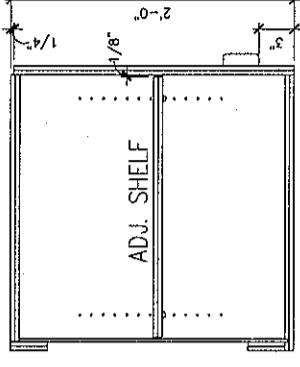
6 DOOR CABINET - LAB  
SCALE: 3/4" = 1'-0"



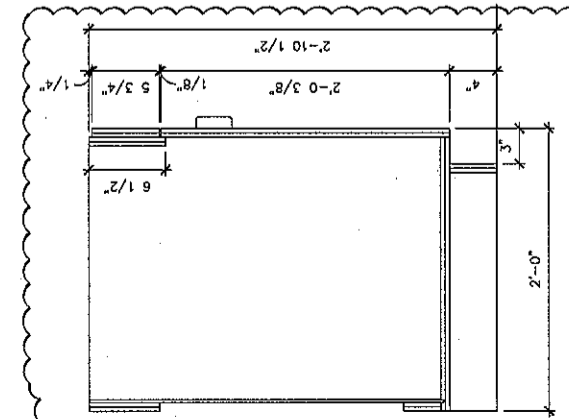
7 3 DRAWER - LAB  
SCALE: 3/4" = 1'-0"



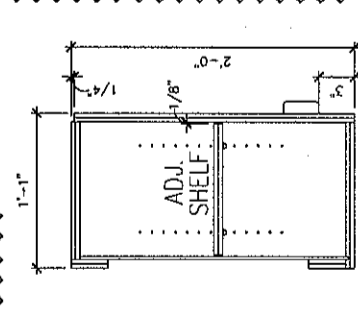
8 4 DRAWER - LAB  
SCALE: 3/4" = 1'-0"



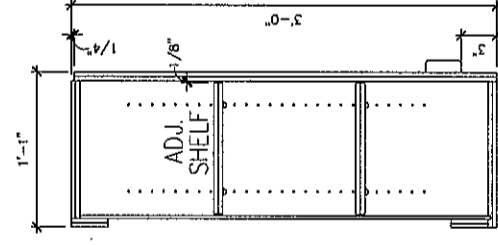
9 TRACER COMPUTER  
SPECIAL WALL CABINET  
SCALE: 3/4" = 1'-0"



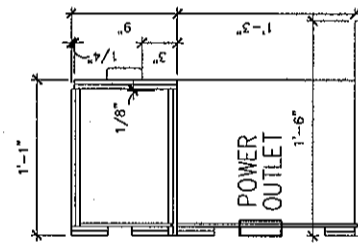
10 SINK BASE CABINET  
SCALE: 3/4" = 1'-0"



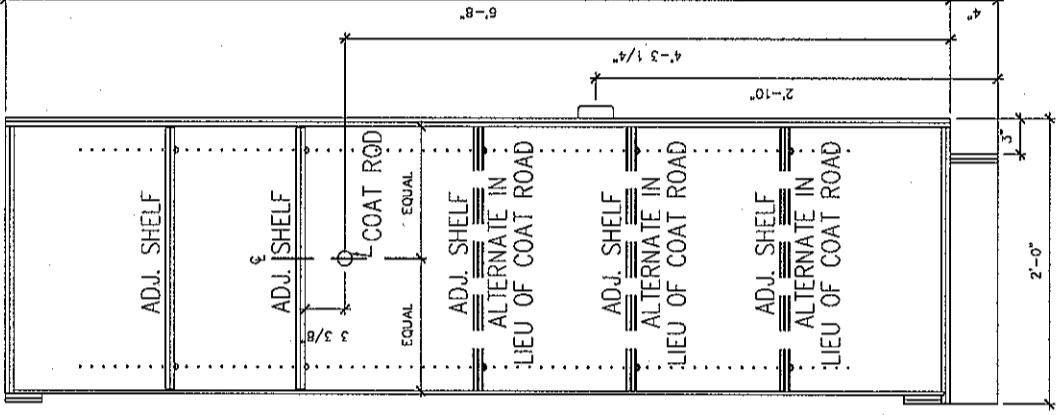
11 STANDARD  
WALL CABINET  
SCALE: 3/4" = 1'-0"



12 TALL  
WALL CABINET  
SCALE: 3/4" = 1'-0"



13 MICROWAVE  
WALL CABINET  
SCALE: 3/4" = 1'-0"

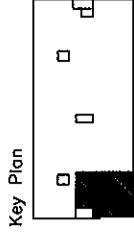


14 TALL STORAGE CABINET  
SCALE: 3/4" = 1'-0"

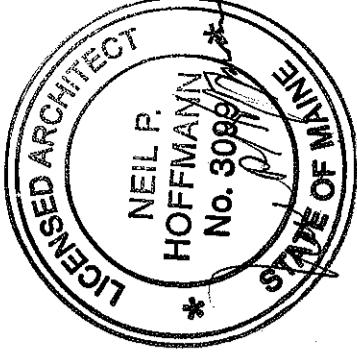


INDICATES CABINET STYLE IS USED

- GENERAL NOTES**
1. ALL CABINET AND COUNTERTOP MATERIAL IS 3/4" THICK UNLESS NOTED OTHERWISE.
  2. THE BOTTOM OF ALL DRAWERS IS 5/16" (8MM) ABOVE EITHER THE CABINET BOTTOM OR THE HORIZONTAL BRACES.
  3. WALL AND BASE CABINET BACKS AND DRAWER BOTTOMS ARE 1/4" THICK. ALL OTHER CABINET AND COUNTERTOP COMPONENTS ARE 3/4" THICK UNLESS NOTED OTHERWISE.
  4. ALL EXPOSED COUNTERTOP CORNERS ARE TO BE RADIUS.



Revisions



Sheet

Interior  
Elevations

Project

MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates  
Suite 120

Date

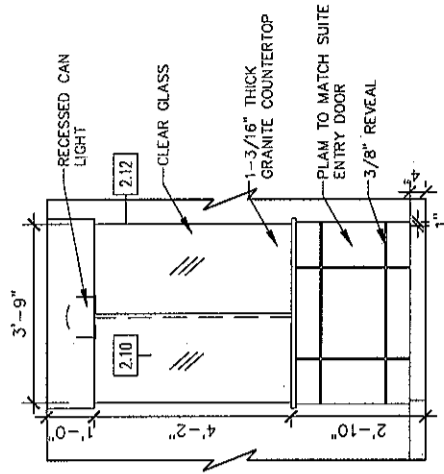
November 26, 2007

Project No.

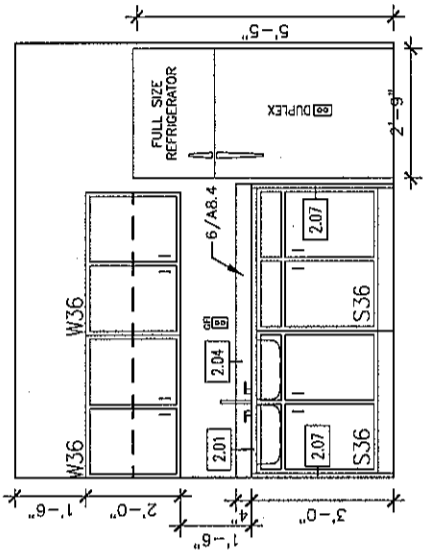
F07-5256.01

Sheet No.

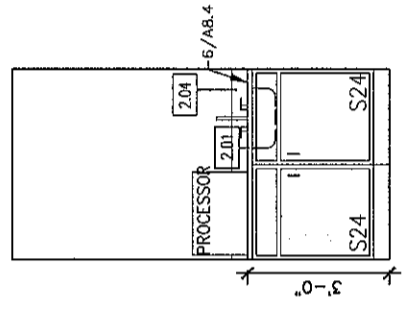
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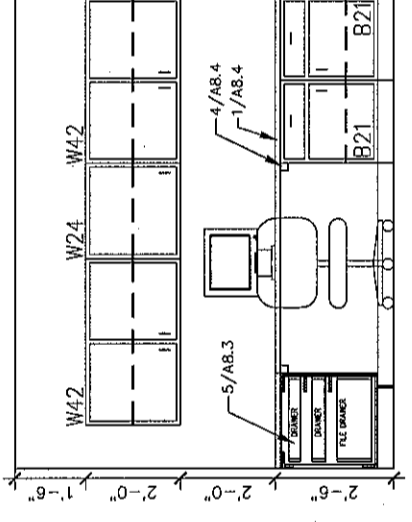
5 RECEPTION - PATIENT SIDE  
SCALE: 1/4" = 1'-0"



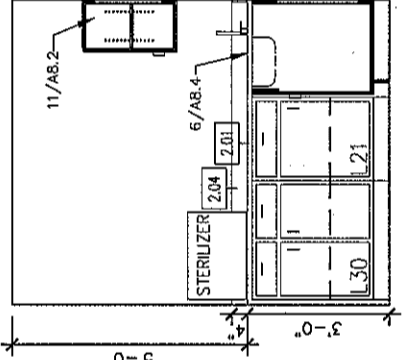
4 STAFF LOUNGE CASEWORK  
SCALE: 1/4" = 1'-0"



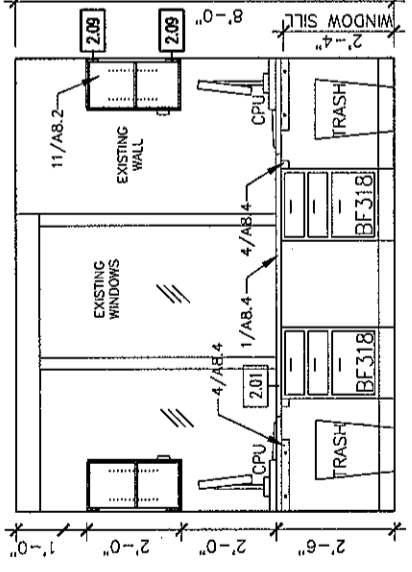
9 PROCESSING ROOM  
SCALE: 1/4" = 1'-0"



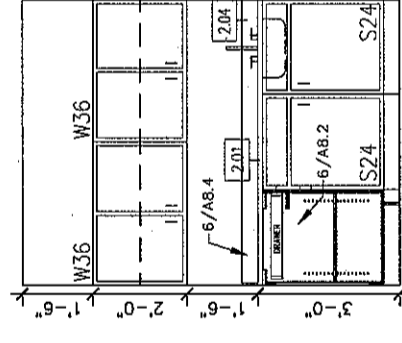
3 NURSE ROOM  
SCALE: 1/4" = 1'-0"



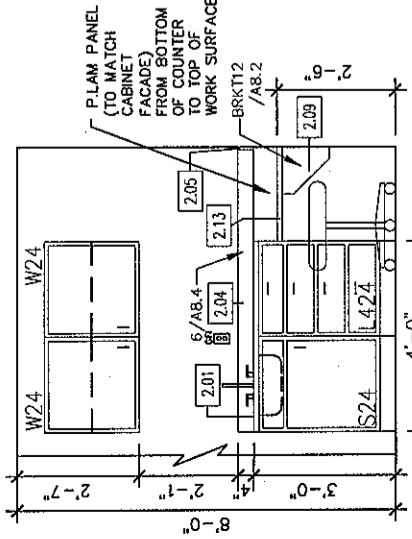
8 INSTRUMENT CLEAN-UP  
SCALE: 1/4" = 1'-0"



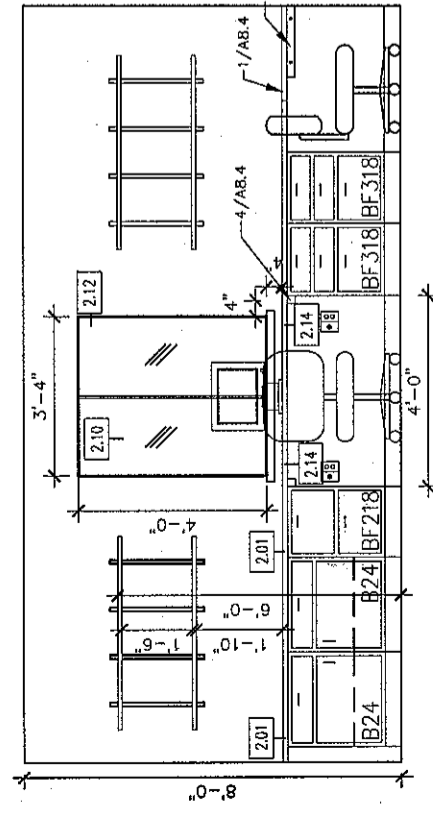
2 NURSE ROOM  
SCALE: 1/4" = 1'-0"



7 INSTRUMENT CLEAN-UP  
SCALE: 1/4" = 1'-0"



1 EXAM CASEWORK TYP.  
SCALE: 1/4" = 1'-0"



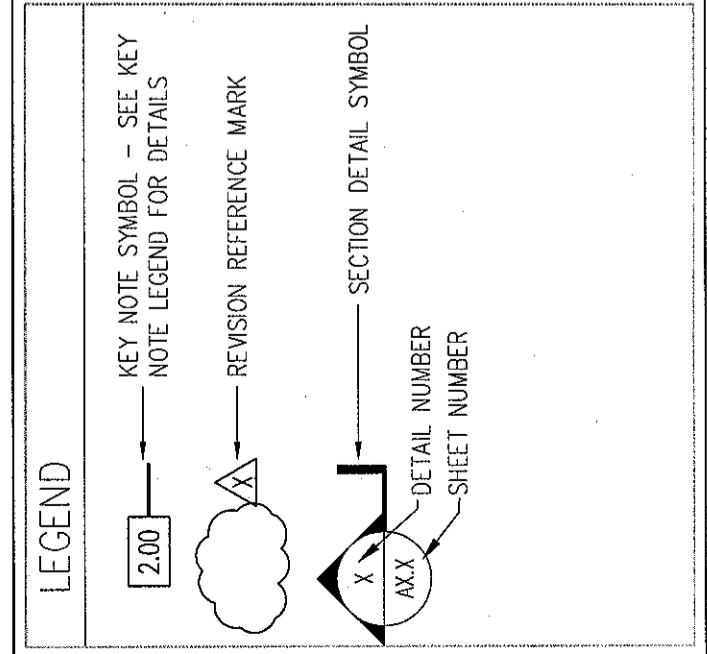
6 RECEPTION - OFFICE SIDE  
SCALE: 1/4" = 1'-0"

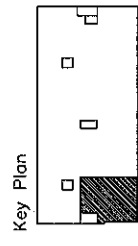
### GENERAL NOTES

1. PLASTIC LAMINATE CABINETS SHALL BE PL-\*\*\*\*, FORMICA #\*\*\*\*\*, UNLESS NOTED OTHERWISE
2. PLASTIC LAMINATE COUNTERTOPS SHALL BE PL-\*\*\*\*, FORMICA #\*\*\*\*\*, UNLESS NOTED OTHERWISE
3. PROVIDE END SPLASH AT WALL AT COUNTERTOPS WITH BACKSPLASHES AND SINKS
4. DIMENSIONS ARE FACE TO FACE (NOMINAL) OF FINISH MATERIAL, UNLESS NOTED OTHERWISE
5. BASE FINISH MATERIAL AND ELECTRICAL DEVICES ARE NOT INDICATED FOR DRAWING CLARITY

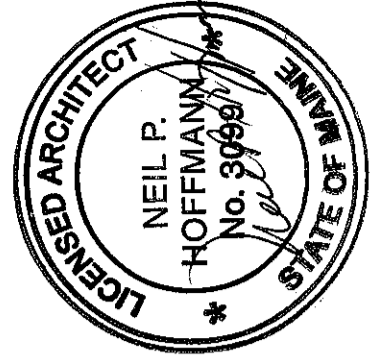
### KEY NOTE LEGEND

2.01	PLASTIC LAMINATE COUNTERTOP	2.11	UNDERCOUNTER REFRIGERATOR SPACE
2.02	3-1/2" PLASTIC LAMINATE APRON	2.12	GYPSUM BOARD CASED OPENING
2.03	3-1/2" PLASTIC LAMINATE VALANCE	2.13	12" PLASTIC LAMINATE WRITING SURFACE
2.04	4" PLASTIC LAMINATE BACKSPLASH	2.14	GROMMET HOLE IN COUNTERTOP
2.05	4" PLASTIC LAMINATE SIDESPLASH	2.15	CAM LOCK
2.06	PLASTIC LAMINATE END PANEL	2.16	SPECIMEN PASS THRU CABINET
2.07	PLASTIC LAMINATE FILLER PANEL		
2.08	1'-4" PLASTIC LAMINATE SUPPORT BRACKET		
2.09	1'-0" PLASTIC LAMINATE SUPPORT BRACKET		
2.10	SLIDING GLASS RECEPTION COUNTER		





Revisions



Sheet  
Casework and  
Countertop  
Details

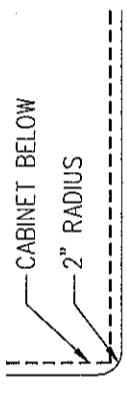
Project  
MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates

Suite 120

Date  
November 26, 2007

Project No.  
F07-5256.01

Sheet No.  
A8.4



2 COUNTERTOP PLAN  
SCALE: 1 1/2" = 1'-0"

DETAIL NOT USED

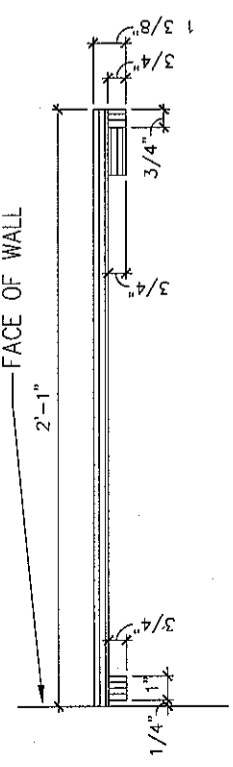
5 TYPICAL UPPER CABINET CORNER  
SCALE: 1 1/2" = 1'-0"

DETAIL NOT USED

7 TYPICAL LOWER CABINET CORNER  
SCALE: 1 1/2" = 1'-0"

GENERAL NOTES

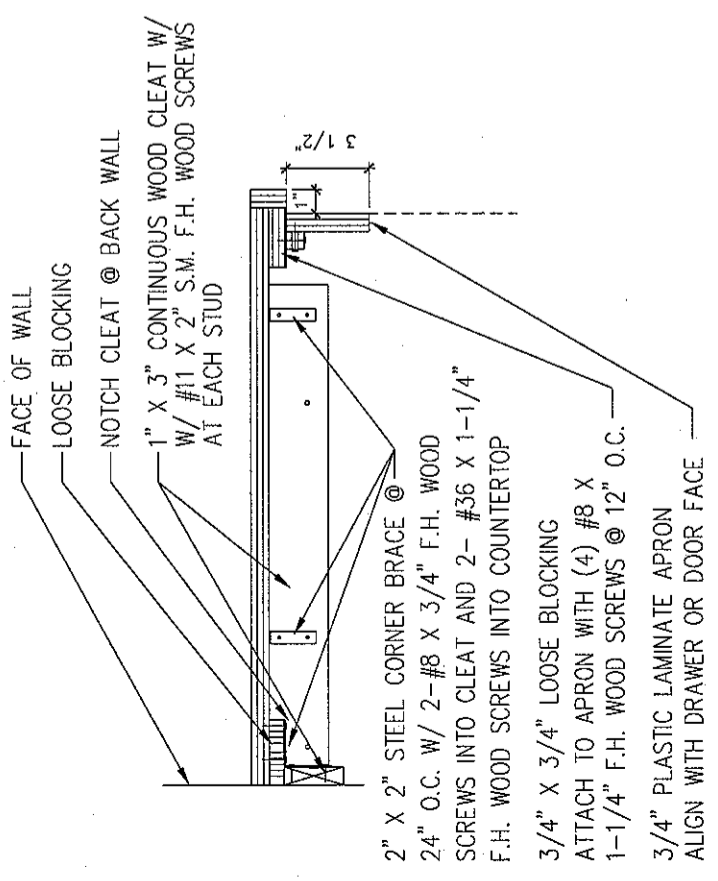
1. ALL CABINET AND COUNTERTOP MATERIAL IS 3/4" THICK UNLESS NOTED OTHERWISE
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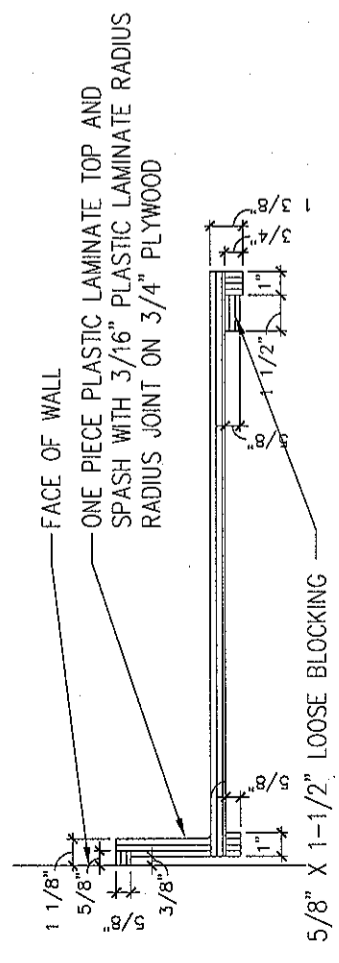
1 TYPICAL BUSINESS COUNTERTOP  
SCALE: 1 1/2" = 1'-0"

DETAIL NOT USED

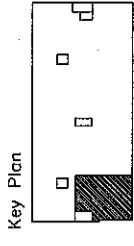
3 PENCIL DRAWER  
SCALE: 1 1/2" = 1'-0"



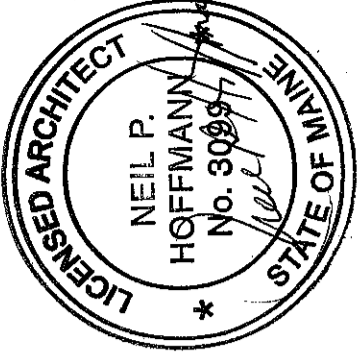
4 WALL BRACE / APRON  
SCALE: 1 1/2" = 1'-0"



6 TYPICAL SINK  
SCALE: 1 1/2" = 1'-0"



Revisions

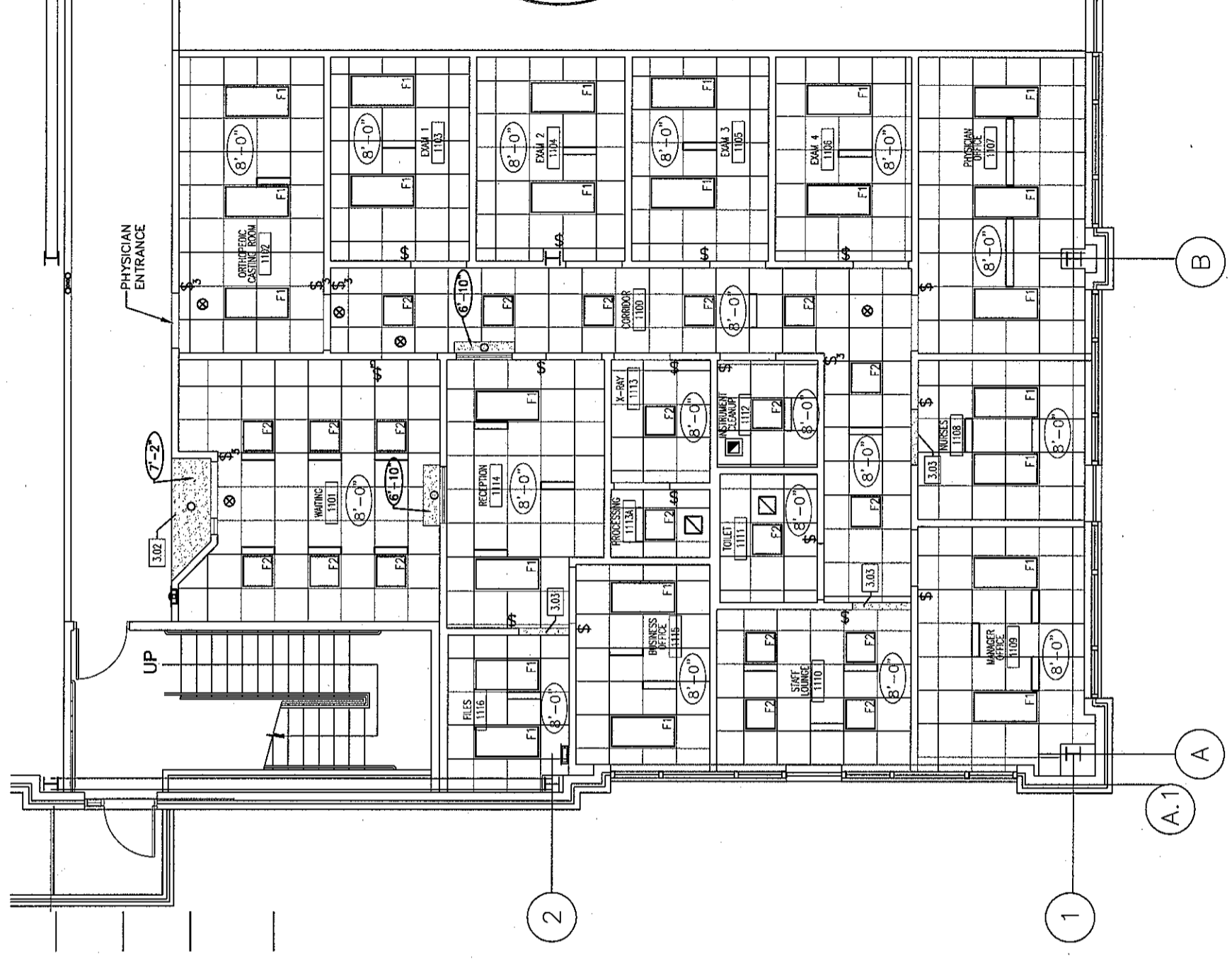


Sheet  
Reflected Ceiling  
Plan

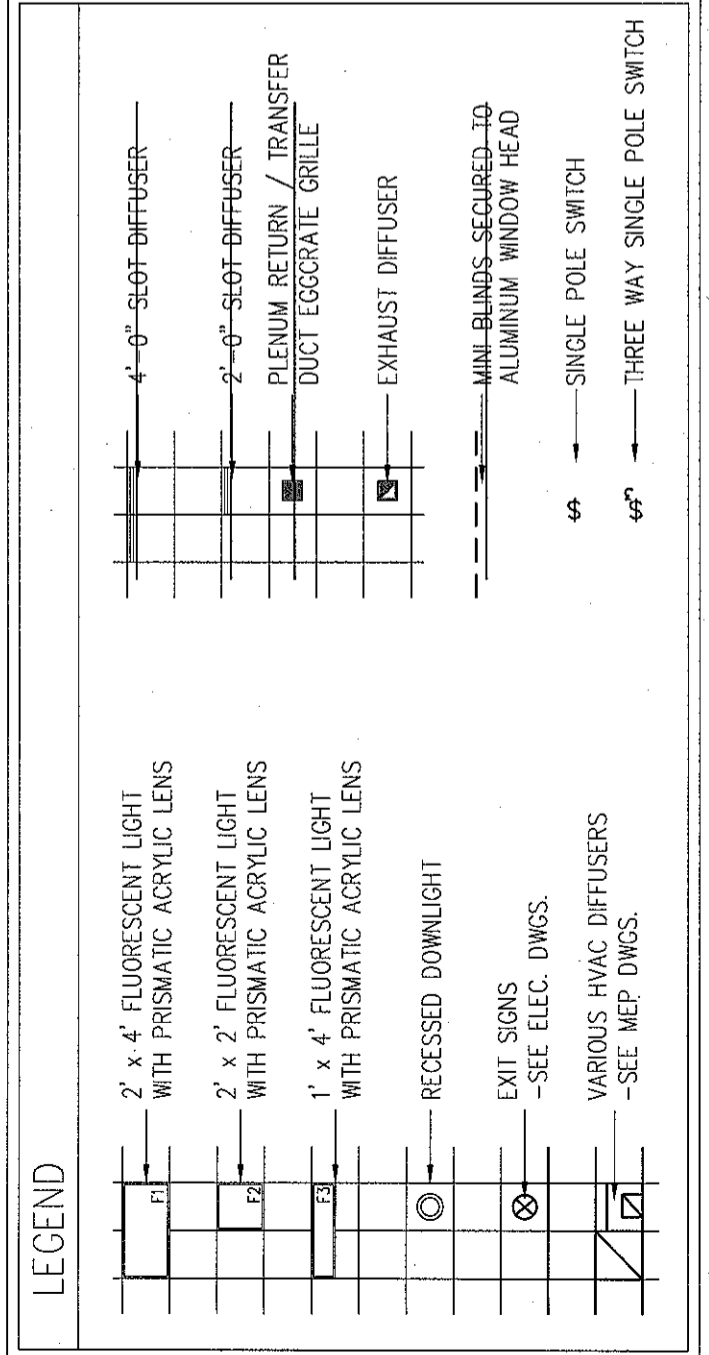
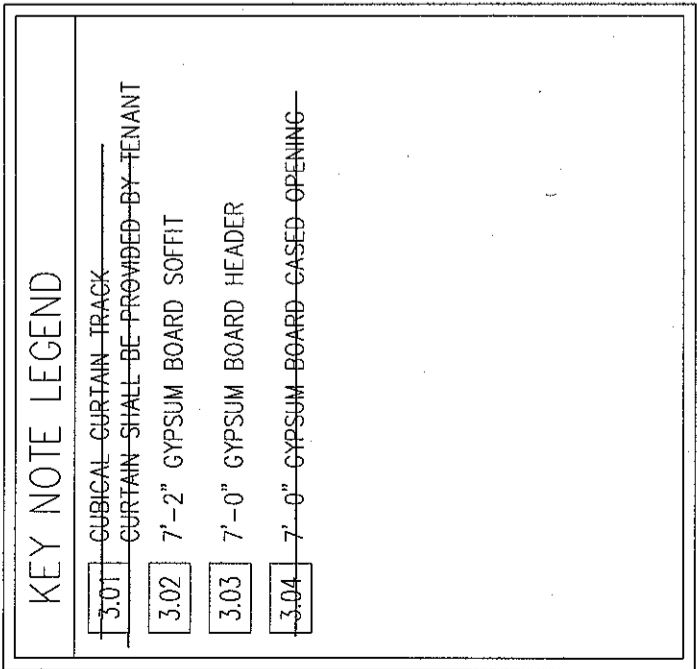
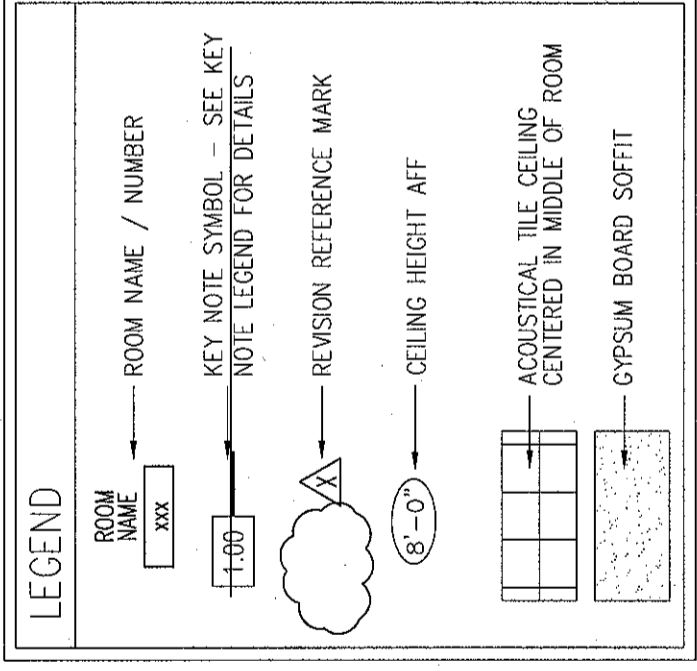
Project  
MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates  
Suite 120

Date  
November 26, 2007  
Project No.  
F07-5256.01  
Sheet No.

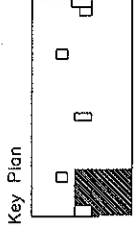
A9.1



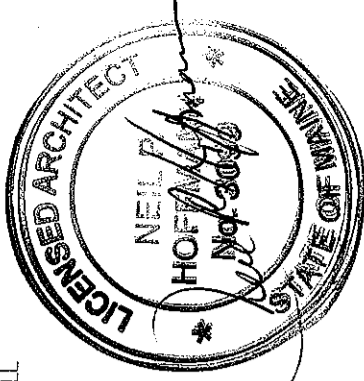
1 FLOOR PLAN  
SCALE: 1/8" = 1'-0"







Revisions



Sheet

**Partition Types and Details**

Project

**MERCY HOSPITAL**  
 Medical Office Bldg.  
 Portland, Maine  
 Ankle and Foot Associates  
 Suite 120

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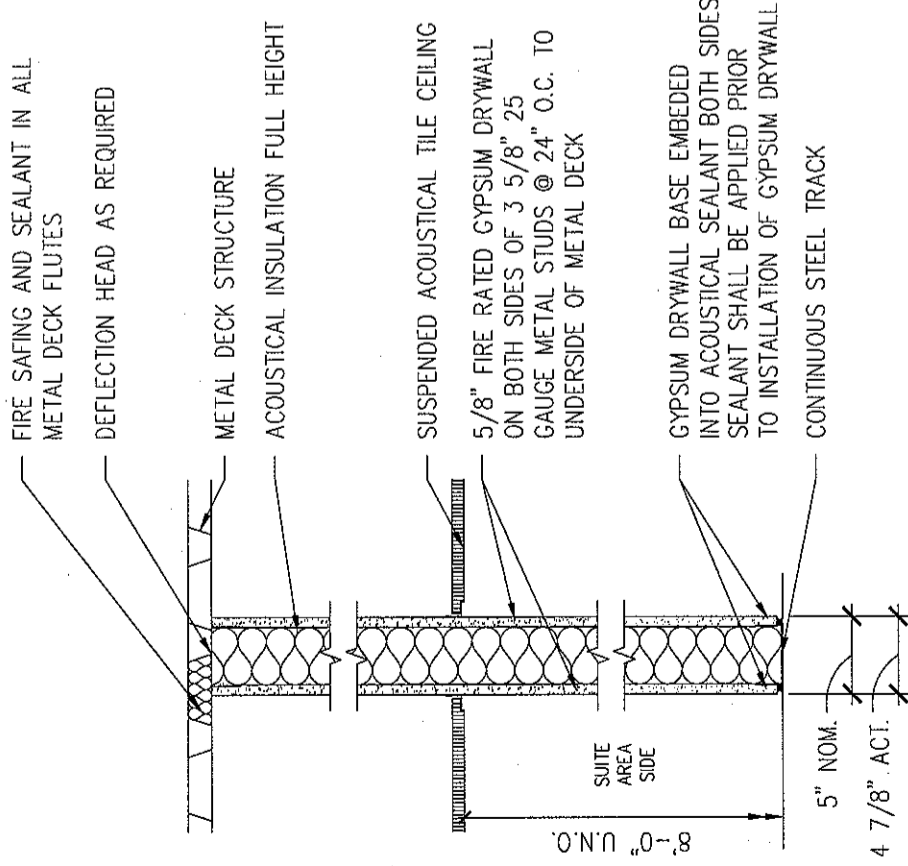
November 26, 2007

Project No.

F07-5256.01

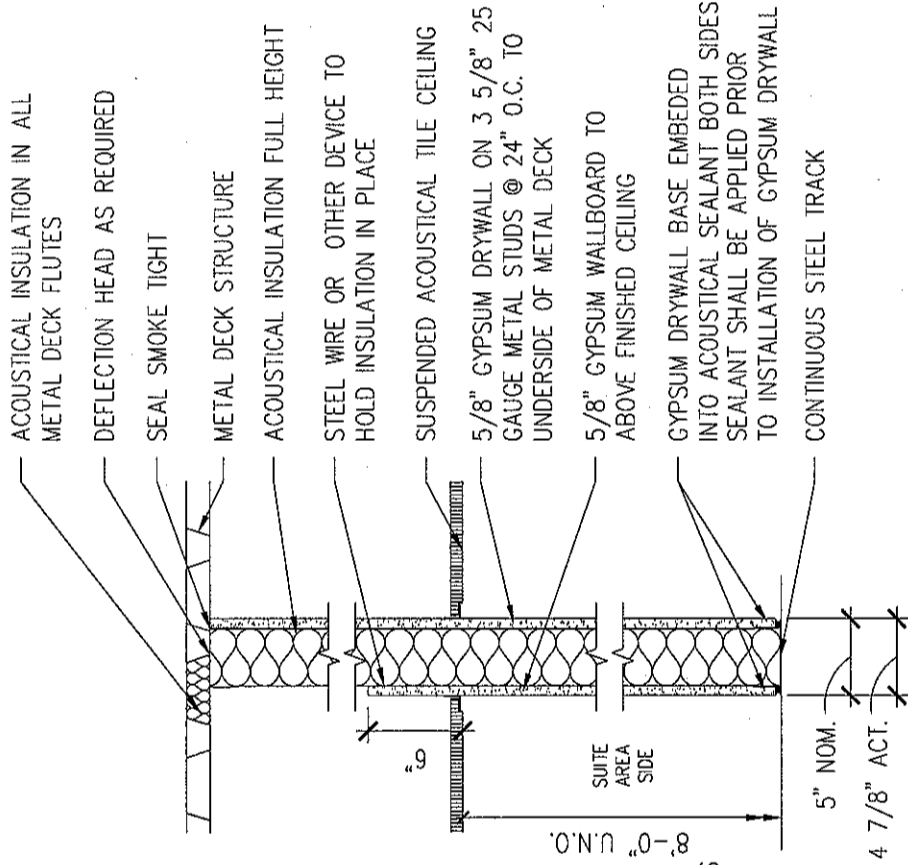
Sheet No.

**A10.1**



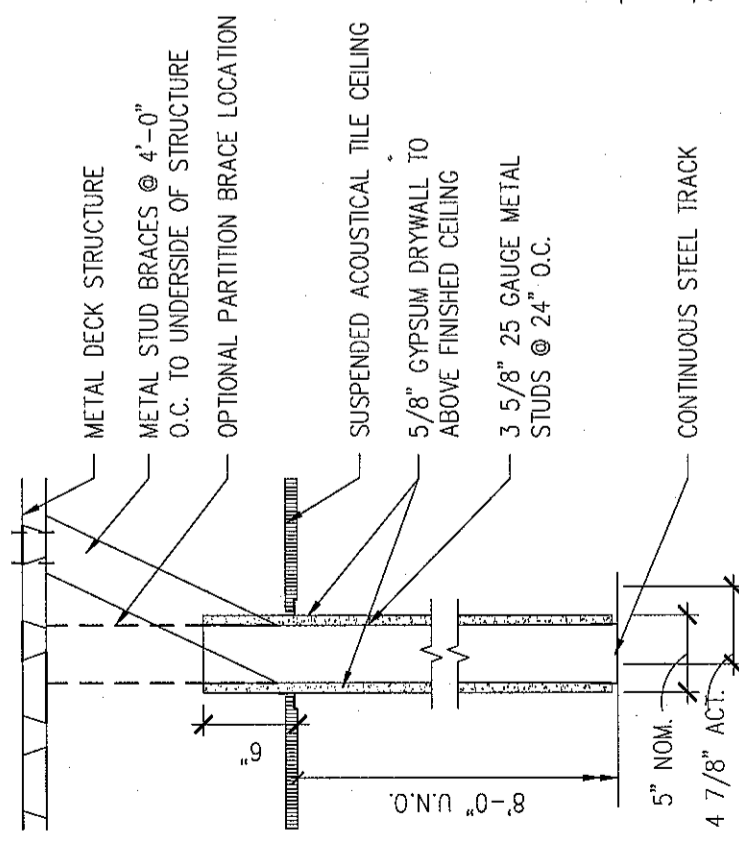
**(B) ONE HOUR RATED PARTITION**

SCALE: 1" = 1'-0" MUST MEET UL NO. U465 OR EQUAL



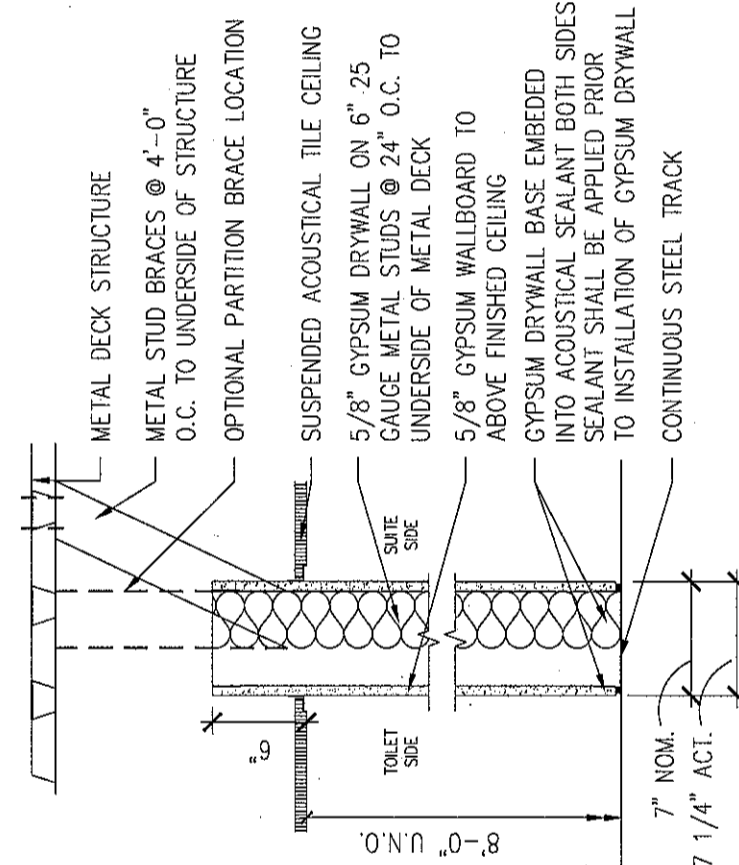
**(C) FULL HEIGHT PARTITION**

SCALE: 1" = 1'-0"



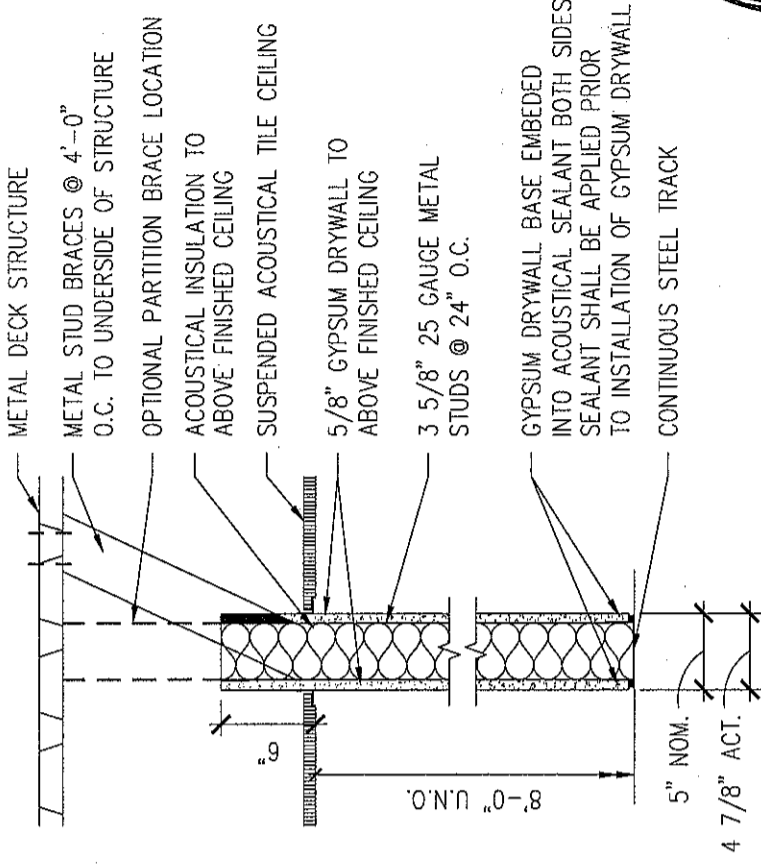
**(G) CEILING HEIGHT PARTITION**

SCALE: 1" = 1'-0"



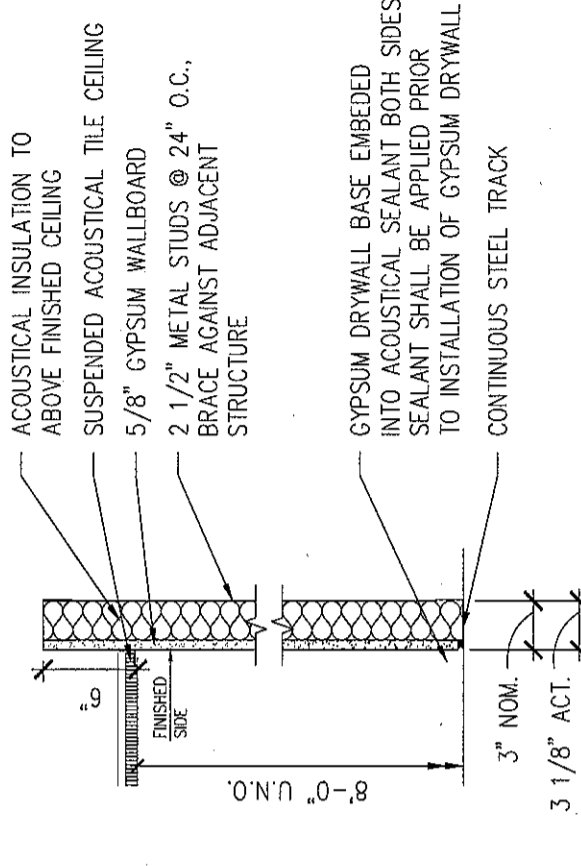
**(H) FULL HEIGHT CHASE PARTITION**

SCALE: 1" = 1'-0"



**(F) CEILING HEIGHT INSULATED PARTITION**

SCALE: 1" = 1'-0"



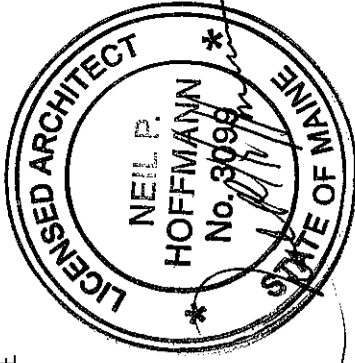
**(J) INSULATED FURRING PARTITION**

SCALE: 1" = 1'-0"





Revisions



Sheet

**Partition Types and Details**

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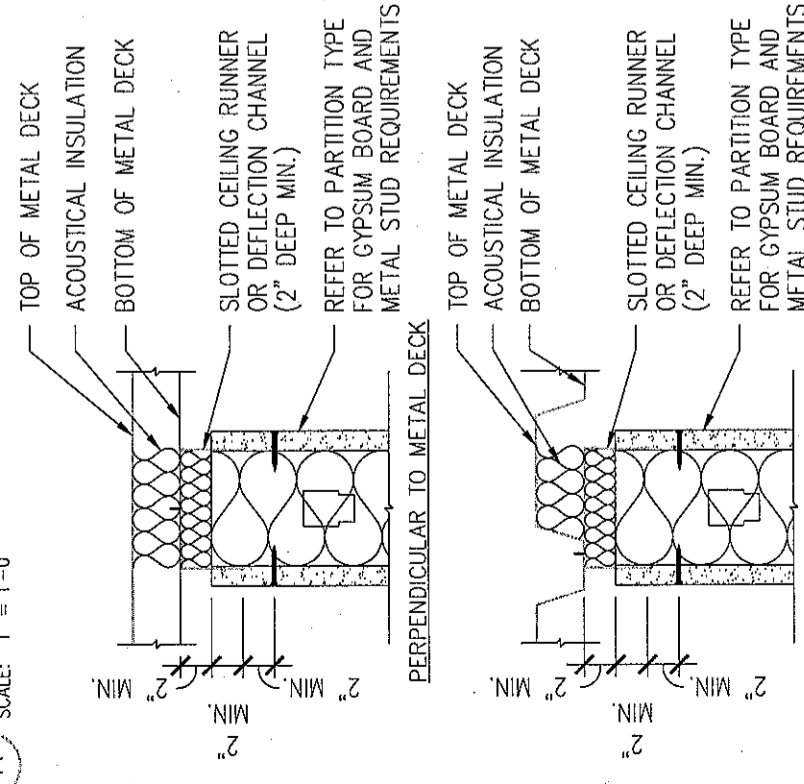
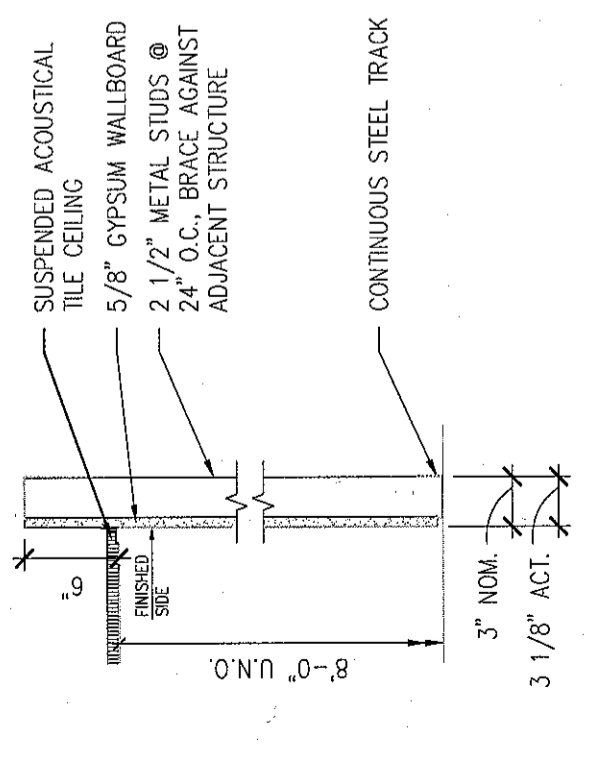
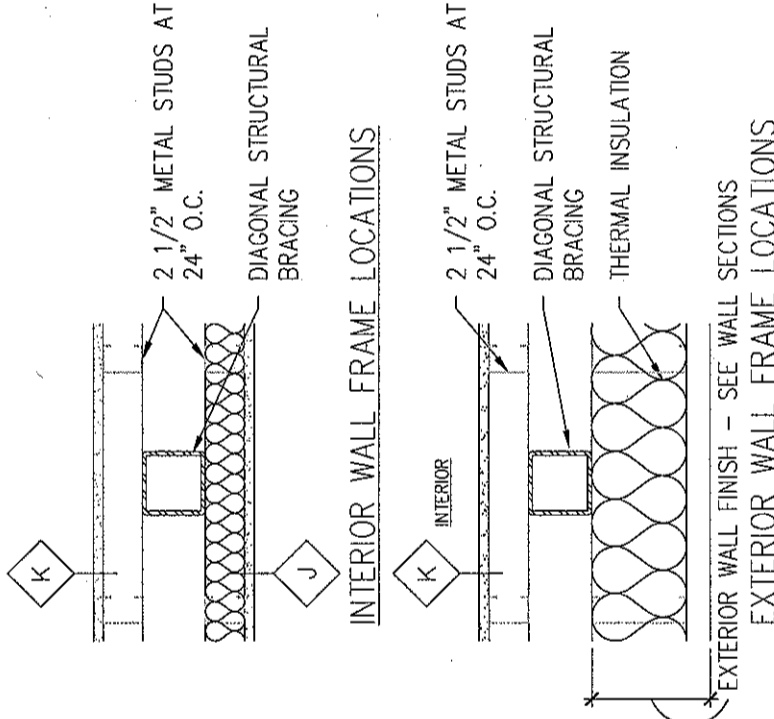
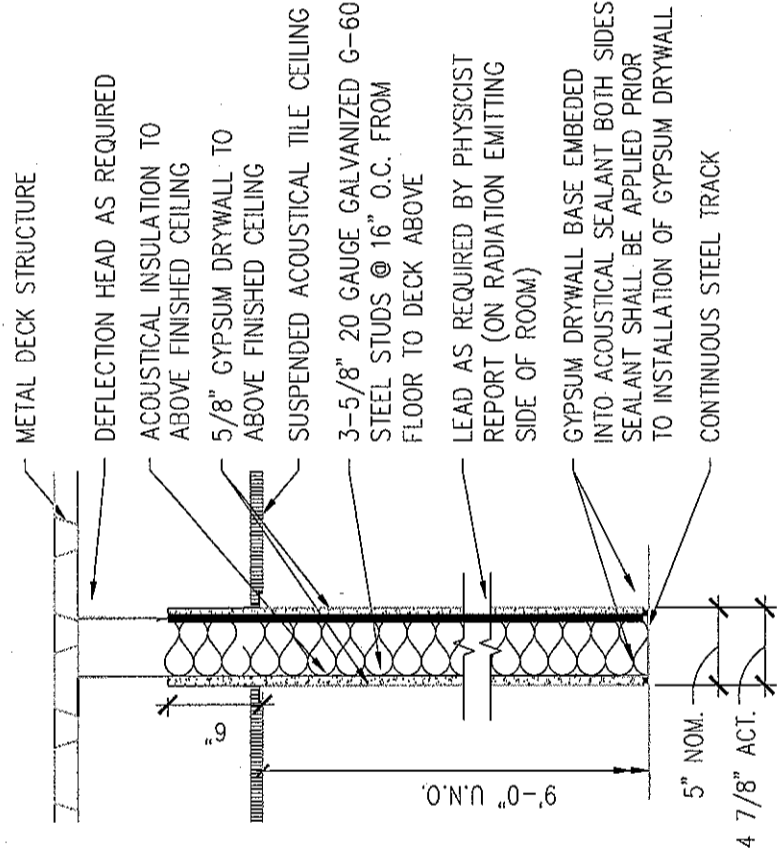
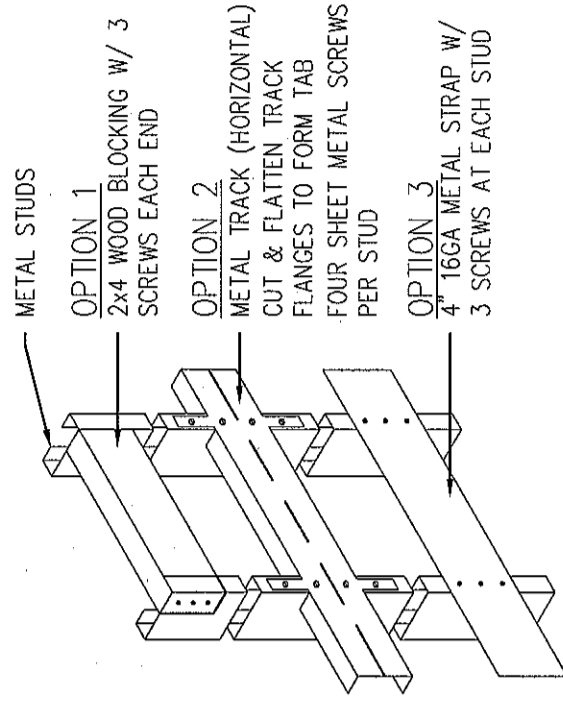
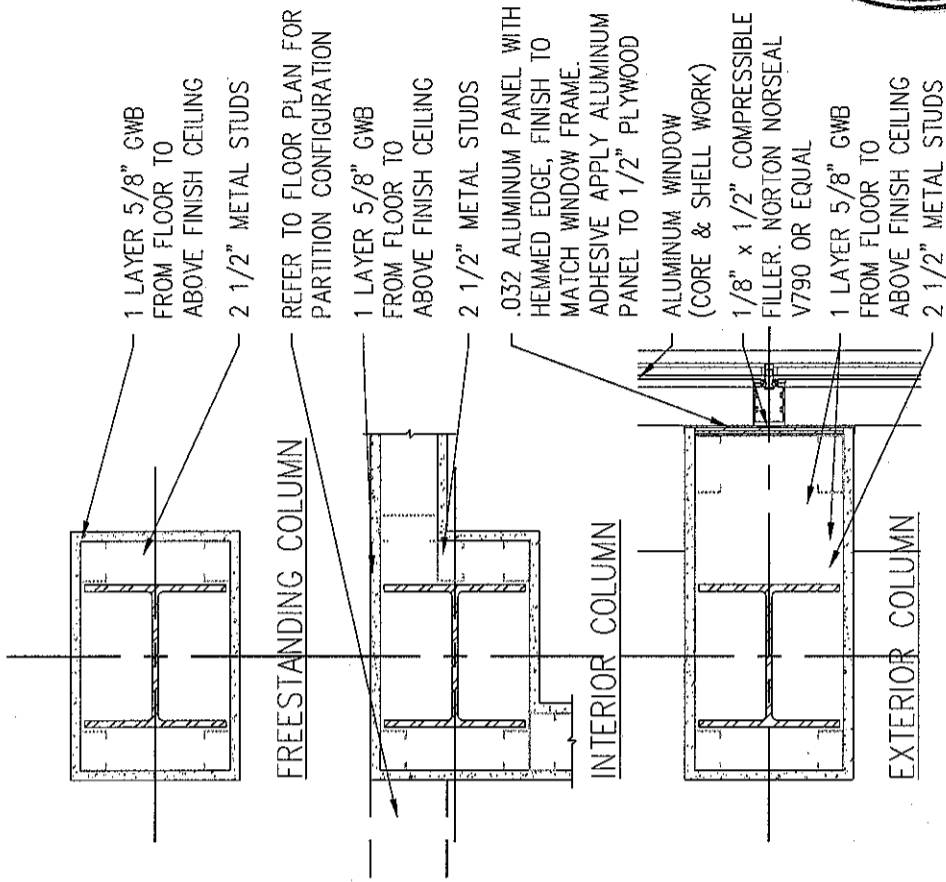
November 26, 2007

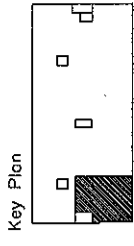
Project No.

F07-5256.01

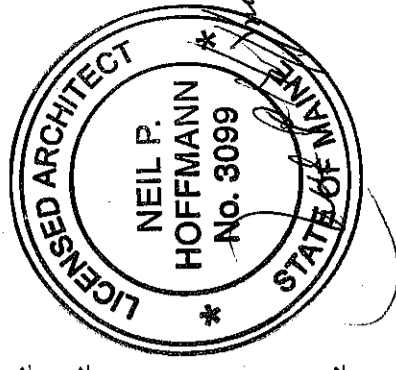
Sheet No.

**A10.2**





Revisions



Sheet  
Interior Details

Project  
MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
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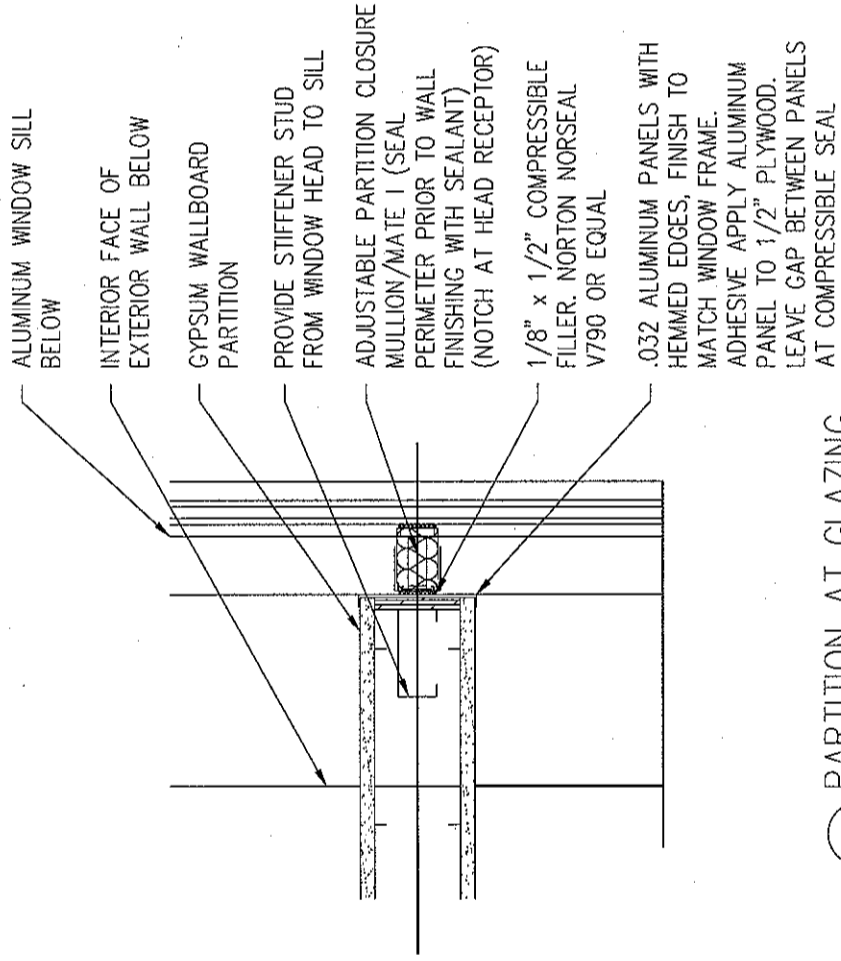
Suite 120

Date  
November 26, 2007

Project No.  
F07-5256.01

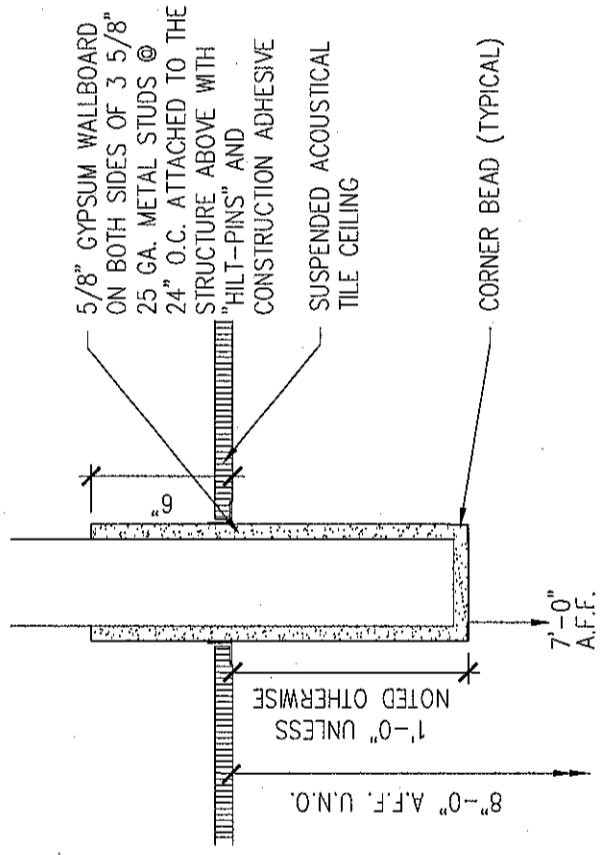
Sheet No.

A10.3



2 PARTITION AT GLAZING

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



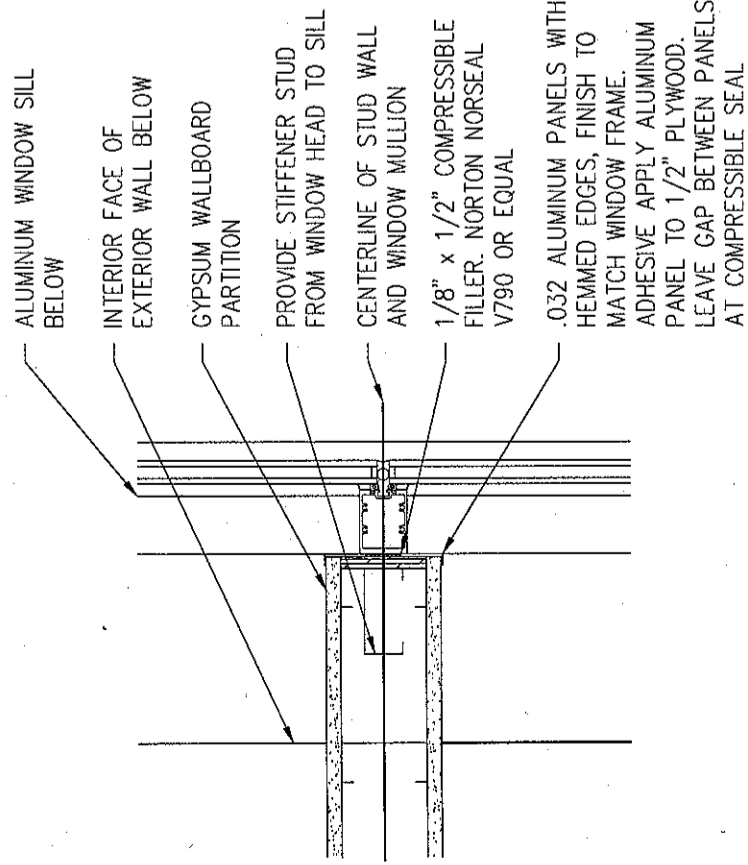
4 DROPPED HEADER

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

DETAIL NOT USED

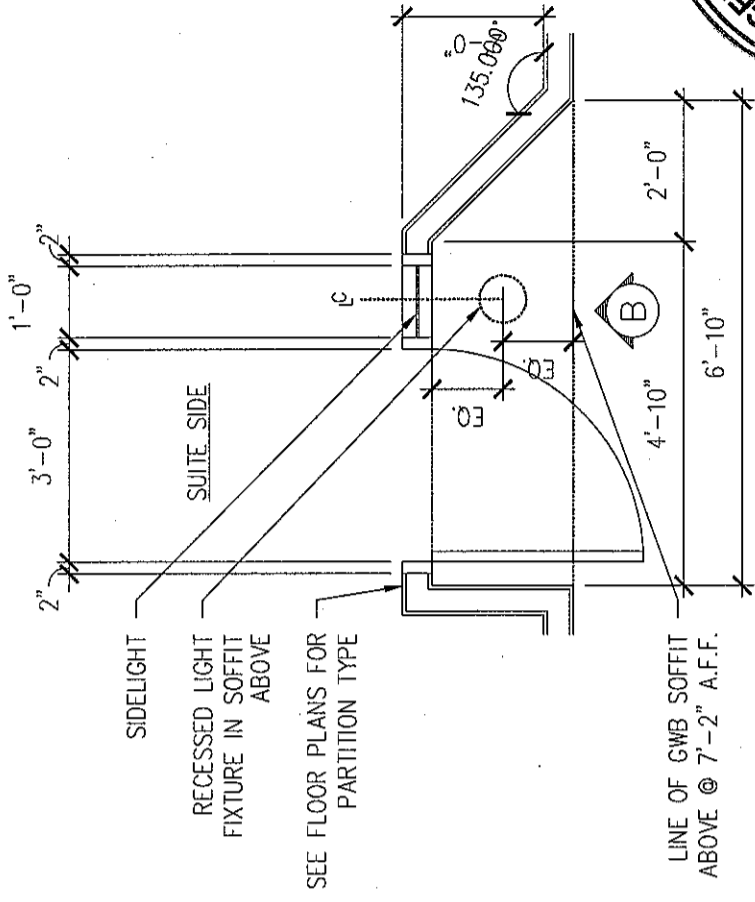
1 PARTITION TO MULLION

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



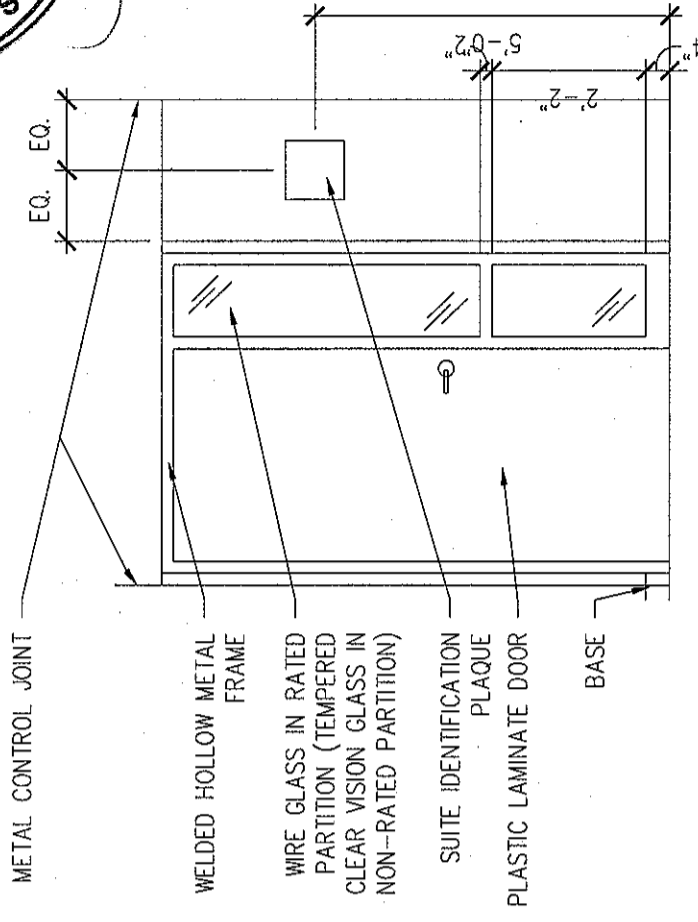
3 PARTITION AT MULLION

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



PUBLIC CORRIDOR

PLAN-A



ELEVATION-B

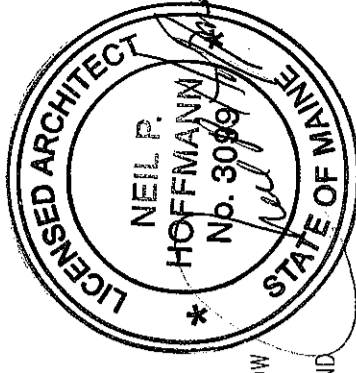
5 RECESSED SUITE ENTRY

SCALE: 3/8" = 1'-0"

Key Plan



Revisions



Sheet

Interior Details

Project

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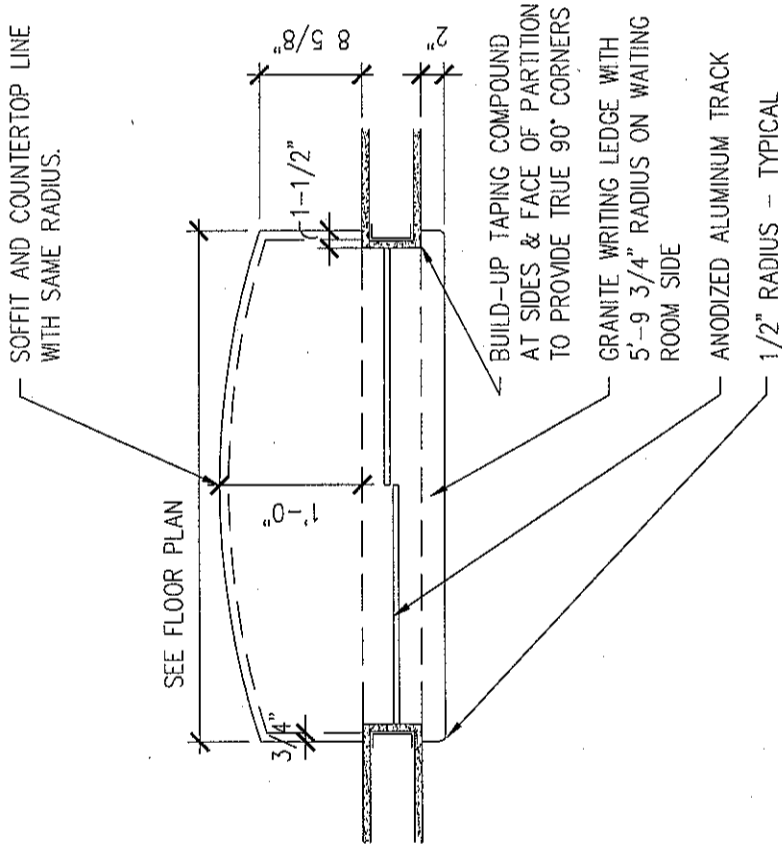
November 26, 2007

Project No.

F07-5256.01

Sheet No.

A10.4



DETAIL NOT USED

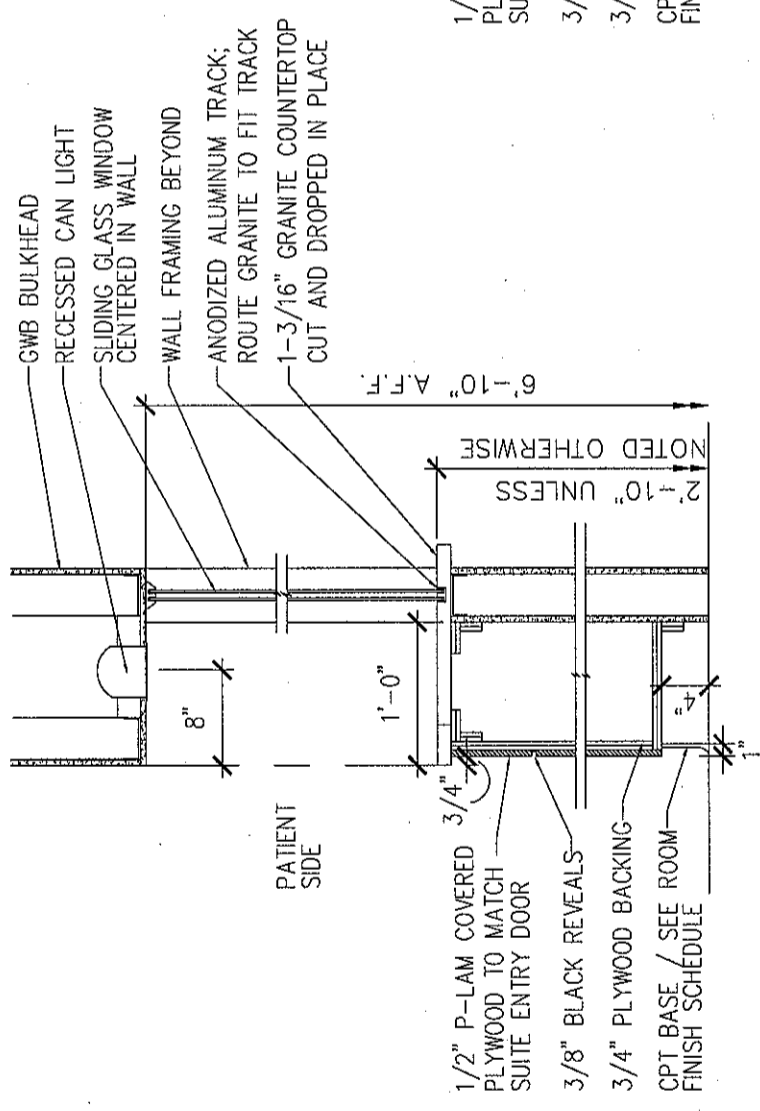
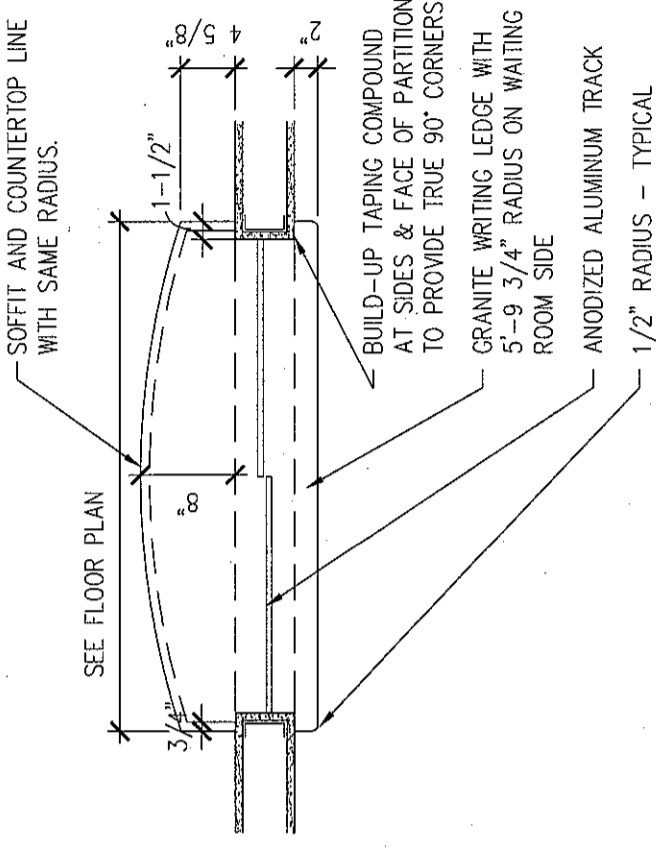
1 NURSE STATION COUNTER  
SCALE: 3/4" = 1'-0"

DETAIL NOT USED

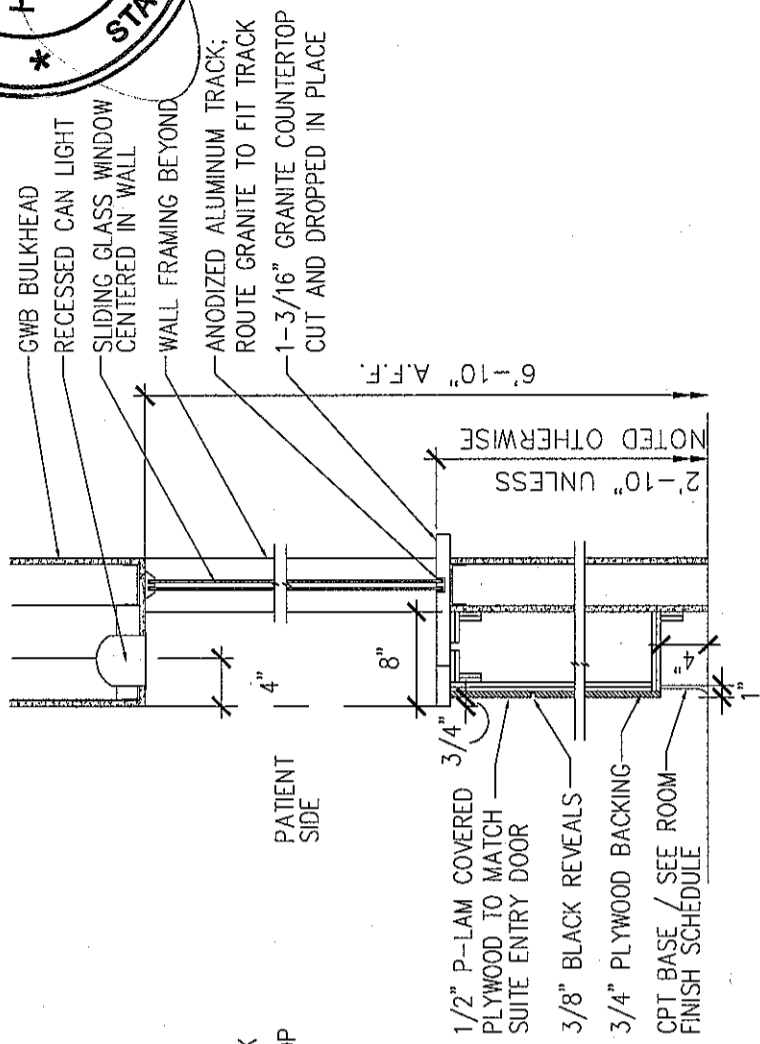
2 COAT RACK  
SCALE: 3/4" = 1'-0"

DETAIL NOT USED

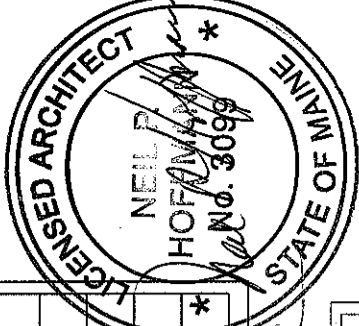
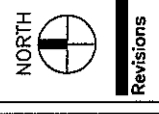
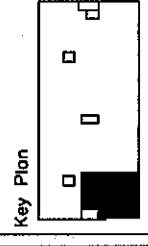
3 WALL BRACE  
SCALE: 1-1/2" = 1'-0"



4 CHECK-IN COUNTER  
SCALE: 3/4" = 1'-0"

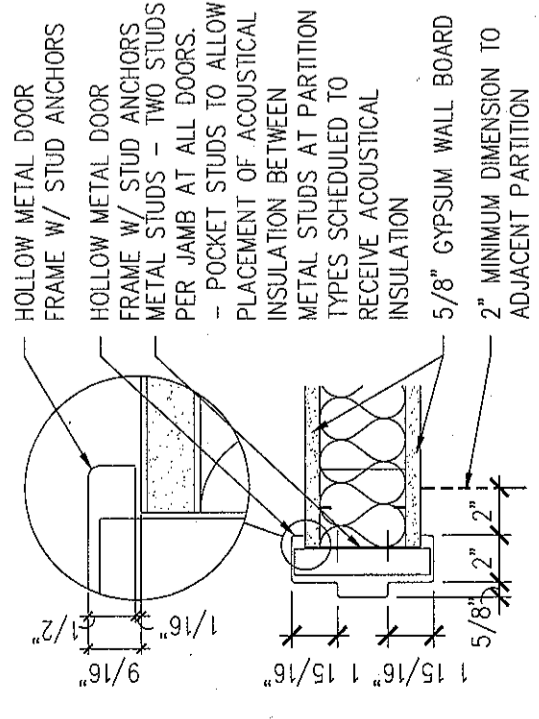


5 CHECK-OUT COUNTER  
SCALE: 3/4" = 1'-0"

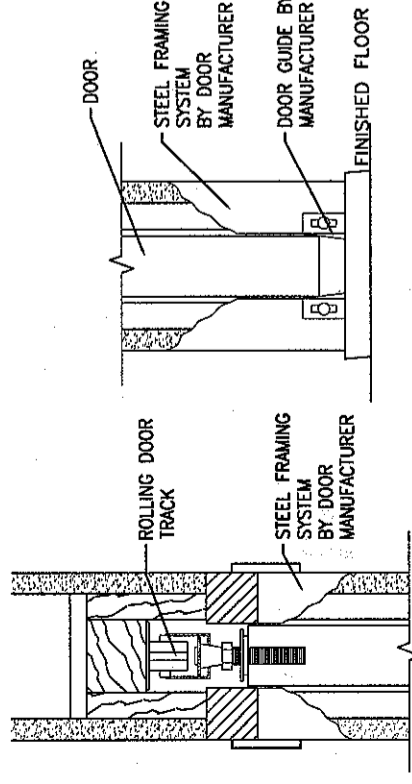


**DOOR SCHEDULE**

DOOR NUMBER	ROOM NAME	DOOR		FRAME		DETAIL	LIGHT	LOUVER	HDWR SET	NOTES
		TYPE	MAT'L	TYPE	MAT'L					
1101-1	WAITING	A	WD	2	HM	3	YES	---	A	
1101-2	WAITING	A	WD	1	HM	3		---	F	
1102-1	ORTHOPEdic CASTING ROOM	A	WD	1	HM	3		---	A	DOC. ENTRANCE
1102-2	ORTHOPEdic CASTING ROOM	A	WD	1	HM	3		---	F	COAT HOOK
1103	EXAM 1	A	WD	1	HM	3		---	F	COAT HOOK
1104	EXAM 2	A	WD	1	HM	3		---	F	COAT HOOK
1105	EXAM 3	A	WD	1	HM	3		---	F	COAT HOOK
1106	EXAM 4	A	WD	1	HM	3		---	F	COAT HOOK
1107	PHYSICIAN OFFICE	A	WD	1	HM	3		---	C	COAT HOOK
1109	MANAGER OFFICE	A	WD	1	HM	3		---	D	COAT HOOK
1110	STAFF LOUNGE	NO	DOOR	--	--	--		---	--	
1111	TOILET	A	WD	1	HM	3		---	D	COAT HOOK
1112	INSTRUMENT CLEANING	A	WD	*	*	2		---	--	* POCKET
1113-1	X-RAY	NO	DOOR	1	HM	--		---	--	
1113-2	PROCESSING	A	WD	1	HM	3		---	--	
1114	RECEPTION	A	WD	1	HM	3		---	C	COAT HOOK
1115	BUSINESS OFFICE	A	WD	1	HM	3		---	C	COAT HOOK
1116	FILE ROOM	NO	DOOR	--	--	--		---	--	*



**3 DOOR DETAIL**  
SCALE: 1-1/2" = 1'-0"



**2 POCKET DOOR DETAIL**  
SCALE: 1-1/2" = 1'-0"

**HEAD DETAIL AT POCKET DOOR**

**SILL DETAIL AT POCKET DOOR**

**ABBREVIATIONS LEGEND:**

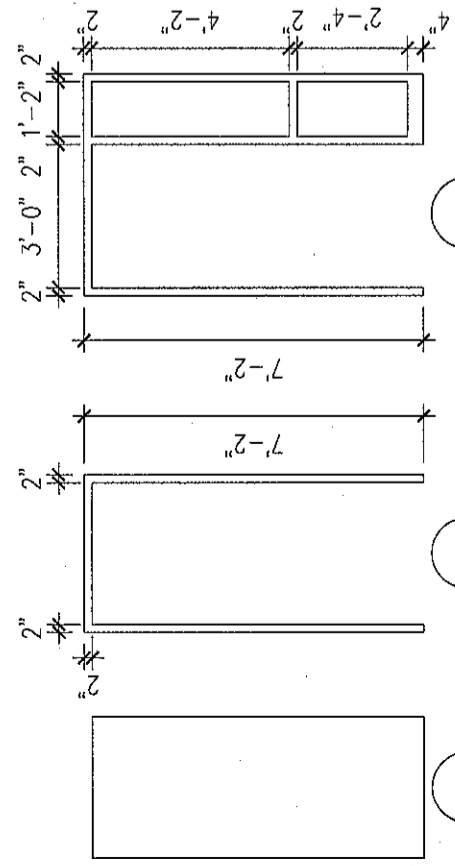
- PL PLASTIC LAMINATE
- PT PAINT
- HM HOLLOW METAL
- AL ALUMINUM
- PREF PREFINISHED
- WD WOOD

**GENERAL NOTES**

1. HOLLOW METAL DOOR AND WINDOW FRAMES IN CORRIDOR WALLS SHALL BE PAINTED TO MATCH SHELL AND CORE HOLLOW METAL FRAMES.
2. ALL OTHER HOLLOW METAL DOOR AND WINDOW FRAMES IN TENANT SUITE SHALL BE PAINTED TO MATCH RUBBER BASE COLOR.
3. PROVIDE COAT HOOK MOUNTED AT 3'-4" ABOVE FINISHED FLOOR. MAX. HEIGHT IS 48"

**DOOR HARDWARE SETS**

- HARDWARE SET A (SUITE ENTRY)**
  - (1) SUITE ENTRANCE LOCKSET
  - (1 1/2) PR - BALL BEARING BUTT HINGES
  - (1) FLOOR STOP
  - (1) CLOSER
- HARDWARE SET B (FILE, STOR., LAB., MED.)**
  - (1) STORAGE LOCK SET
  - (1 1/2) PR - STANDARD BUTT HINGES
  - (1) WALL OR FLOOR STOP
- HARDWARE SET C (RECEPTION, PHYSICIAN OFFICE)**
  - (1) OFFICE LOCK SET
  - (1 1/2) PR - STANDARD BUTT HINGES
  - (1) WALL OR FLOOR STOP
- HARDWARE SET D (OFFICE, TOILET, WAITING)**
  - (1) PRIVACY LOCK SET
  - (1 1/2) PR - STANDARD BUTT HINGES
  - (1) WALL OR FLOOR STOP
- HARDWARE SET E (EXAM, SPECIAL PROCEDURE, CLOSET)**
  - (1) PASSAGE SET
  - (1 1/2) PR - STANDARD BUTT HINGES
  - (1) WALL OR FLOOR STOP
- HARDWARE SET F (FILE, STOR., LAB., MED.)**
  - (1) STORAGE LOCK SET
  - (1 1/2) PR - STANDARD BUTT HINGES
  - (1) WALL OR FLOOR STOP
- HARDWARE SET G (LEAD LINED DOORS)**
  - (1) PASSAGE SET
  - (2) TOP AND BOTTOM PIVOTS
  - (1) INTERMEDIATE PIVOT
  - (1) WALL OR FLOOR STOP
- HARDWARE SET H (LOCKABLE PAIR OF DOORS)**
  - (2) TOP AND BOTTOM THROUGH BOLTS
  - (3) PR - STANDARD BUTT HINGES
  - (1) CLASSROOM SET
  - (2) WALL OR FLOOR STOP
- HARDWARE SET I (PAIR OF CLOSET DOORS)**
  - (2) DUMMY TRIM, STRIKE AND PRESSURE LATCH
  - (3) PR - STANDARD BUTT HINGES
  - (2) WALL OR FLOOR STOP
- HARDWARE SET J (SLIDING BI-PASS CLOSET DOOR)**
  - (2) FINGER PULLS
  - (1) TOP TRACK AND BOTTOM GUIDE
  - (1) BUMPER STOP
- HARDWARE SET K (BI-FOLD CLOSET DOOR)**
  - (1) FINGER PULL
  - (1 1/2) PR - BI-FOLD DOOR HINGES
  - (1) BI-FOLD DOOR HARDWARE

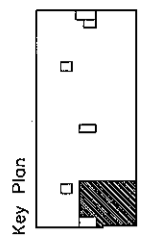


**DOOR AND FRAME TYPES**  
SCALE: 1/4" = 1'-0"

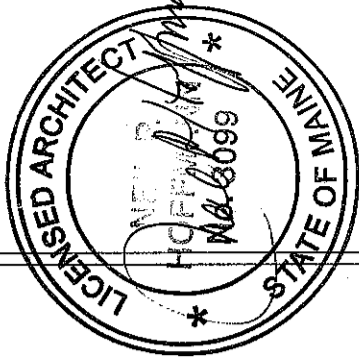
FURNISHINGS, FIXTURES AND EQUIPMENT SCHEDULE

ROOM NO.	ITEM NO.	EQUIPMENT NAME	ROOM LOCATION	SIZE (D X W X H)	FURNISHED BY	INSTALLED BY	ROUGH-IN ONLY BY CONTRACTOR	EQUIPMENT BOOK	NOTES
1116	E.01	FILE CABINETS (4)	FILING	12 X 48	-	-	-	-	-
1114	E.02	COPIER	RECEPTION	29 X 66	-	-	-	-	-
1113A	E.03	PROCESSER	PROCESSING	21 X 17	-	-	-	-	-
1112	E.04	STERILIZER	INSTRUMENT CLEANUP	14 X 22 X 15	-	-	-	-	-
--	E.05	NOT USED	--	--	-	-	-	-	-
1110	E.06	REFRIGERATOR	STAFF LOUNGE	26 X 30	-	-	-	-	-
1110	E.07	DOUBLE SINK	STAFF LOUNGE	21 X 33	-	-	-	-	-
*	E.08	HANDWASHING SINK (6)	*EXAM ROOMS, X-RAY	15 X 15	-	-	-	-	1102--1106, 1112
--	E.000	-	-	-	-	-	-	-	-
--	E.000	-	-	-	-	-	-	-	-

LANDMARK HEALTHCARE FACILITIES, LLC  
 839 North Jefferson Street  
 Milwaukee, Wisconsin 53202  
 Telephone: (414) 277-0500  
 Facsimile: (414) 277-1055



Revisions



Equipment by  
 Tenant Schedule

Project  
**MERCY HOSPITAL**  
 Medical Office Bldg.  
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 Ankle and Foot  
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Date  
**November 26, 2007**

Project No.  
**F07-52566.01**

Sheet No.  
**A11.2**

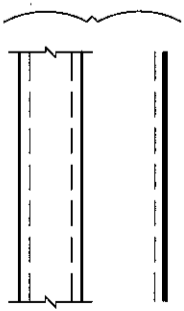
**GENERAL NOTES**

- ALL CONSTRUCTION SHALL BE COORDINATED WITH REQUIREMENTS OF THE TENANTS FURNISHINGS FIXTURES AND EQUIPMENT
- INFORMATION CONTAINED IN THESE DOCUMENTS IS FOR REFERENCE ONLY

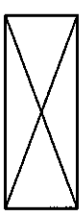
# HVAC BASIC DUCTWORK SYMBOLS

(NOT ALL SYMBOLS ARE NECESSARILY USED ON THIS PROJECT)

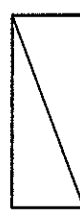
- SINGLE LINE DUCTWORK OR EQUIPMENT - NEW
- - - SINGLE LINE DUCTWORK OR EQUIPMENT - EXISTING
- \* - \* - \* - \* DUCTWORK TO BE REMOVED



DUCTWORK WITH ACOUSTIC LINING



DUCT UNDER POSITIVE PRESSURE (SUPPLY AIR OR FAN DISCHARGE)



DUCT UNDER NEGATIVE PRESSURE (RETURN, EXHAUST OR OUTSIDE AIR)



VOLUME DAMPER



FIRE DAMPER AND ACCESS DOOR



BACK DRAFT DAMPER



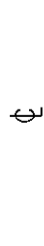
COMBINATION SMOKE & FIRE DAMPER W/ACCESS DOOR



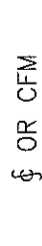
AUTOMATIC DAMPER



AUTOMATIC SMOKE DAMPER



CENTER LINE



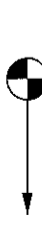
CUBIC FEET PER MINUTE



DIAMETER



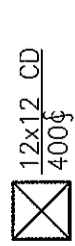
SQUARE FEET



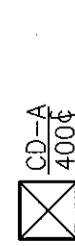
POINT OF CONNECTION



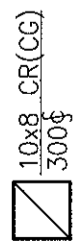
POINT OF DISCONNECTION



RECTANGULAR CEILING DIFFUSER WITH 12" X 12" NECK 400 CFM SUPPLY AIR



TYPE A CEILING DIFFUSER 400 CFM SUPPLY AIR



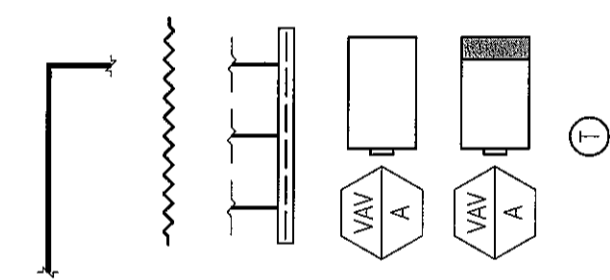
10" BY 8" CEILING REGISTER (CEILING GRILLE) 300 CFM RETURN AIR



RECTANGULAR DIFFUSER WITH BLANKING PLATE

- EWB ENTERING WET BULB
- EWT ENTERING WATER TEMPERATURE
- EXH EXHAUST
- \*F DEGREES FAHRENHEIT
- FA FREE AREA (SQ.FT.)
- FC FLEXIBLE CONNECTION
- FD FIRE DAMPER
- FLA FULL LOAD AMPERES
- FPM FEET PER MINUTE
- GAL GALLON
- GPH GALLONS PER HOUR
- GPM GALLONS PER MINUTE
- HT HEIGHT
- HZ FREQUENCY
- IN INCH OR INCHES
- LAT LEAVING AIR TEMPERATURE
- LD LINEAR DIFFUSER
- LWB LEAVING WET BULB TEMPERATURE
- LWT LEAVING WATER TEMPERATURE
- MBH THOUSAND BTU PER HOUR
- MIN MINIMUM
- (N) NEW
- NIC NOT IN CONTRACT
- NO. NUMBER
- NTS NOT TO SCALE
- OA OUTSIDE AIR
- OAI OUTSIDE AIR INTAKE
- OED OPEN END DUCT
- RA RETURN AIR
- (RE) RELOCATED EXISTING
- RF RETURN FAN
- RH RELATIVE HUMIDITY
- RHC REHEAT COIL
- RPM REVOLUTIONS PER MINUTE
- SA SUPPLY AIR
- SD SMOKE DAMPER
- SP STATIC PRESSURE
- TEMP TEMPERATURE
- TYP TYPICAL
- UH UNIT HEATER
- VAV VARIABLE AIR VOLUME UNIT
- w/ WITH
- WMS WIRE MESH SCREEN

- VANED ELBOW (SEE DETAIL) OR RADIUS ELBOW
- FLEXIBLE DUCT
- SLOTTED LINEAR DIFFUSER WITH PLENUM
- VAV BOX TYPE A
- VAV BOX TYPE A WITH REHEAT COIL
- THERMOSTAT

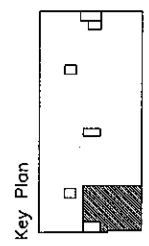


## HVAC ABBREVIATIONS

(NOT ALL ABBREVS. ARE NECESSARILY USED ON THIS PROJECT)

- AD ACCESS DOOR
- AFF ABOVE FINISHED FLOOR
- AHU AIR HANDLING UNIT
- BHP BRAKE HORSEPOWER
- BTU BRITISH THERMAL UNIT
- BTUH BTU PER HOUR
- CD CEILING DIFFUSER
- CFM CUBIC FEET PER MINUTE
- CG CEILING GRILLE
- CLG CEILING
- CR CEILING REGISTER
- CV CONSTANT VOLUME
- DB DRY BULB
- DMPR DAMPER
- DX DIRECT EXPANSION
- (E) EXISTING TO REMAIN
- (ER) EXISTING TO BE REMOVED
- (ERR) EXISTING TO BE REMOVED & RELOCATED
- EAT ENTERING AIR TEMPERATURE
- EDB ENTERING DRY BULB TEMPERATURE
- EF EXHAUST FAN
- EL ELEVATION
- RHC REHEAT COIL
- RPM REVOLUTIONS PER MINUTE
- SA SUPPLY AIR
- SD SMOKE DAMPER
- SP STATIC PRESSURE
- TEMP TEMPERATURE
- TYP TYPICAL
- UH UNIT HEATER
- VAV VARIABLE AIR VOLUME UNIT
- w/ WITH
- WMS WIRE MESH SCREEN

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Revisions

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Sheet

**HVAC**  
Cover Sheet

Project

**MERCY HOSPITAL**  
 Medical Office Bldg.  
 Portland, Maine  
 Ankle and Foot  
 Associates

Suite 120

Date

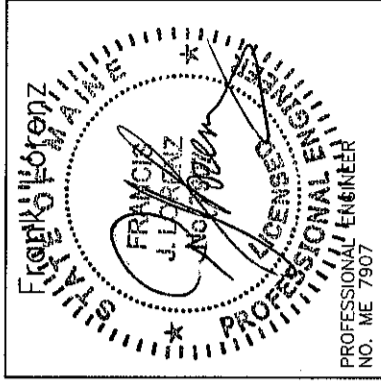
October 19, 2007

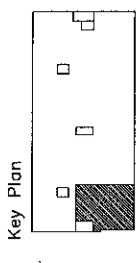
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F07-5256.01

Sheet No.

H-1.0





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11-27-07  
 CONSTRUCTION BULLETIN #1

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 AKF PROJ. NO. P060106-B

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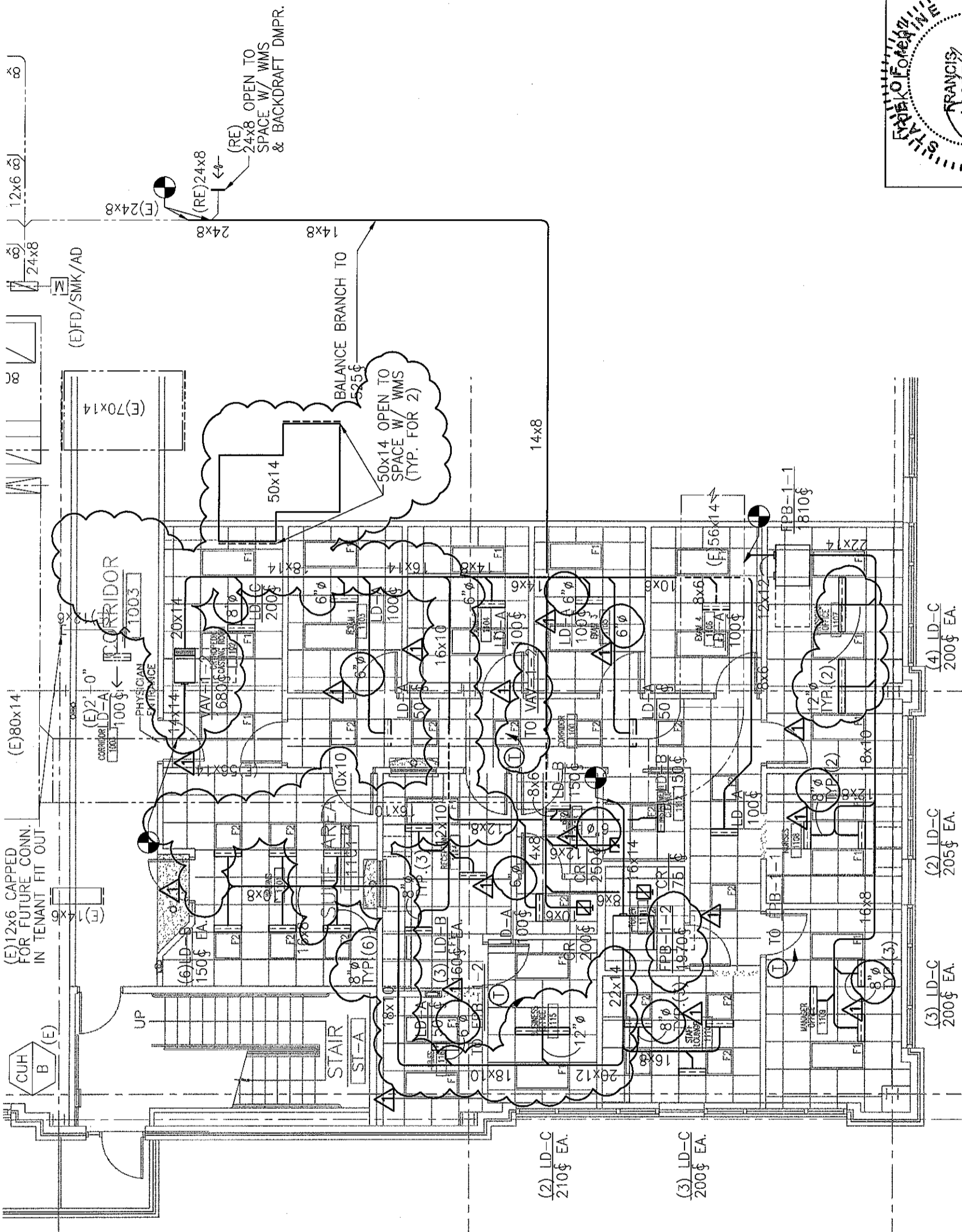
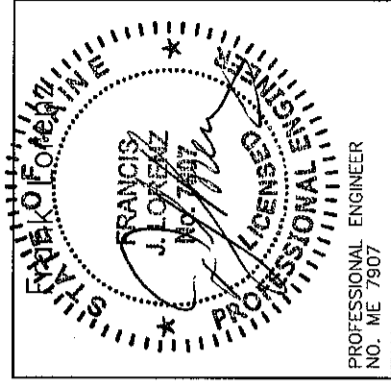
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**HVAC**  
**Floor Plan**

Project  
**MERCY HOSPITAL**  
 Medical Office Bldg.  
 Portland, Maine  
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 Associates  
 Suite 120

Date  
**October 19, 2007**  
 Project No.  
**F07-5256.01**

Sheet No.  
**H-2.0**



**1 FLOOR PLAN**  
 SCALE: 1/8"=1'-0"



# SERIES FAN POWERED TERMINAL UNIT SCHEDULE

DESIGNATION	INLET SIZE	INDUCTION OPENING (WxH)	FILTER		PERFORMANCE DATA			AIR DATA			FAN DATA		
			SIZE	EFFICIENCY	DISCHARGE DUCT OPENING (WxH)	MIN. Δ SP	CFM @ MIN. Δ SP	MAX. PRIMARY CFM	MIN. PRIMARY CFM	MAX. RETURN CFM	CFM	EXT. SP (IN. W.G.)	FAN TYPE
FPB-1-1	12	12x18.25	14x18	30%	16.5x14.63	0.5	1810	1810	0	1810	1810	0.5	CENTRIF
FPB-1-2	14	12x18.25	14x18	30%	16.5x14.63	0.5	1970	1970	0	1970	1970	0.5	CENTRIF

# SERIES FAN POWERED TERMINAL UNIT SCHEDULE (CONT.)

BASED ON: TITUS

DESIGNATION	ELECTRIC HEATING COIL DATA										TYPE OF CONTROLS	MANUF. MODEL #	REMARKS		
	MOTOR DATA		ELECTRICAL DATA				FULL-LOAD AMPERES		No. OF STEPS (STAGES)					TYPE OF CONTROLS	
	MOTOR HP	FLA	VOLTS	PHASE	HZ	KW INPUT	MBH	MBH	HZ	PHASE					
FPB-1-1	1/3	3.0	480	3	60	11.9	40.6	480	3	60	14.3	3	DDC	DIFS	-
FPB-1-2	1/3	3.0	480	3	60	12.7	43.2	480	3	60	15.2	3	DDC	DIFS	-

# TERMINAL BOX SCHEDULE

DESIGNATION	BOX TYPE	BOX SIZE (INLET SIZE)	AIRFLOW RANGE (CFM)				ELECTRIC HEATING COIL DATA						DISCHARGE SOUND LEVEL AT MAX. CFM & ΔPS-1" (ANC)		
			MIN.	MAX.	MIN.	MAX.	KW INPUT	VOLTS	PHASE	HZ	FULL-LOAD AMPERES	No. OF STEPS (STAGES)		LOWEST MINIMUM HEATING CFM SETTING	MINIMUM STATIC PRESSURE ΔPS (IN. W.G.)
			0	1680	0	1680									
VAV-1-2	VAV	12	0	1680	11.0	480	480	3	60	13.3	3	425	0.5	28	

# TERMINAL BOX SCHEDULE (CONT.)

BASED ON: TITUS

DESIGNATION	RADIATED SOUND LEVEL AT MAX. CFM & ΔPS-1" (ANC)	TYPE OF CONTROLS	MANUF. MODEL #	REMARKS
VAV-1-2	31	DDC	DESV	-

# DIFFUSER SCHEDULE

BASED ON: TITUS

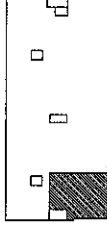
UNIT NO.	CFM RANGE	SERVICE	TYPE	NECK SIZE (IN.)	FACE OVERALL DIMENSIONS WxL (IN.)	BASIS OF DESIGN
LD-A	0-100	SUPPLY	LAY-IN	2-SLOT	3.75"WD. x 2'-0"	TITUS ML-38
LD-B	101-180 CFM	SUPPLY	LAY-IN	3-SLOT	5.25"WD. x 2'-0"	TITUS ML-38
LD-C	181-230 CFM	SUPPLY	LAY-IN	4-SLOT	6.75"WD. x 2'-0"	TITUS ML-38
CR	0-150	EXH	LAY-IN	6"φ	12x12	TITUS PAR
CR	151-200	EXH	LAY-IN	6"φ	24x24	TITUS PAR
CR	201-300	EXH	LAY-IN	8"φ	24x24	TITUS PAR
CG	0-1500	RET	LAY-IN	22x22	24x24	TITUS PAR

NOTES:

- NOT ALL DIFFUSER AND REGISTER TYPES ARE NECESSARILY USED. REFER TO PLANS.
- LINEAR DIFFUSERS INSTALLED IN GYP BOARD WALLS OR CEILINGS TO COME WITH OPPOSED BLADE DAMPERS ACCESSIBLE FROM FACE OF DIFFUSER.
- LINEAR DIFFUSERS TO COME COMPLETE WITH MATCHING PLENUM MP-38.

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Key Plan



Revisions

11-27-07  
 CONSTRUCTION BULLETIN #1

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Sheet

HVAC Schedules

Project

MERCY HOSPITAL  
 Medical Office Bldg.  
 Portland, Maine  
 Ankle and Foot  
 Associates  
 Suite 120

Date

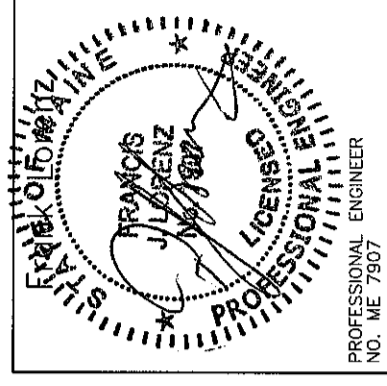
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H-3.0



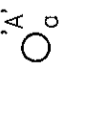


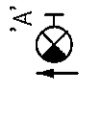
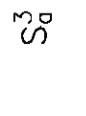
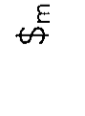
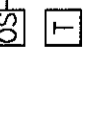
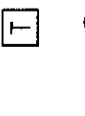







PROFESSIONAL ENGINEER  
 NO. ME 7907

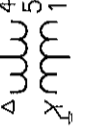



# ELECTRICAL SYMBOLS LIST

(NOT ALL SYMBOLS ARE NECESSARILY USED ON THIS PROJECT)

	2'x4' / 2'x2' / 1'x4' FLUORESCENT CEILING MOUNTED FIXTURE 'A' = FIXTURE TYPE 'a' = CONTROLLED BY SWITCH 'a'
	SIMILAR TO ABOVE WITH EMERGENCY BACKUP 'A' = FIXTURE TYPE 'a' = CONTROLLED BY SWITCH 'a'
	CEILING MOUNTED FIXTURE 'A' = FIXTURE TYPE 'a' = CONTROLLED BY SWITCH 'a'
	SIMILAR TO ABOVE WITH EMERGENCY BACKUP 'A' = FIXTURE TYPE 'a' = CONTROLLED BY SWITCH 'a'
	CEILING MOUNTED EXIT LIGHT - DIRECTIONAL ARROWS WHERE INDICATED - SHADED AREAS INDICATE ILLUMINATED FACE/FACES 'A' = FIXTURE TYPE
	WALL MOUNTED EXIT LIGHT - DIRECTIONAL ARROWS WHERE INDICATED - SHADED AREAS INDICATE ILLUMINATED FACE/FACES 'A' = FIXTURE TYPE
	SINGLE POLE SWITCH 3 = THREE-WAY a = CONTROLS SWITCH LEG 'a'
	DISCONNECT SWITCH - TOGGLE TYPE MOTOR RATED, 20A, 1P, UON
	OCCUPANCY SENSOR, WALL MOUNTED
	TRANSFORMER
	20A, 125V DUPLEX RECEPTACLE - FLUSH WALL MOUNTED CONTROLLED FROM WALL SWITCH 'a'
	20A, 125V QUADRUPEX RECEPTACLE - FLUSH WALL MOUNTED
	20A, 125V DUPLEX RECEPTACLE FLUSH WALL MOUNTED GFI TYPE.
	HOMERUN - NUMERAL WHERE USED INDICATES CIRCUIT NUMBER FOR REFERENCE ONLY. 2#12+1#12G-3/4"C FOR ONE CKT. HOMERUN, U.O.N. 3#12+1#12G-3/4"C FOR TWO CKT. HOMERUN, U.O.N. 4#12+1#12G-3/4"C FOR THREE CKT. HOMERUN, U.O.N.
	HOMERUN - NUMERAL WHERE USED INDICATES CIRCUIT NUMBER FOR REFERENCE ONLY











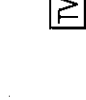


# SINGLE LINE DIAGRAM SYMBOLS

	480V 500KVA 120/208	POWER TRANSFORMER VOLTAGES, WINDINGS AND SIZE AS INDICATED
	PANEL NL3A2	PANELBOARD

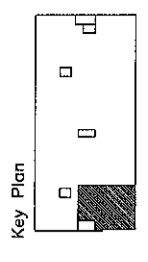
# ABBREVIATIONS

(NOT ALL ABBREVIATIONS ARE NECESSARILY USED ON THIS PROJECT)

+	SPECIAL MOUNTING HEIGHT. COORDINATE LOCATION WITH ARCHITECTURAL ELEVATIONS
A	AMPERE
AFF	ABOVE FINISHED FLOOR
AIC	AMPERE INTERRUPTING CAPACITY
(E)	EXISTING TO REMAIN
EM	EMERGENCY
(ER)	EXISTING TO BE REMOVED
(ERR)	EXISTING TO BE REMOVED & RELOCATED
(RE)	RELOCATED EXISTING
UON	UNLESS OTHERWISE NOTED
V	VOLT OR VOLTAGE
XFMR	TRANSFORMER

	CEILING MOUNTED JUNCTION BOX
	FLUSH WALL MOUNTED JUNCTION BOX
	FLUSH FLOOR MOUNTED JUNCTION BOX
	NEW CONCEALED CONDUIT
	NEW EXPOSED CONDUIT
	EQUIPMENT DESIGNATION VOLTAGE, PHASE HP, KW OR FLA OF EQUIPMENT
	CEILING MOUNTED SPACE SMOKE DETECTOR F = MOUNTED UNDER RAISED FLOOR
	COMBINATION FIRE ALARM HORN AND STROBE LIGHT UNIT FLUSH WALL MOUNTED
	COMBINATION FIRE ALARM SPEAKER AND STROBE LIGHT UNIT FLUSH WALL MOUNTED
	FLUSH WALL MOUNTED STROBE LIGHT UNIT
	VOICE & DATA OUTLET LOCATION WITH 3/4" CONDUIT TERMINATED IN A 90 DEG. BEND 6" INTO NEAREST ACCESSIBLE CEILING #/# = # OF VOICE JACKS/# OF DATA JACKS
	VOICE OUTLET LOCATION WITH 3/4" CONDUIT TERMINATED IN A 90 DEG. BEND 6" INTO NEAREST ACCESSIBLE CEILING P = PUBLIC F = FAX W = WALL MOUNTED 48" AFF # = NUMBER OF JACKS
	TELEVISION OUTLET LOCATION WITH 3/4" CONDUIT TERMINATED IN A 90 DEG. BEND 6" INTO NEAREST ACCESSIBLE CEILING

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ARCHITECT: SPECTRA ASSOCIATES, INC. (MAINE)  
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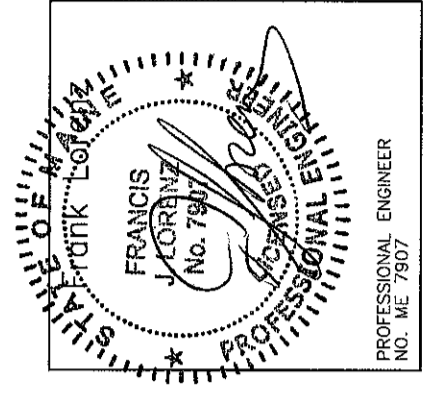
Electrical  
Cover Sheet

Project  
**MERCY HOSPITAL**  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates  
Suite 120

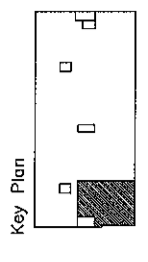
Date  
**October 19, 2007**

Project No.  
**F07-52566.01**

Sheet No.  
**E-1.0**



PROFESSIONAL ENGINEER  
NO. ME 7907



Revisions

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Electrical  
Floor Plan  
Power

Project

MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates

Suite 120

Date

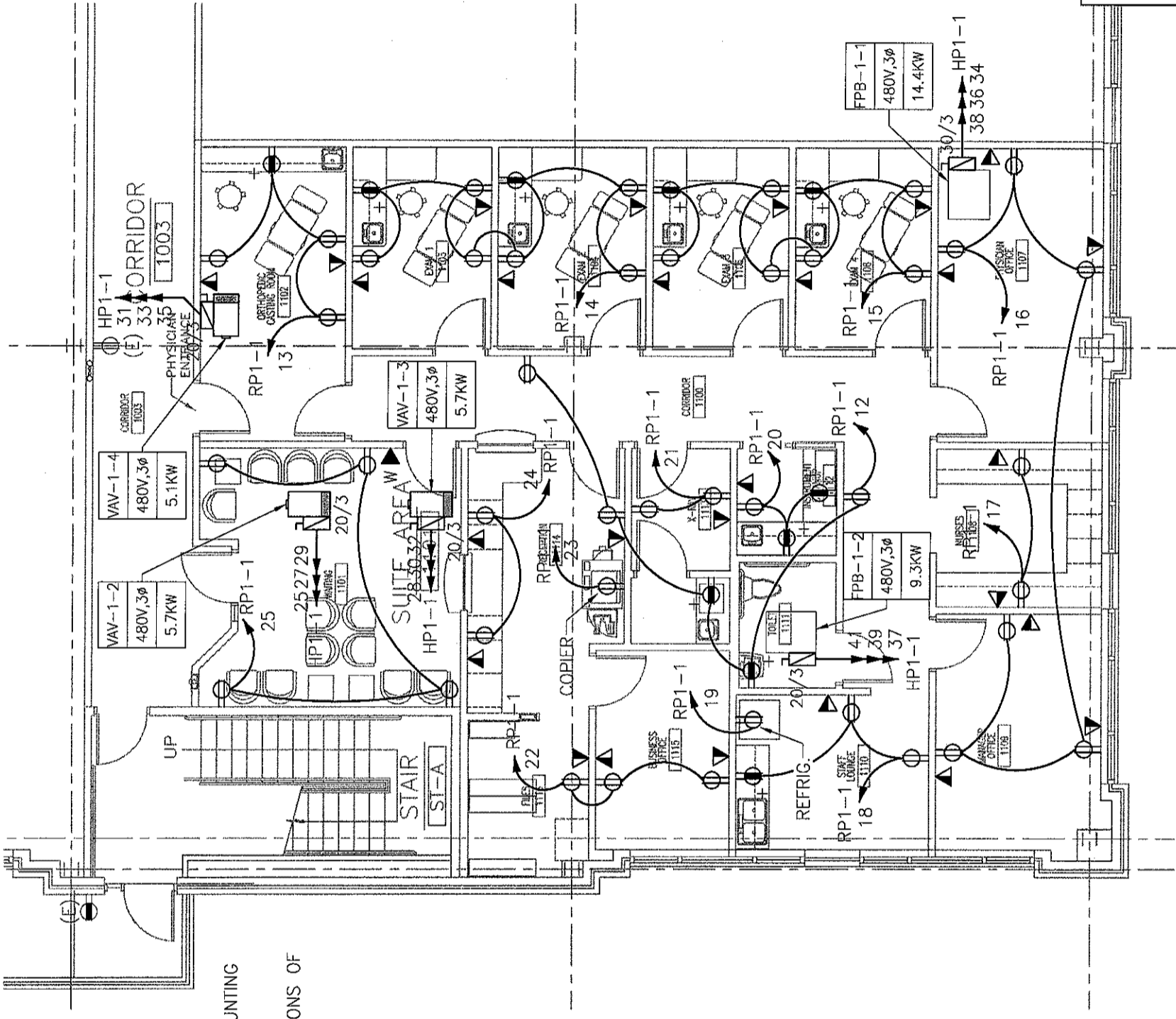
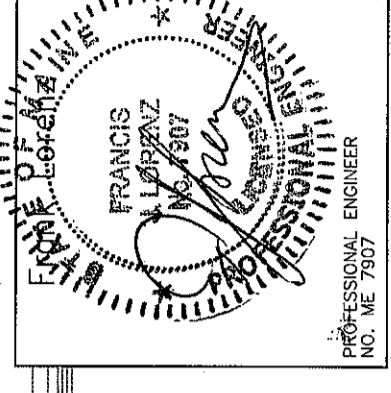
October 19, 2007

Project No.

F07-52556.01

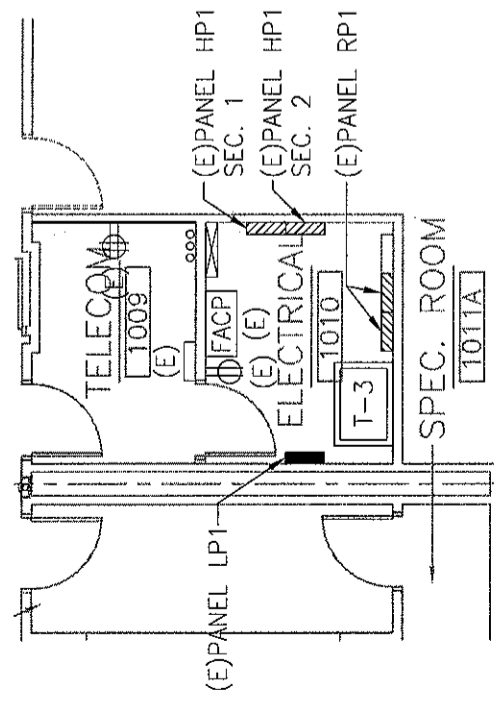
Sheet No.

E-2.0



DRAWING NOTES:

1. REFER TO ARCHITECTURAL DRAWINGS FOR EXACT MOUNTING HEIGHTS OF OUTLETS.
2. REFER TO MECHANICAL DRAWINGS FOR EXACT LOCATIONS OF ALL MECHANICAL EQUIPMENT.



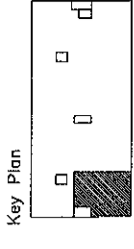
**2** 1ST FLOOR ELECTRIC CLOSET

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

**1** FLOOR PLAN

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

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**Electrical  
Floor Plan  
Lighting**

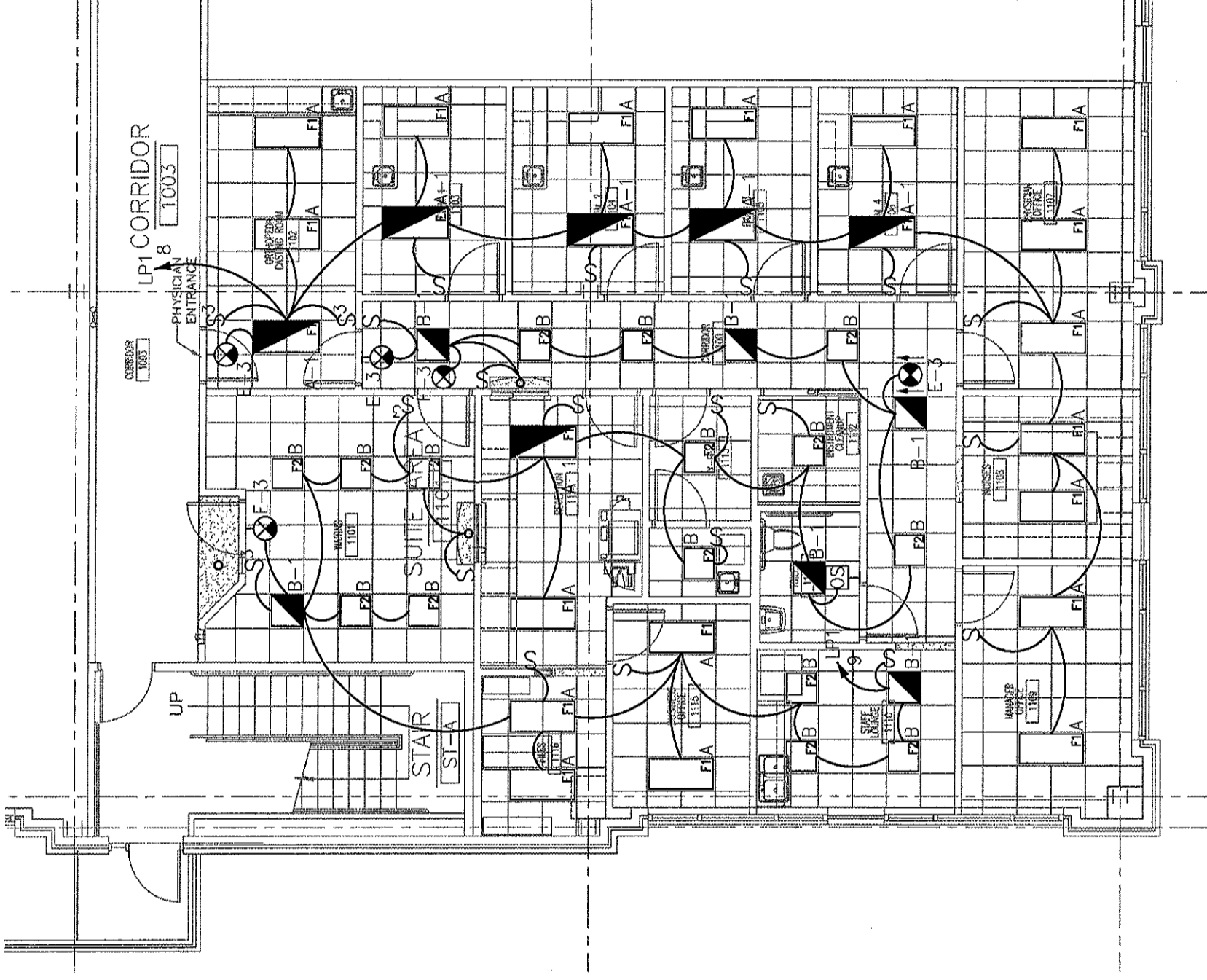
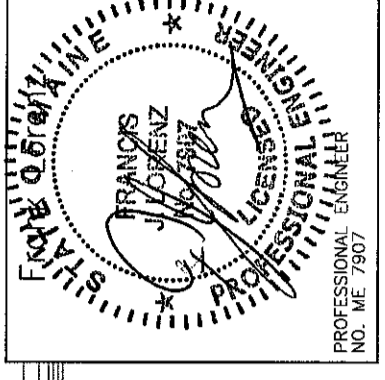
Project  
**MERCY HOSPITAL**  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates

Suite 120

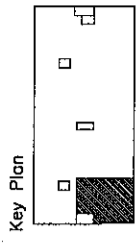
Date  
**October 19, 2007**

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**F07-5256.01**

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**E-3.0**



**1 FLOOR PLAN**  
SCALE: 1/8" = 1'-0"



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Electrical  
Floor Plan  
Misc. Systems

Project

MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates

Suite 120

Date

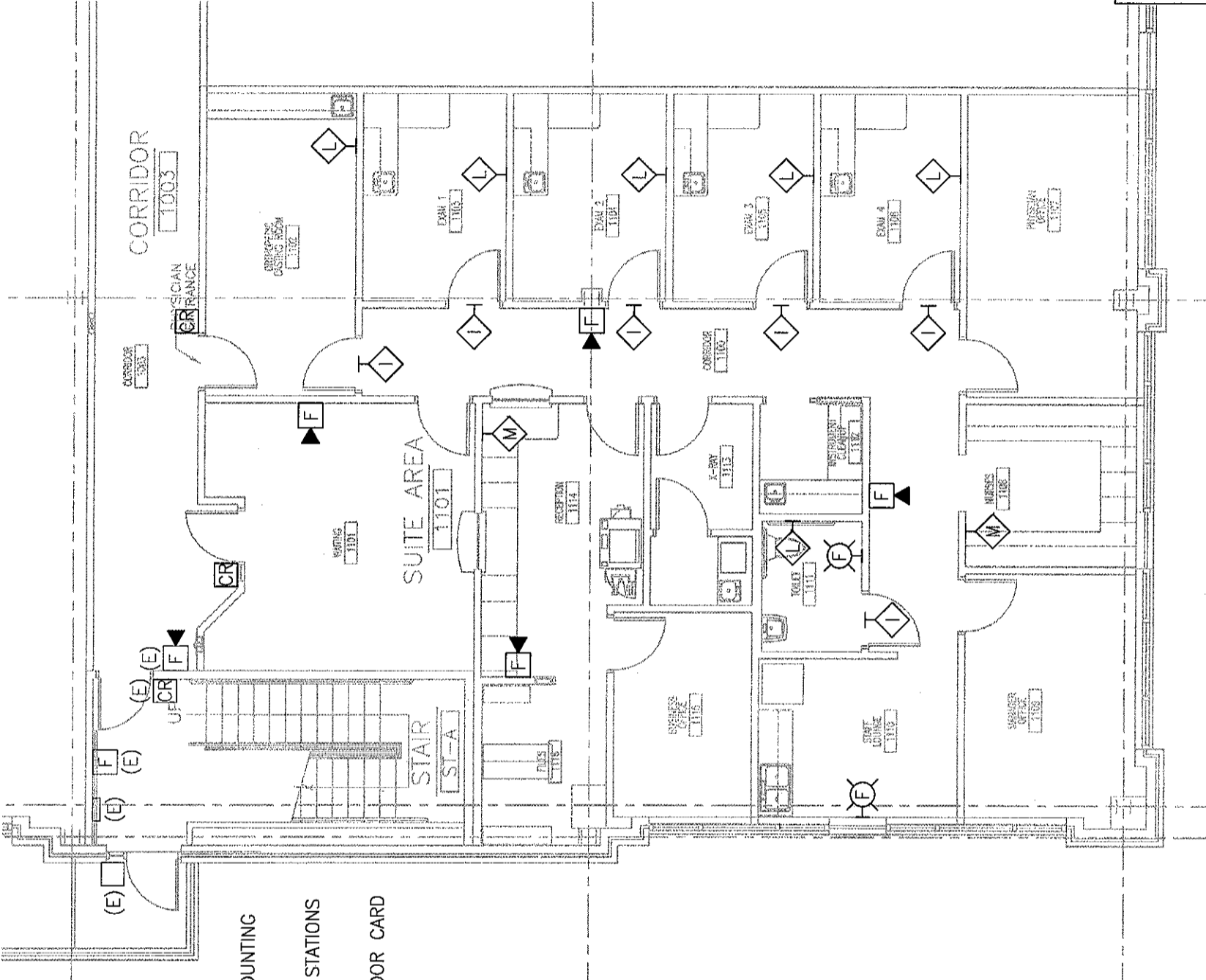
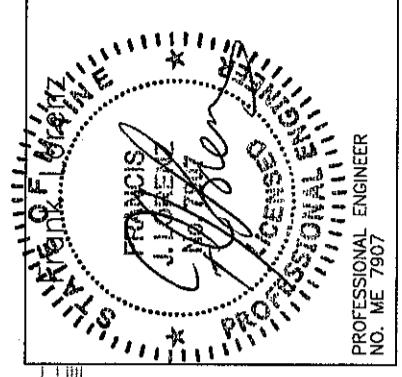
October 19, 2007

Project No.

F07-5256.01

Sheet No.

E-4.0



**1 FLOOR PLAN**  
SCALE: 1/8"=1'-0"

**DRAWING NOTES:**

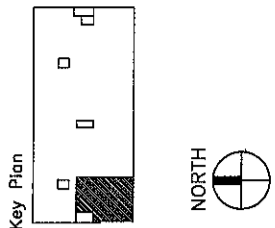
1. REFER TO ARCHITECTURAL DRAWINGS FOR EXACT MOUNTING HEIGHTS OF OUTLETS.
2. COORDINATE FINAL LOCATIONS OF ALL NURSE CALL STATIONS WITH OWNER PRIOR TO INSTALLATION.
3. REFER TO E--6.0, DETAIL 1 FOR TYPICAL SINGLE DOOR CARD READER CONFIGURATION.

PANEL: (E)HP1 SECTION 1		480 / 277 VOLTS.		3 PHASE			4 WIRE		MOUNTING:			MAIN BUS:		NEUTRAL: 100%	
LOCATION: ELECTRICAL CLOSET 1ST FL		WIRE & COND SIZE		PER PHASE (VA)			WIRE & COND SIZE		SURFACE		AMPS ONLY		AMPS		
TRIP / POLE #	DESCRIPTION OF LOAD	LOAD (VA)	A	B	C	(VA)	COND SIZE	FLUSH	SURFACE	MAIN LUGS ONLY	MAIN BKVR	PROVIDE WITH FEED-THRU LUGS	AMPS	AMPS	
1	(E)CUJA	3000	6000			3000	3A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	225	225	
3	(E)CUJA	3000	3000	8000		3000	3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	(E)CUJB	2000	2000	4000		2000	2A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	(E)AV-A	3667	6167			2500	2A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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23	(E)AV-1-2	1328	2020			1328	2C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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27	(E)AV-1-3	1900	3800			1900	2C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	(E)AV-1-4	1900	3800			1900	2C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	(E)AV-1-4	1700	3600			1700	2C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
33	(E)FB-1-1	1700	6488			1700	3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35	(E)FB-1-1	1700	6488			1700	3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
37	(E)FB-1-2	3100	7868			3100	2C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
39	(E)FB-1-2	3100	3100			3100	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41	(E)FB-1-2	3100	3100			3100	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TOTAL BY PHASE			3657/6		3607/6		3407/6								
TOTAL CONNECTED LOAD =		108728 VA		SPARE =		0%		TOTAL DEMAND LOAD =		108728 VA		TOTAL DEMAND AMPS =		131 AMPS	

PANEL: (E)HP1 SECTION 1		480 / 277 VOLTS.		3 PHASE			4 WIRE		MOUNTING:		MAIN BUS:		NEUTRAL: 100%		
LOCATION: ELECTRICAL CLOSET 1ST FL		WIRE & COND SIZE		PER PHASE (VA)			WIRE & COND SIZE		SURFACE		AMPS ONLY		AMPS		
TRIP / POLE #	DESCRIPTION OF LOAD	LOAD (VA)	A	B	C	(VA)	COND SIZE	FLUSH	SURFACE	MAIN LUGS ONLY	MAIN BKVR	PROVIDE WITH FEED-THRU LUGS	AMPS	AMPS	
1	(E)CORRIDOR LIGHTING	484	1509			1025	2A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	225	225	
3	(E)VESTIBULE LIGHTING	560	880			320	2A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	(E)EMERGENCY LIGHTING	1589	2229			640	2A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	(E)BLOOD DRAW LIGHTING	533	2842			2309	2A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	(E)FOOT & ANKLE SUITE LIGHTING	2204	2204			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
33	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35	(E)SPARE	0	0			0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
37	(E)SPARE	0	25000			25000	SEE SLD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
38	(E)SPARE	0	25000			25000	75 RVA XFMR TO PANEL RP1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41	(E)SPARE	0	25000			25000	25000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TOTAL BY PHASE			28351		28084		27229								
TOTAL CONNECTED LOAD =		84664 VA		SPARE =		0%		TOTAL DEMAND LOAD =		87080 VA		TOTAL DEMAND AMPS =		105 AMPS	

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**LANDMARK HEALTHCARE FACILITIES, LLC**  
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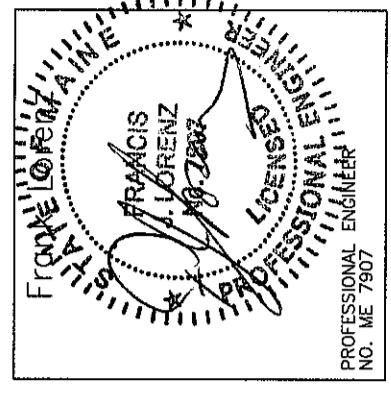


Key Plan

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 AKF PROJ. NO. P060106-B  
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**Electrical Schedules**

Project  
**MERCY HOSPITAL**  
 Medical Office Bldg.  
 Portland, Maine  
 Ankle and Foot Associates  
 Suite 120  
 Date  
 October 19, 2007  
 Project No.  
 F07-5256.01  
 Sheet No.  
 E-5.0



# LIGHTING FIXTURE SCHEDULE

TYPE	DESCRIPTION	MANUFACTURER	CATALOG NUMBER	LAMPS		FIXTURE WATTS	MOUNTING	
				NO.	TYPE		VOLTS	
A	2' X 4' FLUORESCENT LIGHT WITH PRISMATIC ACRYLIC LENS	METALUX LITHONIA	HRD2GCAV432A-EB81 2SPG4D32RWA12-1/4GEBAPB	4	32W T8	128	277	RECESSED
A-1	FLUORESCENT LIGHT FIXTURE SHALL BE SIMILAR TO FIXTURE A, WITH BATTERY POWER EMERGENCY BACK-UP BALLAST	METALUX LITHONIA	HRD2GCAV432A-EB81 2SPG4D32RWA12-1/4GEBAPB	4	32W T8	128	277	RECESSED
B	2' X 2' FLUORESCENT LIGHT FIXTURE WITH PRISMATIC ACRYLIC LENS	METALUX LITHONIA	HRD2GCAVFA2U6T8A-EB81 2SPG2DU31RWA12-GEBAPB	2	32W T8	64	277	RECESSED
B-1	FLUORESCENT LIGHT FIXTURE SHALL BE SIMILAR TO FIXTURE B, WITH BATTERY POWER EMERGENCY BACK-UP BALLAST	METALUX LITHONIA	HRD2GCAVFA2U6T8A-EB81EL4 2SPG2DU31RWA12-GEBAPBEL	2	32W T8	64	277	RECESSED
E-3	EXIT LIGHT, SHALL BE CEILING AND WALL MOUNTED, SINGLE OR DOUBLE FACE WITH BATTERY POWER EMERGENCY BACK UP. DIRECTIONAL ARROWS AND LETTER COLOR AS REQUIRED	LITHONIA SURE-LITES MCPHILBEN	PRECISE LRP SERIES ELX SERIES 45V SERIES	-	LED	5	277	CEILING/WALL
J	COMPACT FLUORESCENT RECESSED DOWNLIGHT FIXTURE, SHALL BE 7- $\frac{1}{2}$ " DIAMETER OPEN APERTURE WITH CLEAR ALZAK REFLECTOR	PORTFOLIO LITHONIA	C72181H7280LI AF2181RT16AR	2	18W DTT	36	277	RECESSED

**NOTES:**

1. FIXTURES MUST UTILIZE MULTILAMP BALLAST. FIXTURES INSTALLED MUST NOT EXCEED FIXTURE WATTAGE LISTED ON SCHEDULE.
2. ALL FIXTURES LISTED FIRST ON SCHEDULE TO BE TAKEN AS BASIS OF DESIGN.
3. ALL NEW FIXTURES SHALL MATCH EXISTING IN BUILDING.

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Key Plan



Revisions

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**Electrical Schedules**

Project

**MERCY HOSPITAL**  
 Medical Office Bldg.  
 Portland, Maine  
 Ankle and Foot  
 Associates

Suite 120

Date

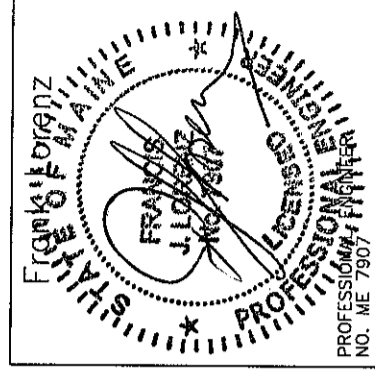
October 19, 2007

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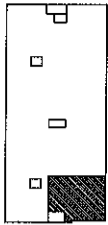
F07-5256.01

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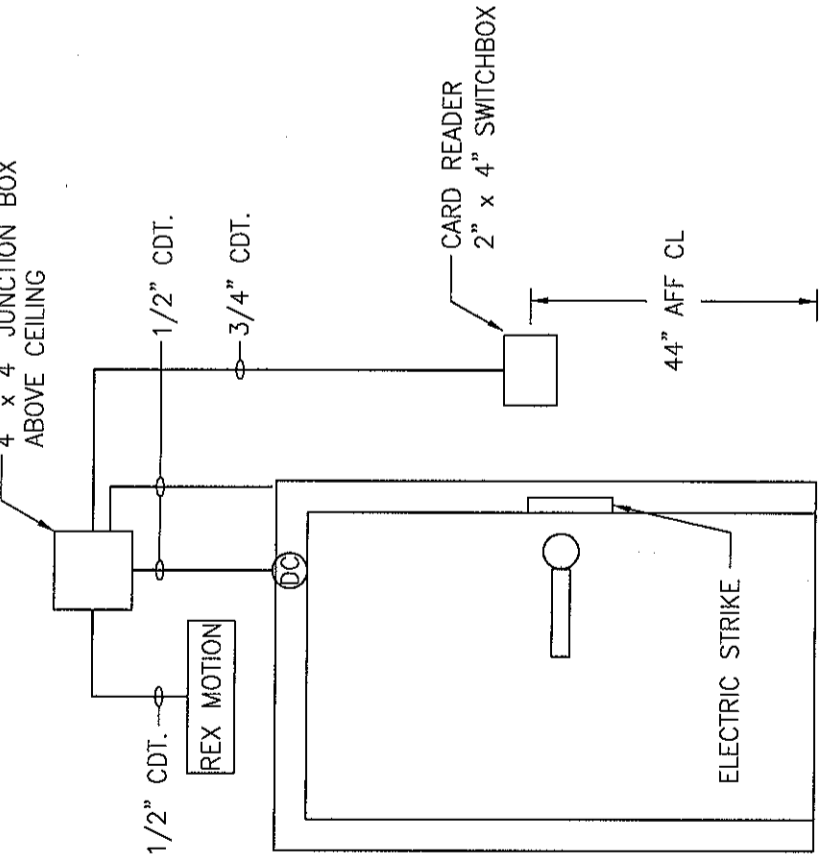
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Key Plan



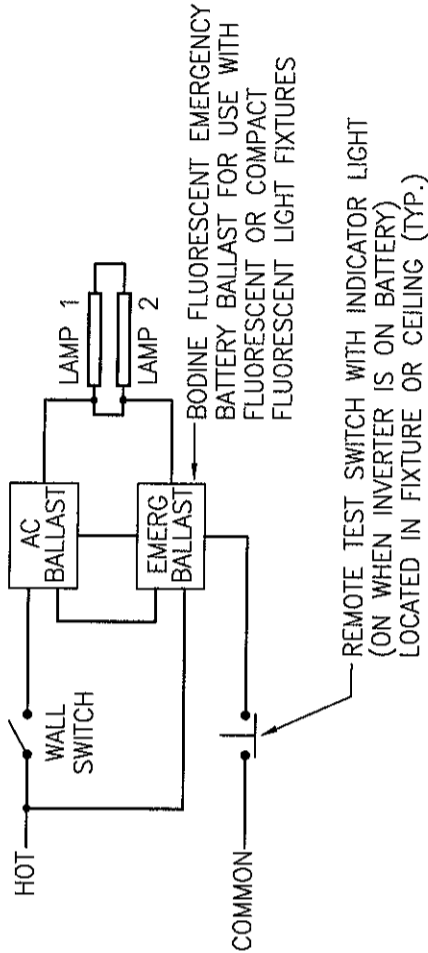
Revisions



**1 TYPICAL SINGLE DOOR DETAIL**

SCALE: N.T.S.

**SEQUENCE:**  
 - NORMAL OPERATION: LIGHT FIXTURE IS SWITCHED AND EMERGENCY BALLAST IS IN CHARGING MODE.  
 - EMERGENCY OPERATION: SWITCHED LIGHT FIXTURE WHETHER ON OR OFF ENERGIZES THRU INTERNAL RELAY PREFABRICATED IN EMERGENCY BALLAST.



**2 NORMAL/EMERGENCY WIRING SCHEMATIC**

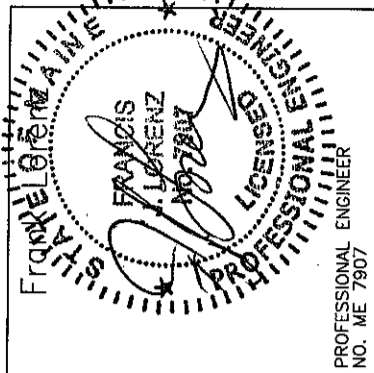
SCALE: N.T.S.

AMPS	TAGS	WIRE SIZE (AWG/KCMIL)		No. of WIRES AND CONDUIT SIZE (IN INCHES)		
		CONDUCTOR AND NEUTRAL	GROUND	A 1PH, 2W+G	B 3PH, 3W+G	C 3PH, 4W+G
15	1	14	14	3/4	3/4	3/4
20	2	12	12	3/4	3/4	3/4
30	3	10	10	3/4	3/4	3/4
40	4	8	10	3/4	3/4	3/4
50	5	6	10	3/4	1	1
60	6	4	10	1	1 1/4	1 1/4
70	7	4	8	1	1 1/4	1 1/4
80	8	3	8	1	1 1/4	1 1/4
90	9	2	8	1 1/4	1 1/4	1 1/4
100	10	1	8	1 1/4	1 1/4	2

NOTE:

1. THE ABOVE SCHEDULE IS BASED ON 600 VOLT WIRE TYPE THWN/XHHW AND EMT/RGS CONDUIT

(2B) NUMBER INDICATES FEEDER SIZE IN AMPS AND WIRE LETTER INDICATES CONDUIT SIZE AND NUMBER OF WIRES



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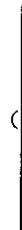
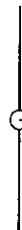








Sheet No.

**E-6.0**



**PLUMBING BASIC SYMBOLS**

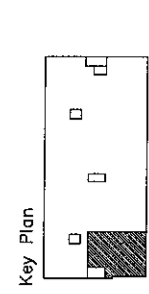
(NOT ALL SYMBOLS ARE NECESSARILY USED ON THIS PROJECT)

	EXISTING PIPING
	NEW SOIL, WASTE OR SANITARY PIPING
	VENT PIPING (SANITARY)
	PIPING BELOW SLAB
	DOMESTIC COLD WATER PIPING
	DOMESTIC HOT WATER PIPING (120')
	DOMESTIC HOT WATER CIRCULATION PIPING
	DISCONNECT FROM EXISTING
	CONNECT TO EXISTING
	CLEAN OUT/PLUGGED OUTLET
	CAPPED OUTLET
	CLEAN-OUT DECK PLATE
	P-TRAP
	VACUUM BREAKER
	BOTTOM PIPE CONNECTION
	TOP PIPE CONNECTION
	PIPE DOWN/DROP
	PIPE RISE/UP
	TRAP
	EXIST. NEW
	MIXING VALVE
	BALL VALVE
	REDUCED PRESSURE ZONE BACKFLOW PREVENTER ASSEMBLY
	BALANCING VALVE ASSEMBLY
	RISER DESIGNATION
	RISER SERVICE
	RISER NUMBER

**PLUMBING ABBREVIATIONS**

(NOT ALL ABBREV. ARE NECESSARILY USED ON THIS PROJECT)

CO	CLEANOUT
CODP	CLEANOUT DECK PLATE
CM	COFFEE MAKER
CVO	CAPPED AND VALVED OUTLET
CW	COLD WATER
CLG	CEILING
CONN	CONNECT
DN	DOWN (PENETRATES FLOOR SLAB)
DR	DRAIN
DWG	DRAWING
(E)	EXISTING
FL	FLOOR
FT	FEET
HW	HOT WATER
HWR	HOT WATER RETURN
LAV	LAVATORY
MAX	MAXIMUM
MIN	MINIMUM
(N)	NEW
PO	PLUGGED OUTLET
SAN	SANITARY
SK	SINK
TYP	TYPICAL
UP	UP (PENETRATES FLOOR SLAB)
V	VENT
W	WASTE
WC	WATER CLOSET



Revisions

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**Plumbing  
Cover Sheet**

Project  
**MERCY HOSPITAL**  
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Ankle and Foot  
Associates

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Date

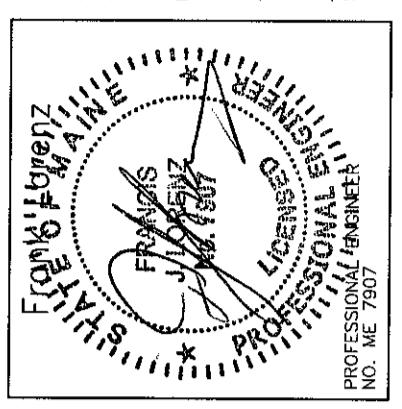
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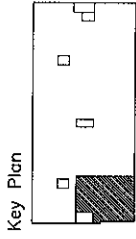
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P-1.0







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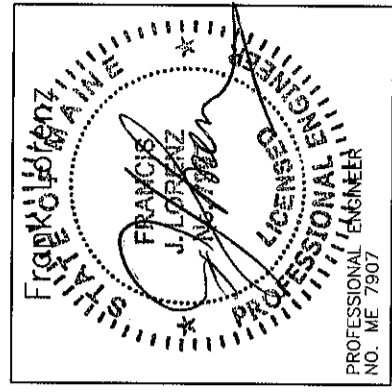
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**Plumbing  
General Notes**

Project  
**MERCY HOSPITAL**  
Medical Office Bldg.  
Portland, Maine  
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Suite 120

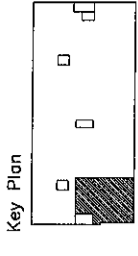
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**P-1.1**



**PLUMBING GENERAL NOTES**

1. GENERAL NOTES, SYMBOLS LIST AND DETAILS ARE APPLICABLE TO ALL DRAWINGS MARKED P.
2. DRAWINGS ARE DIAGRAMMATIC: DETERMINE LOCATIONS OF SYSTEMS AND COMPONENTS IN FIELD.
3. NEITHER ACCURACY NOR COMPLETION OF UTILITY LOCATIONS SHOWN ON DRAWINGS IS GUARANTEED. DETERMINE EXACT LOCATIONS OF EXISTING UTILITY IN FIELD, WHETHER OR NOT SHOWN ON DRAWINGS. EXERCISE CAUTION AND IDENTIFY LOCATIONS OF UNMARKED UTILITY LINES AS NECESSARY TO PERFORM WORK OF THIS SECTION.
4. ALL PLUMBING WORK SHALL BE IN ACCORDANCE WITH THE CURRENT PLUMBING CODE AND ALL APPLICABLE LOCAL CODES AND DRAWINGS.
5. IT SHALL BE THE RESPONSIBILITY OF THIS CONTRACTOR TO COORDINATE HIS WORK WITH THAT OF ALL OTHER TRADES, INCLUDING (BUT NOT LIMITED TO), ELECTRICAL, HVAC PROCESS PIPING, SPRINKLER, PLUMBING STRUCTURAL AND GENERAL ARCHITECTURE.
6. ANY INTERFERENCE SHALL BE BROUGHT TO THE ATTENTION OF THE CONSTRUCTION MANAGER AND THE OWNER'S REPRESENTATIVE, AND SHALL BE RESOLVED PRIOR TO THE INSTALLATION OF THE WORK INVOLVED.
7. NO WORK SHALL BE INSTALLED IN VIOLATION OF ANY GOVERNING CODES. ANY WORK SHOWN ON THE DRAWINGS WHICH IS IN VIOLATION OF SUCH CODES SHALL BE BROUGHT TO THE ATTENTION OF THE CONSTRUCTION MANAGER AND THE OWNER'S REPRESENTATIVE AND SHALL BE RESOLVED PRIOR TO THE INSTALLATION OF THE WORK INVOLVED.
8. ALL PIPING PENETRATING CEILING AND WALLS SHALL BE INSTALLED WITH CHROME (STAINLESS WHERE NOTED) PLATED ESCUTCHEONS AT THE PENETRATION. ALL PIPING PENETRATING EXTERIOR WALLS AND ROOFS SHALL BE FLASHED IN AN APPROVED MANNER AND SHALL BE SEALED WEATHER TIGHT. PIPING PENETRATING RATED PARTITIONS SHALL BE PROTECTED AS REQUIRED BY LOCAL CODE AUTHORITY. (SEE DETAILS)
9. MANUFACTURER'S MODEL NUMBERS ARE SPECIFIED SOLELY TO ESTABLISH STANDARDS OF QUALITY FOR PERFORMANCE AND MATERIALS.
10. PRODUCTION INSTALLATION SHALL ADHERE TO MANUFACTURERS' RECOMMENDATIONS.
11. PROVIDE ACCESS PANELS FOR EQUIPMENT THAT REQUIRES PERIODIC SERVICE.
12. CONTRACTOR SHALL COORDINATE ELECTRICAL CHARACTERISTICS AND REQUIREMENTS OF ALL PLUMBING EQUIPMENT WITH THE ELECTRICAL DRAWINGS AND SHALL FURNISH EQUIPMENT WIRED FOR THE VOLTAGES SHOWN HEREIN.
13. PROVIDE SHUTOFF VALVES ON ALL BRANCH PIPING AND ON ALL SUPPLIES TO INDIVIDUAL FIXTURES AND EQUIPMENT. PROVIDE BALL VALVES ON ALL WATER MAIN BRANCHES IN CORRIDORS AND WHERE INDICATED ON DRAWINGS. ALL VALVES SHALL BE ACCESSIBLE.
14. ALL SLEEVES THROUGH CONCRETE FLOORS AND ALL CORE DRILLING OF CONCRETE FLOORS AND WALLS SHALL BE BY THIS CONTRACTOR.
15. CONCRETE PADS AND PLATFORMS FOR WORK OF THIS SECTION WILL BE PROVIDED BY GENERAL CONTRACTOR. PROVIDE INFORMATION AND HARDWARE AS NECESSARY TO COORDINATE WORK.
16. SCHEDULE WORK OF THIS SECTION TO AVOID INTERFERE WITH FIRE-PROOFING WORK.
17. RUN PIPING CONCEALED, UNLESS SPECIFIED OTHERWISE, AND CLEAR OF CEILING INSERTS.
18. STRUCTURAL WELDING SHALL BE 1/4-INCH FILLET UNLESS REQUIRED OTHERWISE.
19. PROVIDE CLAMPS, OFFSETS, EXPANSION JOINTS, ANCHORS AND GUIDES AS NECESSARY TO PREVENT STRESS ON PIPING.
20. PROVIDE BALANCING VALVES AT SYSTEM LOOP RETURNS AND AT RETURN RISERS. PROVIDE SHUT-OFF VALVES AT SYSTEM LOOP SUPPLIES AND SUPPLY RISERS.
21. PROVIDE VENTS AT HIGH POINTS IN PIPING SYSTEMS AND DRAIN VALVES AT LOW POINTS.
22. PROVIDE GAUGE FITTINGS AND THERMOMETET
- 23.
24. EQUIPMENT GAS TRAIN. REGULATORS ARE PART OF ATMOSPHERE.
25. PIPING SHALL NOT RUN OVER ELECTRICAL PANELS AND SHALL BE COORDINATED WITH WORK OF OTHER TRADES.



Revisions

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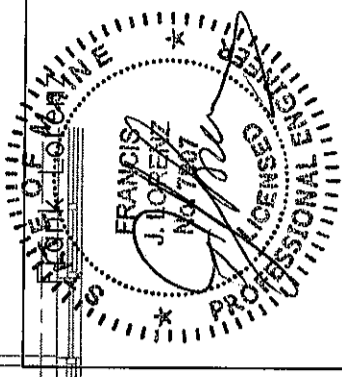
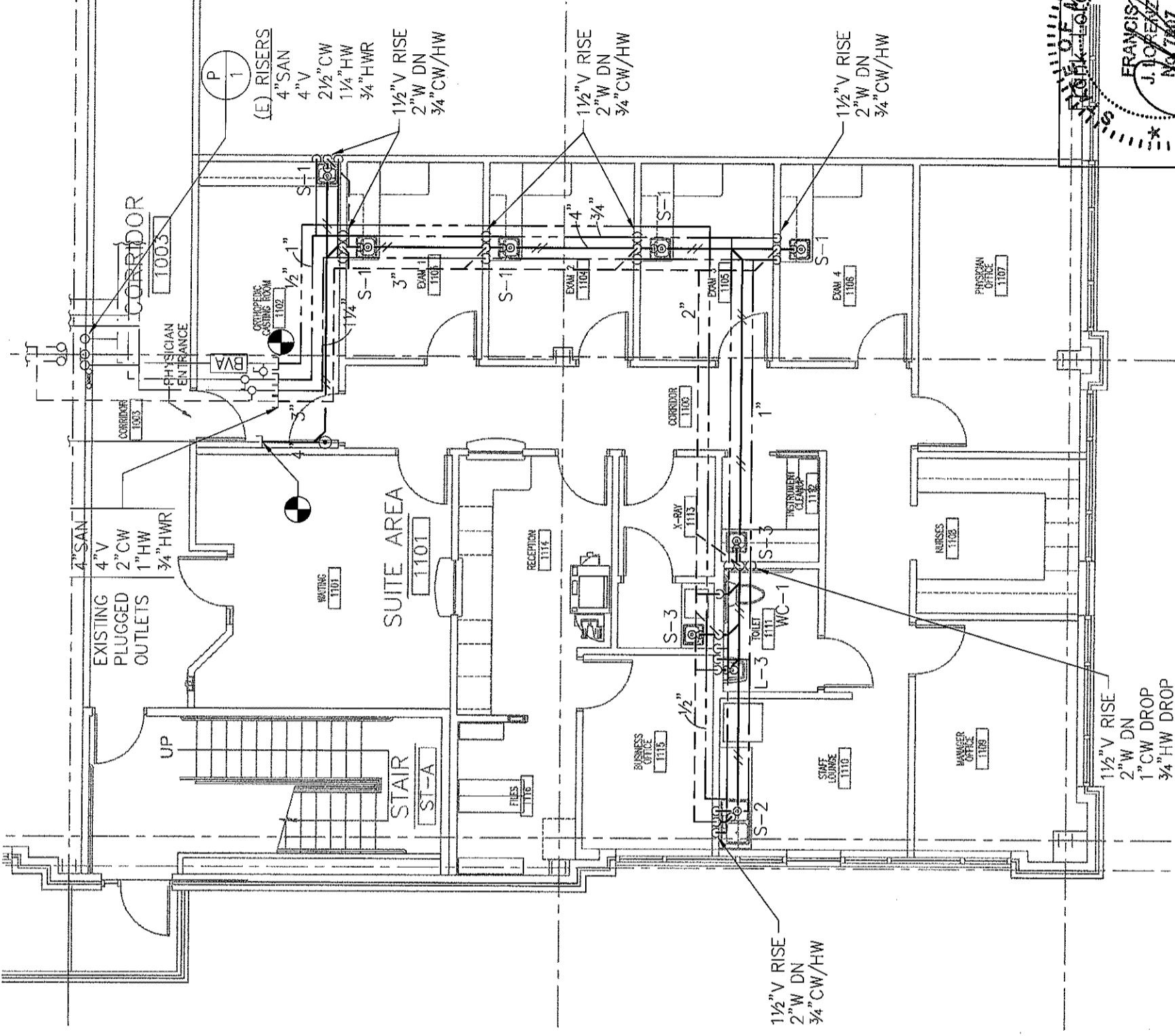
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**Plumbing  
Floor Plan**

Project  
**MERCY HOSPITAL**  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates  
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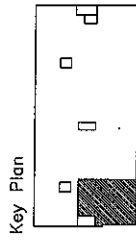
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Project No.  
**F07-5256.01**

Sheet No.  
**P-2.0**



PROFESSIONAL ENGINEER  
NO. ME 7907

**1 FLOOR PLAN**  
SCALE: 1/8"=1'-0"



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F07-5256.01

Sheet No.

P-3.0

## PLUMBING FIXTURE SCHEDULE

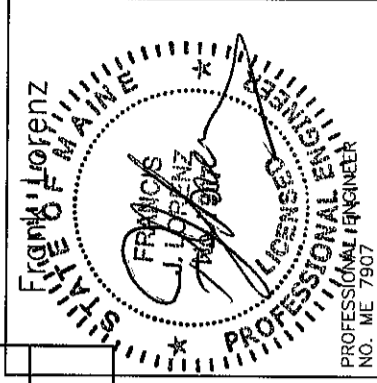
FIXTURES	FIXTURE #		SERVICE CONNECTION				MANUFACTURER AND EQUIPMENT	MODEL NO.	REMARKS
	WC-1		S	W	V	CW			
WATER CLOSET									
FLUSH TANK (BOTTOM OUTLET)	•		4"		2"	1/2"	AMERICAN STANDARD CADET OLSONITE OPEN FRONT SEAT LESS COVER	2377.100 95	
LAVATORIES	L-1	L-2 L-3							
PRIVATE		•		1 1/2"	1 1/2"	1/2"	SK: ELJER FAUCET: ELJER DRAIN: ELJER	051-2101 3571002 POP-UP	FURNISH OFFSET TRAP, VALVE STOPS, RISERS AND INSULATION KIT.
SINKS	S-1	S-2 S-3							
EXAM	•			2"	1 1/2"	3/4"	SK: ELKAY FAUCET: ELKAY DRAIN: ELKAY	BCR-15 LK411ABH4 LK36	
PANTRY		•		2"	1 1/2"	3/4"	SK: ELKAY FAUCET: ELKAY DRAIN: ELKAY HOT WATER DISPENSER: INSINKERATOR	CR-3321 LK4380FCR (2)LK35L HOTI	
LABORATORY		•		2"	1 1/2"	3/4"	SK: ELKAY FAUCET: ELKAY DRAIN: ELKAY	CR-2521 LK411ABH4 LK35	

**NOTES:**

1. THE EXACT LOCATION AND MOUNTING HEIGHTS OF ALL PLUMBING FIXTURES SHALL BE AS PER THE ARCHITECTURAL DRAWINGS.
2. ALL SINKS AND LAVATORIES THAT ARE HANDICAPPED ACCESSIBLE SHALL BE PROVIDED WITH THERMAL AND IMPACT INSULATION/SHIELDING KITS ON SUPPLIES, TRAPS, TAILPIECES AND WASTE OUTLETS.

## PLUMBING EQUIPMENT SCHEDULE

EQUIPMENT	ITEM No.	SERVICE CONNECTION				MANUFACTURER AND EQUIPMENT	MODEL No.	REMARKS
		T	W	V	CW			
BACKFLOW PREVENTER	BPA-1				1/2"		WATTS SERIES 7	





Revisions

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ALLINGTON - BOSTON - NEW YORK - PHILADELPHIA  
PRINCETON - STAMFORD - WASHINGTON

Sheet

Plumbing  
Details

Project

MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates

Suite 120

Date

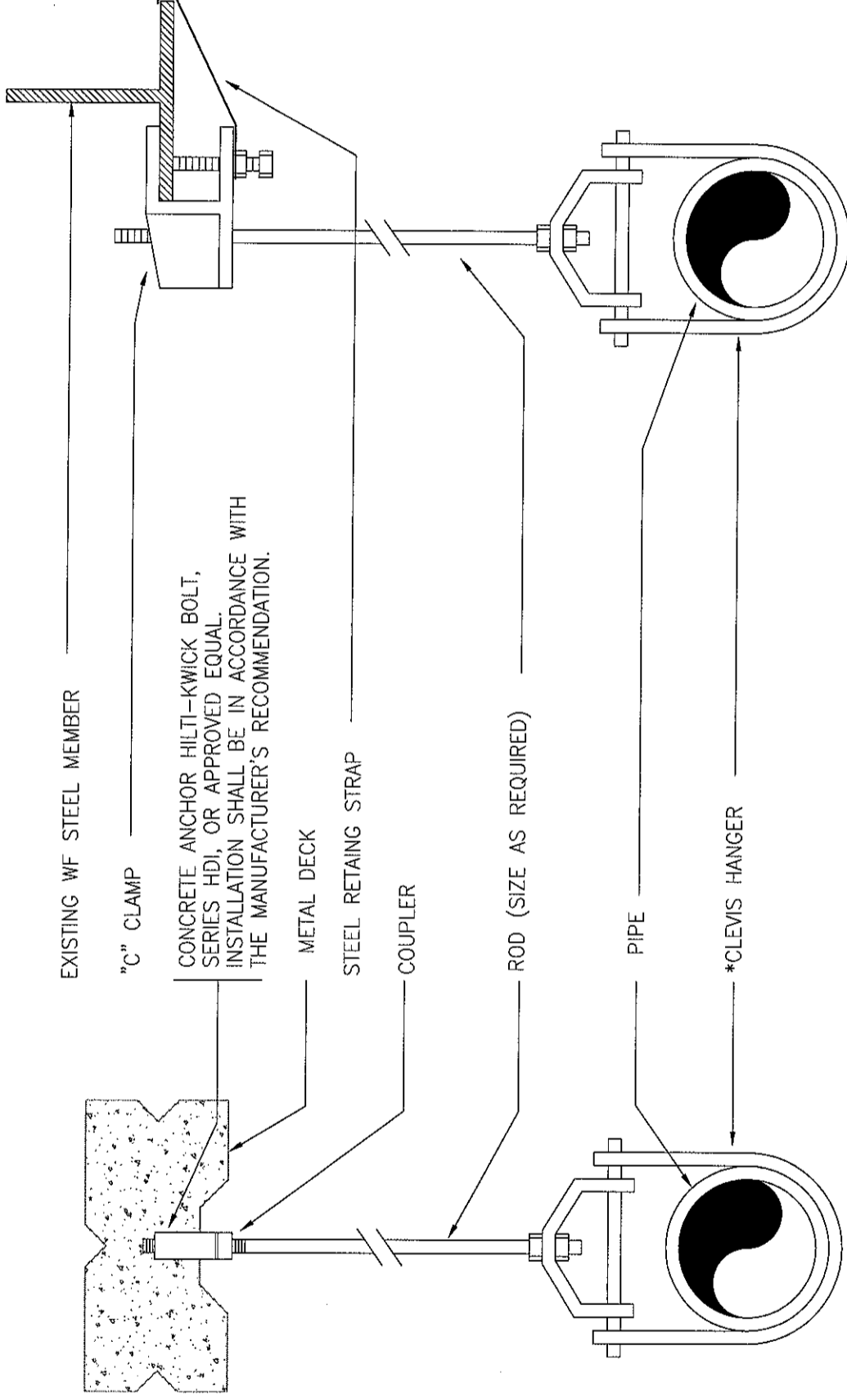
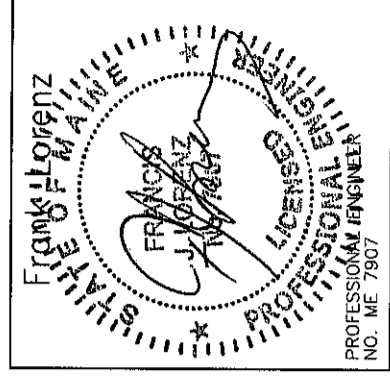
October 19, 2007

Project No.

F07-5256.01

Sheet No.

P-4.0



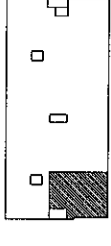
\* CLEVIS HANGERS REQUIRED ON PIPING LARGER 1".  
GENERAL PURPOSE HANGERS MAY BE USED ON PIPING 1" OR SMALLER.

TYPICAL HANGER DETAIL

**LANDMARK  
HEALTHCARE  
FACILITIES, LLC**

839 North Jefferson Street  
Milwaukee, Wisconsin 53202  
Telephone: (414) 277-0500  
Facsimile: (414) 277-1055

Key Plan



NORTH



Revisions

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Sheet

**Plumbing  
Riser Diagrams**

Project

**MERCY HOSPITAL  
Medical Office Bldg.  
Portland, Maine  
Ankle and Foot  
Associates**

Suite 120

Date

October 19, 2007

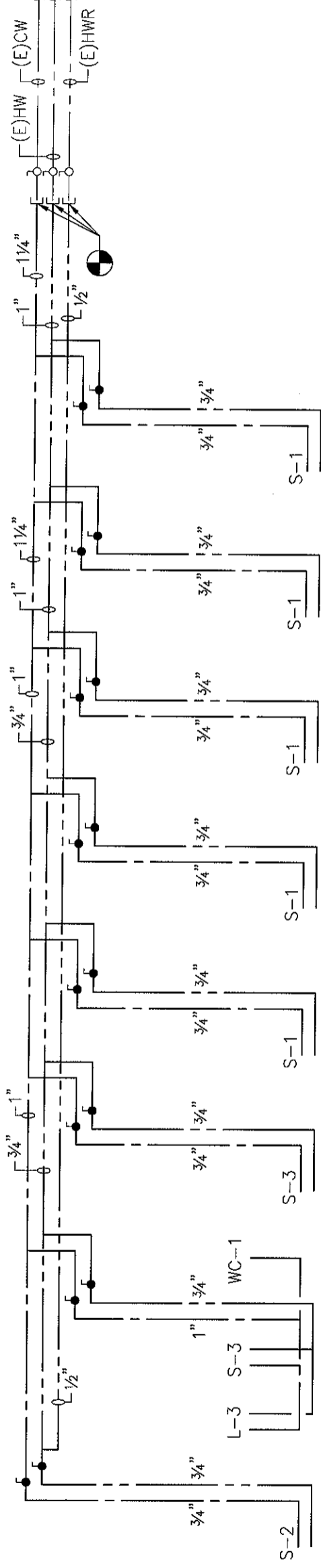
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F07-5256.01

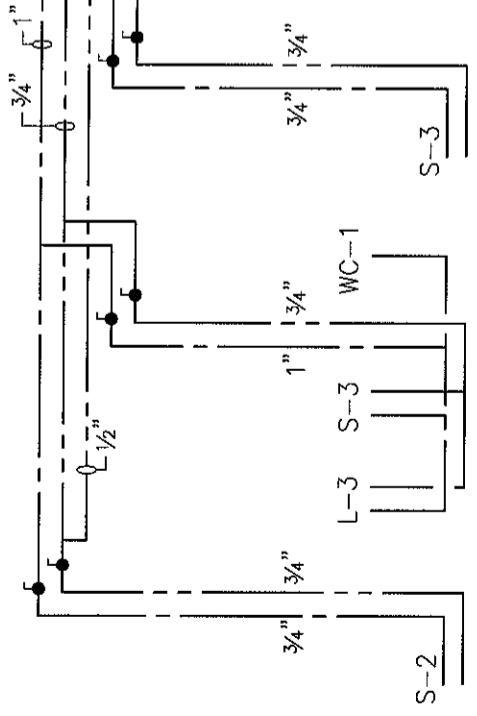
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**P-5.0**

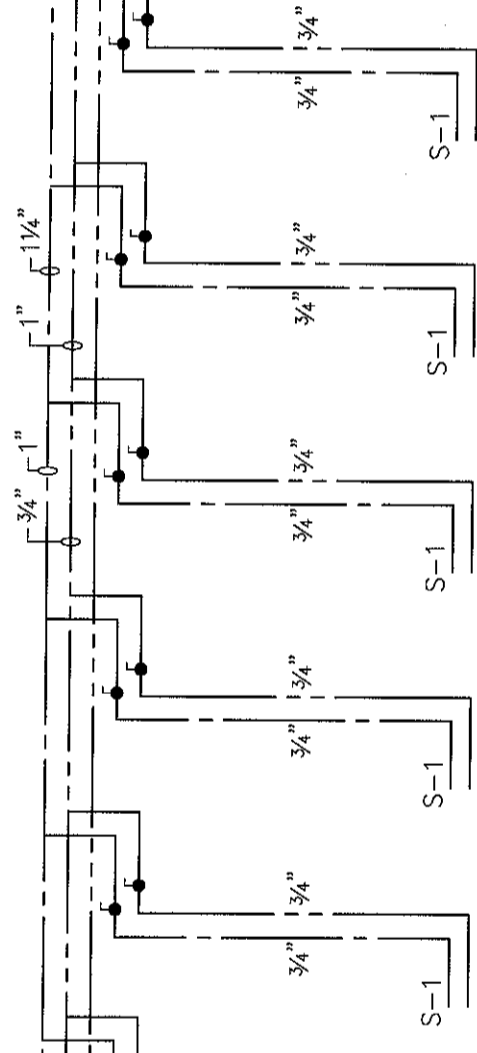
4TH FL



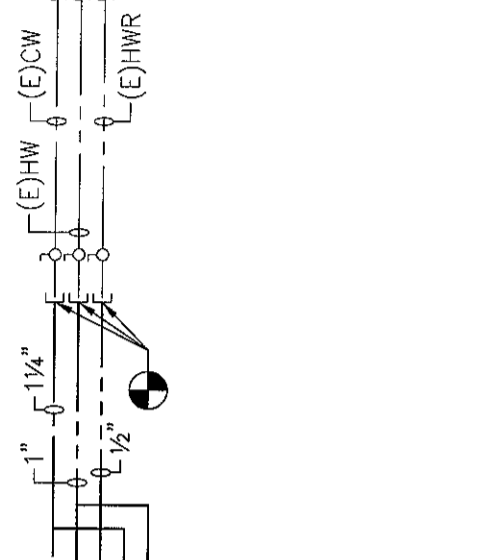
2ND FL



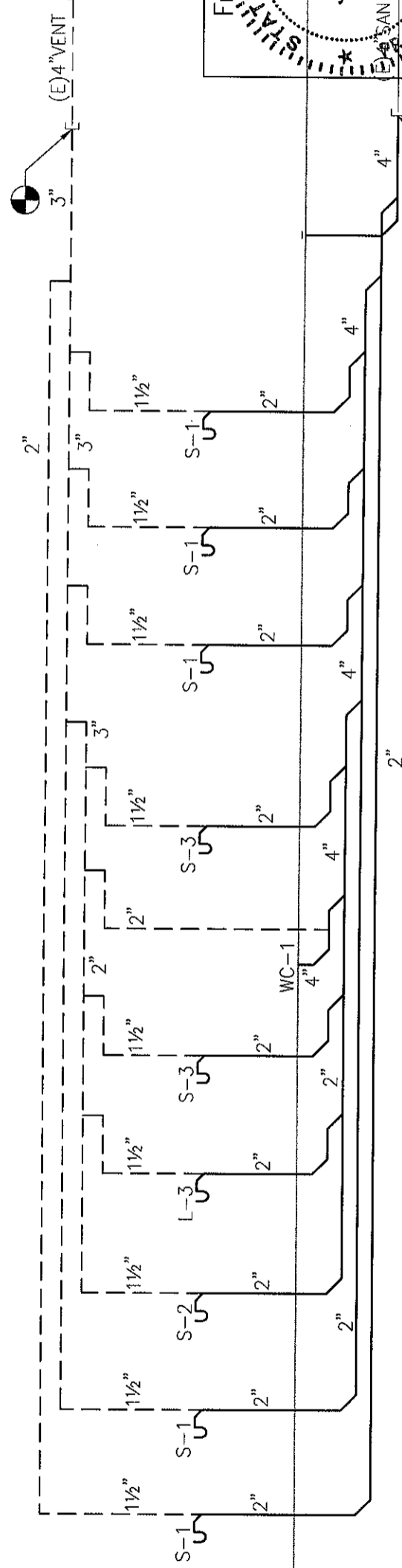
1ST FL



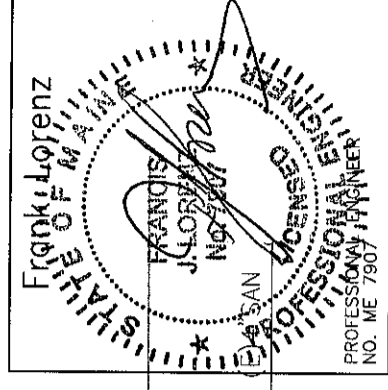
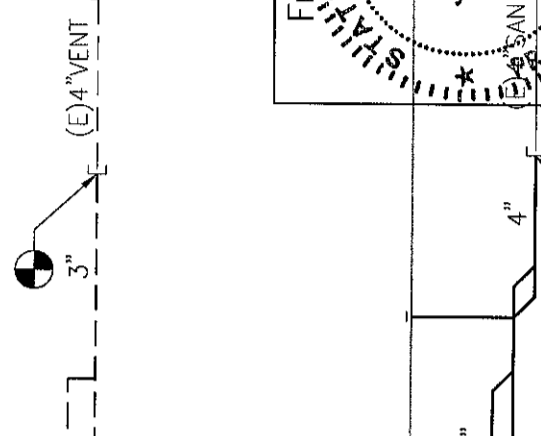
3RD FL

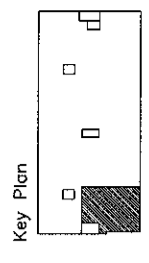


2ND FL



1ST FL



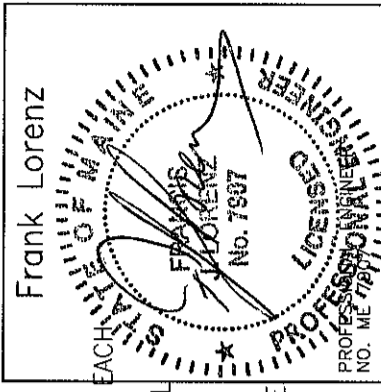


Revisions

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 REDUCION • STAMFORD • MEXICO CITY

Sheet  
**Fire Protection  
 Cover Sheet**

Project  
**MERCY HOSPITAL  
 Medical Office Bldg.  
 Portland, Maine  
 Ankle and Foot  
 Associates  
 Suite 120**  
 Date  
**October 19, 2007**  
 Project No.  
**F07-5256.01**  
 Sheet No.  
**FP-1.0**



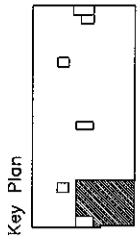
**FIRE PROTECTION GENERAL NOTES:**

1. PROVIDE WET-PIPE SPRINKLERS IN ALL AREAS. PROVIDE DRY-TYPE SPRINKLER SYSTEM IN ALL AREAS WHERE AMBIENT TEMPERATURE IS 40 DEG F OR BELOW.
2. SECURE WATER FLOW TEST DATA TAKEN FROM FIRE HYDRANTS NEAREST SITE. IF RECENT FLOW TEST DATA IS NOT AVAILABLE FROM CITY RECORDS, MAKE NECESSARY TESTS AS REQUIRED BY NFPA STANDARDS TO DETERMINE CHARACTER OF WATER SUPPLY. MINIMUM OF 20 PSI DROP IN PRESSURE BETWEEN STATIC AND RESIDUAL PRESSURE SHALL BE REQUIRED IN ORDER TO OBTAIN ACCURATE DATA.
3. SPRINKLER SYSTEM SHALL BE HYDRAULICALLY CALCULATED FOR LIGHT HAZARD OCCUPANCY EXCEPT AS NOTED.
4. SPRINKLERS FOR GENERAL AREAS SHALL BE TYPE AS SCHEDULED, 165 DEG F RATED, HYDRAULICALLY DESIGNED TO PROVIDE 0.10 GPM/SQ FT OVER MOST REMOTE 1500 SQ FT PLUS 50 GPM FOR HOSE STREAM. MAXIMUM PROTECTION AREA PER SPRINKLER SHALL BE 225 SQ FT. ROOM DESIGN METHOD ACCEPTABLE.
6. ADD 10% CONTINGENCY FACTOR TO HYDRAULIC CALCULATIONS.
7. EXACT LOCATION OF SPRINKLER HEADS IN FINISHED AREAS WITH SUSPENDED CEILING SHALL BE AS INDICATED ON REFLECTED CEILING PLANS.
8. MINIMUM PRESSURE AT END SPRINKLER HEAD 7 PSI.
9. EQUIVALENT FITTING LENGTHS USED IN HYDRAULIC CALCULATIONS SHALL BE IN ACCORDANCE WITH NFPA STANDARD NO. 13 AND FACTORY MUTUAL 0.5 2-8N.
  - A. WHEREVER FITTINGS ARE USED IN CONJUNCTION WITH LIGHTWALL PIPE, EQUIVALENT FITTING LENGTHS INDICATED IN NFPA-13 SHALL BE INCREASED BY 39%.
10. MAXIMUM FLOW VELOCITY SHALL NOT EXCEED 32 F.P.S.
11. ALL AUTOMATIC SPRINKLER HEADS, PIPE FITTINGS, PIPE HANGERS, AUTOMATIC CONTROL VALVES AND MANUAL CONTROL VALVES SHALL BEAR FACTORY MUTUAL APPROVAL AND SHALL BE APPROVED BY THE ENGINEER PRIOR TO INSTALLATION.
12. ALL EXPOSED PIPE, FITTINGS, HANGERS AND SUPPLEMENTARY STEEL SHALL BE PAINTED.
13. ENDS OF ALL CROSS MAINS SHALL BE PROVIDED WITH THREADED FLUSHING CONNECTION NO MORE THAN 2 INCHES IN DIAMETER.
14. PROVIDE AUXILIARY DRAINS FOR ALL BELOW DUCT SPRINKLERS AND OTHER TRAPPED SECTIONS. PIPING TO ONE SINGLE SPRINKLER IS EXCLUDED.
15. PROVIDE FLUSHING CONNECTIONS WHERE REQUIRED BY NFPA AND F.M.
16. COORDINATE WITH OWNER FOR ALL SHUTDOWNS.
17. PROVIDE TEST CONNECTIONS AT HIGHEST POINT OF MAIN PORTION OF SPRINKLER SYSTEM, WITH 1" PIPE AND VALVE. TEST PIPE SHALL BE CONNECTED TO SPRINKLER PIPE AT LEAST 1-1/4" IN SIZE AND SHALL DISCHARGE OUTSIDE BUILDING OR THROUGH 1/2" SMOOTH BORE BRASS OUTLET, WHERE IT CAN BE EASILY SEEN.
18. PROVIDE ADDITIONAL HEADS UNDER DUCTWORK LARGER THAN 48" WIDE

**FIRE PROTECTION SYMBOLS**

(NOT ALL SYMBOLS ARE NECESSARILY USED ON THIS PROJECT)

- |  |                                                        |
|--|--------------------------------------------------------|
|  | EXISTING PIPING                                        |
|  | NEW PIPING                                             |
|  | EXISTING PIPING TO BE REMOVED                          |
|  | EXISTING SPRINKLER HEAD                                |
|  | EXISTING SPRINKLER HEAD TO BE REMOVED                  |
|  | NEW CONCEALED SPRINKLER HEAD                           |
|  | NEW PENDENT SPRINKLER HEAD                             |
|  | NEW UPRIGHT SPRINKLER HEAD                             |
|  | NEW SIDE WALL SPRINKLER HEAD                           |
|  | EXTEND EXISTING SPRINKLER PIPING TO NEW SPRINKLER HEAD |
|  | FIRE EXTINGUISHER IN CABINET                           |
|  | FIRE EXTINGUISHER WALL HUNG                            |
|  | HYDRAULIC REFERENCE POINT                              |
|  | SPRINKLER CONTROL VALVE                                |
|  | PIPE UP/RISE                                           |
|  | PIPE DN/DROP                                           |
|  | CONNECT TO EXISTING                                    |
|  | DISCONNECT FROM EXISTING                               |
|  | FIRE HOSE VALVE                                        |
|  | FIRE STANDPIPE                                         |
|  | SPRINKLER                                              |
|  | UNLESS OTHERWISE NOTED                                 |



Revisions

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Sheet

**Fire Protection  
Floor Plan**

Project

**MERCY HOSPITAL  
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Associates**

Suite 120

Date

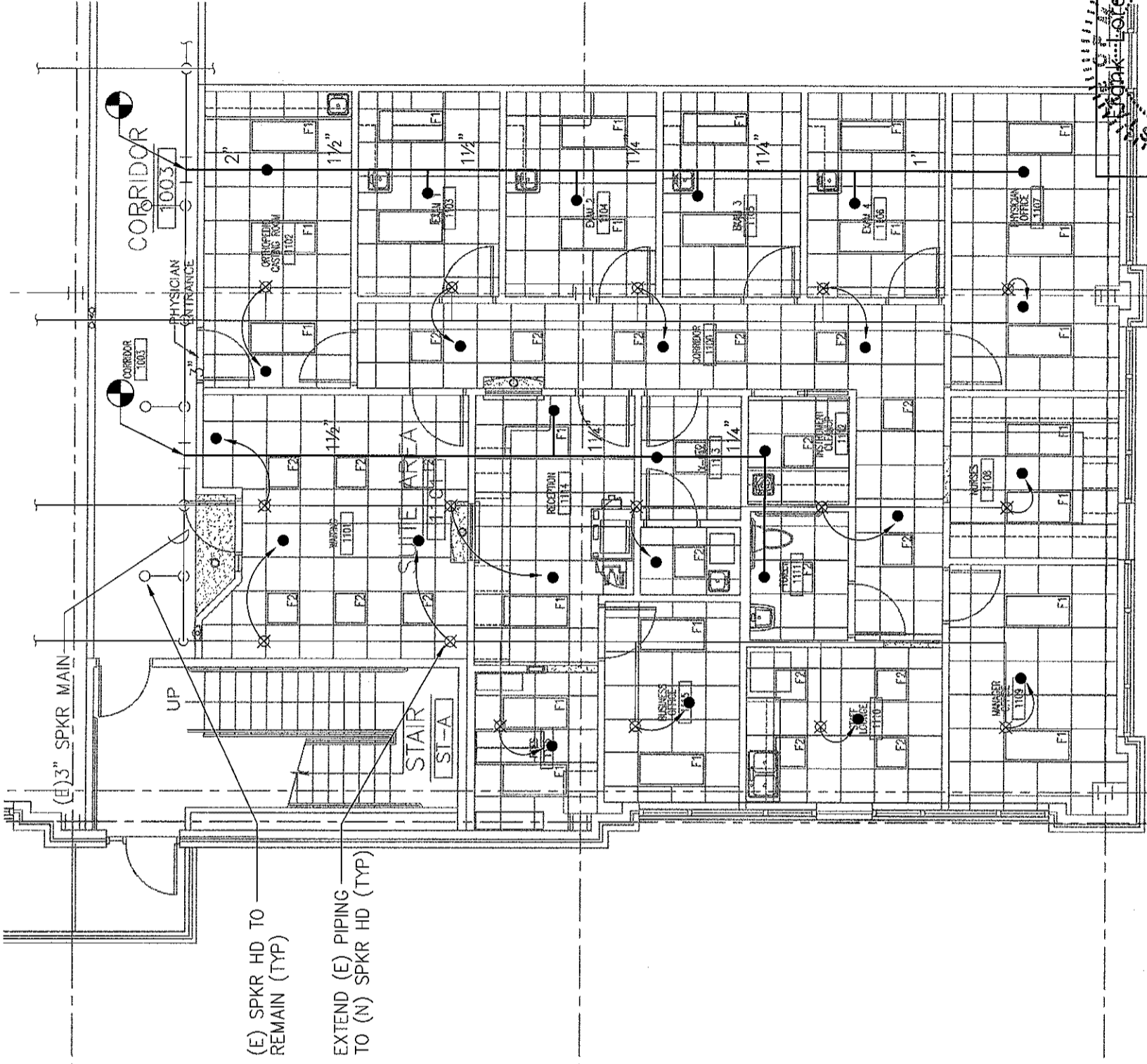
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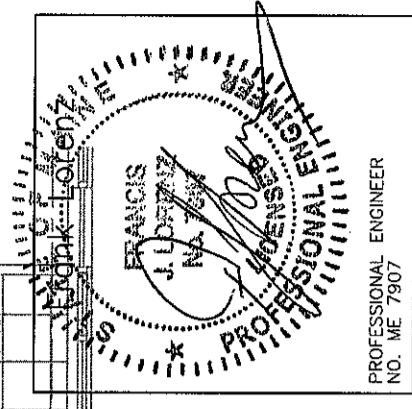
**FP-2.0**



(E) SPKR HD TO  
REMAIN (TYP)

EXTEND (E) PIPING  
TO (N) SPKR HD (TYP)

**1 FLOOR PLAN**  
SCALE: 1/8" = 1'-0"



PROFESSIONAL ENGINEER  
NO. ME 7907