



Copy

Letter of Transmittal

To: Jeannie Burke
Portland City Hall
Inspection Division
389 Congress St.
Portland, ME 04101
Ph: 207-874-8703

Transmittal #: 2
Date: 12/13/2012
Job: 120114 Brighton Ortho Triage Reno

Subject: Building Permit

- WE ARE SENDING YOU**
- Attached
 - Under separate cover via None the following items:
 - Shop drawings
 - Prints
 - Plans
 - Samples
 - Copy of letter
 - Change order
 - Specifications
 - Other

Document Type	Copies	Date	No.	Description
Bldg Permit	1	12/13/12		General Building Permit Application
Bldg Code Cert	1	12/13/12		Accessibility Building Code Certificate
Cert of Design	1	12/13/12		Certificate of Design
Cert of Design App	1	12/13/12		Certificate of Design Application
Drawing	1	12/13/12		30x42 drawings G1.0, T1.0, D1.0, A1.0, A7.0, A8.0, A8.1
Electronic File	1	12/13/12		Electronic Drawing files on disk
Check	1	12/13/12		Check No. 043191 in the amount of \$3,370.00

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested
- For review and comment
- FOR BIDS DUE
- Approved as submitted
- Approved as noted
- Returned for corrections
- Other
- PRINTS RETURNED AFTER LOAN TO US
- Resubmit ___ copies for approval
- Submit ___ copies for distribution
- Return ___ corrected prints

Remarks:

Copy To:

From:

Signature: _____



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>22 Bramhall St.</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * must be owner, Lessee or Buyer* Name <u>Maine Medical Center</u> Address <u>22 Bramhall St.</u> City, State & Zip <u>Portland, ME 04102</u>	Telephone: <u>207-662-2447</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>335,000.00</u> C of O Fee: \$ _____ Total Fee: \$ <u>3,370.00</u>
Current legal use (i.e. single family) <u>Ortho Medical Practice</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Ortho Medical Practice</u> Is property part of a subdivision? <u>No</u> If yes, please name _____ Project description: <u>Add (3) three new exam rooms and general rework of existing space to include new finishes in 75% of the rooms.</u>		
Contractor's name: <u>Hebert Construction</u> Address: <u>9 Gould Road</u> City, State & Zip <u>Lewiston, ME 04240</u> Telephone: _____ Who should we contact when the permit is ready: <u>Daniel R. Hebert</u> <u>207-783-2091</u> Telephone: _____ Mailing address: <u>9 Gould Road, Lewiston, ME 04240</u>		

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

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: <u>Daniel R. Hebert</u> Daniel R. Hebert / President	Date: December 13, 2012
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This is not a permit; you may not commence ANY work until the permit is issue



Certificate of Design Application

From Designer:

Ann Fontaine-Fisher - PDT Architects

Date:

12.10.12

Job Name:

MMP - Orthopedic Trauma & Fracture Care

Address of Construction:

335 Brighton Avenue, Suite 200, Portland

2009 International Building Code

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

Building Code & Year 2009 IBC Use Group Classification (s) I2 (Healthcare) (Primary Occ.)
B (Business) (Accessory Occ.)

Type of Construction Type 1 (332) NOTE: Project is accessory occupancy.

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2009 IRC Yes

Is the Structure mixed use? Accessory Occ. If yes, separated or non separated or non separated (section 302.3) Separated

Supervisory alarm System? Yes Geotechnical/Soils report required? (See Section 1802.2) NA

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_{D1} (1615.1)
- _____ Site class (1615.1.5)

- _____ Live load reduction
- _____ Roof live loads (1603.1.2, 1607.11)
- _____ Roof snow loads (1603.7.3, 1608)
- _____ Ground snow load, P_g (1608.2)
- _____ If $P_g > 10$ psf, flat-roof snow load P_f
- _____ If $P_g > 10$ psf, snow exposure factor, C_e
- _____ If $P_g > 10$ psf, snow load importance factor, I_s
- _____ Roof thermal factor, C_t (1608.4)
- _____ Sloped roof snowload, P_s (1608.4)
- _____ Seismic design category (1616.3)
- _____ Basic seismic force resisting system (1617.6.2)
- _____ Response modification coefficient, R_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)



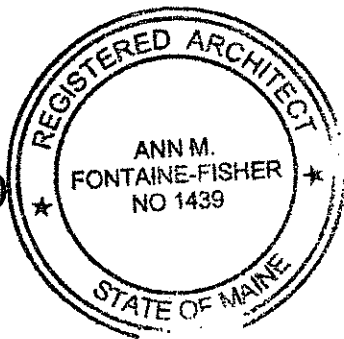
Accessibility Building Code Certificate

Designer: Ann Fontaine - Fisher - PDT Architects

Address of Project: 335 Brighton Ave, Suite 200, Portland

Nature of Project: Interior renovation of existing
medical practice.

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

(SEAL) 

Signature: Ann Fontaine-Fisher

Title: Principal

Firm: PDT Architects

Address: 49 Dartmouth St.
Portland, Maine 04101

Phone: 207-775-1059 X331

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Certificate of Design

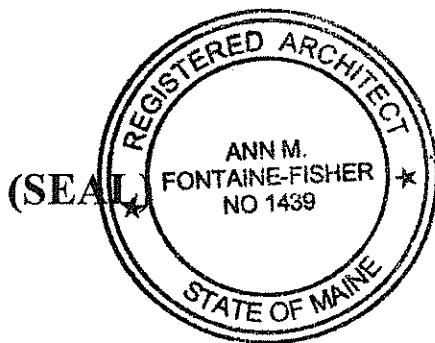
Date: 12.12.12

From: Ann Fontaine - Fisher - PDT Architects

These plans and / or specifications covering construction work on:

Interior renovation of existing medical practice.

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the **2009 International Building Code** and local amendments.



Signature: Ann Fontaine-Fisher

Title: Principal

Firm: PDT Architects

Address: 49 Dartmouth St.
Portland, Maine 04101

Phone: 207-775-1059 X 331

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