

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that: UNIVERSITY OF NEW ENG

Located At 746 STEVENS AVE

Job ID: 2012-08-4836-NEWCOM

CBL: 145-B-042-001

has permission to 37,905 sf building: INTERIOR ONLY: UNE Dental Arts

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

James Bank
Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-08-4836-NEWCOM

Located At: 746 STEVENS AVE

CBL: 145- B-042-001

Conditions of Approval:

Zoning

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
2. All previous conditions are still in force with the issuance of this permit.

Building

1. Application approval based upon information provided by the applicant or design professional, with revisions as dated received after 8/29/12. Any deviation from approved plans requires separate review and approval prior to work.
2. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
3. A final special inspection report shall be submitted prior to issuance of a certificate of occupancy. This report must demonstrate all deficiencies and corrective measures that were taken.

Fire

1. All construction shall comply with City Code Chapter 10.
2. This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.
3. Application requires State Fire Marshal approval.
4. Street addresses shall be marked on the structure and shall be as approved by the City E-911 Addressing Officer. Contact Michelle Sweeney at 874-8682 for further information.
5. Any Fire alarm or Sprinkler systems shall be reviewed by a licensed contractor(s) for code compliance. Compliance letters are required.
6. A separate Fire Alarm Permit is required. This review does not include approval of fire alarm system design or installation.
7. Fire Alarm system shall be maintained. If system is to be off line over 4 hours a fire watch shall be in place. Dispatch notification required 874-8576.
8. The fire alarm system shall comply with the City of Portland Fire Department Rules and Regulations. All fire alarm installation and servicing companies shall have a Certificate of Fitness from the Fire Department.
9. Fire alarm system requires a wireless master box connection per city ordinance. Master box design and installation shall in conformance with Fire Department Regulations and approved by Fire Department Electrical Division.

10. All smoke detectors shall be photoelectric.
- 11. Duct detectors shall be supervisory signals.**
- 12. Compliance with NFPA 1, Fire Code, Annex O for In-building Public Safety Radio Enhancement Systems shall be verified by an RF Engineer.**
- 13. A two-way communications panel for area of refuge shall be provided in accordance with NFPA 101:7.2.12.1.1.**
14. The sprinkler system shall be installed in accordance with NFPA 13.
- 15. The Fire Department requests that the sprinkler floor control assemblies be located inside Stair B. Any other arrangement requires specific approval from the Fire Department.**
16. A separate Suppression System Permit is required. This review does not include approval of sprinkler system design or installation.
17. Sprinkler supervision shall be provided in accordance with NFPA 101, Life Safety Code, and NFPA 72, National Fire Alarm and Signaling Code.
18. Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
19. Fire department connection type and location shall be approved in writing by Fire Prevention Bureau.
20. System acceptance and commissioning must be coordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.
21. A 4100 Series Knox-Vault is required immediately adjacent to the Fire Department point of entry and fire alarm panel and shall be installed with the bottom at 5 ft above the stair landing.
22. A firefighter Building Marking Sign is required and shall be located directly above the Knox-Vault with the bottom at 6 ft above the stair landing.
23. Fire extinguishers are required per NFPA 1.
24. New elevators are required to be ADA compliant.
25. Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
26. New emergency power systems for emergency lighting shall be at least Type 10, Class 1.5, Level 1 in accordance with NFPA 110, *Standard for Emergency and Standby Power Systems*, 2005 edition.
- 27. Heating, ventilation, and Air-Conditioning shall be installed in accordance with NFPA 101:9.2. Separate permits are required for HVAC.**
28. Any cutting and welding done will require a Hot Work Permit from Fire Department.
29. Walls in structure are to be labeled according to fire resistance rating. IE; 1 hr. / 2 hr. / smoke proof.
30. A single source supplier should be used for all through penetrations.

145 B042

2012-08-4836

NEWCOM

UNE DENAL
ARTS/PATIENT CARE
INTERNAL ONLY

PLANS IN LARGE PLAN AREA

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Plumbing Rough Commercial

Electrical - Commercial

Close In Elec/Plmb/Frame prior to insulate or gyp

Certificate of Occupancy Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-08-4836-NEWCOM	Date Applied: 8/29/2012	CBL: 145- B-042-001	
Location of Construction: 746 STEVENS AVE	Owner Name: UNIVERSITY OF NEW ENGLAND	Owner Address: 11 HILLS BEACH RD BIDDEFORD, ME 04005	Phone:
Business Name: Patient Care & Dental Arts	Contractor Name: AlliedCook / Matt Cook	Contractor Address: 8 US ROUTE ONE SCARBOROUGH MAINE 04074	Phone: (207) 772-2888
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG	Zone: R-5
Past Use: University	Proposed Use: Same: Interior fit-up for ore & shell building approved under #2012-05-4016 - for patient care and dental arts	Cost of Work: \$1,704,000.00	CEO District:
		Fire Dept: 10/30/12 <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: B/A-3 Type: SB MUBEL '09 Signature: <i>[Signature]</i> 10/30/12
Proposed Project Description: 37,905 sf building; INTERIOR ONLY, see other permit		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Brad		Zoning Approval	

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Maj <input type="checkbox"/> Mit <input type="checkbox"/> MM</p> <p>Date: <i>[Signature]</i> 8/30/12</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
	CERTIFICATION		

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the appication is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



General Building Permit Application

2012-08-4836 - New Comm

Entered 8/29/12

BS

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.

746 Stevens

Location/Address of Construction: University of New England Campus, Stevens Avenue, Portland, ME.		
Total Square Footage of Proposed Structure/Area 37,904 sf (2 Stories)		Square Footage of Lot 35,000sf
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 145 B042 001	Applicant * must be owner, Lessee or Buyer * Name AlliedCook Construction Corp. Address 8 U.S. Route One City, State & Zip Scarborough, ME 04074	Telephone: 207-772-2888
Lessee/DBA (If Applicable) <u>Cofo Fee due</u>	Owner (if different from Applicant) Name University of New England Address 11 Hills Beach Rd. City, State & Zip Biddeford, ME 04005	Cost Of Work: \$1,704,000.00 C of O Fee: \$ Total Fee: \$17,060
Current legal use (i.e. single family) New Construction Patient Care Facility If vacant, what was the previous use? Proposed Specific use: Patient Care Facility / College of Dentistry Is property part of a subdivision? _____ If yes, please name _____ Project description: 37,905sf Building to house a college of dental medicine and patient care facility. Interior Fit up only, Core and Shell previously applied for. → 11/2012-05-		
Contractor's name: AlliedCook Construction Address: 8 U.S. Route One City, State & Zip Scarborough, ME 04074 Who should we contact when the permit is ready: JP Schwartz Mailing address: PO Box 1396 Portland, ME 04104		

RECEIVED

AUG 29 2012

Dept. of Building Inspections
City of Portland Maine

(207) 772-2888 Telephone:

(207) 415-0080 Telephone:

4016

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: [Signature] Date: 8/29/12

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

Applicant:

UNE Dental Care / Patient Center

Date:

4/26/12

Address:

1 College Ave

C-B-L:

145-B-3442

CHECK-LIST AGAINST ZONING ORDINANCE

#2012-05-4014

Date

Zo

In

P

S

Col



CITY OF PORTLAND, MAINE

Department of Building Inspections

College / university
(to demolish work
Sep. permits)

Original Receipt

8/29 2012

led

Received from

Allied Cook

Location of Work

UNE Patient Care Facility
Stevens Ave

led

Cost of Construction

\$1,704,000 Building Fee: 17,060

Permit Fee

\$ Site Fee:

est 15

Colo Dec

Certificate of Occupancy Fee:

Total: 17,060

Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)

Other

CBL:

Check #: 44762

Total Collected \$17,060

No work is to be started until permit issued. Please keep original receipt for your records.

Taken by: CBS

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

imports

City of Portland, Maine - Building or Use Permit Application

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

Previous permit

Job No: 2012-05-4016-NEWCOM	Date Applied: 5/16/2012	CBL: 145- B-042-001	
Location of Construction: 746 STEVENS AVE	Owner Name: UNIVERSITY OF NEW ENGLAND	Owner Address: 11 HILLS BEACH RD BIDDEFORD, ME 04005	Phone:
Business Name:	Contractor Name: AlliedCook Condruction Corp.- JP Schwartz	Contractor Address: 8 US ROUTE ONE - SCARBOROUGH, MAINE 04074	Phone: (207) 772-2888 415-0080 (JP)
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG	Zone: R-5
Past Use: University of New England	Proposed Use: To demolish 3 buildings along Stevens Ave and to replace them with a new building for Patient Care and Dental Arts – this permit is for the Core and Shell only – fit-up on future permit	Cost of Work: \$3,000,000.00	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature:	Inspection: Use Group: Type: Signature:
Proposed Project Description: 18,600 Sq Ft Building / Patient Care Facility		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Lannie		Zoning Approval	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building Permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
	CERTIFICATION		

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

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Receipts Details:

Tender Information: Check , Check Number: 44762

Tender Amount: 17060.00

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 8/29/2012

Receipt Number: 47662

Receipt Details:

Referance ID:	7832	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	17060.00	Charge Amount:	17060.00
Job ID: Job ID: 2012-08-4836-NEWCOM - 37,905 sf building; INTERIOR ONLY, see other permi			
Additional Comments: 746 Stevens Ave			

Thank You for your Payment!



Certificate of Design Application

From Designer: PORT CITY ARCHITECTURE
 Date: 8.27.12
 Job Name: UNIVERSITY OF NEW ENGLAND PATIENT CARE CENTER
 Address of Construction: 1 COLLEGE ST, PORTLAND MAINE

2009 International Building Code

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

Building Code & Year IBC 2009 Use Group Classification (s) BUSINESS
 Type of Construction TYPE 5
 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? NO If yes, separated or non separated or non separated (section 302.3) _____
 Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) YES, SEE SPEC

Structural Design Calculations

_____ Submitted for all structural members (106.1 – 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
_____	_____
_____	_____
_____	_____
_____	_____

Wind loads (1603.1.4, 1609)

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

Earth design data (1603.1.5, 1614-1623)

_____ Design option utilized (1614.1)
 _____ Seismic use group ("Category")
 _____ Spectral response coefficients, S_D & S_{D1} (1615.1)
 _____ Site class (1615.1.5)

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

Flood loads (1803.1.6, 1612)

_____ Flood Hazard area (1612.3)
 _____ Elevation of structure

Other loads

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

SEE EXTERIOR SHELL PERMIT



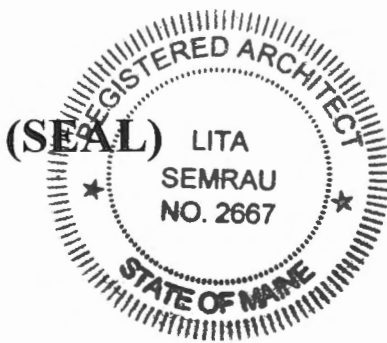
Accessibility Building Code Certificate

Designer: LITA Semrau - PORT CITY Architecture

Address of Project: 1 College St, PORTLAND, ME

Nature of Project: University of New England
Patient Care Center which houses
the clinics for the College of
Dental medicine

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



Signature: [Handwritten Signature]

Title: Vice President

Firm: Port City Architecture

Address: 65 Newbury St
Portland, ME 04101

Phone: 207-756-4333

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

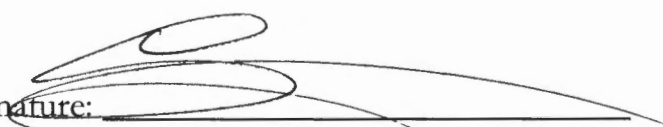
Date: Aug 27 / 2012

From: _____

These plans and / or specifications covering construction work on:

University of New England Patient
Care Center

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: 

Title: Vice President

Firm: PORT CITY ARCHITECTS

Address: 65 Newbury Street
PORTLAND, ME 04101

Phone: 207-756-4333



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

Jeanie Bourke - RE: UNE Interior plan review comments

From: Jeanie Bourke
To: Lita Semrau
Date: 10/11/2012 10:38 AM
Subject: RE: UNE Interior plan review comments
CC: jason@portcityarch.com

Thanks Lita,

The non-separated mixed use design can be used per IBC based on your calculations. I am not sure about NFPA requirements, you may want to confirm with Ben W., even though you have SFM approval.

1. The original code analysis on Plan T1.01 states the design as mixed use separated, can you please make this revision on the plan prior to submitting the stamped set with disk.
2. For the Stair B revision to comply with the rated exit enclosure, you can provide an SKA showing this and please include the code section reference.

Thanks again,
Jeanie

>>> "Lita Semrau" <lita@portcityarch.com> 10/10/2012 3:10 PM >>>

Jean . . . please see below . . . call or email if you have any questions . . . las

Lita Semrau, NCARB
Vice President
Port City Architecture
65 Newbury Street
Portland, ME
(207) 761-9000
lita@portcityarch.com
www.portcityarch.com

From: Jeanie Bourke [mailto:JMB@portlandmaine.gov]
Sent: Thursday, October 04, 2012 11:04 AM
To: lita@portcityarch.com
Subject: UNE Interior plan review comments

Hi Lita,

Here are my comments on this review, please contact me with any questions, thanks.

1. The architectural plans are not stamped

We will send you one . . .

2. Plan A2.45, Sim room 123 is not showing rated wall construction for Assembly use within the Business use as mixed separated. Also, is Sim lab 134 considered part of room 123?

According to IBC 508.3, you can have nonseparated occupancies if the following is met . . .

1. Determine which occupancy group classifications are present in the building

The building is 2 stories above grade and a partial story below grade and 18,216 sf

Simulation is Assembly A-3

6,000 sf and one story –

According to 504.1, you can increase by one story if the building is sprinkled – it is

According to 506, area can be increased by

$$(6,000 + (6,000 \times 0.36) + 6,000 \times 2) = 20,160 \text{ sf}$$

$$I_f = 0.36$$

$$I_s = 2$$

Main building is Business B

9,000 and two stories – but it can also be increased in area by same formula

Thus, Assembly A-3 is the most restrictive . . .

According to 504.1, you can increase by one story if the building is sprinkled – it is

According to 506, area can be increased by

$$(6,000 + (6,000 \times 0.36) + 6,000 \times 2) = \mathbf{20,160 \text{ sf}}$$
 allowed

$I_f = 0.36$ (calculation with three of the sides accessible)

$$I_s = 2 \text{ (Sprinkled)}$$

Square Footage and height is okay per calculation of additional square footage . . .

2. Determine the minimum type of construction based on the height and area of the building for each occupancy in accordance with this chapter and Table 503. Apply the requirement for the highest type of construction to the entire building (508.3.2)
3. Apply the most restrictive provisions found in Chapter 9 throughout the building containing nonseparated occupancies.
4. Apply all other requirements of the code, except for Section 403 and Chapter 9.

OKAY WITHOUT FIRE SEPERATION . . .

3. Due to the required rating of the room above, fire dampers will be needed for duct penetrations on plan H-1.01.

No longer needed without the fire separation above . . .

4. This is an item I may have missed in the original review. Please confirm if the exterior walls and openings of Stair B on the West side elevation comply with Sec. 1022.6 for walls less than 180 degrees adjacent to.

Yup – you are correct – we are removing the window in Stair B at that end – how would you like us to handle this issue to close the loop . . .

Jeanie

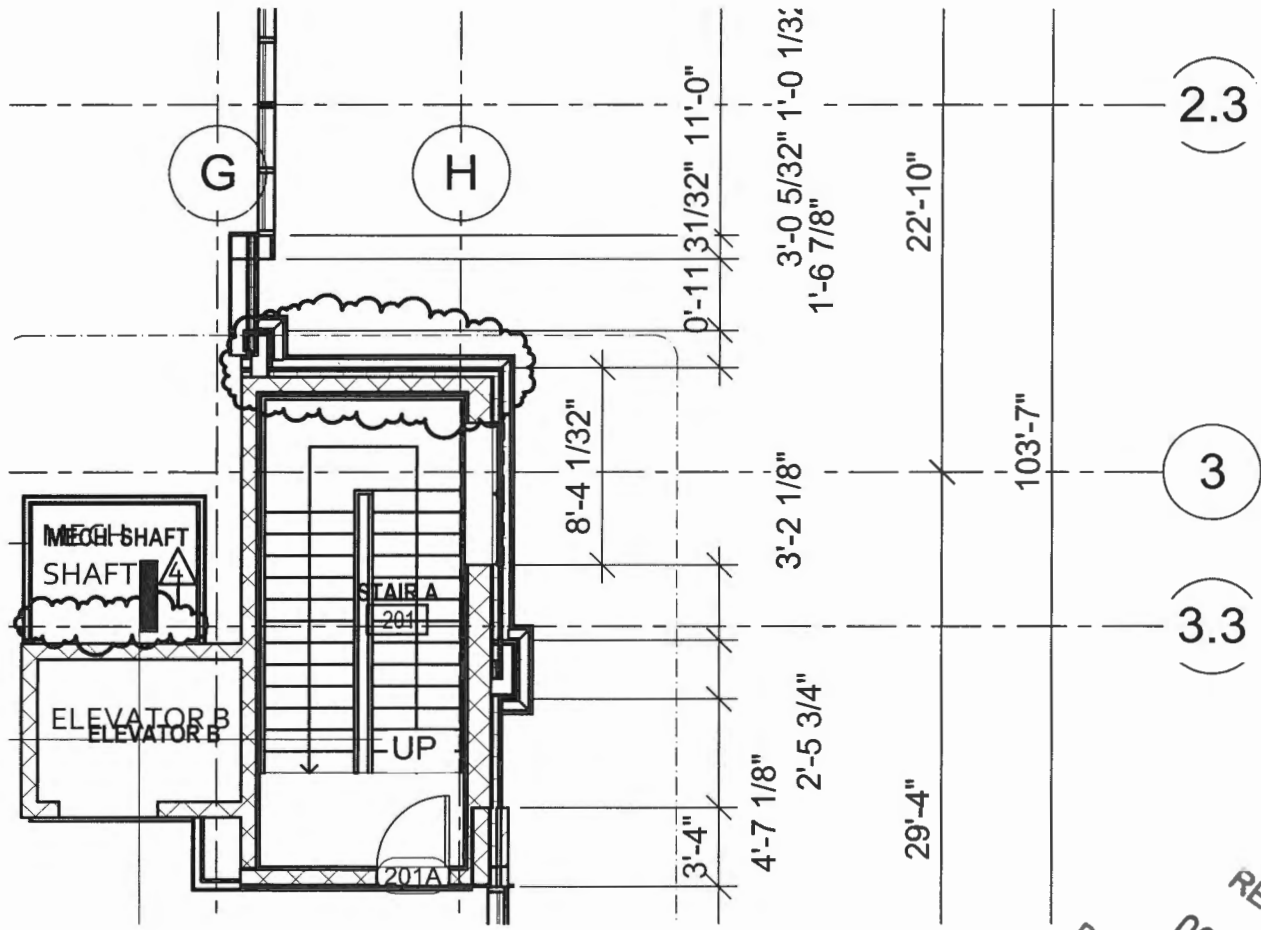
Jeanie Bourke
CEO/LPI/Plan Reviewer

City of Portland
Planning & Urban Development Dept./ Inspections Division
389 Congress St. Rm 315
Portland, ME 04101
jmb@portlandmaine.gov
Direct: (207) 874-8715
Office: (207) 874-8703

No virus found in this message.

Checked by AVG - www.avg.com

Version: 2013.0.2677 / Virus Database: 2591/5804 - Release Date: 10/02/12

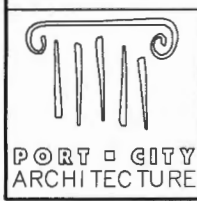


RECEIVED
 OCT 12 2012
 Dept. of Building Inspections
 City of Portland, Maine

UNIVERSITY OF NEW ENGLAND
 PATIENT CARE CENTER

SECOND FLOOR -
 WINDOW REMOVED

SKA
24A



Site Design Associates
 23 Whitney Way
 Topsham, Maine 04086
 207-449-4275

Ref Dwg: A1.11

Scale: 1/8" = 1'

Issued : 10.11.12

Revised xxx

H

G

PATIENT ENTRY T.O. ROOF
143' - 5"

STUDENT ENTRY T.O. ROOF
142' - 9"

T.O. ROOF
140' - 0"

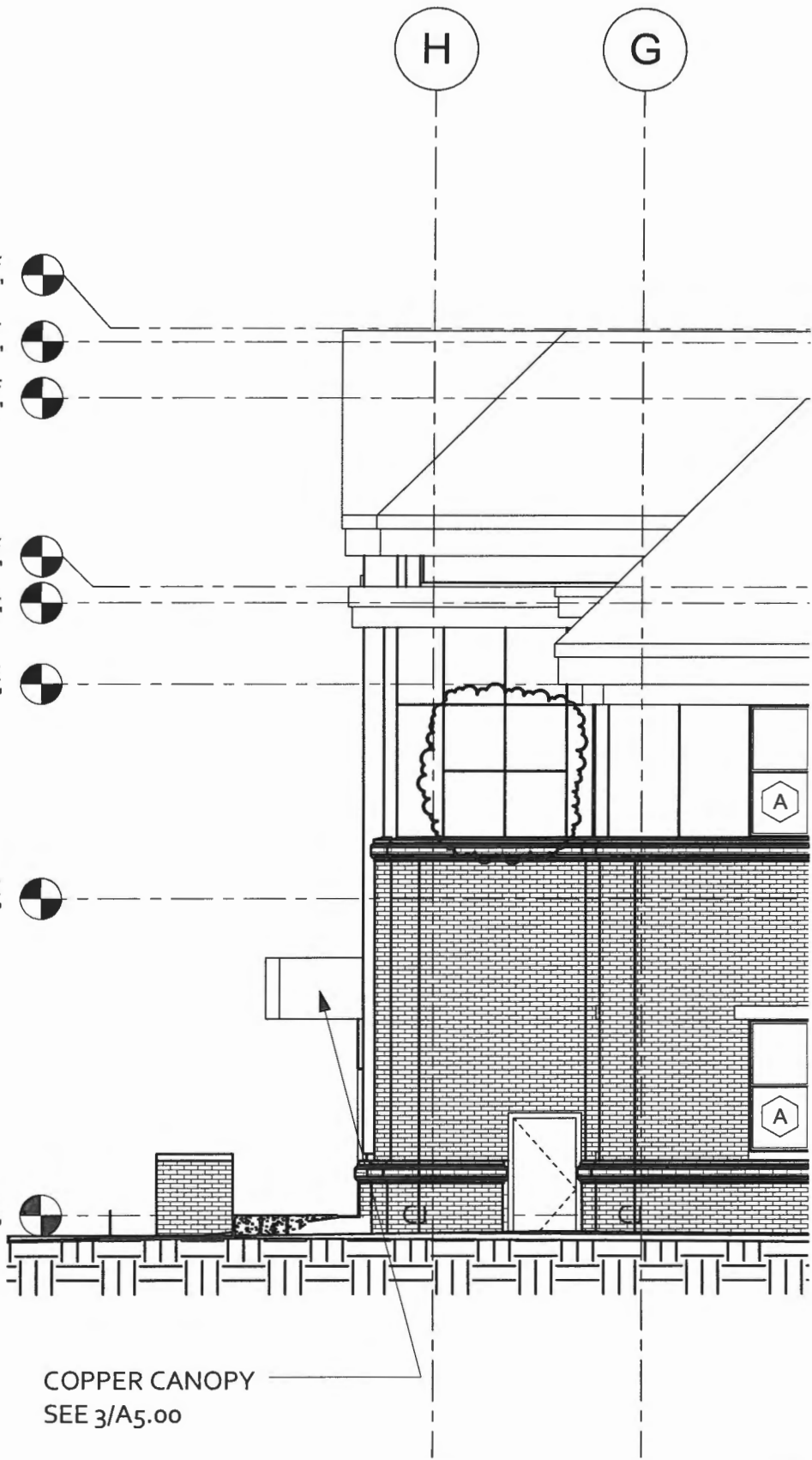
T.O. FLAT ROOF
130' - 9 1/2"

T.O. STEEL
130' - 0"

B.O. EAVE
126' - 0"

2ND FLOOR FFE
115' - 6"

1ST FLOOR FFE
100' - 0"



COPPER CANOPY
SEE 3/A5.00

RECEIVED
OCT 12 2012
Dept. of Building Inspections
City of Portland Maine



UNIVERSITY OF NEW ENGLAND
PATIENT CARE CENTER



Site Design Associates
23 Whitney Way
Topsham, Maine 04086
207-449-4275

WEST ELEVATION -
WINDOW REMOVED

Ref Dwg: A2.01

Scale: 1/8" = 1'

Issued : 10.12.12

Revised XXX

SKA
24B