



# General Building Permit Application

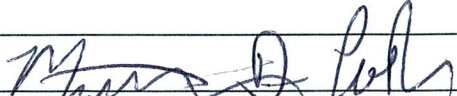
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <b>University of New England Campus, Stevens Avenue, Portland, ME.</b>		
Total Square Footage of Proposed Structure/Area <b>37,904 sf (2 Stories)</b>		Square Footage of Lot <b>35,000sf</b>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant * <b>must</b> be owner, Lessee or Buyer* Name <b>AlliedCook Construction Corp.</b> Address <b>8 U.S. Route One</b> City, State & Zip <b>Scarborough, ME 04074</b>	Telephone: <b>207-772-2888</b>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <b>University of New England</b> Address <b>11 Hills Beach Rd.</b> City, State & Zip <b>Biddeford, ME 04005</b>	Cost Of Work: <b>\$1,704,000.00</b> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <b>New Construction</b> If vacant, what was the previous use? _____ Proposed Specific use: <b>Patient Care Facility / College of Dentistry</b> Is property part of a subdivision? _____ If yes, please name _____ Project description: <div style="border: 1px solid red; padding: 5px; display: inline-block;"><b>37,905sf Building to house a college of dental medicine and patient care facility. Interior Fit up only, Core and Shell previously applied for.</b></div>		
Contractor's name: <b>AlliedCook Construction</b> Address: <b>8 U.S. Route One</b> City, State & Zip <b>Scarborough, ME 04074</b> (207) 772-2888 Telephone: Who should we contact when the permit is ready: <b>JP Schwartz</b> (207) 415-0080 Telephone: Mailing address: <b>PO Box 1396 Portland, ME 04104</b>		

**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:  Date: **8/29/12**

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



# 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,  $P_R$  (1608.4)  
 \_\_\_\_\_ Seismic design category (1616.3)  
 \_\_\_\_\_ Basic seismic force resisting system (1617.6.2)  
 \_\_\_\_\_ Response modification coefficient,  $R$  and  
 deflection amplification factor  $C_d$  (1617.6.2)  
 \_\_\_\_\_ Analysis procedure (1616.6, 1617.5)  
 \_\_\_\_\_ Design base shear (1617.4, 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)

SEE EXTERIOR SHELL PERMIT



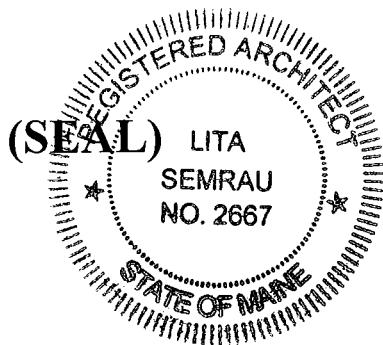
# Accessibility Building Code Certificate

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](http://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: 

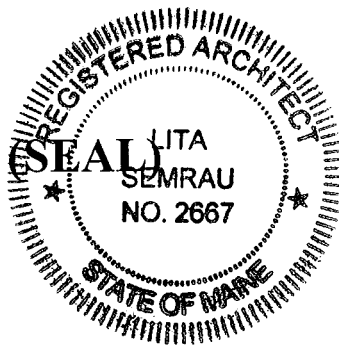
Title: Vice President

Firm: PORT CITY ARCHITECTS

Address: 65 Newbury Street

PORTLAND, ME 04101

Phone: 207-756-4333



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