

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 071289

Please Read
Application And
Notes, If Any,
Attached

This is to certify that HOME FOR THE AGED / Ed/Cook Construction

has permission to Interior renovations to dining room kitchen office area

AT 25 POLAND ST

L 146 C005001

PERMIT ISSUED

NOV 9 2007

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

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

Notification of inspection must be given and when permission proceeds before this building or part thereof is started or service closed-in. 4 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. *Craig Cross*

Health Dept.

Appeal Board

Other

Department Name

Jaime Bonke 11/8/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

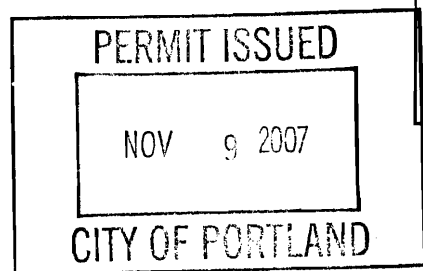
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-1289	Issue Date:	CBL: 146 C005001
-----------------------	-------------	---------------------

Location of Construction: 25 POLAND ST	Owner Name: HOME FOR THE AGED	Owner Address: 777 STEVENS AVE	Phone:
Business Name:	Contractor Name: Allied/Cook Construction	Contractor Address: PO Box 1396 Portland	Phone 2077722888
Lessee/Buyer's Name	Phone:	Permit Type: Institutional	Zone: R-6

Past Use: Institutional - 108 unit Congregate Care Elderly Housing Facility	Proposed Use: Institutional 108 unit Congregate Care Elderly Housing Facility - Interior renovations to dining room 1st Floor office area	Permit Fee: \$520.00	Cost of Work: \$49,100.00	CEO District: 4
Proposed Project Description: Interior renovations to dining room 1st Floor office area		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied See Conditions	INSPECTION: Use Group: I-1 Type: 3B IBC-2003 Signature: [Signature] Date: 11/18/07	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: ldobson	Date Applied For: 10/12/2007	Zoning Approval		
<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.. 		Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/> Denied Date: 10/25/07	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 checked="" type="checkbox"/> Not in District 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

City of Portland, Maine - Building or Use Permit Application

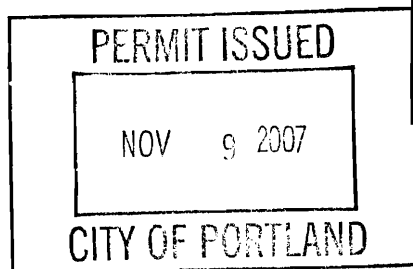
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-1289	Issue Date:	CBL: 146 C005001
-----------------------	-------------	---------------------

Location of Construction: 25 POLAND ST	Owner Name: HOME FOR THE AGED	Owner Address: 777 STEVENS AVE	Phone:
Business Name:	Contractor Name: Allied/Cook Construction	Contractor Address: PO Box 1396 Portland	Phone 2077722888
Lessee/Buyer's Name	Phone:	Permit Type: Institutional	Zone: R-6

Past Use: Institutional - 108 unit Congregate Care Elderly Housing Facility	Proposed Use: Institutional 108 unit Congregate Care Elderly Housing Facility - Interior renovations to dining room 1st Floor office area	Permit Fee: \$520.00	Cost of Work: \$49,100.00	CEO District: 4
Proposed Project Description: Interior renovations to dining room 1st Floor office area		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied See Conditions	INSPECTION: Use Group: I-1 Type: 3B IBC-2003 Signature: [Signature] Date: 11/18/07	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: ldobson	Date Applied For: 10/12/2007	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 information may invalidate a building permit and stop all work..		Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/> Denied Date: 10/25/07	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	Historic Preservation <input checked="" type="checkbox"/> Not in District 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: [Signature]


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
---	------	-------

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

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

N/A Footing/Building Location Inspection: Prior to pouring concrete
N/A Re-Bar Schedule Inspection: Prior to pouring concrete
N/A Foundation Inspection: Prior to placing ANY backfill
Call Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
Call Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects **DO** require a final inspection

 If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

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

Jessica Dearborn 11/9/07
Signature of Applicant/Designee Date
[Signature] 11/9/07
Signature of Inspections Official Date
CBL: 146 C 005 Building Permit #: 071289

City of Portland, Maine - Building or Use Permit Application

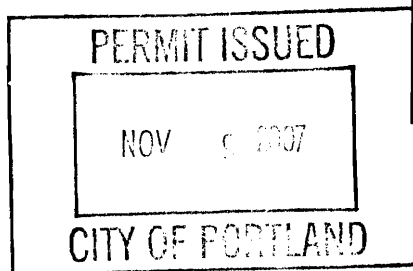
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-1289	Issue Date:	CBL: 146 C005001
-----------------------	-------------	---------------------

Location of Construction: 25 POLAND ST	Owner Name: HOME FOR THE AGED	Owner Address: 777 STEVENS AVE	Phone:
Business Name:	Contractor Name: Allied/Cook Construction	Contractor Address: PO Box 1396 Portland	Phone: 2077722888
Lessee/Buyer's Name	Phone:	Permit Type: Institutional	Zone: R-6

Past Use: Institutional - 108 unit Congregate Care Elderly Housing Facility	Proposed Use: Institutional 108 unit Congregate Care Elderly Housing Facility - Interior renovations to dining room 1st Floor office area	Permit Fee: \$520.00	Cost of Work: \$49,100.00	CEO District: 4
Proposed Project Description: Interior renovations to dining room - 1st Floor office area		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied See Conditions	INSPECTION: Use Group: T-1 Type: 3B IBC-2003	
		Signature: <i>Gregory Curran</i>	Signature: <i>JMB 11/15/07</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: ldobson	Date Applied For: 10/12/2007	Zoning Approval		
<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan	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	Historic Preservation <input checked="" type="checkbox"/> Not in District 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	
	Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/> Denied		Date: <i>9/10/25/07</i>	
	Date: _____		Date: _____	



CERTIFICATION

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

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-1289	Date Applied For: 10/12/2007	CBL: 146 C005001
------------------------------	--	----------------------------

Location of Construction: 25 POLAND ST	Owner Name: HOME FOR THE AGED	Owner Address: 777 STEVENS AVE	Phone:
Business Name:	Contractor Name: Allied/Cook Construction	Contractor Address: PO Box 1396 Portland	Phone (207) 772-2888
Lessee/Buyer's Name	Phone:	Permit Type: Institutional	

Proposed Use: Institutional 108 unit Congregate Care Elderly Housing Facility - Interior renovations to dining room	Proposed Project Description: Interior renovations to dining room
--	---

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 10/25/2007

Note:**Ok to Issue:**

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 3) This property shall remain a 108 unit Congregate Care Elderly Housing Facility. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 11/08/2007

Note:**Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) All penetrations through rated assemblies must be protected by an approved firestop system installed as tested in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Greg Cass **Approval Date:** 10/25/2007

Note:**Ok to Issue:**

- 1) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 2) No change in means of egress from existing.
- 3) All construction shall comply with NFPA 101
- 4) Application requires State Fire Marshal approval.
- 5) Means of egress not indicated on plans submitted. Adequate egress shall be maintained at all times.

Comments:

11/5/2007-jmb: Left voicemail w/Dan Cook for details. Permit states dining room renovation, I don't see any dining room on the plans. Also, need details of new partition construction and interior finishes.

11/6/2007-jmb: Dan C. Called to confirm that the work is not in a dining area.

11/8/2007-jmb: Called Dan C. Again to verify the floor the work is on and what the space is used for. It is the first floor of a 7 story building and the area is mostly offices for staff.



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>777 STEVENS AVE PORTLAND ME 04101</u>		
Total Square Footage of Proposed Structure/Area <u>26000 SQFT</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>146</u> Block# <u>C</u> Lot# <u>S</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>THE PARK DANFORTH</u> Address <u>777 STEVENS AVE</u> City, State & Zip <u>PORTLAND ME 04101</u>	Telephone: <u>207-797-7710</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>49,100.⁰⁰/₁₀₀</u> C of O Fee: \$ _____ Total Fee: \$ <u>520.⁰⁰/₁₀₀</u>
Current legal use (i.e. single family) <u>ELDERLY HOUSING</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>SAME</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>Interior Renovations - Starting Room</u>		
Contractor's name: <u>ALLIED/COOK CONSTRUCTION CORP</u> Address: <u>PO BOX 1396</u> City, State & Zip: <u>PORTLAND ME 04104</u> Who should we contact when the permit is ready: <u>DAN COOK</u> Mailing address: <u>PO BOX 1396 PORTLAND ME 04104</u>		

Per Dan Cook
" "

DEPT. OF PLANNING AND DEVELOPMENT
CITY OF PORTLAND, ME
OCT 12 2007

Telephone: 207-772-2888
Telephone: 207-838-2393

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: D. S. Cook Date: 10-11-07

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

**Renovations to The Park Danforth
Portland, ME**

Door Schedule

1-Jun-2007

No.	Location	Inches			Door Material	Door		Lock Function	Hardware	Label	Notes
		W	H	T		Type	Frame Type				
Removals Doors											
D01	RM 106 to Rm 107	36	80		SC Flush Wood	F	Hollow Metal				Preserve door and frame for re-use
D02	Rm 103 to Rm 106	36	80		SC Flush Wood	F	Hollow Metal				Preserve frame for re-use
D03	Rm 109 to Rm 110	36	80		SC Flush Wood	F	Hollow Metal				Preserve door and frame for re-use
First Floor Doors											
101	Reception to Rm 107	(2) 36	80	1-3/4	Door	FG	Solid Wood	French Lockset, Deadbolt	ADA Sill, weatherstripping		Provide "T" Astragal
102	Main Lobby to Rm 108	(2) 36	80	1-3/4	Inswing French Door	FG	Solid Wood	French Lockset, Deadbolt	ADA Sill, weatherstripping		Provide "T" Astragal
103	Rm 108 to Rm 112	36	80	1-3/4	SC flush wood	F	Hollow metal	Passage			Re-use Existing Door & Frame
104	Rm 112 to Rm 110	36	80	1-3/4	SC flush wood	F	Hollow metal	Privacy 1			Re-use Existing Door & Frame
105	Corridor to Rm 112	36	80	1-3/4	SC flush wood	F	Hollow metal	Classroom			Re-use Existing Door & Frame
106	Corridor to Rm 111	36	80	1 3/4		F	Hollow metal				Re-use existing Frame
Notes: Provide wall or floor stops at all new doors											

Renovations To The Park Danforth

6/1/2007

Hardware Schedule

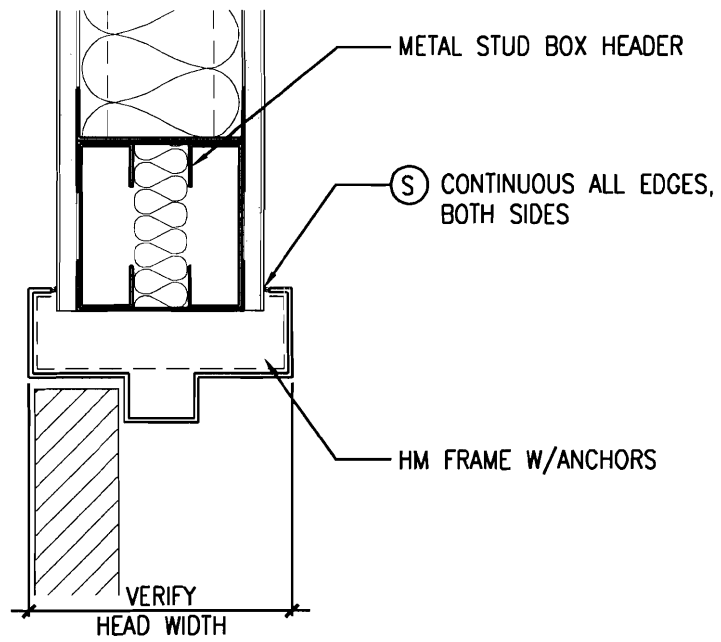
Item/function	Manufacturer	Model No.	Finish	Remarks
Lockset 1	Sargent	10 G 05 LL	Satin Bronze	
Lockset 2	Sargent	10 G 05 LL	Satin Bronze	
Privacy 1	Sargent	65 U 65 KL	Satin Bronze	
Privacy 2	Sargent	10 U 65 LL	Satin Bronze	
Passage 1	Sargent	65 U 15 KL	Satin Bronze	
Passage 2	Sargent	10 U 15 LL	Satin Bronze	
Storeroom	Sargent	76 10 G 04 LL	Satin Bronze	
Panic 1	Sargent	8504	Satin Bronze	
Panic 2	Sargent	12-8715	Satin Bronze	
Closer	Sargent	1230/1	Satin Bronze	ADA compliant
Mag Holder	Sargent	1501/3	US26D	Coordinate with Fire Alarm system
Threshold	National Guard	425	Alum	ADA compliant - maximum 1/2" height
Hinges	Hager	Full mortise	Satin Bronze	Provide ball bearing hinges at doors with closers.
Viewer	Ives	700	Brass	
Floor Stop	Ives	436	Alum	
Wall Stop	Ives	406 1/2	Alum	
Flush Bolts	Ives	258	Brass	
Push/pull	Ives	8200-3x12/8102-8	St Steel	
Kickplate	Ives	8400	St Steel	

Notes

Provide masterkey system, keyed to existing building system, with construction keying system. Consult with Owner for instructions on keying. Products of one or more manufacturers are listed to establish quality and performance characteristics. Products of other manufacturers may be accepted subject to review by Architect.

Acceptable Manufacturers

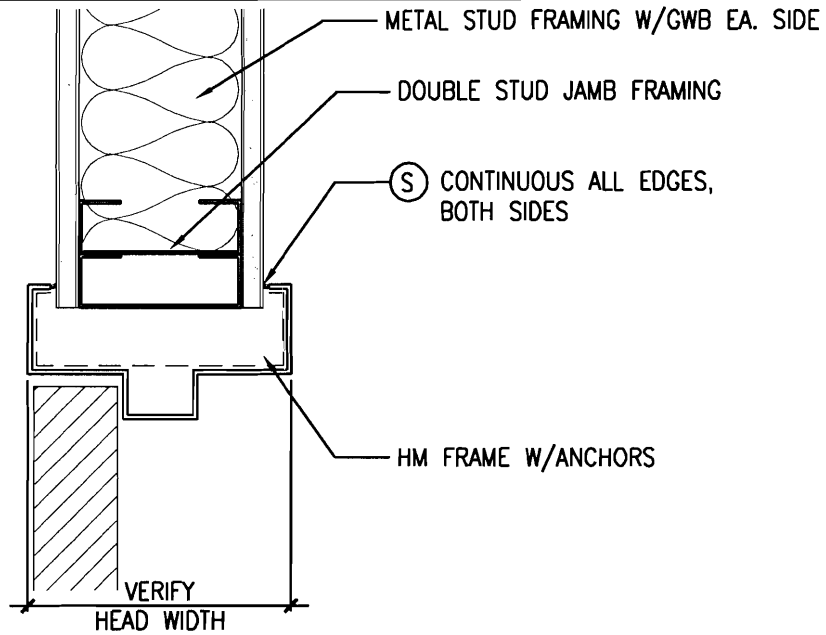
Locksets: Sargent, Schlage, Corbin, Yale
Closers: Sargent, Dorma, LCN, Norton, Rixson, Yale
Hinges: Hager, Stanley
Thresholds: National Guard Products, Pemko, Reese, Zero
Panic sets: American Device, Sargent, Von Duprin, Yale



1

TYP. DETAIL @ DOOR HEAD

SCALE: 3" = 1'-0"



2

TYP. DETAIL @ DOOR JAMB

SCALE: 3" = 1'-0"



444 Carlton and Avenue
Burlington, MI 49601
Phone: (269) 274-4444
Fax: (269) 274-4444

WWW.WALKERSTEWART.COM

Project

RENOVATIONS TO THE
PARK DANFORTH

777 STEVENS AVE.
PORTLAND, MAINE

PROJECT #: 0746

Drawing Title:

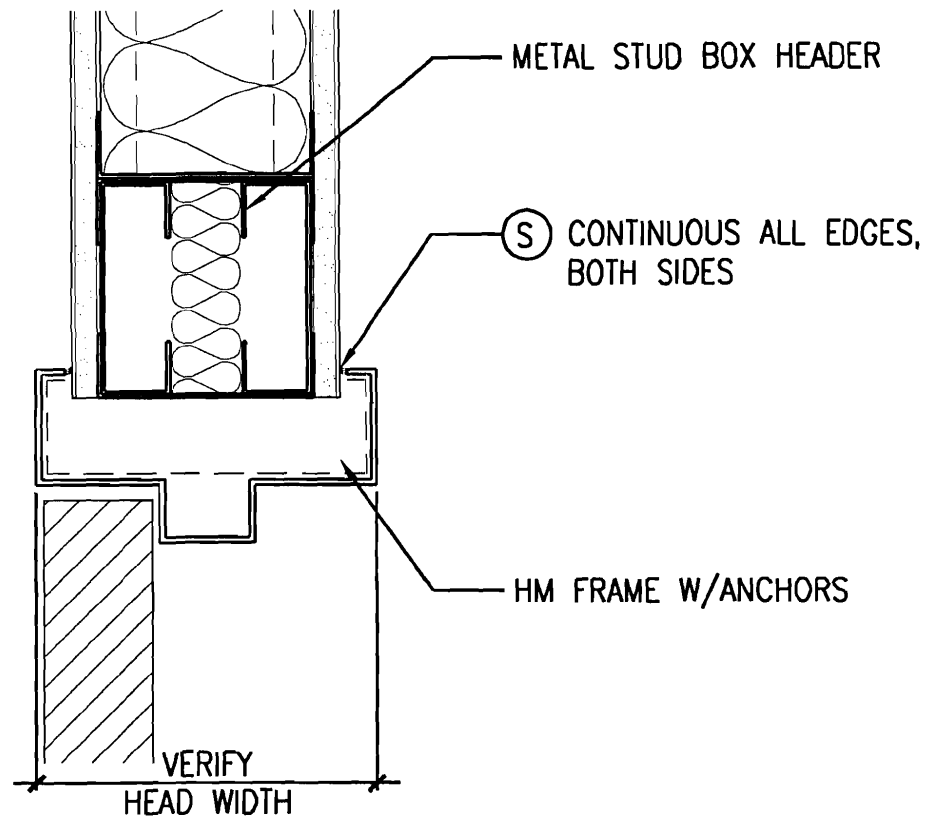
DOOR FRAME DETAILS

Scale: 3" = 1'-0"

Date: 1 June 2007

Drawing Number:

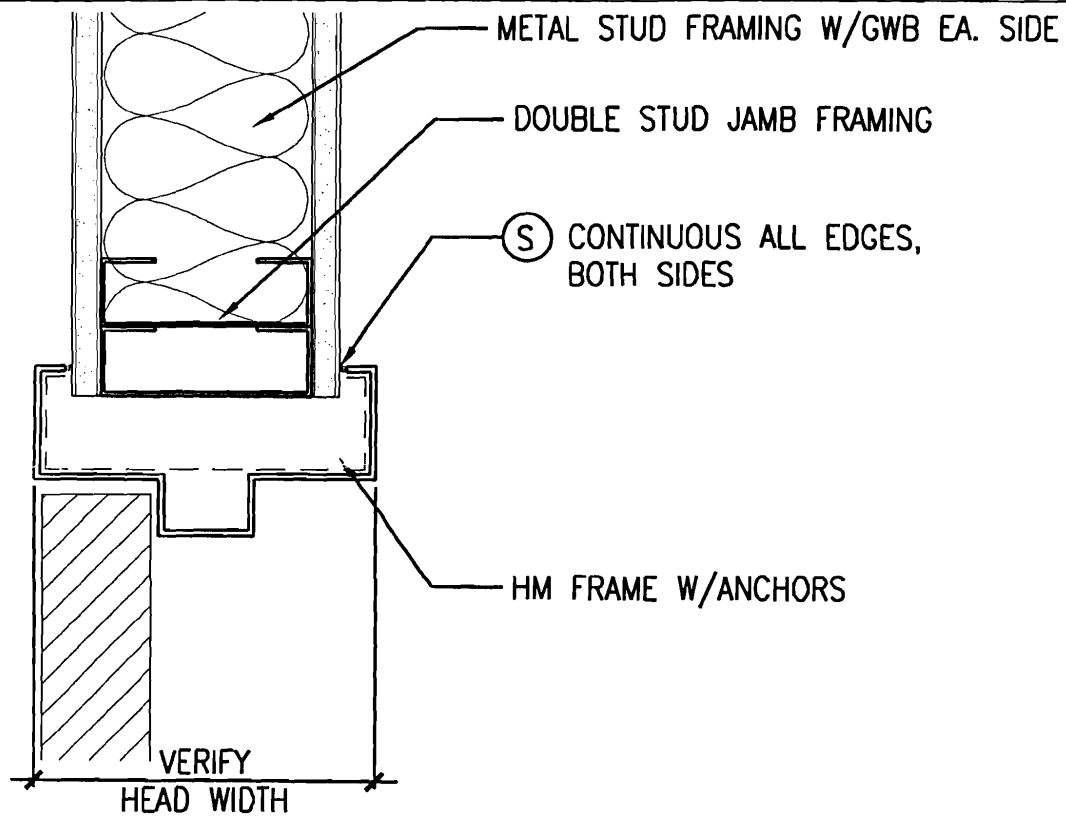
SKA-1



1

TYP. DETAIL @ DOOR HEAD

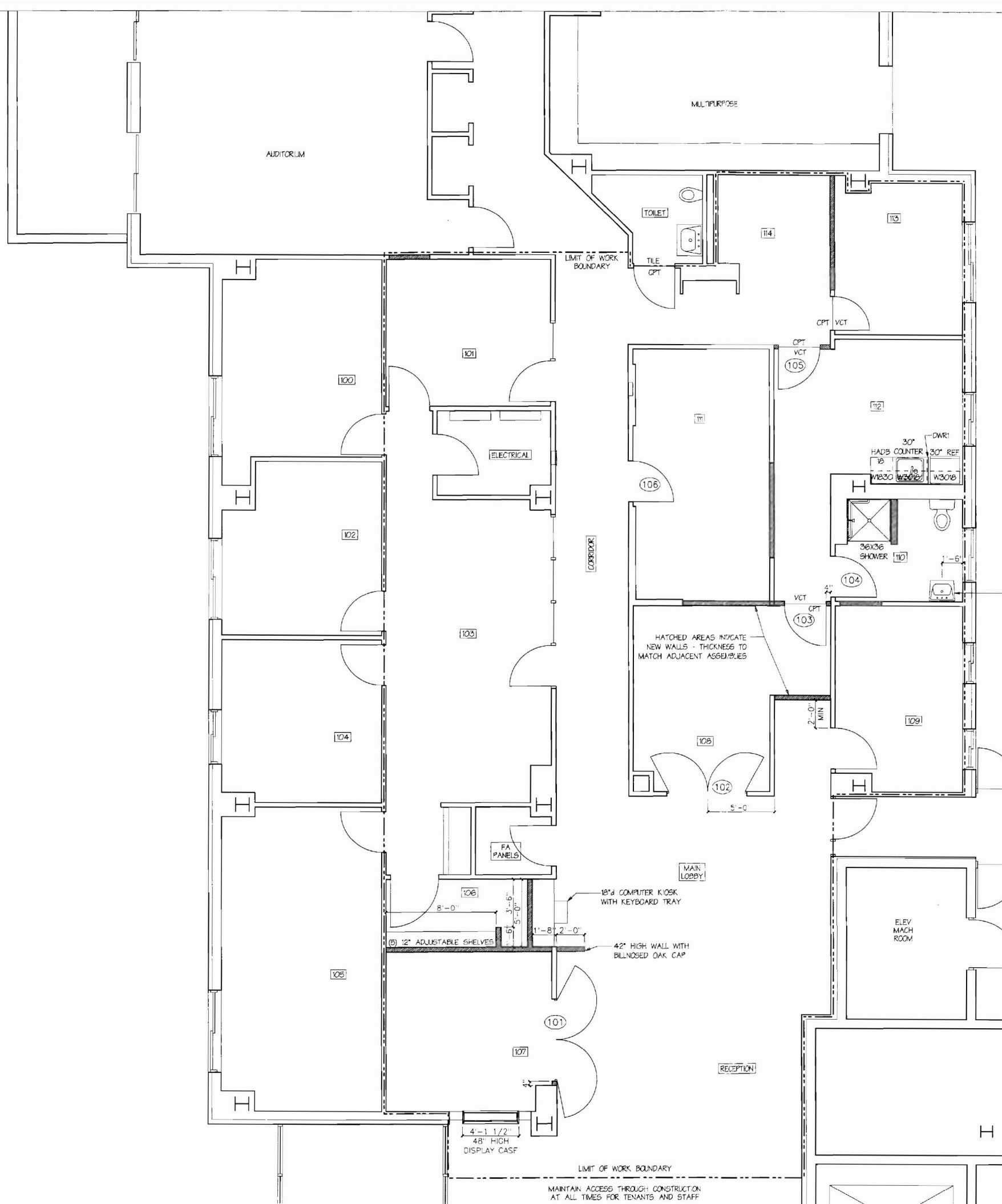
SCALE: 3" = 1'-0"



2

TYP. DETAIL @ DOOR JAMB

SCALE: 3" = 1'-0"



AUDITORIUM

MULTIPURPOSE

TOILET

TILE
CPT

LIMIT OF WORK BOUNDARY

ELECTRICAL

CORRIDOR

111

112

30" DWRI
HADB COUNTER
30" REF
W3018

36X36
SHOWER 110

HATCHED AREAS INDICATE
NEW WALLS - THICKNESS TO
MATCH ADJACENT ASSEMBLIES

2'-0" MIN

109

MAIN LOBBY

FA
PANELS

18" COMPUTER KIOSK
WITH KEYBOARD TRAY

42" HIGH WALL WITH
BILLIARDED OAK CAP

(5) 12" ADJUSTABLE SHELVES

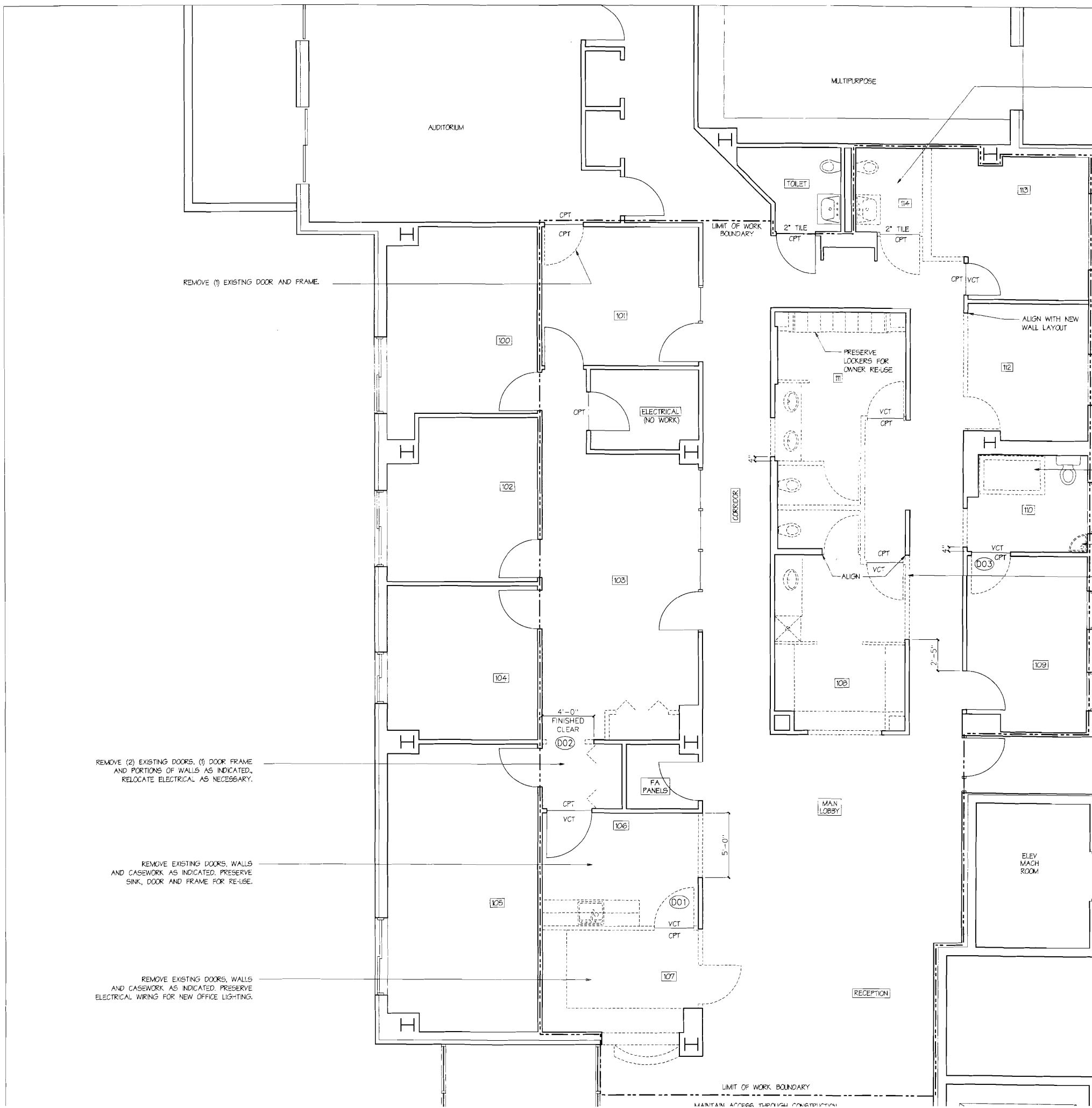
ELEV
MACH
ROOM

RECEPTION

4'-1 1/2"
48" HIGH
DISPLAY CASE

LIMIT OF WORK BOUNDARY

MAINTAIN ACCESS THROUGH CONSTRUCTION
AT ALL TIMES FOR TENANTS AND STAFF



AUDITORIUM

MULTIPURPOSE

TOILET

REMOVE (1) EXISTING DOOR AND FRAME.

LIMIT OF WORK BOUNDARY

2" TILE

2" TILE

101

100

ELECTRICAL
(NO WORK)

PRESERVE
LOCKERS FOR
OWNER RE-USE

112

110

109

102

103

108

104

4'-0"
FINISHED
CLEAR
(D02)

REMOVE (2) EXISTING DOORS. (1) DOOR FRAME
AND PORTIONS OF WALLS AS INDICATED.
RELOCATE ELECTRICAL AS NECESSARY.

FA
PANELS

MAN
LOBBY

REMOVE EXISTING DOORS, WALLS
AND CASEWORK AS INDICATED. PRESERVE
SINK, DOOR AND FRAME FOR RE-USE.

106

5'-0"

105

(D01)

REMOVE EXISTING DOORS, WALLS
AND CASEWORK AS INDICATED. PRESERVE
ELECTRICAL WIRING FOR NEW OFFICE LIGHTING.

VCT
CPT

107

RECEPTION

ELEV
MACH
ROOM

LIMIT OF WORK BOUNDARY

MAINTAIN ACCESS THROUGH CONSTRUCTION