Number 101		Area	FLOOR	BASE			WALLS			ILING	NOTES
101	ROOM NAME				N	S	Е	W	MATL	HEIGHT	
	RES RM		F-3	B-1	W-2	W-1	W-1	W-2	C-2	8'-0	
101.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
102	RES RM		F-3	B-1	W-1	W-2	W-2	W-2	C-2	8'-0	
102.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
103	RES RM		F-3	B-1	W-2	W-1	W-1	W-2	C-2	8'-0	
103.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
104	RES RM		F-3	B-1	W-1	W-2	W-1	W-2	C-2	8'-0	
104.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
105	RES RM		F-3	B-1	W-2	W-1	W-1	W-2	C-2	8'-0	
105.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
106	RES RM		F-3	B-1	W-1	W-2	W-1	W-2	C-2	8'-0	
106.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
107	RES RM		F-3	B-1	W-2	W-1	W-1	W-2	C-2	8'-0	
107.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
108	RES RM		F-3	B-1	W-1	W-2	W-1	W-2	C-2	8'-0	
108.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
109	RES RM		F-3	B-1	W-2	W-1	W-1	W-2	C-2	8'-0	
109.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
110	RES RM		F-3	B-1	W-1	W-2	W-1	W-2	C-2	8'-0	
110.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
111	RES RM		F-3	B-1	W-2	W-1	W-1	W-2	C-2	8'-0	
111.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
112	RES RM		F-3	B-1	W-1	W-2	W-1	W-2	C-2	8'-0	
113	RES RM		F-3	B-1	W-2	W-1	W-1	W-2	C-2	8'-0	
113.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
114	RES RM		F-3	B-1	W-1	W-2	W-1	W-2	C-2	8'-0	
114.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
115	RES RM		F-3	B-1	W-2	W-1	W-1	W-2	C-2	8'-0	
115.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
116	RES RM		F-3	B-1	W-1	W-2	W-1	W-2	C-2	8'-0	
116.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
117	RES RM		F-3	B-1	W-2	W-1	W-1	W-2	C-2	8'-0	
117.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
118	RES RM		F-3	B-1	W-1	W-2	W-1	W-2	C-2	8'-0	
118.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
119	RES RM		F-3	B-1	W-2	W-1	W-1	W-2	C-2	8'-0	
119.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	
120	RES RM		F-3	B-1	W-1	W-2	W-1	W-2	C-2	8'-0	
120.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	REINSULATE EXT WALLS
121	RES RM		F-3	B-1	W-2	W-1	W-1	W-2	C-2	8'-0	
121.1	BATH		F-4	B-3	W-1	W-1	W-1	W-1	C-1	8'-0	REINSULATE EXT WALLS
123	CORRIDOR		F-3	B-2	W-2		W-2	W-2	C-3	7'-8"	
125	OFFICE		F-2	B-1A	W-2	W-2	W-2	W-2	C-2	8'-0	
126	SOIL RM		F-3	B-1A	W-2	W-2	W-2	W-2	C-1	8'-0	1 HR RATED WALLS & CEILING
127	CORRIDOR		F-3	B-2	W-2	W-2	W-1		C-3	7'-8"	
128	NURSE STA		F-3	B-2	W-1		W-1	W-2	C-1	8'-0	
129	NUTRITION		F-3	B-2		W-2	W-1	W-2	C-1	8'-0	
130	CLEAN RM		F-3	B-1A	W-1	W-1	W-1	W-1	C-1	8'-0	
131 132	MED RM CORRIDOR		F-3 F-3	B-1A B-2	W-1 W-2	W−2 W−2	W-1	W-1 W-2	C-1 C-3	8'-0 7'-8"	

FLOORING

F1 - VINYL COMPOSITION TILE MFG: MANNINGTON STYLE: BRUSHWORKS AND BRUSHWORKS INSTALL: PER MANUF. REQUIREMENTS

F2 - CARPET MFG: MANNINGTON STYLE: CHOICES THAT WORK / BROADLOOM BACKING: HP

F3 - VINYL PLANK (RESIDENT RMS, CORRIDOR) MFG: MANINGTON COMMERCIAL STYLE: HERITAGE CHERRY ALTERNATE: JOHNSONITE ID FREEDOM WOOD PLANK

F-4 - MOSAIC TILE MFG: AMERICAN OLEAN STYLE: CHLOE TILE W/ SPA D148 DOTS GROUT: MODIFIED EPOXY

CEILINGS

C1 - (TYPICAL BATHROOM AND UTILITY ROOMS) PAINTED GYPSUM WALLBOARD, TAPE, SAND, SINGLE COAT OF PRIMER, TWO COATS (MIN.) FLAT FINISH PAINT, LEVEL FOUR GWB FINISH.

C2 - EXISTING GWB CEILING. (TYPICAL RESIDENT ROOMS) PATCH AS NECESSARY. SINGLE COAT OF PRIMER, TWO COATS (MIN.) FLAT FINISH PAINT. (ROOMS WITH TEXTURE CEILINGS MATCH TEXTURE AND REPAINT)

C3 - (TYPICAL CORRIDORS) 5/8" TYPE "X" GWB BELOW ROOF TRUSS. USG ASTRO# 8722 2x2 TILE WITH 9/16" DXLT24 T-GRID @ APPROX 7'-8". COORD WITH ELEV OF NEW WATER LINE BETWEEN CEILINGS.

B1 - VINYL BASE (RESIDENT ROOMS) MFG: JOHNSONITE STYLE: 6" COVE, COLOR TBD INSTALL: PER MANUF. REQUIREMENTS

B1A - VINYL BASE (SUPPORT SPACE) MFG: JOHNSONITE STYLE: 4" COVE, COLOR TBD INSTALL: PER MANUF. REQUIREMENTS

B2 - VINYL BASE TRIM (CORRIDORS AND PUBLIC SPACES) MFG: JOHNSONITE, MILLWORK, INFLECTION PROFILE, COLOR: INSTALL: PER MANUF. REQUIREMENTS

B3 - CERAMIC (BATHROOMS) MANUF: DAL-TILE STYLE: $4\frac{1}{2}$ " X 6" COVE BASE

FINISH: SATIN WHITE

W1 - (TYPICAL COMMON AREAS, CORRIDORS AND RESIDENT ROOMS) PAINTED GYPSUM WALLBOARD, TAPE, SAND, SINGLE COAT OF PRIMER, TWO COATS (MIN.) EGGSHELL FINISH PAINT, LEVEL FOUR GWB FINISH.

W2 - EXISTING GWB WALLS. PATCH AS NECESSARY. (TYPICAL COMMON AREAS, CORRIDORS AND RESIDENT ROOMS) SINGLE COAT OF PRIMER, TWO COATS (MIN.) EGGSHELL FINISH

PAINT COLORS:

CORRIDOR WALLS: BEN MOORE 2154-5- STAW, EGGSHELL CORRIDOR TRIM: BEN MOORE 925 IVORY WHITE, SEMIGLOSS COMMUNITY ROOMS WALLS: BEN MOORE HC-172 REVERE PEWTER, EGGSHELL COMMUNITY ROOMS TRIM: BEN MOORE 925 IVORY WHITE, SEMIGLOSS DINING ROOM TRIM: BEN MOORE 925 IVORY WHTIE, SEMIGLOSS RESIDENT ROOM WALLS: BEN MOORE PALLADIAN BLUE HC-144, EGGSHELL RESIDENT ROOM TRIM: BEN MOORE 925 IVORY WHITE, SEMIGLOSS BATHROOM WALLS: BEN MOORE 842 GREEN CAST, EGGSHELL BATHROOM TRIM: BEN MOORE 925 IVORY WHITE, SEMIGLOSS

VINYL WALL COVERINGS

HALL ALCOVES (FAR WALL IN EACH ALCOVE): DL COUCH TYPE II VINYL 2VNP-B CHAMOIS DINIING ROOM WALL (4 WALLS): SEABROOK TYPE ii VINYL DP0988W

SOLID SURFACE COUNTERS

BATHROOMS: TO BE SELECTED FROM SUBMITTED SAMPLES COMMUNITY RMS, NURSE STATION & DINING RM: LG VOLCANICS VB24 DORADO

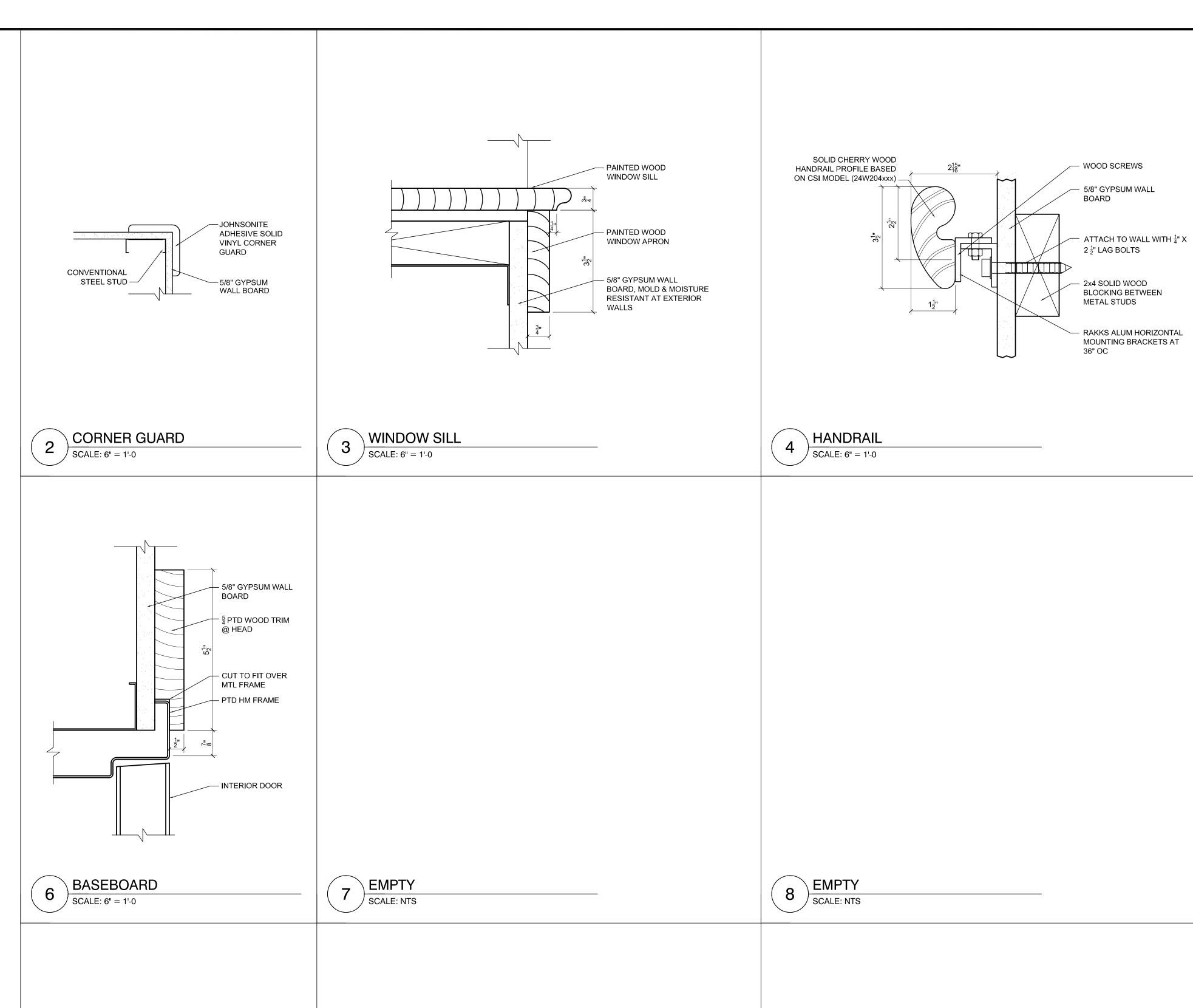
VINYL FLOOR

DINING ROOM BOARDER: MANNINGTON NATURE'S PATH, HERITAGE CHERRY 12103

MAGNETIC WALL COVERING

BEDROOMS: MAGNETIC WALLCOVERING_____

ALL VINYL BASE SHALL BE: JOHNSONITE SNOW WHITE



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GENERAL NOTES:

1. REPORT AN DISCREPANCIES TO THE ARCHITECT. CONTRACTOR SHALL PROCEED WITH WORK ONLY AFTER DISCREPANCIES HAVE BEEN RESOLVED BY THE ARCHITECT.

AND COLOR AS APPROVED BY THE ARCHITECT.

2 .EXISTING BUILDING COMPONENTS AND WORK CURRENTLY COMPLETED AND IN PLACE DURING CONSTRUCTION WHICH IS AFFECTED BY NEW WORK AND DEMOLITION, OR WHICH MAY BE DAMAGED BY THE CONTRACTOR OR ANY SUBCONTRACTOR, SHALL BE REPLACED OR RESTORED TO THE ORIGINAL CONDITION

3. THE BUILDING SHALL BE CONSTRUCTED TO CONFORM W/ ALL GOVERNING CODES INCLUDING 2009 IBC (MUBEC), NFPA 101 2009, MAINE HUMAN RIGHTS COMMISSION GUIDELINES, STATE OF MAINE PLUMBING CODE, NEC 2005, AND ANSI.

4. ALL EXISTING CONDITIONS ARE TO BE FIELD VERIFIED BY THE CONTRACTOR PRIOR TO FABRICATION, THIS INCLUDES

DELIVERY PROCEDURES, DIMENSIONS AND MATERIALS. 5. DRAWINGS ARE NOT TO BE SCALED. CONTRACTOR SHALL VERIFY DIMENSIONS AND CONDITIONS. APPARENT DISCREPANCIES REQUIRING CLARIFICATION SHALL BE DIRECTED TO THE ARCHITECT

PRIOR TO COMMENCEMENT OF THE WORK IN QUESTION. 6. DEMOLITION MAY REQUIRE SELECTIVE REMOVAL OF EXISTING MATERIALS, TEMPORARY BRACING AND STRUCTURAL SHORING. REMOVAL OF ALL MATERIALS DISMANTLED NOT INTENDED FOR RE-USE SHALL BE DISPOSED OF IN COMPLIANCE WITH LOCAL

7. THIS PROJECT SHALL NOT CONTAIN HAZARDOUS MATERIALS OF ANY OF TYPE, INCLUDING BUT NOT LIMITED TO ASBESTOS.

REGULATIONS.

8. THE CONTRACTOR SHALL OBTAIN ALL REQUIRED PERMITS FROM THE APPROPRIATE OFFICIALS PRIOR TO COMMENCING THE WORK AND INSPECTIONS AND APPROVALS UPON COMPLETION OF THE WORK 9. WHERE ONLY A SINGLE PRODUCT OR MANUFACTURER IS NAMED, PROVIDE THE PRODUCT INDICATED. SUBSTITUTIONS SHALL BE PERMITTED ONLY WHEN APPROVED

BY THE OWNER OR THE OWNER'S AUTHORIZED REPRESENTATIVE

10. THE LOCATION OF ALL DOOR FRAMES NOT DIMENSIONED SHALL BE 4" FROM ADJACENT WALLS UNLESS OTHERWISE

11. ALL PARTITIONS SHALL EXTEND FROM FLOOR TO UNDERSIDE OF SUPPORTING STRUCTURE ABOVE UNLESS OTHERWISE NOTED.

THROUGH WRITTEN DIRECTIVE

12. INSTALL BLOCKING BEHIND ALL SURFACE APPLIED FIXTURES, TRIM, GRAB BARS, SHELVES, CHAIR RAILS, PICTURE RAILS AND BASE MOLDINGS.

13. AT PROJECT CLOSEOUT, SUBMIT SPECIFIC WARRANTEES, WORKMANSHIP BONDS, MAINTENANCE AGREEMENTS, FINAL CERTIFICATIONS AND SIMILAR DOCUMENTS.

14. COMPLETE FINAL CLEANUP AT PROJECT CLOSEOUT. TOUCH-UP, REPAIR AND RESTORE ALL MARRED EXPOSED

15. IF TWO CONFLICTING CONDITIONS OR DETAILS EXIST IN THIS DRAWING SET OR ASSOCIATED SPECIFICATIONS THE CONTRACTOR SHALL MAKE THEM KNOWN TO THE ARCHITECT, IT SHALL BE THE ARCHITECTS CHOICE TO DECIDE WHICH CONDITION OR DETAIL APPLIES, AT NO ADDITIONAL COST.

REVISIONS:



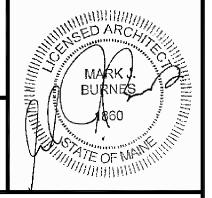
5 FUNDY ROAD FALMOUTH, ME 04105

Phone: 207-781-3344 Fax: 207-699-5564

Online @ foresidearchitects.com

Project Status: PERMIT & **BID SET**

Project Number



Seaside Rehabilitation and Healthcare Center 850 Baxter Boulevard Portland, Maine

Drawing Name:

FINISH SCHEDULE & **DETAILS**

Scale: AS NOTED SHEET:

Date: 02/07/14

FINISH SCHEDULE

EMPTY SCALE: NTS

SCALE: NTS

(12) SCALE: NTS