



# General Building Permit Application

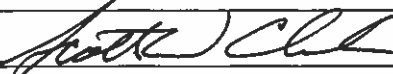
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

<b>Address/Location of Construction:</b> 850Baxter Blvd.		
<b>Total Square Footage of Proposed Structure:</b>		7450
<b>Tax Assessor's Chart, Block &amp; Lot</b> Chart#      Block#      Lot# 166-A-10	<b>Applicant Name:</b> First Atlantic Corp Address 100 Waterman Dr. Suite 400 City, State & Zip S. Portland ME 04106	Telephone: 207-874-2700 Email:
<b>Lessee/Owner Name :</b> N/A (if different than applicant) Address:  City, State & Zip:  Telephone & E-mail:	<b>Contractor Name:</b> Ledgewood Const. (if different from Applicant) Address: 27 Main St. City, State & Zip: s.Portland Me. 04106 Telephone & E-mail: 207-767-1866	Cost Of Work: \$ <u>496,500.00</u> C of O Fee: \$ _____ Historic Rev \$ _____ <b>Total Fees :</b> \$ _____
<b>Current use (i.e. single family)</b> <u>Health Care</u>		
<b>If vacant, what was the previous use?</b> <u>N/A</u>		
<b>Proposed Specific use:</b> <u>Health Care</u>		
Is property part of a subdivision? <input type="checkbox"/> If yes, please name <u>N/A</u>		
<b>Project description:</b> Renovations of existing units, update finishes, MEP systems, fire alarm and new bathrooms.		
<b>Who should we contact when the permit is ready:</b> Ledgewood Const.		
<b>Address:</b> 27 Main St.		
<b>City, State &amp; Zip:</b> S.Portland ME 04106		
<b>E-mail Address:</b> sclark@ledgewoodconstruction.com		
<b>Telephone:</b> 207-767-1866		

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

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.

<b>Signature:</b> 	<b>Date:</b> 2/14/14
---	----------------------

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



# Accessibility Building Code Certificate

**Designer:** Mark Burnes

**Address of Project:** 850 Baxter Blvd

**Nature of Project:** Seaside Renovation Wing I

\_\_\_\_\_

\_\_\_\_\_

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: 

Title: Architect

Firm: Foreside Architects

Address: 5 Fundy Road

Falmouth, ME 04105

Phone: 207-781-3344

**(SEAL)**

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 Application

From Designer: Mark Burnes

Date: Feb 13, 2014

Job Name: Seaside Renovation Wing I

Address of Construction: 850 Baxter Blvd Portland Me

## 2009 International Building Code

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

Building Code & Year 2009 Use Group Classification (s) I-2

Type of Construction VB

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

Is the Structure mixed use? No If yes, separated or non separated or non separated (section 302.3) N/A

Supervisory alarm System? Yes Geotechnical/Soils report required? (See Section 1802.2) No

### Structural Design Calculations

N/A 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,  $w_p$  (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,  $S_D$  &  $S_1$  (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,  $R$  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)



# Certificate of Design

Date: Feb 13, 2014

From: Mark Burnes

These plans and / or specifications covering construction work on:

Interior renovations to Seaside Wing I

---

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: Architect

Firm: Foreside Architects

Address: 5 Fundy Road

Falmouth, ME 04105

Phone: 207 781-3344

**(SEAL)**

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)

**GENERAL NOTES:**

1. REFER TO ALL NOTES ON SHEET A001 FOR THE SEASIDE REHABILITATION PROJECT.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.
4. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.
5. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.
6. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.
7. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.
8. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.
9. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.
10. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.

**REVISIONS:**

NO.	DESCRIPTION
1	ISSUED FOR PERMIT
2	REVISED PER COMMENTS
3	REVISED PER COMMENTS
4	REVISED PER COMMENTS
5	REVISED PER COMMENTS
6	REVISED PER COMMENTS
7	REVISED PER COMMENTS
8	REVISED PER COMMENTS
9	REVISED PER COMMENTS
10	REVISED PER COMMENTS

**FORESIDE ARCHITECTS**  
 ILC  
 51 HUNTER ROAD  
 FALGOUT, VT 05415  
 PHONE: 207-781-2344  
 FAX: 207-781-6644  
 WWW: FORESIDEARCHITECTS.COM

Project Name:  
 PERMIT &  
 BID SET

Project Number:  
 2017-01-0001



**Seaside Rehabilitation and Healthcare Center**  
 850 Baxter Boulevard  
 Portland, Maine

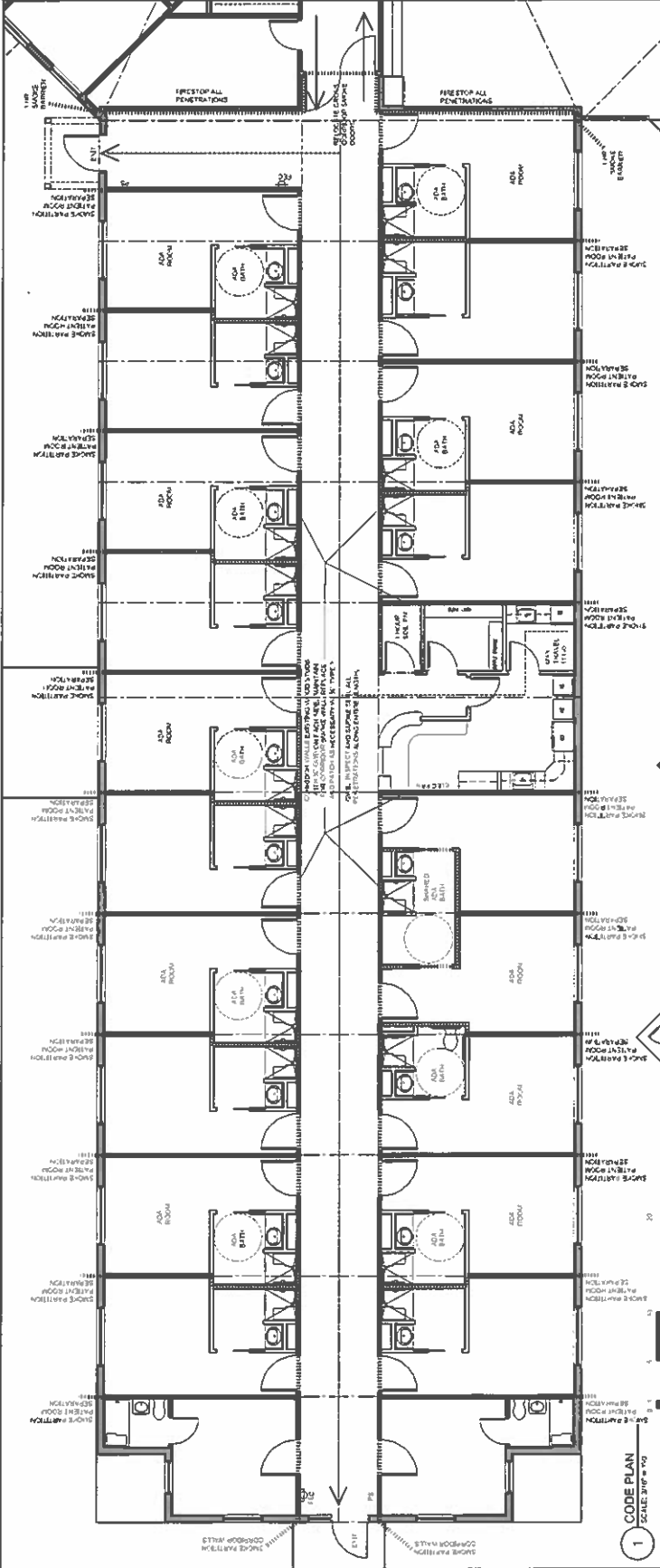
Drawn By: JMS  
 DATE: 03/01/14

**CODE PLANS**

Scale:  
 X" = 1'-0"

SHEET:  
**A001**

Date:  
 03/01/14



**CODE WALL LEGEND**

- 1-HR. SMOKE PARTITION
- 1-HOUR WALLS
- EGRESS PATH

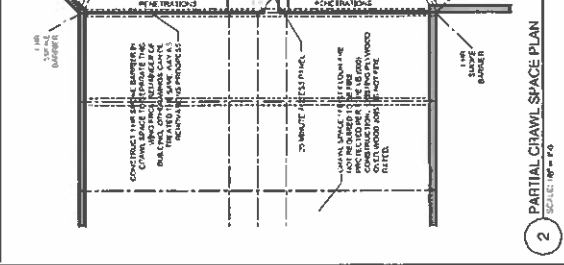
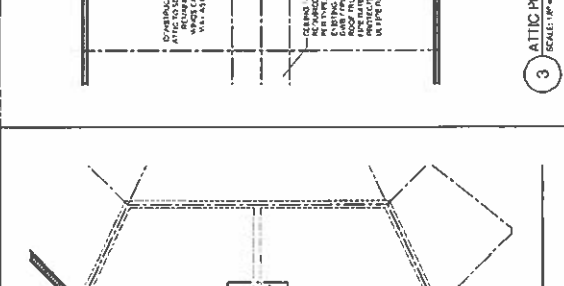
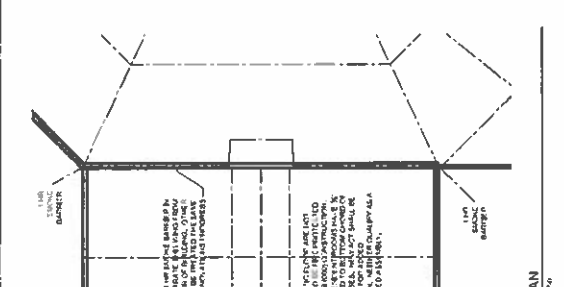
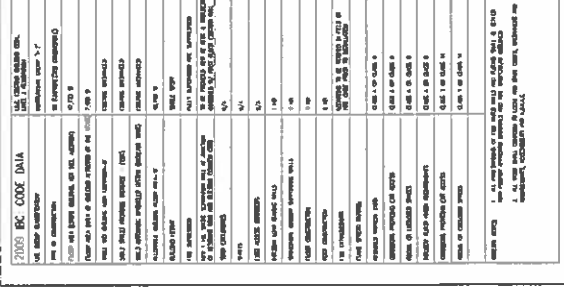
OWNER: FIRST ATLANTIC CORPORATION  
 100 WATERMAN DRIVE SUITE 1  
 5, PORTLAND, ME 04106  
 207-874-2700

CONST. MANAGER: LEDGWOOD CONSTRUCTION  
 27 BAKER STREET  
 PORTLAND, ME 04106  
 207-782-1866

4-PRE ALARMS: NEW FIRE ALARM SYSTEM WILL BE INSTALLED IN EACH CORNER OF THE BUILDING. THE SYSTEM SHALL BE CONNECTED TO THE EXISTING DRY SPRINKLER SYSTEM HAS CONFERENCE IN CORNER. SPRINKLER FIRST FLOOR SHALL BE INSTALLED IN EACH CORNER OF THE BUILDING. THE SYSTEM SHALL BE CONNECTED TO THE EXISTING DRY SPRINKLER SYSTEM CONTRACTOR. NOT REQUIRED TO MEET THE ICC REQUIREMENTS FOR LEVEL 2 RENOVATIONS

4 IBC AND NFPA CODE GUIDELINES  
 SCALE: NTS

2009 IBC CODE DATA	2009 NFPA CODE DATA
<p>1. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>3. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>4. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>5. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>6. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>7. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>8. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>9. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>10. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p>	<p>1. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>3. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>4. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>5. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>6. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>7. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>8. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>9. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p> <p>10. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND NFPA CODES.</p>



1 CODE PLAN SCALE: 1/8" = 1'-0"

2 PARTIAL CRAWL SPACE PLAN SCALE: 1/8" = 1'-0"

3 ATTIC PLAN SCALE: 1/8" = 1'-0"



# PORTLAND MAINE

*Strengthening a Remarkable City. Building a Community for Life* • [www.portlandmaine.gov](http://www.portlandmaine.gov)

Jeff Levine, AICP, Director  
Director of Planning and Urban Development

Tammy Munson  
Director, Inspections Division

## **Electronic Signature and Fee Payment Confirmation**

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a **legal signature** per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are **paid in full** to the Inspections Office, City of Portland Maine by method noted below:

- Within 24-48 hours, once my complete permit application and corresponding paperwork has been electronically delivered, I intend to **call the Inspections Office** at 207-874-8703 and speak to an administrative representative and provide a credit/debit card over the phone.
- Within 24-48 hours, once my permit application and corresponding paperwork has been electronically delivered, I intend to **hand deliver** a payment method to the Inspections Office, Room 315, Portland City Hall.
- I intend to deliver a payment method through the U.S. Postal Service mail once my permit paperwork has been electronically delivered.

Applicant Signature:

Date:

2/14/14

I have provided digital copies and sent them on:

Date:

NOTE: All electronic paperwork must be delivered to [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov) or by physical means ie; a thumb drive or CD to the office.

Room 315 - 389 Congress Street- Portland, Maine 04101 (207) 874-8703 - Fax: 874-8716 - TTY: 874-8936