

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING DEPARTMENT

### PERMIT

Permit Number: 100047

### PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

This is to certify that JEWISH HOME FOR THE AGED THE  
has permission to Remove 2 glass artiums, replace w/ glass mium & standing seam roof, 1 w/ metal stud wall & standing seam roof of add door & metal stud wall  
AT 618 OCEAN AVE CE 174 A013001

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 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 written permission procured before this building or part thereof is lathed or otherwise re-ined-in. 24 HOUR NOTICE IS REQUIRED.

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

**OTHER REQUIRED APPROVALS**  
Fire Dept. CAPT. R. Gauthier  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

James Burke 1/29/10  
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: 10-0047	Issue Date:	CBL: 174 A013001
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Location of Construction: 618 OCEAN AVE	Owner Name: JEWISH HOME FOR THE AGED	Owner Address: 630 OCEAN AVE	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-3

Past Use: Cedars Nursing Care	Proposed Use: Cedars Nursing Care - Remove 2 glass artiums, replace 1 w/ glass atrium & standing seam roof, 1 w/ metal stud wall & standing seam roof, add door & metal stud wall in kitchen	Permit Fee: \$470.00	Cost of Work: \$45,000.00	CEO District: 4
Proposed Project Description: Remove 2 glass artiums, replace 1 w/ glass atrium & standing seam roof, 1 w/ metal stud wall & standing seam roof, add door & metal stud wall in kitchen		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: I-2 Type: 2A *See Conditions IBC-2003 Signature: <i>KG</i> Signature: <i>JMB 1/29/10</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: 01/19/2010	<b>Zoning Approval</b>
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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 type="checkbox"/> MM <input type="checkbox"/> Date: <i>1/19/2010</i>	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: _____
	PERMIT ISSUED  City of Portland	<b>CERTIFICATION</b> 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.**

  X   **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

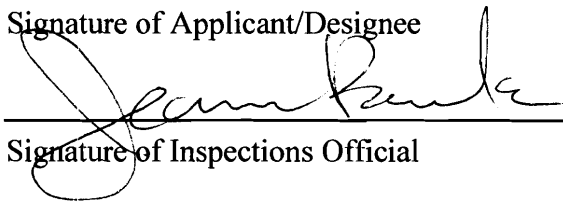
  X   **Final inspection required at completion of work.**

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.

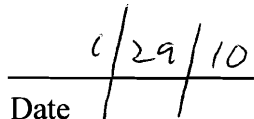
**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

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

\_\_\_\_\_  
Signature of Applicant/Designee



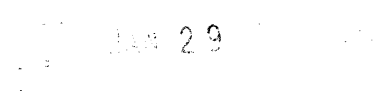
\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date

**PERMIT ISSUED**



City of Portland

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 10-0047	<b>Date Applied For:</b> 01/19/2010	<b>CBL:</b> 174 A013001
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<b>Location of Construction:</b> 618 OCEAN AVE	<b>Owner Name:</b> JEWISH HOME FOR THE AGED	<b>Owner Address:</b> 630 OCEAN AVE	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Cedars Nursing Care - Remove 2 glass artiums, replace 1 w/ glass atrium & standing seam roof, 1 w/ metal stud wall & standing seam roof, add door & metal stud wall in kitchen	<b>Proposed Project Description:</b> Remove 2 glass artiums, replace 1 w/ glass atrium & standing seam roof, 1 w/ metal stud wall & standing seam roof, add door & metal stud wall in kitchen
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 01/19/2010

**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. It is understood that the new work is within the existing footprint and existing shell of the building. If the proposal is different than that, please contact this office.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 01/29/2010

**Note:** **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Keith Gautreau      **Approval Date:** 01/29/2010

**Note:** **Ok to Issue:**

- 1) No means of egress shall be affected by this renovation
- 2) All means of egress to remain accessible at all times

**PERMIT ISSUED**

City of Portland



# 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>Cedars 630 Ocean Ave, Portland, ME 04112</u>		
Total Square Footage of Proposed Structure/Area <u>new work approx 150 sq ft</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>174</u> Block# <u>A</u> Lot# <u>13</u>		Applicant * <b>must be owner, Lessee or Buyer</b> * Name <u>The Cedars Nursing Care Center Inc</u> Address <u>630 Ocean Ave</u> City, State & Zip <u>Portland, ME 04112</u>
Lessee/DBA (If Applicable)		Telephone: <u>207-772-5458</u>
Owner (if different from Applicant) Name Address City, State & Zip		Cost Of Work: \$ <u>45,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>490</u>
Current legal use (i.e. single family) <u>Nursing Home</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>same</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>remove two glass atriums, replace 1 with glass atrium and standing seam roof and one with metal stud wall and standing seam roof Add door and metal stud wall in kitchen</u>		
Contractor's name: <u>PM Construction Co, Inc</u> Address: <u>19 Industrial Park Rd, Saco ME 04072</u> City, State & Zip _____ Telephone: <u>207-282-7647</u> Who should we contact when the permit is ready: <u>Laura Blanchette</u> Telephone: <u>207-433-3517</u> Mailing address: <u>P.O. Box 739 Saco ME 04072</u>		

**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.

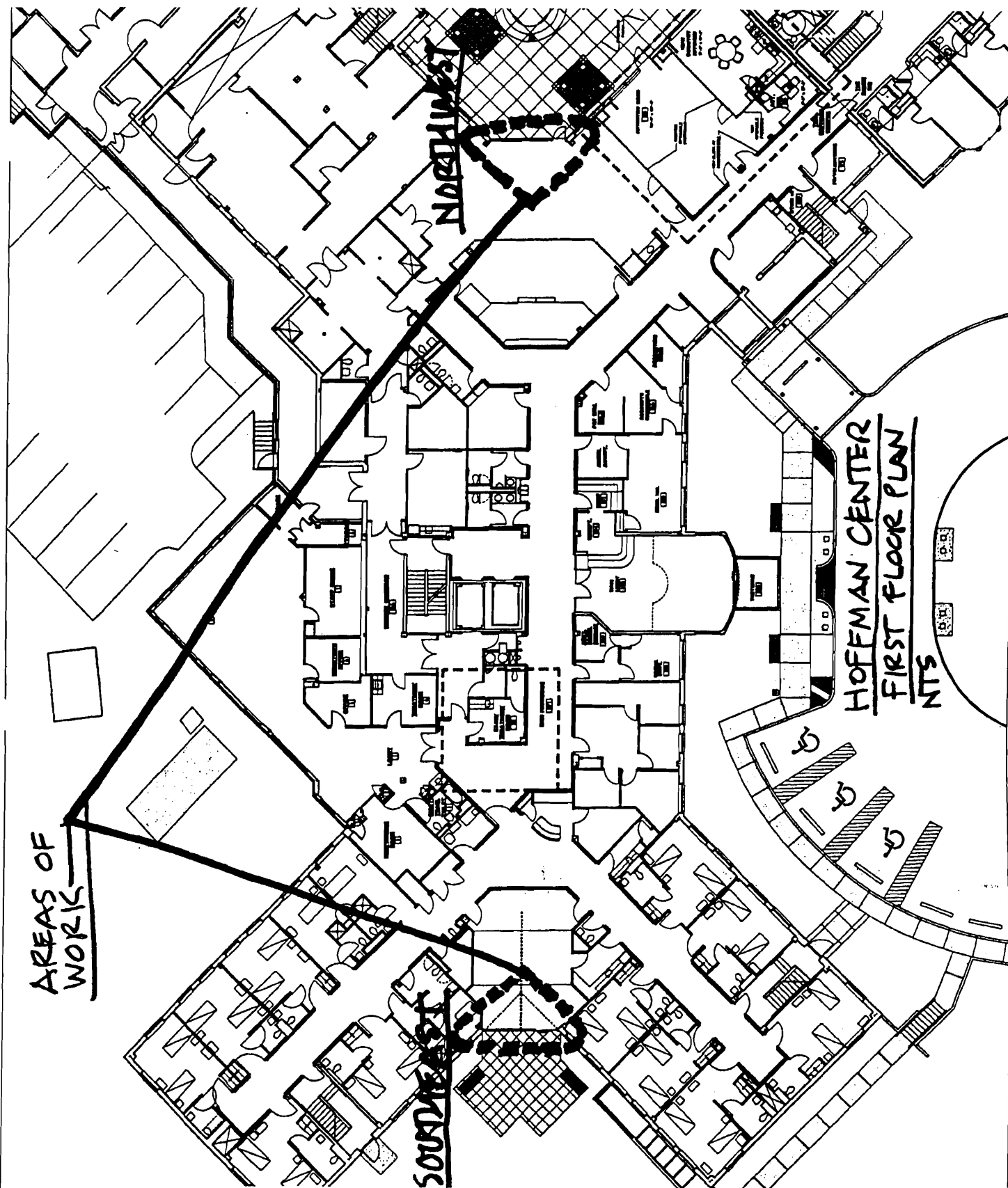
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: <u>Laura Blanchette</u>	Date: <u>1/19/10</u>
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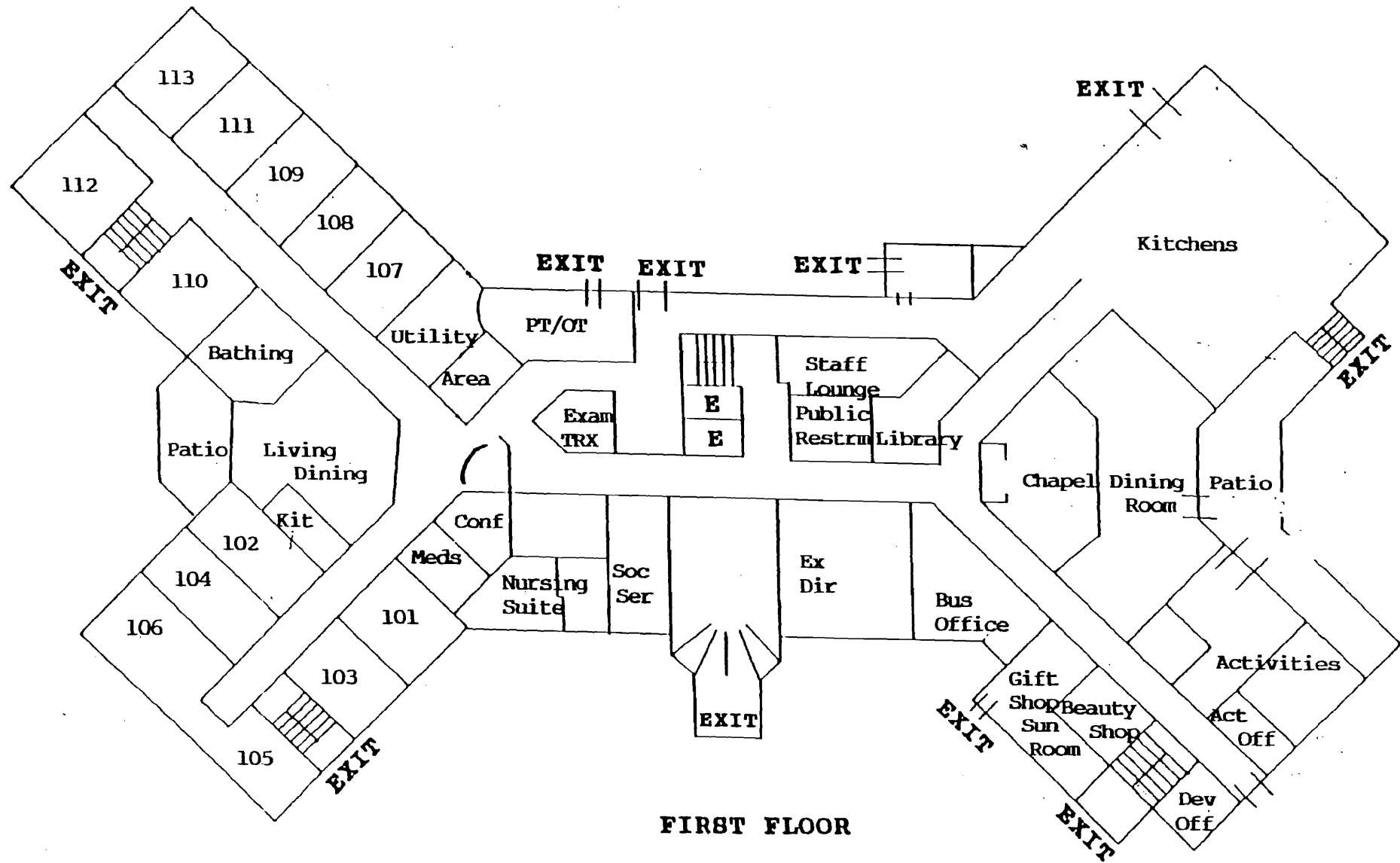
**RECEIVED**

This is not a permit; you may not commence ANY work until the permit is issued JAN 19 2010

Dept. of Building Inspections  
City of Portland Maine



TITLE: HOFFMAN CTR. FIRST FLOOR PLAN — LOCATION OF WORK		
<b>THE HOFFMAN SKILLED ARE CENTER AT THE CEDARS</b>  PORTLAND, ME	DATE: 01/20/2009	TSOMIDES ASSOCIATES Architects/Planners 389 Elliot St. Newton Upper Falls, MA 02464 (617)969-4774 (617)969-4793 Fax
	SCALE: N.T.S.	
	DRAWING #: 1	



FIRST FLOOR

Leibowitz Unit

November 19, 2009

Mr. John Watson  
630 Ocean Avenue  
Portland, ME 04103

***RE: Glass Atrium Replacement and Kitchen Renovation***

**Glass Atrium Scope of Work:**

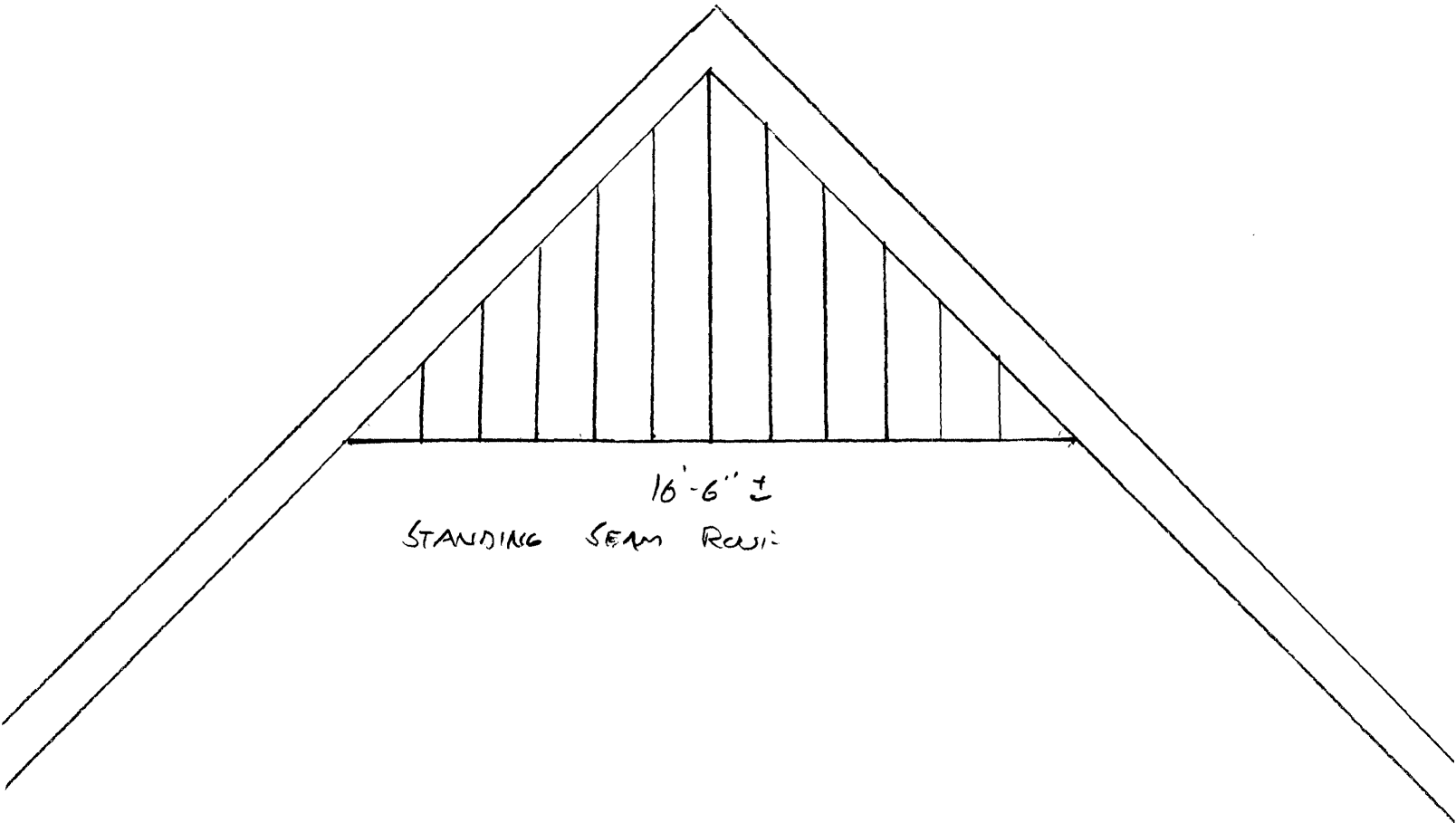
General Conditions, Project Superintendent and Management;  
Demolition and removal of existing glass and aluminum;  
Temporary partition walls;  
Standing seam metal roof framed with 8" metal studs;  
Gutters and downspouts;  
Fiberglass and rigid insulation under metal roof;  
Swing auto door with wall push button operation in Leibowitz Room;  
Auto door with wall push button operations in Dining Room;  
Standard windows with trim and siding at Leibowitz Room;  
Drywall ceiling on underside of roof framing;  
Electrical work involved for heat trace, lighting, switching, and auto doors  
Building permit

**Kitchen Renovation Scope of Work:**

General Conditions, Project Superintendent and Management  
Selective demolition  
Supply and install a metal plate and door bump for the hole in the freezer wall panel  
Supply and installation of two hollow metal doors with narrow lites and hardware  
Supply and installation of one 3'6" wide birch double acting swing door with 12" x 12" window and hardware (to include dead lock)  
Installation of new partition walls to extend to the bottom of roof decking (13')  
Installation of FRP on all wall surfaces below acoustical ceiling  
Reworking and replacing acoustical ceiling tile  
Relocate/install sprinkler heads as applicable  
Electrical work involved for lighting, switching, and outlets  
Building permit

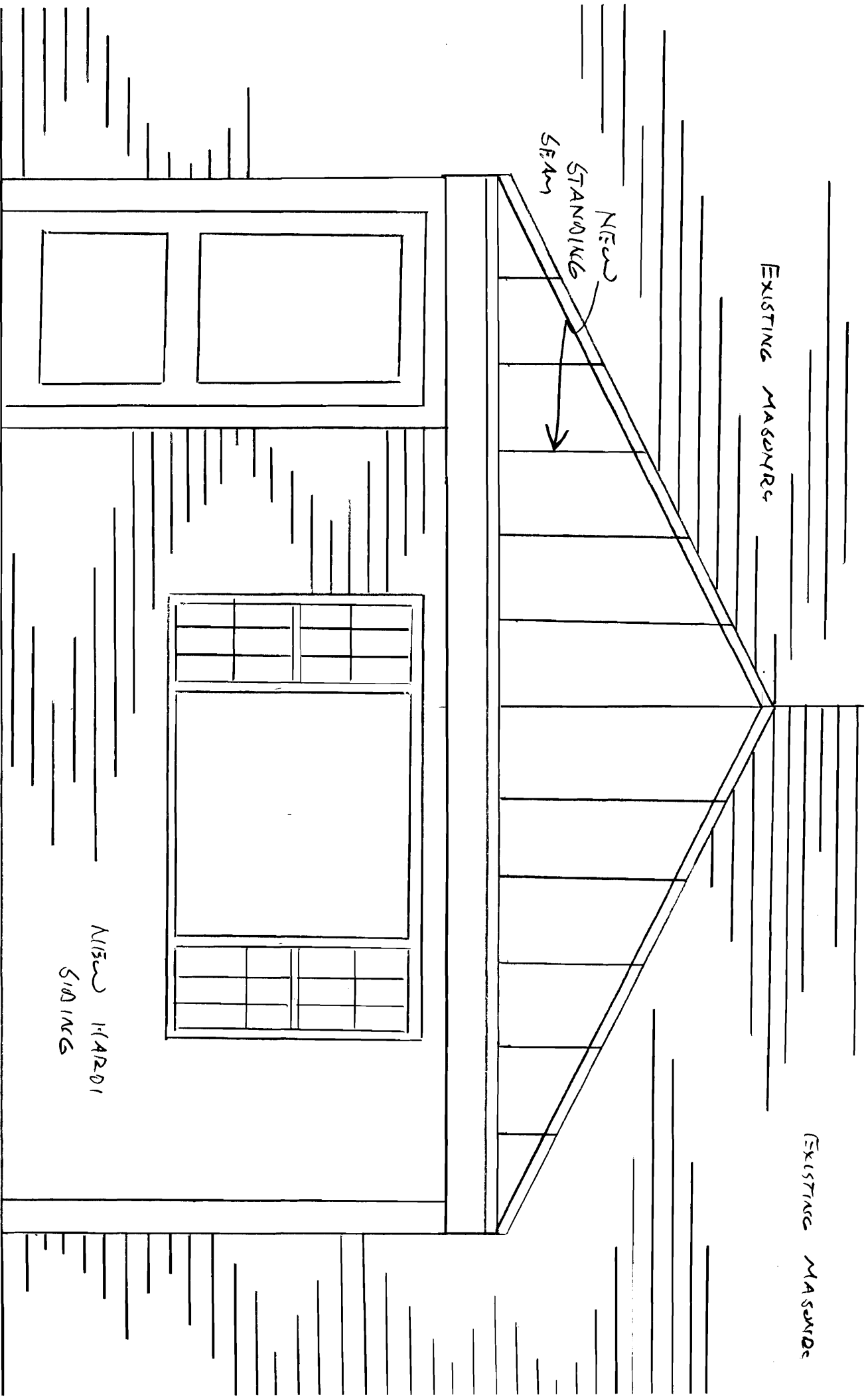


EXISTING BUILDING



16'-6" ±

STANDING SEAM ROOF



EXISTING MASONRY

EXISTING MASONRY

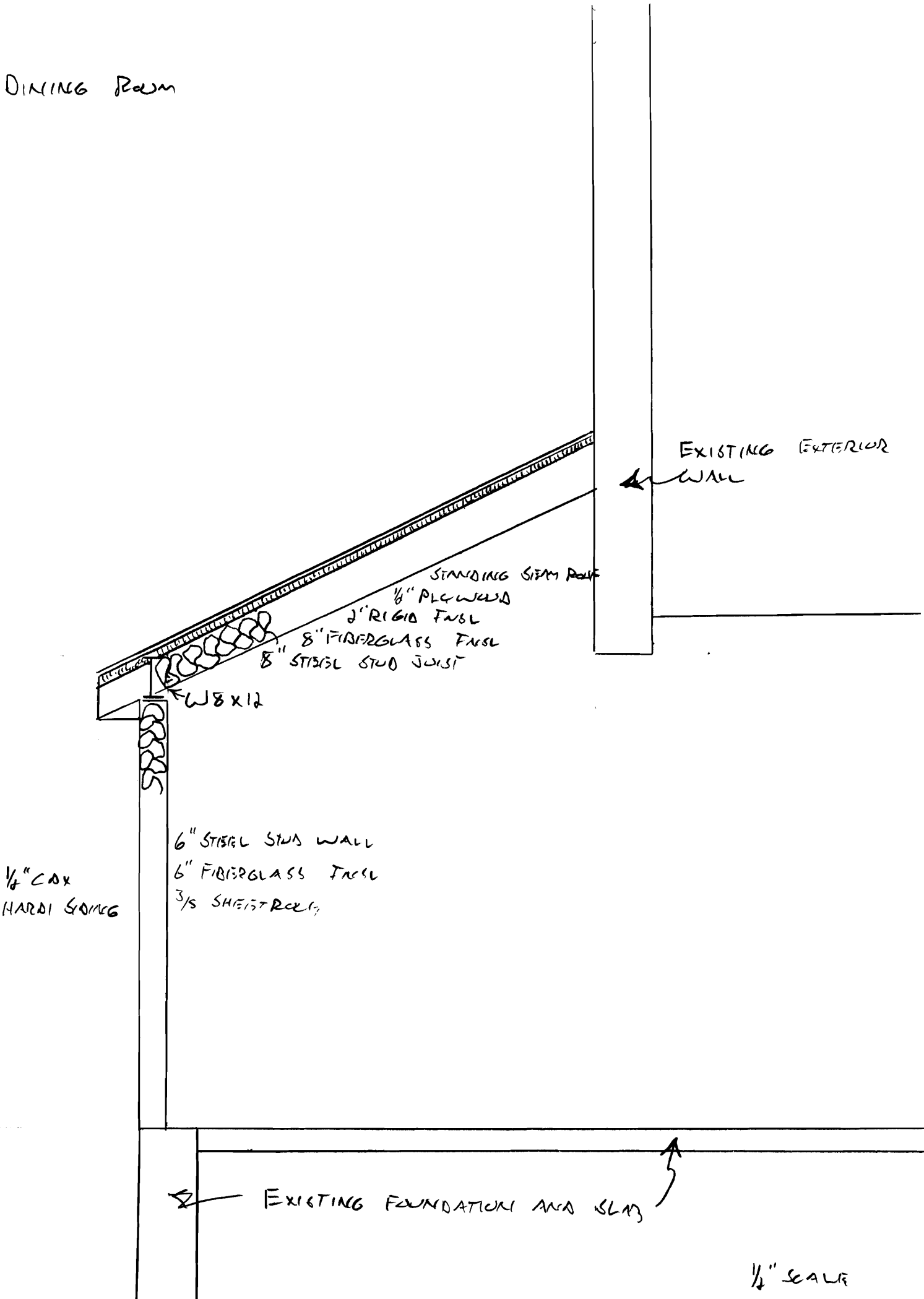
NEW  
SIDINGS  
SEAM

NEW HARD  
SIDINGS

NEW 30x70  
DOOR

Dining Room

DINING Room



1/8" COX  
HARDI BOARD

6" STEEL STUD WALL  
6" FIBERGLASS INSUL  
3/8 SHEET ROCK

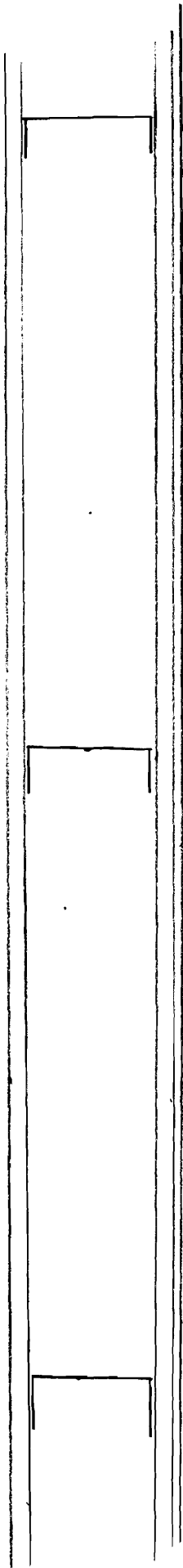
STANDING SEAM ROOF  
1/2" PLYWOOD  
2" RIGID FOAM  
8" FIBERGLASS INSUL  
8" STEEL STUD JOIST

W8x12

EXISTING EXTERIOR  
WALL

EXISTING FOUNDATION AND SLAB

1/2" SCALE

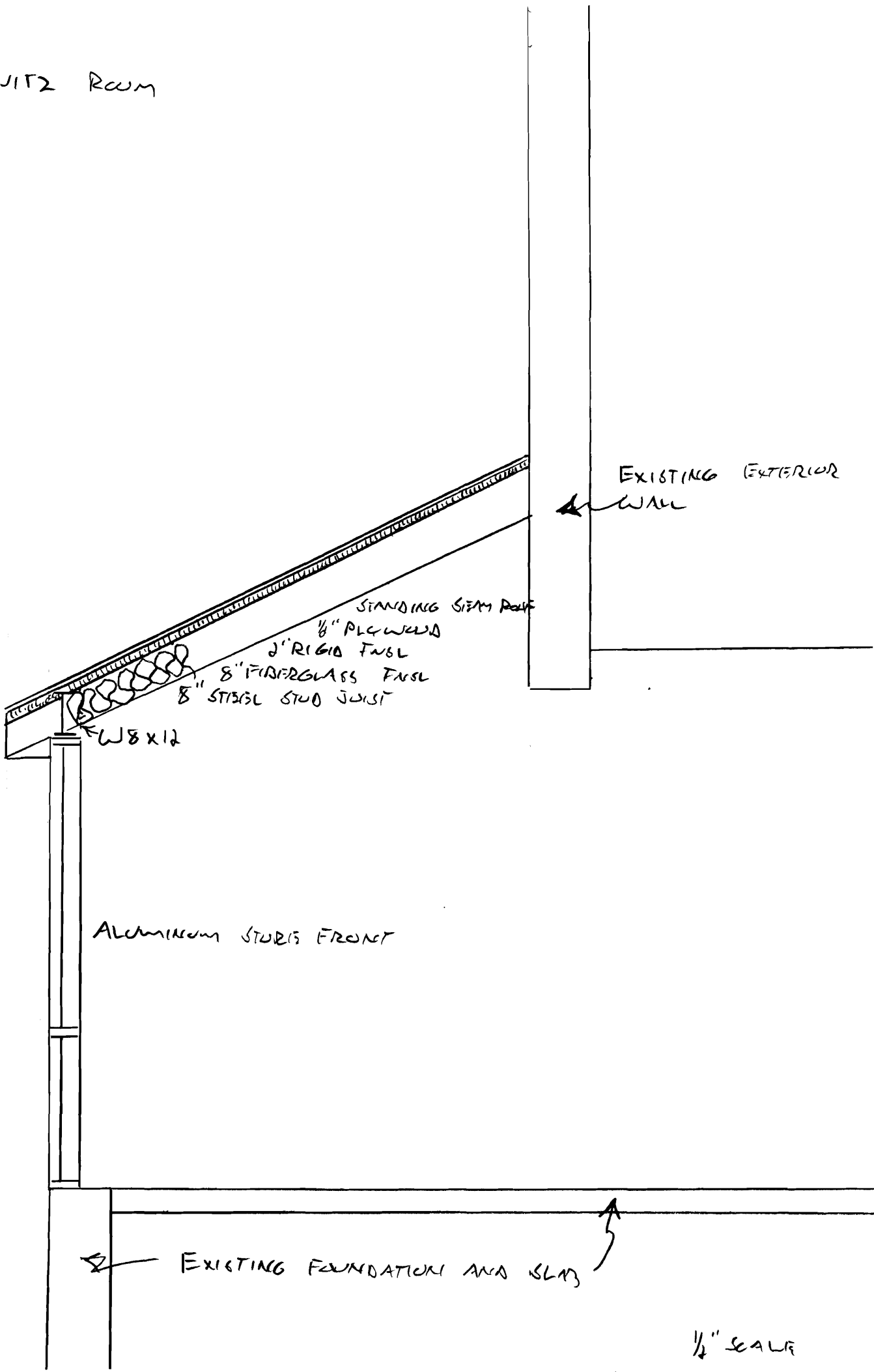


3 5/8 20 GA STEEL STUDS 16" O.C.

5/8 DRYWALL BOTH SIDES

FRP ON HITCHER SIDE

LEIRWITZ Room



EXISTING EXTERIOR WALL

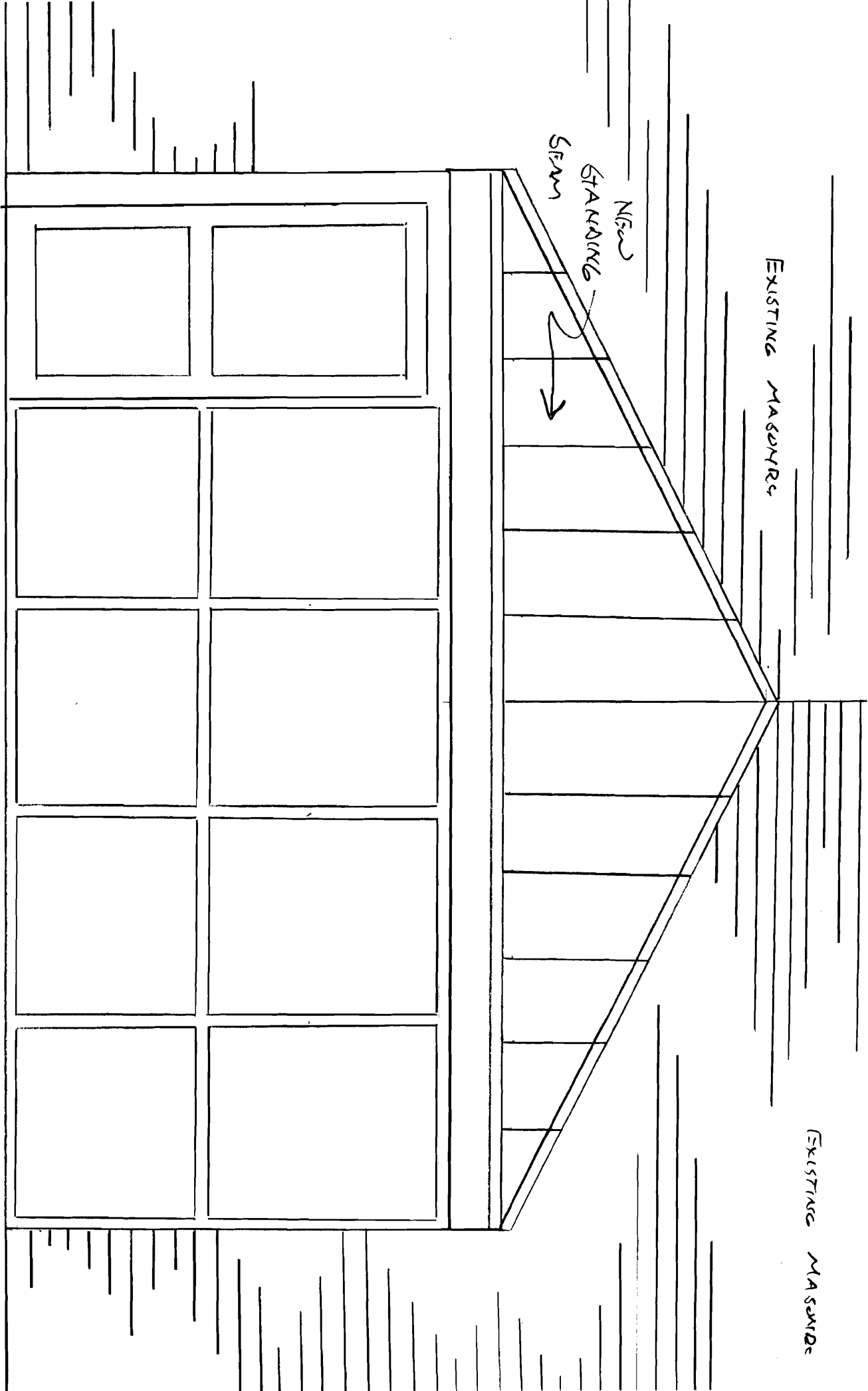
STANDING SEAM ROOF  
 $\frac{1}{8}$ \" PLG WELD  
2\" RIGID FANL  
8\" FIBERGLASS FANL  
8\" STIBGL STUD JOIST

W8x12

ALUMINUM STUDS FRONT

EXISTING FOUNDATION AND SLAB

$\frac{1}{4}$ \" SEAL



EXISTING MASONRY

EXISTING MASONRY

NEW

STAIRING

SEAM

NEW 30x30

DEAD

NEW ALUMINUM

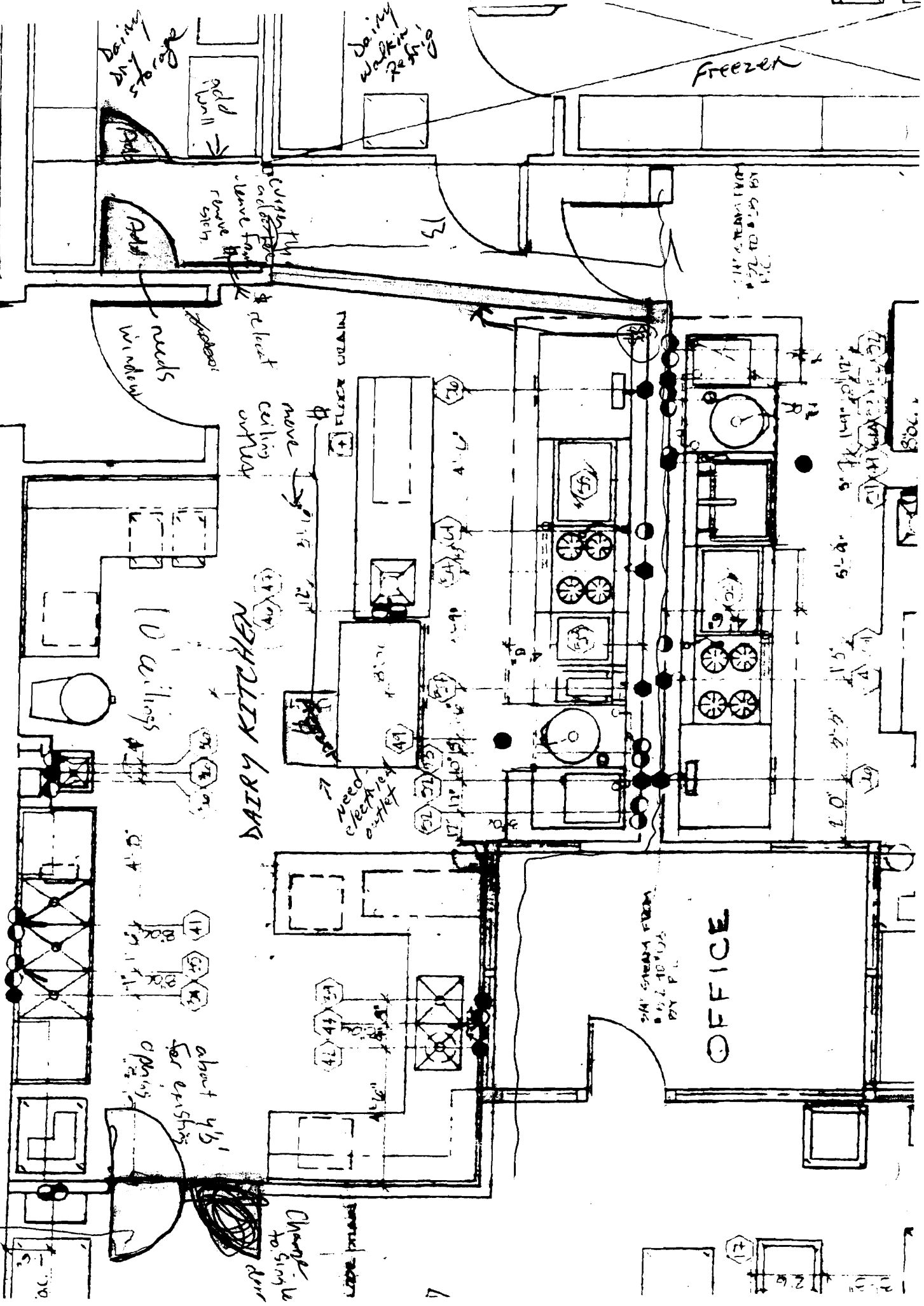
GLAZING

Leibowitz Room

Staircase  
↑

Hallway  
↖ ↗

needs window



Dairy Storage

Dairy Walker Refrig

Freezer

curtain rod  
leave from  
relocate

needs window

relocate  
move ceiling out

DAIRY KITCHEN

10 ceiling's

about 4'5"  
for existing  
opening

Change to single door

need electrical outlet

OFFICE

3/4" STEEL FLOOR  
8'6" x 10'0" x 8"  
BY P.L.

SEE STAIRS FOR  
P. 22 TO 25 BY

SEE STAIRS FOR  
P. 22 TO 25 BY

6'-0"

1'-5"

9'-0"

1'-0"

47

7