

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
 Application And
 Notes, If Any,
 Attached

BU **PERMIT** ICTION

Permit Number: 081259

This is to certify that JEWISH HOME FOR THE AGED THE
 has permission to 1420 sq ft Masonry addition along with 1 sq ft associated renovations
 AT 618 OCEAN AVE 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 lath or other work closed-in. 2 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. Cathy Cross
 Health Dept. _____
 Appeal Board _____
 Other _____
 Department Name

Cheryl R. Ke 11/19/09
 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: 08-1259	Issue Date: 11/18/08	CBL: 174 A013001
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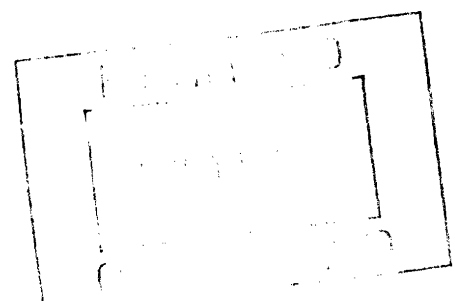
Location of Construction: 618 OCEAN AVE	Owner Name: JEWISH HOME FOR THE AGED	Owner Address: 630 OCEAN AVE	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: R-3 from

Past Use: Cedars Nursing Care	Proposed Use: Cedars Nursing Care - 1420 sq ft Masonry addition along with 1133 sq ft associated renovations	Permit Fee: \$4,220.00	Cost of Work: \$420,000.00	CEO District: 4
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied See Conditions	INSPECTION: Use Group: I-2 Type: IA IBC-2003	

Proposed Project Description: 1420 sq ft Masonry addition along with 1133 sq ft associated renovations	Signature: <i>[Handwritten Signature]</i>	Signature: <i>[Handwritten Signature]</i> 11/18/08
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: 10/07/2008	Zoning Approval
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<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 <i>NA</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>Panel 7 zone 1</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i># 2008-0126</i> Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>10/9/08</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input checked="" type="checkbox"/> Conditional Use <i>to PB</i> <input type="checkbox"/> Interpretation <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>10/14/08</i> Date: <i>10/14/08</i>	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: <i>[Signature]</i>
	Date: <i>10/9/08</i>		



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.

- Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling
- 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.
- The final report of Special Inspections shall be submitted prior to the final inspection or the issuance of the Certificate of Occupancy

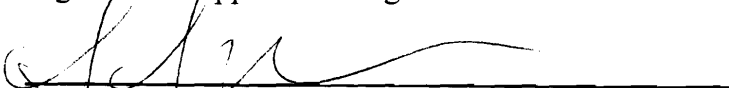
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

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

11-19-08
Date


Signature of Inspections Official

11-19-08
Date



General Building Permit Application

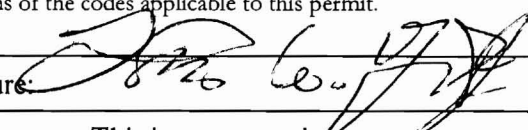
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>630 OCEAN AVE., PORTLAND</u>		
Total Square Footage of Proposed Structure/Area <u>1420 SF ADDITION, 1133 SF RENOVATION</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>174</u> Block# <u>A</u> Lot# <u>13</u>		Applicant * must be owner, Lessee or Buyer* Name <u>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>207-772-5456</u>
Owner (if different from Applicant) Name Address City, State & Zip		Cost Of Work: \$ <u>420,000</u> C of O Fee: \$ Total Fee: \$ <u>4220</u>
Current legal use (i.e. single family) <u>NURSING/REHABILITATION CENTER</u> If vacant, what was the previous use? Proposed Specific use: <u>REHABILITATION CENTER</u> Is property part of a subdivision? <u>NA</u> If yes, please name Project description: <u>1420 MASONRY ADDITION ALONG WITH 1133 SF OF ASSOCIATED RENOVATION</u>		
Contractor's name: <u>TO BE DETERMINED</u> Address: City, State & Zip Telephone: Who should we contact when the permit is ready: <u>TOM YODER</u> Telephone: <u>207 793-3421</u> Mailing address: <u>C/O YODER INC., 42 HAMPDEN RD., PARSONSFIELD, ME. 04047</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, 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: 10/7/08

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

From: Marge Schmuckal
To: Jean Fraser
Date: 10/9/2008 3:54:12 PM
Subject: 630 Ocean Ave

Jean,
I have a building permit for the Cedars for that rear addition. What is the status of the PB approval and conditional use?
thanks,
Marge

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1259	Date Applied For: 10/07/2008	CBL: 174 A013001
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Business Name:	Contractor Name: TBD	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	

Proposed Use: Cedars Nursing Care - 1420 sq ft Masonry addition along with 1133 sq ft associated renovations	Proposed Project Description: 1420 sq ft Masonry addition along with 1133 sq ft associated renovations
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 10/09/2008

Note: **Ok to Issue:**

- 1) Separate permits shall be required for any new signage.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 11/13/2008

Note: Needs DRC sign off prior to issuance---CSH 11/04/08 **Ok to Issue:**

- 1) All special inspection reports must be submitted to this office for review within 48 hours of the inspection. A final special inspection report must be submitted prior to issuance of a certificate of occupancy. This report must demonstrate any deficiencies and corrective measures that were taken.
- 2) An inspection of the installation of the steel and concrete and structural bracing shall be conducted by a licensed engineer and his/her certification shall be submitted to this office stating compliance with the approved plans.
- 3) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Greg Cass **Approval Date:** 11/18/2008

Note: **Ok to Issue:**

- 1) Sprinkler protection shall be maintained.
Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
- 2) Walls in structure are to be labeled according to fire resistance rating.
IE; 1 hr. / 2 hr. / smokeproof.
- 3) All means of egress to remain accessible at all times
- 4) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance.
Compliance letters are required.
- 5) A single source supplier should be used for all through penetrations.
- 6) All construction shall comply with NFPA 101
- 7) Application requires State Fire Marshal approval.

Comments:

10/9/2008-mes: WAIT FOR SITE PLAN SIGN-OFF BY PLANNING BEFORE ISSUING PERMIT

From: Philip DiPierro
To: Code Enforcement & Inspections
Date: 11/12/2008 12:17:45 PM
Subject: 630 Ocean Ave., The Cedars Addition

Hi all, this project meets all DRC requirements for the issuance of the building permit for the new addition, site plan # 2008-0126.
See UI. Thanks.

Phil

Applicant: Cedars

Date: 9/2/08

Address: 630 Ocean Ave

C-B-L: 170-A-020

CHECK-LIST AGAINST ZONING ORDINANCE

#08-1259

Date -

Zone Location - R-3

Conditional use expansion
Req.

Interior or corner lot -

Proposed Use/Work -

Rehab CTR Addition ~ a little over 1,000^{sq}ft

Sevage Disposal - City

Lot Street Frontage -

30' min - 50' + provided

Front Yard -

25' min - much over 25' shown

Rear Yard -

25' min - much over 25' shown

Side Yard -

9' min - 50' + at closest

Projections -

Width of Lot -

65' ok

Height -

35' MAX

1 story proposed - unscaled drawings attached
in section #9

Lot Area -

Lot Coverage/Impervious Surface -

35% MAX - Not near the MAX - Adding a little more landscaping where pavement was

Area per Family - N/A

Off-street Parking -

well elem. 2 parking - currently providing well over the min parking study submitted Req. 5

Loading Bays -

Site Plan -

2008-0126

Shoreland Zoning/Stream Protection -

N/A

Flood Plains -

Panel 7 - Zone X

From: Philip DiPierro
To: Code Enforcement & Inspections
Date: 11/12/2008 12:17:45 PM
Subject: 630 Ocean Ave., The Cedars Addition

Hi all, this project meets all DRC requirements for the issuance of the building permit for the new addition, site plan # 2008-0126.
See UI. Thanks.

Phil

MEMORANDUM

To: FILE

From: Marge Schmuckal

Dept: Zoning

Subject: Application ID: 2008-0126

Date: 9/30/2008

It is my understanding that the Planning Board had questions concerning the existing parking. In 2005 the Planning Board approved a larger addition under 14-332(t) and approved a final number of 186 parking spaces. I took that number into consideration when reviewing this application.

Marge Schmuckal
Zoning Administrator

MEMORANDUM

To: FILE

From: Marge Schmuckal

Dept: Zoning

Subject: Application ID: 2008-0126

Date: 9/10/2008

The project is located within an R-3 Zone which permits this institutional use. This small addition is an expansion of the existing use (sal-be-it small) but still requires conditional use PB approval.

All the R-3 Zone requirements including setbacks and lot coverage, height and parking are being met with this proposal.

Separate permits would be required for any new signage.

Marge Schmuckal
Zoning Administrator



Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Lee Urban- Director of Planning and Development

Marge Schmuckal, Zoning Administrator

Meeting Information

DATE:

7/21/08

LOCATION:

630 Ocean Ave - Cedars

PEOPLE PRESENT:

Marge - BARBARA

ZONE:

R-3 Prime Zone

DISCUSSION:

2000# Addition for rehab - it eliminates

2 parking spaces

submitted to Planning Feb 7, 2007 explains parking
may change the loading docs.

14-351 - (loading) requires 2 loading bays where one
is for ambulances & should be separated

Is there a change in # of people being served?

any out-patient programs or all in-house rehab use?

35% MAX lot coverage (Bldgs - different from impervious)

discussed landscaping around the new addition

minor site plan & conditional use expansion

consider this an amendment to the previous site plan

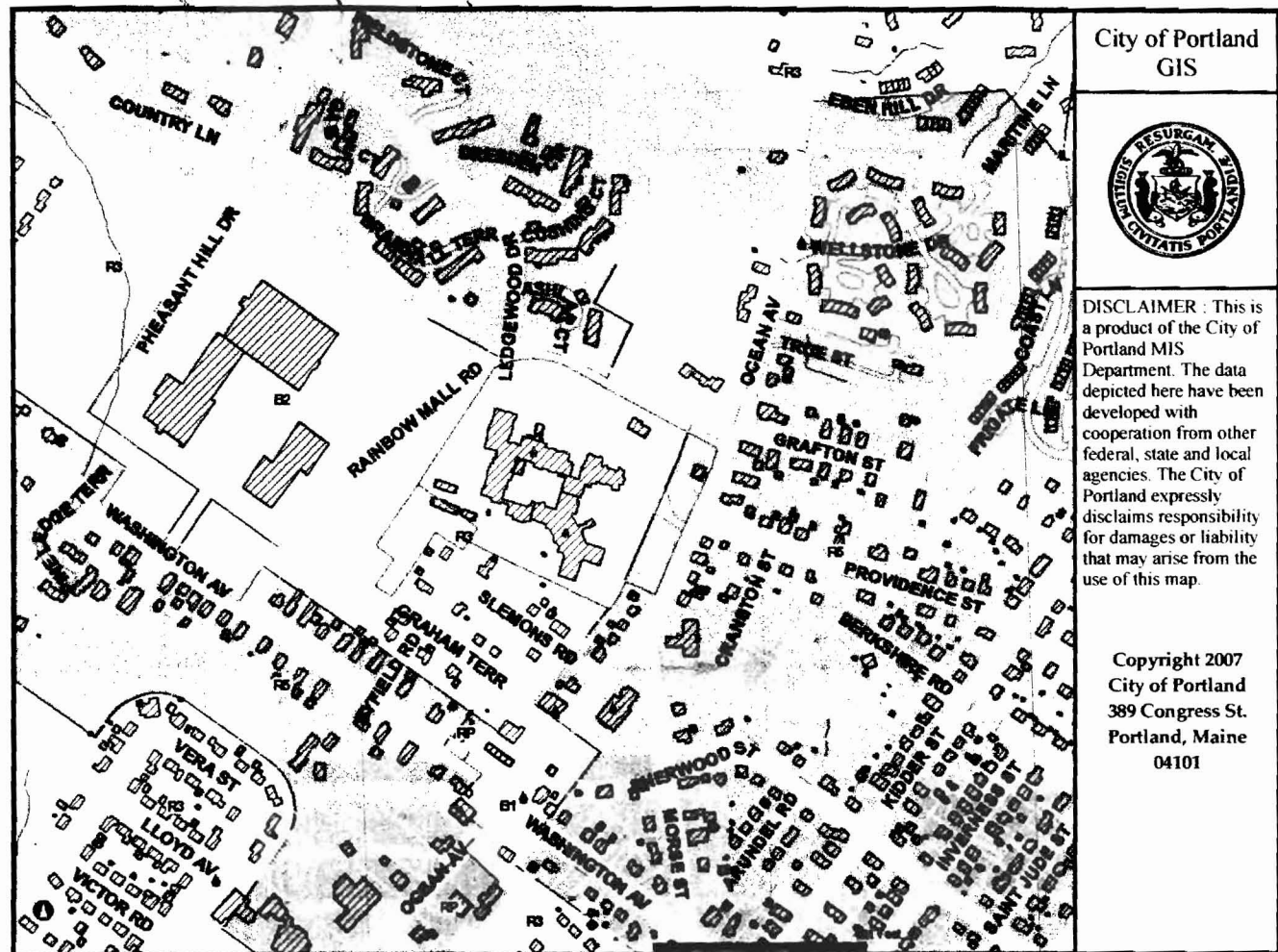
may submit in 3 weeks

Approval

Please note: this meeting is not an pre-approval of any ordinances. No project can be approved without going thru the appropriate reviews. This meeting is only to outline the City processes to go through based on the information given at this meeting. Any changes to that information may change the process requirements. Please check ordinances that are on-line for further information at www.portlandmaine.gov.

Dawn Hollowell from DEP is reviewing

Room 315 - 389 Congress Street - Portland, Maine 04101 (207) 874-8695 - FAX: (207) 874-8716 - TTY: (207) 874-3936





Certificate of Design Application

From Designer:

ISOMDES ASSOCIATES ARCHITECTS PLANNERS

Date:

3-16-07

Job Name:

CEOARS ASSISTED LIVING FACILITY

Address of Construction:

630 OCEAN AVENUE, PORTLAND, ME -

2003 International Building Code

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

Building Code & Year 2003 I.B.C. Use Group Classification (s) I-1 ASSISTED LIVING

Type of Construction V-A, WOOD FRAMED, PROTECTED

903.3.1.2 OF I.B.C.

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 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? (Sec Section 1802.2) YES

Structural Design Calculations

Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1601)

Uniformly distributed floor live loads (1603.11, 1607)

Floor Area Use	Loads Shown
<u>ROOMS</u>	<u>40 PSF + 10 PSF PARTITIONS</u>
<u>CORRIDORS</u>	<u>80 PSF</u>
<u>OPEN PLAN AREAS</u>	<u>100 PSF</u>

Wind loads (1603.1.4, 1609)

SEC 6 ASCE 7 Design option utilized (1609.1.1, 1609.6)

100 Basic wind speed (1609.3)

1.0 Building category and wind importance factor, I_w (Table 1604.5, 1609.5)

B Wind exposure category (1609.4)

+/- 0.18 Internal pressure coefficient (ASCE 7)

18.7 Component and cladding pressures (1609.1.1, 1609.6.2.2)

17.2 Main force wind pressures (1603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

PER NJY Design option utilized (1614.1)

1 Seismic use group ("Category")

0.37, 0.16 Spectral response coefficients, S_D & S_{D1} (1615.1)

D Site class (1615.1.5)

N/A Live load reduction

N/A Roof live loads (1603.1.2, 1607.11)

SEE BELOW Roof snow loads (1603.3, 1608)

60 PSF Ground snow load, P_g (1608.2)

42 PSF If $P_g > 10$ psf, flat-roof snow load P_f

1.0 If $P_g > 10$ psf, snow exposure factor, C_e

1.0 If $P_g > 10$ psf, snow load importance factor, C_{st}

1.0 Roof thermal factor, C_t (1608.4)

42 PSF Sloped roof snowload, P_s (1608.4)

C Seismic design category (1610.3)

BRAC/SYSTEM Basic seismic force resisting system (1617.6.2)

R = 6.5 Response modification coefficient, R , and

CL = 4.0 deflection amplification factor, C_d (1617.6.2)

EQUAL FORCE Analysis procedure (1616.6, 1617.5)

V = C_w W Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

Flood Hazard area (1612.1)

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)

LETTER OF TRANSMITTAL

TO: Planning and Development Department
Inspections Division
City of Portland
389 Congress St.
Portland, ME 04101
207.874.8693

Echo Bridge Office Park
389 Elliot Street
Newton Upper Falls, MA 02464
617.969.4774
617.969.4793 Fax
www.tsomides.com

**Tsomides
Associates
Architects
Planners**

DATE: October 7, 2008

ATTENTION: Ms. Lannie Dobson

RE: Sam L. Cohen Rehabilitation Center at The Cedars
630 Ocean Avenue
Building Permit Application

WE ARE SENDING YOU the following items:

Enclosed Via Overnight Delivery Originals
 Prints Copies Shop Drawings

COPIES	DATE	DESCRIPTION
1	10-7-08	Certificate of Design Application, 1 page
1	10-7-08	Program of Structural Tests and Special Inspections, 5 pages
1	10-3-08	Certificate of Design, 1 page
1	10-3-08	Accessibility Building Code Certificate
1	10-3-08	Memo from TAAP to the Portland Fire Department, 2 pages
1	10-3-08	NFPA 101 2003 Code Summary, 3 pages
1	9-26-08	CD with Project Manual files in MicroSoft Word format

THESE ARE TRANSMITTED as checked below:

For Approval and Building Permit Issuance Approved as submitted
 For Review and Comment Approved as noted
 As Requested Revise and Resubmit
 For Your Use Returned for Corrections


REMARKS

Dear Ms. Dobson:

This is submitted as a follow up to, and in conjunction with, the building permit application, drawings, and other documents submitted by Mr. Tom Yoder of Yoder, Inc. today, Oct. 7, 2008.

Please call us with questions, comments, concerns, or to request additional information.

Thank you for your attention to this project.

Copy to: J. Watson, CNCC, T. Yoder, YI, Transmittal only, File Signed: Tom McBride 

If enclosures are not as noted, please notify us at once.



Certificate of Design Application

From Designer: Foley Buhl Roberts & Associates, Inc.
 Date: 10/7/08
 Job Name: Sam L Cohen Rehabilitation Addition
 Address of Construction: 630 Ocean Avenue, Portland, Maine

2003 International Building Code

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

Building Code & Year 2003 Use Group Classification (s) I-2 Nursing home

Type of Construction Steel Frame

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 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) 3 REPORTS MADE FOR THIS CAMPUS

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
<u>Gym</u>	<u>100 PSF</u>
_____	_____
_____	_____
_____	_____

Wind loads (1603.1.4, 1609)

Chp 6 ASCE7 Design option utilized (1609.1.1, 1609.6)

<u>100MPH</u>	Basic wind speed (1809.3)
<u>1.0</u>	Building category and wind importance Factor, I_w table 1604.5, 1609.5)
<u>B</u>	Wind exposure category (1609.4)
<u>0.18</u>	Internal pressure coefficient (ASCE 7)
<u>10 PSF</u>	Component and cladding pressures (1609.1.1, 1609.6.2.2)
<u>24.4</u>	Main force wind pressures (7603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

<u>ASCE7</u>	Design option utilized (1614.1)
<u>C</u>	Seismic use group ("Category")
<u>0.37, 0.16</u>	Spectral response coefficients, S_D & S_{D1} (1615.1)
<u>D</u>	Site class (1615.1.5)

<u>0</u>	Live load reduction
<u>42 PSF</u>	Roof <i>live</i> loads (1603.1.2, 1607.11)
<u>42 PSF</u>	Roof snow loads (1603.7.3, 1608)
<u>60 PSF</u>	Ground snow load, P_g (1608.2)
<u>42 PSF</u>	If $P_g > 10$ psf, flat-roof snow load P_f
<u>1.0</u>	If $P_g > 10$ psf, snow exposure factor, C_e
<u>1.0</u>	If $P_g > 10$ psf, snow load importance factor, I_s
<u>1.0</u>	Roof thermal factor, C_t (1608.4)
<u>---</u>	Sloped roof snowload, P_s (1608.4)
<u>1</u>	Seismic design category (1616.3)
<u>Steel frame</u>	Basic seismic force resisting system (1617.6.2)
<u>4, 3 1/2</u>	Response modification coefficient, R_f and deflection amplification factor C_d (1617.6.2)
<u>Basic</u>	Analysis procedure (1616.6, 1617.5)
<u>---</u>	Design base shear (1617.4, 1617.5.1)
Flood loads (1803.1.6, 1612)	
<u>---</u>	Flood Hazard area (1612.3)
<u>---</u>	Elevation of structure
Other loads	
<u>---</u>	Concentrated loads (1607.4)
<u>---</u>	Partition loads (1607.5)
<u>---</u>	Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)

Sam L Cohen Rehabilitation Addition
Program of Structural Tests and Special Inspections
Foley Buhl Roberts & Associates, Inc.

Project Sam L Cohen Rehabilitation Addition

Location 630 Ocean Avenue
Portland, ME 04103

Owner J.H.A. Properties, Inc.

Owner's Address 640 Ocean Avenue
Portland, ME 04103
Tel - 207-772-5456
Fax - 207-772-6038

Architect of Record Constantine Tsomides
Tsomides Associates
389 Elliot Street
Newton Upper Falls, MA 02464
Tel - 617-969-4774
Fax - 617-969-4793

Structural Engineer of Record (SER) Jonathan D. Buhl, P.E.
Foley Buhl Roberts & Associates, Inc.
2150 Washington Street
Newton, MA 02462
Tel - 617-527-9600
Fax - 617-527-9606

Testing Agency (TA)
(Special Inspector) To be Selected

Geotechnical Engineer (GE) To be Selected

This program of structural tests and inspections is submitted as a condition for issuance of a building permit in accordance with the 2003 International Building Code.

The firms, agencies, or individuals noted above (hereafter referred to collectively as agents) will perform the structural tests and inspections under the direction of the SER.

The complete set of Contract Documents (Drawings and Specifications) that accompany the application for building permit is to be considered attached to this program as reference material.

This program does not relieve the Contractor of their responsibility to conduct the work in accordance with the requirements of the Construction Documents, the approved Shop Drawings and the 2003 International Building Code.

Sam L Cohen Rehabilitation Addition

Program of Structural Tests and Special Inspections
Foley Buhl Roberts & Associates, Inc.

Construction Categories: The following construction categories, if checked, are included in the program of structural tests and inspections for this project. Specific tests and inspections required for each designated category are listed on the page noted opposite the category.

<u>Construction Category</u>	<u>Page</u>	<u>Construction Category</u>	<u>Page</u>
<input checked="" type="checkbox"/> Earthwork	3	<input type="checkbox"/> Structural Precast Concrete	---
<input checked="" type="checkbox"/> In-situ Bearing Strata	3	<input type="checkbox"/> Masonry	---
<input checked="" type="checkbox"/> Controlled Fill	3	<input checked="" type="checkbox"/> Structural Steel	4
<input type="checkbox"/> Underpinning	---	<input type="checkbox"/> Steel Joists	---
<input type="checkbox"/> Excavation support	---	<input checked="" type="checkbox"/> Steel Deck	4
<input type="checkbox"/> Drilled Pier Foundations	---	<input type="checkbox"/> Shear Connectors	---
<input checked="" type="checkbox"/> Cast-In-Place Concrete	3	<input type="checkbox"/> Wood Framed Construction	---
<input type="checkbox"/> Post-Tensioned Concrete	---	<input type="checkbox"/> Other	---

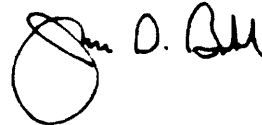
Performance Specifications: The following construction components, if checked, are designated in the Contract Documents on the basis of a performance specification to be designed by the Contractor or Subcontractor's registered professional engineer. The design of these structural elements or systems will be reviewed by the SER and their construction is included in the program for structural tests and inspections.

<u>Construction Component</u>	<u>Page</u>
<input type="checkbox"/> Structural Precast Components	---
<input type="checkbox"/> Post-Tensioning Steel	---
<input checked="" type="checkbox"/> Structural Steel Connections	4
<input type="checkbox"/> Metal Buildings	---
<input type="checkbox"/> Glue-Laminated Wood Construction	---
<input type="checkbox"/> Cold-Formed Metal Framing	---
<input type="checkbox"/> Steel Stairs & Handrails/Guardrails	---
<input checked="" type="checkbox"/> Skylights	5
<input type="checkbox"/> Metal Plate Connected Wood Trusses	---

Reports: Test and inspection reports prepared by the SER, TA, and GE will be collected and maintained by the SER and distributed, according to the procedures established by the Building Official. Prior to the issuance of a certificate of occupancy the SER will submit a final report to the Architect, to be forwarded to the Owner and Building Official in accordance with 2003 I.B.C.

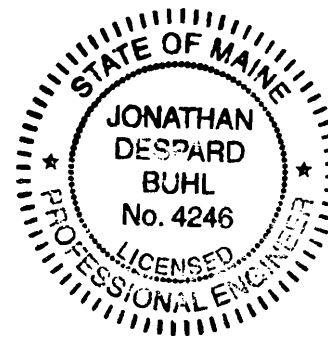
Prepared by the Structural Engineer of Record:

Name: Jonathan D. Buhl, P.E.
P.E. # 4246 (Structural)



Signature: _____

Firm: Foley Buhl Roberts & Associates, Inc.
Date: October 7, 2008



Sam L Cohen Rehabilitation Addition

Program of Structural Tests and Special Inspections

Foley Buhl Roberts & Associates, Inc.

Earthwork (Section 02201)

Item	Agent	Scope
1. Excavation	GE	Inspect existing sub-soils and groundwater conditions during building excavation.
2. Bearing Strata	GE	Inspect the in-situ bearing strata and compacted structural fill bearing strata for footings and slabs cast on grade for conformance with the Geotechnical Report, Spec. Section 02201 and Contract Documents.
3. Structural Fill	TA	Inspect and test compacted structural fill for conformance with the Geotechnical Report, Spec. Section 02201 and Contract Documents.

Cast-in-Place Concrete Construction (Section 03300)

Item	Agent	Scope
1. Mix Design	SER	Review mix design for each required strength of concrete for conformance with Spec. Section 03300 and Contract Documents.
2. Materials Certification	SER, TA	Review for conformance with Spec. Section 03300 and Contract Documents.
3. Batching Plant	TA	Review methods for batching and mixing, and quality control procedures at the batching plant. Conduct one (1) initial visit to the batching plant at the start of production and at least one (1) additional visit during the production period. Additional visits to the batching plant may be requested by the SER, if necessary.
4. Reinforcement Installation	TA	Inspect all reinforcement for grade, size, quantity, spacing, condition, cover and placement, for conformance with the approved Shop Drawings and Contract Documents.
5. Formwork	TA	Inspect for general configuration, cleanliness, and cover to reinforcement.
6. Concrete Placement	TA	Observe concrete placement operations. Verify conformance with Spec. Section 03300, including cold weather and hot weather placement procedures.
	SER	Review cold weather and hot weather placement procedures submitted by the Contractor.

Sam L. Cohen Rehabilitation Addition
 Program of Structural Tests and Special Inspections
 Foley Buhl Roberts & Associates, Inc.

Cast-in-Place Concrete Construction (Section 03300) Continued

7. Testing and Evaluation of Concrete Strength	TA	Sample and test concrete, in accordance with Spec. Section 03300 and Contract Documents.
	SER	Review test results for concrete.
8. Curing and Protection	TA	Observe curing procedures and protection of concrete from high/low temperatures and rapid loss of moisture. Verify conformance with Spec. Section 03300 and Contract Documents.

Structural Steel /Steel Deck Construction (Sections 05120, 05300)

Item	Agent	Scope
1. Fabricator Certification/ Quality Control Procedures	TA	Review and observe each Fabricator's detailed fabrication and quality control procedures for material, bolting, welding, surface preparation, and shop painting. If applicable, review reports by fabricator's approved independent inspection or quality control agency.
2. Shop Fabricated Members	TA	Inspect a representative number of shop fabricated members for conformance with Spec. Section 05120, the approved Shop Drawings and Contract Documents.
3. Material Certification	SER, TA	Review for conformance with Spec. Sections 05120, 05300 and Contract Documents.
4. Field Bolting	TA	Inspect and test field bolted connections for conformance with Spec. Section 05120, the approved Shop Drawings and Contract Documents. Review grade and size of bolts, and installation of torsion-controlled bolts.
5. Field Welding	TA	Inspect and test field welded connections for conformance with Spec. Section 05120, approved Shop Drawings and Contract Documents. Check welder qualifications. Visually check fillet welds and test partial/full penetration welds using applicable non-destructive methods.

Sam L Cohen Rehabilitation Addition
 Program of Structural Tests and Special Inspections
 Foley Buhl Roberts & Associates, Inc.

Structural Steel /Steel Deck Construction (Sections 05120) Continued

6. Structural framing, Details and Assemblies	TA	Inspect grade of steel, size, placement, and connection details for conformance with Spec. Section 05120, the approved Shop Drawings and Contract Documents.
7. Steel Deck	TA	Inspect steel deck type, gage, depth, width, and placement for conformance with Spec. Section 05300, the approved Shop Drawings and Contract Documents. Check welder qualifications. Visually check deck placement, laps, all welds to supports and longitudinal edges, all side lap attachments, screws or other mechanical fasteners.

Skylights (Sections 08620)

Item	Agent	Scope
1. Skylights	SER	Review supplier's structural design of system for compliance with Spec. Sections 08620 and Contract Documents.
2. Material Certification	SER, TA	Review materials used for conformance with Spec. Sections 08620 and Contract Documents.
3. Installation of Skylights, Storefronts & Curtain Wall Systems	TA	Inspect type, size, gauge, spacing, and placement of members for conformance to the approved skylight, the storefront and curtain wall Shop Drawings and Contract Documents. Inspect member-to-member connections and connections anchorage to adjacent steel/concrete support elements for conformance with the approved Shop Drawings and Contract Documents.



Accessibility Building Code Certificate

Designer: Tsomides Associates Architects Planners

Address of Project: 630 Ocean Av.

Nature of Project: Sam L. Cohen Rehabilitation Center at The Cedars
Addition and Renovations to Existing Nursing Facility

October 3, 2008

To the best of our knowledge, information, and belief,
 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: *Constantine L. Tsomides*

Title: Principal/CEO

Firm: Tsomides Associates Architects Planners

Address: 389 Elliot St.

Newton Upper Falls, MA 02464

Phone: (617) 969-4774

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Certificate of Design

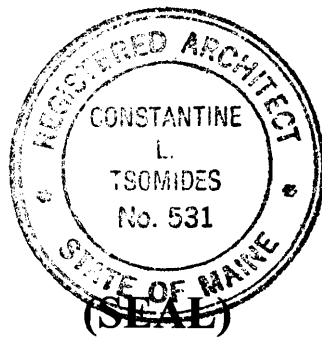
Date: October 3, 2008

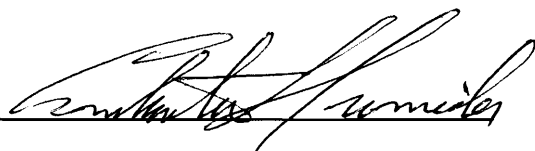
From: Tsomides Associates Architects Planners

To the best of our knowledge, information, and belief,
These plans and / or specifications covering construction work on:

Sam L. Cohen Rehabilitation Center at The Cedars, 630 Ocean Av., Portland, ME 04112

Have been designed and drawn up by the undersigned, a Maine registered Architect /
Engineer according to the *2003 International Building Code* and local amendments.



Signature: 

Title: Principal/CEO

Firm: Tsomides Associates Architects Planners

Address: 389 Elliot Street

Newton Upper Falls, MA 02464

Phone: (617) 969-4774

For more information or to download this form and other permit applications visit the Inspections Division
on our website at www.portlandmaine.gov

MEMORANDUM

DATE: October 3, 2008

TO: **Fire Department**
City of Portland, ME

FROM: Constantine L. Tsomides, NCARB, AIA
Principal / CEO

RE: Sam L. Cohen Rehabilitation Center at The Cedars
630 Ocean Av.
Portland, ME 04112
Application for Building Permit

Echo Bridge Office Park
389 Elliot Street
Newton Upper Falls, MA 02464
617.969.4774
617.969.4793 Fax
www.tsomides.com

**Tsomides
Associates
Architects
Planners**

Page 1 of 2

Per Building Permit Application Requirements, please note the following regarding this project:

APPLICANT

Mr. John Watson, CFO
Cedars Nursing Care Center, Inc.
630 Ocean Avenue
Portland, ME 04112
(207) 772-5456

PROJECT ARCHITECT

Constantine L. Tsomides, NCARB / AIA
Tsomides Associates Architects Planners
389 Elliot St.
Newton Upper Falls, MA 02464
(617) 969-4774 Phone

PROPOSED USE OF STRUCTURE

IBC 2003: Nursing Home, I-2
NFPA 101 2003: Health Care Occupancy

SQUARE FOOTAGE OF STRUCTURE

<u>Floor</u>	<u>Gross Area</u>
Basement	6,886 s.f.
First Floor	24,375 s.f.
<u>Second Floor</u>	<u>21,103 s.f.</u>
Total existing	52,364 s.f.
Proposed	1,420 s.f.
Total Building incl. proposed	53,784 s.f.

EXISTING AND PROPOSED FIRE PROTECTION OF STRUCTURE

Existing Fully sprinklered building per NFPA 13
Proposed Fully sprinklered building per NFPA 13

Portland Fire Department

Sam L. Cohen Rehabilitation Center at The Cedars – Addition and Renovation

Page 2 of 2

SEPARATE PLANS SHALL BE SUBMITTED FOR:

Suppression System To be submitted prior to installation, during construction
Detection System Under separate permit

SEPARATE LIFE SAFETY PLAN

Please refer to attached construction documents for the following information:

- a) Fire resistance ratings of all means of egress
- b) Travel distance from most remote point to exit discharge
- c) Location of fire extinguishers
- d) Location of emergency lighting
- e) Location of exit signs
- f) Please see attached NFPA Code Summary

ELEVATORS SHALL BE SIZED TO FIT AN 80" X 24" STRETCHER

N/A

Please do not hesitate to call with questions, comments or concerns.

encl. NFPA 101 2003 Code Summary, October 3, 2008, 3 pages

7.6.1 Measurement of travel distance to exit
Measure as prescribed

7.7.1 Discharge from exits
Exits discharge to open space;

7.8, 7.9, 7.10 **Refer to electrical drawings.**

Chapter 8 – Features of Fire Protection

8.3.2.1 Fire-resistive materials, assemblies, and systems used shall be limited to those permitted in the code and this chapter.
Assemblies are per U.L. designs, refer to drawings.

8.3.3.1 Wall openings required to have a fire protection rating by Table 8.3.4.2. shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies...
Fire rated doors and frames to have testing agency labels.

Chapter 9 – Building Service and Fire Protection Equipment

9.6 **Refer to electrical drawings.**

9.7.1.1 Automatic sprinkler systemshall be in accordance with one of the following: NFPA 13....
Provided.

9.7.4.1 ..Portable fire extinguishers shall be installed...NFPA 10
Provided.

Chapter 18 – New Healthcare Facilities

Note: For paragraphs not listed, refer to requirements in Chapters 3 through 9, see above.

18.1.1.1.2 Requirements established by this chapter shall to the design of all new ...nursing homes...

Table 18.1.6.4 Construction Type Limitations
Construction Type II (III) is permitted to be 2 stories
Existing facility is 2 stories, addition / renovation is 1 story.

18.1.6.6 All interior walls and partitions in buildings of type II construction shall be of noncombustible or limited combustible materials.
Provided, see partition types.

18.1.6.7 Fire-retardant-treated wood that serves as supports for the installation of fixtures and equipment shall be permitted to be installed behind noncombustible or limited-combustible sheathing.
Provided, see wall sections and other drawings.

18.2.2.2.4 Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side...
Provided, see plan and door and hardware schedule.

18.2.3.6 The minimum clear width for doors in the means of egress fromphysical therapy...shall be as follows: **see next section.**

18.2.3.7 The requirements of 18.2.3.6 shall not apply where otherwise permitted by the following
(4) Where a pair of doors is provided, the following criteria shall be met:
(a) ...one of the doors shall provide not less than a 32" clear opening
(b) A....astragal shall be provided at the meeting edge
(c) The inactive door leaf shall have an automatic flush bolt to provide positive latching.
Provided, see plan and door schedule.

18.2.4.1 Not less than two exits of the types described in ..., remotely located from each other, shall be provided for each floor or fire section f the building.
Multiple exits provide from the existing facility.

18.2.5.1 Every habitable room shall have an exit access door leading directly to an exit access corridor, unless otherwise permitted
2 egress doors provided from the Rehabilitation space, remotely located from each other, refer to Chapter 7 above.

- 18.2.6.2.1 Travel distance between any room door required as an exit access and an exit shall not exceed 150 ft.
From double door entrance to space to facility main entrance is approximately 105'.
- 18.3.4 Detection, Alarm, and Communications Systems
Refer to Electrical drawings.
- 18.3.6.2.3 No fire resistance rating is required for corridor walls.
Existing partitions.
- 18.3.6.3.1 Doors protecting corridor openings shall be constructed to resist the passage of smoke, and the following also shall apply:
(1) Compliance with NFPA 80 shall not be required.
(2) Clearance between the bottom of the door and the floor covering not exceeding 1 inch shall be permitted for corridor doors.
Provided
- 18.3.6.3.9 Door-closing devices shall not be required on doors in corridor wall openings other than those serving.....
Door closers on doors in corridor walls not provided.

Sam L. Cohen Rehabilitation Center at The Cedars
Code Summary NFPA 101 - 2003

Echo Bridge Office Park
389 Elliot Street
Newton Upper Falls, MA 02464
617.969.4774
617.969.4793 Fax
www.tsomides.com

October 3, 2008

**Tsomides
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Code Ref. Code Requirement

Chapter 6 - Classification of Occupancy

6.1.5.1 New Health Care Occupancy

Chapter 7 – Means of Egress

7.1.3.1 (2) Exit Access Corridors not required to have a fire resistance rating, refer to Chapter 18 below.

7.1.3.2.1 Exits to be separated from other parts of the building by not less than a 1 hour fire resistance rating where the exit connects three stories or less.
N/A – no exit as part of this project.

7.1.5 Means of egress headroom shall be minimum 90".
Provided: all ceilings in applicable space is minimum 7'-6" high.

7.2.1.2.4 Minimum door width shall not be less than 32" clear
Provided via 36" wide doors

7.2.1.4.2 Doors require to be of the side-hinged or pivoted swinging type shall swing in the direction of egress travel where serving a room or area with an occupant load of 50 or more.....
Space has less than 50 occupants (refer to 7.3.1.2 below), doors permitted to swing into space.

Table 7.2.2.2.1(a) Stair Dimensional Criteria

Riser (max) 7"
Tread (min.) 4"
Tread (min.) 11"
Provided, refer to drawings.

7.2.2.4.4 Handrails to be between 34" and 38" high
Provided at 34" high from nose of tread.

7.2.2.4.5 Guardrails to be min. 42" high
Provided at 42" high.

Table 7.3.1.2 Occupant Load Factor

Calculated as:
Exercise in Gym 870 s.f. / 50 s.f. per occupant = 18 occupants
Business in Offices, Conference 780 s.f. / 100 s.f. per occupant = 9 occupants
Total Occupant load for space = **27 occupants**

Table 7.3.3.1 .2 inches per person level components and ramps
27 Occupants x .2 = 5.4" total door width required
96" total door width provided (32" x 3 – 36" leaves).

7.3.4 Egress width
Minimum 44" at corridors, 32" clear at doors
Provided

7.4.1.1 Minimum two means of egress
Provided, refer to Chapter 18 below.

7.5.1.1 Means of egress arrangement
Provided with required remoteness – 1/3 diagonal of space w/ sprinklers

From: Jeanie Bourke
To: Tom McBride
Date: 11/6/2008 10:32:09 AM
Subject: RE: Sam L. Cohen Rehab. at The Cedars

Hi Tom,
Actually Chris Hanson is reviewing these plans....I am cc'ing him on this email.

>>> "Tom McBride" <tmcbride@tsomides.com> 11/06 10:14 AM >>>

Hi Jeanie: Just checking in again, any word on this project? Thanks, Tom Thomas J. McBride, RAAssociate **Tsomides Associates Architects Planners** 389 Elliot St. Newton Upper Falls, MA 02464 tmcbride@tsomides.com www.tsomides.com 617.969.4774 617.969.4793 Fax

-----Original Message-----

From: Jeanie Bourke [mailto:JMB@portlandmaine.gov]
Sent: Monday, November 03, 2008 3:33 PM
To: tmcbride@tsomides.com
Subject: Re: Sam L. Cohen Rehab. at The Cedars Not yet Tom, I'm out to Cliff Island in the AM and hope to get back to it in the afternoon.

Jeanie Bourke
Code Enforcement Officer/Plan Reviewer

City of Portland
Planning & Urban Development Dept./ Inspections Division
389 Congress St. Rm 315
Portland, ME 04101
jmb@portlandmaine.gov
(207)874-8715

>>> "Tom McBride" <tmcbride@tsomides.com> 11/03 9:19 AM >>>

Hi Jeanie: Checking in to see if you have had a chance to complete your review of this project yet? Thanks, Tom McBride Thomas J. McBride, RAAssociate **Tsomides Associates Architects Planners** 389 Elliot St. Newton Upper Falls, MA 02464 tmcbride@tsomides.com www.tsomides.com 617.969.4774 617.969.4793 Fax

From: Jean Fraser
To: DiPierro , Philip; Dobson, Lannie; Schmuckal, Marge
Date: 10/16/2008 10:19:38 AM
Subject: Cedars Healthcare- small addition for renovation of Rehab Center

Just to let you know that the Planning Board approved this site plan/conditional use application on Tuesday - so the project can proceed.

Since there will be a delay in getting a signed approval letter (needs to be signed by Chair of the PB) I will send around the approved site plan so you can progress the building permit/calculate the performance guarantee etc.

You will no doubt be contacted by reps of Cedars Healthcare as they want to proceed asap.

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617.969.4793 Fax
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FACSIMILE TRANSMISSION COVER SHEET

DATE: November 12, 2008

TO: Mr. Chris Hanson

COMPANY: City of Portland
Inspections Division

FAX NO. 207.874.8716

FROM: Tom McBride

REFERENCE: Sam L. Cohen Rehab. at The Cedars

MESSAGE:

Hi Chris:

As discussed, attached is a Life Safety Plan, along with a Code Summary.

Please let us know if you have any questions or comments.

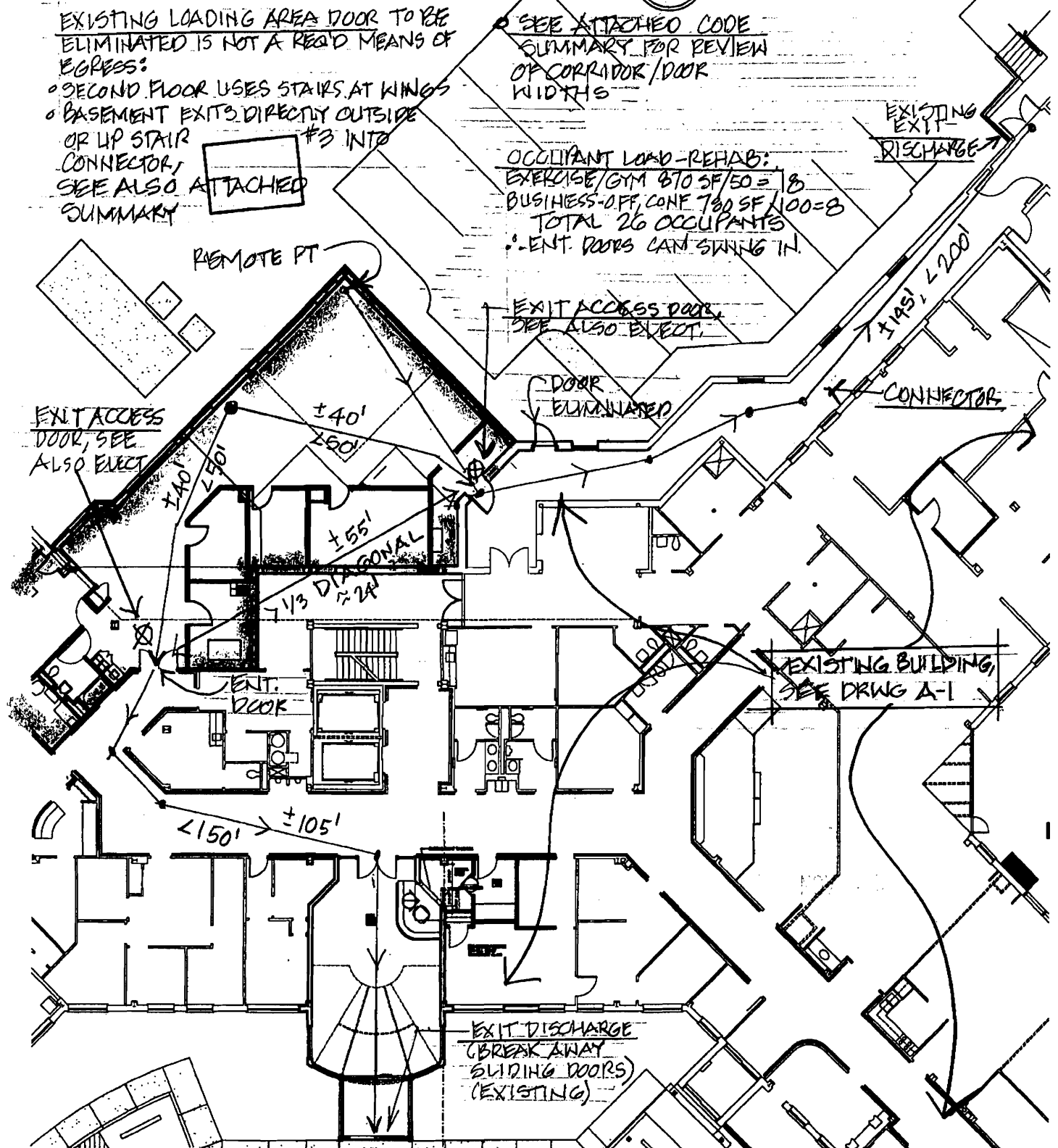
Thank you for your attention to this project.

3 PAGES TO FOLLOW

Please call (617) 969-4774 with questions or problems.

cc File

NOV 13 2008



TITLE: LIFE SAFETY PLAN		REF. CODE SUMMARY
SAM L. COHEN REHAB. AT THE CEDARS	DATE: 11/12/2008	TSOMIDES ASSOCIATES Architects/Planners 389 Elliot St. Newton Upper Falls, MA 02464 (617)969-4774 (617)969-4793 Fax
	SCALE: 1" = 20'-0"	
PORTLAND, ME	DRAWING #: SK-EGRESS	

Sam L. Cohen Rehabilitation Center at The Cedars**November 12, 2008****Code Summary****Means of Egress****Table 1004.1.2**

Check Existing Corridor 180 for added occupant load.

Existing load, if one half of first floor egresses through this corridor, 12,500 s.f. @ 100 s.f. / person = 125 people x .2" per person (level travel) = 25"

Adding 1,420 s.f. = 14 people x .2 = 2.8" additional

25" required existing + 3" required proposed = 28" required total.

Corridors leading to front entrance are 8' wide, with 72" width doors, o.k.

Occupant Load for Rehabilitation Center

Calculated as:

Exercise in Gym

870 s.f. / 50 s.f. per occupant = 18 occupants

Business in Offices, Conference780 s.f. / 100 s.f. per occupant = 8 occupantsTotal Occupant load for space = **26 occupants**

1008.1.2

7.2.1.4.2

Doors must swing in the direction of egress travel if serving an occupant load of 50 or more people.

Based on occupant load above, double doors at entrance to suite can swing in.

Minimum number of exits

1013.2.2 (I-2)

18.2.4

Any room or suite other than patient rooms > 2,500 s.f. required to have minimum of 2 access doors.

2 exit access doors provided.

Travel distance between any point in an I-2 occupancy and an exit access door in the room must be less than 50'

Less than 50' distance provided, maximum approx. 45'.

1014.2.1 Ex. 2

7.5.1.3.3

Fully sprinklered building, doors must be separated by min. 1/3 the length of the diagonal of the space

Doors separated by distance greater than 1/3 length of diagonal, approx. 55'

Travel distance**Requirements:**

Table 1015.1

Max. travel distance from most remote point to an entrance to an exit is 200'

18.2.6.2.1

Max. travel distance from any room door required as an exit access to an entrance to an exit is 150'

18.2.6.2.3

Max. travel distance from most remote point to an entrance to an exit is 200'.

Provided

Check travel distance from second floor down through Stair #3:

All second floor rooms are less than 200' to the exits on the wings of the building; therefore none need to use Stair #3 for travel distance measurement.

Provided

Check travel distance in the Basement from the most remote point to the exit discharge directly to grade:

180'

Provided

Check travel distance in the Basement between any room door required as an exit access and the exit discharge directly to grade:

130'

Provided

Check First floor rooms:

All less than 200' to the exits on the wings of the building; therefore none need to use Stair #3 for travel distance measurement.

Required

Table 1016.1

I-2 occupancy: corridors not required to be fire rated, fully sprinklered building.

Provided

Entrance doors to suite can have non-fire rated glass.

Code Summary

October 27, 2006
 Revised September 29, 2008
 Revised November 12, 2008

Echo Bridge Office Park
 389 Elliot Street
 Newton Upper Falls, MA 02464
 617.969.4774
 617.969.4793 Fax
 www.tsomides.com

Sam L. Cohen Rehabilitation Center at The Cedars

Building Code Summary per:

2003 International Building Code
 2003 NFPA 101 Life Safety Code

**Tsomides
 Associates
 Architects
 Planners**

Occupancy

I-2, Nursing Home
 Health Care Occupancies

Construction Type

Table 601 Type II A, One Hour Protected
 Sprinklered per NFPA 13

Allowable Heights and Building Areas

Table 503, I-2

Allowable values:

Tabular: 2 story 65', 15,000 s.f per floor
 Area modification : 506.3 Automatic Sprinkler Increase – 15,000 s.f. plus 200%
 Area = 45,000 s.f. per floor
 Height Modification: N / A, no change

Proposed values:

Max. floor area existing =	24,375 s.f.
Proposed addition =	1,420 s.f.
Total Max. floor area =	25,795 s.f.

<u>Building Area</u>	<u>Gross Area</u>
Basement	6,886 s.f.
First Floor	24,375 s.f.
<u>Second Floor</u>	<u>21,103 s.f.</u>
Total existing	52,364 s.f.
Proposed	1,420 s.f.
Total Building incl. proposed	53,784 s.f.

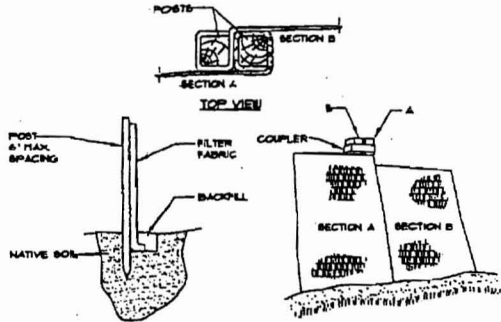
Construction Requirements

Table 601 Type II A - 1 Hour Protected (may be exceeded at some assemblies)

Structural Frame	1 hr
Bearing Walls	
Exterior	1 hr
Interior	1 hr
Nonbearing walls and partitions	
Exterior (Table 602)	0 >30'; 1 hr <30'
Interior	0
Floor Construction (incl. support)	1 hr
Roof Construction (incl. support)	1 hr

407.4 Smoke barriers – each floor must be divided into smoke compartments not exceeding 22,500 s.f.
 Smoke compartment, even with proposed addition, less than 22,500 s.f.

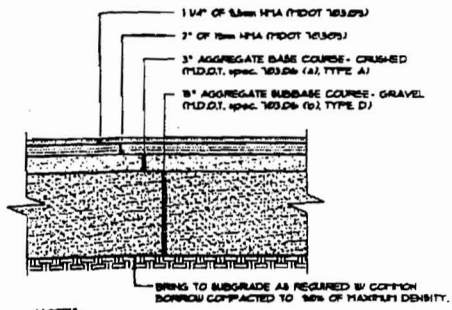
NOV 13 2008



INSTALLATION:

1. ENCAVATE A 6" x 6" TRENCH ALONG THE LINE OF PLACEMENT FOR THE FILTER BARRIER.
2. UNROLL A SECTION AT A TIME AND POSITION THE POSTS AGAINST THE BACK (DOWNSTREAM) WALL OF THE TRENCH.
3. DRIVE POSTS INTO THE GROUND UNTIL APPROXIMATELY 2" OF FABRIC IS LYING ON THE TRENCH BOTTOM.
4. LAY THE TOP-IN PLAP OF FABRIC ONTO THE UNDISTURBED BOTTOM OF THE TRENCH, BACKFILL THE TRENCH AND TAMP THE SOIL. TOP-IN CAN ALSO BE ACCOMPLISHED BY LAYING THE FABRIC PLAP ON UNDISTURBED GROUND AND PILING AND TAMPING FILL AT THE BASE, BUT MUST BE ACCOMPANIED BY AN INTERCEPTION DITCH.
5. JOIN SECTION AS SHOWN ABOVE.
6. BARRIER SHALL BE MIRAFIX BILT FENCE OR EQUAL.

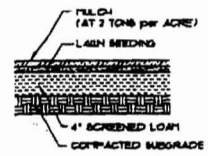
FILTER BARRIER NOT TO SCALE



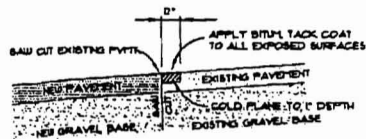
NOTES:

1. COMPACT GRAVEL SUBBASE, BASE COURSE TO 95% OF MAXIMUM DENSITY USING HEAVY ROLLER COMPACTION.
2. CONTRACTOR SHALL SET GRADE STAKES MARKING SUBBASE AND FINISH GRADE ELEVATIONS FOR CONSTRUCTION REFERENCE.

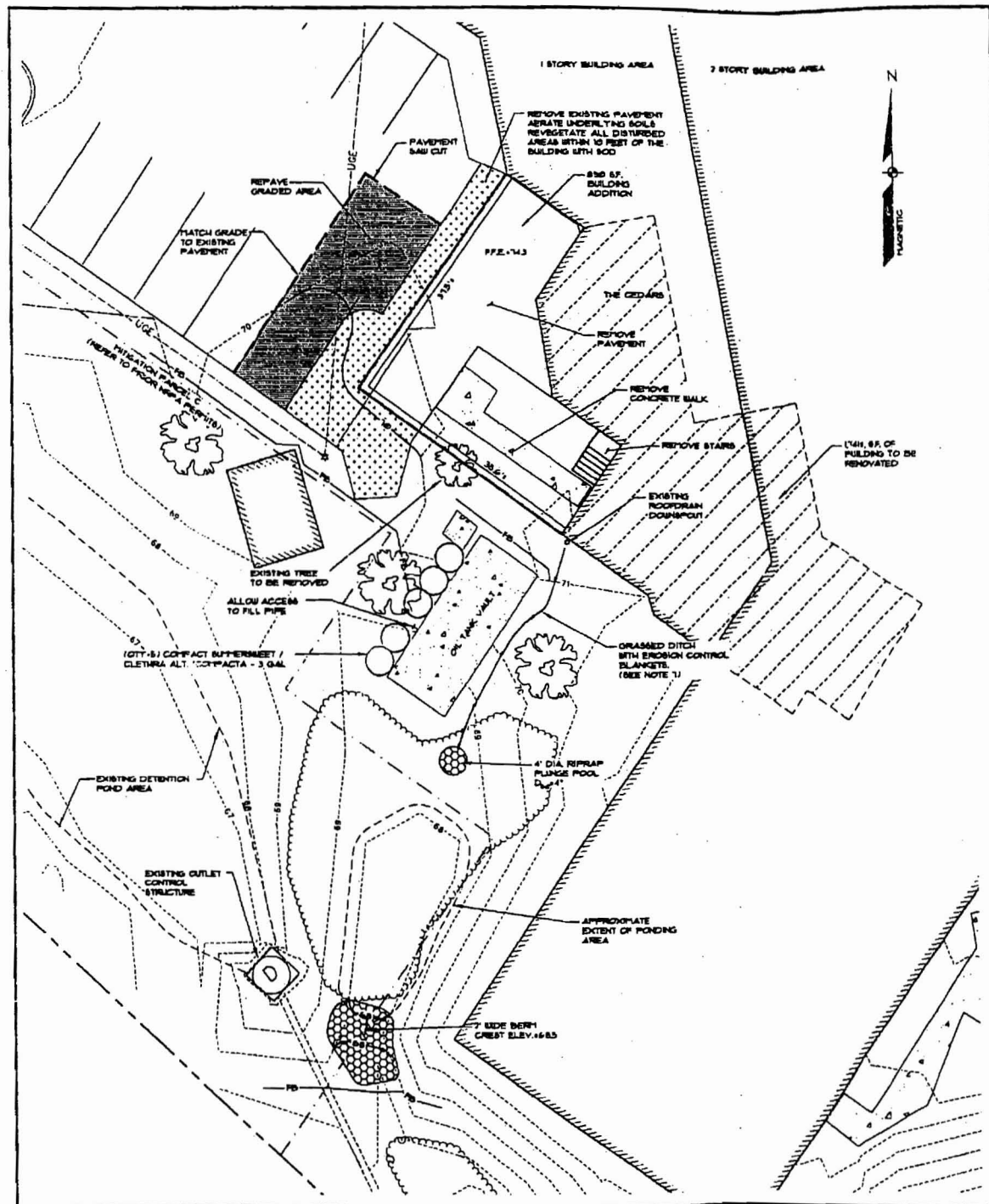
TYP. PAVED PARKING LOT SECTION NOT TO SCALE



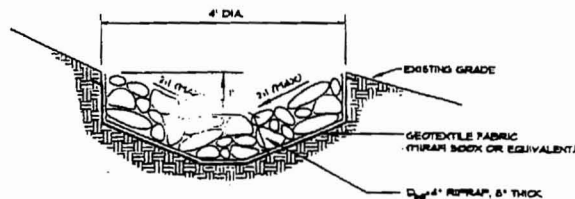
LOAM AND SEED NOT TO SCALE



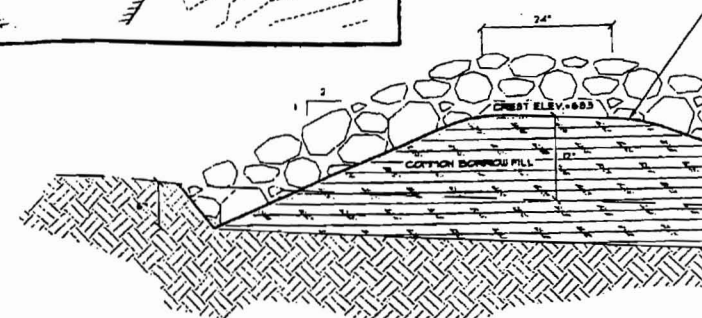
PAVEMENT SAW CUT NOT TO SCALE



PLAN VIEW SCALE: 1"=10'



PLUNGE POOL NOT TO SCALE



BERM DETAIL NOT TO SCALE

GENERAL NOTES

1. THE RECORD OWNER OF THE PARCEL PROPERTIES, INC. BY DEED DATED JANUARY 1988, REGISTERED IN BOOK 24129.
2. THE PROPERTY IS SHOWN AS LOT AC.
3. SPACE AND BULK CRITERIA:
R-3 RESIDENTIAL ZONE
MAX. LOT COVERAGE:
MIN. LOT SIZE:
MIN. LOT WIDTH:
MIN. STREET FRONTAGE:
MIN. FRONT YARD:
MIN. SIDE YARD:
MIN. REAR YARD:
MAX. BUILDING HEIGHT:
PARKING REQUIREMENT:
*FOR LONG TERM, EXTENDED, OR INTE
**FOR 2 STORY STRUCTURES
***REFER TO PARKING REQUIREMENT
3. TOTAL AREA OF PARCEL IS APPROX.
5. BOUNDARY AND TOPOGRAPHIC INFO PROVIDED BY TITCOMB ASSOCIATE.
6. PLAN REFERENCES:
A. CEDARS CONDOMINIUMS - CON BY TITCOMB ASSOCIATES, INC.
7. EROSION CONTROL BLANKETS SHALL MANUFACTURER'S INSTRUCTIONS AT EXCELSIOR CO. OR APPROVED EQUIV.

LEGEND

EXISTING	---
PROPOSED	---
CONCRETE	---
ASPHALT	---
GRAVEL	---
12\"/>	
12\"/>	
UGR	---