

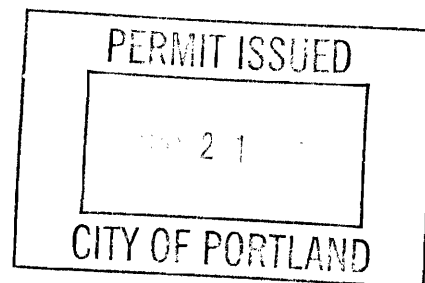
City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-0967		Issue Date:		CBL: 191 B019001	
Location of Construction: 1372 CONGRESS ST		Owner Name: CHARTER WESTGATE LLC		Owner Address: 800 WESTCHESTER AVE STE S-63	
Business Name:		Contractor Name: Air Temp		Contractor Address: 11 Wallace Ave South Portland	
Lessee/Buyer's Name		Phone:		Phone: 207-774-2300	
				Permit Type: HVAC	
				Zone:	

Past Use: Retail/Mercy Medical Office		Proposed Use: Retail/Mercy Medical Office - Install Roof Trane HVAC system		Permit Fee: \$1,210.00	
				Cost of Work: \$118,667.00	
				CEO District: 3	
Proposed Project Description: Install Roof Trane HVAC system		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>		INSPECTION: Use Group: <i>U</i> Type: <i>HVAC</i> Signature: <i>[Signature]</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: lmd		Date Applied For: 08/06/2008		Zoning Approval	
<ol style="list-style-type: none">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>8/13/08</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: <i>8/13/08</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

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Business Name:	Contractor Name: Air Temp	Contractor Address: 11 Wallace Ave South Portland	Phone (207) 774-2300
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	
Proposed Use: Retail/Mercy Medical Office - Install Roof Trane HVAC system		Proposed Project Description: Install Roof Trane HVAC system	
<div><div>Dept: Zoning</div><div>Status: Approved</div><div>Reviewer: Tammy Munson</div><div>Approval Date: 08/13/2008</div><div>Note:</div><div>Ok to Issue: <input checked="" type="checkbox"/></div></div> <div><div>Dept: Building</div><div>Status: Approved with Conditions</div><div>Reviewer: Tammy Munson</div><div>Approval Date: 08/13/2008</div><div>Note:</div><div>Ok to Issue: <input checked="" type="checkbox"/></div></div> <div>1) All penetratios through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.</div> <div>2) The installation must comply with the State of Maine Gas Regulations.</div>			



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

08-0767
191-B-019

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL 1372 Congress Use of Building Medical Date 8.6.8
Name and address of owner of appliance Mercy Hospital
1372 Congress St
Installer's name and address Air-temp
11 Wallace Ave Telephone 774-2300

Location of appliance:

- ☐ Basement ☐ Floor
☐ Attic ☒ Roof

Type of Fuel:

- ☒ Gas ☐ Oil ☐ Solid

Appliance Name: TraneU.L. Approved ☒ Yes ☐ No

Will appliance be installed in accordance with the manufacture's installation instructions? ☒ Yes ☐ No

IF NO Explain: _____

The Type of License of Installer:

- ☐ Master Plumber # _____
☐ Solid Fuel # _____
☐ Oil # _____
☒ Gas # PNT 1199
☐ Other _____

Type of Chimney:

- ☐ Masonry Lined
Factory built _____
☐ Metal
Factory Built U.L. Listing # _____
☐ Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- ☐ Oil
☐ Gas

AUG 6 2008

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 118,667Permit Fee: \$ 1,210.**Approved**

Fire: _____
Ele.: _____
Bldg.: _____

Signature of Installer

Approved with Conditions

- ☐ See attached letter or requirement

Inspector's Signature

Date Approved

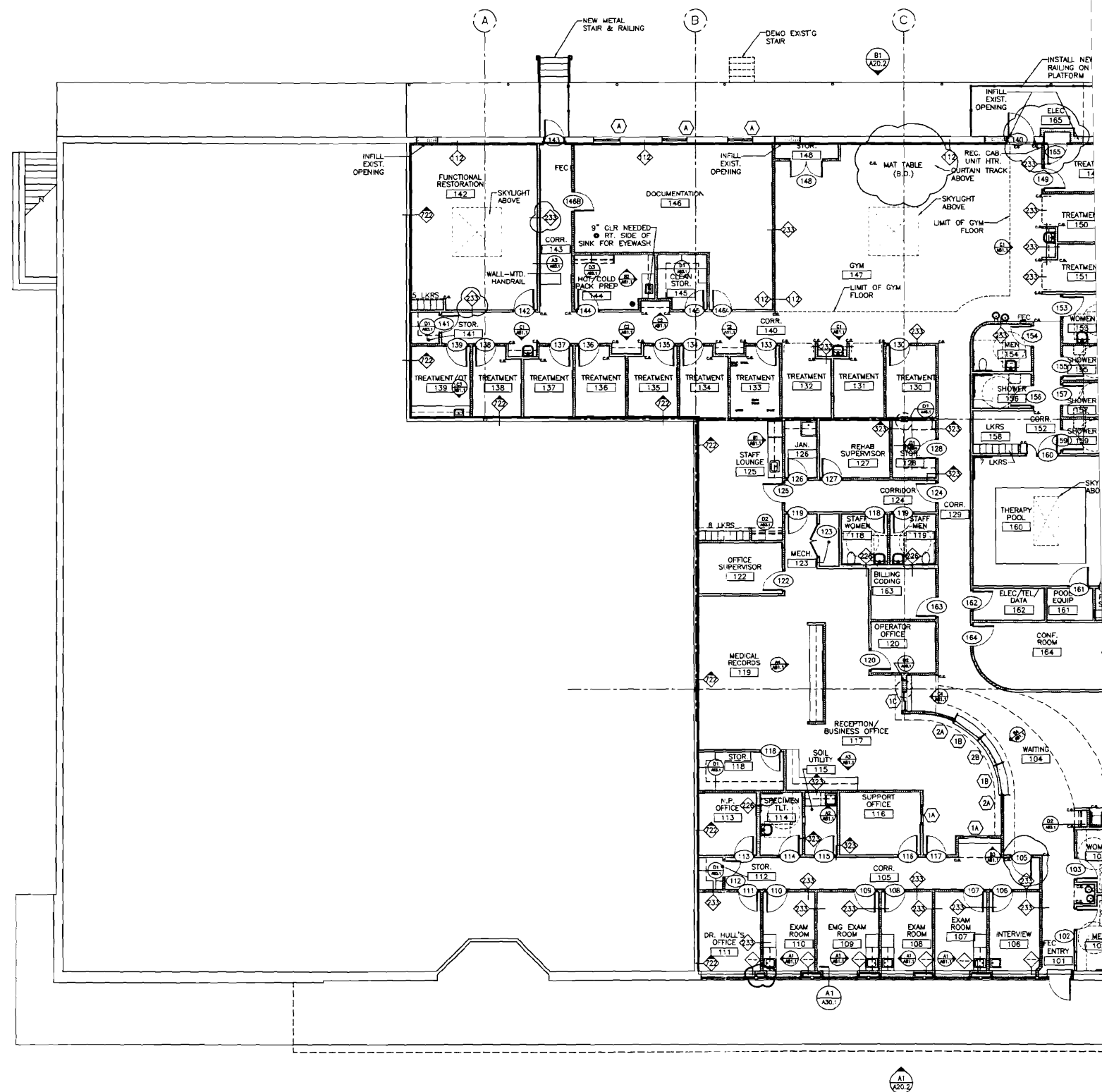
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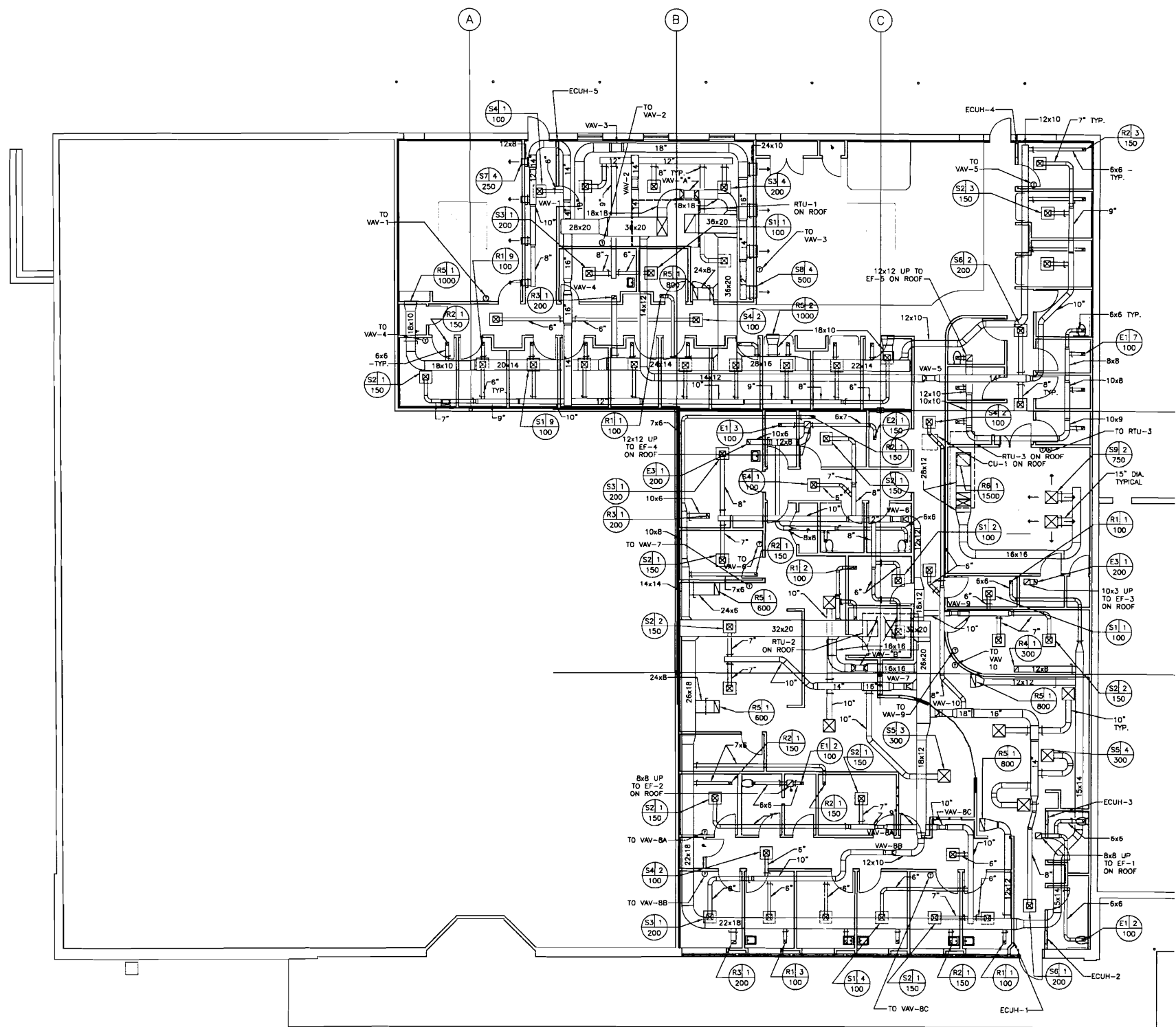
Yellow - File

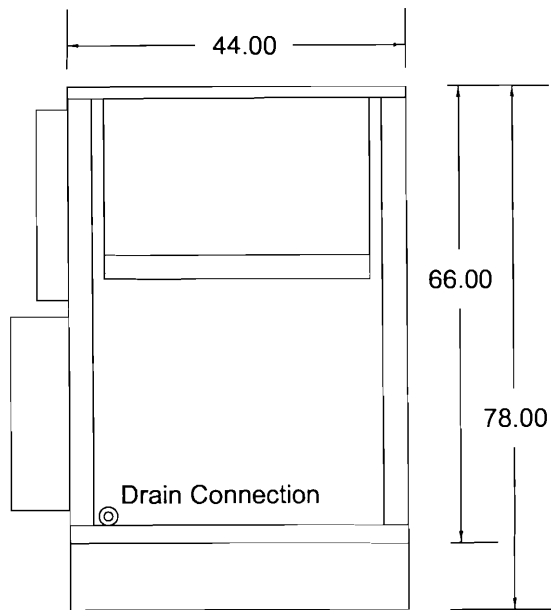
Pink - Applicant's

Gold - Assessor's Copy

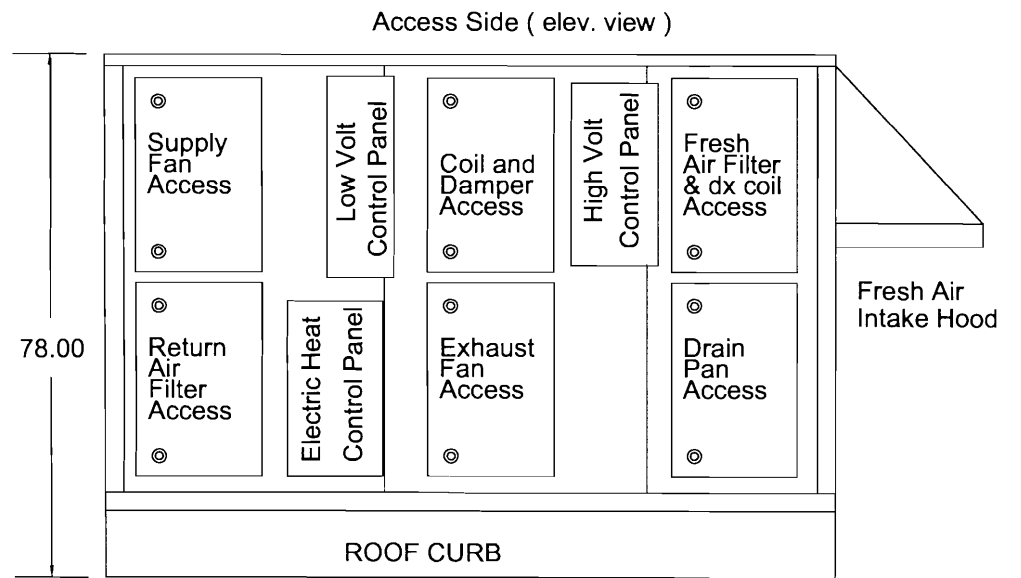
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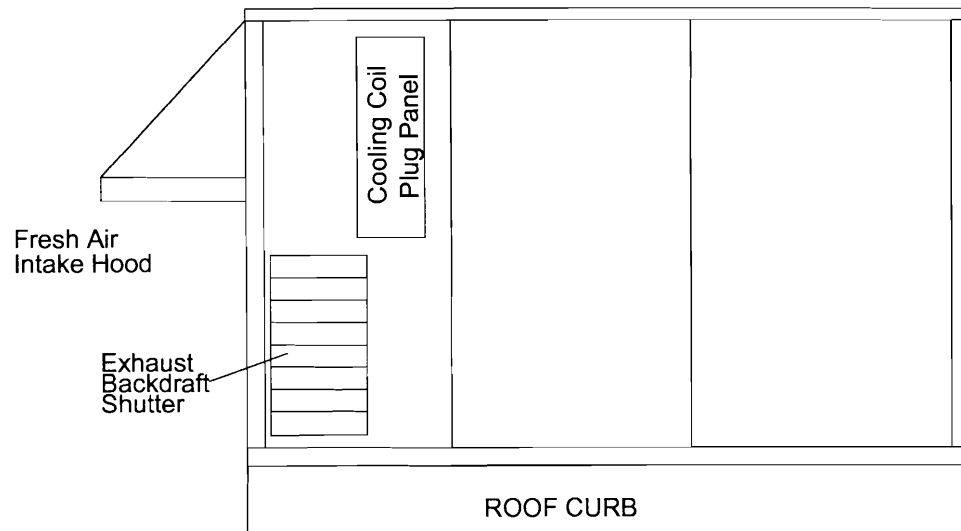




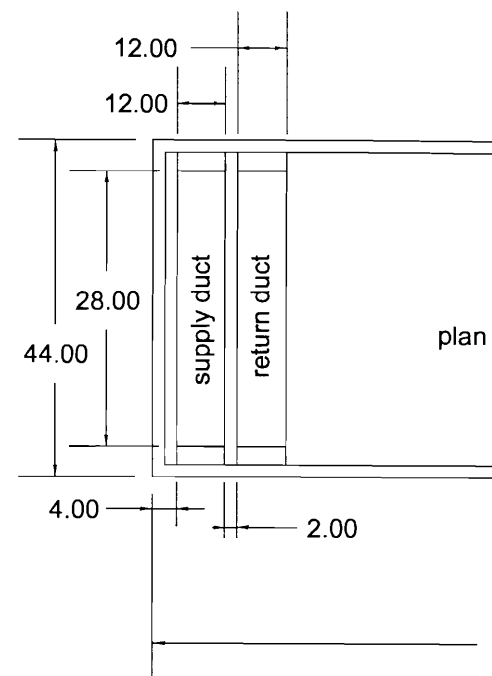
RTU-3 - RIGHT END ELEVATION			M5
NO SCALE		REF:	



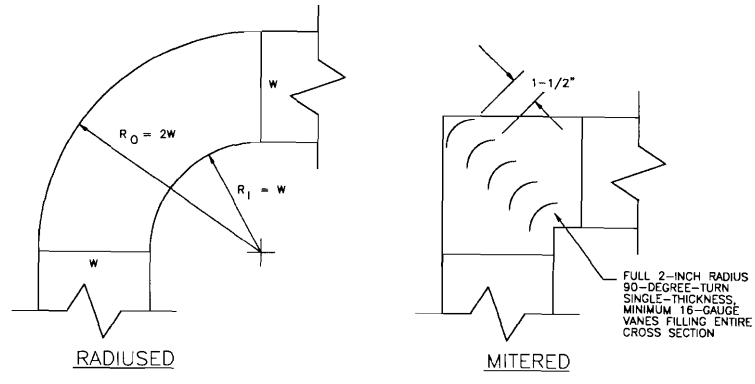
RTU-3 - ACCESS SIDE ELEVATION			M4
NO SCALE		REF:	



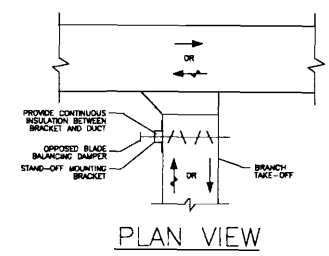
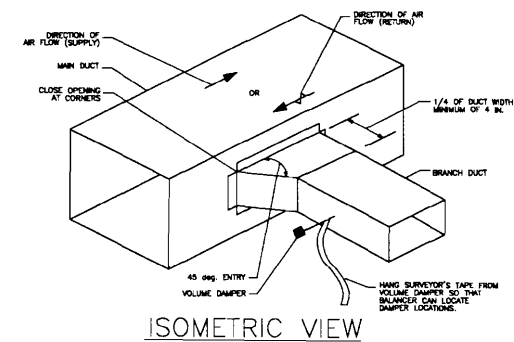
RTU-3 - BACKSIDE ELEVATION			M2
NO SCALE		REF:	



USE MITERED ONLY WHERE SPACE IS TOO TIGHT FOR RADIUS. WHERE SPACE ALLOWS, A HALF-RADIUS ($R_1 = 1/2 W$) MAY BE USED INSTEAD OF MITERED.



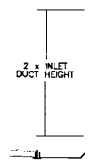
DUCT ELBOW DETAILS			M4
NO SCALE		REF:	



INSULATED SUPPLY AND RETURN DUCTWORK SHALL BE INSTALLED WITH STAND-OFF MOUNTING BRACKETS FOR VOLUME/BALANCING DAMPERS. OPERATORS ALLOW CLEARANCE BETWEEN DUCT AND OPERATOR OF NOT LESS THAN INSULATION THICKNESS.

TYPICAL BRANCH DUCT TAKE-OFF DETAIL

DUCT TAKE-OFF DETAILS			M2
NO SCALE		REF:	



AIR HANDLING UNIT SC

UNIT #	MFR	MODEL	SUPPLY FAN SECTIONS										ENT AIR (DEG F)	LEAF (DEG F)
			CFM	EXTERNAL S.P.	BRAKE H.P.	RPM	ELECTRICAL							
							WGA	HP	PH	VOLTS				
RTU-1	TRANE	YFD211	6,300	1.22	3.74	791	91.0	5.0	3	208	70	100		
RTU-2	TRANE	YFD151	5,150	1.27	2.99	901	84.0	3.0	3	208	70	92		
-	-	-	-	-	-	-	-	-	-	-	-	-		
RTU-3	Pool Envir.	PS 1.5	1,500	1.5	1.4	3489	-	2	3	208	MBH IN	MBH		
		EXHAUST FAN	1,500	1.0	1.1	3540	-	1.5	3	208	68.3	48		

CABINET UNIT HEATER SCHEDULE (ELECTRIC)

UNIT NO.	MANUFACTURER	MODEL	SERVICE	CFM	EAT	ELECTRIC				DIMENSIONS	REC DP	MTG AFF	MTG TYPE	NOTES
						KW	BTU	PHASE	VOLT					
ECUH-1	BERKO	FRC-4020	ENTRY-101	100	60	2	6,800	1	208	14.375"X18.25"X3.75"	NA	6"	WALL	INSTALL RECESSED
ECUH-2	BERKO	FRC-4020	MEN-102	100	60	2	6,800	1	208	14.375"X18.25"X3.75"	NA	6"	WALL	INSTALL RECESSED
ECUH-3	BERKO	FRC-4020	WOMEN-103	100	60	2	6,800	1	208	14.375"X18.25"X3.75"	NA	6"	WALL	INSTALL RECESSED
ECUH-4	BERKO	FRC-4020	GYM-147	100	60	2	6,800	1	208	14.375"X18.25"X3.75"	NA	6"	WALL	INSTALL RECESSED
ECUH-5	BERKO	FRC-4020	CORRIDOR-143	100	60	2	6,800	1	208	14.375"X18.25"X3.75"	NA	6"	WALL	INSTALL RECESSED

CONDENSING UNIT SCHEDULE

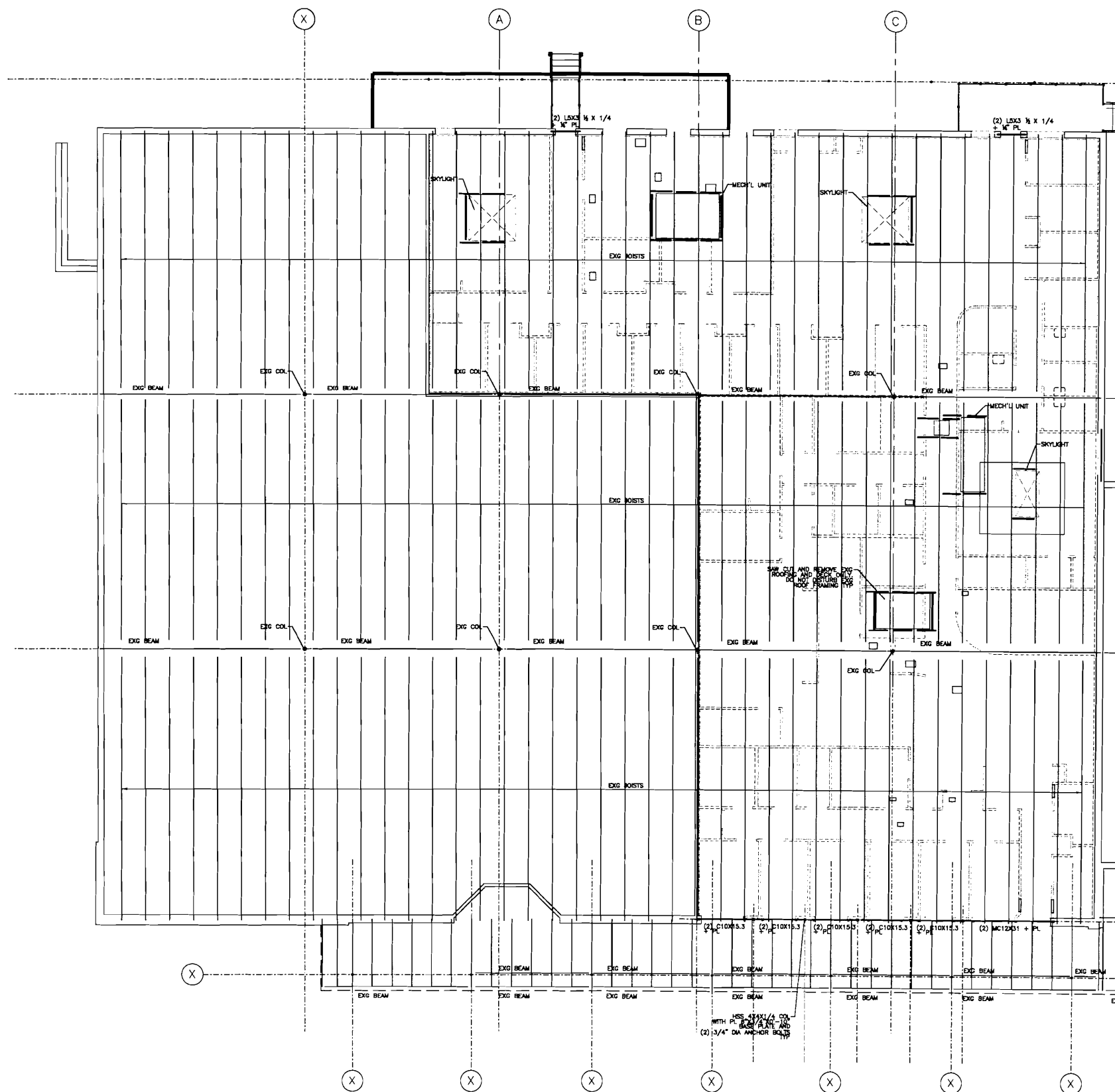
UNIT NO.	MTR. & MODEL	SERVICE	MBH	SST	AMB AIR	MIN. STAGES UNLOADED	ELECTRIC			PIPING SIZES				NOTES
							WCA	PHASE	VOLTS	LIQ	SUCT	HOT GAS	SUCT RISERS	
CU-1	TRANE-2TTA3060A3000A	RTU-3	45.6	-	95	1	23	3	200	3/8"	1-1/8"	-	-	OPERATES W. 1

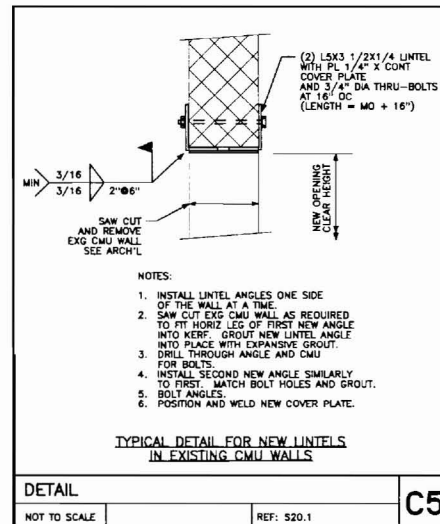
REGISTERS, (

TAG	TYPE	MANUFACTURER	
S-1	12x12 DIFFUSER	KRUEGER	
S-2	12x12 DIFFUSER	KRUEGER	
S-3	12x12 DIFFUSER	KRUEGER	
S-4	12x12 DIFFUSER	KRUEGER	
S-5	24x24 DIFFUSER	KRUEGER	
S-6	12x12 DIFFUSER	KRUEGER	
S-7	DOUBLE DEFLECTION	KRUEGER	
S-8	DOUBLE DEFLECTION	KRUEGER	
S-9	24x24 DIFFUSER	KRUEGER	
-	-	-	
R-1	GC - GRID CORE	KRUEGER	EC
R-2	GC - GRID CORE	KRUEGER	EC
R-3	GC - GRID CORE	KRUEGER	EC
R-4	GC - GRID CORE	KRUEGER	EC
R-5	GC - GRID CORE	KRUEGER	EC
R-6	GC - GRID CORE	KRUEGER	EC
-	-	-	
E-1	GC - GRID CORE	KRUEGER	EC
E-2	GC - GRID CORE	KRUEGER	EC
E-3	GC - GRID CORE	KRUEGER	EC
-	-	-	

FAN SCHEDULE

[illegible]





CONCRETE MASONRY LINTEL SCHEDULE		
MASONRY OPENING	SIZE	BEARING
4'-10" OR LESS	L4x3 1/2x5/16 (LLV)	8" MIN. ON SGMU
4'-10" TO 7'-0"	L5x3 1/2x5/16 (LLV)	8" MIN. ON SGMU
7'-0" TO 9'-0"	L6x3 1/2x3/8 (LLV)	8" MIN. ON SGMU

NOTES:

1. ONE ANGLE REQUIRED FOR EVERY 4" OF MASONRY.
2. MULTIPLE ANGLES SHALL BE WELDED BACK TO BACK.
3. "SGMU" INDICATES SOLID GROUTED MASONRY UNIT.

STEEL LINTEL SCHEDULE

NOT TO SCALE

REF: S20.1

C4

CONCRETE MASONRY LINTEL SCHEDULE			
NOM. BLOCK WIDTH	NOM. BLOCK HEIGHT	REINFORCING	MASONRY OPENING
6"	8"	(1) #5	6'-0" OR L
8"	8"	(2) #5	7'-0" OR L
8"	16"	(2) #5	7'-0" TO 12'
12"	8"	(2) #5	7'-0" OR L
12"	16"	(2) #5	7'-0" TO 12'

NOTES:

1. LINTEL SCHEDULE BASED ON F'm = 1,500 PSI
2. LINTEL UNITS MUST BE SHORED (MIN 3 DAYS)
3. MIN. BEARING AT EACH END = 8"
4. USE OF MORTAR TO FILL LINTELS IS NOT PERMITTED.
5. SEE ARCHITECTURAL DWGS. FOR ALL WALL OPENINGS.

CONCRETE MASONRY LINTEL

NOT TO SCALE

C4

