

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that DOWNEAST VETERINARY
EMERGENCY CLINIC

Located At 739 WARREN AVE

Job ID: 2011-12-2926-ALTCOMM

CBL: 316- A-005-001

has permission to Expand Emergency Vet Clinic 700 SF into adjacent tenant space, Sheridan Co. to reduce to 2,350 SF provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer



Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-12-2926-ALTCOMM	Date Applied: 12/14/2011	CBL: 316- A-005-001	
Location of Construction: 739 WARREN AVE	Owner Name: DOWNEAST VETERINARY EMERGENCY CLINIC	Owner Address: 739 Warren Avenue, Portland, ME 04103	Phone: 831-4422
Business Name:	Contractor Name: TBD- Mark Mueller Architects	Contractor Address: 100 Commercial Street, Portland, ME 04104	Phone: 774-9057
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG ALT	Zone: I-M
Past Use: Veterinary Emergency Clinic	Proposed Use: Same: Veterinary Emergency Clinic - to renovate interior as per plans	Cost of Work: \$75,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>B. Gahaleh</i> (58)	Inspection: Use Group: <i>B</i> Type: <i>SB</i> <i>IBC-2009</i> Signature: <i>JMB</i>
Proposed Project Description: renovate for office & treatment room		Pedestrian Activities District (P.A.D.) <i>2/13/12</i>	
Permit Taken By: Gayle		Zoning Approval	

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 informatin may invalidate a building permit and stop all work.	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input checked="" type="checkbox"/> MM Date: <i>12/14/11</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 Dist 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>S</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 appication 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)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Plumbing Rough Commercial

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

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

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-12-2926-ALTCOMM

Located At: 739 WARREN AVE

CBL: 316- A-005-001

Conditions of Approval:

Fire

1. All construction shall comply with City Code Chapter 10.
2. This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.
3. The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
4. A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model. This review does not include approval of fire alarm system design or installation.
5. Fire Alarm system shall be maintained. If system is to be off line over 4 hours a fire watch shall be in place. Dispatch notification required 874-8576.
6. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads. This review does not include approval of sprinkler system design or installation.
7. Installation of a sprinkler or fire alarm system requires a Knox Box to be installed per city ordinance.
8. A firefighter Building Marking Sign is required.
9. Fire extinguishers are required per NFPA 10.
10. All means of egress to remain accessible at all times.
11. Exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
12. Any cutting and welding done will require a Hot Work Permit from Fire Department.

Building

1. Application approval based upon information provided by applicant, including revisions received 1/13/12. Any deviation from approved plans requires separate review and approval prior to work.
2. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

2011 12 29 26

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General Building Permit Application

E-M

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: 739 WARREN AVE (DOWNEAST VETERINARY EMERGENCY CLINIC)		
Total Square Footage of Proposed Structure N/A	Square Footage of Lot N/A	
Tax Assessor's Chart, Block & Lot Chart# 316 Block# A005 Lot# 00B	Owner: DOWNEAST VETERINARY EMERGENCY CLINIC 739 WARREN AVE. PORTLAND, MAINE 04103	Telephone: 207.831.4422
Lessee/Buyer's Name (If Applicable) ANIMAL EMERGENCY CLINIC 739 WARREN AVE. PORTLAND, MAINE 04103	Applicant name, address & telephone: MARK MUELLER ARCHITECTS 100 COMMERCIAL STREET PORTLAND, MAINE 04101 P: 207.774.9057 F: 207.773.3851	Cost Of Work: \$ 75,000.00 Fee: \$ 770.00 C of O Fee: \$ N/A
Current Specific use: BUSINESS		
If vacant, what was the previous use? N/A		
Proposed Specific use: BUSINESS		
Project description: RENOVATED TENANT AREA FOR PROPOSED OFFICE AREA AND TREATMENT ROOMS		
RECEIVED		
Contractor's name, address & telephone: T.B.D.		DEC 14 2011
Who should we contact when the permit is ready: BURLEIGH LOVEITT		Dept. of Building Inspections
Mailing address: 739 WARREN AVE PORTLAND, ME 04103	Phone: 207.831.4422	City of Portland Maine

Please submit all of the information outlined in the Commercial Application 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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

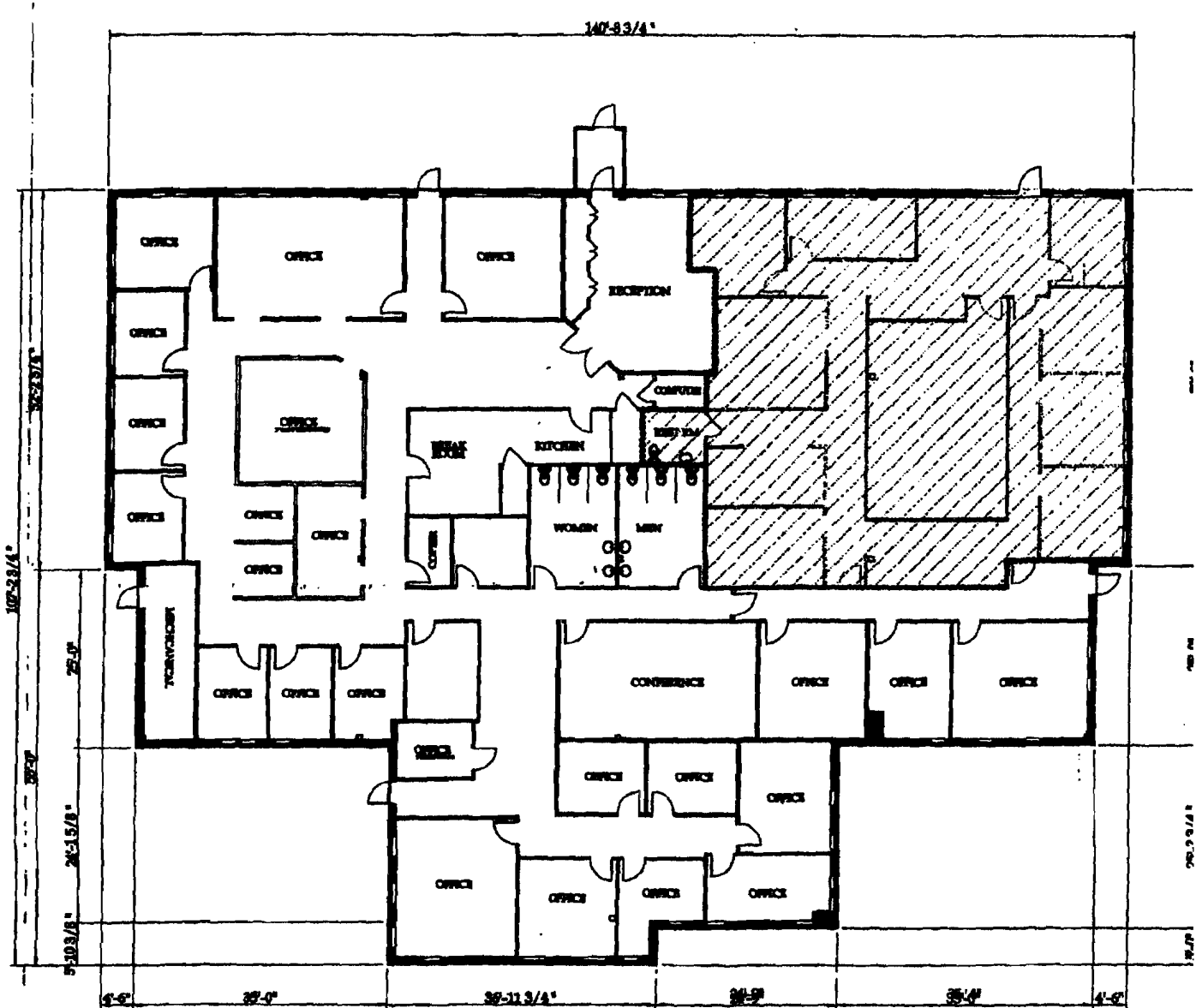
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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 the permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: 	Date: DECEMBER 14, 2011
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This is not a permit; you may not commence ANY work until the permit is issued.

from Previous Permits

FLOOR PLAN



FLOOR PLAN

SCALE 1/8" = 1 FOOT



Malone Commercial Brokers, Inc., is representing the Seller in the marketing, negotiation, and sale and/or lease of this property. While information furnished is from sources deemed reliable, no warranty or representation, express or implied, is made as to the accuracy of information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions imposed by our principals. [2006:1]



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

June 14 2011

Received from Daniel V. Trickey

Location of Work 123 W. Main St

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

Building (I1) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 316 A-001

Check #: 123-17

Total Collected \$ _____

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

ANIMAL EMERGENCY CLINIC

PORTLAND, MAINE



MARK MUELLER ARCHITECTS
A.I.A.

100 Commercial Street
Suite 207
Portland, Maine 04101
Phone/Fax 207.774.9057
Email: rfm@muellerarchitects.com

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MARK MUELLER ARCHITECTS

ABBREVIATIONS

AB	ANCHOR BOLT	FKDB	FIRE DEPARTMENT KEY BOX	MAX	MAXIMUM	S	SOUTH
AFF	ABOVE FINISH FLOOR	FDN	FOUNDATION	MECH	MECHANICAL	SAT	SUSPENDED ACOUSTICAL
ALUM OR AL	ALUMINUM	FX	FIRE EXTINGUISHER	MFGR	MANUFACTURER	TC	TILE CEILING
		FFE	FINISH FLOOR ELEVATION	MIN	MINIMUM	SC	SHOWER CURTAIN
BIT	BITUMINOUS	FIN	FINISH	MISC	MISCELLANEOUS	SD	SOAP DISPENSER
BM	BENCH MARK	FIN FL OR FF	FINISH FLOOR	MRCB	MOISTURE RESISTANT GYPSUM BOARD	SCHED	SCHEDULE
BOT	BOTTOM	FIN OR	FINISH GRADE	MTL	METAL	SECT	SECTION
BRO	BEARING	FL	FLOOR			SHT	SHEET
BRK	BRICK	FR	FIRE RATING	NA	NOT APPLICABLE	SM	SMOKE
		FRMG	FRAMING	NC	NOT IN CONTACT	SND	SANITARY NAPKIN DISPOSAL
C	CARPET	FT	FEET (FOOT)	NO	NUMBER	SQ	SQUARE
CAB	CABINET	FV	FIELD VERIFY	NOM	NOMINAL	STD	STANDARD
CC	CENTER TO CENTER	GA	GALVANIZED	NTS	NOT TO SCALE	STL	STEEL
CC	CENTER TO CENTER	GALV	GALVANIZED	OA	OVERALL	STRUKT	STRUCTURAL
CLG	CEILING	GP	GRAB BARS	OC	ON CENTER	SV	SHEET VINYL
CONC	CONCRETE	GC	GENERAL CONTRACTOR	OD	OUTSIDE DIAMETER	T	TEMPERED (GLASS)
CONT	CONTINUOUS	OWB	GYPSUM WALL BOARD	OD	OUTSIDE DIAMETER	THK	THICKNESS
				OD	OUTSIDE DIAMETER	TO	TO
DTL	DETAIL	HC	HANDICAP	OPP	OPPOSITE	TOB	TOP OF BEAM
DIA	DIAMETER	HM	HOLLOW METAL	P	PAINT	TOM	TOP OF MASONRY
DM	DIMENSION	HORIZ	HORIZONTAL	PTD	PAINTED	TOW	TOP OF WALL
DNA	DOES NOT APPLY	HT	HEIGHT	PL	PLATE	TP	TOilet PAPER DISPENSER
DTL	DETAIL	IF	INSIDE FACE	PLY WD	PLYWOOD	TUON	TYPICAL UNLESS OTHERWISE NOTED
DWG	DRAWING	IN	INCHES	PANEL	PANEL	TYP	TYPICAL
E	EAST	INSUL	INSULATION	P.T.	PRESSURE TREATED	VB	VAPOR BARRIER
EA	EACH	INT	INTERIOR	PTN	PARTITION	VCT	VINYL COMPOSITION TILE
EF	EACH FACE	JNT	JOINT	REF	REFER	VERT	VERTICAL
EL	ELEVATION	JNT OR JT	JOINT	REF	REFER	W	WEST
ELEC	ELECTRICAL	LOC	LOCATION	REF	REFER	W/	WITH
ELEV	ELEVATOR			REFQ	REINFORCED	WC	WATER CLOSET
EHO	ELECTRO-MAGNETIC HOLD OPEN			RM	ROOM	WD	WOOD
ETR	EXISTING TO REMAIN			RO	ROUGH OPENING		
EQ	EQUAL						
EW	EACH WAY						
EXT	EXTERIOR						

GENERAL NOTES

- THE BUILDING SHALL BE CONSTRUCTED TO CONFORM WITH ALL CURRENT APPLICABLE CODES INCLUDING, BUT NOT LIMITED TO, THE LATEST EDITIONS OF IBC, IECC, NFPA 101, ANSI, UFAS, HUD/AG, ADA/AG, MPS.
- ALL WOOD IN CONTACT WITH CONCRETE SHALL BE PRESSURE PRESERVATIVE TREATED.
- CONTRACTOR SHALL WORK FROM GIVEN DIMENSIONS AND LARGE SCALE DETAILS ONLY. DO NOT SCALE THE DRAWINGS.
- INSTALL BLOCKING FOR SURFACE APPLIED FIXTURES, TRIM, CABINETS, COUNTER TOPS, AND GRAB BARS WHEN MOUNTED ON STUD WALLS, INCLUDING ALL FUTURE INSTALLATIONS.
- ALL GRAB BARS SHALL BE ABLE TO SUPPORT A DEAD WEIGHT OF 250 LBS AT ANY POINT.
- INSTALL MOISTURE RESISTANT GYPSUM BOARD IN RECYCLE/TRASH, JANITOR CLOSETS, AND ALL OTHER HIGH HUMIDITY AREAS, INCLUDING UNIT BATHROOMS.
- ALL CAULKING AROUND WINDOWS SHALL BE NON-HARDENING TYPE SEALANT.
- INSTALL U.L. FIRE-STOPPING SEALANT/SYSTEM EQUAL TO THE FIRE RATED FLOOR, CEILING AND WALL ASSEMBLY.
- FIRESTOP VERTICAL MECHANICAL CHASES @ FLOOR & CEILING U.L. RATED PENETRATIONS. CAULK JOINTS. COORDINATE AND FLASH ALL ROOF/WALL PENETRATIONS WITH THE SUB-TRADES.
- CONTINUE SEPARATION WALLS TO UNDERSIDE OF FLOOR/CEILING ABOVE UNIT TO UNIT, UNIT TO CORRIDOR, CORRIDOR WALLS, STORAGE WALLS, ELEVATOR, STAIRWELL WALLS, ETC.
- REPORT ANY AND ALL DISCREPANCIES TO THE ARCHITECT PRIOR TO PROCEEDING WITH WORK.
- PROJECT ASSUMES ALL EXISTING HAZARDOUS MATERIALS HAVE BEEN REMOVED PRIOR TO THE COMMENCEMENT OF WORK. ALL HAZARDOUS MATERIAL REMOVAL IS THE RESPONSIBILITY OF THE OWNER.
- ALL WINDOWS WITHIN 60" HORIZ. & VERT. DIMENSION OF STAIRS MUST BE TEMPERED. ALL WINDOWS WITHIN 24" OF A DOOR SWING MUST BE TEMPERED. ALL WINDOWS WITHIN A SHOWER ENCLOSURE MUST BE TEMPERED.
- BUILDING INSULATION SHALL BE PROVIDED AS INDICATED & NOTED IF NOT SHOWN IN ITS ENTIRETY THROUGHOUT THE DRAWING SET. INSULATE ALL BATHROOM, LAUNDRY & MECH. ROOM WALLS & VENT PIPES.
- BEAM, JOIST OR OTHER STRUCTURAL MEMBER PENETRATIONS NOT SHOWN OR INDICATED ON DRAWINGS MUST BE CONSULTED WITH THE ARCHITECT &/OR ENGINEER PRIOR TO WORK.
- ANY CHANGE DURING CONSTRUCTION OF USE, OCCUPANCY OR CONSTRUCTION TYPE MUST BE DISCUSSED WITH ARCHITECT PRIOR TO ANY WORK PERFORMED AND SUBSTANTIAL TIME ALLOWED FOR REQUIRED CODE RESEARCH AND DRAWING MODIFICATIONS OR ADDITIONS.
- ALL FIRE PROTECTION, GYPSUM DRYWALL &/OR FIRESPRAY ON STRUCTURAL MEMBERS, INCLUDING BEARING WALLS, FIRE SEPARATION WALLS, BEAMS, COLUMNS & FIRE RATED FLOOR/CEILING ASSEMBLIES SHALL NOT BE REMOVED. ANY/ALL EXISTING FIRE PROTECTION REMOVED SHALL BE REPLACE WITH EQUAL FIRE RATING.

PROJECT DIRECTORY

OWNER
DOWNEAST VETERINARY
EMERGENCY CLINIC
DBA: ANIMAL EMERGENCY CLINIC
739 WARREN AVE.
PORTLAND, MAINE 04103

ARCHITECT
MARK MUELLER ARCHITECTS
100 COMMERCIAL STREET
SUITE #207
PORTLAND, MAINE 04101
P: 207.774.9057
F: 207.773.3851
E-MAIL: rfm@muellerarchitects.com

SYMBOLS

	ROOM NUMBER
	DOOR NUMBER
	WINDOW TYPE
	BUILDING SECTION
	WALL SECTION
	DETAIL SECTION
	CASEWORK ELEVATION
	INTERIOR ELEVATION
	VERTICAL ELEVATION
	PARTITION TYPE
	COLUMN CENTER LINE

MATERIALS

	CONCRETE
	CONCRETE MASONRY UNIT
	GRAVEL
	SOIL
	STEEL
	WOOD FRAMING
	WOOD BLOCKING
	PLYWOOD
	GYPSUM BOARD
	SAT
	BATT INSULATION
	RIGID INSULATION
	EXPANSION MATERIAL
	FINISH WOOD

DESCRIPTION	VALUE
OCCUPANT LOAD	94 PEOPLE
USE GROUP CLASSIFICATION	BUSINESS
TYPE OF CONSTRUCTION	3 (211) - PROTECTED
TOTAL AREA OF WORK	9,350 S.F.
ACTUAL BUILDING AREA	12,243 S.F.
BUILDING HEIGHT	1 STORY
BUILDING HEIGHT LIMITATION - STORES	N/A
AUTOMATIC SPRINKLER SYSTEM HEIGHT INCREASE	N/A
FIRE SUPPRESSION:	NONE EXISTING
EXIT ACCESS FIRE RATINGS:	
FIRE WALLS:	
PARTY WALLS	N/A
STAIR ENCLOSURES	N/A
SHAFTS	N/A
EXIT ACCESS CORRIDORS	EXISTING TO REMAIN
FIRE PROTECTION OF STRUCTURE:	
COLUMNS	0 HR
BEAMS, GIRDERS, TRUSSES & ARCHES	0 HR
LOAD BEARING WALLS - EXTERIOR	0 HR
LOAD BEARING WALLS - INTERIOR	0 HR
NON-LOAD BEARING WALLS - EXTERIOR	0 HR
NON-LOAD BEARING WALLS - INTERIOR	0 HR
FLOOR CONSTRUCTION	0 HR

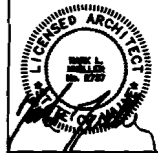
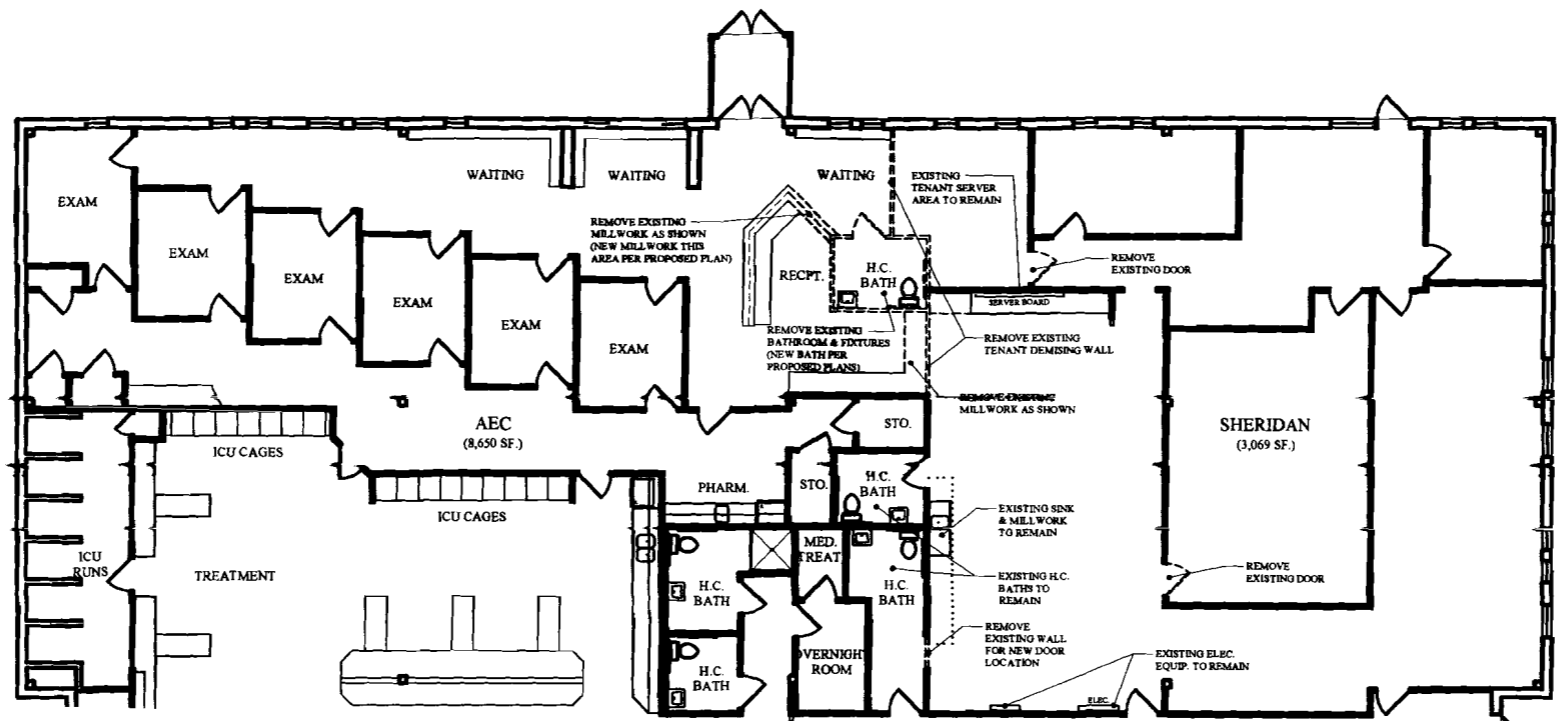
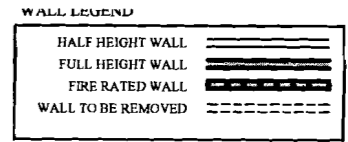
DESCRIPTION	VALUE
OCCUPANT LOAD	94 PEOPLE
USE GROUP CLASSIFICATION	B-1 (HOTEL - NON TRANSIENT)
TYPE OF CONSTRUCTION	3 (211) - PROTECTED
TOTAL AREA OF WORK	9,350 S.F.
ACTUAL BUILDING AREA	12,243 S.F.
BUILDING HEIGHT	1 STORY
BUILDING AREA LIMITATION - 90 FT. (TABLE 503)	N/A
BUILDING HEIGHT LIMITATION - STORES (TABLE 503)	N/A
STREET FRONTAGE INCREASE (150% - 90 FT.)	N/A
AUTOMATIC SPRINKLER SYSTEM AREA INCREASE (200% - 90 FT.)	N/A
AUTOMATIC SPRINKLER SYSTEM HEIGHT INCREASE (1 STORY)	N/A
FIRE SUPPRESSION:	NONE EXISTING
EXIT ACCESS FIRE RATINGS:	
FIRE WALLS:	
PARTY WALLS	N/A
STAIR ENCLOSURES	N/A
SHAFTS	N/A
EXIT ACCESS CORRIDORS	EXISTING TO REMAIN
FIRE PROTECTION OF STRUCTURE:	
PRIMARY STRUCTURAL BEAMS	0 HR
LOAD BEARING WALLS - EXTERIOR	0 HR
LOAD BEARING WALLS - INTERIOR	0 HR
NON-LOAD BEARING WALLS - EXTERIOR	0 HR
NON-LOAD BEARING WALLS - INTERIOR	0 HR

RENOVATION:

DATE: 11/01/2011
PROJECT: PWB & REC
DRAWN BY: MHP
CHECK BY: MLM

DEMOLITION NOTES

1. ALL WALLS AS SHOWN TO BE REMOVED. G.C. TO FIELD VERIFY & REPORT ANY DISCREPANCIES OR LOAD BEARING WALLS TO THE ARCHITECT.
2. ELECTRIC POWER TO THE AREA OF WORK SHALL BE DISCONNECTED PRIOR TO DEMOLITION WORK. VERIFY WATER SHUT-OFF W/ BUILDING OWNER/ P.W.D. FIRE ALARM SYSTEMS TO REMAIN FULLY OPERATIONAL DURING DEMOLITION.
3. ALL DEMOLITION SHALL BE REMOVED FROM SITE DAILY.
4. REMOVE EXISTING FINISHED CEILINGS & FINISH FLOORING, INCLUDING ALL UNDERLAYMENTS, SUB-FLOORS TO REMAIN
5. ALL FIRE PROTECTION, GYPSUM DRYWALL &/ OR FIRESPRAY ON STRUCTURAL MEMBERS, INCLUDING BEARING WALLS, FIRE SEPARATION WALLS, BEAMS, COLUMNS & FIRE RATED FLOOR/ CEILING ASSEMBLIES SHALL NOT BE REMOVED.
6. DIMENSIONS INDICATED +/- ARE EXISTING CONDITION DIMENSIONS TO BE VERIFIED IN FIELD.
7. G.C. TO VERIFY WITH 'DIG SAFE' PRIOR TO ANY REQUIRED SITE WORK.
8. FIELD VERIFY ALL STRUCTURAL COMPONENTS PRIOR TO DEMOLITION. REPORT ANY DISCREPANCIES IMMEDIATELY TO ARCHITECT.
9. EXISTING MECHANICAL, ELECTRICAL & PLUMBING SYSTEMS TO BE REMOVED PARTIALLY AS REQUIRED.
10. TEMPORARILY BRACE ALL WALLS, FLOOR & ROOF DURING & AFTER DEMOLITION.
11. COORDINATE EXISTING PERIMETER WALL LOCATIONS TO BE MODIFIED PER NEW WINDOW LOCATIONS.
12. ALL HAZARDOUS MATERIALS SHALL BE REMOVED PER CURRENT 'OSHA' STANDARDS.
13. TEMPORARY SHORING & BRACING BY G.C.
14. G.C. TO COORDINATE INTERIOR FINISHES REMOVAL WITH OWNER/ TENANT

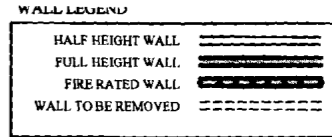
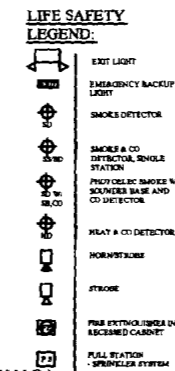
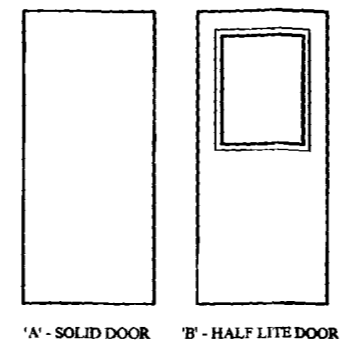
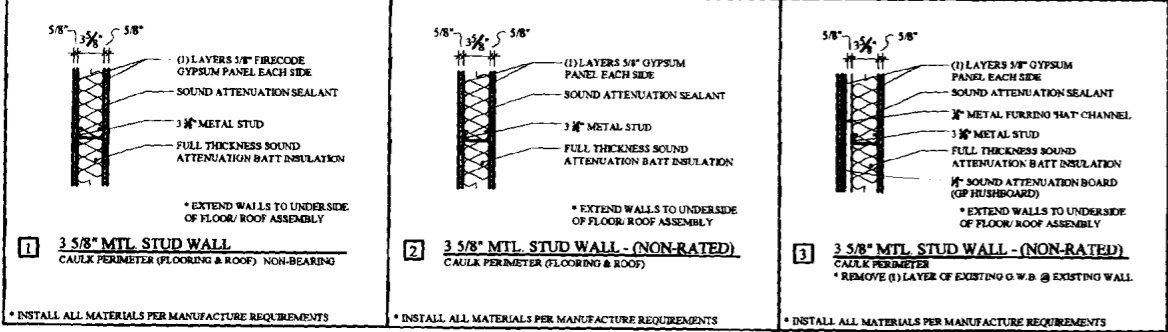


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**EAST VETERINARY
GENCY CLINIC**
AL EMERGENCY CLINIC
PEN AVE. - DORSET AND MAINE 04102





LIFE SAFETY NOTES:
 LIFE SAFETY AND FIRE ALARM SYSTEMS SHALL BE DESIGNED AND INSTALLED PER NFPA 72 BY A CITY/STATE APPROVED CONTRACTOR WITH A SEPARATE PERMIT.
 ALL STORIES TO BE IN COMPLIANCE UNLESS OTHERWISE NOTED.
 SYSTEM SHALL BE SUPERVISED BY AN OFF-SITE CERTIFIED BY THE CITY OF PORTLAND THIRD PARTY.
 EXISTING LIFE SAFETY SYSTEM SHALL REMAIN, TYP EACH SIDE.

* INSTALL ALL MATERIALS PER MANUFACTURE REQUIREMENTS

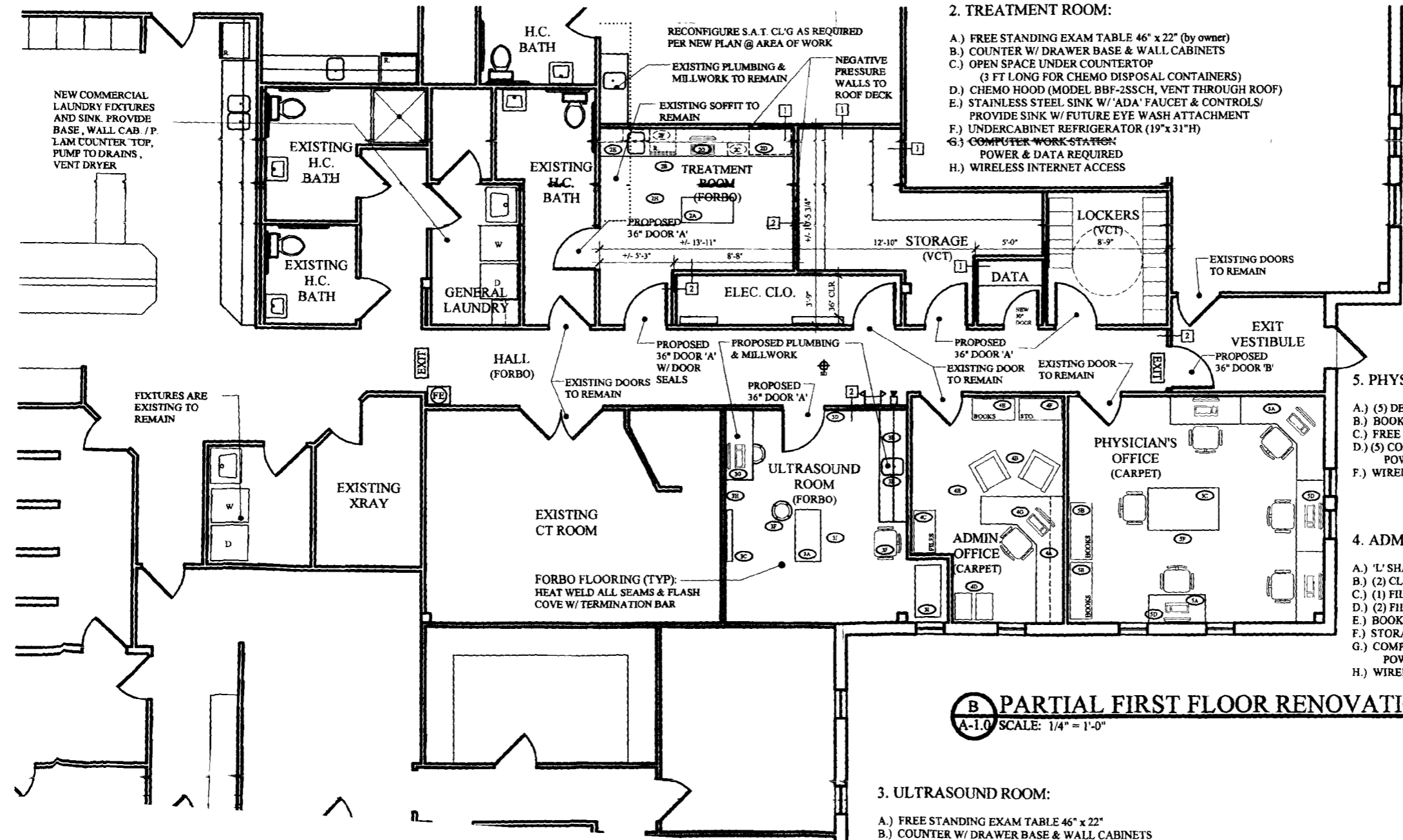
NOTES:
 1. ALL DOORS SHALL BE SOLID CORE WOOD TO MATCH EXISTING DOORS IN SPECIES & FINISH (U.N.O.)
 2. ALL DOORS SHALL HAVE LEVER HANDLES: HARDWARE STYLE & FINISH TO MATCH EXISTING



MARK MUELLER ARCHITECTS
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 Suite 206
 Portland, Maine 04101
 Phone/Fax 207.774.9105
 Email: rfm@muellerarchitects.com

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 MARK MUELLER ARCHITECTS

DOWNEAST VETERINARY EMERGENCY CLINIC
 688 ANIMAL EMERGENCY CLINIC
 730 WADSWORTH AVE. - PORTLAND, MAINE 04103



- 2. TREATMENT ROOM:**
- A.) FREE STANDING EXAM TABLE 46" x 22" (by owner)
 - B.) COUNTER W/ DRAWER BASE & WALL CABINETS
 - C.) OPEN SPACE UNDER COUNTERTOP (3 FT LONG FOR CHEMO DISPOSAL CONTAINERS)
 - D.) CHEMO HOOD (MODEL BBF-2SSCH, VENT THROUGH ROOF)
 - E.) STAINLESS STEEL SINK W/ 'ADA' FAUCET & CONTROLS/ PROVIDE SINK W/ FUTURE EYE WASH ATTACHMENT
 - F.) UNDERCABINET REFRIGERATOR (19" x 31" H)
 - G.) COMPUTER WORK STATION POWER & DATA REQUIRED
 - H.) WIRELESS INTERNET ACCESS

- 5. PHYSICIAN'S OFFICE:**
- A.) (5) DESKS
 - B.) BOOK SHELF
 - C.) FREE STANDING LIBRARY TABLE
 - D.) (5) COMPUTER WORK STATIONS POWER & DATA REQUIRED
 - F.) WIRELESS INTERNET ACCESS

- 4. ADMIN. OFFICE:**
- A.) 'L' SHAPE DESK AS SHOWN W/ WALL CABINET
 - B.) (2) CLIENT CHAIRS
 - C.) (1) FILE CABINET (3"W x 4"H) - (4) DRAWER
 - D.) (2) FILE CABINETS (14"W x 4"H) - (4) DRAWER
 - E.) BOOK SHELF
 - F.) STORAGE SHELVES
 - G.) COMPUTER WORK STATION POWER & DATA REQUIRED
 - H.) WIRELESS INTERNET ACCESS

- 3. ULTRASOUND ROOM:**
- A.) FREE STANDING EXAM TABLE 46" x 22"
 - B.) COUNTER W/ DRAWER BASE & WALL CABINETS
 - C.) UNDERCABINET REFRIGERATOR

B PARTIAL FIRST FLOOR RENOVATION PLAN
 A-1.0 SCALE: 1/4" = 1'-0"

RENOVATION: ENLARGED FLOOR PLAN

REVISION	DATE
	11.01.2011
PROJECT	
PREP BY	
DESIGNED BY	
DATE	

