

Certificate of Design

Date:	2/20/0	7	·
From:	Bruce W	.Mcc Le	est
These plans and / o	r specifications cov	ering const	ruction work on:
Tenun	t Fitup For	Spuru	ink Services
15	25 Presun	1PS 60 T	st.
	to the 2003 Intern	Signature: Title: Firm: Address:	Robert Structural Engineer Hot Main Gt. Cocher, Mc 04038
		Phone:	839-980

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



Accessibility Building Code Certificate

Designer:	Bruce b Mocheod
Address of Project:	125 Presumpscot St
Nature of Project:	Tenant Fit UP
designed in compliance w Law and Federal America	Signature: Signature: Professional Engineer Firm: Address: MacLocal Structural Engis, Parameter Address: MacMan, Mac 04038
	50511am, 111004038

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Certificate of Design Application

RILA	Bruce W. Macheod, P.E.
From Designer:	Druce w. Machada, 1, G.
Date:	2/19/109
Job Name:	ROUND HOUSE FITUP - SPURWINK SERVICES
Address of Construction:	125 Presumpscot St.
	2002 T

2003 International Building Code

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

Building Code & Year 2003 TBC Use Group Classification (s)	B (BUSINESS)	
Type of Construction	•	
	ion 903 3.1 of the 2003 IRC VeS	
Will the Structure have a Fire suppression system in Accordance with Sect		
Is the Structure mixed use? Yes. If yes, separated or non separate		
Supervisory alarm System? 125 Geotechnical/Soils report requ	ired? (See Section 1802.2) NO	
	\	
Structural Design Calculations (NOSTRUCTURAL CHANGE	Live load reduction	
Submitted for all structural members (106.1 – 106.11)	Roof live loads (1603.1.2, 1607.11)	
	Roof snow loads (1603.7.3, 1608)	
Design Loads on Construction Documents (1603) Uniformly distributed floor live loads (7603.11, 1807)	Ground snow load, Pg (1608.2)	
Floor Area Use Loads Shown	If $Pg > 10$ psf, flat-roof snow load pf	
H/R	If $Pg > 10$ psf, snow exposure factor, G	
	If $Pg > 10$ psf, snow load importance factor, f_c	
	Roof thermal factor, G (1608.4)	
	Sloped roof snowload, p. (1608.4)	
Wind loads (1603.1.4, 1609)	Seismic design category (1616.3)	
Design option utilized (1609.1.1, 1609.6)	Basic seismic force resisting system (1617.6.2)	
Basic wind speed (1809.3)	Response modification coefficient, R1 and	
Building category and wind importance Factor, hy table 1604.5, 1609.5)	deflection amplification factor _{GI} (1617.6.2)	
Wind exposure category (1609.4)	Analysis procedure (1616.6, 1617.5)	
Internal pressure coefficient (ASCE 7)	Design base shear (1617.4, 16175.5.1)	
Component and cladding pressures (1609.1.1, 1609.6.2.2)	Flood loads (1803.1.6, 1612)	
Main force wind pressures (7603.1.1, 1609.6.2.1)		
Earth design data (1603.1.5, 1614-1623)	Flood Hazard area (1612.3)	
Design option utilized (1614.1)	Elevation of structure	
Seismic use group ("Category")	Other loads	
Spectral response coefficients, SDs & SD1 (1615.1)	Concentrated loads (1607.4)	
Site class (1615.1.5)	Partition loads (1607.5)	
	Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404	

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:					
Total Square Footage of Proposed Structure	/Area Square Footage of Lot				
2821 sq ft.					
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant *must be owner, Lessee or E	Buyer* Telephone:			
	Name				
	Address				
	City, State & Zip				
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of			
	Name	Work: \$			
	Address	C of O Fee: \$			
	City, State & Zip	Total Fee: \$			
Current legal use (i.e. single family)					
If vacant, what was the previous use?					
Proposed Specific use:					
Is property part of a subdivision?	If yes, please name	<u> </u>			
Project description:					
Contractor's name:		_			
Address:		_			
City, State & Zip		Telephone:			
Who should we contact when the permit is	ready:	Telephone:			
Mailing address:					
Please submit all of the information outlined on the applicable Checklist. Failure to					
	the automatic denial of your perm				
n order to be sure the City fully understands t	he full scope of the project, the Planning as	nd Development Department			
nay request additional information prior to the his form and other applications visit the Inspe Division office, room 315 City Hall or call 874-870	ections Division on-line at www.portlandmaine	tion or to download coptes of <u>egov</u> , or stop by the Inspections			
hereby certify that I am the Owner of record of the		authorizes the proposed work and			
hat I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable					
aws of this jurisdiction. In addition, if a permit for authorized representative shall have the authority to					
rovisions of the codes applicable to this permit.					

Signature:

Date: