Form # P 04

### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## **CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached . .

# PERMIT

Permit Number: 100620

This is to certify that PENOBSCOT BAY M	MEDICAL ASSOCIATES/Pizzagalli					
has permission toAmend permit #09-03	08 to revise the 2 hour floor/ceiling design that se	parates the garage and offices				
AT 331 VERANDA ST	CBL 434	C001001				
provided that the person or person	ons, firm or corporation accepting	this permit shall comply with all				
	of Maine and of the Ordinances o					
the construction, maintenance a this department.	nd use of buildings and structures	, and of the application on file in PERMIT ISSUED				
Apply to Public Works for street line and grade if nature of work requires such information.	Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.				
OTHER REQUIRED APPROVALS Fire Dept. Health Dept.						
Appeal Board	//	me Bruke 6/7/10				
Other Department Name		Director - Building & Inspection Services				
PENALTY FOR REMOVING THIS CARD						



## **Original Receipt**

		64	20 /0
Received from	CL 295	silli Con	structuri
Location of Work	331	Veranda	
Cost of Construction	\$	Building I	ee: 30 co
Permit Fee	\$	Site F	ee:
	Ce	ertificate of Occupancy Fe	e:
		Tot	al: 30.00
Building (IL) Plun	nbing (I5)	Electrical (I2)	Site Plan (U2)
Other			
CBL:			
Check #:		_ Total Collec	ted s
No mode le	. to bo	started until no	malt looused

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

Taken by:

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

City of Portland, Maine	- Building or Use	Permi	t Application	Permi	t No:	Issue Date:		CBL:	
389 Congress Street, 04101				I .	10-0620			434 C0	01001
Location of Construction:	Owner Name:		,	Owner Ac	ddress:		_	Phone:	
331 VERANDA ST	PENOBSCOT	BAYN	MEDICAL AS	РО ВО	X 9746				
Business Name:	Contractor Name	:		Contracto	or Address:			Phone	
	Pizzagalli			131 Pre	sumpscot	St Portland		20787423	323
Lessec/Buyer's Name	Phone:			Permit Ty	ype:				Zone:
				Amend	lment to C	ommercial			R-Y
Past Use:	Proposed Use:			Permit F	ee:	Cost of Work	: CE	O District:	1
Parking Lot	Parking Garag	e/Medio	cal Office		\$30.00	\$3	0.00	4	
	Building Ame			FIRE DE	EPT:	Approved	INSPECTI	ON:	0
	to revise the 2				1	Denied	Use Group	215-2	Type: 7
	design that sep	arates t	he garage and	0.	[]	Denied		9/	
	offices			Ma	enou hu	ns	+0	1/200	Type: 28
Proposed Project Description:				1 ',			11	)( )	, 1
Amend permit #09-0308 to re-	vise the 2 hour floor/cei	ling des	ign that	Signature	Souls	per KNG	Signature:	SMB 6	11/10
separates the garage and office	es		_	PEDESTI	RUAN ACTI	VITIES DIST	RICT (P.A.	(D.)	
				Action:	Approv	ed	roved w/Cor	nditions [	Denied
				Signature	<u>:</u> .		Da	nc:	
Permit Taken By:	Date Applied For:				Zoning	Approva	l		
jmb	06/04/2010								
1. This permit application de	oes not preclude the	-	cial Zone or Revie		Z.onin	ig Appeal		Historic Pres	ervation
Applicant(s) from meeting Federal Rules.	•	<b>Sh</b>	oreland 75' t	tor	Variance	:	P	Not in Distric	ct or Landmark
<ol> <li>Building permits do not in septic or electrical work.</li> </ol>	nclude plumbing,	_ w	Shoreland 75' to Variance  Wetland New Constr			Does Not Rec	quire Review		
3. Building permits are void within six (6) months of the		☐ Fk	ood Zone We \ 8 Zone	41	Conditio	onal Use		Requires Rev	/iew
False information may inv permit and stop all work	validate a building	Su	bdivision 0010V	isg	Interpret	ation		Approved	
permit and stop an work.		KO Sii	e Plan 2006-012	3	Approve	d		Approved w/	Conditions
		Maj [	Minor MM	Table 1	Denied			Denied	
		Date:	Jun 6/2	1/0 D:	ale:		Date:	In B	
		oute.	Mrs of .	10			Jaco	The contract of the contract o	
						PER	MIT	ISSU	ED
		C	ERTIFICATION	ON			JUN -	7 2010	
I hereby certify that I am the ov	wner of record of the na	med pro	perty, or that th	ne propos	sed work is	authorized	by the ow	ner of reco	rd and that
I have been authorized by the c jurisdiction. In addition, if a poshall have the authority to enter	owner to make this appl ermit for work describe	ication a	as his authorized application is is	d agent ar ssued, I c	nd I agree t ertify that	to conform t the code off	o all applicial's auti	icable laws	of this esentative
such permit.			<i>y</i>			E. S.		- (-) -P	In
CIONATUDE OF ADDITIONAL			ADDOCC	-		O tar		nu o	NIE .
SIGNATURE OF APPLICANT			ADDRESS	3		DATE		РНО	MAL.

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

#### 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 Inspection 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.
- e 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 with construction.
- X Final inspection required at completion of work.

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

CBL: 182 C004001 Building Permit #: 10-0634

City of Portland, Maine - Building or Use Permit			Permit No:	Date Applied For:	CBL:	
389 Congress Street, 0	4101 Tel: (	207) 874-8703, Fax: (	207) 874-8716	10-0620	06/04/2010	434 C001001
Location of Construction:		Owner Name:	1	Owner Address:		Phone:
331 VERANDA ST		PENOBSCOT BAY M	MEDICAL AS	PO BOX 9746		
Business Name:		Contractor Name:		Contractor Address:		Phone
		Pizzagalli		131 Presumpscot	St Portland	(207) 874-2323
Lessee/Buyer's Name		Phone:		Permit Type:		
				Amendment to C	ommercial	
Proposed Use:			Propose	d Project Description	:	
		ling Amend permit #09- that separates the garage		parates the garage	to revise the 2 hour and offices	nooneening design
Dept: Zoning	Status: A	Approved with Condition	ns Reviewer:	Jeanine Bourke	Approval I	Date: 06/07/2010
Note:						Ok to Issue:
1) All previous conditi	ons apply					
Dept: Building	Status: /	Approved with Condition	ns Reviewer	Jeanine Bourke	Approval I	Date: 06/07/2010
Note:						Ok to Issue:
1) All previous conditi	ons apply					
Dept: Fire	Status: /	Approved with Condition	ns Reviewer	: Capt Keith Gau	treau Approval I	Date: 06/07/2010
Note:						Ok to Issue:

#### Comments:

1) All previous conditions apply

6/4/2010-jmb: Spoke to Keith about the new design, he is ok if it meets the 2 hour rating and is based on UL listings.

PERMIT ISSUED

JUN - 7 2010

City of Portland, I	Maine - Bu	ilding or Use Permi	t		Permit No:	Date Applied For:	CBL:	
389 Congress Street,	04101 Tel:	(207) 874-8703, Fax: (	(207) 874	1-8716	10-0620	06/04/2010	434	C001001
Location of Construction:		Owner Name:		0	wner Address:		Phone:	
331 VERANDA ST		PENOBSCOT BAY N	MEDICAL	AS F	PO BOX 9746			
Business Name:		Contractor Name:		С	ontractor Address:		Phone	
		Pizzagalli		1	31 Presumpscot S	t Portland	(207)	874-2323
Lessee/Buyer's Name		Phone:		P	ermit Type:			
					Amendment to Co	mmercial		
Proposed Use:				Proposed	Project Description:		·	
offices		that separates the garage	- and		arates the garage a	5111005		
Dept: Zoning Note:  1) All previous condi		Approved with Condition	ns <b>Rev</b>	iewer:	Jeanine Bourke	Approval D		06:07:2010 Issue: ✓
Dept: Building Note:  1) All previous condi	Status:	Approved with Condition	ns Rev	iewer:	Jeanine Bourke	Approval D		06/07/2010 Issue: ✓
Dent: Fire	Statue	Approved with Condition	ne Day	iowor:	Cant Keith Gautre	Approval D	ata:	06/07/2010

#### Comments:

Note:

1) All previous conditons apply

6/4/2010-jmb: Spoke to Keith about the new design, he is ok if it meets the 2 hour rating and is based on UL listings.

**PERMIT ISSUED** 

Ok to Issue:

JUN - 7 2010

City of Portland

## General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any

Location/Address of Construction: 33	Veranda Street MHIL
Total Square Footage of Proposed Structure	/Area Square Footage of Lot Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant *must be owner, Lessee or Buyer* Telephone: Name Pizzagalli Construction Lo. (Fared Bolled 207, 899. 0575) Address 131 Passurpsist St. City, State & Zip Partland, ME 64104
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Martins Point Healthcare Address 331 Verande St. City, State & Zip Portland, ME MION Total Fee: \$ 30-00
Current legal use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use:  Is property part of a subdivision?  Project description:  Amendant & general bully per	If yes, please name
Contractor's name: <u>Pizzagalii Constru</u> Address: 131 Presumpsest St	JUN - 4 2010
City, State & Zip fortland, WE MIN Who should we contact when the permit is re Mailing address:	/ 1 011 004 007 City of Portland Maine
	n outlined on the applicable Checklist. Failure to ne automatic denial of your permit.
y request additional information prior to the	e full scope of the project, the Planning and Development Department issuance of a permit. For further information or to download copies of tions Division on-line at <a href="https://www.portlandmaine.gov">www.portlandmaine.gov</a> , 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:	the Asher	Date:	6/4/10	

#### Jeanie Bourke - Martin's Point Medical Office Building - Revised Garage Ceiling System

From: "Ballard, Jared" <JBallard@pizzagalli.com>
To: Jeanie Bourke <JMB@portlandmaine.gov>

To: Jeanie Bourke <JM 6/3/2010 3:45 PM

Subject: Martin's Point Medical Office Building - Revised Garage Ceiling System

CC: "Bertolini, Garret" < GBertolini@pizzagalli.com>, "Street, Tim" < tstreet@....

Jeannie,

This is a no cost change to the project. We received a credit from the framing contractor which offsets the fireproofing cost. Please confirm an amendment to the permit is not required.

I would be glad to meet with you and discuss further if needed. Please call with questions.

Thanks.

Jared

From: Jeanie Bourke [mailto:JMB@portlandmaine.gov]

Sent: Thursday, June 03, 2010 3:35 PM

To: Ballard, Jared

Cc: Bertolini, Garret; Street, Tim; Penny Littell; Tammy Munson

Subject: Re: Martin's Point Medical Office Building - Revised Garage Ceiling System

Hello Jared,

Just an FYI, I am not familiar with this project, Chris Hanson did the plan review and approval. It will take me some time to research the original approved design and review the 118 page pdf attachment for the proposed revision of the 2 hour fire rated floor ceiling and structural support system separating the garage from the medical facility.

I imagine this is a substantial change from the approved design and should be documented as an amendment to the permit. I understand you would like to proceed with this new design immediately and I will make all efforts to review and respond once this has been submitted.

Please include hard copy and pdf formats and payment for any additional costs incurred for material and installation of the proposed design.

Thank you

Jeanie Bourke CEO/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

>>> "Ballard, Jared" <JBallard@pizzagalli.com> 6/3/2010 8:41 AM >>> Good Morning Jeannie,

Approximately one year ago, the building permit for the new health center at Martin's Point was issued by the City of Portland. The project includes two levels of parking structure covered by a single level of medical office building. You may remember one of the significant building elements was a fire rated ceiling system separating the parking structure from the occupied medial office space. The original system included ceiling suspension grid, light gauge framing with mineral wool insulation, and an exterior rated gypsum board. This design was comprised of various UL design assemblies modified to meet the code required two hour fire separation, and overall design intent. You can see the original design in the building permit set submitted with the permit application.

After further review and development of the original system, the contractor responsible for the design and installation of the system has proposed a simplified system that is comprised of two UL design which will provide the required fire separation. The revised system includes fireproofing of the steel structure supporting the occupied floor with light gauge framing supporting fire rated gypsum board as the ceiling substrate.

Attached is a revised submittal which includes cementitious fireproofing, revised framing shop drawings, and a stamped letter / details from a Maine licensed fire protection engineer. All elements of this system will be installed in strict accordance with the UL design numbers referenced in the attached documentation. Our team is confident that the revised system is equal or superior to the original system in all regards. This submittal has been previously reviewed and approved by the architect / engineer of record.

Please review the attached submittal and confirm the city's acceptance. We would like to proceed with this work immediately. Please do not hesitate to call with questions or comments or if you would like to discuss any portion of this submittal.

Regards,

Jared Ballard
Senior Project Engineer
Pizzagalli Construction Company

207.899.0575 jballard@pizzagalli.com

From: Margaret Kakalis [mailto:MKAKALIS@SMRTInc.com]

Sent: Thursday, May 27, 2010 9:39 AM

To: Ballard, Jared; Street, Tim; LaPointe, Derek

Cc: Mark Estabrook

Subject: 08139-12 Martins Point Submittals #223, 225

Margaret Kakalis
Administrative Assistant



#### Pizzagalli Construction 331 Veranda Street Portland ME 04103

#### **TRANSMITTAL**

No. 0439

PROJECT: Martin's Point Medical Office Building

TO: Portland, City of 389 Congress St. Portland ME 04112-0544 DATE: 06/07/2010

RE: Cold-Formed Metal Framing Submittals

ATTN: Jeanie Bourke

JOB: 12800

AOTION TAKEN
ACTION TAKEN:
Approved as Submitted
✓ Approved as Noted
Returned After Loan
Resubmit
Submit
Returned
Returned for Corrections
Due Date
Other:

Line	ltem .	Package	Code	Qty	Date	Description	Status
1	Submittal	054000	054000-001	1	06/07/2010	Cold-Formed Metal Framing Submittals	Approved As Noted

Dection
T 2010
 Selection of Building of Build
H TO THE

CC: Pizzagalli Construction, Jared Ballard Pizzagalli Construction, Tim Street

REMARKS:

Signed:		
	Nick Duncan	