



CITY OF
PORTLAND, OREGON
 BUREAU OF DEVELOPMENT SERVICES
 1900 SW 4th Ave., Suite 5000
 Portland, OR 97201



FACILITY PERMIT

12-150585-000-00-FA

Site Address: 1015 NW 22ND AVE

Issued: 6/25/12

BW-CONVERSION:OR-4 3188998:Good Sam :GoodSamSite

PROJECT INFORMATION		Occ. Group	Const. Type
Building	Alteration		
Project Description: B1/ APC OR-4 CONVERSION			

APPLICANT	DAVID ASBURY	Phone (503) 413-8620
PROPERTY OWNER	GOOD SAMARITAN HOSPITAL	Phone
CONTRACTOR	HUTCHCO CONSTRUCTION INC	Phone

<p align="center">Project Details</p> <p>Building/Mechanical Inspector ROCKD Electrical Inspector RISERJ Fire Marshal BOYLESG Plumbing Inspector COOKEW Zoning - Property (1) CSdNP,RHdNP</p>		<p align="center">Project Details</p> <p>Code Edition (Year) 2010 OSSC Energy Code Edition 2010 Oregon Energ Folder Name CONVERSION Project Reference Number 2012-1015 2001</p>	
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FOR INSPECTION CONTACT Rock,David at 503-823-1079. Documents have been reviewed and approved for conditions shown and the following is noted: Federally funded healthcare facilities in Oregon are retained by the State Fire Marshal as the approving authority having jurisdiction. Separate permits required for any fire alarm and/or sprinkler work. Contact your Fire Marshal for details.

This permit expires if, at any time, 180 days pass without an approved inspection. If you are not able to obtain an inspection approval within 180 days, you may request a one-time only extension of 180 days by calling 503-823-5996.

BEFORE YOU DIG	ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth in OAR 952-001-0010 through OAR 952-001-0090. You may obtain copies of the rules by calling the center. (Note: the telephone number for the Oregon Utility Notification Center is 1-800-332-2344).
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CITY CONTACT	Phone:
E-Mail:	Fax: (503) 823-7425

INSPECTION REQUEST PHONE NUMBERS	Contact your inspector directly for inspection requests.
TDD: (503) 823-6868	
IVR Inspection Request Number:	<input type="text"/>

6

2



CITY OF PORTLAND, OREGON - BUREAU OF DEVELOPMENT SERVICES

1900 SW Fourth Avenue • Portland, Oregon 97201 • www.portlandonline.com/bds • 503-823-0652 • FAX 503-823-7425



Facilities Permit Plan Intake Form

FOR INTAKE, STAFF USE ONLY		Building/Mechanical	_____ <u>Dave</u> 1
Date Received	<u>6/8/12</u>	Electrical	_____ <u>John</u> 3
Building Registration #	<u>99-124743-FC</u>	Plumbing	_____
Fixed Bid	_____	Fire	_____ <u>Gary</u> 2
Bin #	<u>B1</u>	Planning	_____
Building Permit #	<u>12-150585-FA</u>	BES	_____
Mechanical #	_____	PDOT	_____
Plumbing Permit #	_____	Structural	_____
Electrical Permit #	_____	Other	_____

APPLICANT: Complete all sections below that apply to the project. Please print legibly.

Print Name DAVID ASBURY Sign Name David A. Asbury 3490542
 Street Address 1015 NW 22nd AV
 City PORTLAND State OR Zip Code 97210
 Day Phone 503 413 8620 FAX 503 413 6988 email DASBURY@LHS.ORG

Plans / permits available for pick up at 1900 SW 4th Avenue, 5th floor between 8:00 am to 5:00 pm

Contact Name for plan/permit pick up DAVID ASBURY
 Day Phone 503 413 8620 email DASBURY@LHS.ORG

Project Building Name / # LEGACY GOOD SAMARITAN MEDICAL CENTER
 Project Address or Location 1015 NW 22nd AV
 Project Name and Description APC OR 4 CONVERSION

Total Project Value \$94,000 Project Reference # 2012 1015 2001
 Building Contractor HUTCH CO CCB # 190122
 Mechanical Contractor ARCTIC SWEET METAL CCB # _____
 Electrical Contractor CHRISTONSON GLEZ CCB# _____ License # _____
 Plumbing Contractor BASIC FIRE PROT. CCB# _____ License # _____

Building Permit
 No. of Stories 7
 Const. Type _____
 [N] Alarms Required
 [N] Smoke Det. Req'd
 [N] Sprinklers Req'd
 [Y] Struct. Eng / Calcs Submitted

Electrical Permit
 Please provide a completed standard electrical permit application form. You may mail or deliver it to 1900 SW 4th Avenue, Portland, Oregon 97201 or FAX to 503-823-7425.

Mechanical Permit
 Mechanical Valuation _____
 Description _____

Plumbing Permit
 Number of Fixtures _____
 Back Flow Devices _____
 Water Service (# of Feet) _____
 Medical Gas _____
 Other _____

City of Portland
 REVIEWED FOR CODE COMPLIANCE
 JUN 25 2012
12-150585-FA
 Permit Number

12-150585-FA

B1



- Building Entrance
- Cafeteria
- Parking Lot
- Parking Structure
- Skybridge

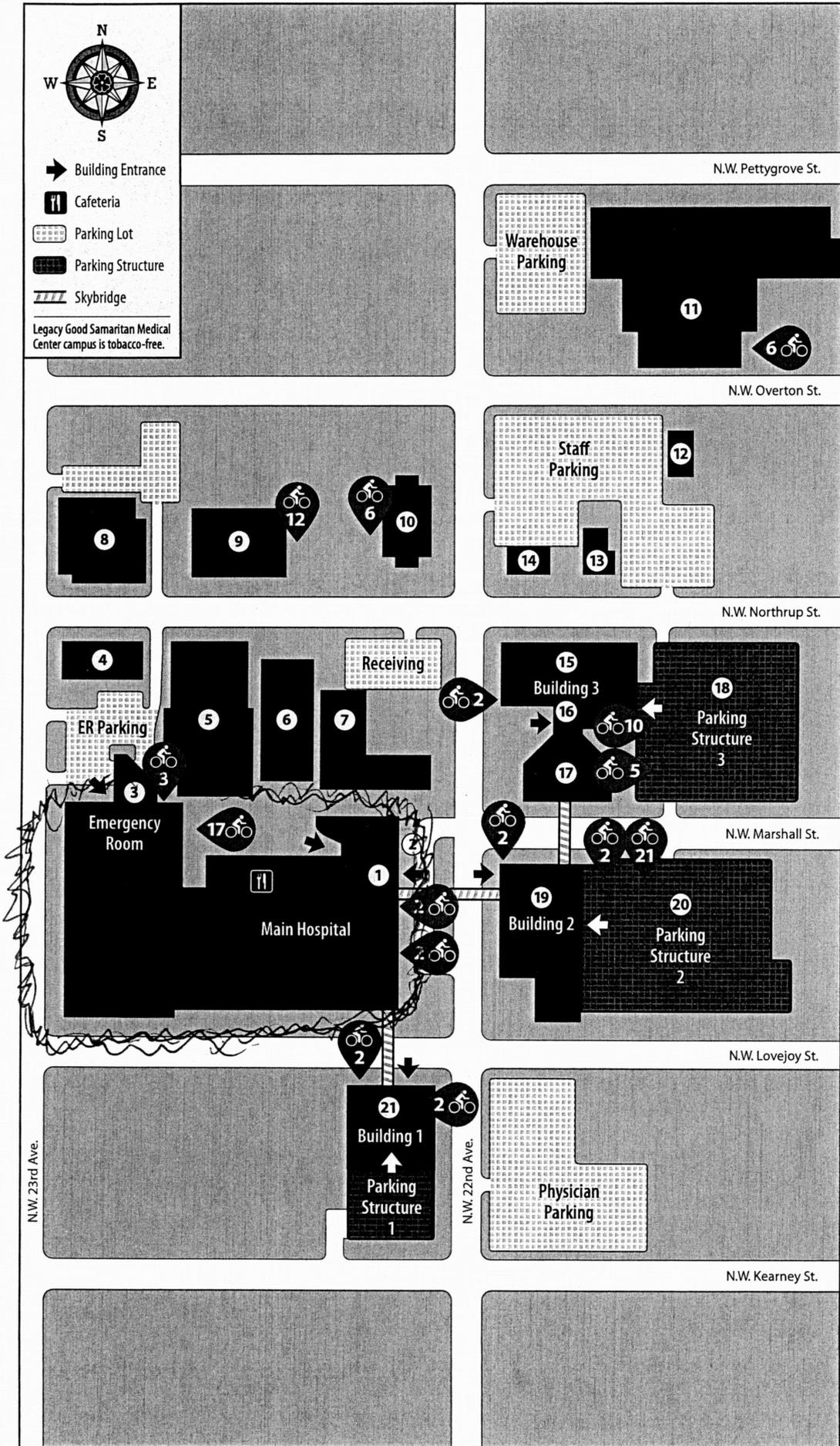
Legacy Good Samaritan Medical Center campus is tobacco-free.



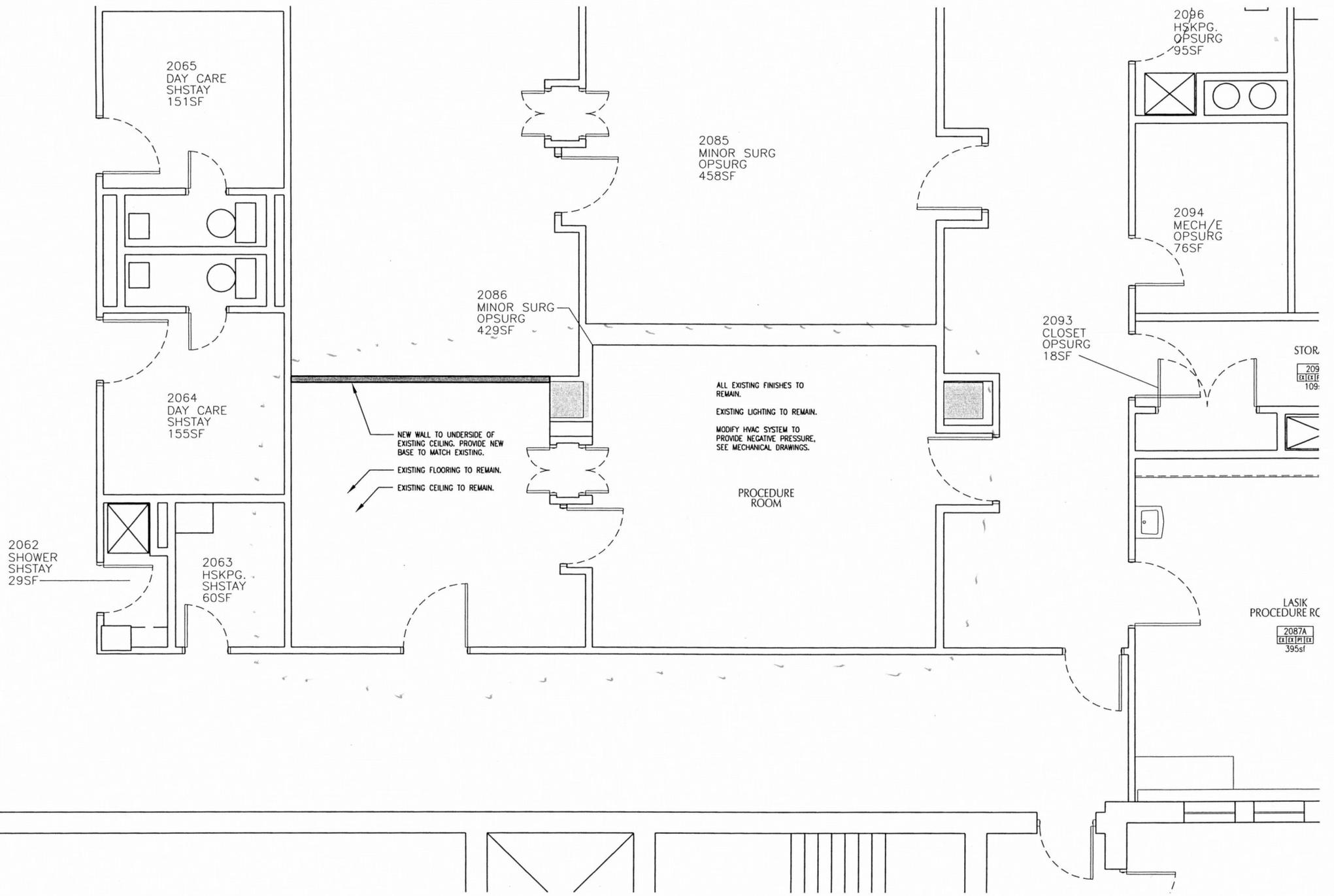
Legacy Good Samaritan Medical Center

1015 N.W. 22nd Ave.
Portland, OR 97210
503-413-7711

www.legacyhealth.org



- 1 Main Hospital**
1015 N.W. 22nd Ave.
- 2 Valet Parking**
- 3 Emergency Room**
- 4 Northrup Building**
2282 N.W. Northrup St.
- 5 Plant Facilities**
- 6 Library**
- 7 Wilcox Building**
- 8 Legacy Medical Group—Good Samaritan**
1200 N.W. 23rd Ave.
- 9 Peterson Hall**
2225 N.W. Northrup St.
- 10 Loveridge Hall**
2215 N.W. Northrup St.
- 11 Overton Building**
2145 N.W. Overton St.
- 12 Legacy Federal Credit Union**
2148 N.W. Overton St.
- 13 2169 House**
2169 N.W. Northrup St.
- 14 Green Gables Guest House**
2183 N.W. Northrup St.
- 15 Good Samaritan Building 3**
1130 N.W. 22nd Ave.
- 16 Legacy Medical Group—Northwest**
1130 N.W. 22nd Ave., Suite 220
- 17 Comprehensive Cancer Center**
1130 N.W. 22nd Ave.
- 18 Parking Structure 3**
- 19 Good Samaritan Building 2**
1040 N.W. 22nd Ave.
- 20 Parking Structure 2**
- 21 Good Samaritan Building 1 Parking Structure 1**
2222 N.W. Lovejoy St.



NEW WALL TO UNDERSIDE OF EXISTING CEILING. PROVIDE NEW BASE TO MATCH EXISTING.

EXISTING FLOORING TO REMAIN.

EXISTING CEILING TO REMAIN.

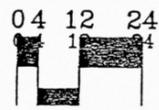
ALL EXISTING FINISHES TO REMAIN.

EXISTING LIGHTING TO REMAIN.

MODIFY HVAC SYSTEM TO PROVIDE NEGATIVE PRESSURE, SEE MECHANICAL DRAWINGS.

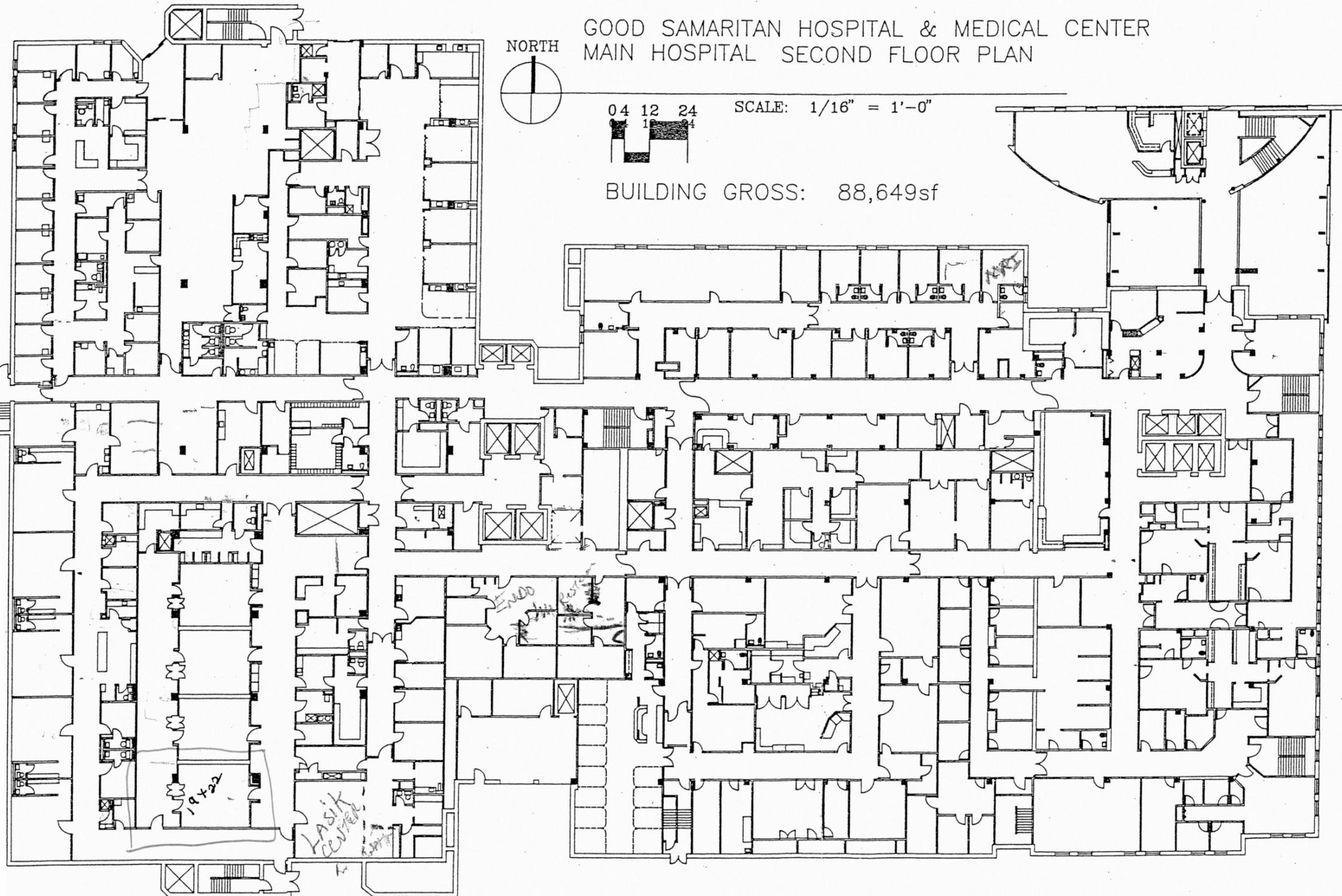
PROCEDURE ROOM

GOOD SAMARITAN HOSPITAL & MEDICAL CENTER
MAIN HOSPITAL SECOND FLOOR PLAN



SCALE: 1/16" = 1'-0"

BUILDING GROSS: 88,649sf



19422

LASIK CENTER

ENDO

City of Portland
REVIEWED FOR CODE
COMPLIANCE
JUN 25 2012
12-150585-FA
Permit Number