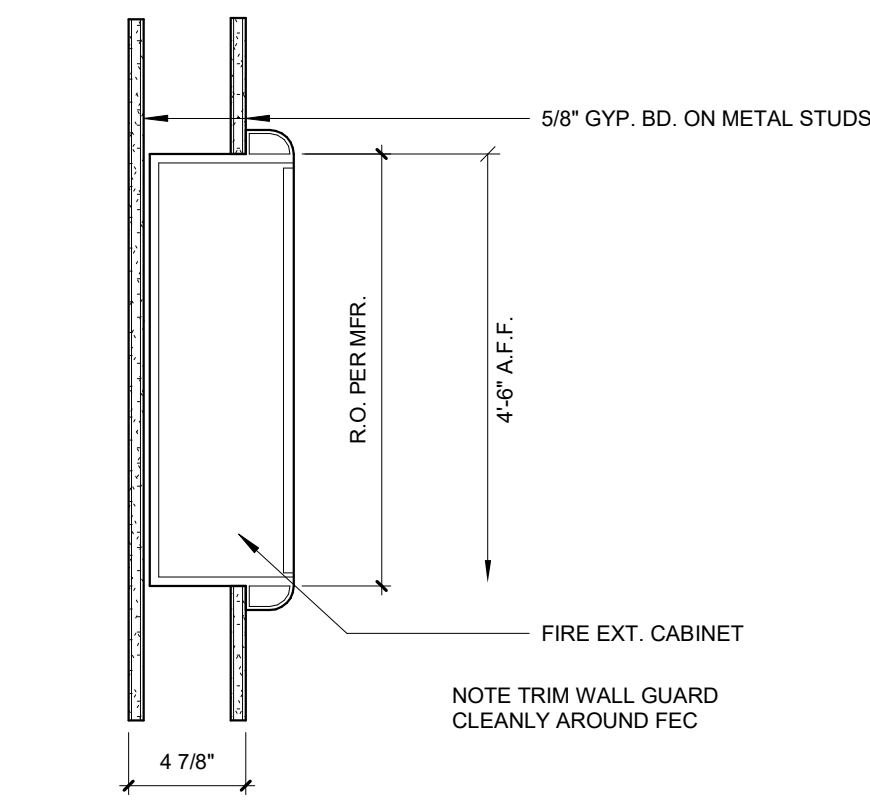




C1 TEMPORARY EXISTING PLAN
1/16" = 1'-0"

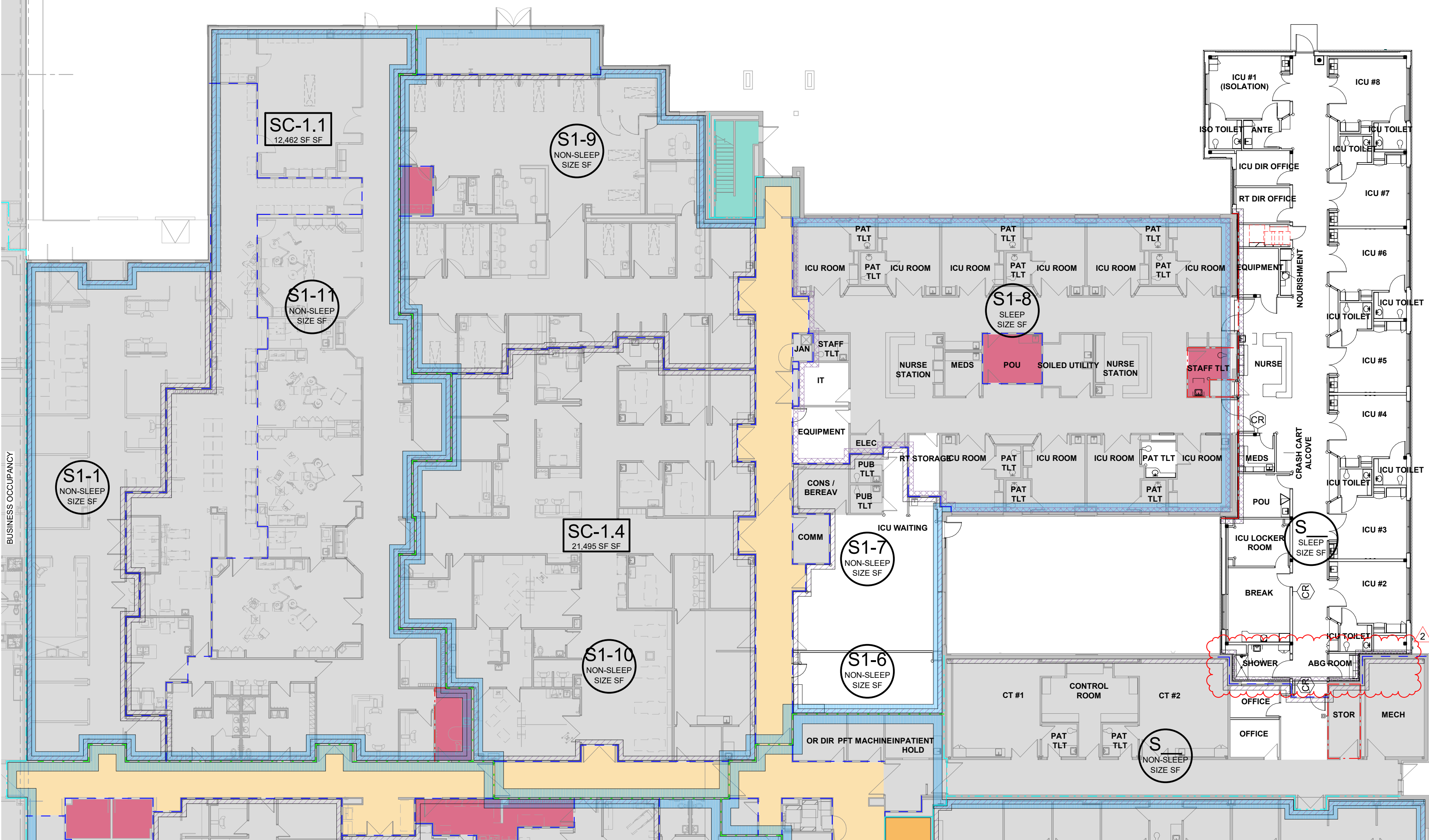


E2 F.E.C SECTION, NON-RATED WALL CONDITION
1 1/2" = 1'-0"

PLANNING SUMMARY				
Existing Zoning: CP-2				
Required Parking				
Existing Hospital	80 Beds	1.8/spaces/bed	144	
Existing MOB	66,296 SF	5 spaces/1000SF	331	
New MOB	66,503 SF	5 spaces/1000SF	293	
ICU Addition	8 Beds	1.8/spaces/bed	14	
			Total	772
Provided Parking				
Standard	751	ADA	25	Total
Existing Parking				776
Demolished in this project	(6)			4
				770
Building Data				
	SF	FAR		
Existing Hospital	114,208	12		
Existing MOB	66,296	05		
New MOB	66,503	05		
ICU Addition	5,955	004		
Total	282,760	224		
Imperious Surface Area				
	Acres	SF	%	
Existing	10.70	468,148.77	37.42	
Added	0.10	5,955	.002	
Total	10.80	474,103.77	37.44	

CODE SUMMARY	
Project Construction Purpose: ICU EXPANSION	
Owner Information LEE'S SUMMIT MEDICAL CENTER 2100 SE BLUE PARKWAY LEE'S SUMMIT, MISSOURI 64063 Phone: 816-282-5000	
Designer Information ACI Boland Architects 1710 Wyandotte St. Kansas City, MO 64108 Phone: (816) 763-9600	
Code Information 2015 International Building Code 2015 International Plumbing Code 2015 International Mechanical Code 2017 National Electrical Code (NFPA 70) 2015 International Fire Code 2012 Life Safety Code (NFPA 101) 2010 ADA Standards for Accessible Design / Americans with Disabilities Act of 1990 2009 ICC/ANSI A117.1 Note: If code requirements overlap, the most stringent shall apply. Building was originally designed to 2003 International Building Code.	
Local Authority Reasoning Fire Service: Lee's Summit Fire Department Local Building Inspection: Lee's Summit MO - Codes Administration Department	
Area of Addition 5,955 +/- SF	
Area of Renovation 2,418 +/- SF	
Occupancy Group: I-2 - Section 308.3	
Occupant Load: Sleeping Area: 120 SF / occupant Treatment Area: 100 SF/ occupant Business Area: 150 SF/ occupant Total Number of Occupants = 59	
Type of Construction: Type 1B - (NFPA 222)	
Required Fire Resistance Ratings (in hours) Per NFPA 101 A.2.2.1.2:	
Exterior Bearing Walls	2 HR
Interior Bearing Walls	2 HR
Primary Structural Frame	2 HR
Floor Construction	2 HR
Roof Construction	1 HR
Interior non-bearing walls	0 HR
Active Fire Safety Features: - Fire Alarm System - The fire alarm system is specified as an addressable type system. The device type and locations are per the applicable codes as well as ADA requirements. - Smoke Control System - All ductwork penetrating smoke rated walls will have a smoke or combination fire/smoke damper as indicated on construction documents. These dampers will close upon detection of smoke by the area smoke detectors or duct smoke detectors in the air handling units. - Fire Sprinkler System - Specified to be per NFPA 13. The sprinkler heads are specified to be quick response type. - Emergency Lighting and Power - Emergency lighting, life safety and critical loads will receive power from a backup generator located outside the main electrical room. - Illuminated Exit Signs - Smoke Compartments no greater than 22,500 SF	

CODE FOOTPRINT LEGEND	
PARTITION TYPES	
---	0 HR SMOKE PARTITION (SMOKE RESISTIVE)
---	1 HR SMOKE BARRIER
---	1 HR FIRE BARRIER
---	2 HR FIRE BARRIER
---	2 HR FIRE SMOKE BARRIER
---	3 HR FIRE BARRIER
AREA DESIGNATIONS	
	CORRIDOR
	HAZARDOUS ROOM
	EXIT ENCLOSURE
	SHAFT
BOUNDARY DESIGNATIONS	
	SMOKE COMPARTMENT 1 HR SMOKE BARRIER
	SUITE - SLEEPING 0 HR SMOKE PARTITION (SMOKE RESISTIVE)
	SUITE - NON SLEEPING 0 HR SMOKE PARTITION (SMOKE RESISTIVE)
	NOT IN ARCHITECTURAL SCOPE
SYMBOLS	
SC-1	SMOKE COMPARTMENT DESIGNATION
S1	SUITE DESIGNATION
	FIRE EXIT
	OCCUPANT LOAD
	EXIT WIDTH PROVIDED
	EXIT WIDTH REQUIRED
	NEW FIRE EXTINGUISHER CABINET
	EXISTING FIRE EXTINGUISHER CABINET
	EXIT SIGN
	FIRE DOOR RATING
	TRAVEL DISTANCE
	FIRE/SMOKE DAMPER
	SMOKE DETECTOR
	HEAT DETECTOR
	STROBE
	STROBE/SPEAKER
	HORN/STROBE
	HORN
	FIRE PULL STATION
	FIRE SPRINKLER ZONE VALVE



A1 FIRST FLOOR CODE PLAN
1/16" = 1'-0"

*THIS DRAWING IS INTENDED TO BE PRINTED IN COLOR. USE BLACK AND WHITE COPIES AT YOUR OWN RISK.



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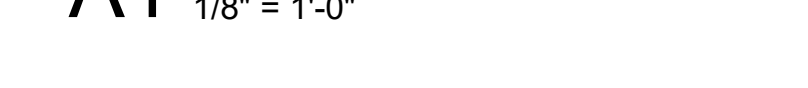
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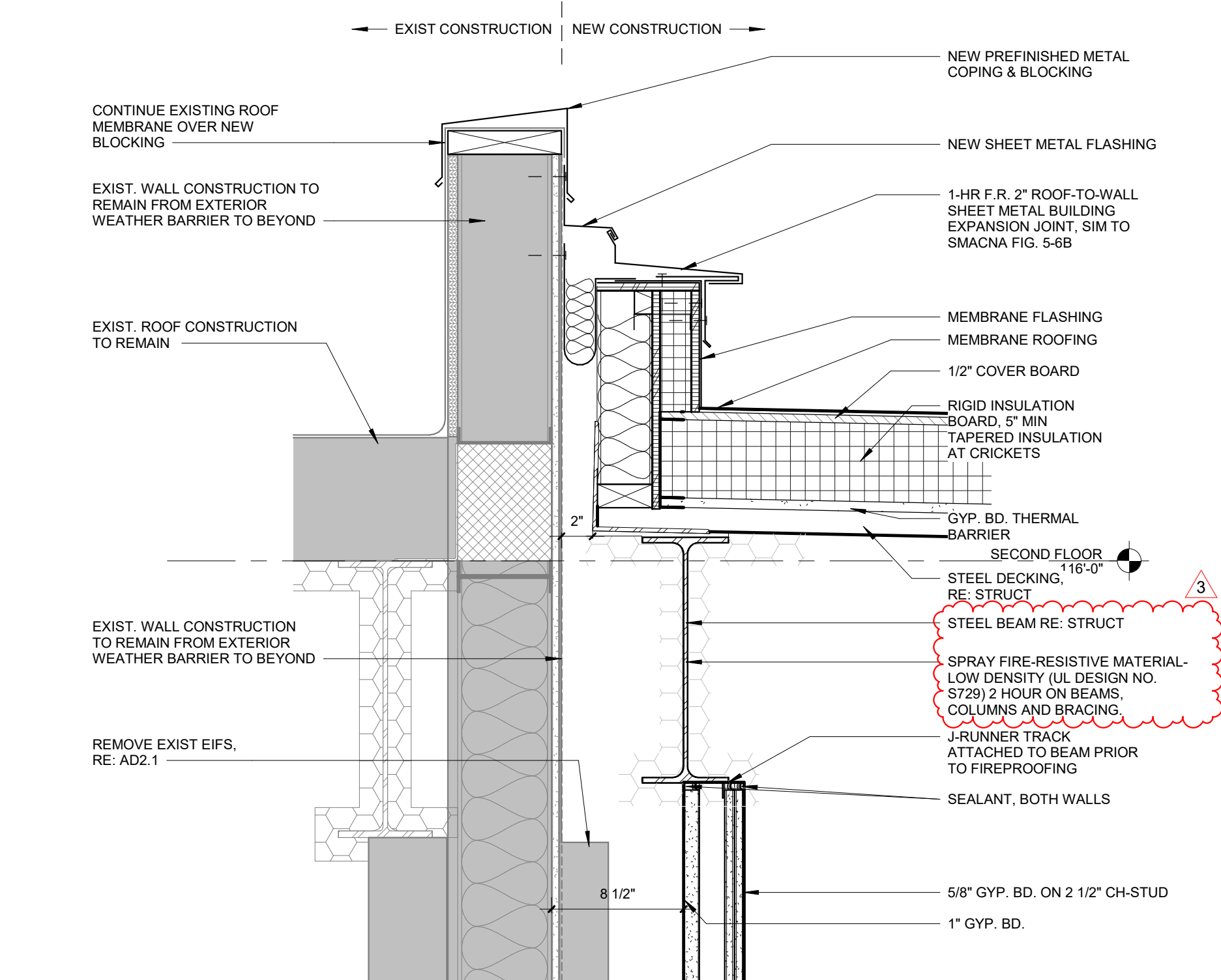
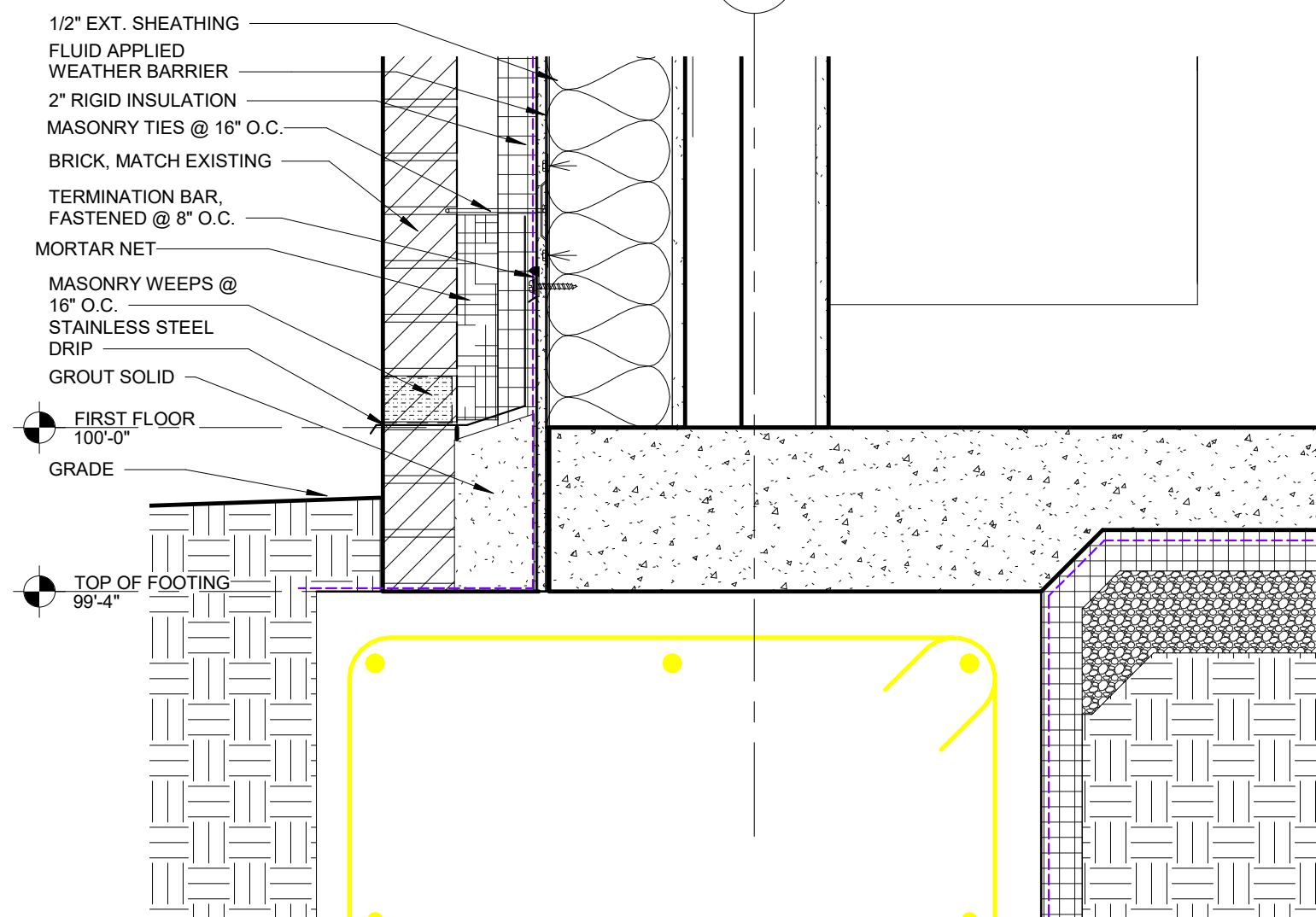
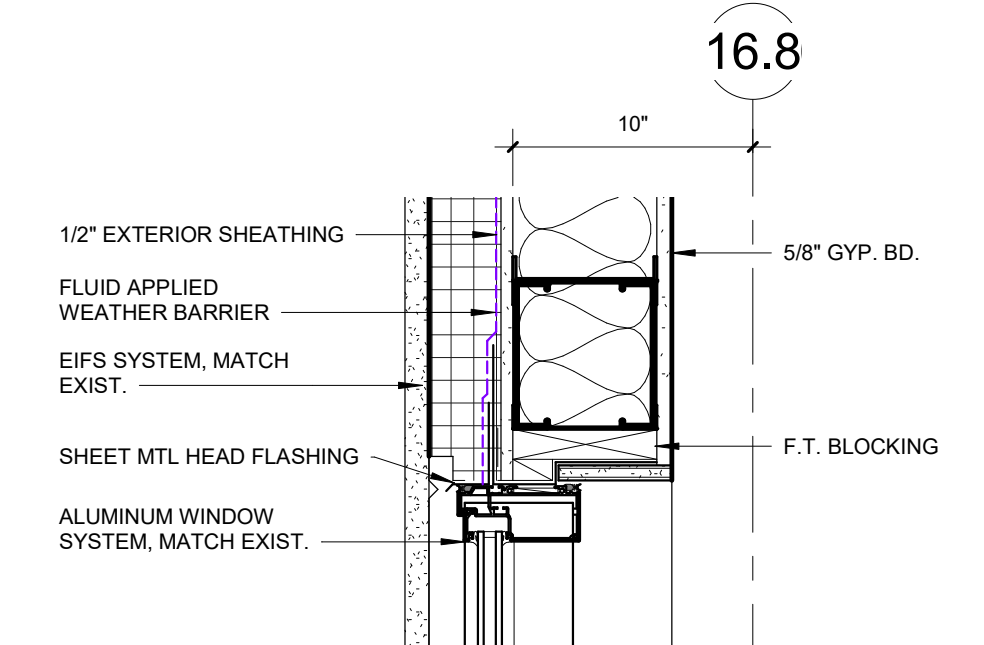
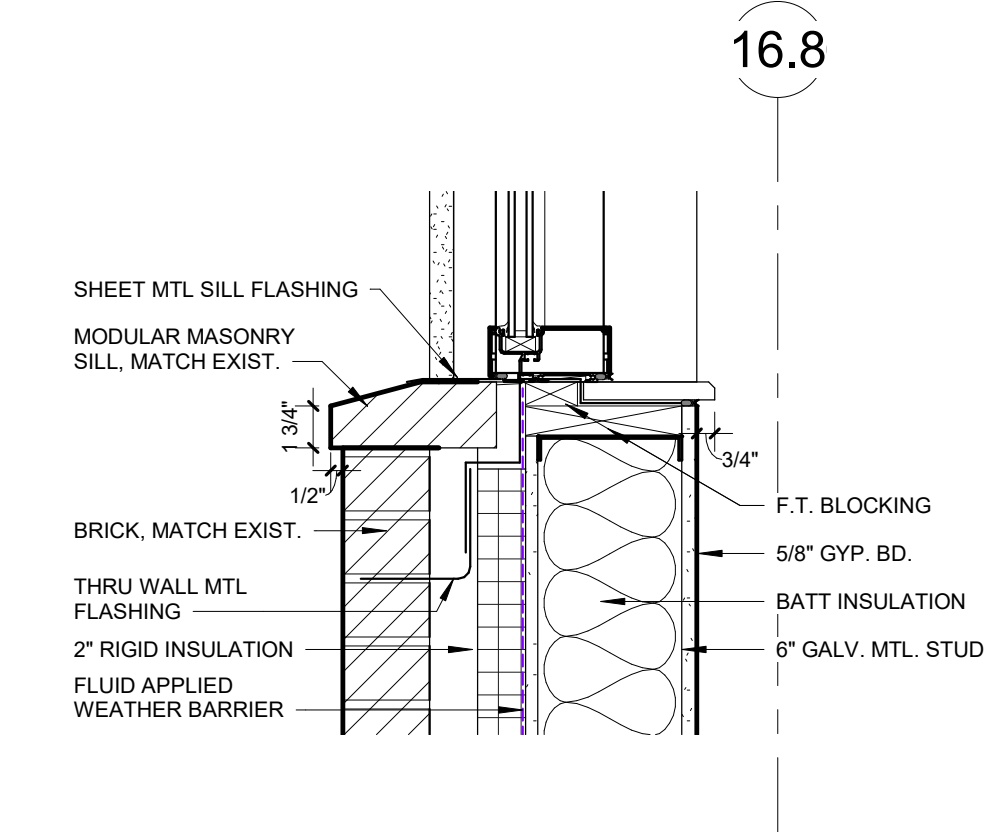
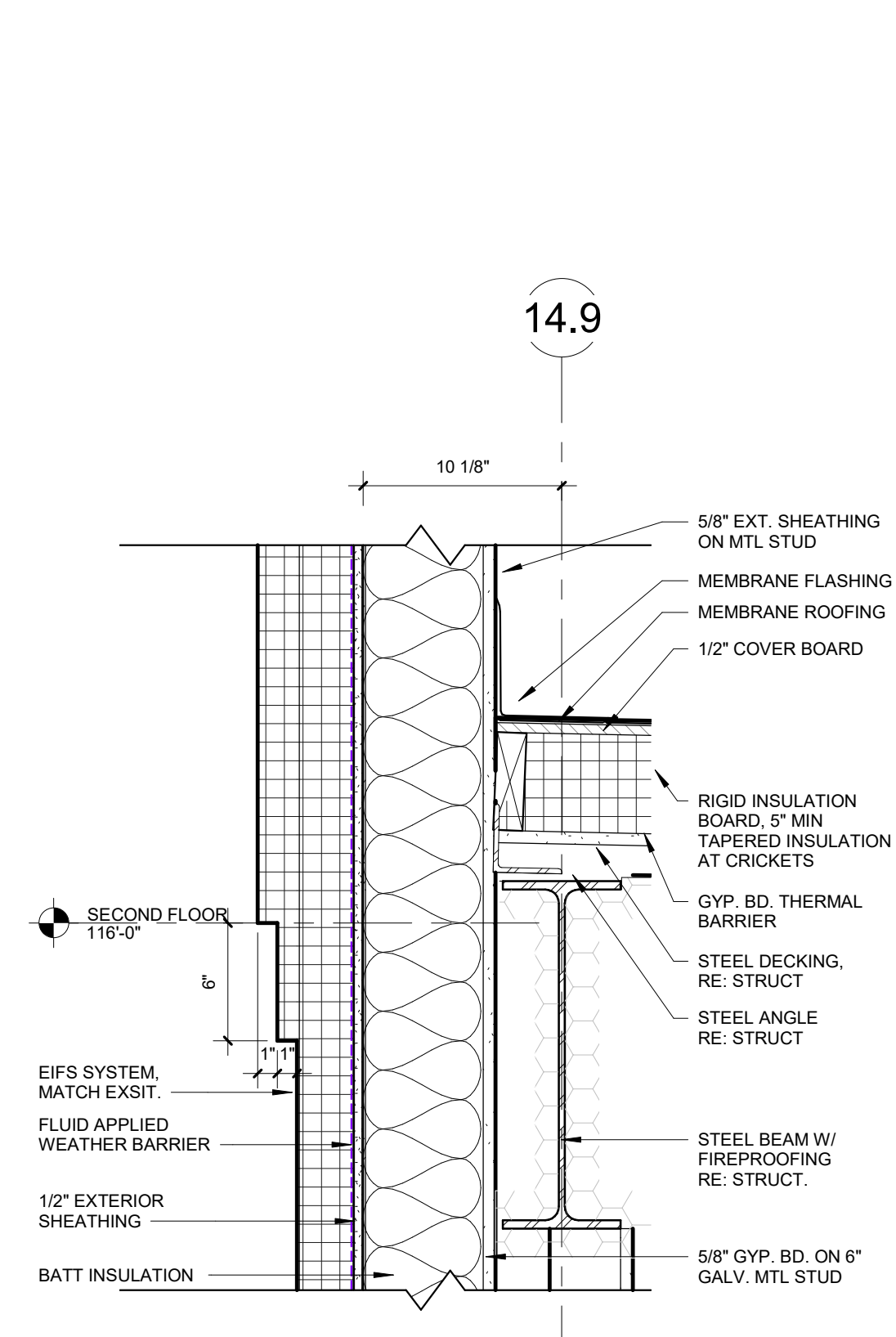
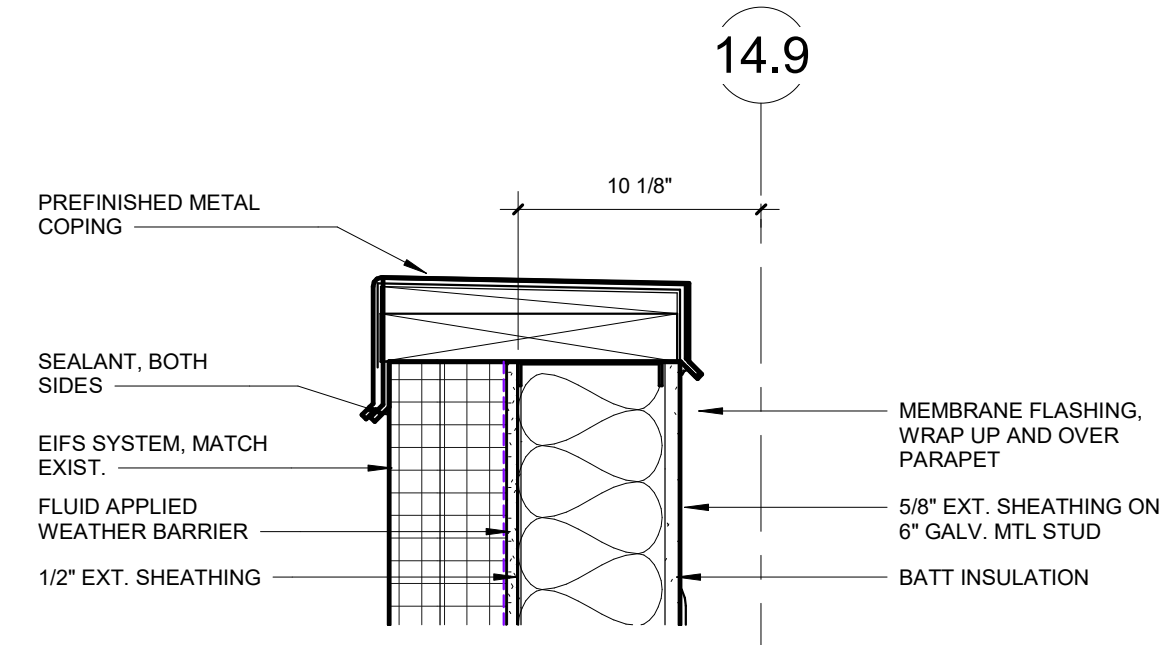
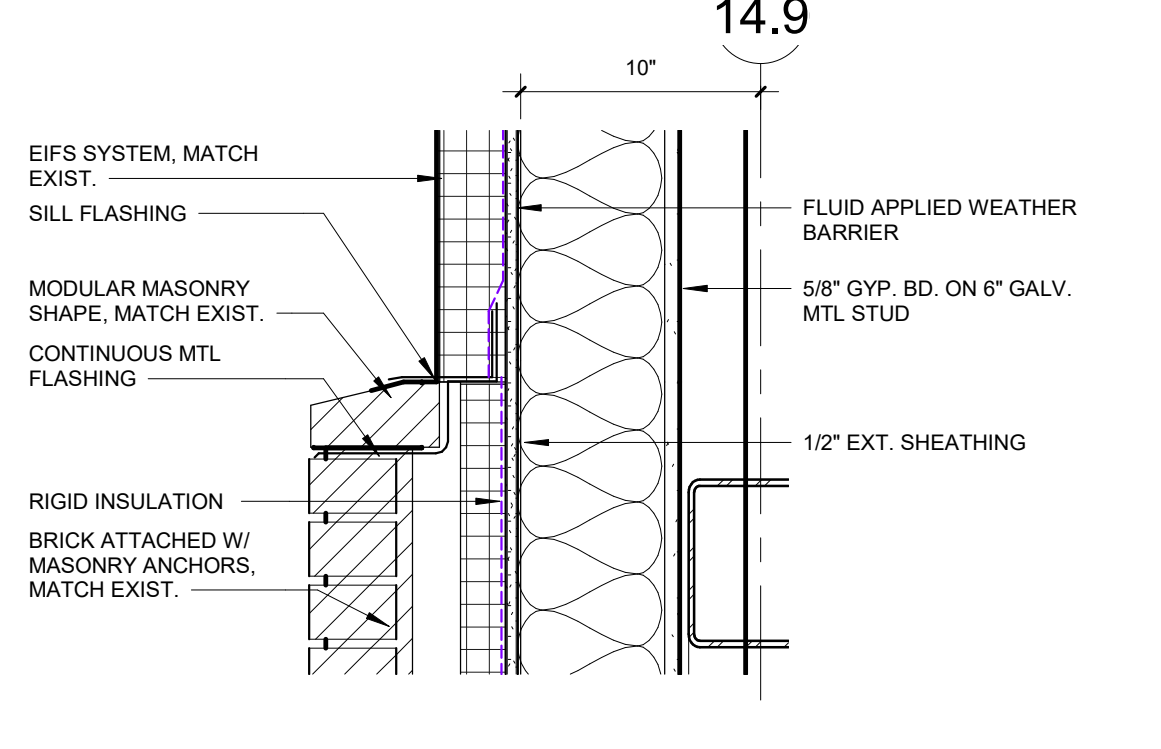
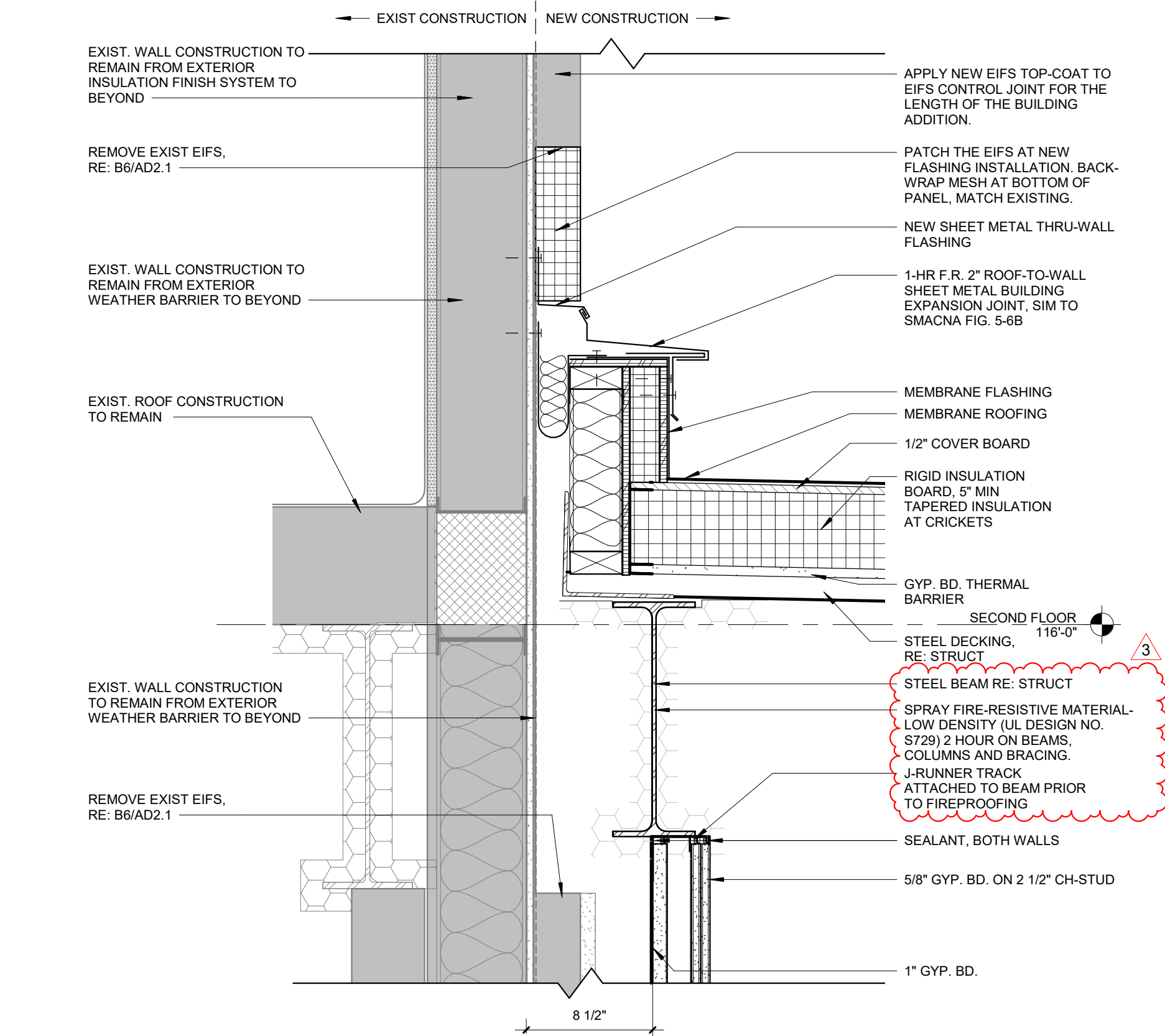
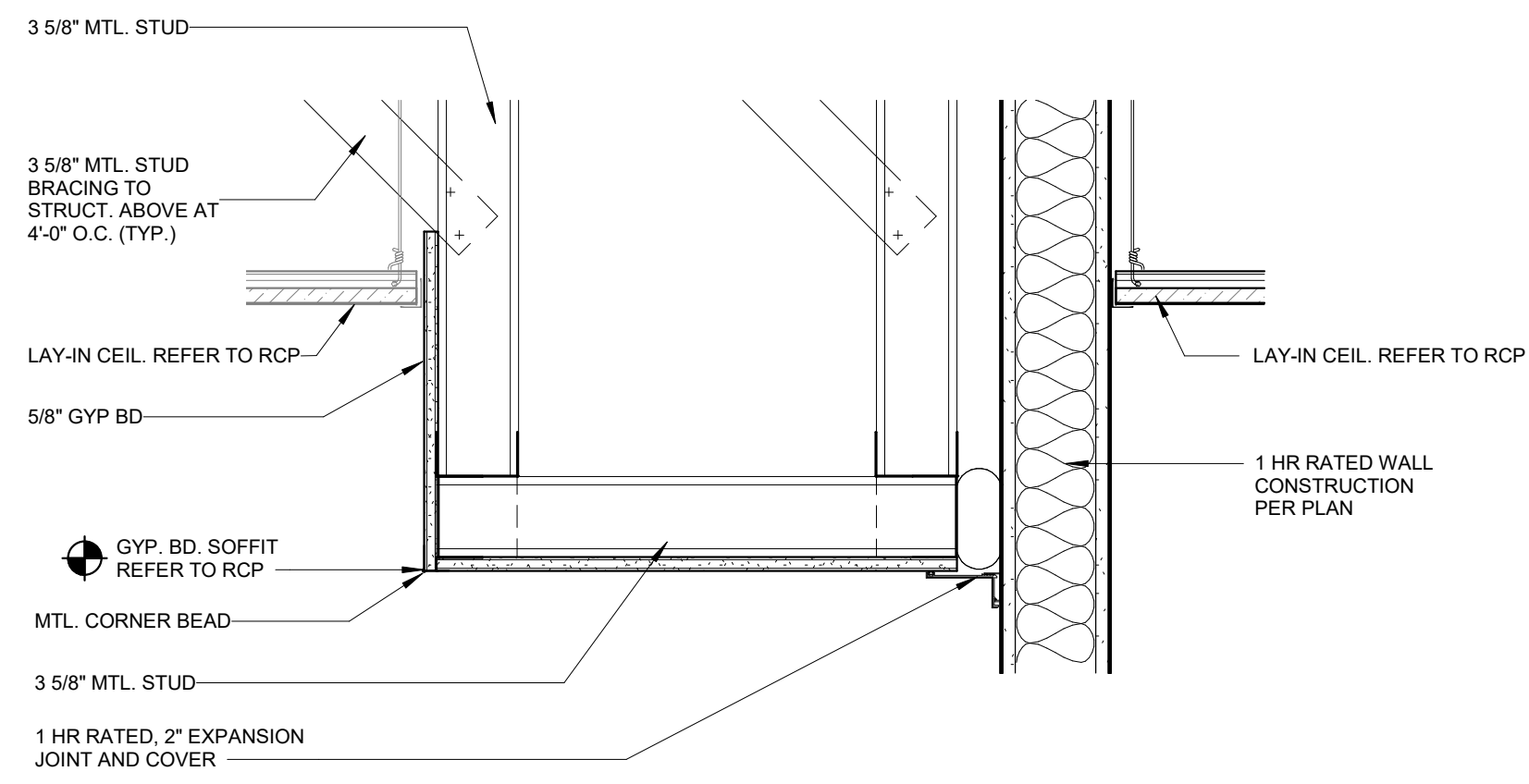
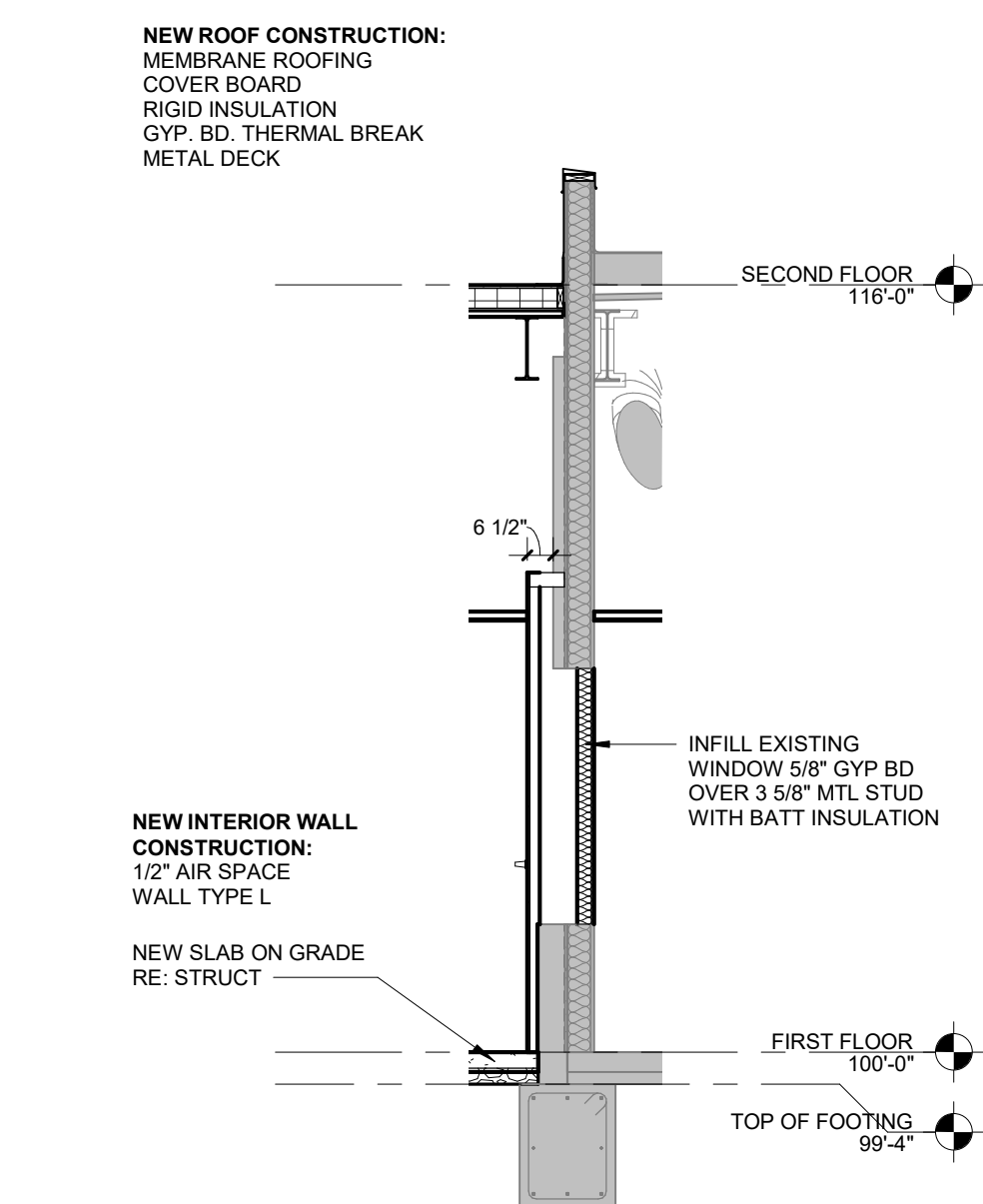
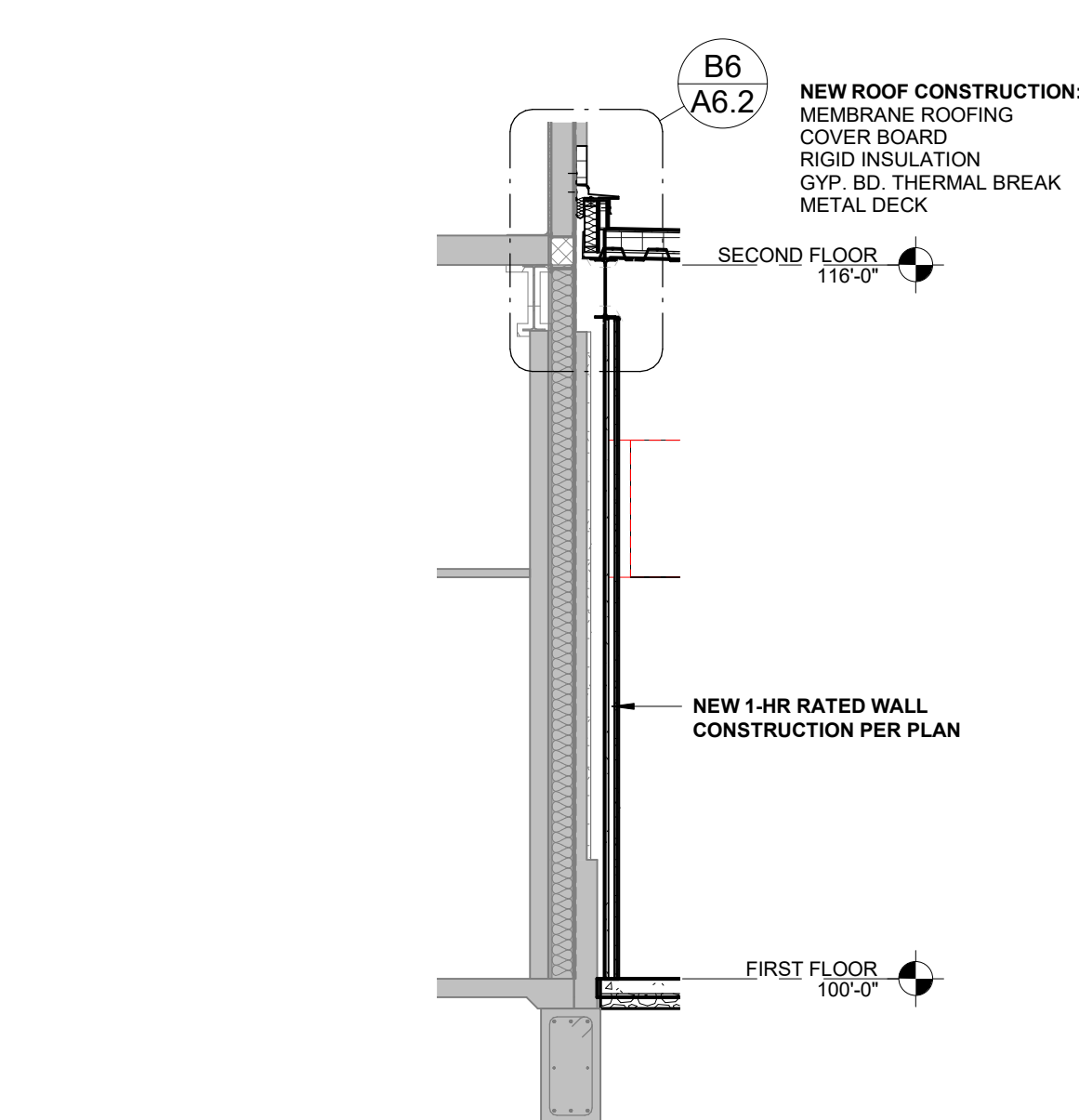
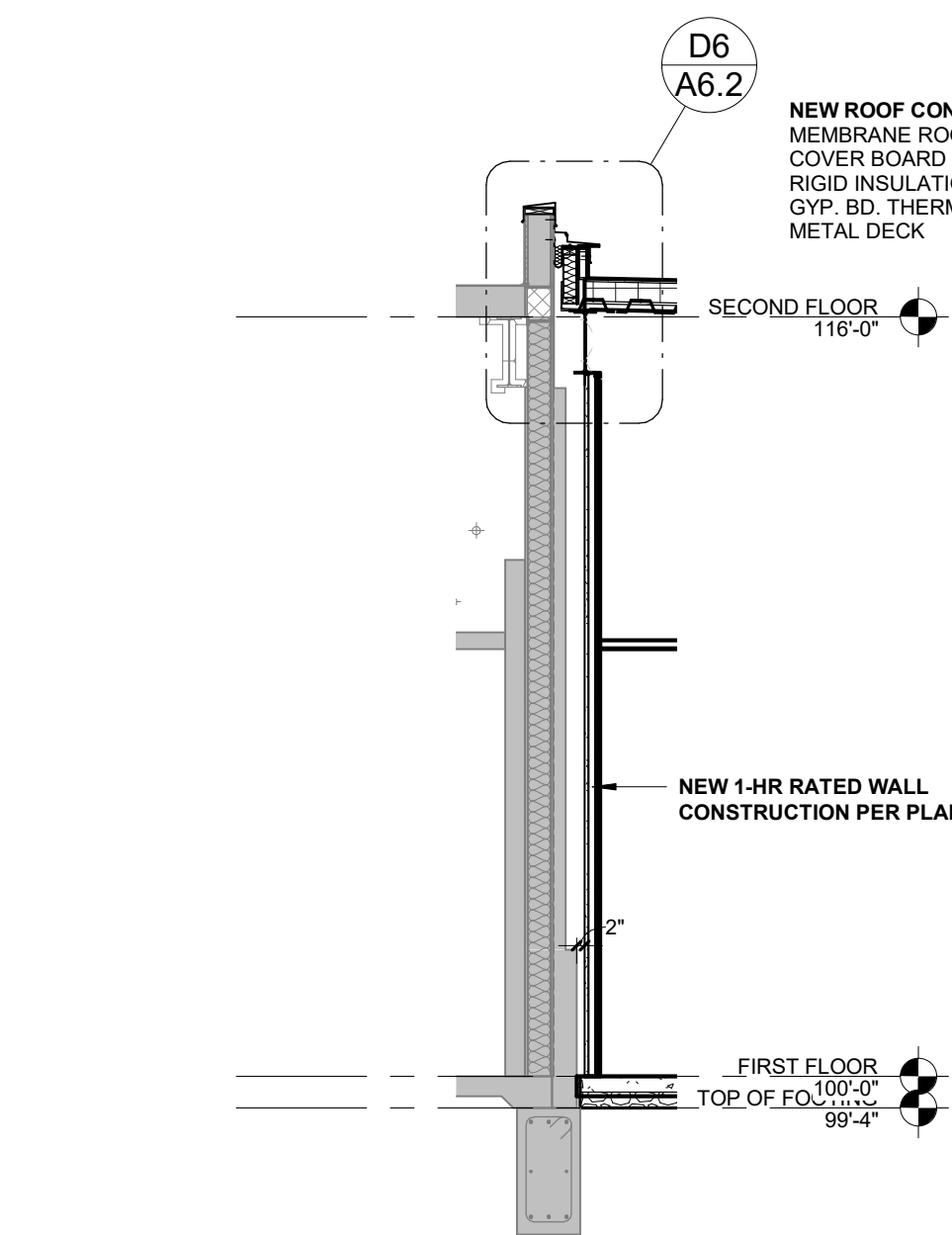
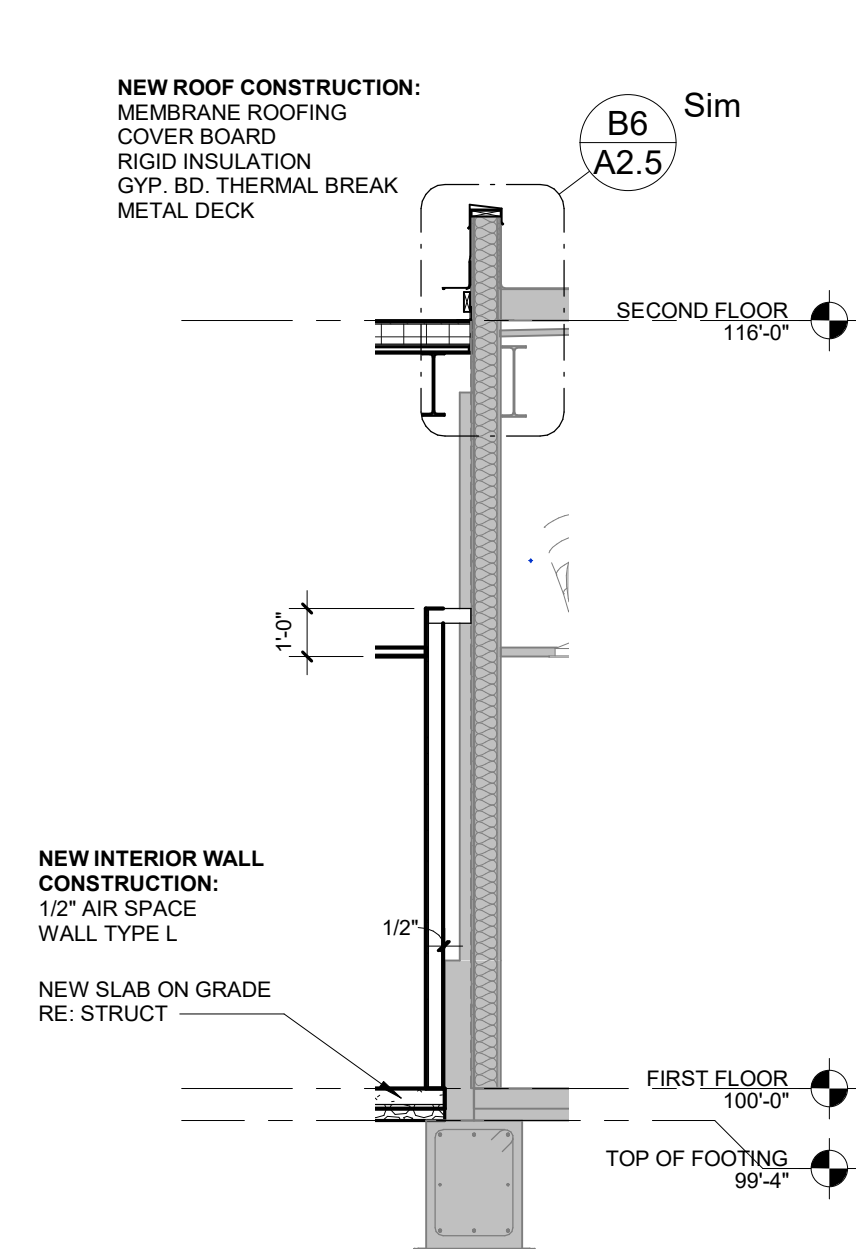
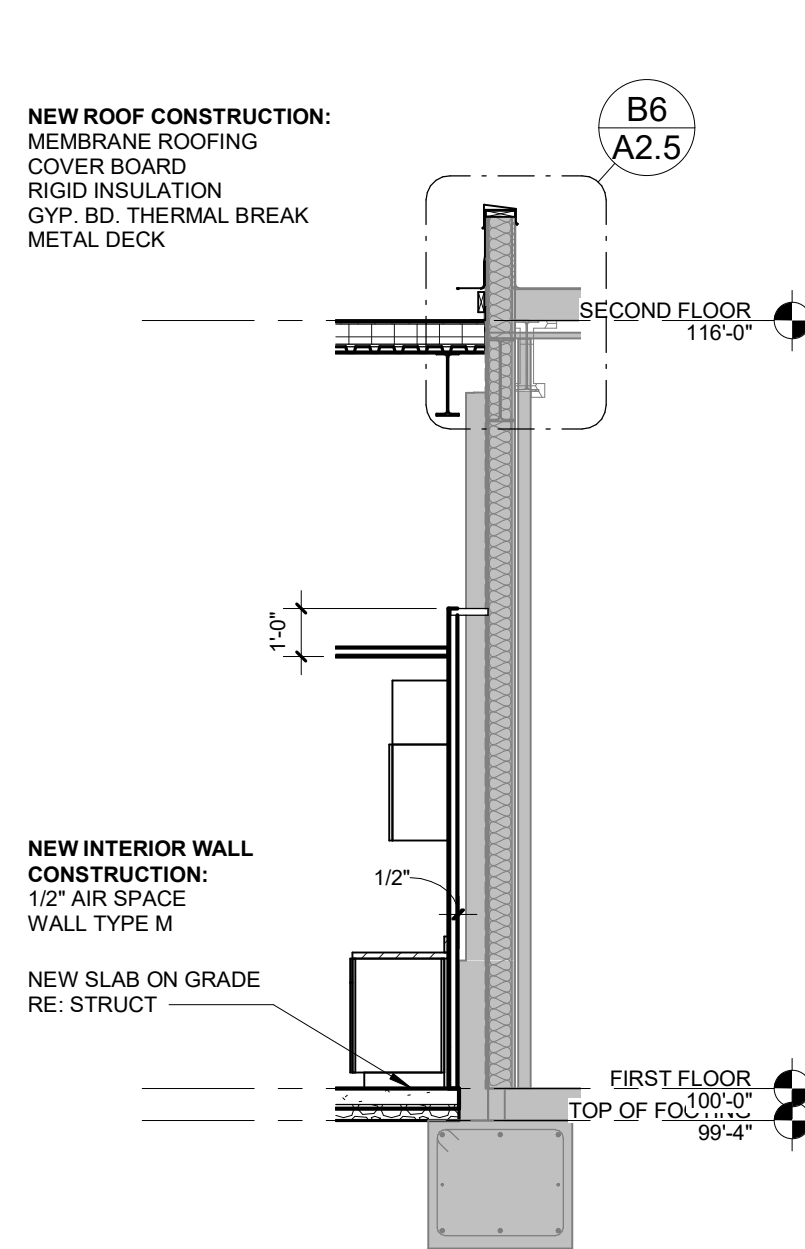
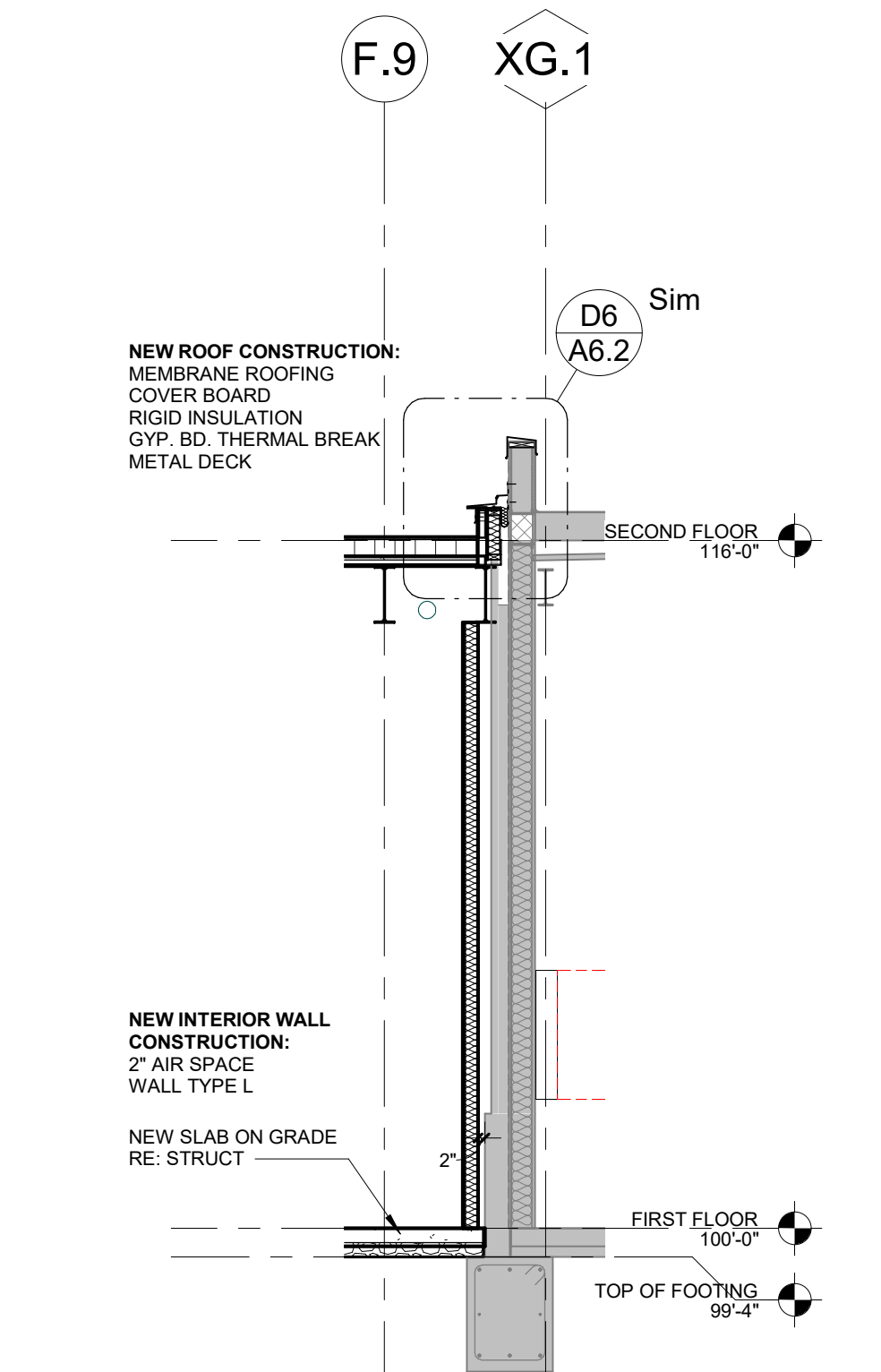
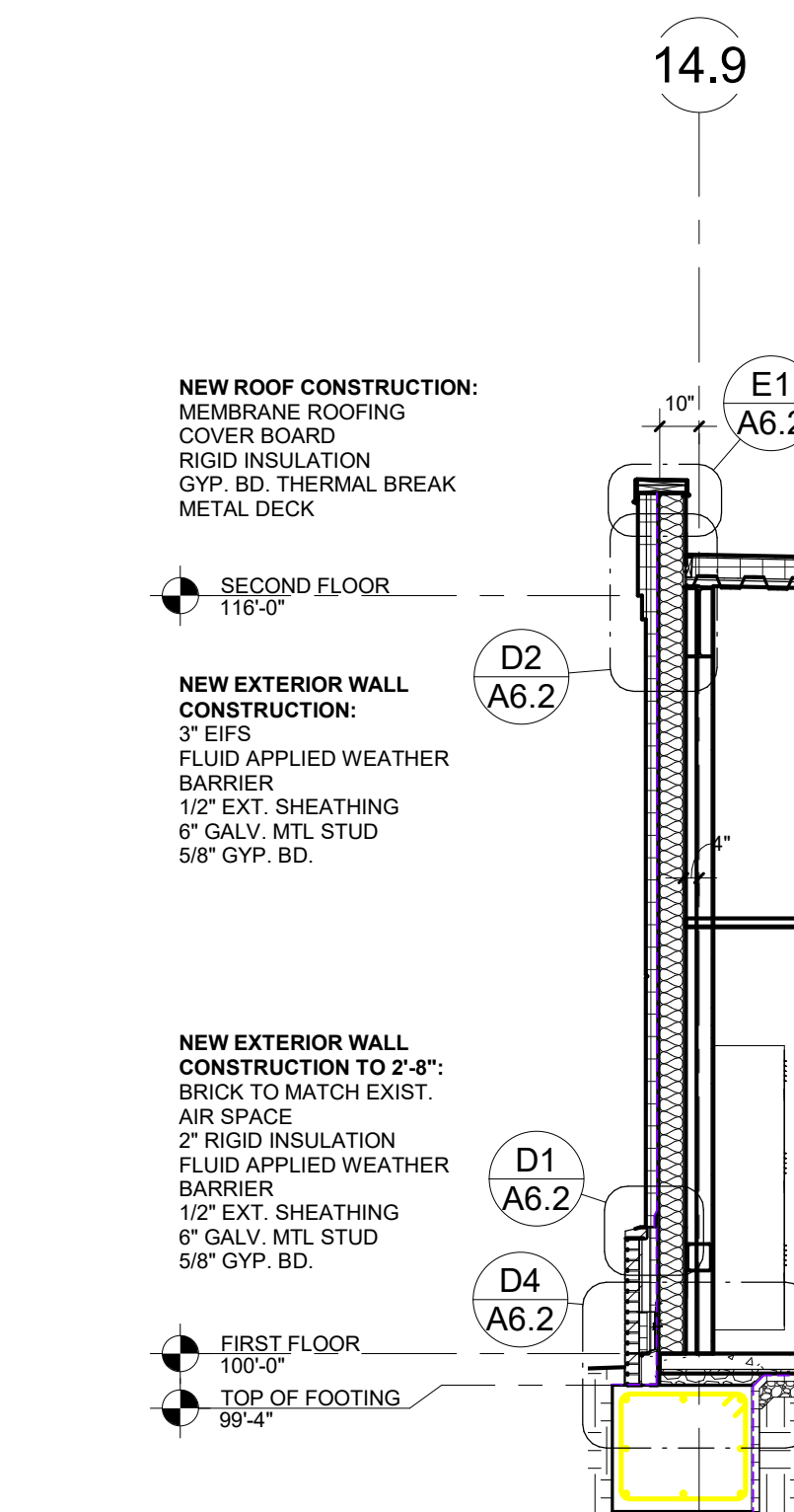
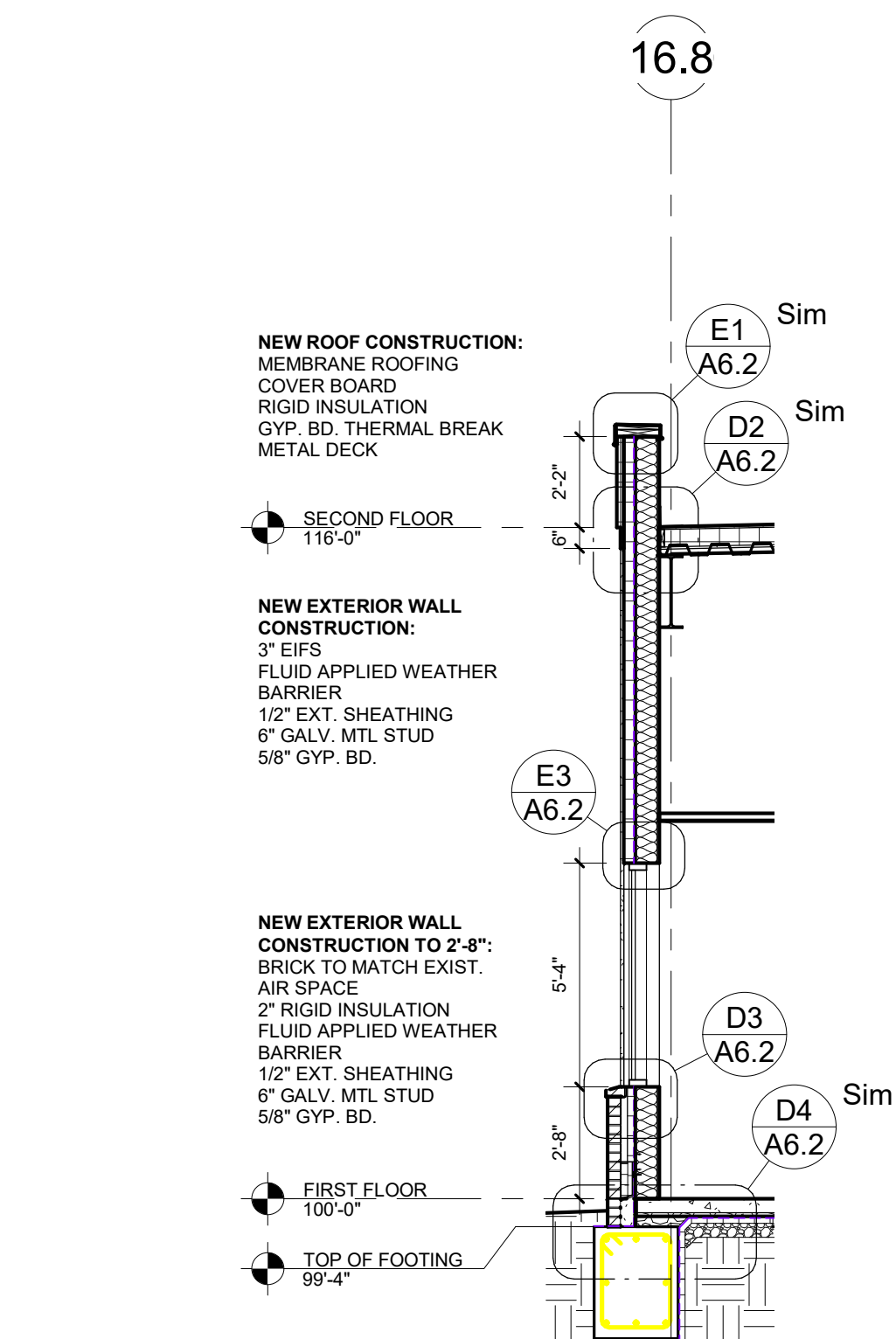
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Job Number 3-21112
Drawn By HG
Checked By Checker

Revision
Number Date Description
2 2/11/22 CITY COMMENTS
3 2/21/22 PERMIT COMMENTS

A0.2
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CODE FOOTPRINT PLAN

KEYNOTES - FLOOR PLAN	
NUMBER	COMMENTS
1	2" EXPANSION JOINT COVER. RE: ARCHITECTURE SPECIFICATIONS



**D6 DETAIL - ROOF/PARAPET EXPANSION JOINT**
1 1/2" = 1'-0"**D4 DETAIL - TYP BASE OF WALL**
1 1/2" = 1'-0"**E3 DETAIL - TYP WDW HEAD**
1 1/2" = 1'-0"**D3 DETAIL - TYP WDW SILL**
1 1/2" = 1'-0"**D2 DETAIL - TYP. ROOF**
1 1/2" = 1'-0"**E1 DETAIL - TYP. PARAPET**
1 1/2" = 1'-0"**D1 DETAIL - BRICK SILL**
1 1/2" = 1'-0"**B6 DETAIL - ROOF/WALL EXPANSION JOINT**
1 1/2" = 1'-0"**B4 DETAIL - SOFFIT EXPANSION JOINT**
1 1/2" = 1'-0"**B3 WALL SECTION - SHOWER**
1/4" = 1'-0"**B1 WALL SECTION - WEST EXPANSION JOINT**
1/4" = 1'-0"**A6 WALL SECTION - WEST EXPANSION JOINT 2**
1/4" = 1'-0"**A5 WALL SECTION - ABG SOUTH**
1/4" = 1'-0"**A4 WALL SECTION - ABG EAST**
1/4" = 1'-0"**A3 WALL SECTION - SOUTH EXPANSION JOINT**
1/4" = 1'-0"**A2 WALL SECTION - TYPICAL WALL**
1/4" = 1'-0"**A1 WALL SECTION - THRU WINDOW**
1/4" = 1'-0"Samuel K. Beckman - Architect
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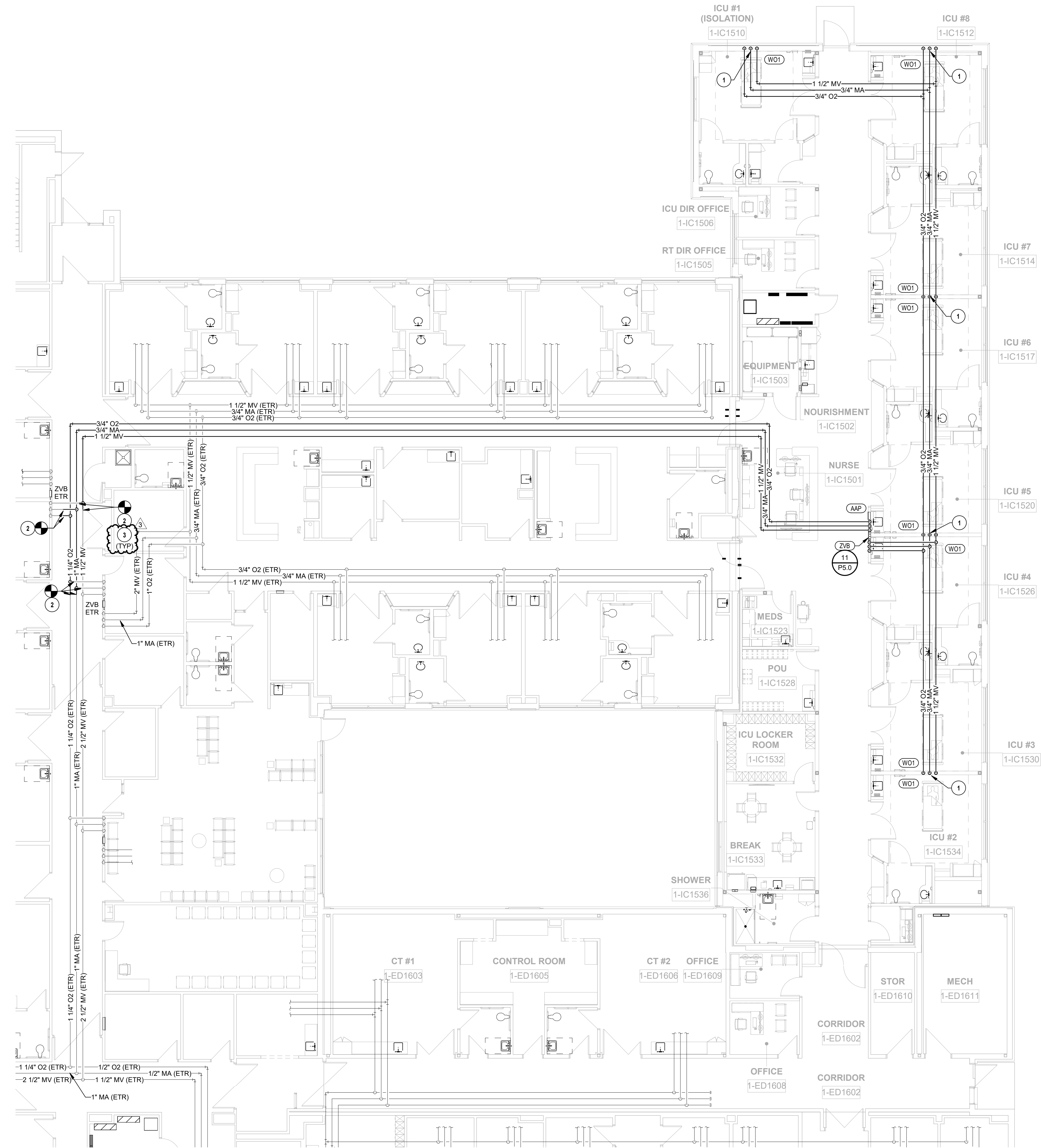
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ICU EXPANSION**
2100 SE BLUE PARKWAY
LEE'S SUMMIT, MISSOURI 64063Date 01/14/2022
Job Number 3-21112
Drawn By HG
Checked By CheckerRevision
Number Date Description
3 2/21/22 PERMIT COMMENTS**A6.2**
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WALL SECTIONS AND DETAILS



1 PLUMBING MEDICAL GAS FIRST FLOOR PLAN - ICU
1/8" = 1'-0"



- PLUMBING PLAN NOTES:**
- 1 3/4" MA, 3/4" O2, 1" MV DN
 - 2 COORDINATE MEDICAL GAS TIE-INS AND RECERTIFICATIONS WITH USER TO MINIMIZE DOWN TIME TO ABSOLUTE MINIMUM
 - 3 ALL EXISTING MEDICAL GAS PIPING THAT IS BREACHED DURING DEMOLITION PHASE OF WORK AND/OR RECONNECTED TO DURING NEW PHASE OF WORK SHALL BE RECERTIFIED BACK TO MAIN OR BRANCH VALVES AS REQUIRED BY NFPA 99. COORDINATE REQUIREMENTS WITH LOCAL INSPECTOR/CERTIFIER OF RECORD. REFER TO SPECIFICATIONS SECTION 228100 FOR MORE INFORMATION.

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PLUMBING MEDICAL GAS FIRST
FLOOR PLAN

