CITY OF PORTLAND, MAINE DEVELOPMENT REVIEW APPLICATION PLANNING DEPARTMENT PROCESSING FORM

0000141	
D. Number	

Mercy Hospital Applicant 144 State Street, Portland, ME 04101			7/12/00 Application Date Winter Street Project Name/Description
Applicant's Mailing Address SMRT		144 State St, Portland Maine	Project Name/Description
Consultant/Agent		Address of Proposed Site	
772-3846 772-107	0	045-C-006	
Applicant or Agent Daytime Telephone, Fax		Assessor's Reference: Chart-B	lock-Lot
Proposed Development (check all that apply) Office Retail Manufacturin	g Warehouse/Distribution	lding Addition ☐ Change Of U ☐ Parking Lot ☐ Other	se Residential r (specify) R6
2,300 sf Proposed Building square Feet or # of Units	99,597 sf Acreage of S	ite	Zoning
		······································	
Check Review Required:			
_	Subdivision # of lots	PAD Review	☐ 14-403 Streets Review
Flood Hazard	Shoreland	☐ HistoricPreservation	□ DEP Local Certification
Zoning Conditional Use (ZBA/PB)	Zoning Variance		Other
Fees Paid: Site Plan \$400.00	Subdivision	Engineer Revie	Date:
DRC Approval Status:		Reviewer Chris Earle	
	Approved w/Conditions see attache	☐ Denied	
Approval Date 8/3/00 A	oproval Expiration 8/3/01	Extension to	Additional Sheets
—	is Earle nature	8/3/00 date	Attached
Performance Guarantee	Required*	☐ Not Required	
* No building permit may be issued until a pe	erformance guarantee has been s	ubmitted as indicated below	
Performance Guarantee Accepted	date	amount	expiration date
☐ Inspection Fee Paid			
	date	amount	
Building Permit			
	date		
Performance Guarantee Reduced			<u></u>
	date	remaining balance	signature
Temporary Certificate Of Occupancy		Conditions (See Attached)	
	date		
Final Inspection			
Certificate Of Occupancy	date	signature	
Performance Guarantee Released	date		
	date	signature	
Defect Guarantee Submitted	submitted date	amount	expiration date
Defect Guarantee Released	date	signature	одримон чено

20000141

7/12/00

CITY OF PORTLAND, MAINE DEVELOPMENT REVIEW APPLICATION PLANNING DEPARTMENT PROCESSING FORM **ADDENDUM**

Mercy Hospital

I. D. Number

		Application Date
		Winter Street
		Project Name/Description
		144 State St, Portland Maine
Consultant/Agent		Address of Proposed Site
772-3846	772-1070	045-C-006
Applicant or Agent Day	time Telephone, Fax	Assessor's Reference: Chart-Block-Lot
	DE	RC Conditions for Approval
	site plan review condition of approval s	
All damage to sidew	ralk, curb, street, or public utilities shall t	pe repaired to City of Portland
Standards prior to issua	ance of a Certificate of Occupancy.	
Two (2) City of Portl	and approved species and size trees m	ust be planted on your street
frontage prior to issuan	ce of a Certificate of Occupancy.	
The Development R	teview Coordinator (874-8300 ext 8722)	must be notified five (5)
	ate required for final site inspection. Ple	
completion of site plan	requirements determined to be incomple	ete or defective during the
inspection. This is esse	ential as all site plan requirements must	be completed and approved by
the Development Revie	ew Coordinator prior to issuance of a Ce	rtificate of Occupancy.
Please schedule any pr	roperty closing with these requirements	in mind.
	ections: water, sanitary sewer, storm d	
A street opening pe	rmit(s) is required for your site. Please	contact Carol Merritt at 874-8300,
	rators licensed by the City of Portland ar	
	mation for sewer and stormwater servic	
to Parks and Public Wo	orks Engineering Section (55 Portland S	treet) and approved prior to
issuance of a Certificat		
	all be submitted to and approved by Dev	
	ation (FEE), sill elevation (SE), finish str	
	roposed contours, drainage patterns an	
grades at or near abutt	ling property lines, erosion control devic	es and locations and outlets
for the drainage from the		
	Review Coordinator reserves the right to	
	ovements as necessary due to field con-	ditions.
, ,	ponsible to minimize the tracking	
	city streets. Applicant is responsible to	o cleanup any mud or
debris tracked onto city	y street.	

CITY OF PORTLAND, MAINE DEVELOPMENT REVIEW APPLICATION PLANNING DEPARTMENT PROCESSING FORM

20000141		
I. D. Number		

Mercy Hospital			7/12/00
Applicant			Application Date
144 State Street, Portland, ME 04101			Winter Street
Applicant's Mailing Address			Project Name/Description
SMRT		144 State St, Portland Maine	
Consultant/Agent		Address of Proposed Site	
772-3846 772-107	0	045-C-006	and the second second
Applicant or Agent Daytime Telephone, Fax		Assessor's Reference: Chart-Blo	ock-Lot
Proposed Development (check all that apply):	☐ New Building ☐ Build	ding Addition D Change Of U	se 🗆 Residential
☑ Office ☐ Retail ☐ Manufacturin			r (specify)
2,300 sf	99,597 sf		R6
Proposed Building square Feet or # of Units	Acreage of Sit	e	Zoning
			Will Warran
Check Review Required:			
⊠ Site Plan □	Subdivision	☐ PAD Review	☐ 14-403 Streets Review
(major/minor)	# of lots		
25 25 25 25 25 25 25 25 25 25 25 25 25 2		П	D DED : 10-455
☐ Flood Hazard ☐	Shoreland	☐ HistoricPreservation	☐ DEP Local Certification
☐ Zoning Conditional ☐	Zoning Variance		Other ·
Use (ZBA/PB)			-
	D. Mariana	Engineer Review	Date: 7/12/00
Fees Paid: Site Plan \$400.00	Subdivision	Engineer Review	The Tribut
	1	Reviewer / Anno	Tarl
DRC Approval Status:			0
□ Approved .Kū	Approved w/Conditions	☐ Denied	
0/1/	see attached		
Approval Date 0/3/60	Approval Expiration	Extension to	☐ Additional Sheets
	-		Attached
☐ Condition Compliance	gnature da	40	
SI	gnature da	ille	
Performance Guarantee	Required*	☐ Not Required	5
* No building permit may be issued until a per	formance guarantee has been subm	nitted as indicated below	
538	erde deue voerde verde eeld in 😎 1990 in die slade bij die besteel van die		
☐ Performance Guarantee Accepted	date	amount	expiration date
	date	amount	expiration date
☐ Inspection Fee Paid			·
	date	amount	
☐ Building Permit			
— Building Critic	date		
No.			
☐ Performance Guarantee Reduced			-landous
	date	remaining balance	signature
☐ Temporary Certificate Of Occupancy		☐ Conditions (See Attached)	
The second secon	date		
П			
☐ Final Inspection	deta	signature	
П саниталь Об Орогия	date	Signature	
☐ Certificate Of Occupancy	date		
☐ Performance Guarantee Released	uale		
- Performance Guarantee Released	date	signature	5577
☐ Defect Guarantee Submitted	MINTO	2.3	
	submitted date	amount	ovairation data

CITY OF PORTLAND, MAINE SITE PLAN REVIEW (ADDENDUM) CONDITIONS OF APPROVAL

APPLICANT	: Mercy Hospital
ADDRESS:	144 State St fortland, Me 04/01
SITE ADDRI	ESS/LOCATION: 144 State St
DATE:	8/3/00
only and does completely fir adjacent or do foundation ele	
CONDI	TIONS CHECKED OFF BELOW WILL BE ENFORCED FOR YOUR SITE PLAN
ı. <u>X</u>	All damage to sidewalk, curb, street, or public utilities shall be repaired to City of Portland Standards prior to issuance of a Certificate of Occupancy.
2.	Two (2) City of Portland approved species and size trees must be planted on your street frontage prior to issuance of a Certificate of Occupancy.
3	Your new street address is now, the number must be displayed on the street frontage of your house prior to issuance of Certificate of Occupancy.
4. <u>X</u>	The Development Review Coordinator (874-8300 ext. 8722) must be notified five (5) working days prior to date required for final site inspection. <u>Please</u> make allowances for completion of site plan requirements determined to be incomplete or defective during the inspection. This is essential as all site plan requirements must be completed and approved by the Development Review Coordinator prior to issuance of a Certificate of Occupancy. <u>Please</u> schedule any property closing with these requirements in mind.
s. <u>X</u>	Show all utility connections: water, sanitary sewer, storm drain, electric, telephone, cable.
5	A sewer permit is required for your project. Please contact Carol Merritt at 874-8300, ext. 8828. The Wastewater and Drainage section of Public Works must be notified five (5) working days prior to sewer connection to schedule an inspector for your site.
. <u>X</u>	A street opening permit(s) is required for your site. Please contact Carol Merritt at 874-8300, ext. 8828. (Only excavators licensed by the City of Portland are eligible.)

8	As-built record information for sewer and stormwater service connections must be submitted to Parks and Public Works Engineering Section (55 Portland Street) and approved prior to issuance of a Certificate of Occupancy.
9	The building contractor shall check the subdivision recording plat for pre-determined first floor elevation and establish the first floor elevation (FFE) and sill elevation (SE) to be set above the finish street/curb elevation to allow for positive drainage away from entire footprint of building.
10	The site contractor shall establish finish grades at the building foundation, bulkhead and basement windows to be in conformance with the first floor elevation (FFE) and sill elevation (SE) set by the building contractor to provide for positive drainage away from entire footprint of building.
11	A drainage plan shall be submitted to and approved by Development Review Coordinator showing first floor elevation (FEE), sill elevation (SE), finish street/curb elevation, lot grading, existing and proposed contours, drainage patterns and paths, drainage swales, grades at or near abutting property lines, erosion control devices and locations and outlets for the drainage from the property.
12	The Development Review Coordinator reserves the right to require additional lot grading or other drainage improvements as necessary due to field conditions.
13. <u>X</u>	The applicant is responsible to minimize the tracking of mud + debris onto city streets opplicant is responsible to chamup any mud or debris traded onto city streets

Katherine Staples, P.E., City Engineer

cc:

CITY OF PORTLAND, MAINE SITE PLAN REVIEW (ADDENDUM) CONDITIONS OF APPROVAL

APPLICANT	: Mercy Hospital
ADDRESS:_	144 State St fortland, Me 04/01
SITE ADDRE	ESS/LOCATION: 144 State St
DATE:	9/3/00
completely fin	Development Review Coordinator is for General Conformance with ordinances and standards not relieve the applicant, his contractors or agents from the responsibility to provide a ished site, including but not limited to: increasing or concentrating of all surface runoff onto wastream properties, issues regarding vehicle sight distance, location of public utilities and vations.
CONDIT	TIONS CHECKED OFF BELOW WILL BE ENFORCED FOR YOUR SITE PLAN
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Katherine Staples, P.E., City Engineer

cc: