

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 144 State Street		Owner: Mercy Hospital		Phone: 879-3985		Permit No: 010163	
Owner Address: Mercy Hospital, 144 State Street		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: **Lodgewood Inc.		Address: ** 27 Main Street, So. Portland, 04106		Phone: 767-1866		Permit Issued: MAR - 8 2001	
Past Use: Commercial / Hospital		Proposed Use: Commercial / Hospital		COST OF WORK: \$ 805,265.00		PERMIT FEE: \$ 4,860.00	
Proposed Project Description: New building attached to existing for two special procedure rooms		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: F2 Type: 1B 00C199		Zone: R-70 CBL: 045-C-007	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> Imm <input type="checkbox"/>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Permit Taken By: Gayle		Date Applied For: February 23, 2001		Historic Preservation: <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review		Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application. This authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, I certify that the code official's authorized representative shall have the authority to enter all to enforce the provisions of the code(s) applicable to such permit

780-7925
780-7925
Lodgewood Inc
Mercy



ADDRESS: _____ DATE: **February 26, 2001** PHONE: _____

TITLE: _____ PHONE: _____

PERMIT ISSUED WITH REQUIREMENTS
CD DISTRICT
[Signature]

COMMENTS

- 19 MAR 2001 Check Footing & Foundation OK. Ⓢ
- 20 APRIL 2001 boss on vacation - Check site Today cmu walls up - Roof covered - doing exterior brick work. Ⓢ
- 23 APRIL 2001 - Check project with Supt. M. Doughty, work being done as per plans. Ⓢ
- 22 APRIL 2001 - Exterior brick work - interior partitions etc - Plbg spoke to Supt, about starting work to early. Ⓢ
- 3 MAY 2001 LT. McDougall & I inspected OR #8 & scrubroom Temp. Conf. Ⓢ
- 8 MAY 2001 Inspected area work going well - Fire proofing steel. Ⓢ
- 16 MAY 2001 - Work going as per plans - Talked with Supt - Doughty regarding Fire proofing and the problem they were having with Fire proofing sticking to steel due to the moisture - they have dehumidifiers in area. Ⓢ
- 25 MAY 2001 - work going as per plans. Ⓢ
- 11 June 2001 - Inspected ceiling with LT McDougall. For flooding. Ⓢ
- 19 June 2001 & Cofo walk through - with LT McDougall - OK For Cofo. Ⓢ
- 2 Aug. 2001 - DAC OK Cofo. Ⓢ

CBL# 045.C.007

permit# 010163

Inspection Record		Date
Type		
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

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Location of Construction: 144 State Street		Owner: Mercy Hospital		Phone: 879-3574		Permit No: 010141
Owner Address: 144 State Street, Portland, ME 04101-3795		Lessee/Buyer's Name:		Business Name:		
Contractor Name: Ledgewood Inc.		Address: 27 Main Street, So. Portland, ME 04106		Phone: 767-1866		Permit Issued: FEB 26 2001
Past Use: Commercial / Hospital		Proposed Use: Commercial / Hospital		COST OF WORK: \$ 252,000.00 FIRE DEPT. <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: _____ PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		
Proposed Project Description: Interior & structural renovations to add medical space operating room #8				PERMIT FEE: \$ 1,536.00 INSPECTION: Use Group: P-2 Type: B Signature: <i>[Signature]</i>		Zoning Approval: Zoning: 2-6 CBL: 045-C-007 Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm
Permit Taken By: Gayle		Date Applied For: February 5, 2001		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Historic Preservation: <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <i>[Signature]</i> <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: _____		

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2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

*** Call Becky Knox @ 767-1866

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, I certify that the code official's authorized representative shall have the authority to enter all enforce the provisions of the code(s) applicable to such permit

February 21, 2001

ADDRESS: _____ DATE: _____ PHONE: _____

LE _____ PHONE: _____

**THERIAULT/
LANDMANN
& ASSOCIATES**
Clyde S. Blackwell, R.A.
Senior Architect

118 Congress St., Portland, ME 04101
Tel: (207) 842-6260; Fax: (207) 842-6271
1-800-232-2253

Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED WITH REQUIREMENTS
CEQ DISTRICT **3**

COMMENTS

3/MAY/2001/Cofo - Inspection was done throughout construction by myself
& Lt. McDougall - Inspections after I received permits are on permit # U10163
Addition - ~~Safe~~

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____



Certificate of Occupancy

LOCATION 1274 Congress St. CBL# 190-G-008

Issued to Swan Island, LLC

Date of Issue June 8, 2001

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 001318, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Medical Offices

Use Group B

Type 5B

Boca 99

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



Certificate of Occupancy

LOCATION 144 State St. CBL# 045-C-007

Issued to Mercy Hospital

Date of Issue 20, June 2001

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 010163, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

New Addition

APPROVED OCCUPANCY

Use Group I-2

Type of Const. 1B

Boca 1999

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

06/21/01
114/101