

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING INSPECTION PERMIT

**PERMIT ISSUED**  
Permit Number: 060513  
MAY 5 2006  
CITY OF PORTLAND

This is to certify that KEY LLC / Hebert Construction LLC  
has permission to Tenant fit-up w/ 3 bathroom and 1 elevator on 2nd floor  
AT 959 CONGRESS ST 065 A015001

provided that the person or persons who apply for or accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procured before this building or part thereof is occupied or closed-in. 4 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. Craig Chase 4-28-06  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Signature]*  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

# City of Portland, Maine - Building or Use Permit Application

389 Congress Street. 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-0513	Issue Date: <b>PERMIT ISSUED</b>	CBL: 065 A015001
-----------------------	-------------------------------------	---------------------

<b>Location of Construction:</b> 959 CONGRESS ST	<b>Owner Name:</b> KEY LLC	<b>Owner Address:</b> 50 PORTLAND PIER STE 400 2008	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Hebert Construction LLC	<b>Contractor Address:</b> 9 Gould Rd. Lewiston	<b>Phone:</b> 207783 091
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	<b>zone:</b> B2
<b>Past Use:</b> Commercial	<b>Proposed Use:</b> Commercial tenant fit-up w/ 3 bathrooms and 1 elevator on 2nd floor - <i>Mercy-Dickson</i>	<b>Permit Fee:</b> \$2,958.00	<b>Cost of Work:</b> \$318,000.00
<b>Proposed Project Description:</b> Tenant fit-up w/ 3 bathrooms and 1 elevator on 2nd floor		<b>CEO District:</b> 2	<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>Craig Cass</i>
		<b>INSPECTION:</b> Use Group: <i>B</i> Type: <i>30</i> <i>5/5/06</i> <i>[Signature]</i>	<b>Signature:</b> <i>[Signature]</i>
		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 04/18/2006 <i>4/18/06</i>	<b>Zoning Approval</b>
------------------------------------	---	------------------------

<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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 <input type="checkbox"/> <i>or w/conditions</i> Date: <i>4/25/06</i> <i>ABN</i>	<b>Zoning Appeal</b> <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 Date: _____	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>ABN</i> Date: _____
---	---	---	--

## 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 as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 06-0513	<b>Date Applied For:</b> 04/10/2006	<b>CBL:</b> 065 A015001
------------------------------	--	----------------------------

<b>Location of Construction:</b> 959 CONGRESS ST	<b>Owner Name:</b> KEY LLC	<b>Owner Address:</b> 50 PORTLAND PIER STE 400	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Hebert Construction LLC	<b>Contractor Address:</b> 9 Gould Rd. Lewiston	<b>Phone</b> (207) 783-2091
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Commercial tenant fit-up w/ 3 bathrooms and 1 elevator on 2nd floor	<b>Proposed Project Description:</b> Tenant fit-up w/ 3 bathrooms and 1 elevator on 2nd floor
---	--

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 04/28/2006  
**Note:** Needs eleven spaces for parking - 15 designated of 35 spaces.      **Ok to Issue:**   
 First floor - HRH Insurance  
 second floor - doctor's offices

1) Separate permits shall be required for any new signage.  
 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Mike Nugent      **Approval Date:** 05/05/2006  
**Note:**      **Ok to Issue:**   
 1) Stamped Fire escape plans complying with NFPA and IBC and HVAC plans must be submitted and approved prior to installation.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Cptn Greg Cass      **Approval Date:** 04/28/2006  
**Note:**      **Ok to Issue:**   
 1) Use is to remain as business occupancy only.  
 All building construction shall comply with NFPA 101

**Comments:**  
 4/27/2006-amachado: Need plot plan showing parking & lease agreement or letter of permission  
 4/28/2006-mjn: need structurals for New stairs/ Elevator shaft etc, also fire escape.....Spoke with GC and Greg Shindberg



# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Total Square Footage of Proposed Structure <b>8,565</b>		Square Footage of Lot <b>18 1/49</b>	
Tax Assessor's Chart, Block & Lot Chart# <b>65</b> Block# <b>A</b> Lot# <b>15</b>		Owner: <b>KEY LLC</b> <b>50 PORTLAND PIER</b> <b>SUITE 400 PORTLAND ME 04101</b>	Telephone: <b>207 828</b> <b>1080</b>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <b>KEY, LLC</b> <b>50 PORTLAND PIER</b> <b>SUITE 400</b> <b>PORTLAND ME 04101</b>		Cost Of Work \$ <b>318,000</b> Fee: \$ <b>2,958</b> C of O Fee: \$ <b>75</b>
Current Specific use: <b>CURRENT 2 STORY BUILDING; 2ND FLOOR UNFINISHED</b>			
Proposed Specific use: <b>MEDICAL OFFICE</b>			
Project description: <b>ADD 1 NEW STAIRCASE; 1 ELEVATOR; 1 NEW ENTRY ON NORTH SIDE; ADD 3 BATHROOMS &amp; SEVERAL INTERIOR PARTITIONS @ 2ND FLOOR</b>			
Contractor's name, address & telephone: <b>HERVEY CONSTRUCTION, GOULD RD LEWISTON ME 783 2091</b>			
Who should we contact when the permit is ready: <b>GREG SHINDBERG, SHINDBERG CONSULTING, LLC</b>			
Mailing address: <b>477 CONGRESS ST 5th FLOOR PORTLAND ME 04101</b> Phone: <b>653 7510</b>			

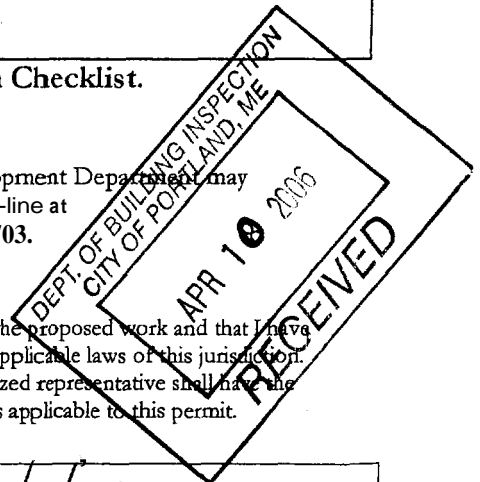
Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections 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 of applicant:	Date: <b>4/7/06</b>
-------------------------	---------------------

This is not a permit; you may not commence ANY work until the permit is issued.



1#



CITY OF PORTLAND  
BUILDING CODE CERTIFICATE  
389 Congress St., Room 315  
Portland, Maine 04 101

TO: Inspector of Buildings City of Portland, Maine  
Department of Planning & Urban Development  
Division of Housing & Community Service

FROM: TFH Architects

RE: Certificate of Design

DATE: 04/10/06

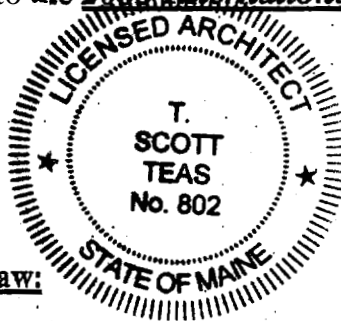
These plans and/ or specifications covering construction work on:

959 Congress street

Portland, Maine

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the 2003 International Building Code and local amendments.

(SEAL)



Signature: [Handwritten Signature]

Title: principal

Firm: TFH Architects

As per Maine State Law:

\$50,000.00 or more in new construction, repair expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.

Address: 100 Commercial Street  
Portland, Maine  
04101

FROM DESIGNER: FH Architects

DATE: 04/10/06

Job Name: Mercy Physician Practice

Address of Construction: 959 Congress Street Portland, ME

2003 Intern de

Construction project was designed according to the building code criteria listed below:

Building Code and Year 2003 IBC Use Group Classification(s) B

Type of Construction existing

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC no

Is the Structure mixed use? no if yes, separated or non separated (see Section 302.3)

Supervisory alarm system? no Geotechnical/Soils report required? (See Section 1802.2) no

<input type="checkbox"/>	STRUCTURAL DESIGN CALCULATIONS	<input type="checkbox"/>	Live load reduction (1603.1.1, 1607.9, 1607.10)
<input type="checkbox"/>	Submitted for all structural members (106.1, 106.1.1)	<input type="checkbox"/>	Roof live loads (1603.1.2, 1607.11)
<input type="checkbox"/>	DESIGN LOADS ON CONSTRUCTION DOCUMENTS (1603)	<input type="checkbox"/>	Roof snow loads (7603.7.3, 1608)
<input type="checkbox"/>	Uniformly distributed floor live loads (7603.11, 1607)	<input type="checkbox"/>	Ground snow load, $P_g$ (1608.2)
<input type="checkbox"/>	Floor Area Use	<input type="checkbox"/>	If $P_g > 10$ psf, flat-roof snow load, $P_f$ (1608.3)
<input type="checkbox"/>	Loads Shown	<input type="checkbox"/>	If $P_g > 10$ psf, snow exposure factor, $C_e$ (Table 1608.3.1)
<input type="checkbox"/>		<input type="checkbox"/>	If $P_g > 10$ psf, snow load importance factor, $I_s$ (Table 1604.5)
<input type="checkbox"/>		<input type="checkbox"/>	Roof thermal factor, $C_t$ (Table 1608.3.2)
<input type="checkbox"/>		<input type="checkbox"/>	Sloped roof snowload, $P_s$ (1608.4)
<input type="checkbox"/>	Wind loads (1603.1.4, 1609)	<input type="checkbox"/>	Seismic design category (1616.9)
<input type="checkbox"/>	Design option utilized (1609.1.1, 1609.6)	<input type="checkbox"/>	Basic seismic-force-resisting system (Table 1617.8.2)
<input type="checkbox"/>	Basic wind speed (1609.3)	<input type="checkbox"/>	Response modification coefficient, $R$ , and deflection amplification factor, $C_d$ (Table 1617.8.2)
<input type="checkbox"/>	Building category and wind importance factor, $I_w$ (Table 1604.6, 1609.5)	<input type="checkbox"/>	Analysis procedure (1616.8, 1617.5)
<input type="checkbox"/>	Wind exposure category (1609.4)	<input type="checkbox"/>	Design base shear (1617.4, 1617.5.1)
<input type="checkbox"/>	Internal pressure coefficient (ASCE 7)	<input type="checkbox"/>	Flood loads (1603.1.6, 1612)
<input type="checkbox"/>	Component and cladding pressures (1609.1.1, 1609.6.2.2)	<input type="checkbox"/>	Flood hazard area (1612.3)
<input type="checkbox"/>	Main force wind pressures (7603.1.1, 1609.6.2.1)	<input type="checkbox"/>	Elevation of structure
<input type="checkbox"/>	Earthquake design data (1603.1.5, 1614-1623)	<input type="checkbox"/>	Other Loads
<input type="checkbox"/>	Design option utilized (1614.1)	<input type="checkbox"/>	Concentrated loads (1607.4)
<input type="checkbox"/>	Seismic use group ("Category") (Table 1604.5, 1616.2)	<input type="checkbox"/>	Partition loads (1607.5)
<input type="checkbox"/>	Spectral response coefficients, $S_{DS}$ & $S_{D1}$ (1615.1)	<input type="checkbox"/>	Impact loads (1607.8)
<input type="checkbox"/>	Site class (1615.1.5)	<input type="checkbox"/>	Misc. loads (Table 1607.6, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



CITY OF PORTLAND  
BUILDING CODE CERTIFICATE  
389 Congress St., Room 315  
Portland, Maine 04101

ACCESSIBILITY CERTIFICATE

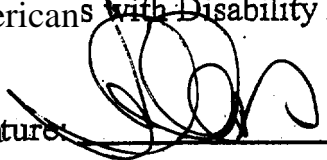
Designer: FFH Architects

Address of Project: 959 Congress Street Portland, Maine

Nature of Project: Business / medical office

\_\_\_\_\_  
\_\_\_\_\_

The technical submissions covering the proposed construction work as described above **have** been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act.

Signature: 

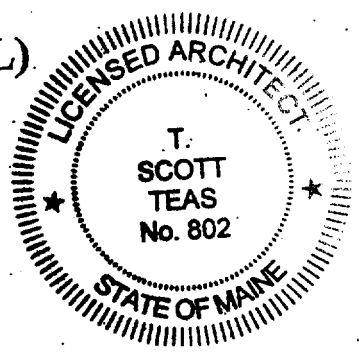
Title: Principal

Firm: FFH Architects

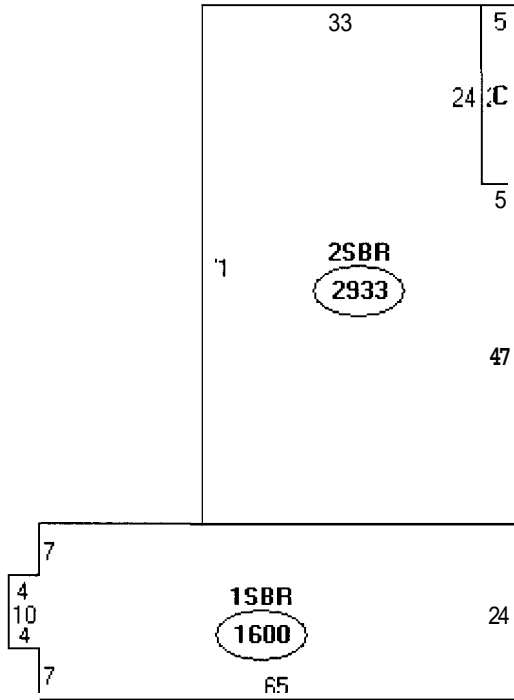
Address: 100 Commercial Street  
Portland, Me

Phone: 775-6141

(SEAL)



**NOTE:** If this project is a new Multi Family Structure of 4 units or more, this project must also be designed in compliance with the Federal Fair Housing Act. On a separate submission, please explain in narrative form the method of compliance.



Descriptor/Area

A: 2SBR  
2933 sqft

E: 1SBR  
1600sqft

C: 1SBR/OA5  
120 sqft

$$\begin{array}{r} 46 \\ 20 \\ \hline 66 \end{array}$$

$$\begin{array}{r} 46 \\ 25.5 \\ \hline \end{array}$$



# SHINBERG CONSULTING, LLC

477 Congress Street, 5<sup>th</sup> Floor

Portland, Maine 04101-3427

207 523 3410 Office

207 773 8597 Fax

207 653 7510 Cell

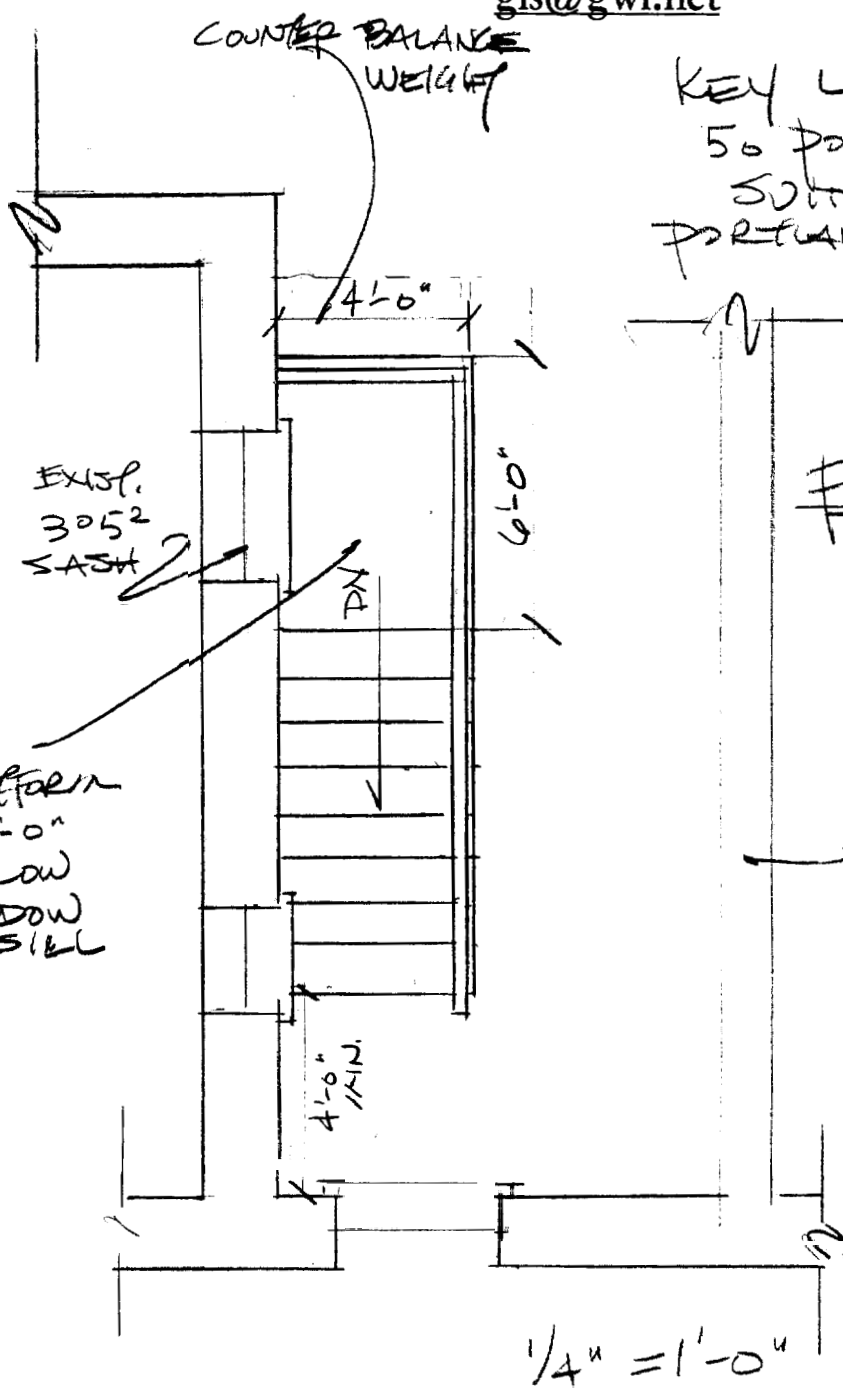
[glg@gwi.net](mailto:glg@gwi.net)

4/30/06

KEY LLC  
50 PORTLAND PIER  
SUITE 400  
PORTLAND ME 04101

SHP 1 OF 2

METAL  
FIRE ESCAPE  
DETAIL



# SHINBERG CONSULTING, LLC

477 Congress Street, 5<sup>th</sup> Floor  
Portland, Maine 04101-3427

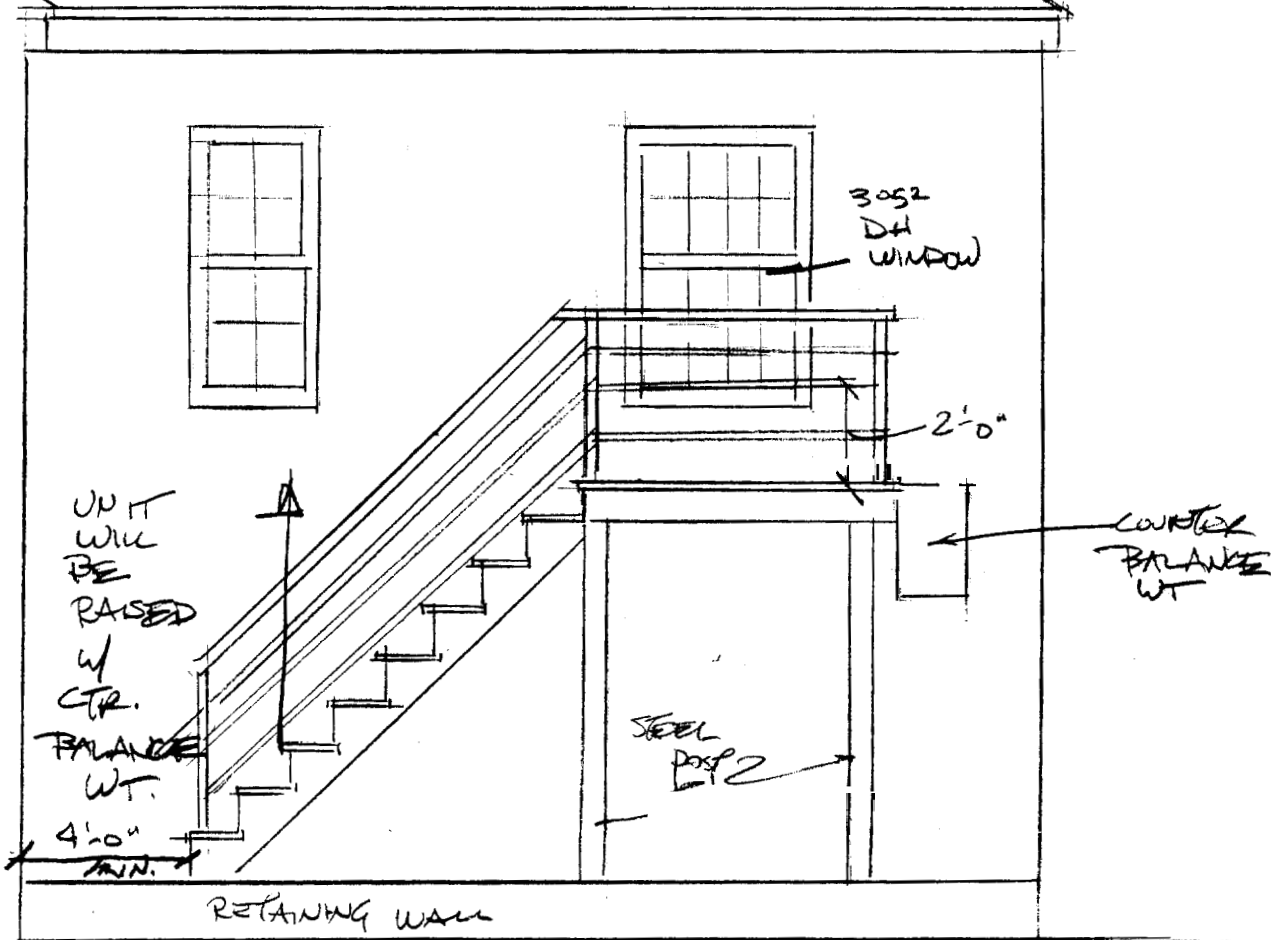
207 523 3410 Office  
207 773 8597 Fax  
207 653 7510 Cell  
[gl@ghi.net](mailto:gl@ghi.net)

4/30/06

KEY LLC  
50 PORTLAND PIER  
SUITE 400  
PORTLAND ME 0410

SAP 20F2

METAL FIRE ESCAPE



ELEVATION 1/4" = 1'-0"

## Transmittal


**TO:** Hebert Construction Corp.

**ATTN:** Tim Hebert  
**DATE:** 5/3/06  
**PROJECT:** 59 Congress St.  
**PROJECT No:** 1520

<hr/>		
<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Under separate cover via:	
<hr/>		
<input type="checkbox"/> For Approval <input checked="" type="checkbox"/> For Your Use <input type="checkbox"/> For Review & Comment	<input type="checkbox"/> Reviewed <input type="checkbox"/> For Signature <input type="checkbox"/> Returned for Corrections <input type="checkbox"/> Other:	
<hr/>		
<input checked="" type="checkbox"/> Prints <input type="checkbox"/> Mylars <input type="checkbox"/> Sepias	<input type="checkbox"/> Specifications <input type="checkbox"/> Calculations <input type="checkbox"/> Letter	<input type="checkbox"/> Bond Reproducibles <input type="checkbox"/> Shop Drawings <input type="checkbox"/> Other:

Copies	Date	Description
1	5/3/06	Elevator Penetration Plans

**Comments:**

**Signed:**   
 Daniel S. Burne, P.E.



## KEY, LLC

50 Portland Pier, Suite 400, Portland, ME 04101

Phone: (800) 347-1080 • (207) 828-1080 • Fax: (207) 828-1048

---

April 27, 2006

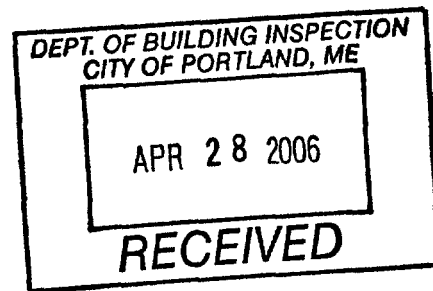
City of Portland  
Attn: Michael Nugent  
Congress Street  
Portland, ME 04101

RE: Building Permit @ 959 Congress Street

Dear Mr. Nugent:

On behalf of Key LLC, please be advised that Fore River Urology, a division of Mercy Hospital will be the tenant on the second floor of our property located at **959** Congress Street, Portland, ME.

If you have any questions please don't hesitate to call.



Sincerely,

Theodore West, Owner