

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

Permit Number: 061802

PERMIT

PERMIT ISSUED

MAR 8 2007

This is to certify that LANDMARCK HEALTHCARE FACILITIES/Ledgewood Construct
has permission to New 4 Story Medical Office Building V see #07-00 for foundation only
AT 50 ST JOHN ST C 073 A001001

provided that the person or persons firm or corporation accepting 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 proceed before this building or part thereof is started or service closed-in 24 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

*Scanned again
3/15/07*

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

Permit No: 06-1802	Issue Date:	CBL: 073 A001001
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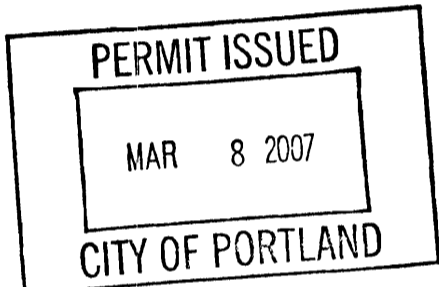
Location of Construction: 50 ST JOHN ST	Owner Name: LANDMARCK HEALTHCARE F	Owner Address: 839 N. JEFFERSON ST SUITE 200	Phone:
Business Name:	Contractor Name: Ledgewood Construction	Contractor Address: 27 Maine St. So. Portland	Phone: 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: C-26

Past Use: Vacant Land	Proposed Use: Medical Office Building - New 4 Story Medical Office Building Vanilla Box	Permit Fee: \$68,095.00	Cost of Work: \$6,800,000.00	CEO District: 3
Proposed Project Description: New 4 Story Medical Office Building Vanilla Box -see #07-0072 for foundation only		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 3 Type: 2B 3/5/07 Signature: [Signature]	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 12/19/2006	Zoning Approval	
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews <input type="checkbox"/> Shoreland N/A <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone Panel 13 Zone C <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan # 2005-0192 Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 2/27/07	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 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 Date: [Signature]
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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

8/2/16

- = ELEVATOR Shaft
- BASEMENT Closets
- = EXIT Fireproofing 107 Floor
- = Electric Room may need + means
egress on upper side

02/24/09 CLOSED ~~NOT~~ ~~11/16~~



Certificate of Occupancy

LOCATION 175 FORE RIVER PKWY CBL 073 A001001

Issued to MERCY HOSPITAL /Gilbane Building Company / Michael Poulin Date of Issue 09/04/2008

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. 06-1801, 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

APPROVED OCCUPANCY

Ground, 1st & 2nd floors, Kitchen

Short Stay Hospital
Use Group I2
Type 1A
IBC 2003

Limiting Conditions:

This is a Temporary Certificate of Occupancy until October 1, 2008.

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 175 FORE RIVER PKWY CBL 073 A001001

Issued to Mercy Hospital /Gilbane Building Company / Michael Poulin Date of Issue 09/17/2008

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. 06-1801, 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

APPROVED OCCUPANCY

Entire

Short Stay Hospital
Use Group I2
Type 1A
IBC 2003

Limiting Conditions:

This is a Temporary Certificate of Occupancy until October 1, 2008 for DRC Site Work Approval

This certificate supersedes certificate issued 9/4/08

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 175 FORE RIVER PKWY CBL 073 A001001

Issued to Mercy Hospital /Gilbane Building Company / Michael Poulin Date of Issue 10/01/2008

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. 06-1801, 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

Short Stay Hospital
Use Group I2
Type 1A
IBC 2003

Limiting Conditions:

This is a Temporary Certificate of Occupancy until October 31, 2008 for DRC Site Work Approval

This certificate supersedes
certificate issued 10/1/08

Approved:

10/1/08
Inspector

10/1/08
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.