

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 070072

PERMIT ISSUED

FEB 13 2007

073 A001001

This is to certify that MERCY HOSPITAL /Ledgeood Construction

has permission to FOUNDATION ONLY Construction w/ Permit #070072

AT 50 ST JOHN ST

provided that the person or persons who perform or supervise the work accepting this permit shall comply with all of the provisions of the Statutes of this 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 is procured before this building or part thereof is laid or closed-in. 24 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. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

75A55 Canned

603-986-8092

- Kevin - Project Manager

Joe Bump

415-7994

- Job-Site

75A5

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

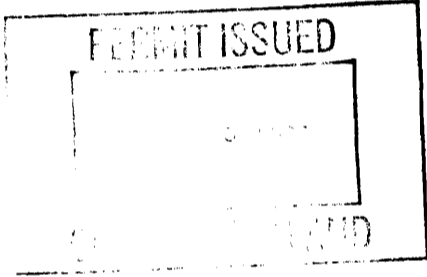
Permit No: 07-0072	Issue Date:	CBL: 073 A001001
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Location of Construction: 50 ST JOHN ST	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone:
Business Name:	Contractor Name: Ledgewood Construction	Contractor Address: 27 Maine St. So. Portland	Phone: 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Foundation Only/Commercial	Zone: C2b

Past Use: Vacant Land	Proposed Use: New 4 Story Medical Office Building Vanilla Box FOUNDATION ONLY Connected w/ Permit #061802	Permit Fee:	Cost of Work: \$0.00	CEO District: 3	
Proposed Project Description: FOUNDATION ONLY Connected w/ Permit #061802		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: FOUNDATION ONLY Type: FOUNDATION ONLY Signature: <i>[Signature]</i> Date: 2/12/07	
		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: ldobson	Date Applied For: 01/23/2007	Zoning Approval
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<ol style="list-style-type: none"> 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.. 	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 <input type="checkbox"/> Date: <i>[Signature]</i> 2/16/07	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 Date: _____	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: _____
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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

ELECTRICAL PERMIT

City of Portland, Me.



75 A 5

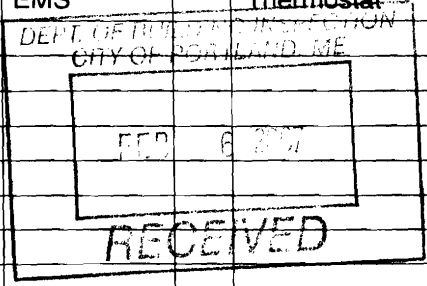
50 St. John

To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date Feb 6 07
 Permit # 07-4100
 CBL# 73 A 001

LOCATION: Fore River Medical office building METER MAKE & # _____
 CMP ACCOUNT # Jail House Lane OWNER Landmark Healthcare Facilities LLC
 TENANT Unknown PHONE # _____

						TOTAL EACH FEE		
OUTLETS	900	Receptacles	300	Switches		Smoke Detector	.20	240.00
FIXTURES		Incandescent	813	Fluorescent		Strips	.20	162.60
SERVICES		Overhead		Underground		TTL AMPS <800	15.00	
		Overhead	/	Underground		>800	25.00	25.00
Temporary Service	/	Overhead		Underground		TTL AMPS	25.00	25.00
METERS	2	(number of)					1.00	2.00
MOTORS	4	(number of)					2.00	8.00
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00	
		Insta-Hot		Water heaters	10	Fans	2.00	20.00
		Dryers		Disposals		Dishwasher	2.00	
		Compactors		Spa		Washing Machine	2.00	
		Others (denote)					2.00	
MISC. (number of)		Air Cond/win					3.00	
	2	Air Cond/cent				Pools	10.00	20.00
		HVAC		EMS		Thermostat	5.00	
		Signs					10.00	
		Alarms/res					5.00	
	1	Alarms/com					15.00	15.00
		Heavy Duty(CRKT)					2.00	
		Circus/Carnv					25.00	
		Alterations					5.00	
		Fire Repairs					15.00	
	56	E Lights					1.00	56.00
		E Generators					20.00	
PANELS		Service	10	Remote	/	Main	4.00	44.00
TRANSFORMER		0-25 Kva					5.00	
	4	25-200 Kva					8.00	32.00
		Over 200 Kva					10.00	
						TOTAL AMOUNT DUE		649.60
						MINIMUM FEE/COMMERCIAL	45.00	
						MINIMUM FEE	35.00	



CONTRACTORS NAME B.H. MILLIKEN INC MASTER LIC. # MC60016837
 ADDRESS 175 ANDERSON ST. PORTLAND, ME 04101 LIMITED LIC. # _____
 TELEPHONE 207-879-1877

SIGNATURE OF CONTRACTOR Bruce Milliken *✓ # CC*

White Copy - Office • Yellow Copy - Applicant