

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 070407

PERMIT ISSUED

MAY 23 2007

CITY OF PORTLAND

This is to certify that MERCY HOSPITAL /Kal-V...C.M. LLC

has permission to Temporary construction trail

AT FORE RIVER PKWY

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 procured before this building or part thereof is started 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. Greg, Cruz

Health Dept. _____

Appeal Board _____

Other _____

Department Name

4/25/07 Chit A
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: 07-0407	Issue Date: 4/24/07	CBL: 073 A001001
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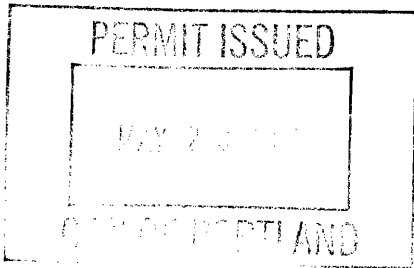
Location of Construction: 0 FORE RIVER PKWY	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone:
Business Name:	Contractor Name: Kal-Vin C.M. LLC	Contractor Address: 3 Security Dr Hudson	Phone 6038805118
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: C-26

Past Use: Commercial / Mercy Hospital	Proposed Use: Commerical / Mercy Hospital temporary construction trailer	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 3	contract zone
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: B-Temp Use Group: E-2 Type: 5B IRC - 2003		

Proposed Project Description: Temporary construction trailer	Signature: <i>Craig Cross</i>	Signature: 4/24/07 <i>Ch...</i>
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: dmartin	Date Applied For: 04/19/2007	Zoning Approval
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<ol style="list-style-type: none"> 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 <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>4/20/07</i>	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:
			



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

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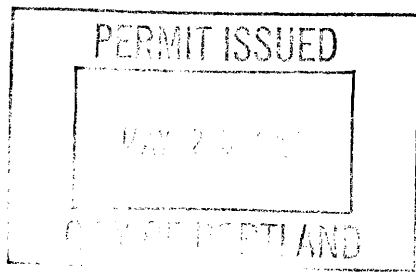
Past Use: Commercial / Mercy Hospital	Proposed Use: Commerical / Mercy Hospital temporary construction trailer	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 3	Contract zone
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Proposed Project Description: Temporary construction trailer	Signature: Greg Cross	Signature: 4/24/07 Chi H
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: dmartin	Date Applied For: 04/19/2007	Zoning Approval
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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..

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Permit No: 07-0407	Issue Date: 4/24/07	CBL: 073 A001001
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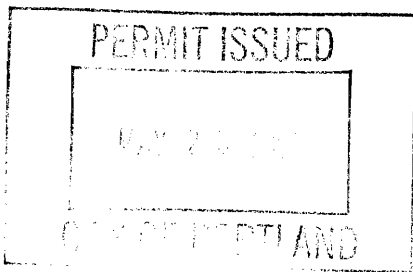
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Proposed Project Description: Temporary construction trailer	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: B-Temp Use Group: E-2 Type: SB IRC - 2003
	Signature: Greg Cross	Signature: 4/24/07 Chris H

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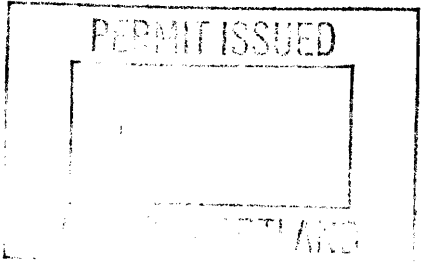
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Signature: _____ Date: _____		

Permit Taken By: dmartin	Date Applied For: 04/19/2007	Zoning Approval
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____

City of Portland, Maine - Building or Use Permit

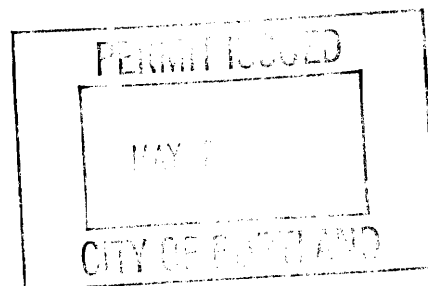
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Business Name:	Contractor Name: Kal-Vin C.M. LLC	Contractor Address: 3 Security Dr Hudson	Phone: (603) 880-5118
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	

Proposed Use: Commerical / Mercy Hospital temporary construction trailer	Proposed Project Description: Temporary construction trailer
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 04/20/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. This temporary trailer should be removed entirely when no longer needed and the project has been near completion.			
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 04/24/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.			
Dept: Fire	Status: Approved	Reviewer: Capt Greg Cass	Approval Date: 04/27/2007
Note:			Ok to Issue: <input type="checkbox"/>



City of Portland, Maine - Building or Use Permit

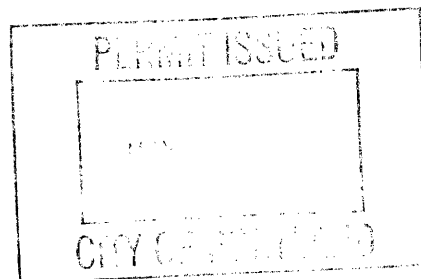
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Note:			Ok to Issue: <input type="checkbox"/>





INSPECTION DIVISION
 PORTLAND, ME
 APR 18 2007
 RECEIVED

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.

Location/Address of Construction: <u>201 Fore River Parkway, Portland 04102</u>		
Total Square Footage of Proposed Structure <u>256 sqft</u>	Square Footage of Lot <u>34.89</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>73</u> Block# <u>A</u> Lot# <u>001</u> <u>See Attached</u>	Owner: <u>Mercy Hospital</u>	Telephone: <u>1-207-879-3040</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Kal-Vin C.M., LLC</u> <u>3 Security Drive</u> <u>Hudson, NH 03051</u> <u>603-880-5118</u>	Cost Of Work: \$ _____ Fee: \$ <u>30.00</u> C of O Fee: \$ _____
Current legal use (i.e. single family) <u>Mobile Office</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Temporary Mobile Office - Construction Site</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Mobile office, Block & level,</u> <u>Installation of one set of steps.</u>		
Contractor's name, address & telephone: <u>Kal-Vin C.M., LLC, 3 Security Drive</u> <u>Hudson, NH 03051</u>		
Who should we contact when the permit is ready: <u>Kevin Cormier</u> Mailing address: _____ Phone: <u>603-880-5118 (MARIO) & Call</u> <u>3 Security Drive (Champagne)</u> <u>Hudson, NH 03051 (603-765-4068)</u>		

**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 or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division 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: <u>4-11-07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.