Form # P 04	DISPLAY	THIS	CARD	ON	PRINCIP	AL FRO	ONTAG	E OF	WOR	〈
Please Rea Application An Notes, If Any Attached	nd	C			F POR	CTION		ermit Numi PE	ei. 070407 RMIT IS:	SUED
This is to certi	fy that <u>MERC</u>	Y HOSPITA	L /Kal-V	C.M. LL	.C					
has permissio	n toTempor	ary constru	ction trail					М	AY 2 3 2	007
AT 0 FORE F	RIVER PKWY						073 A001	001		
of the pro the const this depa Apply to P	Public Works for if nature of wor	ne Statum ntenanc	tes of I	fication fication h and w re this ed or	nd of the f uildings and inspection on permit ding or	n must e t there as sed-in.	s of the res, and	e City of d of the certificate	Portlan applicat	ancy must be fore this build- ccupied.
<u> </u>	Department Name						4/25/4	37 Director - Building		Vices
			PENAL	I Y FOI	R REMOVIN	GIHISC	AKU			

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City of Portland	, Maine - Bull	unig or Usc	Permit Applicati	on Pe	ermit No:	Issue Date:		CBL:	
U		•	3, Fax: (207) 874-8		07-0407	4/24/0	7	073 A0	01001
Location of Construction	 1:	Owner Name:		Owne	er Address:	!!		Phone:	
0 FORE RIVER PK	WY	MERCY HOS	SPITAL	144	STATE ST				
Business Name:		Contractor Name	2:	Contr	ractor Address:			Phone	
		Kal-Vin C.M.	LLC	3 Se	ecurity Dr Huc	lson		60388051	18
Lessee/Buyer's Name		Phone:		Perm	it Type:				Zone:
				Cor	mmercial				C-46
Past Use:		Proposed Use:		Perm	nit Fee:	Cost of Work:	CEC	District:	Tentract
Commercial / Mercy	Hospital		Mercy Hospital		\$30.00).00	3	Ent
		temporary cor	struction trailer	FIRE	E DEPT:	Approved 1	INSPECTIO	DN:B-R	mp
						Denied	Use Group:	I=2	Type: 3B
							-	for -	2003
							_		
Proposed Project Descri	-				r	a	a. L	state	17pe: 573 2003 <u>Cl. M.</u>
Temporary construc	tion trailer				ture: Cres	VITIES DIST	Signature:	<u>U71/02</u>	Ch #
				FEDI				,	
				Actic	on: Approv	ed Appro	oved w/Cond	ditions	Denied
				Signa	ature:		Dat	e:	
Permit Taken By:	Date A _I	plied For:			Zoning	Approval			
dmartin	04/19	/2007							
1. This permit app	lication does not	preclude the	Special Zone or Re	views	Zonin	g Appeal	H	listoric Pres	ervation
	m meeting applic	able State and	Shoreland			•		Not in Distric	t or Landmark
Federal Rules.									
2. Building permit	s do not include p	olumbing,	Wetland		Miscella	neous		Does Not Rec	quire Review
septic or electric	al work.								
01	s are void if work		Flood Zone		Conditio	nal Use		Requires Rev	iew
	onths of the date on may invalidate								
permit and stop	•	a building	Subdivision		Interpret	ation		Approved	
permit and stop			Site Plan			a		Approved w/(Conditions
					Approve	u	· · · ·	Appioved w/	Conditions
E Provensi			Maj 🗌 Minor 🦳 M	М	Denied			Denied (\frown
	IT ISSUED		OK T						\searrow
			Date: 478	$\frac{1}{2}$	Date:		Date:	\subseteq	
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Vin	22000							-	
	2 a ta t 1 po pot Ane			<u> </u>					

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

Cit	y of Portland, Maine -	Building or Use	Permit Annlica	tion Pe	ermit No:	Issue Date:		CBL:	
	Congress Street, 04101	-			07-0407	4/24/0	, 07	073 A0	01001
Loca	ation of Construction:	Owner Name:		Owne	er Address:	Y_		Phone:	
0 F	ORE RIVER PKWY	MERCY HOS	PITAL	144	STATE ST				
Busi	ness Name:	Contractor Name	2:	Contr	ractor Address:			Phone	
		Kal-Vin C.M.	LLC	3 Se	ecurity Dr Hu	dson		60388051	18
Less	ee/Buyer's Name	Phone:		Perm	it Type:				Zone:
				Cor	mmercial				C-46
Past	Use:	Proposed Use:		Perm	nit Fee:	Cost of Worl	k: CE	O District:	Tentract
Co	mmercial / Mercy Hospital		Mercy Hospital		\$30.00		0.00	3	int
		temporary con	struction trailer	FIRE	E DEPT:	Approved	INSPECTION	DN:B-R	mp _
						Denied	Use Group:	I=2	Type: SB
							-	for -	2003
							_		
1 -	osed Project Description:			0.	ature: () - co	<i>a</i>	0.	elator	Type: 53 2003 Cl. M
lei	nporary construction trailer			_	ESTRIAN ACTI	VITIES DIST	Signature:	1/21/02	
	`								
				Actic	on: Approv	ved App	roved w/Con	ditions	Denied
				Signa	ature:	_	Dat	te:	
Pern	nit Taken By:	Date Applied For:		_	Zoning	Approva	1		
dn	nartin	04/19/2007							
1.	This permit application do		Special Zone or 1	Reviews	Zonii	ng Appeal		Historic Pres	ervation
	Applicant(s) from meeting	applicable State and	Shoreland		Variance	e		Not in Distric	et or Landmark
	Federal Rules.								
2.	Building permits do not inc	clude plumbing,	Wetland		Miscella	ineous		Does Not Red	quire Review
	septic or electrical work.								
3.	Building permits are void i		Flood Zone		Conditio	onal Use		Requires Rev	iew
	within six (6) months of the False information may inva								
	permit and stop all work.		Subdivision			ation		Approved	
			Site Plan			d		Approved w/	Conditions
								rippioted in	conditions
								Denied	\frown
	DEDUIT 1001	1 pm pm	Mai 🦳 Minor 🖊	MM	Denied			Dunicu i	
	PERMIT ISSU	JED			Denied			r r	\searrow
	PERMIT ISSU	JED	Maj Minor Duce: Gr 17 8	PH7	Denied		Date:		>
		JED	01-						>
	PERMIT ISSU	JED	01-	Pot 7					
			01-	Pot7					

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

City of Portland, Maine -	Building or Use	Permit Applica	tion Pe	ermit No:	Issue Date:		CBL:	
389 Congress Street, 04101	0			07-0407	4/24/0	7	073 A0	01001
Location of Construction:	Owner Name:		Owne	er Address:			Phone:	
0 FORE RIVER PKWY	MERCY HOS	PITAL	144	STATE ST				
Business Name:	Contractor Name	:	Contr	actor Address:			Phone	
	Kal-Vin C.M.	LLC		curity Dr Hud	son		6038805	118
Lessee/Buyer's Name	Phone:			it Type:				Zone:
			Cor	mmercial				C-46
Past Use:	Proposed Use:		Perm	uit Fee:	Cost of Work	:: CE	O District:	Tentract
Commercial / Mercy Hospital		Mercy Hospital		\$30.00		0.00	3	Ent
	temporary cor	struction trailer	FIRE	E DEPT:	Approved	INSPECTI	ON:B-R	mp
					Denied	Use Group:	I=z	Type: SB
								ama
							FR	and
Proposed Project Description:				r	a		et la	Type: 573 2003 Cl. M
Temporary construction trailer			Signa			Signature:	<u>1/21/02</u>	Ch H
•			PEDE	LSI KIAN AUTP	VITES DIST	RICI (P.A.)	D.) ·	
			Actio	on: Approv	ed App	roved w/Con	ditions	Denied
			Signa	ature:		Da	te:	
Permit Taken By:	Date Applied For:			Zoning	Approva			
dmartin	04/19/2007							
1. This permit application doe	es not preclude the	Special Zone or F	Reviews	Zonin	g Appeal	1	Historic Pres	ervation
Applicant(s) from meeting Federal Rules.		Shoreland		Variance			Not in Distrie	ct or Landmark
2. Building permits do not inc septic or electrical work.	clude plumbing,	Wetland		Miscellar	neous		Does Not Re	quire Review
3. Building permits are void in		Flood Zone		Condition	nal Use		Requires Rev	view
within six (6) months of the False information may inva permit and stop all work		Subdivision			ition		Approved	
		Site Plan		Approved	t		Approved w/	Conditions
PERMIT ISSU	JED	Maj Minor Du Date: 470	MM □ Pot7	Denied		Date:	Denied	\sum
	AND		l					-

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

City of Portland, Maine	- Building or Use	Permit Applicati	on Pe	ermit No:	Issue Date:	CBL:
389 Congress Street, 04101	Tel: (207) 874-8703	3, Fax: (207) 874-87	716	07-0407	4/24/0	7 073 A001001
Location of Construction:	Owner Name:			er Address:		Phone:
0 FORE RIVER PKWY	MERCY HOS	SPITAL	144	STATE ST		
Business Name:	Contractor Name		Contr	ractor Address:		Phone
	Kal-Vin C.M.	LLC		curity Dr Hu	dson	6038805118
Lessee/Buyer's Name	Phone:			it Type: mmercial		Zone: C-2(
Past Use:	Proposed Use:		Perm	nit Fee:	Cost of Work:	: CEO District:
Commercial / Mercy Hospital	Commerical /	Mercy Hospital		\$30.00	\$30	0.00 3 Z
	temporary cor	nstruction trailer	FIRE	E DEPT:	Approved Denied	INSPECTION: B- PEMP Use Group: T=2 Type: ST
				L_		Use Group: $J=2$ Type: SZ JRC - 2003 Signature: $4/24/07$ CL M
Proposed Project Description: Temporary construction traile	r		Signa	iture: Gree	CLORE	Signature: 4/24/07 Chi A
				ESTRIAN ACTI	VITIES DISTR	$\frac{1}{\text{RICT (P.A.D.)}} \frac{1}{4}$
			Actio	on: 🗌 Approv	ved Appro	roved w/Conditions Denied
			Signa	ature:		Date:
Permit Taken By:	Date Applied For:			Zoning	Approval	l
dmartin	04/19/2007					
1. This permit application d	oes not preclude the	Special Zone or Rev	views	Zonii	ng Appeal	Historic Preservation
Applicant(s) from meetin Federal Rules.	g applicable State and	Shoreland		U Varianc	e	Not in District or Landman
2. Building permits do not in septic or electrical work.	nclude plumbing,	U Wetland] Miscella	ineous	Does Not Require Review
3. Building permits are void within six (6) months of t		Flood Zone		Conditio	onal Use	Requires Review
False information may inv permit and stop all work		Subdivision			ation	Approved
		Site Plan			:d	Approved w/Conditions
		Maj 🗍 Minor 🦳 M	M 🗌	Denied		Denied
PERMITISS	UED)			
PERMITISS		Date: 420	<u>,17</u>	Date:		Date:

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

City of Portland, Maine	- Building or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101	Tel: (207) 874-8703, Fax: (20	07) 874-8716	07-0407	04/19/2007	073 A001001
Location of Construction:	Owner Name:	_	Owner Address:		Phone:
0 FORE RIVER PKWY	MERCY HOSPITAL		144 STATE ST		
Business Name:	Contractor Name:		Contractor Address:		Phone
	Kal-Vin C.M. LLC		3 Security Dr Hud	son	(603) 880-5118
Lessee/Buyer's Name	Phone:		Permit Type:		_ .
			Commercial		
Proposed Use:	· · · · · · · · · · · · · · · · · · ·	Propose	d Project Description		
Commerical / Mercy Hospital	temporary construction trailer		orary construction		
Dept: Zoning Sta	tus: Approved	Reviewer:	Marge Schmucka	al Approval D	Date: 04/20/2007
Note:					Ok to Issue:
1) This permit is being appro	ved on the basis of plans submitte	d. Any devia	tions shall require a	a separate approval b	before starting that
work. This temporary trail	er should be removed entirely whe	en no longer n	eeded and the proj	ect has been near co	mpletion.
Dept: Building Sta	itus: Approved with Conditions	Reviewer	Chris Hanson	Approval D	Date: 04/24/2007
Note:	rus. Approved with conditions	1.0000000000000000000000000000000000000	Chills Hunson	rippi ovui D	Ok to Issue:
· · · ·	red for any electrical, plumbing, o o be submitted for approval as a p	•			
Dept: Fire Sta	itus: Approved	Reviewer:	Capt Greg Cass	Approval D	Date: 04/27/2007
Note:	-				Ok to Issue:



City of Portland, Main	ne - Building or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 041	01 Tel: (207) 874-8703, Fax: (20	07) 874-8716	07-0407	04/19/2007	073 A001001
Location of Construction:	Owner Name:		Owner Address:		Phone:
0 FORE RIVER PKWY	MERCY HOSPITAL		144 STATE ST		
Business Name:	Contractor Name:		Contractor Address:		Phone
	Kal-Vin C.M. LLC		3 Security Dr Hud	son	(603) 880-5118
Lessee/Buyer's Name	Phone:		Permit Type:		
			Commercial		
Proposed Use:		Propose	d Project Description		
Commerical / Mercy Hospi	tal temporary construction trailer	Tempo	prary construction	trailer	
Dept: Zoning	Status: Approved	Reviewer:	Marge Schmucka	al Approval D	ate: 04/20/2007
Note:					Ok to Issue:
1) This permit is being app	proved on the basis of plans submitted	d. Any deviat	tions shall require a	a separate approval b	before starting that
work. This temporary tr	ailer should be removed entirely whe	en no longer n	eeded and the proj	ect has been near co	mpletion.
Dept: Building	Status: Approved with Conditions	Doviowor:	Chris Hanson	Approval D	ate: 04/24/2007
Note:	status. Approved with conditions	Keviewei.		ApprovarD	Ok to Issue:
					OK to issue:
	uired for any electrical, plumbing, or d to be submitted for approval as a pa				
Dept: Fire	Status: Approved	Reviewer:	Capt Greg Cass	Approval D	ate: 04/27/2007
Note:					Ok to Issue:

PLEMAT ISSUED	
CRYCERED	

i.

Seneral Building Permit Application

Property within the City, payment arrangements must be made before permits of any kind are accepted.

APR

Location/Address of Construction: 201	ForeR	-wes	Porturaly,	Po	Follo Gallog
Total Square Footage of Proposed Structure		Square	Footage of Lot		
25659ft			3	٩.	. 89
Tax Assessor's Chart, Block & Lot	Owner:				Telephone:
Chart# 73 Block# A Lot#001 See Assoched	Merc	44	lospital		1-207-879-3040
Lessee/Buyer's Name (If Applicable)	Applicant n	ame, addı	ess & telephone:		ost Of
	har-v	sin (c.m.,uc	W	ork: \$
			NHO3051	F	ee: \$ <u>30</u> .
					- CO E ¢
			0-5118		of O Fee: \$
Current legal use (i.e. single family)					
Proposed Specific use: Temporary Mobile Office - Construction Site					
Is property part of a subdivision? If yes, please name					
Project description:					
Mobile office, Bloch & level,					
Mobile office, Bloch & level, Installation of one set of steps.					
Contractor's name, address & telephone: You-Vin C.M., UC, 3 Security Drive					
HIZECO VILLOZOCI					
Who should we contact when the permit is ready: <u>herrive</u> Conternation (MAVIO) & Care Mailing address: Phone: <u>603-880-5118</u> (MAVIO) & Care					
3 Security Drive (Champagne)					
	Hude	on, '	NH 0305	YG	03-765-4068

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 <u>www.portlandmaine.gov</u>, 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.

	- Inn /	
Signature of applicant:	M	Date: 4 - 11 - 7

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

Building Inspections Division • 389 Congress Street • Portland, Maine 04101 • (207) 874-8703 • FACSIMILE (207) 874-8716 • TTY (207) 874-8936