

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

PERMIT ISSUED

BUILDING INSPECTION

PERMIT

Permit Number: 100601

JUN 9 2010

Please Read Application And Notes, If Any, Attached

This is to certify that Mercy Hospital /Reed & Reed Inc.
has permission to Placement of three job site trailers, for Veterans Bridge replacement / repair. City of Portland
AT 175 Fore River Pkwy CBL 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 Maine 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 written permission procured before this building or part thereof is lathed or otherwise 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. CAPT. K. Jackson
Health Dept. _____



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City of Portland, Maine - Building or Use Permit Application

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

Permit No: 10-0601	Issue Date:	CBL: 073 A001001
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Location of Construction: 175 Fore River Pkwy	Owner Name: Mercy Hospital	Owner Address: 144 State St	Phone:
Business Name:	Contractor Name: Reed & Reed Inc	Contractor Address: 275 River Rd/ P.O. Box 370 Woolwic	Phone 2074439747
Lessee/Buyer's Name	Phone:	Permit Type: Construction Trailer	Zone: C-26

Past Use: Commercial / Mercy Hospital	Proposed Use: Commercial / Placement of three job site trailers, for Veterns Bridge replacement / repair.	Permit Fee:	Cost of Work: \$1,000.00	CEO District: 3
Proposed Project Description: Placement of three job site trailers, for Veterns Bridge replacement / repair.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>U</i> Type: <i>Job Trailer</i>	
		Signature: <i>[Signature]</i>	Signature: <i>AMB 6/9/10</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: gg	Date Applied For: 06/01/2010	Zoning Approval		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<p>Zoning Appeal</p> <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	<p>Historic Preservation</p> <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
	<p>PERMIT ISSUED</p> <p>JUN 9 2010</p> <p>City of Portland</p> <p><i>OK w/condition</i> Date: <i>6/2/10</i> <i>AMB</i></p>	<p>Date: _____</p>	<p>Date: _____</p>

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 Application

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

Permit No: 10-0601	Issue Date:	CBL: 073 A001001
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Location of Construction: 175 Fore River Pkwy	Owner Name: Mercy Hospital	Owner Address: 144 State St	Phone:
Business Name:	Contractor Name: Reed & Reed Inc.	Contractor Address: 275 River Rd/ P.O. Box 370 Woolwic	Phone 2074439747
Lessee/Buyer's Name	Phone:	Permit Type: Construction Trailer	Zone: C-2b

Past Use: Commercial / Mercy Hospital	Proposed Use: Commercial / Placement of three job site trailers, for Veterns Bridge replacement / repair.	Permit Fee:	Cost of Work: \$1,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>u</i> Type: <i>BB trailer</i>	

Proposed Project Description: Placement of three job site trailers, for Veterns Bridge replacement / repair.	Signature: <i>[Signature]</i>	Signature: <i>JMB 6/9/10</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: gg	Date Applied For: 06/01/2010	Zoning Approval		
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	Date: <i>6/2/10</i> <i>JMB</i>	Date:	Date:

PERMIT ISSUED

JUN 9 2010

City of Portland

CERTIFICATION

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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

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

Permit No: 10-0601	Date Applied For: 06/01/2010	CBL: 073 A001001
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Location of Construction: 175 Fore River Pkwy	Owner Name: Mercy Hospital	Owner Address: 144 State St	Phone:
Business Name:	Contractor Name: Reed & Reed Inc.	Contractor Address: 275 River Rd/ P.O. Box 370 Woolwic	Phone (207) 443-9747
Lessee/Buyer's Name	Phone:	Permit Type: Construction Trailer	

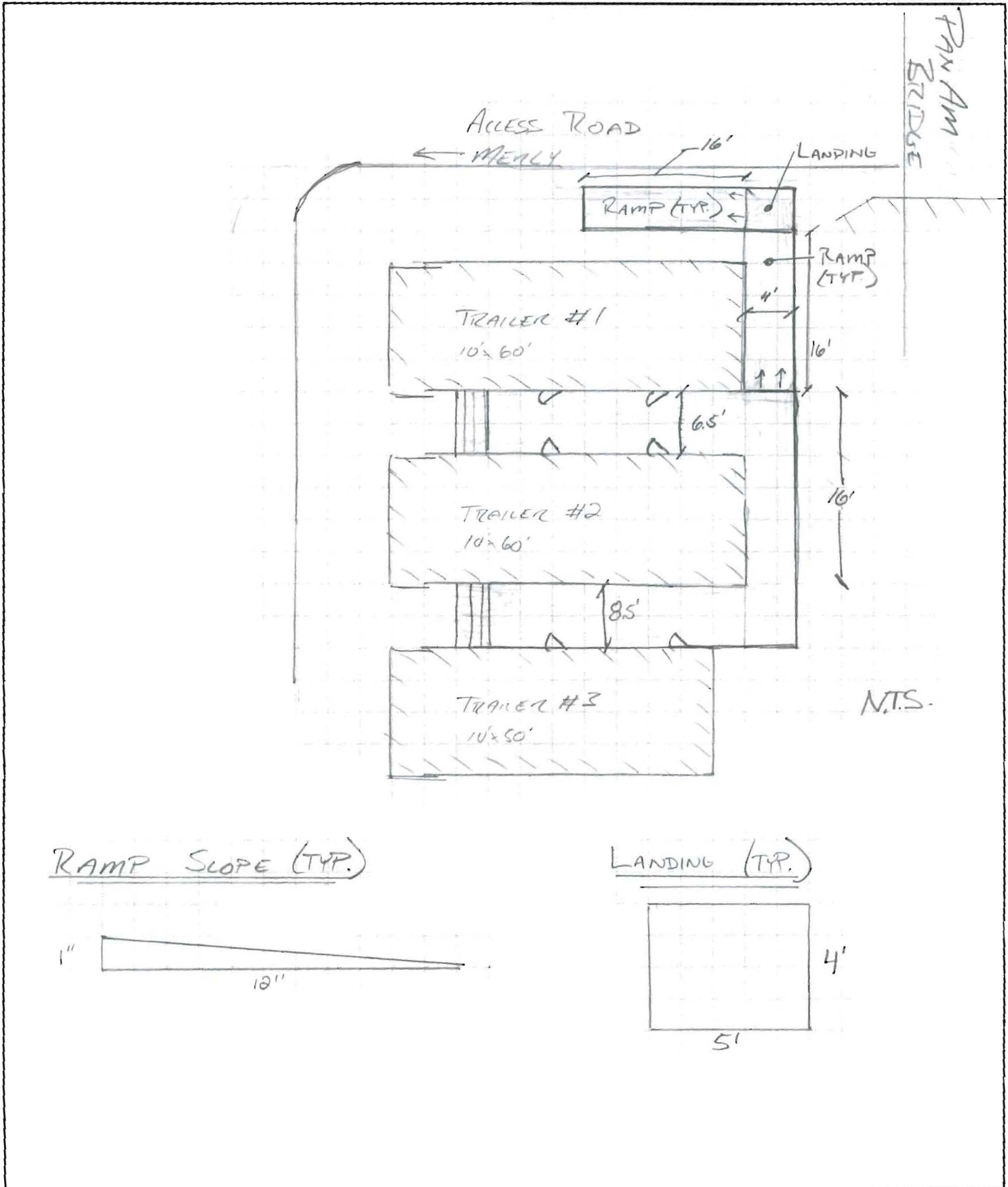
Proposed Use: Commercial / Placement of three job site trailers, for Veterns Bridge replacement / repair.	Proposed Project Description: Placement of three job site trailers, for Veterns Bridge replacement / repair.
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 06/02/2010
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This permit is being issued with the condition tha these trailers are temporary and will be removed as soon as the work on the Veteran's Bridge is completed.			
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 06/09/2010
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Trailors shall be removed at the completion of the work			
2) Construction trailor shall meet all codes for stair/ramp egress requirements			
Dept: Fire	Status: Approved	Reviewer: Capt Keith Gautreau	Approval Date: 06/09/2010
Note:			Ok to Issue: <input checked="" type="checkbox"/>

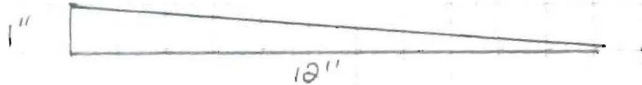


General Contractors
P.O. Box 370
WOOLWICH, MAINE 04579
(207) 443-9747

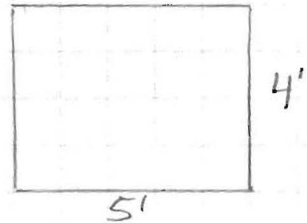
JOB _____
SHEET NO. _____ OF _____
CALCULATED BY _____ DATE _____
CHECKED BY _____ DATE _____
SCALE _____



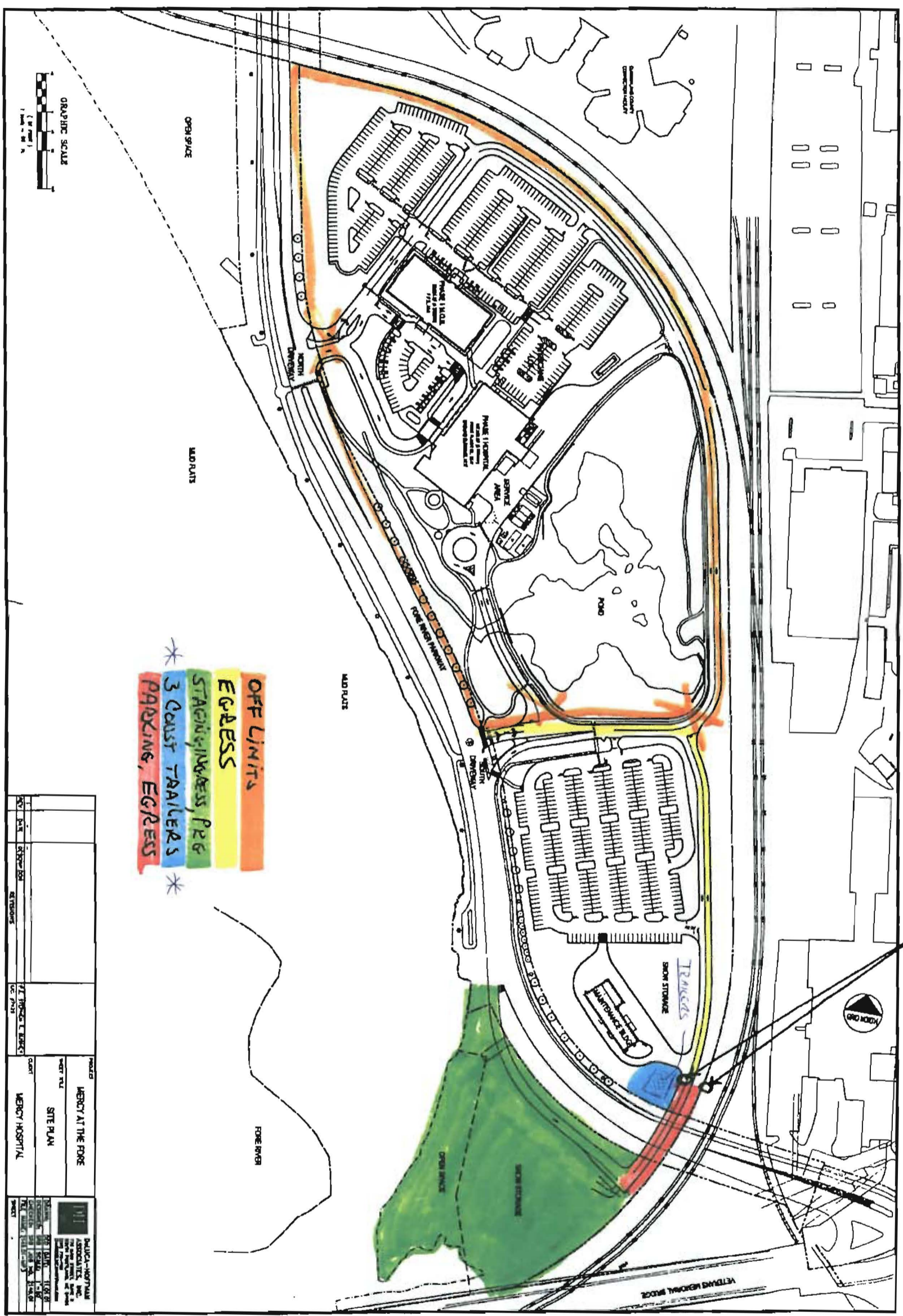
RAMP SLOPE (TYP.)



LANDING (TYP.)



DATE: 06/21/2011



- OFF LIMITS
- EGRESS
- STAGING, BUSES, PEG
- 3 COAST TRAILERS
- PARKING, EGRESS

DELINEATION POINT FOR PARKING
 "DO NOT ENTER" SIGNS

NO.	DESCRIPTION	DATE	BY
1	DESIGN	06/21/2011	
2	REVISION		
3	REVISION		
4	REVISION		
5	REVISION		
6	REVISION		
7	REVISION		
8	REVISION		
9	REVISION		
10	REVISION		

PROJECT: MERCY AT THE FORK
 SHEET: SITE PLAN
 CLIENT: MERCY HOSPITAL

DESIGNER: [Logo]
 PROJECT NO: [Blank]
 SHEET NO: [Blank]