Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT ISSUED

PERMIT

Permit Number: 100601

JUN 9 2010

| This is to certify that Mercy Hospital /Reed & Reed Inc.  |                  |
|---|------------------|
| has permission toPlacement of three job site trailors, for Veterns 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 his 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

Health Dept.

7

| City of Portland, Main   |   | _                                    |   |                                      |   | Issue Date                     | :                         | CBC:                           | 01001                    |  |
|--|---|--------------------------------------|---|--------------------------------------|---|--------------------------------|---------------------------|--------------------------------|--------------------------|--|
| 389 Congress Street, 041   | Ul Tel: (   |                                      | , Fax:  | (207) 874-871                        |   |                                |                           | 073 A0                         | 01001                    |  |
| Location of Construction:  |   | Owner Name:                          |   |                                      | Owner Address:  | Phone:                         |                           |                                |                          |  |
| 175 Fore River Pkwy  |   | Mercy Hospita                        |   |                                      | 144 State St  |                                |                           |                                |                          |  |
| Business Name:   |   | Contractor Name                      |   |                                      | Contractor Address:<br>275 River Rd/ P.O. Box 370 Woolw |                                |                           | Phone                          | 7.47                     |  |
| Land (Brown La Name)   |   | Reed & Reed                          | inc   | ,                                    | <del></del>   | .O. Box 3/0                    | Woolwig                   | 2074439                        |                          |  |
| Lessee/Buyer's Name  |   | Phone:                               |   |                                      | Permit Type: Construction Ti                            | railer                         |                           | Zone:                          |                          |  |
| D. II  |   | <u> </u>                             |   | <u> </u>                             |   |                                | <del></del>               |                                | C-26                     |  |
| Past Use:  | 1   | Proposed Use:                        | DI  |                                      | Permit Fee:   | Cost of Wor                    | }                         | CEO District:                  |                          |  |
| Commercial / Mercy Hospi   | lai   | At .                                 | Commercial / Placement of three job site trailors, for Veterns Bridge |                                      |   | FIRE DEPT: \$1,000.00          |                           |                                | 1                        |  |
|  |   | replacement /                        |   | oterno smego                         | }   | Approved                       | Use Gro                   |                                | Type                     |  |
|  |   |                                      |   |                                      | {   | Denicd                         | 550 0,10                  |                                | taile                    |  |
|  |   |                                      |   |                                      | [   |                                |                           |                                | / Too                    |  |
| Proposed Project Description:  |   | <del></del>                          |   | ·                                    |   |                                |                           | 10                             |                          |  |
| Placement of three job site  | trailors, fo  | or Veterns Bridg                     | e replac  | ement / repair.                      | Signature:  | <i>&gt;</i> )                  | Signature                 | = XMB                          | 6/9/11                   |  |
| -  |   | _                                    |   |                                      | PEDESTRIAN AC   | IVITIES DIST                   | TRICT (P.                 | A.D.                           | 111                      |  |
|  |   |                                      |   |                                      | Action Appr   | oved Ap                        | proved w/C                | Conditions                     | Denied                   |  |
|  |   |                                      |   |                                      |   |                                |                           |                                |                          |  |
|  |   |                                      |   |                                      | Signature:  |                                |                           | Date<br>                       |                          |  |
| Permit Taken By:   | 1   | pplied For:                          |   |                                      | Zonin   | g Approva                      | al                        |                                |                          |  |
| gg   | 06/0  | 1/2010                               |   | 1.17. S. 1                           |   |                                |                           | Title 100                      |                          |  |
| 1. This permit application   |   |                                      |   | cial Zone or Revie                   | ws Zoning Appeal  |                                |                           | Historic Pres                  |                          |  |
| Applicant(s) from meeting applicable State and Federal Rules.                                |   | Shoreland                            |   | ☐ Variar                             | ☐ Variance  |                                | Not in District or Landma |                                |                          |  |
| 2. Building permits do no septic or electrical wor   |   | plumbing.                            | Wetland   |                                      | Miscellaneous   |                                |                           | Does Not Require Review        |                          |  |
| 3. Building permits are vo   |   |                                      |   | ood Zone                             | Conditional Use   |                                | } [                       | Requires Review                |                          |  |
| within six (6) months of   |   |                                      |   |                                      |   |                                |                           |                                |                          |  |
|  | alse information may invalidate a building erinit and stop all work |                                      |   | bdivision                            | Interpretation  |                                | 1                         | Approved                       |                          |  |
| permit and stop att wor  | K   |                                      | -   | 7                                    |   |                                |                           |                                |                          |  |
|  |   |                                      |   | te Plan                              | Appro   | ved                            |                           | Approved w/                    | Conditions               |  |
| DE   | <b>RMI</b>  | T ISSUE                              | D.  | 7 Minor 7 MA                         |   | 4                              | Ī                         | Donad                          |                          |  |
| 7  | LIVIT   |                                      | 1   |                                      | Denie   | ı                              | 1.                        | _ Denied                       |                          |  |
|  |   | - 0010                               |   | whorship                             | /A   D  |                                |                           | J DV                           |                          |  |
| p \$ 1   | JUN   | <b>9</b> 2010                        | Date: (   | 17/10 1/                             | (A) Date.   |                                | Dat                       | ie.                            |                          |  |
|  |   |                                      | 7-7   |                                      |   |                                |                           |                                |                          |  |
|  | City  | of Portland                          |   |                                      |   |                                |                           |                                |                          |  |
|  | July 1  |                                      |   |                                      |   |                                |                           |                                |                          |  |
|  |   |                                      |   |                                      |   |                                |                           |                                |                          |  |
|  |   |                                      | (   | ERTIFICATI                           | ON  |                                |                           |                                |                          |  |
| hereby certify that I am the<br>have been authorized by th<br>urisdiction. In addition, if a | e owner to<br>permit fo   | o make this appl<br>or work describe | ication d in the  | as his authorize<br>application is i | d agent and I agre<br>ssued, I certify the              | e to conform<br>at the code of | to all ap                 | plicable law:<br>uthorized rep | s of this<br>oresentativ |  |
| shall have the authority to en<br>such permit.   | iter all are  | eas covered by s                     | uch per   | mit at any reaso                     | nable hour to enfo                                      | orce the prov                  | vision of                 | the code(s) a                  | pplicable                |  |
| SIGNATURE OF APPLICANT   |   |                                      |   | ADDRES                               |   | DATE                           |                           | PHO                            | )NE                      |  |
|  |   |                                      |   |                                      |   |                                |                           |                                |                          |  |
|  |   |                                      |   |                                      |   |                                |                           |                                |                          |  |

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TILLE

| City of Portland, Maine - Bu  | ilding or Use                          | Permi                                 | t Application                          | n Per                              | mit No:   | Issue Date:                         | T                       | CBL:                                |                |
|---|--|---------------------------------------|--|------------------------------------|---|-------------------------------------|-------------------------|-------------------------------------|----------------|
| 389 Congress Street, 04101 Tel  | _                                      |                                       |  | 1                                  | 10-0601   |                                     |                         | 073 A00100                          | 1              |
| Location of Construction;   | Owner Name:                            |                                       |  | Owner                              | Address:  |                                     |                         | Phone:                              |                |
| 175 Fore River Pkwy   | Mercy Hospital                         |                                       |  |                                    | State St  |                                     | 1                       |                                     |                |
| Business Name:  | Contractor Nam                         | Contractor Name:                      |  |                                    | Contractor Address:   |                                     |                         | Phone                               |                |
|   | Reed & Reed Inc.                       |                                       |  | 275 River Rd/ P.O. Box 370 Woolwic |   |                                     | olwic                   | 2074439747                          |                |
| Lessee/Buyer's Name   | Phone:                                 |                                       | 1                                      | Permit                             | Гуре:   |                                     |                         | Zon                                 | e:             |
|   |  |                                       |  | Con                                | struction Tra   | iler                                |                         | C                                   | -26            |
| Past Use:   | Proposed Use:                          |                                       |  | Permi                              | t Fee:  | Cost of Work:                       | CEC                     | District:                           |                |
| Commercial / Mercy Hospital   | Commercial /                           | / Placement of three                  |  |                                    |   | \$1,000.0                           | 0                       | 3                                   | í              |
|   |  | job site trailors, for Veterns Bridge |  |                                    | DEPT:   | Approved INS                        | SPECTIO                 | N:                                  | 157            |
|   | replacement /                          | гераіг.                               |  |                                    | -   | Denied                              | e Group:                | id Type                             |                |
|   |  |                                       |  |                                    | home  | Demeu                               |                         | Tra                                 | 110            |
|   |  |                                       |  |                                    |   | 1                                   |                         | 1                                   |                |
| Proposed Project Description:   |  |                                       |  | ]                                  |   |                                     | 1                       | 10,1                                | ,              |
| Placement of three job site trailors,   | for Veterns Bridg                      | ge replac                             | ement / repair.                        | Signati                            |   |                                     | nature: 🗡               | TWID 6/9                            | 1/10           |
|   |  |                                       |  | PEDES                              | STRIAN ACTI   | VITIES DISTRIC                      | T (P.A.D                | 2                                   | 1              |
|   |  |                                       |  | Action                             | a: Approv   | ed Approve                          | d w/Conc                | ditions Deni                        | ed             |
|   |  |                                       |  | Signat                             | ure   |                                     | Date                    | e:                                  |                |
| Permit Faken By: Date   | Applied For:                           |                                       |  |                                    | Zoning  | Approval                            |                         |                                     |                |
| gg 06/  | 01/2010                                | ļ                                     |  |                                    |   |                                     | <del></del>             |                                     |                |
| 1. This permit application does no  | ot preclude the                        | Spe                                   | cial Zonc or Revie                     | ws                                 | Zonin   | g Appeal                            | Н                       | listoric Preservati                 | 00             |
| Applicant(s) from meeting app Federal Rules.  | licable State and                      | ☐ Sh                                  | oreland                                |                                    | ☐ Variance  |                                     | <b>1</b>                | Not in District or L                | andma          |
| Building permits do not include plumbing, septic or electrical work.  |  | □ w                                   | etland                                 | nd Miscella                        |   | neous                               | Does Not Require Review |                                     | leview         |
| 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 |  | ☐ Flood Zone                          |  | Conditional Use                    |   | ☐ F                                 | Requires Review         |                                     |                |
|   |  | Subdivision                           |  |                                    | ☐ Interpretation  |                                     |                         | Approved                            |                |
| permit and stop on morali   |  | Sit                                   | e Plan                                 |                                    | Approved  | d                                   |                         | Approved w/Condit                   | tions          |
| DERM  | TISSUE                                 | D                                     |  |                                    | m   |                                     |                         |                                     |                |
| FLITTO  | 1 1000                                 | 1                                     | Minor MM                               |                                    | Denied  |                                     |                         | Denied                              |                |
|   |  | }                                     | whorship                               |                                    |   |                                     |                         | JIBNI.                              |                |
| JUN   | <b>9</b> 2010                          | Date: 6                               | 12/10 18                               | $\sqrt{1}$                         | Date:   |                                     | Date:                   |                                     |                |
|   |  | -                                     |  |                                    |   |                                     |                         |                                     |                |
| 25  | of Portland                            |                                       |  |                                    |   |                                     |                         |                                     |                |
| City  | of Portland                            |                                       |  |                                    |   |                                     |                         |                                     |                |
|   |  |                                       |  |                                    |   |                                     |                         |                                     |                |
|   |  | C                                     | ERTIFICATION                           | ON                                 |   |                                     |                         |                                     |                |
| hereby certify that I am the owner  | of record of the na                    |                                       |  |                                    | posed work is   | authorized by                       | the own                 | ner of record an                    | id tha         |
| have been authorized by the owner urisdiction. In addition, if a permit hall have the authority to enter all a uch permit.  | to make this appl<br>for work describe | d in the                              | as his authorized<br>application is is | d agent<br>sued, l                 | t and I agree to the control of the | to conform to a<br>the code officia | ill applie<br>il's auth | cable laws of th<br>orized represen | iis<br>itative |
| -   |  |                                       |  |                                    |   |                                     |                         |                                     |                |
| SIGNATURE OF APPLICANT  |  |                                       | ADDRESS                                |                                    |   | DATE                                | <del></del>             | PHONE                               |                |
|   |  |                                       |  |                                    |   |                                     |                         |                                     |                |

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE

| City of Portland, Maine - 1  |                                    | Permit No:       | Date Applied For:  | CBL:                            |                                    |                      |  |  |  |
|--|------------------------------------|------------------|--------------------|---------------------------------|------------------------------------|----------------------|--|--|--|
| 389 Congress Street, 04101 T   | el: (207) 874-8703, Fax: (2        | 07) 874          | -8716              | 10-0601                         | 06/01/2010                         | 073 A001001          |  |  |  |
| Location of Construction:  | Owner Name:                        |                  | O                  | wner Address:                   |                                    | Phone:               |  |  |  |
| 175 Fore River Pkwy  | Mercy Hospital                     |                  | 1.                 | 44 State St                     |                                    |                      |  |  |  |
| Business Name:   | Contractor Name:                   |                  | Co                 | ontractor Address:              | Phone                              |                      |  |  |  |
|  | Reed & Reed Inc.                   | Reed & Reed Inc. |                    |                                 | 275 River Rd/ P.O. Box 370 Woolwic |                      |  |  |  |
| Lessee/Buyer's Name  | Phone:                             | Phone:           |                    |                                 | Permit Type:                       |                      |  |  |  |
|  |                                    |                  |                    | Construction Trailer            |                                    |                      |  |  |  |
| Proposed Use:  |                                    | TI               | Proposed           | Project Description:            |                                    |                      |  |  |  |
| Commercial / Placement of three replacement / repair.                | o job site trailors, for Veterns E | ~ }              | Placeme<br>repair. | ent of three job site           | e trailors, for Veterns            | Bridge replacement / |  |  |  |
| Note:  1) This permit is being issued w Veteran's Bridge is complete |                                    |                  |                    | Ann Machado  y and will be remo |                                    | Ok to Issue: 🗹       |  |  |  |
| Dept: Building Statu   | s: Approved with Conditions        | Rev              | iewer:             | Jeanine Bourke                  | Approval Da                        | ite: 06/09/2010      |  |  |  |
| Note:  |                                    |                  |                    |                                 |                                    | Ok to Issue: 🗹       |  |  |  |
| 1) Trailors shall be removed at                                      | the completion of the work         |                  |                    |                                 |                                    |                      |  |  |  |
| 2) Construction trailor shall me                                     | ·                                  | ss requir        | ements             |                                 |                                    |                      |  |  |  |
| Dept: Fire Statu   | s: Approved                        | Rev              | iewer:             | Capt Keith Gautre               | eau Approval Da                    | ite: 06/09/2010      |  |  |  |
| Note:  |                                    |                  |                    |                                 |                                    | Ok to Issue: 🗹       |  |  |  |
|  |                                    |                  |                    |                                 |                                    |                      |  |  |  |



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

| JOB           |      |  |
|---------------|------|--|
| SHEET NO.     | OF   |  |
| CALCULATED BY | DATE |  |
| CHECKED BY    | DATE |  |

| SCALE  |
|--|
| AUCES ROAD  MEANY  MEANY  RAMP  TRANSMER #1  10: 60'  TRANSMER #2  10: 60'  TRANSMER #3  NT.S. |
| RAMP SCOPE (TYP.)  LANDING (TYP.)  1"  10"   |
|  |

30Y65 IB40 0 0 0000 0 MORATS 0 00 PARKING, EGRESS MORAT STAGNICHMEN, PEG OFF LINITS EGRESS THE REPORT OF THE PARTY OF THE CHIHIHOTHIHOTHIHID. Comme Comment THE TO SERVE THE THE PARTY OF T DELINEATION POINT FOR PARKING "OO NOT ENTER" TRAILERS SION STOWAR (m) MERCY AT THE FORE MERCY HOSPITAL STEPLAN FORE RIVER 2627