

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING DEPARTMENT

### PERMIT

Permit Number: 071203

This is to certify that LANDMARK HEALTHCARE FACILITIES LLC /Ledgewood

has permission to Establish the use of 2nd & 3rd floor as of f/s w/1st floor fit-up

AT 10 FORE RIVER PKWY 2nd & 3rd Floor

CE 075 A005001

provided that the person or persons, firm or organization 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.

**PERMIT ISSUED**  
NOV 16 2007  
CITY OF PORTLAND

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and work in permit in progress before this building or part thereof is occupied 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

*Jeanie Bonke 11/15/07*  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

Scanned

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 07-1203	Issue Date:	CBL: 075 A005001
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Location of Construction: 0 FORE RIVER PKWY 2nd & 3rd	Owner Name: LANDMARK HEALTHCARE FA	Owner Address: 839 NORTH JEFFERSON	Phone:
Business Name:	Contractor Name: Ledgewood Construction	Contractor Address: 27 Maine St. So. Portland	Phone 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: <b>C2b</b>

Past Use: Vacant Building - Original Permit under CBL 073 A001001 permit# 061802	Proposed Use: Commercial - Medical Offices - Establish the use of 2nd & 3rd Floor as offices w/Tenant fit-up	Permit Fee: \$23,520.00	Cost of Work: \$2,350,000.00	CEO District: 3
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<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>w/conditions</i> <i>10/15/07</i> Signature: <i>Greg Cass</i>	<b>INSPECTION:</b> Use Group: <i>B</i> Type: <i>ZB</i> <i>IBC-2003</i> Signature: <i>AMB 11/15/07</i>
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**Proposed Project Description:**  
Establish the use of 2nd & 3rd Floor as offices w/Tenant fit-up

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

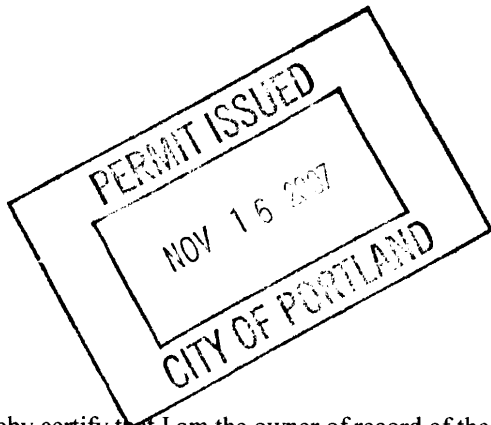
Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: Idobson	Date Applied For: 09/26/2007	<b>Zoning Approval</b>
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- 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	Zoning Appeal	Historic Preservation
<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"/>	<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	<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: <i>Conditions</i> <i>9/27/07</i>	Date: _____	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