

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING DEPARTMENT

## PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 071478

PERMIT ISSUED  
JAN 11 2008

This is to certify that LANDMARK HEALTHCARE FACILITY Ledgewood Cen

has permission to Portland Surgical Associates tenant fit 4th fl

AT FORE RIVER PKWY 4th floor 075 A005001

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 laid or closed-in. **HEAVY 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. [Signature]  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name \_\_\_\_\_

[Signature] 1/8/08  
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

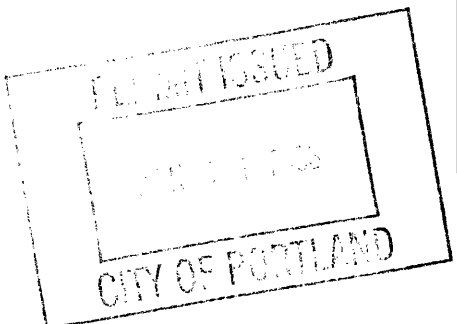
Permit No: 07-1478	Issue Date:	CBL: 075 A005001
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Location of Construction: 0 FORE RIVER PKWY 4th floor	Owner Name: LANDMARK HEALTHCARE FA	Owner Address: 839 NORTH JEFFERSON	Phone:
Business Name: Portland Surgical Associate	Contractor Name: Ledgewood Construction	Contractor Address: 27 Maine St. So. Portland	Phone: 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: <i>C26</i>

Past Use: Vacant Space Original Permit under CBL 073 A001001 permit# 061802	Proposed Use: Portland Surgical Associate - Tenant fit-out -4th floor	Permit Fee: \$2,415.00	Cost of Work: \$232,000.00	CEO District:
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>3</i> Type: <i>2B</i> <i>IBC 7003</i>	

Proposed Project Description: Portland Surgical Associate - Tenant fit-out -4th floor	Signature: <i>Greg Gass</i>	Signature: <i>[Signature]</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: ldobson	Date Applied For: 12/06/2007	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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"/> Denied Date: <i>9/12/10</i>	<b>Zoning Appeal</b> <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	<b>Historic Preservation</b> <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>[Signature]</i>
			

**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

# BUILDING PERMIT INSPECTION PROCEDURES

Please call **874-8703** or **874-8693 (ONLY)**

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- Footing/Building Location Inspection:** Prior to pouring concrete
- Re-Bar Schedule Inspection:** Prior to pouring concrete
- Foundation Inspection:** Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling
- Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects **DO** require a final inspection

**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

[Signature]  
Signature of Applicant/Designee

1-11-08  
Date

[Signature]  
Signature of Inspections Official

1-11-08  
Date

CBL: 75AS

Building Permit #:

08 0004  
07 1478  
C7 1484

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

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

<b>Permit No:</b> 07-1478	<b>Date Applied For:</b> 12/06/2007	<b>CBL:</b> 075 A005001
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<b>Location of Construction:</b> 0 FORE RIVER PKWY 4th floor	<b>Owner Name:</b> LANDMARK HEALTHCARE FA	<b>Owner Address:</b> 839 NORTH JEFFERSON	<b>Phone:</b>
<b>Business Name:</b> Portland Surgical Associate	<b>Contractor Name:</b> Ledgewood Construction	<b>Contractor Address:</b> 27 Maine St. So. Portland	<b>Phone:</b> (207) 767-1866
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Portland Surgical Associate - Tenant fit-out -4th floor	<b>Proposed Project Description:</b> Portland Surgical Associate - Tenant fit-out -4th floor
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 12/10/2007**Note:**      **Ok to Issue:** 

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 2) Separate permits shall be required for any new signage.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 01/08/2008**Note:**      **Ok to Issue:** 

- 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.
- 2) This permit is issued with the understanding that the common area bathrooms need to be upgraded to meet the Maine State Plumbing Code.
- 3) All penetrations between units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the required rating.

**Dept:** Fire      **Status:** Approved      **Reviewer:** Capt Greg Cass      **Approval Date:** 12/13/2007**Note:**      **Ok to Issue:**



# 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>195 FORE RIVER PARKWAY, PORTLAND, ME 04101</u>		
Total Square Footage of Proposed Structure/Area <u>2986 SF</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>63</u> Block# <u>A</u> Lot# <u>6</u>	Applicant * <u>must be owner, Lessee or Buyer*</u> Name <u>LANDMARK HEALTH FACILITIES, LLC</u> Address <u>839 N. JEFFERSON ST</u> City, State & Zip <u>MILWAUKEE, WI 53202</u>	Telephone: <u>(414) 277-0500</u>
Lessee/DBA (If Applicable) <u>TENANT- PORTLAND SURGICAL ASSOCIATES.</u> <u>SUITE # 4100</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>232,000</u> <u>2,340</u> C of O Fee: \$ <u>75</u> Total Fee: \$ <u>2,415</u>
Current legal use (i.e. single family) <u>BUSINESS - MEDICAL OFFICE BUILDING</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>MEDICAL OFFICE SUITE</u> Is property part of a subdivision? <u>NO</u> If yes, please name <u>N/A</u> Project description: <u>TENANT FIT-OUT SPACE FOR THE PORTLAND SURGICAL ASSOCIATE ON THE 4TH FLOOR OF THE NEWLY CONSTRUCTED MEDICAL OFFICE BUILDING.</u>		
Contractor's name: <u>LEDGEMOOD CONSTRUCTION</u> Address: <u>27 MAIN STREET</u> City, State & Zip: <u>SOUTH PORTLAND, ME 04106</u> Telephone: <u>207-767-1866</u> Who should we contact when the permit is ready: <u>KEVIN MCCOSH</u> Telephone: _____ Mailing address: <u>SEE ABOVE</u>		

**Please submit all of the information outlined on the applicable 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](http://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: Nick Ch... Date: 11/19/07

**This is not a permit; you may not commence ANY work until the permit is issue**



# Certificate of Design Application

From Designer: FRANCIS CAUFFMAN

Date: NOVEMBER 16, 2007

SUITE # 4100

Job Name: FORE RIVER MEDICAL PAVILION - PORTLAND SURGICAL ASSOCIATES

Address of Construction: 195 FORE RIVER PARKWAY, PORTLAND, ME 04101

## 2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year IBC-2003 Use Group Classification (s) B - BUSINESS

Type of Construction 2B

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC YES

Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) N/A

Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) NO

**REFERENCE "CORE & SHELL PERMIT NUMBER (061802) FOR THE INFORMATION LISTED BELOW**

### Structural Design Calculations

Submitted for all structural members (106.1 - 106.11)

- \_\_\_\_\_ Live load reduction
- \_\_\_\_\_ Roof *live* loads (1603.1.2, 1607.11)
- \_\_\_\_\_ Roof snow loads (1603.7.3, 1608)
- \_\_\_\_\_ Ground snow load,  $P_g$  (1608.2)
- \_\_\_\_\_ If  $P_g > 10$  psf, flat-roof snow load  $P_f$
- \_\_\_\_\_ If  $P_g > 10$  psf, snow exposure factor,  $C_e$
- \_\_\_\_\_ If  $P_g > 10$  psf, snow load importance factor,  $I_f$
- \_\_\_\_\_ Roof thermal factor,  $C_t$  (1608.4)
- \_\_\_\_\_ Sloped roof snowload,  $P_s$  (1608.4)
- \_\_\_\_\_ Seismic design category (1616.3)
- \_\_\_\_\_ Basic seismic force resisting system (1617.6.2)
- \_\_\_\_\_ Response modification coefficient,  $R_f$  and deflection amplification factor  $C_d$  (1617.6.2)
- \_\_\_\_\_ Analysis procedure (1616.6, 1617.5)
- \_\_\_\_\_ Design base shear (1617.4, 1617.5.1)

### Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Wind loads (1603.1.4, 1609)

- \_\_\_\_\_ Design option utilized (1609.1.1, 1609.6)
- \_\_\_\_\_ Basic wind speed (1809.3)
- \_\_\_\_\_ Building category and wind importance Factor,  $I_w$  table 1604.5, 1609.5
- \_\_\_\_\_ Wind exposure category (1609.4)
- \_\_\_\_\_ Internal pressure coefficient (ASCE 7)
- \_\_\_\_\_ Component and cladding pressures (1609.1.1, 1609.6.2.2)
- \_\_\_\_\_ Main force wind pressures (7603.1.1, 1609.6.2.1)

### Flood loads (1803.1.6, 1612)

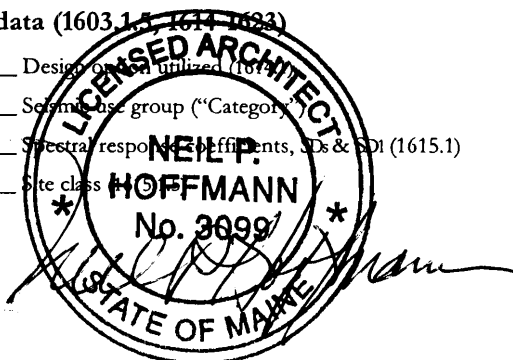
- \_\_\_\_\_ Flood Hazard area (1612.3)
- \_\_\_\_\_ Elevation of structure

### Other loads

- \_\_\_\_\_ Concentrated loads (1607.4)
- \_\_\_\_\_ Partition loads (1607.5)
- \_\_\_\_\_ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)

### Earth design data (1603.1.5, 1614, 1623)

- \_\_\_\_\_ Design option utilized (1623)
- \_\_\_\_\_ Seismic use group ("Category")
- \_\_\_\_\_ Spectral response coefficients,  $C_s$  &  $C_d$  (1615.1)
- \_\_\_\_\_ Site class





# Certificate of Design

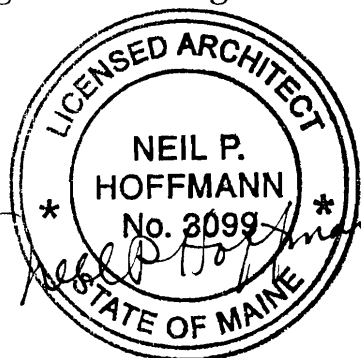
Date: DECEMBER 3, 2007

From: FRANCIS CAUFFMAN, INC - ARCHITECTS

These plans and / or specifications covering construction work on:

PORTLAND SURGICAL ASSOCIATES - 4<sup>TH</sup> FLOOR OF  
FORE RIVER MEDICAL OFFICE BUILDING @ 195 FORE RIVER PARKWAY  
PORTLAND, MAINE.

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments.



(SEAL)

Signature: Neil P Hoffmann

Title: PRINCIPAL / CEO

Firm: FRANCIS CAUFFMAN, INC.

Address: 2120 ARCH STREET

PHILADELPHIA, PA 19103

Phone: (215) 568- 8250

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



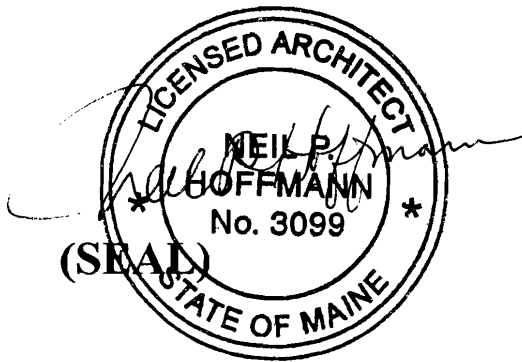
# Accessibility Building Code Certificate

Designer: NEIL P. HOFFMANN, AIA

Address of Project: 195 FORE RIVER PARKWAY, PORTLAND, MAINE

Nature of Project: TENANT FIT-OUT SPACE FOR THE PORTLAND  
SURGICAL ASSOCIATES ON THE 4TH FLOOR OF  
THE NEWLY CONSTRUCTED MEDICAL OFFICE BUILDING.

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



Signature: *Neil P. Hoffmann*

Title: PRINCIPAL / CEO

Firm: FRANCIS CAUFFMAN, INC

Address: 2120 ARCH STREET  
PHILADELPHIA, PA 19103

Phone: (215) 568 - 8250

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)





CITY OF PORTLAND  
BUILDING CODE CERTIFICATE  
389 Congress St., Room 315  
Portland, Maine 04101

TO: Inspector of Buildings City of Portland, Maine  
Department of Planning & Urban Development  
Division of Housing & Community Service

FROM: FRANCIS CAUFFMAN, INC. - ARCHITECTS

RE: Certificate of Design

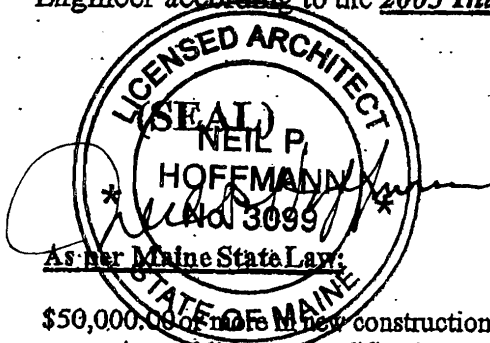
DATE: 12-3-07

These plans and / or specifications covering construction work on:

PORTLAND SURGICAL ASSOCIATES - 4TH FLOOR OF

FORE RIVER MEDICAL OFFICE BUILDING @ 195 FORE RIVER PARKWAY,

Have been designed and drawn up by the undersigned, a Maine registered Architect / <sup>PORTLAND,</sup> <sub>MAINE</sub>  
Engineer according to the 2003 International Building Code and local amendments.



As per Maine State Law:

\$50,000.00 or more of new construction, repair  
expansion, addition, or modification for  
Building or Structures, shall be prepared by a  
registered design Professional.

Signature: Neil P. Hoffmann

Title: PRINCIPAL / CEO

Firm: FRANCIS CAUFFMAN, INC.

Address: 2120 ARCH STREET  
PHILADELPHIA, PA 19103



# New Commercial Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

## One (1) complete Set of construction drawings must include:

Note: Construction documents for costs in excess of \$50,000.00 must be prepared by a Design Professional and bear their seal.

- N/A  Cross sections w/framing details
- Detail of any new walls or permanent partitions
- Floor plans and elevations
- Window and door schedules
- N/A  Foundation plans with rebar specifications and required drainage and damp proofing (if applicable)
- Detail egress requirements and fire separations
- Insulation R-factors of walls, ceilings, floors and U-factors of windows as per the IECC 2003
- Complete the Accessibility Certificate and The Certificate of Design
- A statement of special inspections as required per the IBC 2003
- Complete electrical and plumbing layout.
- Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review.
- Reduced plans or electronic files in PDF format are required if originals are larger than 11" x 17".
- Per State Fire Marshall, all new bathrooms must be ADA compliant.

INFO LISTED  
IN CORE 2  
SHELL PACK  
SUBMISSION

Separate permits are required for internal & external plumbing, HVAC and electrical installations.

Nine (9) copies of the minor (< 10,000 sf) or major (> 10,000 sf) site plan application is required that includes:

- A stamped boundary survey to scale showing north arrow, zoning district and setbacks to a scale of  $\geq 1" = 20'$  on paper  $\geq 11" \times 17"$
- The shape and dimension of the lot, footprint of the proposed structure and the distance from the actual property lines. Photocopies of the plat or hand draw footprints not to scale will not be accepted.
- Location and dimensions of parking areas and driveways, street spaces and building frontage
- Finish floor or sill elevation (based on mean sea level datum)
- Location and size of both existing utilities in the street and the proposed utilities serving the building
- Existing and proposed grade contours
- Silt fence (erosion control) locations