

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING DEPARTMENT

## PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 071483

**PERMIT ISSUED**

JAN 29 2008

CITY OF PORTLAND

This is to certify that LANDMARK HEALTHCARE FACILITY /Ledgewood Con

has permission to Tenant fit-out space for the Apple & Food Association 1st floor

AT FORE RIVER PKWY 1st Floor E 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 work on permit must be completed before this building or part thereof is opened 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. Craig Cross

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*Jeanne Bark* 1/24/08  
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

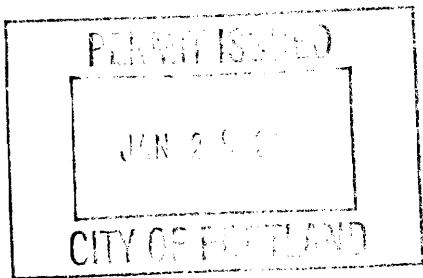
Permit No: 07-1483	Issue Date:	CBL: 075 A005001
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Location of Construction: 0 FORE RIVER PKWY 1st Floor	Owner Name: LANDMARK HEALTHCARE FA	Owner Address: 839 NORTH JEFFERSON	Phone:
Business Name: Ankle & Foot Associates	Contractor Name: Ledgewood Construction	Contractor Address: 27 Maine St. So. Portland	Phone: 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C2b

Past Use: Vacant Space Original Permit under CBL 073 A001001 permit# 061802	Proposed Use: Ankle & Foot Associates -Tenant fit-out space for the Ankle & Foot Associates 1st floor	Permit Fee: \$1,785.00	Cost of Work: \$169,000.00	CEO District:
Proposed Project Description: Tenant fit-out space for the Ankle & Foot Associates 1st floor		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 2B IBC-2003	
		Signature: <i>[Signature]</i> Date: 1/24/08		
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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- 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..



<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"/> Date: <i>9-24/10/07</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  Date: _____	<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: _____
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**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**

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

<b>Permit No:</b> 07-1483	<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 1st Floor	<b>Owner Name:</b> LANDMARK HEALTHCARE FAC	<b>Owner Address:</b> 839 NORTH JEFFERSON	<b>Phone:</b>
<b>Business Name:</b> Ankle & Foot Associates	<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> Ankle & Foot Associates -Tenant fit-out space for the Ankle & Foot Associates 1st floor	<b>Proposed Project Description:</b> Tenant fit-out space for the Ankle & Foot Associates 1st 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:** Jeanine Bourke      **Approval Date:** 01/24/2008

**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) All penetrations through rated assemblies must be protected by an approved firestop system installed as tested in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 3) This permit is approved on the condition that the number of bathroom fixtures for the total floor are installed as agreed in the meeting on 1/17/08...see email

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

**Note:** **Ok to Issue:**

**Comments:**

12/21/2007-tmm: need to add another bathroom - contacted builder and designer

1/2/2008-jmb: Jeanie received a waiver request from Anthony L for bathroom reduction. After reviewing the criteria for the waiver, and the plumbing code fixture requirements, the waiver was not accepted.

1/17/2008-jmb: Met with Rick S. Here in the office to review the floor plan and the occupant load in relation to # of fixtures. We agreed on 15 total for the first floor and I emailed Anthony L. For an updated floor plan showing these locations.



# 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>2152 SF</u>		Square Footage of Lot <u>SUITE - 1100</u>
Tax Assessor's Chart, Block & Lot Chart# <u>75</u> Block# <u>A</u> Lot# <u>5</u>	Applicant * <b>must</b> be owner, Lessee or Buyer* 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 - ANKLE &amp; FOOT ASSOC.</u> <u>SUITE 1100</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>169,000</u> C of O Fee: \$ <u>1,710</u> Total Fee: \$ <u>1,785</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 ANKLE &amp; FOOT ASSOCIATES ON THE 1ST FLOOR OF THE NEWLY CONSTRUCTED MEDICAL OFFICE BUILDING.</u>		
Contractor's name: <u>LEDGEWOOD CONSTRUCTION</u> Address: <u>27 MAIN STREET</u> City, State & Zip <u>SOUTH PORTLAND, ME 04106</u> Telephone: <u>207-415-7993</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: [Handwritten Signature] Date: 11/20/07

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





# Certificate of Design

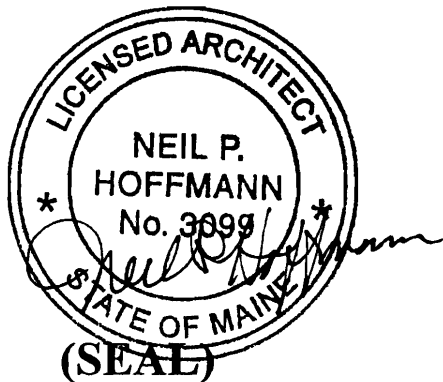
Date: DECEMBER 3, 2007

From: FRANCIS CAUFFMAN, INC - ARCHITECTS

These plans and / or specifications covering construction work on:

ANKLE AND FOOT ASSOCIATES - 1ST 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.



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)



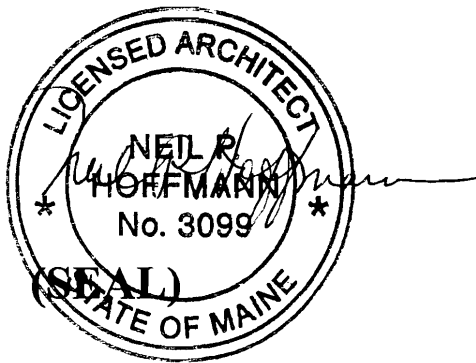
# Accessibility Building Code Certificate

Designer: NEIL P. HOFFMANN, AIA

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

Nature of Project: TENANT FIT-OUT SPACE FOR THE ANKLE & FOOT ASSOCIATES ON THE 1<sup>ST</sup> 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

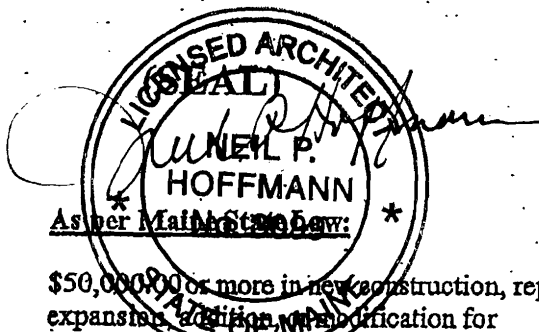
DATE: 12-3-07

These plans and / or specifications covering construction work on:

ANKLE AND FOOT ASSOCIATES - 1ST 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> MAINE  
Engineer according to the 2003 International Building Code and local amendments.



Signature: *Kenneth P. Hoffmann*

Title: PRINCIPAL / CEO

Firm: FRANCIS CAUFFMAN, INC.

Address: 2120 ARCH STREET  
PHILADELPHIA, PA 19103

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





# 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 &  
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

**Jeanie Bourke - Re: Fore River Medical Pavilion: Bathroom Issues - Proposed Meeting**

**From:** Jeanie Bourke  
**To:** Anthony Lampasona  
**Date:** 1/17/2008 4:59 PM  
**Subject:** Re: Fore River Medical Pavilion: Bathroom Issues - Proposed Meeting  
**CC:** Katie Mangin; Kristen Grass; Rick Stoughton

Anthony,

As you probably know, we met with some success. We agreed that there would be 15 bathrooms total, noting that one of those is for a private office.

My initial calculations with Rick based on 200 occupant load calculated to 13, but after reviewing the numbers, it is actually 15. Therefore the 15 is really the bare minimum requirement, in reality you show 14 available to the public and employees.

I am willing to accept this as a the fixture count, with the understanding that the fixtures inside of the suites are available to **all** of the public visiting those practices, clients and guests.

Can you please provide this office with an updated floor plan of these changes at your earliest convenience.

Thank you

Jeanie Bourke  
Inspection Services Division Director

City of Portland  
Planning & Development Dept./ Inspections Division  
389 Congress St. Rm 315  
Portland, ME 04101  
[jmb@portlandmaine.gov](mailto:jmb@portlandmaine.gov)  
(207)874-8715

>>> "Anthony Lampasona" <[alampasona@lhf.biz](mailto:alampasona@lhf.biz)> 01/14 5:26 PM >>>  
Jeanie,

What is your availability either tomorrow or Wednesday to meet with Rick Stoughton to discuss the bathroom issues at the Fore River Medical Pavilion?

Rick is in Portland and he is available to meet at your convenience.

I appreciate our efforts in this matter.

Anthony

Anthony Lampasona  
Vice President of Tenant Development  
Landmark Healthcare Facilities LLC  
839 North Jefferson, Milwaukee, WI 53202  
Phone: (414) 277.0500 Fax: (414) 277.1055  
Cell: (414) 429.1855 Email: [alampasona@lhf.biz](mailto:alampasona@lhf.biz)  
Internet: [www.lhf.biz](http://www.lhf.biz)

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LANDMARK HEALTHCARE FACILITIES LLC

January 2, 2008

*Via Email*

City of Portland  
Planning & Development Dept./ Inspections Division  
389 Congress St. Rm 315  
Portland, ME 04101  
Jeanie Bourke - Inspection Services Division Director

1/17/08  
Total OCC Load = 200  
100 = staff m/F 50%  
100 = Clients m/F 50%  
15 fixtures required  
JMB

**RE: Ankle and Foot Associates – Toilet Room(s)**

Jeanie,

Per our recent conversation, I am writing to request a variance in the quantity of toilet room(s) for the new Ankle and Foot Associates suite ( the "Suite" ) in the Fore River Medical Pavilion. Please see the attached floor plan for the Suite.

As you may be aware, the current design consists of 2,216 square feet and it provides for one toilet room within the Suite - for the use of both patients and staff. The requested variance would include the ability to continue with the construction of the Suite as it is currently designed.

Please see the attached first floor plan for the Fore River Medical Pavilion. As you can determine, the Ankle and Foot suite is located within 45 feet of the public restrooms.

In addition, due to the medical specialty ( Podiatry ) of the Ankle and Foot Associates, it is commonly understood that such specialty requires significantly less toilet room access - patients are not required to disrobe for foot and/or ankle medical examination or treatments.

Also as discussed, the Suite is book-ended by the exterior wall and the adjacent plastic surgery suite ( this suite is currently under design ). The cost to add an additional toilet room in the Suite will cause the redesign of the two suites, significant cost ramifications and schedule delays ( the Tenant needs to have occupancy of the Suite by March 1 ).

My hope is that upon the review of this letter and the attached floor plans, you will issue a variance in the amount of toilet room(s) for the Suite. Being that the square footage is minimal, approximately 712 square feet ( 2,216 total square feet minus the 1,500 square feet maximum for one toilet room ), I hope to receive the building permit shortly in order to maintain the expectations of the tenant and maintain the current completion schedule for the Suite. I look forward to your response, thank you for your efforts in this matter.

Sincerely,



Anthony Lampasona  
Vice President of Tenant Design

JAN 3 2008

enclosure

AL/klm

414-617-5788 cell