

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 071484

PERMIT ISSUED
JAN 11 2008
CITY OF PORTLAND

This is to certify that LANDMARK HEALTHCARE FACILITY / Ledgewood Con

has permission to All About Women - Suite on 4th floor tenant front

AT FORE RIVER PKWY 4th flr Suite#4400 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 inspection must given and when permit in process before this building or part thereof is closed or enclosed-in. 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. Greg Lewis

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Handwritten Signature]
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

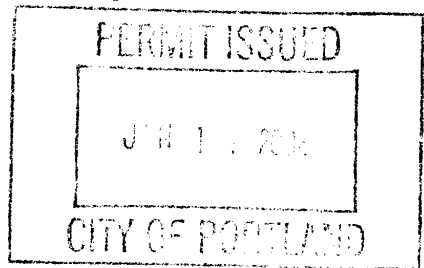
Permit No: 07-1484	Issue Date:	CBL: 075 A005001
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Location of Construction: 0 FORE RIVER PKWY 4th flr Suit	Owner Name: LANDMARK HEALTHCARE FA	Owner Address: 839 NORTH JEFFERSON	Phone:
Business Name:	Contractor Name: Ledgewood Construction	Contractor Address: 27 Maine St. So. Portland	Phone: 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: C26

Past Use: Vacant Space -Original Permit under CBL 073 A001001 permit# 061802	Proposed Use: All About Women - Suite on th 4th floor Tenant fit-out	Permit Fee: \$2,455.00	Cost of Work: \$236,000.00	CEO District:
Proposed Project Description: All About Women - Suite on th 4th floor Tenant fit-out		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 2B IBC 2003 <i>[Signature]</i>	
		Signature: <i>[Signature]</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	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 <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>12/10/07</i></p>	<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>Date: _____</p>	<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>Date: <i>9</i></p>
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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 owner of record shall have the authority to enter all areas covered by such permit.

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.

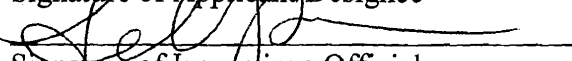
CERTIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED



Signature of Applicant/Designee

1-11-08

Date



Signature of Inspections Official

1-11-08

Date

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-1484	Date Applied For: 12/06/2007	CBL: 075 A005001
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Location of Construction: 0 FORE RIVER PKWY 4th flr Suit	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: (207) 767-1866
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	

Proposed Use: All About Women - Suite on th 4th floor Tenant fit-out	Proposed Project Description: All About Women - Suite on th 4th floor Tenant fit-out
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 12/10/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1) Separate permits shall be required for any new signage. 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. 			
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 01/08/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1) This permit is issued with the understanding that the common area bathrooms need to be upgraded to meet the Maine State Plumbing Code. 2) 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. 3) 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. 			
Dept: Fire	Status: Approved	Reviewer: Capt Greg Cass	Approval Date: 12/13/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>



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>3240 SF</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>75- A 5</u>	Applicant * <u>must</u> 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 - ALL ABOUT WOMEN SUITE # 4400</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>236,000</u> <u>2,380</u> C of O Fee: \$ <u>75</u> Total Fee: \$ <u>2,455</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 ALL ABOUT WOMEN SUITE ON THE 4TH 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>207-767-1866</u> Who should we contact when the permit is ready: <u>KEVIN McCOSH Becky KARAK</u> Telephone: _____ Mailing address: <u>SEE ABOVE</u>		

Please submit all of the information



Certificate of Design Application

From Designer:

FRANCIS CAUFFMAN

Date:

NOVEMBER 16, 2007

SUITE # 4400

Job Name:

FORE RIVER MEDICAL PAVILION - ALL ABOUT WOMEN

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)

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, 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)

Earth design data (1603.1.5, 1614-1623)

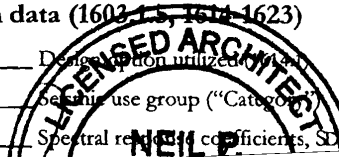
- _____ Design option utilized
- _____ Seismic use group ("Category")
- _____ Spectral response coefficients, S_D & S_{D1} (1615.1)

- _____ 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_s
- _____ 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_d and deflection amplification factor C_d (1617.6.2)
- _____ Analysis procedure (1616.6, 1617.5)
- _____ Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

- _____ Flood Hazard area (1612.3)
- _____ Elevation of structure

Other loads





Certificate of Design

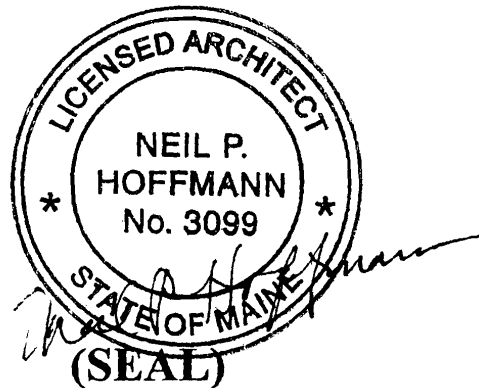
Date: DECEMBER 3, 2007

From: FRANCIS CAUFFMAN, INC - ARCHITECTS

These plans and / or specifications covering construction work on:

ALL ABOUT WOMEN - 4TH 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



Accessibility Building Code Certificate

Designer:

NEIL P. HOFFMANN, AIA

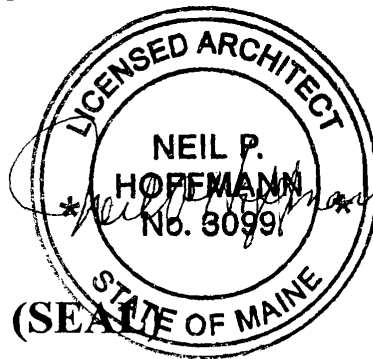
Address of Project:

195 FORE RIVER PARKWAY, PORTLAND, MAINE

Nature of Project:

TENANT FIT-OUT SPACE FOR THE ALL ABOUT WOMEN
SUITE 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.



(SEAL)

Signature:

Neil P. Hoffmann

Title:

PRINCIPAL / CEO

Firm:

FRANCIS CAUFFMAN, INC

Address:

2120 ARCH STREET

PHILADELPHIA, PA 19103

Phone:

(215) 568 - 8250



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

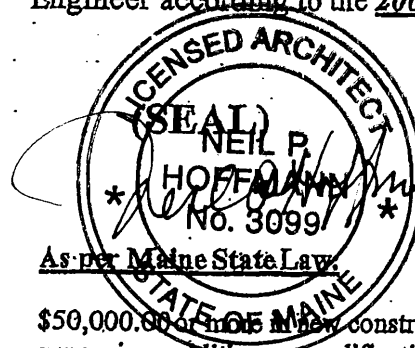
RE: Certificate of Design

DATE: 12-3-07

These plans and / or specifications covering construction work on:

ALL ABOUT WOMEN - 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 / ^{PORTLAND,}
Engineer according to the 2003 International Building Code and local amendments. ^{MAINE}



As per Maine State Law,

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

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

