

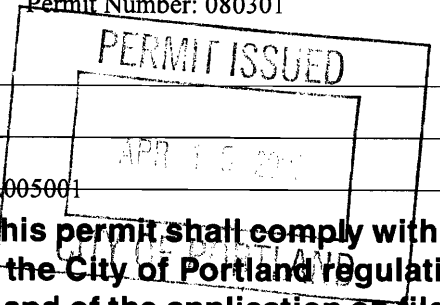
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 080301



This is to certify that LANDMARK HEALTHCARE FACILITIES LLC/Ledgewood Con
has permission to Medical Office - Primary Care - Tenant - up to 1st floor

AT 195 FORE RIVER PKWY Suite 100 L 075 A005001

provided that the person or persons who accept 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 when permission is granted before this building or part thereof is occupied or service is provided. 4 OUR NOTICES REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Greg Cass
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 4/15/08
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: 08-0301	Issue Date:	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY Suite 160	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: <i>C2b</i>

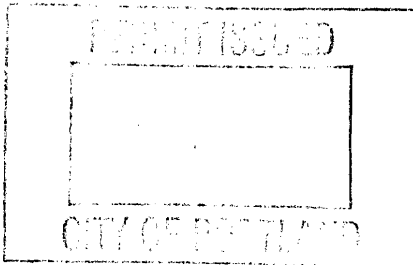
Past Use: Vacant Space	Proposed Use: Medical Office - Primary Care - Tenant Fit-up for 1st floor	Permit Fee: \$2,555.00	Cost of Work: \$246,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>ZB</i> <i>IBC 2003</i>	

Proposed Project Description: Medical Office - Primary Care - Tenant Fit-up for 1st floor	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: 04/02/2008	Zoning Approval
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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 <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"/> Denied Date: <i>4/2/08</i>	Zoning Appeal <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:	Historic Preservation <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

Permit No: 08-0301	Date Applied For: 04/02/2008	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY Suite 16	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: Commercial	

Proposed Use: Medical Office - Primary Care -Tenant Fit-up for 1st floor - suite #160	Proposed Project Description: Medical Office - Primary Care -Tenant Fit-up for 1st floor
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 04/02/2008
Note: Mercy Primary Care Suite **Ok to Issue:**

- 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:** 04/15/2008
Note: **Ok to Issue:**

- 1) 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.
- 2) 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:** 04/03/2008
Note: **Ok to Issue:**



General Building Permit Application

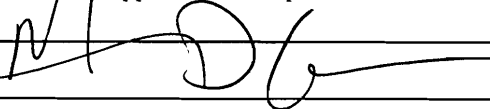
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 195 FORE RIVER PARKWAY, PORTLAND, ME 04101		
Total Square Footage of Proposed Structure/Area 3827 SF.		Square Footage of Lot SUITE: 160
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * <u>must</u> be owner, Lessee or Buyer* Name LANDMARK HEALTH FACILITIES LLC Address 837 N. JEFFERSON ST City, State & Zip MILWAUKEE, WI 53202	Telephone: 414.277.0500
Lessee/DBA (If Applicable) TENANT - MBLBY PRIMARY CARE SUITE 160	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ 246,000 C of O Fee: \$ 2480 Total Fee: \$ 255
Current legal use (i.e. single family) BUSINESS - MEDICAL OFFICE BUILDING If vacant, what was the previous use? N/A Proposed Specific use: MEDICAL OFFICE SUITE Is property part of a subdivision? NO If yes, please name N/A Project description: 1ST FLOOR FIT-OUT ON THE NEWLY CONSTRUCTION MEDICAL OFFICE BUILDING.		
Contractor's name: LEDGEWOOD CONSTRUCTION Address: 27 MAIN STREET City, State & Zip SOUTH PORTLAND, ME 04106 Telephone: 207-415-7993 Who should we contact when the permit is ready: KEVIN MCCOSH Telephone: _____ Mailing address: SEE ABOVE		

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, 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:  Date: **3/31/08**

APR - 2 2008

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



Certificate of Design Application

From Designer: FRANCIS CAUFFMAN, INC.
 Date: _____
 Job Name: FORE RIVER MEDICAL PAVILION-
 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 2 B

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 NO. (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 (1614.1)
 _____ Seismic use group ("Category")
 _____ Spectral response coefficients, S_D & S_{D1} (1615.1)
 _____ Site class (1615.1.5)

_____ 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_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

_____ 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)



Certificate of Design

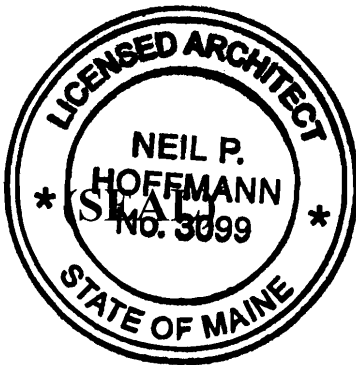
Date: MARCH 12, 2008

From: FRANCIS CAUFFMAN, INC. - ARCHITECTS

These plans and / or specifications covering construction work on:

MERCY PRIMARY CARE SUITE ON THE 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



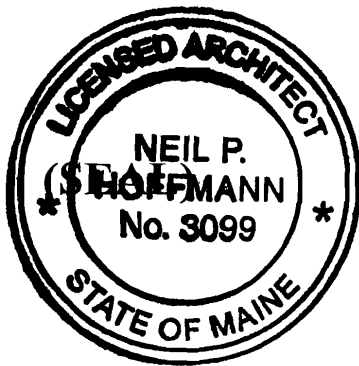
Accessibility Building Code Certificate

Designer: NEIL P. HOFFMAN, AIA

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

Nature of Project: TENANT FIT-OUT SPACE FOR
MERCY PRIMARY CARE SUITE IN
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



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

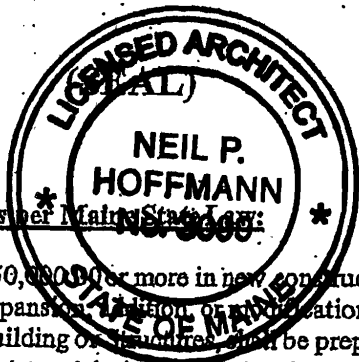
DATE: 3/12/08

These plans and / or specifications covering construction work on:

MERCY PRIMARY CARE SUITE ON THE 1ST FLOOR OF

FORE RIVER MEDICAL OFFICE BUILDING @ 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**



Signature: *Neil P. Hoffmann*

Title: PRINCIPAL / CEO

Firm: FRANCIS CAUFFMAN, INC

Address: 2120 ARCH STREET
PHILADELPHIA, PA 19103

* As per Maine Statute 10A: § 1001:
\$50,000 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
PACKAGE
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

