

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

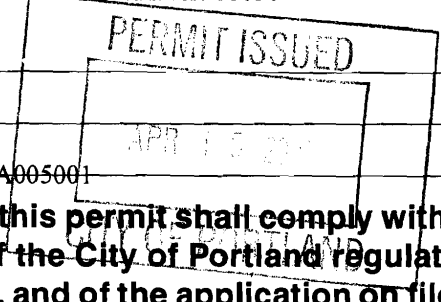
Please Read Application And Notes, If Any, Attached

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 160 PL 075 A005001



provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 to be occupied. **FOUR NOTICES REQUIRED**

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

OTHER REQUIRED APPROVALS

Fire Dept. Creeg Cass

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature] 4/15/08
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: 08-0301 | Issue Date: | CBL: 075 A005001 |
|-----------------------|-------------|---------------------|

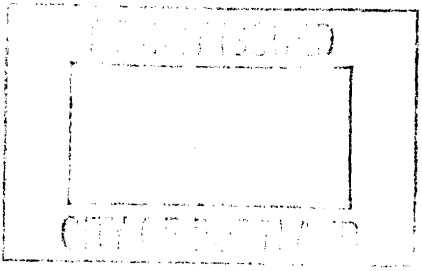
| | | | |
|--|--|--|----------------------|
| Location of Construction: 195 FORE RIVER PKWY Suite 160 | Owner Name: LANDMARK HEALTHCARE FA | Owner Address: 839 NORTH JEFFERSON | Phone: |
| Business Name: | Contractor Name: Ledgewood Construction | Contractor Address: 27 Maine St. So. Portland | Phone: 2077671866 |
| Lessee/Buyer's Name | Phone: | Permit Type: Commercial | Zone: C2B |

| | | | | |
|---------------------------|---|---|---|--------------------|
| 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: B Type: ZB <i>IBC 2003</i> | |

| | | |
|--|------------------------------|-------------------------------|
| Proposed Project Description: Medical Office - Primary Care - Tenant Fit-up for 1st floor | Signature: <i>Craig Case</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: Idobson | Date Applied For: 04/02/2008 | Zoning Approval |
|-----------------------------|---------------------------------|------------------------|

| | | | |
|---|---|---|---|
| <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> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>4/2/08</i></p> | <p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>4/2/08</i></p> | <p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>9</i></p> |
|---|---|---|---|



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 |

07/28/08 Final ~~at~~ every } ~~After~~

DO NOT ISSUE C/O

DOORS MISSING

NOT READY

100

11/1/08



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 195 FORE RIVER PKWY Suite 160 CBL 075 A005001

Issued to LANDMARK HEALTHCARE FACILITIES LLC /Ledgewood **Date of Issue** 08/06/2008

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 08-0301 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Suite #160

APPROVED OCCUPANCY

Medical Office Space
Use Group B
Type 2B
IBC 2003

Limiting Conditions: none

This certificate supersedes certificate issued

Approved:

[Signature]

(Date) Inspector

[Signature]

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.