

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080326

PERMIT ISSUED
APR 15 2008
CITY OF PORTLAND

This is to certify that LANDMARK HEALTHCARE FACILITIES LLC/Ledgewood Con

has permission to Retina Center of Maine - Ten Fit-up 4th fl Suite 480

AT 195 FORE RIVER PKWY Suite 480 075 A005001

provided that the person or persons firm or person 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 when permission procured before this building or part thereof is lashed or service closed-in. 24 HOUR NOTICE REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. Greg Class

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: 08-0326	Issue Date:	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY Suite 480	Owner Name: LANDMARK HEALTHCARE FA	Owner Address: 839 NORTH JEFFERSON	Phone:
Business Name: Retina Center of Maine	Contractor Name: Ledgewood Construction	Contractor Address: 27 Maine St. So. Portland	Phone 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: C26

Past Use: Vacant Space	Proposed Use: Medical Office - Retina Center of Maine -Tenant Fit-up for 4th floor suite 480	Permit Fee: \$2,605.00	Cost of Work: \$250,080.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 2B	

Proposed Project Description: Retina Center of Maine -Tenant Fit-up for 4th floor suite 480	Signature: <i>Cecilia Chase</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: 04/09/2008	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 Maj <input type="checkbox"/> Minor <input type="checkbox"/>	<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>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
	Date: <i>4/9/08</i>	Date:	Date:

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

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	Portland
Street	1000 Maine Building
Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	McIntyre
First:	

Applicant Name:	Thomas Mechanical Inc.
Mailing Address of Owner/Applicant (If Different)	1000 Maine Building Portland, ME 04101

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant

Date

PORTLAND

PERMIT # 10617 TOWN COPY

Date Permit Issued: 5/06/08 \$ 11188 If Double Fee Charged

Local Plumbing Inspector Signature: Thomas N. Haley L.P.I. # 07104

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY Commercial

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 02334

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	4	Sink
		Drinking Fountain	3	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet	1	Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	12	Fixtures (Subtotal) Column 1
			10	Fixtures (Subtotal) Column 2
			12	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 4-16-08
 Permit # 2008-4247
 CBL# 73 A 001

LOCATION: FORE RIVER PARKWAY METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT Retina Center PHONE # _____

							TOTAL EACH FEE			
OUTLETS	97	Receptacles	66	Switches	3	Smoke Detector	166	.20	33.20	
FIXTURES		Incandescent	94	Fluorescent		Strips	94	.20	18.80	
SERVICES		Overhead		Underground		TTL AMPS <800		15.00		
		Overhead		Underground		>800		25.00		
Temporary Service		Overhead		Underground		TTL AMPS		25.00		
								25.00		
METERS		(number of)						1.00		
MOTORS		(number of)						2.00		
RESID/COM		Electric units						1.00		
HEATING		oil/gas units		Interior		Exterior		5.00		
APPLIANCES		Ranges		Cook Tops		Wall Ovens		2.00		
		Insta-Hot		Water heaters		Fans		2.00		
		Dryers		Disposals		Dishwasher		2.00		
		Compactors		Spa		Washing Machine		2.00		
		Others (denote)						2.00		
MISC. (number of)	5	Air Cond/win					5	3.00	15.00	
		Air Cond/cent				Pools		10.00		
		HVAC		EMS		Thermostat		5.00		
		Signs						10.00		
		Alarms/res						5.00		
		Alarms/com						15.00		
		Heavy Duty(CRKT)						2.00		
		Circus/Carnv						25.00		
		Alterations						5.00		
		Fire Repairs						15.00		
	E Lights						1.00			
	E Generators						20.00			
PANELS		Service		Remote		Main		4.00		
TRANSFORMER		0-25 Kva						5.00		
		25-200 Kva						8.00		
		Over 200 Kva						10.00		
TOTAL AMOUNT DUE									67.00	
MINIMUM FEE/COMMERCIAL 45.00 55.00							MINIMUM FEE	35.00 45.00		

CONTRACTORS NAME B.N. MILLIKEN INC. MASTER LIC. # MC 60014837
 ADDRESS 175 ANDERSON ST PORTLAND ME 04101 LIMITED LIC. # _____
 TELEPHONE 207-879-1877

SIGNATURE OF CONTRACTOR Brian Milliken
 White Copy - Office • Yellow Copy - Applicant



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 195 FORE RIVER PKWY Suite 480 CBL 075 A005001

Issued to LANDMARK HEALTHCARE FACILITIES LLC /Ledgewoo Date of Issue 07/01/2008

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. 08-0326, 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 #480

APPROVED OCCUPANCY

Medical Office Space
Use Group B
Type 2B
IBC 2003

Limiting Conditions: none

This certificate supersedes
certificate issued

Approved:

.....
(Date)

.....
Inspector

.....
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.