

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Please Read  
Application And  
Notes, If Any,  
Attached

Permit Number: 080917

PERMIT ISSUED  
2 8 2017

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

has permission to Installation of a Temporary Generator on streets

AT 195 FORE RIVER PKWY

075 A005001

provided that the person or persons who perform or supervise the work in accepting 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 procured before this building or part thereof is occupied or service is rendered. 4 HOUR NOTIFICATION REQUIRED.

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

#### OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_

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

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

Other \_\_\_\_\_  
Department Name

*Jeanne Bonke*  
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

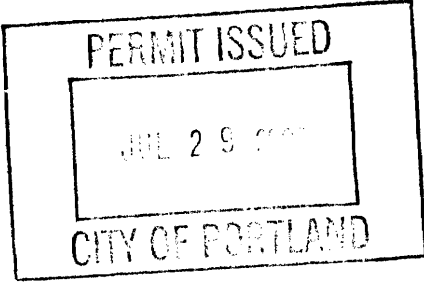
Permit No: 08-0917	Issue Date:	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PK WY	Owner Name: LANDMARK HEALTHCARE FAC	Owner Address: 839 NORTH JEFFERSON	Phone: 414-277-0500
Business Name:	Contractor Name: Ledgewood Construction	Contractor Address: 27 Maine St. So. Portland	Phone: 2077671866
Lessee/Buyer's Name	Phone:	Permit Type: <i>Generator</i> <del>Alterations - Commercial</del>	Zone:

Past Use: Commercial/Fore River Medical Complex	Proposed Use: Commercial/Fore River Medical Complex - Installation of a Temporary Generator on wheels.	Permit Fee: \$60.00	Cost of Work: \$3,732.00	CEO District: 3
Proposed Project Description: Installation of a Temporary Generator on wheels.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>N/A</i> Type: <i>Power backup Generator</i>	
		Signature: <i>Jeanne Burke</i>		Signature: <i>Jeanne Burke</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: lmd	Date Applied For: 07/28/2008	<b>Zoning Approval</b>		
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan Exemption 2008-0114 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>OK w/condition</i> Date: <i>7/29/08 gmb</i> <i>for A. Machado</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> 08-0917	<b>Date Applied For:</b> 07/28/2008	<b>CBL:</b> 075 A005001
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<b>Location of Construction:</b> 195 FORE RIVER PKWY	<b>Owner Name:</b> LANDMARK HEALTHCARE FAC	<b>Owner Address:</b> 839 NORTH JEFFERSON	<b>Phone:</b> 414-277-0500
<b>Business Name:</b>	<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> Commercial/Fore River Medical Complex - Installation of a Temporary Generator on wheels.	<b>Proposed Project Description:</b> Installation of a Temporary Generator on wheels.
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 07/29/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 07/29/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) This approves a temporary generator. The permit will expire in 180 days or when the permanent generator is approved and installed.			
2) Separate permits are required for any electrical installations			

2028-0114



# APPLICATION FOR EXEMPTION FROM SITE PLAN REVIEW

Fore River Medical Complex LLC  
Applicant

7/25/08  
Application Date

839 V Jefferson St. Portland, OR 97232  
Applicant's Mailing Address

Minor Medical Office Building  
Project Name/Description

James Hartmann 714 232 8346  
Consultant/Agent/Phone Number

175 Fore River Parkway  
Address of Proposed Site

CBL: 075 A 005

### Description of Proposed Development:

Installation of a new building footprint on existing lot, no new lot allowed  
ground to be removed and replaced

### Please Attach Sketch/Plan of Proposal/Development

#### Criteria for Exemptions:

See Section 14-523 (4) on back side of form

- a) Within Existing Structures; No New Buildings, Demolitions or Additions
- b) Footprint Increase Less Than 500 Sq. Ft.
- c) No New Curb Cuts, Driveways, Parking Areas
- d) Curbs and Sidewalks in Sound Condition/Comply with ADA
- e) No Additional Parking/ No Traffic Increase
- f) No Stormwater Problems
- g) Sufficient Property Screening
- h) Adequate Utilities

Applicant's Assessment (Yes, No, N/A)	Planning Office Use Only
No	✓
Yes	✓
Yes	✓
Yes	✓
Yes	✓
Yes	✓
Yes	✓
Yes	✓
Yes	✓
Yes	✓

### Planning Division Use Only

Exemption Granted  Partial Exemption  Exemption Denied



# 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</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot <u>168,923</u>	Number of Stories <u>4</u>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#  <u>075      A      005</u>	Applicant * <b>must be owner, Lessee or Buyer*</b> Name <u>Fore River Medical Complex, LLC</u> Address <u>839 N. Jefferson St Suite 600</u> City, State & Zip <u>Milwaukee WI, 53202</u>	Telephone: <u>414-277-0500</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>3,732</u> C of O Fee: \$ _____ Total Fee: \$ <u>50.00</u>
Current legal use (i.e. single family) _____ Number of Residential Units _____ If vacant, what was the previous use? _____ Proposed Specific use: <u>Temporary Generator</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Installation of a temporary Generator on wheels on site at Fore River Parkway.</u> <u>195</u>		
Contractor's name: <u>LedgeWood Construction</u> Address: <u>27 Main St</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 McCash</u> Telephone: <u>(207) 767-1866</u> Mailing address: <u>27 Main St. South Portland, ME 04106</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: James [Signature] Date: 7/25/08

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

JUL 28 2008

**CITY OF PORTLAND  
DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**

389 Congress Street  
Portland, Maine 04101

**INVOICE FOR PERMIT FEES**

<b>Application No:</b> 8-0917	<b>Applicant:</b> LANDMARK HEALTHCARE FAC
<b>Project Name:</b> Installation of a Temporary Generat	<b>Location:</b> 195 FORE RIVER PKWY
<b>CBL:</b> 075 A005001	<b>Development Type:</b>
<b>Invoice Date:</b> 07/29/2008	

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Fees</b>	-	<b>Current Payment</b>	=	<b>Total Due</b>	<b>Payment Due Date</b>
\$0.00		\$0.00		\$60.00		\$50.00		\$10.00	On Receipt

**First Billing**

**Previous Balance** **\$0.00**

<b>Fee Description</b>	<b>Qty</b>	<b>Fee/Deposit Charge</b>
Building Permit Fee First \$1000	1	\$30.00
Building Permit Fee Add'l \$1000	1	\$30.00
		<hr/> \$60.00
		<b>Total Current Fees: + \$60.00</b>
		<b>Total Current Payments: - \$50.00</b>
		<hr/> <b>Amount Due Now: \$10.00</b>

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Detach and remit with payment

**Bill to:** LANDMARK HEALTHCARE FACILITIES LLC  
839 NORTH JEFFERSON  
MILWAUKEE , WI 53202

CBL 075 A005001  
**Application No:** 8-0917  
**Invoice Date:** 07/29/2008  
**Invoice No:** 31952  
**Total Amt Due:** \$10.00  
**Payment Amount:**

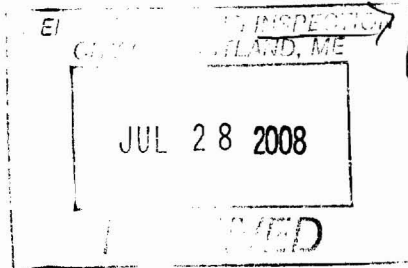
Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.



Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Planning and Urban Development  
Penny St. Louis Littell, Director

Planning Division  
Alexander Jaegerman, Director



*Stanie Bourke  
Inspections*

July 24, 2008

James Hartmann, Tenant Development Manager  
Landmark Healthcare Facilities, LLC  
Property Management Group  
839 North Jefferson Street, Suite 600  
Milwaukee, WI 53202

Michael Connelly  
Planning and Facilities Manager  
Mercy Hospital  
144 State Street  
Portland, ME 04101

**Mercy Phase 1 Development  
Medical Office Building- Proposed Generator  
Fore River Parkway**

Dear Sirs:

This letter is a follow up to discussions you have had with Jean Fraser, Planner, regarding the need for an external emergency generator to serve part of the Medical Office Building (MOB) on the Mercy Phase 1 site.

The need for a generator for the MOB was discussed with Mercy representatives on June 25, 2008 and the City confirmed at that time that any proposals for the generator and its placement would need to be reviewed, approved, and installed prior to the final CO for the Mercy Phase 1 site (including the MOB).

You recently inquired as to whether the City would approve fixed placement of an external generator in advance of a formal review of the permanent generator proposals. I am writing to confirm that the City is unable to consider any temporary placement of such a generator until all necessary permits and approvals are issued.

Based on the limited information provided to date, such a generator would require a number of City permits /approvals in relation to the structure/support pad/method of fixing, its use of flammable fuels and need for exhaust ventilation, its potential noise impacts including during regular tests, and its integration into the site plan which is also concerned with its appearance and screening.

*Temporary Generator***MultiQuip DCA-25 25KVA Diesel Generator****Specifications**

**Model Number:** DCA-25  
**Manufacturer:** MultiQuip  
**kVA:** 25  
**Prime Kilowatts:** 20 kw  
**Voltage Regulation:** 1%  
**240V 1 ph. amps:** 27.8  
**208V 3 ph. amps:** N/A  
**240V 3 ph. amps:** 60  
**480V 3 ph. amps:** 30  
**Fuel Tank Gallons:** 17  
**Fuel GPH (Full Load):** 1.7  
**W x L x H:** 77" x 30" x 39"  
**Dry Weight:** 1,543 lb.  
**Cat. Class:** 240-3131

**Category Class:** 240-3131

**Powered By:** Diesel

**Description**

United Rentals offers a complete line of sound attenuated generators for remote site power or emergency back-up. Features include a microprocessor based controller with automatic safety shutdown, emergency stop switch, lug box protection, voltage selector switch, multiple outlets, and automatic remote start for standby applications.

**Control panel**

has lockable door, with viewing window. Voltage regulator controls the voltage to within 1%. Large fuel tanks are built into the skid allowing long operation on or off highway legal trailer. External fuel fill has lockable cap. Generators are equipped with a single point lifting eye.

**Additional Information**

No additional information.

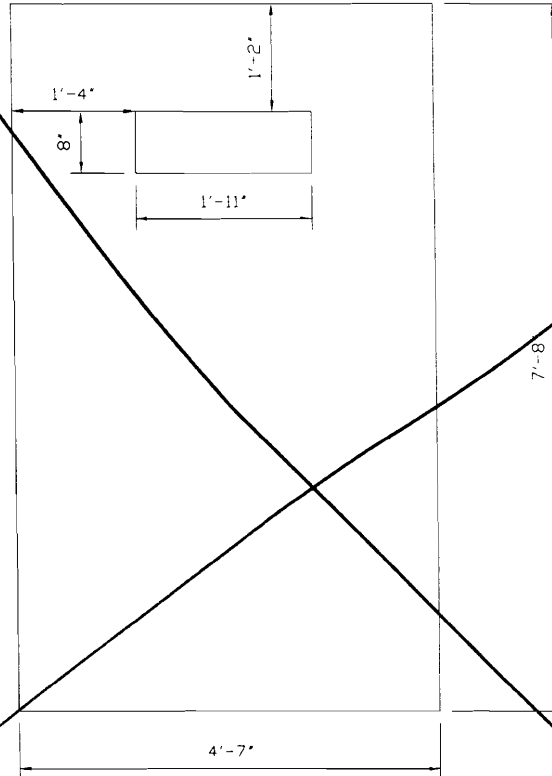
For reservations call 1-800-UR-RENTS

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Concrete Pad

*Note approved  
gmb*

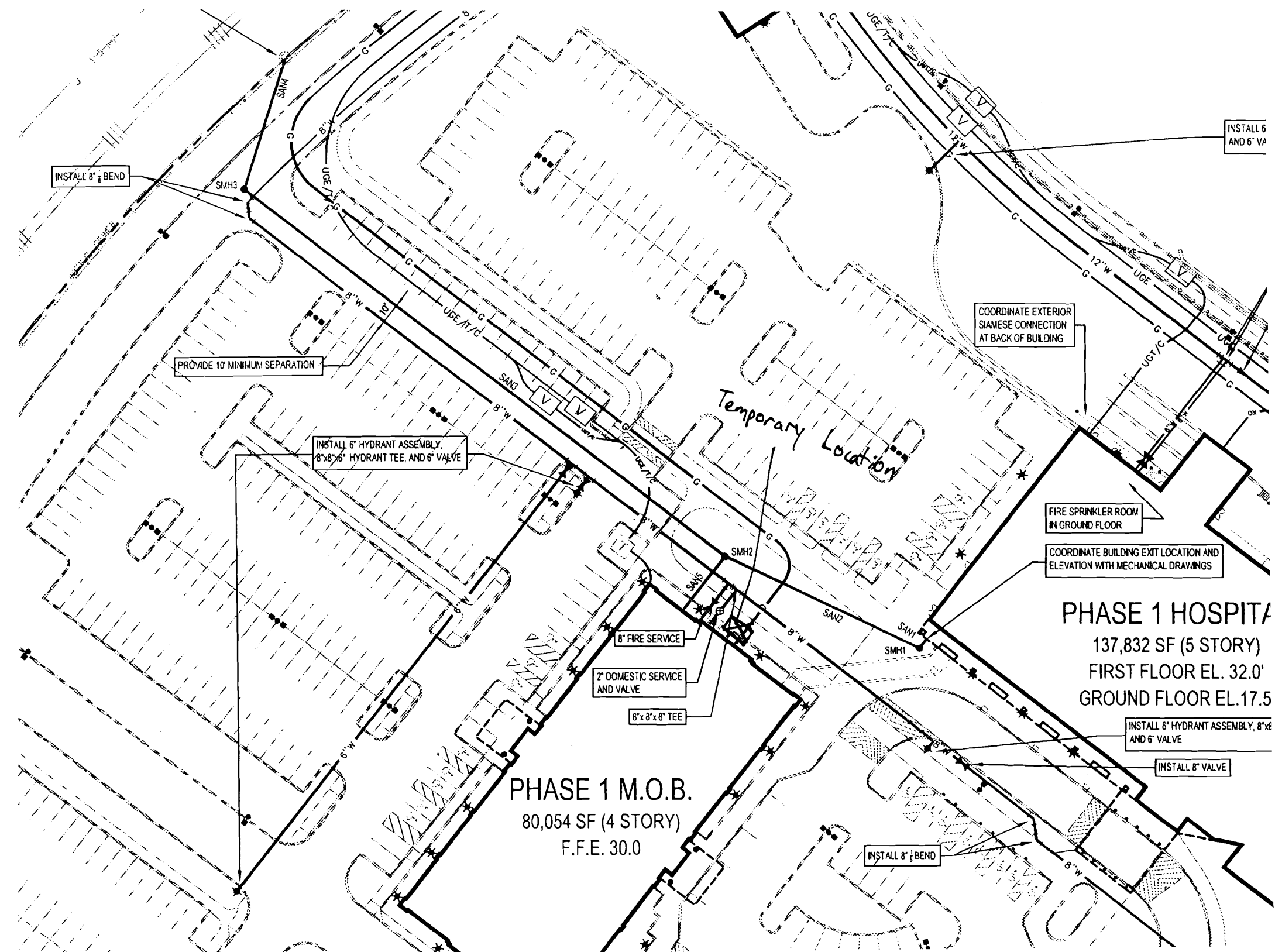


**B.H. MILLIKEN**  
ELECTRICAL CONTRACTORS

175 ANDERSON STREET  
PORTLAND, MAINE 04101  
PHONE 879-1877

REVISION #: 11708  
DATE: 1/17/08  
PROJECT: MOB  
SCALE: 1/2"=1'  
CHECKED BY: RHG

**ESK 1**



INSTALL 8" BEND

PROVIDE 10' MINIMUM SEPARATION

INSTALL 6" HYDRANT ASSEMBLY,  
8"x8"x6" HYDRANT TEE, AND 6" VALVE

8" FIRE SERVICE

2" DOMESTIC SERVICE  
AND VALVE

8"x8"x8" TEE

PHASE 1 M.O.B.  
80,054 SF (4 STORY)  
F.F.E. 30.0

Temporary Location

COORDINATE EXTERIOR  
SIAMESE CONNECTION  
AT BACK OF BUILDING

FIRE SPRINKLER ROOM  
IN GROUND FLOOR

COORDINATE BUILDING EXIT LOCATION AND  
ELEVATION WITH MECHANICAL DRAWINGS

PHASE 1 HOSPITAL  
137,832 SF (5 STORY)  
FIRST FLOOR EL. 32.0'  
GROUND FLOOR EL. 17.5'

INSTALL 6" HYDRANT ASSEMBLY, 8"x8"  
AND 6" VALVE

INSTALL 8" VALVE

INSTALL 8" BEND

INSTALL 6  
AND 6" VA