

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

**BUILDING INSPECTION**

**PERMIT**

Permit Number: 080917

Please Read  
Application And  
Notes, If Any,  
Attached

PERMIT ISSUED  
2 3 2011

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

has permission to Installation of a Temporary Generator

AT 195 FORE RIVER PKWY

075 A003001

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 procured before this building or part thereof is occupied or service is rendered. 4 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. \_\_\_\_\_

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

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

Other \_\_\_\_\_

Department Name

*Jeanne Bonke*  
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

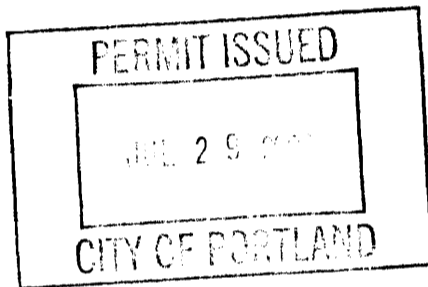
Permit No: 08-0917	Issue Date:	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY	Owner Name: LANDMARK HEALTHCARE FAC	Owner Address: 839 NORTH JEFFERSON	Phone: 414-277-0500
Business Name:	Contractor Name: Ledgewood Construction	Contractor 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</i> <i>Temporary Generator</i>	
		Signature: <i>Jenny Burke</i>		Signature: <i>Jenny 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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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <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"/> Date: <i>7/29/08 JMB</i> <i>for A. Machado</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