

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

**BUILDING INSPECTION
PERMIT**

PERMIT ISSUED
Permit Number: 081013
SEP 30 2008
CITY OF PORTLAND

This is to certify that LANDMARK HEALTHCARE FACILITIES LLC / Ledge Con
has permission to Tenant fit-up for Coffee Shop Suite 170
AT 195 FORE RIVER PKWY Suite 170 L 075 A00500

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 proceed
before this building or part thereof is
started or service closed-in. 4
OUR NO. REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

9/30/08 [Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

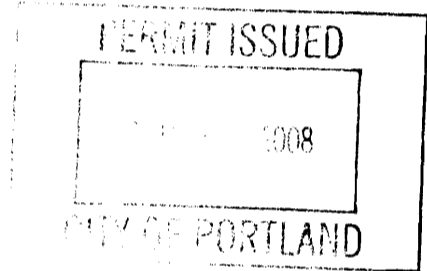
City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1013	Issue Date: 9/30/08	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY Suite 170	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: C-26
Past Use: Commercial/Fore River Medical Complex - Vacant Space	Proposed Use: Commercial/Fore River Medical Complex - Coffee Shop - Tenant fit-up for Coffee Shop Suite 170 1st floor	Permit Fee: \$695.00	Cost of Work: \$60,000.00
Proposed Project Description: Tenant fit-up for Coffee Shop Suite 170 1st floor		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Gregory Clark	INSPECTION: Use Group: Bldg. Type: 2B B w/A-2 Accessory IBC-2003 Signature: 7/27/08
		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: 08/10/2008
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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>	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"/> Date: 8/24/08	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:



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