

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

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED  
Permit Number: 081032  
SEP 5 2008  
CITY OF PORTLAND

This is to certify that LANDMARK HEALTHCARE FACILITIES LLC./Ledgewood Con  
has permission to install a permanent 25 kw generator on roof  
AT 195 FORE RIVER PKWY L 075 A005001

provided that the person or persons in charge of the work 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 closed or services closed-in. 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. Carey CURR  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*James Burke* 9/5/08  
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: 08-1032	Issue Date:	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY	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: Generator	Zone: C-2b

Past Use: Commercial - Fore River Medical Complex, LLC	Proposed Use: Commercial - Fore River Medical Complex, LLC - install a permanent 25 kw generator on pad w/ screening <i>Emergency Generator</i>	Permit Fee: \$300.00	Cost of Work: \$28,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>u</i> Type: <i>Exterior Generator</i>	

Proposed Project Description: install a permanent 25 kw generator on pad w/ screening	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> 9/5/08
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: 08/19/2008	<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 type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>9/2/08</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: <i>9/2/08</i>	<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: <i>[Signature]</i>
	PERMIT ISSUED SEP 5 2008 CITY OF PORTLAND		

**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> 08-1032	<b>Date Applied For:</b> 08/19/2008	<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>
<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> Generator	

<b>Proposed Use:</b> Commercial - Fore River Medical Complex, LLC - install a permanent 25 kw generator on pad w/ screening	<b>Proposed Project Description:</b> install a permanent 25 kw generator on pad w/ screening
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 08/22/2008	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
1) All efforts shall be taken to mitigate the noise created when there is testing of this emergency generator.				
2) 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> 09/04/2008	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
1) Separate permits are required for any electrical installations.				
<b>Dept:</b> Fire	<b>Status:</b> Approved	<b>Reviewer:</b> Capt Greg Cass	<b>Approval Date:</b> 08/25/2008	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				

<b>Comments:</b>
8/22/2008-mes: Wait for Planning approvals before issuing permit
9/4/2008-jmb: Waiting for planning approvals
9/4/2008-gg: received partial granted site exemption as of 9/4/08. Gg gfiled with permit (Jeanie).



# 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>Fore River Pkwy</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#	Applicant * <b>must</b> be owner, Lessee or Buyer* Name <u>Fore River Medical Complex, LLC</u> Address <u>839 N. Jefferson Street suite 600</u> City, State & Zip <u>Milwaukee WI, 53202</u>	Telephone: <u>414 277-0500</u>
<u>075      A      005</u>		
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>28,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>300</u>
Current legal use (i.e. single family) _____ Number of Residential Units _____ If vacant, what was the previous use? _____ Proposed Specific use: <u>Permanent generator</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Installation of permanent 25kw generator on pad along with the installation of sockets.</u>		
Contractor's name: <u>LedgeWood Construction</u>		
Address: <u>27 Main Street</u> <u>615-4446</u> <u>Dan DePietro on site</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 McCosh</u>		Telephone: <u>(207) 767-1866</u>
Mailing address: <u>27 Main Street 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.

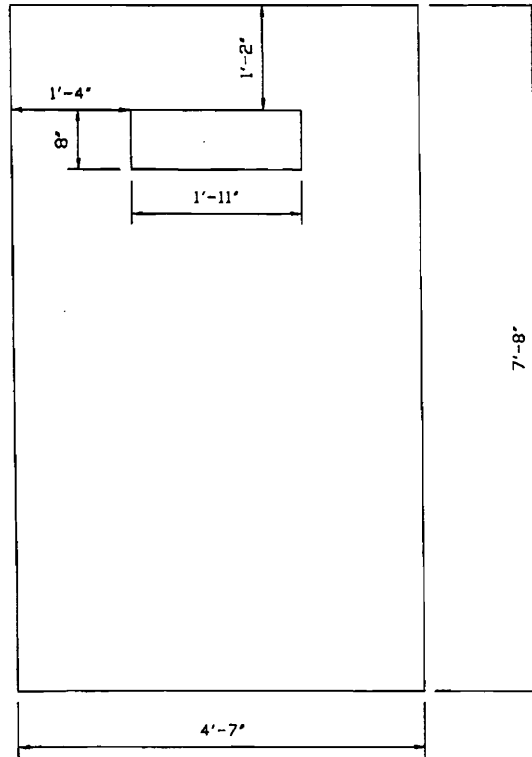
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division 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: [Signature] Date: 8-15-08

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

Concrete Pad

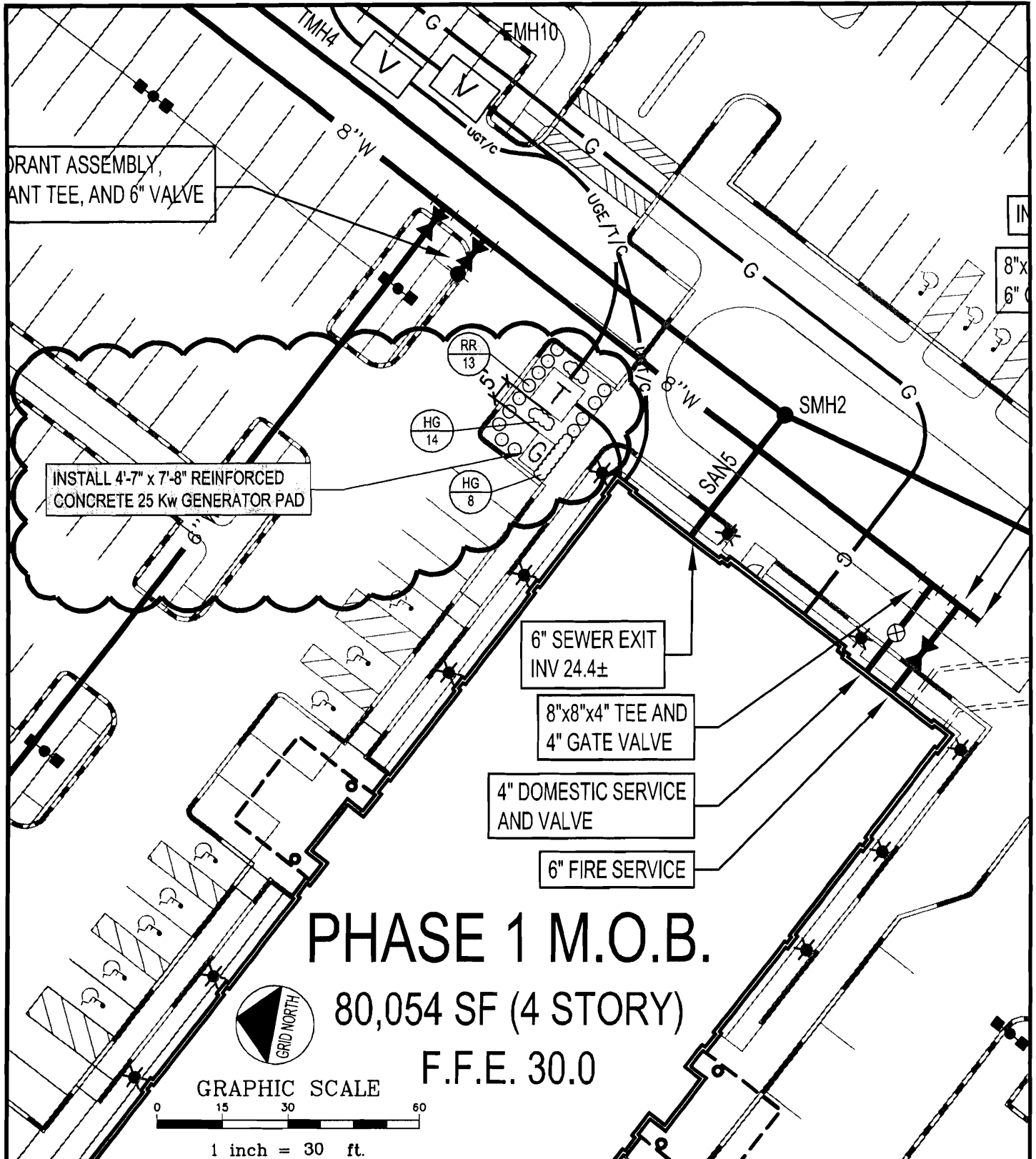


**B.H. MILLIKEN**  
ELECTRICAL CONTRACTORS

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**



MERCY AT THE FORE

EXCERPT OF  
UTILITY PLAN - NORTH



DeLuca-Hoffman Associates, Inc.  
778 MAIN STREET, SUITE 8  
SOUTH PORTLAND, ME 04106  
207.775.1121  
WWW.DELUCAHOFFMAN.COM

DRAWN:	DED	DATE:	8.05.08
DESIGNED:	SRB	SCALE:	1" = 30'
CHECKED:	SRB	JOB NO.	2149.01
FILE NAME:	2149.01-MP3		

FIGURE

CSK-29



# APPLICATION FOR EXEMPTION FROM SITE PLAN REVIEW

Not signed

Ever Rose Medical Complex, LLC  
Applicant

7/25/08  
Application Date

627 S Jefferson St Portland, OR 97202  
Applicant's Mailing Address

Mary Medical Office Building  
Project Name/Description

James Beckman 414 242 2576  
Consultant/Agent/Phone Number

95 Ever Rose Building  
Address of Proposed Site

CBL: 075-4 008

### Description of Proposed Development:

7.5 stories, 250,000 sq. ft. medical office building with 100 parking spaces. The proposed site screening will include a security fence and gates.

### 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

**APPLICATION FOR EXEMPTION FROM SITE PLAN REVIEW**

Complex, LLC

7/25/08  
Application Date

Milwaukee, WI 53202  
Address

Mercy Medical Office Building  
Project Name/Description

114 232 8376  
Number

195 Fore River Parkway  
Address of Proposed Site

CBL: 075-A-005

Development:

25 KW generator along with the installation of a concrete pad  
to screening. Please See Attached Generator specifications and site plan.

Type of Proposal/Development	Applicant's Assessment (Yes, No, N/A)	Planning Office Use Only
Back side of form	No	
No New Buildings,		
Less than 500 Sq. Ft.	Yes	
Streets, Parking Areas	Yes	
Land Condition/Comply	Yes	
Traffic Increase	Yes	
	Yes	
Signage	Yes	
	Yes	