

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 081209

Please Read
Application And
Notes, If Any,
Attached

This is to certify that LANDMARK HEALTHCARE FACILITY (Bailey Sign)
has permission to (2) 27'x18" FORE RIVER MEDICAL BUILDING SIGN
AT 195 FORE RIVER PKWY CE 075-A005001

provided that the person or persons, firm or corporation accounting 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 written permission procured before this building or part thereof is lathed or otherwise red-in. 24 HOUR NOTICE IS 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

CITY OF PORTLAND

Thomas W. McKeon 12/16/03
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

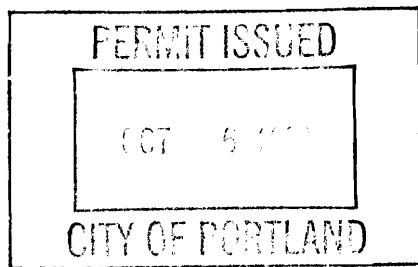
Permit No: 08-1209	Issue Date:	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY	Owner Name: LANDMARK HEALTHCARE FA	Owner Address: 839 NORTH JEFFERSON	Phone: 414-277-0500
Business Name:	Contractor Name: Bailey Sign Company Inc.	Contractor Address: 9 Thomas Drive Westbrook	Phone: 2077742843
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: C-26

Past Use: Commercial - Fore River Medical Complex, LLC	Proposed Use: Commercial - Fore River Medical Complex, LLC - Install (2) 27'x18" FORE RIVER MEDICAL BUILDING SIGN.	Permit Fee: \$186.00	Cost of Work: \$186.00	CEO District: 3
Proposed Project Description: (2) 27'x18" FORE RIVER MEDICAL BUILDING SIGN.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: SC-4	
		Signature: _____		Signature: <i>Jr 10/1/08</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: 09/25/2008	Zoning Approval		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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 type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	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	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: _____ <i>The zoning contract refers to the planning review for the zoning final sign-off 9/29/08</i>	Date: _____ <i>Planning signed-off on 10/2/08</i>	Date: _____ <i>Jean Fresier see U.I comments</i>

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

Permit No: 08-1209	Date Applied For: 09/25/2008	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: Bailey Sign Company Inc.	Contractor Address: 9 Thomas Drive Westbrook	Phone: (207) 774-2843
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Fore River Medical Complex, LLC - Install (2) 27'x18" FORE RIVER MEDICAL BUILDING SIGN.	Proposed Project Description: (2) 27'x18" FORE RIVER MEDICAL BUILDING SIGN.
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 09/29/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) The conditional./contract zone states that planning review the sign in relationship to design criteria. The permit was given to Jean F. for that review (she had the building review under site plan).			
Dept: Building	Status: Pending	Reviewer: Tom Markley	Approval Date: 10/06/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			
Dept: Planning	Status: Approved	Reviewer: Jean Fraser	Approval Date: 10/02/2008
Note: There are no conditons; as this is Contract Zone the 2 signs (northern and western facades, just below cornice) approved by Director of Planning and Dev. Services Manager			Ok to Issue: <input checked="" type="checkbox"/>

Comments:
10/2/2008-JF: Was discussed by Dev Rev 10.01.2008 and they were agreed to be acceptable; both signs (using Option A lettering) were agreed by the Director of Planning and the Development Services Manager.
I met with the applicant the same day and confirmed the lettering style for the 2 signs as being what we had looked at at Dev Rev. (ie Option A).
9/25/2008-ldobson: Removed from Zoning Basket Baily sign called need to submitt additional signage will send check and 78 dollars
9/29/2008-ldobson: Received additional sign information gave new routing date and moved to zoning
9/29/2008-mes: Under the Contract Zone, it requires planning to review as it states: "Signs shall be designed in proportion and character with the building facades". Gave to Jean F for the review.



Signage/Awning 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>145 Fore River Parkway</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>075</u> <u>A</u> <u>005</u>	Owner: <u>Fore River Medical Complex, LLC</u>	Telephone: <u>414-277-0500</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>Bailey Sign</u> <u>9 Thomas Drive</u> <u>Col. Westbrook Executive Bldg</u> <u>Westbrook, ME 04092</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>108.22</u> Awning Fee= cost of work _____ Total Fee: \$ <u>108.22</u>
Who should we contact when the permit is ready: <u>J. m Hartmann</u> phone: <u>414 232 8346</u>		
Tenant/allocated building space frontage (feet): Length: <u>27'</u> Height: <u>18''</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>Multi</u>		
Current Specific use: <u>Medical Office Building</u> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>27'x18''</u>		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> Is awning backlit? Yes _____ No _____ Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes _____ No _____ If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes _____ No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes _____ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____		
A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required.		

Please submit all of the information outlined in the Sign/Awning Application Checklist.
Failure to do so may 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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections 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 of applicant: J. m Hartmann

Date: 7/22/08

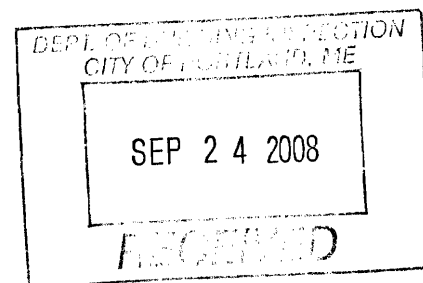
This is not a permit; you may not commence ANY work until the permit is issued.

LANDMARK HEALTHCARE FACILITIES LLC

September 23, 2008

Via Federal Express

City of Portland Inspections Division
389 Congress Street Room 315
Portland, ME 04101



To whom it may concern,

The following letter is to supplement the enclosed signage proposal for the Medical Office Building located at 195 Fore River Parkway.

The signage will read "Fore Fiver Medical Office Building" and below will read "195".

The material that will be used for the sign is aluminum. The sign will not be illuminated. The method of installation will be mechanically fastened brackets which are mounted with a 3/8" diameter expansion bolt which will be hammer drilled into the exterior masonry of the building.

Please feel free to contact me if you need any additional information via email at jhartmann@lhf.biz or by phone at (414) 232-8346.

Sincerely,

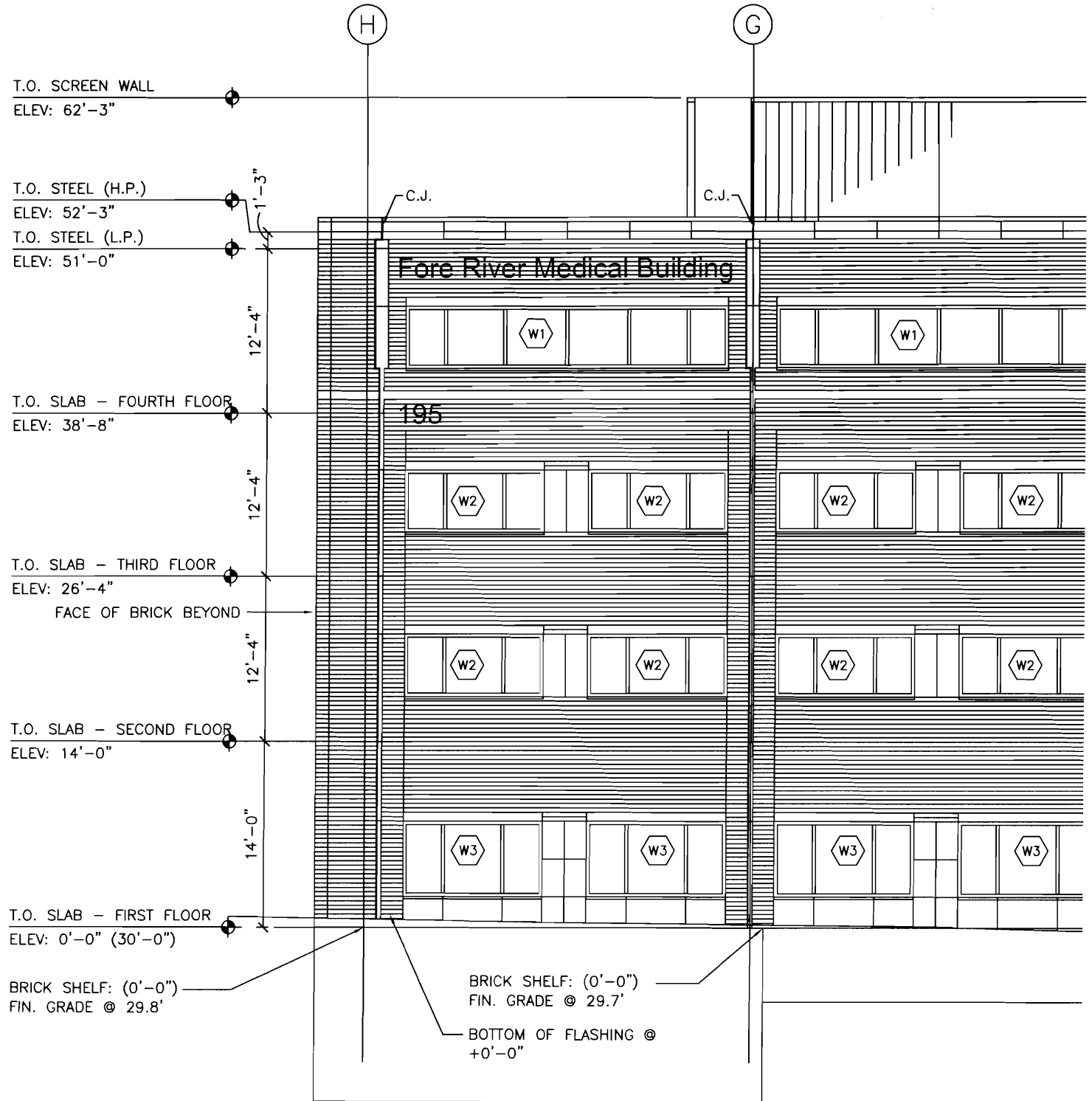
Jim Hartmann
Tenant Development Manager
Landmark Healthcare Facilities

enclosure

Vehicular circulation through internal driveways and roadways will provide safe and orderly access to all developed portions of the site.

- e. *Buffers and screens:* Development proposals shall include appropriate measures of a dense and continuous nature (for example, a double staggered row of white pine twenty-five (25) feet on center, etc.) in order to buffer parking lot visibility from public roads.
- f. *Preservation of natural features:* Development proposals shall identify the extent to which the developer will preserve natural features including, but not limited to, existing vegetation, flood plains, rock outcroppings, surface water bodies, drainage swales and courses, and wetlands; provided any such program shall consider and be sensitive to the need to preserve such natural features.
- g. *Architectural design:* All buildings shall be designed or approved by a registered architect in the State of Maine. The scale, texture, colors, and massing of the buildings shall be coordinated. The full range of high-quality, permanent, and traditional or contemporary building materials and technology may be incorporated in a manner so that the development as a whole embodies distinguishing attributes that achieve the developer's desired degree of excellence and are in conformance with the architectural guidelines provided in any private development restrictions. Particular emphasis shall be placed on the appearance of building facades from public streets and highways including the **CONNECTOR**, from driveway and parking areas, and from other nearby buildings. Building elevation drawings shall be submitted which indicate architectural style, exterior finishes and color, building height and scale, and location and scale of window and door openings. Samples of exterior building materials shall also be submitted.
- h. Signs: Signage shall be focused internally to the site or to the **CONNECTOR** and shall not be oriented or scaled to address Route 1 or Interstate 295, with the exception of the hospital and major office buildings. Development proposals shall identify all proposed signage. Signs shall be designed in proportion and character with the building facades. All signs shall be constructed of permanent materials and shall be coordinated with the building and landscaping design through the use of appropriate materials and finishes.
- i. *Master plan:* Prior to development on the **PROPERTY, MERCY** shall provide a master plan of the campus. The master plan shall include the following: The location of the building(s) on the site; infrastructure of the site; identification of common areas; traffic circulation, architectural character and treatment of the building(s); proposed building envelopes; phasing and timing of the development; private development restrictions;

SEP 29 2008



L A N D M A R K H E A L T H C A R E F A C I L I T I E S L L C

September 25, 2008

Via Federal Express

City of Portland Inspections Division
389 Congress Street Room 315
Portland, ME 04101

To Whom It May Concern:

The following letter is to supplement the enclosed signage proposal for the Medical Office Building located at 195 Fore River Parkway.

A previous letter and permit application was sent and received on 9/24/08 by the Inspections office. One additional sign is proposed to be installed on the western elevation as indicated on the site plan enclosed.

The additional permit fee of \$78.00 is also enclosed.

The signage will read "Fore Fiver Medical Office Building" and below will read "195".

The material that will be used for the sign is aluminum. The sign will not be illuminated. The method of installation will be mechanically fastened brackets which are mounted with a 3/8" diameter expansion bolt which will be hammer drilled into the exterior masonry of the building.

Please feel free to contact me if you need any additional information via email at jhartmann@lhf.biz or by phone at (414) 232-8346.

Sincerely,

Jim Hartmann
Tenant Development Manager
Landmark Healthcare Facilities

Enclosure

JEH/td

APPROXIMATE FASCIA V.O. 4'-2" X 27'-4"

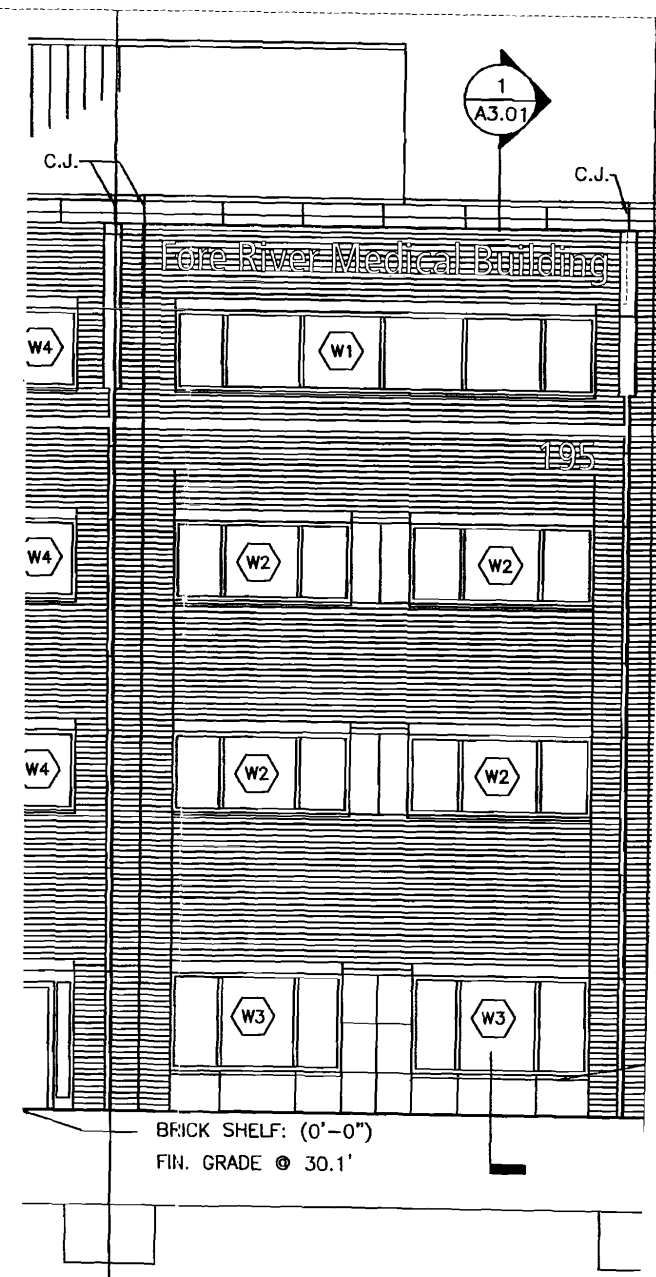
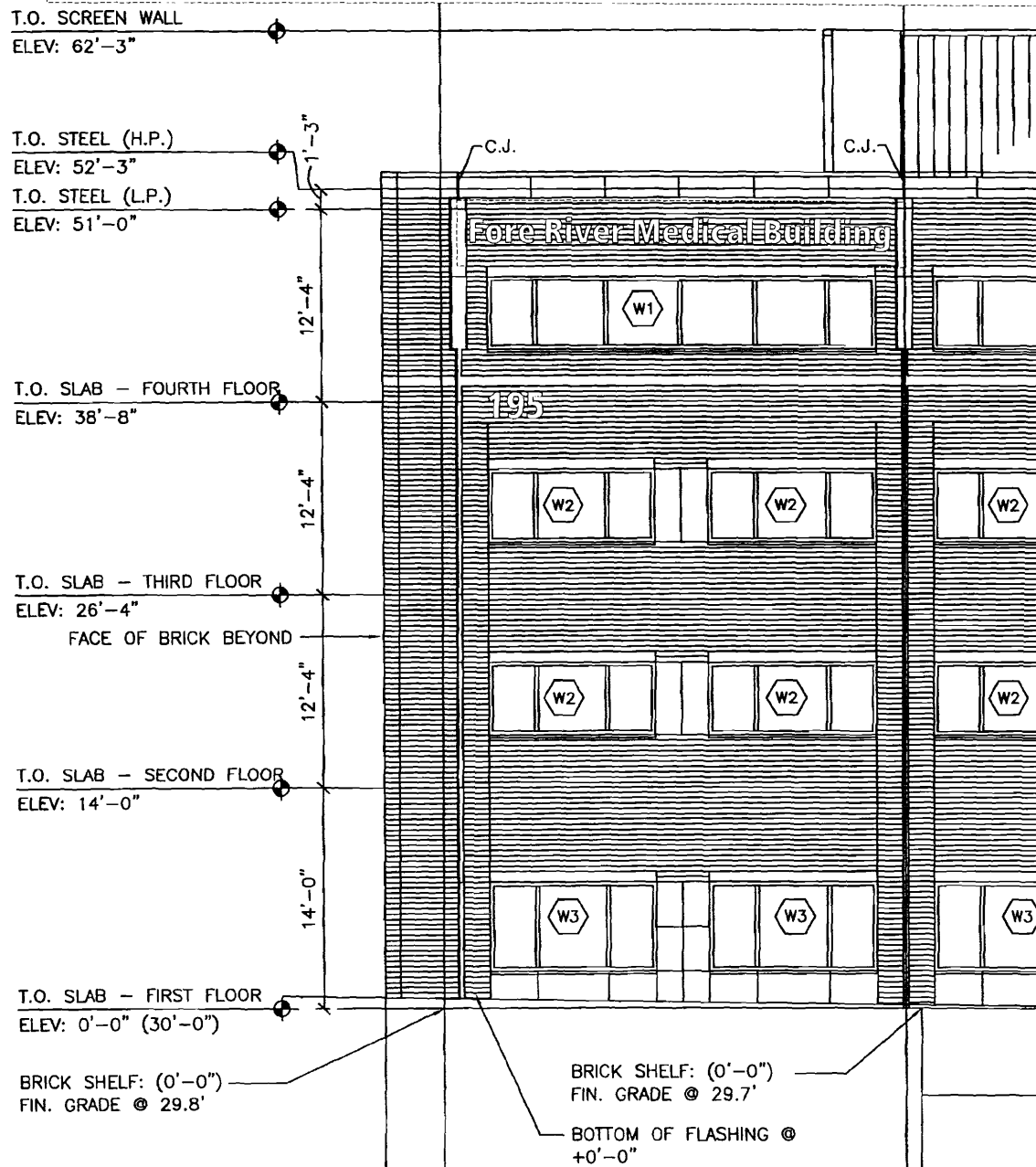
Fore River Medical Building

18" "F" OVERALL DIMENSION 25" X 326'-4"

APPROXIMATE FASCIA V.O. 4'-2" X 27'-4"

Fore River Medical Building

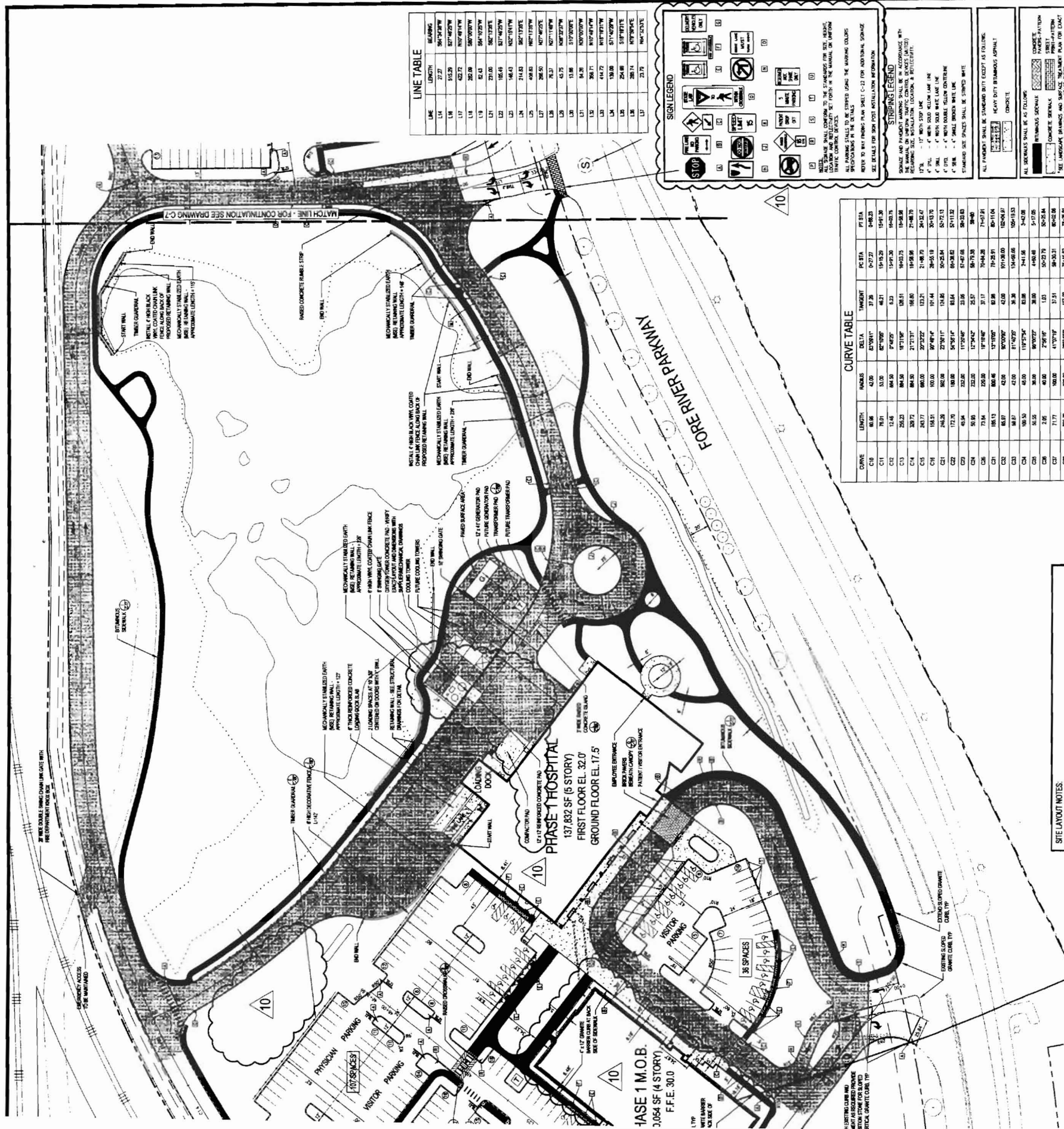
20 1/2" "F" OVERALL DIMENSION 28" X 326'-4"



met w/ Jim Hartman 10.1.08
both signs to be this lettering

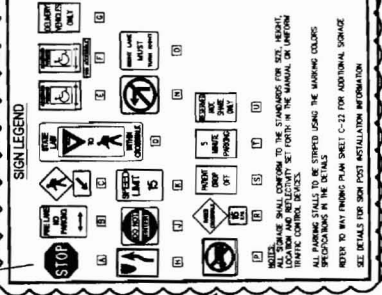
J.J. (Planning)

this loca



LINE TABLE

LINE	LENGTH	BEARING
L14	77.27	S84°34'29"W
L16	515.29	S27°46'29"W
L17	422.72	N07°46'19"W
L18	282.08	S00°00'00"W
L19	52.43	S84°16'29"W
L21	231.00	S87°13'28"E
L22	166.49	S27°46'29"W
L23	146.43	N22°51'17"W
L24	214.63	S87°13'28"E
L25	498.83	N07°13'29"E
L27	386.52	N07°46'29"E
L28	76.53	N07°11'49"W
L29	42.75	N02°23'29"E
L30	15.88	S27°20'00"E
L31	16.28	S27°20'00"W
L32	308.71	N17°41'00"W
L33	414.72	N17°41'00"W
L34	130.00	S17°00'00"W
L35	254.89	S17°00'00"W
L36	280.74	N17°39'36"E
L37	231.75	N04°10'42"E



CURVE TABLE

CURVE	LENGTH	MIDPOINT	DELTA	TANGENT	PC STA	PT STA
C10	16.98	637094.14	27.36	0.2727	4863.23	4880.21
C11	78.01	627067.07	66.21	1.51529	15461.39	15539.40
C12	12.46	646.50	6.23	1.54920	15492.20	15480.74
C13	256.23	187319.97	128.11	1440.375	18448.58	18704.91
C14	209.72	864.50	104.86	1449.588	21482.70	21692.56
C15	243.77	663.00	121.89	2119.870	24432.47	24676.24
C16	158.31	100.00	79.16	2045.19	30437.70	30632.59
C17	244.26	862.08	122.13	2025.84	32471.13	32715.97
C18	42.94	323.00	21.47	6142.08	38423.00	38465.94
C19	50.85	225.00	25.43	5873.38	38448.00	38498.85
C20	73.84	228.00	37.17	7044.28	38472.81	38526.65
C21	18.13	806.06	9.06	19148.00	38472.81	38480.87
C22	68.07	42.00	34.04	13448.00	10548.00	10616.07
C23	14.00	47.00	7.00	11975.94	10416.00	10430.00
C24	160.50	40.00	80.25	4464.00	5112.00	5172.00
C25	50.50	30.00	25.25	5043.79	5043.79	5043.79
C26	2.95	40.00	1.48	5842.06	8642.06	8642.06
C27	71.77	100.00	35.89	7845.82	7845.82	7845.82
C28	302.25	420.00	151.13	7845.82	7845.82	7845.82

SITE LAYOUT NOTES:

- ALL HATCHED SPACES ARE TO BECOME HANDICAP SPACES AND PAVEMENT MARKINGS AS ILLUSTRATED ON THE PLAN SHEETS.
- ALL CURB SHALL CONFORM TO THE FOLLOWING SPECIFICATIONS AS NOTED ON THE PLANS:
 - 4" HIGH CURB SHALL CONFORM TO THE STANDARD SPECIFICATIONS FOR ROAD AND DRIVEWAY CONSTRUCTION.
 - 6" HIGH CURB SHALL CONFORM TO THE STANDARD SPECIFICATIONS FOR ROAD AND DRIVEWAY CONSTRUCTION.
 - 8" HIGH CURB SHALL CONFORM TO THE STANDARD SPECIFICATIONS FOR ROAD AND DRIVEWAY CONSTRUCTION.
 - 12" HIGH CURB SHALL CONFORM TO THE STANDARD SPECIFICATIONS FOR ROAD AND DRIVEWAY CONSTRUCTION.
 - 18" HIGH CURB SHALL CONFORM TO THE STANDARD SPECIFICATIONS FOR ROAD AND DRIVEWAY CONSTRUCTION.
 - 24" HIGH CURB SHALL CONFORM TO THE STANDARD SPECIFICATIONS FOR ROAD AND DRIVEWAY CONSTRUCTION.
 - 30" HIGH CURB SHALL CONFORM TO THE STANDARD SPECIFICATIONS FOR ROAD AND DRIVEWAY CONSTRUCTION.
 - 36" HIGH CURB SHALL CONFORM TO THE STANDARD SPECIFICATIONS FOR ROAD AND DRIVEWAY CONSTRUCTION.
- ALL UNHATCHED SPACES SHALL BE PAVED WITH PORTLAND CEMENT CONCRETE TO THE FINISH SURFACE AS NOTED ON THE PLANS.
- UNLESS OTHERWISE NOTED OTHERWISE, THE PAVEMENT IS TO BE STAINLESS DUTY PAVEMENT.
- USE A 4"-6" CURB TRANSVERSE CURB WITH THE 1" VERTICAL GRADIENT CURB/TROING AND OTHER CURB TYPES AS NOTED ON THE PLANS.
- SEE SHEET C-7 FOR LAYOUT OVERLOOK DATA.
- CONCRETE SHALL BE 3000 PSI WITH 4% AIR ENTRAINMENT.
- ALL LANDSCAPING SHALL BE AS SHOWN ON THE LANDSCAPE ARCHITECTURE SHEETS.

DELUCA-HOFFMAN ASSOCIATES, INC.
 378 MAIN STREET, SUITE 200
 PORTLAND, ME 04101
 (207) 773-1131
 WWW.DELUCAHOFFMAN.COM

DH

PROJECT: **MERCY AT THE FORE**
 SHEET TITLE: **SITE LAYOUT PLAN - NORTH**
 CLIENT: **MERCY HOSPITAL**

DRAWING NO.: 2149.01
 DATE: 11.01.01
 CHECKED: SPB JOB NO. 2149.01
 FILE NAME: 2149.01-023

REV. DATE DESCRIPTION REVISIONS
 1. 11.01.01 PRELIMINARY PLANS SUBMITTED TO CITY OF PORTLAND
 2. 11.01.01 PRELIMINARY PLANS SUBMITTED TO CITY OF PORTLAND
 3. 11.01.01 FINAL APPROVAL PLANS SUBMITTED TO CITY OF PORTLAND
 4. 11.01.01 FINAL APPROVAL PLANS SUBMITTED TO CITY OF PORTLAND
 5. 11.01.01 PRELIMINARY PLANS SUBMITTED TO CONSTRUCTION MANAGERS
 6. 11.01.01 PRELIMINARY PLANS SUBMITTED TO CONSTRUCTION MANAGERS
 7. 11.01.01 PRELIMINARY PLANS SUBMITTED TO CONSTRUCTION MANAGERS
 8. 11.01.01 PRELIMINARY PLANS SUBMITTED TO CONSTRUCTION MANAGERS
 9. 11.01.01 PRELIMINARY PLANS SUBMITTED TO CONSTRUCTION MANAGERS
 10. 11.01.01 PRELIMINARY PLANS SUBMITTED TO CONSTRUCTION MANAGERS

SHEET C-6

Exterior Signage mounted to MOA

LANDMARK
HEALTHCARE
FACILITIES, LLC

839 North Jefferson Street
Milwaukee, Wisconsin 53202
Telephone: (414) 277-4500
Facsimile: (414) 277-1055

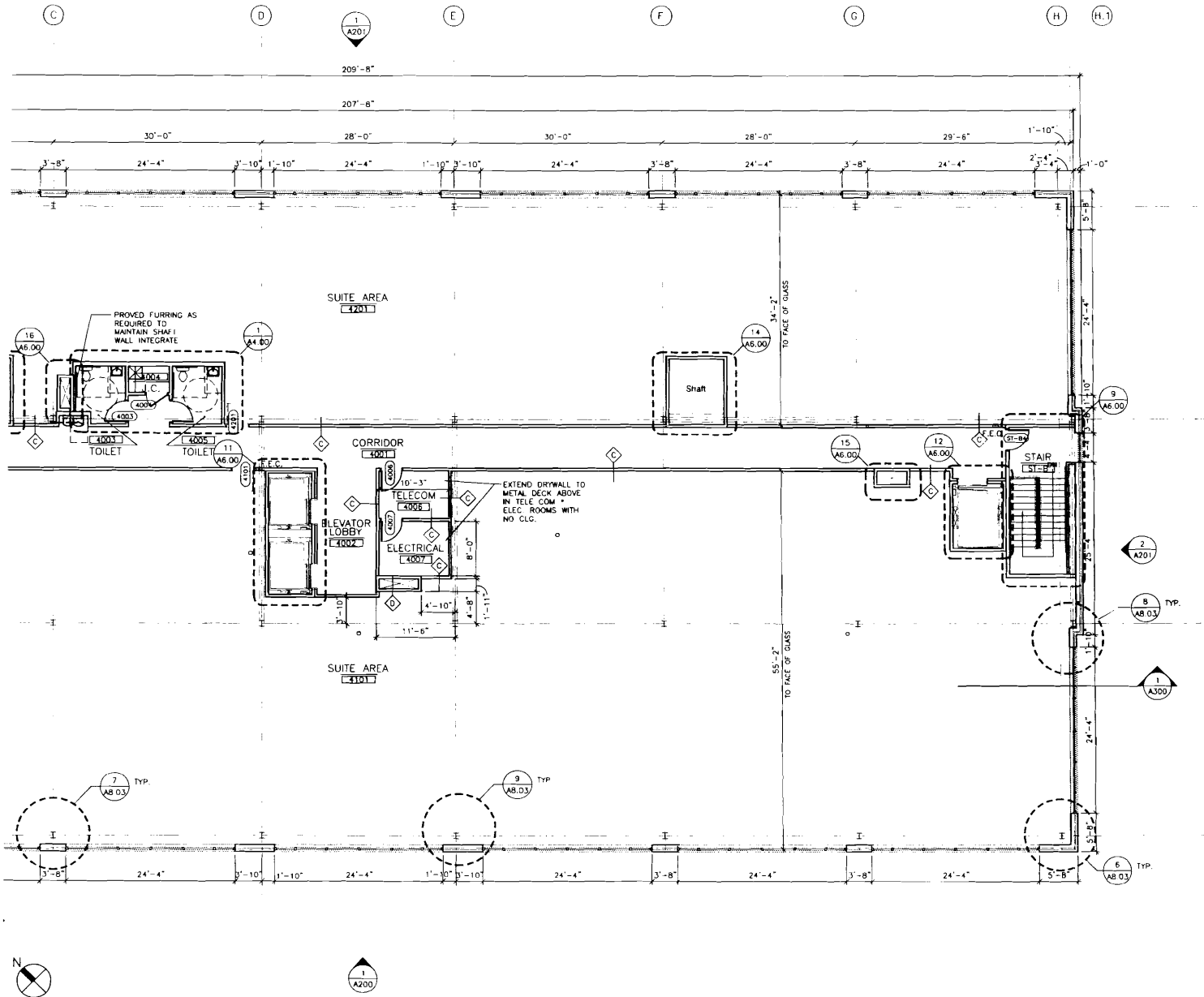
Francis
Cauffman
Foley
Hoffmann

Francis Cauffman Architects Ltd 2120 Arch Street
Foley Hoffmann Architects Ltd Philadelphia, PA 19103
215-568-8250

STRUCTURAL ENGINEER
ROBERT EDWARD CHESTER ASSOCIATES,
119 COULTER AVENUE
SUITE 175
ARMORE, PA 19003
P (610) 845-9570
F (610) 845-9572

M/E/P ENGINEER
AEF ENGINEERS, LLP
1500 WALNUT STREET, SUITE 1400
PHILADELPHIA, PA 19102
P 215-282-2154
F 215-735-8706

Revisions
11-20-06 CONSTRUCTION DOCUMENTS ISSUED



Sheet
FOURTH FLOOR CONSTRUCTION
PLAN

Project File
Landmark Healthcare
Facilities LLC

Fare River Medical
Pavilion
Portland, Maine

Date
NOVEMBER 20, 2006

Project Number
F06-5103

Drawing Number

A1.04

LANDMARK HEALTHCARE FACILITIES, LLC

839 North Jefferson Street
Milwaukee, Wisconsin 53202
Telephone: (414) 277-0500
Facsimile: (414) 277-1055

Francis

Cauffman

Foley

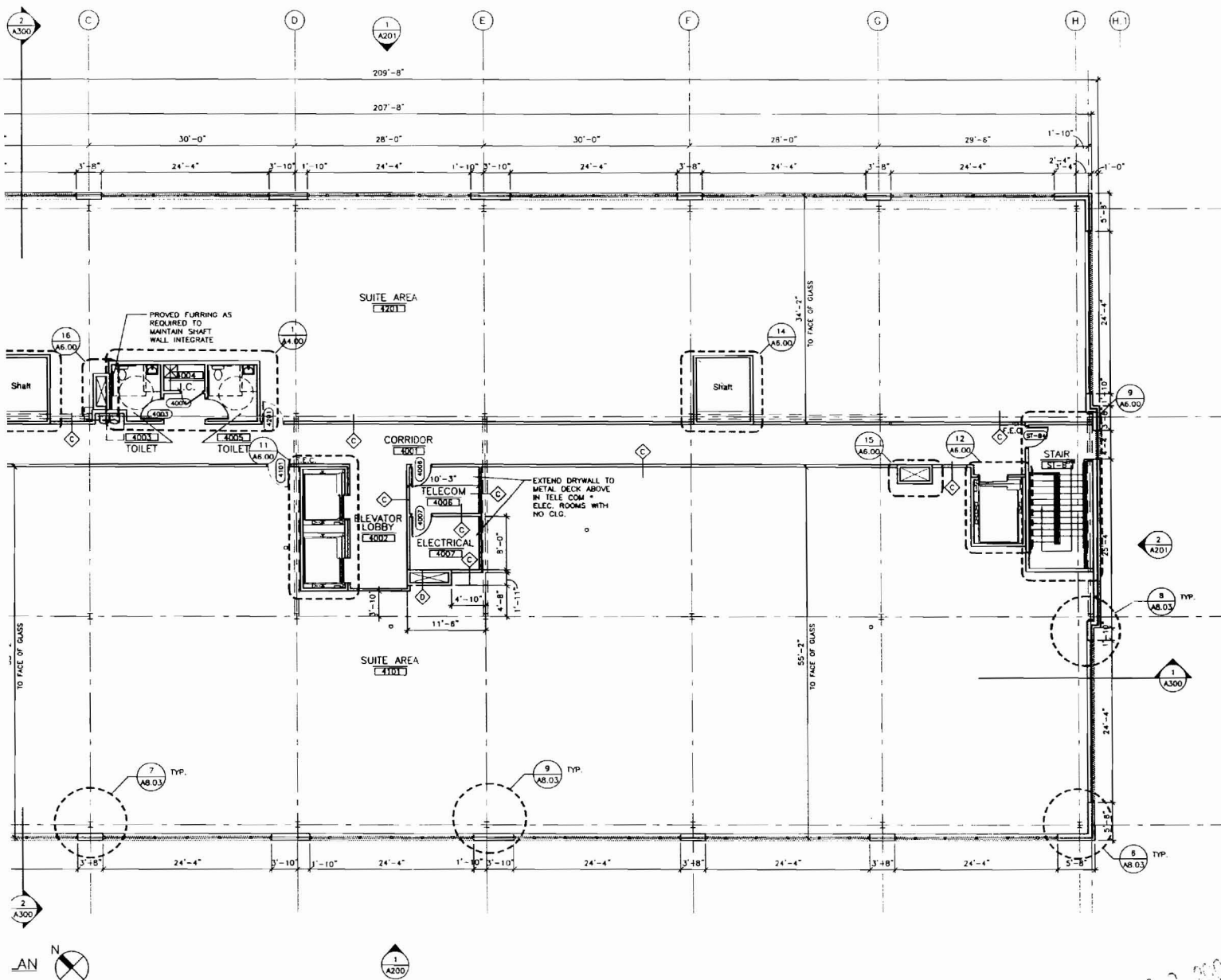
Hoffmann

Francis Cauffman 2120 Arch Street
Foley Hoffmann Philadelphia, PA 19103
Architects Ltd. 215-568-8250

STRUCTURAL ENGINEER
ROBERT EDWARD CHESTER ASSOCIATES,
119 COLLETER AVENUE
SUITE 175
MIDDLETOWN, PA 19001
P (610) 645-9570
F (610) 645-9572

M/E/P ENGINEER
MCF ENGINEERS, LLP
1500 WALNUT STREET, SUITE 1400
PHILADELPHIA, PA 19102
P 215-282-2154
F 215-735-8708

Revisions
11-20-06 CONSTRUCTION DOCUMENTS ISSUED



Sheet
FOURTH FLOOR CONSTRUCTION
PLAN

Project Title
Landmark Healthcare
Facilities LLC

Fore River Medical
Pavillon
Portland, Maine

Date
NOVEMBER 20, 2006

Project Number
F06-5103

Drawing Number
A1.04