

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

# PERMIT

Permit Number: 091341

Please Read Application And Notes, If Any, Attached

This is to certify that LANDMARK HEALTHCARE FACILITIES Edgewood  
has permission to Suite 470 Tenant Fit-up for Dr. David Keller MD  
AT 195 FORE RIVER PKWY Suite 470 CB# 075 A005001

provided that the person or persons, firm or corporation 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.

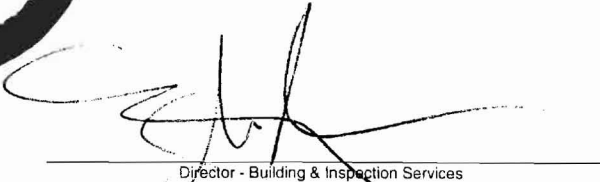
Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or otherwise enclosed-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. CAPT. R. Satchell  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

## PERMIT ISSUED

NOV 23 2009

City of Portland

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-1341	Issue Date:	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY Suite 47	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-2b

Past Use: Commercial - Fore River Medical Complex, LLC Suite 470 Vacant Space	Proposed Use: Commercial - Fore River Medical Complex, LLC- Dr. David Keller MD - Suite 470 Tenant Fit-up for Dr. David Keller MD	Permit Fee: \$945.00	Cost of Work: \$84,070.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: B Type: 2B IBC 2003	

Proposed Project Description: Suite 470 Tenant Fit-up for Dr. David Keller MD	Signature: (KG)	Signature: (Handwritten)
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: Ldobson	Date Applied For: 11/23/2009	<b>Zoning Approval</b>	
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<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>	<p><b>Special Zone or Reviews</b></p> <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: 11/23/09	<p><b>Zoning Appeal</b></p> <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:	<p><b>Historic Preservation</b></p> <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 provisions of the code(s) applicable to such permit.

**PERMIT ISSUED**

NOV 23 2009

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ **City of Portland** 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> 09-1341	<b>Date Applied For:</b> 11/23/2009	<b>CBL:</b> 075 A005001
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<b>Location of Construction:</b> 195 FORE RIVER PKWY Suite 47	<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> Commercial	

<b>Proposed Use:</b> Commercial - Fore River Medical Complex, LLC- Dr. David Keller MD - Suite 470 Tenant Fit-up for Dr. David Keller MD	<b>Proposed Project Description:</b> Suite 470 Tenant Fit-up for Dr. David Keller MD
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 11/23/2009**Note:** **Ok to Issue:** 

- 1) Separate permits shall be required for any new signage.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 12/28/2009**Note:** **Ok to Issue:** 

- 1) Any duct work penetrating rated assemblies shall have fire dampers.
- 2) All penetrations between units and common areas shall be protected with approved firestop materials and shall not reduce the required rating.
- 3) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Keith Gautreau      **Approval Date:** 12/03/2009**Note:** **Ok to Issue:** 

- 1) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
- 2) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 3) A single source supplier should be used for all through penetrations.
- 4) Any cutting or welding operations require a separate permit from the Fire dept.
- 5) All construction shall comply with NFPA 101
- 6) Application requires State Fire Marshal approval.

**PERMIT ISSUED****NOV 23 2009**

City of Portland

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY )

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

**By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.**

**A Pre-construction Meeting will take place upon receipt of your building permit.**

  X   Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

  X   Final/Certificate of Occupancy: Prior to any occupancy of the structure or use.

NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

\_\_\_\_\_  
Signature of Applicant/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date

PERMIT ISSUED

NOV 23 2009

City of Portland

LANDMARK HEALTHCARE FACILITIES LLC

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- 839 NORTH JEFFERSON STREET, MILWAUKEE, WI 53202 (414) 277-0500 FAX (414) 277-1055  
 7825 FAY AVENUE, SUITE 200, SAN DIEGO, CA 92037 (858) 551-7888 FAX (858) 551-4514

**LETTER OF TRANSMITTAL**

**To:** Lanni **From:** James Hartmann  
**Company:** City of Portland, Inspections Department **Date:** November 20, 2009  
**Address:** 389 Congress Street, Room 315 **Project:** Fore River Medical Building  
 Portland, ME 04101

**Sent Via:**  U.S. Mail  U.S. Priority Mail  Hand Deliver  
 Federal Express:  Early A.M. (before 8:30 AM)  Priority (before 10:30 AM)  
 Standard (before 5:00 PM)  Priority (Saturday delivery)  
 2nd Day  Express Saver (3 to 4 day)

**Items Sent:**  Plans  Contract  Payment Application  
 Shop Drawings  Specifications  Copy of Letter  
 Samples  Change Order  Other \_\_\_\_\_

Copies	Dated	Description of Items Being Sent
1	11/10/09	Signed and Sealed 100% Construction Document Set Issued for Bidding and Permitting
1	11/10/09	Signed and Sealed Project Manual
1		General Building Permit
1	11/10/09	CD containing the above referenced Construction Documents and Manual
1	11/20/09	Check in th amount of \$935.00

**Reason for Sending:**  As Requested  For Your Information  For Review and Comment  
 For Your Use  For Approval  Return \_\_\_\_\_ Signed Copies

**Remarks:**

**RECEIVED**

NOV 23 2009

Dept. of Building Inspections  
 City of Portland Maine



# 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, Portland ME 04101</u>		
Total Square Footage of Proposed Structure/Area <u>1201 sq/ft</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>75</u> Block# <u>A</u> Lot# <u>5</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: <del>414-277-0500</del> <u>414-277-0500</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>84,070.<sup>00</sup></u> C of O Fee: \$ <u>75.<sup>00</sup></u> Total Fee: \$ <u>935.<sup>00</sup></u>
Current legal use (i.e. single family) <u>Medical office Building</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>Physician office</u> Is property part of a subdivision? <u>No</u> If yes, please name <u>N/A</u> Project description: <u>Tenant Fit out space for physician office (suite 470) on the 4th floor of the medical office building.</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) 415-7993</u> Who should we contact when the permit is ready: <u>Jim Hartmann</u> Telephone: <u>(207) 615-4446</u> Mailing address: <u>Same as above</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 Officials 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.

RECEIVED

NOV 23 2009

Signature: [Signature] Date: 11/20/09

This is not a permit; you may not commence ANY work until the permit is issued. Dept. of Building Inspections City of Portland Maine



# Certificate of Design Application

From Designer: Christopher Kidd and Associates, LLC  
 Date: November 20, 2009  
 Job Name: Fore River Medical Pavilion - Suite 470  
 Address of Construction: 195 Fore River Parkway Portland, ME 04101

## 2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year IBC 2003 Use Group Classification (s) B - Business w/ new accessory assembly space A-2  
 Type of Construction 2B

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC Yes

Is the Structure mixed use? No If yes, separated or non separated or non separated (section 302.3) N/A

Supervisory alarm System? Yes Geotechnical/Soils report required? (See Section 1802.2) no

\* Reference "core and shell" permit no (061802) for the info listed below

### Structural Design Calculations

- \_\_\_\_\_ Live load reduction
- \_\_\_\_\_ Submitted for all structural members (106.1 - 106.11)
- \_\_\_\_\_ Roof live loads (1603.1.2, 1607.11)
- \_\_\_\_\_ Roof snow loads (1603.7.3, 1608)
- \_\_\_\_\_ Ground snow load,  $P_g$  (1608.2)
- \_\_\_\_\_ If  $P_g > 10$  psf, flat-roof snow load  $P_f$
- \_\_\_\_\_ If  $P_g > 10$  psf, snow exposure factor,  $C_e$
- \_\_\_\_\_ If  $P_g > 10$  psf, snow load importance factor,  $I_s$
- \_\_\_\_\_ Roof thermal factor,  $C_t$  (1608.4)
- \_\_\_\_\_ Sloped roof snowload,  $P_s$  (1608.4)

### Wind loads (1603.1.4, 1609)

- \_\_\_\_\_ Design option utilized (1609.1.1, 1609.6)
- \_\_\_\_\_ Basic wind speed (1809.3)
- \_\_\_\_\_ Building category and wind importance Factor,  $I_w$  table 1604.5, 1609.5
- \_\_\_\_\_ Wind exposure category (1609.4)
- \_\_\_\_\_ Internal pressure coefficient (ASCE 7)
- \_\_\_\_\_ Component and cladding pressures (1609.1.1, 1609.6.2.2)
- \_\_\_\_\_ Main force wind pressures (7603.1.1, 1609.6.2.1)
- \_\_\_\_\_ Seismic design category (1616.3)
- \_\_\_\_\_ Basic seismic force resisting system (1617.6.2)
- \_\_\_\_\_ Response modification coefficient,  $R_d$  and deflection amplification factor,  $C_d$  (1617.6.2)
- \_\_\_\_\_ Analysis procedure (1616.6, 1617.5)
- \_\_\_\_\_ Design base shear (1617.4, 1617.5.1)

### Flood loads (1803.1.6, 1612)

- \_\_\_\_\_ Flood Hazard area (1612.3)
- \_\_\_\_\_ Elevation of structure

### Earth design data (1603.1.5, 1614-1623)

- \_\_\_\_\_ Design option utilized (1614.1)
- \_\_\_\_\_ Seismic use group ("Category")
- \_\_\_\_\_ Spectral response coefficients,  $S_D$  &  $S_{D1}$  (1615.1)
- \_\_\_\_\_ Site class (1615.1.5)

### Other loads

- \_\_\_\_\_ Concentrated loads (1607.4)
- \_\_\_\_\_ Partition loads (1607.5)
- \_\_\_\_\_ Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



# Commercial Interior & Change of Use Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

## One (1) complete set of construction drawings must include:

Note: Construction documents for costs in excess of \$50,000.00 must be prepared by a Design Professional and bear their seal.

- N/A
- Cross sections w/framing details
  - Detail of any new walls or permanent partitions
  - Floor plans and elevations
  - Window and door schedules
  - Complete electrical and plumbing layout.
  - Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment or other types of work that may require special review
  - Insulation R-factors of walls, ceilings, floors & U-factors of windows as per the IECC 2003
  - Proof of ownership is required if it is inconsistent with the assessors records.
  - Reduced plans or electronic files in PDF format are required if originals are larger than 11" x 17".
  - Per State Fire Marshall, all new bathrooms must be ADA compliant.

Separate permits are required for internal and external plumbing, HVAC & electrical installations.

For additions less than 500 sq. ft. or that does not affect parking or traffic, a site plan exemption should be filed including:

- N/A
- N/A
- The shape and dimension of the lot, footprint of the existing and proposed structure and the distance from the actual property lines.
  - Location and dimensions of parking areas and driveways, street spaces and building frontage.
  - Dimensional floor plan of existing space and dimensional floor plan of proposed space.

A Minor Site Plan Review is required for any change of use between 5,000 and 10,000 sq. ft. (cumulatively within a 3-year period)



**Fire Department requirements.**

The following shall be submitted on a separate sheet:

- Name, address and phone number of applicant **and** the project architect.
- Proposed use of structure (NFPA and IBC classification)
- Square footage of proposed structure (total and per story)
- Existing and proposed fire protection of structure.
- Separate plans shall be submitted for
  - a) Suppression system
  - b) Detection System (separate permit is required)
- A separate Life Safety Plan must include:
  - a) Fire resistance ratings of all means of egress
  - b) Travel distance from most remote point to exit discharge
  - c) Location of any required fire extinguishers
  - d) Location of emergency lighting
  - e) Location of exit signs
  - f) NFPA 101 code summary
- Elevators shall be sized to fit an 80" x 24" stretcher.

**For questions on Fire Department requirements call the Fire Prevention Officer at (207) 874-8405.**

**Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.**

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.

**Permit Fee: \$30.00 for the first \$1000.00 construction cost, \$10.00 per additional \$1000.00 cost**

**This is not a Permit; you may not commence any work until the Permit is issued.**



# Accessibility Building Code Certificate

Designer: Christopher Kidd & Associates

Address of Project: 195 Fore River Parkway Portland ME, 04101

Nature of Project: Tenant fit out of a medical office

\_\_\_\_\_

\_\_\_\_\_

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



(SEAL)

11.20.09

Signature: Christopher Kidd AIA AIA

Title: President

Firm: Christopher D. Kidd, A.I.A., A.L.A.

Address: N48 W16550 LISBON RD

MENDOTA FALLS, WI 53051

Phone: (262) 901-0505

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



# Certificate of Design

Date: 11/20/2009

From: Christopher Kidd, A.I.A., A.L.A.

These plans and / or specifications covering construction work on:

Fore River Medical Complex (Dr. Keller Suite 470)

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments.



Signature: *Christopher D. Kidd*

Title: President

Firm: Christopher D. Kidd A.I.A., A.L.A.

Address: N48 W16550 Lisbon Road  
Menomonee Falls, WI 53051

Phone: (262) 901-0505

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