

CITY OF MEMPHIS
Department of Building Inspection

Certificate of Occupancy

LOCATION 195 Fore River Pkwy

CBE-073-A005001

Issued to LA... 08/01/2008

This building, under the building permit of the above location, built — altered — changed as shown under Building Permit No. 06-1222 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

EXISTING OCCUPANCY OR PURPOSES

Base building

APPROVED OCCUPANCY

4 Story Medical Office Building
Use Group B, Type 2B
IBC2003

Limiting Conditions: Temporary Certificate of Occupancy until Oct. 1, 2008.

This certificate supersedes
certificate issued

Approved: [Signature]

[Signature]
Inspector of Buildings

29/1/08



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 195 FORE RIVER PKWY Suite 47 CBL 075 A005001

Issued to Landmark Healthcare Facilities Llc /Ledgewood Construction **Date of Issue** 03/31/2010

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 09-1341, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Suite # 470

APPROVED OCCUPANCY

"Dr. David Keller, DO"
Use Group: B
Type: 2B
IBC, 2003

Limiting Conditions:

This certificate supersedes
certificates issued

Approved:

03/31/10
(Date)
CAPT. N. [Signature]
3/31/10

[Signature]
Inspector of Buildings

Notice: This certificate is not valid unless the fee has been paid and the certificate is transferred from owner to owner within property boundaries. The fee is \$100.00 plus \$1.00 per square foot for one dollar.

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	INSPECTION: Use Group: B Type: 2B	
		* See Conditions	IBC 2003	

Proposed Project Description: Suite 470 Tenant Fit-up for Dr. David Keller MD	Signature:	Signature:
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	Zoning Approval
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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>	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: <i>11/23/09</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:

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 city 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		DATE	PHONE

City of Portland

Site # 470

02-20-10

Final. Tenant Fit-Up Okay.

* Sprinkler compliance letter received

JAR & Steve Corey

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

BUILDING PERMIT

Permit Number: 091341

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 A00S001

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 lathed or otherwise covered-in. 24 HOURS 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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

NOV 23 2009

City of Portland

091341

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-1341	Date Applied For: 11/23/2009	CBL: 075 A005001
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Location of Construction: 195 FORE RIVER PKWY Suite 47	Owner Name: LANDMARK HEALTHCARE FAC	Owner Address: 839 NORTH JEFFERSON	Phone:
Business Name:	Contractor Name: Ledgewood Construction	Contractor Address: 27 Maine St. So. Portland	Phone (207) 767-1866
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	

Proposed Use: Commercial - Fore River Medical Complex, LLC- Dr. David Keller MD - Suite 470 Tenant Fit-up for Dr. David Keller MD	Proposed Project Description: Suite 470 Tenant Fit-up for Dr. David Keller MD
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Sehmuckal **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

- 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 * <u>must be owner, Lessee or Buyer</u> * Name <u>Fore River Medical Complex, LLC</u> Address <u>839 N. Jefferson St Suite 600</u> City, State & Zip <u>Milwaukie ME, 04152</u>	Telephone: 414-277-0500 <u>414-277-0500</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>84,070.00</u> C of O Fee: \$ <u>75.00</u> Total Fee: \$ <u>935.00</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>Tom 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, 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.

RECEIVED

Signature: [Signature] Date: 11/20/09 NOV 23 2009

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 Kild 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)
 _____ Seismic design category (1616.3)
 _____ Basic seismic force resisting system (1617.6.2)
 _____ Response modification coefficient, R_f and
 _____ deflection amplification factor, C_d (1617.6.2)
 _____ Analysis procedure (1616.6, 1617.5)
 _____ Design base shear (1617.4, 1617.5.1)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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, 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)

Earth design data (1603.1.5, 1614-1623)

_____ Design option utilized (1614.1)
 _____ Seismic use group ("Category")
 _____ Spectral response coefficients, S_D & S_1 (1615.1)
 _____ Site class (1615.1.5)

Flood loads (1803.1.6, 1612)

_____ Flood Hazard area (1612.3)
 _____ Elevation of structure

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 IEBC 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
- N/A 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, 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

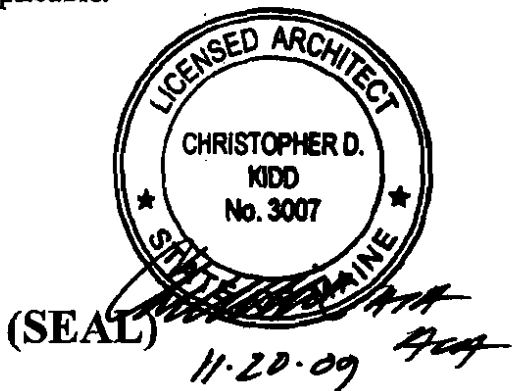
Address of Project:

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.



Signature:

Christopher D. Kidd

Title:

President

Firm:

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

Address:

N48 W16550 LISBON RD

MENOMONEE 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



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.



Christopher D. Kidd A.I.A. A.L.A.
11-20-09
(SEAL)

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

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



CITY OF PORTLAND, MAINE
 Department of Building Inspections

Original Receipt

11.23 2009

Received from Landmark Health

Location of Work Town River

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 935

Building (B) _____ Plumbing (P) _____ Electrical (E) _____ Site Plan (U) _____

Other _____

CBL: _____

Check #: 052527 Total Collected \$ 935

**No work is to be started until permit issued.
 Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
 YELLOW - Office Copy
 PINK - Permit Copy