

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that LANDMARK HEALTHCARE

Located At 195 FORE RIVER PKWY

Job ID: 2012-05-4065-SIGN

CBL: 075-A-005-001

has permission to install 25" x 24' wall sign

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

\_\_\_\_\_  
**Fire Prevention Officer**

  
\_\_\_\_\_  
**Code Enforcement Officer / Plan Reviewer**

6/1/12

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD**

## BUILDING PERMIT INSPECTION PROCEDURES

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

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

### Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Acting Director of Planning and Urban Development  
Gregory Mitchell

Job ID: 2012-05-4065-SIGN

Located At: 195 FORE RIVER  
PKWY

CBL: 075- A-005-001

## **Conditions of Approval:**

### **Building**

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.

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

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

Job No: 2012-05-4065-SIGN	Date Applied: 5/23/2012	CBL: 075- A-005-001	
Location of Construction: 195 FORE RIVER PKWY	Owner Name: LANDMARK HEALTHCARE FACILITIES, LLC	Owner Address: 839 NORTH JEFFERSON MILWAUKEE, WI 53202	Phone: 845-703-1047
Business Name: Fore River Medical Building	Contractor Name: Sign Design, Inc, Roger	Contractor Address: 207 P.O. Box Westbrook ME 04098	Phone: (207) -856-2600
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: C-26
Past Use: Fore River Medical Building	Proposed Use: Same – Fore River Medical Building – add 25" x 24' wall sign	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: SISA Signature: ABM
Proposed Project Description: Signage for Medical Center		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Brad		<b>Zoning Approval</b>	

	Special Zone or Reviews	Zoning Appeal	Historic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building Permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.	<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK</i> 6-1-12 <i>JA</i>	<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:	<input type="checkbox"/> Not in Dist 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** *consistent w/ what agreed re hospital building*

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 appication 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



C-24

# Signage/Awning Permit Application

Extend 5/23/12  
(3)

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.

2012 - 05 - 4065 - SIGN

Location/Address of Construction: <u>195 Fore River Parkway</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>075    A0005001</u>	Owner: <u>Landmark Healthcare Facilities, LLC</u> <u>839 North Jefferson</u> <u>Milwaukee, WI 53202</u>	Telephone: <u>845-703-1047</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u> <u>73.A-01</u>	Contractor name, address & telephone: <u>Sign Design, Inc.</u> <u>P.O. Box 207</u> <u>Portland, ME 04104</u> <u>Westbrook, ME 04092</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00 <u>78.00</u> For H.D. signage \$75.00 <u>30.00</u> Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ <u>108.00</u>
Who should we contact when the permit is ready: <u>Diana Roger</u> phone: <u>856-2600</u>		
Tenant/allocated building space frontage (feet): Length: <u>207'</u> Height: <u>60'</u> Lot Frontage (feet) <u>440'</u> Single Tenant or <input checked="" type="checkbox"/> Multi Tenant Lot		
Current Specific use: <u>Medical Center</u> If vacant, what was prior use: <u>N/A</u> Proposed Use: <u>N/A</u>		
<b>Information on proposed sign(s):</b> 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: _____		
<b>Proposed awning?</b> 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.		
<b>Information on existing and previously permitted sign(s):</b> Freestanding (e.g., pole) sign? Yes ___ No ___      Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___      Dimensions: <u>18" x 26' (395F)</u> - size is 25" x 24" 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.		

RECEIVED

MAY 23 2012

Dept. of Building Inspections  
City of Portland Maine

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](http://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: <u>Diana Olmstead</u>	Date: <u>5/18/12</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



# PORTLAND MAINE

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## Receipts Details:

**Tender Information:** Check , Check Number: 5845

**Tender Amount:** 108.00

## Receipt Header:

**Cashier Id:** bsaucier

**Receipt Date:** 5/23/2012

**Receipt Number:** 44226

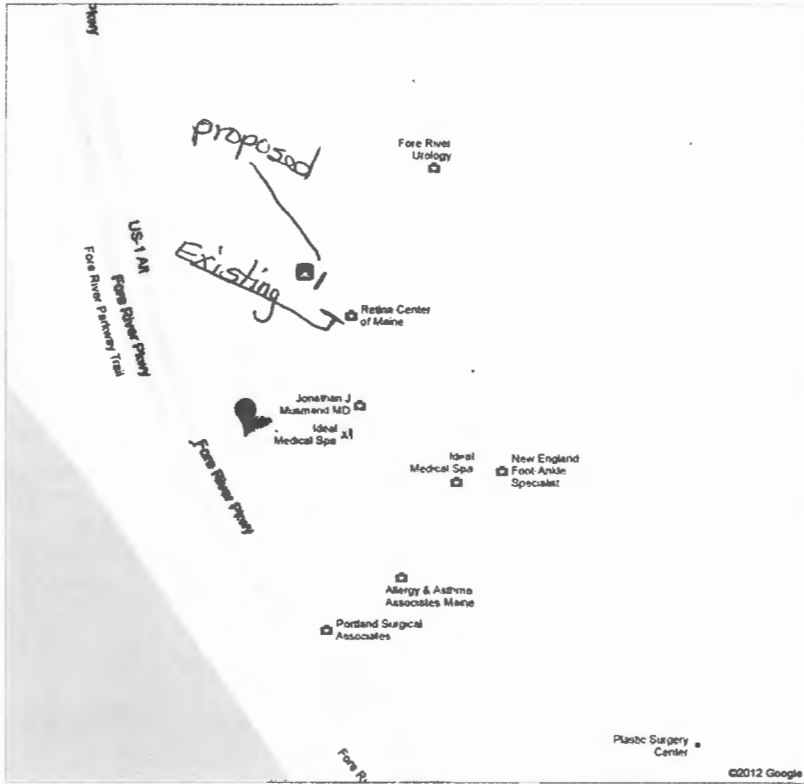
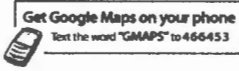
## Receipt Details:

Referance ID:	6622	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	108.00	Charge Amount:	108.00
Job ID: Job ID: 2012-05-4065-SIGN - Signage for Medical Center			
Additional Comments: 195 Fore River Pkwy; 1 of 2			

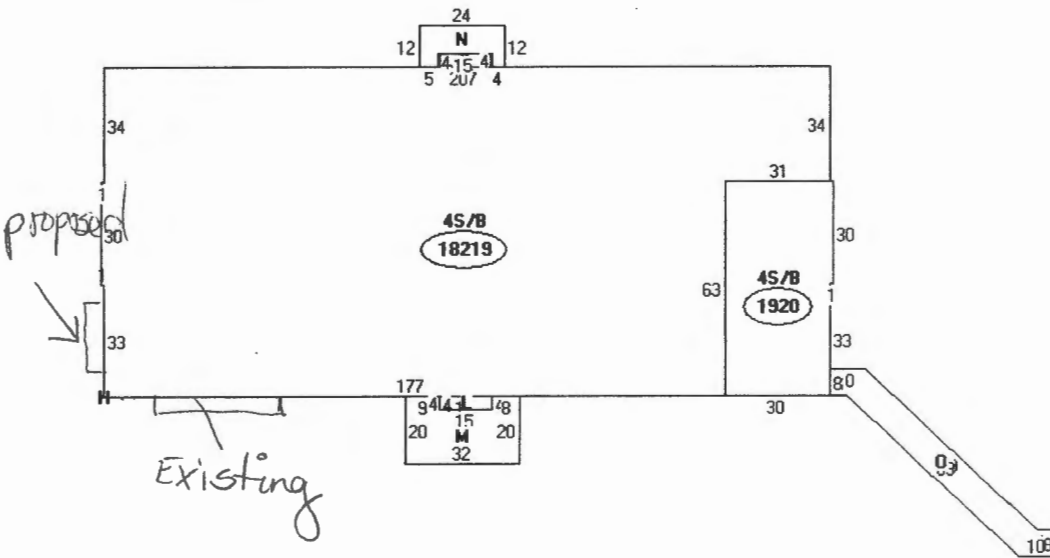
**Thank You for your Payment!**



Address 195 Fore River Pkwy  
Portland, ME 04102



Bldg frontage 207'  
height 60'  
lot frontage 440'  
setback 260'



Descriptor/Area	Area
A: 086	1920 sqft
B: 052	20139 sqft
C: 052	20139 sqft
D: ENCLOSED ENTRY	60 sqft
E: CANOPY ONLY	580 sqft
F: CANOPY ONLY	228 sqft
G: ELEVATOR ELECTRIC PASNGR	625000 sqft
H: ENCLOSED ENTRY	752 sqft
I: 45/B	18219 sqft
J: 45/B	1920 sqft
K: ENTRY	60 sqft

**Fore River Medical Building**

**195**





This design is the property of **Sign Design Inc.**

306 Warren Ave. Portland, Maine  
Tel. 207.856.2600 Fax 207.856.7600  
email: signdesi@maine.rr.com

Client: Maine Properties

File: fore river

Revision:

Date: 5.18.12

1 Set, 2" Deep, Non Lit, Stud Mounted (1 1/2" Stand Off), Reverse Channel Letters, White Painted Aluminum

18 in 288 in 25 in  
Fore River Medical Building

This job proof may reflect color shifts due to the conversion from ink to paint and/or vinyl. PMS colors will be approximated to the best of our ability. Client provided artwork will be used as is and Sign Design Inc. is not responsible for any artwork design faults nor for errors occurring due to improper review of this submitted job proof.

Design By: E.F.C. Comp. 2

- I Have Checked The Above Drawing For Layout And Spelling. I Find No Mistakes Or Errors. I Approve This Drawing For Final Completion.
- Do Not Proceed - Changes Requested

APPROVAL SIGNATURE

**signdesi@maine.rr.com**

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**From:** "Ann Machado" <AMACHADO@portlandmaine.gov>  
**Date:** Wednesday, May 16, 2012 9:50 AM  
**To:** "Diana Olmstead" <signdesi@maine.rr.com>  
**Subject:** Re: Fw: 195 Foreriver Parkway-Portland

Diana -

We ask for the certificate of liability from the insurance company listing the City as additionally insured if: "any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way".

If this is not the case then it does not have to be included with the application.

Hope this helps.

Ann

>>> "Diana Olmstead" <signdesi@maine.rr.com> 5/16/2012 9:31 AM >>>  
Hey, you!! It's been a while, hope all is well.

Can you PLEASE help me with this?

Diana

**From:** Mackie, Ashley  
**Sent:** Wednesday, May 16, 2012 9:08 AM  
**To:** 'Diana Olmstead'  
**Subject:** RE: 195 Foreriver Parkway-Portland

Good morning

Why does the City of Portland require our Insurance company add them as Additionally insured if the sign doesn't not encroach over any public land? We in fact own the property the building is on.

**Ashley Mackie**  
Property Administrator

**Health Care REIT, Inc.**  
75 Crystal Run Road, Suite 200  
Middletown, NY 10941  
845.703.1047 (o)  
845.703.1047 (f)  
[amackie@hcreit.com](mailto:amackie@hcreit.com)

HEALTHCARE  REIT  
CONFIDENTIALITY NOTICE

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**From:** Diana Olmstead [<mailto:signdesi@maine.rr.com>]  
**Sent:** Friday, May 11, 2012 3:19 PM  
**To:** Mackie, Ashley

5/17/2012



**Sign Contractors**

P.O. Box 207  
Westbrook, ME 04098  
(207) 856-2600 \* FAX: (207) 856-7600  
1-800-949-9037  
signdesi@maine.rr.com  
**A Full Service Sign Company**

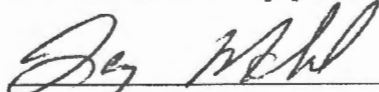
RE:

To Whom It May Concern:

As the owner (or owner representative) of the property located at:

FORE RIVER MEDICAL BUILD  
195 FORE RIVER PARKWAY  
PORTLAND, ME 04102

I authorize Sign Design Inc. to install signs/sign face replacements as detailed on attached paperwork.

  
Signature

5/10/12  
Date

Larry McComb  
Print Name Health Care REIT  
Middletown, NY 10941