

166-A-01001

850-850 Baxter Blvd, Portland, Maine

Seaside Nursing & Rehab

First Atlantic Healthcare

**CITY OF PORTLAND, MAINE  
DEVELOPMENT REVIEW APPLICATION  
PLANNING DEPARTMENT PROCESSING FORM  
Planning Copy**

2007-0077  
Application I. D. Number

5/7/2007  
Application Date

Seaside Nursing and Rehab  
Project Name/Description

First Atlantic Healthcare  
Applicant

Applicant's Mailing Address

Consultant/Agent

**Agent Ph:** \_\_\_\_\_ **Agent Fax:** \_\_\_\_\_

Applicant or Agent Daytime Telephone, Fax

850 - 850 Baxter Blvd, Portland, Maine

Address of Proposed Site

166 A010001

Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply):  New Building  Building Addition  Change Of Use  Residential  Office  Retail  
 Manufacturing  Warehouse/Distribution  Parking Lot  Apt 0  Condo 0  Other (specify) \_\_\_\_\_

Proposed Building square Feet or # of Units 162000 Acreage of Site \_\_\_\_\_ Zoning R-5

**Check Review Required:**

- Site Plan (major/minor)  Zoning Conditional - PB  Subdivision # of lots \_\_\_\_\_
- Amendment to Plan - Board Review  Zoning Conditional - ZBA  Shoreland  Historic Preservation  DEP Local Certification
- Amendment to Plan - Staff Review  Zoning Variance  Flood Hazard  Site Location
- After the Fact - Major  Stormwater  Traffic Movement  Other \_\_\_\_\_
- After the Fact - Minor  PAD Review  14-403 Streets Review

Fees Paid: Site Plan \$800.00 Subdivision \_\_\_\_\_ Engineer Review \_\_\_\_\_ Date 5/7/2007

**Planning Approval Status:**

Reviewer Scott Hanson

- Approved**  **Approved w/Conditions** See Attached  **Denied**

Approval Date 6/18/07 Approval Expiration \_\_\_\_\_ Extension to \_\_\_\_\_  Additional Sheets Attached

OK to Issue Building Permit Scott Hanson 6/18/07  
signature date

**Performance Guarantee**  **Required\*** \$300. INSURANCE FEE ONLY  **Not Required**

\* No building permit may be issued until a performance guarantee has been submitted as indicated below

<input type="checkbox"/> Performance Guarantee Accepted	_____	_____	_____
	date	amount	expiration date
<input type="checkbox"/> Inspection Fee Paid	_____	_____	
	date	amount	
<input type="checkbox"/> Building Permit Issue	_____		
	date		
<input type="checkbox"/> Performance Guarantee Reduced	_____	_____	_____
	date	remaining balance	signature
<input type="checkbox"/> Temporary Certificate of Occupancy	_____	<input type="checkbox"/> Conditions (See Attached)	_____
	date		expiration date
<input type="checkbox"/> Final Inspection	_____	_____	
	date	signature	
<input type="checkbox"/> Certificate Of Occupancy	_____		
	date		
<input type="checkbox"/> Performance Guarantee Released	_____	_____	
	date	signature	
<input type="checkbox"/> Defect Guarantee Submitted	_____	_____	_____
	submitted date	amount	expiration date
<input type="checkbox"/> Defect Guarantee Released	_____	_____	
	date	signature	

**FORESIDE ARCHITECTS, LLC**  
ARCHITECTURE/INTERIOR DESIGN/PLANNING

April 25, 2007

Ms. Barbara A. Barhydt  
Development Review Services Manager  
Planning & Development Department  
City of Portland  
Portland, ME 04101-3509

**Re: Seaside Nursing Facility – New Porte Cochere Addition**

Dear Ms. Barhydt,

Attached please find completed application, drawings and fee payment for a minor site plan review for the above referenced project located at 850 Baxter Boulevard, Portland.

1. The proposed project includes documentation for the design and construction of a new Porte Cochere Structure and associated sitework. The project will include approximately 1,200 square feet of footprint area.
2. We have however assumed for the purposes of City of Portland Zoning and Planning Approvals, that our approach will include application for “administrative approval action”, based upon prior contact with Marge Schumuckel, of the City of Portland’s Zoning Department.
3. The design and construction will be based on State and Local code requirements as provided in the International Building Code, 2003 and NFPA Life Safety Code, and as required by the City of Portland and the State of Maine.

Yours truly,



Mark J. Burnes, AIA  
President  
Foreside Architects, LLC

attachments

/jpl  
cc: file



# Site Plan Application

Department of Planning and Development  
Portland Planning Board

Address of Proposed Development: *850 BAXTER BOULEVARD* Zone: *R5*

Project Name: *SEASIDE NURSING AND REHABILITATION FACILITY*

Existing Building Size: *38,000* sq. ft.

Proposed Building Size: *38,000* sq. ft.

Existing Acreage of Site: *162,000* sq. ft.

Proposed Acreage of Site: *162,000* sq. ft.

**Tax Assessor's Chart, Block & Lot:**

Chart#      Block #      Lot#  
*166            A            010001*

**Property Owners Mailing address:**

*FIRST ATLANTIC HEALTHCARE  
222 ST. JOHN'S STREET  
PORTLAND, ME. 04101*

Telephone #: *874-2700*

Cell Phone #:

**Consultant/Agent Contact Name and mailing address, Telephone # and Cell Phone # :**

*FORESIDE ARCHITECTS LLC  
251 US ROUTE 1, SUITE 3  
FALMOUTH, ME 04105  
ATTN: MARK BURNES, AIA*

**Applicant's Name/Mailing Address:**

*ATTN: CRAIG COFFIN, COO*

Telephone #:

Cell Phone #:

Fee For Service Deposit (all applications)       (\$200.00)

**Proposed Development (check all that apply)**

- New Building     Building Addition     Change of Use     Residential     Office     Retail
- Manufacturing     Warehouse/Distribution     Parking lot
- Subdivision (\$500.00) + amount of lots \_\_\_\_\_ (\$25.00 per lot) \$ \_\_\_\_\_ + major site plan fee if applicable
- Site Location of Development (\$3,000.00)  
(except for residential projects which shall be \$200.00 per lot \_\_\_\_\_)
- Traffic Movement (\$1,000.00)     Storm water Quality (\$250.00)
- Section 14-403 Review (\$400.00 + \$25.00 per lot)
- Other \_\_\_\_\_

**Major Development (more than 10,000 sq. ft.)**

- Under 50,000 sq. ft. (\$500.00)
- 50,000 - 100,000 sq. ft. (\$1,000.00)
- Parking Lots over 100 spaces (\$1,000.00)
- 100,000 - 200,000 sq. ft. (\$2,000.00)
- 200,000 - 300,000 sq. ft. (\$3,000.00)
- Over 300,000 sq. ft. (\$5,000.00)
- After-the-fact Review (\$1,000.00 + applicable application fee)

**RECEIVED**

**MAY - 4 2007**

City of Portland  
Planning Division

~ Please see next page ~

**Minor Site Plan Review**

- Less than 10,000 sq. ft. (\$400.00)
- After-the-fact Review (\$1,000.00 + applicable application fee)

**Plan Amendments**

- Planning Staff Review (\$250.00)
- Planning Board Review (\$500.00)

**Who billing will be sent to:**

FIRST ATLANTIC HEALTHCARE  
222 ST. JOHN'S STREET  
PORTLAND, ME 04101

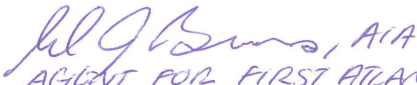
Submittals shall include (7) separate **folded** packets of the following:

- a. copy of application
- b. cover letter stating the nature of the project
- c. site plan containing the information found in the attached sample plans checklist
- d. 1 set of 11x17 plans

Section 14-522 of the Zoning Ordinance outlines the process which is available on our web site: [portlandmaine.gov](http://portlandmaine.gov)

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

**This application is for site review only; a Building Permit application and associated fees will be required prior to construction.**

<p><b>Signature of Applicant::</b>  AGENT FOR FIRST ATLANTIC HEALTHCARE</p>	<p><b>Date:</b> 4/25/07</p>
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