

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

Permit Number: 050205
MAR 10 2005

RECEIVED

This is to certify that Seaside Healthcare Llc/The Rehabilitation Co
 has permission to Tenant Fit-up - Renovations of nursing rooms
 AT 850 Baxter Blvd Portland, ME 04103 166 A010001

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 work on permit must be completed before this building or part thereof is closed-in. **48 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. [Signature]
 Health Dept. _____
 Appeal Board _____
 Other _____
Department Name

[Signature] 3/8/05
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: 05-0205	Issue Date:	CBL: 166 A010001
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Location of Construction: 850 Baxter Blvd	Owner Name: Seaside Healthcare Llc	Owner Address: 222 St John St	Phone:
Business Name:	Contractor Name: The Pochebit Co, Inc.	Contractor Address: 171 Warren Ave. Portland	Phone 2077973369
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Past Use: Seaside Nursing Home	Proposed Use: Seaside Nursing Home / Alterations to existing bldg - Renovations to nursing rooms	Permit Fee: \$246.00	Cost of Work: \$25,000.00	CEO District: 4
Proposed Project Description: - Renovations to nursing rooms		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature: Date:				

Permit Taken By: Idobson	Date Applied For: 02/23/2005	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 Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

Location of Construction: 850 Baxter Blvd	Owner Name: Seaside Healthcare Llc	Owner Address: 222 St John St	Phone:
Business Name:	Contractor Name: The Pochebit Co, Inc.	Contractor Address: 171 Warren Ave. Portland	Phone 2077973369
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 03/03/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 03/08/3005
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved with Conditions	Reviewer: Lt. MacDougal	Approval Date: 03/08/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) the fire alarm system shall be maintained to NFPA 72 standards 2) the sprinkler system shall be maintained to NFPA 13 standards 3) means of egress shall be maintained during construction			

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 APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-0205	Date Applied For: 02/23/2005	CBL: 166 A010001
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Location of Construction: 850 Baxter Blvd	Owner Name: Seaside Healthcare Llc	Owner Address: 222 St John St	Phone:
Business Name:	Contractor Name: The Pochebit Co, Inc.	Contractor Address: 171 Warren Ave. Portland	Phone (207) 797-3369
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Seaside Nursing Home / Alterations to existing bldg - Renovations to nursing rooms	Proposed Project Description: - Renovations to nursing rooms
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 03/03/2005
Note:	Ok to Issue: <input checked="" type="checkbox"/>		

Dept: Building	Status: Approved with Conditions	Reviewer: Mike Nugent	Approval Date: 03/08/3005
Note: 1) Rated Walls must extend to the underside of the roof sheathing	Ok to Issue: <input checked="" type="checkbox"/>		

Dept: Fire	Status: Approved with Conditions	Reviewer: Lt. MacDougal	Approval Date: 03/08/2005
Note: 1) the fire alarm system shall be maintained to NFPA 72 standards 2) the sprinkler system shall be maintained to NFPA 13 standards 3) means of egress shall be maintained during construction	Ok to Issue: <input checked="" type="checkbox"/>		

Dept: Zoning	Status: Pending	Reviewer:	Approval Date:
Note:	Ok to Issue: <input type="checkbox"/>		

Dept: Building	Status: Pending	Reviewer:	Approval Date:
Note:	Ok to Issue: <input type="checkbox"/>		

All Purpose 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.

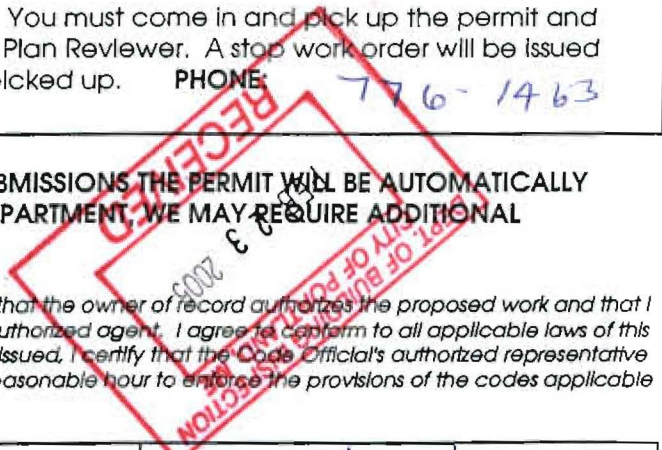
Location/Address of Construction: <u>SEASIDE NURSING HOME 850 BAXTER BLVD.</u>		
Total Square Footage of Proposed Structure <u>RENOVATION AREA 800 SF</u>	Square Footage of Lot <u>3.79 AC</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>166</u> Block# <u>A</u> Lot# <u>10</u>	Owner: <u>FIRST ATLANTIC CORP. 222 ST. JOHN ST PORTLAND, ME</u>	Telephone: <u>874-2700</u>
Lessee/Buyer's Name (if Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>THE POCHNETT CO 844 STEVENS AVE PORTLAND, ME 04103</u>	Cost Of Work: \$ <u>25,000 -</u> Fee: \$ <u>246</u>
Current use: <u>NURSING HOME</u>		
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>SAME AS EXISTING / NURSING HOME</u>		
Project description: <u>RENOVATIONS FOR ROOMS</u> <i>not a new tenant</i>		
Contractor's name, address & telephone: <u>THE POCHNETT CO INC 844 WALKER AVE, PORTLAND</u>		
Who should we contact when the permit is ready: <u>MIKE WHITE (776-1463)</u>		
Mailing address: <u>SAME AS ABOVE</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>776-1463</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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>Mullis White</u> <u>THE POCHNETT CO INC.</u>	Date: <u>2/23/05</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



Please call 874-8703 or 874-8693 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.

- Footing/Building Location Inspection: Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- 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.

CERTIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

[Signature]
Signature of Applicant/Designee

3/11/05
Date

[Signature]
Signature of Inspections Official

3/11/05
Date

CBL: 166 A010 Building Permit #: 050205



State of Maine
Department of Public Safety
Construction Permit



Not
Reviewed
for Barrier.
Free

14543

Sprinkled
Sprinkler Supervised

SEASIDE HEALTH CARE

Located at: 850 BAXTER BOULEVARD

PORTLAND

Occupancy/Use NURSING HOME

Permission is hereby given to:

FIRST ATLANTIC CORP.
CRAIG COFFIN
222 ST. JOHN ST. - SUITE 207
PORTLAND, ME 04102

to construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved.

No departure from application forms/plans shall be made without prior approval in writing. This permit is issued under the provision

of Title 25, Chapter 317, Section 2448

Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

This permit will expire at midnight on the 29th of June 2005

Dated the 30th day of December A.D. 2004

Michael P. CoTrane

Commissioner

Copy-1 Owner

Comments:

1/27/05

Att: Mike White

From Joel

for 797-3299

FIRST ATLANTIC CORP
CRAIG COFFIN
222 ST JOHN ST. - SUITE 207
PORTLAND, ME 04102





Rehabilitation & Health Care Center

February 16, 2005

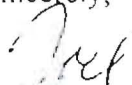
City of Portland
Office of Planning
City Hall
Portland, Maine 04101

Office of Planning:

Seaside HealthCare has received approval from the State Fire Marshall's Office to reconstruct patient rooms at the Facility. The reconstruction puts back in service the three rooms lost during an earlier remodeling at Seaside. No additional space is being constructed at Seaside nor are we increasing our bed licensure (147). Once the reconstruction has been completed, Seaside will return to its original bed configuration as defined when purchased by the Seaside HealthCare, LLC. Seaside will also not be adding any personnel at this time.

Please call me if you have any questions or need additional information.

Sincerely;


Joel P. Rogers
Administrator





Rehabilitation & Health Care Center

December 21, 2004

Nelson E. Collins
Supervisor
Licensing & Inspecting Unit
Department of Public Safety
Office of State Fire Marshall
52 State House Station
Augusta, ME 04333-0052

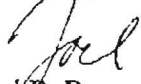
Dear Mr. Collins:

Attached is a drawing referencing Seaside HealthCare's request to reconstruct resident rooms on Wing III. The area under consideration was originally resident rooms, but during previous renovations was converted to a larger dining area. A change in the clinical needs of our residents and demand for skilled/LTC beds make it necessary to re-establish these rooms. This will bring our bed capacity to 147, the same as Seaside's license (see attached). The general contractor will be The Pochebit Company, Inc. This letter updates our previous request in that Seaside has determined constructing private rooms versus semi-private best meets patient needs.

Seaside seeks approval to construct this area back to original use. We would not be changing or adding to the existing building's footprint, but rather constructing interior walls for better utilization of current space. The cost of this project is estimated at \$25,000. Robert Cadigan conducted the last yearly inspection at Seaside, therefore is familiar with our layout.

Please contact me at 774-7878, ext. 2000 to answer any questions or supply further information. I have submitted a copy of this letter along with permitting information to Steve Dodge for approval. Pochebit is prepared to start the project once approved by your office. Thank you.

Sincerely,


Joel P. Rogers
Administrator

Cc: Steve Dodge



Rehabilitation & Health Care Center

December 21, 2004

Steve Dodge
Licensing & Inspecting Unit
Department of Public Safety
Office of State Fire Marshall
52 State House Station
Augusta, ME 04333-0052

Dear Mr. Dodge:

Seaside Rehabilitation & Health Care Center's resident room construction will be comprised of the following:

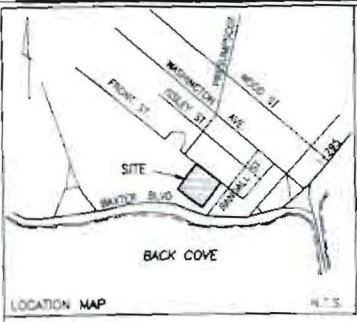
1. Wall Construction: 3 5/8 in. metal studs. 16 in. on center. 5/8 in. Fire Coded sheet rock on either side
2. Doors: Solid core full finish wood. Frames are hollow metal, knock-down.
3. Hinges: Spring loaded, 1/12 Pair
4. Lever Sets. Schlage
5. Sprinkler Sets: To be relocated/added as necessary to meet code.

Please call me with any further questions or concerns.

Sincerely,



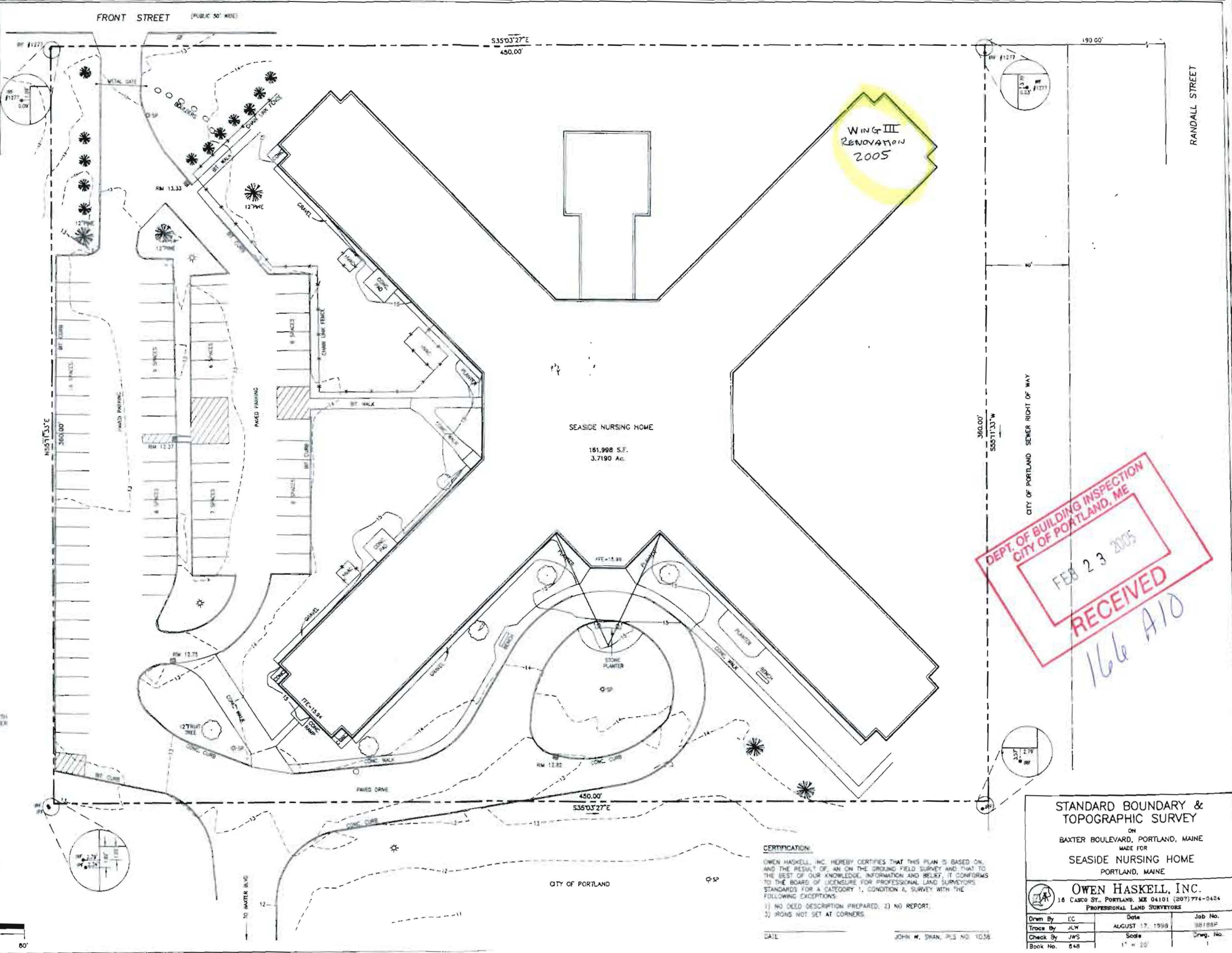
Joel P. Rogers
Administrator



CITY OF PORTLAND
RAYSON PARK

NOTE:
ELEVATIONS BASED ON FIRST MANHOLE RIM NORTH
OF SEASIDE NURSING HOME ENTRANCE ON BAXTER
BOULEVARD ELEVATION 11.45' CITY DATUM.

- LEGEND:
- Q-SP SPRINKLER
 - ☆ LIGHT POLE
 - MANHOLE
 - CATCH BASIN
 - DECIDUOUS TREE
 - CONIFEROUS TREE
 - CHAIN LINK FENCE
 - CURB
 - STORM DRAIN
 - 1' CONTOUR



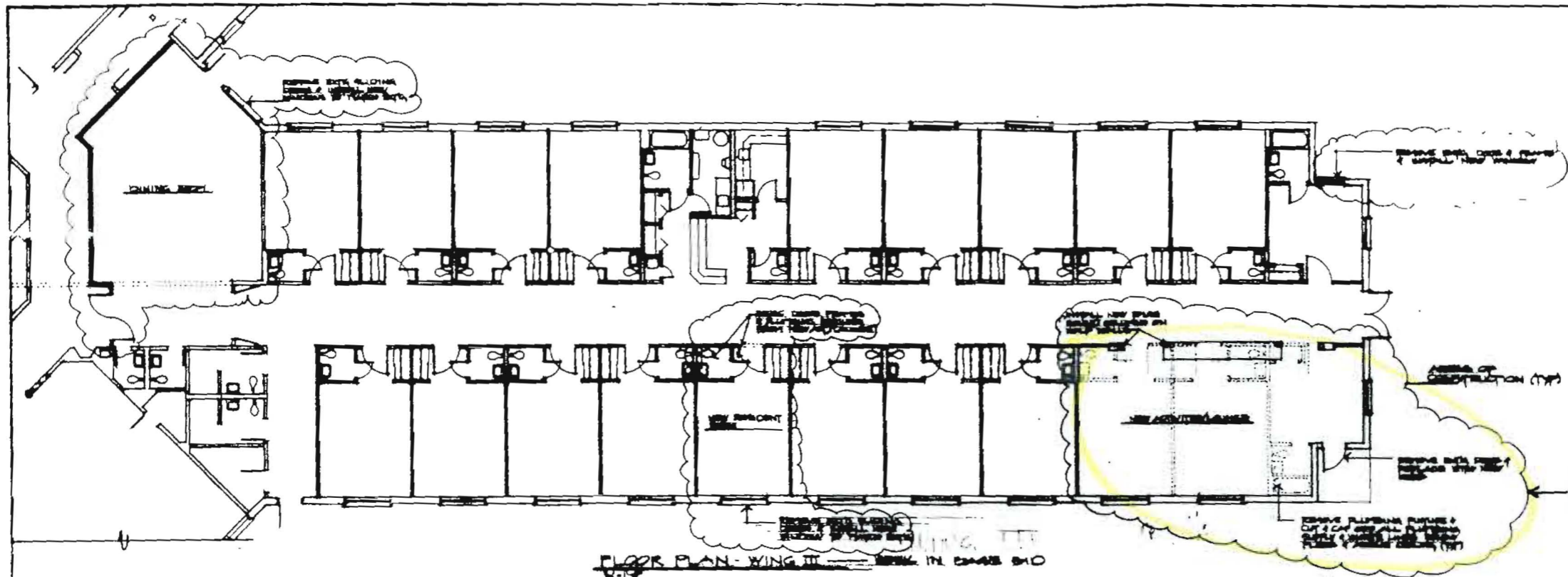
DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 FEB 23 2005
 RECEIVED
 166 A10

CERTIFICATION:
 OWEN HASKELL, INC. HEREBY CERTIFIES THAT THIS PLAN IS BASED ON,
 AND THE RESULT OF, AN ON THE GROUND FIELD SURVEY AND THAT TO
 THE BEST OF OUR KNOWLEDGE, INFORMATION AND BELIEF, IT CONFORMS
 TO THE BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS
 STANDARDS FOR A CATEGORY 1, CONDITION A, SURVEY WITH THE
 FOLLOWING EXCEPTIONS:
 1) NO DEED DESCRIPTION PREPARED, 2) NO REPORT,
 3) IRONS NOT SET AT CORNERS.
 DATE _____ JOHN W. SWAN, PLS NO. 1038

STANDARD BOUNDARY &
 TOPOGRAPHIC SURVEY
 ON
 BAXTER BOULEVARD, PORTLAND, MAINE
 MADE FOR
 SEASIDE NURSING HOME
 PORTLAND, MAINE

OWEN HASKELL, INC.
 10 CASCO ST., PORTLAND, ME 04101 (207) 774-0424
 PROFESSIONAL LAND SURVEYORS

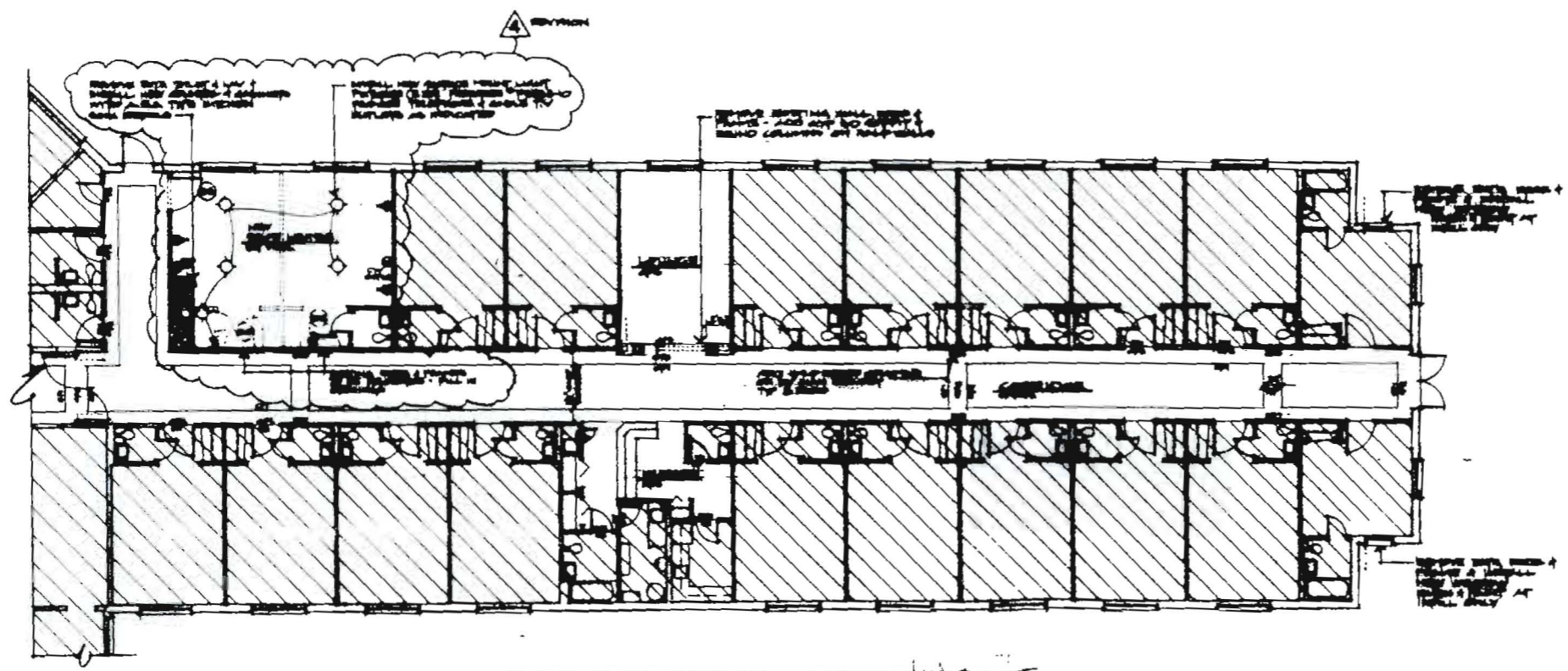
Drawn By	EC	Date	AUGUST 17, 1998	Job No.	88188P
Trace By	JLW	Scale	1" = 20'	Draw. No.	1
Check By	JWS	Book No.	648		



- NOTES:**
1. EXISTING WALLS TO REMAIN
 2. EXISTING WALLS, DOORS, WINDOWS, ETC. TO BE REPAIRED
 3. REMOVE NEW WALLS TO BE ADDED
 4. NEW WALLS TO BE 1/2" METAL STUDS 12' O.C. WITH 5/8" TYPE X GYPSUM BOARD. PLUMBING WALLS TO BE METAL STUDS 12' O.C.
 5. EXISTING SOUND INSULATION TO BE REPLACED IN ALL NEW WALL TO ABOVE CEILING

Wing III Renovation 2005
See APP 4180

FLOOR PLAN - WING III - WORK IN CHARGE 810



FLOOR PLAN - WING IV - ALTERNATE 'B'

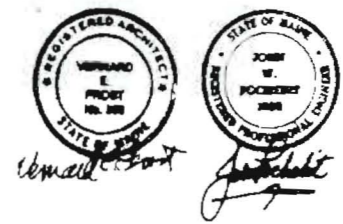
NOTE: SEE DRAWING FOR TYPICAL ROOMS AND PARTS THEREOF

5	REVISION	OR	ISSUE	DATE
4				
3				
2				
1				

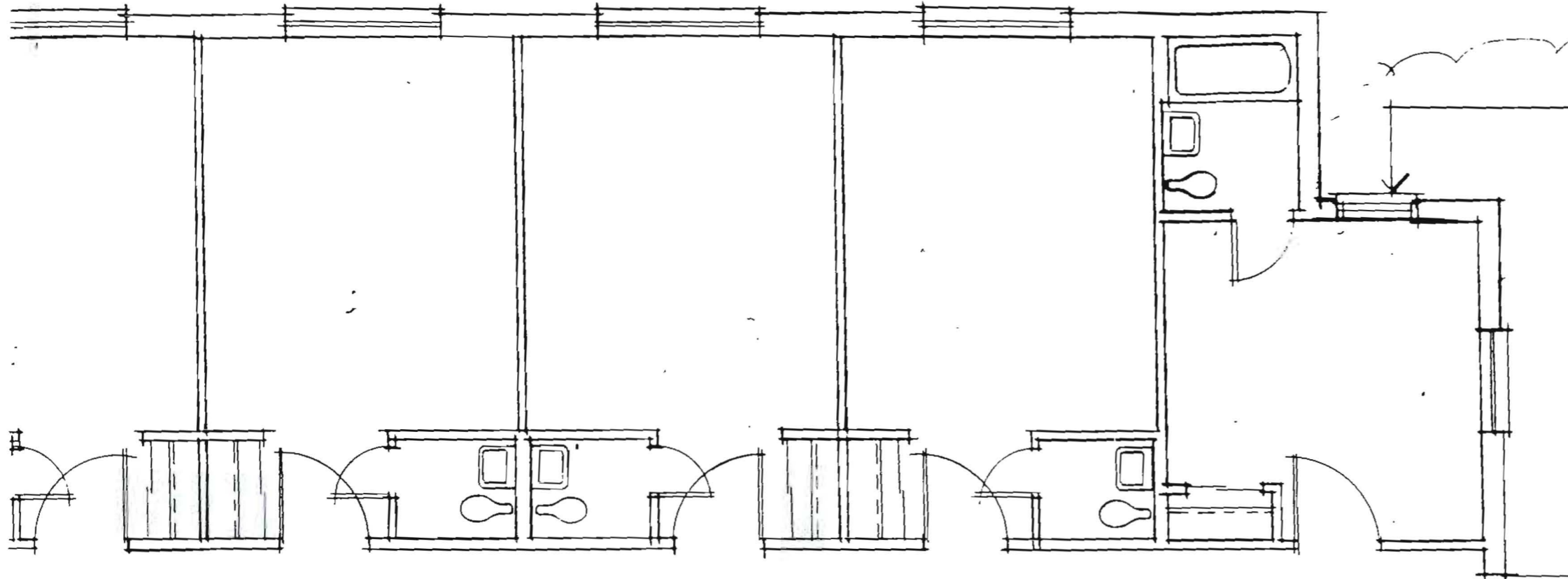
FLOOR PLANS - WINGS III & IV

THE POCHEBIT CO., INC.
171 WARREN AVE PORTLAND, MAINE 04103

PREPARED FOR
SEASIDE NURSING HOME

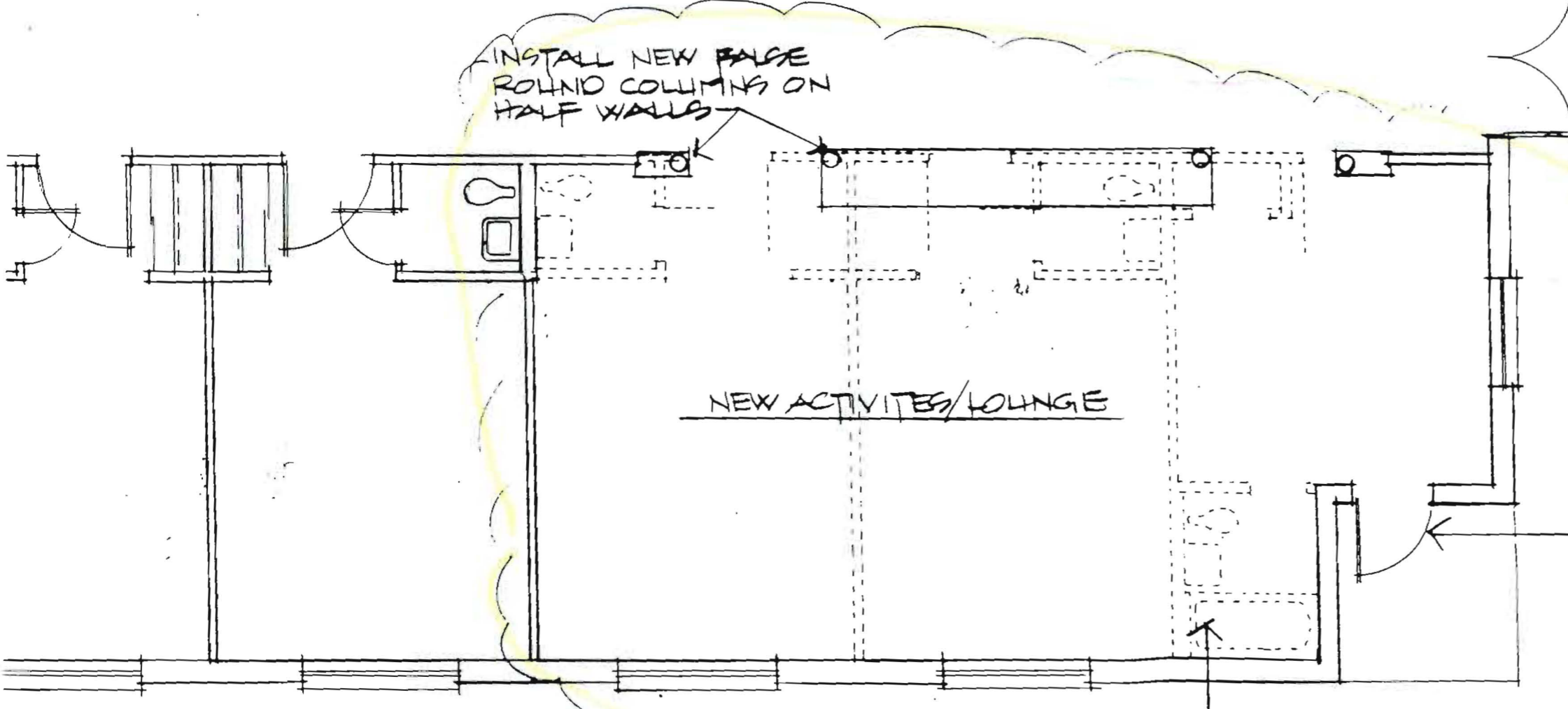


SCALE: 1/4" = 1'-0"	JOB NO.	DATE
98-191		



REMOVE EXT'G DOOR & FRAME
& INSTALL NEW WINDOW

EXISTING 1998
RENOVATION
WING III



INSTALL NEW FALSE
ROUND COLUMNS ON
HALF WALLS

NEW ACTIVITIES/LOUNGE

AREAS OF
CONSTRUCTION (TYP)

REMOVE EXT'G DOOR &
REPLACE WITH NEW
DOOR

REMOVE PLUMBING FIXTURE &
CUT & CAP OFF ALL PLUMBING
SUPPLY & WASTE LINES BELOW
FLOOR & ABOVE CEILING (TYP)



CITY OF PORTLAND, MAINE
Department of Building Inspections

_____ 2-23 2005 _____

Received from The Pochébit Co, Inc

Location of Work 850 Box 40 Bldg

Cost of Construction \$ _____

Permit Fee \$ 246.00

Building (I1) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 166 A 10

Check #: 25734

Total Collected \$ 246.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

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