

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read
Application And
Notes, If Any,
Attached

Permit Number: 070767

PERMIT ISSUED

AUG 1 2007

CITY OF PORTLAND

This is to certify that SEASIDE HEALTHCARE INC /The Pochebit Co, Inc.

has permission to Construct canopy over driveway

AT 850 Baxter Blvd

C 166 A010001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission is procured before this building or part thereof is occupied or services are provided. FOUR HOUR NOISE REQUIREMENTS.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Greg Cross

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Jeanne Benke 8/1/07
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: 07-0767	Issue Date:	CBL: 166 A010001
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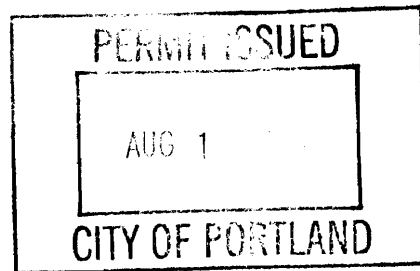
Location of Construction: 850 Baxter Blvd	Owner Name: SEASIDE HEALTHCARE LLC	Owner Address: 850 BAXTER BLVD	Phone:
Business Name:	Contractor Name: The Pochebit Co, Inc.	Contractor Address: 171 Warren Ave. Portland	Phone 2077973369
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: R-5

Past Use: Commercial / Nursing Home	Proposed Use: Commercial / Nursing Home Construct canopy over driveway	Permit Fee: \$870.00	Cost of Work: \$85,000.00	CEO District: 4
Proposed Project Description: Construct canopy over driveway		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-2 Type: 2B IBC 2003	
		Signature: <i>Greg Cass</i>		Signature: <i>AMB 8/1/07</i>
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: dmartin	Date Applied For: 06/26/2007
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Zoning Approval		
Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan #2007-0077 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM Date: <i>OK 8/24/07</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: _____

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 information may invalidate a building permit and stop all work..



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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

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.

- 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

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

N/A CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

Paula Stiles

Signature of Applicant/Designee

Donna Martin Admin

Signature of Inspections Official

8/21/07

Date

8-21-07

Date

CBL: *166 A 010*

Building Permit #: *070767*

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Mark 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

Paul Stiles *8/21/07*
Signature of Applicant/Designee Date

Donna Martin Admin *8-21-07*
Signature of Inspections Official Date

CBL: *166 A 010* Building Permit #: *070767*



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>850 BAXTER BLVD.</u>		
Total Square Footage of Proposed Structure / <u>CANOPY</u> <u>980 SF</u>		Square Footage of Lot <u>161,998 SF</u> <u>3.72 AC</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 420 J 008	Owner: <u>FIRST ATLANTIC CORP.</u> <u>222 SP. JOHN ST.</u> <u>PORTLAND, ME</u>	Telephone: <u>874-2700</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u> <u>166-A-10</u> <u>167-B-11</u>	Applicant name, address & telephone: <u>THE ROCKBIT CO.</u> <u>171 WARREN AVE</u> <u>PORTLAND, ME 04103</u>	Cost Of Work: \$ <u>85,000 EST</u> Fee: \$ <u>870.00</u> C of O Fee: \$ <u>N/A</u>
Current legal use (i.e. single family) <u>NURSING HOME</u> If vacant, what was the previous use? <u>SAME</u> Proposed Specific use: _____ Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>CONSTRUCT NEW CANOPY STRUCTURE</u>		
Contractor's name, address & telephone: <u>THE ROCKBIT CO. INC., 171 WARREN AVE</u> <u>PORTLAND, ME</u>		
Who should we contact when the permit is ready: <u>MIKE WHITE</u>		
Mailing address: _____ Phone: <u>773-3610</u> <u>797-3369</u>		

Please submit all of the information outlined in the Commercial Application 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.

Signature of applicant: <u>[Signature]</u>	Date: <u>6/26/07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-0767	Date Applied For: 06/26/2007	CBL: 166 A010001
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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: Additions - Commercial	

Proposed Use: Commercial / Nursing Home Construct canopy over driveway	Proposed Project Description: Construct canopy over driveway
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 06/29/2007
Note: received stamped approved site plan 6/29/07 **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 08/01/2007
Note: **Ok to Issue:**
1) Separate permits are required for any electrical work

Dept: Fire **Status:** Approved **Reviewer:** Capt Greg Cass **Approval Date:** 07/09/2007
Note: **Ok to Issue:**

Dept: Public Works **Status:** Approved **Reviewer:** **Approval Date:** **Ok to Issue:**

Dept: Zoning **Status:** Pending **Reviewer:** **Approval Date:** **Ok to Issue:**

Dept: Parks **Status:** Not Applicable **Reviewer:** **Approval Date:** **Ok to Issue:**

Dept: Fire **Status:** Approved **Reviewer:** Capt Greg Cass **Approval Date:** 05/09/2007
Note: **Ok to Issue:**

Dept: DRC **Status:** Approved **Reviewer:** **Approval Date:** **Ok to Issue:**

Dept: Planning **Status:** Approved **Reviewer:** Scott Hanson **Approval Date:** 06/08/2007
Note: **Ok to Issue:**

Comments:

6/26/2007-mes: waiting for site plan sign off - see e-mail to planning

Location of Construction: 850 Baxter Blvd	Owner Name: SEASIDE HEALTHCARE LLC	Owner Address: 850 BAXTER BLVD	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: Additions - Commercial	

7/18/2007-jmb: Left voicemail with Mike White @ Pochebit to call - need statement of SI, Geotech report and stamped plans

7/19/2007-jmb: Mike White called with a new number, called back left voicemail

7/27/2007-jmb: Received stamped plans and geotech report

7/30/2007-jmb: Spoke with Mike W., the statement of SI was not submitted, he will get the info from Becker

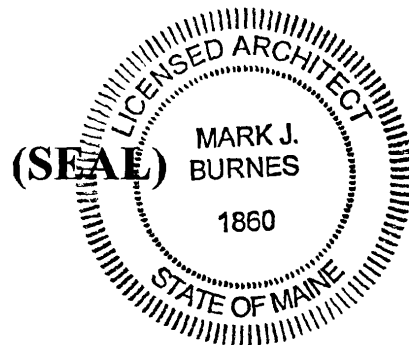
8/1/2007-jmb: Received the statement of SI, ok to issue

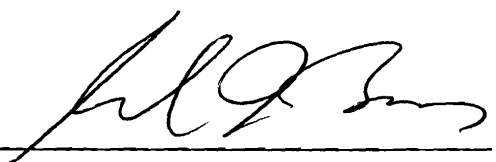


Accessibility Building Code Certificate

Designer: FORESIDE ARCHITECTS, LLC.
Address of Project: 850 BAXTER BOULEVARD
Nature of Project: NEW ENTRY - PORTE COCHERE
SEASIDE REHABILITATION FACILITY

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: 
Title: PRESIDENT, ARCHITECT
Firm: FORESIDE ARCHITECTS, LLC
Address: PO BOX 66736, 251 US ROUTE 1
FALMOUTH, ME 04105
Phone: (207) 781-3344

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

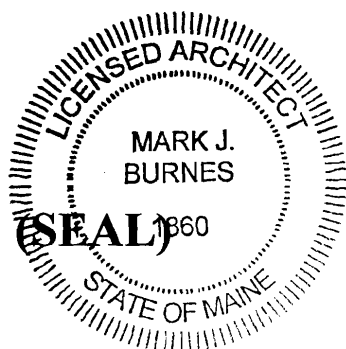
Date: 6 / 21 / 07

From: FORESIDE ARCHITECTS, LLC

These plans and / or specifications covering construction work on:

SEASIDE REHABILITATION FACILITY

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: 

Title: PRESIDENT, ARCHITECT

Firm: FORESIDE ARCHITECTS

Address: PO BOX 66736, 251 US ROUTE 1

FALMOUTH, ME 04105

Phone: (607) 781-3344

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

ARCHITECTURE / PLANNING / INTERIOR DESIGN

FAX COVERSHEET

To: MIKE WHITE
From: MARK BURNES
Fax: 797-3299
Date: 6/26/07

You should receive 2 page(s) including this coversheet

As requested

Please call upon receipt

For your approval

Other: _____

Subject: * CITY OF PORTLAND
CERTIFICATE OF DESIGN APPLICATION

cc: * CONSTRUCTION PERMIT (PREVIOUSLY ISSUED)
- STATE OF MAINE
TO FOLLOW

File



Certificate of Design Application

From Designer:

FORBESIDE ARCHITECTS, LLC

Date:

6/21/07

Job Name:

SEASIDE REHABILITATION FACILITY

Address of Construction:

850 BAXTER BOULEVARD, PORTLAND, ME

2003 International Building Code

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

Building Code & Year IBC 2003 Use Group Classification (s) INSTITUTIONALType of Construction EXISTING NURSING HOME / NEW 2B

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

FIRE SUPPRESSION AS
NADA COMPLIANT -
PERMIT APPL. BY
INSTALLERIs the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3)Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) PROVIDED

Structural Design Calculations

COMPLETED Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
<u>N/A</u>	

Wind loads (1603.1.4, 1609)

ANALYTICAL PROCEDURE Design option utilized (1609.1.1, 1609.6)100 PSF Basic wind speed (1809.3)II 1.0 Building category and wind importance Factor, C_e (Table 1604.5, 1609.5)C Wind exposure category (1609.4)0.18 Internal pressure coefficient (ASCE 7)PER ASCE 7-02 Component and cladding pressures (1609.1.1, 1609.6.2.2)15 PSF NET Main force wind pressures (7603.1.1, 1609.6.2.3)

Earth design data (1603.1.5, 1614-1623)

EQ. LAT. FORCE PROCEDURE Design option utilized (1614.1)II Seismic use group ("Category")0.310 + 0.078 Spectral response coefficients, S_D & S_{D1} (1615.1)E Site class (1615.1.5)N/A Live load reductionSNOW GROUND Roof live loads (1603.1.2, 1607.11)SEE BELOW Roof snow loads (1603.7.3, 1608)60 PSF Ground snow load, P_g (1608.2)50.4 PSF If $P_g > 10$ psf, flat-roof snow load P_f 1.0 If $P_g > 10$ psf, snow exposure factor, C_e 1.0 If $P_g > 10$ psf, snow load importance factor1.2 Roof thermal factor, C_t (1608.4)50.4 PSF Sloped roof snowload, P_s (1608.4)C Seismic design category (1616.3)STEEL MOMENT FRAME Basic seismic force resisting system (1617.1)0.1786 Response modification coefficient, R , andEQ. LAT. FORCE deflection amplification factor, C_d (1617.4)ANALYTICAL PROCEDURE Analysis procedure (1616.6, 1617.5)4.5x Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

N/A Flood Hazard area (1612.3)

Elevation of structure

Other loads

N/A Concentrated loads (1607.4)N/A Partition loads (1607.5)N/A Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)

From: Marge Schmuckal
To: Barbara Barhydt
Date: 6/26/2007 5:03:26 PM
Subject: 850 Baxter Blvd - #2007-0077

received 6/29/07

I still can't tell who the planner is within Urban Insight, so I am bugging you again. Sorry.

Has this site plan been approved? I have received a building permit.

Thanks,
Marge

Waiting for site plan
Sign off

Applicant: Seaside Healthcare

Date: 6/29/07

Address: 850 Baxton Blvd

C-B-L: ~~429 0 8~~

CHECK-LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - R-5

Interior or corner lot -

Proposed Use/Work - New entry / canopy structure
Porte Cochere

Sewage Disposal -

Lot Street Frontage -

Front Yard - 20' min - over 20' from Street (Baxton Blvd)

Rear Yard - 20' min - over 20' from rear

Side Yard - 8' min - 2153' setback

Projections -

Width of Lot -

Height - 35' max height - 1 story

Lot Area -

Lot Coverage/Impervious Surface - no change

Area per Family - N/A

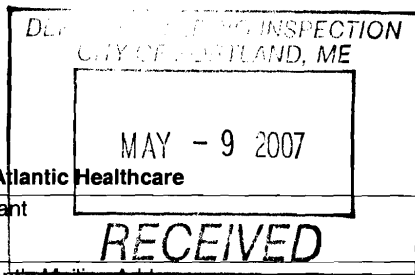
Off-street Parking - N/A

Loading Bays - N/A

Site Plan - # 2007-0077

Shoreland Zoning/Stream Protection - property is within, but well

Flood Plains - Panel 7 - Zone
over 75' from NW 1/4



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

rec. 5/9/07

First Atlantic Healthcare
 Applicant

2007-0077
 Application I. D. Number

5/7/2007
 Application Date

Applicant's Mailing Address

Seaside Nursing and Rehab
 Project Name/Description

Consultant/Agent

850 - 850 Baxter Blvd, Portland, Maine
 Address of Proposed Site

Agent Ph: Agent Fax:

166 A010001

Applicant or Agent Daytime Telephone, Fax

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

Zoning Approval Status:

Reviewer _____

- Approved Approved w/Conditions See Attached Denied

Approval Date _____ Approval Expiration _____ Extension to _____ Additional Sheets Attached

Condition Compliance _____ signature _____ date _____

Performance Guarantee Required* 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 | |