

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND BUILDING PERMIT



**This is to certify that**

SEASIDE HEALTHCARE LLC /Ledgewood Construction

**Located at**

850 BAXTER BLVD

**PERMIT ID:** 2012-65679

**CBL:** 166 A010001

has permission to **8' x 16' on site mobile office trailer for 9 months. For construction work under #2012-65524, an addition**

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 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 procured prior to occupancy.

A handwritten signature in black ink, appearing to read 'Jeanne Bouke', written over a horizontal line.

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

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

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

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

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

<b>Permit No:</b> 2012-65679	<b>Date Applied For:</b> 12/21/2012	<b>CBL:</b> 166 A010001
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<b>Location of Construction:</b> 850 BAXTER BLVD	<b>Owner Name:</b> SEASIDE HEALTHCARE LLC	<b>Owner Address:</b> 850 BAXTER BLVD	<b>Phone:</b>
<b>Business Name:</b> Seaside Health Care	<b>Contractor Name:</b> Ledgewood Construction	<b>Contractor Address:</b> 27 Maine St. So. Portland	<b>Phone</b> (207) 767-1866
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Construction Trailer	

<b>Proposed Use:</b> Long Term & Extended Care Facilities	<b>Proposed Project Description:</b> 8' x 16' on site mobile office trailer for 9 months. For construction work under #2012-65524, an addition
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 12/24/2012  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved w/Conditions      **Reviewer:** Jeanie Bourke      **Approval Date:** 01/18/2013  
**Note:**      **Ok to Issue:**

- 1) Stair construction to meet IBC Sec. 1009
- 2) Application approval based upon information provided by the applicant or design professional. Any deviation from approved plans requires separate review and approval prior to work.
- 3) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

**Dept:** Fire      **Status:** Approved      **Reviewer:** Ben Wallace Jr      **Approval Date:** 01/24/2013  
**Note:**      **Ok to Issue:**

**BUILDING PERMIT INSPECTION PROCEDURES**  
Please call 874-8703 (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.**

**REQUIRED INSPECTIONS:**

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.

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

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

Permit No: 2012-65679	Issue Date:	CBL: 166 A010001
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<b>Location of Construction:</b> 850 BAXTER BLVD	<b>Owner Name:</b> SEASIDE HEALTHCARE LLC	<b>Owner Address:</b> 850 BAXTER BLVD PORTLAND, ME 04103	<b>Phone:</b>
<b>Business Name:</b> Seaside Health Care	<b>Contractor Name:</b> Ledgewood Construction	<b>Contractor Address:</b> 27 Maine St. So. Portland ME 04106	<b>Phone:</b> (207) 767-1866
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b> R5
<b>Past Use:</b> Long Term & Extended Care Facilities	<b>Proposed Use:</b> Long Term & Extended Care Facilities	<b>Permit Fee:</b> \$40.00	<b>Cost of Work:</b> \$2,000.00
<b>Proposed Project Description:</b> 8' x 16' on site mobile office trailer for 9 months. For construction work under #2012-65524, an addition		<b>FIRE DEPT:</b> 1/24/13 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	<b>INSPECTION:</b> Use Group: B Trailer Type: 5 MUBEC 2009 Signature: JMB 1/18/13
		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 12/21/2012	<b>Zoning Approval</b>	
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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>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/></p> <p>Date: 12/28/12</p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>
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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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

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

2012 65679



# 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: <b>850 BAXTER BOULEVARD</b>		
Total Square Footage of Proposed Structure/Area <b>128 S.F.</b>		Square Footage of Lot <b>162,000 SF.</b>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#  <b>166-A-10</b>	Applicant * <b>must be owner, Lessee or Buyer*</b> Name <b>First Atlantic Corp.</b> Address <b>100 Waterman Drive</b> <b>Suite 400</b> City, State & Zip <b>S. Portland 04106</b>	Telephone: <b>207</b> <b>874-2700</b>
Lessee/DBA (If Applicable) <b>RECEIVED</b>  <b>DEC 21 2012</b>  Dept. of Building Inspections City of Portland Maine	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <b>2,000-</b>  C of O Fee: \$ _____  Total Fee: \$ <b>40-</b>
Current legal use (i.e. single family) <b>OFFICE</b> If vacant, what was the previous use? _____ Proposed Specific use: <b>Construction OFFICE</b> Is property part of a subdivision? _____ If yes, please name _____ Project description: <b>mobile OFFICE Trailer onsite for 9 month During Bd. Construction</b> <b>1 set of Steps, Main Elect Panel, Fire extinguisher, No plumbing.</b>		
Contractor's name: <b>LEDGEMOOD CONSTRUCTION</b> Address: <b>27 Main Street</b> City, State & Zip: <b>S. PORTLAND MAINE 04106</b> Who should we contact when the permit is ready: <b>WARREN ALLISON</b> Telephone: <b>615-4652</b> Mailing address: <b>SAMP</b>		

Call just

**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](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

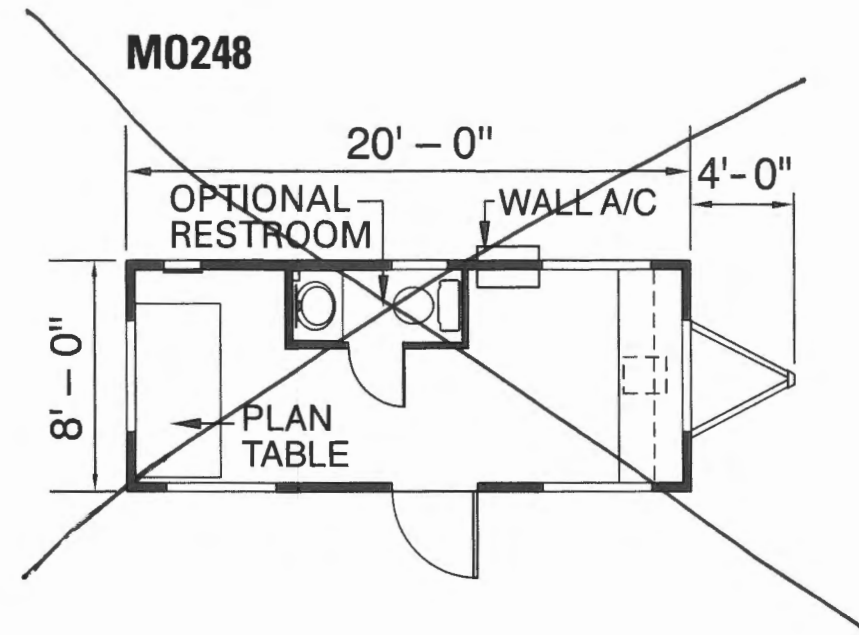
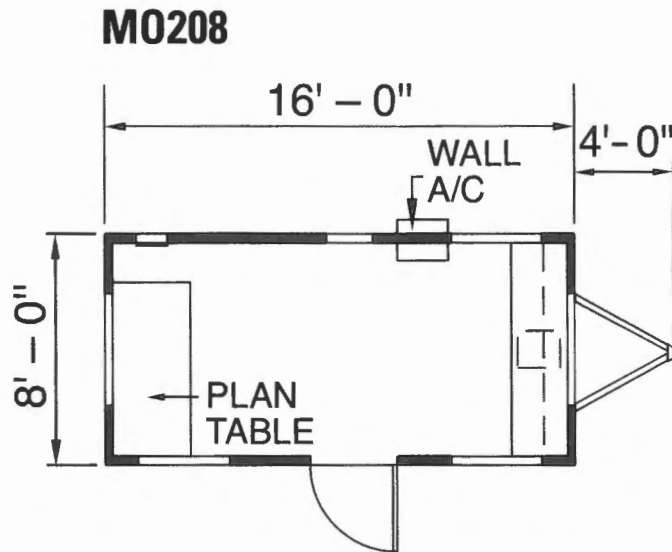
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Signature: Warren Allison Date: 12/20/2012

**This is not a permit; you may not commence ANY work until the permit is issue**

# M0208 & M0248

MOBILE OFFICE EAST COAST MODELS



Additional floor plans available. Floor plans and specifications may vary from those shown, and are subject to in-stock availability.

## SPECIFICATIONS

### Size(s)

- 20' ~~or 24'~~ Long (including hitch)
- 16' ~~or 20'~~ Box size
- 8' Wide
- 7' Ceiling height

### Interior Finish

- Paneled walls
- Vinyl tile floors
- Gypsum ceiling

### Furniture

- One built-in desk with file cabinet
- One built-in plan table
- Overhead shelf

### Electric

- Fluorescent ceiling lights
- Breaker panel

### Windows/Doors

- Horizontal slider windows
- Vision panel door with standard lock

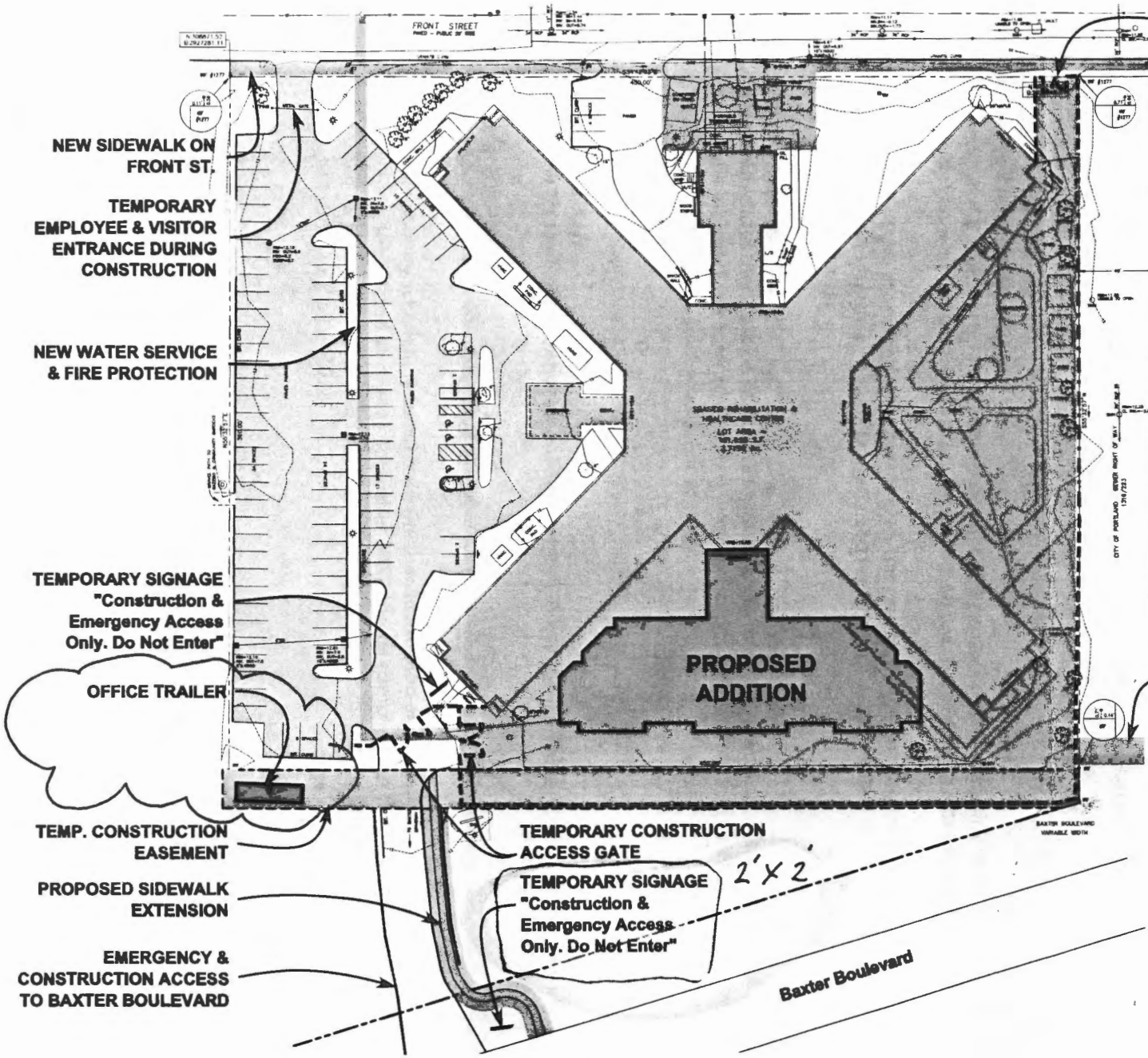
### Heating and Cooling

- Electric baseboard heat
- Thru-wall AC unit

### Exterior Finish/Frame

- Aluminum siding
- I-Beam frame
- Standard drip rail gutters

THE USE OF THIS DRAWING FOR ANY MEANS OTHER THAN THAT INTENDED IS STRICTLY PROHIBITED WITHOUT PRIOR WRITTEN CONSENT OF AN AUTHORIZED WILLIAMS SCOTSMAN REPRESENTATIVE.



**TEMPORARY  
CONSTRUCTION  
ACCESS GATE**



**Key**

- Construction Zone
- Existing Building
- Employee & Visitor Parking
- Proposed Addition
- Construction Fence
- Existing Chain Link Fence

**SEWER  
CONNECTION**

**Site Logistics Plan**  
not to scale

**Seaside Rehabilitation  
and Healthcare Center**

Portland, Maine  
May 30, 2012  
REV. October 3, 2012

