

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

**CITY OF PORTLAND****BUILDING INSPECTION****PERMIT**

Please Read  
Application And  
Notes, If Any,  
Attached

Permit Number: 101338

This is to certify that Martin's Point Healthcare/Pizzagallihas permission to Interior renovation of mechanical equipment & architectural finishesAT 27 NORTHPORT DR

CBL 401 A005027

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 written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 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. CAPT R. [Signature]

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

[Signature] 4/24/10  
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: 10-1338	Issue Date:	CBL: 401 A005027
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Location of Construction: 27 NORTHPORT DR	Owner Name: Martin's Point Healthcare	Owner Address: 331 Veranda Street	Phone:
Business Name:	Contractor Name: Pizzagalli	Contractor Address: 131 Presumpscot St Portland	Phone: 2078742323
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B-2

Past Use: Commercial Office	Proposed Use: Commercial Office - Interior renovation of mechanical equipment & architectural finishes	Permit Fee: \$4,840.00	Cost of Work: \$481,125.00	CEO District: 4
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied *See Conditions	INSPECTION: Use Group: B Type: 2B IBC/IMC 2003	

Proposed Project Description: Interior renovation of mechanical equipment & architectural finishes	Signature: <i>RC</i>	Signature: <i>AMB 11/30/10</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: Idobson	Date Applied For: 10/25/2010	<b>Zoning Approval</b>
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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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan May <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>OK w/ conditions</i> Date: 10/25/10 <i>AMB</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 <i>AMB</i> Date:
	<div style="border: 2px solid red; padding: 10px; width: fit-content; margin: 10px;"> <b>PERMIT ISSUED</b>  <b>NOV 30 2010</b>  <b>CITY OF PORTLAND</b> </div>		

**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



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

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

Permit No:	Date Applied For:	CBL:
10-1338	10/25/2010	401 A005027

Location of Construction: 27 NORTHPORT DR	Owner Name: Martin's Point Healthcare	Owner Address: 331 Veranda Street	Phone:
Business Name:	Contractor Name: Pizzagalli	Contractor Address: 131 Presumpscot St Portland	Phone: (207) 874-2323
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial Office - Interior renovation of mechanical equipment & architectural finishes	Proposed Project Description: Interior renovation of mechanical equipment & architectural finishes
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 10/25/2010**Note:**      **Ok to Issue:** ☒

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:****Note:**      **Ok to Issue:** ☐

- 1) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, including pellet/wood stoves, commercial kitchen exhaust hood systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Keith Gautreau      **Approval Date:** 11/03/2010**Note:**      **Ok to Issue:** ☒

- 1) Fire Alarm system shall be maintained.  
If system is to be off line over 4 hours a fire watch shall be in place.  
Dispatch notification required 874-8576.
- 2) Sprinkler protection shall be maintained.  
Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
- 3) Emergency lights are required to be tested at the electrical panel on the same circuit as the lighting for the area they serve.
- 4) Fire extinguishers required. Installation per NFPA 10
- 5) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
- 6) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance.  
Compliance letters are required.
- 7) Installation of a Fire Alarm system requires a Knox Box to be installed per city ordinance
- 8) All construction shall comply with City Code Chapter 10.
- 9) This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.

<b>Location of Construction:</b> 27 NORTHPORT DR	<b>Owner Name:</b> Martin's Point Healthcare	<b>Owner Address:</b> 331 Veranda Street	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Pizzagalli	<b>Contractor Address:</b> 131 Presumpscot St Portland	<b>Phone</b> (207) 874-2323
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

**Comments:**

10/25/2010-amachado: Spoke to Jared at Pizzagalli. Need right, title & interest.

10/25/2010-amachado: Received purchase & sales agreement.

11/18/2010-jmb: Left vcmgs with Jared B. For details on structural analysis for rooftop units

11/22/2010-jmb: Jared B. Called left msg. I returned the msg.

11/30/2010-jmb: Jared left msg on 11/29, I left msg today to verify. Jared B. Called and confirmed the RTU's being installed are a direct replacement, no structural work is required.

## **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 Inspection 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 with construction.

  X   Framing/Rough Plumbing/Electrical: Prior to Any Insulating, drywalling or covering.

  X   Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR 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**  
Department of Building Inspections

**Original Receipt**

10-25-20 10

Received from

Manning Point

Location of Work

27 Northport Dr.

Cost of Construction

\$

Building Fee:

Permit Fee

\$

Site Fee:

Certificate of Occupancy Fee:

Total:

14,830

Building (I1) ☒

Plumbing (I5) ☐

Electrical (I2) ☐

Site Plan (U2) ☐

Other

CBL:

401-11-5

Check #:

176996

Total Collected \$

14,830

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by:

[Signature]

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



**CITY OF PORTLAND**  
**DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**  
389 Congress Street  
Portland, Maine 04101

**INVOICE FOR PERMIT FEES**

Application No: 10-1338  
Project Name:  
CBL: 401 A005027  
Invoice Date: 10/25/2010

Applicant: LL BEAN INC  
Location: 27 NORTHPORT DR

Development Type:

Previous Balance	-	Payment Received	+	Current Fees	-	Current Payment	=	Total Due	Payment Due Date
\$0.00		\$0.00		\$4,840.00		\$4,830.00		\$10.00	On Receipt

First Billing

Previous Balance	\$0.00
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Fee Description	Qty	Fee/Deposit Charge
Building Permit Fee First \$1000	1	\$30.00
Building Permit Fee Add'l \$1000	1	\$4,810.00
		<u>\$4,840.00</u>
Total Current Fees:	+	\$4,840.00
Total Current Payments:	-	<u>\$4,830.00</u>
Amount Due Now:		\$10.00

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Detach and remit with payment

Bill to: LL BEAN INC  
15 CASCO ST  
FREEPORT, ME 04033

CBL 401 A005027  
Application No: 10-1338  
Invoice Date: 10/25/2010  
Invoice No: 38746  
Total Amt Due: \$10.00  
Payment Amount: \_\_\_\_\_

Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.



# 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: 27 Northport Drive		
Total Square Footage of Proposed Structure/Area 32,075 sf		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# 401          A          005027	Applicant <b>*must be owner, Lessee or Buyer*</b> Name Martin's Point Healthcare Address 331 Veranda Street City, State & Zip Portland, ME 04103	Telephone: 791-3172
Lessee/DBA (If Applicable)  N/A	Owner (if different from Applicant) Name Same Address City, State & Zip	Cost Of Work: \$ 5481,125 C of O Fee: \$ Total Fee: \$ 54830
Current legal use (i.e. single family) <u>Vacant</u> If vacant, what was the previous use? <u>Administrative Office Space</u> Proposed Specific use: <u>Administrative Office Space</u> Is property part of a subdivision? <u>No</u> If yes, please name Project description: <u>Interior renovation of mechanical equipment and architectural finishes.</u>		
<b>RECEIVED</b> OCT 25 2010		
Contractor's name: <u>Pizzagalli Construction Company</u> Address: <u>131 Presumpscot Street</u> City, State & Zip <u>Portland, ME 04103</u> Who should we contact when the permit is ready: <u>Jared Ballard</u> Mailing address:		Dept. of Building Inspections City of Portland Maine Telephone: <u>874-2323</u> Telephone: <u>899-0575</u>

**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.

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:

Shirley E. Holt, AIA Date: 10/21/10

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





# Certificate of Design Application

From Designer:

Shirley Holt

Date:

October 21, 2010

Job Name:

Martin's Point Health Care

Address of Construction:

331 Veterans Street, Portland, Maine 04103

## 2003 International Building Code

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

Building Code & Year 2003 Use Group Classification (s) Group B - Business

Type of Construction Type IIB

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

Is 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) \_\_\_\_\_

### Structural Design Calculations - N/A

\_\_\_\_\_ 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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Wind loads (1603.1.4, 1609) - N/A

\_\_\_\_\_ Design option utilized (1609.1.1, 1609.6)  
\_\_\_\_\_ Basic wind speed (1809.3)  
\_\_\_\_\_ Building category and wind importance factor,  $I_w$ ,  
table 1604.5, 1609.5)  
\_\_\_\_\_ Wind exposure category (1609.4)  
\_\_\_\_\_ Internal pressure coefficient (ASCE 7)  
\_\_\_\_\_ Component and cladding pressures (1609.1.1, 1609.6.2.2)  
\_\_\_\_\_ Main force wind pressures (7603.1.1, 1609.6.2.1)

### Earth design data (1603.1.5, 1614-1623) - N/A

\_\_\_\_\_ Design option utilized (1614.1)  
\_\_\_\_\_ Seismic use group ("Category")  
\_\_\_\_\_ Spectral response coefficients,  $S_D$  &  $S_1$  (1615.1)  
\_\_\_\_\_ Site class (1615.1.5)

\_\_\_\_\_ Live load reduction  
\_\_\_\_\_ Roof live loads (1603.1.2, 1607.11)  
\_\_\_\_\_ Roof snow loads (1603.7.3, 1608)  
\_\_\_\_\_ Ground snow load,  $P_g$  (1608.2)  
\_\_\_\_\_ If  $P_g > 10$  psf, flat-roof snow load  $S_f$   
\_\_\_\_\_ If  $P_g > 10$  psf, snow exposure factor,  $C_e$   
\_\_\_\_\_ If  $P_g > 10$  psf, snow load importance factor,  $I_s$   
\_\_\_\_\_ Roof thermal factor,  $C_t$  (1608.4)  
\_\_\_\_\_ Sloped roof snowload,  $P_s$  (1608.4)  
\_\_\_\_\_ Seismic design category (1616.3)  
\_\_\_\_\_ Basic seismic force resisting system (1617.6.2)  
\_\_\_\_\_ Response modification coefficient,  $R$ , and  
deflection amplification factor,  $C_d$  (1617.6.2)  
\_\_\_\_\_ Analysis procedure (1616.6, 1617.5)  
\_\_\_\_\_ Design base shear (1617.4, 1617.5.1)

### Flood loads (1803.1.6, 1612)

\_\_\_\_\_ Flood Hazard area (1612.3)  
\_\_\_\_\_ Elevation of structure

### Other loads

\_\_\_\_\_ Concentrated loads (1607.4)  
\_\_\_\_\_ Partition loads (1607.5)  
\_\_\_\_\_ Misc. loads (Table 1607.8, 1607.6.1, 1607.7,  
1607.12, 1607.13, 1610, 1611, 2404)



# Certificate of Design

Date:

October 21, 2010

From:

WBRC Architects/Engineers

These plans and / or specifications covering construction work on:

Martin's Point Health Care - Northport Plaza HVAC Renovations

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:

*Shirley E. Holt, AIA*

Title:

Architect II

Firm:

WBRC Architects/Engineers

Address:

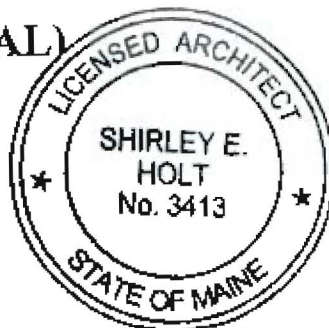
141 Preble Street

Portland, ME 04101

Phone:

(207) 828-4511

(SEAL)



For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



## Accessibility Building Code Certificate

Designer: Shirley Holt

Address of Project: 331 Veranda Street, Portland, ME 04103

Nature of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Shirley E. Holt, AIA

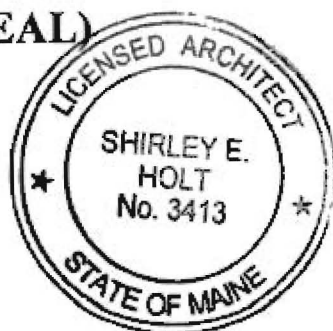
Title: Architect II

Firm: WBRC Architects/Engineers

Address: 141 Preble Street  
Portland, ME 04101

Phone: (207) 828-4511

(SEAL)



For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)





Individual Member  
Enrollment 3rd membership



SICR  
Services  
Residential and  
Other Real Estate

**CBRE**  
CB RICHARD ELLIS

The Boulos Company

## CONTRACT FOR THE SALE OF REAL ESTATE

Date: August 30, 2010

One Canal Place, Portland, ME 04101

(207) 772-1333

RECEIVED OF: Martin's Pelat Health Care whose mailing address is P.O. Box 7746, Portland, ME 04104-5040, hereinafter called the Purchaser(s), the sum of Twenty Thousand and 00/100 Dollars (\$20,000.00) as earnest money deposit and in part payment of the purchase price of the following described real estate, situated in the municipality of Portland, County of Cumberland, State of Maine and located at 27 Northport Drive being all the property owned by the Seller(s) at the above address, and a portion of the property described at said County's Registry of Deeds Book 23953, Page 666 and further described as: a 32,975 +/- square foot building being a condominium unit in the Northport Business Park Condominium and as identified by the City of Portland Tax Assessor as Map 401, Block A, Lot 5927, together with and subject to all rights and interests set forth in the Declaration of Condominium dated January 1, 2007 and recorded in the Cumberland County Registry of Deeds at Book 24766, Page 29, as amended to date ("Declaration"), together with an undivided interest in the Common Elements of the Condominium (together, the "Property"), upon the terms and conditions indicated below:

1. **PERSONAL PROPERTY:** The following items of personal property are included in this sale (if applicable): none
2. **PURCHASE PRICE:** The TOTAL purchase price being TWO MILLION SIX HUNDRED FIFTY THOUSAND and 00/100 Dollars (\$2,650,000.00) to be paid as follows: the earnest money deposited herein and the balance by wire or certified check at closing.
3. **EARNEST MONEY/ACCEPTANCE:** NAL The Dunham Group shall hold said earnest money in a non-interest bearing account and act as Escrow Agent until closing; this offer shall be valid until September 3, 2010 at 5:00 PM; and, in the event of the Seller's non-acceptance, this earnest money shall be returned promptly to the Purchaser(s).
4. **TITLE:** That a deed, conveying good and merchantable title in accordance with standards adopted by the Maine State Bar Association shall be delivered to the Purchaser(s) and this transaction shall be closed and the Purchaser(s) shall pay the balance due and execute all necessary papers on or before October 3, 2010. If Seller(s) is unable to convey in accordance with the provisions of this paragraph, then the Seller(s) shall have a reasonable time period, not to exceed thirty (30) days, from the time the Seller(s) receives written notice of the defect, unless otherwise agreed to by both parties, to remedy the title, after which time, if such defect is not corrected so that there is merchantable title, the Purchaser(s) may, within fifteen (15) days thereafter, at Purchaser's option, declare the Contract null and void and any earnest money shall be returned to the Purchaser(s) and neither party shall have any further obligation hereunder. If the Purchaser(s) does not declare the Contract void within the period set forth above, the Purchaser(s) shall have waived the right to object to title. The Seller(s) hereby agrees to make a good-faith effort to cure any title defect during such period.
5. **DEED:** That the Property shall be conveyed by a marketable and readily insurable quit claim deed with covenant, and shall be free and clear of all encumbrances except building and zoning restrictions of record, restrictive covenants and conditions of record and usual public utilities servicing the Property and shall be subject to applicable land use and building laws and regulations.
6. **POSSESSION/OCCUPANCY:** Possession/occupancy of the Property shall be given to Purchaser(s) immediately at closing, subject to any leases, unless otherwise agreed by both parties in writing.
7. **LEASES:** Seller(s) agrees to transfer the Property at closing to Purchaser(s) free and clear of any tenancies.
8. **RISK OF LOSS:** Until the transfer of title, the risk of loss or damage to the Property by fire or otherwise, is assumed by the Seller(s) unless otherwise agreed in writing. The Property shall then be in substantially the same condition as at present, excepting reasonable use and wear.
9. **PRORATIONS:** The following items shall be prorated as of the date of closing:
  - a. Real Estate Taxes based on the municipality's tax year. Seller is responsible for any unpaid taxes for prior years.
  - b. Fuel
  - c. Condominium Fees
  - d. Not used
  - e. Metered utilities, such as water and sewer, shall be paid by Seller(s) through the date of closing.
  - f. Purchaser(s) and Seller(s) shall each pay its transfer tax as required by the State of Maine.
10. **INSPECTIONS:** The Purchaser(s) is encouraged to seek information from professionals regarding any specific issue of concern. Purchaser(s) acknowledges receipt of disclosure form attached hereto. The Agent makes no warranties regarding the condition, permitted use or value of the Seller's real or personal property. This Contract is subject to the following inspections, with the results being satisfactory to the Purchaser(s):

RECEIVED

Seen and agreed to:

CH  
Seller(s)

[Signature]  
Purchaser(s)

OCT 25 2010

Dept. of Building Inspections  
City of Portland Maine

**22. REVIEW OF INCOME AND EXPENSE INFORMATION AND CONDOMINIUM PUBLIC OFFERING STATEMENT:**

Purchaser shall have fourteen (14) days from the Effective Date of the Contract to review income and expense information regarding the Property, including, but not limited to, income and expense information regarding the Northport Business Park Condominium Association, which information Seller shall make available to Purchaser at a convenient time and location. Purchaser shall have fourteen (14) days from the Effective Date of the Contract to review the Declaration, Plans and Bylaws of the Condominium, all of which are recorded in the Cumberland County Registry of Deeds ("Condominium Public Offering Statement"). If the result of the review of income and expense information or the Condominium Public Offering Statement is unsatisfactory to Purchaser, Purchaser may declare the Contract null and void by notifying the Seller in writing within the specified number of days set forth herein, and the earnest money shall be returned to Purchaser. If Purchaser does not notify Seller that the review is unsatisfactory before the end of the fourteen (14) day period, this contingency is waived by Purchaser. Except as provided in this Paragraph, Purchaser expressly waives all other cancellation rights with respect to the Condominium Public Offering Statement, including those provided in Section 1604-107 of the Maine Condominium Act, 31 M.R.S. Section 1601-101 et seq.

**23. NOTICES:** Notices shall be effective upon receipt or refusal when given by personal delivery, certified mail, return receipt requested or delivery service providing proof of receipt. Seller's address for purposes of notice is Casco Street, Presport, Maine 04033.

A COPY OF THIS CONTRACT IS TO BE RECEIVED BY ALL PARTIES AND, BY SIGNATURE, RECEIPT OF A COPY IS HEREBY ACKNOWLEDGED. IF NOT FULLY UNDERSTOOD CONSULT AN ATTORNEY.

Seller(s) acknowledges that the laws of the State of Maine provide that every buyer of real property located in Maine must withhold a withholding tax equal to 2 1/2% of the consideration unless the Seller(s) furnishes to the Buyer(s) a certificate by the Seller(s) stating, under penalty of perjury, that Seller(s) is/are a resident of Maine or that the property is otherwise exempt from withholding.

MARTIN'S POINT HEALTH CARE, Purchaser

Name/Title

Date

The Seller(s) accepts the offer and agrees to deliver the Property at the price and upon the terms and conditions set forth above.

Signed this 6 day of September, 2010, Effective Date of Contract: September 1, 2010

The Listing Licensee is Thomas Moulton of NAI The Dunham Group (Company).

The Selling Licensee is Tony McDonald of CR Richard Ellis/The Bonkos Company (Company).

L. BEAN, Seller

Name/Title

Date

Offer reviewed and refused on \_\_\_\_\_, Seller



**ASSIGNMENT AND ASSUMPTION OF LICENSE AGREEMENT**

AGREEMENT made this 21<sup>st</sup> day of September 2010, by and Between L. L. BEAN, INC., a Maine corporation of Freeport, Maine ("Assignor") and MARTIN'S POINT HEALTH CARE, INC., a Maine nonprofit corporation of Portland, Maine ("Assignee").

WHEREAS, pursuant to a deed of even date herewith, Assignor is conveying to Assignee certain real property located at 27 Northport Drive, Portland, Maine (the "Property"); and

WHEREAS, Assignor has a certain License Agreement effective as of July 1, 2008 with the City of Portland, as licensee, for the encroachment into and over the City's existing sewer drainage right of way of a northeastern portion of Assignor's building, known as the "Deering Building" and located at the Property, a copy of which is attached hereto as Exhibit A (the "License");

WHEREAS, Assignor desires to assign and Assignee desires to acquire the rights and obligations under the License;

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties do hereby agree as follows:

1. Assignment. Assignor hereby sells, assigns, transfers and conveys to Assignee, all of its rights in and to the License. Assignor represents and warrants that it has not defaulted on any of its obligations under the License. Assignor hereby agrees to indemnify and save Assignee harmless from and against any and all verifiable losses, damages and liabilities of any nature whatsoever, including, without limitation, reasonable attorneys' fees and expenses actually incurred by Assignee by reason of Assignor's failure to perform any obligations under the License prior to the date hereof.

2. Acceptance. Assignee hereby accepts the foregoing sale, assignment and transfer and promises and agrees to be bound by, and to faithfully perform all duties and obligations under the License occurring on or after this date and continuing thereafter. Assignee hereby agrees to indemnify and save Assignor harmless from and against any and all verifiable losses, damages and liabilities of any nature whatsoever, including, without limitation, reasonable attorneys' fees and expenses actually incurred by Assignor by reason of Assignee's failure to perform any obligations under the License after the date hereof.

IN WITNESS WHEREOF, Assignor has caused this instrument to be executed by Christopher J. McCormick, its Chief Executive Officer and President, thereunto duly authorized, this 21<sup>st</sup> day of September, 2010.

WITNESS:

L. L. BEAN, INC.

*Susan E. Briggs Peters*  
Print Name: Susan E. Briggs Peters

By: *Christopher J. McCormick*  
Christopher J. McCormick  
its Chief Executive Officer and President



STATE OF MAINE  
COUNTY OF CUMBERLAND

September 21, 2010

Personally appeared before me the above-named Christopher J. McCormick, Chief Executive Officer and President of L. L. Bean, Inc., and acknowledged the foregoing instrument to be his free act and deed in his said capacity, and the free act and deed of said corporation.

Arnthia A. Harvey  
Print Name: Arnthia A. Harvey  
Notary Public/Attorney at Law

My Commission Expires: September 28, 2015

IN WITNESS WHEREOF, Assignee has caused this instrument to be executed by David Howes, its President thereunto duly authorized, this 23<sup>rd</sup> day of September, 2010.

WITNESS:

Ann W. Clark  
Print Name:

MARTIN'S POINT HEALTH CARE, INC.

By:

David Howes  
its President

STATE OF MAINE  
COUNTY OF CUMBERLAND

September 23, 2010

Personally appeared before me the above-named David Howes, President of Martin's Point Health Care, Inc., and acknowledged the foregoing instrument to be his free act and deed in his said capacity, and the free act and deed of said nonprofit corporation.

Hawley Strait  
Print Name: Hawley Strait  
Notary Public/Attorney at Law

12-14-10

OK to close in walls  
mostly existing wiring and  
Plumbing. All penetrations through  
floor sealed. Still need ceiling  
inspection N/A



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION

27 NORTHPORT DR

CBL 401 A005027

Issued to

Martin's Point Healthcare/Pizzagalli

Date of Issue

02/16/2011

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 10-1338, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Commercial Offices

Use Group B

Type 2B

IBC-2003

**Limiting Conditions:**

This is a temporary occupancy certificate for minor punch list items. This certificate expires on March 3, 2011.

This certificate supersedes  
certificate issued

Approved:

(Date)

Inspector

CAPT Keith G. Gaudin (MCA)

*Penney Skowron*  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.





CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 27 NORTHPORT DR CBL 401 A005027

Issued to Martin's Point Healthcare/Pizzagalli Date of Issue 02/23/2011

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 10-1338, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Commercial Offices  
Use Group B  
Type 2B  
IBC-2003

Limiting Conditions: None

This certificate supersedes  
certificate issued

Approved:

22341

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.