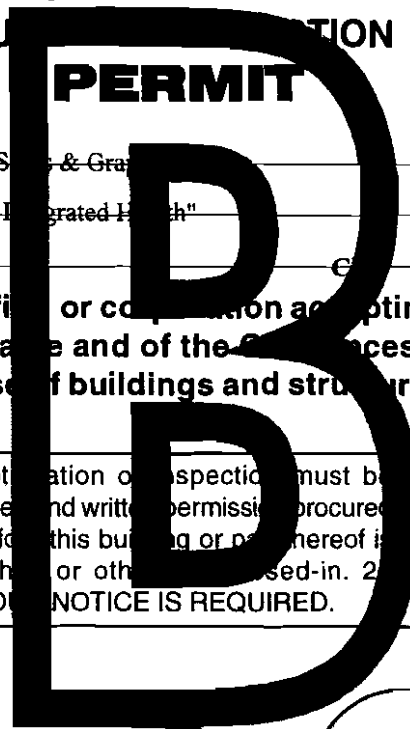


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING INSPECTION

## PERMIT



PERMIT ISSUED

Permit Number: 100554

JUN - 2 2010

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that MORSE GLENN A /Sinnott S & Gra

has permission to hanging sign 52" x 24" "Jade Integrated Health"

AT 218 WASHINGTON AVE

City of Portland - 010 A015001

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 altered or otherwise used-in. 2 HOUSING 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. \_\_\_\_\_

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

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

Other \_\_\_\_\_

Department Name

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: 10-0554	Issue Date:	CBL: 010 A015001
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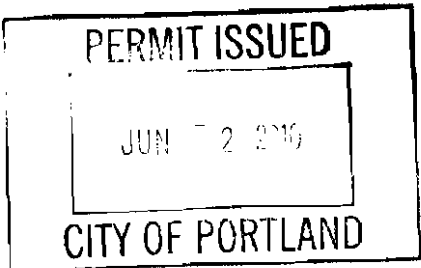
Location of Construction: 218 WASHINGTON AVE	Owner Name: MORSE GLENN A	Owner Address: PO BOX 1466	Phone:
Business Name:	Contractor Name: Sinnett Signs & Graphics	Contractor Address: 332 New Portland Rd Portland	Phone: 2078544999
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-1b

Past Use: Commercial Office	Proposed Use: Commercial Office - hanging sign 52" x 24" "Jade Integrated Health"	Permit Fee: \$48.00	Cost of Work: \$48.00	CEO District: 1
Proposed Project Description: hanging sign 52" x 24" "Jade Integrated Health"		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>TBC 2003</i>	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied	Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 05/21/2010	<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> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>5/21/10 ABN</i>	<p><b>Zoning Appeal</b></p> <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: _____	<p><b>Historic Preservation</b></p> <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>ABU</i> 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 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: 10-0554	Date Applied For: 05/21/2010	CBL: 010 A015001
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Location of Construction: 218 WASHINGTON AVE	Owner Name: MORSE GLENN A	Owner Address: PO BOX 1466	Phone:
Business Name:	Contractor Name: Sinnett Signs & Graphics	Contractor Address: 332 New Portland Rd Portland	Phone (207) 854-4999
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Medical Office - hanging sign 52" x 24" "Jade Integrated Health"	Proposed Project Description: hanging sign 52" x 24" "Jade Integrated Health"
--	--

<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 05/24/2010
<b>Note:</b>	<b>Ok to Issue:</b> ✓		
1) The legal use of the building is one dwelling unit on the bottom (basement) level and medical offices on the first and second floor.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 05/27/2010
<b>Note:</b>	<b>Ok to Issue:</b> ✓		
1) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.			

## **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**   **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**

5-21 20 10

Received from The Juice Truck

Location of Work 218 Washington

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: 48

Building (1L) Plumbing (1S) Electrical (1Z) Site Plan (1J2)

Other Signs

CBL: 010-H-15

Check #: 1756 Total Collected \$ 48

**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



# Signage/Awning Permit Application

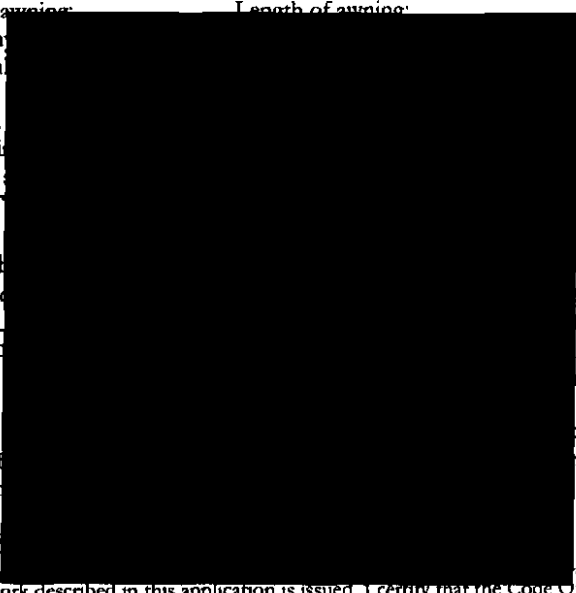
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>218 Washington Avenue</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>10</u> Block# <u>A</u> Lot# <u>15</u>	Owner: <u>Glen Morse</u>	Telephone: <u>590-3877</u>
Lessee/Buyer's Name (If Applicable) <u>The Jade Trad Inc.</u> <u>John Charles Bois</u> <u>Nancy Charles Bois</u>	Contractor name, address & telephone: <u>Sinnott Signs inc</u> <u>75 mighty st</u> <u>Gorham, ME 04038</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Thom Scheele</u> phone: <u>773 5778</u>		
Tenant/allocated building space frontage (feet): Length: <u>20</u> Height: <u>20</u> Lot Frontage (feet) <u>118</u> Single Tenant or Multi Tenant Lot <u>Single</u> mult.		
Current Specific use: <u>Acupuncture, Physical Therapy, Massage Therapy, Yoga</u> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions proposed: _____		
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> Is awning backlit? Yes ___ No <input checked="" type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there an awning? Yes ___ No ___ If yes, total area of awning: _____ s.f.		
Information on proposed sign(s): Freestanding sign: _____ s.f. Bldg. wall sign: <u>4' x 4'</u> Awning? _____ s.f.		
A site sketch of the proposed sign and new signage is required. Building Inspections Dept. or Building Inspections Dept. are also required. City of Portland Maine		

4.5 x 2 958 x 2 + 30

RECEIVED

MAY 21 2010



Please submit this application with the Signage/Awning Application Checklist.  
Failure to do so will result in your permit being denied.

In order to be issued a permit, the Planning and Development Department may request additional information. For more information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspection Department, or call 503-823-4300.

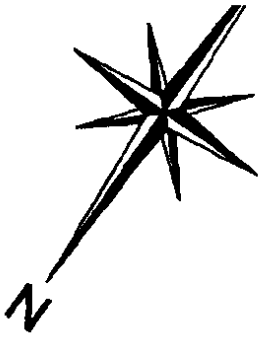
I hereby certify that the property owner of record authorizes the proposed work and that I have been authorized by the owner to apply for this permit. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that 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: \_\_\_\_\_ Date: 5/21/10

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

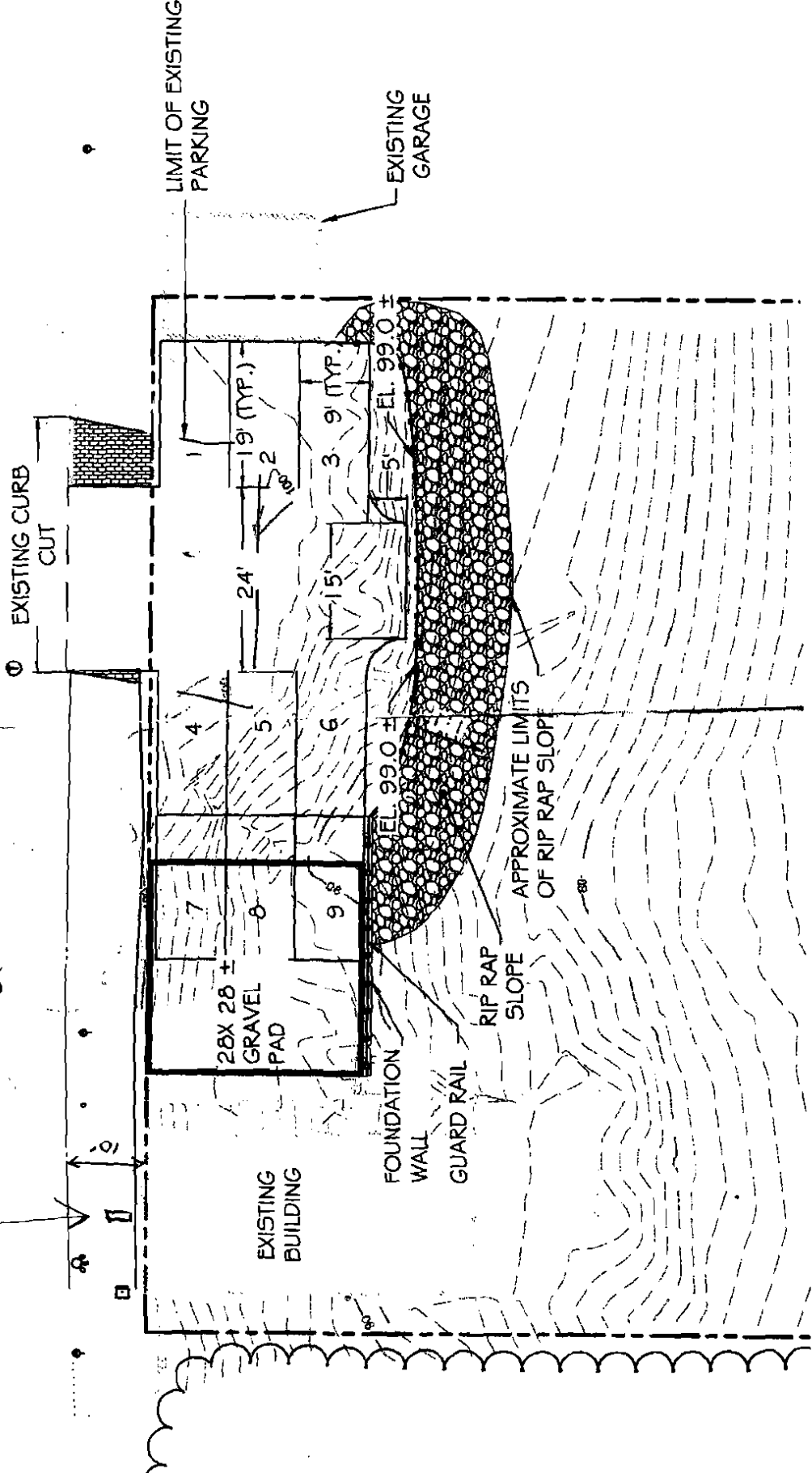
1.5 x 20 = 30 sq ft allowed

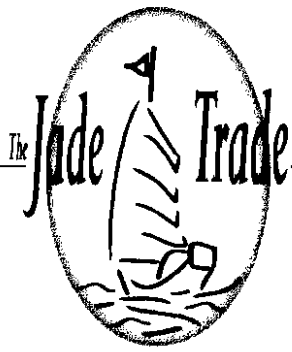
52" x 24" = 1248 sq ft = 8.67 sq ft (OK)



52" x 28"  
New Sign

218 WASHINGTON AVENUE





Acupuncture Massage Therapy Physical Therapy Chinese Herbology

218 Washington Ave. Portland, Maine 04101 (207) 773-5778

John A. Charlebois L. Ac., MSOM  
Acupuncturist  
Certified Chinese Herbalist

Nancy P. Charlebois PT, MT  
Prenatal & Post-partum  
Physical Therapy & Massage Therapy

City of Portland  
Permit Department  
389 Congress Street  
Portland, ME 04101

5/18/10

Attn: Ann Machado,

**Mounting details:**

The new sign is going to be installed using the existing cast iron arm. New cast iron or black metal clasps or connectors will be used to mount the sign to the existing arm.

**Construction Details:**

The new sign is going to be carved and gold leafed inlay. Material being used is a wood / foam composite that will have the look of real wood, but will not rot or wear as much and should have 2-3 times the life span.

If you have any questions or concerns please contact me directly.

Kind regards,  
Thom Scheele



# New Sign Dimensions



Carved Wood Foam composite construction with Gold Leaf, No Illumination

New Sign Photo / Sketch



Carved Wood / Foam Composite Construction with Gold Leaf. No Illumination.

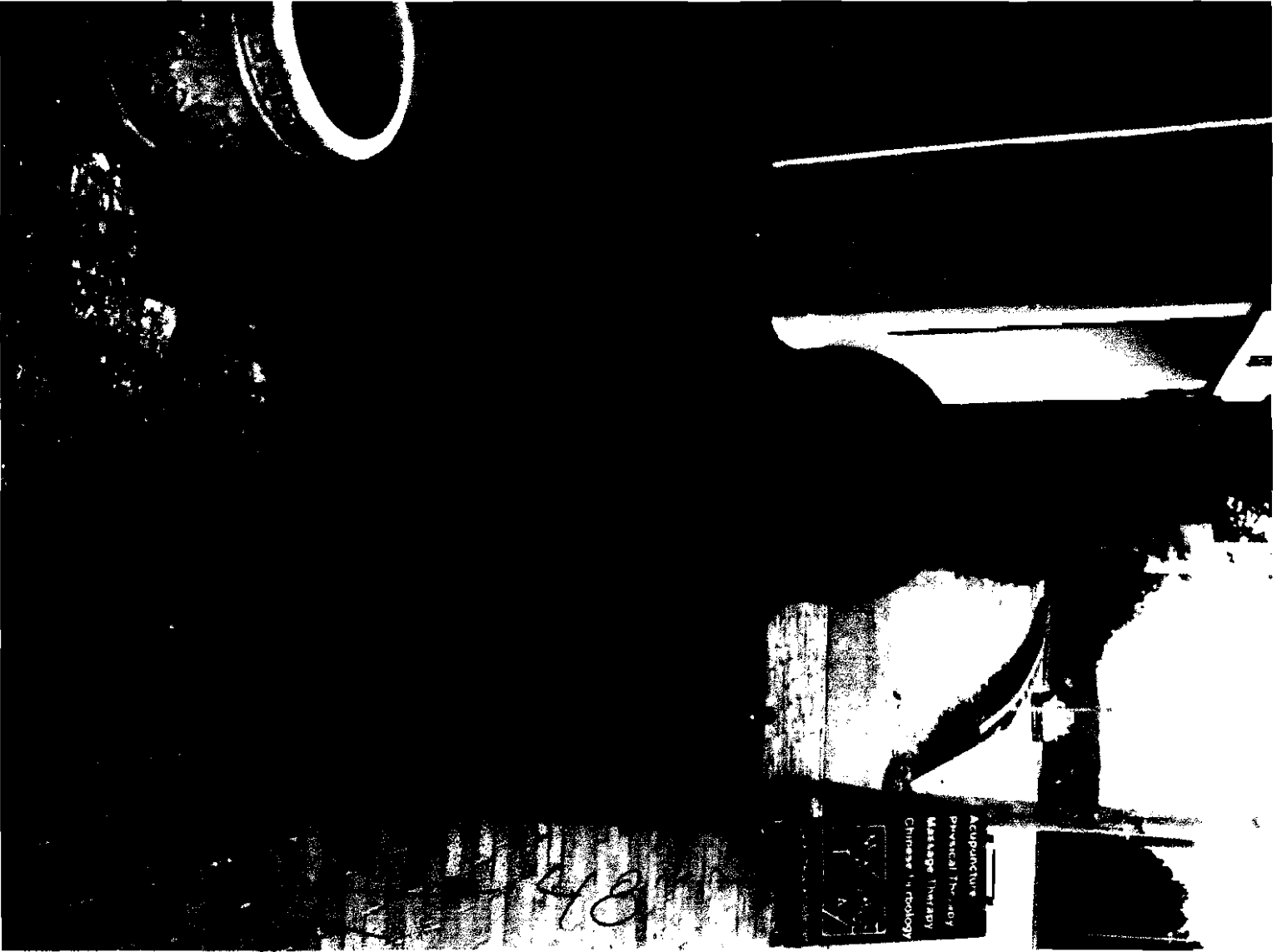


Photo  
&  
Dimensions  
of  
Existing  
Sign

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/17/2010

PRODUCER (207)774-2617 FAX (207)774-2869  
**United Insurance**  
 Haley Agency  
 21 1/2 Eastern Promenade  
 Portland, ME 04101

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED **THE JADE TRADE INC**  
 218 WASHINGTON AVENUE  
 PORTLAND, ME 04101

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>Peerless Ins Co</b>	<b>24198</b>
INSURER B: <b>Maine Employers Mutual Ins. Co</b>	<b>11149</b>
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<b>BOP9469399</b>	<b>03/01/2010</b>	<b>03/01/2011</b>	EACH OCCURRENCE \$ <b>2,000,000</b>
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b>				
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	<b>1810081739</b>	<b>06/06/2009</b>	<b>06/06/2010</b>	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ <b>100,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CITY OF PORTLAND IS LISTED AS ADDITIONAL INSURED**

## CERTIFICATE HOLDER

**City of Portland**  
 Permit Dept  
 389 Congress Street  
 Portland, ME 04101

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**LIZA LIBBY**

## **IMPORTANT**

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



Acupuncture Massage Therapy Physical Therapy Chinese Herbology  
218 Washington Ave. Portland, Maine 04101 (207) 773-5778

John A. Charlebois L. Ac., MSOM  
Acupuncturist  
Certified Chinese Herbalist

Nancy P. Charlebois PT, MT  
Prenatal & Post-partum  
Physical Therapy & Massage Therapy

City of Portland  
Permit Department  
389 Congress Street  
Portland, ME 04101

5/17/10

Attn: Ann Machado,

I Glenn Morse certify that I am the owner of the building located at 218 Washington Ave, Portland, Maine.

I give full authorization to John and Nancy Charlebois, owners of The Jade Trade Inc., to install their new signage located in the front, street side of the building in the location of the original sign.

If there are any concerns please call me (207) - 590-3877.

Kind Regards,

Glenn Morse