

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 071176

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
OCT 12 2007

This is to certify that BROTHERS THREE LLC

has permission to "Aging Excellence" - new overhanging

AT 113 MIDDLE ST

028 N009001

provided that the person or persons, firm or corporation accepting this permit 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 occupied closed-in. **HEAVY 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

Frank Malley 10/10/07
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: 07-1176	Issue Date:	CBL: 028 N009001
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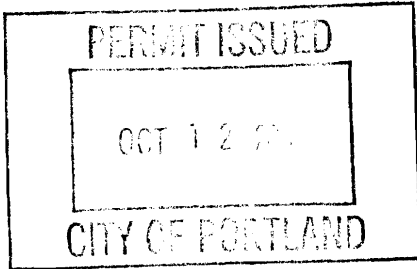
Location of Construction: 113 MIDDLE ST	Owner Name: BROTHERS THREE LLC	Owner Address: 100 COMMERCIAL ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Office w/ retail connected w/ permit #071159 - "Aging Excellence"	Proposed Use: Office w/ retail - "Aging Excellence" - new oval hanging sign	Permit Fee: \$38.00	Cost of Work: \$38.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: SA IBC 2003	

Proposed Project Description: "Aging Excellence" - new oval hanging sign	Signature:	Signature: <i>Jm 10/10/07</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: Idobson	Date Applied For: 09/21/2007	Zoning Approval
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<ol style="list-style-type: none"> 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 Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>ok 9/25/07</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 TO D.A. 9/24/07 <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>9/26/07</i> <i>D. Andrews</i>
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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: 07-1176	Date Applied For: 09/21/2007	CBL: 028 N009001
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Location of Construction: 113 MIDDLE ST	Owner Name: BROTHERS THREE LLC	Owner Address: 100 COMMERCIAL ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Office w/ retail - "Aging Excellence" - new oval hanging sign	Proposed Project Description: "Aging Excellence" - new oval hanging sign
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Dept: Historic	Status: Approved with Conditions	Reviewer: Deborah Andrews	Approval Date: 09/26/2007
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) * Any sign lighting would require separate review and approval.			
Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/24/2007
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 10/10/2007
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			



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>115 Middle St. Portland, ME 04401</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>028 - N-009-001</u>	Owner: <u>Brothers Three LLC</u>	Telephone: <u>775-2252</u>
Lessee/Buyer's Name (If Applicable) <u>Lucas Enterprises, Inc</u> <u>100 Boy 8660</u> <u>PORT ME 04104</u>	Contractor name, address & telephone: <u>Moving an existing</u> <u>BRACKET SIGN</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>Abbey Lucas</u> phone: <u>(207) 771-0991</u>		
Tenant/allocated building space frontage (feet): Length: <u>42' X 2'</u> Height: <u>94" MAX</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>8' 00"</u>		
Current Specific use: <u>Retail Office</u> If vacant, what was prior use: <u>Copy Center</u> Proposed Use: <u>Retail / Office</u> <u>20" x 24" = 480 ÷ 144 = 3.33#</u> <u>4' 90" Ht + 30"</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions proposed: <u>NIA</u> Height from grade: <u>NIA</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: <u>26x24" oval</u> <u>BRACKET</u> <u>30" Bracket</u>		
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 any communication, message, trademark or symbol on it? Yes ___ No ___ If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f. <u>(Attached photo of sign design)</u>		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions: <u>APROX 30" Bracket</u> Awning? Yes ___ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____		
A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required.		

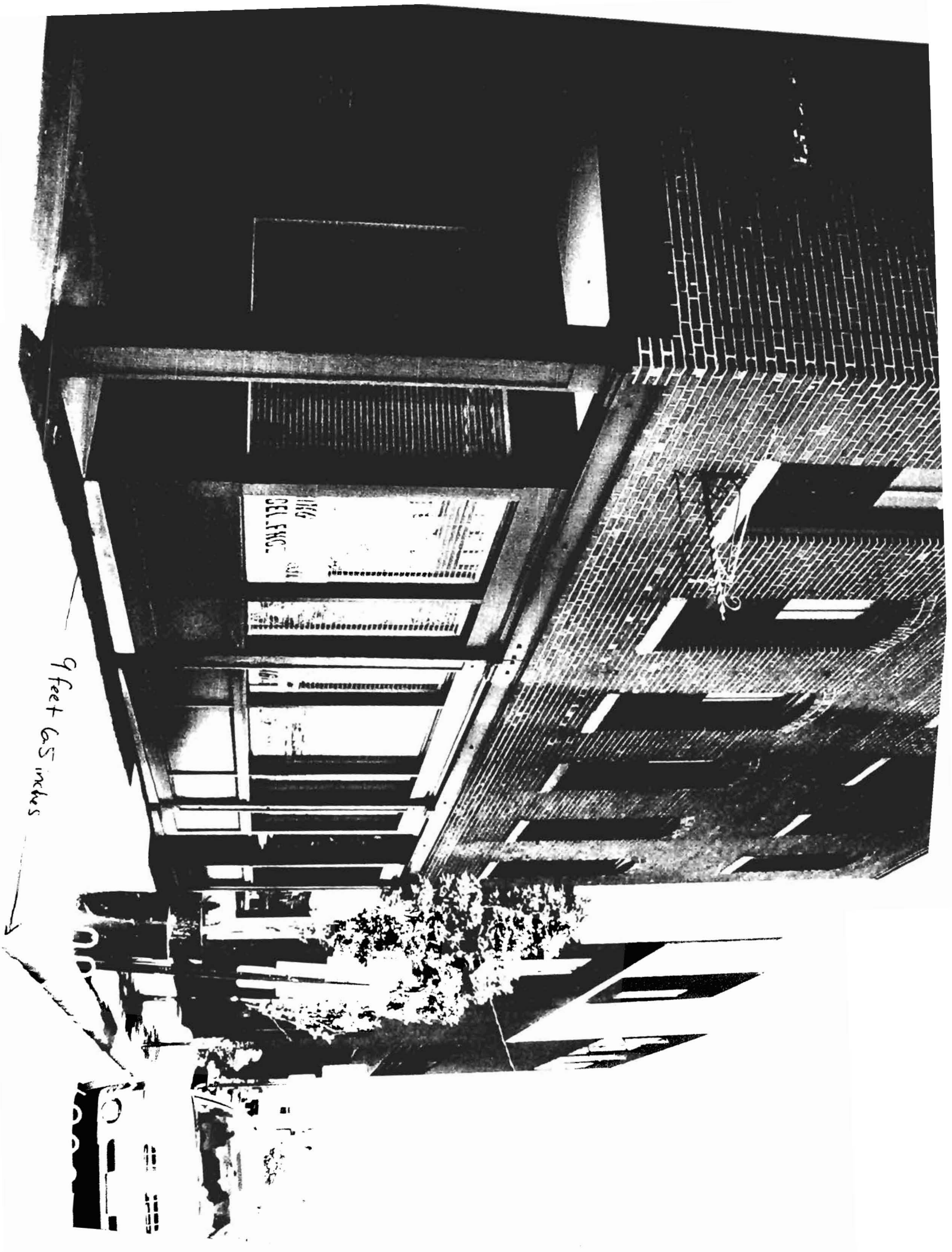
Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections 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.

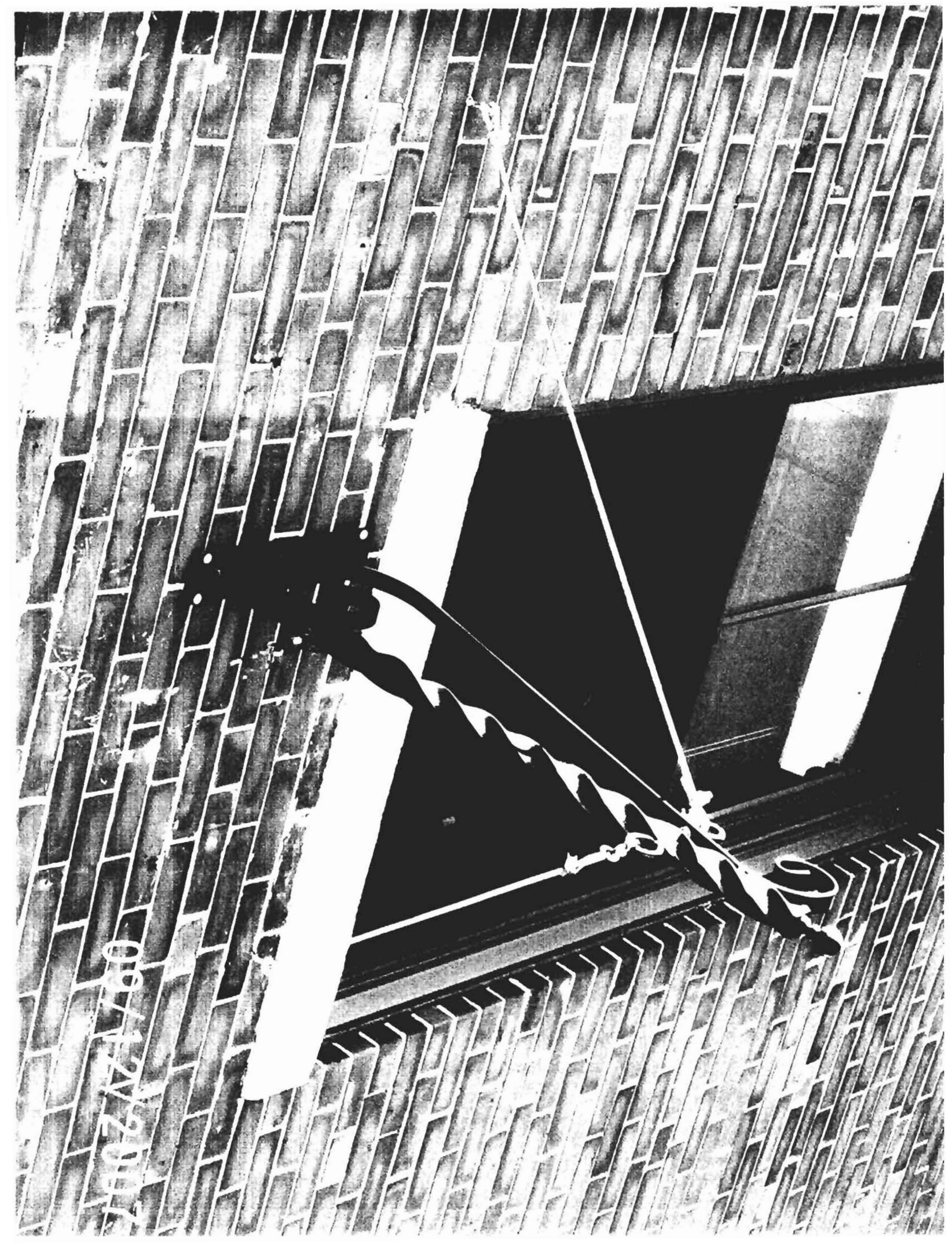
Signature of applicant: <u>Abbey Lucas</u>	Date: <u>8/28/07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



9 feet 65 inches

DEL. ENG.
11/19



09/12/2007

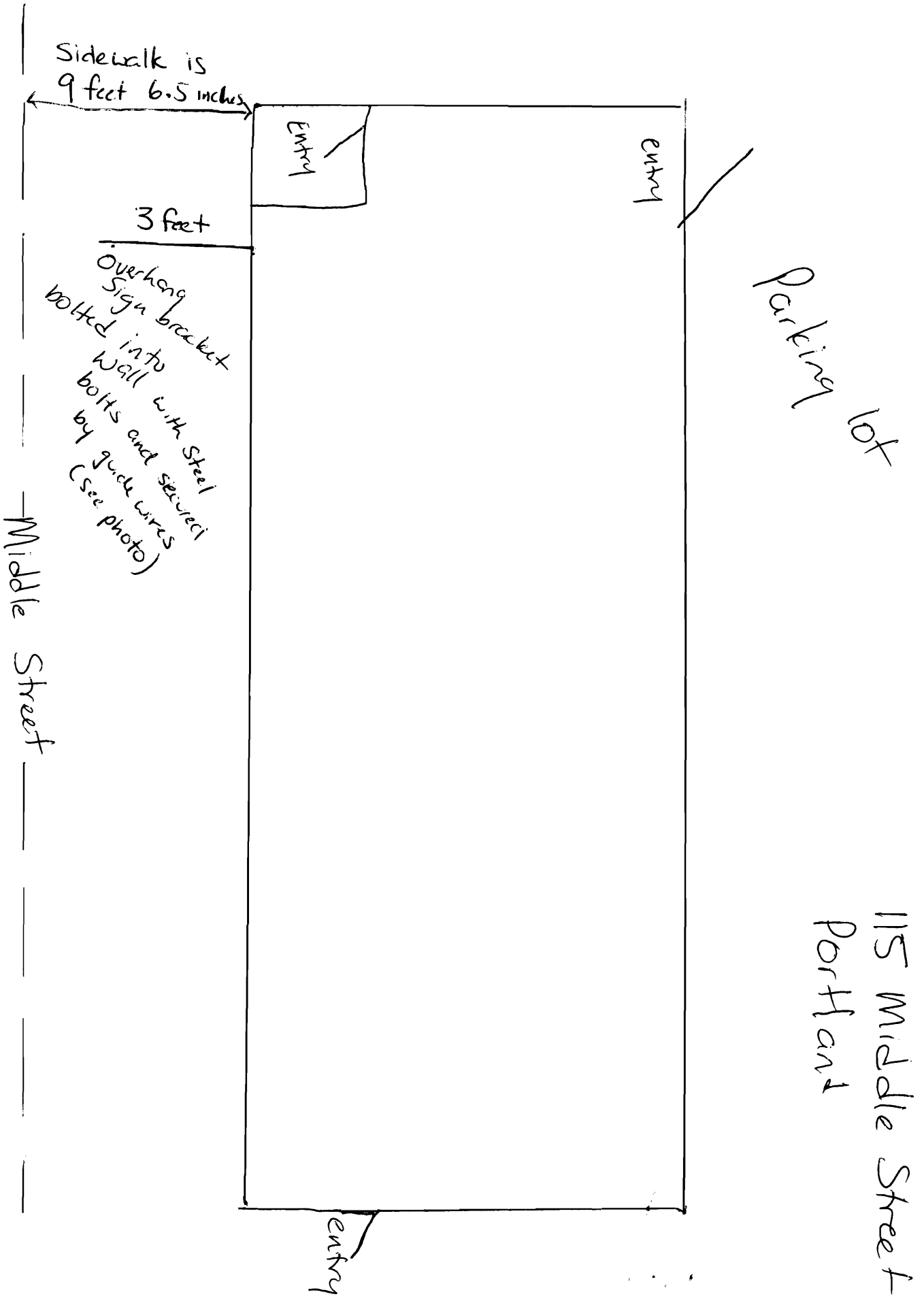


AGING EXCELLENCE
Seniors On The Go

AGING EXCELLENCE

OPEN

201



Sidewalk is
9 feet 6.5 inches

entry

entry

3 feet

Overhang
Sign bracket
bolted into
Wall with Steel
bolts and secured
by guide wires
(see photo)

Middle Street

Parking lot

entry

115 Middle Street
Portland

Brothers Three LLC
100 Commercial Street
Portland, ME 04101

August 29, 2007

City of Portland
Portland, ME

RE: Aging Excellence

To Whom It May Concern:

This letter shall serve as permission from Brothers Three LLC (Landlord) to Aging Excellence (Tenant) for an exterior sign as described in the attached application.

Yours truly

Brothers Three LLC

By: 

J. Tim Soley
Its Authorized Representative

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/19/2007

PRODUCER (207)829-3450 FAX (207)829-6350
Norton Insurance Agency
275 US Route 1
Cumberland Foreside, ME 04110

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 Lucas Enterprises Inc.
DBA: Aging Excellence
251 Congress St
Portland, ME 04104

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Interstate Fire & Casualty	
INSURER 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 TR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	AS0100080901	06/07/2007	06/07/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Excluded								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Portland is listed as additional insured with regards to the above noted general liability coverage

CERTIFICATE HOLDER

City of Portland
17 Arbor St
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 10 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
 Claudette Turcotte AAI, AU, C *Claudette P Turcotte*

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.