

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING PERMITS SECTION

Please Read Application And Notes, If Any, Attached

This is to certify that WILDCAT LLC/Scarboro Sign
has permission to New signage for "Amedisys Home Health Services"
AT 931 CONGRESS ST

Permit Number: 081355
OCT 31
CITY OF PORTLAND
065 D014001

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 lath or other work is set-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

Rama H. MacLellan 10/31/08
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

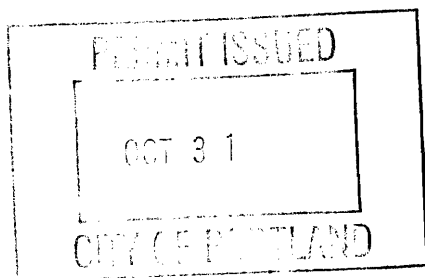
Permit No: 08-1355	Issue Date:	CBL: 065 D014001
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Location of Construction: 931 CONGRESS ST	Owner Name: WILDCAT LLC	Owner Address: 465 CONGRESS ST	Phone:
Business Name: Amedisys Home Health Services	Contractor Name: Scarboro Signs	Contractor Address: 680 US Rt. 1 Scarborough	Phone 2078836796
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial "Amedisys Home Health Services"	Proposed Use: Commercial "Amedisys Home Health Services" - New signage for "Amedisys Home Health Services"	Permit Fee: \$51.00	Cost of Work: \$51.00	CEO District: 2
<p><i>use under permit # 08-03999</i></p>		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>Sign</i> <i>IBC 2003</i>	
Proposed Project Description: New signage for "Amedisys Home Health Services"		Signature:	Signature: <i>Jm 10/31/08</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: ldobson	Date Applied For: 10/24/2008	Zoning Approval
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- 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 Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>ok</i> <i>10/30/08</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:
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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



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>931 Congress St. Portland</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Fred Drambie</u>	Telephone: <u>632-4128</u>
Lessee/Buyer's Name (If Applicable) <u>Amedisys</u>	Contractor name, address & telephone: <u>Scarborough Signs</u> <u>608 US Rt 1</u> <u>Scarborough Me 04074</u> <u>883-6796</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>10.5 sq ft</u> For H.D. signage = Total Fee: \$ <u>751.00</u> Awning Fee = cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Scarboro Signs</u> phone: <u>883-6796</u>		
Tenant/allocated building space frontage (feet): Length: <u>60' X 1.5' = 90' MAX</u> Height: <u>12'</u> Lot Frontage (feet) <u>80'</u> Single Tenant or Multi Tenant Lot <u>Single</u>		
Current Specific use: <u>Home Health (Medical)</u> If vacant, what was prior use: _____ Proposed Use: <u>Same</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: <u>See attached</u>		
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> Is awning backlit? Yes ___ No ___ 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.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions: _____ Awning? Yes ___ No ___ Sq. ft. area of awning w/communication: _____ <u>NONE</u> OCT 24 2003		
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.		

$1.5 \times 3.87 = 5.80$
 $1.5 \times 3 = 4.50$
 $2 \times 10.30 = 20.60$

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>[Signature]</u>	Date: <u>10-22-08</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: 08-1355	Date Applied For: 10/24/2008	CBL: 065 D014001
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Location of Construction: 931 CONGRESS ST	Owner Name: WILDCAT LLC	Owner Address: 465 CONGRESS ST	Phone:
Business Name: Amedisys Home Health Services	Contractor Name: Scarboro Signs	Contractor Address: 680 US Rt. 1 Scarborough	Phone (207) 883-6796
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial "Amedisys Home Health Services" - New signage for "Amedisys Home Health Services"	Proposed Project Description: New signage for "Amedisys Home Health Services"
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 10/30/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 10/31/2008
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.			

Comments: 10/30/2008-mes: use permit under #08-0199

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.

 X **Final inspection required at completion of work.**

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.

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.

Signature of Applicant/Designee

Thomas H. Malley

Signature of Inspections Official

Date

10/31/08

Date

NATURAL BORDER

Sign B

Sidewalk
Transiting Sign

SANDBLASTED
BACKGROUND



1.5 x 3 = 4.5

18 in



36 in

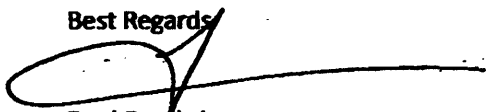
Amedisys
931 Congress St.
Portland, Maine

21 October, 2008

Dear Donna,

Please be advised that you have permission to hang a sign as discussed on the new brick under the lights on the front of the building as well as a hanging sign on the brace located on the metal pole at the corner of the building. The signs will have to conform with the City of Portland standards.

Best Regards

A handwritten signature in black ink, appearing to read "Fred Dambrie", with a long horizontal stroke extending to the right.

Fred Dambrie

Asst. Manager

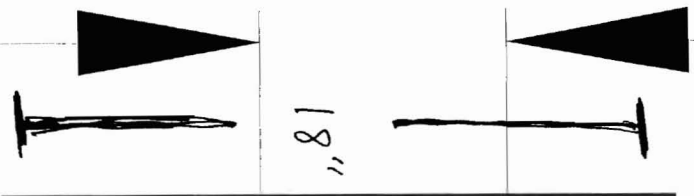


STEEL Decorative Brache ffs -
Bolted to wall w/ CABS

SignA

Wall Sign
Plastic letters

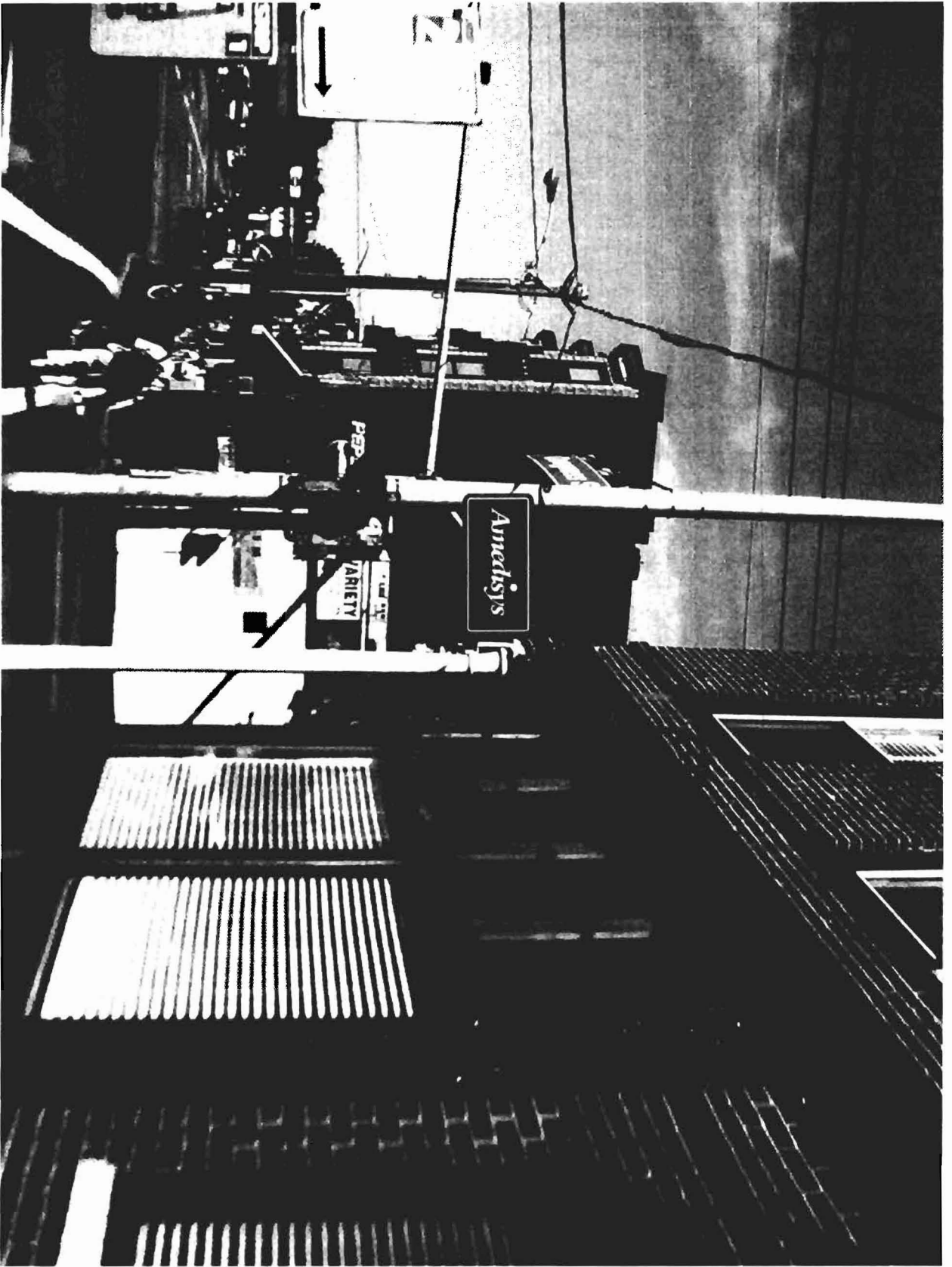
Steel Decore two brackets
Cags Bolted to wall



7.323 in



$3.87 \times 15 = 5.80$



Sian B

Barclot cas B3 (kas) to wa 11

CERTIFICATE OF LIABILITY INSURANCE				ISSUE DATE 10/21/2008	
PRODUCER Alliant Insurance Services Houston LLC Three Lincoln Centre 5430 LBJ Freeway, Suite 1580 Dallas, TX 75240 972.968.5860			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 Amedisys, Inc. 5959 South Sherwood Forest Blvd. Baton Rouge, LA 70816			COMPANIES AFFORDING COVERAGE		
			INSURER A:	Columbia Casualty Company	
			INSURER B:	Travelers Indemnity Company of America-TIA	
			INSURER C:	Travelers Property Casualty Company of America-TIL	
			INSURER D:		
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	HMA1064387992-1	2-20-2008	2-20-2009	GENERAL AGGREGATE \$ 3,000,000 PRODUCTS-COMP/OP AGG. \$ 3,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 300,000 EACH CLAIM \$ 250,000
	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 <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> OTHER				COMBINED SINGLE LIMIT \$ (Each accident) BODILY INJURY \$ (Per person) BODILY INJURY \$ (Per accident) PROPERTY DAMAGE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	HMC1064388009-1	02-20-2008	02-20-2009	EACH INCIDENT \$ 5,000,000 AGGREGATE \$ 5,000,000
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	TC2HUB1520796307 TRJUB1520797507	12-31-2007 12-31-2007	12-31-2008 12-31-2008	STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE EACH EMPLOYEE \$ 1,000,000
A	PROFESSIONAL LIABILITY Claims Made	HMA1064387992-1	02-20-2008	02-20-2009	EACH MEDICAL INCIDENT \$ 1,000,000 AGGREGATE \$ 3,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS RE: Confirmation of insurance for named insured and location, Amedisys Home Health Services, 931 Congress Street, Portland, ME 04102					
* Provides coverage for the State of AZ only.					
CERTIFICATE HOLDER City of Portland Maine Portland, ME			COUNSELLOR'S NAME SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 