

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that SSA REALTYLLC

Located At 550 FOREST AVE

Job ID: 2012-03-3454-SIGN

CBL: 126-A-007-001

has permission to install a 2'6" x 11'10" wall sign

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

N/A

A handwritten signature in black ink, appearing to be "A. R. M.", written over a horizontal line.

3/7/12

**Fire Prevention Officer**

**Code Enforcement Officer / Plan Reviewer**

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

## 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 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.**

### 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.



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Acting Director of Planning and Urban Development  
Gregory Mitchell

Job ID: 2012-03-3454-SIGN

Located At: 550 FOREST AVE

CBL: 126- A-007-001

## **Conditions of Approval:**

### **Building**

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.

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

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

Job No: 2012-03-3454-SIGN	Date Applied: 3/6/2012	CBL: 126- A-007-001	
Location of Construction: 550 FOREST AVE	Owner Name: SSA REALTY LLC	Owner Address: ONE CITY CENTER PORTLAND, ME 04101	Phone: 207-871-1080
Business Name: Advantage Home Care, LLC	Contractor Name: Bailey Sign Co.	Contractor Address: 9 Thomas DR Westbrook ME 04092	Phone: (207) 774-2843
Lessee/Buyer's Name: Richard Blumenthal	Phone: 207-699-2570	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-2b
Past Use: Office	Proposed Use: Same – office – install 2'6" x 11'10" wall sign for Advantage Home Care	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: SIGN Signature: <i>ARM</i>
Proposed Project Description: Permanent Sign		Pedestrian Activities District (P.A.D.) <i>3/7/12</i>	
Permit Taken By:	<b>Zoning Approval</b>		

- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>02 3/7/12 ARM</i>	<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:	<input checked="" type="checkbox"/> Not in Dist 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: <i>ARM</i>

### 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.

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SIGNATURE OF APPLICANT ADDRESS DATE PHONE

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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE



B26

# Signage/Awning Permit Application

Entered 3/6/12

(B)

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.

126 A007 JIDA 2012-03-3454-Sign

Location/Address of Construction: 550 Forest Avenue Portland ME 04101

Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>CBL-126-A-007-001</u>	Owner: <u>SSA Realty LLC</u> <u>One City Center</u> <u>Portland 04101</u>	Telephone: <u>871-1080</u>
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Lessee/Buyer's Name (If Applicable) <u>Advantage Home Care LLC</u>	Contractor name, address & telephone: <u>Bailey Sign Co.</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>5878 90.00</u> Awning Fee= cost of work _____ Total Fee: \$ _____
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Who should we contact when the permit is ready: Richard Blumenthal phone: 699-2570

Tenant/allocated building space frontage (feet): Length: 40' Height: 20'  
Lot Frontage (feet) 95' Single Tenant or Multi Tenant Lot Multi Tenant

Current Specific use: office - Professors  
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: 28 feet 6 inches x 11 feet 10 inches

Proposed awning? Yes \_\_\_ No \_\_\_ 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: Same as above  
Awning? Yes \_\_\_ No  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.

RECEIVED  
MAR 06 2012

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

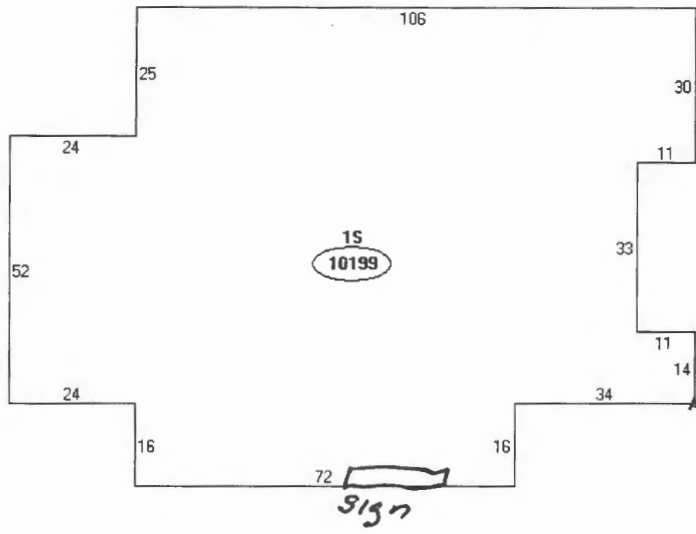
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: Richard Blumenthal Date: 2/27/12

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

multi-tenant.  
40x15 = 60

proposed 30" x 142" = 4260 sq ft = 29,58 (OK)



Descriptor/Area  
A: 053  
10199 sqft  
B: 1S  
10199 sqft



7/2



# Advantage Home Care

## In-Home Non-Medical Care for Seniors

### 699-2570

IMPORTED PDF VECTOR ART  
CMYK FILL: 100/0/0/0  
FONT UNKNOWN

SECONDARY COPY CORELDRAW 15 CORELBOOK ANTIQUA SHOWN HERE

2/24/12 ADD HYPHEN BETWEEN IN HOME  
THIS HYPHEN IS SLIGHTLY SHORTER THE THE ONE IN NON-MEDICAL

GRAPHICS FOR EXISTING: (1) S.F. 2'-6" X 11'-10" X 1"

TYPICALLY ALL B/G ARE COOL GREY #7

TENANT B/G: WHITE VINYL  
COPY: PRINTED IMAGE CMYK 100/0/0/0

7 3/4"

4"

5"

**PLEASE NOTE:**

THIS IS A PROGRESS PRINT - FIELD MEASUREMENTS MAY OR MAY NOT NEED TO BE VERIFIED.  
THIS DESIGN IS THE EXCLUSIVE PROPERTY OF BAILEY SIGN INCORPORATED AND ALL RIGHTS TO ITS USE OR REPRODUCTION ARE RESERVED.  
THE ACCURACY OF THIS COLOR RENDERING IS LIMITED BY MEDIA AND OUTPUT DEVICES AND IS INTENDED FOR REPRESENTATIONAL USE ONLY. ACTUAL MANUFACTURING GRAPHIC COLORS ALSO VARY DEPENDING ON PROCESSES & MATERIALS USED. COLOR MATCHES OF SUBMITTED SPECIFICATIONS CAN NOT BE GUARANTEED.  
IF AN ELECTRIC SIGN, THEN INSTALLATION MUST BE ACCOMPLISHED IN TOTAL COMPLIANCE WITH ARTICLE 800 OF THE NATIONAL ELECTRIC CODE, THE REQUIREMENTS OF UNDERWRITERS LABORATORY CANADIAN STANDARDS ASSOCIATION AND/OR ANY APPLICABLE LOCAL CODES. THIS INCLUDES PROPER GROUNDING AND BONDING OF THE SIGN.  
ALL ELECTRICAL SIGNS REQUIRE ROUTINE MAINTENANCE.

CUSTOMER

ACCEPTANCE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BAILEY SIGN SALES REPRESENTATIVE

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_



www.baileysign.com  
9 Thomas Drive  
Col. Westbrook Executive Park  
Westbrook, ME 04092  
207-774-2843 / 1-800-839-8844  
Fax: 774-1193  
E-Mail: sales@baileysign.com

CUSTOMER / SIGN LOCATION

**ADVANTAGE HOME CARE**  
550 FOREST AVENUE  
PORTLAND, MAINE

SALESPERSON: BB DRAWN BY: LWM

SCALE: 1/2" = 1' DATE: 2/6/12

REVISION # 1 DATE: 2/24/12 NAME: R1 2/24/12 ADD HYPHEN

DRAWING #

06741 R1

RECEIVED  
MAR 06 2012

SEE ALSO HOUSING INCENTIVES  
DIRIGO MANAGEMENT DWG. 04250



PROGRESS DRAWING





**DIRIGO  
MANAGEMENT  
COMPANY**

February 28, 2012

Rich Blumenthal  
Advantage Home Care  
550 Forest Avenue, Suite 206  
Portland, ME 04101

Dear Rich,

Please let this letter serve as landlord approval for your proposed sign (copy attached) to be placed on the exterior of the building next to the sign for Securitas.

As always, if you have any questions, please do not hesitate to call me.

Sincerely,

*Kathi*

Kathi Nickerson  
Property Manager

RECEIVED  
MAR 06 2012  
Dirigo



*Individual Member*



ONE CITY CENTER, PORTLAND, MAINE 04101-4009  
TEL: (207) 871-1080 · 1-800-615-1080 · FAX: (207) 871-7189  
E-MAIL: [info@dirigomgmt.com](mailto:info@dirigomgmt.com)  
WEB SITE: [www.dirigomgmt.com](http://www.dirigomgmt.com)



American Alternative Insurance Corporation

Policy Number  
VHHH-HG-3052842-03/001

**THIS ENDORSEMENT CHANGES THE POLICY.  
PLEASE READ IT CAREFULLY.  
COMMON POLICY CHANGE ENDORSEMENT**

Named Insured ADVANTAGE HOME CARE, LLC

Effective Date: 03-12-12  
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

**COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by  below.**

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- 
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure/Insurance              |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED) HAS BEEN ADDED TO THE POLICY:

CITY OF PORTLAND  
389 CONGRESS STREET  
PORTLAND ME 04101  
WITH RESPECTS TO SIGN ATTACHED TO BUILDING

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges.**

No Changes     To be Adjusted at Audit    Additional    Return

**Tax and Surcharge Changes**

Additional    Return

Countersigned By:

AUTHORIZED AGENT



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/06/2012

PRODUCER Phone: (954) 828-9948 Fax: (954) 828-9949  
**SABAL INSURANCE GROUP, INC.**  
 805 E. BROWARD BLVD., SUITE 303  
 FORT LAUDERDALE FL 33301

INSURED  
**ADVANTAGE HOME CARE, LLC**  
 415 CONGRESS ST, SUITE 202  
 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.


INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>American Alternative Insurance Corp</b>	19720
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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A		<b>GENERAL LIABILITY</b>	VHHG3052842-03	12/01/11	12/01/12	EACH OCCURRENCE	\$ 1,000,000		
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
		<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED. EXP (Any one person)	\$ 50,000		
		<input checked="" type="checkbox"/> Professional Liability				PERSONAL & ADV INJURY	\$ 1,000,000		
		<input checked="" type="checkbox"/> Retro Date 12/01/08				GENERAL AGGREGATE	\$ 3,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 3,000,000		
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$		
A		<b>AUTOMOBILE LIABILITY</b>	VHHG3052842-03	12/01/11	12/01/12	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>Included</b>		
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$		
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$		
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
<input checked="" type="checkbox"/> HIRED AUTOS									
<input checked="" type="checkbox"/> NON-OWNED AUTOS									
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$		
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$		
						AUTO ONLY: AGG	\$		
		<b>EXCESS / UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$		
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$		
		<input type="checkbox"/> DEDUCTIBLE					\$		
		<input type="checkbox"/> RETENTION \$					\$		
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS	OTHER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				Y/N	<input type="checkbox"/>	E.L. EACH ACCIDENT	\$
							E.L. DISEASE-EA EMPLOYEE	\$	
							E.L. DISEASE-POLICY LIMIT	\$	
A		<b>OTHER Sexual Misconduct</b>	VHHG3052842-03	12/01/11	12/01/12	\$100,000 per occ \$300,000 aggregate			

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS**  
 City of Portland is listed as additional insured with respects to sign attached to building

CERTIFICATE HOLDER	CANCELLATION
City of Portland 389 Congress Street Portland ME 04101  Attention:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE 



American Alternative Insurance Corporation

Policy Number  
VHHH-HG-3052842-03/001

SCHEDULE OF ADDITIONAL INTEREST(S)

Named Insured    ADVANTAGE HOME CARE, LLC

Effective Date:    03-12-12

12:01 A.M., Standard Time

Agency Name    Glatfelter Underwriting Services, Inc.

Addl Insured

THE SENIOR'S CHOICE, LLC  
774 MAYS BLVD, SUITE 297  
INCLINE VILLAGE, NV 89451

Addl Insured

CITY OF PORTLAND  
389 CONGRESS STREET  
PORTLAND, ME 04101  
DESCRIPTION WITH RESPECTS TO SIGN ATTACHED TO BUILDING



**CITY OF PORTLAND, MAINE**  
Department of Building Inspections

**Original Receipt**

3/6 | 20 12

Received from R. Chad

Location of Work 550 Forest

Cost of Construction \$ \_\_\_\_\_ Building Fee: 571

Permit Fee \$ \_\_\_\_\_ Site Fee: 30<sup>2</sup> ft

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

Total: 90.10

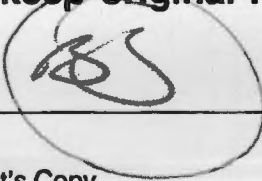
Building (I1) \_\_\_\_\_ Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: 126 A007

Check #: 1710 Total Collected \$ 90—

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

Taken by: 

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