

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 080843

This is to certify that WOJCIK JOSEPH B JR /Sign Design Inc
has permission to "Home Health Care Solutions" replacement sign on building & on existing pole 5150
AT 985 FOREST AVE 142 B015005

provided that the person or persons who apply for or accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission is procured before this building or part thereof is leased or occupied. 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 8/6/08
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: 08-0843	Issue Date:	CBL: 142 B015005 ⁰⁰¹
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Location of Construction: 985 FOREST AVE	Owner Name: WOJCIK JOSEPH B JR	Owner Address: 211 FALMOUTH RD	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone 2078562600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial - "Home Health Care Solutions" <i>(permit 07-0289)</i>	Proposed Use: Commercial - "Home Health Care Solutions" - replacement signs on building & on existing pole sign. ^{panel}	Permit Fee: \$94.00	Cost of Work: \$94.00	CEO District: 4
Proposed Project Description: "Home Health Care Solutions" - replacement signs on building & on existing pole sign ^{panel}		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>I BC 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: 07/09/2008	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 within six (6) months of the date False information may invalidate permit and stop all work. 	Special Zone or Reviews <input type="checkbox"/> Shr	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input checked="" type="checkbox"/> Approved	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: _____		

*Only replacing panel in
has standing sign
2x8=16 x2 = 32 + 30 = 62
paid \$94
overpaid \$32
give to Larrit when
issued.*



I hereby certify that I am the owner of record of the 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: 08-0843	Date Applied For: 07/09/2008	CBL: 142 B015001
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Location of Construction: 985 Forest Ave	Owner Name: WOJCIK JOSEPH B JR	Owner Address: 211 FALMOUTH RD	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone (207) 856-2600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - "Home Health Care Solutions" - replacement panel (2' x 8') in existing freestanding sign.	Proposed Project Description: "Home Health Care Solutions" - replacement panel (2' x 8') in existing freestanding sign
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 08/04/2008

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:** Tammy Munson **Approval Date:** 08/06/2008

Note: **Ok to Issue:**

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.



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>999 Forest Ave. Unit 207 (condo unit #1)</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>142</u> Block# <u>B</u> Lot# <u>15001</u>	Owner: <u>Joe Wojcik</u>	Telephone: <u>773-4206</u>
Lessee/Buyer's Name (If Applicable): <u>Home Health Care Solutions</u>	Contractor name, address & telephone: <u>Sign Design, Inc P.O. Box 207 Westbrook, ME 04098 856-2600 Diana</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>Cheryl</u> phone: <u>347-6106</u>		
Tenant/allocated building space frontage (feet): Length: <u>66'</u> Height: <u>12'</u> Lot Frontage (feet) <u>145'</u> Single Tenant or Multi Tenant Lot <u>multi</u>		
Current Specific use: <u>Home health care Agency</u> If vacant, what was prior use: <u>N/A</u> Proposed Use: <u>N/A</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>2' x 8'</u> Height from grade: <u>25'</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: _____		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): <u>face replacing</u> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions: <u>5' x 8'</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes <input type="checkbox"/> 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.		

16 + 16 = 32 + 2 + 30

25' 17?

places are screwed into sign & frame

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: [Signature] Date: 7/3/07

2008

B-2 multi-unit

freestanding 65' - 48'
height - 17' 0"

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



Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- ~~Certificate of flammability required for awning or canopy.~~
- ~~A UL# is required for lighted signs at the time of final inspection.~~
- Pre-application questionnaire completed and attached.
- Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.

Panel install in existing Sign

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

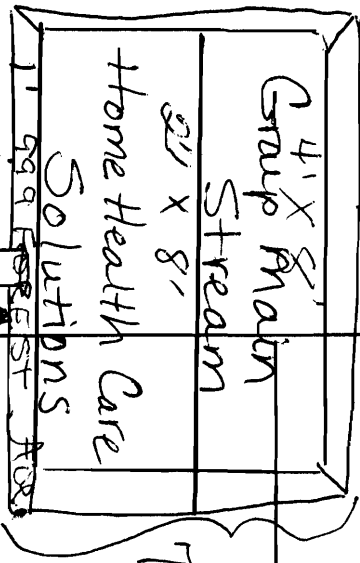
Permit fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, \$10.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.

Back Parking Area

Professional Offices

(500-171)
CAH. 171



Office

Office

Home Health
Solutions
999 Forest Ave
#207

Front Parking

Front Parking, 561 →

Professional
Offices

(80199)
Back Parking, 561

Forest Ave

MAINE NEBS, INC.
Specialty Pharmacy for Respiratory Medication

878-3001

**GROUP
MAIN
STREAM**



For Lease
207 772 1333

**OFFICE/RETAIL
SPACE**

CBRE The Boulos Company
www.cbre.com

Forest Avenue

This Design Is The Property Of

Sign Design Inc.

306 Warren Ave. Portland, ME
Phone: 207-856-2600 Fax: 207-856-7600

2 24" X 96" Luxon Face Replacement w/ 220 Black Vinyl Graphics (Return/Needed)

Home Health Care Solutions

(207) 347-6106

Appx. 9"

Appx. 5"

1 Approx. 8' X 28" Overall Size. Material: Double 1/2" 220 Black Vinyl (Return/Needed)

Home Health Care Solutions

Appx. 4"

(207) 347-6106

Appx. 7"

This proof may reflect color shifts due to the color conversion from file to print and or web. Also, PMS colors will be approximated to the best of our ability.

Customer supplied artwork (300 dpi required) will be used as is, and Sign Design Inc. is not responsible for any faults in the design.

Any black outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, retainers, faces and reveals. Unless otherwise specified, they are not considered as part of the sign graphics.

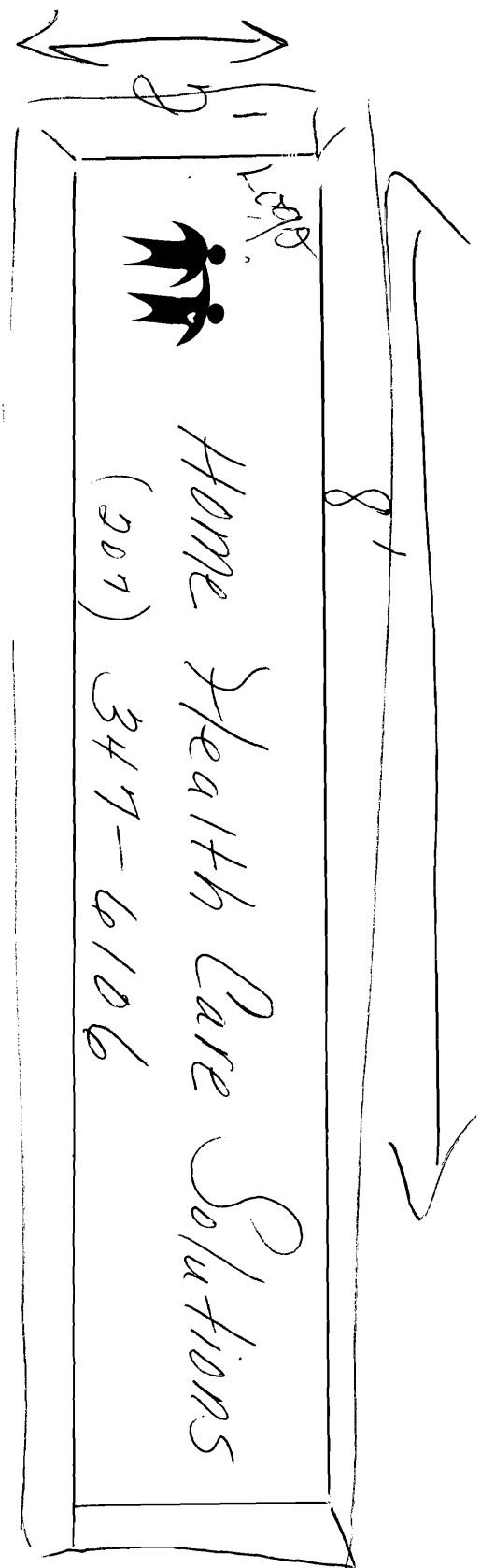
Client: Home Hth. C. Solutions

File: HHC Comp. 2

Date: 6-11-08

Approval:

Customer approval is a signed confirmation that dimensions, colors, spelling, graphics and all other job specifics are correct.



Non illuminated

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/10/2008

PRODUCER (207) 642-2222 FAX: (207) 642-2228

Carll Insurance Agency
38 Ossipee Trail East
PO Box 690

Standish ME 04084

INSURED
Home Health Care Solutions
999 Forest Avenue
Suite 207
Portland ME 04103

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: Nautilus Insurance Co. 0850

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 LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	NPP1156353	1/9/2008	1/9/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	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 (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	TRUCK LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTION \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> 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 named as additional insured

CERTIFICATE HOLDER

City of Portland
389 Congress Street
Portland, ME 04102

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]