

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that JOSEPHB WOJCIK

Located At 985 FOREST UNIT

Job ID: 2011-04-716-SIGN

CBL: 142 - - B - 015 - 005 - - - -

has permission to one 2' x 3' hanging sign

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues 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

\_\_\_\_\_  
Fire Prevention Officer

*[Signature]* 4/8/11  
\_\_\_\_\_  
Code Enforcement Officer / Plan Reviewer

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

## 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.**

1. Final inspection required upon completion of installation.

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)*

Director of Planning and Urban Development  
Penny St. Louis

**Job ID:** 2011-04-716-SIGN    **Located At:** 985 FOREST    **CBL:** 142 - - B - 015 - 005 - - -  
UNIT    - -

## **Conditions of Approval:**

### **Zoning**

This permit is only approving one 3' x 2' hanging sign. The ordinance only allows one sign per individual tenant and so the applicant has chosen to have this sign. See email sent on 4/5/11.

### **Building**

Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.

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

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

Job No: 2011-04-716-SIGN	Date Applied: 4/1/2011	CBL: 142 - - B - 015 - 005 - - - - -	
Location of Construction: 985 FOREST AVE - UNIT 5	Owner Name: JOSEPH B WOJCIK	Owner Address: 211 FALMOUTH RD FALMOUTH, ME - MAINE 04105	Phone: 773-4206
Business Name:	Contractor Name: Fast Signs	Contractor Address: 413 Warren AVE SOUTH PORTLAND MAINE 04106	Phone: (207) 773-5499
Lessee/Buyer's Name: ECI Services of Maine	Phone: 899-4605	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-2
Past Use: Office for Funeral Services	Proposed Use: Office for Funeral Services – install one 2' x 3" hanging sign	Cost of Work:	CEO District:
		Fire Dept: <i>W/A</i> Approved Denied N/A	Inspection: Use Group: <i>Sign</i> Type:
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Proposed Project Description: 981 Forest Avenue – 2' x 3' hanging sign		Pedestrian Activities District (P.A.D.)	
Permit Taken By:	<b>Zoning Approval</b>		

	Special Zone or Reviews	Zoning Appeal	Historic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.	<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in Dist or Landmark
2. Building Permits do not include plumbing, septic or electrical work.	<input type="checkbox"/> Wetlands	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does not Require Review
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.	<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
	<input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
	Date: <i>OK w/condition</i> <i>4/5/11 April</i>	Date:	Date: <i>ABM</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 appication 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 PHON

4/1/11

**Job Summary Report**  
**Job ID: 2011-04-716-SIGN**

Report generated on Apr 4, 2011 12:00:15 PM

<b>Job Type:</b>	Signs	<b>Job Description:</b>	981 Forest Avenue	<b>Job Year:</b>	2011
<b>Building Job Status Code:</b>	Initiate Plan Review	<b>Pin Value:</b>	1022	<b>Tenant Name:</b>	
<b>Job Application Date:</b>		<b>Public Building Flag:</b>	N	<b>Tenant Number:</b>	
<b>Estimated Value:</b>		<b>Square Footage:</b>	18		
<b>Related Parties:</b>		JOSEPH WOJCIK		<i>Property Owner</i>	
		Fast Signs - Fast Signs Fast Signs		<i>GENERAL CONTRACTOR</i>	

**Job Charges**

Fee Code Description	Charge Amount	Permit Charge Adjustment	Net Charge Amount	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Net Payment Amount	Outstanding Balance
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**Location ID: 21136**

**Location Details**

Alternate Id	Parcel Number	Census Tract	GIS X	GIS Y	GIS Z	GIS Reference	Longitude	Latitude
W29950	142 B 015 005		U				-70.289282	43.681211

Location Type	Subdivision Code	Subdivision Sub Code	Related Persons	Address(es)
1				985 FOREST AVENUE UNIT NORTH

Location Use Code	Variance Code	Use Zone Code	Fire Zone Code	Inside Outside Code	District Code	General Location Code	Inspection Area Code	Jurisdiction Code
COMMERCIAL CONDOS		BUSINESS COMMUNITY					DISTRICT 5	MORRILLS CORNER

**Structure Details**

**Structure: Change from Dog Grooming to Funeral Services**

*Change of use 2010-11-19 985 Forest Ave*

**Occupancy Type Code:**

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address
Stores & Customer Services (Mercantile)	0			985 FOREST AVENUE UNIT NORTH

Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference

User Defined Property	Value
E Lights	2
E Lights	15

**Structure: Funeral Home**

*[Handwritten signature]*

**Occupancy Type Code:**

**Job Summary Report**  
**Job ID: 2011-04-716-SIGN**

Report generated on Apr 4, 2011 12:00:15 PM

Page 2

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address
Commerical Mixed Use	0	36		985 FOREST AVENUE UNIT NORTH

Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference	User Defined Property	Value
						E Lights	2
						E Lights	15

**Permit #: 20112403**

Permit Data						
Location Id	Structure Description	Permit Status	Permit Description	Issue Date	Reissue Date	Expiration Date
21136	Funeral Home	Initialized	18' x 2' sign			

Inspection Details						
Inspection Id	Inspection Type	Inspection Result Status	Inspection Status Date	Scheduled Start Timestamp	Result Status Date	Final Inspection Flag

Fees Details								
Fee Code Description	Charge Amount	Permit Charge Adjustment	Permit Charge Adj Remark	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Payment Adj Comment
Signs	\$66.00							





# 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>Kevin Kildine</u> <u>981 Forest Ave Portland, ME 04103</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>142 B 015005</u>	Owner: <u>CCI Services of MAINE</u> <u>INCOME PROPERTY MANAGEMENT</u>	Telephone: <u>899-4605 - lessee</u> <u>773-4206 - owner</u>
Lessee/Buyer's Name (If Applicable) <u>CCI Services of MAINE</u> <u>24837</u>	Contractor name, address & telephone: <u>Fast signs</u> <u>413 Western Ave</u> <u>South Portland, ME 04106</u> <u>773-5499</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/ <del>\$66.00</del> <u>75.00</u> For H.D. signage= Total Fee: \$ <u>66</u> Awning Fee= cost of work <u>—</u> Total Fee: \$ <u>66</u>

Who should we contact when the permit is ready: Kevin Kildine phone: 899-4605

Tenant/allocated building space frontage (feet): Length: 35' Height: 8 1/2'  
Lot Frontage (feet) 363' Single Tenant or Multi Tenant Lot Multi

Current Specific use: FUNERAL HOME / MANAGEMENT Co.  
If vacant, what was prior use: Pet Grooming  
Proposed Use: FUNERAL HOME / MANAGEMENT Co.

8' x 2 = 36  
Blg Fee 30  
66.00

Information on proposed sign(s):  
Freestanding (e.g., pole) sign? Yes  No   
Bldg. wall sign? (attached to bldg) Yes  No   
Dimensions proposed: \_\_\_\_\_ Height from grade: \_\_\_\_\_  
Dimensions proposed: 3 signs @ 2' x 3' one is double sided

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.

- One 2' x 3' sign fee email dated 4/15/11  
**RECEIVED**

Information on existing and previously permitted sign(s):  
Freestanding (e.g., pole) sign? Yes  No   
Bldg. wall sign? (attached to bldg) Yes  No   
Awning? Yes  No  Sq. ft. area of awning w/communication: \_\_\_\_\_

APR - 1 2011  
Dept. of Building Inspections  
City of Portland Maine

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](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: Kevin Kildine Date: 3-22-2011

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

Table 2.13 - individual frontage  
frontage < 150' - 15 x 35 = 525  
1 sign

## Ann Machado - Sign Permit

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**From:** "Kilcline, Kevin" <Kevin.Kilcline@Sci-us.com>  
**To:** "amachado@portlandmaine.gov" <amachado@portlandmaine.gov>  
**Date:** 4/5/2011 3:34 PM  
**Subject:** Sign Permit

Ann,

Per our conversation, please ammend by permit for 981 Forest Ave, Unit 5 so that it only involves the one hanging sign.

Thank you!

*Kevin C. Kilcline*

Location Manager  
Advantage Funeral & Cremation Services of Portland  
981 Forest Ave.  
Portland, ME 04103  
(207) 899-4605  
(207) 899-4606 (fax)

RECEIVED

APR - 5 2011

Dept. of Building Inspections  
City of Portland Maine



entire building 363'

981 (Advantage)  
Frontage

35'

955 (Dr. Fagan)

977 (Face)

977 (Face)

Emp I

Alterations  
by  
mfgura

The magical  
Closet

X

X

X

X

not doing  
see on wall  
with  
for

~~2x3 sign on  
wall~~

~~2x3 sign on wall~~

this  
sign  
is  
why

2x3 hanging sign

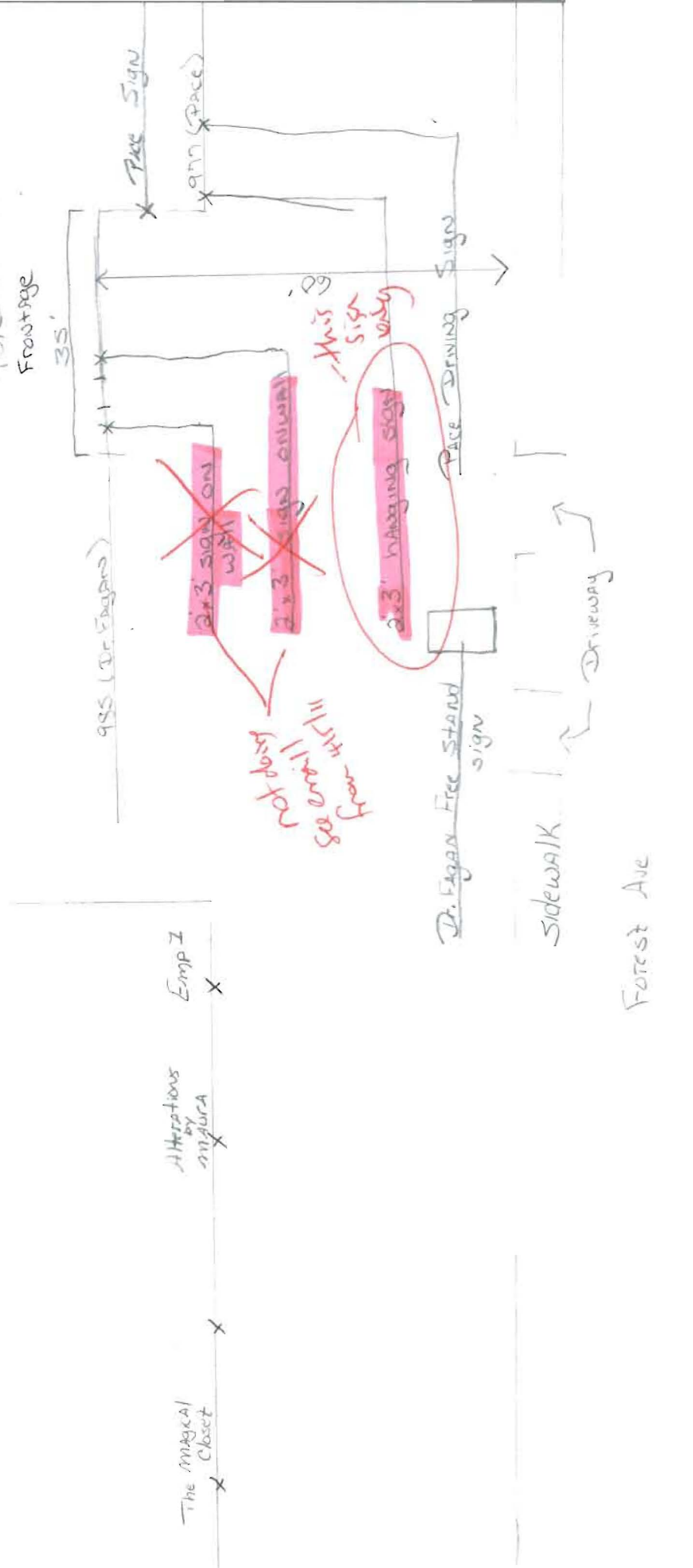
Dr. Fagan Fire Stand  
sign

Pace Dining Sign

Sidewalk

Driveway

Forest Ave



HEIGHT	36''
WIDTH	24''
QUANTITY	1
SIDES	2



*— permit is for this sign only*

DO NOT DUPLICATE. THIS DRAWING IS THE PROPERTY OF FASTSIGNS, INC. THE BORROWER AGREES IT SHALL NOT BE REPRODUCED, COPIED, DISPOSED OF DIRECTLY OR INDIRECTLY, NOR USED FOR ANY PURPOSE WITHOUT PERMISSION FROM FASTSIGNS, INC.

SUBSTRATE MATERIAL(S)  
**1/2" Omega board**  
 (MDO w/aluminum faces)

**Installation**  
 Bracket to be anchored to mortar/brick using 3/8" x 1 3/4" lag bolts and shields.  
 Bracket stabilized with aircraft cable from tip to building on both sides

**FASTSIGNS**  
 Sign Graphic Solutions Made Simple.  
 Jetport Plaza  
 413 Western Avenue  
 South Portland, Maine, 04106  
 (207) 773-5499  
 (207) 773-9802 (fax)  
 email: budellott@lastsigns.com

HEIGHT  
24''

WIDTH  
36''

QUANTITY  
2

SIDES  
1

SCALE



To be mounted on either side of entrance

*Not part of permit  
Can only do one sign - see email dated 4/17/11*

DO NOT DUPLICATE. THIS DRAWING IS THE PROPERTY OF FASTSIGNS, INC. THE BORROWER AGREES IT SHALL NOT BE REPRODUCED, COPIED, DISPOSED OF DIRECTLY OR INDIRECTLY, NOR USED FOR ANY PURPOSE WITHOUT PERMISSION FROM FASTSIGNS, INC.

SUBSTRATE MATERIAL(S)  
**1/4" Aluminum Composite**

NOTES  
**Installation**  
To be anchored to mortar/brick using 3/16" x 1 3/4" Tapcon Concrete Anchors. Four per sign

**FASTSIGNS**  
Sign Graphic Solutions Made Simple  
Jepport Plaza  
413 Western Avenue  
South Portland, Maine, 04106  
(207) 773-5499  
(207) 773-9802 (fax)  
email: budelli@fastsigns.com



**Pace**  
DRIVING SCHOOL  
STATE LICENSED  
ATV • MOTORCYCLES • SCUBA DIVER  
2025-2026 • 111 PROGRESSIVE • 530-210-0100

not done  
see email dated  
4/15/11



~~advantage~~

~~Memorial~~





not doing - see email  
dated 4/15/11

Space  
DRIVING SCHOOL  
STATE LICENSED  
109-3140 • WWW.FABERDRIVINGSCHOOL.COM

1090F  
01-35  
7-2840

~~Memorial~~

~~advertising~~

~~advertising~~



# Income Property Management

March 7, 2011

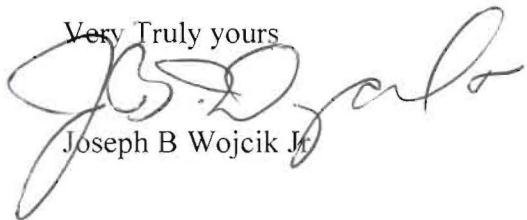
Eci Services of Maine Inc  
981 Forest Ave  
Portland Maine 04103

RE: Signs :

This letter is to give you permission to install Sign per section # 9 of your lease.  
Signage to be installed on building if any by Tenant and approved by Landlord to  
complex and local ordinance standards and size.

This permission is extended so long as all City and State ordinances are adhered to.

Very Truly yours

A handwritten signature in black ink, appearing to read "J.B. Wojcik Jr.", written over the typed name.

Joseph B Wojcik Jr

P.O Box 15444 Portland Maine 04101 773-4206 Fax 761-1908



# CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER O'Hearn Insurance Agency 1087 Forest Ave Portland, Me. 04103	CONTACT NAME:		
	PHONE (A/C, No, Ext):	207-797-9400	FAX (A/C, No): 207-797-0956
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC#
INSURER A:	PERELESS INSURANCE		
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

**COVERAGES CERTIFICATE NUMBER REVISION NUMBER:**  
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			BOP8694881	07/01/10	07/01/11	EACH OCCURRENCE : 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) : 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) : 5,000
							PERSONAL & ADV INJURY : 1,000,000
							GENERAL AGGREGATE : 2,000,000
							PRODUCTS - COMP/OP / AGG : 2,000,000
A	AUTOMOBILE LIABILITY			CU8695281	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ea accident) :
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) :
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) :
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) :
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CU8695281	07/01/10	07/01/11	EACH OCCURRENCE : 1,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE : 2,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS : CTH-ER :
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT :
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE :
							E.L. DISEASE - POLICY LIMIT :

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED  
977 999 FOREST AVE PORTLAND, ME

**CERTIFICATE HOLDER**

**CANCELLATION**

City Of Portland Congress Street Portland, ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE