

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF PROGRAM SUPPORT
HEALTH FACILITIES ADMINISTRATION
129 Pleasant Street, Concord, New Hampshire 03301-3857
TDD Access: Relay NH 1-800-735-2964
Agency Phone Number: 603-271-3021

The facility listed below is requesting to be licensed by the Department of Health and Human Services. Please complete and sign each section. If local approval is not required, please indicate this on the form.

FACILITY NAME: In Home Senior Services
STREET ADDRESS: 980 Forest Ave (BL 143 A 045 Suite 101)
OWNER'S NAME: Owen Picus
ADMINISTRATORS NAME: Anita Francoeur
FACILITY TELEPHONE NUMBER: 207 797 0202
PROPOSED TYPE OF FACILITY: In Home Senior Care Facility

HEALTH OFFICER

I HEREBY CERTIFY THAT _____
COMPLIES WITH ALL APPLICABLE HEALTH, SEWAGE AND WATER REGULATIONS FOR THE
CITY/TOWN OF _____.

I HEREBY CERTIFY THAT _____
DOES NOT REQUIRE HEALTH, SEWAGE AND WATER APPROVAL OF THIS FACILITY

NUMBER OF BEDS: _____ NUMBER OF ESRD STATIONS: _____ N/A: _____

DATE: _____ SIGNATURE: _____
(NAME AND TITLE OF HEALTH OFFICIAL)

PRINT: _____
(NAME AND TITLE OF HEALTH OFFICIAL)

BUILDING REGULATIONS

I HEREBY CERTIFY THAT _____
COMPLIES WITH ALL APPLICABLE BUILDING REGULATIONS FOR THE CITY/TOWN OF _____.

I HEREBY CERTIFY THAT _____
DOES NOT HAVE LOCAL BUILDING CODES OR REGULATIONS.

NUMBER OF BEDS: _____ NUMBER OF ESRD STATIONS: _____ N/A: _____

DATE: _____ SIGNATURE: _____
(NAME AND TITLE OF BUILDING OFFICIAL)

PRINT: _____
(NAME AND TITLE OF BUILDING OFFICIAL)

City of Portland
MAINE
ZONING REGULATIONS

143-A-065
R-P Zone

I HEREBY CERTIFY THAT _____
COMPLIES WITH ALL APPLICABLE ZONING REGULATIONS FOR THE CITY/TOWN OF _____

I HEREBY CERTIFY THAT _____
DOES NOT HAVE LOCAL ZONING REGULATIONS.

NUMBER OF BEDS: N/A NUMBER OF ESRD STATIONS: N/A N/A: _____

DATE: 3/8/06 SIGNATURE: Marge Schmuckel
(NAME AND TITLE OF ZONING OFFICIAL)

*R-P zone allows professional
offices. There are no specific
permits or certificates of occupancy
in our files for this specific business
no sign permits on file.*

PRINT: MARGE Schmuckel - Zoning Administrator
(NAME AND TITLE OF ZONING OFFICIAL)

FIRE REGULATIONS

THIS CITY/TOWN USES THE FOLLOWING FIRE CODES: (EXAMPLE NFPA 101 (2000 EDITION)
CHAPTER _____)

I HEREBY CERTIFY THAT _____
COMPLIES WITH ALL APPLICABLE FIRE REGULATIONS FOR THIS CITY/TOWN.

I HEREBY CERTIFY THAT THE CITY/TOWN OF _____
DOES NOT HAVE LOCAL FIRE REGULATIONS.

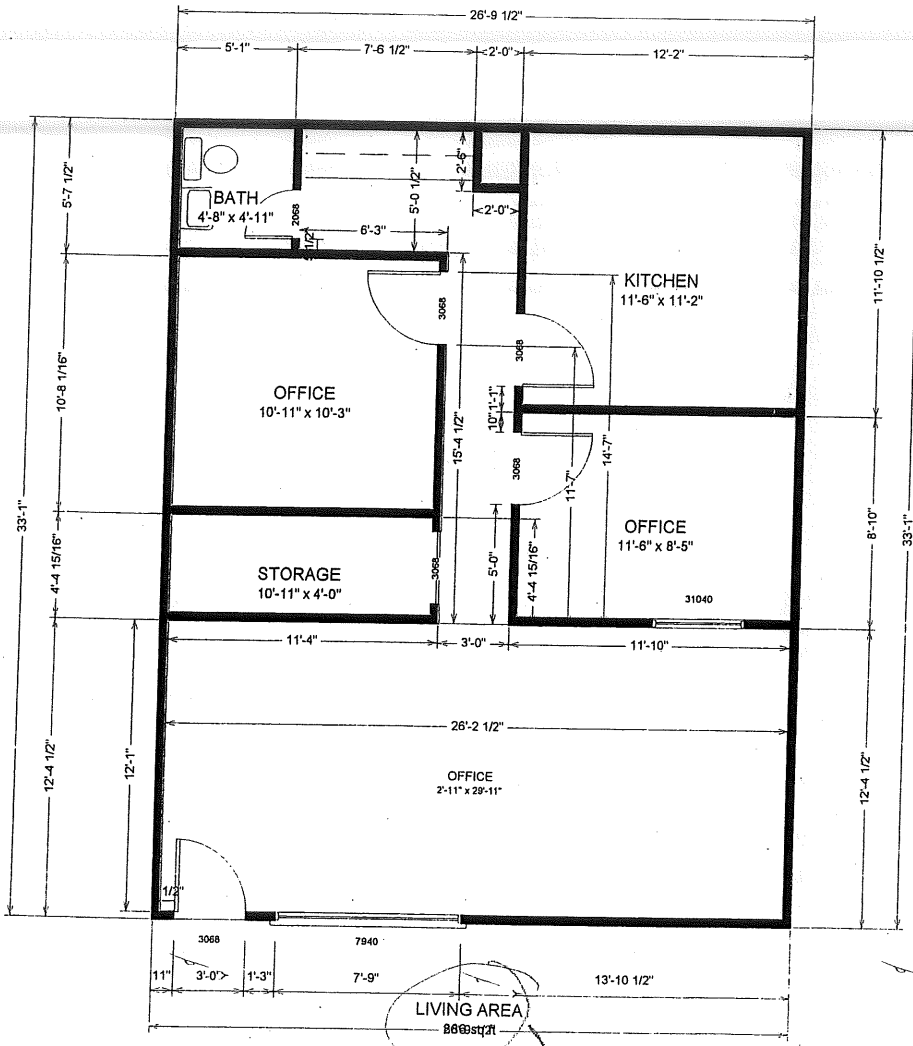
NUMBER OF BEDS: _____ NUMBER OF ESRD STATIONS: _____ N/A: _____

DATE: _____ SIGNATURE: _____
(FIRE CHIEF OR DESIGNEE)

PRINT: _____
(FIRE CHIEF OR DESIGNEE)

COMMENTS:

CBL: 143-A-065



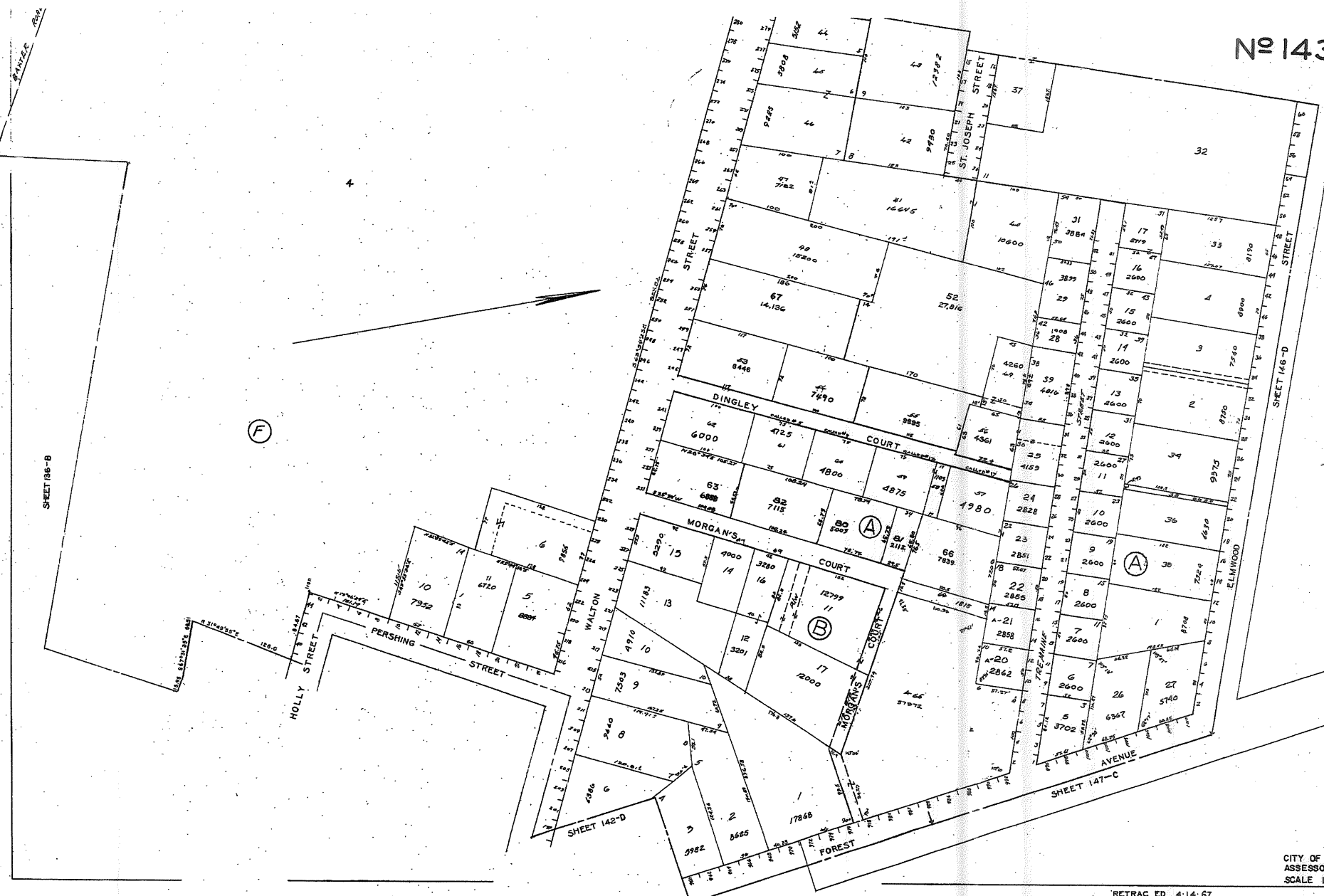
In-Home Senior Services
 980 Forest Avenue Suite 101
 Portland ME 04103
 797-0202

R-P

We are a Home Care agency. We provide in home care to the elderly and disabled population. We assist with ADL's (i.e. bathing, dressing, toileting, etc.) and IADL's (i.e. errands, meal prep., cleaning, etc.). We service the clients anywhere from 2 hrs to 24 hrs. up to seven days a week.

We are trying to expand the business into New Hampshire. A requirement to get a license in their state is to have our office inspected.

LIVING AREA
 8'-6" x 12'-11"



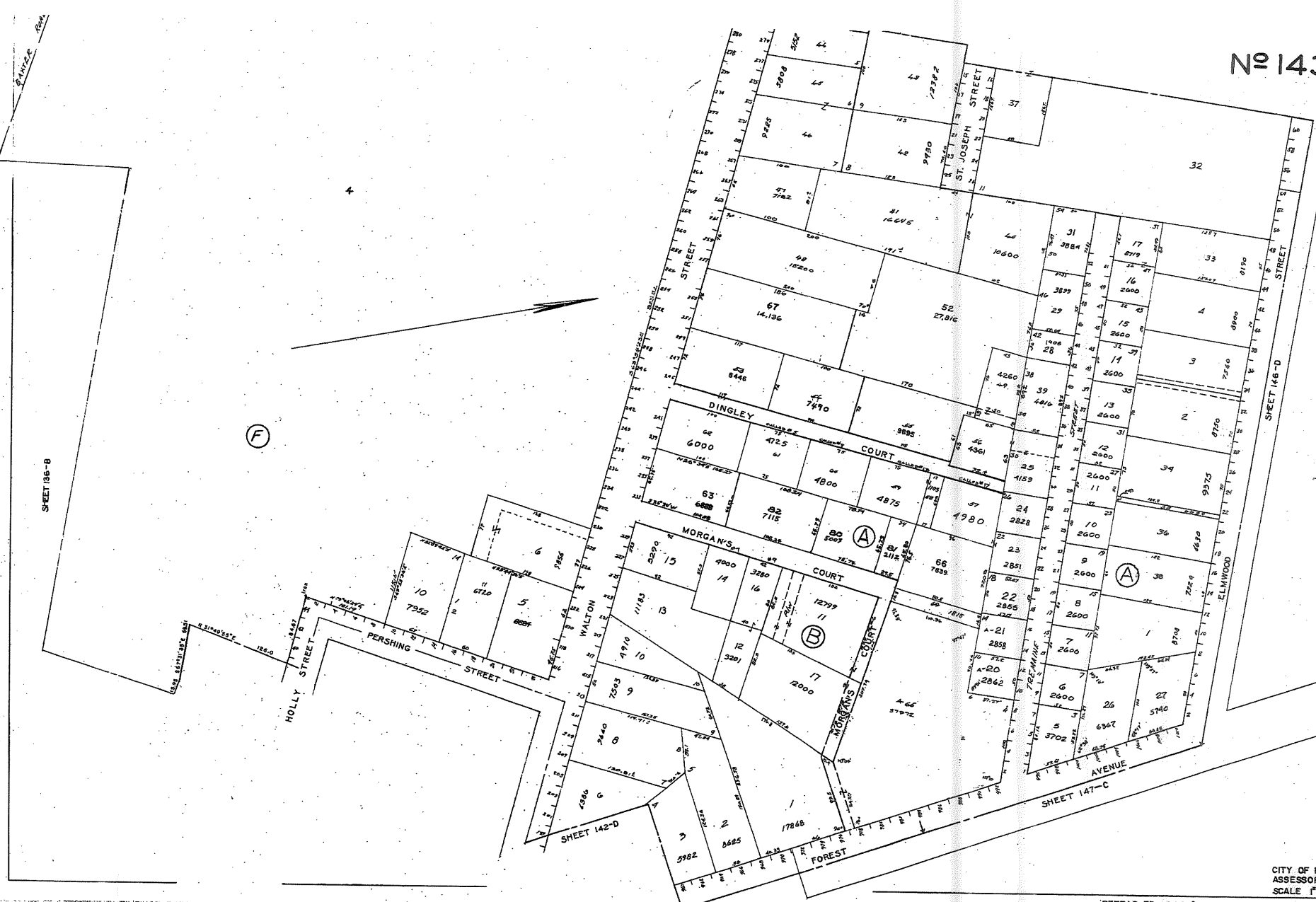
SHEET 146-B

(F)

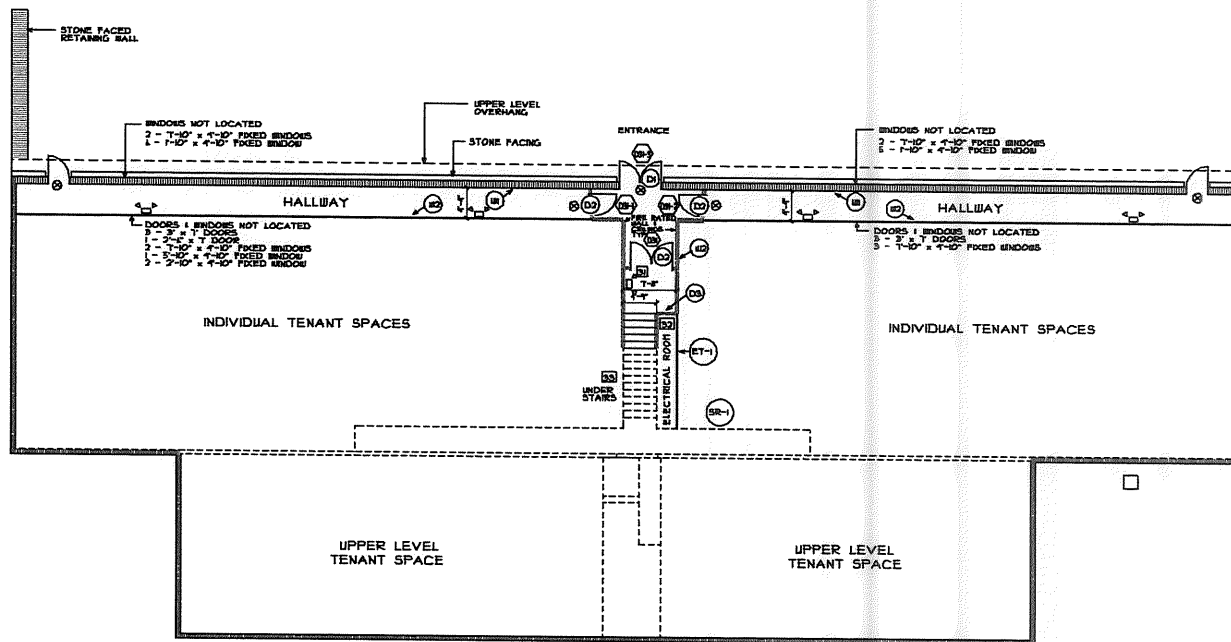
(A)

(B)

SHEET 147-C







EMERGENCY LIGHTING
 ⊕ EMERGENCY EXIT LEAT
 ⊞ EMERGENCY LIGHT FIX

RENOVATIONS:

CORRIDOR DOORS

- (D) REPLACE ENTRANCE DOORS 8/0M GLASS/ALUM 3'-0" FITTED WITH FRAME HARDWARE.
- (C) INSTALL NEW 8' X 7' - 6 1/2" RIR FIRE RATED DOORS IN CORRIDOR AT ENTRANCE EGRESS AT HALLWAY'S DOOR AT BOTTOM OF STAIRS
- (C) REMOVE DOOR ACCESS DOOR AT STAIRS AND CLOSE OFF ROOM

CORRIDOR WALLS

- (M) REMOVE WOOD BARN BOARDS AT EXTERIOR SIDE OF HALLWAY AND CORRIDOR AND COVER WITH 5/8" TYPE X GYPSUM TO ABOVE CEILING
- (C) REMOVE BARN BOARD ON INTERIOR SIDE OF HALLWAY AND CORRIDOR AND COVER EXISTING 1/2" GYPSUM WITH 5/8" TYPE X GYPSUM TO ABOVE ROOF

CORRIDOR CEILING

- (C) REMOVE SUSPENDED CEILING AND INSTALL STEEL MAT CHANNELS SANDWICHED BETWEEN TWO LAYERS OF 5/8" GYPSUM PER GA-FILE NO. 440 SEE DETAILS ON DD.

ELECTRIC - TEL ROOM - STAIR STORAGE

- (ET-1) REMOVE ALL ELECTRIC AND TELEPHONE EQUIPMENT AND RELOCATE TO NEW FIRE RATED ELECTRICAL ROOM AND SEE PLAN DD.
- (BR-1) REMOVE ALL EQUIPMENT MATERIALS FROM ELECTRICAL ROOM UNDER STAIRS. STUO OUT CAVITY AT STAIR STRINGERS AND INSTALL FIRE RATED BARR PER GA FILE NO. 3310

PROVIDE EXIT SIGNS, LIGHTS, EMERGENCY LIGHTS AND SMOKE DETECTORS AS REQUIRED.
 INSTALL FIRE EXTINGUISHERS IN ROOMS AS NECESSARY.
 PROVIDE FIRE ALARM IN ALL CORRIDORS & OCCUPIED SPACES

NOTE:
 EXISTING BUILDING PLAN DEVELOPED FROM FIELD MEASUREMENTS. WALL THICKNESSES VARY AND MAY NOT BE TRULY DEPICTED HERE.

WARNING: THIS DRAWING IS THE PROPERTY AND INSTRUMENT OF MORGAN CORPORATION FOR USE WITH THE PROJECT IDENTIFIED BELOW. NO MODIFICATIONS OR CHANGES MAY BE MADE TO THIS DRAWING AND NO USE MAY BE MADE OF THIS DRAWING WITHOUT THE EXPRESS WRITTEN PERMISSION OF MORGAN CORPORATION. ANY MODIFICATION OR CHANGE OF USE OF THIS DRAWING WITHOUT THE EXPRESS WRITTEN PERMISSION OF MORGAN CORPORATION IS UNLAWFUL AND IS AT THE USER'S RISK. MORGAN CORP. HAS NO LIABILITY FOR SUCH USE.		PROJECT NAME: MAINE CENTERS for HEALTH CARE 190 FOREST AVENUE PORTLAND, MAINE		JOB NO.: 031051
DATE	REVISION	EST. NO.	DESIGNED BY	 FAIRFIELD PORTLAND MAINE
3/23/04	GENERAL REVISIONS	TYPE	DESIGNED BY	
3-23-04	EMERGENCY LIGHTING ADDED	DRAWN BY	APPROVED BY	
3-23-04	GENERAL REVISIONS	SCALE	DATE	
3-23-04	NOTATION ADDED	DATE	DATE	
3/22/04	ADD RENOVATION CODE REQUIREMENTS	DATE	DATE	
Dwg:CAD FILE NAME:		G.T.V. NAME: DE		DESIGN BUILDER (Signature)

#03-1051

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number 1 of 1
Parcel ID 143 A065001
Location 978 FOREST AVE
Land Use OFFICE & BUSINESS SERVICE

Owner Address PICKUS OWEN B
 2 CHABOT ST
 WESTBROOK ME 04092

Book/Page 14162/230
Legal 143-A-65 FOREST AVE
 978-992 MORGAN'S COURT
 TREMAINE ST 2-8
 37972 SF

R-P Zone

Current Assessed Valuation For Fiscal Year 2006

Land	Building	Total
\$332,200	\$797,800	\$1,130,000

Estimated Assessed Valuation For Fiscal Year 2007*

Land	Building	Total
\$311,800	\$1,028,900	\$1,340,700

* Value subject to change based upon review of property status as of 4/1/06.
 The tax rate will be determined by City Council in May 2006.

Building Information

Bldg #	Year Built	# Units	Bldg Sq. Ft.	Identical Units
1	1976	1	18283	1

Total Acres	Total Buildings	Sq. Ft.	Structure Type	Building Name
0.872	18283		OFFICE BUILDING - LOW-RISE	MULTIPLE TENANTS

Exterior/Interior Information

Section	Levels	Size	Use
1	B1/B1	7000	OFFICE BUILDING
1	01/01	10522	OFFICE BUILDING
1	A1/A1	1903	OFFICE BUILDING

Height	Walls	Heating	A/C
8		ELECTRIC	CENTRAL
8	FRAME	ELECTRIC	CENTRAL
4	FRAME	ELECTRIC	CENTRAL
		NONE	NONE
		NONE	NONE
		NONE	NONE
		NONE	NONE
		NONE	NONE

Building Other Features

Line	Structure Type	Identical Units
2	OPEN AREA - BANK/OFFICE	1

See other side



proposed projects

remove "Otis Atwell" panel - on existing
 freestanding tenant sign - add new
 panels "Physical Therapy" at top of
 unit

H3 A 0125

JUN 18

BUILDING PERMIT REPORT

DATE: 07/24/96 ADDRESS: 980 Congress St

REASON FOR PERMIT: Change of Use

BUILDING OWNER: Shore Hill

CONTRACTOR: _____

PERMIT APPLICANT: _____

APPROVAL: with conditions
DENIED: #14, 17, 18, 22

CONDITION OF APPROVAL OR DENIAL

1. Before concrete for foundation is placed, approvals from the Development Review coordinator and Inspection Services must be obtained. (A24 hour notice is required prior to inspection)
2. Precaution must be taken to protect concrete from freezing.
3. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
4. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating. Private garages attached side-by-side to rooms in the above occupancies shall be completely separated from the interior spaces and the attic area by means of 1/2 inch gypsum board or the equivalent applied to the garage means of 1/2 inch gypsum board or the equivalent applied to the garage side. (Chapter 4 section 407.0 of the BOCA/1996)
5. Guardrail & Handrails-A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42", except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2 M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect.
6. Headroom in habitable space is a minimum of 7'6".
7. Stair construction in Use Group R-3 & R-4 is a minimum of 10" tread and 7 3/4" maximum rise. All other Use Group minimum 11" tread, 7" maximum rise.
8. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
9. Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside without the use of special knowledge or separate tools. Where windows are provided as means of egress or rescue, they shall

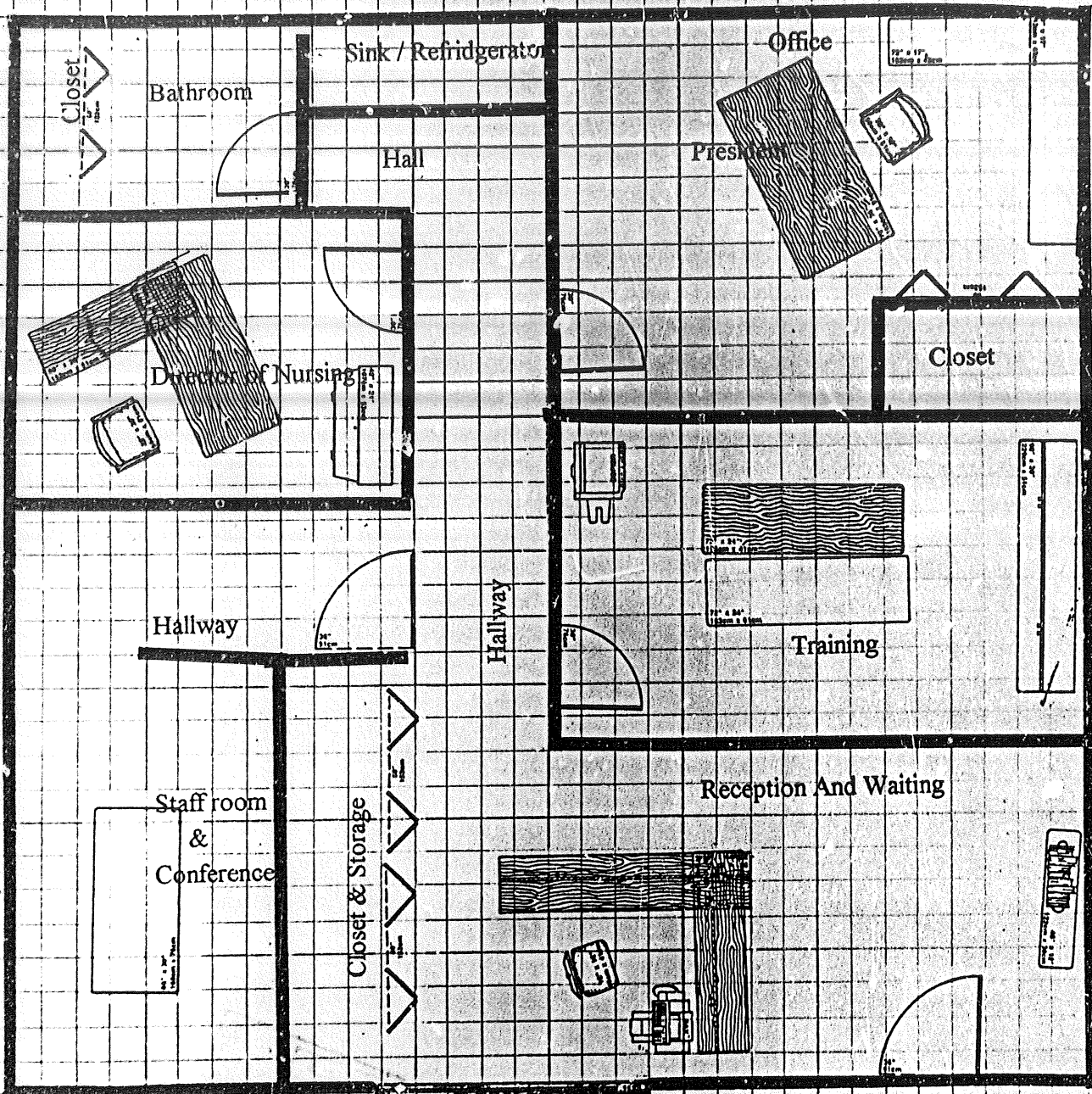
over

have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508mm), and a minimum net clear opening of 5.7 sq. feet.

10. Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
 11. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with selfclosers.
 12. The boiler shall be protected by enclosing with one (1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment.
 13. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's building code Chapter 9, Section 19, 919.3.2 (BOCA National Building Code/1996), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):
 1. In the immediate vicinity of bedrooms
 2. In all bedrooms
 3. In each story within a dwelling unit, including basements
- In addition to the required AC primary power source, required smoke detectors in occupancies in Use Groups R-2, R-3 and I-1 shall receive power from a battery when the AC primary power source is interrupted. (Interconnection is required)
14. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type.
 15. The Fire Alarm System shall be maintained to NFPA #72 Standard.
 16. The Sprinkler System shall be maintained to NFPA #13 Standard.
 17. All exit signs, lights, and means of egress lighting shall be done in accordance with Chapter 10 Section & Subsections 1023. & 1024. of the City's building code. (The BOCA National Building Code/1996)
 18. All construction and demolition debris must be disposed at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final Certificate of Occupancy is issued or demolition permit is granted.
 19. Section 25-135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
 20. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 MRSA refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
 21. This permit does not excuse the applicant from obtaining any license which may be needed from the City Clerk's Office.

P. Samuel Hoffses, Chief of Inspection Services c.c. Lt. McDougall P. F. D.

22. A separate permit is Required for Signage.



Diamond Health Care Services, Inc
 980 Forest Ave, Suite 102
 Portland, Maine 04103
 878-5423 878-8373
 Fax 878-2551

X Barbara H. McInnis ✱
 (Owner)

*Louise of
 Space*



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 980 Forest Ave

Issued to Steve Atwell

Date of Issue 26 November 1996

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 960956, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

1st floor/Suite #102

APPROVED OCCUPANCY

Office/Home Health Agency

Limiting Conditions:

This certificate supersedes
certificate issued

Approved/

11/26/96
(Date)

Mark T. [Signature]
Inspector

[Signature]
Inspector of Building

Notice: This certificate identifies lawful use of building or premises and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 980 Forest Ave		Owner: Steve Aiwell		Phone:	
Owner Address: - Lessee 28 Villa Rd		Lease/Buyer's Name: Barbara H McInnis		Phone: 878-5423	
Contract Name: Westbrook ME 04092		Address:		Business Name: 5423	
Past Use: driver training school		Proposed Use: office space- home health agency		COST OF WORK: \$	
Proposed Project Description: change of use - office space - to home health agency		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		PERMIT FEE: \$ 25	
		Signature: <i>[Signature]</i>		INSPECTION: Use Group: <i>OK</i> Type: <i>3/15/96</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Signature: <i>[Signature]</i> Date: <i>9/23/96</i>	
Permit Taken By: L Chase		Date Applied For: 9/23/96		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	

Permit No. **960956**

PERMIT ISSUED

Permit Issued:
SEP 30 1996

CITY OF PORTLAND

Zone: FCBL
R-1 143-A-65

Zoning Approval:
OK 9/15/96

Special Zone or Review:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor mm

Zoning Appeal:
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation:
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *9/24/96*

D.A.

Permit issued with letter

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 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 provisions of the code(s) applicable to such permit

[Signature] 28 Villa Rd Westbrook, ME 9/23/96 878-2551

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT **6**
M. Leary



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 980 Forest Ave.

Date of Issue 5/10/93

Issued to Northeast Career Schools

This is to certify that the building, premises, or part thereof, at the above location, built or altered — changed as to use under Building Permit No. 93/0407, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Suite #100

APPROVED OCCUPANCY

Change of Use - from office space to driving school (maximum of 13 students)

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

[Signature]
(Date)

[Signature]
Inspector

[Signature]
Inspector of Buildings

Notice: This certificate is void if the building or premises are not used in accordance with the approved occupancy. Any use not approved by order of permit is not allowed.