

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 071220

Please Read Application And Notes, If Any, Attached

This is to certify that WITKOWSKI JOHN E

has permission to New 3'x 4' Sign

AT 1020 FOREST AVE

146 A019001

PERMIT ISSUED

OCT 27 2007

CITY OF PORTLAND

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 altered or closed-in. **HEAVY 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

Thomas M. Manley 10/24/07
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: 07-1220	Issue Date:	CBL: 146 A019001
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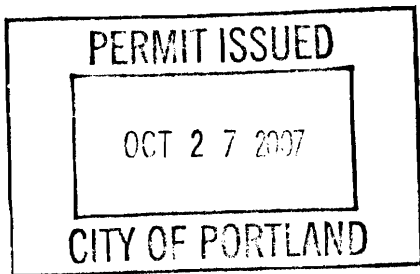
Location of Construction: 1020 FOREST AVE	Owner Name: WITKOWSKI JOHN E	Owner Address: 1020 FOREST AVE	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial - Office	Proposed Use: Commercial - Office - New 3'x 4' Sign	Permit Fee: \$54.00	Cost of Work: \$54.00	CEO District: 4
Proposed Project Description: New 3'x 4' Sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 5B I B C 2003	
		Signature:	Signature: Jm 10/24/07	
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: Idobson	Date Applied For: 09/27/2007	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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<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
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: 10/19/07	Date:	Date: ABM



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>1020 FOREST AVENUE, PORTLAND, ME</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>JOHN WITKOWSKI</u>	Telephone: <u>1-207-797-4815</u>
Lessee/Buyer's Name (If Applicable) <u>ROBERT W. TENNEY</u>	Contractor name, address & telephone:	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: ROBERT TENNEY phone: 207-650-5430

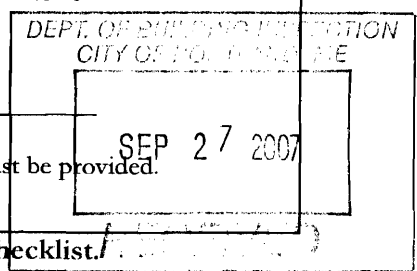
Tenant/allocated building space frontage (feet): Length: 26' Height: _____
Lot Frontage (feet) 103' Single Tenant or Multi Tenant Lot APARTMENT UPSTAIRS

Current Specific use: CHILD PRACTICE OFFICE
If vacant, what was prior use: _____
Proposed Use: CHILD PRACTICE OFFICE

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: 4 FT x 3 FT 12 x 2 + 30 = 54

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: 5' x 4' 4' x 6'
Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions: _____
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.

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>Robert W. Tenney</u>	Date: <u>9-28-2007</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

B2 mult-treat.
24' x 1.5 = 36' allowed.

proposed 4 x 3 = 12' \square

Ok.

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-1220	Date Applied For: 09/27/2007	CBL: 146 A019001
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Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Office - New 3'x 4' Sign	Proposed Project Description: New 3'x 4' Sign
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Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 10/19/2007
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:** 10/24/2007
Note: **Ok to Issue:**

- 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.



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. *N/A → SHOW GENERAL LIABILITY I NEED A CERTIFICATE*
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage. *PRE-PROPOSED LETTER*
- 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. *- IS CURRENT DRAWING ADEQUATE?*
- 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. *N/A*
- A UL# is required for lighted signs at the time of final inspection. *N/A*
- Pre-application questionnaire completed and attached. *→ HAVE NOT LOCATED ON WBB → I HAVE PERMIT =* ★
- Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.
*3 1/2" WOOD SCREWS INTO UNDERLYING WOOD FRAME. AT LEAST 4 POINTS of ATTACHMENT.
ALUMINA-CORR 1/4", ESTIMATED WEIGHT = 10 LBS.*

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, \$9.00 per additional \$1,000.00 of cost.

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

QUESTIONS!

- ① SETBACKS? →
- ② HEIGHT of BUILDING? → NOT NECESSARY
- ③ CONSTRUCTION METHOD? → OK
- ④ PRE-APPLICATION QUESTIONNAIRE? → OK
- ⑤ HOW LONG FOR PROCESS → 10 WORKING DAYS

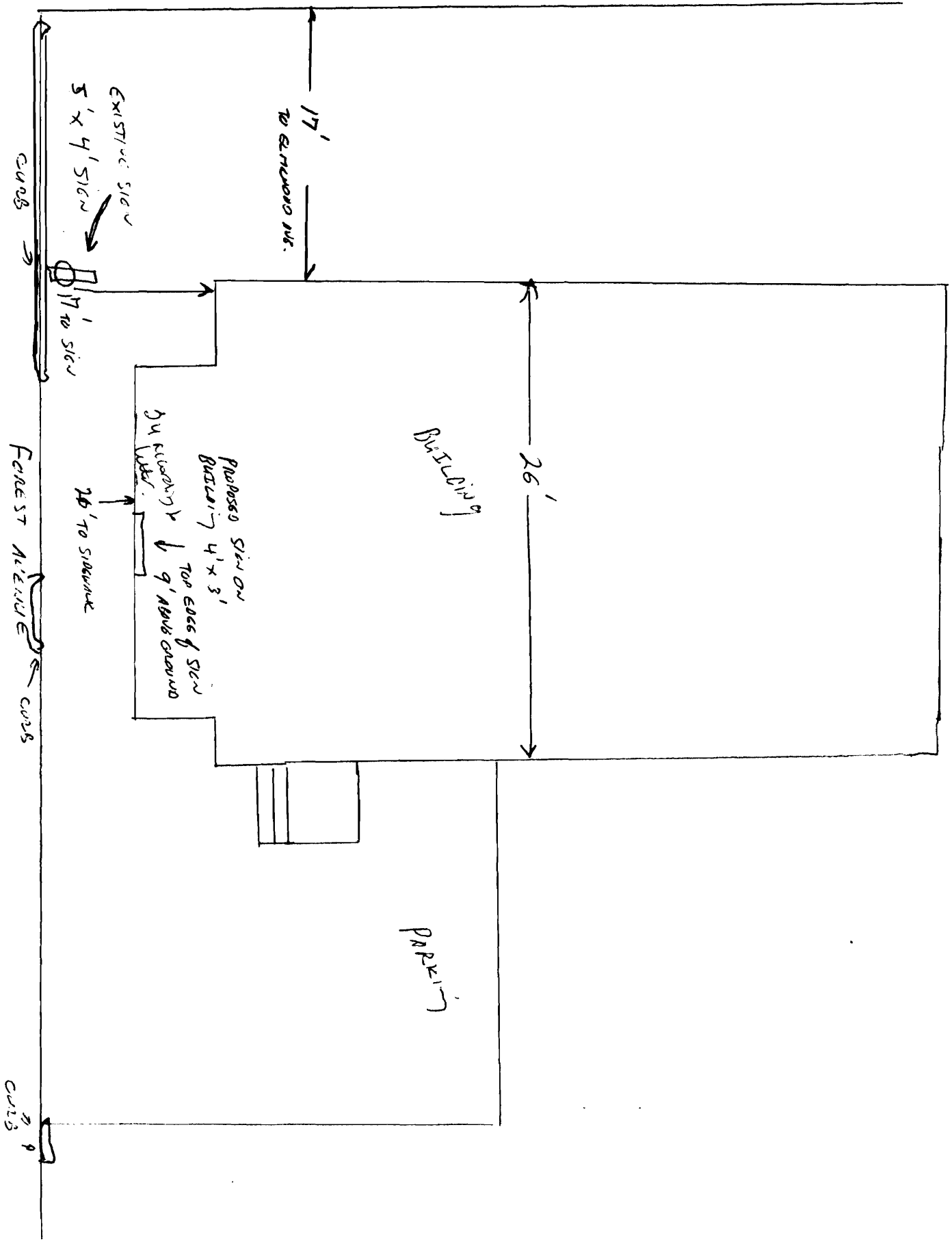
5259. FT

SKETCH PLAN: 1020 FOREST AVENUE

9/20/2007

183' STREET FRONTAGE

ELMWOOD ST.

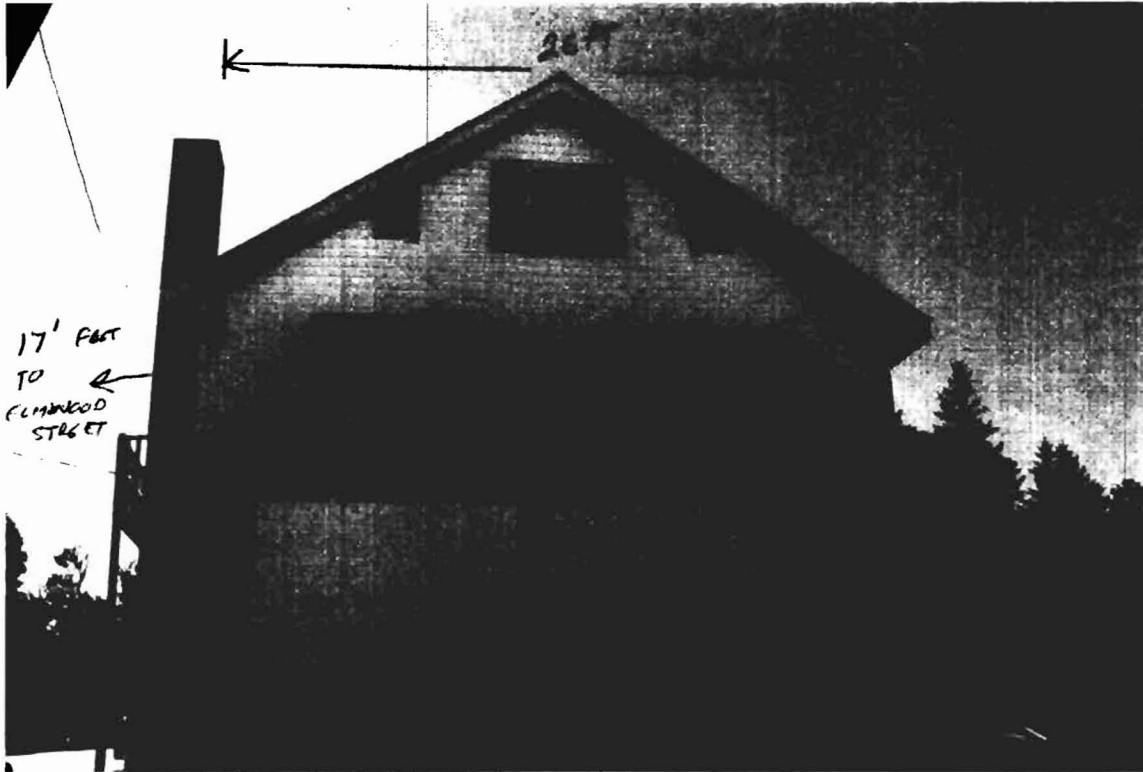




Robert W. Tenney, D. C.
Chiropractic Care

Most Insurances Accepted

Office: 207-878-5432



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/28/07

PRODUCER Giraulo and Associates, LLC Allstate Insurance Company 543 Main Street Westbrook, Maine 04092	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 #
INSURED Active Care Chiropractic 1020 Forest Ave Portland, Maine 04104 207.650.5432	INSURER A: Allstate Insurance Company	
	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		GENERAL LIABILITY	057015436	06/25/2007	06/25/2008	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
	<input type="checkbox"/>					PERSONAL & ADV INJURY	\$ 100,000
	<input type="checkbox"/>					GENERAL AGGREGATE	\$ 1,000,000
	<input type="checkbox"/>					PRODUCTS - COMP/OP AGG	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<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 type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Chiropractic office Liability coverage
 Active Care Chiropractic
 1020 Forest Ave
 Portland, Maine 04104
 207.650.5432

CERTIFICATE HOLDER Additional Insured: City of Portland Maine PO Box 17796 Portland, Maine 04112-7796	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 