



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND



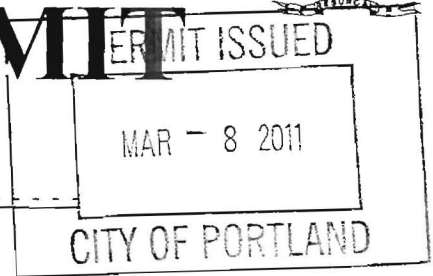
BUILDING PERMIT

This is to certify that * EWT 17 LLC

Job ID: 2011-02-466-SIGN

Located At 1011 FOREST

CBL: 147 - - A - 024 - 001 -



has permission to Face Replacements for existing signs

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

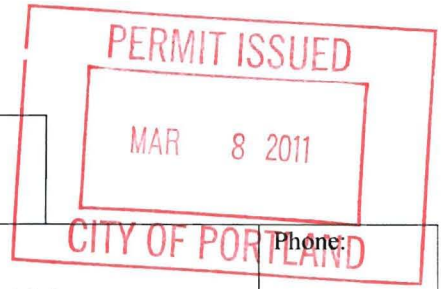
Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY.

PENALTY FOR REMOVING THIS CAR

City of Portland, Maine - Building or Use Permit Application

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



| | | | |
|---|--|---|---|
| Job No: 2011-02-466-SIGN | Date Applied: 2/18/2011 | CBL: 147 - - A - 024 - 001 - - - - - | Phone: |
| Location of Construction: 1011 FOREST (1001) | Owner Name: * EWT 17 LLC | Owner Address: 99 FISHERVILLE RD CONCORD, NH - NEW HAMPSHIRE 03301 | Phone: |
| Business Name: | Contractor Name: Fast Signs, Fast Signs | Contractor Address: 413 Warren AVE SOUTH PORTLANDMAINE04106 | Phone: 773-5499 |
| Lessee/Buyer's Name: Vibrant Care Rehabilitation (Kate Bergeson) | Phone: 878-0500 | Permit Type: SIGN - PERM - Signage - Permanent | Zone: B-2 |
| Past Use: Right front building (#1001) is office use | Proposed Use: Right front building (#1001) is office use - replace sign panel - 120" x 22.75" in freestanding sign | Cost of Work: | CEO District: |
| | | Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A | Inspection: Use Group: Type: Sign IBC, 2009 Signature: <i>[Signature]</i> |
| Proposed Project Description: 1011 Forest Ave - sign panel replacement | Pedestrian Activities District (P.A.D.) | | |

| | | | |
|--|--|---|---|
| Permit Taken By: 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building Permits do not include plumbing, septic or electrical work. 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. | Zoning Approval | | |
| | Special Zone or Reviews <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>OK 2/20/11 JEM</i> | Zoning Appeal <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: | Historic Preservation <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>JEM</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.

| | | | |
|---|---------|------|-------|
| SIGNATURE OF APPLICANT | ADDRESS | DATE | PHONE |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | | DATE | PHON |



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-02-466-SIGN

Located At: 1011 FOREST

CBL: 147 - - A - 024 - 001 - - - -

Conditions of Approval:

Building

1. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process
2. Signage Installation to comply with Chapters 31 & 32 of the IBC 2009 building code.
3. Fastener schedule per IBC, 2009.



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: 1011 FOREST AVE. (1001) | | |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 147 A 24 | Owner: Sweetser | Telephone: |
| Lessee/Buyer's Name (If Applicable) Vibrantcare Rehabilitation | Contractor name, address & telephone: Fast Signs 413 Western Ave, Jetport Plaza S Portland ME Office (207) 773-5499 | 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: Kate Bergeron phone: 207-878-0800 | | |
| Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>Multi Tenant</u> | | |
| Current Specific use: <u>office</u> If vacant, what was prior use: <u>office</u> Proposed Use: _____ | | |
| Information on proposed sign(s): <u>Face Replacements on Existing sign panels</u> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>60" x 22 3/4"</u> Height from grade: <u>189"</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>27" x 36"</u> <u>not doing at this time - may do it in future.</u> | | |
| Proposed awning? Yes _____ No <input checked="" type="checkbox"/> Is awning backlit? Yes _____ No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> 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: Nathan Bug

Date: 1/2/11

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

Frontage $\geq 200'$

100' max along
18' high -

whole sign is 6x10 = 60 sq ft
panel 100" x 22 3/4" = 2730 sq ft

height = 15.75' (18)

18.96' (18)

107
65-284-67
02 + 2 x 5.5 /
15.5 x 2 + 30
9 + 5.6



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.

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.

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: 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. Close-In (Electrical, Framing)
2. 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.

Job Summary Report
Job ID: 2011-02-466-SIGN

Report generated on Feb 23, 2011 11:54:25 AM

Page 1

| | | | | | |
|----------------------------------|----------------------|------------------------------------|-----------------|---------------------------|------|
| Job Type: | Signs | Job Description: | 1011 Forest Ave | Job Year: | 2011 |
| Building Job Status Code: | Initiate Plan Review | Pin Value: | 711 | Tenant Name: | |
| Job Application Date: | | Public Building Flag: | N | Tenant Number: | |
| Estimated Value: | | Square Footage: | 15.5 | | |
| Related Parties: | | * EWT 17 LLC | | <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 |
|----------------------|---------------|--------------------------|-------------------|--------------|----------------|----------------|---------------------------|--------------------|---------------------|
|----------------------|---------------|--------------------------|-------------------|--------------|----------------|----------------|---------------------------|--------------------|---------------------|

Location ID: 21586

Location Details

| Alternate Id | Parcel Number | Census Tract | GIS X | GIS Y | GIS Z | GIS Reference | Longitude | Latitude |
|--------------|---------------|--------------|-------|-------|-------|---------------|-----------|-----------|
| L35652 | 147 A 024 001 | | U | | | | -70.28985 | 43.682278 |

| Location Type | Subdivision Code | Subdivision Sub Code | Related Persons | Address(es) |
|---------------|------------------|----------------------|-----------------|--------------------------|
| 1 | | | | 1011 FOREST AVENUE 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 |
|---------------------------|---------------|----------------|----------------|---------------------|---------------|-----------------------|----------------------|-------------------|
| RETAIL & PERSONAL SERVICE | | NOT APPLICABLE | | | | | DISTRICT 5 | MORRILLS CORNER |

Structure Details

Structure: Office Building

Occupancy Type Code:

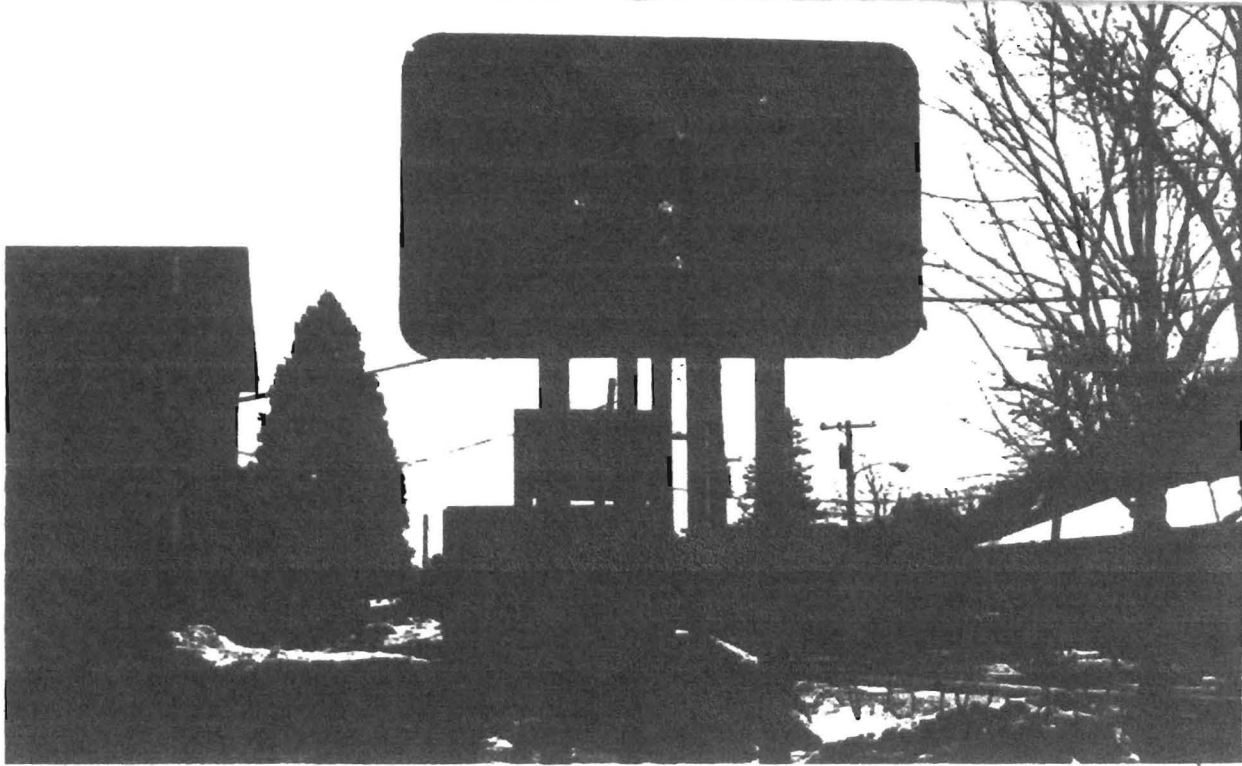
| Structure Type Code | Structure Status Type | Square Footage | Estimated Value | Address |
|---------------------------------|-----------------------|----------------|-----------------|--------------------------|
| Office & Professional Buildings | 0 | | | 1011 FOREST AVENUE NORTH |

| Longitude | Latitude | GIS X | GIS Y | GIS Z | GIS Reference | User Defined Property | Value |
|-----------|----------|-------|-------|-------|---------------|-----------------------|-------|
| | | | | | | | |

Permit #: 20111479

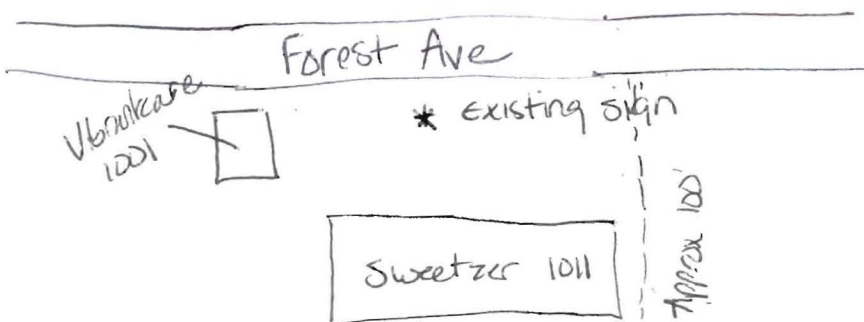
Permit Data

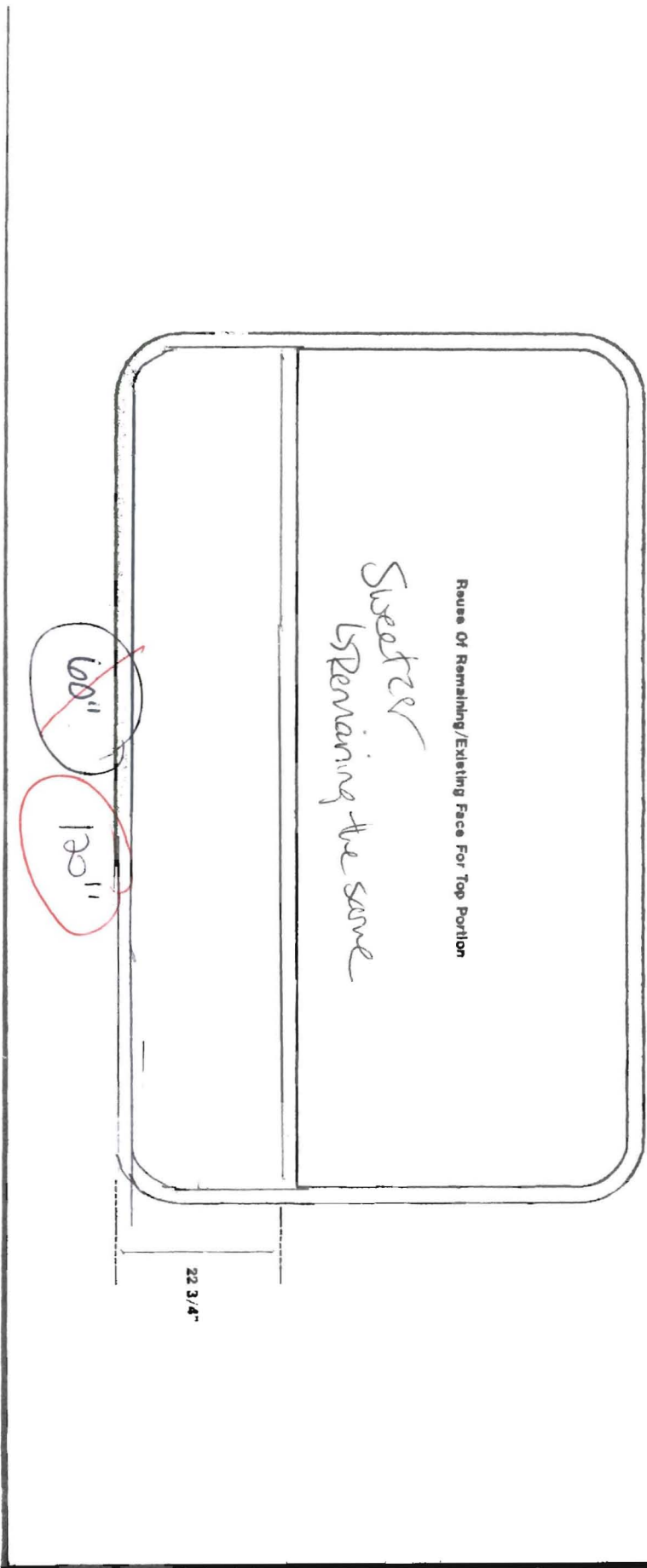
Grade to top 189"



Sign Shared by 2011 Forest Ave - Sweetzer
2001 Forest Ave - Vibrantcare

Vibrantcare Rehabilitation Sign will insert into
existing retainer system, and be screwed in.





Vibrantcare
wrap

height: 116"

length: 49.38'

Colors: Backing = white

wrap blue and green

See example →



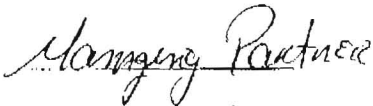
Live Vibrantly.

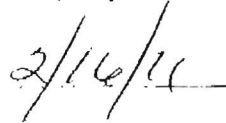
RL Sign Replacement

To Whom It May Concern:

As the landlord and owner representative of the property located at 1001 Forest Avenue, I authorize FastSigns to install sign replacements as detailed on the attached paperwork for Vibrantcare

Mark Burns 

Title 

Date 



CERTIFICATE OF LIABILITY INSURANCE

GICE

DATE (MM/DD/YYYY)

12/30/2010

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 The Graham Company The Graham Building 1 Penn Square West Philadelphia, PA 19102 | (215) 567-6300 | CONTACT NAME: Franz K. Wagner | |
| | | PHONE (A/C, No, Ext): (215) 537-6300 FAX (A/C, No): 215-525-0246 | |
| | | E-MAIL ADDRESS: Wagner_Unit@grahamco.com | |
| | | PRODUCER CUSTOMER ID #: VIBRHEA-01 | |
| INSURED Abel Center for Rehabilitation Therapies, Inc. DBA VibrantCare 2270 Douglas Boulevard, #112 Roseville, CA 95661- | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: United National Insurance Co. | | 03128 |
| | INSURER B: Travelers P & C Co of America | | 25674 |
| | INSURER C: Charter Oak Fire Insurance Company | | 25615 |
| | 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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------------------------|------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY | | AHB0728478 | 12/30/2010 | 12/30/2011 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC | | | | | GENERAL AGGREGATE \$ 3,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | | | | | | \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY | | 8105075A344TIL10 | 12/30/2010 | 12/30/2011 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input checked="" 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 | | | | | \$ |
| | | | | | | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE \$ |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | PEUB9233C43710 | 12/30/2010 | 12/30/2011 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N <input type="checkbox"/> | | | | E.L. EACH ACCIDENT \$ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | E.L. DISEASE - EA EMPLOYEE \$ 500,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| B | Property | | 6305075A344TIL10 | 12/30/2010 | 12/30/2011 | SEE BELOW |
| A | Professional Liability | | AHB0728478 | 12/30/2010 | 12/30/2011 | \$1,000,000/Per Claim \$3,000,000/Aggregate |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Property Coverage: \$10,000 for Unnamed/Unscheduled Locations.

Named insured: Abel Center for Rehabilitation Therapies, Inc., DBA, VibrantCare, 2270 Douglas Boulevard, #112, Roseville CA 95661.

| | |
|---|--|
| CERTIFICATE HOLDER | CANCELLATION |
| Abel Center for Rehabilitation Therapies, Inc. DBA VibrantCare 2270 Douglas Boulevard, #112 Roseville, CA 95661- | 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 |

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