



Planning &amp; Urban Development Department

*Jeff Levine, AICP, Director*  
*Marge Schmuckal, Zoning Administrator*

January 10, 2014

J. Casey McCormack, Esq.  
c/o Jensen-Baird, Gardner-Henry  
P.O. Box 4510  
Portland, Maine 04112

RE: 620 Ocean Avenue, 630 Ocean Avenue, 640 Ocean Avenue – 170-A-020 & 174-A-013 – (the  
"Property")

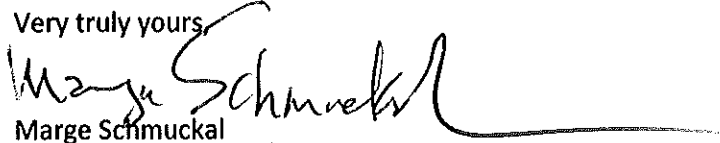
Dear Attorney McCormack,

I am in receipt of your request for a determination letter concerning the Property. The primary zone of the Property is an R-3 residential zone with an approximate 100 foot strip of an R-5 zone along Ocean Avenue.

The Property has gone through site plan reviews and building permit approvals. Such paper work is included with this letter. On 1/8/98 The Property was granted a variance for the rear and side setback for the expansion of Cedars Nursing Care Facility. On 9/13/2005 The Planning Board approved a site plan, conditional use appeal for the expanded use of the property and for the subdivision of land concerning the proposal of three condominiums. All related paperwork is included. All Certificates of Occupancy that have been issued are also enclosed.

To the best of my knowledge there are no current or pending legal actions against the Property. If you have any questions regarding this letter, please feel free to contact me at (207) 874-8695.

Very truly yours,

  
Marge Schmuckal  
Zoning Administrator  
City of Portland, Maine

**CITY OF PORTLAND, MAINE**  
**SITE PLAN REVIEW**  
 Processing Form

November 24, 1987  
 Date

Jewish Home for Aged  
 Applicant  
158 North Street, Portland ME 04101  
 Mailing Address  
Intermediate/long term care facility  
 Proposed Use of Site  
1.93 / 37,060 sq. ft.  
 Acreage of Site / Ground Floor Coverage

518-634 Ocean Avenue  
 Address of Proposed Site  
175-A-13  
 Site Identifier(s) from Assessors Maps  
R-5, R-3  
 Zoning of Proposed Site

Site Location Review (DEP) Required: ( ) Yes (X) No  
 Board of Appeals Action Required: ( ) Yes (X) No  
 Planning Board Action Required: (X) Yes ( ) No

Proposed Number of Floors 2  
 Total Floor Area 74,120

Other Comments: \_\_\_\_\_  
 Date Dept. Review Due: \_\_\_\_\_

**PLANNING DEPARTMENT REVIEW**

(Date Received)

- Major Development — Requires Planning Board Approval Review Initiated  
 Minor Development — Staff Review Below

	LOADING AREA	PARKING	CIRCULATION PATTERNS	ACCESS	PEDESTRIAN WALKWAYS	SCREENING	LANDSCAPING	SPACE & BULK OF STRUCTURES	LIGHTING	CONFLICT WITH CITY PROJECTS	FINANCIAL CAPACITY	CHANGE IN SITE PLAN
APPROVED	X	X	X		X	X	X	X	X	X	X	X
APPROVED CONDITIONALLY				X								
DISAPPROVED												

REASONS:

- high boundary*
1. THAT A HIST. AND BOUND. VOLUME DESCRIPTION OF THE SNOW FLOWING GARMENT INCLUDING ITS DEPICTION IN A PLAN SHOULD BE SUBMITTED FOR CITY REVIEW AND APPROVAL. (Planning III)
  2. THE WIDTH OF THE ALTERNATE ACCESS LANE SPACE EQUALS DISTANCE ON THE PLAN AND NOT 16 FEET AS DESCRIBED ON SITE PLAN SHEET. (Attach Separate Sheet if Necessary) C-102, C-110
  3. (SEE ATTACHMENT)

*Richard [Signature]* 11-30-87  
 SIGNATURE OF REVIEWING STAFF/DATE

PLANNING DEPARTMENT COPY

302317  
 Permit #        City of Portland **BUILDING PERMIT APPLICATION Fee**        Zone        Map #        Lot# 8  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: <u>Jewish Home for the Aged</u> Phone # <u>775-7724</u> Address: <u>Cedar Nursing Care Facility Center Inc. Forest Ave</u> LOCATION OF CONSTRUCTION: <u>618 Ocean Avenue</u> Contractor: <u>F.P. &amp; C.H. Murray Inc. Sub.</u> 799-8136 <u>Dwayne Robinson</u> Address: <u>P.O. BOX 2530 So Ptld</u> Phone # <u>04106</u> Est. Construction Cost: <u>2,686,338.</u> Proposed Use: <u>Nursing Home</u> Past Use: _____ # of Existing Res. Units _____ # of New Res. Units _____ Building Dimensions: L _____ W _____ Total Sq. Ft. _____ # Stories _____ # Bedrooms _____ Lot Size _____ Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____ Explain Conversion: <u>Construct new as per 2 sets const &amp; plot plan</u>	<b>For Official Use Only</b> Date: <u>Nov 28, 1989</u> Subdivision: _____ Inside Fire Limits _____ Name: _____ Edge Code _____ Lot: _____ Time Limit _____ Ownership: _____ Public _____ Private _____ Estimated Cost: <u>13,451.00</u> Zoning: _____ Street Frontage Provided: _____ Provided Setbacks: Front _____ Back _____ Side _____ Review Required: _____ Zoning Board Approval: Yes _____ No _____ Date: _____ Planning Board Approval: Yes _____ No _____ Date: _____ Conditional Use _____ Variance _____ Site Plan _____ Subdivision _____ Shoreside Zoning Yes _____ No _____ Floodplain Yes _____ No _____ Special Exception _____ Other (Explain) _____
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**Foundation:**  
 1. Type of Soil: \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings Size: \_\_\_\_\_  
 4. Foundation Size: \_\_\_\_\_  
 5. Other: \_\_\_\_\_

**Floor:**  
 1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_  
 4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.  
 5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

**Exterior Walls:**  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. No. windows \_\_\_\_\_  
 3. No. doors \_\_\_\_\_  
 4. Lally Column Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 5. E. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 6. Corner Posts Size \_\_\_\_\_  
 7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
 10. Masonry Materials \_\_\_\_\_  
 11. Metal Materials \_\_\_\_\_

**Interior Walls:**  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

**Ceiling:**  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceiling: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

**Roof:**  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_

**Chimneys:**  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

**Heating:**  
 Type of Heat: \_\_\_\_\_

**Electrical:**  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

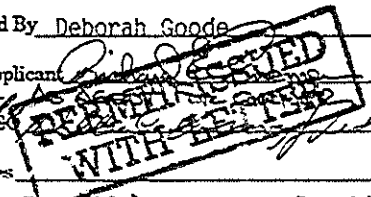
**Plumbing:**  
 1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

**Swimming Pools:**  
 1. Type: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Permit Received By Deborah Goode  
 Signature of Applicant \_\_\_\_\_ Date 11/28/89

Signature of \_\_\_\_\_ Date 1-16-90

Inspection Date: \_\_\_\_\_







CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 618 Ocean Ave.

Date of Issue 7/31/91

Issued to F.P. M.C.H. Murray Inc.

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. 90/0047, 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

APPROVED OCCUPANCY

Entire

Nursing care facility

Limiting Conditions: per Public Works:

1. Ten percent defect guarantee for twelve months.
2. As built plans
3. All landscaping to be completed to satisfaction of City Arborist

This certificate supersedes certificate issued

Approved:

7/31/91  
(Date)

*Mark Miller*  
Inspector

*[Signature]*  
Inspector of Building

*Murray*

Notice: This certificate identifies lawful use of building or premises and does not 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**

389 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207)874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

**P. SAMUEL HOFFSES, CHIEF**  
INSPECTION SERVICES DIVISION

January 19, 1990

F. P. & C. H. Murray Inc.  
P.O. Box 2530  
South Portland, ME 04106

Re: Cedar Nursing Care (618-634 Ocean Ave.)

Dear Sir:

Your application to construct a 37,060 square foot long-term care facility has been reviewed and a permit is herewith issued subject to the following requirements:

No certificate of occupancy can be issued until all requirements of this letter are met.

**Site Plan Review Requirements**

**Public Works -**

1. Revised plan showing deletion of catch basin on Ocean Avenue.
2. Construction detail of outlet with hydro brake.
3. Plan showing grade of road shoulder along Ocean Avenue.

**Inspection Services - approved; W. Giroux**

**Planning Division -**

1. That a management and boundary survey description of the snow plowing easement including its depiction on a plan should be submitted for city review and approval.
2. The width of the emergency access lane shall be as depicted on the plan and not 16 feet as depicted on site plan sheets c-102, c-110.
3. The applicant shall notify persons located in the vicinity who may be affected by the blasting prior to commencing the blasting. The applicant shall inform the Planning Authority of notices sent to area residents regarding blasting related information for the project site, including the process of inspecting residences in the affected area. The applicant shall further certify as to those persons notified about the blasting.

**Fire Department - approved; F.F. John Doblowski**

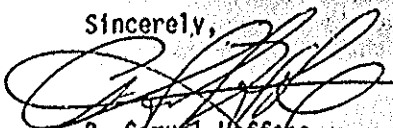


Building and Fire Code Requirements.

1. Construction type shall be limited to those allowed in Table 12- 1.6.2.
2. Door #22 from Romm B03 to stairwell B02 may not open into the stairwell enclosure.
3. Hazardous areas as described in Section 12-3.2 shall have separation/protection in accordance with Section 12-3.2.1.
4. Basement shall be subdivided in accordance with Section 12-3.7.1 b., 12-3.7.2, 12-3.7.3.
5. Ramps shall be Class A with a maximum slope of 1 in 10 in accordance with Section 5-2.5, or 1 in 15 without landings.
6. The minimum width of doors as the means of egress from sleeping rooms, diagnostic and treatment areas shall be 44" in accordance with Section 12-2.3.5 , including those in folding partitions in rooms.
7. Rubbish chutes and laundry chutes to be installed in accordance with N.F.P.A. #82 and shall be provided with automatic sprinkler protection as required in Section 3-4 and 4-4.
8. Wastecompactors and waste storage rooms shall be in accordance with N.F.P.A. #82, Chapter 5 and Chapter 6.
9. Emergency lighting shall be in accordance with Section 12-2.9. Basement corridor coverage as shown on E-101 is questionable. Room 127, occupational therapy, a small assembly area should be provided with emergency lighting.
10. Marking of the means of egress shall be in accordance with Section 12-2.10. Additional exit signs are required as follows: at the door from corridor #112 to corridor #180, at the door from stair #102 to service corridor #186, on either side of horizontal exit on second floor.
11. The atrium-like area main entry lobby to the lounge/family room shall be protected in accordance with 12-3.1 reference Section 6-2.4.6.
12. Detection, alarm, and communication systems shall be in accordance with 12-.4. Zone disconnect is required, a visual and audible trouble indicator is required on the remote annunciator, if one is used. A spare zone is requested for future use. A masterbar connection is required. If the owner wishes to connect to the municipal system, arrangements must be made with Mr. Freeman Cleaves, Head of Communications. The following areas require additional detection: trash and laundry chute rooms on each floor to be provided with rate of rise detectors; spacing of smoke detectors on second floor corridor near horizontal exit requires an additional corridor detector.
13. Sprinkler system and hood, duct, extinguishing system to be reviewed by separate permit.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

cc: Lt. Garroway, P.F.D.  
Paul Niehoff, P.P.W.  
Steve Harris, P.P.W.  
R. Knowland, Planning

lec

**City of Portland, Maine - Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 74-8703, FAX: 874-8716

Location of Construction: 630 Ocean Ave		Owner: J.H.A. Properties, Inc.		Phone:		Permit No: <b>980590</b>	
Owner Address: 640 Ocean Ave 04103		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: C.M. Cimino, Inc.		Address: 3 Warren Ave Westbrook, ME		Phone: 04092 854-8876		Permit Issued: <b>JAN - 9 1998</b>	
Past Use: Vacant		Proposed Use: Residential		COST OF WORK: \$ 10,330,000.00		PERMIT FEE: \$ 51,670.00	
Proposed Project Description:  Intermediate Care Facility		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: 5A BOCA 96 Signature: <i>[Signature]</i>	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: _____ Date: _____	
Permit Taken By: SP/MG		Date Applied For: 03 June 1998		Zoning Approval: OK Per BD <i>[Signature]</i>		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

**PERMIT ISSUED**  
**JAN - 9 1998**  
**CITY OF PORTLAND**

- 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.

**PERMIT ISSUED WITH REQUIREMENTS**

Application For site plan 5/27/97.  
Received In Inspection for Building Permit 3/June/98  
#

**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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: 04 June 1998 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

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved *11/8/98*  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: *12/3/98*

CEO DISTRICT 7



**CITY OF PORTLAND  
CERTIFICATE OF VARIANCE APPROVAL**

I, **MATTHEW D. MANAHAN**, the duly appointed Chairman of the Board of Appeals for the City of Portland, Cumberland County and State of Maine, hereby certify that on the 8th day of January, 1998, the following variance was granted pursuant to the provisions of 30-A, M.R.S.A., Section 4353(5) and the City of Portland's Code of Ordinances.

1. Property Owner: *JHA Services, Incorporated*

2. Property: *Cumberland County Registry Book* , Page

(Last recorded Deed in Chain of Title)

*174-A-10, 11, 12, 13, 14, 15, 20, 24 and 170-A-20, 33, 34, and 35, 630 Ocean Avenue, Portland, Maine*

3. Variance and Conditions of Variance: *Grant relief of Sections 14-90(4), 14-120(4) and 14-422 to JHA Services, Incorporated, owner, which would grant relief from the minimum back and side yard setback requirements and allow for the expansion of the Cedars Nursing Care Facility.*

IN WITNESS WHEREOF, I have hereto set my hand and seal this 12th day of January, 1998.

*Matthew D. Manahan, Chairman*

Matthew D. Manahan  
Chairman, Zoning Board of Appeals  
City of Portland

STATE OF MAINE  
Cumberland, ss.

Then personally appeared the above-named Matthew D. Manahan and acknowledged the above certificate to be his free act and deed in his free act and deed in his capacity as Chairman of the Portland Board of Appeals.

MARGARET SCHMUCKAL  
NOTARY PUBLIC, MAINE  
MY COMMISSION EXPIRES JUNE 28, 1998  
1998

(Printed or Typed Name)  
Notary Public

PURSUANT TO 30-A M.R.S.A. SECTION 4353(5), THIS CERTIFICATE MUST BE RECORDED BY THE PROPERTY OWNER IN THE CUMBERLAND COUNTY REGISTRY OF DEEDS WITHIN 90 DAYS FROM FINAL WRITTEN APPROVAL FOR THE VARIANCE TO BE VALID. FURTHERMORE, THIS VARIANCE IS SUBJECT TO THE LIMITATIONS SET FORTH IN SECTION 14-474 OF THE CITY OF PORTLAND'S CODE OF ORDINANCES.



FINDINGS OF FACT  
ALL APPEALS

TYPE OF APPEAL Variance

1. Name of Applicant Cedars Nursing Care Center, Inc. and JHA Properties, Inc.
2. Address of Applicant 630 Ocean Avenue
3. Right of applicant to appeal.  
Owner JA  
Option to Purchase
4. Location of property under appeal 630 Ocean Ave
5. Zone in which the property is located A-3 and R-5
6. Present use of property nursing care facility / vacant
7. Proposed use if the appeal is granted.  
Intermediate care facility combined w/ existing nursing home

8. Names and addresses of those appearing in support of the application:

- |                      |                     |
|----------------------|---------------------|
| <u>Bob Stevens</u>   | <u>Jamie Broden</u> |
| <u>Dave</u>          | <u>Dick Beech</u>   |
| <u>Taki Tsomides</u> |                     |
| <u>Kathy Colman</u>  |                     |

9. Names and addresses of those appearing in opposition to the application:

- |  |  |
|--|--|
|  |  |
|  |  |
|  |  |

10. Listing of the documentary evidence presented to the Board (e.g., plans, photos, maps, etc.)

- |  |  |
|--|--|
|  |  |
|  |  |

VARIANCES

A variance may be granted if the Board finds that it will not be contrary to the public interest where, owing to special conditions, a literal enforcement of the Ordinance would result in "undue hardship". The following questions must all be answered, with supporting findings of fact, in order to grant the appeal.

1. Can the land yield a reasonable return (not the highest return) without the granting of a variance?

No 6 (deny the appeal)

Reasons (including evidence) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are there factors which are unique to this property, and not to the general conditions of the neighborhood, which create a need for a variance?

Yes \_\_\_\_\_  
No 6 (deny the appeal)

Reasons (including evidence) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Will the granting of the variance alter the essential character of the locality?

Yes \_\_\_\_\_ (deny the appeal)  
No 6

Reasons (including evidence) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the hardship a result of action taken by the applicant or a prior owner (self-created hardship)?

Yes \_\_\_\_\_ (deny the appeal)  
No 6

Reasons (including evidence) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the appeal is granted, does the Board wish to impose conditions which will further the intent and purpose of this Ordinance?

Yes \_\_\_\_\_

No \_\_\_\_\_

Specific Conditions \_\_\_\_\_

Reasons \_\_\_\_\_

Date of Public Hearing \_\_\_\_\_

Motion Move to grant the variance <sup>with regard to setbacks <sup>requirements</sup></sup> requested by Cedars Nursing Home  
(including conditions and findings of fact) Center, Inc. and JHA

Properties, Inc. are to allow the expansion as presented.

Votes in Favor

Votes Opposed

*Elizabeth L. Brandy*  
*[Signature]*  
*[Signature]*  
*[Signature]*  
*[Signature]*  
*[Signature]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life [www.portlandmaine.gov](http://www.portlandmaine.gov)

*Marge S.*

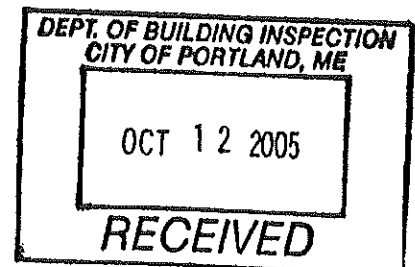
Planning and Development Department  
Lee D. Urban, Director

Planning Division  
Alexander Jaegerman, Director

September 19, 2005

Mr. David Kamila  
Land Use Consultants  
966 Riverside Street  
Portland ME 04103

RE: Cedars Assisted Living Facility Expansion; 630 Ocean Avenue  
CBL: 174-A-013, 174-A-014, 170-A-002,  
#2004-0078



Dear Mr. Kamila:

On September 13, 2005, the Portland Planning Board voted on the following motions for the Cedars Assisted Living Facility expansion in the vicinity of 630 Ocean Avenue.

1. The Planning Board voted 7-0 that the plan was in conformance with the Conditional Use standards of the Land Use Code.
2. The Planning Board voted 7-0 that the plan was in conformance with the Site Plan Ordinance (including Site Location of Development Law) of the Land Use Code with the following conditions of approval:
  - i. The Applicant shall submit documentation from the DEP/ACE approving the Natural Resources Protection Act Permit application for the proposed mitigation plan and that the City Council approves the DEP covenant agreement for the Evergreen Cemetery mitigation.
  - ii. The site plan shall meet the requirements stated in Jim Seymour's memo dated September 8, 2005 except paragraph 2A.
  - iii. The final condominium documents shall be reviewed and approved by Corporation Counsel.

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3. The Planning Board voted 7-0 that the plan was in conformance with the Subdivision Ordinance of the Land Use Code with the following conditions of approval:

- i. The Applicant shall submit documentation from the DEP/ACE approving the Natural Resources Protection Act Permit application for the proposed mitigation plan and that the City Council approves the DEP covenant agreement for the Evergreen Cemetery mitigation.
- ii. The plan shall meet the requirement stated in Jim Seymour's memo dated September 8, 2005 except for paragraph 2A.
- iii. That the final condominium documents shall be reviewed and approved by Corporation Counsel.
- iv. That the final plat shall be reviewed and approved by planning staff.

The approved plan includes 30 assisted living units.

The approval is based on the submitted site plan and the findings related to Conditional Use, Site Plan (including Site Location of Development Law) and Subdivision review standards as contained in Planning Report #52-05, which is attached.

Please note the following provisions and requirements for all site plan approvals:

1. Where submission drawings are available in electronic form, the applicant shall submit any available electronic Autocad files (\*.dwg), release 14 or greater, with seven (7) sets of the final plans.
2. A performance guarantee covering the site improvements as well as an inspection fee payment of 2.0% of the guarantee amount and 7 final sets of plans must be submitted to and approved by the Planning Division and Public Works prior to the release of the building permit. If you need to make any modifications to the approved site plan, you must submit a revised site plan for staff review and approval.
3. The site plan approval will be deemed to have expired unless work in the development has commenced within one (1) year of the approval or within a time period agreed upon in writing by the City and the applicant. Requests to extend approvals must be received before the expiration date.
4. A defect guarantee, consisting of 10% of the performance guarantee, must be posted before the performance guarantee will be released.

5. Prior to construction, a pre-construction meeting shall be held at the project site with the contractor, development review coordinator, Public Work's representative and owner to review the construction schedule and critical aspects of the site work. At that time, the site/building contractor shall provide three (3) copies of a detailed construction schedule to the attending City representatives. It shall be the contractor's responsibility to arrange a mutually agreeable time for the pre-construction meeting.
6. If work will occur within the public right-of-way such as utilities, curb, sidewalk and driveway construction, a street opening permit(s) is required for your site. Please contact Carol Merritt at 874-8300, ext. 8828. (Only excavators licensed by the City of Portland are eligible.)

The Development Review Coordinator must be notified five (5) working days prior to date required for final site inspection. The Development Review Coordinator can be reached at the Planning Division at 874-8632. Please make allowances for completion of site plan requirements determined to be incomplete or defective during the inspection. This is essential as all site plan requirements must be completed and approved by the Development Review Coordinator prior to issuance of a Certificate of Occupancy. Please schedule any property closing with these requirements in mind.

If there are any questions, please contact Richard Knowland at 874-8725.

Sincerely,



Lee Lowry III, Chair  
Portland Planning Board

cc: Lee D. Urban, Planning and Development Department Director  
Alexander Jaegerman, Planning Division Director  
Sarah Hopkins, Development Review Services Manager  
Richard Knowland, Senior Planner  
Jay Reynolds, Development Review Coordinator  
Marge Schmuckal, Zoning Administrator  
Inspections Division  
Michael Bobinsky, Public Works Director  
Traffic Division  
Eric Labelle, City Engineer  
Jeff Tarling, City Arborist  
Penny Littell, Associate Corporation Counsel  
Greg Cass, Fire Prevention  
Assessor's Office  
Approval Letter File  
Kathryn Callnan, President, The Cedars, 630 Ocean Avenue, Portland ME 04103



Applicant: JAA Services  
Address: 630 Ocean Ave  
CEDARS

Date: 9/12/05  
C-B-L: 174-A-013 +

CHECK-LIST AGAINST ZONING ORDINANCE

Date - Existing establishment # 07-0242

Zone Location - R-3 Prime - R-5 in 100' strip along Rd

Interior or corner lot -

Proposed Use/Work - New Assisted Living Project Not a PRUD  
of 30 additional units of 60 Beds

Sewage Disposal - City

Lot Street Frontage - 50'  $\approx$  425' shown

Front Yard - 25' - 238' scaled

Rear Yard - 25' - 326'

Side Yard - 16' - 269' & 187'

Projections -

Width of Lot - 65' -  $\approx$  586' scaled

~~No lot elevations~~  
Height - 35' max - 28'6" to ridge is shown

Lot Area -

10.57 Acres shown

per Assessor
272,300
166,800
<hr/>
439,100

Lot Coverage/Impervious Surface - 35% allowed

Area per Family - N/A

Off-street Parking - see other side for breakdown - 149 pkg spaces req - 171 pkgs counted  
SAY 188 -

Loading Bays - 2 required - (Ambulance/Emergency & 1 service/supply vehicle)  
Both shown

Site Plan - # 2004-0078

Shoreland Zoning/Stream Protection - N/A

Flood Plains - Panel 7 - Zone X

Conditional use for long-term expanded care facilities  
Also Subdivision - 1 lot with 3 condop parcels  
working with Wetland  
mitigation: DEPAT  
Evergreen Cemetery  
in this project

# CITY OF PORTLAND, MAINE

---

## PLANNING BOARD

Kevin Beal, Chair  
Michael Patterson, Vice Chair  
Bill Hall  
Lee Lowry III  
Shalom Odokara  
David Silk  
Janice E. Tevanian

October 25, 2006

Mr. David Kamila  
Land Use Consultants  
966 Riverside Street  
Portland, ME 04103

RE: Cedars Assisted Living Facility Expansion; 630 Ocean Avenue;

CBL: CBL # 174-A-013; 174-A-014; 170-A-002; #2006-0200.

Dear Mr. Kamila,

On October 24, 2006, the Portland Planning Board voted on the following motions for the Cedars Assisted Living Facility expansion in the vicinity of 630 Ocean Avenue:

1. The Planning Board voted 7-0 that the plan was in conformance with the Conditional Use Standards of the Land Use Code.
2. The Planning Board voted 7-0 that the plan was in conformance with the Site Plan Ordinance Standards of the Land Use Code with the following condition of approval:
  - i. That the site plan shall be revised to incorporate the comments of Jim Seymour (Development Review Engineer) memo dated October 24, 2006 and shall comply with these comments.

The approved plan includes 30 assisted living units.

The approval is based on the submitted site plan and the findings related to site plan and conditional use review standards as contained in Planning Report #61-06, which is attached.

Please note the following provisions and requirements for all site plan approvals:

1. Where submission drawings are available in electronic form, the applicant shall submit any available electronic AutoCAD files (\*.dwg), release 14 or greater, with seven (7) sets of the final plans.

2. A performance guarantee covering the site improvements as well as an inspection fee payment of 2.0% of the guarantee amount and 7 final sets of plans must be submitted to and approved by the Planning Division and Public Works prior to the release of the building permit. If you need to make any modifications to the approved site plan, you must submit a revised site plan for staff review and approval.
3. The site plan approval will be deemed to have expired unless work in the development has commenced within one (1) year of the approval or within a time period agreed upon in writing by the City and the applicant. Requests to extend approvals must be received before the expiration date.
4. A defect guarantee, consisting of 10% of the performance guarantee, must be posted before the performance guarantee will be released.
5. Prior to construction, a pre-construction meeting shall be held at the project site with the contractor, development review coordinator, Public Work's representative and owner to review the construction schedule and critical aspects of the site work. At that time, the site/building contractor shall provide three (3) copies of a detailed construction schedule to the attending City representatives. It shall be the contractor's responsibility to arrange a mutually agreeable time for the pre-construction meeting.
6. If work will occur within the public right-of-way such as utilities, curb, sidewalk and driveway construction, a street opening permit(s) is required for your site. Please contact Carol Merritt at 874-8300, ext. 8828. (Only excavators licensed by the City of Portland are eligible.)

The Development Review Coordinator must be notified five (5) working days prior to date required for final site inspection. The Development Review Coordinator can be reached at the Planning Division at 874-8632. Please make allowances for completion of site plan requirements determined to be incomplete or defective during the inspection. This is essential as all site plan requirements must be completed and approved by the Development Review Coordinator prior to issuance of a Certificate of Occupancy. Please schedule any property closing with these requirements in mind.

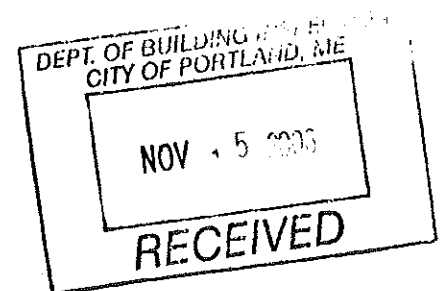
If there are any questions, please contact Rick Knowland, Senior Planner at 874-8725.

Sincerely,



Kevin Beal, Chair  
Portland Planning Board

cc: Lee D. Urban, Planning and Development Department Director  
Alexander Jaegerman, Planning Division Director  
Sarah Hopkins, Development Review Services Manager  
Rick Knowland, Senior Planner  
Jay Reynolds, Development Review Coordinator  
— Marge Schmuckal, Zoning Administrator  
Inspections Division





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

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

Permit No: 07-0242	Issue Date:	CBL: 174 A013001
-----------------------	-------------	---------------------

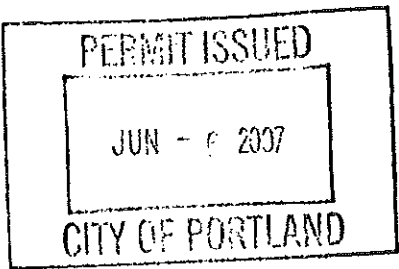
Location of Construction: 618 OCEAN AVE	Owner Name: JEWISH HOME FOR THE AGED	Owner Address: 630 OCEAN AVE	Phone:
Business Name: The Inn at Cedars	Contractor Name: C.M. Cimino Inc.	Contractor Address: 3 Warren Ave Westbrook	Phone 2078548876
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: R-3 prime

Past Use: The Inn at Cedars-	Proposed Use: The Inn at Cedars - Addition to the Cedars for Assisted living facility	Permit Fee: \$48,745.00	Cost of Work: \$4,864,522.00	CEO District: 4	A-5-100 strip along ocean
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-1 Type: 5A SEE CONDITIONS 6/3/07		

Proposed Project Description: Addition to the Cedars for Assisted living facility	Signature: <i>Crea, Crea</i>	Signature: <i>[Signature]</i>
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: 03/09/2007	<b>Zoning Approval</b>	
-----------------------------	---------------------------------	------------------------	--

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. 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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland <i>N/A</i></p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision <i>1 lot with 3 condo parcels</i></p> <p><input checked="" type="checkbox"/> Site Plan <i>2004-0078</i></p> <p>Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>ok with conditions 3/15/07</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input checked="" type="checkbox"/> Conditional Use <i>for long term extended care facilities</i></p> <p><input type="checkbox"/> Interpretation</p> <p><input checked="" type="checkbox"/> Approved <i>by PB</i></p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>9/13/05</i></p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>S</i></p>
---	---	---	---



**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



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 618 OCEAN AVE CBL 174 A013001

Issued to Jewish Home For The Aged The/C.M. Cimino Inc. Date of Issue 03/19/2009

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. 07-0242 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

Entire

APPROVED OCCUPANCY

Assisted Living Facility  
Use Group I-1  
Type 5A  
IBC 2003

Limiting Conditions:

None

This certificate supersedes certificate issued AUGUST 4, 2008

Approved: 3/19/09 J. Cimino  
(Date) Inspector

[Signature]  
Inspector of Buildings

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: (207) 874-8716

Permit No: 08-1259	Issue Date: 11/19/08	CBL: 174 A013001
-----------------------	-------------------------	---------------------

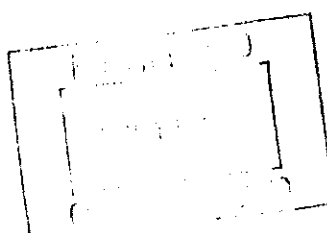
Location of Construction: 618 OCEAN AVE	Owner Name: JEWISH HOME FOR THE AGED	Owner Address: 630 OCEAN AVE	Phone:
Business Name:	Contractor Name: TBD	Contractor Address:	Phone:
Lessee/Buyer's Name:	Phone:	Permit Type: Additions - Commercial	Zone: R-3A

Past Use: Cedars Nursing Care	Proposed Use: Cedars Nursing Care - 1420 sq ft Masonry addition along with 1133 sq ft associated renovations	Permit Fee: \$4,220.00	Cost of Work: \$420,000.00	CEO District: 4
Proposed Project Description: 1420 sq ft Masonry addition along with 1133 sq ft associated renovations		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied See Conditions	INSPECTION: Use Group: I-2 Type IA IBC-2003	

Signature: <i>Gina Cross</i>	Signature: <i>CE</i> 11/19/08
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: 10/07/2008	<b>Zoning Approval</b>	
-----------------------------	---------------------------------	------------------------	--

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 information may invalidate a building permit and stop all work..	Special Zone or Reviews <input type="checkbox"/> Shoreland <i>NA</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>Zone 7</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan # 2008-0126 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>10/9/08</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input checked="" type="checkbox"/> Conditional Use <i>to PB</i> <input type="checkbox"/> Interpretation <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>10/14/08</i> Date: <i>10/14/08</i>	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"/> Dealed Date: <i>9</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	PHONE

Applicant: Cedars

Date: 9/2/08

Address: 630 Ocean Ave

C-B-L: 170-A-020

CHECK-LIST AGAINST ZONING ORDINANCE

#08-1259

Date -

Zone Location - R-3

Conditional use expansion  
Req.

Interior or corner lot -

Proposed Use/Work -

Rehab CTR Addition ~ a little over 1,000 sq ft

Sewage Disposal - City

Lot Street Frontage - 150' min - 50' + provided

Front Yard - 25' min - much over 25' shown

Rear Yard - 25' min - much over 25' shown

Side Yard - 9' min - 50' + at closest

1 story  
Projections

Width of Lot - 65' ok

Height - 35' MAX

1 story proposed - unscrapped drawings attached in Section #9

Lot Area -

Lot Coverage/Impervious Surface - 35% MAX - not near 75% MAX

- Adding a little more landscaping where driveway was

Area per Family - N/A

Off-street Parking - will elem. 2 parking

- currently providing well over the min parking study submitted 7-9-08

Loading Bays -

Site Plan - 2008-0126

Shoreland Zoning/Stream Protection - N/A

Flood Plains - Panel 7 - Zone X



# APPLICATION FOR EXEMPTION FROM SITE PLAN REVIEW

CEDARS NURSING CARE CENTER  
Applicant

533 OCEAN AVE. PORTLAND, OR  
Applicant's Mailing Address

503-969-4774 Iconics Associates  
Consultant/Agent/Phone Number

10/11/01  
Application Date

Skilled Care Lobby & Ambulance Entrance Upgrades  
Project Name/Description

533 OCEAN AVE. PORTLAND, OR  
Address of Proposed Site

CBL: 174-A-19

### Description of Proposed Development:

The proposed work includes renovations of the existing main lobby, replacing existing doors and adding a new reception desk. At the ambulance entrance, renovating interior spaces as well as adding exterior canopy. Neither changes will affect the existing square footage of the building and there will be no other relocations to the life safety systems of the structure.

### Please Attach Sketch/Plan of Proposal/Development

Criteria for Exemptions:  
See Section 14-523 (4) on back side of form

- a) Within Existing Structures; No New Buildings, Demolitions or Additions
- b) Footprint Increase Less Than 500 Sq. Ft.
- c) No New Curb Cuts, Driveways, Parking Areas
- d) Curbs and Sidewalks in Sound Condition

Applicant's Assessment (Yes, No, N/A)	Planning Office Use Only
Yes <del>No New Buildings</del>	<input checked="" type="checkbox"/>
Yes	<input checked="" type="checkbox"/>
Yes	<input checked="" type="checkbox"/>





CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 618 OCEAN AVE CBL 174 A013001

Issued to Jewish Home For The Aged The/P.M. Construction Date of Issue 06/12/2009

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. 08-1259, 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

Rehabilitation Center

APPROVED OCCUPANCY

Cedars Nursing Care  
Use Group I2  
Type 2B  
IBC 2003

Limiting Conditions: None

This certificate supersedes certificate issued 04/02/09

Approved:

06/12/09 *William A. Collins*  
(Date) Inspector

*[Signature]*  
Inspector of Buildings

*Capt. K. Santora*  
6/16/09

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 leasee for one dollar.



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 618 OCEAN AVE CBL 174 A013001

Issued to Jewish Home For The Aged The/P.M. Construction Date of Issue 06/12/2009

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. 08-1259, 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  
Rehabilitation Center

APPROVED OCCUPANCY  
Cedars Nursing Care  
Use Group I2  
Type 2B  
IBC 2003

Limiting Conditions: This certificate supersedes the certificate dated 04/02/09. All landscaping /site work is complete.

This certificate supersedes  
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

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.



Attorneys at Law

TEN FREE STREET
P.O. BOX 4510
PORTLAND, MAINE 04112-4510
(207) 775-7271 (Phone)
(207) 775-7935 (Fax)

www.jbgh.com

MERTON G. HENRY
FRANK H. FRYE
BRIAN C. BROWNE
OF COUNSEL

RAYMOND E. JENSEN
(1908-2002)
KENNETH BAIRD
(1914-1987)
M. DONALD GARDNER
(1918-2003)

YORK COUNTY
OFFICE
11 MAIN STREET, SUITE 4
KENNEBUNK, MAINE 04043
(207) 985-4676 (Phone)
(207) 985-4932 (Fax)

KENNETH M. COLE III
NICHOLAS S. NADZO
DAVID J. JONES
MICHAEL A. NELSON
RICHARD H. SPENCER, JR.
LAWRENCE R. CLOUGH
RONALD A. EPSTEIN
WILLIAM H. DALE
JOSEPH H. GROFF III
F. BRUCE SLEEPER
DEBORAH M. MANN
LESLIE E. LOWRY III
PATRICIA M. DUNN

MICHAEL J. QUINLAN
R. LEE IVY
ROGER P. ASCH
NATALIE L. BURNS
SALLY J. DAGGETT
BRENDAN P. RIELLY
NICHOLAS J. MORRILL
MARCIA G. CORRADINI
KATHLEEN T. KONKOLY
MARK A. BOWER
JENNIFER W. PETERS
J. CASEY MCCORMACK
TUDOR N. GOLDSMITH

RECEIVED

DEC 23 2013

December 16, 2013

Dept. of Building Inspections
City of Portland Maine
Ms. Marge Schmuckal
389 Congress St, Room 308
Portland, Maine 04101

RE: 620 - 640 Ocean Avenue Zoning Determination Letter

Dear Ms. Schmuckal:

We are requesting a zoning and code enforcement determination letter for the following property:

Property Address: 620 Ocean Avenue, 630 Ocean Avenue, 640 Ocean Avenue
Chart/Block/Lot: 170/A/20, 174/A/13
Owner Name: JHA Assisted Living, Inc., Cedars Nursing Care Center, Inc., JHA Properties, Inc.

Pursuant to city policy, we have enclosed a check in the amount of \$150.00 made out to the City of Portland for the determination letter request.

Very truly yours,

[Handwritten signature of J. Casey McCormack, Esq.]

J. Casey McCormack, Esq.

**CITY OF PORTLAND**  
**DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**  
 389 Congress Street  
 Portland, Maine 04101

**RECEIPT OF FEES**

<b>Application No:</b> 0000-1834	<b>Applicant:</b> CEDARS NURSING CARE CENTE
<b>Project Name:</b> 630 OCEAN AVE	<b>Location:</b> 630 OCEAN AVE
<b>CBL:</b> 170 A020001	<b>Application Type:</b> Determination Letter
<b>Invoice Date:</b> 12/04/2013	

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Fees</b>	-	<b>Current Payment</b>	=	<b>Total Due</b>	<b>Payment Due Date</b>
\$0.00		\$0.00		\$150.00		\$150.00		\$0.00	On Receipt

<b>Previous Balance</b>	<b>\$0.00</b>
-------------------------	---------------

Fee Description	Qty	Fee/Deposit Charge
Zoning Determinations	1	\$150.00
		\$150.00
<b>Total Current Fees:</b>	+	<b>\$150.00</b>
<b>Total Current Payments:</b>	-	<b>\$150.00</b>
<b>Amount Due Now:</b>		<b>\$0.00</b>

**CBL** 170 A020001  
**Bill to:** CEDARS NURSING CARE CENTER INC  
 630 OCEAN AVE  
 PORTLAND, ME 04103

**Application No:** 0000-1834  
**Invoice Date:** 12/04/2013  
**Invoice No:** 43516  
**Total Amt Due:** \$0.00  
**Payment Amount:** \$150.00

Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.  
 Check the status of your permit or schedule an inspection on-line at <http://www.portlandmaine.gov/planning/permitstatus.asp>

Assessor's Office | 389 Congress Street | Portland, Maine 04101 | Room 115 | (207) 874-8486

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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:**

<b>Services</b>	<b>CBL</b>	170 A020002
	<b>Land Use Type</b>	BENEVOLENT & CHARITABLE
	Verify legal use with Inspections Division	
<b>Applications</b>	<b>Property Location</b>	620 OCEAN AVE UNIT 2
<b>Doing Business</b>	<b>Owner Information</b>	JHA ASSISTED LIVING INC 630 OCEAN AVE PORTLAND ME 04103
<b>Maps</b>	<b>Book and Page</b>	24446/225
<b>Tax Relief</b>	<b>Legal Description</b>	170-A-20 174-A-13 OCEAN AVE 618-654 CEDARS CONDO # 2
<b>Tax Roll</b>	<b>Acres</b>	0

**Q & A**

**Current Assessed Valuation:**

browse city services a-z	<b>TAX ACCT NO.</b>	49458	<b>OWNER OF RECORD AS OF APRIL 2013</b> JHA ASSISTED LIVING INC
	<b>LAND VALUE</b>	\$1,097,700.00	630 OCEAN AVE
	<b>BUILDING VALUE</b>	\$3,007,900.00	PORTLAND ME 04103
browse facts and links a-z	<b>BENEVOLENT AND CHARITABLE</b>	(\$4,105,600.00)	
	<b>NET TAXABLE - REAL ESTATE</b>	\$0.00	
	<b>TAX AMOUNT</b>	\$0.00	



Any information concerning tax payments should be directed to the Treasury office at 874-8490 or [e-mailed](#).

**Building Information:**

	<b>Building 1</b>	
<b>Year Built</b>	2008	
<b>Style/Structure Type</b>	NURSING HOME	
<b># Units</b>	1	
<b>Building Num/Name</b>	1 - THE INN AT CEDARS	
<b>Square Feet</b>	26317	

[View Sketch](#)      [View Map](#)      [View Picture](#)

**Exterior/Interior Information:**

	<b>Building 1</b>	
<b>Levels</b>	B1/B1	
<b>Size</b>	2021	
<b>Use</b>	SUPPORT AREA	
<b>Height</b>	8	
<b>Heating</b>	HW/STEAM	
<b>A/C</b>	NONE	

	<b>Building 1</b>	
<b>Levels</b>	01/01	
<b>Size</b>	12208	
<b>Use</b>	NURSING HOME	

Best viewed at 800x600, with Internet Explorer





**Height** 8  
**Walls** FRAME  
**Heating** HEAT PUMP  
**A/C** CENTRAL

**Building 1**

**Levels** 02/02  
**Size** 12088  
**Use** NURSING HOME  
**Height** 8  
**Walls** FRAME  
**Heating** HEAT PUMP  
**A/C** CENTRAL

**Other Features:**

**Building 1**

**Structure** PORCH - ENCL UPPER  
**Size** 153X1

**Building 1**

**Structure** PORCH - ENCL  
**Size** 153X1

**Sales Information:**

Sale Date	Type	Price	Book/Page
10/10/2006	LAND + BUILDING	\$150,000.00	24446/225
7/10/2006	LAND + BUILDING	\$0.00	24155/029

[New Search!](#)

Assessor's Office | 389 Congress Street | Portland, Maine 04101 | Room 115 | (207) 874-8486

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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:**

**Services**

Applications

Doing Business

Maps

Tax Relief

Tax Roll

Q & A

**CBL** 170 A020001  
**Land Use Type** BENEVOLENT & CHARITABLE  
Verify legal use with Inspections Division  
**Property Location** 630 OCEAN AVE UNIT 1  
**Owner Information** CEDARS NURSING CARE CENTER INC  
 630 OCEAN AVE  
 PORTLAND ME 04103  
**Book and Page** 10354/212  
**Legal Description** 170-A-20 174-A-13  
 OCEAN AVE 618-654  
 CEDARS CONDO # 1  
**Acres** 0

**Current Assessed Valuation:**

[browse city services a-z](#)

[browse facts and links a-z](#)

**TAX ACCT NO.** 23840      **OWNER OF RECORD AS OF APRIL 2013**  
 CEDARS NURSING CARE CENTER INC  
**LAND VALUE** \$1,097,700.00      630 OCEAN AVE  
**BUILDING VALUE** \$6,668,800.00      PORTLAND ME 04103  
**BENEVOLENT AND CHARITABLE** (\$7,766,500.00)  
**NET TAXABLE - REAL ESTATE** \$0.00  
**TAX AMOUNT** \$0.00



Any information concerning tax payments should be directed to the Treasury office at 874-8490 or [e-mailed](#).

**Building Information:**

Best viewed at 800x600, with Internet Explorer

**Building 1**  
**Year Built** 1991  
**Style/Structure Type** NURSING HOME  
**# Units** 99  
**Building Num/Name** 1 - CEDARS  
**Square Feet** 49382

[View Sketch](#)      [View Map](#)      [View Picture](#)

**Exterior/Interior Information:**

**Building 1**  
**Levels** B1/B1  
**Size** 6886  
**Use** NURSING HOME  
**Height** 11  
**Heating** HOT AIR  
**A/C** CENTRAL

**Building 1**  
**Levels** 01/01  
**Size** 21248  
**Use** NURSING HOME

**Use** NURSING HOME  
**Height** 12  
**Walls** BRICK/STONE  
**Heating** HOT AIR  
**A/C** CENTRAL

**Building 1**

**Levels** 02/02  
**Size** 21248  
**Use** NURSING HOME  
**Height** 11  
**Walls** BRICK/STONE  
**Heating** HOT AIR  
**A/C** CENTRAL

**Other Features:**

**Building 1**

**Structure** SPRINKLER - WET  
**Size** 12345X1

**Building 1**

**Structure** ELEVATOR - ELEC. PASSENGER  
**Size** 1X150

**Sales Information:**

Sale Date	Type	Price	Book/Page
10/23/1992	LAND + BUILDING	\$0.00	10354/212

**New Search!**

Assessor's Office | 389 Congress Street | Portland, Maine 04101 | Room 115 | (207) 874-8486

[City](#) [Home](#) [Departments](#) [City Council](#) [E-Services](#) [Calendar](#) [Jobs](#)

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:**

<b>Services</b>	<b>CBL</b>	170 A020003
	<b>Land Use Type</b>	BENEVOLENT & CHARITABLE
	Verify legal use with Inspections Division	
<b>Applications</b>	<b>Property Location</b>	640 OCEAN AVE UNIT 3
<b>Doing Business</b>	<b>Owner Information</b>	JHA PROPERTIES INC 630 OCEAN AVE PORTLAND ME 04103
<b>Maps</b>	<b>Book and Page</b>	
<b>Tax Relief</b>	<b>Legal Description</b>	170-A-20 174-A-13 OCEAN AVE 618-654 CEDARS CONDO # 3
<b>Tax Roll</b>	<b>Acres</b>	0

**Q & A**

**Current Assessed Valuation:**

browse city services a-z	<b>TAX ACCT NO.</b>	49568	<b>OWNER OF RECORD AS OF APRIL 2013</b>
			JHA PROPERTIES INC
browse facts and links a-z	<b>LAND VALUE</b>	\$1,097,700.00	630 OCEAN AVE
	<b>BUILDING VALUE</b>	\$13,366,400.00	PORTLAND ME 04103
	<b>BENEVOLENT AND CHARITABLE</b> (\$14,464,100.00)		
	<b>NET TAXABLE - REAL ESTATE</b>	\$0.00	
	<b>TAX AMOUNT</b>	\$0.00	



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**Building Information:**

Best viewed at 800x600, with Internet Explorer

	<b>Building 1</b>	
<b>Year Built</b>	1999	
<b>Style/Structure Type</b>	NURSING HOME	
<b># Units</b>	61	
<b>Building Num/Name</b>	1 - ATRIUM	
<b>Square Feet</b>	87942	

[View Sketch](#)      [View Map](#)      [View Picture](#)

**Exterior/Interior Information:**

	<b>Building 1</b>	
<b>Levels</b>	01/01	
<b>Size</b>	29314	
<b>Use</b>	NURSING HOME	
<b>Height</b>	8	
<b>Walls</b>	BRICK/STONE	
<b>Heating</b>	HOT AIR	
<b>A/C</b>	CENTRAL	

	<b>Building 1</b>	
<b>Levels</b>	02/03	
<b>Size</b>	29314	

**Use** NURSING HOME  
**Height** 8  
**Walls** BRICK/STONE  
**Heating** HOT AIR  
**A/C** CENTRAL

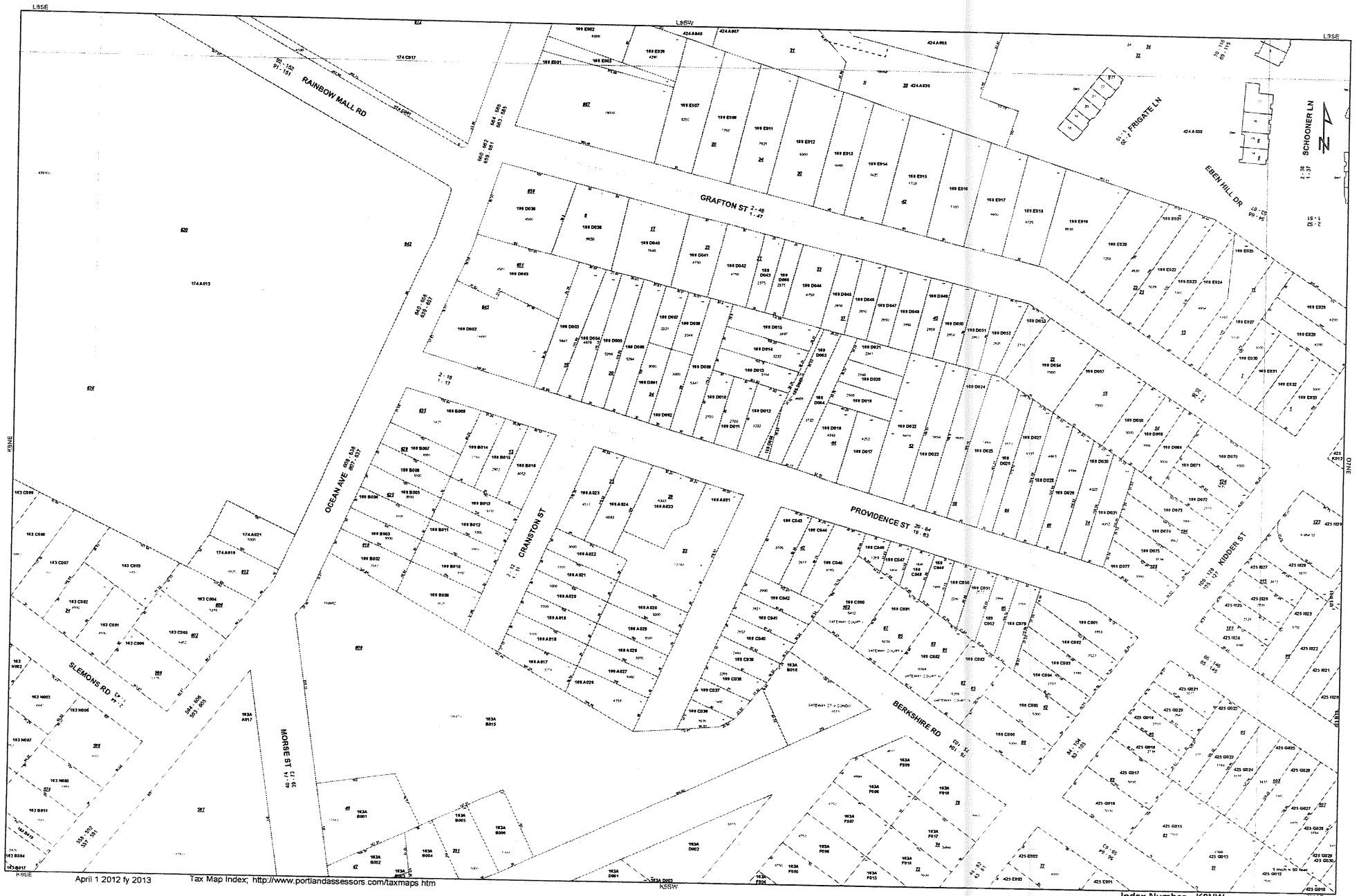
***Other Features:***

**Building 1**  
**Structure** CANOPY - AVG  
**Size** 1X740

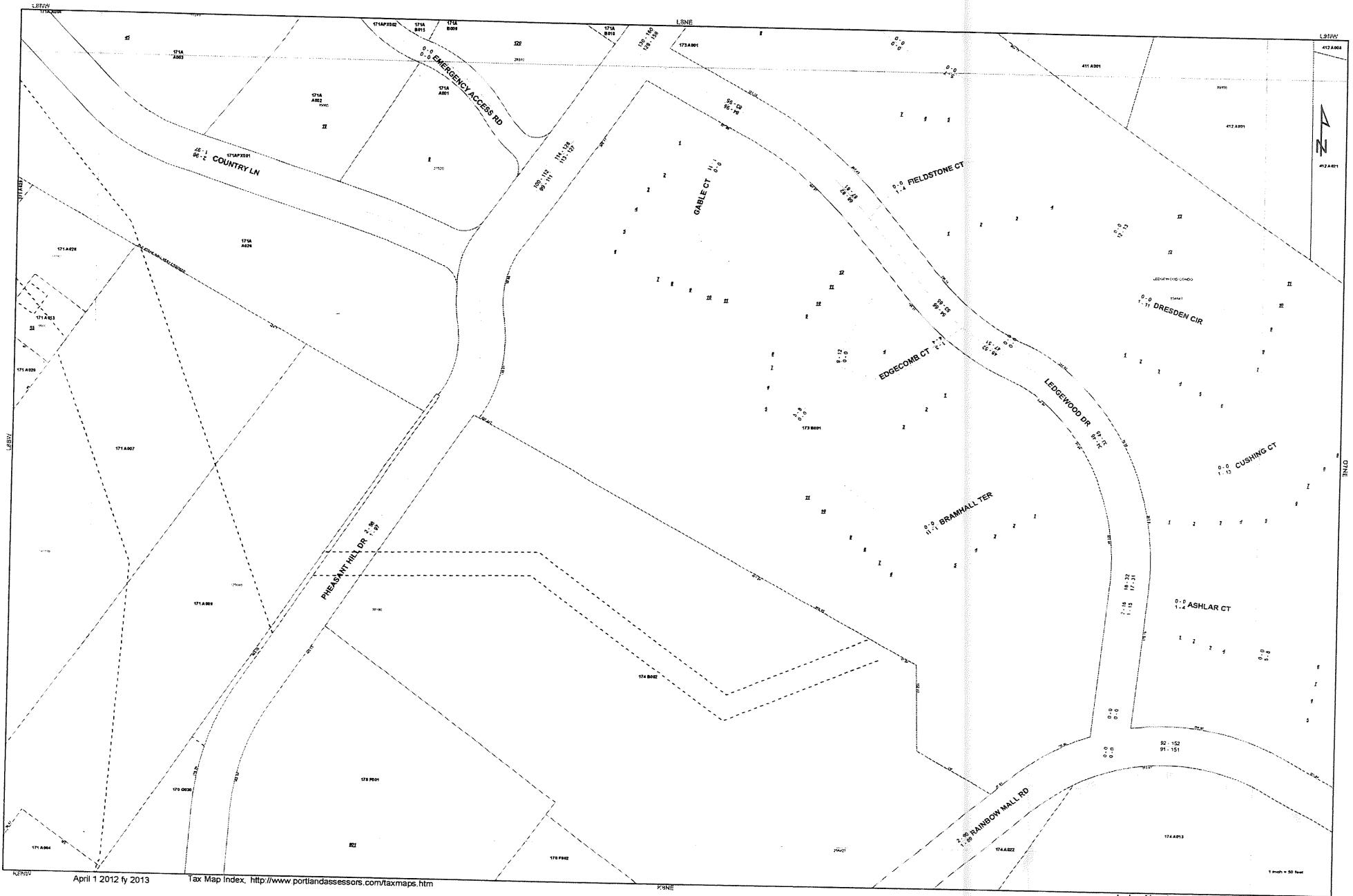
**Building 1**  
**Structure** ELEVATOR - ELEC. PASSENGER  
**Size** 2500X500

[New Search!](#)









April 1 2012 fy 2013

Tax Map Index, <http://www.portlandassessors.com/taxmaps.htm>

Index Number - L8SE

1 inch = 50 feet

