

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that ASSOCIATION YORK-CUMBERLAND

Located At 619 BRIGHTON AVE

Job ID: 2011-04-920-SIGN

CBL: 184 - - A - 001 - 001 - - - -

has permission to replace panels in two 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

N/A

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

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

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. Call for 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.



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: 2011-04-920-SIGN

Located At: 619 BRIGHTON AVE CBL: 184 - - A - 001 - 001 - - - -

Conditions of Approval:

Building

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

Zoning

The two signs were originally permitted in 1995, #0859.

Sign 1 & Sign 2



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.

Tax OK

Location/Address of Construction: <u>619 Brighton Ave. Portland</u> mailing address		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner <u>Creative Work Systems/ York-Comberland Assoc. for Hand. Persons</u>	Telephone: <u>879-1140</u>
<u>184 A 1</u>	Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone:
		Total s.f. of signage x \$2.00 = <u>47.6 = 48 sf.</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>6500</u> 777 \$126.00 Awning Fee= cost of work <u>N/A</u> Total Fee: \$ <u>6500</u> 777 \$126.00

Total for both signs

Who should we contact when the permit is ready: Janet Dutton phone: 879-1140 x-226

Tenant/allocated building space frontage (feet): Length _____ Height _____
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____

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

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: _____

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: 48" x 52" (h)
 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.

RECEIVED

Dept. of Building Inspections
City of Portland Maine

Replacing internal panel

Sign 1 = 17.3 sf. Sign 2 = 30.3 sf.
48" x 52" (h) 84" x 52" (h)

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.

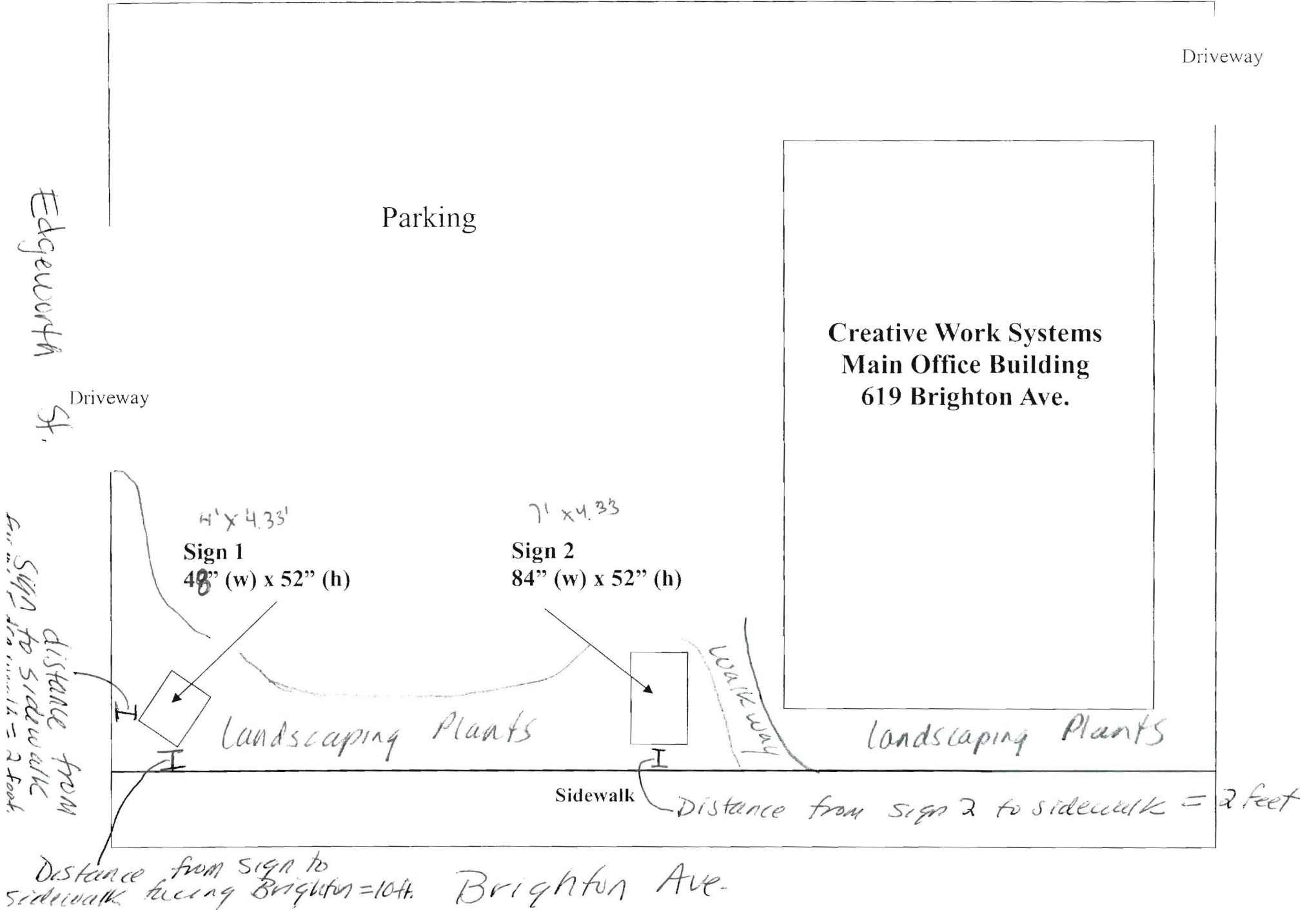
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 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>Amber E. Parry, Executive Director</u>	Date: <u>4.22.11</u>
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This is not a permit; you may not commence ANY work until the permit is issued

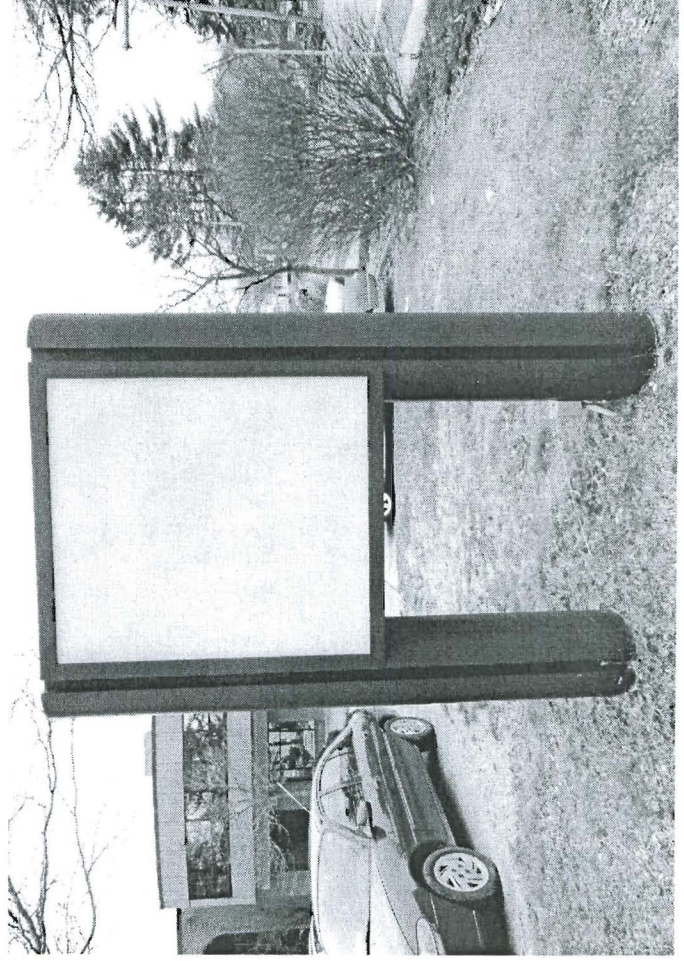
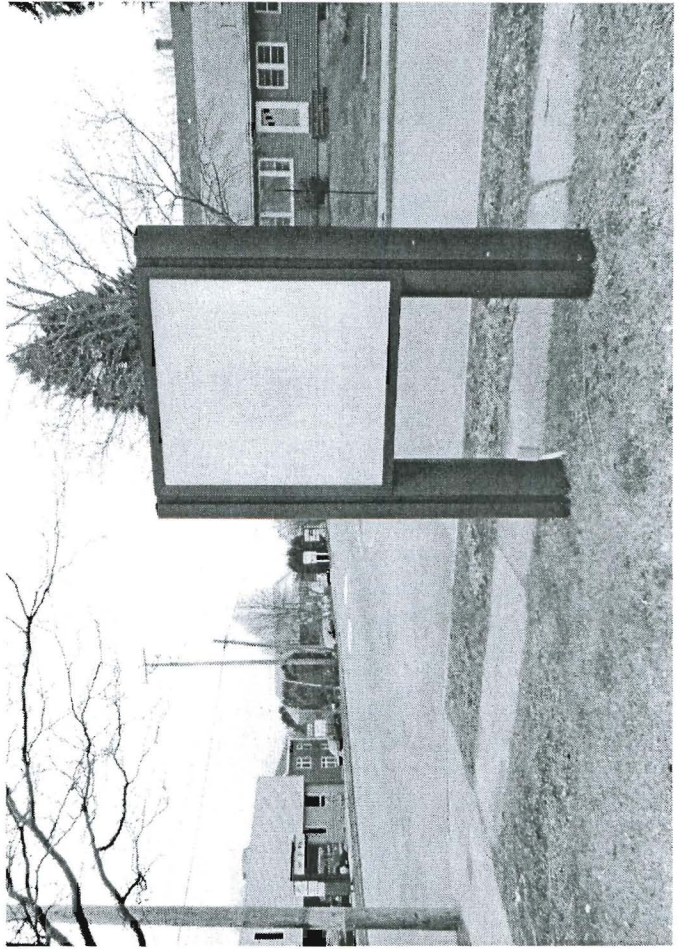
Both signs are existing. We will be replacing the panels or replacing the lettering on the existing panels. The structure will not be changed.



Creative work systems

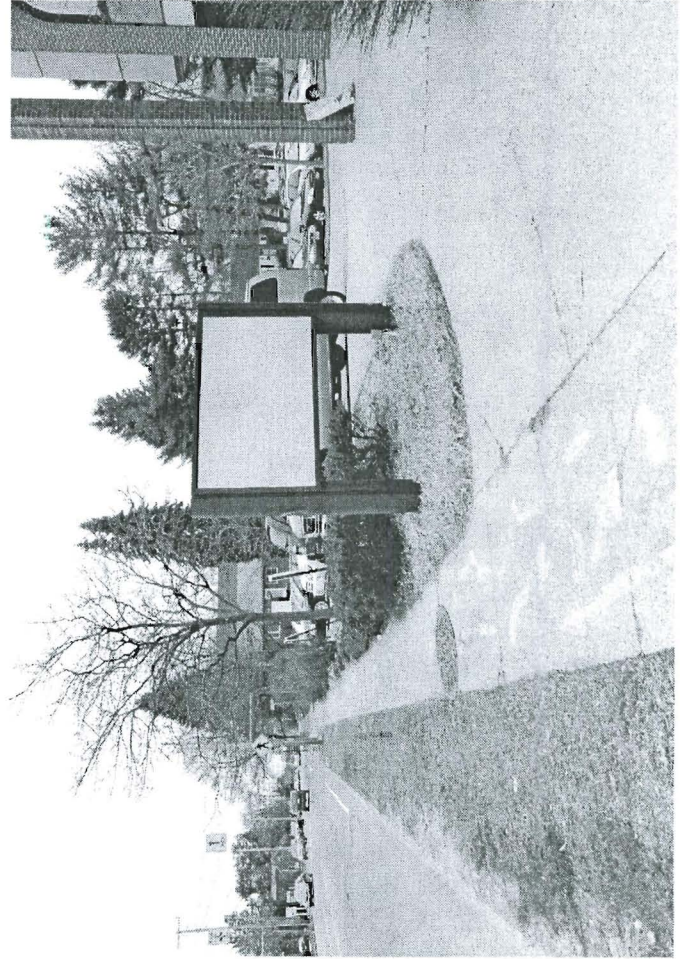
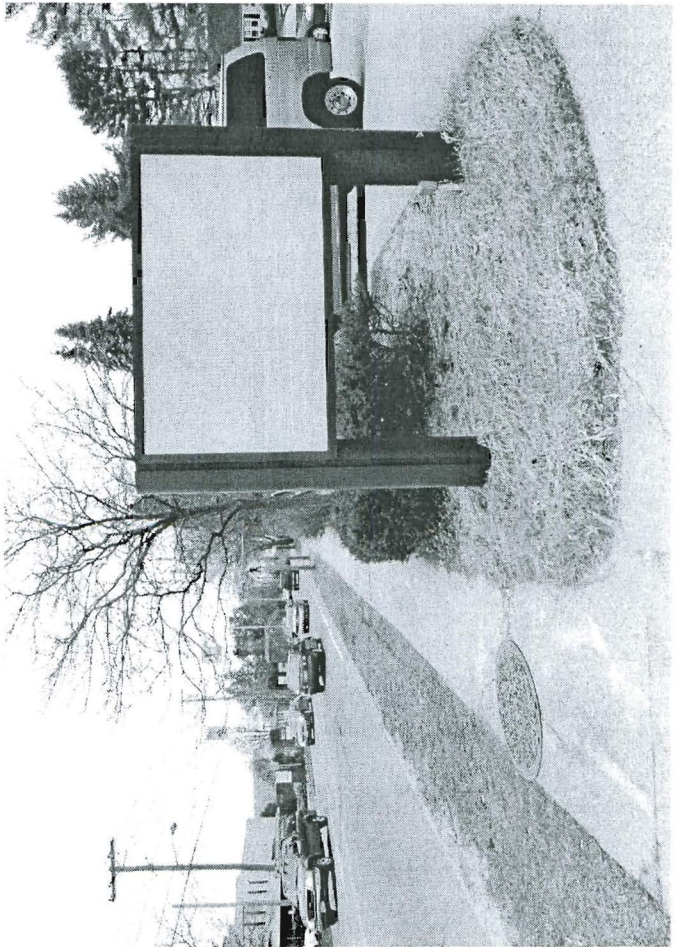
Sign 1

Corner of Brighton + Edgeworth



Creative Work Systems
Sign 2

on Brighton Ave.



DK Susan

very

MP

Creative Work Systems

619 Brighton Avenue

*Supporting and inspiring people with disabilities
at home, at work, and in the community.*

Community Day Services

Employment Services

Community Case Management

Residential Services

Yes Art Works

Cultivation Works

Artwork for signs

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/22/2011

PRODUCER 207.283.1486 FAX 207.283.4258
Paquin & Carroll Insurance
 260 Main St.
 P.O. Box 356
 Biddeford, ME 04005

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 **York-Cumberland Association for Handicapped Pe**
 619 Brighton Avenue
 Portland, ME 04102

INSURER A **Philadelphia Ins Co**
 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 INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHPK654294	11/23/2010	11/23/2011	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 3,000,000
				PRODUCTS - COMP/OP AGG	\$ 3,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	PHUB327980	11/23/2010	11/23/2011	EACH OCCURRENCE	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OT-HER
					E L EACH ACCIDENT	\$
					E L DISEASE - EA EMPLOYEE	\$
					E L DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder is additional insured with regard to general liability

CERTIFICATE HOLDER

City of Portland
 389 Congress Street
 Portland, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Thomas E. Wells

Assessor's Office | 389 Congress Street | Portland, Maine 04101 | Phone 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:

CBL 184 A001001
Land Use Type BENEVOLENT & CHARITABLE
Property Location 619 BRIGHTON AVE
Owner Information YORK-CUMBERLAND ASSOCIATION
 FOR HANDICAPPED PERSONS
 443 CONGRESS ST
 PORTLAND ME 04101
Book and Page 27617/333
Legal Description 184-A-1 BRIGHTON AVE
 619-623 EDGEWORTH 1-13
 WESTMINSTER 2-10
 29645 SF
Acres 0.681

Current Assessed Valuation:

TAX ACCT NO.	26306	OWNER OF RECORD AS OF APRIL 2010
LAND VALUE	\$277,500.00	YORK-CUMBERLAND ASSOCIATION
BUILDING VALUE	\$1,986,300.00	FOR HANDICAPPED PERSONS
BENEVOLENT AND CHARITABLE (\$2,263,800.00)		443 CONGRESS ST
NET TAXABLE - REAL ESTATE	\$0.00	PORTLAND ME 04101
TAX AMOUNT	\$0.00	

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

Building Information:

Card 1 of 1
Year Built 1985
Style/Structure Type MEDICAL OFFICE
Units 1
Building Num/Name 1 - CREATIVE WORK SYSTEMS
Square Feet 15082

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

Exterior/Interior Information:

Card 1
Levels B1/B1
Size 320
Use SUPPORT AREA
Height 8
Heating HOT AIR
A/C NONE

Card 1
Levels B1/B1
Size 320
Use SUPPORT AREA
Height 8
Heating HOT AIR
A/C NONE

Card 1

Services

Applications

Doing Business

Maps

Tax Relief

Tax Roll

Q & A

[browse city services a-z](#)

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



Best viewed at 800x600, with Internet Explorer

Levels 01/01
Size 6876
Use OFFICE BUILDING
Height 10
Walls BRK/CONC BLK
Heating HOT AIR
A/C CENTRAL

Card 1

Levels 02/02
Size 7566
Use OFFICE BUILDING
Height 10
Walls BRK/CONC BLK
Heating HOT AIR
A/C CENTRAL

Other Features:

Card 1

Structure ELEVATOR - ELEC. PASSENGER
Size 2000X120

Card 1

Structure ATRUIM/COVER
Size 10X14

Card 1

Structure CANOPY - ROOF/SLAB
Size 1X32

Card 1

Structure OPEN AREA - BANK/OFFICE
Size 1X690

Outbuildings/Yard Improvements:

Card 1

Year Built 1985
Structure ASPHALT PARKING
Size 15000
Units 1
Grade C
Condition 3

Sales Information:

Sale Date	Type	Price	Book/Page
2/26/2010	LAND + BUILDING	\$955,000.00	27617/333
6/29/1995	LAND + BUILDING	\$969,000.00	11986/147
7/14/1993	LAND + BUILDING	\$0.00	10864/102

New Search!

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

Location of Construction: 11A 619 Brighton Ave		Owner: Mercy Hospital	Phone:	Permit No: 950859
Owner Address:		Leasee/Buyer's Name:	Phone:	Business Name:
Contractor Name: Barlo Signs		Address: 92 Industrial Park Rd		Phone: ME 04072 282-2400
Past Use: Prof Office	Proposed Use: Same	COST: \$	WORK:	PERMIT FEE: \$ 35.40
Proposed Project Description: Reset Signage UL# E92151		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:
Permit Taken By: Mary Grosik		Date Applied For: 14 August 1995		

PERMIT ISSUED
Permit Issued:
AUG 16 1995
CITY OF PORTLAND

Zoning: **CBL: 184-A-001**
Zoning Approval: *ok with conditions - Brighton*
Special Zone or Reviews:
 Shoreland **30' No**
 Wetland **Sign higher**
 Flood Zone
 Subdivision **than**
 Site Plan major minor mm

1. This permit application doesn't 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.

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

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

Action:
 Approved
 Approved with Conditions
 Denied

Date: **8/15/95**
Hamilton

PERMIT ISSUED WITH LETTER

CERTIFICATION
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT *Ed Blumenthal* ADDRESS DATE: **14 August 1995** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

CEO DISTRICT **6**
A. Zent

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

16 August 1995

Barlo Signs
92 Industrial Park Road
Saco, ME 04072

RE: 619 Brighton Avenue

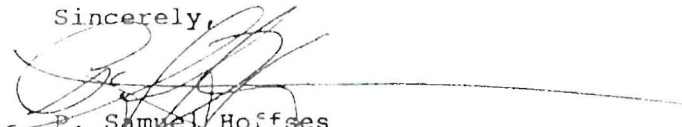
Dear Sir,

Your application to erect signage (UL# E92151), has been reviewed and a permit is herewith issued subject to the following requirements. This permit does not excuse the applicant from meeting applicable State and Federal laws.

1. The Brighton Avenue sign will be no more than 30 square feet in area.
2. Neither sign will be more than 8 feet in height.
3. All signs will be designed and constructed to withstand wind pressure as provided for in Sections 1611.4.1 and 1611.8 of the City's Building Code.

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

Sincerely,


P. Samuel Hoffses
Chief, Inspection Services

cc: M. Schmuckal, ACofI