

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

Location of Construction: 33 Sewall St		Owner: Fore River Realty		Phone:		Permit No: <b>990907</b>
Owner Address:		Lessee/Buyer's Name:		BusinessName: Health South		
Contractor Name: ** Mario Signs		Address: 158 Greeley St Hudson NH 03051		Phone: 603 882-2638		Permit Issued: <b>AUG 20 1999</b> <b>CITY OF PORTLAND</b>
Past Use: Medical Bldg		Proposed Use: Same		COST OF WORK: \$ 50.67		
				PERMIT FEE: \$ 40.00 (precut)		Zone: CBL: 190-D-003
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Proposed Project Description: Reface existing signage		Signature:		INSPECTION: Use Group: Type: BOCA [Signature]		Zoning Approval: 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"/>
		Signature:		Signature: [Signature]		
Permit Taken By: via mail		Date Applied For: August 17, 1999		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		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
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		

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..

**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

August 17, 1999

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

**PERMIT ISSUED WITH REQUIREMENTS**

CEO DISTRICT

2

BUILDING PERMIT REPORT

DATE: 17 Aug 99 ADDRESS: 33 Sevall St. CBL: 190-D-003  
 REASON FOR PERMIT: Reface existing signage.  
 BUILDING OWNER: Fore River Realty  
 PERMIT APPLICANT: Contractor Barlo Sign.  
 USE GROUP \_\_\_\_\_ CONSTRUCTION TYPE \_\_\_\_\_

The City's Adopted Building Code (The BOCA National Building Code/1996 with City Amendments)  
 The City's Adopted Mechanical Code (The BOCA National Mechanical Code/1993)

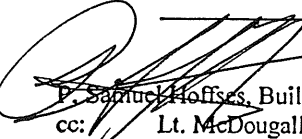
CONDITION(S) OF APPROVAL

This permit is being issued with the understanding that the following conditions are met: \*1, \*34, \*31

Approved with the following conditions:

1. This permit does not excuse the applicant from meeting applicable State and Federal rules and laws.
2. Before concrete for foundation is placed, approvals from the Development Review Coordinator and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection)
3. Foundation drain shall be placed around the perimeter of a foundation that consists of gravel or crushed stone containing not more than 10 percent material that passes through a No. 4 sieve. The drain shall extend a minimum of 12 inches beyond the outside edge of the footing. The thickness shall be such that the bottom of the drain is not higher than the bottom of the base under the floor, and that the top of the drain is not less than 6 inches above the top of the footing. The top of the drain shall be covered with an approved filter membrane material. Where a drain tile or perforated pipe is used, the invert of the pipe or tile shall not be higher than the floor elevation. The top of joints or top of perforations shall be protected with an approved filter membrane material. The pipe or tile shall be placed on not less than 2" of gravel or crushed stone, and shall be covered with not less than 6" of the same material. Section 1813.5.2
4. Foundations anchors shall be a minimum of 1/2" in diameter, 7" into the foundation wall, minimum of 12" from corners of foundation and a maximum 6' o.c. between bolts. (Section 2305.17)
5. Waterproofing and dampproofing shall be done in accordance with Section 1813.0 of the building code.
6. Precaution must be taken to protect concrete from freezing. Section 1908.0
7. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
8. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating. Private garages attached side-by-side to rooms in the above occupancies shall be completely separated from the interior spaces and the attic area by means of 1/2 inch gypsum board or the equivalent applied to the garage means of 1/2 inch gypsum board or the equivalent applied to the garage side. (Chapter 4, Section 407.0 of the BOCA/1996)
9. All chimneys and vents shall be installed and maintained as per Chapter 12 of the City's Mechanical Code. (The BOCA National Mechanical Code/1993). Chapter 12 & NFPA 211
10. Sound transmission control in residential building shall be done in accordance with Chapter 12, Section 1214.0 of the City's Building Code.
11. Guardrails & Handrails: A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42", except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2, M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect. (Handrails shall be a minimum of 3e4" but not more than 38". Use Group R-3 shall not be less than 30", but not more than 38".) Handrail grip size shall have a circular cross section with an outside diameter of at least 1 1/4" and not greater than 2". (Sections 1021 & 1022.0) - Handrails shall be on both sides of stairway. (Section 1014.7)
12. Headroom in habitable space is a minimum of 76". (Section 1204.0)
13. Stair construction in Use Group R-3 & R-4 is a minimum of 10" tread and 7 3/4" maximum rise. All other Use Group minimum 11" tread, 7" maximum rise. (Section 1014.0)
14. The minimum headroom in all parts of a stairway shall not be less than 80 inches. (6'8") 1014.4
15. Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside without the use of special knowledge or separate tools. Where windows are provided as means of egress or rescue they shall have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508mm), and a minimum net clear opening of 5.7 sq. ft. (Section 1018.6)
16. Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units. (Section 1010.1)

- 17. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with self closer's. (Over 3 stories in height requirements for fire rating is two (2) hours.) (Section 710.0)
- 18. The boiler shall be protected by enclosing with (1)hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment. (Table 302.1.1)
- 19. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's Building Code Chapter 9, Section 920.3.2 (BOCA National Building Code/1996), and NFPA 101 Chapter 18 &19. (Smoke detectors shall be installed and maintained at the following locations):
  - In the immediate vicinity of bedrooms
  - In all bedrooms
  - In each story within a dwelling unit, including basements
 In addition to the required AC primary power source, required smoke detectors in occupancies in Use Groups R-2, R-3 and I-1 shall receive power from a battery when the AC primary power source is interrupted. (Interconnection is required) Section 920.3.2.
- 20. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type. (Section 921.0)
- 21. The Fire Alarm System shall maintained to NFPA #72 Standard.
- 22. The Sprinkler System shall maintained to NFPA #13 Standard.
- 23. All exit signs, lights and means of egress lighting shall be done in accordance with Chapter 10 Section & Subsections 1023.0 & 1024.0 of the City's Building Code. (The BOCA National Building Code/1996)
- 24. Section 25-135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
- 25. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act Title 5 MRSA refers, shall obtain a certification from a design professional that the plans commencing construction of the facility, the builder shall submit the certification the Division of Inspection Services.
- 26. Ventilation shall meet the requirements of Chapter 12 Sections 1210.0 of the City's Building Code. (Crawl spaces & attics).
- 27. All electrical, plumbing and HVAC permits must be obtained by a Master Licensed holders of their trade. **No closing in of walls until all electrical (min.72 hours notice) and plumbing inspections have been done.**
- 28. All requirements must be met before a final Certificate of Occupancy is issued.
- 29. All building elements shall meet the fastening schedule as per Table 2305.2 of the City's Building Code (the BOCA National Building Code/1996).
- 30. Ventilation of spaces within a building shall be done in accordance with the City's Mechanical Code (The BOCA National Mechanical Code/1993). (Chapter M-16)
- 31. Please read and implement the attached Land Use Zoning report requirements! *Not to increase existing size*
- 32. Boring, cutting and notching shall be done in accordance with Sections 2305.4.4, 2305.5.1 and 2305.5.3 of the City's Building Code.
- 33. Glass and glazing shall meet the requirements of Chapter 24 of the building code.
- 34. All signage, shall be done in accordance with Section 3102.0 signs of the City's Building Code, (The BOCA National Building Code 1996).
- 35. \_\_\_\_\_
- 36. \_\_\_\_\_
- 37. \_\_\_\_\_
- 38. \_\_\_\_\_

  
 P. Schmuckal, Building Inspector  
 cc: Lt. McDougall, PFD  
 Marge Schmuckal, Zoning Administrator

PSH 7/24/99

**\*\*On the basis of plans submitted and conditions placed on these plans any deviations shall require a separate approval.**

06/18/96 08:52

F W WEBB PORTLAND -> 6038827680

NO. 921 002

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 33 Sewall st ZONE: B-3

OWNER: Health South

APPLICANT: Jenn Robichaud / BARLO Signs

ASSESSOR NO.: 190-D-003

SINGLE TENANT LOT? YES  NO

MULTI TENANT LOT? YES  NO

FREESTANDING SIGN? YES  NO  DIMENSIONS 36" x 72" 18

MORE THAN ONE SIGN? YES  NO  DIMENSIONS 98" x 48" 32.67

BLDG. WALL SIGN? YES  NO  DIMENSIONS \_\_\_\_\_

MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: \_\_\_\_\_

Replacing the faces in two existing ground signs.

LOT FRONTAGE (FEET) Existing

BLDG FRONTAGE (FEET) Existing

AWNING YES  NO  IS AWNING BACKLIT? YES  NO

HEIGHT OF AWNING: \_\_\_\_\_

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? \_\_\_\_\_

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE

PROPOSED SIGNS ARE ALSO REQUIRED.



**THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED**

**Building or Use Permit Pre-Application  
Attached Single Family Dwellings/Two-Family Dwelling  
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

**NOTE** 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 (include Portion of Building): <b>33 Sewall</b>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Number Chart# <b>190</b> Block# <b>D</b> Lot# <b>003</b>	Owner: <b>Health South</b>	Telephone#:
Owner's Address: <b>33 Sewall St</b>	Lessee/Buyer's Name (If Applicable)	Cost Of Work: <b>\$ 3,000</b> Fee <b>\$ 40</b> <i>per sheet</i>
Proposed Project Description: (Please be as specific as possible) <b>Replace existing faces size for size</b>		
Contractor's Name, Address & Telephone <b>BARLO Signs</b>		Rec'd By
Current Use: <b>Hospital Sign</b>	Proposed Use: <b>same</b>	

Separate permits are required for Internal & External Plumbing, HVAC and Electrical Installation.

- All construction must be conducted in compliance with the 1996 B.O.C.A. Building Code as amended by Section 6-Art II.
- All plumbing must be conducted in compliance with the State of Maine Plumbing Code.
- All Electrical Installation must comply with the 1996 National Electrical Code as amended by Section 6-Art III.
- HVAC (Heating, Ventilation and Air Conditioning) Installation must comply with the 1993 BOCA Mechanical Code.

You must include the following with your application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
- 2) A Copy of your Construction Contract, if available
- 3) A Plot Plan/Site Plan

Minor or Major site plan review will be required for the above proposed projects. The attached checklist outlines the minimum standards for a site plan.

**4) Building Plans**

Unless exempted by State Law, construction documents must be designed by a registered design professional.

A complete set of construction drawings showing all of the following elements of construction:

- Cross Sections w/Framing details (including porches, decks & railings, and accessory structures)
- Floor Plans & Elevations
- Window and door schedules
- Foundation plans with required drainage and dampproofing
- Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review must be included.

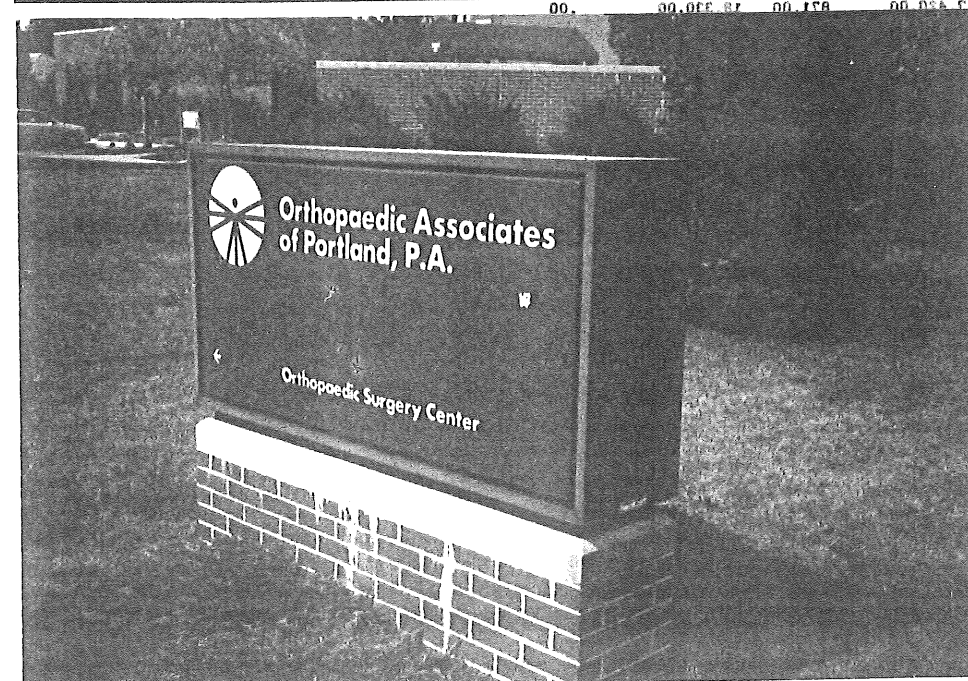
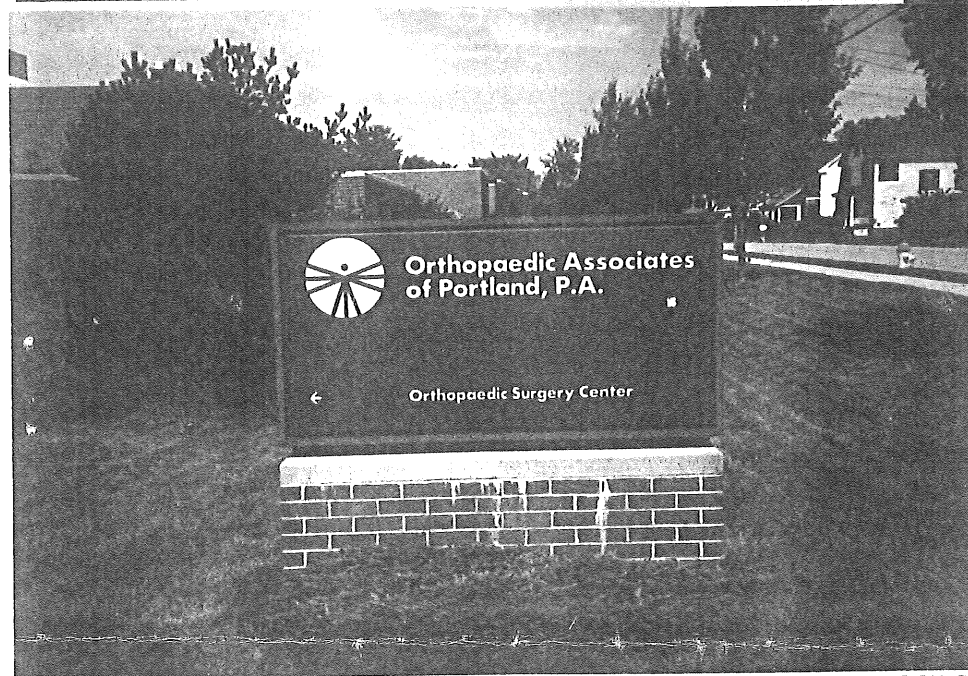
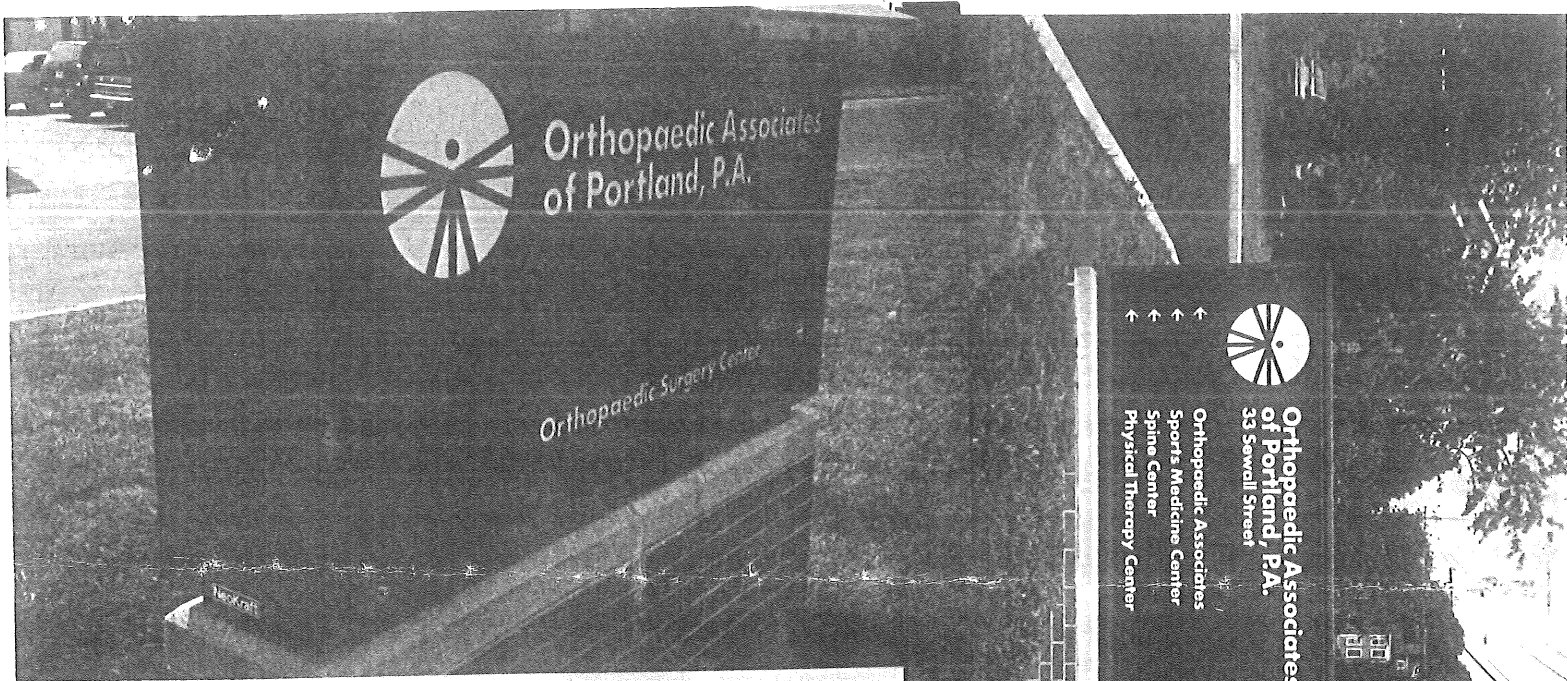
**Certification**

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/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: <i>[Signature]</i>	Date: <b>8-11-99</b>
--------------------------------------------	----------------------

Building Permit Fee: \$25.00 for the 1st \$1000.00 cost plus \$5.00 per \$1,000.00 construction cost thereafter.  
Additional Site review and related fees are attached on a separate addendum





← @ ↑ G  
 HealthSouth  
 Portland  
 ME

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

8/05/99

**PRODUCER**

MCGRIFF, SEIBEL'S AND WILLIAMS  
 P.O. BOX 10265  
 BIRMINGHAM AL 35202-0265  
 (205) 252-9871

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.

**COMPANIES AFFORDING COVERAGE**

COMPANY  
**A** St. Paul Fire & Marine

COMPANY  
**B**

COMPANY  
**C**

COMPANY  
**D**

**INSURED**

HealthSouth Sports Med & Rehab  
 33 Sewall Street  
 Portland, ME 041020000 04133300

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$
A	<b>OTHER</b> Professional/General Liab	572MA2056	12/15/98	12/15/99	1,000,000 EaOcc/3,000,000 Aggregate

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

City of Portland is named as Additional Insured.

**CERTIFICATE HOLDER**

Barlo Signs  
 158 Greeley St.  
 Hudson, NH 03051-3422

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Small B. Seibels*

ACORD CORPORATION 1988

CERTIFICATE: 002/001/ 01659

\*NOTE: DASH LINE INDICATES RULE FOR COPY ALIGNMENT

# HEALTHSOUTH

Sports Medicine & Rehabilitation Center

- ← Orthopaedic Associates
- ← Sports Medicine Center
- ← Spline Center
- ← Physical Therapy Center

8" copy

2 3/4" copy

copy

PYLON A: REPLACEMENT FACES: 1/4" = 1'-0"

# HEALTHSOUTH

Sports Medicine & Rehabilitation Center

- Orthopaedic Associates →
- Sports Medicine Center →
- Spline Center →
- Physical Therapy Center →
- Orthopaedic Surgery Center ←

OTHER SIDE LAYOUT

\*NOTE: OTHER SIDE REVERSE ARROW

# HEALTHSOUTH

Sports Medicine & Rehabilitation Center

- ← Orthopaedic Surgery Center

6" copy

2" copy

2 1/2" copy

PYLON B: REPLACEMENT FACES: 3/4" = 1'-0"

\*SURVEY REQUIRED FOR VO & CUT SIZE OF BOTH SIGNS

## COLORS

### SIGN

Material: 3/16" White Lexan  
Copy: Burgundy 7725-58  
Tagline: black

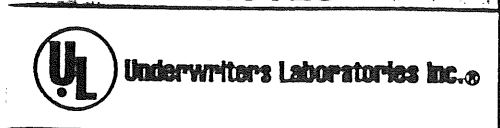
Optional: paint cabinet & retainers black

\*FACE REPLACEMENTS

## GENERAL INFO.

Qty:	Sq. Ft:
S/F D/F	ILL. Non-ILL
Ckts:	Volt:
Amp:	UL:

## SPECIAL NOTES



SIGN	Type:	Mat:	Ret. Size:	Box Depth:	Estimating		Client: HEALTHSOUTH	Location: PORTLAND, ME
	Face Mat:	Thickness:	Copy:	Field Survey		File Name:	Design Specifications Accepted By:	
LETTERS	Pole Cover Mat:	Hgt:	Depth:	Production		Program: COREL 8	Client: Landlord:	
	Interior Exterior	Face-Lit Back-Lit	Drain Holes: Y N	Update Eric		Scale:	Drawn By: CA Sales Rep: JB Date: 9-22-98	
	Face Mat:	Th:	Returns Mat:	Depth:	Update A.B.	Ref. Std. Dwg. No:	Part No:	
	Mylar Size:	Backs Mat:	Neon Rows:	MM:	Sales Rep.	© COPYRIGHT 1999 THE BARLO GROUP THIS DESIGN IS THE PROPERTY OF THE BARLO GROUP. ALL PRODUCTION AND DUPLICATION RIGHTS ARE RESERVED BY THE BARLO GROUP. THIS PRINT IS DESIGNED FOR YOUR PERSONAL USE AND IS NOT TO BE USED OUTSIDE YOUR ORGANIZATION OR EXHIBITED IN ANY FASHION.		
	Trans. Location:	Wiring	1/2 BX 3/8 Ligite Raceway	Revisions:	Date:	Revisions:	Date:	
	Housings Glass PK's	Dbl. Backs Mtg. Nut Sert	Thru Back < Clip	1		3	5	
				2		4	6	

# BARLO SIGNS

158 Greeley St, Hudson, NH 03051  
(603) 882-2638 Fax (603) 882-7680

B-98-08-38

SHEET 2 OF 2