

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 060496
MAY 1 2006
CITY OF PORTLAND

This is to certify that HERITAGE SPE LLC / Han Sign Company Inc
has permission to Install on bldg - 2 channel le signs - 35 sf & 5.05 sf
AT 1032 BRIGHTON AVE (Aspen Dental) 263A A001001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procured before this building or part thereof is leased or closed-in. 4 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept.
Health Dept.
Appeal Board
Other Department Name

Handwritten signature and date 4/26/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0496	Issue Date: MAY - 11 - 2006	CEB: 263A A001001
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Location of Construction: 1032 BRIGHTON AVE	Owner Name: HERITAGE SPE LLC	Owner Address: 535 BOYLSTON ST	Phone:
Business Name:	Contractor Name: Hanley Sign Company Inc	Contractor Address: 26 Sicker Rd Latham	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	Zone: B2

Past Use: Commercial - Aspen Dental	Proposed Use: Commercial - install on bldg 2 channel letter signs - 44.35 sf & 35.05 sf	Permit Fee: 220.00	Cost of Work: \$0.00	CEO District: 3
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Proposed Project Description:
Install on bldg - 2 channel letter signs - 44.35 sf & 35.05 sf

FIRE DEPT: <i>N/A</i> Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>U</i> Type: <i>Sig</i> <i>IBC 2003</i> Signature
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action Approved Approved w/Conditions Denied

Signature _____ Date _____

Permit Taken By: dmartin	Date Applied For: 0410612006	Zoning Approval
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<p>1.</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</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p><i>OK</i> Date: <i>4/20/06</i> <i>ABU</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Docs 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><i>ABU</i></p> <p>Date: _____</p>
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CERTIFICATION

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

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



Signage/Awning Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: Aspen Dental Pine Tree Shopping Center 1036 Brighton Ave. Unit A Portland, ME 04102-1030		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# 263 Block# AA Lot# 001	Owner: Howard Mintz Packard Development One Wells Ave. Newton, MA 02159	Telephone: 617-467-3602
Lessee/Buyer's Name (If Applicable) Aspen Dental One Northern Concourse North Syracuse, NY 13212	Applicant name, address & telephone: Hanley Sign Co. 26 Sicker Rd Latham, NY 12110	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: \$401.00 + 119.00 Awning Fee = cost of work _____ Total Fee: \$ 320.00
Who should we contact when the permit is ready: Lisa Tymchyn phone: 518-783-6183 x15		
Tenant/allocated building space frontage (feet): Length: 50' Height (2 sections see attached) 2' 10" Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot Multi 13'		
Current Specific use: New Structure		
If vacant, what was prior use: _____		
Proposed USC: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: 35.05 Sq. Ft. Channel Letters 44.35 Sq. Ft. Channel Letters		
Awning? Yes ___ No <input checked="" type="checkbox"/> 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): N/A New Structure Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions proposed: _____ Awning? Yes ___ No ___ Dimensions: _____		
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 are also required		

Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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Signature of applicant: *[Handwritten Signature]*

Date: 2/9/05

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



front hit up 06-0219
 max area = 150 # OK
 50 x 1.5 = 75 # (1st sign) — OK — front sign — 44.35 #
 1 sign + 1 for additional frontage
 but 1/2 max allowable of 1st.
 37.5 # (second sign) ← OK

City of Portland, Maine - Building or Use Permit

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

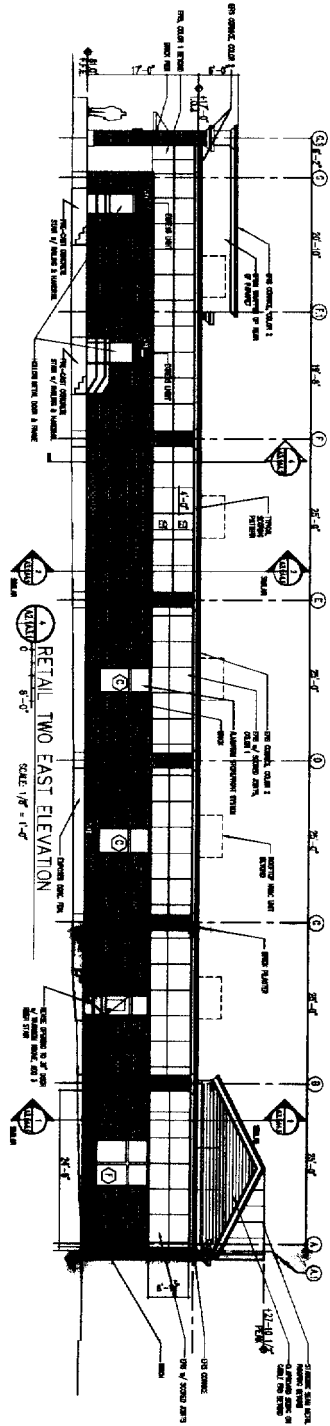
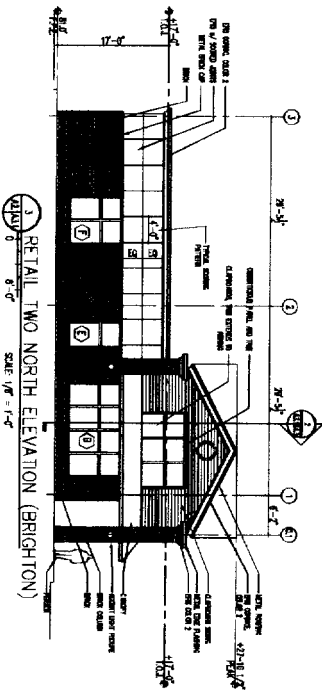
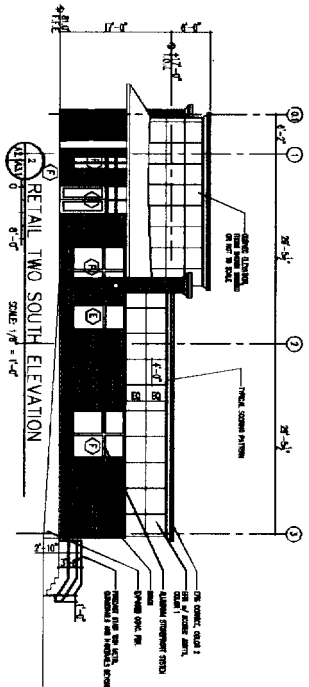
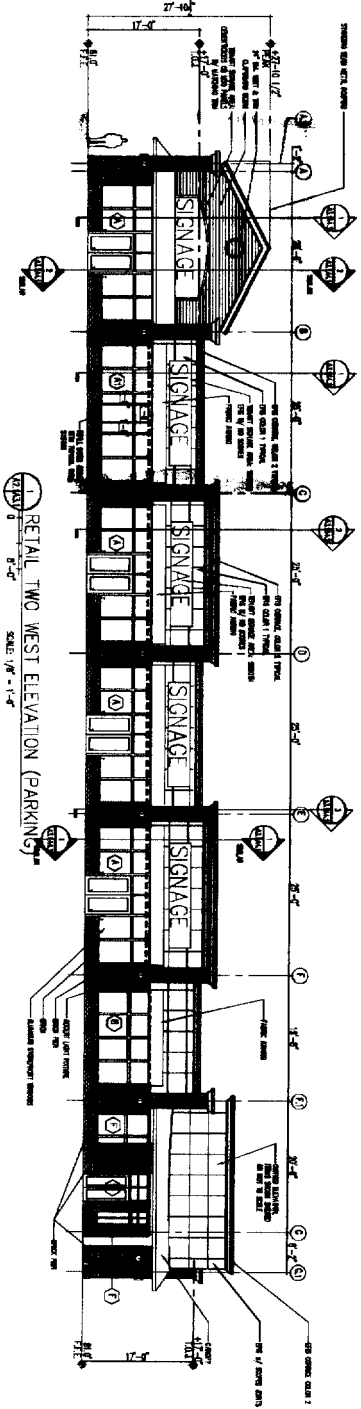
Permit No: 06-0496	Date Applied For: 04/06/2006	CBL: 263A A001001
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Dept: Zoning**Status:** Approved**Reviewer:** Ann Machado**Approval Date:** 04/20/2006**Note:****Ok to Issue:** **Dept:** Building**Status:** Approved with Conditions**Reviewer:** Tammy Munson**Approval Date:** 04/20/2006**Note:****Ok to Issue:**

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

Front



Rear

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID 70 DATE(MM/DD/YYYY)
 ASPEN-1 03/29/06


PRODUCER Brown & Brown Empire State 500 Plum Street, Ste. 200 Syracuse NY 13204 Phone: 315-474-3374 Fax: 315-474-7039	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 Aspen Dental Management, Inc. Aspen Dental Assoc of NE PC Aspen Dental Assoc of NE PC Inc One Northern Concourse North Syracuse NY 13212	INSURER A	Hartford Casualty Ins Co 29424
	INSURER B	Continental Casualty 097
	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	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	01SBAAK9430	10/01/05	10/01/06	EACH OCCURRENCE \$ 1,000,000
		GEN AGGREGATE PRO APPLIES TO: AUTOMOBILE LIABILITY PRO-JECT LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY OWNED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	01SBAAK9430	10/01/05	10/01/06	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA AGG \$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	L2084462337	10/01/05	10/01/06	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/IC/ MEMBER EXCLUDED If yes, describe under SPECIAL PROVISIONS below OTHER	01SBAAK9430	10/01/05	10/01/06	Limit \$258,000 Dad. \$ 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
RE: Sign Permit - Value \$400,000. - The City of Portland is hereby listed as an Additional Insured with respects to the Sign Permit for the new location at Pinetree Shopping Center, 1036 Brighton Ave.. Unit A, Portland ME 04107, effective 04/0/106

CERTIFICATE HOLDER City of Portland ATTN: Mike Nugent 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 ME LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) **must** be endorsed. A statement on this certificate does not confer rights to the certificateholder in lieu of such endorsement(s).

if **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate **does** not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form **does** not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.