

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED

Permit Number: 060496

MAY 1 2007

CITY OF PORTLAND

This is to certify that HERITAGE SPE LLC / Han Sign Co Inchas permission to Install on bldg - 2 channel letters - 35 sf / 65.05 sfAT 1032 BRIGHTON AVE (Aspen Dental)263A A001001

provided that the person or persons who obtain or accept 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 is procured before this building or part thereof is altered or enclosed-in-4  
FOUR 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

Director - Building &amp; 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 - 1 - 2006		CBL: 263A A001001	
Location of Construction: 1032 BRIGHTON AVE 1032		Owner Name: HERITAGE SPE LLC		Owner Address: 535 BOYLSTON ST	
Business Name:		Contractor Name: Hanley Sign Company Inc		Contractor Address: 26 Sicker Rd Latham	
Lessee/Buyer's Name		Phone:		Permit Type: Single Family	
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	
Proposed Project Description: Install on bldg - 2 channel letter signs - 44.35 sf & 35.05 sf		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied		INSPECTION: Use Group: U Type: Sig	
		Signature: N/A		Signature: IBC 2003	
		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: dmartin		Date Applied For: 04/06/2006		Zoning Approval	
<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>		Special Zone or Reviews		Zoning Appeal	
		<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"/> Date: 4/10/06 ABN		<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	

## 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



# 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: <u>Aspen Dental Pine Tree Shopping Center 1036 Brighton Ave. Unit A Portland, ME 04102-1030</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>263</u> Block# <u>AA</u> Lot# <u>001</u>	Owner: <u>Howard Mintz</u> <u>Packard Development</u> <u>One Wells Ave.</u> <u>Newton, MA 02159</u>	Telephone: <u>617-467-3602</u>
Lessee/Buyer's Name (If Applicable) <u>Aspen Dental</u> <u>One Northern Concourse</u> <u>North Syracuse, NY 13212</u>	Applicant name, address & telephone: <u>Hanley Sign Co.</u> <u>26 Sicker RD.</u> <u>Latham, NY 12110</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: <u>\$101.00 + 119.00</u> Awning Fee= cost of work _____ Total Fee: \$ <u>220.00</u>
Who should we contact when the permit is ready: <u>Lisa Tymchyn</u> phone: <u>518-783-6183 x15</u>		
Tenant/allocated building space frontage (feet): Length: <u>50'</u> Height (2 sections see attached) <u>27'10"</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>Multi</u> <u>17'</u>		
Current Specific use: <u>New Structure</u> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Bldg. wall sign? (attached to bldg) Yes <u>X</u> No _____ Dimensions proposed: <u>35.05 Sq. Ft. Channel Letters</u> <u>44.35 Sq. Ft. Channel Letters</u>		
Awning? Yes _____ No <u>X</u> 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): <u>N/A New Structure</u> 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](http://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: [Signature]

Date: 3/9/06

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



bracketed up 06-0219

max area = 150 sq ft OK

50 x 1.5 = 75 sq ft (1st sign) — OK — front sign — 44.35 sq ft

1 sign + 1 for additional signage but 1/2 max. allowable of 1st.

rand road sign = 35.04 sq ft

OK



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

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

Permit No:	Date Applied For:	CBL:
06-0496	04/06/2006	263A A001001

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	

Proposed Use: Commercial - install on bldg 2 channel letter signs - 44.35 sf & 35.05 sf	Proposed Project Description: Install on bldg - 2 channel letter signs - 44.35 sf & 35.05 sf
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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.



**ACORD CERTIFICATE OF LIABILITY INSURANCE**OP ID 70  
ASPEN-1DATE (MM/DD/YYYY)  
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.

## INSURED

Aspen Dental Management, Inc.  
Aspen Dental Assoc of NE PC  
Aspen Dental Asso of NE PC Inc  
One Northern Concourse  
North Syracuse NY 13212

## INSURERS AFFORDING COVERAGE

## NAIC #

INSURER A:	Hartford Casualty Ins Co	29424
INSURER B:	Continental Casualty Company	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/ADDL LTR	INSRD	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	01SBAAK9430	10/01/05	10/01/06	EACH OCCURRENCE \$1,000,000 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 AUTO <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 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 \$
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 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		Property Section Contents	01SBAAK9430	10/01/05	10/01/06	Limit \$258,000 Ded. \$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

PORTLAN

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 THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





## **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 certificate holder 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.



# CITY OF PORTLAND, MAINE

## Department of Building Inspections

April 12 20 06

Received from Hanley Sign Company, Inc.

Location of Work 1036 Brighton Ave.

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 220.00 <sup>① \$101.00</sup>  
<sub>② \$119.00</sub>

Building (IL) ☒ Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other Sign

CBL: 263 A A 001

Check #: 7990/7991 Total Collected \$ 220.00

## THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

Dima  
WHITE - Applicant's Copy

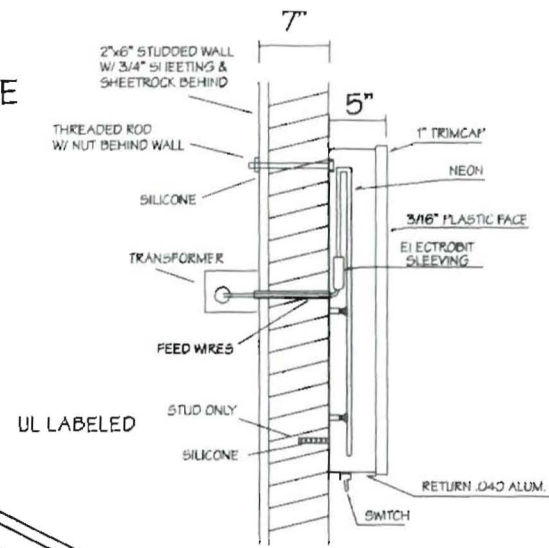
YELLOW - Office Copy

PINK - Permit Copy



Enhance - Facing parking lot.

TYPICAL  
NOT TO SCALE



A	B	C	D	E MIN. STROKE	F MAX. STROKE	SQ.FT.
27"	22 1/2"	19' 8 1/2"		3 3/4"	8 3/4"	44.35

1/4" = 1'

**"ASPEN"**  
**Returns:** BLACK  
**Face:** 3/16" WHITE PLEXI W/ BRIGHT BLUE VINYL #3630-167.  
 VINYL "PEAK" CUT FROM LETTER A.  
**Trim:** 1" BLACK MYLAR  
**Neon:** 13MM CL DESIGNER WHITE 65  
**Raceway:** N/A

**"DENTAL"**  
**Returns:** BLACK  
**Face:** 3/16" WHITE PLEXI W/ PERFORATED BLACK VINYL #3635-222 APPLIED  
**Trim:** 1" BLACK MYLAR  
**Neon:** 13MM CL DESIGNER WHITE 65  
**Raceway:** N/A

INDIVIDUAL CHANNEL LETTERS DIRECT MOUNTED TO FACADE WITH REMOTE TRANSFORMERS  
 LETTERS ARE CONNECTED TOGETHER IN A SERIES BEHIND WALL TO PRIMARY JUNCTION BOX.

$27" \times 236.5" = 6385.5\text{ sq ft} = 44.34\text{ sq ft}$



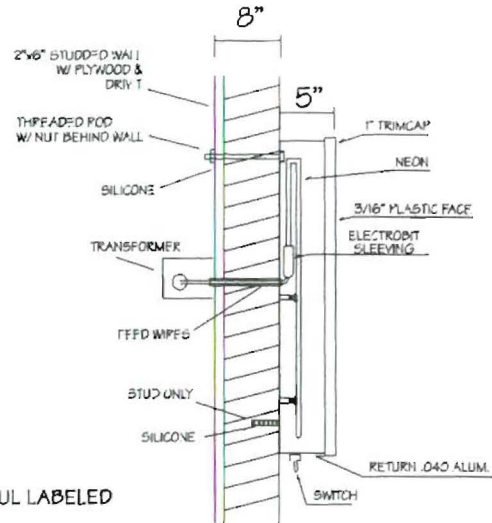
UL #E54140

THIS ORIGINAL DRAWING AND DESIGN IS THE PROPERTY OF HANLEY SIGN CO., INC. AND MAY NOT BE DUPLICATED OR REPRODUCED AS A DRAWING OR SIGN WITHOUT WRITTEN PERMISSION FROM HANLEY SIGN CO., INC.	<b>HANLEY SIGN COMPANY</b> 26 SICKER ROAD LATHAM, NEW YORK 12110 PHONE # (518) 783-6183 FAX # (518) 783-0128	<b>CUSTOMER</b> ASPEN DENTAL  <b>LOCATION</b> PORTLAND, ME	<b>SALESPERSON</b> LISA HANLEY		<b>EMAIL ADDRESS</b> ltymchyn@hanleysign.com	<b>DRAWN BY</b> TIM DALEY tdaley@hanleysign.com	<b>ACCEPTANCE SIGNATURE</b>
			<b>SCALE</b> AS NOTED	<b>DATE</b> 3/30/16	<b>WORK ORDER NO.</b> 69379	<b>DRAWING NO.</b> 19852-1A	

www.hanleysign.com



Rand Road.



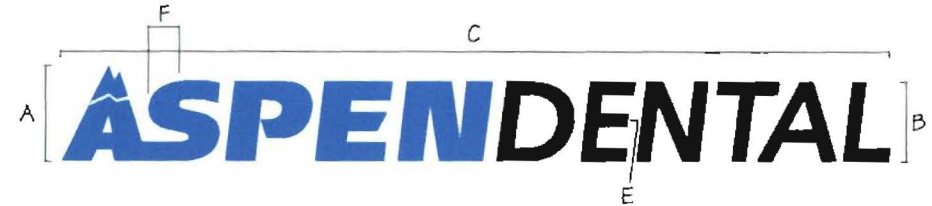
UL LABELED

TYPICAL  
NOT TO SCALE



1/8" = 1'

EAST ELEVATION



A	B	C	D	E MIN. STROKE	F MAX. STROKE	SQ.FT.
24"	20"	17 6 1/4"		3 5/16"	7 3/4"	35.05

1/4" = 1'

"ASPEN"

**Returns:** BLACK  
**Face:** 3/16" WHITE PLEXI W/ BRIGHT BLUE VINYL #3630-167.  
 VINYL "PEAK" CUT FROM LETTER A.  
**Trim:** 1" BLACK MYLAR  
**Neon:** 13MM CL DESIGNER WHITE 6500  
**Raceway:** N/A

"DENTAL"

**Returns:** BLACK  
**Face:** 3/16" WHITE PLEXI W/ PERFORATED BLACK VINYL #3635-222 APPLIED  
**Trim:** 1" BLACK MYLAR  
**Neon:** 13MM CL DESIGNER WHITE 6500  
**Raceway:** N/A

INDIVIDUAL CHANNEL LETTERS DIRECT MOUNTED TO FACADE  
 WITH REMOTE TRANSFORMERS  
 LETTERS ARE CONNECTED TOGETHER IN A SERIES BEHIND  
 WALL TO PRIMARY JUNCTION BOX.

$$24" \times 210.25" = 5046 \text{ sq. in.} = 35.04 \text{ sq. ft.}$$

UL #E54140

**HANLEY SIGN COMPANY**  
 26 SICKER ROAD LATHAM, NEW YORK 12110  
 PHONE # (518) 783-6183 FAX # (518) 783-0128

CUSTOMER  
 ASPEN DENTAL  
 LOCATION  
 PORTLAND, ME

SALESPERSON  
 LISA HANLEY

EMAIL ADDRESS  
 lthymchyn@hanleysign.com

DRAWN BY TIM DALEY  
 tdaley@hanleysign.com

www.hanleysign.com

*Hanley*

ACCEPTANCE SIGNATURE

SCALE  
 AS NOTED

DATE  
 2/23/06

WORK ORDER NO.  
 69379

DRAWING NO.  
 19852-1B

REVISIONS

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