

Permit No: **980568**

PERMIT ISSUED

Permit Issued: JUN - 3 1998

CITY OF PORTLAND

Zone: **R-2** CBL: 275-D-001

Zoning Approval: *OK 6/1/98*

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj Minor mm

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: *5/27/98*

CEO DISTRICT 4

Location of Construction: **539 Brighton Ave** Phone: **773-4963**

Owner: **Mrs N. Karen** Business Name: **Casco Bay Rehabilitation**

Lessee/Buyer's Name: **Casco Bay Rehabilitation** Phone: **773-5499**

Contractor Name: **Fantaigno** Address: **413 Western Ave, So. Portland, ME 04106** Phone: **773-5499**

Past Use: **Medical Offices**

Proposed Use: **PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

COST OF WORK: \$ **33.65** **PERMIT FEE:** \$ **33.65**

FIRE DEPT. Approved Denied **INSPECTION:** Use Group: Type: Signature: *[Signature]*

Signature: **PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)** Action: Approved Approved with Conditions Denied

Signature: **Date:** **26 May 1998**

Permit Taken By: **Mary Greath** Date Applied For: **26 May 1998**

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

SIGNATURE OF APPLICANT **ADDRESS:** **DATE:** **PHONE:**

Mary Greath **27 May 1998**

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE **PHONE:**

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

COMMENTS

9-15-98 Dry v OK

Inspection Record

Type

Date

Foundation: _____

Framing: _____

Plumbing: _____

Final: _____

Other: _____

Marc N. Karn
Certified Prosthetist

Wade Bonneson
Certified Prosthetist/Orthotist

Maine Artificial Limb Company

959 Brighton Avenue • Portland, Maine 04102 207-773-4963 or 800-540-4963



5/8/98

To whom it may concern:

I authorize a representative of "Fastsigns" to obtain the necessary sign permit for changing of the sign boards on our existing sign at 959 Brighton Av.

Marc N. Karn, Pres

Marc N. Karn

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE: MAY 720

PRODUCER

ARDINE GROUP SERVICES CORP
122 SO. YORK ROAD, #170
AK BROOK IL 60521-1923

abby Kusdas
Phone No. 800-544-2672 Fax No.

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 BELONGING TO THE

COMPANIES AFFORDING COVERAGE

COMPANY A	Centennial Insurance Company
COMPANY B	
COMPANY C	
COMPANY D	

Maine Artificial Limb Co., Inc
959 Brighton St.
Portland ME 04102-1020

COVERAGE

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.

CLASSIFICATION	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	477302558	05/29/97	05/29/98	GENERAL AGGREGATE	\$ 500,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 500,000	
					<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PERSONAL & ADV INJURY	\$ 500,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 500,000	
	<input checked="" type="checkbox"/> PROFESSIONAL				FIRE DAMAGE (Any one fire)	\$ 100,000	
		MED EXP (Any one person)	\$ 5,000				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
					OTHER THAN AUTO ONLY:		
					EACH ACCIDENT	\$	
A	EXCESS LIABILITY	477302558	05/29/97	05/29/98	EACH OCCURRENCE	\$ 3,000,000	
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 3,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER	
					<input type="checkbox"/> OTHER THAN UMBRELLA FORM	D. EACH ACCIDENT	\$
					THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	EL DISEASE - POLICY LIMIT	\$
					OTHER	EL DISEASE - EA EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TUFT002

TUFTS HEALTH PLAN
ATTN: CONTRACT ADMINISTRATOR
400 SOUTHBOROUGH RD.
SOUTH PORTLAND ME 04106-3249

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

abby Kusdas *[Signature]*

ACORD CORPORATION 1988

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

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

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

NOTEIf 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>959 Brighton Ave, Portland</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Number Chart# <u>275</u> Block# <u>D</u> Lot# <u>001</u>	Owner: <u>MARC N. KAREN</u>	Telephone#: <u>773-4963</u>
Owner's Address: <u>959 Brighton Ave</u>	Lessee/Buyer's Name (If Applicable) <u>Casco Bay Rehabilitation</u>	Cost Of Work: <u>144,457</u> \$ <u>600.00</u> <u>(\$3,850)</u>
Proposed Project Description:(Please be as specific as possible) <u>Replace 3/4" mdo sign face with 2 smaller signs (3/4" / 20"x80" ea). (42x80)</u>		
Contractor's Name, Address & Telephone <u>* Fastsigns 413 western Ave, So. Portland, 773-5499</u>		
Current Use: <u>Medical offices</u>	Proposed Use: <u>Same</u>	

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, Ventillation and Air Conditioning) installation must comply with the 1993 BOCA Mechanical Code.

You must Include the following with you 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:

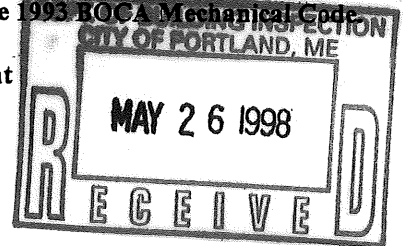
- Cross Sections w/Framing details (including porches, decks w/ railings, and accessory structures)
- Floor Plans & Elevations
- Window and door schedules
- Foundation plans with required drainage and dampproofing
- Electrical and plumbing layout. Mechanical drawings for any specialized equipment such 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: <u>And Elliott (Fastsigns)</u>	Date: <u>5/26/98</u>
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Building Permit Fee: \$25.00 for the 1st \$1000.cost plus \$5.00 per \$1,000.00 construction cost thereafter.
Additional Site review and related fees are attached on a separate addendum



SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 959 Brighton Ave ZONE: R-P

OWNER: Marc N. Karn

APPLICANT: Casco Bay Rehabilitation

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO
FREESTANDING SIGN? (ex. Pole Sign) YES NO --- DIMENSIONS _____ HEIGHT _____
MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____
SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS _____
MORE THAN ONE SIGN? YES NO DIMENSIONS _____
AWNING: YES IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: _____

*** TENANT BLDG. FRONTAGE (IN FEET): _____

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

YOU SHALL PROVIDE:

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

SIGNATURE OF APPLICANT: _____ DATE: _____

← 80" →

MAINE ARTIFICIAL LIMBS
COMPANY & ORTHOTICS
Entrance At Rear From Warwick Street Stoplight

↑
20"
↓

CASCO BAY
REHABILITATION, P.A.

↑
20"
↓

Dr. Robert M. Haile, M.D.

Dr. Syed Kazmi, M.D.

← 80" →



Existing sign.

Area showing white (42"x80") will be replaced by 2 smaller signs (20"x80" each) and a new tenants name will be added to one of the smaller signs. Sign is two sided.