

PLOT PLAN

1/5 Completed

N
▲

FEES (Breakdown From Front)		Type	Inspector	Record	Date
Base Fee \$	145.00				
Subdivision Fee \$					
Site Plan Review Fee \$					
Other Fees \$					
(Explain)					
Late Fee \$					

COMMENTS

Signature of Applicant

D. L. Brown Pres. A.H. Inc.

Date

10/11/90

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

October 22, 1990

A.C.H. Inc.
P.O. Box 137
Steep Falls, ME 04085

RE: 959 Brighton Avenue - Portland, ME

Dear Sir:

Your application to make interior renovations has been reviewed and a permit is herewith issued subject to the following requirement(s).

No certificate of occupancy can be issued until all requirements of this letter are met.

Requirements:

1. Exit doors shall swing in the direction of exit travel ref N.F.P.A. 101 Life Safety Code Section 5-21.
2. Means of egress lighting can be installed as per section 24.0 of the 1987 BOCA/National Builders Code.
3. Exit signs and lights shall be in accordance with Section 82-3.0 of the 1987 BOCA/National Builders Code
4. Portable fire extinguishers shall be provided in accordance with Section 27-3.5 of N.F.P.A. #10.

If you have any questions regarding these requirement(s), please do not hesitate to contact this office.

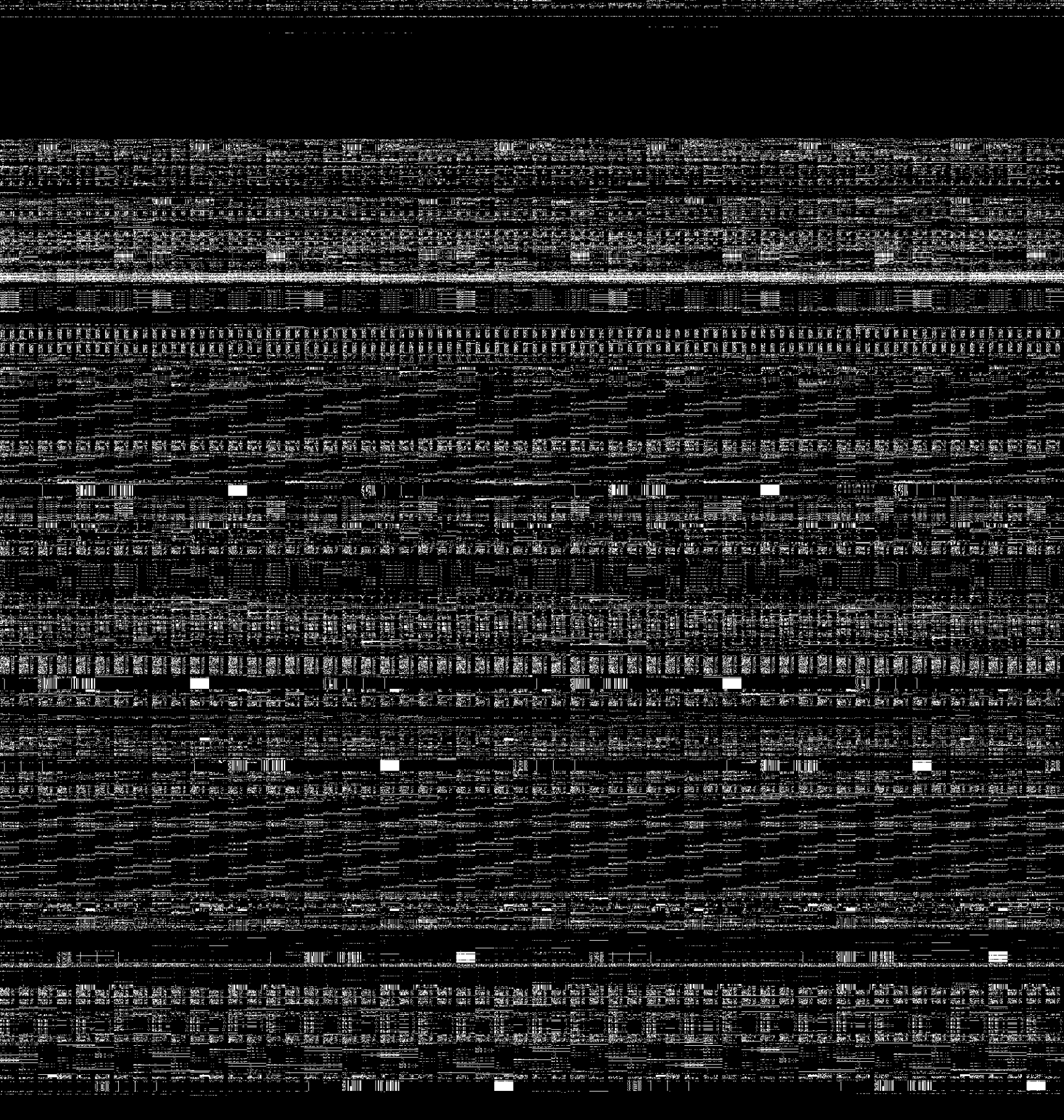
Sincerely,



P. Samuel Hoffses
Chief of Inspection Services

cc: Lt. Garroway - Portland Fire Department

PSH/ljh



PERMIT # 002515 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: AAA Northeast Insurance Company, Inc. - 772-3733

Address: P. O. Box 776, Portland, ME 04104

LOCATION OF CONSTRUCTION 359 Brighton Avenue

CONTRACTOR Quicktrace SUBCONTRACTORS

ADDRESS: 885 Portland Road, Saco, ME 04072

Est. Construction Cost: \$150,00 Type of Use: _____

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain To set trailer, take wheels and tongue off and

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE Shift 1st. (will start 8-23-89)

Residential Buildings Only: _____ 1 year starting _____

Of Dwelling Units _____ # Of New Dwelling Units (2 sheets of plans)

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floors:

1. Sills size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size _____
6. Floor Sheathing Type: _____ Size _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Size _____ Span(s) _____
3. Wall Ceiling Type _____
4. Fire Walls Required _____
5. Other Materials _____

For Official Use Only	
Date <u>August 23, 1989</u>	Subdivision Yes / No _____
Inside Fire Limits _____	No. of _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost <u>\$150,00</u>	Permit Expiration _____
Value/Structure _____	Ownership _____ Public _____ Private _____
Fee <u>\$25.00</u>	

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____
3. Roof Covering Type _____
4. Other _____

Chimneys:

- Type _____ Number of Fire Places _____

Heating:

- Type of Heat _____

Electrical:

- Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type _____
2. Pool Size _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law

Zoning:

- District R-P Street Frontage Req. _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

- Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other (Explain) _____

Date Approved 8-24-89

Permit Received By Joyce M. Rinaldi

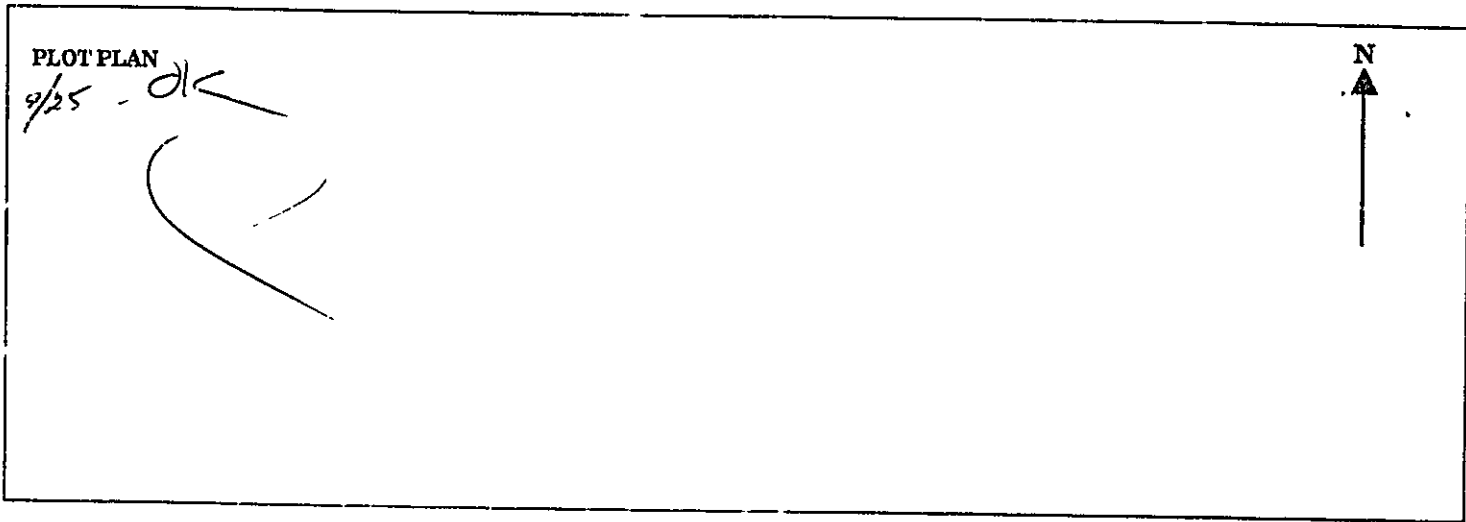
Signature of Applicant [Signature] Date 8/23/89

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White-Tax Assessor Yellow-GPCOG © Copyright GPCOG 1987

[Signature]

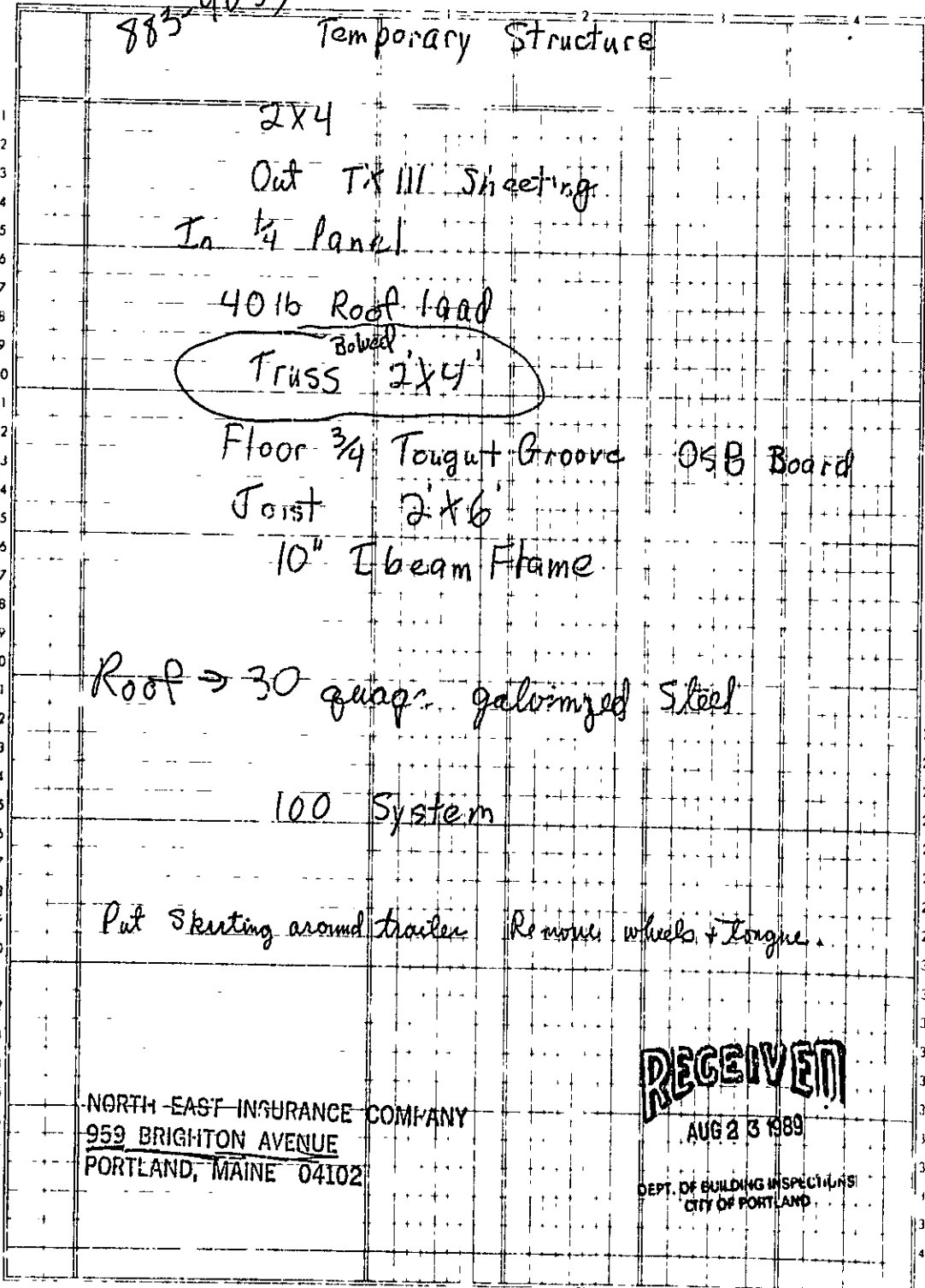


FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ <u>25.00</u>			
Subdivision Fee \$ _____			
Site Plan Review Fee \$ _____			
Other Fees \$ _____			
(Explain) _____			
Late Fee \$ _____			

COMMENTS

Signature of Applicant Robert J. Nassar, Jr. Date 8/23/89

885-9033 Pre-Built
Temporary Structure



NORTH-EAST INSURANCE COMPANY
959 BRIGHTON AVENUE
PORTLAND, MAINE 04102

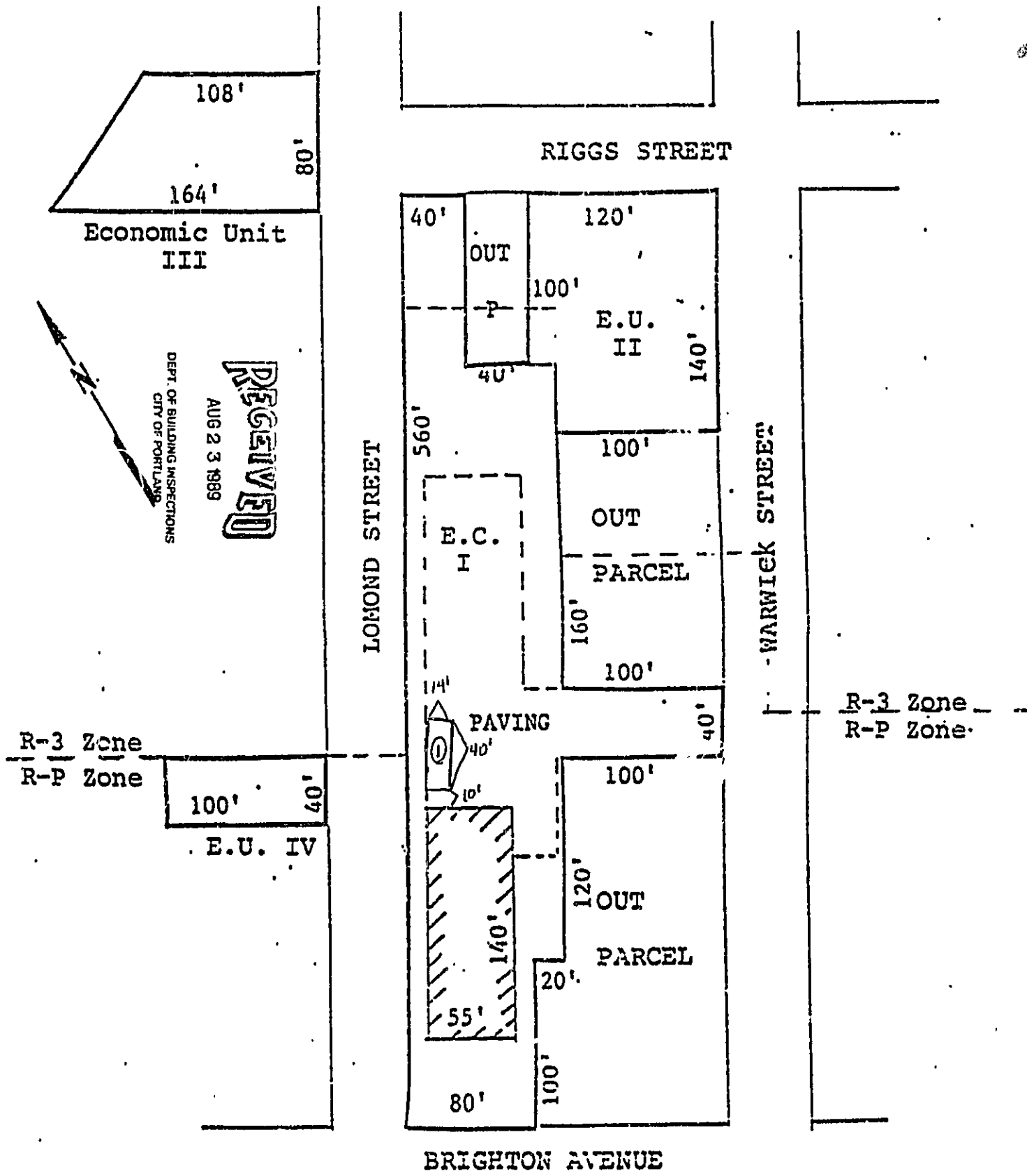
RECEIVED
AUG 23 1989

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

SITE PLAN

959 Brighton Ave.
Portland, ME

NORTH EAST INSURANCE COMPANY
959 BRIGHTON AVENUE
PORTLAND, MAINE 04102



①
Trailer
40' x 14'
10' From Building
30' from Road
≈ 20' From Line

SCHEMATIC ONLY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date August 23, 1989
 Receipt and Permit number 00158

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 959 Brighton Avenue (Northeast Insurance)
 OWNER'S NAME: Northeast Insurance ADDRESS: _____

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of) Incandescent <u>2</u> Fluorescent _____ (not strip) TOTAL <u>1-10</u> Strip Fluorescent _____ ft. _____	3.00
SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of) Fractional _____ 1 HP or over _____	
RESIDENTIAL HEATING: Oil or Gas (number of units) _____ Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____ Oil or Gas (by separate units) _____ Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels <u>1</u> - 100 amp. _____	1.00
Transformers _____	
Air Conditioners Central Unit _____ Separate Units (windows) _____	
Signs 20 sq. ft. and under _____ Over 20 sq. ft. _____	
Swimming Pools Above Ground _____ In Ground _____	
Fire/Burglar Alarms Residential _____ Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____ over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____
 TOTAL AMOUNT DUE: 5.00 Min.

INSPECTION:
 Will be ready on 8-23, 1989; or Will Call _____
 CONTRACTOR'S NAME: Leon Bornstein, ABC Electric
 ADDRESS: 56 Clinton St., Portland, ME
 TEL.: 775-0903
 MASTER LICENSE NO.: #00128 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

ELECTRICAL INSTALLATIONS—

Permit Number 2665
 Location 959 (Rough)
 Owner Northwoods
 Date of Permit 8/23/89
 Final Inspection 8/25/89
 By Inspector [Signature]
 Permit Application Register . . . No. 72

INSPECTIONS: Service _____ by _____
 Service called in _____
 Closing-in 8/25/89 by Quinn

PROGRESS INSPECTIONS: _____

DATE:	REMARKS:

CODE
 COMPLIANCE
 COMPLETED
 DATE 8/25/89

SEND PERMIT TO: ACTIVE RECOVERY PHYSICAL THERAPY AT 610 BRIGHTON AVENUE, PORTLAND, ME 04102

902078

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$28.20 Zone _____ Map # _____ Lot # _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Marc LaFontagne Phone # 980-9296 - Pager _____
 Address: 959 Brighton Ave., Portland, ME 04102
 LOCATION OF CONSTRUCTION: 959 Brighton Avenue - Active Recovery
 LEASER: _____
 Contractor: Coyne Sign Sub: _____ Physical Therapy
 Address: 92 Industrial Park Rd., Saco, Phone # 282-2400
 Est. Construction Cost: _____ Proposed Use: Physical Therapy office
 Past Use: Insurance Co. office
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: To erect pole sign 3'x2', as per plan. Access from

PERMIT ISSUED
 For Official Use Only
 Date: Oct. 26, 1990 Subdivision: _____ Name: OCT 29 1990
 Inside Fire Limits: _____ Loc: _____
 Bldg Code: _____ Ownership: CITY OF PORTLAND
 Time Limit: _____ Estimated Cost: _____
 Zoning: P-1
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required: _____
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____
 Special Exception _____
 Other: OK WJ [Signature] 10-29-90

Foundation: Warren St. O.K on liability for Coyne sign. Copy in sign folder.
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other: _____
 Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____
 Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____
 Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

HISTORIC PRESERVATION
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____ Not in District nor Landmark.
 3. Type Ceilings: _____ Does not require review.
 4. Insulation Type _____ Size _____ Requires Review.
 5. Ceiling Height: _____
 Roof:
 1. Truss or Rafter Size _____ 06 AS Action: Approved
 2. Sheathing Type _____ Size _____ Approved with Conditions
 3. Roof Covering Type _____ Denied.
 Chimneys:
 Type: _____ Number of Fire Places _____ Date: 10/26/90
 Heating:
 Type of Heat: _____
 Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
 Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____
 Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.
 Permit Received By Joyce M. Rinaldi
 Signature of Applicant [Signature] Date 10-26-90
 Signature of CEO _____ Date _____
 Inspection Dates _____

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 26.20
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type

Inspection Record

Date

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

Signature of Applicant Juan D. Jimenez, Lessee For Owner Date 10-26-90



INSURANCE BINDER

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

Binder No.

BOX7179758CO

NAME AND ADDRESS OF AGENT

WORSE, PAYSON & NEYES
100 MIDDLE PLAZA
P.O. BOX 406 DTS
PORTLAND, ME 04112

COMPANY

CONTINENTAL INSURANCE COMPANY

Effective 12:01 am OCT 10 1990

Expires 12:01 am NOV 1 1991

This binder is issued to extend coverage in the above named company per expiring policy # _____ (except as noted below)

NAME AND MAILING ADDRESS OF INSURED

ACTIVE RECOVERY PHYSICAL
THERAPY, INC. DBA
959 BRIGHTON AVENUE
PORTLAND, ME 04102

Description of Operation/Vehicles/Property

PHYSICAL THERAPY CENTER

Type and Location of Property	Coverage/Perils/Forms	Amount of Insurance	Ded.	Coins.
PROPERTY CONTENTS AT 617 BRIGHTON AVENUE TO BE MOVED TO 959 BRIGHTON AVENUE EFFECTIVE 11/1/90. VALUABLE PAPERS ACCOUNTS RECEIVABLE EMPLOYEE DISHONESTY MONEY, SECURITIES - ON PREMISES OFF PREMISES	COVERS AG-INST LOSSES CAUSED BY RISK OF DIRECT PHYSICAL LOSS EXCEPT AS EXCLUDED. FLOOD & EARTHQUAKE ARE STANDARD EXCLUSIONS AMONG OTHERS.	0300 1000 30000 10000 10000	250	

Type of Insurance	Coverage/Forms	Limits of Liability		
		Each Occurrence	Aggregate	
LIABILITY <input type="checkbox"/> Scheduled Form <input checked="" type="checkbox"/> Comprehensive Form <input type="checkbox"/> Premises/Operations <input type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Contractual <input type="checkbox"/> Other (specify below) <input checked="" type="checkbox"/> Med Pay, \$ 5000 Per Person \$100000 Per Accident <input checked="" type="checkbox"/> Personal Injury	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Bodily Injury \$ Property Damage \$ Bodily Injury & Property Damage Combined \$ 100000		
AUTOMOBILE <input checked="" type="checkbox"/> Liability <input checked="" type="checkbox"/> Non-owned <input checked="" type="checkbox"/> Hired <input type="checkbox"/> Comprehensive Excludible \$ <input type="checkbox"/> Collision-Deductible \$ <input type="checkbox"/> Medical Payments \$ <input type="checkbox"/> Uninsured Motorist \$ <input type="checkbox"/> No Fault (specify): <input type="checkbox"/> Other (specify):		Personal Injury \$ Limits of Liability Bodily Injury (Each Person) \$ Bodily Injury (Each Accident) \$ Property Damage \$ Bodily Injury & Property Damage Combined \$		

WORKERS' COMPENSATION - Statutory Limits (specify states below) EMPLOYERS' LIABILITY - Limit \$

SPECIAL CONDITIONS/OTHER COVERAGES

COMPUTER COVERAGE - HARDWARE \$3,000
SOFTWARE \$4,000

RECEIVED

OCT 25 1990

NAME AND ADDRESS OF MORTGAGEE LOSS PAYEE ADD'L INSURED

FLET BANK
ONE CITY CENTER
PORTLAND, ME 04101

LOAN NUMBER

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

Joseph A. Kilbride
Signature of Authorized Representative

ACORD 79 (11-77)

FOR PERMIT APPLICATION

1. PRINT
2. LANDLORD CONSENT FORM
3. COPY OF YOUR LIABILITY INSURANCE
4. COPY OF INSTALLERS LIABILITY INSURANCE, (THIS IS ON FILE WITH THE CITY UNDER COYNE SIGNS / BARLO GROUP

City Hall, 3rd Floor Room 319

\$ 35 set fee + .20¢ per sq foot of sign
face. approx total = \$ 26²⁰

the code officer is Bill G.

REC'D
OCT 3 5 1990

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

LANDLORD CONSENT FORM

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE ERECTED PROJECTING OVER A PUBLIC SIDEWALK FROM THE PREMISES AT 959 Brighton Ave. IN PORTLAND, MAINE

Act Mark LaMontagne being the owner of the premises at 959 Brighton Ave. in Portland, Maine hereby gives consent to the erection of a certain sign owned by Active Recovery Physical Therapy projecting over the public sidewalk from said premises as described in application to the Inspector of Buildings of Portland, Maine for a permit to cover erection of said sign;

RECEIVED
OCT 25 1990

And in consideration of the issuance of said permit DEPT OF BUILDING INSPECTIONS CITY OF PORTLAND
Mark LaMontagne, owner of said premises, in event said sign shall cease to serve the purpose for which it was erected or shall become dangerous and in event the owner of said sign shall fail to remove said sign or make it permanently safe in case the sign still serves the purpose for which it was erected, hereby agrees for himself or itself, for his heirs, its successors, and his or its assigns, to completely remove said sign within ten days of notice from said Inspector of Buildings that said sign is in such condition and of order from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and agreement this October 25, 1990 day of _____ 19____.

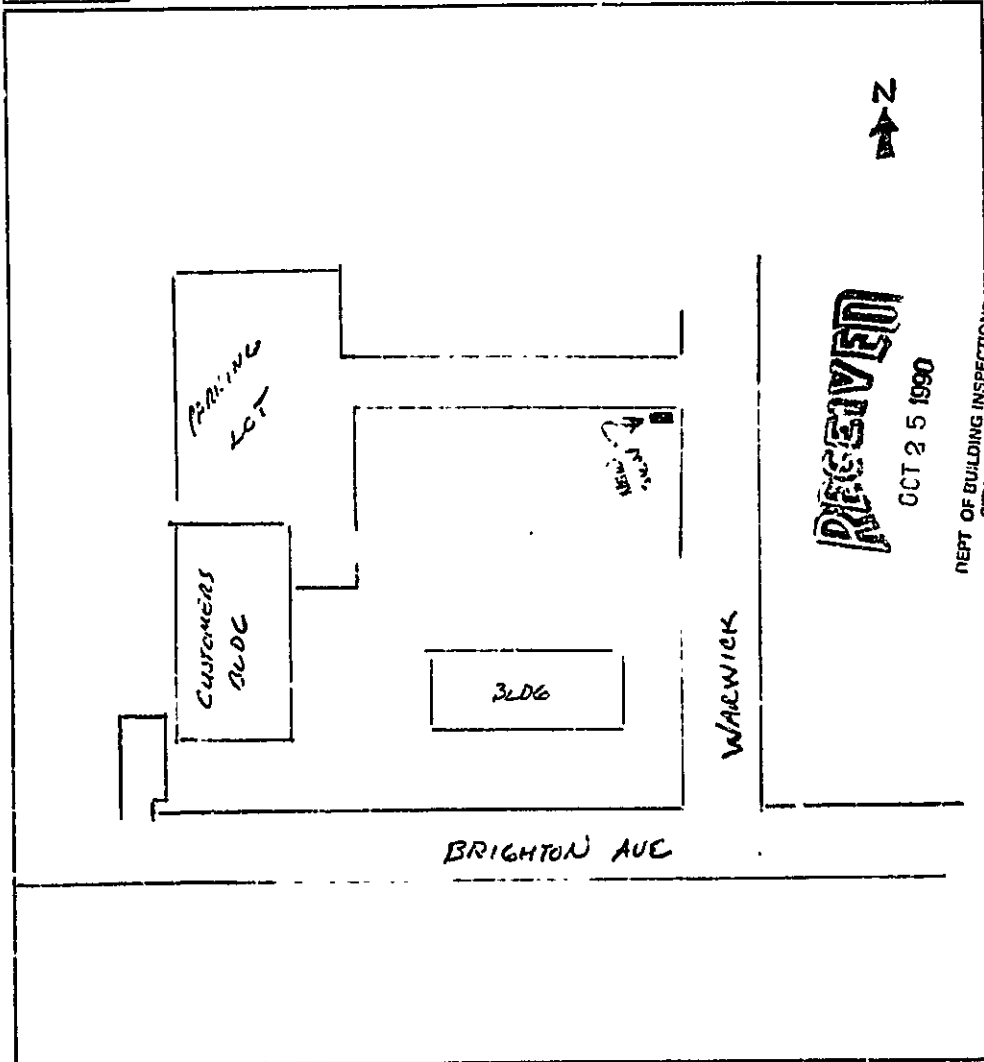
PLOT PLAN / WALL CROSS SECTION for MOUNTING & WIRING

SHOW ALL: PROPERTY LINES BUILDINGS, SIDEWALKS, DRIVEWAYS

INDICATE: PERTINENT INFO. TO CODE, SIGN LOCATION

DESIGNATE: STREETS, TRAFFIC FLOW

OBSERVE: HIGH VOLTAGE (10' MIN) ON STREET / TO BUILDING



WALL CROSS SECTION:





APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date: 10-15, 1990
 Receipt and Permit number 01658

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 959 Brighton Avenue Commercial Bldg.
 OWNER'S NAME: Meredith Co. ADDRESS: same
 The _____

	FEES
OUTLETS:	
Receptacles <u>X</u> Switches <u>X</u> Plugmold _____ ft. TOTAL <u>31-60</u>	5.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL	
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead <u>X</u> Underground _____ Temporary _____ TOTAL amperes <u>200</u> ..	3.00
METERS: (number of) <u>1</u>50
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws <u>3</u> Over 20 kws _____	5.00
APPLIANCES: (number of)	
Ranges _____ Water Heaters <u>1</u>	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers <u>1</u> _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>2</u>	3.00
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 2 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amp _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery <u>2</u>	1.00
Emergency Generators _____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	DOUBLE FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	
	17.50

INSPECTION:

Will be ready on _____, 19__; or Will Call X

CONTRACTOR'S NAME: Hannan's Elec.
 ADDRESS: 897 Broadway, S.P. 04106
 TEL.: 767-2471
 MASTER LICENSE NO.: 2885 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

940108

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$28.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job Proper plans must accompany form.

Owner Marc Lamontagne/Elowitz Phone # _____
 Address Sue and Andrew Daigle Lessee _____
 LOCATION OF CONSTRUCTION 959 Adam Brighton Ave.
 Contractor Signature Signs Inc. Sub _____
 Address P.O. Box 1023 Portland 04104 Phone # 863-2500
 Est. Construction Cost: _____ Proposed Use Wt. Loss Clinic
 Past Use _____
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion to erect sign 15 sq. ft. illuminated
UL 978969

PERMIT ISSUED

For Official Use Only

Date Feb. 17, 1994 Subdivision _____
 Inside Fire Limits _____ Name FEB 23 1994
 Bldg Code _____ Owner _____
 Time Limit _____ Estimated Cost _____
 CITY OF PORTLAND

Zoning: DP
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____
 Review Required.
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) W.A. 22-23-94

Foundations:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other: _____

1st Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O C
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Siding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____ Not in District - to mark.
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____ Requires Review.
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: Approved
 2. Sheathing Type _____ Size _____ was with conditions.
 3. Roof Covering Type _____

Chimneys:
 Type _____ Number of Fire Places _____ Date: 7/7/94
 Signature: _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type _____
 2. Pool Size: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law

Perm. Received By Lutini
 Signature of Applicant Peter Davis Date 2/17/94
 CEO's District 4

CONTINUED TO REVERSE SIDE 4 MR. CARROLL
 Ivory Tag - CEO

White - Tax Assessor



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 10 Feb 94, 19 94
 Receipt and Permit number 8675

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 959 Brighton Ave
 OWNER'S NAME: Mark LaMontagne ADDRESS: _____

FEEs

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft TOTAL _____

FIXTURES: (number of)
 Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft _____

SERVICES: Overhead x Underground _____ Temporary _____ TOTAL amperes 100 .. 15.00

METERS: (number of) 1 1.00

MOTORS: (number of)
 Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING:
 Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING:
 Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of)
 Ranges _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Others (denote) _____

MISCELLANEOUS: (number of)

Branch Panels _____
 Transformers _____
 Air Conditioners Central Unit _____
 Separate Units (windows) _____
 Signs 20 sq. ft. and under _____
 Over 20 sq. ft. _____
 Swimming Pools Above Ground _____
 In Ground _____
 Fire/Burglar Alarms Residential _____
 Commercial _____
 Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____
 over 30 amps _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Emergency Lights, battery _____
 Emergency Generators _____

INSTALLATION FEE DUE: _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____

FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____

TOTAL AMOUNT DUE: 16.00

INSPECTION:

Will be ready on _____, 19____; or Will Call xxx

CONTRACTOR'S NAME: John Loffey

ADDRESS: 45 Hillside Rd

TEL: 773-3400

MASTER LICENSE NO.: 8675 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 2675
Location 956 Beldwin
Owner M. L. ALN

By Inspector Sheriff
Permit Applied for on 2-18-94
Issued on 2-10-94

INSPECTIONS: Service 2-18-94 by SJS
Service called in 11:40 AM
Closing in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE:	REMARKS:

I hereby certify that the above described work has been done in accordance with the Electrical Code and that it is safe for use.
 Date: _____
 Inspector: _____
 Permit Number: _____
 Location: _____
 Owner: _____
 Approved for use: _____
 Date: _____

File

Counselors at Law

Bernstein, Shur, Sawyer & Nelson

A Professional Corporation

Sumner F. Bernstein
 Leonard M. Nelson
 William W. Willard
 Gregory A. Tselikis
 F. Paul Frisako
 Peter J. Rubin
 Alan R. Atkins
 Eric F. Saunders
 Gordon F. Grimes
 Philip H. Gleason
 Geoffrey H. Hote
 Mary L. Schendel
 John J. R. Peterson
 Linda A. Monica
 Charles B. Miller

Richard M. Schade
 Lee K. Bragg
 John H. Montgomery
 Christopher L. Vaniotto
 Nathan J. Smith
 Robert H. Suer Jr.
 Robert J. Keach
 James A. Houle
 Catherine A. Lee
 Durward W. Parkinson
 John L. Carpenter
 Patrick J. Scully
 Anthony E. Perkins
 Catherine O'Connor
 Joseph J. Picha

100 Middle Street
 Post Office Box 9729
 Portland, Maine 04104-5029
 (207) 774-1200
 Telecopier 774-1127

Kennebunk Office
 62 Furland Road
 Kennebunk, Maine 04043-1640
 (207) 985-7152
 Telecopier 985-3174

Augusta Office
 14^{1/2} Capitol Street
 Augusta, Maine 04330-5057
 (207) 623-1585
 Telecopier 626-0200

Diane S. Lukac
 Nelson A. Toner
 David A. Soley
 Lester F. Wilkinson, Jr.
 C. Wesley Crowell
 Kenneth W. Lehman
 Kate S. Debevoise
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 Glenn Israel
 Christopher J. Devlin
 Todd S. Holbrook
 Eliza M. Cope
 William M. Welch
 Janet E. Millery
 Gayle H. Allen

Herbert H. Sawyer
 Robert J. Crawford
 of Counsel

December 21, 1995

Marge Schmuckal, Zoning Administrator
 City of Portland
 City Hall, 389 Congress Street
 Portland, ME 04101-3503

Re: 959 Brighton Avenue

Dear Marge:

I am writing on behalf of Marc N. Karn, a certified prosthetist, who operates Maine Artificial Limb Company.

Mr. Karn has a contract to purchase property at 959 Brighton Avenue. Before he closes, he needs to determine that the Portland Zoning Ordinance will allow him to practice the profession of prosthetics at that location. That practice consists principally of fitting artificial limbs and other prosthetic devices to amputees. The patients are seen either on the premises or in off-premises clinical locations such as hospitals and rehabilitation facilities. There will be an on-premises laboratory facility in which the prosthetic devices are assembled and finished from components manufactured elsewhere and in which the devices are adjusted, adapted and modified to meet individual patients' needs.

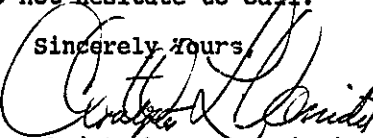
Our review of the zoning map indicates that the building is located entirely in the R-P Residence-Professional Zone, with some undeveloped portions on the rear of the property located in the R-3 district. The text of the zoning ordinance states that professional offices (excluding personal services, retail establishments and veterinarians) are permitted uses in the R-P district.

December 21, 1995
Page -2-

In our telephone conversation this morning you advised that you consider the practice of prosthetics (as described above) to fit within the professional office use category. Because our client is about to make a very substantial investment, we would appreciate it if you would confirm, by signing a copy of this letter and returning it to me, that the building at 859 Brighton Avenue is located in the R-P zone and that the practice of the profession of prosthetics constitutes a "professional office" under the Portland Zoning Ordinance.

As always, I appreciate your courtesy and cooperation. If you have any questions at all, do not hesitate to call.

Sincerely yours,

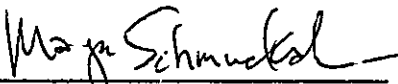


Christopher L. Vaniotis

CLV/nsk

cc: Marc Karn

Seen and agreed to:



Marge Schmuckal,
Zoning Administrator,
City of Portland

12/22/95

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

Location of Construction: 559 Brighton Ave		Owner: Marc Karn		Phone: 773-4963		Permit No: 960112	
Owner Address:		Lease/Buyer's Name:		Phone:		Business Name:	
* Contractor Name: Bob Wiser Construction		Address: RR1 - Box 707 - Bridgton ME		Phone: 04009 647-5348		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED FEB 23 1996 CITY OF PORTLAND </div>	
Past Use: professional bldg		Proposed Use: medical supplies ART? CIAL Limb Co. (4 things New Limbs)		COST OF WORK: \$ 23,500			
Proposed Project Description: interior renovation		Signature:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group B Type: 3B Signature: <i>[Signature]</i>	
Permit Taken By L Chase		Date Applied For 2/12/96		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>[Signature]</i> 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"/>	

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.

20-yd dumpster permit - #20-0142 - #00071 \$200

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: *Ruth L.* ADDRESS: _____ DATE: 2/12/96 PHONE: _____

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

CEO DISTRICT 4
K. Carroll

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

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

Location of Construction: 959 Brighton Ave		Owner: Marc E. Karn		Phone:	
Owner Address:		Leasee/Buyer's Name: Maine Artificial Limb Co.		Phone: 959 Brighton Ave Pkld, ME 04102	
Contractor Name: Ed Mannag		Address:		Phone: 773-4963	
Past Use: rehab center		Proposed Use: center		COST OF WORK: \$	
				PERMIT FEE: \$ 26.20	
Proposed Project Description: Replace panels to signage		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
		Signature:		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Date:	
Permit Taken By: Mary Gresik		Date Applied For: 22 February 1996			

Permit No: **960122**

PERMIT ISSUED

FEB 26 1996

CITY OF PORTLAND

CEB: *[Signature]*

Zoning Approval: *[Signature]*

Special Zone or Review:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor min

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.

*Mail to Maine Artificial Limb
244 Brackett St
04102*

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 each permit

[Signature] **SIGNATURE OF APPLICANT** Diane Karn **ADDRESS:** 22 February 1996 **DATE:** 773-4963 **PHONE:**

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

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

[Signature]
Date: *[Signature]*

CEO DISTRICT **4**

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

K. Carroll