

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-1109	Issue Date: OCT 10 2002	GBL: 008 A005001
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Location of Construction: 425 Marginal Way	Owner Name: Maine Automobile Assoc	Owner Address: 425 Marginal Way CITY OF PORTLAND	Phone: 207 878-6831
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Business Name: n/a	Contractor Name: Sign Solutions	Contractor Address: 75 Bishop St. Portland	Phone: 207 878 8000
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Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B-5
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Past Use: Commercial / Business Office	Proposed Use: Business Office / 172 sq. Ft. replacement Signs	Permit Fee: \$202.00	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description: 172 sq. Ft. Replacement signs	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: A Signature: <i>[Signature]</i> 10/9/02
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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: gg	Date Applied For: 09/27/2002	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</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>Date: 10/8/02</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"/> Does 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>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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 021109

This is to certify that Maine Automobile Assoc/Sign Solutions

has permission to 172 sq. Ft. Replacement sign

AT 425 Marginal Way

008 A005001

PERMIT ISSUED
OCT 10 2002
CITY OF PORTLAND

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 work on permit must be completed before this building or part thereof is closed or enclosed-in. 24 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

[Signature] 10/9/02
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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

Signage Application

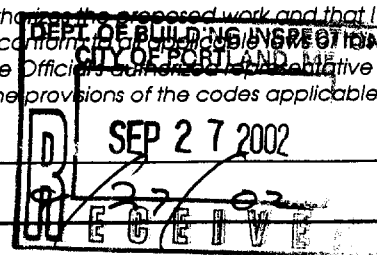
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>425 MARGINAL WAY</u>		
Total Square Footage of Proposed Structure <u>9500 (EST.)</u>	Square Footage of Lot <u>30,000 (EST.)</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>000</u> Block# <u>A</u> Lot# <u>005</u>	Owner: <u>AAA NORTHHEAVEN NEW ENGLAND</u>	Telephone: <u>207-780-6831</u>
Lessee/Buyer's Name (if Applicable) <u>STEVE EVERETT SUNNY BREEZE SNOWBOARDS</u>	Applicant name, address & telephone: <u>BOB PHILLIPS SIGN SOLUTIONS 75 BISHOP, PORTLAND</u>	Total s.f. of signage <u>172*</u> 1.00 per s.f. \$ <u>172</u> , plus \$30.00 base fee Fee: \$ <u>202</u>
Current use: <u>VACANT</u>		
If the location is currently vacant, what was prior use: <u>AAA BUSINESS OFFICE</u>		
Approximately how long has it been vacant: <u>2 MONTHS</u>		
Proposed use: <u>RETAIL OUTLET</u>		
Project description:		
Contractor's name, address & telephone: <u>SIGN SOLUTIONS</u>		
Who should we contact when the permit is ready: <u>BOB PHILLIPS</u>		
Mailing address: <u>75 BISHOPS PORTLAND, ME. 04103</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$50.00 fee if any work starts before the permit is picked up. Phone: <u>878-8000 EXT 254</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizing 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 and regulations within the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Enforcement Officer or his/her 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>[Signature]</u>	Date: <u>SEP 27 2002</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 425 MARGINAL WAY ZONE: _____

OWNER: AAN NORTHERN NEW ENGLAND

APPLICANT: -SIGN SOLUTIONS

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO

MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES NO

DIMENSIONS 6'x8' HEIGHT 24'-6" OAH

MORE THAN ONE SIGN? YES NO

DIMENSIONS 4'x12' HEIGHT 24'-6" OAH

SIGN ATTACHED TO BLDG.? YES NO

DIMENSIONS 4'x31'

MORE THAN ONE SIGN? YES NO

DIMENSIONS _____

AWNING: YES NO IS AWNING BACKLIT? YES NO

HEIGHT OFF SIDEWALK IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

WALL — ONE 4'x31' SINGLE FACE WALL SIGN
POLE — ONE 6'x8' + ONE 4'x12' DOUBLE FACE SIGNS ON TWIN POLE.

*** TENANT BLDG. FRONTAGE (IN FEET): 264 + (ESTIMATED)

*** REQUIRED INFORMATION

BY FIELD MEASUREMENTS

AREA FOR COMPUTATION

(1) $6 \times 8 = 48 \text{ sq ft}$

48 sq ft

(1) $4 \times 12 = 48 \text{ sq ft}$

124 sq ft

(1) $4 \times 31 = 124 \text{ sq ft}$

~~220~~ 220 sq ft

172 sq ft

EXISTING

NEW REPLACEMENT FACES

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: [Signature] DATE: 9/27/02



Sign Code Dept.
City of Portland
Portland, Me.

To whom it may concern. We have requested Sign Solutions to replace the faces on the signs on our wall and pylon sign.

Thanks,

A handwritten signature in black ink, appearing to read "Steve Everett".

Steve Everett
Sunny Breeze Snowboards
425 Marginal Way
Portland,.Me

75 BISHOP ST.
PORTLAND, ME 04103
(207) 878-8000
1-800-347-6245
FAX (207) 878-7790

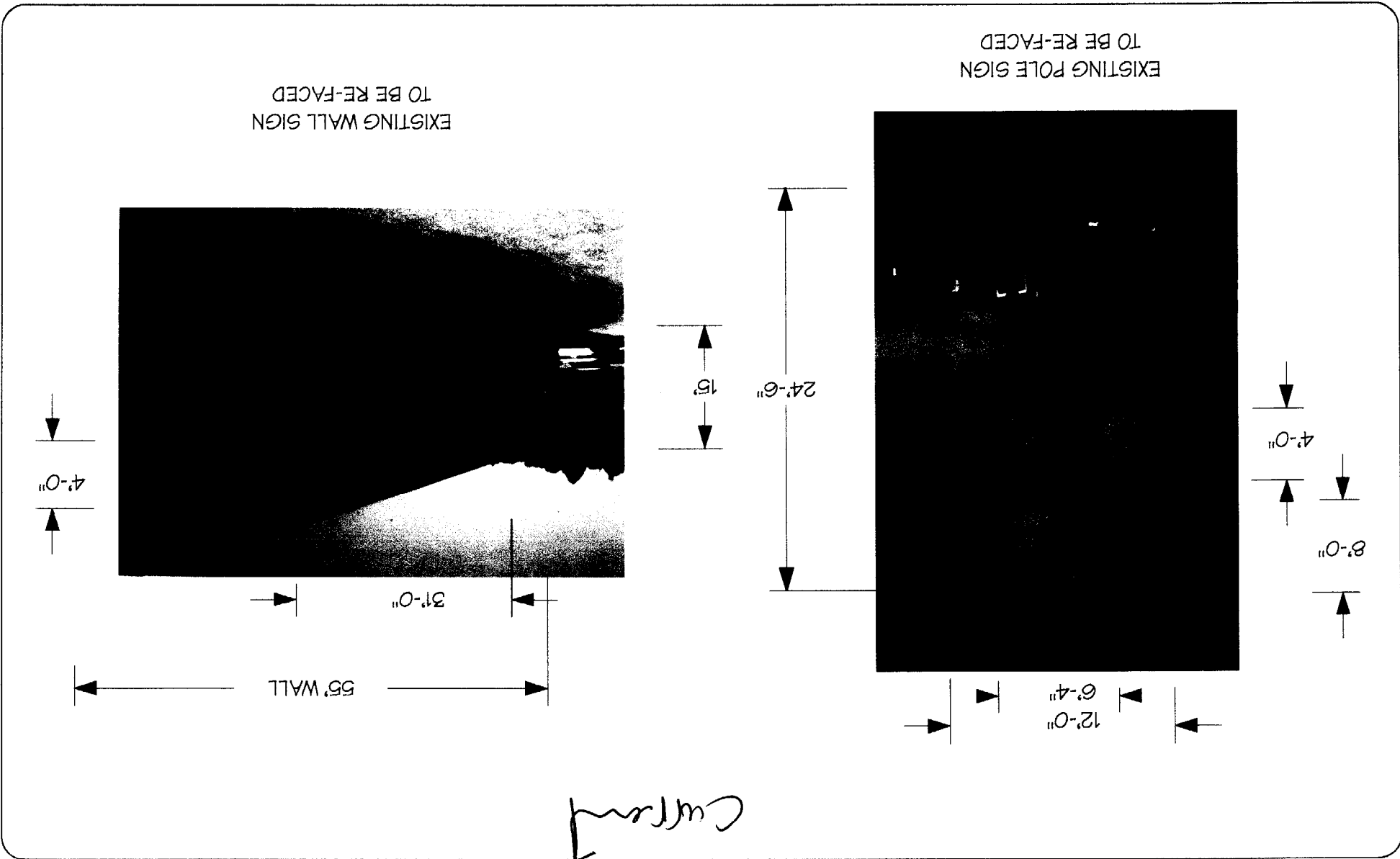
© Copyright 2002

APPROVED:	
REVISION:	
DWG NO.:	
JOB NAME:	SUNNY BREEZE
LOCATION:	425 MARGINAL WAY PORTLAND, ME 04101
WORK ORDER NO.:	3847
DESIGNER:	BOB PHILLIPS
DATE:	9/25/02
SCALE:	NTS

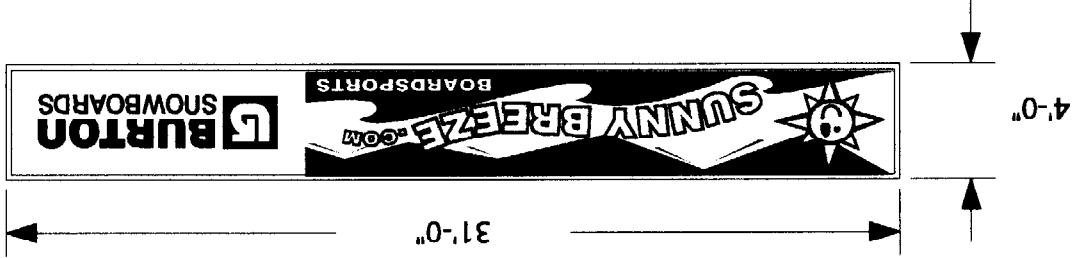
SOLUTIONS

and can not be copied, exhibited or shown to anyone outside of your organization with consent of SIGN SOLUTIONS, This design created in conjunction with this project being planned for you is the exclusive property of SIGN SOLUTIONS,

SIGN PHOTOS FOR 425 MARGINAL WAY SHOWING PLACEMENT ON TWO EXISTING SIGNS, ONE ON THE WALL AND THE EXISTING POLE SIGN.



ONE REPLACEMENT 4' X 31' LEXAN FACE WITH VINYL COPY FOR EXISTING SINGLE FACE WALL SIGN



same size

This design created in conjunction with this project being planned for you is the exclusive property of SIGN SOLUTIONS, INC. and cannot be copied, exhibited, or shown to anyone outside of your organization without consent of SIGN SOLUTIONS, INC.

Copy to read:
 Sun (logo)
 "SUNNY BREEZE"
 "BOARDSPORTS"
 BURTON SNOWBOARDS LOGO

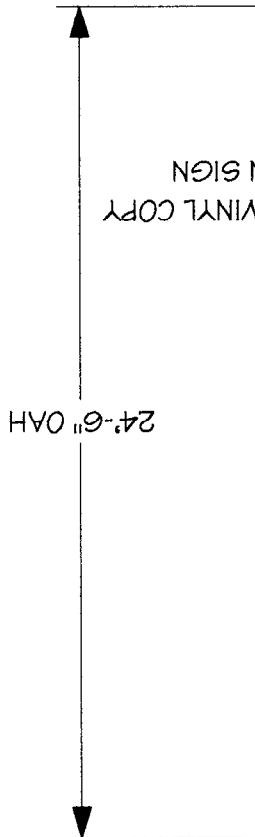
Sign Specs
 • Manufacture and supply:
 • One Lexan face replacement

DATE: 08/27/12		SOLUTIONS	
SCALE: 1/4"=1'-0"	WORK ORDER NO:	DWG NO: 1	APPROVED:
DESIGNER: CMK	JOB NAME: SUNNYBREEZE	REVISION:	
	LOCATION: Marginal Way Portland, Maine		
© Copyright 2002			

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Sign Specs
 • Manufacturer and supply :
 • D/F Replacement to pylon sign 8' X 6'

DATE: 08/27/02		SCALE: 3/8" = 1'-0"		
WORK ORDER NO: DEMONSTR		JOB NAME: SUNNYBREEZE		
JOB NO: 3808		JOB NAME: SUNNYBREEZE		
DESIGNER: CMK		JOB NAME: SUNNYBREEZE		
LOCATION: Marginal Way Portland, Maine		JOB NAME: SUNNYBREEZE		
APPROVED:		JOB NAME: SUNNYBREEZE		
REVISION:		JOB NAME: SUNNYBREEZE		
JOB NO: 1		JOB NAME: SUNNYBREEZE		
DATE: 08/27/02		JOB NAME: SUNNYBREEZE		



TWO REPLACEMENT 8'-0" X 6'-4" LEXAN FACES WITH VINYL COPY FOR TOP SIGN ON EXISTING DOUBLE FACE Pylon SIGN



LEAVE EXISTING FACES

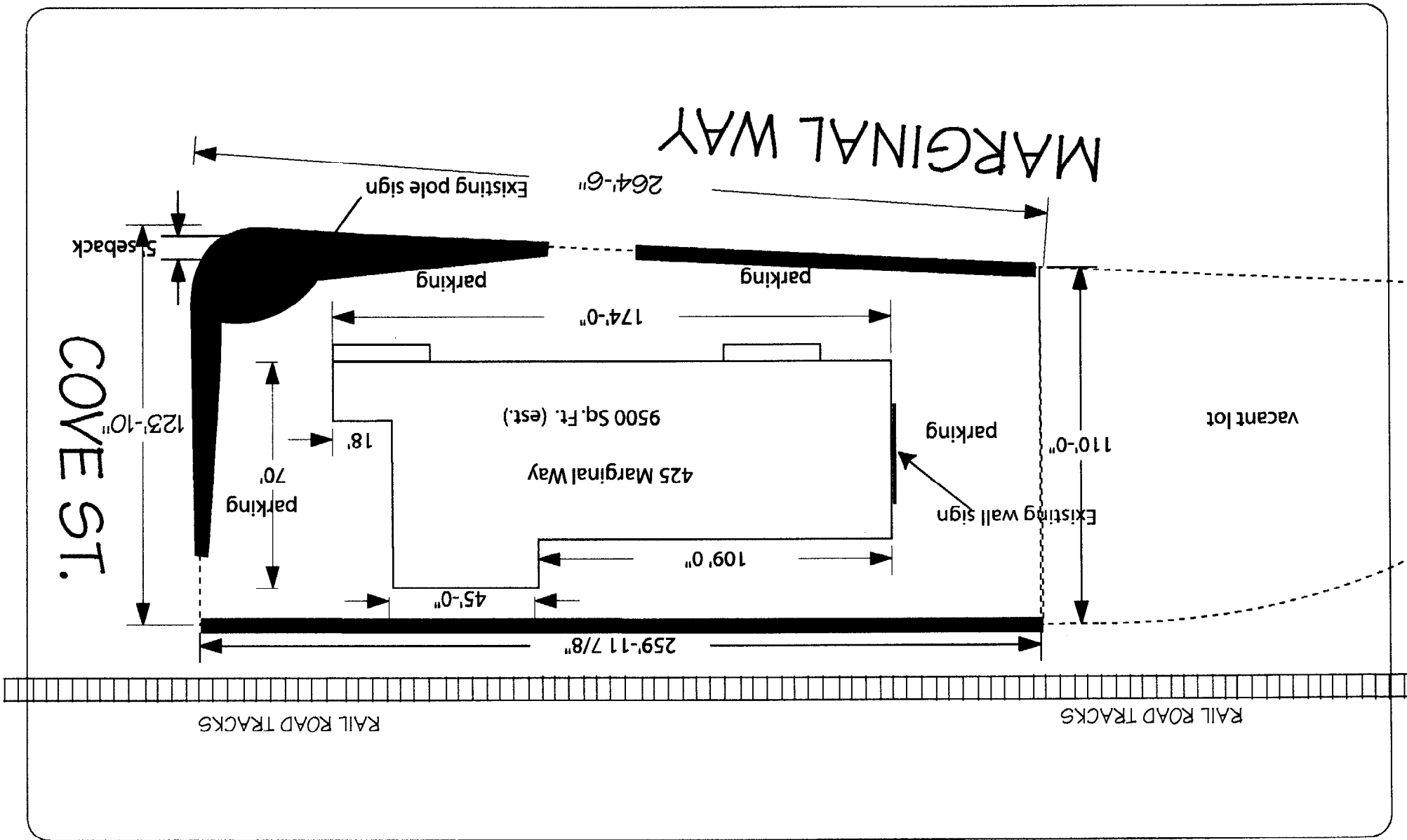
Sketch call

DATE: 9/25/02		SCALE: 1"=50'	
WORK ORDER NO: 3847		DESIGNER: BOB PHILLIPS	
JOB NAME: SUNNY BREEZE			
LOCATION: 425 MARGINAL WAY PORTLAND, ME 04101			
© Copyright 2002			

DWG NO:	
REVISION:	
APPROVED:	

PLOT PLAN FOR 425 MARGINAL WAY SHOWING PLACEMENT ON TWO EXISTING SIGNS, ONE ON THE WALL AND THE EXISTING POLE SIGN.

This design created in conjunction with this project being planned for you is the exclusive property of SIGN SOLUTIONS, and can not be copied, exhibited or shown to anyone outside of your organization with consent of SIGN SOLUTIONS.



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/24/02

PRODUCER
C P Curtis Insurance Agency
P.O. Box 129
18 Main Street
Bowdoinham ME 04008

INSURED Printmail of Maine & Sign Solutions & DMW Properties
75 Bishop Street
Portland ME 04103

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 #
INSURER A:	The Hanover Insurance Company	
INSURER B:	MEMIC	
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 LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>	OHP-5130124	07/16/2002	07/16/2003	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COM/PROP Agg	\$ 2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ABP5146029	06/29/2002	06/29/2003	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	1810065090	07/20/2002	07/20/2003	WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Printing and Sign installation for the State of Maine
City of Portland is listed as additional insured.

CERTIFICATE HOLDER

Sunny Breeze Snowboards
425 Marginal Way
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

