

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080577  
**PERMIT ISSUED**  
JUL 14 2008  
CITY OF PORTLAND

This is to certify that FLETCHER-RITTER LLC

has permission to new sign 8' x 4' letters attached to building

AT 50 COVE ST 010 H004001

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 when permission procured before this building or part thereof is altered or closed-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

*Thomas H. Mankley* 7/14/08  
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

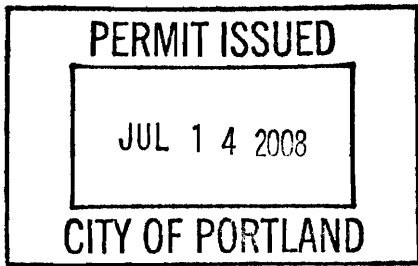
Permit No: 08-0577	Issue Date:	CBL: 010 H004001
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Location of Construction: 50 COVE ST	Owner Name: FLETCHER-RITTER LLC	Owner Address: 50 COVE ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: ILB

Past Use: Commercial - JS Ritter Supply	Proposed Use: Commercial - JS Ritter Supply - new sign 8' x 4' letters attached to building	Permit Fee: \$94.00	Cost of Work: \$94.00	CEO District: 1
Proposed Project Description: new sign 8' x 4' letters attached to building		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Commercial</i> Type: <i>Sign</i>  IBC 2003  Signature: <i>Jm</i> 7/14/08	
		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: ldobson	Date Applied For: 05/28/2008	<b>Zoning Approval</b>
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<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>	<b>Special Zone or Reviews</b> <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"/> MIM <input type="checkbox"/> Date: <i>7/14/08</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>9</i>
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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



# Sign 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>50 Cove</u>		Zone: _____
Total square footage of proposed structure: <u>32 Sqft</u>		Square footage of lot: _____ Lot frontage: _____ Tenant frontage: _____
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Fletcher - Ritter LLC</u> <u>50 Cove ST Portland ME 04101</u>	Telephone: <u>772 3822</u>
Lessee/buyer's name (If applicable)	Current use: <u>Wholesale</u> Proposed use: _____	Total s.f. of signage <u>32</u> \$2.00 per s.f. \$ _____, plus \$65.00 base fee Fee: \$ _____
Applicant name, address & telephone: <u>JEFF Ritter mgr</u> <u>Fletcher - Ritter LLC</u> <u>50 Cove ST</u> <u>Portland ME 04101</u> <u>207 772 3822</u>	If vacant, prior use: _____ How long has it been vacant? _____ Project description: Number of tenants in lot? <u>3</u>	Awning-without signage: \$30.00 for first \$1,000 plus \$9.00 each addict. \$1,000 Fee: \$ _____
Freestanding sign? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No More than one sign? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sign Attached to Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dimensions _____ Height _____ Dimensions _____ Height _____ Dimensions <u>8'</u> Height <u>4'</u>	<u>32x2 + 30 = 94</u>
Awning <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is awning backlit? <input type="checkbox"/> Yes <input type="checkbox"/> No Height off sidewalk? _____ Awning Height: _____ Length: _____ Depth: _____ Is there any message, trademark or symbol on it? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, total s.f. of panels/graphics: _____ Please describe: _____		
List ALL existing signage and their dimensions:		
Contractor's name, address & telephone: <u>Jeff Ritter</u> Who should we contact when the permit is ready: <u>Jeff Ritter</u> Mailing address: <u>50 Cove ST Portland, ME 04101</u> Phone: <u>712 4744</u> Once your permit is approved, we will notify you to come in and pick up your permit and review the requirements with our plan reviewer. Beginning work prior to receiving your permit will result in a violation fee of \$50.00.		

Please submit all of the information outlined in the Signage Application Checklist including a building sketch showing exactly where existing is and proposed signage will be located. Please include sketches/pictures of proposed signage. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information 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:	Date: <u>5/28/08</u>
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This is not a Permit; you may not commence any work until the Permit is issued.

**BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY )**

**to schedule your inspections as agreed upon**

**Permits expire in 6 months, if the project is not started or ceases for 6 months.**

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

**By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.**

**A Pre-construction Meeting will take place upon receipt of your building permit.**

  X   **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

\_\_\_\_\_  
Signature of Applicant/Designee

*Thomas H. Markley*

\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date

*7/14/08*

\_\_\_\_\_  
Date

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

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

<b>Permit No:</b> 08-0577	<b>Date Applied For:</b> 05/28/2008	<b>CBL:</b> 010 H004001
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<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial - JS Ritter Supply - new sign 8' x 4' letters attached to building	<b>Proposed Project Description:</b> new sign 8' x 4' letters attached to building
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 06/06/2008	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tom Markley	<b>Approval Date:</b> 07/14/2008	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code. 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.					

<b>Comments:</b>
6/5/2008-mes: - signage is considered to be an accessory use to a permitted use - permit #04-1712 for Fletcher-Ritter LLC is Warehouse/jewelry supply Wholesale
6/26/2008-tm: spoke to Jeff Ritter and explained that we needed a Certificate of Insurance to this permit. He will call his insurance company and fax it to us.
7/3/2008-tm: will keep in hold basket until needed certificate is obtained

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

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

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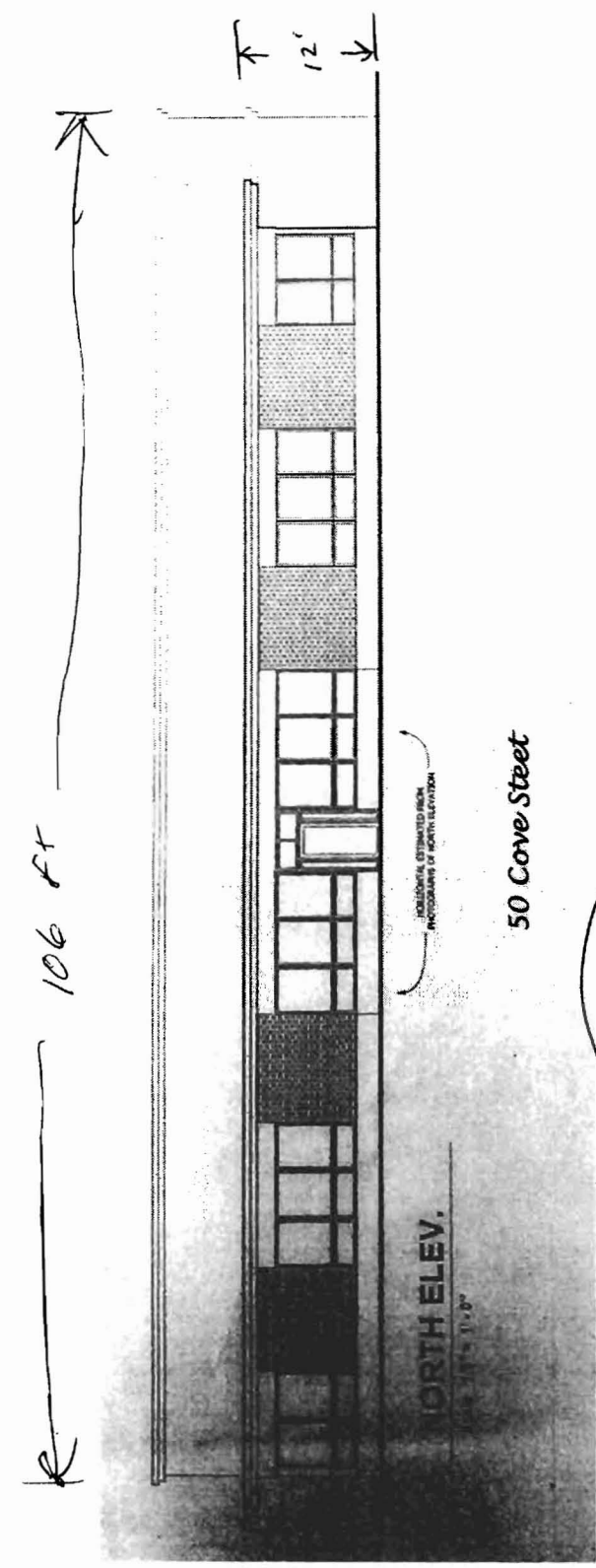
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I-Lb Zone  
 6% MAX per Bldg SCSMS

fastened w/ Brass Screws  
 into Buck



$$4 \times 8 = 32 \text{ } \phi$$

$$12 \times 106 = 1272 \times 6\% = 76.32 \text{ } \phi \text{ MAX}$$

**FLETCHER-RITTER LLC  
50 COVE STREET  
PORTLAND, ME 04101**

To: City of Portland Maine  
Building Permits Dept.

I, Jeff Ritter, manager/owner (Fletcher-Ritter,LLC) of the building at 50 Cove St. Portland, Maine, give permission to J.S Ritter Supply to install a brass sign on the Cove St facing brick wall. The letters will be brass "J S Ritter Supply".

Thank You,

Jeff Ritter

Fletcher-Ritter, LLC  
50 Cove St.  
Portland, Maine 04101  
207-712-4744

**Phone: 207-772-3822  
Toll free: 1-800-962-1468  
Fax: 207-772-5235  
E-mail: [jeff@jsritter.com](mailto:jeff@jsritter.com)**




<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 06/26/08
<b>PRODUCER</b> Cross-Aug Jones Hoxie CL 116 Community Drive Augusta, ME 04330 207 623-4791	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.	
<b>INSURED</b> J.S. Ritter Jewelers Supply LLC & Fletcher-Ritter LLC 50 Cove St Portland, ME 04101	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Peerless Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:	<b>NAIC #</b> 24198

**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.

INBR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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	BOP9022697	10/15/07	10/15/08	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$50,000</b> MED EXP (Any one person) <b>\$5,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Evidence of Coverage.**

<b>CERTIFICATE HOLDER</b>  City of Portland Attn: Permits 389 Congress Street Portland, ME 04101	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 
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