

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING INSPECTION PERMIT

Permit Number: 070432

This is to certify that GUIDI TRACY & JEAN G MARVIN ETAL/LSI Adap

has permission to Reface 2 9sf signs

AT 21 WASHINGTON AVE

013 I030001

PERMIT ISSUED  
MAY 17 2007  
CITY OF PORTLAND

provided that the person or persons who apply for 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 relating to 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 occupied or closed-in. 4 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]* 5/17/07  
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: 07-0432	Issue Date:	CBL: 013 I030001
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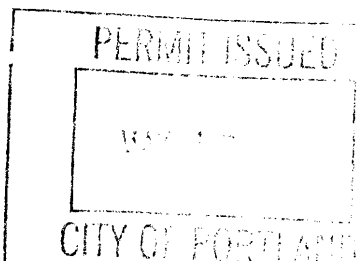
Location of Construction: 21 WASHINGTON AVE	Owner Name: GUIDI TRACY & JEAN GINN MA	Owner Address: 220 MAINE MALL RD	Phone:
Business Name:	Contractor Name: LSI Adapt Inc	Contractor Address: 9260 Pleasantwood Ave. Portland	Phone 3302441219
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2b

Past Use: Commercial / 7 - Eleven	Proposed Use: Commercial / 7 - Eleven Reface 2 9sf signs (copy)	Permit Fee: \$66.00	Cost of Work: \$66.00	CEO District: 1
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Proposed Project Description: Reface 2 9sf signs (copy)	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: U Type: Sign Signature: <i>N/A</i> Signature: <i>[Signature]</i> IBC 2003
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Permit Taken By: dmartin	Date Applied For: 04/25/2007	<b>Zoning Approval</b>	
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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..	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"/> Date: <i>5/11/07 ABM</i>	Zoning Appeal <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:	Historic Preservation <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>ABM</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

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

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

<b>Permit No:</b> 07-0432	<b>Date Applied For:</b> 04/25/2007	<b>CBL:</b> 013 I030001
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<b>Location of Construction:</b> 21 WASHINGTON AVE	<b>Owner Name:</b> GUIDI TRACY & JEAN GINN MA	<b>Owner Address:</b> 220 MAINE MALL RD	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> LSI Adapt Inc	<b>Contractor Address:</b> 9260 Pleasantwood Ave. Portland	<b>Phone</b> (330) 244-1219
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial / 7 - Eleven Reface 2 9sf signs on canopy	<b>Proposed Project Description:</b> Reface 2 9sf signs on canopy
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 05/16/2007
<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> Tammy Munson	<b>Approval Date:</b> 05/17/2007
<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.			



# 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>27 Washington Ave</u> # <u>32532</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner: <u>7-Eleven</u>	Telephone: <u>214-828-7011</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>CSI ADAPT, Inc.</u> <u>4200 Pleasantwood Ave</u> <u>N. Canton, OH 44720</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: \$ <u>66.00</u> Awning Fee = cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Math Myers</u> phone: <u>330-244-1294</u>		
Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>Gasoline Station</u> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): <u>Replace Existing 36" x 36"</u> Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____		
Proposed awning? Yes _____ No _____ 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>2 - 36" x 36" Canopy Signs</u> Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions: _____ Awning? Yes _____ No _____ Sq. ft. area of awning w/communication: _____ <u>9 SF = \$18 + 2</u>		
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 and existing building 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:	Date: <u>4/6/07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

2 canopy signs allowed @ opposite ends.  
total 20¢

3' x 3' = 9¢  
3' x 3' = 9¢  
18¢

Ok.

36" x 36"

4 SF = \$18

2 signs - \$36



7-Cleveland Ave

Client: Address:	Project Description:	Date: Designer: File Name:	Job No. : Tax map I.D. No.:
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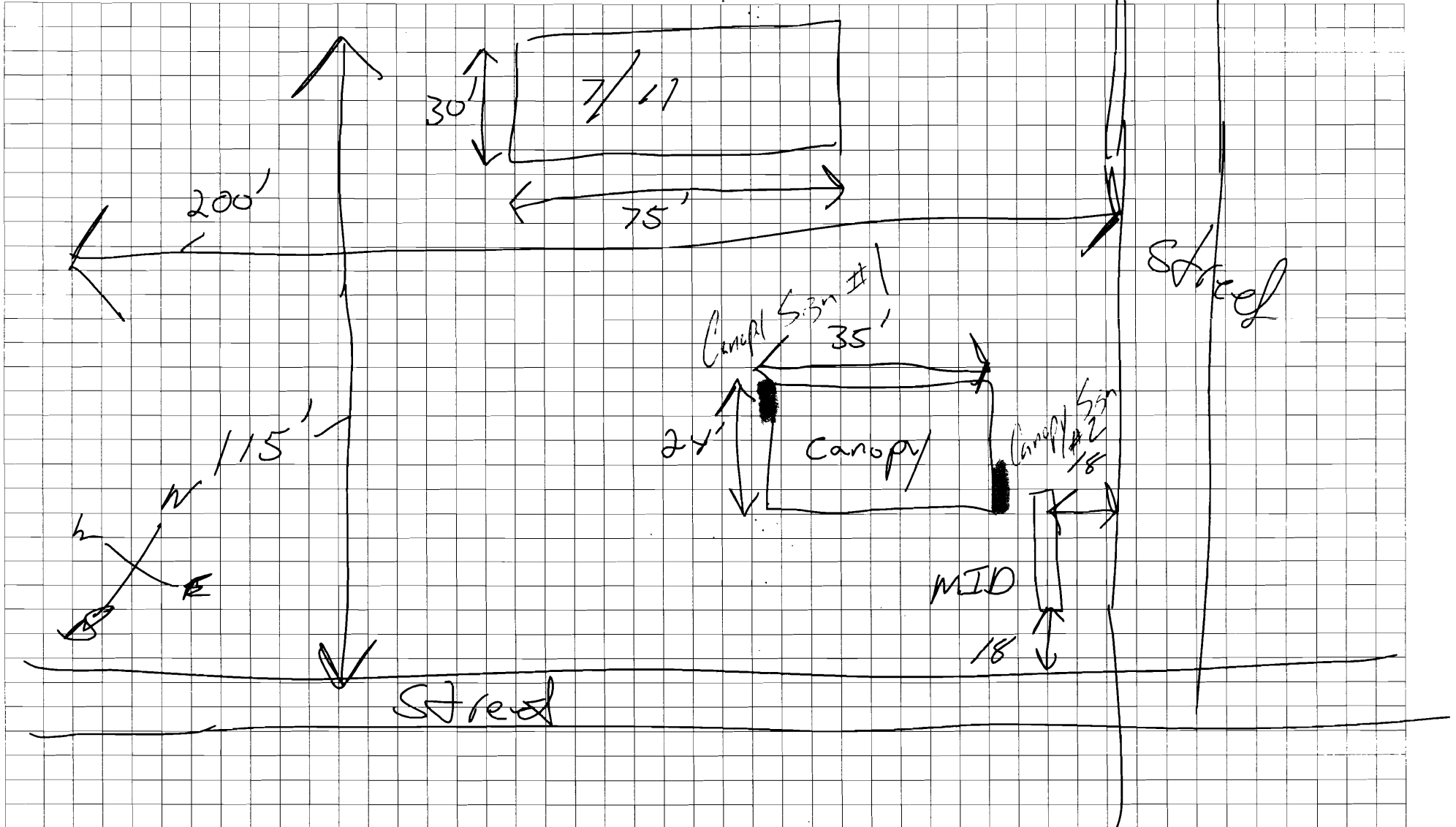
# 7-Eleven Gasline Branding Survey

## Site Sketch

Store Number: 32532

Site Sketch (Include cross roads and site layout with drive entrances, sign location, canopy, buildings, etc.). Use back of sheet if needed.

1. Show dimensions of property lines on all street frontage sides of property
2. Identify all Main ID Signs and distance from the road.
3. Sketch canopy & building shapes and include dimensions for all sides
4. Indicate which direction is North.



# Certificate of Insurance

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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY Aon Risk Services of Texas, Inc. 2711 North Haskell Avenue 8th Floor, Lock Box No.8 Dallas, Texas 75204	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">COMPANIES AFFORDING COVERAGES</th> </tr> <tr> <td style="width: 15%;">COMPANY LETTER</td> <td><b>A</b> ACE American Insurance Company</td> </tr> <tr> <td>COMPANY LETTER</td> <td><b>B</b></td> </tr> <tr> <td>COMPANY LETTER</td> <td><b>C</b></td> </tr> <tr> <td>LOCATION</td> <td>SEE ATTACHED PAGE</td> </tr> </table>	COMPANIES AFFORDING COVERAGES		COMPANY LETTER	<b>A</b> ACE American Insurance Company	COMPANY LETTER	<b>B</b>	COMPANY LETTER	<b>C</b>	LOCATION	SEE ATTACHED PAGE
COMPANIES AFFORDING COVERAGES											
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LOCATION	SEE ATTACHED PAGE										
NAME AND ADDRESS OF INSURED  7-ELEVEN, INC. 1722 Routh Street, Suite 1000 Dallas, Texas 75201											

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 of 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
				EACH OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY	XSL G2 171438 0	10/1/2007	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES - OPERATIONS <input type="checkbox"/> DRAM SHOP LIABILITY <input type="checkbox"/> PRODUCTS / COMPLETED <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> MOTOR CARGO <input type="checkbox"/> VENDOR'S BROAD FORM <input type="checkbox"/> OTHER			PROPERTY DAMAGE	\$	\$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1500	\$ 1500
				RETENTION	\$ 500	
	AUTOMOBILE LIABILITY			BODILY INJURY (EACH PERSON)	\$	
	<input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	COMPREHENSIVE CATASTROPHE LIABILITY					
	WORKERS' COMPENSATION and EMPLOYERS LIABILITY			STATUTORY		

**ADDITIONAL INSURED:**  
City Of Portland ME

**NOTE TO ADDITIONAL INSURED:** APPLICABLE ONLY TO LOCATION(S) SHOWN & ONLY TO THE EXTENT AGREED UPON & CONTAINED IN THE LEASE &/OR OTHER WRITTEN AGREEMENT WITH 7-ELEVEN, INC.

REMARKS: Coverage with respect to the sign only

**Cancellation:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 30 days written notice to the below named certificate holder.

NAME AND ADDRESS OF CERTIFICATE HOLDER:  City Of Portland ME 369 Congress Street Room 315 Portland, ME 04101
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DATE ISSUED: 4/16/2007

*[Signature]*

AUTHORIZED REPRESENTATIVE