

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that 247 CONGRESS STREET LLC

Located At 243 CONGRESS ST

Job ID: 2012-02-3241-SIGN

CBL: 021- F-009-001

has permission to install 27" x 32" hanging sign

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

N/A

[Signature]

2/8/12

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2012-02-3241-SIGN

Located At: 243 CONGRESS ST

CBL: 021- F-009-001

Conditions of Approval:

Building

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.

Zoning

1. This permit is being issued for the 27" x 32" hanging sign only. The existing wall sign over the window is to be removed. A separate permit will be applied for in the future for a new wall sign.



B-2b

2012 02 3041

66

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.

243 1245

Location/Address of Construction: <u>243 1245 CONGRESS ST.</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>021</u> Block# <u>F009</u> Lot#	Owner: <u>JILL KELLEY</u> <u>247 Congress St LLC Po Box 7225</u> <u>04112</u>	Telephone: <u>879-9696</u>
Lessee/Buyer's Name (If Applicable) <u>RECEIVED</u> <u>FEB 08 2012</u> Dept. of Building Inspections City of Portland, Maine	Contractor name, address & telephone: <u>SOUTHPAW SIGN STUDIO</u> <u>177 GRAY RD.</u> <u>FALMOUTH, ME 04105</u> <u>878-0678</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$ Awning Fee= cost of work Total Fee: \$
Who should we contact when the permit is ready: <u>Jenny Gray</u> phone: <u>878-0678</u>		
Tenant/allocated building space frontage (feet): Length: <u>12'</u> Height: <u>14'</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: _____ If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: _____ Height from grade: <u>11' to bottom</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: _____ Proposed awning? Yes <input type="checkbox"/> No <input type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes <input type="checkbox"/> No <input type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input type="checkbox"/> Dimensions: _____ Awning? Yes <input type="checkbox"/> No <input type="checkbox"/> Sq. ft. area of awning w/communication: _____		
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.		

6 sq ft.
6 x 2 = 12
\$30.00 Building
\$42.00 TOTAL

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, 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: <u>[Signature]</u>	Date: <u>2-8-12</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

B-2b - multi-front - 1.5 x 12 = 18 sq ft 60 @

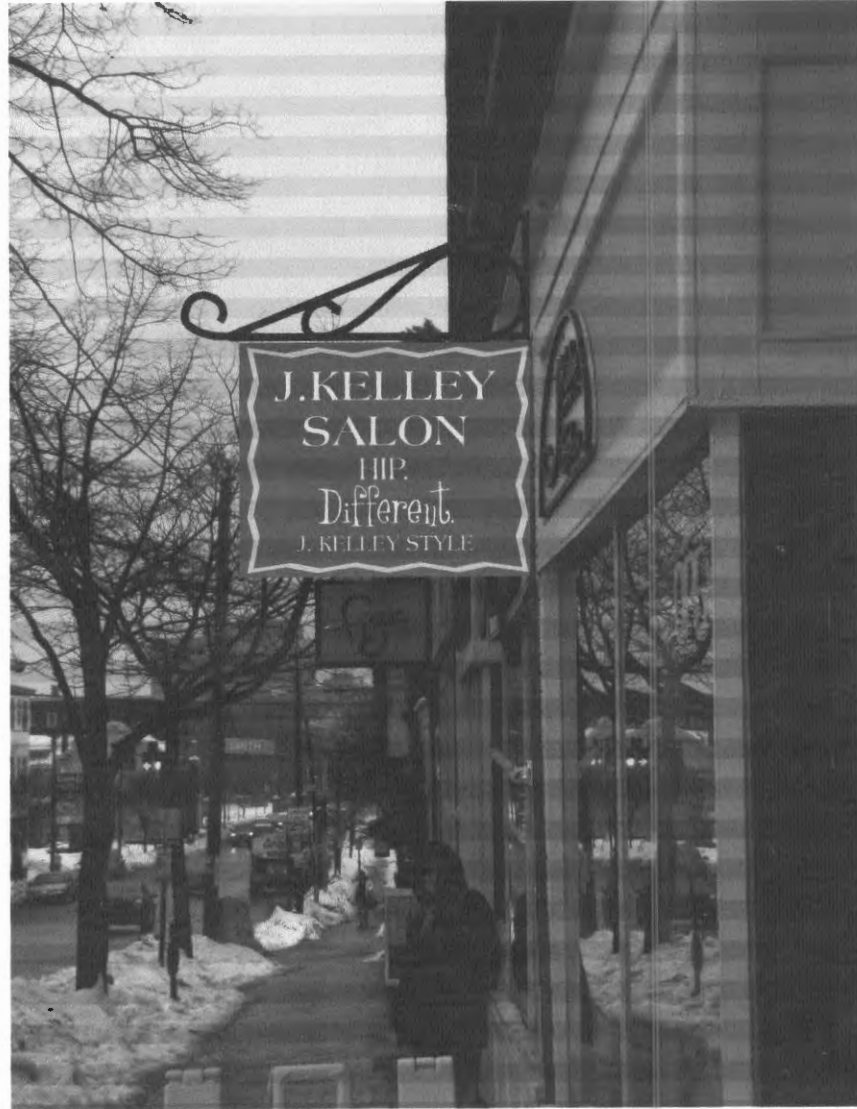


S6N





WOOD
SIGN
WITH
RAISED
Lettering
+ border



29" x 32" 65g ft.

36" BRACKET

BOLTED TO BLDG.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/07/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: 207-856-5900 Fax: 207-856-0004
ANDERSON WATKINS ASSOCIATES, INC
 1 CENTRAL STREET
 WESTBROOK ME 04092

CONTACT NAME: Terry Maletta	
PHONE (A/C, No, Ext): 207-856-5500	FAX (A/C, No): 207-856-0004
E-MAIL ADDRESS: tmaletta@andersonwatkinsinsurance.com	
INSURER(S) AFFORDING COVERAGE	
INSURER A : Peerless Insurance Company	NAIC # 24196
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
OUTHPAW SIGN STUDIO LLC
 77 GRAY RD
 ALMOUTH ME 04105

COVERAGES CERTIFICATE NUMBER: 29592 REVISION NUMBER:

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.

SR	TYPE OF INSURANCE	ADDL. SUBR. INSR. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS	
1	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BOP8865883	08/15/11	08/15/12	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 50,000
						MED. EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
						COMBINED SINGLE LIMIT (EA Accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (per \$50,000)	\$
							\$
	UMBRELLA LIAB					EACH OCCURRENCE	\$
	EXCESS LIAB					AGGREGATE	\$
							\$
						WC STATUTORY LIMITS	\$
						OTH ER	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					E.L. EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			E.L. DISEASE-EA EMPLOYEE	\$
						E.L. DISEASE-POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER IS AN ADDITIONAL INSURED IN REGARDS TO GENERAL LIABILITY

CERTIFICATE HOLDER

CITY OF PORTLAND
 389 CONGRESS ST
 PORTLAND, ME 04101

Attention:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Theresa L. Maletta
 Theresa L. Maletta



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

Final 2012

Received from 2012-02-29-09

Location of Work 343 / 347 Calapogon ST

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

Building (I1) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 0217009

Check #: 2731 Total Collected \$ 42.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

2012-02-29-09