

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-041	Issue Date: OCT 10 2002	CBL: 023 A002001
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Location of Construction: 34 Diamond St	Owner Name: Cardente Linda A	Owner Address: 21 Channel Point Rd	Phone: 775-5677
Business Name:	Contractor Name: Burr Signs <i>Early</i>	Contractor Address: 10 Buttonwood St. So. Portland	Phone: 2077991183
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: <i>ILB</i>

Past Use: Fitness Center	Proposed Use: Fitness Center	Permit Fee: \$264.00	Cost of Work: \$264.00	CEO District: 1	<i>B-S</i>
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>U</i> Type: <i>NA</i>		

Proposed Project Description: Erect 20' x 6' Free Standing Sign and a 26' x 5' Wall Sign <i>see revised plans dated 10/3/02</i>	Signature:	Signature: <i>[Signature]</i>
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: gad	Date Applied For: 09/12/2002	<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"/> MM <input type="checkbox"/> <i>ok per revised plans subject to State regulations</i> Date: <i>[Signature]</i> 10/1/02	<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>[Signature]</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

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

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING INSPECTION

## PERMIT

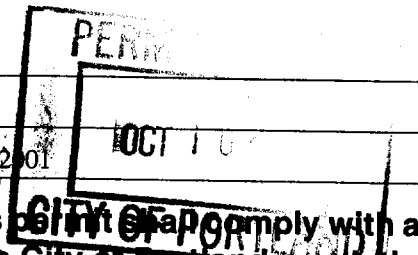
Permit Number: 021041

This is to certify that Cardente Linda A/Burr Sign

has permission to Erect 20' x 5' Free Standing and a 20' x 5' Wall Sign

AT 34 Diamond St

PL 023 A00201



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 is procured before this building or part thereof is occupied or closed-in. **HEAVY 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**

02-1041

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

# SIGNAGE APPLICATION

THIS IS NOT A PERMIT  
CONSTRUCTION CANNOT NOT COMMENCE UNTIL THE PERMIT IS ISSUED

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

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: 34 DIAMOND ST

Total Square Footage of Proposed Structure 234 Square Footage of Lot

Tax Assessor's Chart, Block & Lot Number  
Chart# 023 Block# A Lot# 002  
Owner: CARVENTE PROPERTIES Telephone #: 775-5677

Lessee/Buyer's Name (If Applicable) BALLY TOTAL FITNESS  
Owner's/Purchaser/Lessee Address: 34 DIAMOND ST PORTLAND, ME  
Total s.f of signs 234 x \$1.00 \$234, plus \$30.00  
TOTALS 264.00

Current use: FITNESS CENTER Proposed use: FITNESS CENTER

Project description: REMOVE BANNER/INSTALL WALL SIGN  
REMOVE BANNER/MOVE T&T/INSTALL FREESTANDING SIGN

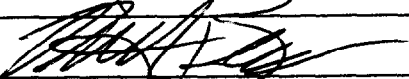
Applicants Name, Address & Telephone: Burr Signs  
10 Buttonwood St.  
So. Portland, ME 04106  
Contractor's Name, Address & Telephone: 799-1183  
Who shall we contact when the permit is ready: RAUDI  
Telephone: 799-1183  
If you would like it mailed, what mailing address should we use:  
  
Rec'd By:

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

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

**Certification**

*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: 09/13/02
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Sign Permit Fee: \$30.00 plus \$1.00 per square foot.

*A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00*

**BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT  
YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU  
ARE APPLYING FOR**

**IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL  
YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN  
SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL  
OFFICIALS OF THIS OFFICE**

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ILB attached to Bldg  
marginally

ADDRESS: 34 DIAMOND ST ZONE: B-5 Along

OWNER: BALLY TOTAL FITNESS / CARDENTE PROPERTIES

APPLICANT: BURR SIGNS

ASSESSOR NO. \_\_\_\_\_

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES  NO  MULTI-TENANT LOT? YES  NO

FREESTANDING SIGN? (ex. Pole Sign) YES  NO  DIMENSIONS SEE ATTACHED

MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_

SIGN ATTACHED TO BLDG.? YES  NO  DIMENSIONS \_\_\_\_\_

MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_

AWNING: YES  IS AWNING BACKLIT? YES  NO  HEIGHT OFF SIDEWALK \_\_\_\_\_

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:  
SEE ATTACHED *any other signs?*

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): 230 x 18' high = 4140 sq ft x 6'6" = 248.4 sq ft allowed

AREA FOR COMPUTATION  
ILB - wall sign  
5 x 26.83 = 134.15 sq ft

B-5 free standing = 16 sq ft max  
6' high - 5' set back  
5 x 20 new on top of EXIST = 100 sq ft plus  
? going higher

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: 09/13/02

Application ID Number: 2-1041

Department: Zoning

Status: Approved with Conditions

Reviewer: Marge Schmuckal

Comments: 34 Diamond Street

Approval Date: 10/04/2002

Close Out Date: 09/17/2002

OK to Issue Permit

Name: Marge Schmuckal

Date: 10/04/2002

Date 2:

Conditions Section:

This permit is being issued based upon the revised plans received on 10/03/02. The digital sign SHALL conform to all the State and City regulations concerning the flashing, scrolling, and change of text.

Create Date: 09/17/2002

By: gad

Update Date: 10/04/2002

By: mes



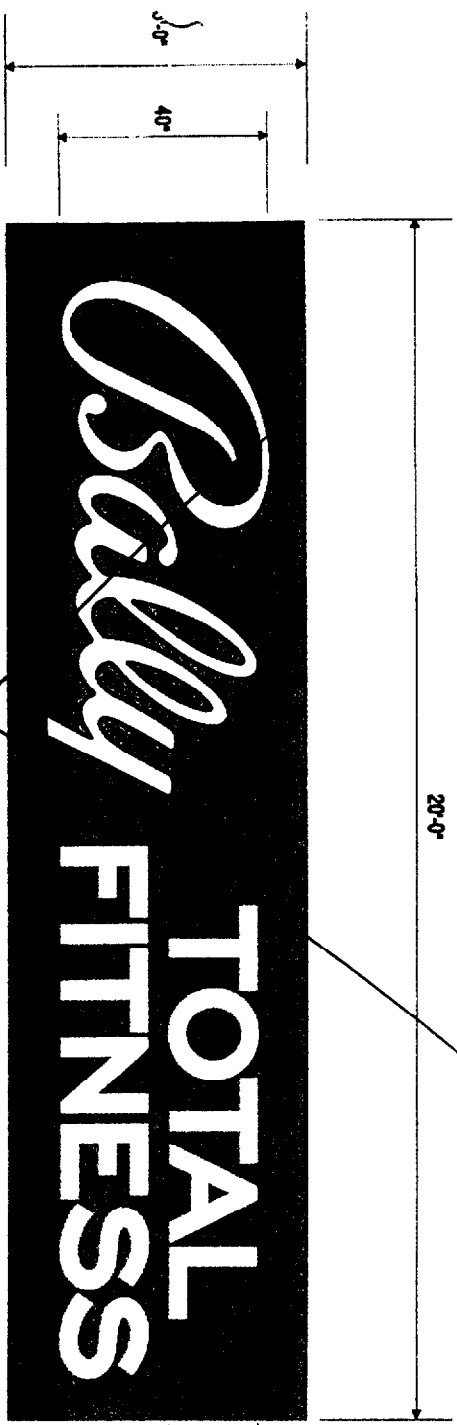
7801 S. GLENORY DR.  
WALTONSBROOK, L.S. 62081  
(504) 837-4800

This is an original, unaltered drawing submitted in connection with a proposal for the fabrication and erection of signs and structures. It is the property of Federal Sign and is to be returned to the originator upon completion of the project. No reproduction or use of this drawing without the written permission of Federal Sign.

S. STANKUS  
ACCOUNT REP.  
G. GRAVES  
DRAWN BY  
RUSSELL MIDDLETON  
PROJECT NO.  
FEE BASE

CUSTOMER APPROVAL DATE

A 7/8" DIA. DR. 3/4" ALUMINUM OR 1/2" DIA. GALVALUMINUM SIGN IS RECOMMENDED FOR THIS APPLICATION.



D/F INTERNALLY ILLUMINATED PYLON SIGN

ALUMINUM CABINET PAINTED RED TO MATCH PMS 495 SEMI-GLOSS  
RETAINERLESS (BLEED) FACES W/ RED 75 TRANSLUCENT VINYL  
COPY IS REVERSED OUT TO SHOW WHITE FLEX AND 'BALLY' HAS A BLACK KEYLINE

SCALE: 1/2" = 1'-0"

*not allowed revised plans  
see revised 10/3/02*

NOTES

MOVE TIME AND TEMP DOWN  
SO AS TO FIT IN THE 5'X 20'  
CABINET SIGN.

*Bally*  
TOTAL FITNESS

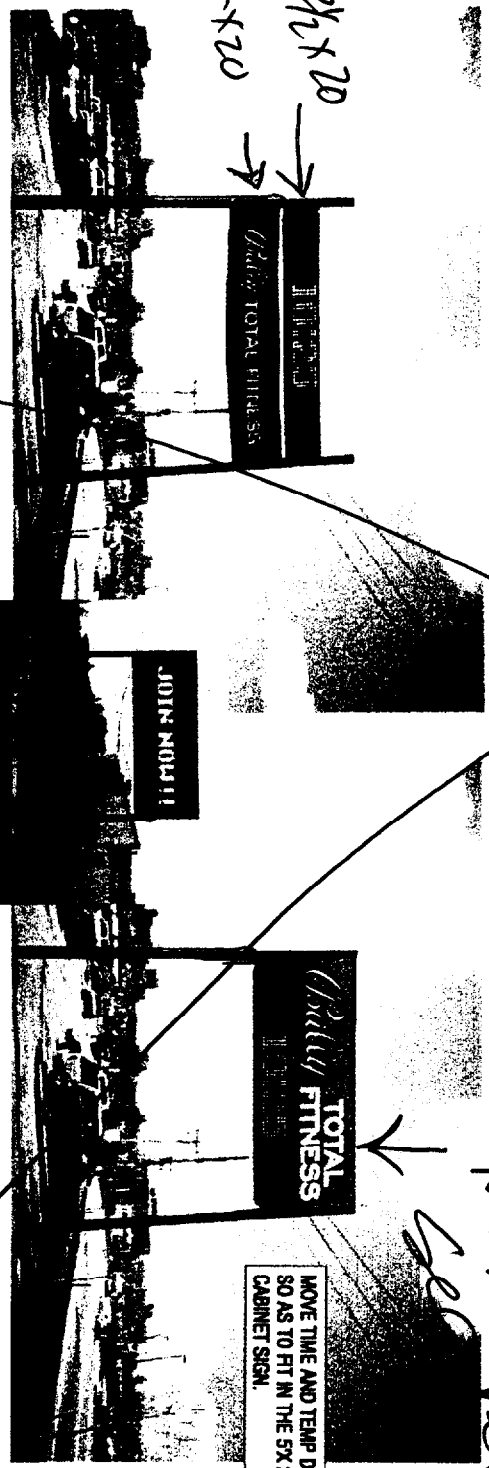
34 Diamond Street,  
Portland, ME 04101

JOB NO.	
DATE	JUNE 19, 2002
DWG NO.	BALLY-2021-B
SHEET	2 OF 2

EXISTING SIGNAGE CONDITIONS

FORMER CONDITIONS

PROPOSED NEW SIGN



*1 1/2 x 20  
14 x 20*

Please Note: Temp needs to be adjusted  
on more seasons - always wrong - reflects a  
negative image I think

*oh - see attached  
pages constant*

ok *[Signature]* 8/5/02  
Douglas Gordon

JOB NO. \_\_\_\_\_  
DATE: June 18, 2002  
DWG NO. BALLY-2021-B  
SHEET 1 of 2

34 Diamond Street,  
Portland, ME 04101

**TOTAL FITNESS**  
*Bally*

NOTES  
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REVISIONS  
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1. REFER TO 2 LETTER CHANNEL LETTERS (SEE DRAWING)  
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CUSTOMER APPROVAL  
DATE \_\_\_\_\_

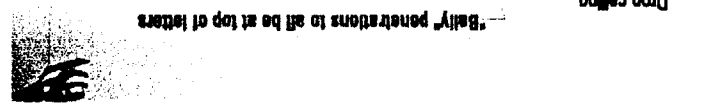
FILE NAME  
*Bally*

PROJECT MAN  
RUSSELL MIDDLETON

DESIGN BY  
G. GRAVES

APPROVER  
S. STANKUS

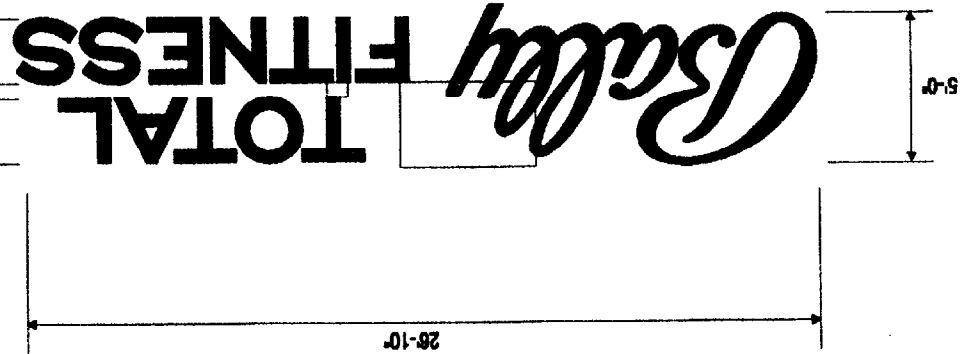
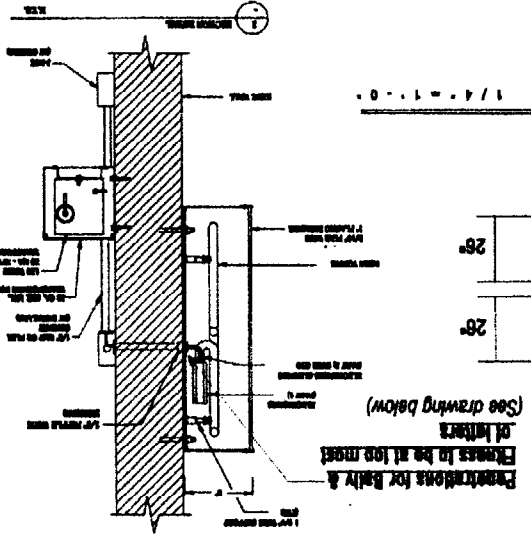
This is an original, unaltered drawing submitted by the customer. It is not to be modified, amended or altered in any way without the written permission of Federal Sign.  
7801 S. CLAYTON DR.  
WILLOWBROOK, IL 60511  
(800)687-6800



- A. LETTER FACER: #2705 RED TRANSLUCENT PLEXIGLAS
- B. LETTER RETURN: BLACK ALUMINUM RETURN (PRE-PAN) W/ BLACK TRIM-CAP/RETAINERS.
- C. ILLUMINATION: BY CLEAR RED NEON

SCALE: 1/4"=1'-0"

INTERNALLY ILLUMINATED CHANNEL LETTER DISPLAY





# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
09/11/02

**PRODUCER**  
 Emar Group, Inc.  
 354 Eisenhower Parkway  
 Livingston, NJ 07039-0459  
 973 994-3131

**INSURED**  
 Bally Total Fitness Holding Corp.  
 8700 W. Bryn Mawr Ave.  
 Chicago, IL 60631

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**

INSURER A: **Transcontinental Ins. Co.**  
 INSURER B:  
 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.

INSURER	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 <input checked="" type="checkbox"/> Liquor Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	PCL167048080	10/01/01	10/01/02	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	<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 EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Re; Signage Permits for the club located at: 275 Marginal Way, Portland, ME 04101-2542.

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
City of Portland Code Enforcement 389 Congress Portland, ME 04101		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 <i>William M. [Signature]</i> VICE PRESIDENT

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.