

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION PERMIT

PERMIT ISSUED
Permit Number: 050341
APR 19 2005
CITY OF PORTLAND

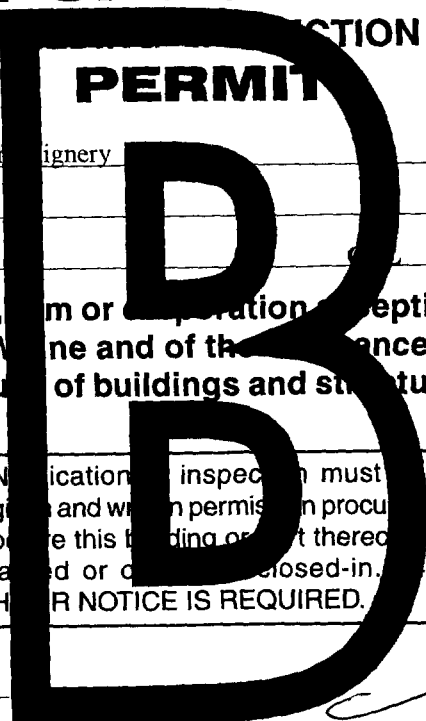
This is to certify that Investment Associates Inc/Th... ignery

has permission to Install letters to face of bldg.

AT 50 Diamond St

023 A005002

provided that the person or persons, firm or corporation accepting this permit shall comply with a
of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulatin
the construction, maintenance and use of buildings and structures, and of the application on file i
this department.



Apply to Public Works for street line
and grade if nature of work requires
such information.

Notification of inspection must
given and when permit is procured
before this building or part thereof
is altered or enclosed-in.
HEAR NOTICE IS REQUIRED.

A certificate of occupancy must be
procured by owner before this build-
ing or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Handwritten Signature]
4/14/05
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: 05-0341	ISSUANCE DATE: PERMIT ISSUED APR 19 2005	BL: 023 A005002
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Location of Construction: 50 Diamond St	Owner Name: Investment Associates Inc	Owner Address: Po Box 465 Dts	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue	Phone: 8797700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B5

Past Use: Commecial	Proposed Use: Commercial install letters to face of bldg	Permit Fee: \$180.00	Cost of Work: \$180.00	CEO District: 1	B5
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Proposed Project Description: Install letters to face of bldg.	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: U Type: Sign IBC 2003 Signature: <i>[Signature]</i>
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Permit Taken By: dmartin	Date Applied For: 03/30/2005	Zoning Approval	
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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>4/13/05</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:
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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

Permit No: 05-0341	Date Applied For: 03/30/2005	CBL: 023 A005002
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Location of Construction: 50 Diamond St	Owner Name: Investment Associates Inc	Owner Address: Po Box 465 Dts	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone (207) 879-7700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	
Proposed Use: Commercial install letters to face of bldg		Proposed Project Description: Install letters to face of bldg.	

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 04/13/2005

Note: 4/13/05 gave back to Gayle to rezone - she has the wrong zone on it - I went by the site - the tenant frontage given by the sign guy is way off - only about 80' of tenant frontage **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 04/14/2005

Note: **Ok to Issue:**

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: 299 Forest Ave <u>299 Forest Ave</u> - 50 Diamond St.		
Total Square Footage of Proposed Structure <u>75</u>	Square Footage of Lot <u>19,977</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>023</u> Block# <u>A00</u> Lot# <u>5002</u>	Owner: <u>Investment Assoc. INC.</u>	Telephone: <u>741-5300</u>
Lessee/Buyer's Name (If Applicable) <u>Portland Mattress Makers</u>	Applicant name, address & telephone: <u>The Signery</u> 879-3280 <u>299 Forest Ave</u> <u>879-7700</u> <u>Portland ME 04101</u>	Totals f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>75.00</u> Awning Fee = <u>Cost Of</u> Work \$ _____ Total Fee: \$ _____
Current use: _____		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Retail/Manufacturing</u>		
Project description: <u>install letters to building face</u>		
Contractor's name, address & telephone: <u>The Signery 299 Forest Ave Portland 04101</u> <u>207-879-7700</u>		
Whom should we contact when the permit is ready: _____		
Mailing address: <u>299 Forest Ave</u> <u>Dave Berrang</u> <u>Portland ME 04101</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 \$100.00 fee if any work starts before the permit is picked up. PHONE		

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 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 representatives 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: [Signature]

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: ~~281 Macomber Way~~ 50 DIAMOND ST ZONE: Multi-Use Commercial

CBL: 023 A005002 → 50 Diamond St

SINGLE TENANT LOT? YES _____ NO MULTI TENANT LOT? YES NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES _____ NO

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 150 Height: 20

only ~ 80 pers for visit
160 ft

INFORMATION ON PROPOSED SIGN(S):

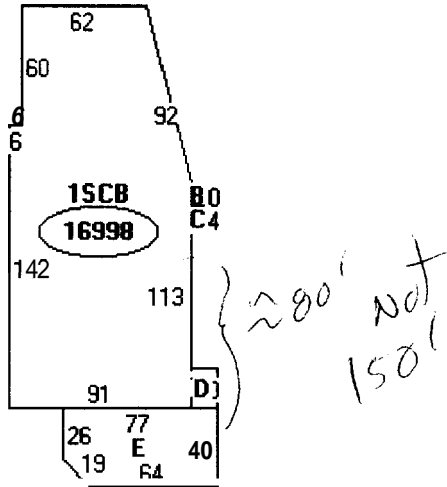
FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS PROPOSED: _____
BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: 30" x 30" = 75'

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS: _____
BLDG. WALL SIGN(attached to bldg)? YES _____ NO _____ DIMENSIONS: _____
AWNING? YES _____ NO _____ DIMENSIONS: _____
L or FRONTAGE(FEET): _____

D | B

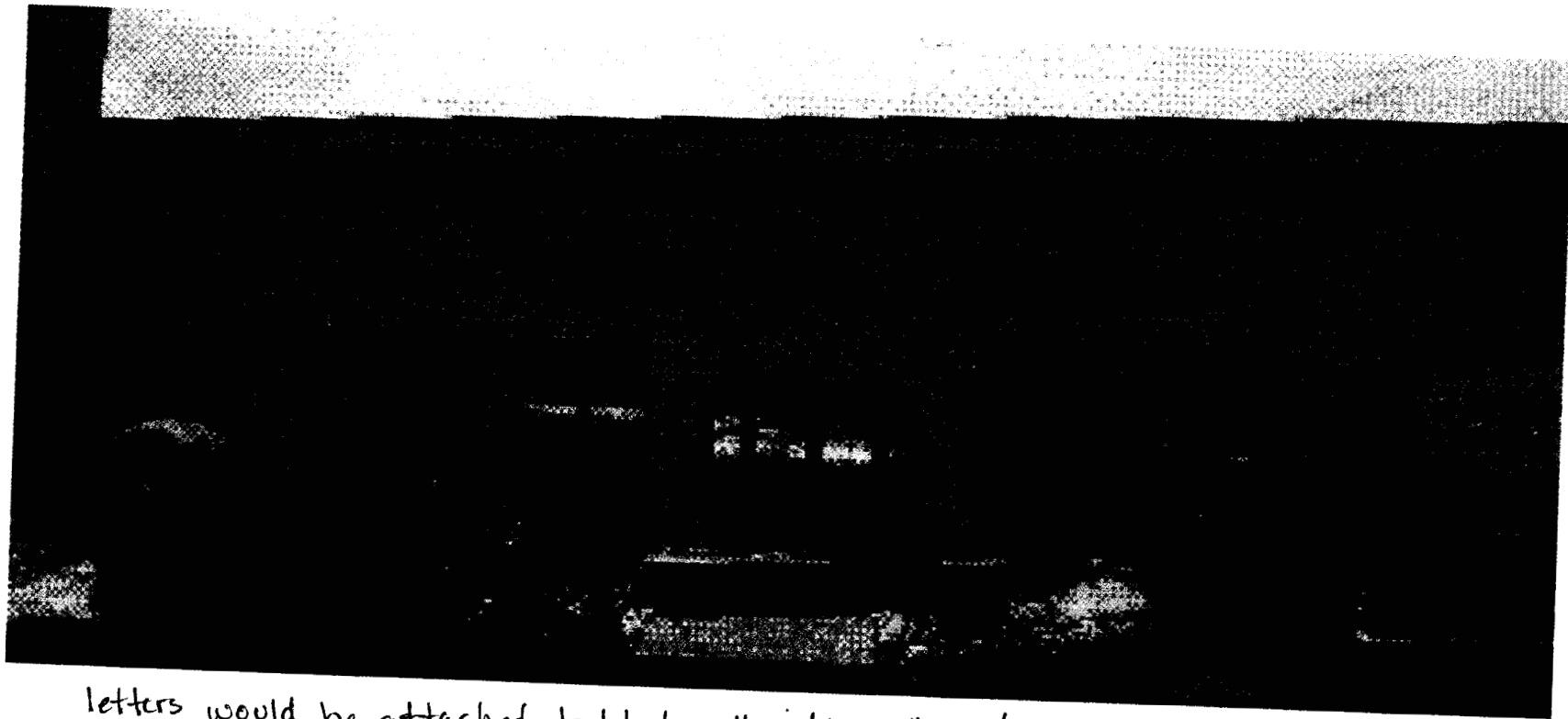
2x tenant frontage max allowed



Descriptor/Area

- A: 1SCB
16998 sqft
- B: EFP
60 sqft
- C: LDG DOCK
84 sqft
- D: FUB
260 sqft
- E: 1SCB
2989 sqft

50 Diamond St ?
 site visit 4/13/05





letters would be attached to black wall with 3" x 3/16" ss studs - 5 per letter with silicone adhesive.

$$2.5 \times 30 = 75 \#$$

Approved BY:
Date:

PLEASE REVIEW THIS PROOF CAREFULLY!
AND SEND COPY BACK TO THE SIGNERY THANK YOU

 <p>299 FOREST AVE. PORTLAND, ME PHONE 879-7700 FAX: 879-1570</p>	<p>JOB INFO</p> <p>DESIGNER DH</p>	<p>NEEDLE: 3/4" MDO ROUTED TO SHAPE / HAND CARVED PAINTED TO MATCH PMS 655</p>	<p>PORTLAND: 30" HIGH LETTERS 6mm ROUTED BLACK PVC PAINTED TO MATCH PMS 655 HP APPLE GREEN INLINE</p>	<p>MATTRESS MAKERS: 30" HIGH LETTERS 6mm ROUTED BLACK PVC PAINTED TO MATCH PMS 655</p>	<p>INSTALL</p> <p><input type="checkbox"/> A <input checked="" type="checkbox"/> V <input type="checkbox"/> B</p>	
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SIGNING OFF ON THIS PROOF, YOU ARE GIVING THE SIGNERY THE GO TO PRODUCE THIS WORK TO THE SPECIFICATIONS LISTED

Until approved job and Deposit received



Verill Insurance Agency
 P.O. Box 318
 Cumberland, ME 04021-0318

Nancy Burton
 little blue ■ corp dba The Signery
 299 Forest Ave.
 Portland, ME 04101
 Dave Berrang

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:	OneBeacon Insurance Co.	31267
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.

R ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	YM1U09405	08/06/2004	08/06/2005	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
					MED EXP (Any one person)	\$ 5,000
					GENERAL AGGREGATE	\$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	AUTOMOBILE LIABILITY <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 (person)	\$
					BODILY WURY (Per accident)	\$
					PROPERTY DAMAGE (accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH ER
					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

City of Portland
 389 Congress Street
 Portland, ME 04101

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 M. ELEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Nancy Burton

Nancy Burton

Dave Berrang

From: Ajlsaddlebrooke@aol.com
Sent: Friday, March 25, 2005 7:33 PM
To: daveberrangsignery@maine.rr.com
Cc: wberzinis@maine.rr.com; lvickerl@maine.rr.com
Subject: sign at 281 Marginal Way

Dear Dave,

I have reviewed the color copy of the Portland Mattress Makers sign for 281 Marginal Way, Portland and as building owner find it very acceptable.

Sincerely

Investment Associates Inc.
Sleepy Hollow Development Inc.

by Alan J. Levenson

President of both



CITY OF PORTLAND, MAINE

Department of Building Inspections

20

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

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

Other _____

CBL: _____

Check #: _____

Total Collected \$ _____

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy