Permitting and Inspections Department Michael A. Russell, MS, Director

Electronic Signature and Fee Payment Confirmation

This is a legal document and your electronic signature is considered a legal signature per Maine state law. You will receive an e-mailed invoice from our office which signifies that your electronic permit application has been received and is ready for payment. Please pay by one of the following:

- Electronic check or credit card: portlandmaine.gov/payyourpermit
- Over the phone at (207) 874-8703
- > Drop off to Room 315, City Hall
- Mail to:

City of Portland
Permitting and Inspections Department
389 Congress Street, Room 315
Portland, Maine 04101

By signing below, I understand the review process starts once my payment has been received. After all approvals have been completed, my permit will be issued via e-mail. Work may not commence until permit is received.

Applicant Signature: Mu Date: 8-24-2017

BEWWAREK

CWS ARVAITELTS

I have provided electronic copies and sent them on:

.

Date: 8-24-2017

NOTE: All electronic paperwork must be delivered to permitting@portlandmaine.gov or with a thumb drive to the office.

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SOUTH ELEVATION Signage / Awning Permit Application ITEM C Project Address: 191 B MARGINAL WAY Tax Assessor's CBL: 024 C021 001 Chart # Block # Lot # Owner Name: EARL W NOYES & SONS Phone: (___) _____ Address: PO BOX 938 PORTLAND ME 04101 Email: Lessee //f annifemble): CONVENIENT MD LLC Phone: (603) 501 _ 0878 Address: 111 NEW HAMPSHIRE AVE, SUITE 2 Email: PORTSMOUTH NH 03801 Contractor Name: BARLO SIGNS/JENN ROBICHAUD Phone: (603) 882 - 2638 X 33 Address: 158 GREELEY ST HUDSON NH 0305 Email: jenn@barlosigns.com **Building Information:** Exterior Length of façade of tenant space (ft): 60' Height of exterior façade (ft): 37'4" Lot frontage on street (ft): 314' +/- This is a (select one): Single Tenant Lot Multi-Tenant Lot ○ Ground floor unit ○ Upper story unit If multi-tenant, this is a (select one): Current specific use: COMMERCIAL If vacant, prior use: ______ Proposed use: NEW SIGNAGE FOR MEDICAL FACILITY Information on EXISTING signs that will remain: For awnings only: **Dimensions of awning** Height of awning or For freestanding signs Type (i.e. awning, or sign (include length, sign above the Is there any symbol/lettering Is awning - setback of closest point freestanding sign, attached on awning? (Y/N - if Y, list the width, and height, as ground to its of sign to the nearest backlit? building sign) applicable) highest point property line(s) dimensions of the messaging) (Y/N) Information on PROPOSED signs: For awnings only: **Dimensions of awning** Height of awning or For freestanding signs Type (i.e. awning, Is there any symbol/lettering Is awning or sign (include length, sign above the - setback of closest point freestanding sign, attached width, and height, as ground to its of sign to the nearest on awning? (Y/N - if Y, list the backlit? building sign) applicable) property line(s) highest point dimensions of the messaging) (Y/N) 34.4 14'5" WALL See Enclosed

Please be sure to submit all information outlined in the Sign/Awning Application Checklist with your application.

The Permitting and Inspections Department may request additional information prior to the issuance of a permit. For further information, visit us online at www.portlandmaine.gov/1728/Permitting-Inspections.

Prints

I hereby certify 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: | Municipality | Date: 2-24-2017 | |
|-------------------------|-------------------------------|------------------------------------|------------------------------|
| | BECUANER_ | PWS ARCHITEUS | |
| 389 Congress Stree | t/Portland, Maine 04101/ httr | ://portlandmaine.gov /tel: (207) 8 | 374-8703/fax: (207) 874-8716 |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2016

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)

| | | cate holder in | lieu | of such | endor | seme | ent(s) | | | | Χ | | | | - |
|--|---------------|--|--------|------------------|--|--|--|--|--|----------------------|----------------|----------------------------------|------------|-----------------|-------------|
| PRO | DUCE | R | | | | | | | CONTA NAME: | ^{CT} Carrie | Morgan | | | | |
| FIAI/Cross Insurance | | | | | | | | | PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 | | | | | | |
| 1100 Elm Street | | | | | | | E-MAIL ADDRESS: cmorgan@crossagency.com | | | | | | | | |
| | | | | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | NAIC # |
| Manchester NH 03101 | | | | | | | | | INSURER A Massachusetts Bay Ins Co | | | | 22306 | | |
| INSURED | | | | | | | INSURER B Allmerica Financial Benefit | | | | | 41840 | | | |
| Bar | 10 | Signs Int | ern | ationa | 1, I | nc. | | | INSURER C : | | | | | | |
| 158 | Gı | eeley Str | eet | : | | | | | INSURER D : | | | | | | |
| • | | | | | | | INSURER E: | | | | | | | | |
| Huc | lsor | ı | | NH | 030 | 051 | | | INSURER F: | | | | | | |
| COVERAGES CERTIFICATE NUMBER:17-18 GL | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| Th | IIS IS | S TO CERTIFY | THA | T THE PC | | | | RANCE LISTED BELOW HA | | N ISSUED TO | | | | HE PO | LICY PERIOD |
| IN | DICA | TED. NOTWIT | HST. | ANDING A | NY RE | QUIF | REME | NT, TERM OR CONDITION | OF AN | Y CONTRACT | OR OTHER | DOCUMENT WIT | H RESPE | CT TO | WHICH THIS |
| | | | | | | | | THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | | | | | BJECT TO |) ALL | THE TERMS, |
| INSR LTR | | TYPE OF I | | | | ADDL | SUBR | | POLICY EFF POLICY EXP (MM/DD/YYY) LIMITS | | | | | | |
| LIK | х | COMMERCIAL GE | | | Υ | INSU | WVD | POLICY NUMBER | | (MM/DD/TTTT) | (MM/DD/TTTT) | EACH OCCUPREN | | s | 1,000,000 |
| A | | CLAIMS-MAD | _ | x occur | | | | | | | | EACH OCCURRENT DAMAGE TO RENT | ED | | 100,000 |
| | \neg | OLANG-WAL | - L | <u> </u> | ` | | | ZDVA186256-03 | | 1/1/2017 | 1/1/2018 | PREMISES (Ea occurrence) \$ | | 10,000 | |
| | | | | | | | | | | 2,2,202, | 1,1,2010 | MED EXP (Any one person) \$ | | 1,000,000 | |
| | CEN | 'L AGGREGATE LI | MIT A | ADDI ICE DEI | ······································ | | | | | | | PERSONAL & ADV INJURY \$ | | 2,000,000 | |
| | GEN | POLICY X PE | | X LOC | | | | | | | | PRODUCTS - COMP/OP AGG \$ | | 2,000,000 | |
| | | | CT | [] LOC | | | | | | | | PRODUCTS - COM | P/OP AGG | \$ \$ | 2,000,000 |
| | AUT | OTHER: OMOBILE LIABILIT | ΓY | | | - | - | | | | | COMBINED SINGLE | ELIMIT | \$ | 1,000,000 |
| | x | | | | | | | | | | | (Ea accident) BODILY INJURY (Pe | er nerson) | \$ | 1,000,000 |
| В | | ALL OWNED SCHEDULED AUTOS NON-OWNED | | | ED | | | AWVA164300 | | 1 (2 (002 | 1/1/2010 | BODILY INJURY (Pe | | · | |
| | | | | | | | WAAWT 64200 | | 1/1/2017 | 1/1/2018 | PROPERTY DAMAG | | \$ S | | |
| | | HIRED AUTOS | | AUTOS | | | | | | | | (Per accident) | | \$ | |
| | | UMBRELLA LIAB | 닉 | L | | | | *************************************** | | | | Medical payments | | | 5,000 |
| | | EXCESS LIAB | H | occui | | | | | | | | EACH OCCURRENT | CE | \$ | |
| | 1 TOCAMO-MADE | | ł | | | | | | AGGREGATE | | \$ | | | | |
| | WOR | DED RETE | | | | ├ | | | | | | I PER | OTH- | \$ | |
| | AND | EMPLOYERS' LIA | BILITY | Y | Y/N | | | | | | | PER STATUTE | ER | | |
| | OFFI | PROPRIETOR/PART CER/MEMBER EXC | INER | VEXECUTIVE D? | | N/A | | | | | | E.L. EACH ACCIDE | | \$ | |
| (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | | | | | |
| | | | - | | | | | | E.L. DISEASE - POLICY LIMIT \$ | | | | | | |
| A Installation floater | | | | ZDVA186256-03 | 1/1/2017 | 1/1/2017 | 1/1/2018 | Limit | | | 200,000 | | | | |
| | | | | | | | | | | | | Deductible | | | 1,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) For Permit Purposes Only. Refer to policy for exclusionary endorsements and special provisions. | | | | | | | | | | | | | | | |
| | | 1.A. A. P. P. T. A. T. A | | | | | | | | | | | | | |
| CERTIFICATE HOLDER CANC | | | | | | | | | | CANCELLATION | | | | | |
| City of Portland, ME 589 Congress Street Portland, ME 04101 | | | | | | 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 | | | | | | | | | | |
| | | | | | | | | | | | | | | že _s | .1 |

Brian Parsons/JSC