Portland, Maine | Yes. Life's good here.

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

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

Date: _____

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: _____ Date: 8-24-2017
BEN WALTER
CWS ARCHITECTS

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

SOUTH ELEVATION Signage /Awning Permit Application

ITEM C

Project Address: 191 B MARGINAL WAY **Tax Assessor's CBL:** 024 (Chart #) C021 (Block #) 001 (Lot #)

Owner Name: EARL W NOYES & SONS **Phone:** (____) ____ - ____

Address: PO BOX 938 PORTLAND ME 04101 **Email:** _____

Lessee (If applicable): 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 03051 **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

If multi-tenant, this is a (select one): ○ Ground floor unit ○ Upper story unit

Current specific use: COMMERCIAL If vacant, prior use: _____

Proposed use: NEW SIGNAGE FOR MEDICAL FACILITY

Information on EXISTING signs that will remain:

Type (i.e. awning, freestanding sign, attached building sign)	For awnings only: Is there any symbol/lettering on awning? (Y/N – if Y, list the dimensions of the messaging)	For awnings only: Is awning backlit? (Y/N)	Dimensions of awning or sign (include length, width, and height, as applicable)	Height of awning or sign above the ground to its highest point	For freestanding signs - setback of closest point of sign to the nearest property line(s)

Information on PROPOSED signs:

Type (i.e. awning, freestanding sign, attached building sign)	For awnings only: Is there any symbol/lettering on awning? (Y/N – if Y, list the dimensions of the messaging)	For awnings only: Is awning backlit? (Y/N)	Dimensions of awning or sign (include length, width, and height, as applicable)	Height of awning or sign above the ground to its highest point	For freestanding signs - setback of closest point of sign to the nearest property line(s)
WALL			34.4	14'5"	
			See Enclosed		
			Prints		

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.

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: BEN WALTER PWS ARCHITECTS Date: 2-24-2017

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

Date: _____

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S 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	CONTACT NAME: Carrie Morgan	
FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	PHONE (A/C, No, Ext): (603) 669-3218	FAX (A/C, No): (603) 645-4331
	E-MAIL ADDRESS: cmorgan@crossagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Massachusetts Bay Ins Co	22306
INSURED Barlo Signs International, Inc. 158 Greeley Street Hudson NH 03051	INSURER B: Allmerica Financial Benefit	41840
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 17-18 GL & BA **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT X LOC OTHER:			ZDVA186256-03	1/1/2017	1/1/2018	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			AWVA164300	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Medical payments	$ 5,000
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Installation floater			ZDVA186256-03	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.

CERTIFICATE HOLDER

City of Portland, ME
589 Congress Street
Portland, ME 04101

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

Brian Parsons/JSC

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