

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED  
Permit Number: 051791  
DEC 9 2005  
CITY OF PORTLAND

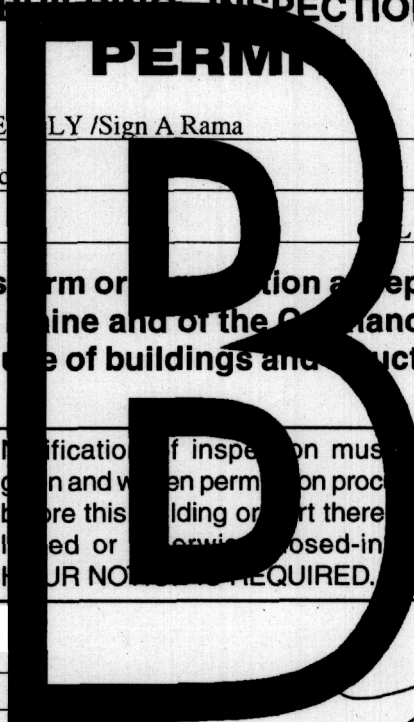
This is to certify that APOSTOLIC FAITH ASSEMBLY / Sign A Rama

has permission to upgrade sign in existing brack

AT 243 CUMBERLAND AVE

026 L017001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 service is closed-in. 4 HOUR NOTIFICATION 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]*  
12/16/05  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

Permit No: 05-1791	Issue Date: <b>PERMIT ISSUED</b> DEC 9 2005	CBL: \$6 LQ17001
Location of Construction: 243 CUMBERLAND AVE	Owner Name: APOSTOLIC FAITH ASSEMBLY	Owner Address: 331 CONGRESS ST
Business Name:	Contractor Name: Sign A Rama	Contractor Address: 245 US Route 1 Scarborough
Lessee/Buyer's Name	Phone:	Permit Type:
Past Use:	Proposed Use: Church/ upgrade sign in existing bracket	Permit Fee: DEPT: <input type="checkbox"/> Approved \$60.00 <input type="checkbox"/> Denied
Proposed Project Description: upgrade sign in existing bracket	FIRE DEPT: <i>N/A</i>	INSPECTION Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>
	Signature:	Signature:
	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	

Permit Taken By: Idobson	Date Applied For: 12/13/2005	
	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>ok 12/15/05 ABM</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: <i>ABM</i>	

**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**

<b>Permit No:</b> 05-1791	<b>Date Applied For:</b> 12/13/2005	<b>CBL:</b> 026 L017001
------------------------------	--	----------------------------

<b>Location of Construction:</b> 243 CUMBERLAND AVE	<b>Owner Name:</b> APOSTOLIC FAITH ASSEMBLY	<b>Owner Address:</b> 331 CONGRESS ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Sign A Rama	<b>Contractor Address:</b> 245 US Route 1 Scarborough	<b>Phone</b> (207) 883-0075
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Church/ upgrade sign in existing bracket	<b>Proposed Project Description:</b> upgrade sign in existing bracket
--	--

--

**Dept:** Building      **Status:** Approved **with** Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 12/16/2005

**Note:**      **OktoIssue:**

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,

Total Square Footage of Proposed Structure <b>1555 sq. ft</b>		Square Footage of lot
Tax Assessor's Chart, Block & Lot Chart# <b>26</b> Block# <b>L</b> Lot# <b>7</b>		Owner: <b>FIRST ASSEMBLY OF GOD</b>
Lessee/Buyer's Name (If Applicable)		Telephone: <b>774-2415</b>
Applicant name, address & telephone: <b>FIRST ASSEMBLY OF GOD 243 Cumberland Ave Portland, Me. 04107</b>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <b>60.00</b> Awning Fee = Cost Of Work: \$ Total Fee: \$ <b>60.00</b>	
Current use: <b>Church</b>		
If the location is currently vacant, what was prior use:		
Approximately how long has it been vacant:		
Proposed use: <b>church</b>		
Project description: <b>Change of lettering on the sign</b>		
Contractor's name, address & telephone: <b>Siga O Kama, Rt One Scarborough, ME</b>		
Whom should we contact when the permit is ready: <b>FIRST ASSEMBLY OF GOD</b>		
Mailing address: <b>-243 Cumberland Ave, Portland, Me.</b>		
<p><b>774 2415 cell 776-1912 Bill</b></p> <p>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. <b>PHONE:</b></p>		

**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 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: **12/5/05**

**This is NOT a permit, you may not commence ANY work until the permit is issued.**

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 243 Cumberland Ave ZONE: Barvin

CBL: \_\_\_\_\_

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: 40 Height: 2

### INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO  DIMENSIONS PROPOSED: \_\_\_\_\_

BLDG. WALL SIGN? (attached to bldg) YES  NO \_\_\_\_\_ DIMENSIONS PROPOSED: 6 ft x 3.5

### 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: 1 x 2.11 2x4 = 8ft

AWNING? YES \_\_\_\_\_ NO  DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): 40

AWNING YES \_\_\_\_\_ NO \_\_\_\_\_ IS AWNING BACKLIT? YES \_\_\_\_\_ NO \_\_\_\_\_

HEIGHT OF AWNING: \_\_\_\_\_ LENGTH OF AWNING \_\_\_\_\_ DEPTH: \_\_\_\_\_

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Abraham

DATE: 12/5/05

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

max. allowed signs 150ft

2' x 40 = 80ft

1 + 1 (2)

$72.25 \times 32 = 2312 \div 144 = 16.05 \text{ ft proposed}$

8ft existing



Job number: \_\_\_\_\_ Order date: \_\_\_\_\_ Order taken by: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

File: Cross & Dove Logo.FS

Approved by: \_\_\_\_\_

This design and drawing submitted for your review and approval is the exclusive property of SIGN\*A\*RAMA. It may not be reproduced, copied, exhibited or utilized for any purpose, in part or in whole by any individual inside or outside without written consent of SIGN\*A\*RAMA. Colors represented on this proof may not be an exact match to the vinyl or digital printing used in the final application or print. For cut vinyl applications, swatches accompanying this proof provide the actual color. An example of final digital printing may be requested once this proof is approved.

# Church Mutual Insurance Company

3000 Schuster Lane, P.O. Box 357, Merrill, WI 54452

## CERTIFICATE OF INSURANCE CRUSADER II

POLICY NUMBER: **0183182-21-364880**

POLICY TERM: From: **05/01/2004** TO **05/01/2007**

Group No.

NAMED INSURED: **FIRST ASSEMBLY OF GOD  
243 CUMBERLAND AVE  
PORTLAND ME 04101**

This is to certify that a Crusader II policy has been issued to the insured named above for the policy period indicated. The insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions of such policy. This certificate is issued as a matter of information only and confers no rights upon the certificate holder. It does not amend, extend or alter the coverage afforded by the policy.

<u>DESCRIPTION OF COVERAGE</u>		<u>LIMITS OF INSURANCE</u>
General Aggregate Limit (Other than Products-Completed Operations and Sexual Misconduct or Sexual Molestation)	\$	3,000,000
Products-Completed Operations Aggregate Limit	\$	1,000,000
Each Occurrence Limit (Bodily Injury and Property Damage Combined)	\$	1,000,000
Personal and Advertising Injury Limit (Combined)	\$	1,000,000
Sexual Misconduct or Sexual Molestation Limit (Combined) - All Locations and Operations		
Each Claim Limit	\$	100,000
Aggregate Limit	\$	300,000
Medical Expense Limit- Any One Person	\$	10,000
Property Damage Legal Liability - Any One Occurrence	\$	300,000
Hired and Nonowned Automobile Liability		
Each Occurrence	\$	1,000,000
Aggregate	\$	3,000,000

NATURE OF PROJECT AND DATES (WHEN APPLICABLE): EVIDENCE OF INSURANCE  
FOR PLACEMENT OF SIGN

LOCATION COVERED BY THIS CERTIFICATE:  
**243 CUMBERLAND AVE., PORTLAND, ME**



**SPECIAL PROVISIONS: ADDITIONAL INSURED:**  
**CITY OF PORTLAND**  
**398 CONGRESS STREET**  
**PORTLAND, ME 04101**

If the policy described is cancelled before its expiration date, the insurer will endeavor to mail notice **10** days before the effective date of such cancellation to the certificate holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the Company, its agents or representatives.

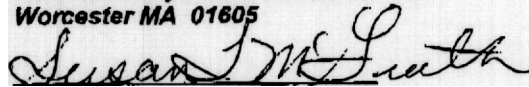
**CERTIFICATE HOLDER:**  
**CITY OF PORTLAND**  
**398 CONGRESS STREET**  
**PORTLAND, ME 04101**

**ISSUED BY:** Church Mutual Insurance Company

**DATE:** 12/12/2005

**PLACE** One West Boylston Street, Suite 207  
Worcester MA 01605

**SIGNED:**



**Susan T. McGrath**

**customer Service Representative**

If calling from Maine: 1-800-554-2642 Option 1

If calling from Outside Maine: 1-800-654-2642 Option 9508

**NOTICE TO POLICYHOLDERS:**

If you have entered into a contract wherein you have agreed to protect others for claims on account of accidents resulting from your operations, it is important that you bring this to our attention, for additional insurance may be necessary to properly protect you.