

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that CLAPP, MARY J E DEVSMARY J E

Located At 443 CONGRESS

Job ID: 2011-07-1666-SIGN

CBL: 027 - - B - 002 - 001 - - - -

has permission to install 2' x 3' plaque

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

[Signature]
Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-07-1666-SIGN

Located At: 443 CONGRESS

CBL: 027 - - B - 002 - 001 - - - -

Conditions of Approval:

Zoning

1. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.



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.

B-3 history

7.13.11

6 x 2 + 30 + 75 = 117

7.13.11

Location/Address of Construction: LOCATED AT LOBBY ENTRANCE 443 Congress (CLAPP BUILDING)		
Tax Assessor's Chart, Block & Lot Chart# 4063 Block# 27 B. 2 Lot#	Owner: NORTH LAND REX BELL	Telephone: 400-3441
Lessee/Buyer's Name (If Applicable): 6 FLOORS OF 1 TENANT PER FLOOR	Contractor name, address & telephone: ION DESIGN GROUP 22A FREEST PORTLAND ME. 04101 207-775-7110	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ Awning Fee= cost of work Total Fee: \$
Who should we contact when the permit is ready: ROB VERRIER phone: 775 7110		
Tenant/allocated building space frontage (feet): Length: 18' Height: OF 1st FL 16'		
Lot Frontage (feet) UPPER FLOOR Single Tenant or Multi Tenant Lot		
TENANTS 93' + -		
Current Specific use: _____		
If vacant, what was prior use: OFFICE SPACE		
Proposed Use: OFFICE SPACE		
Information on proposed sign(s):		
Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: 5'		
Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: 2' X 3' WALL PLAQUE		
Proposed 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 w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s):		
Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions: NA		
Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions: NA		
Awning? Yes ___ No ___ Sq. ft. area of awning w/communication: NA		
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 and existing building are also required.		

Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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:
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This is not a permit; you may not commence ANY work until the permit is issued.

B-3 upper floor front.

5% of wall area. $75 \times 70 = 5250 \div 5\% = 262.5$

proposed 6' existing 6'

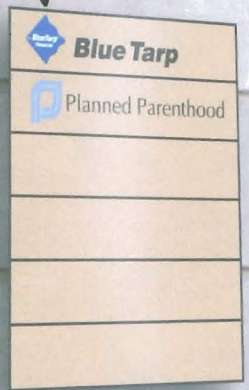
(OK)





1/4" THICK
GOLD
BRONZE

↓ 2'



3'

↑
BLIND MOUNTED
LIKE SAMPLE
PROVIDED

~~443~~

2'

3'



SAMPLE OF EDGE & FINISH DETAIL



July 7, 2011

City of Portland
Code Enforcement
Permitting

RE: Building Directory Sign Permit Application 443 Congress, LLC

To whom it may concern:

As a representative of Northland Enterprises (the Building Manager) and JJR 443 Congress, LLC (Building Owner), I hereby grant Rob Verrier of Curvwork the authority to apply for a sign permit on our behalf.

Please contact me with any questions or concerns.

Many thanks,

Josh Benthien
Partner, Northland Enterprises
Managing Member, JJR 443 Congress, LLC
207-400-3454



CERTIFICATE OF LIABILITY INSURANCE

OP ID RA

DATE (MM/DD/YYYY)

11/05/10

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).

PRODUCER LIBERTY MUTUAL AGENCY MARKETS SERVICE CENTER PO BOX 188065 FAIRFIELD OH 45018 Fax: 800-845-3666		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: IONDES1		FAX (A/C, No):
INSURED Ion Design Group Sign Systems of Maine Inc 22 Rear Free Street Portland ME 04101		INSURER(S) AFFORDING COVERAGE INSURER A: Peerless Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 24198

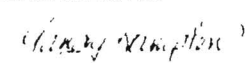
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			BOP9201910	10/10/10	10/10/11	EACH OCCURRENCE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5000
	<input checked="" type="checkbox"/> Business Owners		X				PERSONAL & ADV INJURY	\$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2000000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2000000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder is an Additional Insured in regards to General Liability coverage.

CERTIFICATE HOLDER**CANCELLATION**

Bowdoin College 3800 College Station Brunswick ME 04011	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 
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City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-07-1666-SIGN	Date Applied: 7/11/2011	CBL: 027 - - B - 002 - 001 - - - - -	
Location of Construction: 443 CONGRESS ST	Owner Name: JJR 443 Congress , LLC	Owner Address: One City Center, 4 th floor Portland, ME 04101	Phone: 207-400-3441
Business Name:	Contractor Name: ION Design, Inc	Contractor Address: 22 Rear Free ST PORTLAND ME 04101	Phone: (207) 775-7110
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN	Zone: B-3
Past Use: Offices	Proposed Use: Offices – install 2' x 3' directory plaque on wall	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: Sign IBC 09
		Signature: <i>N/A</i>	Signature: <i>[Signature]</i>
Proposed Project Description: Wall Plaque – 2' x 3'		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Lannie		Zoning Approval	

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK w/condition</i> <i>7/14/11 ARM</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 type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input checked="" type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>7/14/11</i> <i>D. Andrews</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 appication 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	PHON