

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that JJR 443CONGRESS, LLC

Located At 443 CONGRESS ST.

Job ID: 2011-07-1667-SIGN

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

has permission to install two 2' x 9' wall signs

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

N/A

A B M 7/22/11

Fire Prevention Officer

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.**
 1. Call for final inspection when installation is complete.

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: 2011-07-1667-SIGN

Located At: 443 CONGRESS ST

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.

Building

Signage Installation to comply with Chapters 31 & 32 of the IBC 2009 building code

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-07-1667-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: 207-400-3454
Business Name:	Contractor Name: ION Design, Inc - Curvwork	Contractor Address: 22 Rear Free ST PORTLAND MAINE 04101	Phone: (207) 775-7110
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN	Zone: B-3
Past Use: Office	Proposed Use: Office - Greater Portland Chamber of Congress - install two 2' x 9' wall signs - one on Congress Street & one on Elm Street	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: Sisa Signature: ABM
Proposed Project Description: two 2' x 9' Wall Signs		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	Zoning Approval		
	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 ___ Maj ___ Min ___ MM Date: OK w/ condition 7/22/11 ABM	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: 7/22/11 D. Andrews

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	PHON



B-3 historic, PAD on capex

2011-07-16 11

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: 443 CONGRESS ST.		
Tax Assessor's Chart, Block & Lot Chart# 27-B.2 Block# Lot#	Owner: NORTH LAND REX BELL	Telephone: 400-3441
Lessee/Buyer's Name (If Applicable) PORTLAND REGIONAL CHAMBER	Contractor name, address & telephone: ION DESIGN GROUP 22A FREE ST. 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: 76' Height: 16' Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot 1st Floor - all one Tenant		
Current Specific use: _____ If vacant, what was prior use: office Proposed Use: office		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: 14' Bldg. wall sign? (attached to bldg) Yes X No ___ Dimensions proposed: 2'x9'		
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.		

7.13.11

18 x 2 = 36 + 30 + 75 = 141

171 = 5L + 30 + 75 = 177

177 = 5L + 30 + 75 + 72 = 274

Dues 36

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:

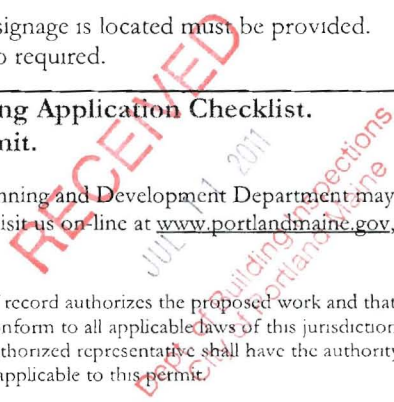
Date:

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

B-3 grand floor front

2 x 75 = 150' - 2 x 9 = 18' (26)

2 x 69 = 138' - 2 x 9 = 18' (10)





PORTLAND
Regional Chamber



PORTLAND
Regional Chamber

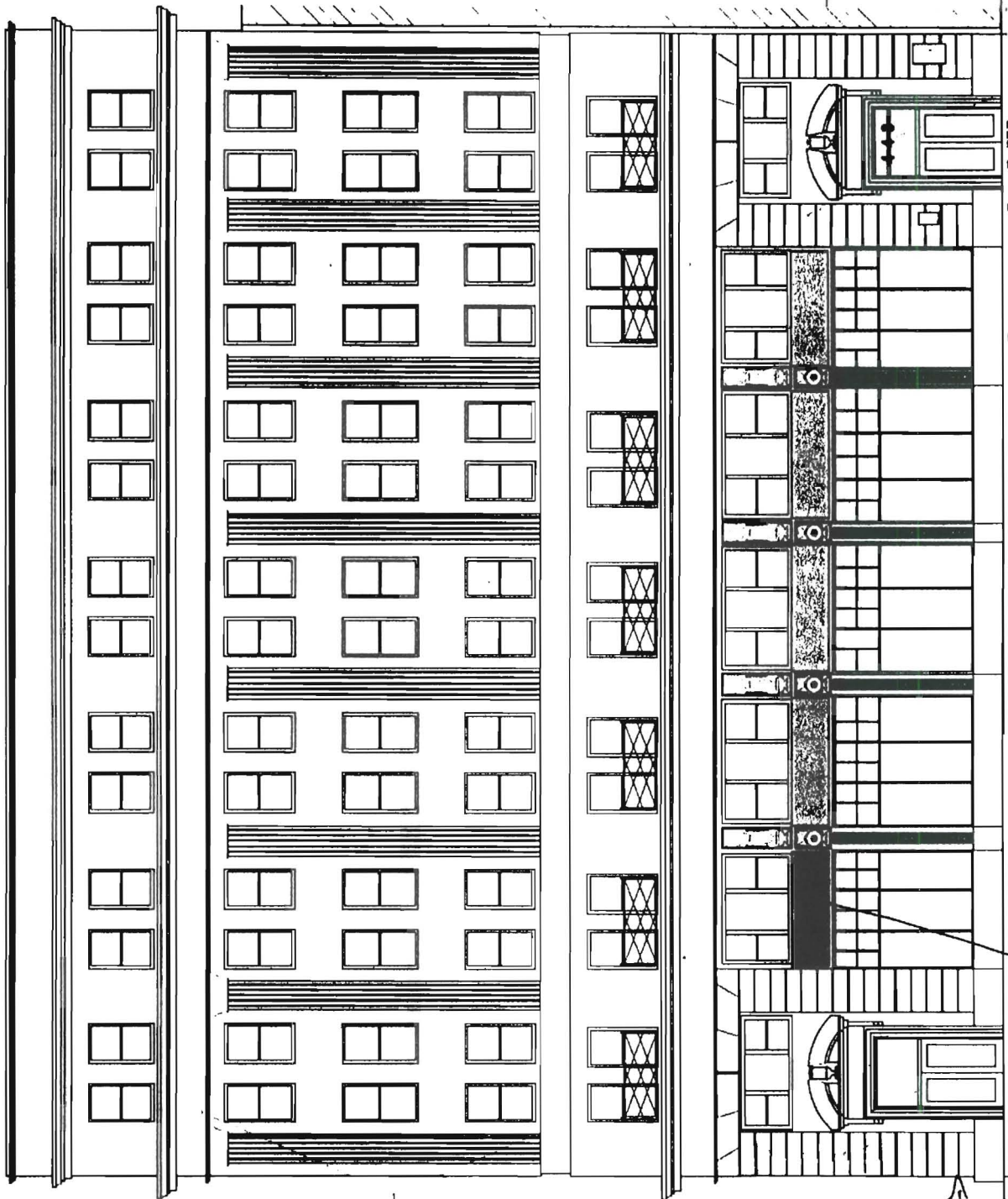
PORTLAND
Regional Chamber

6' →

← CONGRESS ST. →

← 6' →

ELM ST. →



CORNER OF
ELM & CONGRESS

ELM ST.



6'

75'



443

CONGRESS ST.

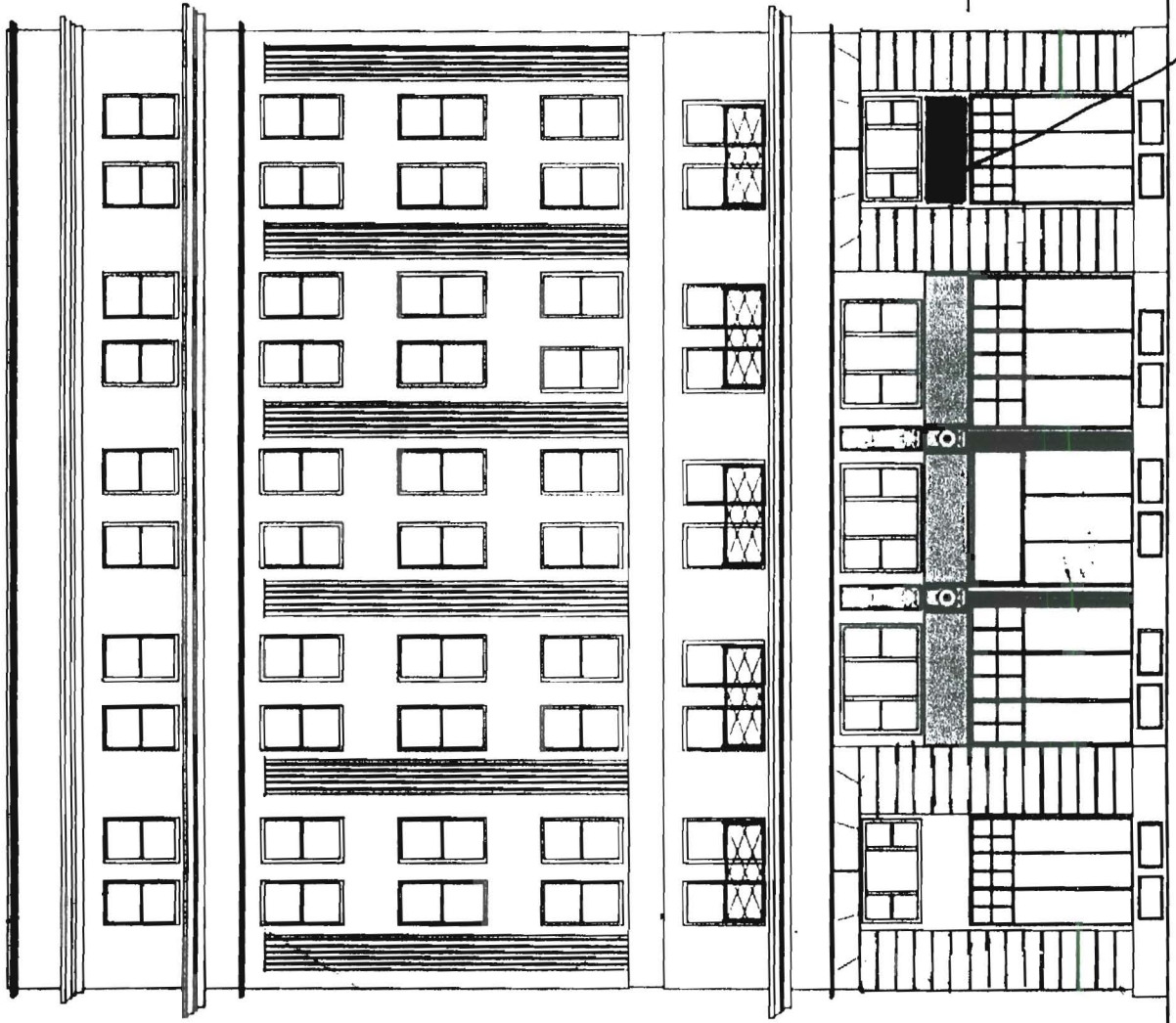
CONGRESS STREET ELEVATION
SCALE 3/32" = 1'-0"

NEW 2'x9'+-

PORTLAND CHAMBER SIGN

94' on asph/cls

14'
TO BASE
OF SIGN



CORNER OF
CONGRESS & ELM ST

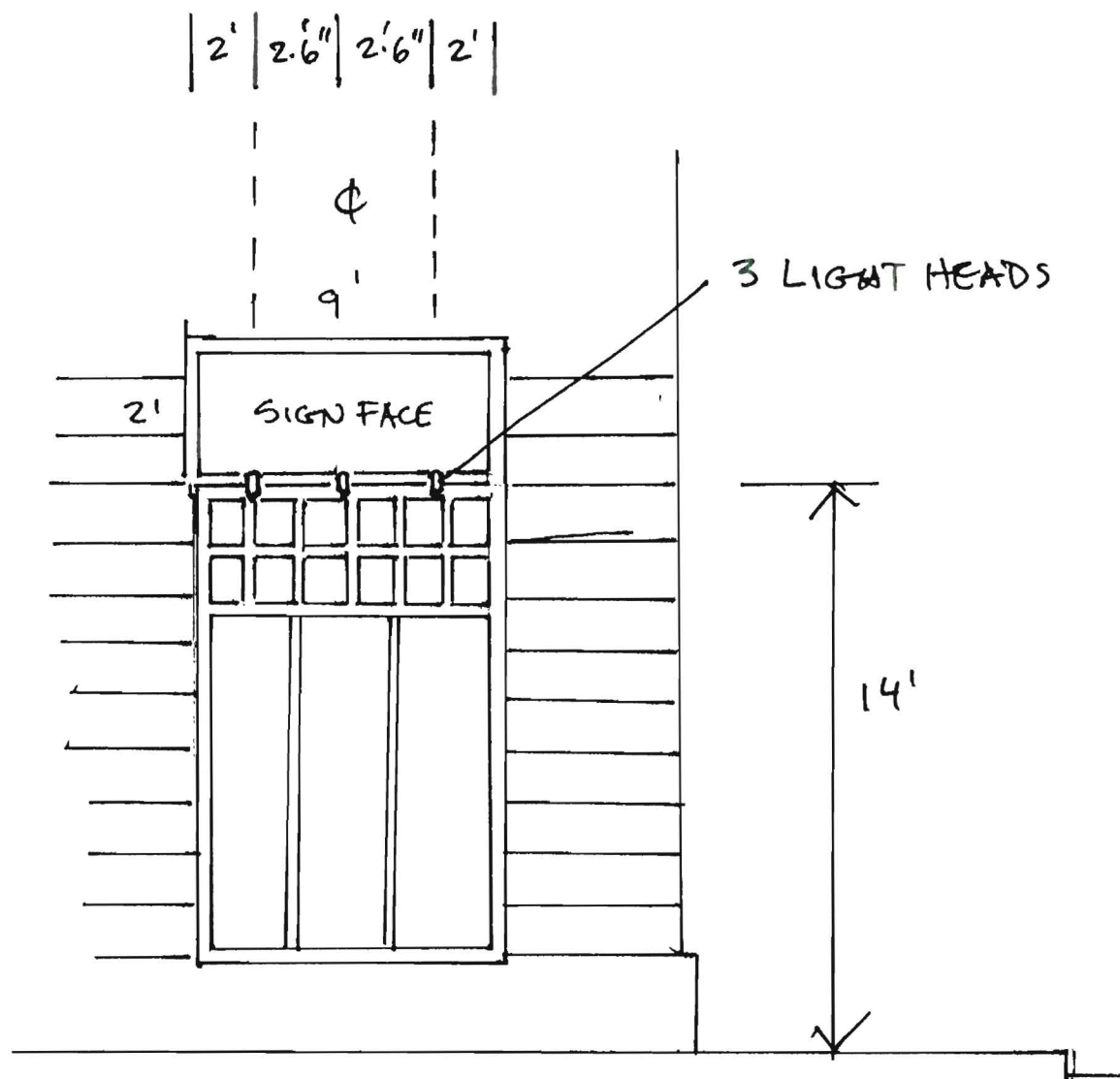
CONGRESS ST



NEW 2'x9'±-

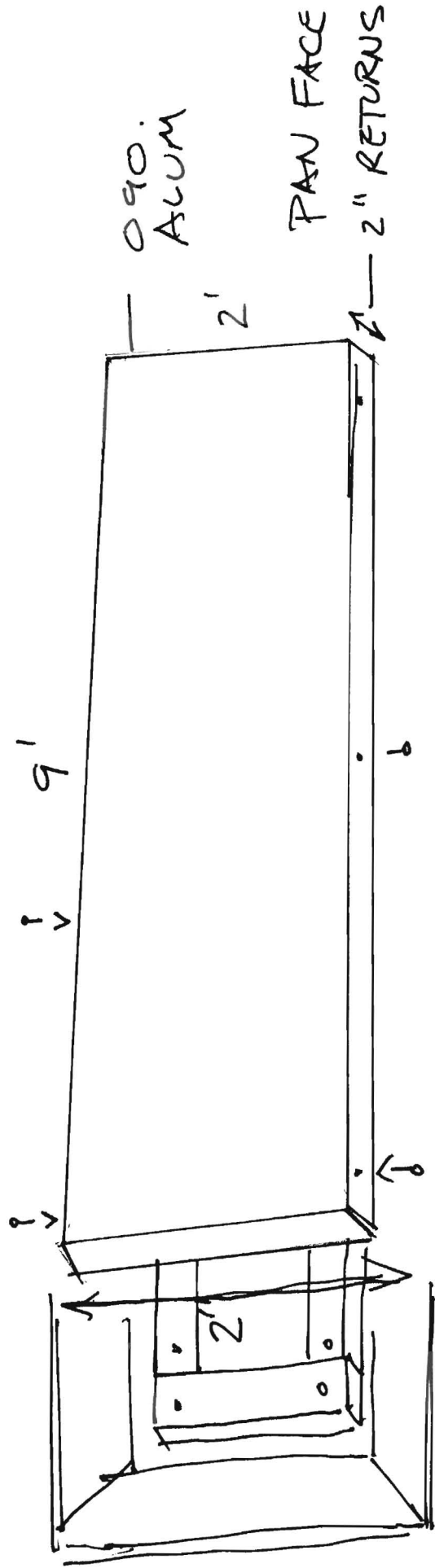
ELM STREET ELEVATION
SCALE 3/32" = 1'-0"

6' on assessors



Lighting Elevation.

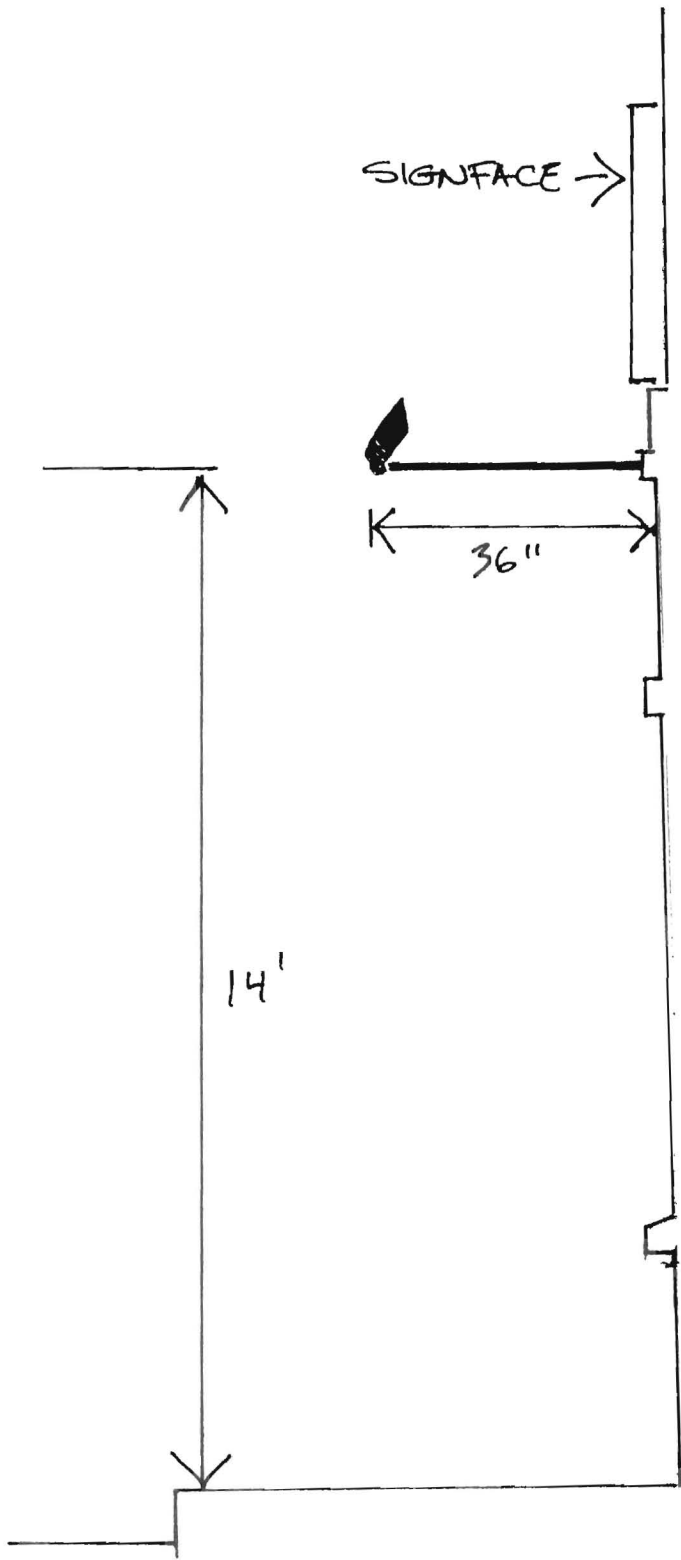
CLAPP 443 / MOUNTING DETAIL

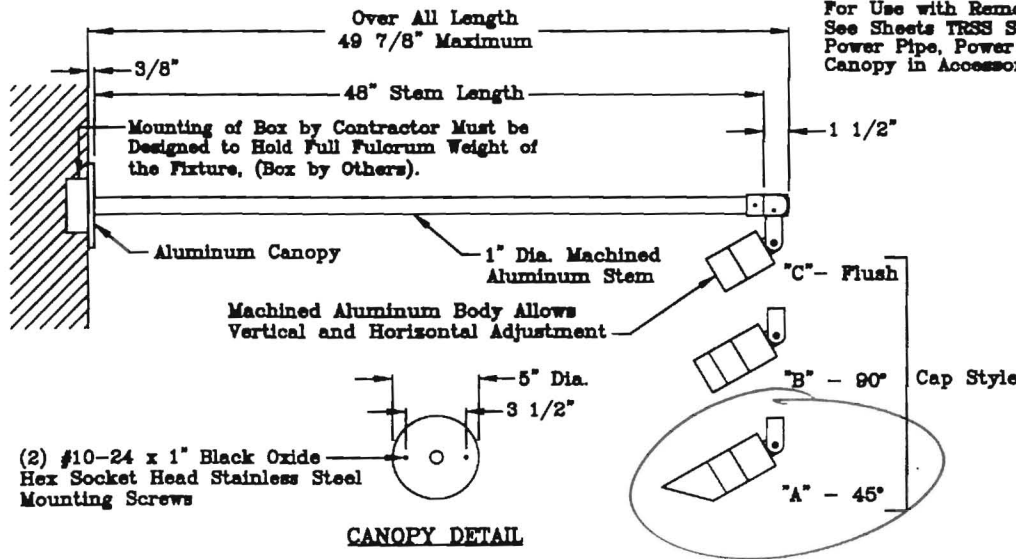


.090 ALUM SIGN FACE

RETURN 1 1/2" / BLIND FASTENERS

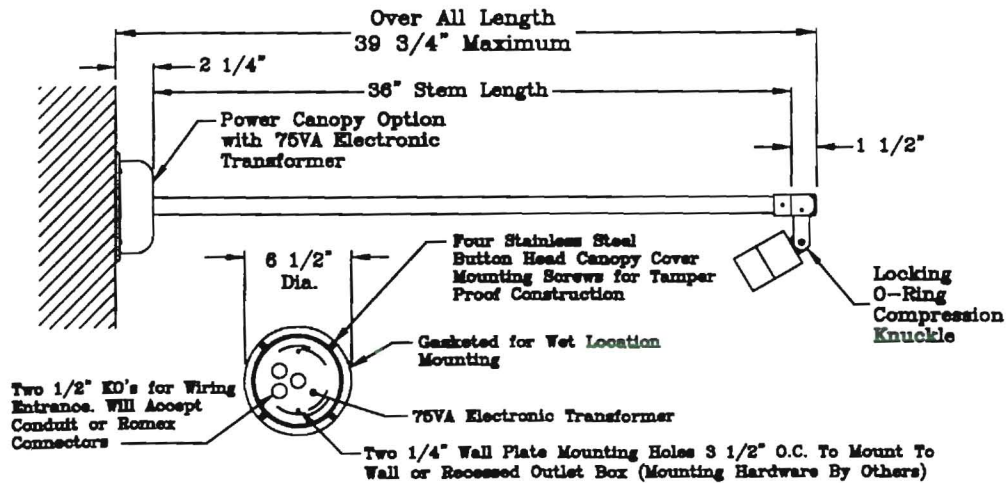
1st fl. SIGN PANELS X2





CANOPY DETAIL

REMOTE TRANSFORMER STYLE



POWER CANOPY DETAIL

INTEGRAL TRANSFORMER STYLE

For Use with Remote Transformers. See Sheets TR33 Series, TR Series, Power Pipe, Power Pipe II or Power Canopy in Accessory Section.

CATALOG NUMBER LOGIC

EXAMPLE: SN - 1 - BZP - 9 - 11 - B - 36" - C - PC75-120

Series: _____

Lamp Type: _____

- 0 - By Others (Not for use with IR technology lamps)
- 1 - BKX(20W), 12° Spot
- 2 - BAB(20W), 40° Flood
- 3 - FRB(35W), 12° Spot
- 4 - FRA(35W), 23° N. Flood
- 5 - FMW(35W), 40° Flood
- 15 - EYB(42W), 12° Spot
- 16 - EYB(42W), 25° N. Flood
- 17 - EYP(42W), 40° Flood
- 6 - EKT(50W), 13° Spot
- 7 - EKZ(50W), 26° N. Flood
- 8 - EKN(50W), 40° Flood
- 9 - FNV(50W), 60° W. Flood

Finish: _____

Powdercoat	Satin	Wrinkle
Bronze	BZP	BZW
Black	BLP	BLW
White (Gloss)	WHP	WHW
Aluminum	SAP	---
Verde	---	VER

Lens Type: _____

- 9 - Clear (Standard)
- 10 - Spread
- 12 - Soft Focus
- 13 - Rectilinear

Shielding: _____

- 11 - Honeycomb Baffle

Cap Style: _____

- A - 45°
- B - 90°
- C - Flush

Stem Length: _____

Specify Inches: 18", 24", 30", 36", 42" or 48"
(* Not Available with Power Canopy Option)

Style: _____

- C - Straight Mount

Option: _____

- PC75-120 - Power Canopy with 75VA Transformer
- PC75-277 - Power Canopy with 75VA Transformer (For Use With Maximum 36" Length)



ETL LISTED
CONFORMS TO ANSI/UL
STANDARD 1638 AND UL SUBJECT 8750
CERTIFIED TO CAN/CSA
STANDARD C22.2 NO. 9

SIGN STAR™ STYLE 'C'

8/03

B-K LIGHTING, INC.

DRAWING NUMBER
SUB-1171-07



July 7, 2011

City of Portland
Code Enforcement
Permitting

RE: Chamber of Commerce 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): _____	FAX (A/C, No): _____
	E-MAIL ADDRESS: _____	
	PRODUCER CUSTOMER ID #: IONDES1	
	INSURER(S) AFFORDING COVERAGE	
INSURED Ion Design Group Sign Systems of Maine Inc 22 Rear Free Street Portland ME 04101	INSURER A: Peerless Insurance Company	NAIC # 24198
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

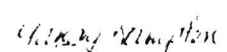
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			BOP9201910	10/10/10	10/10/11	EACH OCCURRENCE	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000000
	<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
	<input type="checkbox"/> 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							\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> RETENTION \$							\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$
	<input type="checkbox"/> 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

Department of Building Inspections

Original Receipt

7.11 20 11

Received from IJA Design

Location of Work 443- Commercial St

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 258

Building (1L) _____ Plumbing (15) _____ Electrical (12) _____ Site Plan (U2) _____

Other Sign

CBL: 27-B-8

117
+ 141

Check #: 9715

Total Collected \$ 258

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy