

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND BUILDING PERMIT

This is to certify that 4 MILK MHR, LLC

Located At 4 MILK ST

Job ID: 2011-12-2963-SIGN

CBL: 029- B-002-001

has permission to install a 2' x 3' hanging sign

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes 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

*[Signature]* 11/6/12

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](mailto: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.**

### Final Inspection

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](http://www.portlandmaine.gov)*

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2011-12-2963-SIGN

Located At: 4 MILK ST

CBL: 029- 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.

### **Historic**

1. Approved with the understanding there will be no lighting associated with the sign. Any sign lighting requires Historic Preservation approval.

### **Building**

1. 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: 2011-12-2963-SIGN	Date Applied: 12/20/2011	CBL: 029- B-002-001	
Location of Construction: 4 MILK ST	Owner Name: 4 MILK MHR LLC	Owner Address: 1660 SOLDIER FIELD RD BOSTON, MA 02135	Phone: 207-774-1885
Business Name: One Maine	Contractor Name: Graph X - Joe Loring	Contractor Address: PO Box 805, Yarmouth, ME 04096	Phone: (207) - 829-5063
Lessee/Buyer's Name: Justin Schair	Phone: 207-221-3133	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-3
Past Use: Office	Proposed Use: Same - office - One Maine - install 2' x 3' hanging sign	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 Signature: ASB
Proposed Project Description: 6 sq ft hanging sign		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	<b>Zoning Approval</b>		
<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>	<p><b>Special Zone or Reviews</b></p> <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: 01/20/12 ASB	<p><b>Zoning Appeal</b></p> <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:	<p><b>Historic Preservation</b></p> <input type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied  Date: 1/5/12 D. Anderson
	<b>CERTIFICATION</b>		

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	PHONE



B-3  
his amz

# 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: <u>4 Milk Street</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>029-B-002-001</u>	Owner: <u>4 Milk MHR LLC</u> <u>c/o Commercial Properties</u> <u>100 Silver St. Portland, ME 04101</u>	Telephone: <u>207/774-1885</u>
Lessee/Buyer's Name (If Applicable) <u>One Maine</u> <u>Tel. 207/221-3133</u>	Contractor name, address & telephone: <u>Joe Loring</u> <u>Graph X Signs</u> <u>207-829-5063</u> <u>P.O. Box 805 Yarmouth, ME 04096</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>42.00</u> Awning Fee= cost of work _____ Total Fee: \$ <u>42.00</u>
Who should we contact when the permit is ready: <u>Justin Schair</u> phone: <u>221-3133</u>		
Tenant/allocated building space frontage (feet): Length: <u>inlier of building</u> Height: <u>- only has door on milk street</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>Office Space</u> If vacant, what was prior use: <u>Law office</u> Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>2 x 3 ft</u>		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions: _____ Awning? Yes _____ No _____ Sq. ft. area of awning w/communication: _____		
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.		

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DEC 20 2011  
Dept. of Building Inspections  
City of Portland, Maine

12-22-11  
612-136775-117

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](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

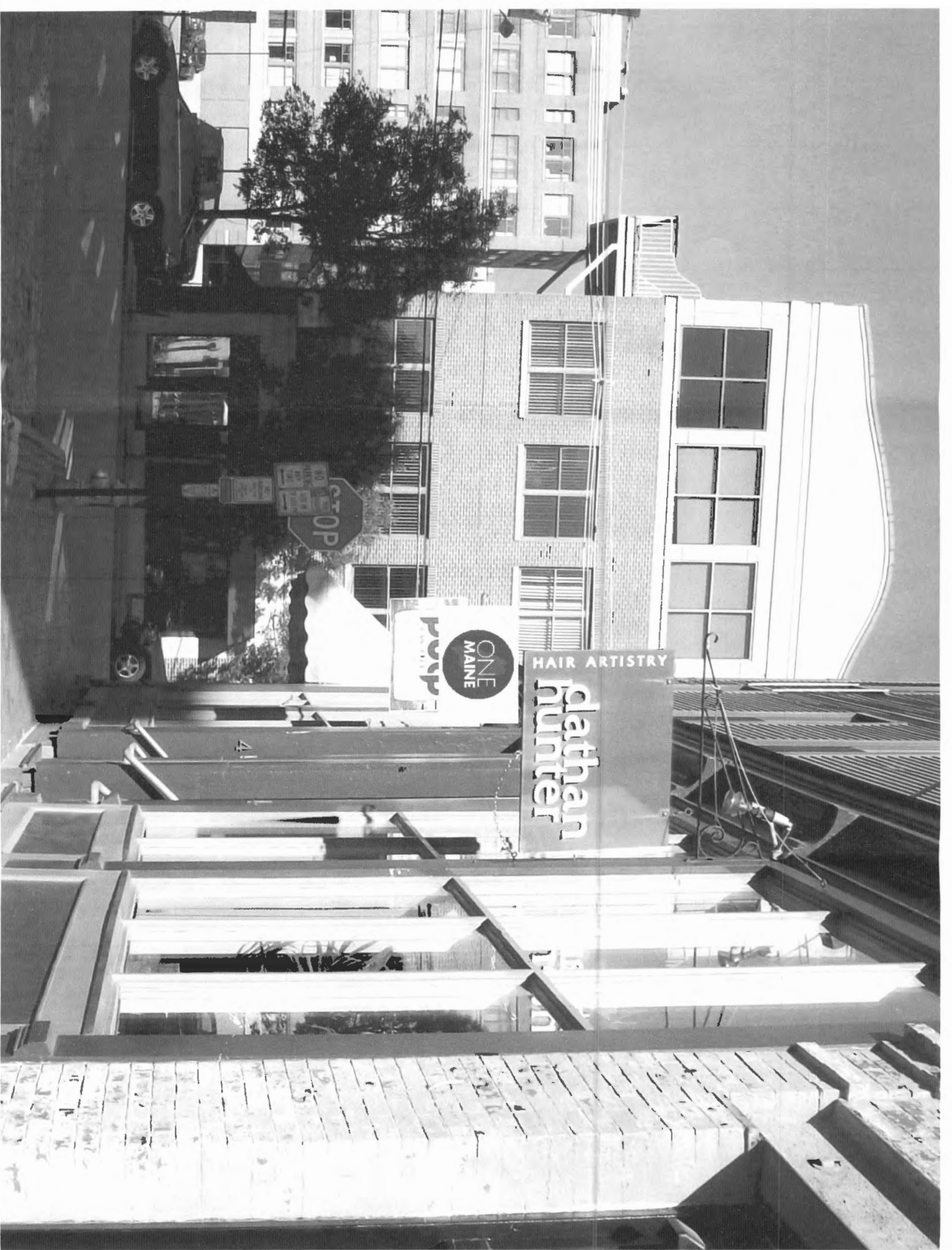
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: J. M. Schair Date: 11/10/11

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

B-3 - ground floor front - no frontage on street - door is on milk street - space is down hall back of building. (circled) Sign is 6' x 3' of height w/ door.

4 MILK STREET



HAIR ARTISTRY

plathan  
hunter

ONE  
MAINE

STOP

**Ann Machado - OneMaine signage**

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**From:** Justin Schair <justin@onemaine.com>  
**To:** "amachado@portlandmaine.gov" <amachado@portlandmaine.gov>  
**Date:** 12/23/2011 12:51 PM  
**Subject:** OneMaine signage

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Hello Ann,

Very nice speaking with you yesterday. Regarding sign permit application for OneMaine, the sign would be made of 3/4" medium density overlay (sign plywood).

I hope this is helpful.

Have a great holiday, and best wishes for the New Year.

Justin

Justin Schair | **OneMaine**  
P.O. Box 7817 | Portland, Maine | 04112

office (207) 358-7700  
direct (207) 221-3133  
fax (207) 358-7799  
[www.onemaine.com](http://www.onemaine.com)

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Dept. of Building Inspections  
City of Portland Maine

## **Details for sign fastening and attachment for OneMaine (4 Milk Street)**

The sign size is 36" wide by 24" tall.

We will use a standard arm bracket similar to the other signs in the enclosed picture.

We will use 3/8" x 1 7/8" sleeve anchors to hold the bracket to the building. We will also use 1/8" stainless-steel cable for a guide wire as a backup measure. We will use wire rope clips to affix the cable to the bracket and to the two anchor brackets that we will affix to the building above the sign bracket. You can see an example of the guide wire on the Dathan Hunter sign, in the attached photo. A superimposed image of where the sign would be placed is also illustrated in the enclosed photo.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/23/2011

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).

<b>PRODUCER</b> Cross Insurance-Portland 2331 Congress Street PO Box 567 Portland ME 04112	<b>CONTACT NAME:</b> Margaret Hutchins, CISR <b>PHONE (A/C No. Ext):</b> (207) 780-1677 <b>E-MAIL ADDRESS:</b> mhutchins@crossagency.com	<b>FAX (A/C. No):</b> (207) 780-6377
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> OneMaine, Maine Aisa, LLC & Lerner Foundation 4 Milk St. Portland ME 04104	<b>INSURER A</b> Acadia Insurance Group, LLC	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		<b>NAIC #</b>

**COVERAGES** CERTIFICATE NUMBER: CL1172250861 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		BINDER	7/12/2011	7/12/2012	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COM/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
		DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)  
 Refer to policy for exclusionary endorsements and special provisions.

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Dept. of Building Inspections  
City of Portland Maine

<b>CERTIFICATE HOLDER</b>  City of Portland 389 Congress Street Portland, ME 04101	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  M Hutchins, CISR/MH3 <i>Margaret Hutchins</i>