

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION PERMIT

Permit Number: 061511

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that SHOEMAKER LLC /Business Owner  
has permission to sign for New England Regional Council  
AT 183 MIDDLE ST 032 HO 6001

**PERMIT ISSUED**

NOV 15 2006

CITY OF PORTLAND

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 procured before this building or part thereof is loaded or service closed-in. 4 HOUR NOTICES 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]*  
11/01/06  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

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

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

Permit No: 06-1511	Issue Date: <b>PERMIT ISSUED</b> NOV 15 2006	CBL: 032 H016001
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Location of Construction: 183 MIDDLE ST	Owner Name: SHOEMAKER LLC	Owner Address: 16 MOSES LITTLE	Phone:
Business Name:	Contractor Name: Business Owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Commercial	Proposed Use: Commercial Sidewalk sign for New England Regional Council of Carpenters	Permit Fee: \$77.00	Cost of Work: \$77.00	CEO District: 1
Proposed Project Description: sign for New England Regional Council of Carpenters		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>V/A</i>	INSPECTION: Use Group: <i>0</i> Type: <i>Sign</i> <i>City Ordinance</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: dmartin	Date Applied For: 10/16/2006	<b>Zoning Approval</b>	
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

<b>Special Zone or Reviews</b> <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>10/30/06</i> <i>APR</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <i>NO</i> <input 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>Any ex know work requires a separate review approval thru Historic Preservation</i>
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**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> 06-1511	<b>Date Applied For:</b> 10/16/2006	<b>CBL:</b> 032 H016001
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<b>Location of Construction:</b> 183 MIDDLE ST	<b>Owner Name:</b> SHOEMAKER LLC	<b>Owner Address:</b> 16 MOSES LITTLE DR	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Business Owner	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial Sidewalk sign for New England Regional Council of Carpenters	<b>Proposed Project Description:</b> sign for New England Regional Council of Carpenters
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 10/30/2006

**Note:** Office of buildings tradesman is an accepted use. Was used an office before.      **Ok to Issue:**

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

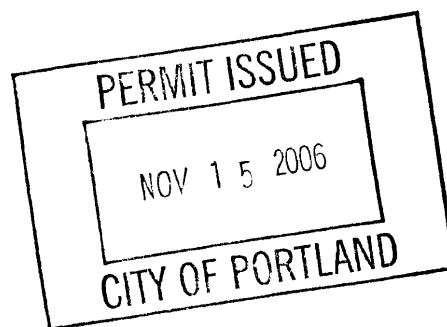
**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 11/01/2006

**Note:**      **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

**Comments:**

10/26/2006-amachado: Spoke to George Bertini. He has been in space for 2 months. Need to know previous use to determine if he needs a change of use.





# 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>185 Middle St Portland Me.</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>32      H      016 001</u>	Owner: <u>Shemaker LLC</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone:	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For <u>(1.0)</u> signage = Total <u>6sf</u> Fee: \$ _____ Awning Fee = cost of work _____ Total Fee: \$ <u>77</u>
Who should we contact when the permit is ready: <u>George Bertini</u> phone: <u>232-6091</u>		
Tenant/allocated building space frontage (feet): Length: <u>30</u> Height: <u>20</u> Lot Frontage (feet) <u>100</u> Single Tenant or Multi Tenant Lot <u>multi</u>		
Current Specific use: <u>office</u> If vacant, what was prior use: <u>office</u> Proposed Use: <u>office</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No <u>X</u> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions proposed: _____		
Proposed awning? Yes ___ No <u>X</u> 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.		

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

OCT 13 2006

RECEIVED

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.

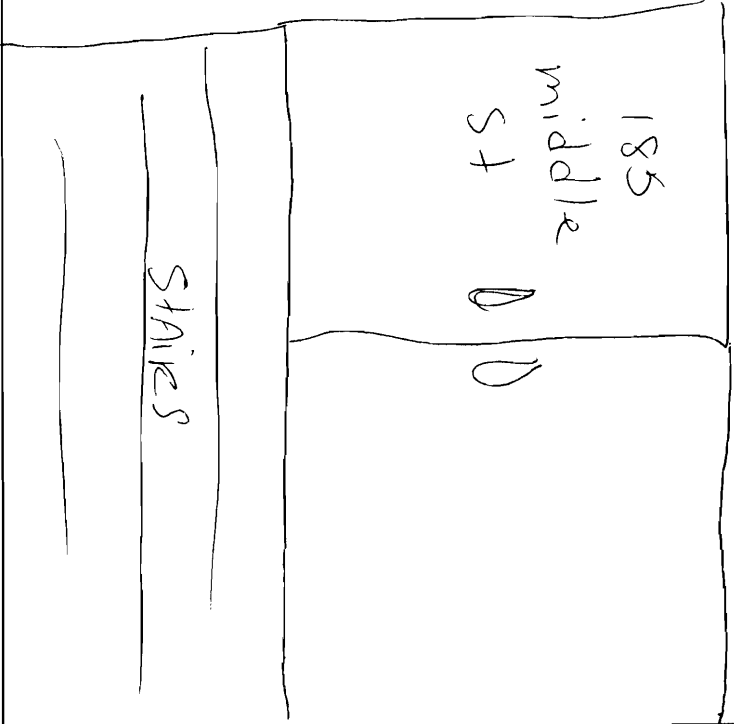
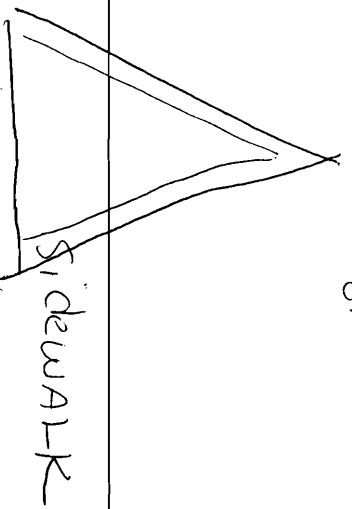
Signature of applicant: <u>George Bertini</u>	Date: <u>6/18/06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

min width - 24" - 24" sign ok  
min height - 30" - 36" sign  
max hush - 40"

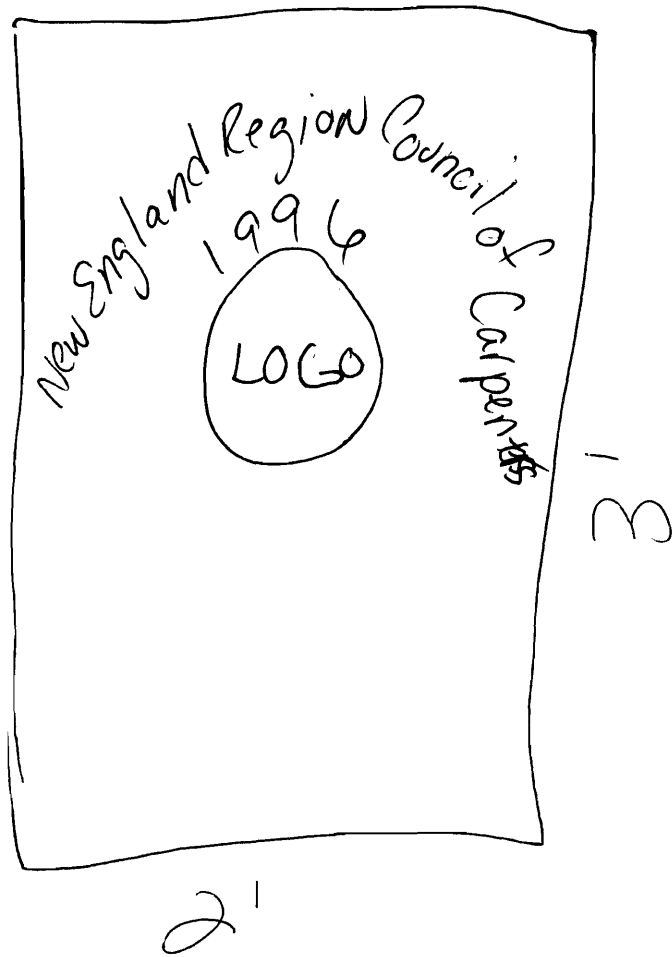
NO Existing SIGNS

3-sided ax3  
foldout  
location  
sign  
on sidewalk



# Sign

## FRONT & BACK



07-12-06

I permit NERCC to put  
up a sign at 183 middle St.

Terry Shoemaker  
manager  
Shoemaker, LLC

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MP  
NEWER01

DATE (MM/DD/YYYY)  
06/26/06

**PRODUCER**  
Sampson Insurance Agency, Inc.  
97 Libbey Parkway, Suite 110  
P.O. Box 890039  
Weymouth MA 02189-0001  
Phone: 800-585-1905 Fax: 781-682-9740

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
  
NEW ENGLAND REGIONAL COUNCIL  
OF CARPENTERS  
803 SUMMER STREET 4TH FLOOR  
SOUTH BOSTON MA 02127

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: FIRST FINANCIAL INSURANCE CO	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	<b>GENERAL LIABILITY</b>	665FW02187	10/29/05	10/29/06	EACH OCCURRENCE \$ 1,000,000.
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ EXCLUDED
						PERSONAL & ADV INJURY \$ EXCLUDED
						GENERAL AGGREGATE \$ 2,000,000.
						PRODUCTS - COMP/OP AGG \$ EXCLUDED
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
		<b>AUTOMOBILE LIABILITY</b>				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				
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		<input type="checkbox"/> DEDUCTIBLE				\$
		RETENTION \$				\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
		<b>OTHER</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Re: Office at 183 Middle Street Portland, ME

City of Portland is an additional insured.

## CERTIFICATE HOLDER

## CANCELLATION

CITYP01

CITY OF PORTLAND  
BUILDING INSPECTOR  
389 CONGRESS ST  
PORTLAND ME 04101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

*Craig A. Thompson*