

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that C N BROWN COMPANY

Located At 2 PARK AVE

Job ID: 2011-05-1220-ALTCOMM

CBL: 036 - - G - 001 - 001 - - - -

has permission to replace pylon sign (6'x12') & two canopy 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

Ch B. [Signature] 6/6/14

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**

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-05-1220-ALTCOMM	Date Applied: 5/26/2011	CBL: 036 - - G - 001 - 001 - - - - -	
Location of Construction: 2 PARK AVE	Owner Name: C N BROWN COMPANY	Owner Address: PO BOX 200 SOUTH PARIS, ME - MAINE 04281	Phone: 207-743-4200
Business Name:	Contractor Name: Randy Burr – Burr Signs	Contractor Address: 50 Downeast Dr., Yarmouth ME 04096	Phone: 207-846-7622
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN	Zone: B-2b
Past Use: Gas Station	Proposed Use: Gas Station – replace pylon sign (6' x 12') & two canopy signs	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: <i>Sign</i> Signature: <i>ABM</i>
Proposed Project Description: replace pylon sign (12' x 6') & two canopy signs		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	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>6/1/11 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 Dist 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	PHON

2011-05-12-22

5131/11 66

B-2b



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>2 PARK AVE</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>1036</u> Block# <u>G 001</u> Lot#	Owner: <u>CW BROWN</u>	Telephone: <u>743-4200</u>
Lessee/Buyer's Name (If Applicable) <u>THE BIG APPLE</u>	Contractor name, address & telephone: <u>BURR SIGNS 50 DOWNEYST DR YARMOUTH, ME 04096</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For I.D. signage = Total <u>124 #</u> Fee: \$ <u>276.50</u> Awning Fee = cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>FRUDY BURR</u> phone: <u>846-7622</u>		
Tenant/allocated building space frontage (feet): Length: <u>>100</u> Height: <u>15</u> Lot Frontage (feet) <u>>200</u> Single Tenant or Multi Tenant Lot <u>1</u>		
Current Specific use: <u>CONVENIENCE STORE w/GAS</u> If vacant, what was prior use: _____ Proposed Use: <u>SAME</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <u>1</u> No _____ Dimensions proposed: <u>12'x6' SA</u> Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <u>3</u> No _____ Dimensions proposed: <u>SA</u>		
Proposed awning? Yes _____ No <u>✓</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 <u>✓</u> No _____ Dimensions: <u>TO BE REMOVED</u> Bldg. wall sign? (attached to bldg) Yes <u>✓</u> No _____ Dimensions: <u>TO BE REMOVED</u> Awning? Yes _____ No <u>✓</u> 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.		

RECEIVED
MAY 26 2011
BY
MAY 26 2011
Dept. of Building Inspections
City of Portland Maine

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: [Signature] Date: 05-24-2011

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

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 2 PARK AVE ZONE: _____

CBL: _____

SINGLE TENANT LOT? YES NO NO ✓ MULTI TENANT LOT? YES ✓ NO NO
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES ✓ NO _____

INFORMATION ON PROPOSED SIGN(S):
FREESTANDING (e.g., pole) SIGN? YES ✓ NO _____ DIMENSIONS PROPOSED: 12'x6' SA
BLDG. WALL SIGN? (attached to bldg) YES ✓ NO _____ DIMENSIONS PROPOSED: SA

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):
FREESTANDING (e.g., pole) SIGN? YES ✓ NO _____ DIMENSIONS: TO BE REMOVED
BLDG. WALL SIGN(attached to bldg) ? YES ✓ NO _____ DIMENSIONS: TO BE REMOVED
AWNING? YES _____ NO ✓ DIMENSIONS: _____

LOT FRONTAGE (FEET): >200
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): >100

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: [Signature] DATE: 05-24-2011

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

gas station
freestanding - 79' max - 72' proposed (OB)
- 18' max height - 18' sign (OB)
- 5' existing sign.

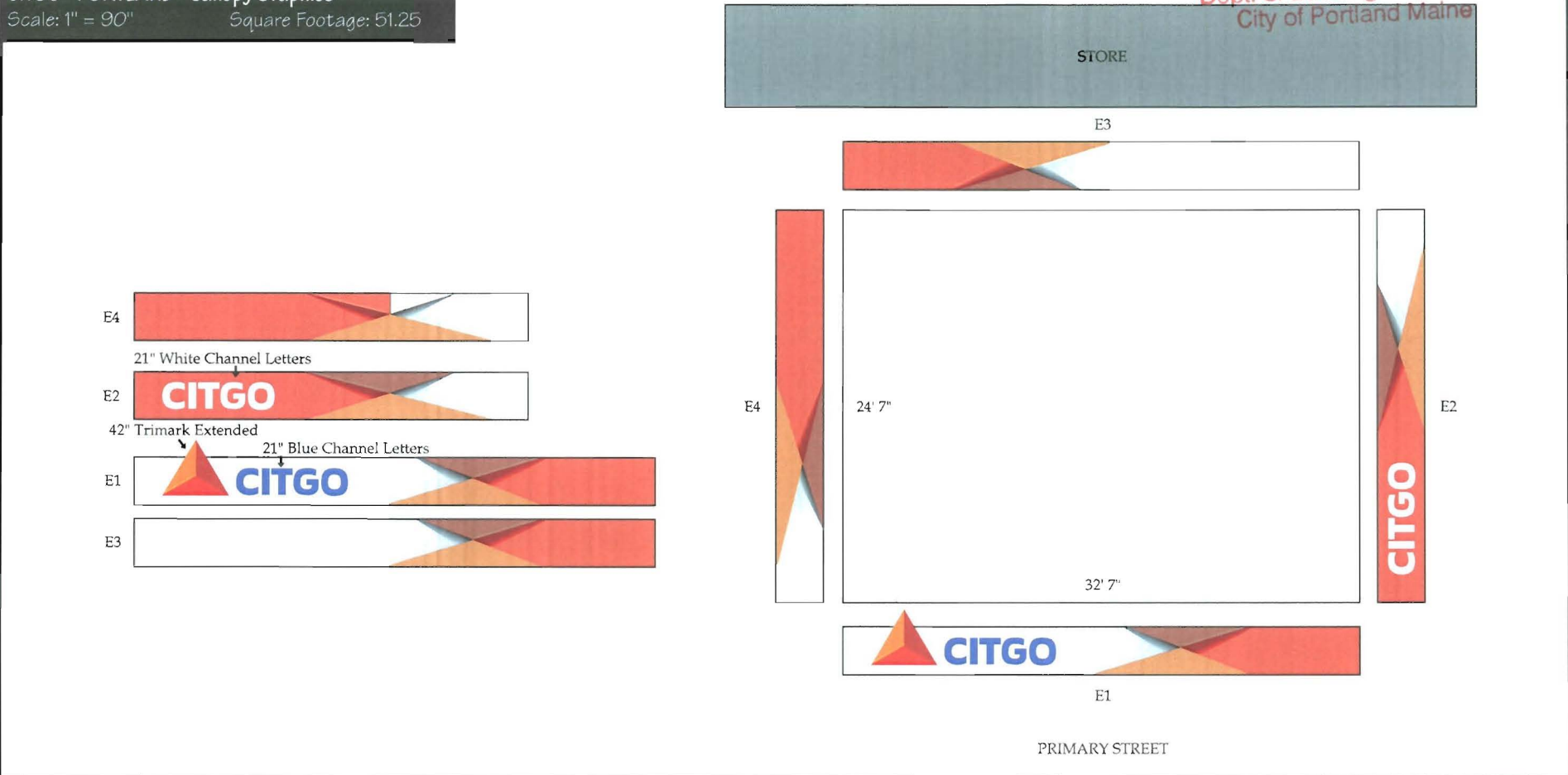
Canopy
20 sq each canopy sign
2 signs permitted.

RECEIVED

JUN - 6

CITGO - PORTLAND - Canopy Graphics
Scale: 1" = 90" Square Footage: 51.25

Dept. of Building Inspections
City of Portland Maine



50 Downeast Drive
Yarmouth, ME 04096
Phone: 207-846-7622
Fax: 207-846-7620

CLIENT
ADDRESS
CONTACT:

DRAWING NAME	DATE
Canopy Graphics-FD	5/20/2011
SALES PERSON	DESIGNER
	Kristi
CLIENT SIGNATURE & APPROVAL DATE	

REVISION HISTORY	
DATE	REVISION HISTORY

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ACORD™

Client#: 33122

BROWNCN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2010

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 Willis of Northern New England 31 Court Street P.O. Box 40 Auburn, ME 04212-0040	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED C.N. Brown Company 1 C.N. Brown Way P.O. Box 200 South Paris, ME 04281	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hanover Insurance Company	NAIC # 22292
	INSURER B: Everest National Insurance Comp	10120
	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 SUBR NSR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:25000 <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		ZBP890467900	11/01/2010	11/01/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPIOP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Other Car		ABP891407200	11/01/2010	11/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$ 0		71G8000154101	11/01/2010	11/01/2011	EACH OCCURRENCE \$8,000,000 AGGREGATE \$8,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property		ZBP890467900	11/01/2010	11/01/2011	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CITY OF PORTLAND IS AN ADDITIONAL INSURED WITH REGARDS TO THE GENERAL LIABILITY POLICY ONLY. GASOLINE DELIVERY.

CERTIFICATE HOLDER

CANCELLATION 10 Days for Non-Payment

CITY OF PORTLAND 389 CONGRESS STREET PORTLAND, ME 04101	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 <i>David J. King</i>



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: 2011-05-1220-ALTCOMM

Located At: 2 PARK AVE

CBL: 036 - - G - 001 - 001 - - - -

Conditions of Approval:

Zoning

1. This permit is being approved on the basis of revised plans submitted June 6, 2011 showing two canopy signs only. Any deviations shall require a separate approval before starting that work.

Building

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

CITGO - PORTLAND - Pylon & Canopy
 Scale: 1" = 50" Square Footage: 72 (pylon)



Main ID 6'x6'



50 Downeast Drive
 Yarmouth, ME 04096
 Phone: 207-846-7622
 Fax: 207-846-7623

CLIENT	
ADDRESS	
CONTACT:	

DRAWING NAME	DATE
Pylon.F5	3/22/2011
SALES PERSON	DESIGNER
	Kristi
CLIENT SIGNATURE & APPROVAL DATE	

REVISION HISTORY	
DATE	REVISION HISTORY

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CITGO - PORTLAND - Pylon (tech)

Scale: 1" = 40"

Square Footage: 72 (pylon)



50 Downeast Drive
Yarmouth, ME 04096
Phone: 207-846-7622
Fax: 207-846-7623

CLIENT	
ADDRESS	
CONTACT	

DRAWING NAME	DATE
Pylon.F5	3/22/2011
SALES PERSON	DESIGNER
	Kristi
CLIENT SIGNATURE & APPROVAL DATE	

REVISION HISTORY	
DATE	REVISION HISTORY

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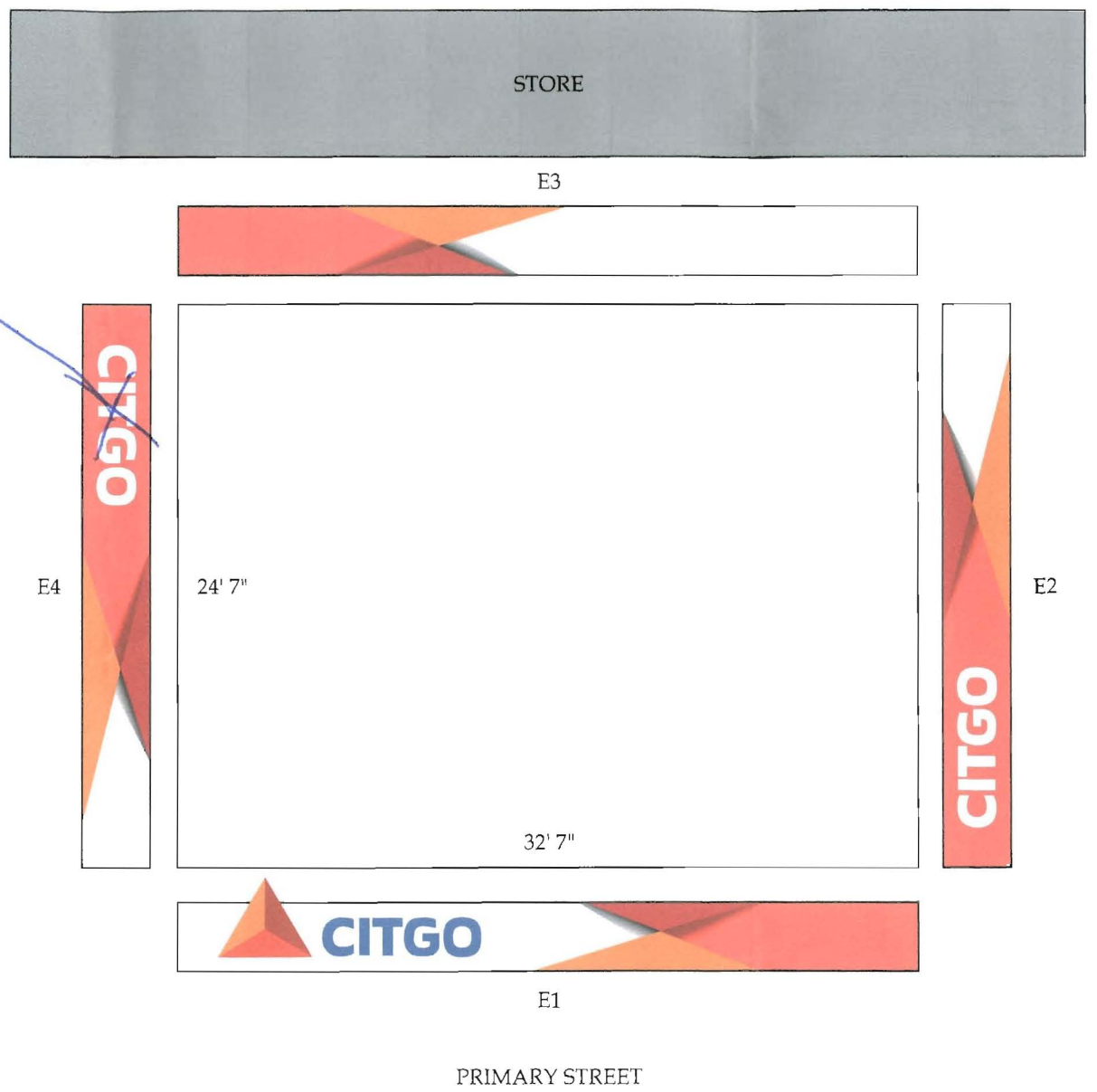
CITGO - PORTLAND - Canopy Graphics

Scale: 1" = 90"

Square Footage: 51.25

*revised
See page submittals
6/16/11*

no cuts



50 Downeast Drive
Yarmouth, ME 04096
Phone: 207-846-7622
Fax: 207-846-7623

CLIENT	
ADDRESS	
CONTACT	

DRAWING NAME	DATE
Canopy Graphics.FS	5/20/2011
SALES PERSON	DESIGNER
	Kristi
CLIENT SIGNATURE & APPROVAL DATE	
_____ / /	

REVISION HISTORY	
DATE	REVISION HISTORY

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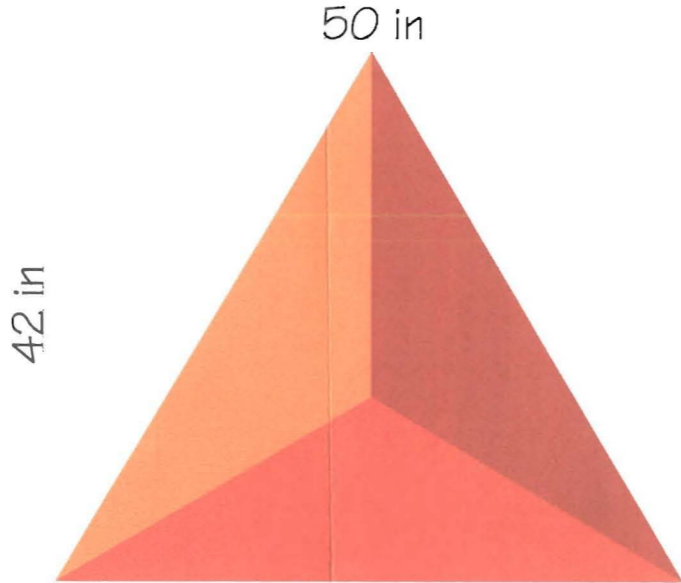
CITGO - CANOPY OPTIONS

Scale: 1" = 15"

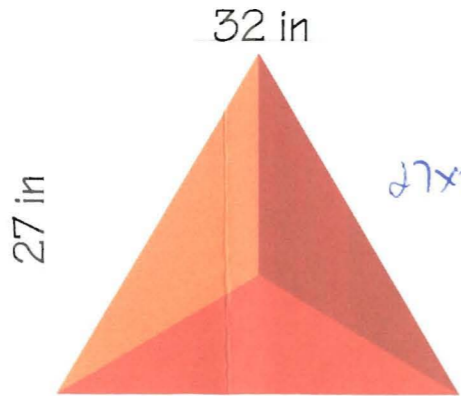
Square Footage:

$42 \times 50 = 2100$ $14.58 \div 2 = 7.3$

$21 \times 84 = 1764 \phi = 12.25 \phi + 7.3 \phi = 19.54 \phi$ (OK)



42" Trimark Extended



27" Trimark Within

$27 \times 32 = 864 \div 6 = 144$
 $144 \div 2 = 72$



21" Channel Letters - White



21" Channel Letters - Blue

$12.25 \phi + 3 = 15.25 \phi$ (OK)



50 Downeast Drive
 Yarmouth, ME 04096
 Phone: 207-846-7622
 Fax: 207-846-7623

CLIENT: _____
 ADDRESS: _____
 CONTACT: _____

DRAWING NAME: Generic Canopy Items.F5 DATE: 5/19/2011
 SALES PERSON: _____ DESIGNER: Kristl
 CLIENT SIGNATURE & APPROVAL DATE: _____

REVISION HISTORY	
DATE	REVISION HISTORY

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