

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 081218

Please Read Application And Notes, If Any, Attached

This is to certify that 15 CASCO STREET LLC / Scarborough Signs
has permission to Install new 4'x 4' Pole sign (Replacement sign on existing Pole)
AT 15 CASCO ST CBL 037 D023001

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 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 written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

PERMIT ISSUED

SEP 30 2008

CITY OF PORTLAND

Fire Dept.
Health Dept.
Appeal Board
Other

9/30/08 *[Signature]*
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned



CITY OF PORTLAND, MAINE
Department of Building Inspections

_____ 7/27 2008 _____

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ 62.

Building (IL) ___ Plumbing (I5) ___ Electrical (I2) ___ Site Plan (U2) ___

Other Signs

CBL: 37-5 23

Check #: CC

Total Collected \$ 40.62

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

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

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-1218	Issue Date: 9/30/08	CBL: 037 D023001
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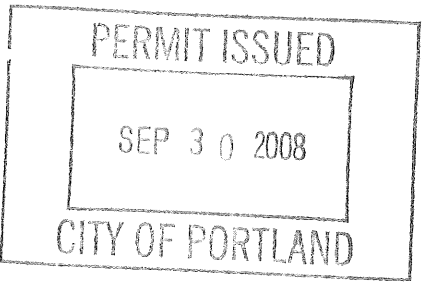
Location of Construction: 15 CASCO ST	Owner Name: 15 CASCO STREET LLC	Owner Address: 15 CASCO ST	Phone:
Business Name:	Contractor Name: Scarboro Signs	Contractor Address: 680 US Rt. 1 Scarborough	Phone: 2078836796
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial - Office	Proposed Use: Commercial - Office - Install replacement 4'x 4' sign on an existing Pole	Permit Fee: \$62.00	Cost of Work: \$62.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: Sign IBL-2007	

Proposed Project Description: Install replacement 4'x 4' on an existing pole	Signature:	Signature: 9/30/08
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: Idobson	Date Applied For: 09/29/2008	Zoning Approval
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<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 information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: 9/30/08</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>
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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

Permit No: 08-1218	Date Applied For: 09/29/2008	CBL: 037 D023001
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Location of Construction: 15 CASCO ST	Owner Name: 15 CASCO STREET LLC	Owner Address: 15 CASCO ST	Phone:
Business Name:	Contractor Name: Scarboro Signs	Contractor Address: 680 US Rt. 1 Scarborough	Phone (207) 883-6796
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Office - Install replacement 4'x 4' sign on an existing Pole	Proposed Project Description: Install replacement 4'x 4' on an existing pole
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Dept: Zoning	Status:	Reviewer: Marge Schmuckal	Approval Date: 09/30/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Zoning is only approving the sign replacement and not the addition of any new lighting without further information on the lighting. Section 14-221.1 states that any glare shall be imperceptible at lot lines.			
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 09/30/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date



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>15 CASCO STREET</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>37</u> Block# <u>D</u> Lot# <u>23</u>	Owner: <u>DAWSON/SMITH, PURVIS & BASSETT, P.A.</u>	Telephone: <u>874-6355</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Contractor name, address & telephone: <u>SCARBORO SIGNS, LLC</u> <u>608 US RTE 1 SCARBOROUGH,</u> <u>ME 04074</u> <u>883-6796</u>	Total s.f. of signage x \$2.00 <u>165F</u> 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: <u>PAUL ADLER</u> phone: <u>883-6796</u>		
Tenant/allocated building space frontage (feet): Length: <u>132'</u> Height: <u>25'</u> Lot Frontage (feet) <u>150'</u> Single Tenant or Multi Tenant Lot <u>SINGLE</u>		
Current Specific use: <u>OFFICE</u> If vacant, what was prior use: <u>N/A</u> Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>4'x4'</u> Height from grade: <u>16'</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: _____		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions: <u>4'x4'</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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.		

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: <u>9/29/08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.

~~N/A~~ Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.

A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.

A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.

~~N/A~~ Certificate of flammability required for awning or canopy.

~~N/A~~ A UL# is required for lighted signs at the time of final inspection.

Pre-application questionnaire completed and attached.

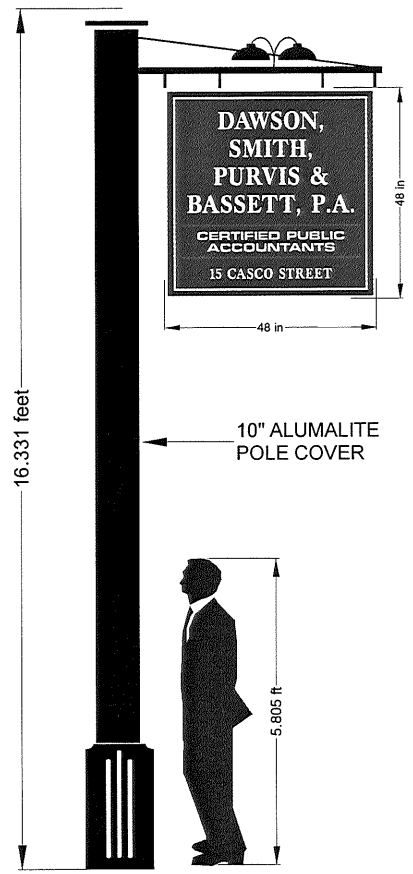
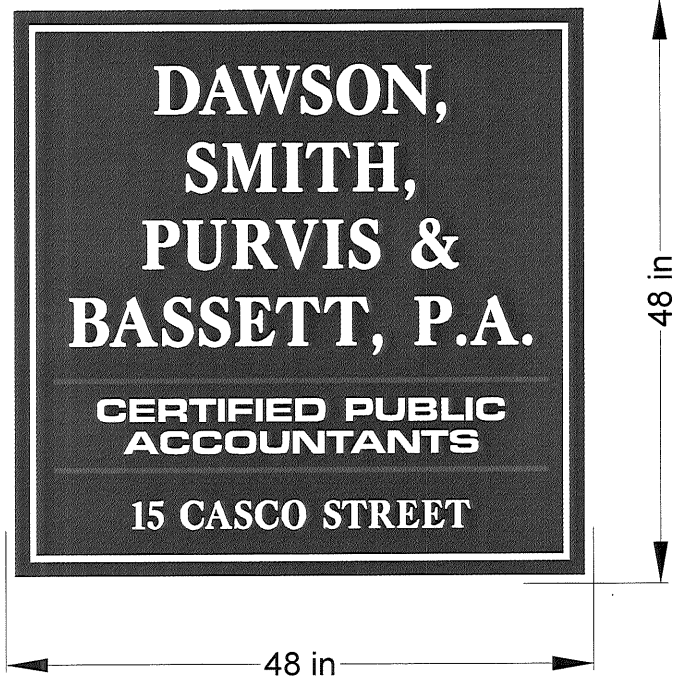
Photos of existing signage

Details for sign fastening, attachment or mounting in the ground.

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, \$10.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.



THIS PROOF DRAWING IS FOR YOUR REVIEW & APPROVAL BEFORE FABRICATION BEGINS. SIGNED APPROVAL INDICATES THAT YOU HAVE READ & APPROVE OF THE SPECIFICATIONS STATED. SCARBORO SIGNS, LLC WILL NOT BE RESPONSIBLE FOR ERRORS THAT COULD HAVE BEEN PREVENTED BY THE PROPER REVIEW OF THIS FORM. THANK YOU.

SCARBORO SIGNS
The Sign Guys
 Since 1972

608 US Route One, Scarborough, Me. 04074
 207-883-6796 Fax: 207-885-0088
 email: info@scarborosignsllc.com

Client Name:
KIRK PURVIS
 Location:
**15 CASCO ST.
 PORTLAND**

Last Revision:
 Job#: **PA0807002**
 Page: **1 OF 1**
 File Name:
ALUMALITE-TRIM

Client Approval _____
 Date _____

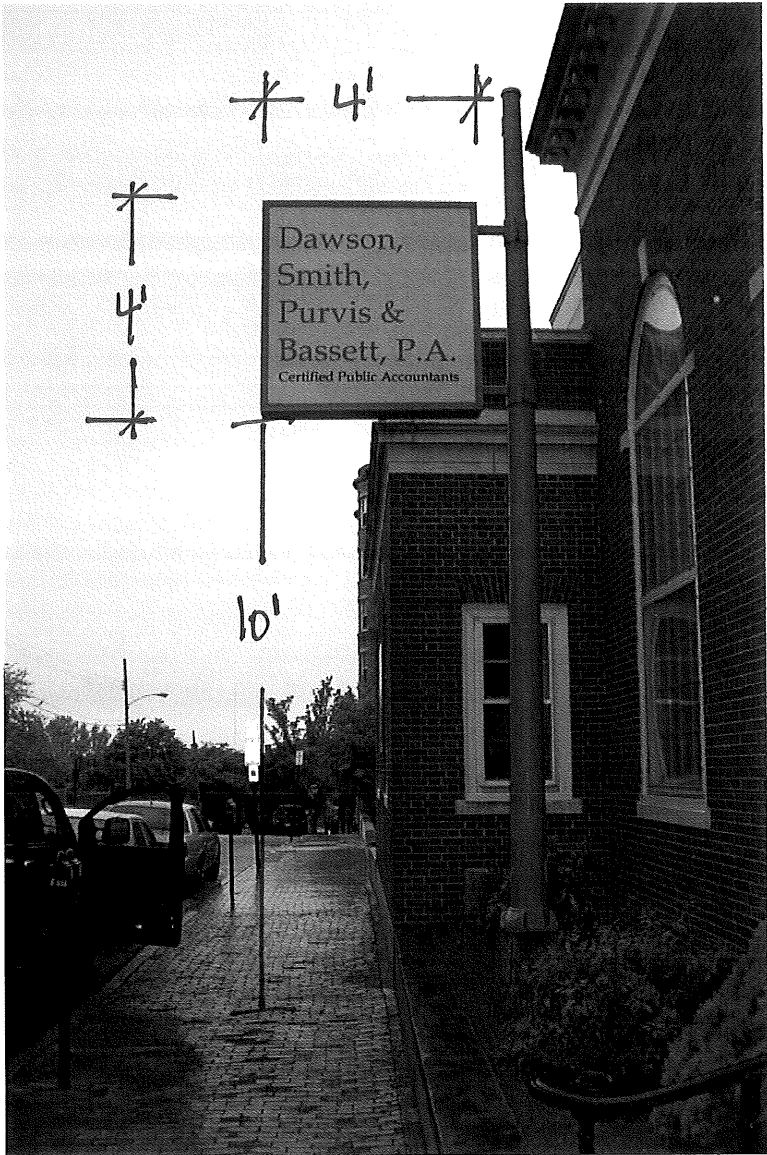
SIGNED APPROVAL OF ALL DRAWINGS MUST BE RECEIVED BEFORE PRODUCTION BEGINS

Sales Rep:
PAUL ADLER

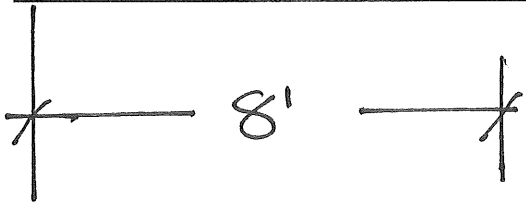
Designer:
TIM WEEKS

MEMBER

 LISTED



EXISTING SIGN DIMMENSIONS



SET BACK DIMMENSION

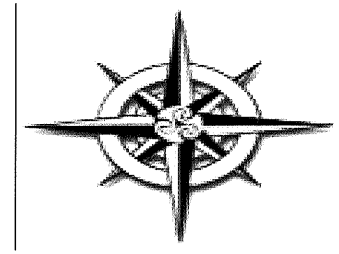
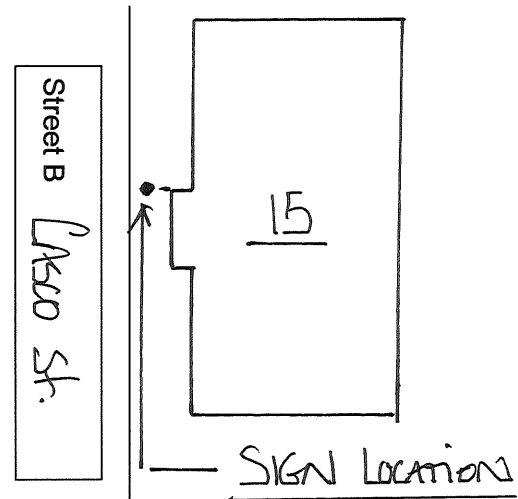


Job Name:	DSP&B, P.A.		Building Material:	BRICK	Building Color (PMS):	BRICK
Co. Name:			Fascia Material:	---	Fascia Color (PMS):	---
Address:	15 CASCO STREET		Notable Conditions:	---		
City:	PORTLAND	Zip:	Is Electrical Present?	YES	Known Setback(s):	8'
Surveyor:			Survey Date:			

STREET A:		# OF LANES:	
STREET B:		# OF LANES:	

- Please Include the Following:
- Building Drawing(s)
 - Building(s) Dimensions - (Height & Width)
 - Lot Dimensions
 - Street Names
 - Setback Dimensions
 - Photo Angle/ Locations
 - Sign Locations

• BUILDING FRONTAGE = 132'
 • BUILDING HEIGHT : 25'
 • LOT FRONTAGE : 150'



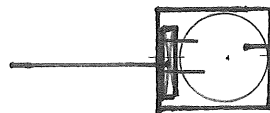


15 CAECO STREET



- EXISTING POLE AND ANCHOR BOLT BASE TO BE USED
- NEW POLE COVER SYSTEM TO BE INSTALLED

• BLOCKING FASTENED TO EXISTING POLE. NEW POLE COVER FASTENED INTO BLOCKING



• EXISTING ROUND POLE
• NEW SQUARE POLE COVER FABRICATED FROM 1/4" THICK ALUMALITE.



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID TG DATE (MM/DD/YYYY)
DAWSO-1 09/24/08

PRODUCER
Noyes Hall & Allen Insurance
PO Box 2403
170 Ocean Street
South Portland ME 04116-2403
Phone: 207-799-5541 Fax: 207-767-7590

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

Dawson, Smith, Purvis & Bassett, P.A.
1 Canal Plaza, Suite 801
Portland ME 04101

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Hanover Insurance Co	22292
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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	OHP3801553	10/22/07	10/22/08	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHE-R
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Sign on the side of building at 15 Casco Street, Portland Maine. The City of Portland is hereby listed as additional insured.

CERTIFICATE HOLDER

CITY OF P

City of Portland
389 Congress Street
Portland ME 04101

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE

[Signature]

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.