

Form # P04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

PERMIT

PERMIT ISSUED
Permit Number: 050090
JAN 21 2005
CITY OF PORTLAND

This is to certify that Center City Plaza Assoc/The Company

has permission to Install 2' x 3' sign

AT 510 Congress St

037 H01000 CITY OF PORTLAND

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 altered or closed-in. **HEAVY NOTICE IS 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]
1/20/05
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: 05-0030	Issue Date: JAN 21 2005	CBL: 037 H010001
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Location of Construction: 516 Congress St <i>77 Free St</i>	Owner Name: Center City Plaza Assoc	Owner Address: 567 Congress St	Phone:
Business Name: 	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 207 879 7700
Lessee/Buyer's Name 	Phone: 	Permit Type: Signs - Permanent	Zone: <i>B-3</i>

Past Use: Commercial	Proposed Use: Commercial / Install 2' x 3' sign	Permit Fee: \$42.00	Cost of Work: \$42.00	CEO District: 1
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>

Proposed Project Description:
Install 2' x 3' sign

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: *D. Anderson* Date: *1/19/05*

Permit Taken By: Idobson	Date Applied For: 01/07/2005	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 checked="" type="checkbox"/></p> <p><i>ok</i> Date: <i>1/13/05</i></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>late:</p>	<p>Historic Preservation</p> <p><input 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 checked="" type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><i>to D.A. 1/13/05</i></p> <p>late:</p>
	<p><i>D. Anderson</i> <i>1/19/05</i></p>		

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: 05-0030	Date Applied For: 01/07/2005	CBL: 037 H010001
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Location of Construction: 77 Free Street	Owner Name: Center City Plaza Assoc	Owner Address: 567 Congress St	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone (207) 879-7700
Applicant/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial / Install 2' x 3' sign	Proposed Project Description: Install 2' x 3' sign
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	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson**Approval Date:** 01/20/2005**Note:** **Ok to Issue:**

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



Sign 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: 77 FREE STREET Zone: H

Total square footage of proposed structure: 6 Square footage of lot: _____
Lot frontage: _____ Tenant frontage: 68' 3/4"

Assessor's Chart, Block & Lot
Chart# 037 Block# D10 Lot# 001
037 H010001

Owner: CENTER CITY PLAZA ASSOC

Telephone: 68 x 2 = 1364
774-5541

Lessee/buyer's name (If applicable)
Allenbrook

Current use: _____
Proposed use: _____

Total s.f. of signage: 6
\$2.00 per s.f. \$ 12, plus
\$65.00 base fee -
Fee: \$ 42.00

Applicant name, address & telephone:
The Signery
249 Forest Ave
PORTLAND ME 04101

If vacant, prior use: _____
How long has it been vacant? _____
Project description: _____
Number of tenants in lot? _____

Awning without signage:
\$30.00 for first \$1,000
plus \$9.00 each addit.
\$1,000
Fee: \$ _____

Freestanding sign? Yes No
More than one sign? Yes No
Sign Attached to Building? Yes No

Dimensions _____ Height _____
Dimensions _____ Height _____
Dimensions 2' x 3' = 6 sq ft Height 2'

Awning Yes No Is awning backlit? Yes No Height off sidewalk? _____
Awning Height: _____ Length: _____ Depth: _____

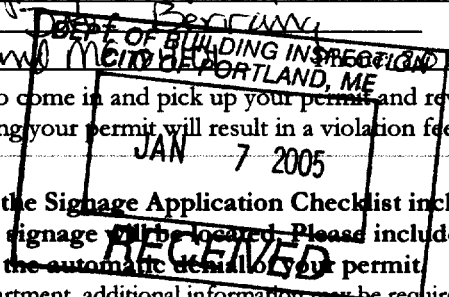
Is there any message, trademark or symbol on it? Yes No If Yes, total s.f. of panels/graphics: _____
Please describe: _____

List ALL existing signage and their dimensions: This is a HDU Foam sign - Double Sided hung from an iron bracket attached to brick face using lag bolts into mortar

Contractor's name, address & telephone: The Signery 299 Forest Ave Portland ME 04101

Who should we contact when the permit is ready: DEPT OF BUILDING INSPECTION
Mailing address: 299 Forest Ave Portland ME 04101 879-7700

Once your permit is approved, we will notify you to come in and pick up your permit and review the requirements with our plan reviewer. Beginning work prior to receiving your permit will result in a violation fee of \$50.00.



Please submit all of the information outlined in the Signage Application Checklist including a building sketch showing exactly where existing is and proposed signage will be located. Please include sketches/pictures of proposed signage. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information 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: 1-7-05

This is not a Permit; you may not commence any work until the Permit is issued.





Lag Bolts
into mortar
3/8" x 2"
less than 5/165"
in height.

sign to be installed - 77 FR ST.

(1) 1" signfoam
24x36
"Allenbrook" routed out of 1/2" pvc
Painted to match PMS 282
"Swooshed" routed out of 1/4" pvc
Painted to match PMS 279
DOUBLE-SIDED
42" bracket



(1) 3mm white pvc
8x18
INT Navy & Blue



(1) 3mm white pvc
2.75x8.625
INT Navy & Blue



(1) decal
5x16
INT Blue & White
MIRRORED



(1) decal
7.5x24
INT Blue & White
MIRRORED



Entrance down hall to left,
past stairs to rear elevator.
2nd Floor

(1) decal
INT Blue & White
MIRRORED

THE SIGNERY

299 Forest Avenue
Portland, Maine 04101
207.879.7700
Fax: 207.879.1570
Email: signery@maine.rr.com

January 7, 2005

City Of Portland
Planning and Development

Dear Sir or Madam:

I am writing to request that you approve the attached plan for a sign to be installed at 77 Free Street. The building has a brick façade where we will attach an iron bracket measuring 10" high by 3 6 long. The sign is made of High Density Urethane sign foam so as to be light weight and durable.

As always, thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read "Dave", with a stylized flourish extending to the right.

Dave Berrang
Owner

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/07/2005

PRODUCER (207)829-6393 FAX (207)829-0933
Averill Insurance Agency
 P.O. Box 318
 Cumberland, ME 04021-0318
 Nancy Burton

INSURED **Little blue carp dba The Signery**
 299 Forest Ave.
 Portland, ME 04101
Dave Berrang

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: OneBeacon Insurance Co.	31267
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	YM1U09405	08/06/2004	08/06/2005	EACH OCCURRENCE \$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & M. V. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC STATUTORY LIMITS \$ OTH. FR. \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Portland is additional insured.

CERTIFICATE HOLDER	CANCELLATION
City of Portland 389 Congress Street Portland, ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Nancy Burton <i>Nancy Burton</i>

