

<b>Permit No:</b> 05-1021 <b>Permit Type:</b> Signs - Permanent		<b>Permit Issued:</b> AUG 16 2005 <b>CBL:</b> 038 B002001	
<b>Location of Construction:</b> 2 PORTLAND SQ	<b>Owner Name:</b> BCIA NEW ENGLAND HOLDING	<b>Owner Address:</b> ONE BOSTON PL SUITE 2100	<b>Phone:</b>
<b>Business Name:</b> <i>D. [unclear]</i>	<b>Contractor Name:</b> DMC Painting & Contracting	<b>Contractor Address:</b> One City Center 4th Floor Portland	<b>Phone:</b> 7871 1080
<b>Lessee/Buyer's Name:</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	<b>Zone:</b> B3
<b>Past Use:</b> Commercial	<b>Proposed Use:</b> Commercial Sign change channel lettering	<b>Permit Fee:</b> \$230.00	<b>Cost of Work:</b> \$230.00
		<b>CEO District:</b> 1	
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>NA</i>	<b>INSPECTION:</b> Use Group: U Type: Sign IBC 2003
		<b>Signature:</b>	<b>Signature:</b>
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>			
<b>Action:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
<b>Signature:</b> <i>William P. Nelson</i> <b>Date:</b> 8-12-05			
<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 07/27/2005	<b>Zoning Approval</b>	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	<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"/> <i>ok</i> <b>Date:</b> 8/9/05	<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 <b>Date:</b>	<b>Historic Preservation</b> <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 <b>Date:</b>
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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> 05-1021	<b>Date Applied For:</b> 07/27/2005	<b>CBL:</b> 038 B002001
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<b>Location of Construction:</b> 2 PORTLAND SQ	<b>Owner Name:</b> BCIA NEW ENGLAND HOLDING	<b>Owner Address:</b> ONE BOSTON PL SUITE 2 100	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> DMC Painting & Contracting	<b>Contractor Address:</b> One City Center 4th Floor Portland	<b>Phone</b> (207) 871-1080
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial Sign change channel lettering	<b>Proposed Project Description:</b> Sign change channel lettering
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**Dept:** Historical      **Status:** Approved      **Reviewer:** William B. Needelman      **Approval Date:** 08/12/2005  
**Note:**      **Ok to Issue:**

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 08/09/2005  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 08/16/2005  
**Note:**      **Ok to Issue:**

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

# ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE: MAY 09 2005  
08: 9:2003

**PRODUCER**  
 Commerce Insurance Services  
 336 Route 70 East  
 Marlton, NJ 08053  
 877 386-3800

**INSURED**  
 NW Sign Industries, Inc.  
 360 Crider Avenue  
 Moorestown, NJ 08067

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**

INSURER A: Selective Way Insurance Company NAIC # 3301  
 INSURER B: New Jersey Manufacturers Insurance Co # 2122  
 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. ANY POLICY 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.

TYPE OF COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUPY	B1730385	11/12/04	11/12/05	EACH OCCURRENCE \$1,010,000 DAMAGES FEES & COSTS \$101,000 MED EXP (As per contract) \$5,010 PERSONAL & ADV INJURY \$1,010,000 GENERAL AGGREGATE \$2,010,000 PRODUCTS - COMP/PROP AGG \$2,010,000
	GEVL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ <input checked="" type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	B1730385	11/12/04	11/12/05	COMBINED SINGLE LIMIT (Per accident) \$1,010,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUPY <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$0	B1730385	11/12/04	11/12/05	EACH OCCURRENCE \$10,100,000 AGGREGATE \$10,100,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS 2810 OTHER	W23042	06/04/05	06/04/06	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS EL EACH ACCIDENT \$1,010,000 EL DISEASE - EA EMPLOYEE \$1,010,000 EL DISEASE POLICY LIMIT \$1,010,000

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

\*Except 10 Days Notice of Cancellation for Non-Payment of Premium.  
 The City of Portland is included as an Additional Insured with respect to Liability arising out of operations of the Named Insured.

### CERTIFICATE HOLDER

City of Portland  
 369 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 30 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  




# 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: 2 PORTLAND SQ Zone: \_\_\_\_\_

Total square footage of proposed structure: \_\_\_\_\_ Square footage of lot: \_\_\_\_\_  
Lot frontage: \_\_\_\_\_ Tenant frontage: \_\_\_\_\_

Tax Assessor's Chart, Block & Lot Chart# \_\_\_\_\_ Block# \_\_\_\_\_ Lot# \_\_\_\_\_  
Owner: BCIA NEW ENGLAND HOLDINGS LLC Telephone: (207) 774-5571  
1 PORTLAND SQ  
PORTLAND ME, 04101

Lessee/buyer's name (If applicable) TD BANK NORTH  
Current use: BANK Total s.f. of signage 99.32  
Proposed use: BANK \$2.00 per s.f. \$ \_\_\_\_\_, plus \$65.00 base fee  
Fee: \$ \_\_\_\_\_

Applicant name, address & telephone: DONNA CULON-AGENT  
4 VELMA ROAD  
RANDOLPH MA 02368  
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 Dimensions 48 X 24 1/2 Height \_\_\_\_\_  
More than one sign?  Yes  No Dimensions \_\_\_\_\_ Height \_\_\_\_\_  
Sign Attached to Building?  Yes  No Dimensions \_\_\_\_\_ Height \_\_\_\_\_

DETAILS ATTACHED SUMMARY SHEET.  
Awning  Yes  No Is awning backlit?  Yes  No Height off sidewalk? \_\_\_\_\_  
Awning Height: \_\_\_\_\_ Length: \_\_\_\_\_ Depth: \_\_\_\_\_

Is there any message, trademark or symbol on it? Y e s N o If Yes, total s.f. of panels/graphics: \_\_\_\_\_  
Please describe: \_\_\_\_\_

\_\_\_\_\_  
DONNA  
\_\_\_\_\_

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 representatives 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: \_\_\_\_\_

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

