



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND BUILDING PERMIT



This is to certify that

PORTLAND MUSEUM OF ART /Burr Signs

Located at

148 FREE ST

PERMIT ID: 2012-65663

CBL: 039 B013001

has permission to **Remove 14' x18' sign to repaint and re-attached to building.**

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 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 procured prior to occupancy.

N/A
Fire Prevention Officer

Marya Schmuckel 12/31/12
Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
THERE IS A PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES
Please call 874-8703 (ONLY)
or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

REQUIRED INSPECTIONS:



Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit Application

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

Permit No:

2012-65663

Issue Date:

CBL:

039 B013001

Location of Construction: 148 FREE ST	Owner Name: PORTLAND MUSEUM OF ART	Owner Address: 7 CONGRESS SQ PORTLAND , ME 04101		Phone: (207) 775-6148
Business Name: Portland Museum of Art	Contractor Name: Burr Signs	Contractor Address: 40A Manson Libby Road Scarborough ME 04074		Phone: (207) 396-6111
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent		Zone: B3
Past Use: Portland Museum of Art	Proposed Use: Portland Museum of Art	Permit Fee: \$534.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Remove 14' x 18' sign to repaint and re-attached to building.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		INSPECTION: Use Group: Type:
		Signature: Signature:		
		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: gg	Date Applied For: 12/20/2012	Zoning Approval		
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..		Special Zone or Reviews <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"/>	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	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
		Date: 12/24/12	Date:	Date: 12/31/12 R. Weimer

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



Signage / Awning Permit Application

If you or the property owner owes real estate or personal property taxes or any other charges on any property within the City, payment arrangement **MUST** be made before permits are accepted.

Location/Address:			148 Free ST	Telephone:
Tax Assessor's Chart/Block/Lot (CBL)	OWNER Name/Address:			
Chart: 39	Block: B	Lot: 13	Portland Museum of Art	775 6148
			7 Congress Square ST	ext 3257
			04101	
LEASEE/BUYER Name (if Applicable)	CONTRACTOR name, address/phone	Total S.F. signage \$		
	Design TEP	SF= 22 x \$2.00		
	+ Burr Signs	SF + \$30 Fee: \$ 30		
		Historic (\$75): \$ 75		
		Awning Fee: \$		
Awning Fee = Cost of Work: \$ (30/first \$1000; \$10 every other \$1000)		TOTAL FEE: \$ 609		

Who should we contact when the permit is ready: Name: Elizabeth Jones Phone: 207 775 6148
Address: ext 3257

Tenant/allocated building space frontage (in feet): RECEIVED Height: Sign for
Lot frontage (in feet): Single Tenant or Multi-Tenant Lot: Three exhibitions

Current Specific Use: DEC 20 2012
If vacant, what was prior use: Dept. of Building Inspections
Proposed Use: City of Portland Maine

Information on proposed sign(s)
Freestanding (e.g. pole) sign? YES NO Dimensions proposed: (sf); Height from grade: sf
BLDG Wall Sign (attached to bldg.)? YES ☒ NO Dimensions proposed: 252 sf 14 ft w x 18 feet high
Proposed Awning: YES NO If yes, is awning backlit? YES NO
Height of awning Length of awning Depth of awning
Is there any communication, message, trademark or symbol on it? YES NO
If yes, total square footage of panels with communication, message, trademark or symbol on it: sf

Information on existing and previously permitted signage:
Freestanding (e.g. pole) sign? YES NO Dimensions proposed: ft X ft; Height from grade: ft
BLDG Wall Sign (attached to bldg.)? YES ☒ NO Dimensions proposed: ft X ft same
Awning? YES NO total sq ft of panels with communication on it: sf

A site sketch and building sketch showing exactly where existing and proposed signage is located **MUST** be provided.
Sketches and/or pictures of proposed signage and existing building are also required.

Please submit all information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the 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 207-874-8703.

I hereby certify 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: Elizabeth Jones Date: 12/14/2012

Subject: Re: sign permit

Date: Wednesday, December 19, 2012 11:58:15 AM Eastern Standard Time

From: Deb Andrews

To: Elizabeth Jones

Dear Elizabeth:

Jeff Levine forwarded your e-mail to me. I hadn't remembered that you had e-mailed me previously, but I looked back through my previous e-mails and found it. So sorry I missed it!

The proposal looks fine. I'm assuming the banner will be the same size as before and hung in the same location. As it is essentially a renewal of a previously-approved application, you won't need to pay the \$50 fee for HP review. Feel free to print out this e-mail to provide to Building Inspections when you apply.

Again, sorry for the delay in getting back to you.

Deb Andrews

>>> Elizabeth Jones <ejones@portlandmuseum.org> 12/11/2012 4:32 PM >>>

Hi Deb,

Hope you are well!

We have another sign for you to approve for January, but of course I'm realizing now that I need to apply for a new signage permit.

I'll fill out the form as soon as I can tomorrow, and then can I send that directly to you for approval? What are the steps I need to take?

Thank you,
Lizzy

Elizabeth F. Jones
Director of Visitor Experience & Brand Management
Portland Museum of Art
ejones@portlandmuseum.org
207-699-4543
www.portlandmuseum.org

Notice: Under Maine law, documents - including e-mails - in the possession of public officials or city employees about government business may be classified as public records. There are very few exceptions. As a result, please be advised that what is written in an e-mail could be released to the public and/or the media if requested.



CERTIFICATE OF LIABILITY INSURANCE

PORTMUS-01

SWILLEY

DATE (MM/DD/YYYY)

12/12/2012

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 USI Insurance Services LLC PO Box 406 Portland, ME 04112	CONTACT NAME: PHONE (A/C, No, Ext): (800) 723-2877 FAX (A/C, No): (877) 775-0110 E-MAIL ADDRESS:														
INSURED Portland Museum of Art 7 Congress Square Portland, ME 04101	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Massachusetts Bay Insurance Company</td><td>22306</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Massachusetts Bay Insurance Company	22306	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Massachusetts Bay Insurance Company	22306														
INSURER B :															
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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC	X		ZDP9040247	2/1/2012	2/1/2013	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 500,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	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	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000		\$
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	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 1,000,000																				
	\$																				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (PER ACCIDENT)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (PER ACCIDENT)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (PER ACCIDENT)	\$																				
	\$																				
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						<table><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
EACH OCCURRENCE	\$																				
AGGREGATE	\$																				
	\$																				
	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		N/A				<table><tr><td>WC STATU-TORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
WC STATU-TORY LIMITS	OTH-ER																				
E.L. EACH ACCIDENT	\$																				
E.L. DISEASE - EA EMPLOYEE	\$																				
E.L. DISEASE - POLICY LIMIT	\$																				

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

The General Liability policy includes an additional insured endorsement that provides additional insured status to the Certificate holder with regard to sign being hung in front of building at 7 Congress Square, Portland, ME.

CERTIFICATE HOLDER**CANCELLATION**

City of Portland
389 Congress St
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

USI Insurance
Services LLC

© 1988-2010 ACORD CORPORATION. All rights reserved.

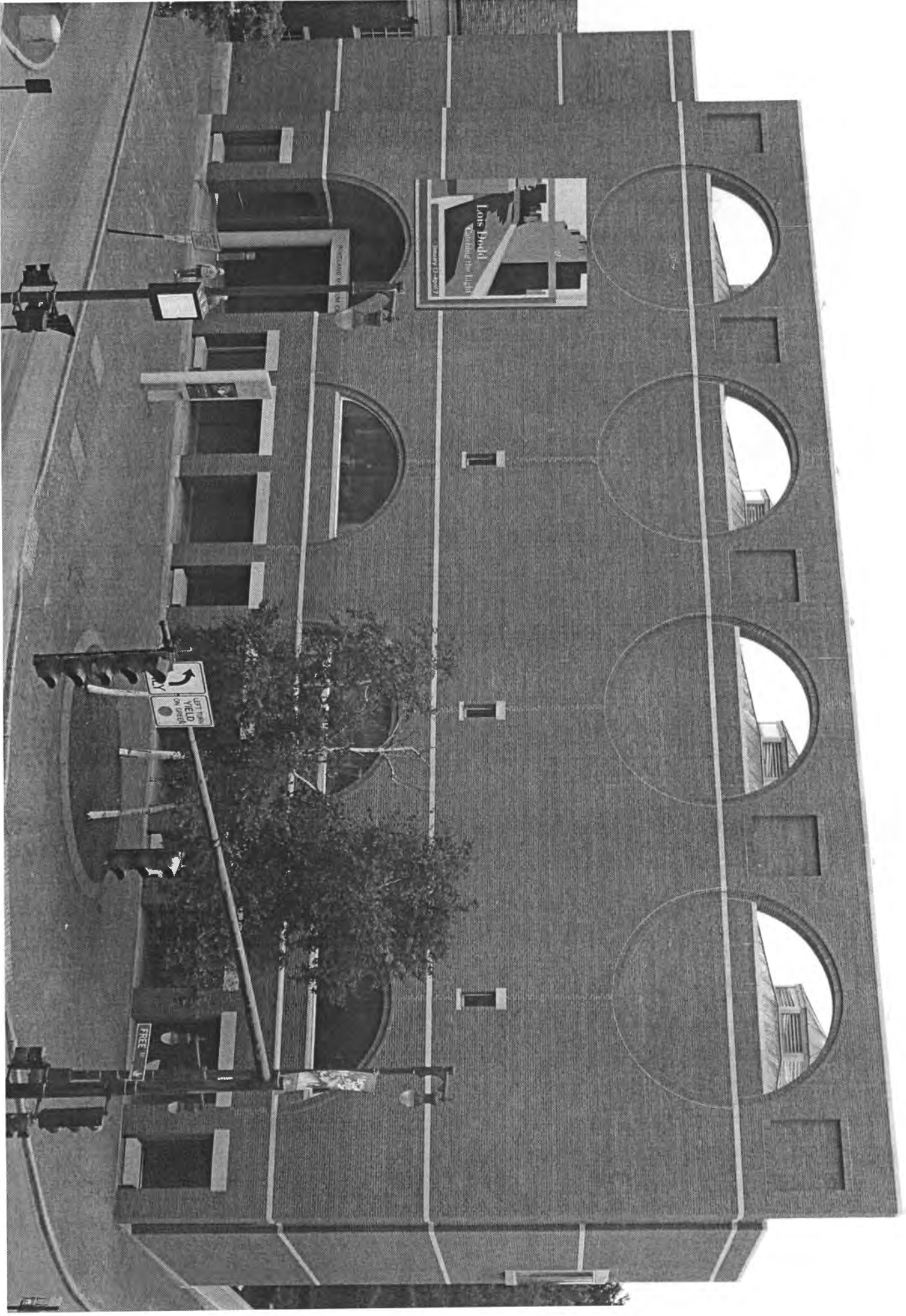
An abstract geometric artwork by Lois Dodd, featuring a complex arrangement of planes, lines, and shapes in various shades of gray. The composition is characterized by strong geometric forms, including a large, dark, angular shape in the foreground that resembles a staircase or a series of steps. The background consists of several rectangular and trapezoidal shapes, some of which are stacked or layered, creating a sense of depth and architectural structure. The overall effect is one of a carefully constructed, three-dimensional space.

Lois Dodd

Catching the Light

January 17–April 7

This exhibition was organized by the Kemper Museum of Contemporary Art, Kansas City, Missouri



City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

Previous permits

Job No: 2012-01-3164-SIGN	Date Applied: 1/27/2012	CBL: 039- B-013-001	
Location of Construction: 7 CONGRESS SQ (148 Free St)	Owner Name: PORTLAND MUSEUM OF ART	Owner Address: 7 CONGRESS ST PORTLAND, ME 04101	Phone: 207-775-6148
Business Name:	Contractor Name: Burr Signs & Portland Color	Contractor Address: 50 DOWNEAST DR YARMOUTH ME 04096	Phone: (207) 899-1564
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - TEMP - Signage - Temporary	Zone: B-3
Past Use: Portland Museum of Art	Proposed Use: Same - Portland Museum of Art - install three different temporary signs (14' x 18') over the course of the 2012 season - the first from 2/23 - 5/28, the second from 6/14 - 9/3 & the third from 9/22-12/30	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> N/A Signature:	Inspection: Use Group: Type: SFC Signature: J. Andrew
Proposed Project Description: 3 temporary Signs for Port Museum of Art		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	Zoning Approval		
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.	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: 01/27/12 JRM	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 type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input checked="" type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 2/9/12 J. Andrew
	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

Previous



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: 2012-01-3164-SIGN

Located At: 7 CONGRESS SQ

CBL: 039- B-013-001

Conditions of Approval:

Zoning

1. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within a Historic District.
2. Separate permits are required for any future signage. Per Deb Andrews, it is understood that this permit shall include three temporary signs for the 2012 season. The first sign will be installed from February 23 thru May 28, the second sign from June 14 thru September 3 and the third sign from September 22 thru December 30.

Building

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.