

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 03-11527	Issue Date: <b>OCT 17 2003</b>	CSL: 040 D001001	
DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME		RECEIVED	
Owner Name: Brown J B & Sons	Owner Address: Po Box 207		Phone: 774-5908
Business Name: Black Bear Sign	Contractor Name: Black Bear Sign	Contractor Address: 137 Rt 1 Scarborough	Phone: 2072868004
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: <b>B3</b>

Past Use: Casco Bay Wool Works/Commercial	Proposed Use: Casco Bay Wool Works/Commercial
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Permit Fee: \$48.00	Cost of Work: \$48.00	CEO District: 2
FIRE DEPT: <i>N/A</i>	<input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: <i>BOLCA 99</i> Type: <i>Sign</i>
Signature:	Signature:	

Proposed Project Description:  
Install a 3'x3' Two Sided Sign *smaller replacement sign*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: *gad*  
Date Applied For: *09/23/2003*

**Zoning Approval**

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland <i>shall removed</i></p> <p><input type="checkbox"/> Wetland <i>existing sign</i></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: <i>9/25/03</i></p>	<p><b>Zoning Appeal</b></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><b>Historic Preservation</b></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 9/25/03</i></p> <p>Date: _____</p>
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*D. Andrews*  
*9/29/03*

**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.

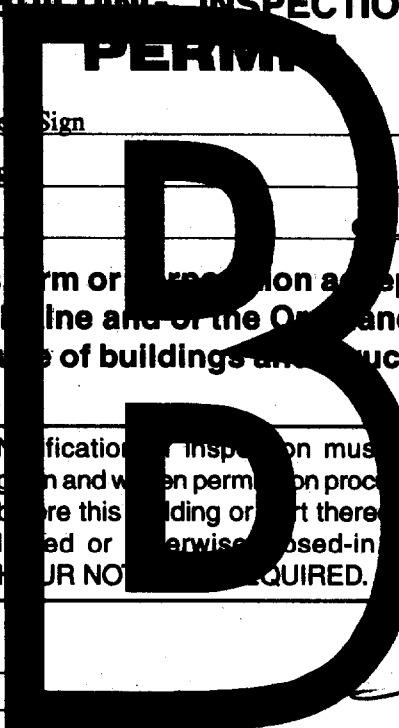
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

Permit Number: 031162

Please Read Application And Notes, if Any, Attached



This is to certify that Brown J B & Sons/Black Box Sign  
has permission to Install a 3'x3' Two Sided Sign  
AT 20 Danforth St called # 34 040 D001001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission is procured before this building or part thereof is occupied or otherwise used-in-accordance with the permit. HOUR NOT 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

*[Handwritten Signature]*  
Director - Building & Inspection Services

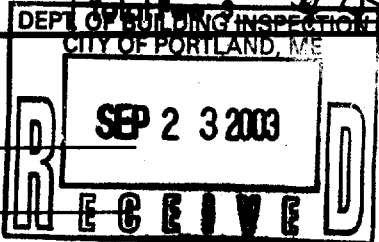
**PENALTY FOR REMOVING THIS CARD**

03-1162

# 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.

*20-34 Danforth*

Location/Address of Construction: <u>34 DANFORTH STREET</u>		
Total Square Footage of Proposed Structure <u>95F</u>	Square Footage of Lot <u>3062 SF</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>40</u> Block# <u>D</u> Lot# <u>1</u>	Owner: <u>J.B. BROWN &amp; SONS</u>	Telephone: <u>207-774-5908</u>
Lessee/Buyer's Name (If Applicable) <u>CASCO BAY WOOL WORKS</u> <u>34 DANFORTH STREET</u> <u>PORTLAND MAINE</u> <u>(PERSIS STRONG)</u>	Applicant name, address & telephone: <u>BLACK BEAR SIGNWORKS</u> <u>19 INDUSTRIAL PARK ROAD</u> <u>SACO MAINE 04072</u> <u>286-8004</u>	Total s.f. of signage x <u>2.00</u> <u>\$1.00</u> per s.f. plus \$30.00 = Total Fee: \$ <u>18</u> Awning Fee = Cost of Work: \$ <u>30</u>
Current use: <u>MANUFACTURING</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>SAME AS ABOVE</u>	Project description: <u>REMOVE EXISTING SIGN INSTALL NEW 3'x3'</u> <u>MDO 2 SIDED SIGN ON EXISTING BRACKET</u>	
Contractor's name, address & telephone: <u>SAME AS APPLICANT ABOVE</u>		
Who should we contact when the permit is ready: <u>MICHAEL THOMAS</u> <i>xxcel</i>		
Mailing address: <u>BLACK BEAR SIGNWORKS</u> <u>286-8004</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: _____		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: <u><i>[Signature]</i></u>	Date: <u>9-23-03</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.**

CB

CASCO BAY  
WOOL WORKS

**J. B. BROWN & SONS**

482 CONGRESS STREET  
P.O. BOX 207  
PORTLAND, MAINE 04112  
PHONE 207-774-5808  
FAX 207-774-0898

September 23, 2003

To Whom It May Concern:

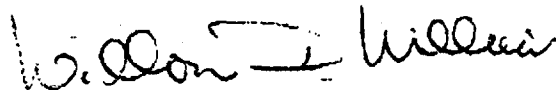
Re: 20-36 Danforth Street

As the owner of the above-mentioned property, J. B. Brown & Sons grants Casco Bay Woolworks (tenant) permission to have a sign designed and attached to the exterior of the building as allowed by City code.

J. B. Brown & Sons will view sign prior to installation, and have final right of approval.

Please do not hesitate to call with any questions.

Sincerely,



Willow D. Williams, RPA  
Property Manager

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:  
ADDITIONAL INSURED  
CITY OF PORTLAND  
CONGRESS ST  
PORTLAND, ME 04101

INSURED:  
CASCO BAY WOOL WORKS LLC  
34 DANFORTH ST  
PORTLAND, ME 04101

*Deb Anderson*

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> LIABILITY and Medical Expense	51-80-101793-3001	07-11-03	07-11-04	Any One Occurrence..... \$ 1,000,000
<input type="checkbox"/> Personal and Advertising Injury	NATIONWIDE MUTUAL INSURANCE CO.			Included in Above - Any One Person or Organization
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 250,000
<input type="checkbox"/> Other Liability				General Aggregate* ..... \$ 2,000,000 Prod/Comp Ops Aggregate* ..... \$ 1,000,000
<b>AUTOMOBILE LIABILITY</b>				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) ..... \$ (Each Accident) ..... \$
<input type="checkbox"/> Owned				Property Damage (Each Accident) ..... \$
<input type="checkbox"/> Hired				Combined Single Limit .... \$
<input type="checkbox"/> Non-Owned				
<b>EXCESS LIABILITY</b>				
<input type="checkbox"/> Umbrella Form				Each Occurrence ..... \$ Prod/Comp Ops/Disease Aggregate* ..... \$
<b>STATUTORY LIMITS</b>				
<input type="checkbox"/> Workers' Compensation and				BODILY INJURY/ACCIDENT ... \$ Bodily Injury by Disease EACH EMPLOYEE ..... \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease POLICY LIMIT ..... \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS VEHICLES/RESTRICTIONS/SPECIAL ITEMS

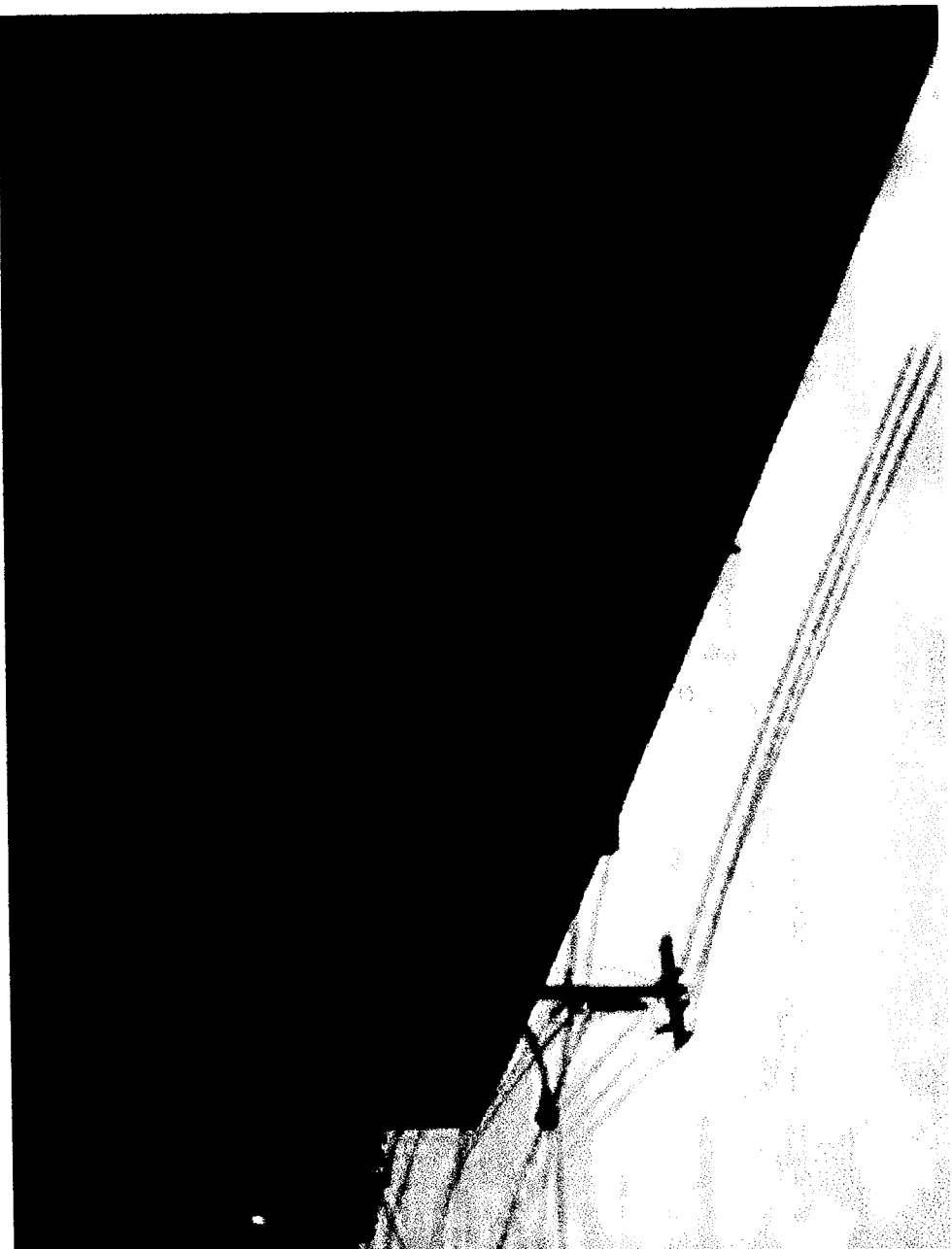
Effective Date of Certificate: 07-11-2003  
Date Certificate Issued: 02-29-2003

Authorized Representative: PHILIP H. O'NEARIN  
Signed at: NATIONWIDE INSURANCE  
1087 FOREST AVE PORTLAND

*CITY OF PORTLAND*

*48 00*

TOTAL P.01



SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 34 DANFORTH ST. B2D ZONE: B-3

CBL: \_\_\_\_\_

SINGLE TENANT LOT? YES \_\_\_\_\_ NO \_\_\_\_\_ MULTI TENANT LOT? YES  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: \_\_\_\_\_  
BLDG. WALL SIGN? (attached to bldg) YES  NO \_\_\_\_\_ DIMENSIONS PROPOSED: 3'0" x 3'0" = 9 sq ft

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S): CLIENT EXISTING SIGN

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: TO BE REMOVED  
BLDG. WALL SIGN(attached to bldg) ? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_  
AWNING? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): 2ND Floor  
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 35' frontage x 27' 10" (circled)

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: 9-23-03

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



## CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

- 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. Amount must equal \$400,000.00.
- 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. Indicate on the plan all existing and proposed signs with their dimensions and specific locations.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.
- Certificate of Flammability required for awning or canopy at time of application.
- UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**Permit Fee for signage or awning-with-signage:  
\$30.00 plus \$1.00 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, plus \$7.00 for each additional \$1,000.00.**

Sign Permit Application  
Casco Bay Wool Works

UBIA

DANFORTH STREET

KX

3<sup>rd</sup> DANFORTH ST

PROPOSED REDUCEMENT  
OF AREA EXISTING  
CASCO BAY WOOL WORKS  
SIGN

DEED  
TO SPACE

ACOUSTIC  
COFFEE

MAULE STREET

\* SPACE OCCUPIED BY TENANT IS

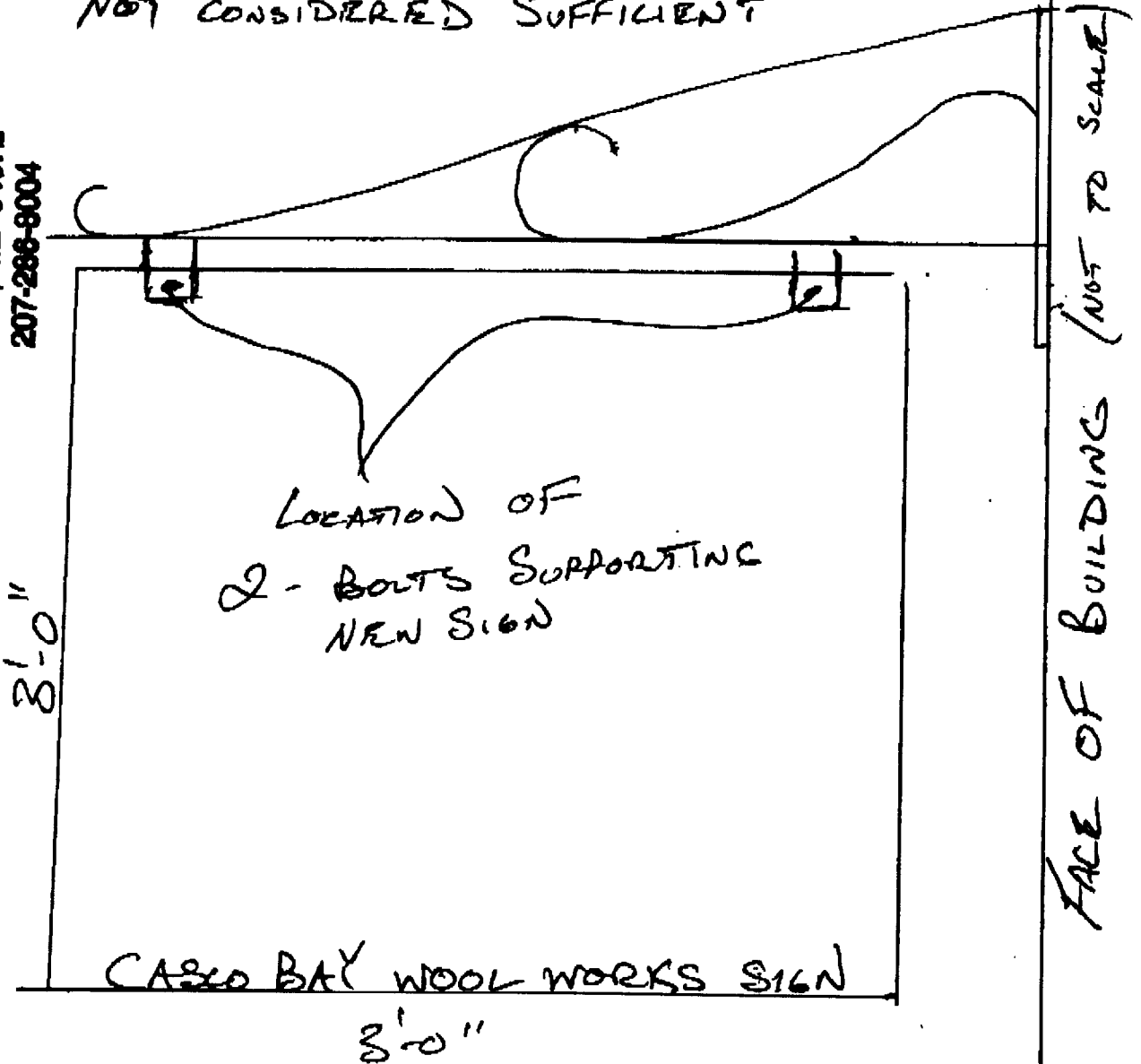
3062 SF ~~GROUND~~ <sup>THIRD</sup> FLOOR NO

GROUND LEVEL FRONTAGE OTHER

THAN ENTRANCE RIGHT OF WAY.

GUIDE WIRES WILL BE  
REPLACED IF INTEGRITY IS  
NOT CONSIDERED SUFFICIENT

BLACKBEAR SIGNWORKS  
19 INDUSTRIAL PARK ROAD  
SACO, ME 04072  
207-286-8004



SIGN WILL BE INSTALLED  
ON EXISTING BRACKET  
REPLACING THE LARGER EXISTING  
SIGN.

THROUGH  
ROUTED 2 - BOLTS GRADE 8 MEASURING 3/8" DIA.

Date

10-6-03  
10-16-02



**FAX COVER SHEET**

TO: TAMMY MUNSON

FROM: MICHAEL THOMES

ABOUT: SIGN INSTALLATION  
CASCO BAY WOOL WORKS  
DOW FORTH LOCATION

We don't know too much about it and are still learning,  
however our E-mail address is:  
[blackbearsignworks@earthlink.net](mailto:blackbearsignworks@earthlink.net)

If you receive this fax in error and need a sign or lettering anyway,  
Please feel free to call

**Blackbear Signworks**  
19 Industrial Park Road  
Saco, Maine 04072  
207.286.8004  
fax 207.286.8102