

City of Portland, Maine - Building or Use Permit Application

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

Permit No. 0-1562	Issue Date FEB - 6 2002	CBL: 044 A023001 24
-------------------	-------------------------	---------------------

Location of Construction: 96 Danforth St	Owner Name: Portland Baby Hygiene	Owner Address: 96 Danforth St	Phone: 207-874-1115
Business Name: n/a	Contractor Name: Welsh Architectual Design	Contractor Address: 7 Glasgow Road Scarborough	Phone: 2078836200
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: R-6
Past Use: Child Day Care / Nursery	Proposed Use: Child Day Care / Nursery; replace with 51 sq. ft. sign. (original sign 28#)	Permit Fee:	Cost of Work: \$0.00
Proposed Project Description: Replace ^{New} 51 sq. ft. sign (replacing 28# sign) Attached to bldg		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: BOCA 99 Sign
		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: 12/27/2001	Zoning Approval	
-------------------------------	--	------------------------	--

<ol style="list-style-type: none"> 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.. 	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"/> Date: <i>OK 1/4/02</i>	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 District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied T2 D.A. 1/4/02 Date: 1/7/02
	<i>SHALL REMOVE OLD SIGNAGE</i>		

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

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

011562

SIGNAGE APPLICATION

THIS IS NOT A PERMIT

CONSTRUCTION CANNOT NOT COMMENCE UNTIL THE PERMIT IS ISSUED

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

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: 96 Danforth Street Portland, Maine

Total Square Footage of Proposed Structure <u>216" x 24" = 51 s.f</u>	Square Footage of Lot
--	-----------------------

Tax Assessor's Chart, Block & Lot Number Chart# <u>044</u> Block# <u>A</u> Lot# <u>023</u>	Owner: <u>Catherine Morrill Day Nursery Inc.</u>	Telephone #: <u>874 1115</u>
---	---	---------------------------------

Lessee/Buyer's Name (If Applicable)	Owner's/Purchaser/Lessee Address: <u>96 Danforth St Portland, Maine</u>	Total s.f of signs <u>51</u> x <u>.20</u> \$ <u>10.20</u> , plus \$30.00 TOTAL \$ <u>40.20</u>
-------------------------------------	--	---

Current use: Child Care / Nursery Proposed use: Child Care / Nursery

Project description: Replace existing sign → 2' x 14' = 28[#]
new sign = 2.83' x 18' = 51[#]

Applicants Name, Address & Telephone: Paulette Bronden-Cardillo
Catherine Morrill Day Nursery
96 Danforth St
Portland, Maine 04101

Contractor's Name, Address & Telephone: Welch Architectural Signage 883 6200
76 Aslow Rd Scarborough, Me 774 2173

Who shall we contact when the permit is ready: Paulette Bronden-Cardillo tx
Telephone: 874 1115 Executive Director CMDN/cal

If you would like it mailed, what mailing address should we use:
Same as above

**THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE
PERMIT IS ISSUED**

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

Certification

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: <i>Paulita Honelín Cardillo</i> <i>Executive Director</i>	Date: <i>Dec 29, 2001</i>
--	---------------------------

Sign Permit Fee: \$30.00 plus \$0.20 per square foot.

A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00

**BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT
YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU
ARE APPLYING FOR**

**IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL
YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN
SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL
OFFICIALS OF THIS OFFICE**

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 96 Danforth St Portland Maine ZONE: _____

OWNER: Catherine Merrill Day Nursery

APPLICANT: Pauline Chandler Cardillo

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES NO DIMENSIONS _____ HEIGHT _____

MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____

SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 51 s.f.

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

Existing sign on building is 2 x 14 ft. = 28^{sq}

*** TENANT BLDG. FRONTAGE (IN FEET): please see attached.
*** REQUIRED INFORMATION 50' scaled x ≈ 35' high = 1750^{sq} x 5% ^{OK}

AREA FOR COMPUTATION

Institutional Uses in Res. Zones allow no more than 5% on wall of where it is placed.

87.5^{sq} MAX ^{OK}

is less than 35' high
50 x 25 = 1250 x 5% = 62.5^{sq} MAX

YOU SHALL PROVIDE:

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Pauline Chandler Cardillo DATE: _____

Dec. 27, 2001

is still OK

ADDRESS: 96 Danforth
 PERMIT APPLICATION FOR: sign replacement
 BUILDING OWNER: Catherine Marshall Day Nursery
 PERMIT APPLICANT: _____
 REVIEWER: Dick Andrews
 DATE OF DECISION: 1/7/02

HISTORIC PRESERVATION REVIEW

Note: Your property is an individually designated landmark structure or is located within a designated historic district. As such, alterations to the building exterior or site which are visible from a public way are subject to review and approval under Article IX (Historic Preservation) of the Land Use Code. Your building or sign permit application has been reviewed to determine whether the nature or scope of the project requires review, and if so, whether it meets the standards of the historic preservation ordinance.

ACTION

Does not Require Review (e.g. Interior work only / alteration is not readily visible from a public way)

Note: this finding is based on the understanding that the application entails interior work only or that the proposed exterior alteration(s) will not be readily visible from a public way. If your project entails exterior or site alterations (including the installation of sign(s), awnings, or exterior lighting for such) these alterations must be reviewed and approved prior to commencing with the work. Contact 874-8726 for more information.

Denied Reason for Denial: _____

Approved as submitted

Approved with conditions (see below)

Conditions of Approval:

Contact Historic Preservation Staff (874-8726 or 874-8728) prior to installation of sign(s) to confirm approved location.

Your sign permit includes no reference to exterior lighting; if lighting is included, please submit information on fixtures and specifications on installation.

Other conditions:

1. _____
2. _____
3. _____

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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.

JK **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

NA **Footing/Building Location Inspection:** Prior to pouring concrete

NA **Re-Bar Schedule Inspection:** Prior to pouring concrete

NA **Foundation Inspection:** Prior to placing ANY backfill

JK **Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

JK **Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

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

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

JK **CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

[Signature]
Signature of applicant/designee

2/8/07
Date

[Signature]
Signature of Inspections Official

2/8/07
Date

CBL: 044 A 0 33 Building Permit #: 011 567

Application ID Number: **1-1562**

Department: **Zoning**

Status: **Approved with Conditions**

Applicant: **Marge Schmuckal**

Comments: **96 Danforth St
to DA 1/4/02**

Approval Date: **01/04/2002**

Open On Date: **01/02/2002**

OK to Issue Permit Name: **Marge Schmuckal** Date: **01/04/2002**

Conditions Section:

All the old signage shall be removed before replacement sign installed.

Create Date: **12/31/2001** By: **gg** Update Date: **01/04/2002** By: **mes**



96 Danforth Street • Portland, Maine 04101

Dec 27, 2001

Dear Sir,

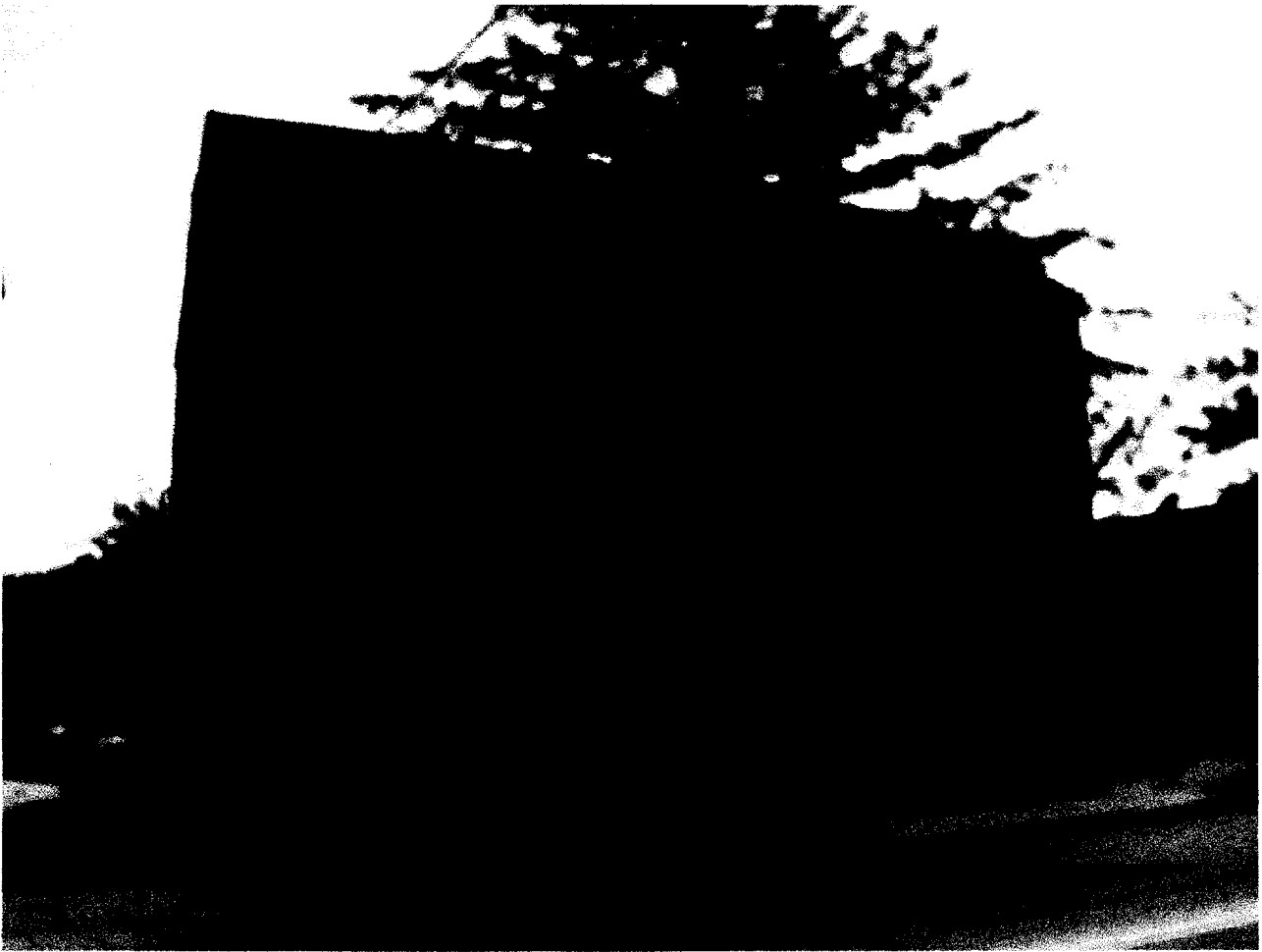
Enclosed please find an application for a permit to replace an existing sign at Catherine Morrill Day Nursery.

If you require additional information regarding this signage, you may contact me @ 874-1115 or Peter Haber of Wright-Ryan Construction @ 773-3625.

We would certainly appreciate your attention to this matter as soon as possible. Thank you.

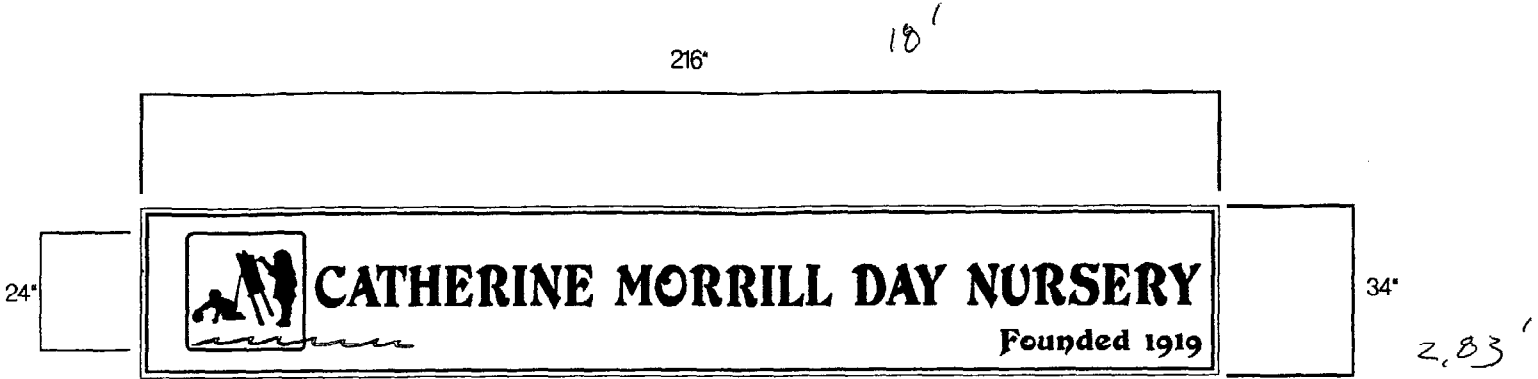
Sincerely,

Pauline Gordon-Carroll



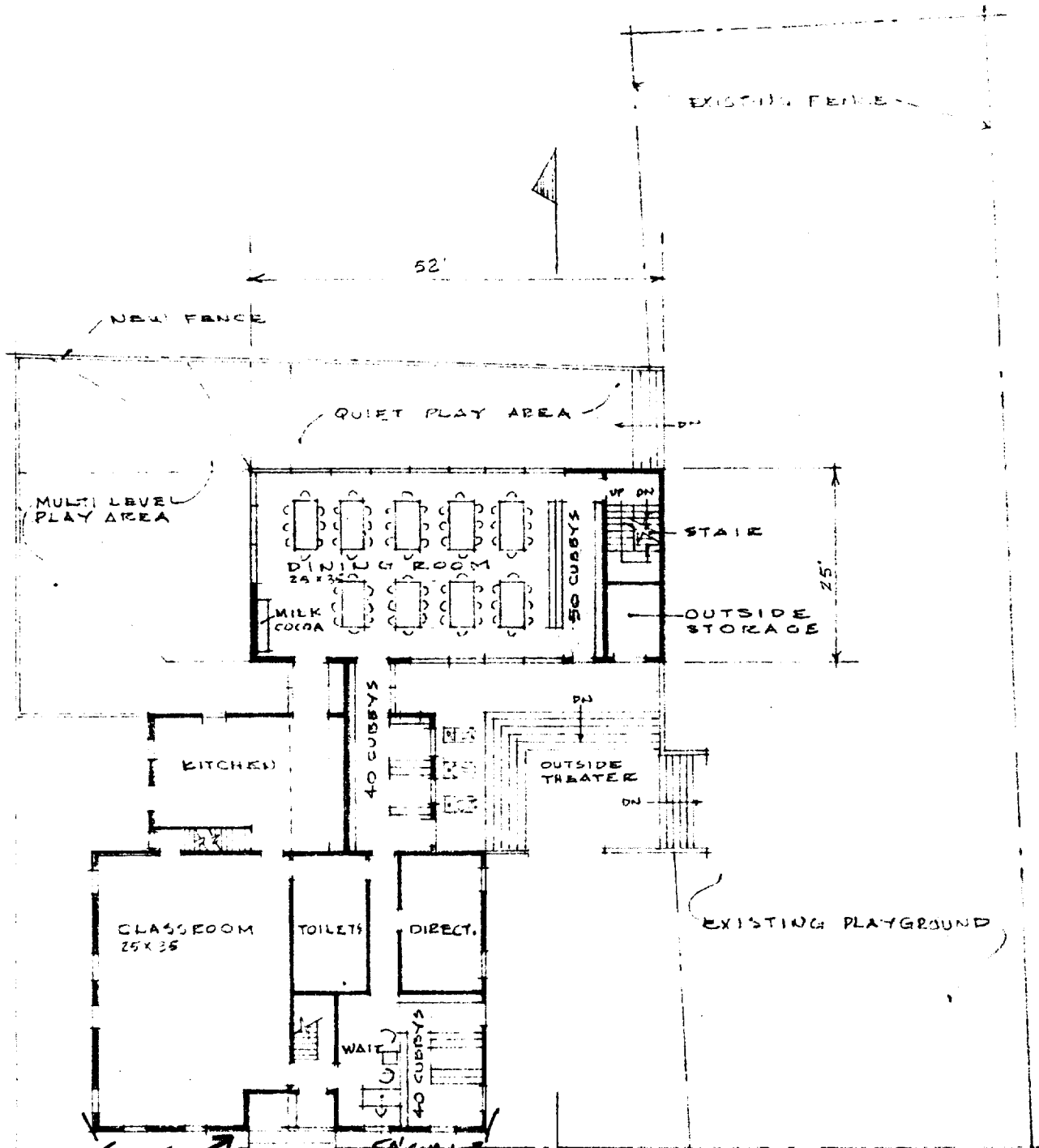
Job Specifications
Customer: Catherine Morrill Day Nursery
Job Name: Catherine Morrill Day Nursery
Location: Portland, ME
Sales Rep: TD
Date: 09/26/01
Drawn By: EM
Drawing Title: Exterior Signage
Sign Type: 1
Revision #: 1
File Locations: d:\catherin morrill day
WELCH ARCHITECTURAL SIGNAGE <small>7 Gleason Road - Scarborough, ME 04074 Phone: (207) 883-8200 - (800) 835-3526 Fax: (207) 883-8288 - (800) 225-6889 www.welchusa.com</small>
Sign Panel
Size: 34" x 18'
Materials: Approximately 3/16" lexan
Edges: Straight
Corners: Square
Copy Strips: NA
Sign/Paint Color: Beige
Vinyl Color: Forest Green
Graphic Content
Applications: Vinyl
Type Style: De Vinne Orn
Copy Height: 8" Large Copy, 4 1/4" Small Copy
Copy Colors: Beige
Braille: NA
Frames
Type: NA
Size: NA
Colors: NA
Interior Substrate: NA
Mounting
Hardware: NA
Tape: NA
Location: NA
Posts: NA

Notes:



8" UPPER COPY @ 75%
 4 1/4" LOWER COPY

$$2.83 \times 18' = 50.94'$$

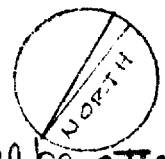


Existing sign over front doors
 between 1st + 2nd floors - 2 x 14 ft

↑ Sidewalk

DANFORTH STREET

Replacement sign will be located
 in same location. It will be
 mechanically attached to blocking which will be attached to building



CATHERINE MORRILL DAY NURSERY 34' x 18'-size
 SCHEMATIC PLANS - NEW WING
 SITE PLAN & MAIN LEVEL PLAN
 24 JAN. 1972 1" = 20'-0"
 STEVENS ARCHITECTS

ACORD CERTIFICATE OF LIABILITY INSURANCE

EXP ID CH
CATHE-5

DATE (MM/DD/YY)
02/10/00

PRODUCER Morse, Payson & Noyes Insurance P.O. Box 406 Portland ME 04112-0406 Phone: 207-775-6000 Fax: 207-775-0339	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
INSURED Catherine Morrill Day Nursery Paulette Grondin Cardillo 96 Danforth Street Portland ME 04101	INSURER A: COMMERCIAL UNION
	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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	YMR192467	02/01/00	02/01/01	EACH OCCURRENCE	\$ 500,000.
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$ 1,000,000.
					PRODUCTS - COMP/OP AGG	\$ 1,000,000.
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				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

day care, 85 children

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION
National Academy for Early Childhood Programs 1506 16th Street NW Washington DC 20036-1426		NATLACA	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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
			Cheri L. Hobbs, CPCU

DUPLICATE

GENERAL RECEIPT

CITY OF PORTLAND, MAINE

DEPARTMENT Information DATE 12/27/01

RECEIVED FROM Catherine P. McLaughlin

ADDRESS 96 Danforth St

UNIT	ITEM	REVENUE CODE	DOLLAR AMOUNT
	<u>2002 5158</u>		<u>4000</u>
	<u>J</u>		
	<u>Check # 09195</u>		
	<u>DL 044 A 003</u>		

CASH CHECK OTHER TOTAL 4000

RECEIVED BY [Signature]