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

Location of Construction:	Owner:	0 5	Phone: 828-1655		Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	000140	
Contractor Name:	Address:	Prortland 04106	none:		Permit Issued:
Past Use:	Proposed Use:	COST OF WO	ORK:	PERMIT FEE: \$32,00	FEB 2 8
vacant	fitm/office	FIRE DEPT.	□ Approved □ Denied	INSPECTION: S/9/9 Use Group: Type:	
		Signature:		BOCA99 Signature: Heller	Zone: CBL: 045-A-003
Proposed Project Description:		PEDESTRIAN	N ACTIVITIE	S DISTRICT	Zoning Approval:
Main ID signage		Action:	Approved Approved v Denied		□ Special Zone or Reviews: □ Shoreland □ Wetland □ Flood Zone
		Signature:		Date:	
Permit Taken By:	Date Applied For:	6 23 2000 K			Site Plan maj 🗆 minor 🗆 mm 🗅
<ol> <li>Building permits do not include plur</li> <li>Building permits are void if work is n tion may invalidate a building permi</li> </ol>	ot started within six (6) months of the date of iss	suance. False inform	na-		□ Conditional Use □ Interpretation □ Approved □ Denied Historic Preservation
	CERTIFICATION		W	PERMIT ISSUED	□ Not in District or Landmark □ Does Not Require Review □ Requires Review Action:
authorized by the owner to make this app if a permit for work described in the appli	ord of the named property, or that the proposed w lication as his authorized agent and I agree to co cation is issued, I certify that the code official's onable hour to enforce the provisions of the cod	onform to all applic authorized represer e(s) applicable to su	y the owner of able laws of th ntative shall ha uch permit	record and that I have been is jurisdiction. In addition	n, Denied
		Fab 23 20	06		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARGE O			+	PHONE:	WITH REQUIREMENTS
v	Vhite-Permit Desk Green-Assessor's Car	ary-D.P.W. Pink-	-Public File	vory Card–Inspector	a strateging and

TOTAL SQ.FT. = 10.3 MOUNTING METHOD = 3/8" THREADED ROD-THEOUGHT BOLT-6 LOCATIONS

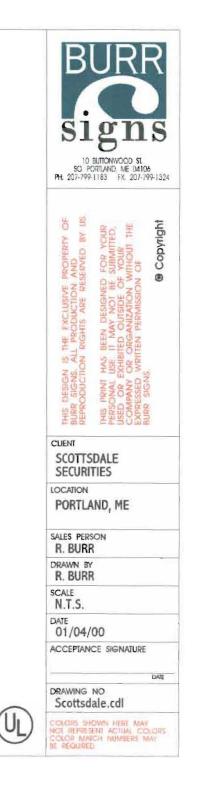
1'8" 1.60 8" Channel letters Raceway mount 8.5 \$\$

13'

Holly Green vinyl rider







#### SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS
ADDRESS: 450 CONCRESS ST ZONE: 13-3
OWNER: SCOTTSDALE SECURITIES
APPLICANT: BURR SIGNS
ASSESSOR NO
SINGLE TENANT LOT? YES NO
MULTI TENANT LOT? YES NO
FREESTANDING SIGN? YES DIMENSIONS
(ex. pole sign) (166 x 13 ± 71.58
MORE THAN ONE SIGN? YES NO $\frac{3}{12}$ DIMENSIONS $\frac{3}{12}$ / $\frac{12}{9}$
FREESTANDING SIGN?YESNO_XDIMENSIONS(ex. pole sign)(ex. pole sign)(i.b6 × $3 = 21.58$ MORE THAN ONE SIGN?YES_XNO_XDIMENSIONS_ $3'' \times 12' 4''$ BLDG. WALL SIGN?YES_XNODIMENSIONS_ $5'' \times 40^{14}$
(attached to bldg)
MORE THAN ONE SIGN? YES NO DIMENSIONS
LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:
//
LOT FRONTAGE (FEET):
BLDG FRONTAGE (FEET):
HEIGHT OF AWNING:
IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT?
*** TENANT BLDG. FRONTAGE (IN FEET) <u>15 X2 - 30<sup>4</sup> mm</u> *** <u>REQUIRED INFORMATION</u> AREA FOR COMPUTATION

#### 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:

DATE: 2/23/00

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SCHEDULED AUTOS       IPPOPERATIONS         HIRED AUTOS       BODILY INJURY         NON-OWNED AUTOS       PROPERTY GALAGE         ANY AUTO       PROPERTY GALAGE         ANY AUTO       OTHER THAN LURGE         ANY AUTO       EACH ACCIDENT S         AUTO ONLY ELLA FORM       CYCLLOGO 660 6 01         OT/01/99       07/01/00         AGREGATE       \$ 3,000,000         SUBARTINE       WCED0011439 00         OT/01/99       07/01/00         EL DISEASE FOLLY LIMIT       500,000         EL DISEASE FOLLY LIMIT       500,000         EL DISEASE FOLLY LIMIT       500,000         OTHER       EXCL         OTHER       EXCL         OTHER       EACL         OTHER       EACH ACC	SCHEDULED AUTOS       Image autos         Image autos       Image autos </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
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NON-OWNED AUTOS       PROPERTY DAVAGE       \$         GARAGE LIABUITY       AUTO ONLY: ELA ACCIDENT       \$         ANY AUTO       EACH ACCIDENT       \$         OTHER THAN LUMBELLA FORM       CCLD000660601       07/01/99       07/01/00         OTHER THAN LUMBELLA FORM       CCLD00011439 00       07/01/99       07/01/00       EL DISEASE - POLICY LIMIT       \$         PARTERSPECICUTIVE       INCL       WCEPO011439 00       07/01/99       07/01/00       EL DISEASE - POLICY LIMIT       \$       \$         DESCRIPTION OF OPERATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATIONSLOCATION	NOM-OWNED AUTOS       PROPERTY DAMAGE       \$         GARAGE LABILITY       AUTO ONLY EA ACCIDENT \$       OTHER TRANAUTO ONLY:         ANY AUTO       EACT COLLY EA ACCIDENT \$         ANY AUTO       EACT COLLY EACT COLLY EACT COLLO ONLY:         EACT COLLY EACT COLLY EACT COLLO ONLY:       EACT COLLY EACT COLLY EACT COLLY:         ANY AUTO       EACT COLLARSANCE         OTHER THAN LUBBERLA FORM       CCL 0006605 01         OT/01/99       07/01/00         AGREGATE       \$3,000,000         OTHER THAN LUBBERLA FORM       CCL 0006605 01         VORKERS COMPOSATION AND       X         WORKERS COMPOSATION AND       X         MANOTEST LUBELTY       WCD 0011439 00         Def CARPTION OF OPERATIONS/CHICLESSERSCIAL ITENS         The City of Portland, Maine is an Additional Insured under the General The City of Portland, Maine is an Additional Insured under the General Compress Stu.,         OCHTHINGATE       WORKERS AND ONLY OF THE ABOVE DESCREED POLICIES BE CANCELLED SEPORE THE CONSTOLUTE AND THE CONTROL THE CONSTANT WILL EXCENDE TO ANAU         Carty of Portland, Maine       Portland, Maine         Portland ME       WORKER CONSTON OF THE CONFANY WILL E	HIRED AUTOS					3
GARAGE LABILITY       AUTO ONLY: EA ACCIDENT \$         ANY AUTO       OTHER THAN AUTO ONLY:         ANY AUTO       EACH ACCIDENT \$         AGGREGATE       \$         OTHER THAN UNBRELLA FORM       CCL 0006605 01         OT/01/99       07/01/00         AGGREGATE       \$         WORKESS COMPENSATION AND EMPLOYERS (LABELTY       NCL         WCP0011439       00       07/01/99         OT/01/99       07/01/00       ELEMPLOYER \$500,000         IMPROPERSANCE       EXCL       INCL         WCP0011439       00       07/01/99       07/01/00         EXEMPLOYERS       INCL       WCP0011439       00         OFFICERS ARE       EXCL       INCL       INCL         OFFICERS ARE       EXCL       INCL       INCL         OFFICERS ARE	GARAGE LABURTY       AUTO ONLY: SA ACCIDENT 5         ANY AUTO       OTHER THAN AUTO ONLY:         ANY AUTO       EXCESS LABURTY         ANY AUTO       EXCESS LABURTY         BEXCESS LABURTY       CCLD006606 01         OTHER THAN AUTO ONLY:       EACH ACCIDENT 5         ANY AUTO       EACH ACCIDENT 5         OTHER THAN UNBRELLA FORM       CCLD006606 01         OTHER THAN UNBRELLA FORM       CCLD0006606 01         OTHER THAN UNBRELLA FORM       S.000,000         OTHER THAN UNBRELLA FORM       S.000,000         WORKERS COMPENSATION AND UNBRED REAL MORANCE       S.500,000         MATTERSE LABLEND       WCEP0011439 00       07/01/99         OT/01/99       07/01/99       07/01/00       EL DERASE - FOLCY UNIT 1 S.500,000         EL DISEASE - REMPLOYEE 1 S.500,000       EL DISEASE - FOLCY UNIT 1 S.500,000       EL DISEASE - FOLCY UNIT 1 S.500,000         OTHER       EXCL       WCEP0011439 00       07/01/99       07/01/90         DEDEASE - FOLCY UNIT 1 S.500,000       EXCL       S.500,000       EL DISEASE - FOLCY UNIT 1 S.500,000         <	NON-OWNED AUTOS				(PH BOOIDMA)	
OWAGE LIDELTY       OTHER THAN AUTO CALV:         ANY AUTO       EACH ACCIDENT S         AGGREGATE S       AGGREGATE S         EXCESS LIABILITY       EACH ACCIDENT S         AGGREGATE S       S. 000,000         OTHER THAN AUTO CALV:       EACH ACCIDENT S         AGGREGATE S       S. 000,000         OTHER THAN LIMPSELL FORM       CCL0006606 01         OT/01/99       07/01/00         MORE THAN LIMPSELT FORM       S. 000,000         VORERS COMPOSATION AND EMPLOYERS LABUITY       INCL         WCCP0011439 00       07/01/99       07/01/00         EL EACH ACCIDENT       S. 00,000         OFFICERS ARE       INCL         WCCP0011439 00       07/01/99         OT/01/99       07/01/00         EL DISEASE - ROLCY LIMIT       S. 00,000         OTHER       EXCL         WCREATION       EXCL         OFFICERS ARE       INCL         WCREATION       EXCL         OTHER       EXCL         <	OWAGE LADITY       OTHER TRANAUTO ORLY:         ANY AUTO       EXCHSUIDENT S         ANY AUTO       EXCHSUIDENT S         ANY AUTO       EXCHSUIDENT S         ACGREGATE S       S. 000,000         OTHER TRANAUTO ORLY:       EACH ACCIDENT S         ACGREGATE S       S. 000,000         OTHER TRANAUTORNAL CCLD006606 01       07/01/99         OTHER TRANAUTORNAL CCLD006606 01       07/01/99         OTHER TRANAUTORNAL FORM       S. 000,000         WORKERS COMPENSATION AND EMMONTRE LAAITY       S. 00,000         WORKERS COMPENSATION AND EMMONTRE LAAITY       WCP0011439 00         OFTHER TRANAUTORNAL FORM       WCP0011439 00         OFTHER TRANAUTORNAL FORM       ELDISASE - EACHTONE SOO,000         OFTHER TRANAUTORNAL FORM       EXCL         OFTHER TRANAUTORNAL FORM       EXCL         OFTHER TRANAUTORNAL FORM       EXCL         OFTHER TRANE       EXCL      <	·	1			PROPERTY DANAGE	8
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AGGREGATE       AGGREGATE         EXCESS LABILITY       CCL0006606 01         MUMBRELLA FORM       CCL0006606 01         OTHER THAN LIMBRELLA FORM       CCL0006606 01         OTHER THAN LIMBRELLA FORM       S         WORKERS COMPENSATION AND EMPLOYERS LIABLITY       S         MORKERS COMPENSATION AND EMPLOYERS LIABLITY       WCP0011439 00         A PROPRIETON PARTINERSEXECUTIVE       WCP0011439 00         OFFICER ARE:       EXCL         OFFICER ARE:       EXCL         OTHER       WCP0011439 00         OTHER       EXCL         OFFICER ARE:       EXCL         OTHER       WCP0011439 00         OTHER       WCP0011439 00         OTHER       WCP0011439 00         OTHER       WCP0011439 00         OTHER       EXCL         OTHER       WCP0011439 00         OTHER       EXCL         OTHER       WCP0011439 00         OTHER       EXCL	AGREGATE S ACCESS LABILITY A SCREEX LABILITY A WORKERS COMPOSATION ADD OTHER THAN UNBRELLA FORM OTHER THAN UNBRELLA FORM OTHER THAN UNBRELLA FORM CCL0006606 01 07/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 OT/01/99 EXCH ACCOUNT \$ 500,000 ELDISEASE FOLCY UNIT \$ 500,000 OTHER OFFCZESARE OTHER CENCRIPTION OF OPERATIONS/CENCRIPTIONS/CENCRIPTION OF OPERATIONS/CENCRIPTION OF OPERATION OF O	ANY AUTO	1				
EXCESS LIABILITY       EACH OCCURRENCE       \$ 3,000,000         A       MUMBRELLA FORM       CCL00066060601       07/01/99       07/01/00       AGGREGATÉ       \$ 3,000,000         MORKERS COMPENSATION AND EMPLOYERS LUABLITY       INCL       FCC0011439       00       07/01/99       07/01/00       End       End       CCL0000         MORKERS COMPENSATION AND EMPLOYERS LUABLITY       INCL       WCC0011439       00       07/01/99       07/01/00       End       End       COLONO         A       MARKERSERECUTIVE OFFICERSARE:       INCL       WCC0011439       00       07/01/99       07/01/00       End       End       COLON         OTHER       INCL       WCC0011439       00       07/01/99       07/01/00       End       End       COLON       End       COLON         OTHER       INCL       WCC0011439       00       07/01/99       07/01/00       End       End       COLON       End       COLON       End       COLON       End       COLON       COLON       End       COLON       End       COLON       End       COLON       COLON <th>EXCESS LABILITY       EACH OCCUPRENCE       \$ 3,000,000         A       MUMBRELLA FORM       CCL000660601       07/01/99       07/01/00       AGGEZDATE       \$ 3,000,000         OTHER THAN LIMBRELLA FORM       S       S       S       S       S       S         WORKERS COMPONATION AND EMPLOYERS (LABLITY       NCL       WCCP0011439       00       07/01/99       07/01/00       E EACH ACCIDENT       \$ 500,000         ARTINDADESEACE       NCL       WCCP0011439       00       07/01/99       07/01/00       ELDIBLASE FORM       \$ 500,000         OFFICER ARE       NCL       WCCP0011439       00       07/01/99       07/01/00       ELDIBLASE FORMULT       \$ 500,000         OTHER       NCL       WCCP0011439       00       07/01/99       07/01/00       ELDIBLASE FORMULT       \$ 500,000         OTHER       NCL       WCCP0011439       00       07/01/99       07/01/00       ELDIBLASE FORMULT       \$ 500,000         OTHER       NCL       WCCP0011439       00       07/01/99       07/01/00       ELDIBLASE FORMULT       \$ 500,000         OTHER       OTHER       NCL       NCL       WCCP0011439       NCL       NCL       \$ 500,000         OTHER       City of Portland, Maine</th> <th></th> <th>l</th> <th></th> <th></th> <th></th> <th></th>	EXCESS LABILITY       EACH OCCUPRENCE       \$ 3,000,000         A       MUMBRELLA FORM       CCL000660601       07/01/99       07/01/00       AGGEZDATE       \$ 3,000,000         OTHER THAN LIMBRELLA FORM       S       S       S       S       S       S         WORKERS COMPONATION AND EMPLOYERS (LABLITY       NCL       WCCP0011439       00       07/01/99       07/01/00       E EACH ACCIDENT       \$ 500,000         ARTINDADESEACE       NCL       WCCP0011439       00       07/01/99       07/01/00       ELDIBLASE FORM       \$ 500,000         OFFICER ARE       NCL       WCCP0011439       00       07/01/99       07/01/00       ELDIBLASE FORMULT       \$ 500,000         OTHER       NCL       WCCP0011439       00       07/01/99       07/01/00       ELDIBLASE FORMULT       \$ 500,000         OTHER       NCL       WCCP0011439       00       07/01/99       07/01/00       ELDIBLASE FORMULT       \$ 500,000         OTHER       NCL       WCCP0011439       00       07/01/99       07/01/00       ELDIBLASE FORMULT       \$ 500,000         OTHER       OTHER       NCL       NCL       WCCP0011439       NCL       NCL       \$ 500,000         OTHER       City of Portland, Maine		l				
A       EXCESSIONTHY       CCL0006606 01       07/01/99       07/01/00       AGGREGATE       \$ 3,000,000         OTHER THAN UNBRELLA FORM       CCL0006606 01       07/01/99       07/01/00       AGGREGATE       \$ 3,000,000         WORKERS COMPENSATION AND EMPLOYERS LABLITY       WC P0011439 00       07/01/99       07/01/00       EL EXCHACCIOENT       \$ 500,000         A       PARTHERSEXECUTIVE OFFICERS ARE       WC P0011439 00       07/01/99       07/01/00       EL DISEASE - FOLICY UMIT \$ 500,000         DOTHER       WC P0011439 00       07/01/99       07/01/00       EL DISEASE - FOLICY UMIT \$ 500,000         OTHER       WC P0011439 00       07/01/99       07/01/00       EL DISEASE - FOLICY UMIT \$ 500,000         DOTHER       WC P0011439 00       07/01/99       07/01/00       EL DISEASE - FOLICY UMIT \$ 500,000         OTHER       WC P0011439       00       07/01/99       07/01/00       EL DISEASE - FOLICY UMIT \$ 500,000         DOTHER       WC P0011439       00       07/01/99       07/01/00       EL DISEASE - FOLICY UMIT \$ 500,000         DOTHER       OTHER       WC P0011439       00       07/01/99       07/01/00       EL DISEASE - FOLICY UMIT \$ 500,000         DOTHER       OTHER       WC P0011439       S0,000       S0,000       S0,000 <td< th=""><th>A       X       UMBRELLAFORM       CCL00006606 01       07/01/99       07/01/00       A03820ATE       \$3,000,000         A       MUMBRELLAFORM       S       S       S       S       S         WORKERS COMPENSATION AND EMPLOYERS LABLITY       NCL       WC20011439       00       07/01/99       07/01/00       A03820ATE       \$ 500,000         A       MERCENSOR       NCL       WC20011439       00       07/01/99       07/01/00       ELDIBASE - POLICY UNIT       \$ 500,000         MARTINERSEXECUTVS       NCL       WC20011439       00       07/01/99       07/01/00       ELDIBASE - POLICY UNIT       \$ 500,000         OFFICERS ARE       EXCL       WC20011439       00       07/01/99       07/01/00       ELDIBASE - POLICY UNIT       \$ 500,000         OFFICERS ARE       EXCL       WC20011439       00       07/01/99       07/01/00       ELDIBASE - POLICY UNIT       \$ 500,000         OFFICERS ARE       EXCL       WC20011439       00       07/01/99       07/01/00       ELDIBASE - POLICY UNIT       \$ 500,000         Description OF OPERATIONSVEHICLESSERGENL ITEMS       The UNIT ANY OF THE GENERATION STATES &amp; 500,000       S 500,000       S 500,000         CENTIFICATE HOLDER       MILID ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED SERORE T</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	A       X       UMBRELLAFORM       CCL00006606 01       07/01/99       07/01/00       A03820ATE       \$3,000,000         A       MUMBRELLAFORM       S       S       S       S       S         WORKERS COMPENSATION AND EMPLOYERS LABLITY       NCL       WC20011439       00       07/01/99       07/01/00       A03820ATE       \$ 500,000         A       MERCENSOR       NCL       WC20011439       00       07/01/99       07/01/00       ELDIBASE - POLICY UNIT       \$ 500,000         MARTINERSEXECUTVS       NCL       WC20011439       00       07/01/99       07/01/00       ELDIBASE - POLICY UNIT       \$ 500,000         OFFICERS ARE       EXCL       WC20011439       00       07/01/99       07/01/00       ELDIBASE - POLICY UNIT       \$ 500,000         OFFICERS ARE       EXCL       WC20011439       00       07/01/99       07/01/00       ELDIBASE - POLICY UNIT       \$ 500,000         OFFICERS ARE       EXCL       WC20011439       00       07/01/99       07/01/00       ELDIBASE - POLICY UNIT       \$ 500,000         Description OF OPERATIONSVEHICLESSERGENL ITEMS       The UNIT ANY OF THE GENERATION STATES & 500,000       S 500,000       S 500,000         CENTIFICATE HOLDER       MILID ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED SERORE T						
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OFF LESSAGE       I EXC.         OTHER       OTHER         Description of operations/locations/vehicles/sFBC/AL ITEMS         The City of Portland, Maine is an Additional Insured under the General         The City of Portland, Maine is an Additional Insured under the General         Tability a respects the encroachment of a sign situated 550 Congress St.,         Partland, MS.         CENTIFICATE HOLDER:         VIRTLAN         CANCELLATION         ANDULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED SEFORE THE EXPRATION DATE THEREOF. THE ISSUNG COMPANY WILL ENDERVOR TO MAIL         30_ DAYS WRITTEN NOTICE TO THE LEXIT CALE FOLDER HAMED TO THE LEFT	OFFLERGARE		WCP0011439 00	07/01/99	07/01/00		
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### 01/11/00 00:23 FAX

## JAN-10-2000 12:28P FROM: BURR SIGNS 207 799 1324

TO: ...

#### OWNERS CONSENT AND AGREEMENT

I. Lafayette Ausociates, being the owner of the premises located at (print preparty owners name)

(print property address) in Portland, Maine, hereby give consent to the

erection of a certain sign/awning/hanner owned by <u>SCOTTSDALE SECONTES</u> (print lessee's name)

over the sidewalk or on building from said premises as described in application to the Division of Inspection Services.

And in consideration of the issuance of said permit, owner of said premises, in event said sign shall cease to serve the purpose for which it was erected or shall become dangerous and in event the owner of said sign shall fail to remove said sign or make it permanently safe in case the sign still serves the purpose for which it was erected, hereby agrees for himself or itself, for his beirs, its successors, and his or its assigns, to completely remove said sign.

lang to Duy: agen-Signature of 'Freyerty Owner

2/1/2000

Signature of Lessee

2. 7. 00 Dete

1004

# THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

#### Sign Permit Pre-Application

### Attached Single Family Dwellings/Two-Family Dwelling Multi-Family or Commercial Structures and Additions Thereto

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

NOTE\*\*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/Addressof Construction (include Portion of Building) 639 CONORPSS 57	:			
Total Square Footage of Proposed Structure 10:3	s	Square Footage of Lot		
Tax Assessor's Chart, Block & Lot Number Chart# 045 Block# A Lot#003	Owner: LAFAYET	TE ASSOL		Telephone#: &28 1655
Owner's Address: 638 CONIGRESS ST	Lessee/Buyer's Name (If Applicable) Tot SCOTTS DALE SECURITIES		Tot	al Sq. Ft. of Sign Fee 10. 3 \$ 32.09
Proposed Project Description: (Please be as specific as possible) $MAID \mp O \cdot SIGNAGE$				
Contractor's Name, Address & Telephone BURE SIGN	US 10 BU	TTONWOOD ST:	90:	FC OYICH Rec'd By
Current Use: CONMERCIAL VOCON	1f Pr	roposed Use: BROKEP HE	Ĩ.	Form / office

Signature of applicant:	Date: 2/33/8

Signage Permit Fee: \$30.00 plus .20 per square foot of signage

DEF	T. OF BUILDING INSPEC	TION
D	FEB 2 3 2000	5
	EGEIVE	

	BUILDING PERMIT REPORT
D	ATE: 23 February 2000 ADDRESS: 638 Congress ST. CBL: 045-A-003
R	EASON FOR PERMIT: SIGNAGE
в	UILDING OWNER: La Faye The ASSOC,
	ERMIT APPLICANT:/CONTRACTOR Byrr Signs
US	SE GROUP:CONSTRUCTION TYPE:CONSTRUCTION COST:PERMIT FEES: 32.00
	e City's Adopted Building Code (The BOCA National Building code/1999 with City Amendments) e City's Adopted Mechanical Code (The BOCA National Mechanical Code/1993)
	CONDITION(S) OF APPROVAL
Th	is permit is being issued with the understanding that the following conditions are met: $\frac{\times}{35}$
4. 5. 6. 7. 8. 9.	This permit does not excuse the applicant from meeting applicable State and Federal rules and laws. Before concrete for foundation is placed, approvals from the Development Review Coordinator and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection) " <u>ALL LOT LINES SHALL BE CLEARLY MARKED BEFORE CALLING.</u> " Foundation drain shall be placed around the perimeter of a foundation that consists of gravel or crushed stone containing not more than 10 percent material that passes through a No. 4 sieve. The drain shall extend a minimum of 12 inches beyond the outside edge of the footing. The thickness shall be such that the bottom of the drain is not higher than the bottom of the base under the floor, and that the top of the drain is not less than 6 inches above the top of the footing. The top of the drain shall be covered with an approved filter membrane material. Where a drain tile or perforated pipe is used, the invert of the pipe or tile shall not be higher than the floor elevation. The top of joints or top of perforations shall be protected with an approved filter membrane material. Section 1813.5.2 Foundations anchors shall be a minimum of ½" in diameter, 7" into the foundation wall, minimum of 12" from corners of foundation and a maximum 6' O.C. between bolts. Section 2305.17 Waterproofing and dampproofing shall be done in accordance with <u>Section 1813.0</u> of the building code. Precaution must be taken to protect concrete from freezing. <u>Section 1908.0</u> It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained. Private garages located <u>beneath habitable rooms</u> in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating. <u>Private garages attached</u> side-by-side to rooms in the above occupancies shall be completely s
11.	Code/1993). Chapter 12 & NFPA 211 Sound transmission control in residential building shall be done in accordance with Chapter 12, Section 1214.0 of the City's Building Code. Guardrails & Handrails: A guardrail system is a system of building components located near the oOpen sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42", except Use Group R which is 36". In occupancies in Use Group A,B.H-4, I-1, I-2, M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect. (Handrails shall be a minimum of 34" but not more than 38". Use Group R-3 shall not be less than 30", but not more than 38"). Handrail grip size shall have a circular cross section with an outside diameter of at least 1 ¼" and not greater than 2". (Sections 1021 & 1022.0). Handrails shall be on both sides of stairway. (Section 1014.7) Headroom in habitable space is a minimum of 7'6". (Section 1204.0) Stair construction in <b>Use Group R-3 &amp; R-4 is a minimum of 10" tread and 7 ¼" maximum rise.</b> All other Use Group minimum 11" tread,
14. 15.	7" maximum rise. (Section 1014.0) The minimum headroom in all parts of a stairway shall not be less than 80 inches. (6'8") 1014.4 Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside without the use of special knowledge or separate tools. Where windows are provided as <u>means of egress or rescue</u> they shall have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508)mm, and a minimum net clear opening of 5.7 sq. ft. (Section 1010.4) Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units. (Section 1010.1)

from the apartment to the building exterior with no communications to other apartment units. (Section 1010.1)
17. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with self closer's. (Over 3 stories in height requirements for fire rating is two (2) hours. (Section 710.0)
18. The boiler shall be protected by enclosing with (1) hour fire rated construction including fire doors and ceiling. or by providing automatic extinguishment. (Table 302.1.1)

- 19. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's Building Code Chapter 9, Section 920.3.2 (BOCA National Building Code/1999), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):
  - In the immediate vicinity of bedrooms
  - In all bedrooms
  - In each story within a dwelling unit, including basements
- 20. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type. (Section 921.0)
- 21. The Fire Alarm System shall be installed and maintained to NFPA #72 Standard.
- 22. The Sprinkler System shall be installed and maintained to NFPA #13 Standard.
- 23. All exit signs, lights and means of egress lighting shall be done in accordance with Chapter 10 Section & Subsections 1023.0 & 1024.0 of the City's Building Code. (The BOCA National Building Code/1999)
- 24. Section 25 135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
- 25. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act Title 5 MRSA refers, shall obtain a certification from a design professional that the plans commencing construction of the facility, the builder shall submit the certification the Division of Inspection Services.
- 26. Ventilation and access shall meet the requirements of Chapter 12 Sections 1210.0 and 1211.0 of the City's Building Code. (Crawl spaces & attics).
- 27. All electrical, plumbing and HVAC permits must be obtained by a Master Licensed holders of their trade. No closing in of walls until all electrical (min. 72 hours notice) and plumbing inspections have been done.
- 28. All requirements must be met before a final Certificate of Occupancy is issued.
- 29. All building elements shall meet the fastening schedule as per Table 2305.2 of the City's Building Code (The BOCA National Building Code/1996).
- Ventilation of spaces within a building shall be done in accordance with the City's Mechanical code (The BOCA National Mechanical Code/1993). (Chapter M-16)
- 31. Please read and implement the attached Land Use Zoning report requirements.
- 32. Boring. cutting and notching shall be done in accordance with Sections 2305.3, 2305.3.1, 2305.4.4 and 2305.5.1 of the City's Building Code.
- 33. Bridging shall comply with Section 2305.16.
- 34. Glass and glazing shall meet the requirements of Chapter 24 of the building code. (Safety Glazing Section 2406.0)
- 35. All signage, shall be done in accordance with Section 3102.0 signs of the City's Building Code, (The BOCA National Building Code/1999).

Fisce. Building Inspector LT. MCDQUEall, PFD Marge Schmuckal, Zoning Administrator

PSH 1/26/00

\*\*On the basis of plans submitted and conditions placed on these plans any deviations shall require a separate approval.

\*\*\*THIS PERMIT HAS BEEN ISSUED WITH THE UNDERSTANDING THAT ALL THE CONDITIONS OF THE APPROVAL SHALL BE COMPLETED. THEREFORE, BEFORE THE WORK IS COMPLETED A REVISED PLAN OR STATEMENT FROM THE PERMIT HOLDER SHALL BE SUBMITTED TO THIS OFFICE SHOWING OR EXPLAINING THAT THE CONDITIONS HAVE BEEN MET. IF THIS REQUIREMENT IS NOT RECEIVED YOUR CERTIFICATE OF OCCUPANCY SHALL BE WITHHELD.

#### \*\*\*\*CERTIFICATE OF OCCUPANCY FEE \$50.00