

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 090633

Please Read
Application And
Notes, If Any,
Attached

This is to certify that DOERING RALPH H JR & JUDITH C DOERING TR

has permission to 36" x 36" freestanding sign

AT 103 STATE ST CBL 045 B027001

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 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 written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR NOTICE IS 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

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-0633	Issue Date:	CBL: 045 B027001
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Location of Construction: 103 STATE ST	Owner Name: DOERING RALPH H JR & JUDIT	Owner Address: 18 MT VERNON ST #1	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: R-6

Past Use: Multi-tenant "Birthroots"	Proposed Use: Multi-tenant "Birthroots" - 36" x 36" freestanding sign	Permit Fee: \$98.00	Cost of Work: \$98.00	CEO District: 2
Proposed Project Description: 36" x 36" freestanding sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	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: Ldobson	Date Applied For: 06/17/2009	Zoning Approval		
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<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"/> OK w/conditions Date: 6/25/09 JBN	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 y.s <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 Date:
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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

10/3/12

spoke to Emily Murray, Birthrights

still want sign

want vinyl - short term

will look into long-term solution

- wood / metal ?

→ need to check flammability of vinyl

Dan Hissre without

Certificate of flammability

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.

Location/Address of Construction: <u>101 State Street Portland, ME 04101</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>75</u> Block# <u>B</u> Lot# <u>27</u>	Owner: <u>Doering SR Trust</u> Property Manager: <u>Peter Adams</u>	Telephone: <u>207-772-5030</u>
Lessee/Buyer's Name (If Applicable) <u>Birthroots</u> <u>101 State Street</u> <u>Portland, ME</u> <u>207-772-4784</u>	Contractor name, address & telephone: <u>n/a</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>98.00</u> Awning Fee= cost of work <u>0</u> Total Fee: \$ <u>98.00</u>
Who should we contact when the permit is ready: <u>Emily Murray</u> phone: <u>207-772-4787</u> <u>4784</u>		
Tenant/allocated building space frontage (feet): Length: <u>≈ 65 ft</u> Height <u>≈ 7 ft</u> Cell <u>488 8295</u> Lot Frontage (feet) <u>53.5</u> Single Tenant or Multi Tenant Lot <u>multi tenant lot</u>		
Current Specific use: <u>Nonprofit Organization - "Birthroots" Perinatal Resource Center</u> If vacant, what was prior use: <u>n/a</u> Proposed Use: <u>Signage for Birthroots - non profit business location</u> <u>Similar to professional office</u> <u>15' allowed</u> <u>36x36 = 9'6" ok.</u> <u>- both table 2-1</u> <u>! table 2-2</u> <u>- 4.58' (OK)</u>		
Information on proposed sign(s): <input checked="" type="checkbox"/> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>36x36</u> Height from grade: <u>55 inches</u> <input checked="" type="checkbox"/> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: <u>36x36</u>		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Height of awning: <u>—</u> Length of awning: <u>—</u> Depth: <u>—</u> Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>—</u> s.f. <u>Sandwich 35.5 x 2.5</u> <u>3 x 2.5</u>		
Information on existing and previously permitted sign(s): <u>none</u> Freestanding (e.g., pole) sign? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: <u>—</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: <u>—</u> Awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: <u>—</u>		
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 and existing building are also required.		

+7 95.91 / 16.550
 95.91 x 17.5

Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic 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 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 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.

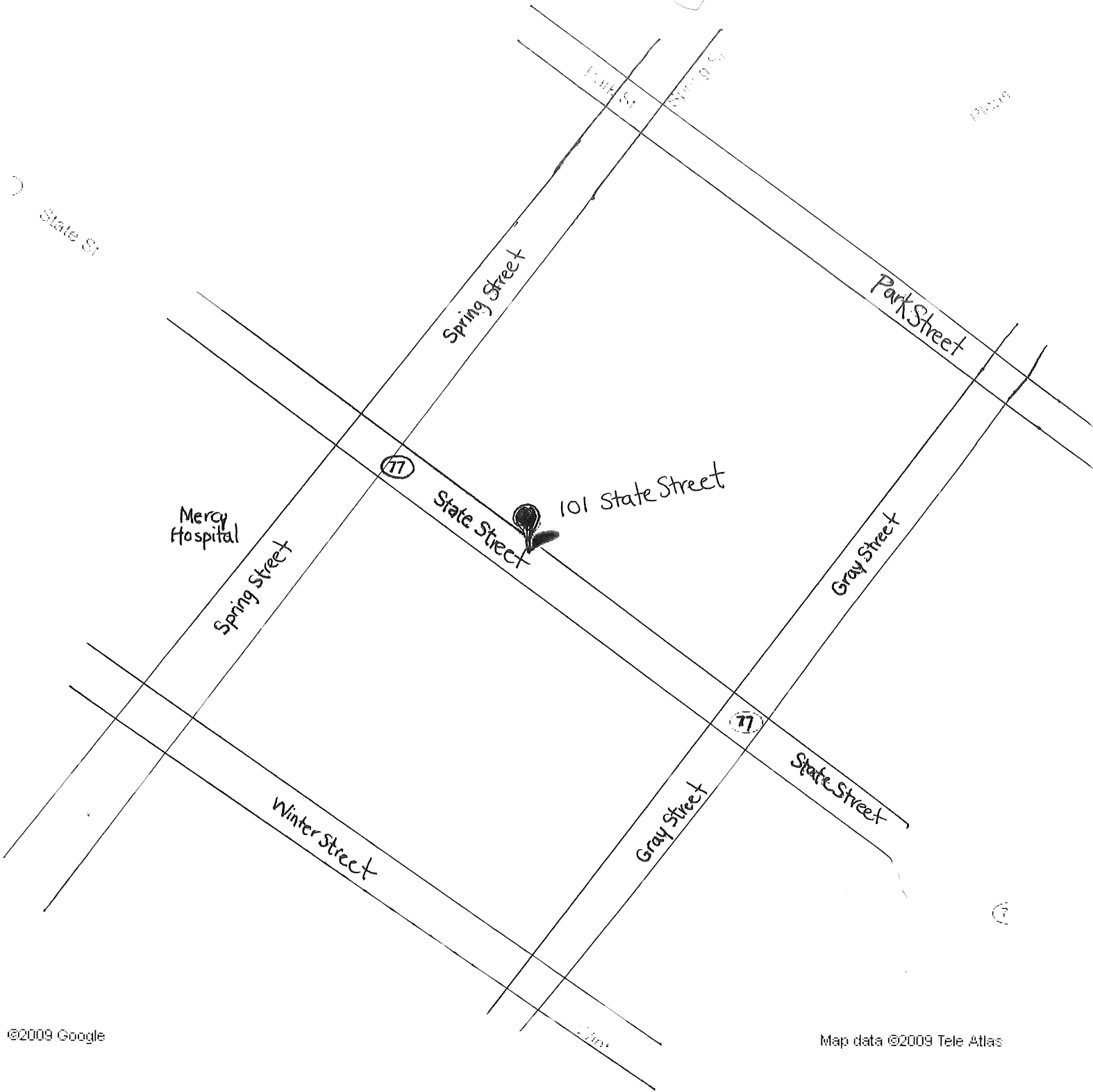
Signature of applicant:	Date: <u>6/15/09</u> JUN 17 2009
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This is not a permit; you may not commence ANY work until the permit is issued.

Address **101 State St**
Portland, ME 04101

Get Google Maps on your phone

Text the word 'GMAPS' to 40645



©2009 Google

Map data ©2009 Tele Atlas

Parking Lot

21 ft

entrance to
101 State
Street

sign location
sign #1

Cram Howard House
1855-1856

103 - 101 State Street

Brick sidewalk
57 ft

Building
99 - 97 State St.

16 ft

16.5 ft

21 ft

Driveway
23 ft

Stairs

15.5 ft

Brick sidewalk

Brick sidewalk

Stairs

Brick sidewalk

16.5 ft

grass

Brick Area
sign location

grass

sign board
#2 sign

grass

53.5 ft
Lot Frontage

no sandwich
board allowed

Driveway to 103-101 State Street

State Street Rt. 77

State Street Rt. 77



101 [↑] State Street

[↑] 99 State Street

Driveway



State Street →



The sign will be mounted between these two metal poles already in the ground.

The sign will hang 55 inches above the ground and about 12 inches from the building.

The sign will be hung and attached to the metal poles using metal rings attached to metal clamps around the poles already in the ground.

Sign #1

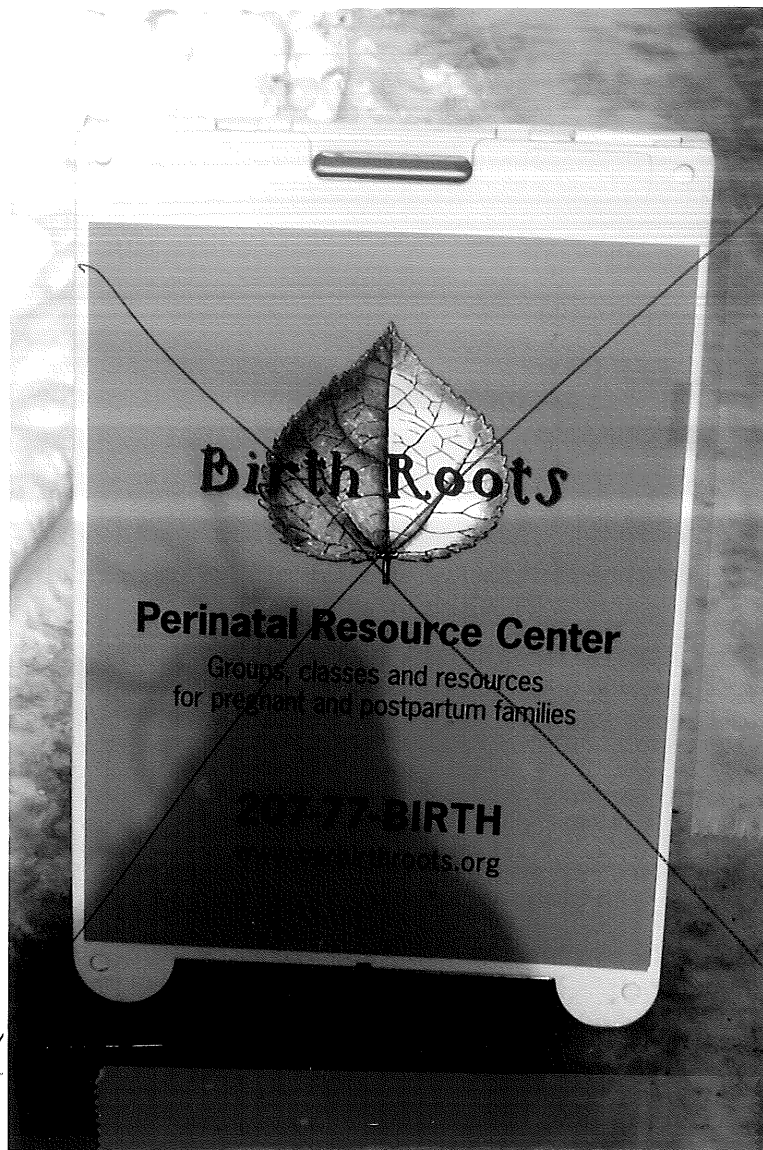
This sign is 36in x 36in.

It is made of vinyl and is weather resistant.

The sign has no moving parts and will not be illuminated.



Sign # 2

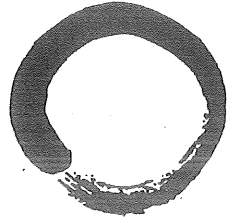


Sandwich
sign not
allowed
in P-6 zone.

This sandwich board sign is 35.5 inches by 29 inches and is free standing. The sign is weatherproof and non-electrical.

Birthroots would like to place this sign in front of the 103-101 State Street Building (on the brick area of the grass section; located on the hand drawn plan of the lot) during business hours.

Birth Roots, tenants
of 101 State St,



S P I R I T

Portland, ME have permission
to mount a sign outside
their entry door mounted
to 2 metal poles. as well
as a sandwich board sign
at the street.

Sub
8/13/08

**BINDER-RECEIPT**

- STATE FARM FIRE AND CASUALTY COMPANY
- STATE FARM GENERAL INSURANCE COMPANY
- STATE FARM FLORIDA INSURANCE COMPANY

- Apartment
- Rental Dwelling
- Condominium Assoc.
- Business
- Church
- Other

Name Last Name: Murray		First Name: Emily		Middle Name or Initial	Effective Date: 04/07/2009
Co-applicant's Name (if applicable): Leah Deragon			D/B/A: Birth Roots		
Mailing address Number and Street: 101 State Street		City or Town: Portland			
State: Maine		ZIP Code: 04101		County: Cumberland	

POLICY/COVERAGE FORM	INSURANCE LIMITS	PROPERTY OR INTERESTS COVERED	LOCATION AND DESCRIPTION OF PROPERTY OR INTERESTS	PREMIUM
<input checked="" type="checkbox"/> Business	25,000	Business Property		325.
	4000	Improvements		inc
Liability:				
<input checked="" type="checkbox"/> Business Liability <small>NOTE: The Annual Aggregate and products/completed operations aggregate limits are equal to 2 times the occurrence limit.</small>	Each Occurrence 300000/600000			
<input type="checkbox"/> Personal Liability	Each Occurrence			
<input checked="" type="checkbox"/> Medical Payments	Each Person 5000			
<input type="checkbox"/>				
<input type="checkbox"/>				

Deductibles: 1000.00	Total Premium	\$ 325.00
Name and Address of Mortgagee/Other Interest _____	Amount Paid	\$ 325.00

Loan Number _____

State Farm® will provide coverage to the applicant and his or her legal representative on the property described for up to ninety (90) days from the Effective Date, subject to all terms and conditions of the policy and endorsements for which application has been made. If no Effective Date is indicated, this Binder does not provide any coverage. This Binder will be void when the declarations page is issued on the policy for which application has been made or when coverage under this Binder is canceled in accordance with policy provisions.

The premium due State Farm for the coverage provided by this Binder will be the full annual premium for the policy for which application has been made, and will be pro-rated for the length of time coverage is provided under this Binder.

If coverage in this Binder replaces coverage in other policies terminating at 12 Noon (Standard Time) on the inception date of this Binder, this Binder will be effective at 12 Noon (Standard Time) instead of 12:01 a.m. Standard Time.

Agent's Code Stamp T WRIGHT	19-1131
FIRE 19	
MAINE AFO	F874

AGENT: It is very important that you mail a copy of the Binder and a completed application to this Company on the day issued.