

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 030090

This is to certify that Wilson Francis C Trust/The Societyhas permission to Erect two identical sign 10' xAT 722 Congress St

055 D006001

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 when permission procured before this building or part thereof is altered or enclosed-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

Adrian R. [Signature]
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: 03-0090		Issue Date:		CBL: 055 D006001	
Location of Construction: 722 Congress St		Owner Name: Wilson Francis C Trust		Owner Address: 722 Congress St	
Business Name: n/a		Contractor Name: The Signery		Contractor Address: 299 Forest Avenue Portland	
Lessee/Buyer's Name n/a		Phone: n/a		Phone: 2078797700	
Past Use: Commercial / Portland Magazine		Proposed Use: Portland Magazine; Erect two identical signs 10' x 2'		Permit Type: Signs - Permanent	
Proposed Project Description: Erect two identical sign 10' x 2'		Permit Fee: \$70.00		Cost of Work: \$0.00	
INSPECTION: Use Group: <i>B</i> Type: <i>NA</i>		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature: <i>[Signature]</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.): Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		Signature: <i>[Signature]</i>		Date: <i>2/10/03</i>	
Permit Taken By: gg		Date Applied For: 02/05/2003		Zoning Approval	
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>3/2/03</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: <i>3/2/03</i>		Historic Preservation <input checked="" 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: <i>[Signature]</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

ACORD™ INSURANCE BINDER				DATE 02/03/03	
THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.					
PRODUCER		PHONE (A/C No. Ext) 800-531-8826	COMPANY		BINDER #
		FAX (A/C No.) 210 498-0344	Hartford Casualty Insura		65SBAPU7415
USAA General Agency COMMERCIAL BROK/SPCL RISK 9800 Fredericksburg Rd. San Antonio, TX 78284-9836			EFFECTIVE		EXPIRATION
			DATE	TIME	DATE
			02/06/03	12:01	X AM PW 02/06/04 X 12:01 AM NOON
CODE:			SUB CODE:		
AGENCY CUSTOMER ID: 197823			DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)		
INSURED COLIN W SARGENT AND NANCY D SARGENT AND SARGENT PUBLISHING, 294 SPRING ST PORTLAND, ME 04102-3714			Loc#1: 722 CONGRESS STREET, PORTLAND, ME 04102-3714		

COVERAGES		LIMITS	
TYPE OF INSURANCE	COVERAGE FORMS	DEDUCTIBLE	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Building Business Property	250 250	\$125,000 \$20,000
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OF AGG	\$1,000,000 \$300,000 \$10,000 \$1,000,000 \$2,000,000 \$2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COLL:	ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$
SPECIAL CONDITIONS/ OTHER COVERAGES		FEE TAXES ESTIMATED TOTAL PREMIUM	
** Continued from Property Section ** (See attached Spec Conditions/Other Cows page.)			

NAME & ADDRESS		X MORTGAGEE LOSS PAYEE		ADDITIONAL INSURED	
Millard S. Peabody, Trustee PO Box 1453 South Hampton NY 11969		LOAN #			
		AUTHORIZED REPRESENTATIVE <i>Armand A. Mankin</i>			

SPECIAL CONDITIONS/OTHER COVERAGES (Cont. from page 1)

Commercial Property Location Specific Coverages

Location: 1

Building #1: PUBLISHING OFFICE

Coverage: Building Valuation: Replacement Cost Deductible Type:
Flat

Optional Coverage(s):

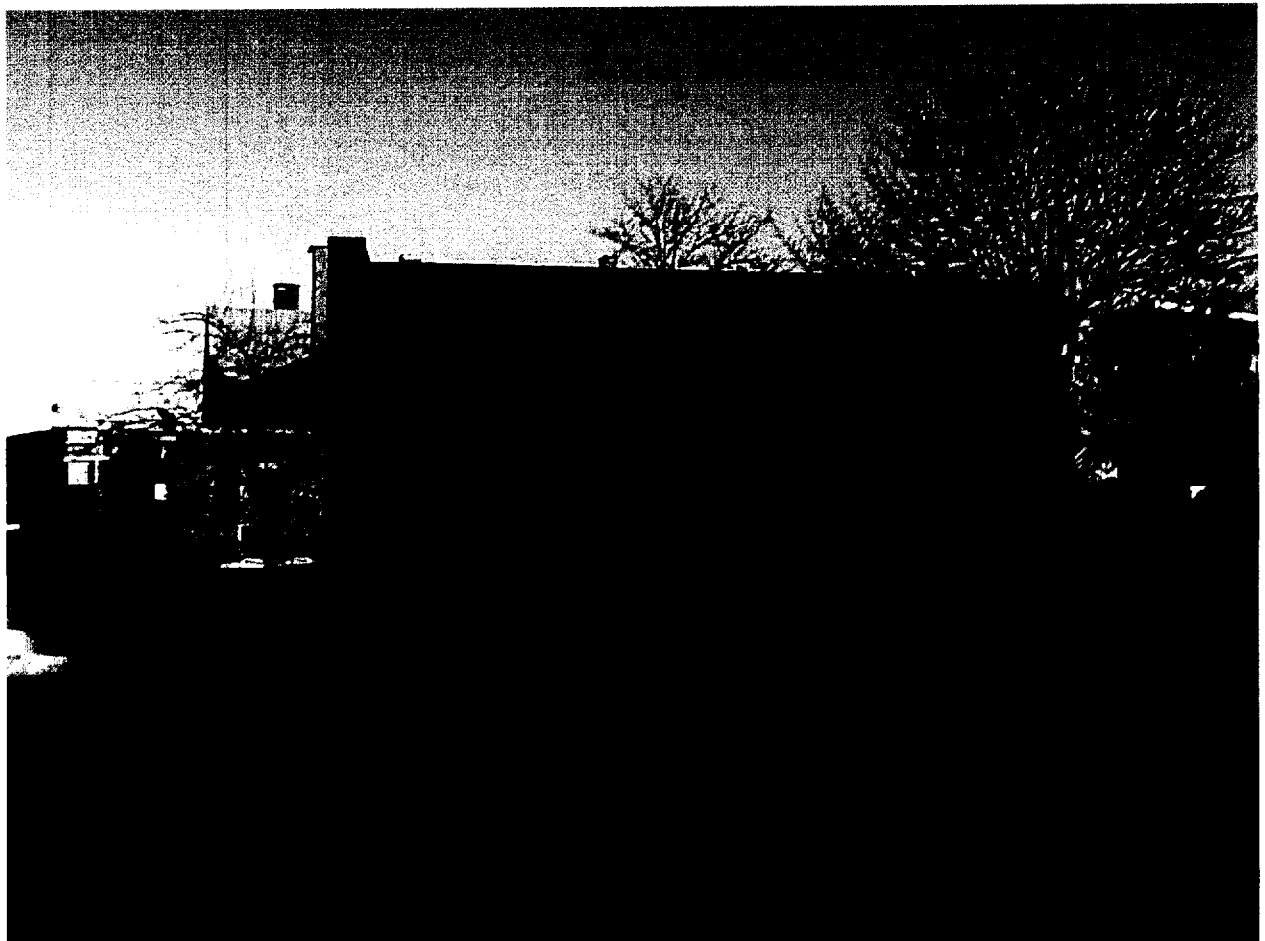
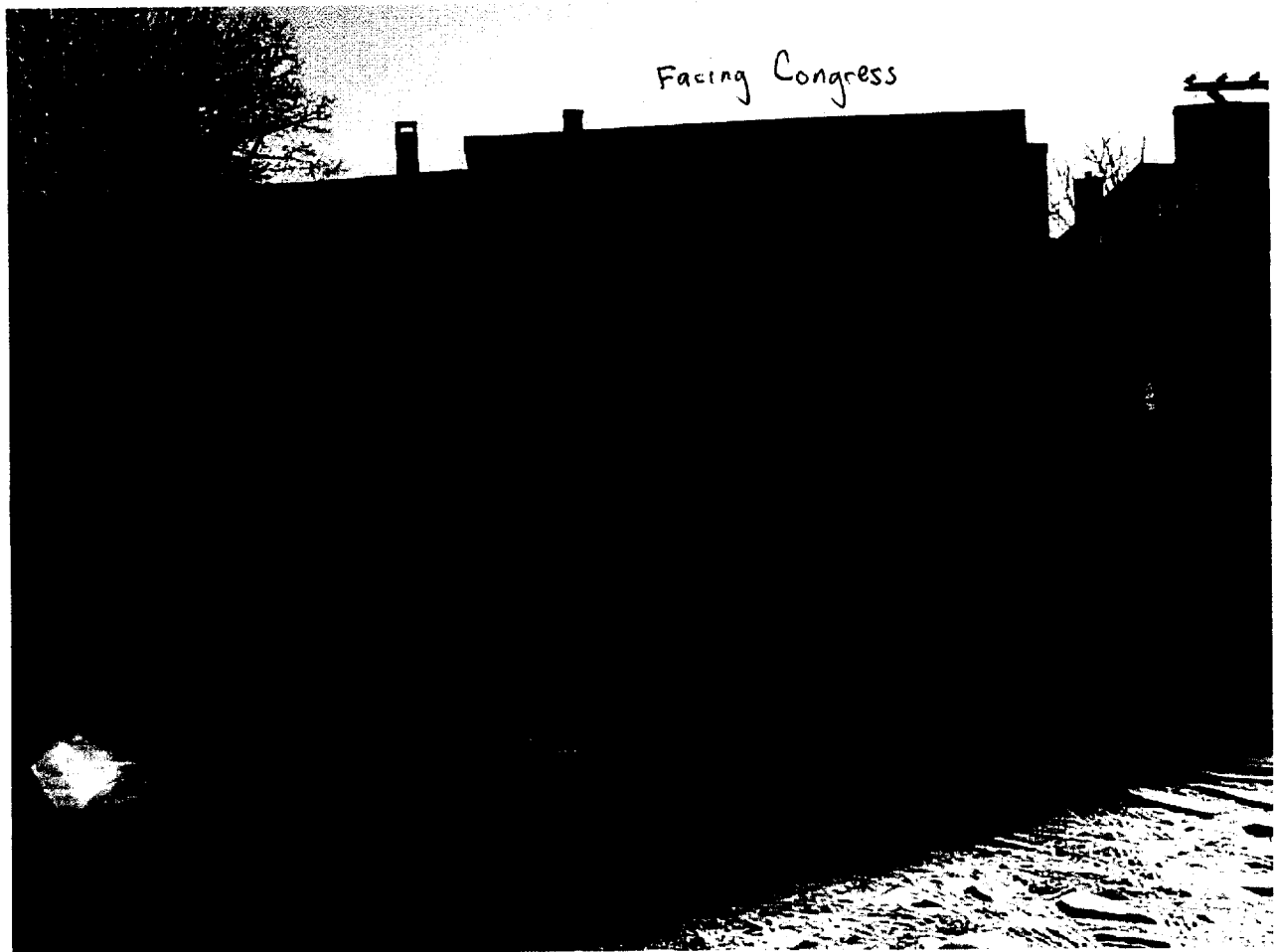
Coverage: HARTFORD SUPER STRETCH

Coverage: Hartford Building Stretch

10'

5'

(2) Framed Wooden Signs
w/ Gold Leafed Dimensional Copy
24x120



SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 722 Congress St.

ZONE: B2b

OWNER: Colin + Nancy Sargent

APPLICANT: Colin Sargent

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO

MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES NO

DIMENSIONS 2' x 10' HEIGHT _____

MORE THAN ONE SIGN? YES NO

DIMENSIONS _____ HEIGHT _____

SIGN ATTACHED TO BLDG.? YES NO

DIMENSIONS _____

MORE THAN ONE SIGN? YES NO

DIMENSIONS 2' x 10' (2)

AWNING: YES NO IS AWNING BACKLIT? YES NO

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

HEIGHT OFF SIDEWALK _____

ONE ON CONGRESS ST
SIDE,
ONE ON
WALKER ST.
SIDE

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

None

*** TENANT BLDG. FRONTAGE (IN FEET):

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

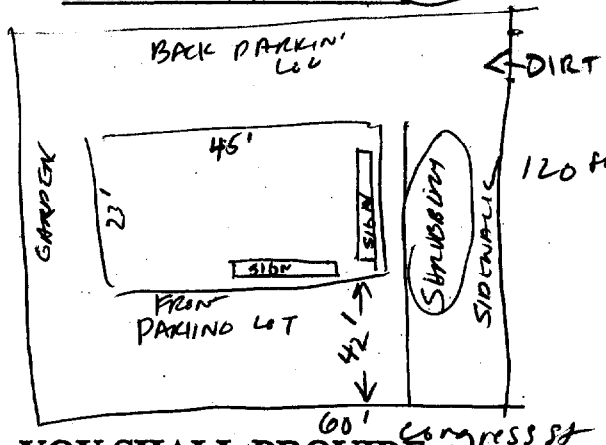


Photo
Encl.

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: Colin Sargent

DATE: 5 Feb 03

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

Signage 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>722 Congress Street</u>		
Total Square Footage of Proposed Structure <u>1,150 sq. ft. Two 20 sq. ft. signs</u>	Square Footage of Lot <u>7200 sq. ft.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>55</u> Block# <u>D</u> Lot# <u>6</u>	Owner: <u>Colin + Nancy Sargent</u>	Telephone: <u>207 775 4339</u>
Lessee/Buyer's Name (If Applicable) <u>Colin + Nancy Sargent</u>	Applicant name, address & telephone: <u>Colin Sargent</u> <u>294 Spring St.</u> <u>Portland, ME 04102</u>	Total s.f. of signage <u>40</u> x 1.00 per s.f. \$ <u>40</u> , plus \$30.00 base fee Fee: \$ <u>70.00</u>
Current use: <u>Just purchased for Portland Magazine</u>		
If the location is currently vacant, what was prior use: <u>Allen Business Forms, then Antique Store</u>		
Approximately how long has it been vacant: <u>6 months</u>		
Proposed use: <u>Portland Magazine offices / MARKETING</u>		
Project description: <u>Two signs, identical, 10' wide x 2' high, erected on side of building as shown.</u>		
Contractor's name, address & telephone: <u>The Signery, 879-7700</u>		
Who should we contact when the permit is ready: <u>The Signery, Forest Ave.</u>		
Mailing address: <u>299 Forest Ave.</u> <u>Portland, ME 04101</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 \$50.00 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>Colin Sargent</u>	Date: <u>5 Feb 03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the