

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 060261

CITY OF PORTLAND
MAR 21 2006
PERMITS SHED

This is to certify that BROWN I B & SONS / Sweeper

has permission to 2 new signs 1- 36" x 30" and 30" x 2

AT 65 WEST COMMERCIAL ST

058 C001001

provided that the person or persons firm or person 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.

Classification of inspection must be given and when permission procured before this building or part thereof is used or service closed-in. 4
OUR NOTES 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

[Signature]
3/21/06
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

CITY OF PORTLAND

Permit No: 06-0261	Issue Date: 02/24/2006	CBL: 058 CD01001
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Location of Construction: 65 WEST COMMERCIAL ST	Owner Name: BROWN J B & SONS	Owner Address: PO BOX 207	Phone:
Business Name:	Contractor Name: Sweetser	Contractor Address: 65 West Commercial Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: 85b

Past Use: Commercial	Proposed Use: Commercial/ Sweetser/2 new signs 1-36" x 30" and 1-30" x 24"	Permit Fee: \$50.00	Cost of Work: \$50.00	CEO District: 2
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Proposed Project Description:
2 new signs 1-36" x 30" and 1-30" x 24"

FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group <i>U</i> Type: <i>Sig</i> <i>IBC 2003</i> Signature: <i>[Signature]</i>
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied Signature: _____ Date: _____	

Permit Taken By: Idobson	Date Applied For: 02/24/2006	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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"/> <i>JK</i> Date: <i>3/1/06</i> <i>ABM</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 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 <i>ABM</i> 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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0261	Date Applied For: 02/24/2006	CBL: 058 C001001
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Location of Construction: 65 WEST COMMERCIAL ST	Owner Name: BROWN J B & SONS	Owner Address: PO BOX 207	Phone:
Business Name:	Contractor Name: Sweetser	Contractor Address: 65 West Commercial Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type:	

Proposed Use: Commercial/ Sweetser/2 new signs 1- 36" x 30" and 1- 30" x 24"	Proposed Project Description: 2 new signs 1- 36" x 30" and 1- 30" x 24"
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Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 03/09/2006

Note: Sweetser is located on the second floor in the back of 65 West Commercial Street. Their tenant frontage is 72' so they could have 144 sq. footage of sign. They want one 7.5 sq.ft. sign on the front corner of the building mainly for directional purposes, and then a 5 sq. ft. sign on the back over their entrance. Since their total is way under what is allowed, it is OK for them to have the two signs. **Ok to Issue:**

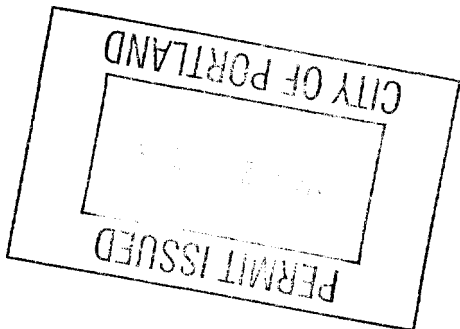
Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 03/21/2006

Note: **Ok to Issue:**

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

Comments:

317106-amachado:Left a message with Linda Giles. Need more information on permit. Is it a multi-tenant lot? What is Sweetser's tenant frontage? Where are they located in the building?





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>65 West Commercial Street, Portland</u>	
Total Square Footage of Proposed Structure <u>n/a</u>	Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>58</u> Block# <u>t</u> Lot# <u>1</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Sweetser 50 Moody St. Saco, Me</u>	Applicant name, address & telephone: <u>Sweetser 50 Moody St. Saco, Me 040</u>
Totals s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: <u>\$10 x 2 = 20</u> Awning Fee = cost of work <u>50</u> Total Fee: \$ _____	
Who should we contact when the permit is ready: <u>Linda Giles</u> phone: <u>373-363</u>	
Tenant/allocated buildingspace frontage (feet): Length: <u>72'</u> Height _____ Lot Frontage (feet) <u>650</u> Single Tenant or Multi Tenant Lot <u>x</u> multi-tenant,	
Current Specific use: <u>multi use</u> If vacant, what was prior use: _____ Proposed Use: _____	
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No <u>X</u> Dimensions proposed: _____ Bldg. wall sign? (attached to bldg) Yes <u>X</u> No _____ Dimensions proposed: <u>36'x30' Front -> 8</u> <u>38'x24' Back. 2</u>	
Awning? Yes _____ No <u>X</u> 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 w/communications, <u>message</u> , trademark or symbol: _____ s.f.	
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____ Awning? Yes _____ No _____ Dimensions: _____	
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.	

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 apphcaoon as his/her authorized agent. I agree to conform to all apphicable laws of this jurisdiction. In addition, if a permit for work described in this apphcaoon 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 apphicable to this permit

Signature of applicant: <u>Linda Giles</u>	Date: <u>2/24/06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

~~no facade~~
1 per front.
200 per front's frontage.
2 x 72 = 144 ft

T _____
front sign 75 ft
sign on back 5 ft
1 asp

(OK)

$$26 \times 30 = 1080 \text{ sq } \text{ft} = 75 \text{ ft}^2$$



36"x30" 2 sided with bracket

FRONT on corner
of Building

Back by
2nd Door.



30"x24" 2 sided with bracket



Brackets
for both
Signs

$$30 \times 24 = 720 \text{ sq } \text{ft}$$

$$5 \text{ ft}^2$$

— Fear of
building

65 West Commercial St

tent style Signage

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (207) 283-1486 FAX (207) 283-4258
 Paquin & Carroll Insurance
 260 Main St.

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.

Biddeford, ME 04005

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Sweetser

INSURER A Philadelphia Ins Co

INSURER E

INSURER C

INSURER D

INSURER E

50 Moody Street
 Attn: Mike Abbatiello
 Saco, ME 04072

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

ISR ADD L TR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PER SUBJECT <input type="checkbox"/> LOC	PHPK126882	07/01/2005	07/01/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROMISE \$ 1,000,000
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - FA ACCIDENT \$ OTHER THAN AUTO ONLY - EA ACC \$ AUTO ONLY - AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED (Must describe under SPECIAL PROVISIONS below) OTHER				MC STAFF - COPY LIMITS OTHER EA \$ EA \$ EA \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (EXCLUSIONS ADDED BY ENDORSEMENT) SPECIAL PROVISIONS
 Certificate holder is additional insured

CERTIFICATE HOLDER

CANCELLATION

City of Portland
 389 Congress Street
 Portland, ME 04101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Thomas E. Wells

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Giles, Linda

From: Willow Williams [willow.williams@jbbrown.com]
Sent: Tuesday, February 21, 2006 11:25 AM
To: Giles, Linda
Subject: Sign letter

February 21, 2006

Ms. Linda Giles
Sweetser
65-85 West Commercial Street
Portland, ME 04102

Re: Signage 65 West Commercial Street side

Dear **Ms. Giles**:

Please be advised that I have met with your maintenance person, and have seen the plans for signage at 65 West Commercial Street.

J. B. Brown & Sons grants permission to hang the sign as discussed.

Let me know if you need anything else from our office.

Sincerely,

Willow **D. Williams**, RPA
Property Manager