

#### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND Form # P 04 Please Read BU Application And TION Notes, If Any, Permit Number: 101087 PERMIT Attached This is to certify that Logan Consuelo-S/Bailey Sign mpany City of Portland has permission to ting si -Glidden Paint Center: Erect 32 ft. frees AT \_\_\_\_\_ Congress St 065 A013001 provided that the person or persons, fi or comparison accepting this permit shall comply with all e and of the differences of the City of Portland regulating of the provisions of the Statutes of Ma f buildings and structures, and of the application on file in the construction, maintenance and use this department. Not ation o spectic nust bi Apply to Public Works for street line aive nd writte bermissi brocured A certificate of occupancy must be and grade if nature of work requires befd this bul procured by owner before this builda or pr hereof i such information. lath or oth sed-in 2/ ing or part thereof is occupied. NOTICE IS REQUIRED. HO OTHER REQUIRED APPROVALS Fire Dept. \_\_\_\_\_ Health Dept. Appeal Board Other Department Name Direct Building & Instruction Services PENALTY FOR REMOVING THIS CARD

City of Portland, Mair	•			Issue Date:	CBL:		
389 Congress Street, 0410	01 Tel: (207) 874-8703	, Fax: (207) 874-871	6 10-1087	_l	065_A	013001	
Location of Construction:	Owner Name:		Owner Address:		Phone:		
971 Congress St Logan Consue Business Name: Contractor Name:			8 Frederick Thon	pson Dr		<b>_</b>	
		-	Contractor Address:		Phone		
Glidden Paint Center	Bailey Sign Co	ompany Inc.	9 Thomas Drive	Westbrook	2077742	843	
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:	
			Signs - Permane	nt	B-2		
Past Use:	Proposed Use:		Permit Fee: Cost of W		· · · · · · · · · · · · · · · · · · ·		
Commercial / Dulux Paints Erect 32 sq. ft.		Glidden Paint Center;	I		00 2		
		, treestanding sign.	FIRE DEPT: Approved		Use Group: Type:		
Proposed Project Description:	~		1		I 0, 2003		
Glidden Paint Center; Erect	32 sq. ft. freestanding sig	ŗn.	Signature:	Si	ignature:	Ko	
	- •••		PEDESTRIAN ACT				
			Action: 📋 Appro	ved 📋 Approv	ved w/Conditions Denied		
			Signature:		Date:		
Permit Taken By: gg	Date Applied For: 08/31/2010	[	Zoning	Approval			
		Special Zone or Revie	ws Zoning Appeal		Historic Preservation		
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>		Shoreland	[] Varianc		Not in District or La		
2. Building permits do no septic or electrical worl		🚺 Wetland	Miscellancous				
3. Building permits are vo within six (6) months o	f the date of issuance.	Flood Zone	Conditional Use		Requires Review		
False information may permit and stop all wor		Subdivision	Approved		Approved		
		Site Plan					
	· · · · · · ·	Maj 🗍 Minor 🗍 MM	Denied		Denied		
PERMIT I	SSUED	OK .			trea		
	00	Date: 9/10	Date:		Date:		
SEP 8	}	L					
City of Po	ortland						
,			A).t				
hereby certify that I am the I have been authorized by th jurisdiction. In addition, if a shall have the authority to er such permit.	e owner to make this appl permit for work describe	lication as his authorize d in the application is i	the proposed work a agent and I agree ssued, I certify that	to conform to the code offic	all applicable law ial's authorized rep	s of this presentative	
SIGNATURE OF APPLICANT		ADDRES	<u> </u>	DATE		ONE	

RESPONSIBLE PERSON IN CHARGE OF WORK, TI	TLE
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### BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.

<u>X</u> Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

SEP 8

City of Portland

City of Portland, Maine - Bui 389 Congress Street, 04101 Tel: (	-		Permit No: 10-1087	Date Applied For: 08/31/2010	CBL: 065 A013001
Location of Construction:	Owner Name:		Owner Address:		Phone:
971 Congress St	Logan Consuelo S		8 Frederick Thom	pson Dr	
Business Name:	Contractor Name:		Contractor Address:	Phone	
Glidden Paint Center	Bailey Sign Company	Inc.	9 Thomas Drive W	estbrook/	(207) 774-2843
Lessee/Buyer's Name	Phone:		Permit Type:		
}			Signs - Permanen	t	
Proposed Use:		Propos	d Project Description:		
Commercial / Glidden Paint Center; sign.	Erect 32 sq. ft. freestand	ing Glidd	en Paint Center; Er	eet 32 sq. ft. freestand	ding sign.
Dept: Zoning Status: A	Approved	Reviewer	: Ann Machado	Approval D	ate: 09/08/2010
Note:					Ok to Issue: 🗹
Dept: Building Status:	Approved with Condition	s Reviewer	: Jonathan Rioux	Approval D	ate: 09/09/2010
Note:					Ok to Issue: 🛛 🗹
1) Signage Installation to comply w	ith Chapters 31 & 32 of t	the IBC 2003 bi	uilding code.		
<ol> <li>Application approval based upon and approval prior to work.</li> </ol>	information provided by	y applicant. Any	deviation from app	proved plans requires	separate review

# **PERMIT ISSUED**

SEP 8

City of Portland



# 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: 97	3 Congress St.	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 065 A 013	Owner: CSL Realty	Telephone: (207)883-8634 MhRC
Lessee/Buyer's Name (If Applicable) Glidden Paint Center	Contractor name, address & telephone: Bailey Sign, InC 9 Thomas Dr. Westbrook, ME 04092 (207)774-2843	Total s.f. of signage x \$2.00         Per s.f. plus \$30.00/\$65.00       32.5%         For H.D. signage= Total         Fee:       \$
Who should we contact when the permit is ready. Tenant/allocated building space frontage (fee Lot Frontage (feet) Current Specific use: If vacant, what was prior use: Proposed Use:	et): Length: <u>506</u> Height Single Tenant or Multi Tenant Lot Glieden	TITE
Information on proposed sign(s): Freestanding (c.g., pole) sign? Yes Bidg. wall sign? (attached to bidg) Yes		
Proposed awning? Yes No V Is awn Height of awning: Length of av Is there any communication, message, trademan If yes, total s.f. of panels w/communications, m	wning: Depth: rk or symbol on it? Yes No	₩ 3CO.
Information on existing and previously permit Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Awning? Yes No Sq. ft. area	tted sign(s): No Dimensions: $\frac{4 \times 8}{3.9.4} + Sma$ No Dimensions: $\frac{3.9.4}{3.4} \times 10^{11}$ of awning w/communication:	RECEIVED
A site sketch and building sketch showing exa Sketches and/or pictures of proposed signage		ocated must be provided.
Please submit all of the information of Failure to do so may result in the autor In order to be sure the City fully understands the s additional information prior to the issuance of a p Building Inspections office, room 315 City Hall or	matic denial of your permit. full scope of the project, the Planning and D permit. For further information visit us on-lin	cation Checklist. Dept. of Building Inspections City of Portland Maine vevelopment Department Inay equaine
I hereby certify that I am the Owner of record of the na authorized by the owner to make this application as his, a permit for work described in this application is issued, areas covered by this permit at any reasonable hour to e	/her authorized agent. I agree to conform to all a , I certify that the Code Official's authorized repre- enforce the provisions of the codes applicable to t	applicable laws of this jurisdiction. In addition, if esentative shall have the authority to enter all
Signature of applicant: NULLIAU 2 multi-krewt. Freesfordry - Less Cauce - 65 18'	WHY Bully Sigh Date you mandot commence ANY work until the max - 23 P	
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## Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.

Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.

- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.

Nertificate of flammability required for awning or canopy.

A UL# is required for lighted signs at the time of final inspection.

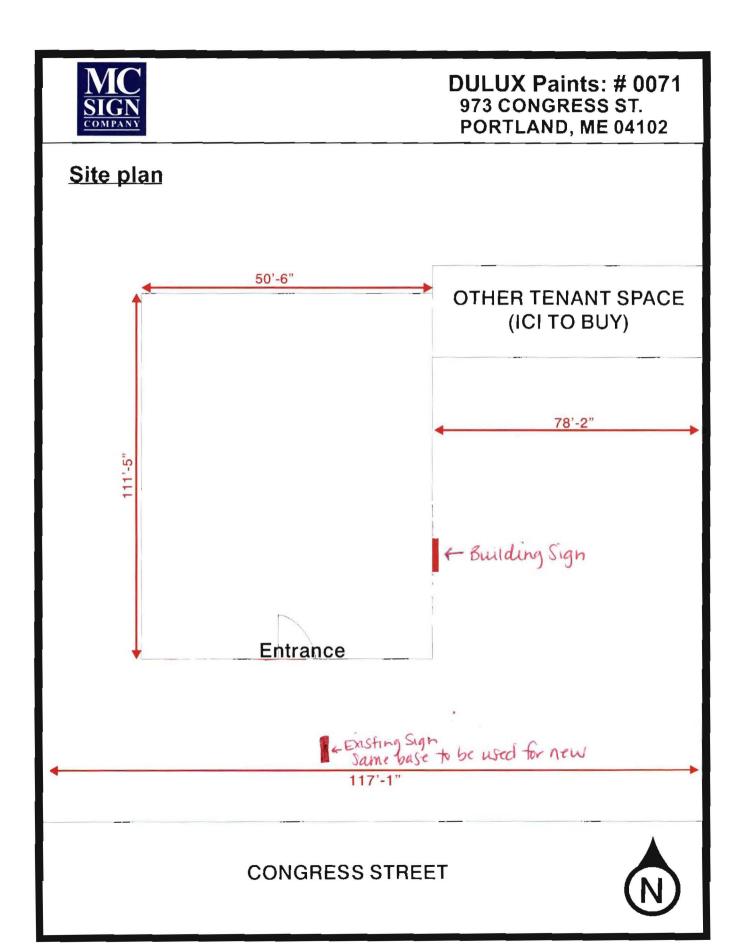
Pre-application questionnaire completed and attached.

Details for sign fastening, attachment or mounting in the ground. USING EXISTING base/PDIC

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work: \$30.00 for the first \$1,000.00, \$10.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.





Existing Square Footage = 32 sf Overali Height from Grade = 16'-8"

### Store No. 0071 - PORTLAND, ME

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atlas	CORPORATE HEADQUARTERS 1977 Word Blue, Hoursa Blue, Waar Bluech, Flands 33464 PHONE (SEE) HE3-6659 / 808.772.7532 FAX: (S6E) (863.4254 NORTHEAST DIVISION 701 Commerce Data, Constant, North Cardina 28025 PHONE, 1974, 198.1733 / 680.772.7535244X (1941.788.3843)	Nurte	Revision Description	By	0m	Approved by	urreida 4 alona urreida 4 alona	Glidden PROFESSIONAL N	Image: Construction of the second
	www.altassignIndustries.us					Dutr	CONNECT & ACLUMANT	973 CONGRESS ST., PORTLAND, ME 04102	<sup>th</sup> Corp. / Glidden / Stora No. 0071

### ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/18/10

OP ID JT ATLASSI

PRODUCER SLATON INSURANCE P.O. Box 220537	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.				
West Palm Beach FL 33422 Phone: 561-683-8383 Fax: 561-684-5995	INSURERS AFFORDING COVERAGE	NAIC #			
INSURED	INSURER A: Florida United Business S.I.F.				
Atlas Sign Industries et al	INSURER B: American States/Safeco Ins.Co.	09043			
Atlas Signs of Lake Worth, Inc Atlas Realty Holdings, LLC	INSURER C: American Economy				
1077 W Blue Heron Blvd West Palm Beach FL 33404	INSURER D: North River Insurance Co				
West Faim Beach FA 55404	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.

NSH ADD'L LTR INSRQ TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
в	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	01C139537010	06/18/10	11/11/10	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$1,000,000 \$200,000	
	CLAIMS MADE X OCCUR	And Sharahan and Madama			MED EXP (Any one person)	\$ 10,000	
	X Contractual				PERSONAL & ADV INJURY	\$1,000,000	
	X DED: \$0			0	GENERAL AGGREGATE	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT X LOC				PRODUCTS - COMP/OP AGG	\$2,000,000	
c		02CE21855510	06/18/10	11/11/10	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	X Hired Phys Dmg X 100-Comp-500 Coll				PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN EA ACC	\$	
					AUTO ONLY: AGG	\$	
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$10,000,000	
D	X OCCUR CLAIMS MADE	5530928607	11/11/09	11/11/10	AGGREGATE	\$ 10,000,000	
						\$	
	WORKERS COMPENSATION AND	ter and the second second			WC STATU- TORY LIMITS ER	3	
A	EMPLOYERS' LIABILITY	10644301	11/11/09	11/11/10	E.L. EACH ACCIDENT	\$ 1000000	
11	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	10014301	11/11/05		E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	• •• • • • • • • • • • • • • • • • • • •	
	Equipment	01CI39537010	06/18/10	10/11/10	Sched Eq	252,886	
Cer gen	RIPTION OF OPERATIONS/LOCATIONS/VEHIC tificate Holder is list eral liability only, e Address: 71 Glidden F	ed as an addition	al insured with	th respects			

 CERTIFICATE HOLDER
 CANCELLATION

 CITYOFP
 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 DO SO SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

 389 Congress Street Portland ME 04101
 AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)

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Anne Daty <annelogandaty@gmall.com>

### 71 Portland ME Glidden Site Pylon

1 message

Dennis Meroney 
Dennis M@atlassignIndustries.ua>
To: annelogandaly@gmail.com

Tue, Jul 13, 2010 at 4:35 PM

Anne,

Attached is the new concept drawing for the Pylon sign for the Glidden Site in Portland ME. Please sign and send back with your approval.

thanks

Vennio

#### **Dennis Meroney**

Project Manager

ATLAS SIGN INDUSTRIES

1077 W. Blue Heron Blvd.

West Palm Beach, FL 33404

P 561.863.6659 | # 561.727.2466

- Val

0071-A1.pdf 1525K

Project approved Looks good

CSC really Anne Daly