

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

Permit Number: 061833

PERMIT ISSUED

01/11/2007

CITY OF PORTLAND

This is to certify that KEY LLC /Burr Signs
 has permission to replace faces for two free standing signs
 AT 959 CONGRESS ST

065 A015001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the City of Portland 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 leased or otherwise closed-in. 24 HOUR NOTICE 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] 01/11/07
 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 ISSUED		
Permit No: 06-1833	Issue Date: 2007	CEB#: A015001

Location of Construction: 959 CONGRESS ST	Owner Name: KEY LLC	Owner Address: 50 PORTLAND PIER STE 400	Phone:
Business Name:	Contractor Name: Burr Signs	Contractor Address: 59 DownEast Drive Yarmouth	Phone: 2077991183
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2

Past Use: Commercial - Key Bank	Proposed Use: Commercial - replace faces for two free standing signs	Permit Fee: \$98.00	Cost of Work: \$98.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>	

Proposed Project Description:
replace faces for two free standing signs

Signature: _____ **Signature:** _____

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.):
 Action: Approved Approved w/Conditions Denied
Signature: _____ **Date:** _____

Permit Taken By: dmartin	Date Applied For: 12/28/2006	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"/> Date: <i>12/28/06</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 Date: <i>ABM</i>
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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: 06-1833	Date Applied For: 12/28/2006	CBL: 065 A015001
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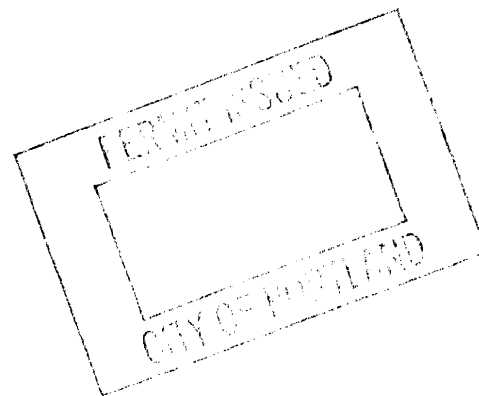
Location of Construction: 959 CONGRESS ST	Owner Name: KEY LLC	Owner Address: 50 PORTLAND PIER STE 400	Phone:
Business Name:	Contractor Name: Burr Signs	Contractor Address: 59 DownEast Drive Yarmouth	Phone: (207) 799-1183
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - replace faces for two free standing signs	Proposed Project Description: replace faces for two free standing signs
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Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 12/28/2006
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 01/11/2007
Note: **Ok to Issue:**

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



SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 959 CONGRESS ST ZONE: _____

CBL: _____

SINGLE TENANT LOT? YES _____ NO MULTI TENANT LOT? YES NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO _____

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO _____ DIMENSIONS PROPOSED: SEE ATTACHED
BLDG. WALL SIGN? (attached to bldg) YES _____ NO DIMENSIONS PROPOSED: _____

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO _____ DIMENSIONS: SEE ATTACHED
BLDG. WALL SIGN(attached to bldg) ? YES _____ NO DIMENSIONS: _____
AWNING? YES _____ NO DIMENSIONS: _____

LOT FRONTAGE (FEET): > 200
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): NA

AWNING YES _____ NO 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 WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ s.f.

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.

SIGNATURE OF APPLICANT: _____ DATE: _____

***** FOR OFFICE USE ONLY *****



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>959 Congress St.</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>65</u> <u>A</u> <u>015</u>	Owner: <u>KEY LLC</u>	Telephone: <u>888-1080</u>
Lessee/Buyer's Name (If Applicable) <u>KEY BANK</u>	Contractor name, address & telephone: <u>BURR SIGNS</u> <u>50 DOWNEAST DR</u> <u>YARMOUTH, ME</u> <u>846-7622</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>34</u> For H.D. signage= Total Fee: \$20 <u>98.00</u> Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>RAUDY BURR</u> phone: <u>846-7622</u>		
Tenant/allocated building space frontage (feet): Length: <u>NA</u> Height: _____ Lot Frontage (feet) <u>7200</u> Single Tenant or Multi Tenant Lot <u>M</u>		
Current Specific use: <u>OFFICE/ATM</u> If vacant, what was prior use: _____ Proposed Use: <u>OFFICE/ATM</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: _____		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions: <u>SEE ATTACHED</u> - <u>16.8' total</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____ <u>THIS APPLICATION IS FOR FACE REPLACEMENTS ONLY</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.		

2 signs
16.8' total
4' x 3.5' } 1'8.5" x 4"

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: [Signature] Date: 12/24/06

This is not a permit; you may not commence ANY work until the permit is issued.

multi-kennel <200'
65' ~~total~~ first sign 16.8' total
325' second sign

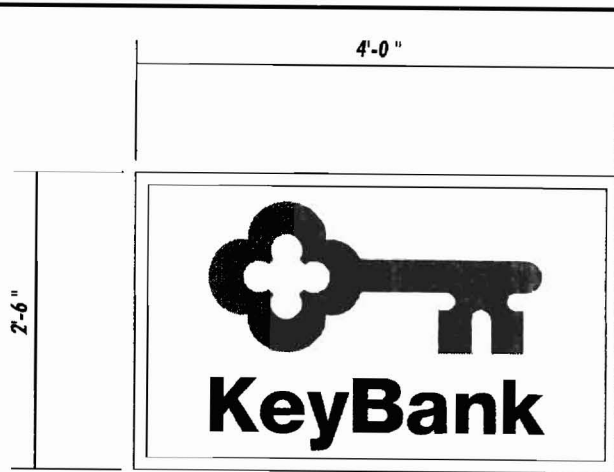
BEFORE



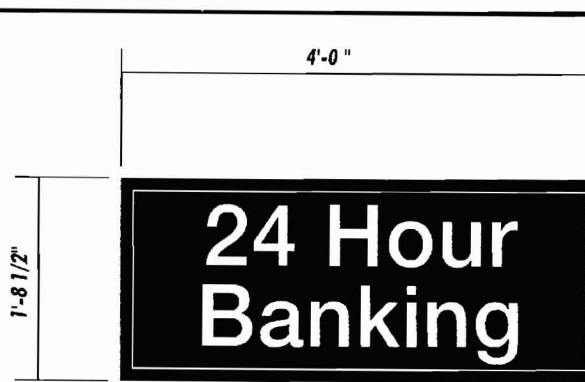
4x2.5 = 10¢

20.5" x 48" = 984¢ = 6.8¢

total 16.8¢



A - FACE LAYOUT (TYPICAL OF 4) SCALE 1" = 1'-0"



B - FACE LAYOUT (TYPICAL OF 4) SCALE 1" = 1'-0"

ALL "L" RETAINERS

NOTES:

Eight (8) flat lexan replacement faces (4 each required), for two (2) existing double-face, internally-illuminated flag-mounted pole signs.

A - Key logo to be red #3630-33 translucent vinyl. "KeyBank" to be black. Backgrounds to be white. B - Copy to be white on black backgrounds.

**Paint existing cabinets and trim of A faces white.

CABS (TOP 30" x 49" w/1/2" RET
BOTTOM 20" x 48 7/8" w/1/2" RET

TOP 30" x 48 5/8" w/1/2" RET
BOTTOM 20" x 48 1/2" w/1/2" RET



PHOTO RENDERINGS SHOWING INSTALLATIONS NOT TO SCALE

NOTE: THIS IS AN ORIGINAL UNPUBLISHED DESIGN. IT IS THE PROPERTY OF BRILLIANT ELECTRIC SIGN CO., LTD. ANY REPRODUCTION OR USE IN CONNECTION WITH A PROJECT BEING PLANNED, FOR YOU, IT IS NOT TO BE USED, REPRODUCED, COPIED OR EXHIBITED IN ANY FASHION.

BES Brilliant Electric Sign Co., Ltd.
4811 VAN EPPS RD., CLEVELAND, OHIO 44131 (216)741-3800

DESIGN NO.	B04-2934
REVISION	
DATE	10-27-04
SALESMAN	H
SCALE	SHOWN
DESIGNER	DM
COMPANY NAME	KeyBank
LOCATION	959 Congress Street, Portland, Maine
COPYRIGHT	© 2004

AFTER



KEY LLC

50 Portland Pier, Suite 400, Portland, ME 04101
Phone: (800) 347-1080 • (207) 828-1080 • Fax: (207) 828-1048

December 6, 2006

City of Portland
389 Congress Street
Portland, ME 04101

RE: Building Permit for Sign replacement @ 959 Congress St, Portland

To Whom it May Concern:

Key LLC, owner of the building located at 959 Congress St grants permission to Key Bank to obtain a permit for sign upgrades at the aforementioned location.

If you need anything further or have any questions, please don't hesitate to contact our office @ (207) 828-1080.

Sincerely,

Laura Bilodeau
Owner Representative

CERTIFICATE OF LIABILITY INSURANCE

6/30/06

PRODUCER Aon Risk Services of Ohio 1660 w 2nd Street Suite 650 Cleveland, OH 44113	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. COMPANIES AFFORDING COVERAGE COMPANY A Old Republic Ins Co COMPANY B COMPANY C COMPANY D
INSURED KeyCorp and Subsidiaries Mail Stop OH-01-27-0514 Key Tower 5th FL. 127 Public Square Cleveland OH 44114-1306 USA	

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LT R	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (M/M/DD/YY)	POLICY EXPIRATION DATE (M/M/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	MWZY57162 General Liability	06/30/06	06/30/07	GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000 PERSONAL & ADV INJURY \$2,500,000 EACH OCCURRENCE \$2,500,000 FIRE DAMAGE(Any one fire) \$1,000,000 MED EXP (Any one person)
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> COMP DED \$250 <input checked="" type="checkbox"/> COMP DED \$250	MWTB19515 Business Automobile	06/30/06	06/30/07	COMBINED SINGLE LIMIT \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGAT
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	MWZU20007	06/30/06	06/30/07	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	MWC11161500 Workers' Compensation & Emplo	06/30/06	06/30/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000,000 EL DISEASE-POLICY LIMIT \$1,000,000 EL DISEASE-EA EMPLOYEE \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

For Information Purposes

AUTHORIZED REPRESENTATIVE	
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Holder Identifier: Certificate No: 570010256607