

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 070894
AUG - 7 2007
CITY OF PORTLAND

This is to certify that HP HOOD INC /Saxton Sign Corp

has permission to Install a 35 sf bldgs sign

AT 349 PARK AVE

066 D001001

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 is procured before this building or part thereof is laid or closed-in. FOUR 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

Handwritten signature and date 8/7/07
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 No: 07-0894	Issue Date:	CBL: 066 D001001
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Location of Construction: 349 PARK AVE	Owner Name: HP HOOD INC	Owner Address: 90 EVERETT AVE	Phone:
Business Name:	Contractor Name: Saxton Sign Corp	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: IM

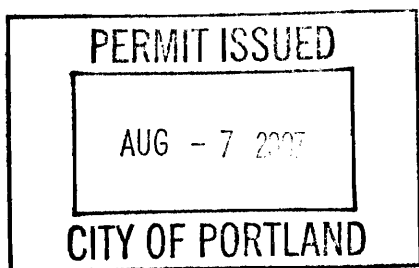
Past Use: Commerical - Dairy - Hxnd	Proposed Use: Commercial Install a 35 sf bldg sign	Permit Fee: \$100.00	Cost of Work: \$100.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>IBC 2003</i>	

Proposed Project Description: Install a 35 sf bldgs sign	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: dmartin	Date Applied For: 07/25/2007	<b>Zoning Approval</b>		
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- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
OK Date: 8/2/07 <i>APM</i>	Date:	Date:



**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

<b>Permit No:</b> 07-0894	<b>Date Applied For:</b> 07/25/2007	<b>CBL:</b> 066 D001001
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<b>Location of Construction:</b> 349 PARK AVE	<b>Owner Name:</b> HP HOOD INC	<b>Owner Address:</b> 90 EVERETT AVE	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Saxton Sign Corp	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial - Dairy (Hood) - Install a 35 sf bldg sign	<b>Proposed Project Description:</b> Install a 35 sf bldgs sign
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 08/02/2007  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 08/07/2007  
**Note:**      **Ok to Issue:**

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



# 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>349 PARK AVENUE</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner: <u>HP Hood, LLC</u>	Telephone: <u>207-347-3725</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>SAXTON SIGN CORP</u> <u>1320 ROUTE 9</u> <u>CASTLETON, NY 12033</u>	Total s.f. of signage x \$2.00 <u>35 x 2 = 70</u> Per s.f. plus <del>\$30.00</del> \$65.00 For H.D. signage = Total Fee: \$ <u>100.<sup>00</sup></u> Awning Fee = cost of work <u>0</u> Total Fee: \$ <u>100.<sup>00</sup></u>
Who should we contact when the permit is ready: <u>SAXTON SIGN CORP</u> phone: <u>800 942 6366</u>		
Tenant/allocated building space frontage (feet): Length: <u>150' +</u> Height <u>20' ±</u> Lot Frontage (feet) <u>ALOT</u> Single Tenant or Multi Tenant Lot <u>SINGLE</u>		
Current Specific use: <u>HOOD PLANT</u> If vacant, what was prior use: <u>EXISTING HOOD PLANT</u> Proposed Use: <u>NO CHANGE - ADD WALL SIGN ONLY</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions proposed: <u>X</u> Height from grade: <u>X</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: <u>32" H x 157" W 35 SQ. FT.</u> <u>NON ILLUMINATED INDIVIDUAL LETTERS "HP Hood"</u>		
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> Is awning backlit? Yes ___ No ___ Height of awning: _____ Length of awning: _____ Depth: _____ <u>N/A</u> Is there any communication, message, trademark or symbol on it? Yes ___ No ___ 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 ___ No <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes ___ No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes ___ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____		
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. <u>SEE ATTACHED</u>		

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](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

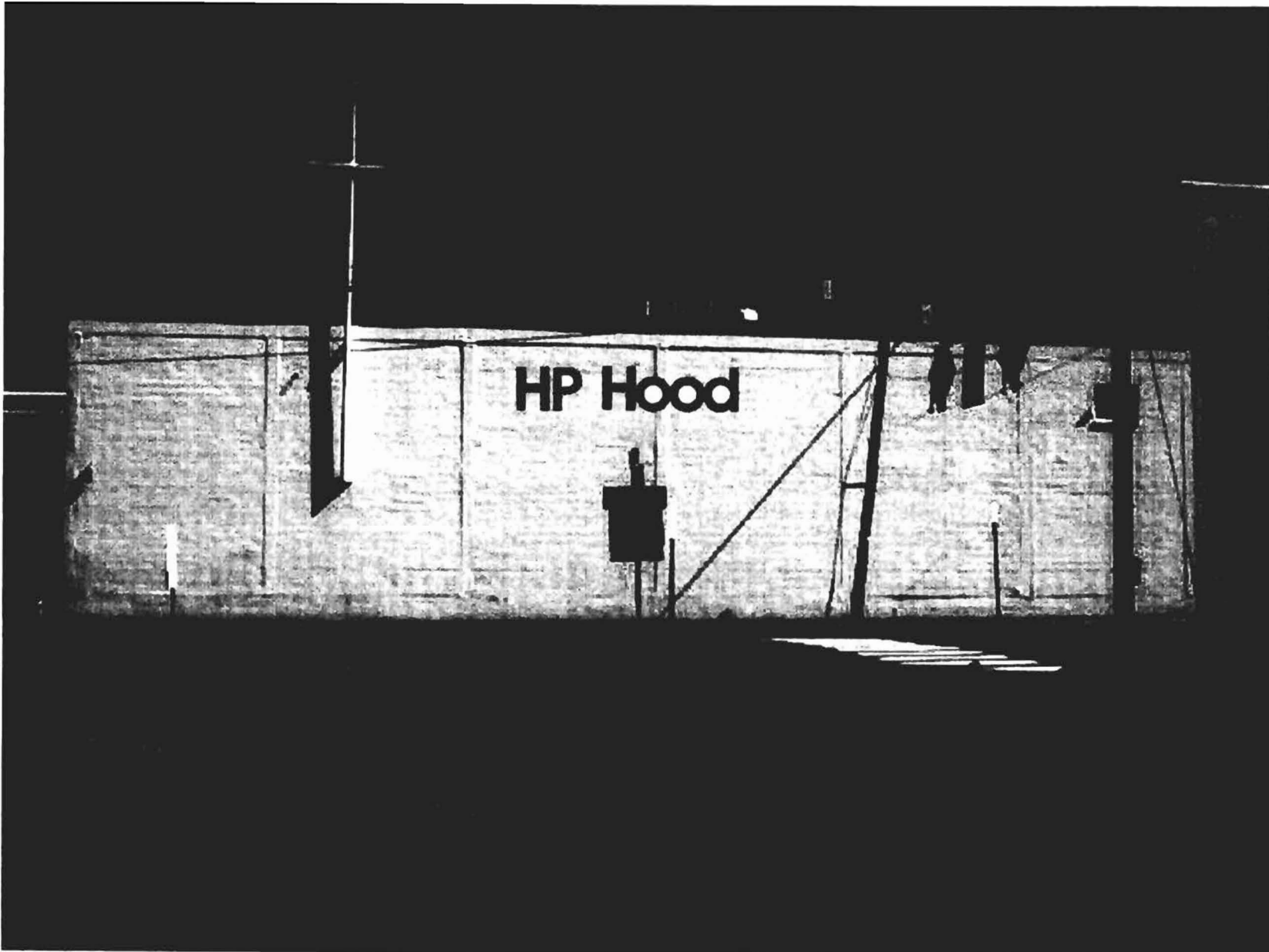
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: <u><i>John Kenny</i></u> <u>SAXTON SIGN CORP</u>	Date: <u>7-23-07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

6% wall area  
150 x 20 = 3000 sq ft 6% = 180 sq ft  
2 signs per wall

32" x 157" = ~~5024 sq ft~~ = 3488 sq ft  
OK.



ALBANY, HOUSTON, HARTFORD

1-800-842-6366

518.732-7704

fax: 518.732-7716

www.saxtonsign.com

Client:



Address:

349 PARK AVENUE

PORTLAND, ME

Job Description:

32" NON ILLUMINATED

CHANNEL LETTERS.

32" h x 157" w OVERALL

34.8 SQ. FT.

DATE: 7/19/2007

Revisions:

1 Date:

2 Date:

3 Date:

Scale:

Project:

FOLDER: PAT

FILE NAME: HP HOOD

Page: of

Drawn by: TB

Client Approvals:

Approved

Approved as noted

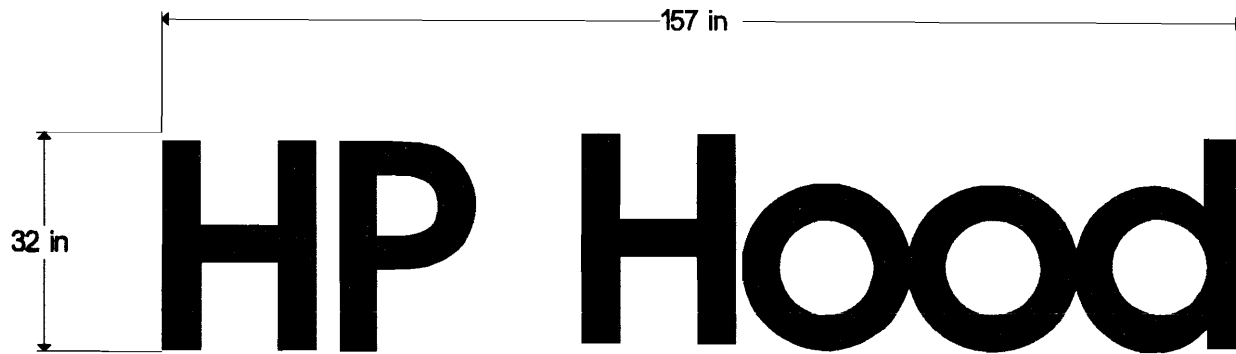
Resubmit with revisions

By: \_\_\_\_\_

Date: \_\_\_\_\_

This Design/Engineering drawing is to remain SAXTON'S exclusive property until approved and accepted through purchase by herein named client.

Notes:



ALBANY BOSTON HARTFORD

1-800-942-6366

518-732-7704

fax: 518-732-7716

www.saxtonsign.com

Client:



Address:

349 PARK AVENUE

PORTLAND, ME

Job Description:  
 32" NON ILLUMINATED  
 CHANNEL LETTERS.  
 32" h x 157" w OVERALL  
 34.8 SQ. FT.

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Scale:

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FOLDER: PAT

FILE NAME: HP HOOD

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Drawn by: TB

Client Approvals:

Approved

Approved as noted

Resubmit with revision

By: \_\_\_\_\_

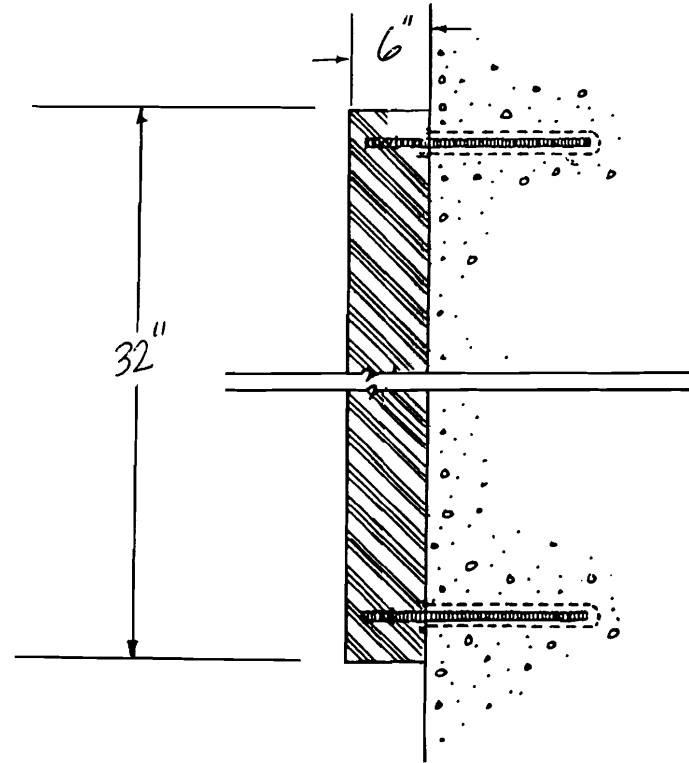
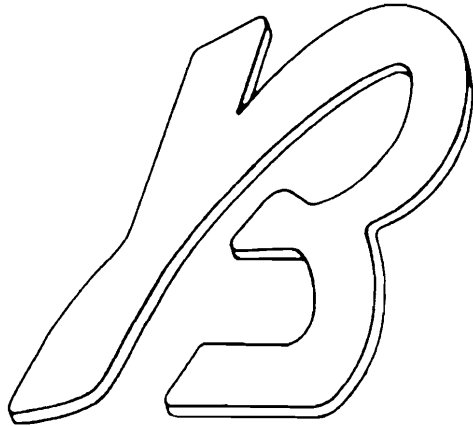
Date: \_\_\_\_\_

This Design/Engineering drawing is to remain SAXTON'S exclusive property until approved and accepted through purchase by herein named client.

Notes:

## Series 400 - A

### Flat-Cut-Out Aluminum Letters



SECTION VIEW

- Non-Illuminated
- Variable Size, Letterstyle and Color
- CAD-CAM Cut Aluminum Plate
- Available Thicknesses: 6"
- Baked 2-part Acrylic Polyurethane Finish or Satin Brushed and Clear-coated finish
- Stud Mounting,

HP Hood  
349 PARK AVE  
PORTLAND, ME

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		CSR CB SAXTO-2	DATE (MM/DD/YYYY) 07/13/07
PRODUCER <b>Marshall &amp; Sterling Upstate Inc. 113 Saratoga Road Glenville NY 12302 Phone: 518-384-1100 Fax: 518-384-0193</b>		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.	
INSURED		INSURERS AFFORDING COVERAGE	
<b>Saxton Corporation; Saxton Corp of Albany, Judge Sign Co Boni Sign Co, Saxton Of NY Inc Kelton Dev; Interstate Sign Co Michael Kellogg PO Box 163 East Greenbush NY 12061</b>		INSURER A	Harleysville Ins. Co. of NY
		INSURER B	Harleysville Worcester Ins. Co
		INSURER C	
		INSURER D	
		INSURER E	
		NAIC #	

**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

INSR ADD'L LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b>	MPA6J2003	01/01/07	01/01/08	EACH OCCURRENCE	\$ 1000000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5000
		<input checked="" type="checkbox"/> <b>Empl Benefits Lia</b>				PERSONAL & ADV INJURY	\$ 1000000
		<input checked="" type="checkbox"/> <b>Per Project Aggre</b>				GENERAL AGGREGATE	\$ 2000000
		GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	\$ 2000000
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B		<b>AUTOMOBILE LIABILITY</b>	BA6J2003	01/01/07	01/01/08	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
A		<b>EXCESS/UMBRELLA LIABILITY</b>	BE8J7693	01/23/07	01/01/08	EACH OCCURRENCE	\$ 2,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 2,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$0					\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE	\$
						E L DISEASE - POLICY LIMIT	\$
A		<b>Installation Float</b>	MPA6J2003	01/01/07	01/01/08	Limit	150,000
		<b>Lease/Rented Equip</b>	MPA6J2003	01/01/07	01/01/08	Limit	150,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS							
<b>Proof of Insurance</b>							

<b>CERTIFICATE HOLDER</b>  <div style="text-align: center;"><b>PORTLME</b></div> <p><b>City of Portland 389 Congress Street Portland ME 04101</b></p>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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# NEW YORK STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

1-888-997-3863

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

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KEEVILY, SPERO-WHITELAW INC.  
500 MAMARONECK AVENUE  
HARRISON NY 10528

POLICY NUMBER G 813 625-1
DATE 7/13/2007
CERTIFICATE NUMBER 205-416

PERIOD COVERED BY THIS CERTIFICATE  
11/01/2006 TO 11/01/2007

<b>POLICYHOLDER</b> SAXTON CORP T/A JUDGE SIGN CO A DIVISION P.O. BOX 163 EAST GREENBUSH NY 12061
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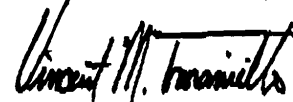
<b>CERTIFICATE HOLDER</b> CITY OF PORTLAND 389 CONGRESS STREET PORTLAND ME 04101
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE STATE INSURANCE FUND UNDER POLICY NO. 813 625-1 UNTIL 11/01/2007 , COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 11/01/2007 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 30 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

THE STATE INSURANCE FUND



DIRECTOR, INSURANCE FUND UNDERWRITING