

City of Portland, Maine – Building or Use Permit Application. 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 15 Lowell St		Owner: Tundra Associates		Phone:		Permit No: 981341	
Owner Address: 15 Lowell St Portland 04102		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Sigr Solutions		Address: 75 Bishop St Portland 04103		Phone: 878-8000		Permit Issued: DEC - 2 1998	
Past Use: Office		Proposed Use: Same		COST OF WORK: \$ 2600		PERMIT FEE: \$ 40.40	
Proposed Project Description: Erect Signage		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: 519M Use Group: Type: BOCA 95 Signature: [Signature]		Zone: CBL: 067-1-002	
		Signature:		Signature: [Signature]		Zoning Approval:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: Date:		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"/>	
Permit Taken By: Sherry Pinard		Date Applied For: November 19, 1998				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	

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..

close

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 provisions of the code(s) applicable to such permit

November 20, 1998

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT

3

COMMENTS

11-1-99 The Big Eye is looking out at the Public
OK Ho close permit (IR)

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

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

**Building or Use Permit Pre-Application
Attached Single Family Dwellings/Two-Family Dwelling
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

NOTEIf 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 (include Portion of Building) <i>15 Lowell St</i>			
Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Number Chart# <i>067</i> Block# <i>J</i> Lot# <i>001</i>		Owner: <i>Tundra Associates</i>	Telephone#:
Owner's Address: <i>15 Lowell St. Portland 04102</i>	Lessee/Buyer's Name (If Applicable)		Cost Of Work: <i>\$ 2600</i> Fee: <i>\$4040</i>
Proposed Project Description: (Please be as specific as possible) <i>Install Wall sign</i>			
Contractor's Name, Address & Telephone <i>Sign Solutions, 75 Bishop St Portland, 04103 207-878-8000</i>			Rec'd By
Current Use: <i>medical office</i>	Proposed Use: <i>same</i>		

Separate permits are required for Internal & External Plumbing, HVAC and Electrical installation.

- All construction must be conducted in compliance with the 1996 B.O.C.A. Building Code as amended by Section 6-Art II.
- All plumbing must be conducted in compliance with the State of Maine Plumbing Code.
- All Electrical Installation must comply with the 1996 National Electrical Code as amended by Section 6-Art III.
- HVAC (Heating, Ventilation and Air Conditioning) installation must comply with the 1993 BOCA Mechanical Code.

You must include the following with your application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
- 2) A Copy of your Construction Contract, if available
- 3) A Plot Plan/Site Plan

Minor or Major site plan review will be required for the above proposed projects. The attached checklist outlines the minimum standards for a site plan.

4) Building Plans

Unless exempted by State Law, construction documents must be designed by a registered design professional.

A complete set of construction drawings showing all of the following elements of construction:

- Cross Sections w/Framing details (including porches, decks w/ railings, and accessory structures)
- Floor Plans & Elevations
- Window and door schedules
- Foundation plans with required drainage and dampproofing
- Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review must be included.

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/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: <i>[Signature]</i>	Date: <i>11/16/98</i>
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Building Permit Fee: \$25.00 for the 1st \$1000. cost plus \$5.00 per \$1,000.00 construction cost thereafter.
Additional Site review and related fees are attached on a separate addendum



Pf/d

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 15 Lowell St. ZONE: B-2

OWNER: Tundra associates

APPLICANT: Sign solutions

ASSESSOR NO.: 067-5-001

SINGLE TENANT LOT? YES _____ NO X

MULTI TENANT LOT? YES X NO _____

FREESTANDING SIGN? YES _____ NO X DIMENSIONS _____
(ex. pole sign..)

MORE THAN ONE SIGN? YES _____ NO _____ DIMENSIONS _____

BLDG. WALL SIGN? YES X NO _____ DIMENSIONS _____
(attached to bldg)

MORE THAN ONE SIGN? YES _____ NO X DIMENSIONS 27" x 35" = 77.625A

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: none

LOT FRONTAGE (FEET) _____

BLDG FRONTAGE (FEET) 52' x 1.5 = 78'

AWNING YES _____ NO X IS AWNING BACKLIT? YES _____ NO X

HEIGHT OF AWNING: 2/7

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW

SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE

PROPOSED SIGNS ARE ALSO REQUIRED.

per drawing
 $2.25 \times 34.5 = 77.625A$

per drawing
 $52' \times 1.5 = 78'$

OK

CERTIFICATE OF INSURANCE

DATE 07-08-97 (MM/DD/YY)

PRODUCER C.P. Curtis Agency P.O. Box 129 Scarborough ME 04008	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 Hanover of Maine
	COMPANY B
	COMPANY C
	COMPANY D
INSURED Printmail of Maine, Inc. & Sign Solutions 75 Bishop Street Portland ME 04103	

COVERAGES
 THIS IS TO CERTIFY THAT 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.

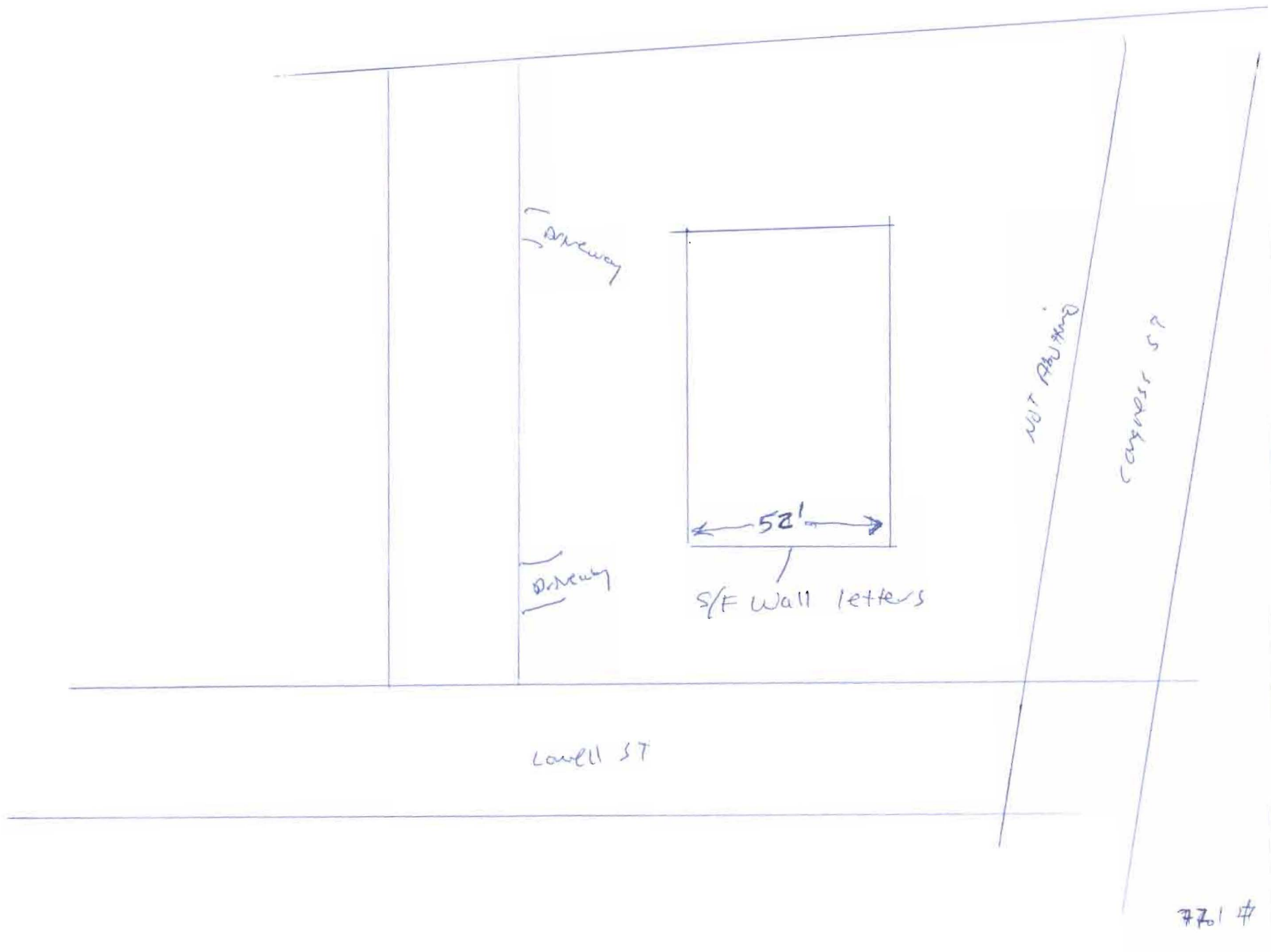
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> [] CLAIMS MADE [x] OCCUR <input type="checkbox"/> OWNER'S & CONT PROT <input type="checkbox"/> <input type="checkbox"/>	ODP5130124	07-16-97	07-16-98	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person)	\$ 2,000,000 \$ 2,000,000 \$ 1,000,000 \$ 1,000,000 \$ 50,000 \$ 5,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>	ABP 5146029	06-29-97	06-29-98	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$500,000 \$ \$ \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACCIDENT AGGREGATE	\$ \$ \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE	\$ \$ \$
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/ [] INCL EXECUTIVE OFFICERS ARE: [x] EXCL	WDP5146030	07-20-97	07-20-98	<input type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE	\$ 500,000 \$ 500,000 \$ 500,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Commercial Printing and Signage in the State of Maine

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>Melanie Munsey</i>



Maine Eye Center
15 Lowell ST



#7701 #


7'-8"

26'-7 1/4"



1 Set of 27'h Individual Brushed Aluminum Letters
Faces: White Raceway: To Match Building
77 # Ft

Materials: Routed 1/2" Sentra®
Aluminum Angle

	DATE: 11/6/98	SCALE: 1/4" = 1'-0"
	DWG NO: 1	DESIGNER: Steve Emma
REVISION: 2	CLIENT: Maine Eye Center	
APPROVED:	LOCATION: 15 Lowell St. Portland, ME	

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