

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

Permit Number: 061191

DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME

This is to certify that AVESTA FORE RIVER HOUSING LP /Black Bear Sign

has permission to new 16" x 47" Sign

AT 57 FREDERIC ST

L 067 K019001

SEP - 1 2006

provided that the person or persons who accept 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 occupied or service closed-in. FOUR NOTICES 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 and date 8/30/06
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

Permit No: 06-1191	Issue Date:	CBL: 067 K019001
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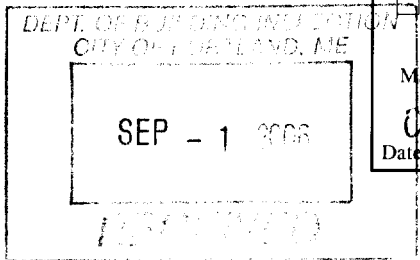
Location of Construction: 57 FREDERIC ST	Owner Name: AVESTA FORE RIVER HOUSING	Owner Address: 307 CUMBERLAND AVE	Phone:
Business Name:	Contractor Name: Black Bear Sign	Contractor Address: 137 Rt 1 Scarborough	Phone: 2072868004
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: CSI (R6) D

Past Use: Multi-Family	Proposed Use: Multi-Family - new 16" x 47" Sign	Permit Fee: \$42.00	Cost of Work: \$42.00	CEO District: 3
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Proposed Project Description: new 16" x 47" Sign	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>N/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) 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: 08/11/2006	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 checked="" type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>8/25/06</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>Asm</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: 06-1 191	Date Applied For: 08/11/2006	CBL: 067 K019001
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Location of Construction: 57 FREDERIC ST	Owner Name: AVESTA FORE RIVER HOUSING	Owner Address: 307 CUMBERLAND AVE	Phone:
Business Name:	Contractor Name: Black Bear Sign	Contractor Address: 137 Rt 1 Scarborough	Phone (207) 286-8004
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Multi-Family - new 16" x 47" Sign	Proposed Project Description: new 16" x 47" Sign
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Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 08/28/2006
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 08/30/2006
Note: **Ok to Issue:**

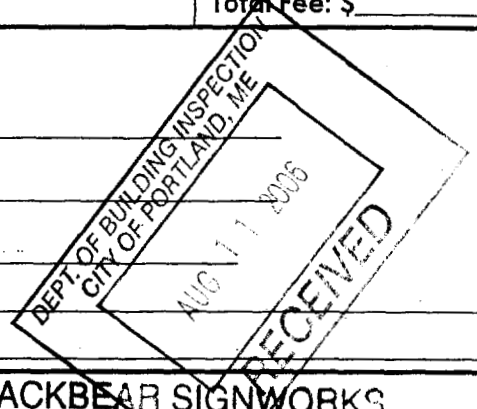
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

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: <u>63 FREDERIC ST. PORT. ME 04101</u>		
Total Square Footage of Proposed Structure <u>5,25 sq ft.</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>67</u> Block# <u>K</u> Lot# <u>19</u>	Owner: <u>AVESTA HOUSING</u> <u>307 CUMBERLAND AVE</u>	Telephone: <u>1-800-339-6516</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: BLACKBEAR SIGNWORKS <u>19 INDUSTRIAL PARK ROAD</u> <u>SACO, ME 04072</u> <u>207-286-8004</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ _____ Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: <u>LOW INCOME HOUSING</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: _____		
Project description: _____		
Contractor's name, address & telephone: <u>BO LAVERGNE</u>		BLACKBEAR SIGNWORKS <u>19 INDUSTRIAL PARK ROAD</u> <u>SACO ME 04072</u> <u>207-206-8004</u>
Whom should we contact when the permit is ready:		
Mailing address:		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: _____		



IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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>Bo Laverne</u>	Date: <u>8/7/06</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 63 FREDERIC ST. ZONE: C31

CBL: 67-K-019

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

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: JOY' Height: 48'

INFORMATION ON PROPOSED SIGN(S):
FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS PROPOSED: 1.5 x 4 - 16" x 7 1/4"

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: _____

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

AWNING? YES NO DIMENSIONS: _____

LOT FRONTAGE (FEET): _____

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 Bob Lawrence DATE: 8/1/16

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

free standing -
15ft -
5' max height -
1 per major entrance -

OK. $16" \times 47.25" = 776 \text{ sq ft} = 525 \text{ sq ft}$
height = $38.5" + 16" = 54.5" = 45'$
①

LIGHT GRAY

MEDIUM BLUE

FORE RIVER

APARTMENTS



EQUAL HOUSING OPPORTUNITY

16" x 47 1/4"


Mounted using 2" box tube poles STEEL
38 1/2" ABOVE GRADE TO BOTTOM OF SIGN 4' IN GROUND

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
06/02/2006

PRODUCER (207) 883-8229 SOUTHERN MAINE INSURANCE 432 US RTE 1 P.O. Box 6803 SCARBOROUGH ME 04070-6803	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 BLACK BEAR SIGNWORKS 19 INDUSTRIAL PARK RD SACO ME 04072-	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 30%;">NAIC #</td> </tr> <tr> <td>INSURER A: HARTFORD CASUALTY</td> <td>29424</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: HARTFORD CASUALTY	29424	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. PERIOD INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, LIMITATIONS AND CONDITIONS OF SUCH POLICIES.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	048BAUL3630	03/15/2006	03/15/2007	EACH OCCURRENCE
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO PREMISES (Each occurrence)
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)
		GEN'L AGGREGATE LIMIT APPLIES PER				PERSONAL & ADV INJURY
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE
		AUTOMOBILE LIABILITY				PRODUCTS - COMP/OP AGG
		ANY AUTO				TERR
		ALL OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)
		SCHEDULED AUTOS				BODILY INJURY (Per person)
		HIRED AUTOS				BODILY INJURY (Per accident)
		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT
		ANY AUTO				OTHER THAN AUTO ONLY
		EXCESS/UMBRELLA LIABILITY				AGG \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE
		<input type="checkbox"/> DEDUCTIBLE				AGGREGATE
		<input type="checkbox"/> RETENTION \$				
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	04WECCG8077	03/15/2006	03/15/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDE 07				EL. EACH ACCIDENT
		If yes, describe under SPECIAL PROVISIONS below				EL. DISEASE - EA EMPLOYEE
		OTHER				EL. DISEASE - POLICY LIMIT

CITY OF PORTLAND	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 ME 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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BLACKBEAR SIGNWORKS

