Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

		IIY OF	POHI	LANI			
Please Read Application And			-WCREC.	TION			
Notes, If Any, Attached		PE	RIVIN		Permit Nu	mber: 061191 EPT. OF BUILD CITY OF POI	ING INSPECTION IN THE REPORT OF THE REPORT O
This is to certify that_	AVESTA FORE RIVE	R HOSING LP /E	Black Bear Sign				
has permission to	new 16" x 47" Sign					SEP _	1 2006
AT 57 FREDERIC S	<u>T</u>			L 067 K	019001		
provided that 1	the person or pers	ons rm or	dion 2	eptina t	his perm	it shall con	hphrwh a
•	ons of the Statutes		of the				
the construction	on, maintenance a	nd e of buil	ldings and	uctures,	and of th	e applicati	on on file i
this departme	nt.						
	Norks for street line ure of work requires	ificatio en and v pre this ed or UR NO	f inspace on men permeted on priliding of the control of the contr	rocada ereas -in 4	procured		ancy must be ore this build- cupied.
OTHER REQ	UIRED APPROVALS						1/2/20
Health Dept.				/1-		/ 8	3/30/06
Appeal Board	<u> </u>		 _	0	74		• •
Other					/Director - Blut	ding & Inspection Serv	ices

PENALTY FOR REMOVING THIS CARD



CITY OF PORTLAND, MAINE Bepertment of Building Inspections

	C·// 20.06
	(Prem - shows
Locusion de California	3 Fred-ric
(46)	(x2 12 12
Females 5	<u>270</u>
	Electrical (I2) Site Plan (U2)
	<u> </u>
1	-
### <u>7</u> 783	_ Total Collected s 1/2 200

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy

389 Congress Street, 04101 Te	1. (202) 974 9702	East (207) 974 97	16 06-1191		067 K019001	
Location of Construction:	Owner Name:	, rax: (207) 674-67	<u> </u>			
		DE DIVED HOUSING	Owner Address: HOUSING 307 CUMBERLAND AVE		Phone:	
Business Name:		AVESTA FORE RIVER HOUSING			Phone	
Black Bear Sig				Contractor Address:		
		<u></u>	137 Rt 1 Scarbo	orougn	2072868004	
Lessee/Buyer's Name	Phone:		Permit Type: Signs - Perman	ent	Zone: C31 (R	
Past Use:	 	Permit Fee:	Cost of Work:	CEO District:		
Multi-Family	new 16" x 47" Sign	\$42.00	\$42.00	3		
			FIRE DEPT:		PECTION: Group: V Type: 5/2	
Proposed Project Description:			10 //	′ <		
new 16" x 47" Sign			Signature:		nature:	
			PEDESTRIAN AC	TIVITIES DISTRIC	T (P.A.D.A)	
			Action: Appr	roved Approved	d w/ConditionsD nied	
			Signature:		Date:	
	e Applied For: 8/11/2006		Zonin	g Approval		
		Special Zone or Re	riews 7.01	ning Appeal	Historic Preservation	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	☐ Varian	•	Not in District or Landma	
 Building permits do not incluse septic or electrical work. 	de plumbing,	☐ Wetland	☐ Misce	llaneous	Does Not Require Review	
3. Building permits are void if w within six (6) months of the d		Flood Zone	☐ Condi	tional Use	Requires Review	
False information may invalid permit and stop all work	Subdivision	[Interp	retation	Approved		
	JILDING INSPECTION OF PORTLAND, ME	Site Plan	Аррго	oved	Approved w/Conditions	
Matter-brane may of several a flag		Maj 🗌 Minor 🗌 M	M 🗌 📗 Denie	d	Denied	
SEF	P - 1 2006	Date: 8 38 06	Date:		Date:	
		,	•		-	
F,7	CEIVED					
	and a special section of the					
		CERTIFICA	TION			
I hereby certify that I am the owner I have been authorized by the owner						

ADDRESS

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

such permit.

SIGNATURE OF APPLICANT

DATE

PHONE

9/11/06- Cheek sugar Frank - OK 15 5 pw/ permit Conditions, Jan

CBL 67-R-19

Remut # 06-1191

1

1

•

City of Portland, M	Iaine - Bu	ilding or Use Permit		Permit No:	Date Applied For:	CBL:
•		(207) 874-8703, Fax: (20	07) 874-871	6 06-1191	08/11/2006	067 K019001
ocation of Construction:		Owner Name:		Owner Address:	<u> </u>	Phone:
57 FREDERIC ST		AVESTA FORE RIVER	HOUSING	307 CUMBERLA	ND AVE	
Business Name:		Contractor Name:		Contractor Address:		Phone
		Black Bear Sign		137 Rt 1 Scarboro	ugh	(207) 286-8004
essee/Buyer's Name		Phone:		Permit Type:		
				Signs - Permanen	t	
roposed Use:			Propos	ed Project Description:	==	
Multi-Family - new 16"	x 47" Sign		new 2	6" x 47" Sign		
Dept: Zoning Note:	Status:	Approved	Reviewer	: Ann Machado	Approval I	Oate: 08/28/200 Ok to Issue:

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.

12 20	
Location/Address of Construction: 63 FREDER	IC ST. PORTIME 04101
Total Square Footage of Proposed Structure Squar	re Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# (Block# Lot# (Sor) CUMBER	7 Telephone: 1-800-339-6516
SACO,	Total s.f. of signage x \$2.00 R SIGNWORKS per s.f. plus \$30.00/\$65.00 for H.D. signage = Total for H.D. signage = Total Awning Fee = Cost Of Work: \$ Total s.f. of signage x \$2.00
Current use: Law INCOME HOSING 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: Bo LAVERUCI Whom should we contact when the permit is ready: Mailing address: We will contact you by phone when the permit is ready. You review the requirements before starting any work, with a Plan and a \$100.00 fee If any work starts before the permit is picke	Reviewer. A STOP WORK ORDER will be issued
F THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMIS	*

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 APROVE 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	want &	Date: 8/7/06
		
•		/

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: 104' Height: 48'
INFORMATION ON PROPOSED SIGN(S): FREESTANDING (e.g., pole) SIGN? 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?
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 BOOK AND DATE: 6/7/06
***** FOR OFFICE USE ONLY *****
free standing - 16 "X47.25" = 776 th = 525th 15th - 0t. Leight = 36.5" + 16" 2 84.5" = 45" 1pr repr entance.

Crest Liert

MEDIUM.





AVESTA

" X 477,"

Mun ted using 3" by tube poles STEEL

ACORD. CERTIFICATE	OF LIABILITY INS	SURANCE	DATE (MM/DP/YYYY) 06/02/2006			
PRODUCER (207) 883-8229		IFICATE IS ISSUED AS A	MATTER OF INFORMATION			
Southern maine insurance	ONLY ANI HOLDER.	D CONFERS NO RIGHTS THIS CERTIFICATE DOES I	UPON THE CERTIFICATE NOT AMEND. EXTEND OR			
432 US RTE 1		COVERAGE AFFORDED BY				
P.O. Box 6803						
SCARBOROUGH ME 04070-690	INSURERS A	FFORDING COVERAGE	NAIC#			
NSURED	INSURER A: HAI	RTFORD CASUALTY	29424			
Black Bear Signworks	INSURER B:					
19 INDUSTRIAL PARK RD	INSURER C:					
	INSURER D:					
SACOME 04072-	INSUMER E:					
COVERAGES						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEE REQUIREMENT, TERM OR CONDITION OF ANY CONTRACTHE INSURANCE AFFORDED BY THE POLICIES DESCRIBED TO THE	for other document with Respect (IBED Herein IS Subject to all th 3Y Paid Claims,	TO WHICH THIS CERTIFICATE ME E TERMS, EXCLUSIONS AND C	AY BE ISSUED OR MAY PERTAIN.			
VSR ADD'L TR INSRD TYPE OF INSURANCE P	PLICY NUMBER DATE (MM/DDYY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITE			
A GENERAL LIABILITY 0489AUL3		03/15/2007 SACH OCCURR				
X COMMERCIAL GENERAL LIABILITY		DAMAGE TO REPREMISES (Ea				
CLAIMS MADE X OCCUR	\ / /	/ / MED EXP (Any o	40.000			
	1	PERSONAL & A	4 000 000			
	/ /	/ / GENERAL AGG	0.000.000			
GEN'L AGGREGATE LIMIT APPLIES PER:		PRODUCTS - C	0 000 000			
POLICY PRO LOC		// TERR				
AUTOMOBILE LIABILITY ANY AUTO		/ / COMBINED SIN (Es secident)	GLE LIMIT \$			
ALL OWNED AUTOS 8CHEDULED AUTOS	/ /	BODILY (NURY (Per person)				
HIRED AUTOS NON-OWNED AUTOS		(Par accident)	8			
		PROPERTY DAI (Per scoklent)	MAGE \$			
GARAGE LIABILITY	1 .	AUTO CINLY - E	A AGCIDENT 8			
ANYAUTO	/ /	/ OTHER THAN	EA ACC \$			
		AUTO ONLY:	AGG \$			
EXCESS/UMBRELLA LIABILITY	/ /	/ / EACH OCCURR	ENCE \$			
OCCUR CLAIMS MADE		AGGREGATE	<u> </u>			
i <u>L</u>			\$			
DEDUCTIBLE) / /	/ /	<u> </u>			
RETENTION \$			\$			
A WORKERS COMPENSATION AND 04WECGJ8	03/15/2006	03/15/2007 X TORYLIM	Ys OFR			
ANY PROPRIETOR/PARTNER/EXECUTIVE		E.L. EACH ACC	OENT \$ 100,000			
OFFICERMEMBER EXCLUDED?	/ /	/ / E.L. 0(8EA8E -	EA EMPLOYEE \$ 100,000			
If yets, describe under SPECIAL PROVISIONS below	<u> </u>	E.L. DISEASE -	POLICY LIMIT \$ 500,000			
OTHER		/ /				
	/ /	/ /				
	/ /	/_/				
ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSION	ADDED BY ENDORSEMENT/SPECIAL PROVISIO	DNS				
B: 63 PREDERIC ST.						
CERTIFICATE HOLDER	GANGELLAT	ON ON				
() ~			CIES SE CANCELLED BEFORE THE			
			WRER WILL ENDEAVOR TO MAIL			
•		·				
CITY OF PORTLAND		10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY RIND UPON THE				
Awar 41 - 4112 - 111		GENTS OR REPRESENTATIVES.	Attended to but ours stall life			
	AUTHORIZED RE					
		, , , , , , , , , , , , , , , , , , ,				

BLACKBEAR SIGNWORKS

