

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

<b>PERMIT ISSUED</b>		Permit No: 01-1161 OCT 1 2001	Issue Date: 1 2001	CBL: 087 00025001
Location of Construction: 126 Island Ave		Owner Name: N E Tel	Owner Address: 1095 Avenue Of The Americas CITY OF PORTLAND	Phone:
Business Name: Same		Contractor Name: no contractor/self	Contractor Address: n/a n/a	Phone:
Lessee/Buyer's Name: Verizon		Phone: n/a	Permit Type: Signs - Permanent	Zone: B

Past Use: Comm. Utility	Proposed Use: Same: Erect a 3.6 SqFt Sign	Permit Fee:	Cost of Work:	CEO District: 3
Proposed Project Description: Erect a 3.6 SqFt Sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: <i>Signage</i> <i>BOCA/OC 11229</i> <b>PERMIT ISSUED WITH REQUIREMENTS</b> Signature: <i>[Signature]</i>		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: cjh	Date Applied For: 09/18/2001	<b>Zoning Approval</b>		
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..		<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> NIM <input type="checkbox"/> Date: <i>OKS 9/27/01</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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>B</i>

**PERMIT ISSUED WITH REQUIREMENTS**

**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

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

01-1161

# SIGNAGE APPLICATION

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

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

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: 126 ISLAND AVE, PEAKS ISLAND, ME

Total Square Footage of Proposed Structure	Square Footage of Lot
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Tax Assessor's Chart, Block & Lot Number	Owner:	Telephone #:
Chart# <u>087</u> Block# <u>00</u> Lot# <u>025</u>	<u>VERIZON</u>	

Lessee/Buyer's Name (If Applicable)	Owner's/Purchaser/Lessee Address:	Total s.f of signs <u>3.6</u> x .20 \$ <u>.72</u> plus \$30.00
	<u>45 FOREST AVE</u> <u>PORTLAND</u>	TOTAL \$ <u>30.72</u>

Current use: UTILITY Proposed use: SAME

Project description: FASTEN 8" x 34" SIGN TO FRONT OF BUILDING

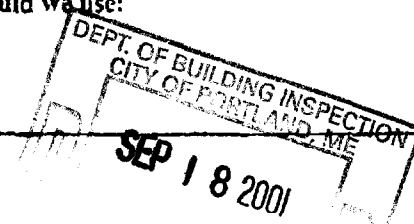
Applicants Name, Address & Telephone:  
P.J. ROBERTS Call + mail

Contractor's Name, Address & Telephone:  
PO Box 473, WESTBROOK ME 04098

Who shall we contact when the permit is ready: \_\_\_\_\_

Telephone: 857-9488

If you would like it mailed, what mailing address should we use:  
SAME AS ABOVE



Rec'd By: 9/18  
Gayle

**THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED**

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

**Certification**

*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: 	Date: 9/01
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**Sign Permit Fee: \$30.00 plus \$0.20 per square foot.**

*A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00*

**BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU ARE APPLYING FOR**

**IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE**

**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 126 Island Ave ZONE: IB  
PEAKS ISL.

OWNER: VERIZON

APPLICANT: P.J. ROBERTS

ASSESSOR NO. \_\_\_\_\_

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT?  YES NO MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES NO -- DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_

MORE THAN ONE SIGN? YES NO DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_

SIGN ATTACHED TO BLDG.?  YES NO DIMENSIONS 8" x 34" = 1.888'

MORE THAN ONE SIGN? YES NO DIMENSIONS \_\_\_\_\_

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK \_\_\_\_\_  
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): 25' x 1.5 = 112.5'  
\*\*\* REQUIRED INFORMATION

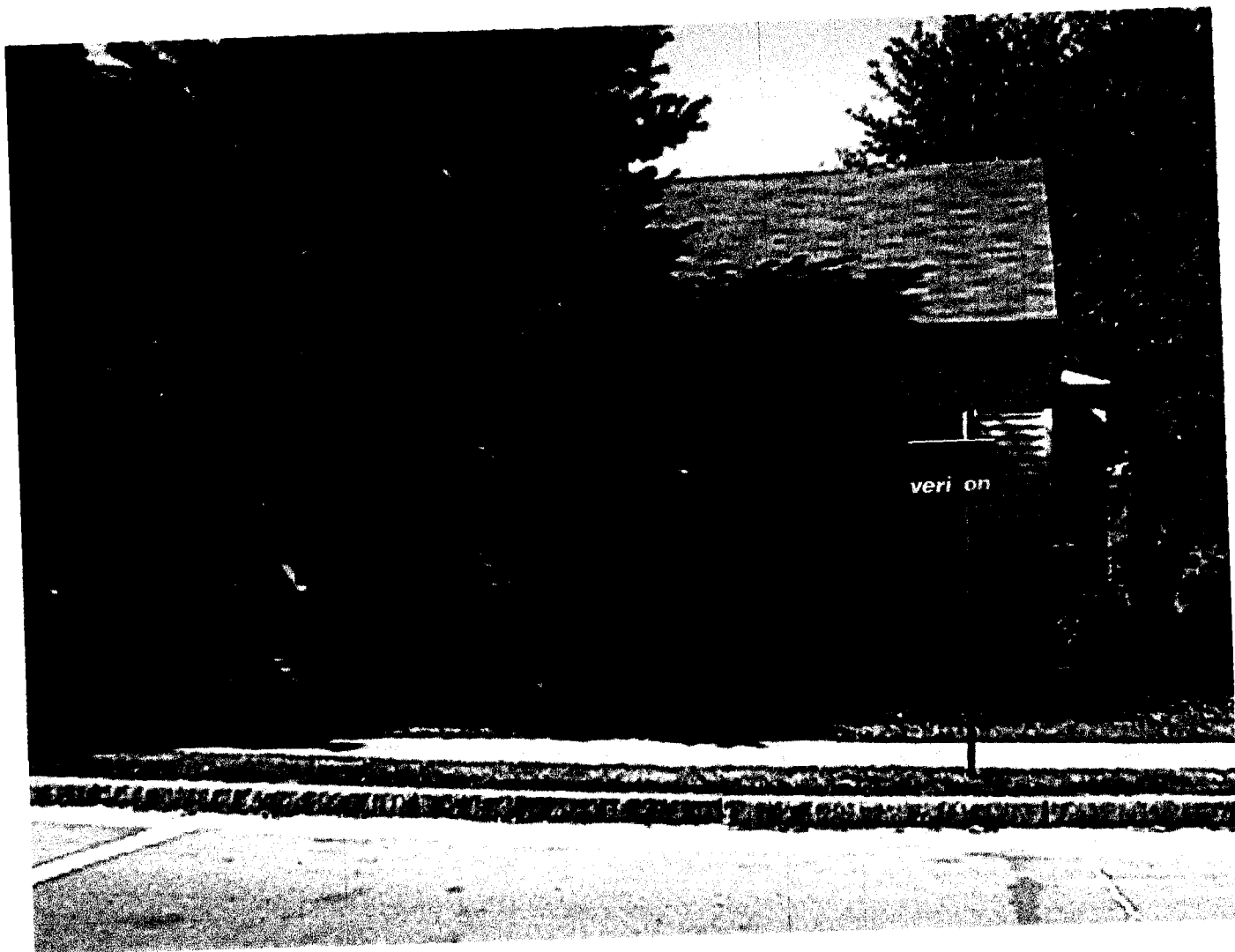
AREA FOR COMPUTATION

**YOU SHALL PROVIDE:**

**A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: [Signature] DATE: 9/01

Πεακσ Ισλανδ



17' From Islando Ave

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
09/18/2001

PRODUCER (207)774-6257 FAX (207)774-2994  
 Clark Associates  
 2331 Congress Street  
 P O Box 3543  
 Portland, ME 04104

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.

INSURERS AFFORDING COVERAGE

INSURED P. J. Roberts Electric, Inc.  
 474 Main Street  
 Gorham, ME 04038

INSURER A: Peerless Ins Co  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

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 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 <input checked="" type="checkbox"/> OCCUP	CCP9253170	07/28/2001	07/28/2002	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000		
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ- <input type="checkbox"/> LOC						
	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BA9038604	07/28/2001	07/28/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
			EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	CU9253754	07/28/2001	07/28/2002	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
							\$ \$ \$
	A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC9458176	12/21/2000	12/21/2001	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	
E L EACH ACCIDENT \$ 500,000							
E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000							
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Verizon  
 Island Avenue  
 Peaks Island, ME 04108

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  
 Linda Nielsen/HANNA

*Linda Nielsen*

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## Line of Business Coverages for Business Auto

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
Combined single limit	1,000,000				
Medical payments	1,000				
Uninsured motorist	1,000,000				
Combined single limit					

## Line of Business Coverages for General Liability

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
General Aggregate	2,000,000				
Products/Completed Ops	2,000,000				
Aggregate					
Personal & Advertising	1,000,000				
Injury					
Each Occurrence	1,000,000				
Fire Damage	50,000				
Medical Expense	5,000				

## Line of Business Coverages for Workers Compensation

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
WC & Employer's Liability	500,000/500,000/ 500,000				
Increased employer's liability				244.00	
Scheduled Mod				-3,315.00	0.75000
Adjst. to reconcile-exp				-1,312.00	0.91000
Mod. premium					
Board Assessment				198.00	1.99000
Premium discount				-539.00	
Fresh Start				603.00	6.32000





**ROBSON & WOESE INC. CONSULTING ENGINEERS**  
SYRACUSE • ALBANY • BUFFALO • RALEIGH/DURHAM

June 5, 2001

To Whom it may Concern:

I'm with Robson & Woese, Inc., Consulting Engineers in Albany, NY. Robert Keyser, of Verizon, has asked us to manage the 2001 Logo Replacement Program Phase II. Below you will find my name, address, office phone number, fax number, mobile phone number, and e-mail address. Throughout this program, should you have any questions or concerns, please feel free to contact me.

By now you have most likely received lists of locations to install new signs, a couple of drawings of the signs themselves, perhaps a list of signs being shipped to you, and in some cases may have already received some signs. I am going to forward to you my list, broken down by Contractor, so that we are all talking from the same page. You are going to see quite a few blanks but most of them are for me to worry about not you. There are only a couple I need you to fill in for me, the ACT (Actual Date Installed) and the Sign Type (if different then what may already be filled in).

By the end of day, every Wednesday, I would like you to either e-mail or fax to me, your list with those two columns filled in for any locations you've installed in the past week. I need to have a report to Verizon every Thursday morning so this is very important, please.

Verizon is very anxious to get these installations under way and completed as soon as possible. Anything I can do to help, or if you think you are missing something, please ask.

Sincerely,

Jeff A. Stannard  
Robson & Woese, Inc.  
4 Airline Drive, Suite 105  
Albany, New York 12205

Office (518) 452-8665  
Fax (518) 452-8605  
Mobile (518) 388-8426

e-mail [jstannar@robsonwoese.com](mailto:jstannar@robsonwoese.com)

[jstannar@robsonwoese.com](mailto:jstannar@robsonwoese.com)

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**MECHANICAL, ELECTRICAL and FIRE PROTECTION ENGINEERING**