

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-1020	Issue Date: AUG 10 2006	CBL: A0 6002
-----------------------	----------------------------	-----------------

Location of Construction: 449 FOREST AVE	Owner Name: FOREST AVENUE PLAZA LLC	Owner Address: 715 BOYLSTON ST	Phone: CITY OF PORTLAND
---	--	-----------------------------------	----------------------------

Business Name:	Contractor Name: DMC Permits	Contractor Address: 4 Velma Rd Randolph,	Phone: 7819630570
----------------	---------------------------------	---	----------------------

Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2b
---------------------	--------	-----------------------------------	--------------

Past Use: Commercial	Proposed Use: Commercial replace 10 signs with new signage	Permit Fee: \$210.00	Cost of Work: \$210.00	CEO District: 1
-------------------------	---	-------------------------	---------------------------	--------------------

Replace 10 signs with new signage	FIRE DEPT: Signature	INSPECTION: Use Group U Type Sig IBC 2003 Signature:
	CE DEPT 1: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: <i>N/A</i> Date:	

Permit Taken By: dmartin	Date Applied For: 0712712005	Zoning Approval	
-----------------------------	---------------------------------	------------------------	--

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 type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MMT <input type="checkbox"/> Date: <i>OK 8/9/05</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:
--	---	---	--

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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

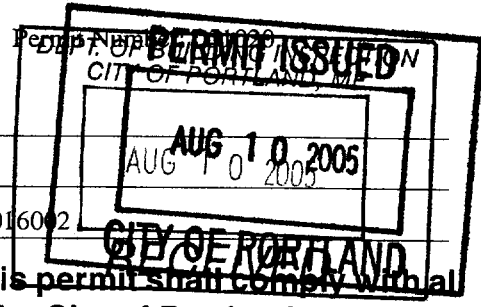
This is to certify that FOREST AVENUE PLAZA / DMG

has permission to Replace 10 signs with new signage

AT 449 FOREST AVE

111 A016092

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 written permission procured before this building or part thereof is entered or closed-in. HEAVY 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 _____
DepartmentName

[Signature] 8/10/05
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: 05-1020	Issue Date: AUG 27 2005	CBL: A01 002
-----------------------	----------------------------	-----------------

Location of Construction: 449 FOREST AVE	Owner Name: FOREST AVENUE PLAZA LLC	Owner Address: 715 BOYLSTON ST	Phone: 7819630570
Business Name:	Contractor Name: DMC Permits	Contractor Address: 4 Velma Rd Randolph,	Phone: 7819630570
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2b

Past Use: Commercial	Proposed Use: Commercial replace 10 signs with new signage	Permit Fee: \$210.00	Cost of Work: \$210.00	CEO District: 1
Proposed Project Description: Replace 10 signs with new signage		FI DEPT: <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i>	Signature: <i>[Signature]</i>
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions		
		Signature: _____ Date: _____		

Permit Taken By: dmartin	Date Applied For: 07/27/2005	Zoning Approval		
-----------------------------	---------------------------------	------------------------	--	--

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>8/9/05</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>
---	---	---	--

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



Sign 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: 449 FOREST AVE Zone: _____

Total square footage of proposed structure: _____ Square footage of lot _____
Lot frontage: _____ Tenant frontage _____

Tax Assessor's Chart, Block & Lot Chart# _____ Block# _____ Lot# _____
Owner: FOREST AVE PLAZA LLC Telephone: _____
C/O GAULO & CO. LLC
715 BOYLSTON ST BOSTON MA 02116 (617) 266-4040

Lessee/buyer's name (If applicable) TD BANK NORTH Current use: BANK Total s.f. of signage 89.16
Proposed use: _____ \$2.00 per s.f. \$180. plus
\$65.00 base fee
Fee: \$210.00

Applicant name, address & telephone: DONNA CULLON - AGENT If vacant, prior use: _____
4 VELMA RD How long has it been vacant? _____
RANDOLPH, MA 02368 Project description: \$30.00 for first \$1,000
Number of tenants in lot? _____ plus \$9.00 each addict.
\$1,000
Fee: \$ _____

Freestanding sign? Yes No Dimensions _____ Height _____
More than one sign? Yes No Dimensions _____ Height _____
Sign Attached to Building? Yes No Dimensions _____ Height _____

DETAILS ATTACHED. SUMMARY ON BACK

Awning Yes No Is awning backlit? Yes No Height off sidewalk? _____
Awning Height: _____ Length: _____ Depth: _____

Is there any message, trademark or symbol on it? Yes No If Yes, total s.f. of panels/graphics: _____
Please describe: _____

List ALL existing signage and their dimensions:

(956) 802-1677

Contractor's name, address & telephone: NW SIGN INC 360 CRIDER AVE MOORESTOWN NJ 08059

Who should we contact when the permit is ready: DONNA CULLON - AGENT
Mailing address: 4 VELMA RD RANDOLPH MA 02368 Phone: (508) 380-5725

Once your permit is approved, we will notify you to come in and pick up your permit and review the requirements with our plan reviewer. Beginning work prior to receiving your permit will result in a violation fee of \$50.00.

Please submit all of the information outlined in the Signage Application Checklist including a building sketch showing exactly where existing is and proposed signage will be located. Please include sketches/pictures of proposed signage. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information 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 *at 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 representatives 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: Donna Cullon - agent Date: 7/13/05

This is not a Permit; you may not commence any work until the Permit is issued.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE: MAY 05 2005
08: 9:2005

PRODUCER Commerce Insurance Services 336 Route 70 East Marlton, NJ 08053 877 386-3800	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	NAIC #
INSURED NW Sign Industries, Inc. 350 Crider Avenue Moorestown, NJ 08067	INSURER A: Selective Way Insurance Company	5301
	INSURER B: New Jersey Manufacturers Insurance Co	2122
	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, THIS CERTIFICATE 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.

CLASSIFICATION	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	B1730385	11/12/04	11/12/05	EACH OCCURRENCE \$1,010,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUPY				DAMAGE TO RENTALS \$101,000 MED. EXP. (EMP. / CONTRACTOR) \$5,010 PERSONAL & ADJ. INJURY \$1,010,000 GENERAL AGGREGATE \$2,010,000 MED. EXP. - COMP. / P. AGG. \$2,010,000
A	AUTOMOBILE LIABILITY	B1730385	11/12/04	11/12/05	COMBINED SINGLE LIMIT \$1,010,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per Occurrence) PROPERTY DAMAGE (Per Occurrence) GARAGE LIABILITY <input type="checkbox"/> ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY	B1730385	11/12/04	11/12/05	EACH OCCURRENCE \$10,100,000 AGGREGATE \$10,100,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	W23042	06/04/05	06/04/06	<input checked="" type="checkbox"/> WORKERS COMP. LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,010,000 E.L. DISEASE - EACH EMPLOYEE \$1,010,000 E.L. DISEASE - POLICY LIMIT \$1,010,000

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

*Except 10 Days Notice of Cancellation for Non-Payment of Premium.

The City of Portland is included as an Additional Insured with respect to Liability arising out of operations of the Named Insured.

CERTIFICATE HOLDER

City of Portland
389 Congress Street
Portland, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

[Signature]

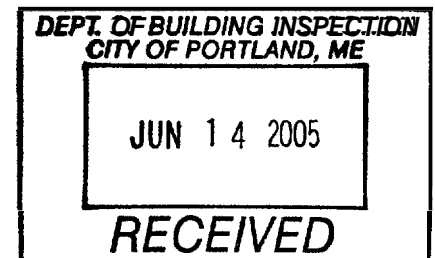
To: Donna Martin - Building Department of Portland ME
From: Donna Cullen
Subject: TD Banknorth Sign Permits
Date: 7/13/2005

Enclosed, please find 1 more location for the TD Banknorth sign conversion. Enclosed is the permit application and a detailed sketch of each sign being replaced/refaced. I also put a summary of the back of the applications to make it easier for you to figure square footage etc.

I will be awaiting your response with any questions and fees owed.

Thanks Donna for all your help!

Donna Cullen
Sign Industry Consultant
Tagr Corp.



From: "Donna Cullen" <dmcullen@verizon.net>
To: <tmm@portlandmaine.gov>
Date: Mon, Aug 8, 2005 1:58 PM
Subject: Portland TdBankNorth

Tammy,

Per your request, please find attached the drawings showing all attachment details for the installation of signs that are new and not being refaced.

The ones we are using are the self-contained letter sets on page 1.

Please let me know if there is anything else you need or any updates that you can give me regarding the permits.

Thanks **so** much !

Donna Cullen

Sign Permit Expeditor

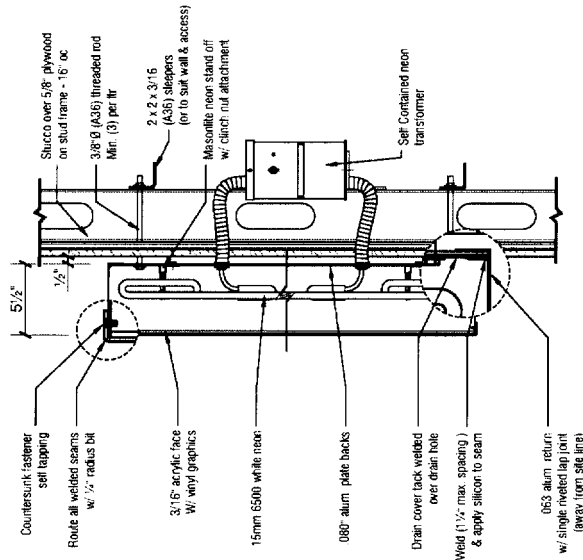
4 Velma Rd

Randolph, MA 02368

Cell # (508) 380-5725

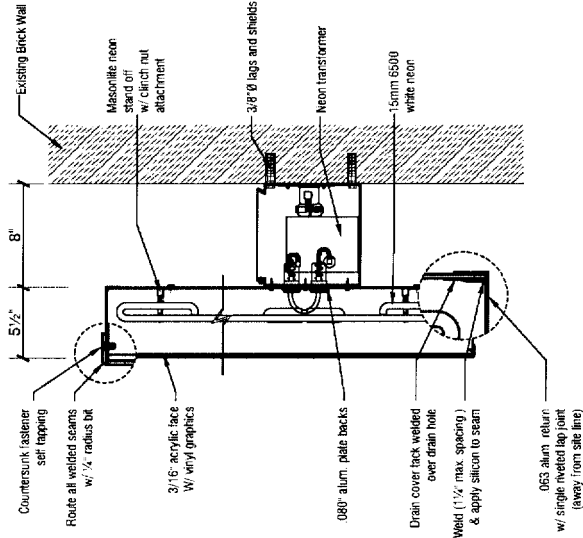
email drcullen@verizon.net

Illuminated Channel Letter - Remote



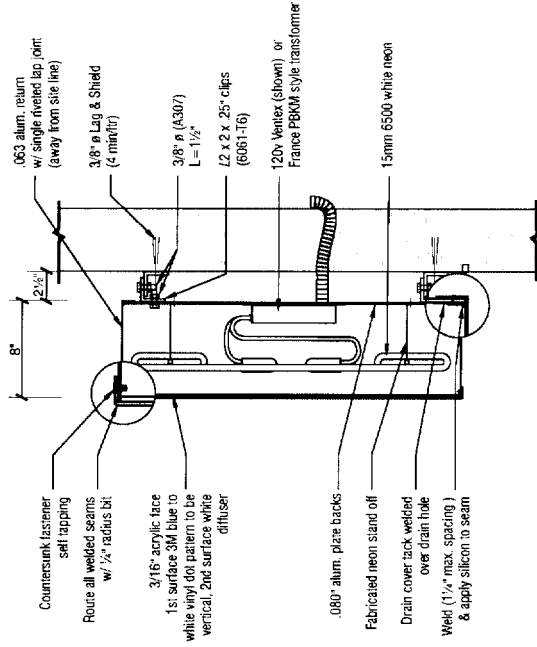
Typical Letter Section Detail - Remote
Not To Scale

Illuminated Channel Letter - Raceway



Typical Letter Section Detail - RW
Not To Scale

Illuminated Channel Letter - Self Contained



Typical Letter Section Detail - Clip2Clip
Not To Scale

Customer Review: Approved as submitted
 Approved as noted
 See Notes - Resubmit Drawing for Review and Approval

NAME _____ DATE _____

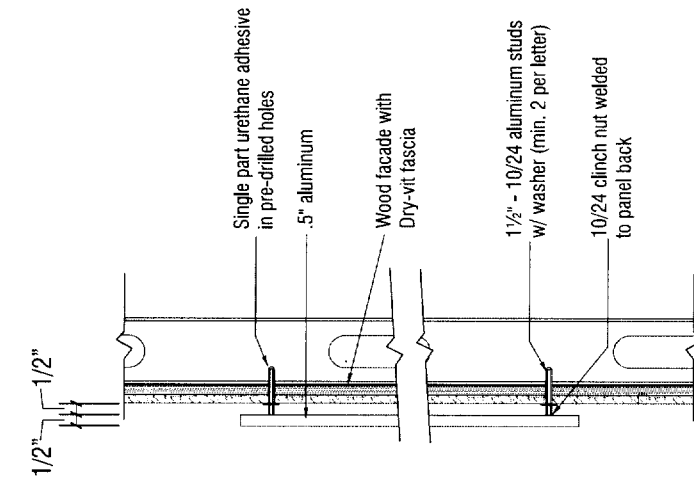
THIS IS AN ORIGINAL UNPUBLISHED DRAWING CREATED BY NW SIGN INDUSTRIES, INC. IT IS THE PROPERTY OF NW SIGN INDUSTRIES, INC. IT IS TO BE USED ONLY FOR THE PROJECT AND TITLE BLOCK. IT SHALL NOT BE PROVIDED TO ANY OTHER MANUFACTURER OR USER FOR ANY OTHER PROJECT WITHOUT THE WRITTEN PERMISSION OF NW SIGN INDUSTRIES, INC. THIS PERMISSION IS LIMITED TO THE MANUFACTURE OF THE SIGN AND SHALL REMAIN THE EXCLUSIVE PROPERTY OF NW SIGN INDUSTRIES, INC. © NW SIGN INDUSTRIES, INC. 2008

REVISION	DATE

NW SIGN INDUSTRIES
 350 CRIDER AVENUE
 MOORESTOWN, NJ 08057
 (856) 902-1677 • fax: (856) 602-0412

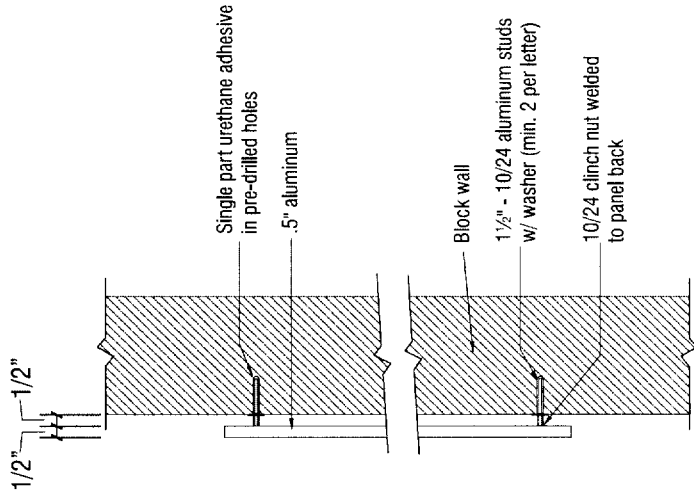
CUSTOMER: TO Banknorth
 ADDRESS: MISC.
 CITY #:
 FILE NAME: Drawn and Pinned
 SCALE: 3-9-05
 DESIGNED: WBW
 DRAWN: WBW
 00-000

Flat Cut Letter - Non-Illuminated - Stud Fab. Wall



End View Letters - Typ.
Not To Scale

Flat Cut Letter - Non-Illuminated - Masonry Wall



End View Letters - Typ.
Not To Scale

Customer Review:

- Approved as submitted
- Approved as noted
- See Notes - Resubmit Drawing for Review and Approval

NAME _____ DATE _____

THIS IS AN ORIGINAL UNPUBLISHED DRAWING CREATED BY NW SIGN INDUSTRIES, INC. IT IS THE PROPERTY OF NW SIGN INDUSTRIES, INC. AND IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF NW SIGN INDUSTRIES, INC. THIS DRAWING IS THE PROPERTY OF NW SIGN INDUSTRIES, INC. AND SHALL REMAIN THE EXCLUSIVE PROPERTY OF NW SIGN INDUSTRIES, INC. © NW SIGN INDUSTRIES, INC. 2006

REVISION	DATE

NW SIGN INDUSTRIES
360 CRIDER AVENUE
MOORESTOWN, NJ 08057
(856) 802-1677 • Fax: (856) 802-0412

NW SIGN GROUP
CORPORATE OFFICE

CUSTOMER: TO Banborough
ADDRESS: MISC.
SHEET # 3-9-05
FILE NAME: 000112.ECD
SALES REP: DEBARR
DRAWN BY: WBW

00-000
PAGE 1 OF 1