

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, if Any,  
Attached

## BUILDING PERMIT

Permit Number: 100877

This is to certify that FOREST AVENUE PLAZA LLC / Northern States Inc. / Mark

has permission to "America's Mattress" - 3' x 16' Single Face

AT 449 FOREST AVE

CD 111 A016002

### PERMIT ISSUED

*ONE* 18 2010

provided that the person or persons, firm or corporation accounting for 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 lathed or otherwise red-in. 24 HOUR 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 \_\_\_\_\_  
Department Name

*[Signature]*  
Director - Building & Inspection Services

### PENALTY FOR REMOVING THIS CARD



# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

7.23 2010

Received from

A Mattress Inc.

Location of Work

449 Forest Ave

Cost of Construction \$ \_\_\_\_\_

Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: 126

Building (I1)

Plumbing (I5)

Electrical (I2)

Site Plan (U2)

Other \_\_\_\_\_

CBL: 111-A-16

Check #: 12576

Total Collected \$ 126

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

### PERMIT ISSUED

Taken by: [Signature]

18 2010

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy

City of Portland

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 10-0877	Issue Date:	CBL: 111 A016002
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Location of Construction: 449 FOREST AVE	Owner Name: FOREST AVENUE PLAZA LLC	Owner Address: 715 BOYLSTON ST	Phone:
Business Name:	Contractor Name: Northern Signs, Inc. / Mark Atwood	Contractor Address: P.O. Box 1475 Waterville	Phone: 2074652399
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2b

Past Use: Commercial "America's Mattress" <i>(http - permit #10-0657)</i>	Proposed Use: Commercial "America's Mattress" - 3' x16' Single Face illuminated sign	Permit Fee: \$126.00	Cost of Work: \$126.00	CEO District: 1
Proposed Project Description: "America's Mattress" - 3' x16' Single Face illuminated sign		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>	

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: Idobson	Date Applied For: 07/23/2010	<b>Zoning Approval</b>
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<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><b>Special Zone or Reviews</b></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><i>OK</i> Date: <i>8/6/10</i> <i>ABM</i></p>	<p><b>Zoning Appeal</b></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><b>Historic Preservation</b></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><i>ABM</i> Date: _____</p>
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**PERMIT ISSUED**

*AUG*  
*JUL* 18 2010

City of Portland

**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: 10-0877	Date Applied For: 07/23/2010	CBL: 111 A016002
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Location of Construction: 449 FOREST AVE	Owner Name: FOREST AVENUE PLAZA LLC	Owner Address: 715 BOYLSTON ST	Phone:
Business Name:	Contractor Name: Northern Signs, Inc. / Mark Atwood	Contractor Address: P.O. Box 1475 Waterville	Phone: (207) 465-2399
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial "America's Mattress" - 3' x16' Single Face illuminated sign	Proposed Project Description: "America's Mattress" - 3' x16' Single Face illuminated sign
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 08/06/2010
<b>Note:</b> Spoke to owner. Tenant frontage is 63', it was listed incorrectly on the application.			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 08/18/2010
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.			

**PERMIT ISSUED**

AUG 18 2010

City of Portland

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

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Past Use: Commercial "America's Mattress" <i>(hit up - permit # 10-0657)</i>	Proposed Use: Commercial "America's Mattress" - 3' x 16' Single Face illuminated sign	Permit Fee: \$126.00	Cost of Work: \$126.00	CEO District: 1
Proposed Project Description: "America's Mattress" - 3' x 16' Single Face illuminated sign		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>	
		Signature:	Signature:	
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: 07/23/2010	<b>Zoning Approval</b>		
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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 type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	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	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>OK 8/16/10 ABM</i>	Date: _____	Date: _____

**PERMIT ISSUED**

*AUG  
JUL 18 2010*

City of Portland

**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

## **BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY )**

**or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months, if the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.**

  **X**   **Final inspection required at completion of work.**

**The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.**

**PERMIT ISSUED**

**JUL 18 2010**

**City of 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>449 Forest Ave, Portland, Me 04101</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner: <u>James W. Lyons</u>	Telephone: <u>owners cell phone 207-553-0826</u>
Lessee/Buyer's Name (If Applicable) <u>Americas Mattress and Furniture Gallery</u>	Contractor name, address & telephone: <u>Northern Signs P.O. Box 1475 Waterville, ME 04903 owner: Mark cell 465-5560</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For I.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Jim Lyons</u> phone: <u>553-0826</u>		
Tenant/allocated building space frontage (feet): Length: <u>25'63"</u> Height: <u>14'</u> Lot Frontage (feet) _____ Single Tenant or Multi-Tenant Lot <u>multi</u>		
Current Specific use: _____ If vacant, what was prior use: <u>movie Gallery</u> Proposed Use: <u>Retail Store</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>3'x16'</u>		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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 w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions: <u>30' x 24' (already removed)</u> Awning? Yes _____ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____		
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 and existing building are also required.		

48 x 2 + 30 = 126

Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), 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 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>James W. Lyons</u>	Date: <u>RECEIVED JUL 23 2010</u>
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B-2b - multi part - building sign  
~~1.5 x 25 = 37.5~~  
 1.5 x 63 = 94.5  
 size is 3' x 16' = 48 sq ft (OK)

RECEIVED  
 JUL 23 2010  
 Dept. of Building Inspections  
 City of Portland Maine

Tammy.  
Portland Buildout

# America's<sup>★</sup> Mattress<sup>®</sup> & Furniture Gallery

3'x16' SINGLE FACE ILLUMINATED SIGN  
1 1/2"x3/16" DOUBLE ALUMINUM ANGLE FRAME  
.040 ALUMINUM CABINETS  
HIGH OUTPUT BALLAST AND LAMPS  
LEXAN FACE/UL LISTED



Dartmouth St.

TD Bank

CVS

Loapin' Lizards

US

State Farm

449 Forest

Magic Nails

Atlantic Chino

Wash tub

Dollar Store  
MK+Pace



Burger King

Forest Ave

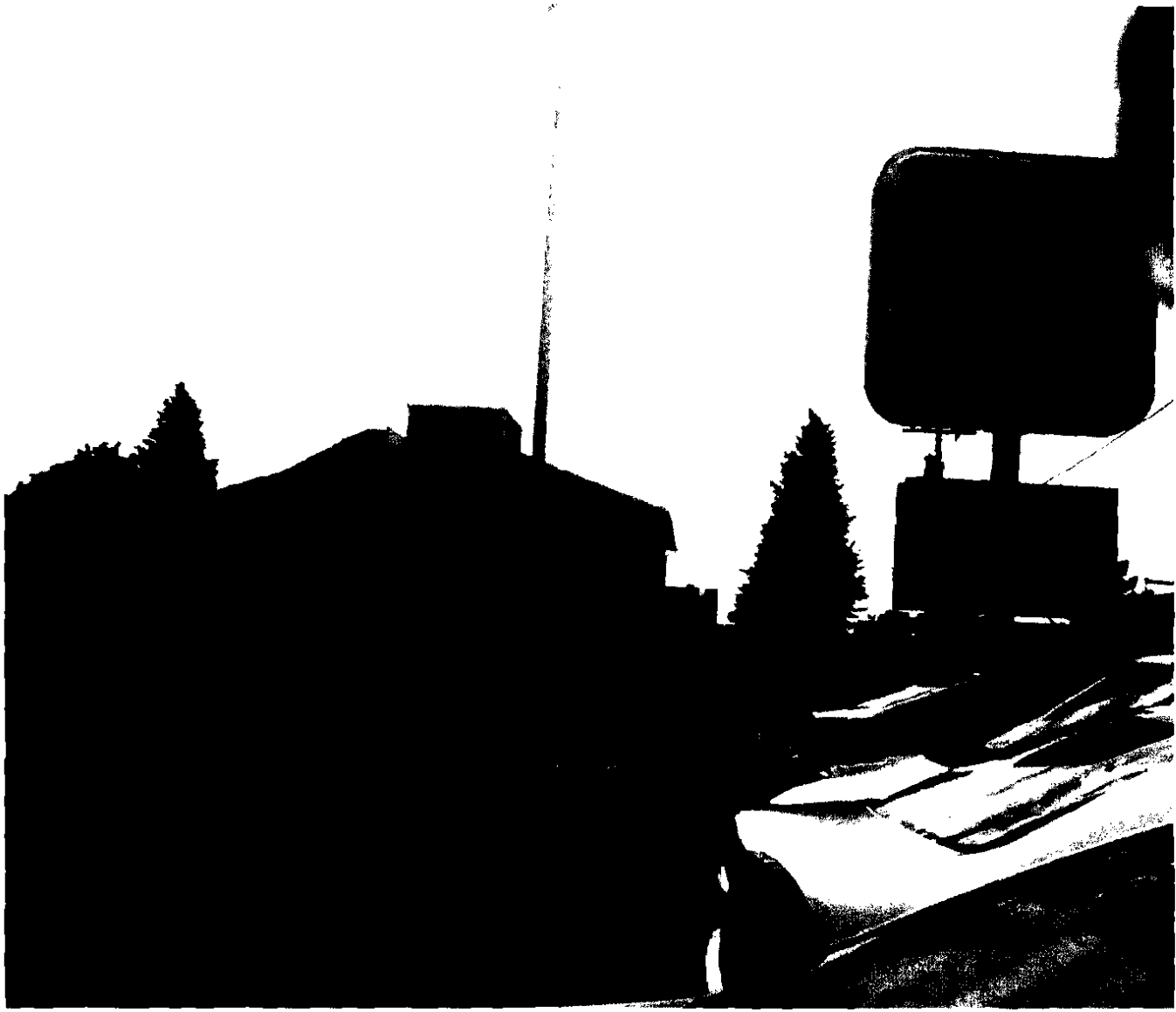
















**Forest Ave Plaza, LLC  
449 Forest Ave Plaza  
Portland, ME 04101**

**Gives permission for Americas Mattress to install a permanent sign for their business. Any questions please contact Stuart Collins at 615-3680.**

**Thank you,**

**Stuart Collins**

*Stuart Collins*  
*July 23, 2010*





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/23/2010

<b>PRODUCER (207)947-7345 FAX:</b> Cross Insurance 74 Gilman Road P.O. Box 1388 Bangor ME 04401		<b>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.</b>	
<b>INSURED</b> AMattress Inc. Dba America's Mattress And Furniture Co Po Box 85 Freeport ME 04032		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Hanover Insurance Group, Inc.	22292
		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 ADD'L LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ODP859773103	2/1/2010	2/1/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
A		<b>AUTOMOBILE LIABILITY</b> <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	ANP8597735	2/1/2010	2/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 The Certificate Holder is named as Additional Insured but only with respect to liability arising out of the operation of the named insured.

## CERTIFICATE HOLDER

(207) 874-8716  
 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