

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that Poyant

Located At 449 FOREST AVE

Job ID: 2011-05-1129-SIGN

CBL: 111 - - A - 016 - 002 - - - - -

has permission to Replace Damaged CVS Freestanding Sign – 5'6" x 4'1"
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

N/A

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

A. B. Mch 5/25/11

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: 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 Inspections 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.**

1. Call for final inspection when installation is complete.

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



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-05-1129-SIGN

Located At: 449 FOREST AVE

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Conditions of Approval:

Building

Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.

Zoning

1. Any LED display SHALL NOT continuously flash, nor continuously blink, and SHALL NOT scroll. Electronic message board signs SHALL NOT change messages more than once every twenty (20) minutes. This City and State regulation SHALL BE strictly enforced.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-05-1129-SIGN	Date Applied: 5/17/2011	CBL: 111 - - A - 016 - 002 - - - - -	
Location of Construction: 449 FOREST AVE	Owner Name: Forest Avenue Plaza, LLC	Owner Address: 715 BOYLSTON ST BOSTON, MA 02116	Phone:
Business Name:	Contractor Name: Westergren, Richard A	Contractor Address: 3 Bud WAY #19 NASHUA NH 03063	Phone: (603) 546-2005
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-2b
Past Use: CVS	Proposed Use: CVS – replace existing freestanding sign w/ electronic message center -5'6" x 4'1" (original permit #10-1427)	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: Signature:
		Signature:	<i>ARM</i>
Proposed Project Description: 449 Forest Ave CVS –replace freestanding sign w/electronic message center (5'6" x 4'1")		Pedestrian Activities District (P.A.D.)	
Permit Taken By:	Zoning Approval		

	Special Zone or Reviews	Zoning Appeal	Historic Preservation
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 informatin may invalidate a building permit and stop all work.	<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK w/condition</i> <i>Shahin ARM</i>	<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:	<input checked="" type="checkbox"/> Not in Dist 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>ARM</i>

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		PHON



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</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>111</u> Block# <u>AD16002</u> Lot#	Owner: <u>CVS PHARMACY</u> <u>1 CVS PHARM</u> <u>WILSONSOCIETY, RI</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>CVS</u>	Contractor name, address & telephone: <u>ROYANT SIGNS INC</u> <u>125 SAMUEL BRUNET</u> <u>NEW BEDFORD, MA</u> <u>08745</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>22 x 2</u> For H.D. signage= Total Fee: \$ Awning Fee= cost of work Total Fee: \$
Who should we contact when the permit is ready: <u>R. WESTERGREEN</u> phone: <u>603-546-2005</u>		
Tenant/allocated building space frontage (feet): Length: <u>5'-6"</u> Height: <u>4'-1"</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>CVS/PHARMACY</u> If vacant, what was prior use: _____ Proposed Use: <u>SAME</u> perm. # 10-1427		
* <u>REPLACE EXISTING Pylon SAME SIZE, SAME LOCATION, HIT BY TRUCK</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____		
Proposed 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 w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions: <u>5'-6" x 4'-1"</u> Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions: _____ Awning? Yes _____ No _____ 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. <u>SEE SUBMISSION</u>		

#1235
22 x 2 + 30 = 74

(20' x 5' / 17' / 11')

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, 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: [Signature] Date: 5-17-2011

This is not a permit; you may not commence ANY work until the permit is issued.

CVS/pharmacy | 449 Forest Avenue Portland, ME | Design Development | May 6, 2011
