

Location of Construction: <i>446 Forest Ave</i>		Owner: <i>Sharon Lamontagne</i>		Phone:		Permit No: <b>960797</b>	
Owner Address:		Leasee/Buyer's Name: <i>Fleet Bank</i>		Phone:		Business Name:	
Contractor Name: <i>TAGRA Corporation</i>		Address: <i>P.O. Box 441 Sandwich, MA 02563</i>		Phone: <i>508-888-3955</i>		PERMIT ISSUED Permit Issued: <b>AUG 13 1996</b>	
Past Use: <i>Bank</i>		Proposed Use: <i>Same</i>		COST OF WORK: \$		PERMIT FEE: \$ <i>32.20</i>	
Proposed Project Description:  <i>Replacing faces - adding directional signage Totalling 36 sq ft</i>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: <i>BOC 89B</i>		CITY OF PORTLAND	
		Signature:		Signature: <i>[Signature]</i>		Zone: CBL: <i>116-B-001</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>116-B-001</i>		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 <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
		Signature:		Date:		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	
Permit Taken By: <i>Mary Gresik</i>		Date Applied For: <i>30 July 1996</i>		Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	

1. This permit application doesn't 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..

**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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT *Carol Bugbee* ADDRESS: *389 Congress St* DATE: *30 July 1996* PHONE: *508-771-3955*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

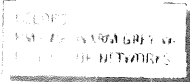
CEO DISTRICT 5

COMMENTS

12-12-96 - Signage up per plans Closet

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: <u>X Close OK</u>	<u>12-12-96</u>
Other: _____	_____



2.54

3 1/2



2.54



3 1/2



N-3 ILLUMINATED NETWORK SIGN  
SIGN #8  
QTY: 1  
NOTE: APPROXIMATE QUANTITIES

Sign #8



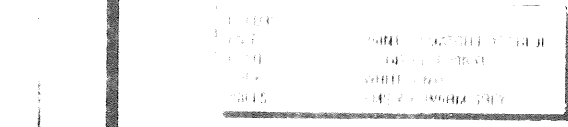
D-5 NON-ILLUM WALL D/I  
QTY: 1

Sign #9



N-3 ILLUMINATED NETWORK SIGN  
SIGN #10  
QTY: 1

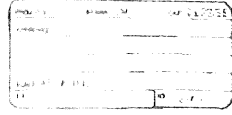
Sign #10



D-3 D.F. NON-ILLUM. DIRECTIONAL  
SIGN #11  
QTY: 1

Sign #11

Signs 8, 9, 10, 11 - ON DRIVE UP CAMPX



# ACORD, CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
7/18/1996

**PRODUCER**

Riedman Corporation  
45 East Avenue  
Rochester, NY 14604  
(716) 232-4424 FAX 232-7602

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.

**COMPANIES AFFORDING COVERAGE**

- COMPANY A FEDERAL INS. CO.
- COMPANY B
- COMPANY C
- COMPANY D

**INSURED**

FLEET FINANCIAL GROUP, INC.  
FLEET BANK  
1 FEDERAL STREET  
BOSTON, MA 02111  
MA/OF/0803

**COVERAGE PROVIDED**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLASSIC MADE <input checked="" type="checkbox"/> OCCUR OWNERS & CONTRACTORS PROT	73180444	04/01/96	04/01/97	GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMPROP ACC \$5,000,000 PERSONAL & ADY BLDG \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$1,000,000 MED EXP (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> MIXED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY BLDG (Per person) \$ BODILY BLDG (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> <input type="checkbox"/> THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS AND				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
	<b>OTHER</b> THE FOLLOWING INDIVIDUALS/ENTITIES HAVE GENERAL LIABILITY POLICY ADDITIONAL INSURED STATUS WHEN REQUESTED OF A NAMED INSURED: ANY STATE OR POLITICAL SUBDIVISION; ANY LESSOR OF PREMISES LEASED TO THE NAMED INSURED; ANY LESSOR OF EQUIPMENT LEASED BY A NAMED INSURED.				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL RISKS**

RE: FLEET BANK, 446 FOREST AVENUE, PORTLAND, ME.

**CERTIFICATE HOLDER**

CITY OF PORTLAND  
CODE ENFORCEMENT DEPARTMENT  
PORTLAND, ME 04101

**DECLARATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL endeavor to MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL NOT WAIVE OR DIMINISH THE LIABILITY OF ANY REO UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**

*Andrew J. Meloni*

ACORD CORPORATION 1996

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 446 Forest Ave. ZONE: B-2

OWNER: Fleet Bank

APPLICANT: Carol Bugbee

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

SINGLE TENANT LOT? YES  NO \_\_\_\_\_

MULTI TENANT LOT? YES \_\_\_\_\_ NO

FREESTANDING SIGN? YES  NO \_\_\_\_\_  
(ex. pole sign..)

DIMENSIONS 2' x 4' Face  
Directions <sup>111</sup> #4445  
replacements

MORE THAN ONE SIGN? YES  NO \_\_\_\_\_ DIMENSIONS 2' x 4'

BLDG. WALL SIGN? YES  NO \_\_\_\_\_  
(attached to bldg)

DIMENSIONS Directions  
Sims #6 & 7

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

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: 2 - Freestanding, 2' x 4' with  
2 sets letters - 9" x 45 3/8" / one - 16" x 24" WCE Panels

LOT FRONTAGE (FEET) 168 + 165 = 333'

BLDG FRONTAGE (FEET) 56' Forest Ave - 45' William St

AWNING YES \_\_\_\_\_ NO  IS AWNING BACKLIT? YES \_\_\_\_\_ NO \_\_\_\_\_

HEIGHT OF AWNING: \_\_\_\_\_

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? \_\_\_\_\_

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

ULTE - BD 277-277

INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

APPLICANTS FOR A SIGN PERMIT WILL BE ASKED TO SUBMIT THE FOLLOWING INFORMATION TO THE CODE ENFORCEMENT OFFICE:

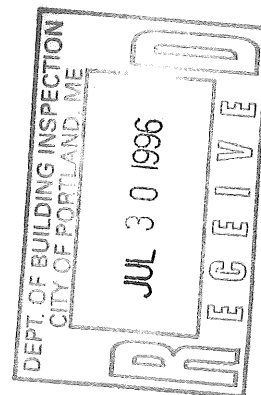
1. PROOF OF INSURANCE
2. LETTER OF PERMISSION FROM THE OWNER
3. A SKETCH PLAN OF THE LOT, INDICATING LOCATION OF BUILDINGS, DRIVEWAYS AND ANY ABUTTING STREETS OR RIGHT OF WAYS. LENGTHS OF BUILDING FRONTAGES AND STREET FRONTAGES SHOULD BE NOTED (SEE ATTACHED)
4. INDICATE ON THE PLAN ALL EXISTING AND PROPOSED SIGNS
5. COMPUTATION OF THE FOLLOWING:
  - A) SIGN AREA OF EACH EXISTING AND PROPOSED BUILDING SIGN
  - B) SIGN AREA HEIGHT AND SETBACK OF EACH EXISTING AND PROPOSED FREESTANDING SIGN

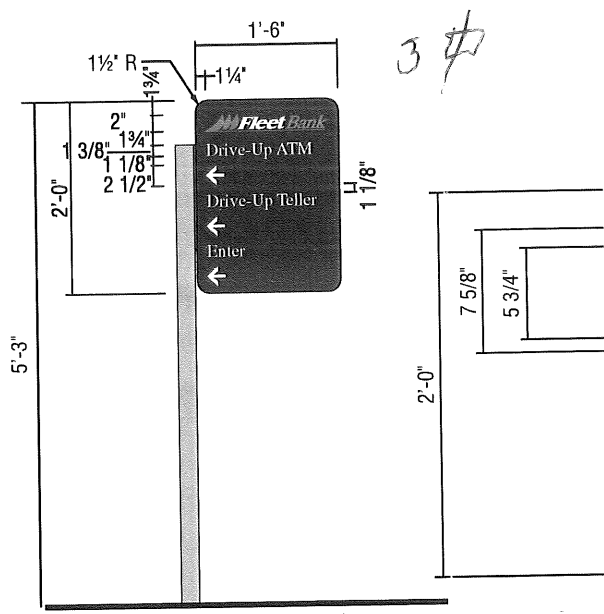
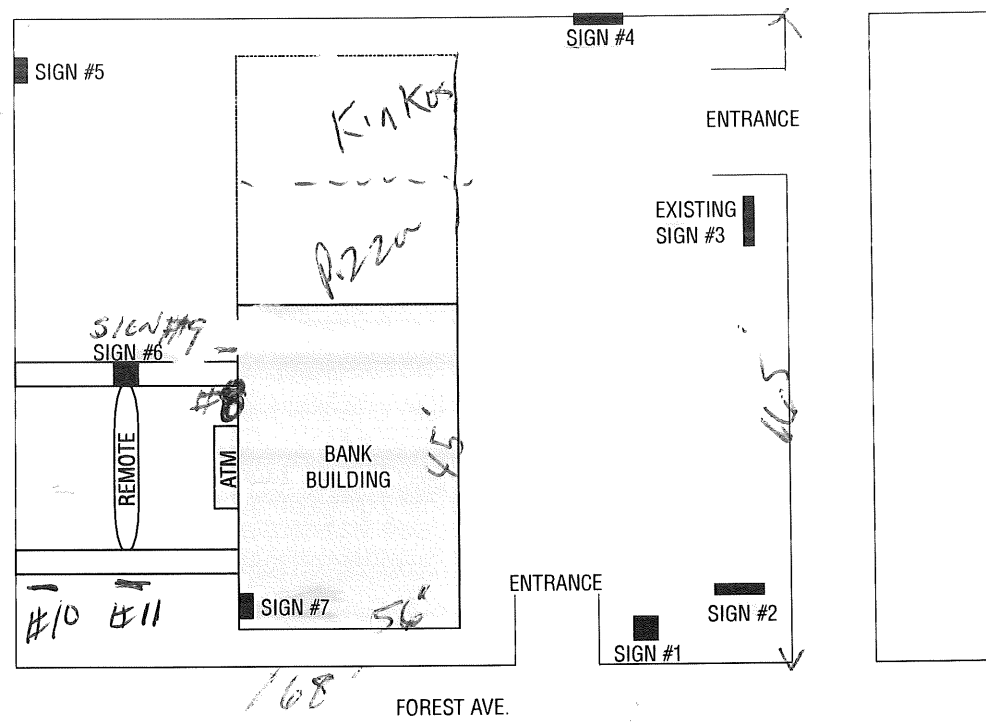
A SKETCH OF ANY PROPOSED SIGN(S), INDICATING DIMENSIONS, MATERIALS, SOURCE OF ILLUMINATION AND CONSTRUCTION METHOD (SEE ATTACHED)

FEE FOR PERMIT - \$25.00 PLUS \$0.20 PER SQUARE FOOT

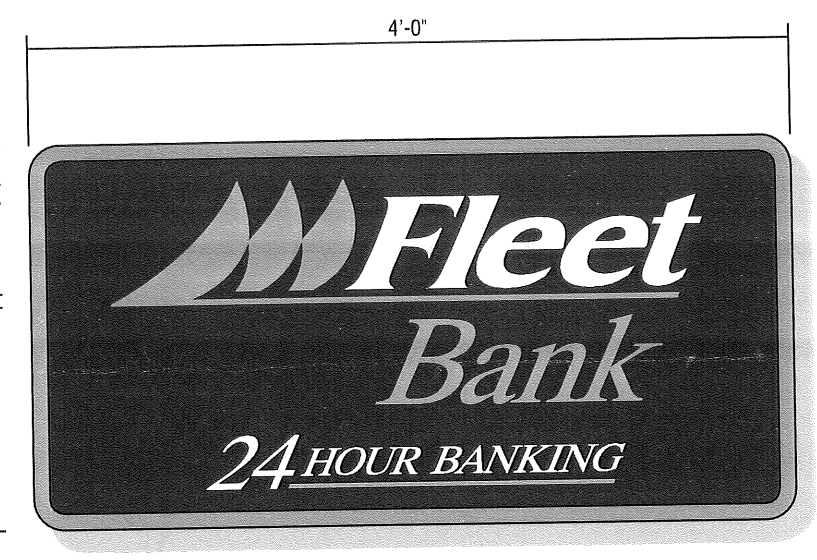
**NOTE:** ONCE A SKETCH PLAN HAS BEEN FILED FOR A PROPERTY, THE CODE ENFORCEMENT OFFICE WILL KEEP A RECORD OF THE PLAN SO THAT A NEW SKETCH PLAN WILL NOT BE REQUIRED FOR LATER CHANGES TO SIGNAGE ON THE PROPERTY. IN SUCH AN INSTANCE, APPLICANTS WILL ONLY BE REQUIRED TO SUBMIT INFORMATION APPLICABLE TO THE NEW SIGNS.

*UL - # must be submitted*



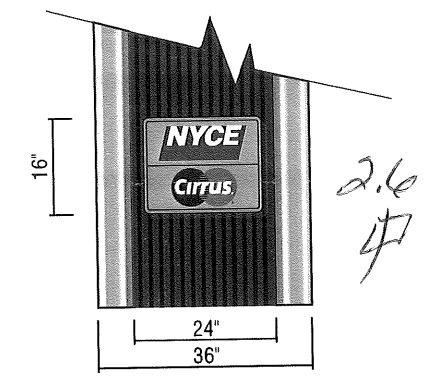


**D-3 D.F. NON-ILLUM. DIRECTIONAL**  
SIGN #1  
QTY: 1  
SCALE 1/2"=1'-0"



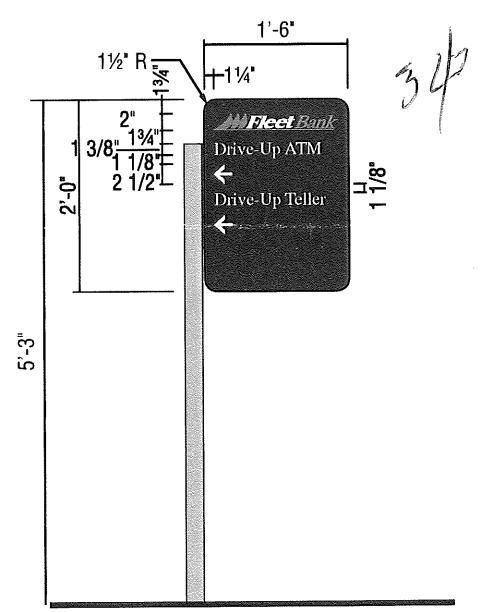
**2'-0" x 4'-0" REPLACEMENT FACES**  
SIGN #2 & #3A  
QTY: 4  
FIELD VERIFY SIGN SIZE.

**COLORS:**  
BACKGROUND E-137 BLUE VINYL  
LOGO LE-147 BLUE VINYL & WHITE  
RETAINER & FILLER PMS #424 GREY

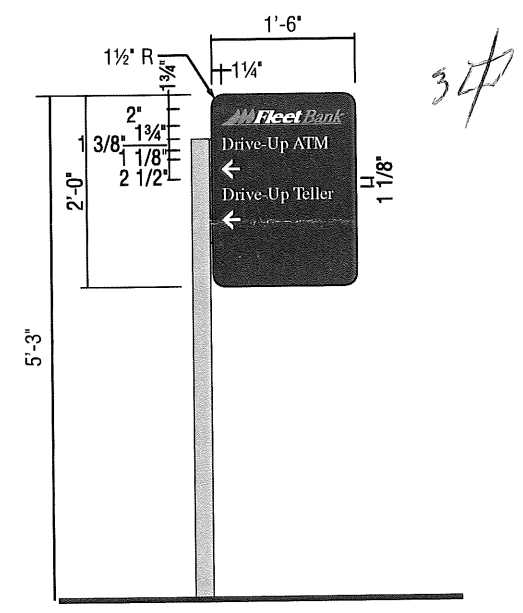


**PYLON BUG REPLACEMENT**  
SIGN #3B  
QTY: 2  
3/8"=1'-0"

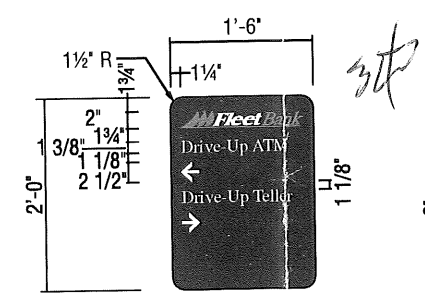
**SITE PLAN**



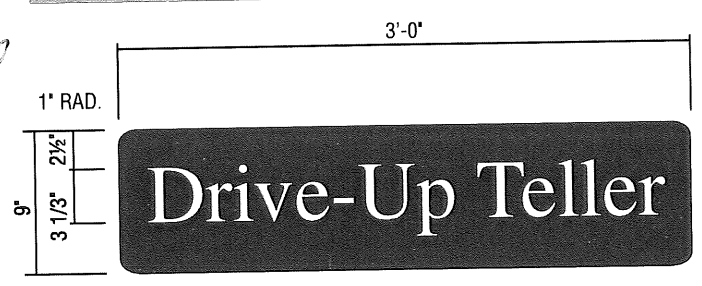
**D-3 D.F. NON-ILLUM. DIRECTIONAL**  
SIGN #4  
QTY: 1  
SCALE 1/2"=1'-0"



**D-3 S.F. NON-ILLUM. DIRECTIONAL**  
SIGN #5  
QTY: 1  
SCALE 1/2"=1'-0"

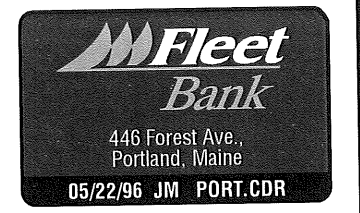


**D-5 NON-ILLUM. WALL D/I**  
SIGN #6  
QTY: 1  
SCALE 1/2"=1'-0"



**D-6 METAL CANOPY SIGN**  
SIGN #7  
QTY: 1  
SCALE: 1"=1'-0"

**COLORS:**  
FACE PAINT TO MATCH E-137 BLUE  
LOGO LE-147 BLUE VINYL  
COPY WHITE VINYL  
POLES PMS # 5C WARM GREY



**ACME WILEY CORPORATION**  
SIGNS AND SYSTEMS  
2480 GREENLEAF AVE. ELK GROVE ILLINOIS 60007

PROJ.DIR.	DRAWN JM	DATE 05/22/96
APPROVED		
SCALE AS NOTED		
TITLE		No. 1 of 2

JUL 30 1996  
 RECEIVED  
 DEPT. OF BUILDING INSPECTION  
 CITY OF PORTLAND, ME