

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that SIGN HOLDING LLC

Located At 494 FOREST AVE

Job ID: 2012-04-3741-SIGN

CBL: 116- E-002-001

has permission to install a wall sign

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.

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

*J/A*

*A B M*

4/12/12

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](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 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.**

### Final Inspection

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

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Acting Director of Planning and Urban Development  
Gregory Mitchell

Job ID: 2012-04-3741-SIGN

Located At: 494 FOREST AVE

CBL: 116- E-002-001

## **Conditions of Approval:**

### **Building**

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.

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

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

Job No: 2012-04-3741-SIGN	Date Applied: 4/10/2012	CBL: 116- E-002-001	
Location of Construction: 494 FOREST AVE	Owner Name: SIGN HOLDING LLC	Owner Address: 494 FOREST AVE.  PORTLAND, ME 04103	Phone:
Business Name: Mr. Signs, Inc.	Contractor Name: Mr. Signs Inc. -Carl Anderson	Contractor Address: 494 Forest Ave., Portland ME 04101	Phone:  (207) 878-1100
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone:  B-2b
Past Use:  Retail – signs & plaques	Proposed Use:  Same – retail – install wall sign 125.67" x 47.47" for Mr Signs.	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:  Sign Signature: <i>ASM 4/12/12</i>
Proposed Project Description: Flush mount sign for Mr. Signs Inc.		Pedestrian Activities District (P.A.D.)	
Permit Taken By:	<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 informatin may invalidate a building permit and stop all work.	<b>Special Zone or Reviews</b> <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>04/12/12</i> <i>ASM</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 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>ASM</i>
	<b>CERTIFICATION</b>		

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



B-2b

Entered 4/10/12 (R)

# 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: <b>494 Forest Ave</b>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <b>116      E      2</b>	Owner: <b>Sign Holding LLC</b>	Telephone: <b>207 878-1100</b>
Lessee/Buyer's Name (If Applicable) <b>Mr. Signs, Inc</b>	Contractor name, address & telephone: <b>Mr. Signs, Inc 494 Forest Ave 207-878-1100</b>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$ <u>101.75</u> Awning Fee= cost of work _____ Total Fee: \$ <u>118.00</u>
Who should we contact when the permit is ready: <b>Ashley Smith</b> phone: <b>207-878-1100</b>		
Tenant/allocated building space frontage (feet): Length: <u>50'</u> Height: <u>165"</u> Lot Frontage (feet) <u>76'</u> <u>Single Tenant</u> or Multi Tenant Lot _____		
Current Specific use: <u>Signs + Plaques</u> If vacant, what was prior use: _____ Proposed Use: <u>SAME</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No <u>✓</u> Dimensions proposed: _____ Height from grade: <u>2'</u> Bldg. wall sign? (attached to bldg) Yes <u>✓</u> No ___ Dimensions proposed: <u>125" x 41"</u>		
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 <u>✓</u> No ___ If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>35.6</u> s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ No <u>X</u> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <u>X</u> No <u>X</u> Dimensions: _____ Awning? Yes ___ No <u>X</u> 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.		

**RECEIVED**  
**APR 10 2012**  
 Dept. of Building Inspections  
 City of Portland Maine

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. 16.25      118.

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.

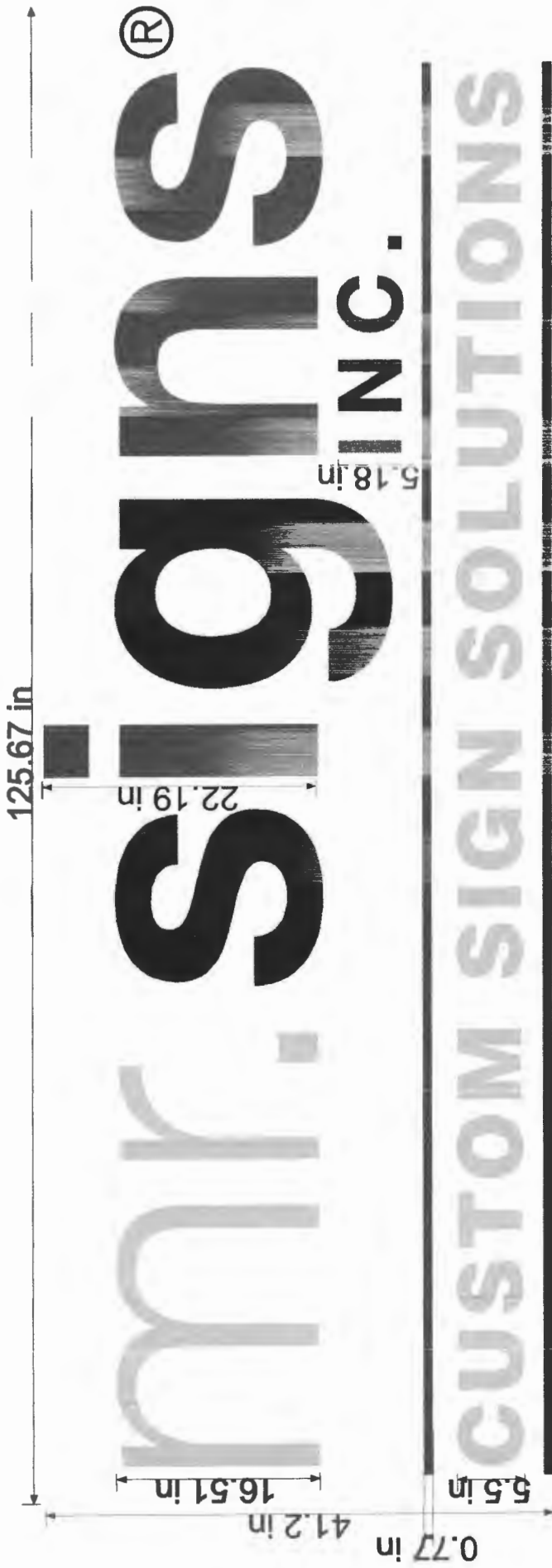
Signature of applicant: <u>Caul Anderson</u>	Date: <u>1/17/12</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

Revised 10/19/09

Hall sign B-2b - single tenant proposed  
 50 x 2 = 100 sq ft  
 125.67 x 47.47" = 5965.55 = 41.4 sq ft

OP



# ARTWORK APPROVAL FORM

494 Forest Avenue Portland Maine 04101  
tel 207.878.1100 fax 207.878.1110 www.mrsignsinc.com



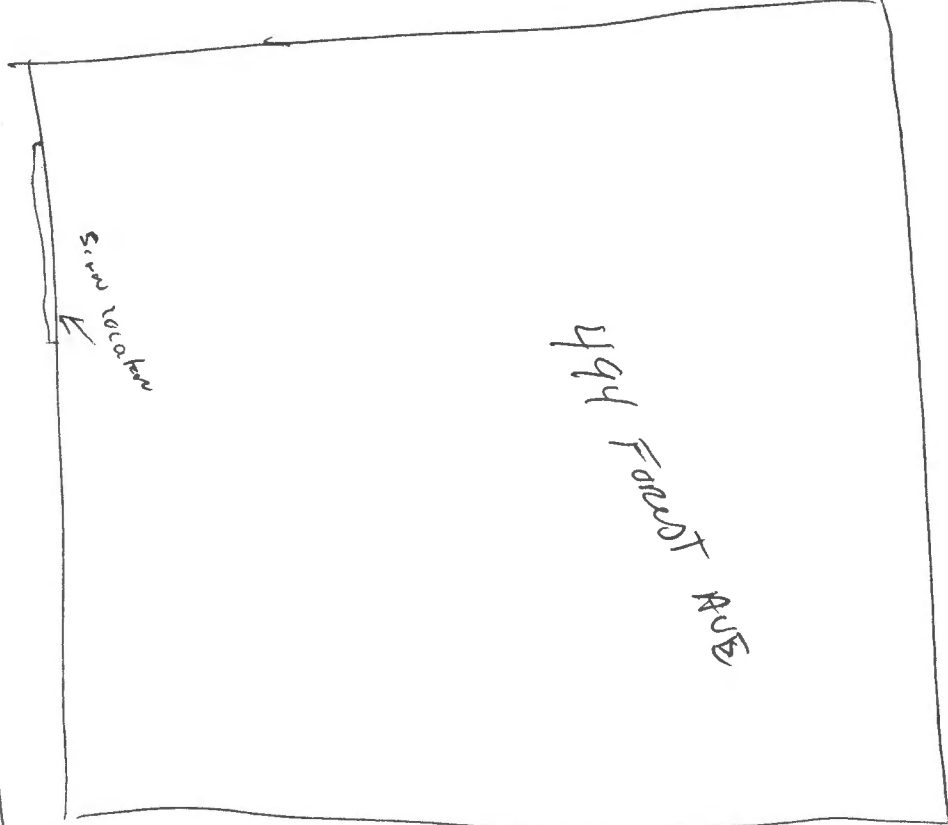
It is your responsibility to proof your design *carefully*. Please look closely for spelling and content errors. Any post-production errors will be corrected at your cost.

Reference No.	Scale: 1	Prepared by:	Sales Rep:	Approved by:	Page ___ of ___
Date:	Notes: <i>Sign To Be installed using Industrial Screws.</i>		© 2012 Mr. Signs, Inc. This design is the property of Mr. Signs, Inc. All production and duplication rights are reserved by Mr. Signs, Inc. This printout has been designed for your personal use and is not to be used outside your organization or exhibited in any fashion.		
Prepared for:					

Driveway

Sidewalk

Forest Ave



494 Forest Ave

Sign location



I Carl Anderson President of Sign Holding LLC authorize Mr. Signs, Inc to install a Wall mount sign using reverse Channel lighted letters. At 494 Forest Ave.

Sincerely   
Carl Anderson  
President



# CERTIFICATE OF LIABILITY INSURANCE

MRSIGNS-01

VPULLING

DATE (MM/DD/YYYY)  
1/31/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

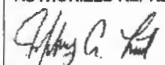
<b>PRODUCER License # AGR8150</b> <b>Clark Insurance</b> <b>P O BOX 3543</b> <b>Portland, ME 04104</b>	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext): (207) 774-6257</b>	<b>FAX (A/C, No): (207) 774-2994</b>
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Peerless Indemnity</b>	<b>NAIC # 18333</b>
	<b>INSURER B : Peerless Insurance</b>	<b>24198</b>
<b>INSURED</b>  <b>Sign Holding LLC &amp; Mr. Signs Inc.</b> <b>494 Forest Ave</b> <b>Portland, ME 04101</b>	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	
	<b>INSURER G :</b>	
	<b>INSURER H :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			BOP1018672	12/15/2011	12/15/2012	EACH OCCURRENCE \$ <b>2,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>2,000,000</b>
							GENERAL AGGREGATE \$ <b>4,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b>
							\$
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			CU8852129	6/1/2011	6/1/2012	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RE: sign at 494 Forest Avenue Portland, ME

<b>CERTIFICATE HOLDER</b>  <b>City of Portland</b> <b>389 Congress Street</b> <b>Portland, ME 04101</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



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Receipts Details:

**Tender Information:** Cash  
**Tender Amount:** 16.25

Receipt Header:

**Cashier Id:** bsaucier  
**Receipt Date:** 4/10/2012  
**Receipt Number:** 42744

Receipt Details:

Referance ID:	6040	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	16.25	Charge Amount:	16.25
Job ID: Job ID: 2012-04-3741-SIGN - Flush mount sign for Mr. Signs Inc.			
Additional Comments: 494 Forest Balance			

**Thank You for your Payment!**



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Receipts Details:

**Tender Information:** Check , Check Number: 17222  
**Tender Amount:** 101.75

Receipt Header:

**Cashier Id:** bsaucier  
**Receipt Date:** 4/10/2012  
**Receipt Number:** 42743

Receipt Details:

Referance ID:	6040	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	101.75	Charge Amount:	118.00
Job ID: Job ID: 2012-04-3741-SIGN - Flush mount sign for Mr. Signs Inc.			
Additional Comments: 494 Forest Ave Sign permit			

Thank You for your Payment!