

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
PERMIT ISSUED
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

MAR 3 2006

DEPT. OF BUILDING INSPECTION

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
Permit Number: 0802006
RECEIVED

This is to certify that PARAJAMES & KATERIN DEDE JTS/Sign Design Inc

has permission to 20 sf sign attached to bldg w 3" by 3" tag scr

AT 469 STEVENS AVE

132 J002001

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 when permission procured before this building or part thereof is altered or closed-in. **FOUR HOURS 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 _____

Jeannie Bourke 3/1/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

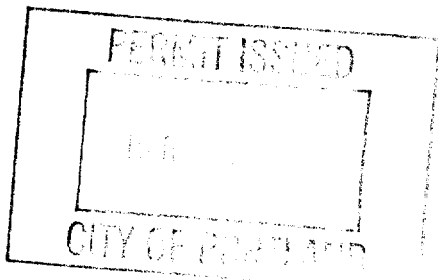
City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0162	Issue Date:	CBL: 132 J002001
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Owner Name: PARA JAMES & KATERINA DED		Owner Address: PO BOX 245		Phone:	
Business Name:	Contractor Name: Sign Design Inc		Contractor Address: PO Box 207 Westbrook		Phone: 2078562600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent		Zone: B1	
Past Use: Commercial	Proposed Use: Commercial 20 sf sign attached to bldg with 3" by 3/8 lag screws		Permit Fee: \$70.00	Cost of Work: \$70.00	CEO District: 4
Proposed Project Description: 20 sf sign attached to bldg with 3" by 3/8 lag screws			FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: B Type: Sign IBC-2003 Signature: AMK 3/1/06		
			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		
Permit Taken By: dmartin	Date Applied For: 02/02/2006	Zoning Approval			

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
OK Date: 3/1/06 AMK	Date: _____	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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0162	Date Applied For: 0210212006	CBL: 132 5002001
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Location of Construction: 469 STEVENS AVE	Owner Name: PARA JAMES & KATERINA DED	Owner Address: PO BOX 245	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone (207) 856-2600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial 20 sf sign attached to bldg with 3" by 318 lag screws	Proposed Project Description: 20 sf sign attached to bldg with 3" by 318 lag screws
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Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 0310112006
Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 0310112006
Note: **Ok to Issue:**

Comments:

2/9/2006-amachado: Left message with Nancy Profenno. She needs to apply for a change of use permit before we can process the sign permit.



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>469 Stevens Avenue</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>132</u> Block# <u>500</u> Lot# <u>7</u>	Owner: <u>James para 04038</u> <u>14 Patrick Pr.</u> <u>Gorham Me</u>	Telephone: 207-836-3543 <u>839-5804</u>
Lessee/Buyer's Name (If Applicable) <u>Kathleen Colombo</u> <u>216 Tandberg Trail</u> <u>Windham, Me 04103</u>	Applicant name, address & telephone: <u>Kathleen Colombo</u> <u>216 Tandberg Trail</u> <u>Windham, Me</u>	Total s.f. of signage x \$2.00 <u>205ft</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ <u>70</u>
Who should we contact when the permit is ready: <u>Nancy Profenza</u> phone: <u>7976907</u> <u>Call when ready</u>		
Tenant/allocated building space frontage (feet): Length: <u>40'</u> Height: <u>10'</u> Lot Frontage (feet) <u>16</u> Single Tenant or Multi Tenant Lot <u>multi</u>		
Proposed Use: <u>vacant</u> <u>frontage x 15</u> <u>prior use: post office</u> <u>clothing resale</u>		
Height of awning: <u>No</u> Length of awning: _____ DNo' _____ Is there any communication, message, trademark or symbol on it? Yes _____ s.f. If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.		DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME JAN 31 2006 IVED
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed _____ Awning? Yes _____ No _____ Sq. ft. area of awning w/communication: _____		

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: Nancy Profenza Date: 01-31-06

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

1774

It's Design & The Property Of:

Sign Design Inc.

306 Warren Ave. Portland, ME
Phone: 207-856-2600 Fax: 207-856-7600

Single Sided, Building Mounted, Interior Illuminated Cabinet
Lexan Face W/ Vinyl Graphics

96"

2nd TIME AROUND
—*RESALE SHOP*—
Clothes & more for less....

24"

Customer:
Job Name: 2ndtime comp. 1
Date: 1-9-06
Approval:

01-12-06

I give my permission

for Nancy Profenno, DBA

2nd Time Ground Rescure
469 Stevens Avenue

shop, to install their

business sign to be

mounted on the outside

of the building by

sign Design Inc.

JAMES PAPA

James Papa

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/18/2006

PRODUCER (207) 283-1486 FAX (207)283-4258

Paquin & Carroll Insurance
 260 Main St.
 P.O. Box 356
 Biddeford, ME 04005

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.

 INSURED **Michael Libby**

INSURERS AFFORDING COVERAGE

NAIC #

 INSURER A: **Peerless Insurance Company**

24198

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.

NSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COM <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	TBD	01/18/2006	01/18/2007	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						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
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
							\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	5
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-FR
						E L EACH ACCIDENT	\$
						E L DISEASE - EA EMPLOYEE	5
						E L DISEASE - POLICY LIMIT	\$
		OTHER					

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

City of Portland
Attn: Donna Martin
389 Congress St, Room 315
Portland, ME 04101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Lisa Coughlan