

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that CATHERINE MCAULEY HIGH SCHOOL

Located At 605 STEVENS AVE

Job ID: 2012-10-5269-SIGN

CBL: 136-E-006-001

has permission to Replace the existing sign cabinet with new 4' x 8' cabinet that includes an electronic message center 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

N/A

\_\_\_\_\_  
**Fire Prevention Officer**

\_\_\_\_\_  
**Code Enforcement Officer / Plan Reviewer**

10/26/12

**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

*Strengthening a Remarkable City, Building a Community for Life* • [www.portlandmaine.gov](http://www.portlandmaine.gov)

Director of Planning and Urban Development  
Jeff Levine

Job ID: 2012-10-5269-SIGN

Located At: 605 STEVENS AVE

CBL: 136- E-006-001

## **Conditions of Approval:**

### **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.

### **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: 2012-10-5269-SIGN	Date Applied: 10/25/2012	CBL: 136- E-006-001	
Location of Construction: 631 STEVENS AVE - Catherine McAuley High School	Owner Name: ST. JOSEPH'S CONVENT & HOSPITAL	Owner Address: 605 STEVENS AVE PORTLAND, ME 04103	Phone:
Business Name:	Contractor Name: Steve McBrady	Contractor Address: 3 Commercial St Scarborough ME 04074	Phone:
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: R-5
Past Use: Catherine McAuley High School	Proposed Use: Same – Catherine McAuley High School – replace freestanding sign with new sign box (8' x 4') with electronic message center	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature:	Inspection: Use Group: Type: Signature:
Proposed Project Description: Replace existing sign box, 4' x 8'		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Lannie		<b>Zoning Approval</b>	

<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 informatin 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"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM</p> <p>Date: <i>OK w/ Zandjhal</i> <i>10/25/12 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 Dist 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>Date: <i>ABM</i></p>
	<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 appication 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



RS

St Joseph's Convent Hospital  
605 Stevens Ave

2012-10-5269

# Signage / Awning Permit Application

If you or the property owner owes real estate or personal property taxes or any other charges on any property within the City, payment arrangement MUST be made before permits are accepted.

Location/Address: 605 Stevens Ave		Telephone: 207-997-3802
Tax Assessor's Chart/Block/Lot (CBL): Chart: 136 Block: E Lot: 006	OWNER Name/Address: Sisters of Mercy (Catherine McAuley High School)	
LEASEE/BUYER Name (if Applicable):	CONTRACTOR name, address/phone: Steve McBrady 3 Commercial St. Scarborough, ME 04074	Total S.F. signage \$ SF= x \$2.00 SF + \$30 Fee: \$30 Historic (\$75): \$ Awning Fee: \$
Awning Fee = Cost of Work: \$ (\$30/first \$1000; \$10 every other \$1000)		<b>TOTAL FEE: \$</b>

94  
1 x 8 = 32 x 2 + 30

Who should we contact when the permit is ready: Name: Eileen Brown Phone: 797-3802 x 2018  
Address: 631 Stevens Ave, Portland ME 04103

Tenant/allocated building space frontage (in feet): Length: Height:  
Lot frontage (in feet): Single Tenant or Multi-Tenant Lot: Single

Current Specific Use: School  
If vacant, what was prior use:  
Proposed Use: Same

Information on proposed sign(s)  
Freestanding (e.g. pole) sign? YES  NO  Dimensions proposed: 8 x 4 (sf); Height from grade: no change in height  
BLDG Wall Sign (attached to bldg.)? YES  NO  Dimensions proposed: sf

Proposed Awning: YES  NO  If yes, is awning backlit? YES  NO   
Height of awning Length of awning Depth of awning  
Is there any communication, message, trademark or symbol on it? YES  NO   
If yes, total square footage of panels with communication, message, trademark or symbol on it: sf

Information on existing and previously permitted signage:  
Freestanding (e.g. pole) sign? YES  NO  Dimensions proposed: 8 ft X 4 ft; Height from grade: no change in height  
BLDG Wall Sign (attached to bldg.)? YES  NO  Dimensions proposed: ft X ft  
Awning? YES  NO  total sq ft of panels with communication on it: sf

A site sketch and building sketch showing exactly where existing and proposed signage is located MUST be provided. Sketches and/or pictures of proposed signage and existing building are also required.

Please submit all information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the 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 207-874-8703.

I hereby certify 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: Eileen M Brown Date: 10-25-12

Revised 06/2012 This is NOT a permit; you may not commence ANY work until the permit is issued

\* replacing previously permitted free standing sign Street frontage > 250' 50' max, height 8' (circled)

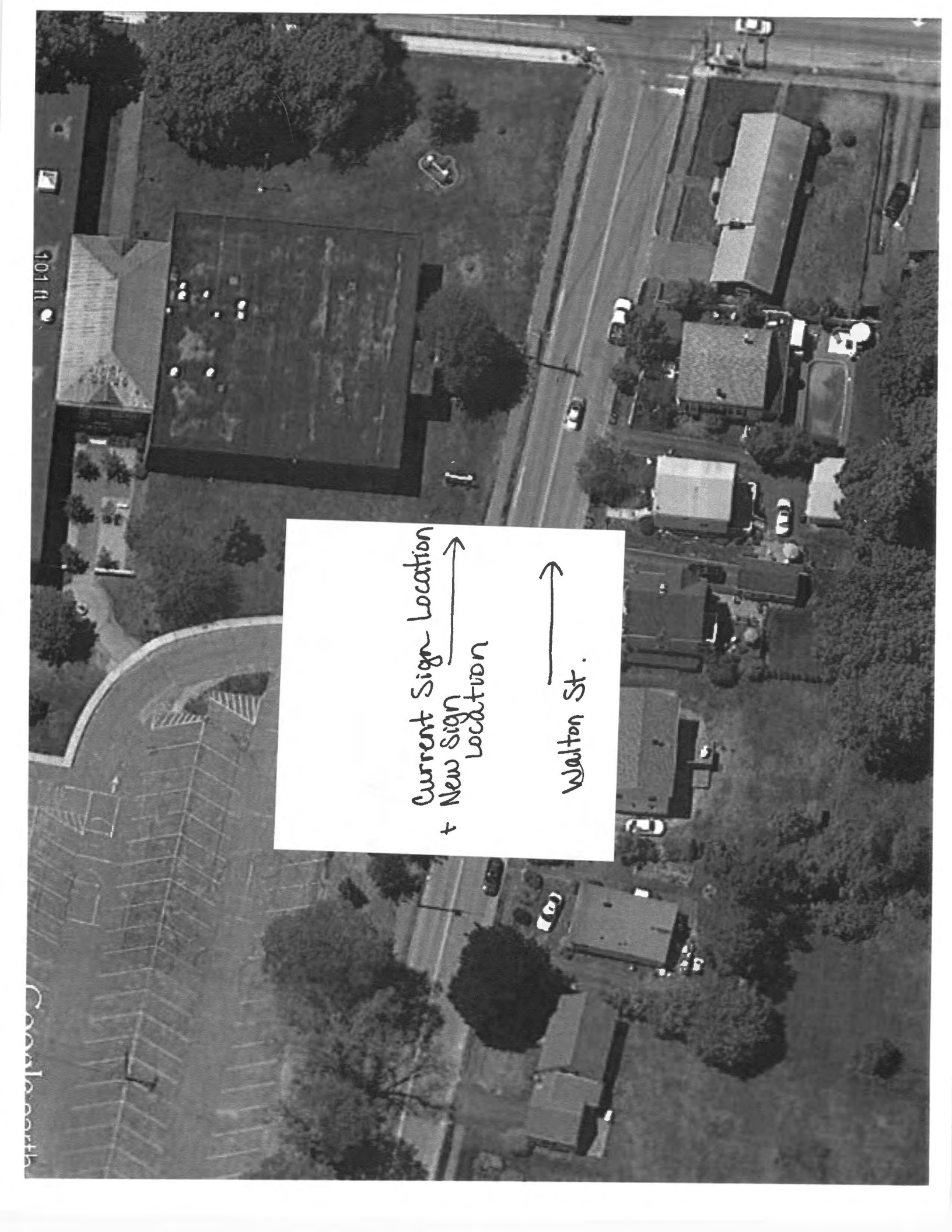
RECEIVED  
OCT 25 2012  
Dept. of Building Inspections  
City of Portland Maine

Current Sign Location  
+ New Sign Location

Walton St.

101 H

Coastal



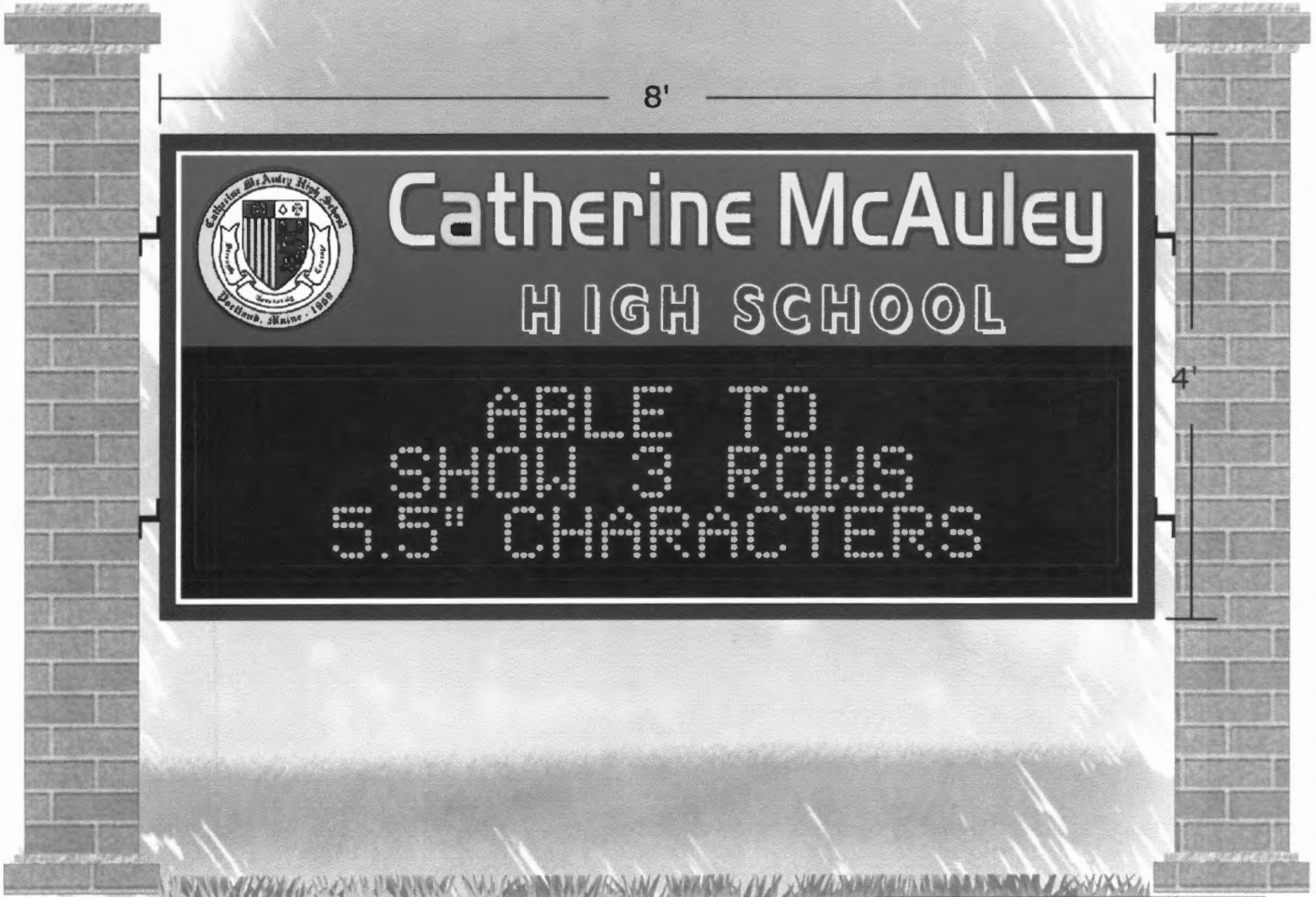




**Catherine McAuley**  
**HIGH SCHOOL**

**GOOD CAUSE DROP OFF DAY**  
**SATURDAY SEPTEMBER 15**  
**9. 1**

Over  
40 Years  
of Excellence



**TekStar 20mm 24x112 4'x8'**

Cabinet: 4' x 8'  
Mount: 14

Cabinet Color: Holly Green  
Face Color: Gradient (0 255 0,0 73 0,90)  
Line Colors: Gold, Green

Fonts: Handel Gothic, Gill Sans(b)  
Logos: Garfield Header, McAuley HS logo

The provided graphics will be insufficient quality for the manufacturing process. Please see our web site, <http://www.stewartsigns.com/support-artwork.php> or your consultant for a list of acceptable formats.

**Stewart**  
AMERICA'S PREMIER SIGN COMPANY  
1-800-237-3928

**ORIGINAL DESIGN DO NOT DUPLICATE**

DUE TO THE PHYSICAL LIMITATIONS OF THE PAPER AND INK-BASED PRINTING PROCESS THIS CUSTOM ARTWORK IS NOT INTENDED TO PROVIDE AN EXACT MATCH BETWEEN INK, VINYL, PAINT, OR LED COLOR. ARTIST'S RENDITION OF BRICKWORK, MASONRY AND LANDSCAPING IS NOT INCLUDED IN THE PROPOSAL. ALL MEASUREMENTS SHOWN ARE APPROXIMATIONS; DIMENSIONS OF FINAL PRODUCT MAY VARY. APPROVED AS SHOWN.

X \_\_\_\_\_ DATE \_\_\_\_\_ 1. \_\_\_\_\_  
APPROVED WITH LISTED CHANGES. 2. \_\_\_\_\_  
X \_\_\_\_\_ DATE \_\_\_\_\_ 3. \_\_\_\_\_

Sketch #107013 Customer #1660595  
6/18/2012 Andrew Peterson -PROPOSAL-



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

Location of Construction: 631 Stevens Ave. 04103		Owner: Catherine McAuley High School		Phone: 797-3802		Permit No: <b>000338</b>	
Owner Address: 631 Stevens Ave.		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Atlantic Signcraft		Address: 585 Walnut Hill Rd. North Yarmouth		Phone: -N/A**829-4400**		Permit Issued:	
Past Use: High School		Proposed Use: Same		COST OF WORK: \$ 6,000.00		PERMIT FEE: \$60.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTIONS <i>SM/2000</i> Use Group: Type: <i>BOCA 99</i>	
Proposed Project Description: New Sign 32SQ.FT Sign (per Sam)				Signature:		Signature: <i>Hoffen</i>	
Permit Taken By: KA		Date Applied For: GD April 14, 2000		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: CBL: 136-E-006 <i>R-5 inst. use</i>	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>ok with conditions</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>4/18/00</i> <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"/>	

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..

**\*\*Please Call 829-4400 When Ready\*\***

**PERMIT ISSUED WITH REQUIREMENTS**

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

April 14, 2000

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**PERMIT ISSUED WITH REQUIREMENTS**  
CEO DISTRICT 3



Sisters of Mercy of the Americas  
Hermanas de la Misericordia de las Américas

**NORTHEAST COMMUNITY**

15 Highland View Road  
Cumberland, RI 02864-1124  
401.333.6333  
FAX: 401.333.6450

**Serving:**

Albany, NY  
Connecticut  
New Hampshire  
Portland, ME  
Providence, RI  
Vermont

**September 19, 2012**

**City of Portland  
389 Congress St  
Portland, Maine 04101**

**Dear Sir/Madam:**

The Sisters Of Mercy as nominee of St. Joseph's Convent and Hospital, Inc. is the owner of the land and property currently occupied by Catherine McAuley High School, located at 631 Stevens Avenue.

This letter is to grant permission to allow Catherine McAuley High School to install a new sign, which will replace an already existing sign, on the property.

The new sign will be secured within the existing brick pillars designed for the original sign installed in 2000, and previously approved by the City of Portland.

Please feel free to contact me with any questions or concerns at (401) 333-6333.

Sincerely,

**Gerald P. Sullivan  
Chief Operating Officer**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/25/2012

**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</b> Cross Insurance-Portland 2331 Congress Street PO Box 567 Portland ME 04112	<b>CONTACT NAME:</b> Kasie Thornton <b>PHONE (A/C No. Ext):</b> (207) 780-1677 <b>E-MAIL ADDRESS:</b> kthornton@crossagency.com <b>FAX (A/C No):</b> (207) 780-6377													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Peerless Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B: Peerless Insurance Company</td> <td>24198</td> </tr> <tr> <td>INSURER C: The Netherlands</td> <td>24171</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Peerless Insurance Co.		INSURER B: Peerless Insurance Company	24198	INSURER C: The Netherlands	24171	INSURER D:		INSURER E:		INSURER F:
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INSURER E:														
INSURER F:														
<b>INSURED</b> McAuley Education Center 631 Stevens Avenue Portland ME 04103														

**COVERAGES**      **CERTIFICATE NUMBER:** CL11122058472      **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 CERTIFICATION 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CBP9691278	1/1/2012	1/1/2013	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
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<input 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					
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
	<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER					
	<input checked="" type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000					
	<input checked="" type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$ 500,000 <input checked="" type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$ 500,000					
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		CU9697779	1/1/2012	1/1/2013	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A WC9692879	1/1/2012	1/1/2013	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Refer to policy for exclusionary endorsements and special provisions.

<b>CERTIFICATE HOLDER</b>  City of Portland 389 Congress St Portland, ME 04101	<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  Kasie Thornton/KL3 <i>Kasie Thornton</i>

# Catherine McAuley High School

*Where girls of dreams become women of vision.*

631 Stevens Ave.  
 Portland, ME 04103  
 Phone (207) 797-3802 Fax (207) 878-4454

# PURCHASE ORDER



The following number must appear on all related correspondence, shipping papers, and invoices:

**P.O. NUMBER: CMHS06202012**

Customer ID 1660595

**TO:**

J M Stewart Corporation  
 2201 Cantu Court, Suite 215  
 Sarasota, FL 34232-6255

**BILL TO / SHIP TO:**

Catherine McAuley High School  
 631 Stevens Ave.  
 Portland, ME 04103

P.O. DATE	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
6/20/2012	EILEEN BROWN			

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
1	Electric Sign	4'x 8' Double Sided TekStar with 24x112 Red LED Display. Thermoformed Makrolon SL Faces Decorated on Inside Surface with 3M Vinyl Graphics. 12" Deep Extruded Aluminum Hinged Cabinet.	\$12,960.04	\$12,960.04

SUBTOTAL \$12,960.04

SALES TAX Tax Exempt

SHIPPING & HANDLING

OTHER 0

TOTAL \$12,960.04

Dorothy Olaru  
 Business Manager / Director of Operations  
 \_\_\_\_\_  
 Authorized by

6/20/2012

\_\_\_\_\_  
 Date