DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND BUILDING PERMIT



This is to certify that Kyle Noyes @ SignOne

Located At 845 FOREST AVE

Job ID: 2012-04-3710-SIGN

CBL: 137- C-009-001

has permission to replace the 5' x 6' projecting sign and the 30" x 30' banner

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

THIS CARD MUST BE POST D 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.

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.

\*\*\*\*PRIOR to the installation of the signs, this office shall receive a revised Certificate of Insurance showing the City of Portland as additional insured.\*\*\*\*

mportant



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

Acting Director of Planning and Urban Development Gregory Mitchell

Job ID: 2012-04-3710-SIGN

Located At: 845 FOREST AVE

CBL: 137- C-009-001

#### **Conditions of Approval:**

1. This permit is being approved on the basis of plans and information submitted. Any deviations shall require a separate approval before starting that work.

The Certificate of Liability shall list the City of Portland as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way. The proposed signs abut and can fall into the public right of way. a revised Certificate of Insurance showing the City of Portland as additional insured shall be submitted to this office

prior to the installation of the signs.

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

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

Job No: 2012-04-3710-SIGN	Date Applied: 4/6/2012		CBL: 137- C-009-001			
Location of Construction: 843 FOREST AVE	n: Owner Name: FOREST AVENUE BUILDING LLC		Owner Address: 849 FOREST AVE PORTLAND, ME 04103		Phone:	
Business Name: Tebbs Smoke Shop	Contractor Name: Kyle Noyes @ SIGNONE		Contractor Address: 10 GRETA WAY, FALMOUTH, ME 04105		Phone: 329-1987	
Lessee/Buyer's Name:	Phone:		Permit Type: SIGN - PERM REPLACEMENT		Zone: B-2	
Past Use:	Proposed Use:		Cost of Work:		CEO District:	
Front building: retail use - was Downeast Appliances	Same: Retail – Tebbs Smoke Shop – To replace signs: 5' x 6' projecting sign & 30" x 30' banner		Fire Dept:	Approved Denied N/A		Inspection: Use Group: Type: Signature:
Proposed Project Description Signage for Retail/Smoke Shop	:		Pedestrian Activ	ities District (P.A.D.		
Permit Taken By: Brad			1	Zoning Approv	al	
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building Permits do not include plumbing, septic or electrial work.</li> <li>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.</li> </ol>		Special Zone or Reviews  Shoreland  Wetlands  Flood Zone  Subdivision  Site Plan  Maj Min MM  Date:  A 1 1 1 Z		Zoning Appeal  Variance  Miscellaneous  Conditional Use  Interpretation  Approved  Denied  Date:	Historic Preservation  Not in Dist or Landmark  Does not Require Review  Requires Review  Approved  Approved  Denied  Date:	
nereby certify that I am the owner of r e owner to make this application as hi e appication is issued, I certify that the enforce the provision of the code(s) a	is authorized agent and I agree e code official's authorized re	e to conform to	all applicable laws of t	his jurisdiction. In additi	on, if a permit for wo	rk described in

**ADDRESS** 

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

SIGNATURE OF APPLICANT

**DATE** 

DATE

**PHONE** 

**PHONE** 

Entrud

Signage/Awning Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any sperty within the City, payment arrangements must be made before permits of any kind are accepted Location/Address of Construction: 345 forest AVE, Portland, ME 04103 Owner: Fore St Avenue Bldg [ Telephone: Tax Assessor's Chart, Block & Lot David Coppersmith 849 For \$172-4505 Chart# Lot# Contractor name, address & telephone: Total s.f. of signage x \$2.00 Per s.f. plus \$30.00 & signone For H.D. signage \$75.00 Falmouth, ME 04105 Awning Fee= cost of work Total Fee: \$ 240.00 12071 329 - 1987 Who should we contact when the permit is ready: Kyle Noves phone: (207)329-1987 Tenant/allocated building space frontage (feet): Length: 34 Height 20'

Lot Frontage (feet) Single Tenant or Multi Tenant Lot Single

Current Specific use: Retail/Smoke Shep WAS Down EAST Applification what was processed. If vacant, what was prior use: \_ Proposed Use: Information on proposed sign(s):

Freestanding (e.g., pole) sign? Yes No Dimensions proposed:

Bldg. wall sign? (attached to bldg) Yes No Dimensions proposed:

Proposed awning? Yes No Is awning backlit? Yes No Dimensions proposed:

75' + 30' 75' Height of awning: \_\_\_ \_ Length of awning: \_\_ 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: \_\_\_ Information on existing and previously permitted sign(s): Changing faces on existing sign? Signs only.

Freestanding (e.g., pole) sign? Yes \_\_\_\_ No \_\_\_ Dimensions: \_\_\_\_\_

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. 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 porn to 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

Signature of applicant:

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

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.

Building Inspections office, room 315 City Hall or call 874-8703.

## PORTLAND MAINE

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#### Receipts Details:

Tender Information: Check, Check Number: 10481

Tender Amount: 240.00

Receipt Header:

Cashier Id: bsaucier Receipt Date: 4/6/2012 Receipt Number: 42611

Receipt Details:

Referance ID:	5974	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	240.00	Charge Amount:	240.00

Job ID: Job ID: 2012-04-3710-SIGN - Signage for Retail/Smoke Shop

Additional Comments: 845 Forest

Thank You for your Payment!

BURR SIGNS 90 Demonst Print Name 2017-04-05-10022 France 2017-04-05-10022 France 2017-04-05-10022









5'

59.5 ln



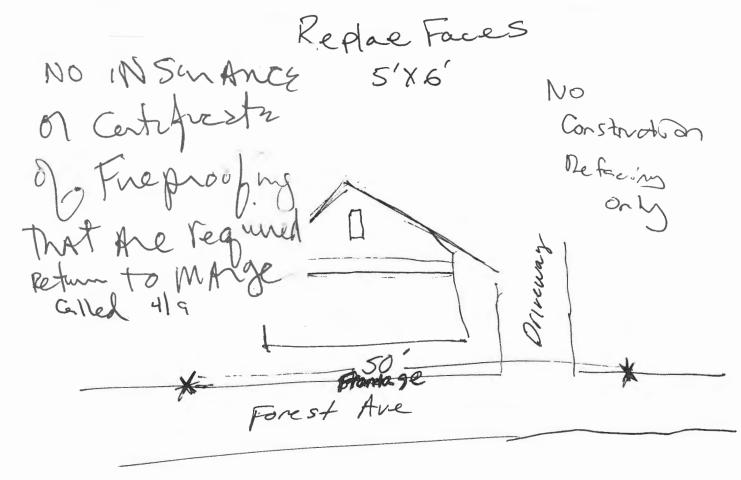
Lexan Fures





Apply Banner to Front 30" X30"











Tables
845 Forest Ave.

30" x 30' Barner



CALIFORNIA DEPARTMENT OF FORESTRY and FIRE PROTECTION OFFICE OF THE STATE FIRE MARSHAL

### REGISTERED FLAME RESISTANT PRODUCT

Product:

COOLEY BRITE LITE 15 OZ

Registration No.

F-10215

Product Marketed By:
COOLEY
50 ESTEN AVE
PAWTUCKET, RI 02860

This product meets the minimum requirements of flame resistance established by the California State Fire Marshal for products identified in Section 13115, California Health and Safety Code.

The scope of the approved use of this product is provided in the current edition of the CALIFORNIA APPROVED LIST OF FLAME RETARDANT CHEMICALS AND FABRICS, GENERAL AND LIMITED APPLICATIONS CONCERNS published by the California State Fire Marshal.

Deputy State Fire Marshal

Expire: 6/30/2012



#### CERTIFICATE OF LIABILITY INSURANCE

01/04/2012

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).

PRODUCER Paychex Insurance Agency, Inc.

150 Sawgrass Drive
Rochester, NY 14620

877-266-6850

ROCHESTER
ROCHESTE

Rochester, NY 14620
877-266-6850

INSURER A: HARTFORD INSURANCE COMPANY

INSURED

JOHN TEBBETTS
DBA TEBBETTS
DBA TEBBETTS
1001 N JAMES STREET
ROME, NY 13440

ROME, NY 13440

ROWER B:
INSURER C:
INSU

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. ANY STER POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER GENERAL LIABELITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY **GENERAL AGGREGATE** s GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ POLICY PRO-LOC COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY ALITO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) S HIRED AUTOS 2 UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ FYCESS LIAB CLAIMS-MADE AGGREGATE \$ RETENTION\$ DED WORKERS COMPENSATION TORY LIMITS X EF AND EMPLOYERS' LIABILITY s 500,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 76WEGER7530 01/01/2012 01/01/2013 \$ 500,000 ory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 181, Additional Remarks Schedule, If store space is required)

CERTIFICATE HOLDER	CANCELLATION		
JOHN TEBBETTS DBA TEBBETTS 1001 N JAMES STREET	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES.		
ROME, NY 13440	AUTHORIZED REPRESENTATIVE  WALL SHOWN		
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