

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 100212

Please Read Application And Notes, if Any, Attached

This is to certify that Forest Avenue Building Llc /Sign Design I

has permission to Replacing three existing sign fa

AT 843 Forest Ave CB 137 C009001

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 written permission procured before this building or part thereof is lath or other work is set-in. 2

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

PERMIT ISSUED

NOTICE IS REQUIRED.

OTHER REQUIRED APPROVALS

Fire Dept.	
Health Dept.	
Appeal Board	
Other	

MAR 2 2 2010

CITY OF PORTLAND

Department Name

Jamie Bouke 3/12/10
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

This Design Is The Property Of **Sign Design Inc.**

306 Warren Ave. Portland, ME
 Phone: 207.856.2600 Fax: 207.856.7600
 signdesi@maine.rr.com

17.82
 +39.6

 57.42 total

proposed
 freestanding
 panels

35

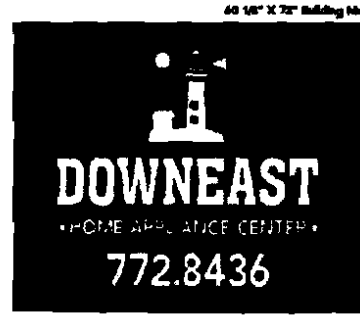
17.7



37 1/8" X 69 1/8" Double Sided, Pen Face Cabinet
 $27.125 \times 69.125 = 2566.264 = 17.82$

$84.5 \times 67.5 = 5703.75 = 39.6$

183
 STW



perpendicular mount.
 30
 $5 \times 6 = 30$



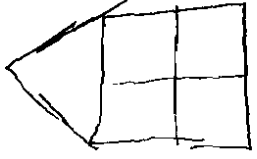
building
 side sign
 $30 \times 49 = 2970 = 20.6$
 8.25
 front building
 sign

20
 30" X 36" Series Of 3 Plane Pen Face Cabinet
 $30 \times 36 = 1080 = 8.0$
 $25 \times 32 = 800$

This proof may reflect color shifts due to the color conversion from ink to paint and or vinyl. Also, PMS colors will be approximated to the best of our ability.
 Customer supplied artwork files (300 dpi required) will be used as is, and Sign Design Inc. is not responsible for any faults in the design.
 Any black outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, retainers, faces and reveals. Unless otherwise specified, they are not considered as part of the sign graphics.
 Sign Design Inc. is not responsible for errors occurring due to improper review of this submitted proof.

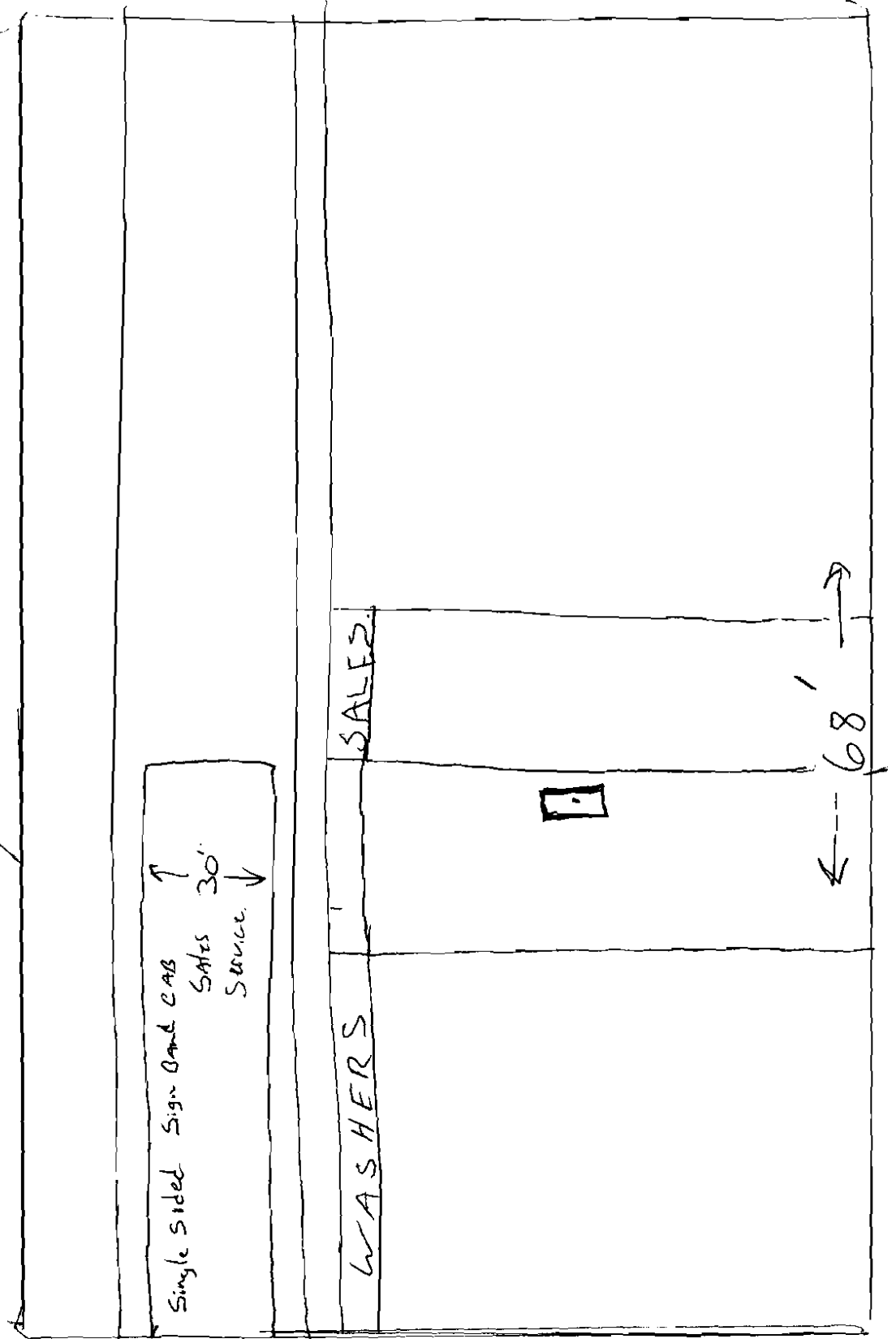
Client: Maytag rev. 1
 File: maytag comp. 2
 Date: 2.23.10
 Approval:
 Customer approval is a signed confirmation that dimensions, colors, spelling, graphics and all other job specifics are correct.

845
Forest Ave.
Overcast App'lance



13

132



Single Sided Sign and CAB
Sales 30'
Service

SALES

WASHERS

68'

4' R

9' to grade

845
Forest Ave.
Dorchester
MA

Store Front

21'
Peaks to Grade
↓

13'-2" Sign to Grade

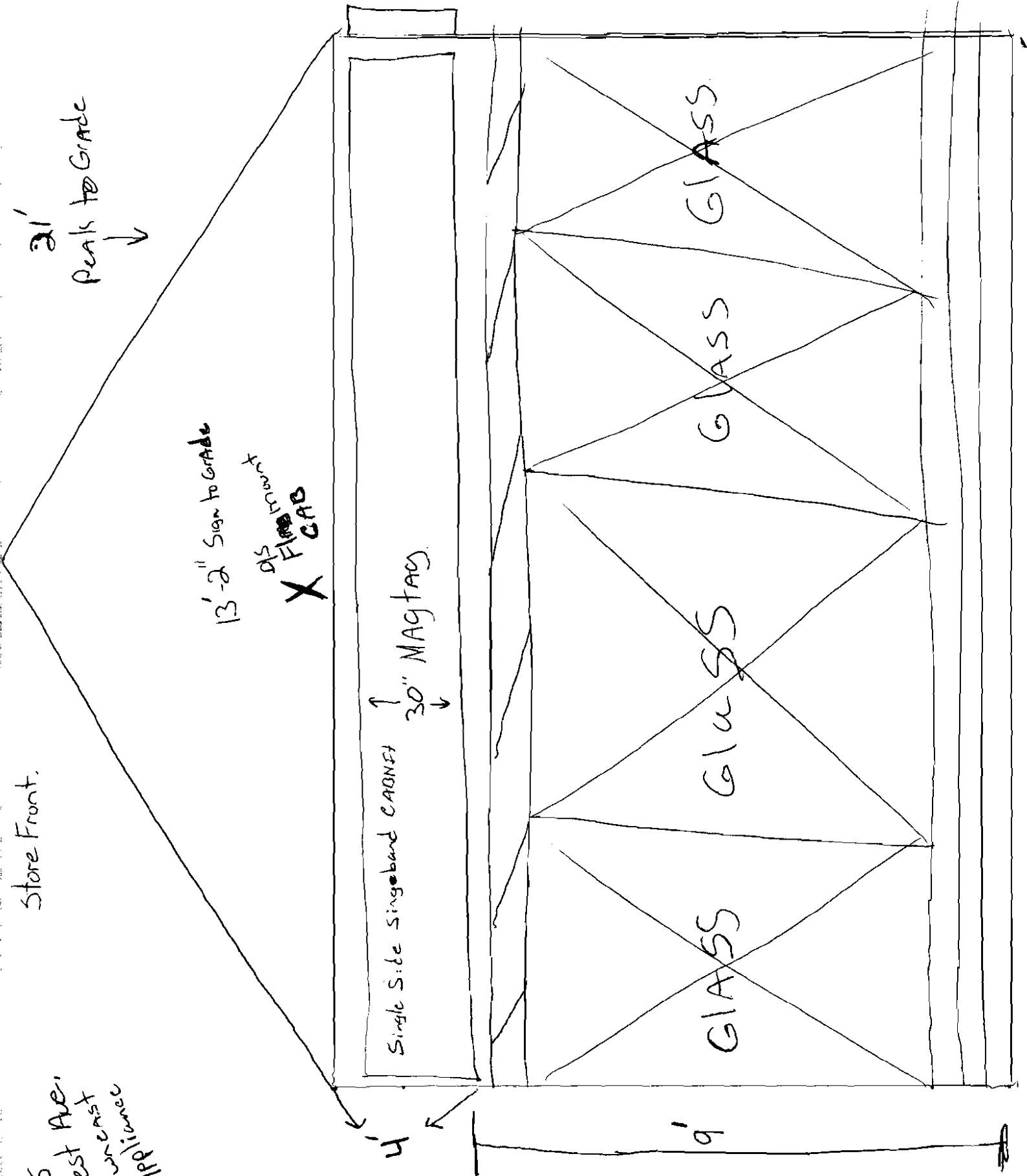
PS
Fl
CAB
X

Single Side Singeband CABINET
↑ 30" MAGTAG ↓

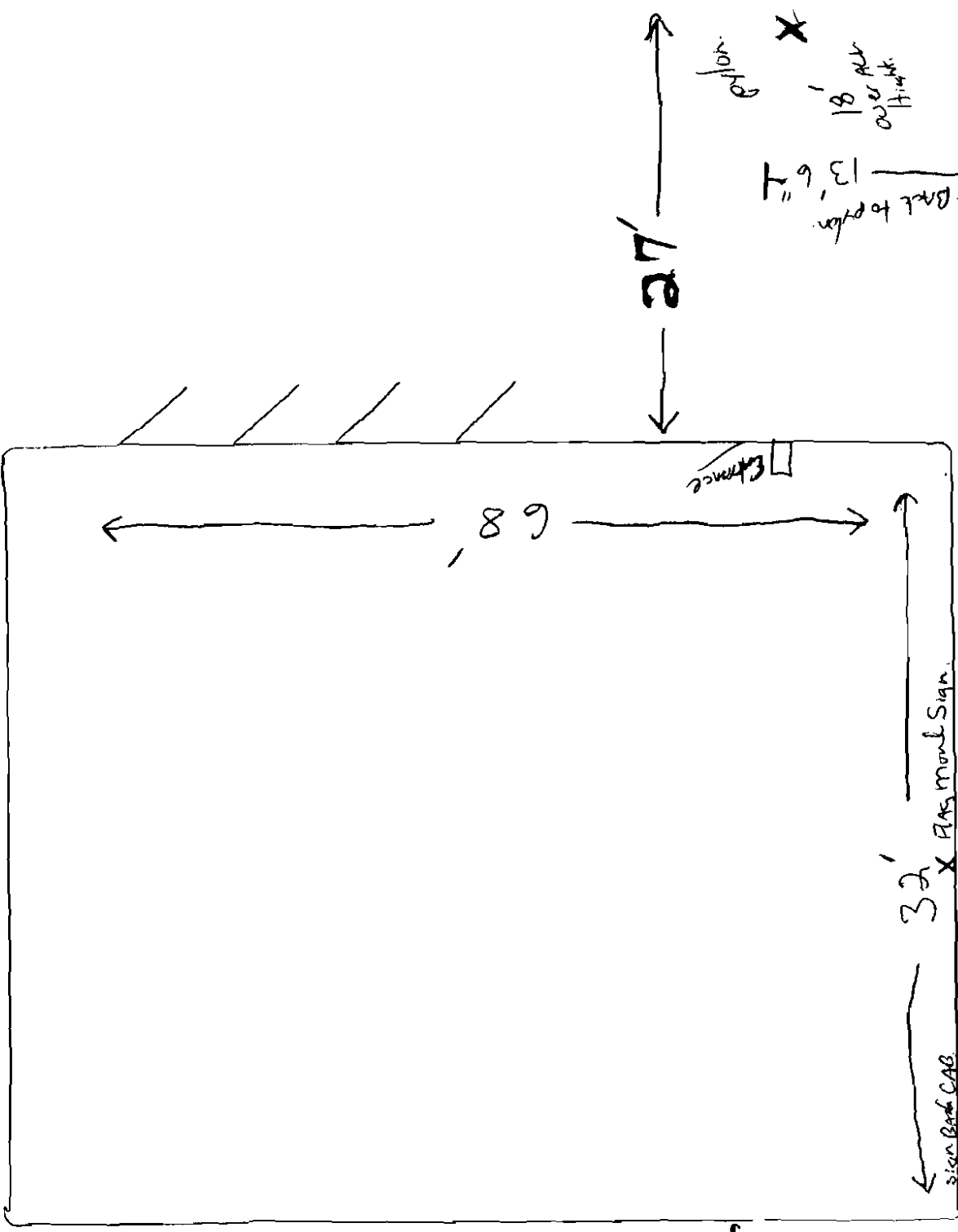
4'

9'

GLASS
GLASS
GLASS
GLASS



845 R (Building)



845 Ave
Forest
Downtown
Appl.ance

Lot 65'x128'

Building 32'x68'

SIDE WALK

Forest Ave.

signs
of existing
are same as proposed



772
8436



Sign Contractors

P.O. Box 207
Westbrook, ME 04092
(207) 899-2900 • FAX: (207) 894-7500
1-800-643-9537
signdeez@maine.us.com
A Full Service Sign Company

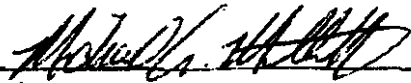
RE:

To Whom It May Concern:

As the owner (or owner representative) of the property located at:

845 FOREST AVENUE
PORTLAND, MAINE

I authorize Sign Design Inc. to install signs/sign face replacements as detailed on attached paperwork.


Signature

03.03.2010
Date

MICHAEL A. MILLETT
Print Name



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/04/2010

PRODUCER TD INSURANCE INC P O BOX 408 PORTLAND, ME 04112 (888) 661-3938 XW985 700	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 DOWN EAST MAYTAG, INC 845 FOREST AVE. PORTLAND, ME 04103	INSURERS AFFORDING COVERAGE: NAIC # INSURER A: THE CHARTER OAK FIRE INSURANCE COMPANY INSURER B: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA 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.

INSR ADD'L TR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LMT APP. PER POLICY <input checked="" type="checkbox"/> PROD. <input type="checkbox"/> JEOP. <input type="checkbox"/> LOG	660-4398A368-09	12/31/2009	12/31/2010	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$300,000 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
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	BA-4398A448-09	12/12/2009	12/12/2010	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (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 \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N (If yes, describe under SPECIAL PROVISIONS below)
		OTHER				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ \$ \$ \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 AS RESPECTS TO GENERAL LIABILITY, CERTIFICATE HOLDER IS ADDITIONAL INSURED - STATE OR POL SUBDIVISIONS-PERMITS, CG D2 89.

CERTIFICATE HOLDER CITY OF PORTLAND 389 CONGRESS ST PORTLAND, ME 04101	CANCELLATION 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Mary J. Swan</i>
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Print # 97-1006

32'

MAYTAG HOME APPLIANCE CENTER

1/2 Wallmount

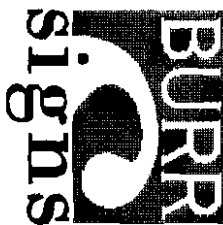
Model

80'

2.5'



cting



104 BEAD ST. PORTLAND, ME 04103
PH: 207-761-5369 FX: 207-761-1786

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CLIENT

DOWNEAST
MAYTAG

LOCATION
FOREST AVE.
PORTLAND, ME

SALES PERSON
C. CURRIER

DRAWN BY
R. BURR

SCALE
25" = 10"

DATE

08/25/97

ACCEPTANCE SIGNATURE

DATE

DRAWING NO.

0321

COLORS SHOWN HERE MAY NOT REPRESENT ACTUAL COLORS. COLOR MATCH NUMBERS MAY BE REQUIRED.

