

Portland, Maine



Yes. Life's good here.

Permitting and Inspections Department Michael A. Russell, MS, Director

Signage /Awning Permit Application and Checklist

(For the purposes of this application, an awning shall be considered to be a lightweight metal frame structure over which a fabric covering is attached.)

Applications shall be submitted online via the Citizen Self Service portal. Refer to the attached

documents for complete instructions. The following items shall be submitted (please check and submit all items): ✓ Signage/Awning Permit Application form Certificate of Liability listing the City as an additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fail into any public right of way. A copy of the signed lease or letter of permission from the property owner indicating the specific permissions granted and the tenant/space building frontage. ☑ A plan showing the specific locations of all existing and proposed signs: o For freestanding signs: the plan shall depict lot lines, buildings, driveways, abutting streets or rights of way, lengths of street frontages, and setbacks from freestanding signs to the nearest lot line. For all other signs and awnings: the plan shall depict buildings, driveways, abutting streets or rights of way, and building façade dimensions. Photos or other documentation similar to a drawn plan are acceptable, provided that all required information is included. A drawing or photo of the proposed sign showing content, all dimensions, materials, source of illumination, details of anchoring and installation (e.g., attachment specifications, footing details for freestanding signs, etc.). Certificate of flammability is required for awnings or banners. A UL Classification Mark, found on the product, is required for illuminated signs at the time of final inspection. Photos of existing signage.



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Signage / Awning Permit Application

Building Information	n:	tedactic as	garavas ratin			
Exterior Length of f	façade of tenant space (ft):	42	Height of exte	erior façade (ft): 20	Description A	
Lot frontage on str	eet (ft): 181.5 TI	nis is a (sel	ect one): OSingle	Tenant Lot O M	Iulti-Tenant Lot	
	If multi-tenant, th	nis is a (sel	ect one):	d floor unit OU	pper story unit	
Current specific use				se: Retail & Pers		
Proposed use: san				The second second section is	The second of the second	
Troposed use.	7.774/000-1-01/	- Octob To	the colding yes office	let term was to	As your manager of the	
Information on EXIS	TING signs that will rem	ain:				
	For awnings onl		Dimensions of awning	Height of awning or	For freestanding signs - setback of closest point of sign to the nearest property line(s)	
Type (i.e. awning, freestanding sign, attached building sign)	Is there any symbol/lettering on awning? (Y/N – if Y, list the dimensions of the messaging)	Is awning backlit?	or sign (include length, width, and height, as applicable)	sign above the ground to its highest point		
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safightio atsouts	a <mark>ditionis</mark> , resuments regenti	ind to be a	Litz meld and i samin	vis tink angle Ballo	le roll c	
one note assest a c	programme the contraction and the programme of the contraction of the	M10 15 36	de anniensions. Praja	ngs utbilled bus	EMITO	
nformation on PROP	POSED signs:					
This side Autourt	For awnings only	: Adiosac	Dimensions of awning	Height of awning or	For freestanding signs - setback of closest point of sign to the nearest property line(s) 0 - same as existing	
Type (i.e. awning, freestanding sign, attached building sign)	Is there any symbol/lettering on awning? (Y/N – if Y, list the dimensions of the messaging)	Is awning backlit?	or sign (include length, width, and height, as applicable)	sign above the ground to its highest point		
Freestanding			58.9 square feet	18 feet		
Building Sign			31.5 square feet	20 feet		
I hereby certify the follow	wing: rd of the named property, or the	owner of rec	ord authorizes the propose	ed work and I have been	a guthorized by the	
owner to make this applie I assume responsibility	cation as his/her authorized ager for compliance with all applicable pplication will not be reviewed fo	nt. e statutes, co	odes, ordinances, rules and	regulations.		
 I understand that if a Corresponsible for remedying 	ode Official determines that the s					
	as covered by this permit at any r			and the second s		
Signature of Applica	nt: Deanna Emery/ Ba	iley Sign	, Inc.	Date: 5/3/18		
This is a	legal document and your electro	onic signatur	e is considered a legal sian	ature per Maine state	law.	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/17/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS OSERVIFICATE 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 liqu of such endorsement(s)

certificate holder in lieu of such endorsement(s).												
PRODUCER						CONTACT Kelley Neptune, AU, AAI						
Cross Insurance						PHONE (A/C, No, Ext): (207) 947-7345 FAX (A/C, No):						
491 Main Street						E-MAIL ADDRESS: kneptune@crossagency.com						
P.O. Box 1388						INSURER(S) AFFORDING COVERAGE				NAIC#		
		101			INSURERA:StarNet Ins. Co.				,			
Bangor ME 04401 INSURED												
	ne Savings Federal Credit	Uni	on		INSURER B:							
	BOX 347	0222			INSURER C:							
EO BOA 341						INSURER D:						
Нап	pden ME 044	144			INSURER E:							
_	<u> </u>		CATE	NIIMBED:CT.1843447	INSURE	KF:		REVISION NUMBER:				
COVERAGES CERTIFICATE NUMBER:CL184344763 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	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		7 000 000		
	X COMMERCIAL GENERAL LIABILITY								\$	1,000,000		
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				FCP6032032-12		4/1/2018	6/1/2019		\$	10,000		
									\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	2,000,000		
	X POLICY PRO-								\$	2,000,000		
	OTHER:		<u> </u>					COMPUSE BUILD F LINEY	\$			
	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000		
A	ANY AUTO ALL OWNED SCHEDULED								\$			
	AUTOS AUTOS			FCA6032034-12		4/1/2018	6/1/2019	DOODEDT/ DAMAGE	\$			
	HIRED AUTOS AUTOS	ļ						(Per accident)	\$			
	X 10	ļ	ļ						\$			
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000		
A	EXCESS LIAB CLAIMS-MADE	4						-	\$	5,000,000		
DED RETENTION\$				FCP6032032-11		4/1/2018	6/1/2019		\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under		1						E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below	<u> </u>	— —					E.L. DISEASE - POLICY LIMIT	\$			
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L		<u> </u>				L44 1 : 1 !?		 				
DES!	RIPTION OF OPERATIONS / LOCATIONS / VEHIC certificate holder is na	med	(ACOR	D 101, Additional Remarks Sched additional insured	d but.	only wit	iore space is req :h respec	ureu) t to liability cau	ısed	by the		
	ration of the named insur						-	· · •		-		
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CE	RTIFICATE HOLDER				CAN	CELLATION		1- <u>1-1-1</u>				
City of Portland 389 Congress Street						NII D AND CE	THE ABOVE T	SECONDER DOLIGIES DE CA	NCEL	ED BEFORE		
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
					ACCORDANCE WITH THE POLICY PROVISIONS.							
Portland, ME 04101												
					AUTHORIZED REPRESENTATIVE							

K Neptune, AU, AAI/KA

05/22/2018

Reviewed for fall consumor

Permitting and inspatient

O5/22/2018

