

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 030535

Please Read Application And Notes, If Any, Attached-

This is to certify that Neptune Properties Inc/Parade Sign

PERMIT DENIED

has permission to Install 12' x 4' sign

AT 1025 Forest Ave

142 C001001

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 altered or enclosed-in. **HEAR 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

PERMIT DENIED

PERMIT DENIED

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: 03-0535	Issue Date: PERMIT DENIED	CBL: e 142-C00T001
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(A7-A-4)
 ↑
 CBL
 Actual location

Location of Construction: 1025 Forest Ave	Owner Name: Neptune Properties Inc	Owner Address: 120 Exchange St		Phone: ↑ w/c CBL
Business Name:	Contractor Name: Paramount Signs	Contractor Address: P.O. Box 8497 Portland		Phone: 2077975356
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent		Zone: B-2
Past Use: Cell Phone Store	Proposed Use: Cell Phone Store with 12' x 4' sign	Permit Fee: \$78.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Install 12' x 4' sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:
		Signature:		Signature:
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: kwd	Date Applied For: 05/19/2003	Zoning Approval		
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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <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"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied 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

Zoning Division
Marge Schmuckal
Zoning Administrator

Department of Planning & Development
Lee Urban, Director



CITY OF PORTLAND

May 29, 2003

Edward Blume
C/o Paramount Sign
P.O. Box 8497
Portland, ME 04104

RE: 1037 Forest Avenue – B-2 zone -147-A-001& 142-C001 – permit application #03-0535

Dear Ed,

I am in receipt of your permit application request to install a roof sign at 1037 Forest Avenue. Your permit has been denied. Section 14-369.5(a) of the City's sign ordinance prohibits roof signs in any zone.

You may apply to the Planning Division (Deb Andrews or her associate) for a denial review (section 14-368.5) under special and unique circumstances pursuant to the standards set forth in section 14-526(a)(22).

Very truly yours,

A handwritten signature in black ink that reads "Marge Schmuckal".

Marge Schmuckal
Zoning Administrator

Cc: Deb Andrews, Planning
File

03-0535

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>1037 Forest Ave</u>		
Total Square Footage of Proposed Structure <u>44</u>	Square Footage of Lot <u>428</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>142</u> Block# <u>()</u> Lot# <u>()</u>	Owner: <u>Cell Phone Emporia</u>	Telephone:
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone:	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee. \$ <u>48</u> Awning Fee = Cost Of Work: \$ <u>30</u> Total Fee: \$ <u>78.00</u>
Current use: <u>store</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>cell phone store</u>		
Project description: <u>Re install illum sign on 10' x 4' Bldg</u>		
Contractor's name, address & telephone: <u>Call 450 3561</u>		
Who should we contact when the permit is ready: <u>PARAMOUNT SIGN</u>		
Mailing address: <u>P.O. Box 8497 PORTLAND ME 04104</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: <u>Edward Blum for</u> <u>PARAMOUNT SIGN CO.</u>	Date: <u>5/19/03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 1037 Forest Ave. ZONE: _____

CBL: 142-C-001

SINGLE TENANT LOT? YES _____ NO X MULTI TENANT LOT? YES _____ NO _____

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES _____ NO _____

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS PROPOSED: _____

BLDG. WALL SIGN? (attached to bldg) YES X NO _____ DIMENSIONS PROPOSED: 4 X 12.

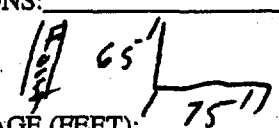
INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO X DIMENSIONS: _____

BLDG. WALL SIGN(attached to bldg) ? YES _____ NO _____ DIMENSIONS: 3' X 11

AWNING? YES _____ NO _____ DIMENSIONS: _____

LOT FRONTAGE (FEET): _____

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):  _____

AWNING YES _____ NO _____ IS AWNING BACKLIT? YES _____ NO _____

HEIGHT OF AWNING: _____ LENGTH OF AWNING: _____ DEPTH: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES _____ NO _____

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Ed + Blaine DATE: 5/19/03

Partnership

***** FOR OFFICE USE ONLY *****

Empty rectangular box for office use only.

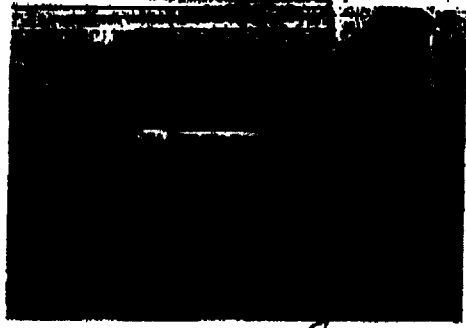
16' 0"

4' 0"

CELL PHONES 'N MORE
CELLULAR, SATELLITE and SECURITY

ITEM: 1 MATERIAL: SIGN GRAFONLUM Scale: 1/8" = 1'

MATERIAL: ONE HALF SIGN (APPROX. 4 FT. X 16 FT. W/ WHITE LEYAN/BLACK/WHITE/RED TRANSLUCENT VINYL & GRAPHIC VINYL) WITH MOUNTING DETAIL (BLACK) REVERSE COLORED GRAPHIC VINYL



PARAMOUNT SIGN CORPORATION	
(207) 787-8000	
P.O. BOX 8007 FORTUNE, ME 04106	
JOB NAME: CELL PHONES & MORE	
OWNER:	DATE: 10
DATE:	DATE: 10
SCALE:	SCALE: 1/8" = 1'
DATE:	DATE: 5/13/03
DATE:	DATE: 10/1

James W. ...
Param Pictures, Inc
As Manager 5/13/03

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BH
CELLP-1

DATE (MM/DD/YYYY)
05/09/03

PRODUCER
G. C. Harrington Associates
PO Box 769
709 High Street
Bath ME 04530
Phone: 207-442-7399 Fax: 207-442-7398

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

Cell Phones N More
TMB Inc
155 Maine Mall Road
South Portland ME 04106-2310

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Zurich Insurance Services	
INSURER B: Maine Employers Mutual	
INSURER C:	
INSURER D:	
INSURER E:	

COPY

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 LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	PAS40410004	05/12/03	05/12/04	EACH OCCURRENCE \$ 2,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1810058175	02/03/03	02/03/04	WC STATUTORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Maine Associates, Simon Property Group, Inc., Simon Mgmt. Assoc.LLC
364 Maine Mall Road, South Portland, Maine 04102 are named as additional insureds.

CERTIFICATE HOLDER

MEASSOC

Maine Associates
C/O The Maine Mall
364 Maine Mall Rd.
South Portland ME 04102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Mark E. Harrington

Michelle C Harrington

© ACORD CORPORATION

997-7202



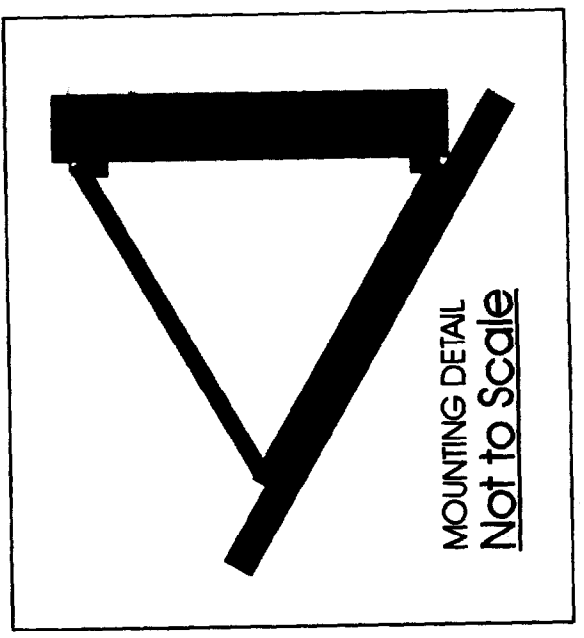
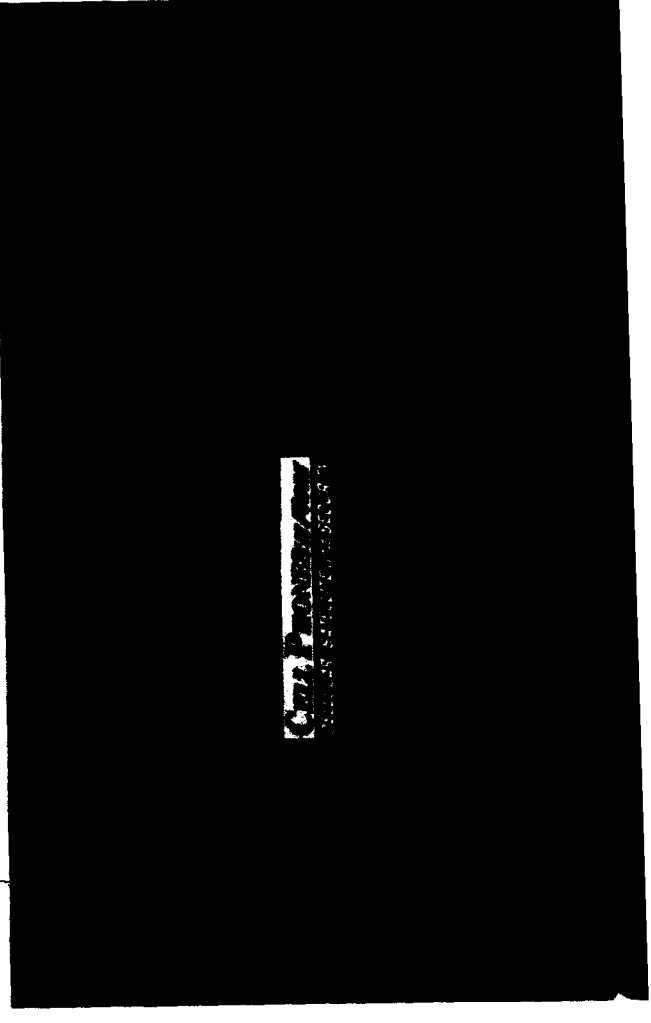
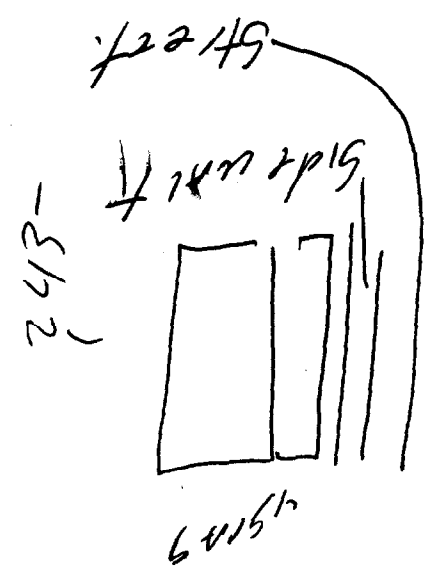
12' / approx.

ITEM: 1 **DETAIL ELEVATION** **Scale: 1/2"=1'-0"**

MFG. & INSTALL: ONE ROOF SIGN (APPROX) 4 FT. x 20 FT. W/ WHITE LEXAN FACE, HAVING RED TRANSLUCENT VINYL & BLACK VINYL W/ SAME FINISH. "TAG-LINE" IS WHITE (FACE), REVERSED OUT OF TRANSLUCENT RED VINYL STRIPE.

AT&T AREA TO BE 'SCOTCHPRINT' OR GRADIENT VINYL

SCALE: 1/2"=1'-0"



PARAMOUNT SIGN CORPORATION
 (207) 797-5358
 P.O. BOX 8497 Portland, ME 04104

Job Name: **CELL PHONES & MORE**
 Location: _____
 Drawn By: JED
 Sales Rep: ED

Design: _____
 Date: _____
 Client: _____