

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

Please Read Application And Notes, If Any, Attached

Permit Number: 050281
PERMIT ISSUED
MAR 30
CITY OF PORTLAND

This is to certify that NEPTUNE PROPERTIES II / Arco company

has permission to Replace existing signage/ no additional signage

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 closed-in. **HEAVY 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

[Signature]
3/29/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0281	Issue Date: MAR 30 2005	CBL: 142 C001001
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Location of Construction: 1025 FOREST AVE	Owner Name: NEPTUNE PROPERTIES INC	Owner Address: 120 EXCHANGE ST	Phone:
Business Name:	Contractor Name: Arnco Sign Company	Contractor Address: 1133 South Broad St. Wallingford	Phone: 2035379113
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: 1
Past Use: Retail	Proposed Use: Retail / Replace existing signage/ no additional signage	Permit Fee: \$66.00	Cost of Work: \$66.00
Proposed Project Description: Replace existing signage/ no additional signage		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>	CEO District: 4
		INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	<i>B-2</i>

Permit Taken By: Idobson	Date Applied For: 03/21/2005	Zoning Approval		
<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 information may invalidate a building permit and stop all work..</p>	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 <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Denied <i>ok for replacement</i> <i>Date: only - 3/29/05</i>	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	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmar <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: <i>[Signature]</i>	

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	

City of Portland, Maine - Building or Use Permit

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

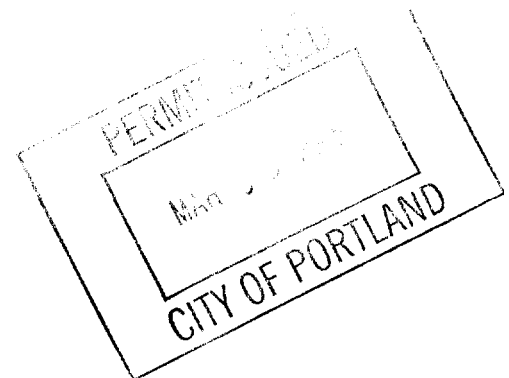
Permit No: 05-0281	Date Applied For: 03/21/2005	CBL: 142 C001001	
Location of Construction: 1025 FOREST AVE	Owner Name: NEPTUNE PROPERTIES INC	Owner Address: 120 EXCHANGE ST	Phone:
Business Name:	Contractor Name: Arnco Sign Company	Contractor Address: 1133 South Broad St. Wallingford	Phone (203) 537-9113
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

proposed Use: Retail / Replace existing signage/ no additional signage	Proposed Project Description: Replace existing signage/ no additional signage
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 03/29/2005
Note: approved for replacements only			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 03/29/2005
Note:			Ok to Issue:
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			

Comments:

3/21/05-l Dobson: Left message that additional information **was** needed. No return call 03/17/2005



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.

Total Square Footage of Proposed Structure <u>18 square Feet</u>		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>142</u> Block# _____ Lot# <u>1</u>		Owner: _____ Telephone: _____	
Lessee/Buyer's Name (If Applicable) <u>Cellphones n more</u>		Applicant name, address & telephone: <u>Arcco Sign Co Inc</u> <u>1133 South Broad</u> <u>Walf. CT 06412</u> <u>Jeremy Waycott</u>	
		Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>66.00</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ <u>66.00</u>	
Current use: <u>Cell phone store</u>			
If the location is currently vacant, what was prior use: _____			
Approximately how long has it been vacant: _____			
Proposed use: <u>same</u>			
Project description: <u>Remove vinyl graphics from wall and freestanding sign replace with new vinyl</u>			
Contractor's name, address & telephone: <u>Arcco Sign Co Inc</u>			
Whom should we contact when the permit is ready: <u>Jeremy Waycott</u>			
Mailing address: <u>1133 South Broad St</u> <u>Wallingford CT 06412</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: <u>(203) 238-1224 ext 110</u>			

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>Jeremy Waycott</u>	Date: <u>3-16-05</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 COMPLETE ALL INFORMATION

ADDRESS: 1037 Forest ZONE: B-2

CBL: _____

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

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

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 40' Height: 23'

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO _____ DIMENSIONS PROPOSED: 20" x 17"
BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: 4' x 4'

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS: 20" x 8'
BLDG. WALL SIGN(attached to bldg)? YES _____ NO _____ DIMENSIONS: 4' x 16'
AWNING? YES _____ NO DIMENSIONS: _____

LOT 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: _____

DATE: 3-1-05

*** FOR OFFICE USE ONLY ***

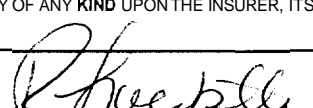
PRODUCER CEM Insurance Services, Inc 90 Hinman Street Cheshire CT 06410 Phone: 203-272-3521		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Arnco Sign & Crane Service Inc 1133 South Broad Street Wallingford CT 06492		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Agency Intermediaries	
		INSURER B: One Beacon Insurance	42650
		INSURER C: AIG	
		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 LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	L7180234	07/22/04	07/22/05	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MEDEXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 1,000,000
		GENL AGGREGATE LIMIT APPLIES PER:				
		<input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
B		AUTOMOBILE LIABILITY	PBAT66604	07/22/04	07/22/05	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				
		<input type="checkbox"/> SCHEDULED AUTOS				
<input checked="" type="checkbox"/> HIRED AUTOS	BODILY INJURY (Per accident) \$					
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
			PROPERTY DAMAGE (Per accident) \$			
		GARAGE LIABILITY				
		<input type="checkbox"/> ANY AUTO	AUTO ONLY - EA ACCIDENT \$			
			OTHER THAN EA ACC AGG \$			
		EXCESS/UMBRELLA LIABILITY				
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	EACH OCCURRENCE \$			
			AGGREGATE \$			
		<input type="checkbox"/> DEDUCTIBLE	\$			
		<input type="checkbox"/> RETENTION \$	\$			
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC7696134	07/22/04	07/22/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER ER ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

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

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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
	Richard J Lucibello 

16 sq ft

Portland 03206
Proposed

replace vinyl
only on sign



1037 Forest

250 sq ft

Portland
Proposed





Portland
Existing

TANNING
&
SWIMWEAR

INDOOR GOLF

d'sh

cellphones
n more

AT&T
Wireless

Salon Essentials
WHOLESALE BEAUTY SUPPLIES

THE
DOG
HOUSE

replace vinyl
on sign only

PUPPIES

OPEN
FOR
SEASON

Portland 03206
Existing





CITY OF PORTLAND, MAINE

Department of Building Inspections

3-21 20 05

Received from Acuro Sign

Location of Work 1037 Forest Ave

Cost of Construction \$ _____

Permit Fee \$ 166.00

Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)

Other Signage

CBL: 142 C1

Check #: 2322

Total Collected \$ 166.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy