

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED
Permit Number: 050131
FEB 15 2005
CITY OF PORTLAND

This is to certify that Burns Bradford /Jay Gordon

has permission to Change verbage on existing s

AT 1006 Forest Ave

143 A026001

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 entered or occupied. **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

Janie Bourke 2/15/05
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: 05-0131	Issue Date:	CBL: 143 A026001
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Location of Construction: 1006 Forest Ave	Owner Name: Burns Bradford	Owner Address: 1006 Forest Ave	Phone:
Business Name:	Contractor Name: Jay Gordon	Contractor Address: 254 US Rt 1 Portland	Phone 2075764685
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone:

Past Use: Commercial	Proposed Use: Commercial change verbage on existing sign - replacement only	Permit Fee: \$102.00	Cost of Work: \$102.00	CEO District: 4
Proposed Project Description: Change verbage on existing 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/Condition <input type="checkbox"/> Denied				
Signature:		Date:		

Permit Taken By: dmartin	Date Applied For: 02/02/2005	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 Zon <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 Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

Location of Construction: 1006 Forest Ave	Owner Name: Burns Bradford	Owner Address: 1006 Forest Ave	Phone:
Business Name:	Contractor Name: Jay Gordon	Contractor Address: 254 US Rt 1 Portland	Phone 2075764685
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone:

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 02/09/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 02/14/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>

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 APPLICAN	ADDRESS	DATE	PHO
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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO
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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>1006 Forest Ave</u>		
Total Square Footage of Proposed Structure <u>2 36 sq. ft.</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>143</u> Block# <u>A</u> Lot# <u>026</u>	Owner: <u>Brad Burns</u>	Telephone: <u>797-7224</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Michael Sundberg</u> <u>1006 Forest Ave</u> <u>Portland, ME 04103</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>72.00</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: <u>Bernard Cohen Family Dentistry</u>		
If the location is currently vacant, what was prior use: <u>Rental Service</u>		
Approximately how long has it been vacant: <u>8 months</u>		
Proposed use: <u>Rental Service</u>		
Project description: <u>Portland Family Rental Existing Sign Changing Verbage</u>		
Contractor's name, address & telephone: <u>Jay Gorden 254 US Route 1 Scarborough ME 04074</u>		
Whom should we contact when the permit is ready: <u>Michael Sundberg</u>		
Mailing address: <u>PO Box 1453 Auburn, ME 04211</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: (207) 576-4685 <u>Mike</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>Michael Sundberg</u>	Date: <u>02/02/05</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: 1006 Forest Ave 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: 6' Height: 6'

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO _____ DIMENSIONS PROPOSED: 6' x 6' (New Face Only)

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

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

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

BLDG. WALL SIGN(attached to bldg) ? YES _____ NO DIMENSIONS: _____

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: Michael D. [Signature] DATE: 02/02/05

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

CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

*

- Certificate of Liability listing the City 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. Amount must equal \$400,000.00.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. **Indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building facade dimensions for any signage attached to a building.**
- A sketch or photo of any proposed sign(s) indicating *content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.*
- N/A Certificate of Flammability required for awning or canopy at time of application.
- N/A UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**Permit Fee for signage or awning-with-signage:
\$30.00 plus \$2.00 per square foot of sign.**

**Permit Fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, plus \$9.00 for each additional \$1,000.00.**

Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID I.E SUNDM11	DATE (MM/DD/YYYY) 02/01/05
PRODUCER Morse, Payson & Noyes P.O. Box 406 Portland ME 04112-0406 Phone: 207-775-6000 Fax: 207-775-0339		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 Michael K. Sundberg, D.D.S. P.O. Box 1653 Auburn, ME 04211		INSURERS AFFORDING COVERAGE INSURER A Continental Casualty Company INSURER B INSURER C INSURER D INSURER E	NAIC # 20443

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 ADDL LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR FIN. AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	274536320	01/01/05	01/01/06	EACH OCCURRENCE	\$ 5000000
						DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 250000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV. INJURY	\$ Included
						GENERAL AGGREGATE	\$ 5000000
						PRODUCTS - COMP/OP AGG	\$ 5000000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident)	\$
						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"/> ANY COV. <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY CONTRACTOR/PARTNER/EXECUTIVE OR IF I HAVE MORE EXCLUDED? If yes, it is only under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 General Liability at 1006 Forest Avenue, Portland, ME. City of Portland is listed as additional insured, for sign adjacent to public right of way.

CERTIFICATE HOLDER

CITYOFF
 City of Portland
 City Hall
 389 Congress St., Room 315
 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
 Morse Payson & Noyes Insurance

1006
Bernard Cohen, D.M.D.
**FAMILY
DENTISTRY**

**SHAPIRO
HEARING AIDS
774-9872**

**SIEMEN DIGITAL
HEARING AID
STARTING AT
995.00**

**SHAPIRO
HEARING AID
CENTER, INC.
1006 FOREST AVE.
774-9872**

PCCI

WOOD ST

UPS

1006
Bernard Cohen, D.M.D.
FAMILY
DENTISTRY

SHAPIRO
HEARING AIDS
774-9872

SIEMEN DIGITAL
HEARING AID
STARTING AT
995.00

ELMWOOD ST

STOP

SHAPIRO
HEARING AID
CENTER, INC.
1006 FOREST AVE.
774-9872

ups

5

Bernard Cohen, D.M.D.
FAMILY
DENTISTRY

SHAPIRO
HEARING AIDS
774-9872

ELMWOOD

STOP

JEMEN DIGITAL
HEARING AID
STARTING AT
\$995.00

SHAPIRO
HEARING AID
CENTER, INC.
774-9872



1006
Bernard Cohen, D.M.D.
FAMILY
DENTISTRY

SHAPIRO
HEARING AIDS
774-9872

JEMEN DIGITAL
HEARING AID
STARTING AT
\$995.00

STOP

ELMWOOD

SHAPIRO
HEARING AID
CENTER, INC.
1000 FOREST AVE.
774-9872

- NAVY Blue w/ White Letters
- Acrylic Material / Vinyl
- Face for existing light box
- 2 6' x 6'
- Fluorescent Bulbs

71.625 in
71.13 in
67.15 in

73.75 in
73.25 in
69.28 in

Dotted line represents inner line of track

Job number: 451	Date: 1/17/2005	Order taken by: JG	<i>Approved by:</i>
Name: Mike Sundberg	Company: Portland Family Dental		
Phone: 207 783 7287	Fax:	E-mail:	
File: lightbox_sign_2.FS			

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⊗ = Pole w/signs (Existing)
See Photos

(Portland Family Dental)

(Mike Shapiro Hearing Aids)
(Gloria Helping Hands)

1006 Forest Ave

Portland, ME

04103

(CYBER COPY)

PARKING

Elmwood

⊗

← Forest AVE →



CITY OF PORTLAND, MAINE

Department of Building Inspections

Feb 2 2005

Received from Michael Sundberg

Location of Work 1006 Forest Ave

Cost of Construction \$ _____

Permit Fee \$ 102.00

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

Other _____

CBL: 143 H 0206

Check #: 201

Total Collected \$ 102.00

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