

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that HOME FOR THE AGED

Located At 777 STEVENS AVE

Job ID: 2012-08-4582-SIGN

CBL: 146- C-005-001

has permission to replace existing pylon sign with new 56" x 96" sign  
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

N/A

A handwritten signature in black ink, appearing to be "W. B. M.", written over a horizontal line.

8/10/12

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

### Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life* • [www.portlandmaine.gov](http://www.portlandmaine.gov)

Director of Planning and Urban Development  
Jeff Levine

Job ID: 2012-08-4582-SIGN

Located At: 777 STEVENS AVE

CBL: 146- C-005-001

## **Conditions of Approval:**

### **Building**

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.

**City of Portland, Maine - Building or Use Permit Application**

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

Job No: 2012-08-4582-SIGN	Date Applied: 8/1/2012	CBL: 146- C-005-001	
Location of Construction: 777 STEVENS AVE <i>Park Danforth</i>	Owner Name: HOME FOR THE AGED	Owner Address: 777 STEVENS AVE PORTLAND, ME 04103	Phone: 207-797-7710
Business Name:	Contractor Name: Sign Design, Inc	Contractor Address: 207 P.O. Box Westbrook ME 04098	Phone: (207) -856-2600
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: R-6
Past Use: Park Danforth – Senior residential housing	Proposed Use: Same - Park Danforth – senior residential housing – replace pylon sign – 56” x 96”, 7.5’ tall	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: <i>Sign</i> Signature: <i>ABM</i>
Proposed Project Description: Updating existing sign		Pedestrian Activities District (P.A.D.)  <i>8/1/12</i>	

Permit Taken By: Brad	<b>Zoning Approval</b>		
<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 informatin may invalidate a building permit and stop all work.</p>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK 8/1/12</i> <i>ABM</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in Dist 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: <i>ABM</i>
	<b>CERTIFICATION</b>		

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 appication 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



R6

Entered 8/1/12

(B5)

# 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.

B 2012-08-4582-Sign

Location/Address of Construction: <u>777 Stevens Ave.</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>146</u> Block# <u>C005001</u> Lot#	Owner: <u>Home for the Aged</u> <u>777 Stevens Ave.</u>	Telephone: <u>797-7710</u>
Lessee/Buyer's Name (If Applicable) <u>\$</u>	Contractor name, address & telephone: <u>Sign Design, Inc.</u> <u>P.O. Box 207</u> <u>Westbrook, ME 04098</u> <u>856-2600</u>	Total s.f. of signage x \$2.00 <u>80.00</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total <u>30.00</u> Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ <u>10.00</u>
Who should we contact when the permit is ready: <u>Roger/Diana</u> phone: <u>856-2600</u>		
Tenant/allocated building space frontage (feet): Length: <u>220'</u> Height: <u>9 FLOORS</u> Lot Frontage (feet) <u>330'</u> Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>nursing home</u> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): <u>replacing existing</u> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>60" x 96" = 5 x 8 = 40'</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: <u>76" x 96"</u> Height from grade: <u>89 1/2"</u>		
Proposed awning? Yes <input type="checkbox"/> No <input type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input type="checkbox"/> Dimensions: _____ Awning? Yes <input type="checkbox"/> No <input type="checkbox"/> Sq. ft. area of awning w/communication: _____		
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 and existing building are also required.		

RECEIVED  
AUG 01 2012  
Dept. of Building Inspections  
City of Portland Maine

Please submit all of the information outlined in the Sign/Awning Application Checklist.  
Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: Diana Olmstead Date: 7/19/12

This is not a permit; you may not commence ANY work until the permit is issued.



# PORTLAND MAINE

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## Receipts Details:

**Tender Information:** Check , Check Number: 5923

**Tender Amount:** 110.00

## Receipt Header:

**Cashier Id:** bsaucier

**Receipt Date:** 8/1/2012

**Receipt Number:** 46562

## Receipt Details:

Referance ID:	7464	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	110.00	Charge Amount:	110.00
Job ID: Job ID: 2012-08-4582-SIGN - Updating existing sign			
Additional Comments: 777 Stevens			

**Thank You for your Payment!**

# y Map



Stevens Ave - bldg frontage - 220'  
Poland ST - " " - 130'  
Lot frontage - 330'4-

The Park Danforth



777





This design is the property of **Sign Design Inc.**

306 Warren Ave. Portland, Maine  
 Tel. 207.856.2600 Fax 207.856.7600  
 email: signdesi@maine.rr.com

Client: Park Danforth

File: park danforth

Revision: 2

Date: 7.12.12



$89.5" = 7.5'$

$56" \times 96" = 5376 \text{ sq in} = 37.3'$

Double Sided Interior Illuminated Sign Cabinet,  
 Lexan Faces With Vinyl Graphics

street frontage > 250

50' max - 37.3' (OK)  
 8' max - 7.5' (OK)  
 5' back.

This job proof may reflect color shifts due to the conversion from ink to paint and/or vinyl. PMS colors will be approximated to the best of our ability. Client provided artwork will be used as is and Sign Design Inc. is not responsible for any artwork design faults nor for errors occurring due to improper review of this submitted job proof.

Design By: E.F.C. Comp. 2

- I Have Checked The Above Drawing For Layout And Spelling. I Find No Mistakes Or Errors. I Approve This Drawing For Final Completion.
- Do Not Proceed - Changes Requested

APPROVAL SIGNATURE



Sign Contractors

P.O. Box 207  
Westbrook, ME 04098  
(207) 856-2600 \* FAX: (207) 856-7600  
1-800-949-9037  
signdesign@maine.rr.com  
Full Service Sign Company

RE: The Park Bar

To Whom It May Concern:

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

777 Stevens Ave.

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

Cathy S. Nunez  
Signature

7/18/12  
Date

Lisa A B Noonan  
Print Name



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/16/2012

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

PRODUCER Phone: 207-856-5500 Fax: 207-856-0004  
**ANDERSON WATKINS ASSOCIATES, INC**  
31 CENTRAL STREET  
WESTBROOK ME 04092

CONTACT NAME: **Joanne Desjardins**  
PHONE (A/C, No, Ext): **207-856-5500** FAX (A/C, No): **207-856-0004**  
E-MAIL ADDRESS: **jdesjardins@andersonwatkinsinsurance.com**

INSURED  
**PARK DANFORTH HOME FOR THE AGED, DANFORTH CONDO ASSOCIATION**  
777 STEVENS AV  
PORTLAND ME 04103

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : <b>Columbia Casualty Company</b>	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

**COVERAGES** CERTIFICATE NUMBER: 31162 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			4031687640	08/01/11	08/01/12	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED. EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (per accident)	\$
								\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in ME) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS	OTH ER \$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE-POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**The City of Portland As Additional Insured - For Sign**

CERTIFICATE HOLDER	CANCELLATION
<b>The City of Portland</b> 389 Congress St Portland, Me 04101  Attention:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Joanne R. Desjardins