

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that VSH REALTY INC.

Located At 1132 FOREST AVE

Job ID: 2012-02-3290-SIGN

CBL: 146-D-001-001

has permission to replace pylon sign & add 2 canopy signs

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 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

Fire Prevention Officer

[Signature] 2/15/12

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

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

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Director of Planning and Urban Development
Penny St. Louis

Job ID: 2012-02-3290-SIGN

Located At: 1132 FOREST AVE

CBL: 146- D-001-001

Conditions of Approval:

Zoning

1. Any LED display SHALL NOT continuously flash, nor continuously blink, and SHALL NOT scroll. Electronic message board signs SHALL NOT change messages more than once every twenty minutes. This City and State regulation SHALL BE strictly enforced.

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: 2012-02-3290-SIGN	Date Applied: 2/15/2012	CBL: 146- D-001-001	
Location of Construction: 1132 FOREST AVE	Owner Name: VSH REALTY INC	Owner Address: 100 CROSSING BLVD CANTON, MA 01702	Phone:
Business Name:	Contractor Name: NH Signs	Contractor Address: 60 Old Derry RD Londonderry NH 03053	Phone: (603) 437-1200
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-2
Past Use: Cumberland Farms	Proposed Use: Same - Cumberland Farms – replace pylon sign (4' x 6' – 18' tall) add two canopy signs (28.25" x 72" each)	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A Signature:	Inspection: Use Group: Type: Sisa Signature: ABM 2/15/12
Proposed Project Description: Replace pylon sign & add 2 Canopy signs		Pedestrian Activities District (P.A.D.)	
Permit Taken By:	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 informatin may invalidate a building permit and stop all work.	Special Zone or Reviews <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: OK w/condition 2/15/12 ABM	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 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: ABM
	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



B-2

Signage/Awning Permit Application

Entered 2/15/12

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.

2012 40878 02 - 5290

Location/Address of Construction: <u>1132 FOREST AVE</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>USH REALTY INC</u> <u>100 CROSSING BLVD.</u> <u>CANTON MA 01702</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>CUMBERLAND FARMS</u>	Contractor name, address & telephone: <u>N.H. SIGNS</u> <u>60 OLD DERRY RD</u> <u>LONDONDERRY NH 03053</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$ <u>158.00</u> Awning Fee = cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>PETER MARCH</u> phone: <u>603-8437-1900 x 302</u>		
Tenant/allocated building space frontage (feet): Length: <u>50'</u> Height: <u>10'</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot: <u>MULTI (2 UNITS)</u>		
Current Specific use: <u>GASOLINE STATION RETAIL STORE</u> If vacant, what was prior use: _____ Proposed Use: <u>GAS CANOPY 2 SIGNS 28.25 x 72"</u> <u>PRICE SIGNS</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>4' x 6'</u> Height from grade: <u>18'</u> Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: <u>EXISTING 4x8</u>		
Proposed 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 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 _____ Dimensions: <u>9' x 8'</u> ^{flashed} Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions: <u>4' x 8'</u> - 302 Awning? Yes _____ No _____ Sq. ft. area of awning w/communication: _____		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>by mail RECEIVED FEB 15 2012 Dept. of Building Inspections City of Portland Maine</p> </div>		
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.		

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, 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: <u>Dan Brady N.H. SIGNS</u>	Date: <u>2/10/12</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

Revised 10/19/09
pylon - 18' max
total 79¢

B-2. -gas station
canopy - 2 allowed
20¢ for each

Canopy signs - 28.25 x 72 = 2034¢ = 14.125¢
pylon - 4 x 6 = 24¢
18' =



RECEIVED

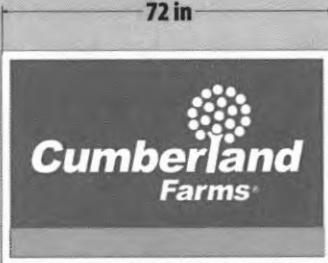
FEB 15 2012

Dept. of Building Inspections
City of Portland Maine

RECEIVED

FEB 15 2012

Dept. of Building Inspections
City of Portland Maine



POLE COVER IS SUGGESTED

(ONE) D. FACE 4' X 6' FREESTANDING SIGN
REPLACE EXISTING 9' X 8' D. FACE SIGN



60 OLD DERRY ROAD
LONDONDERRY, NH 03060
PH 603.437.1200
FAX 603.437.1222

www.nhsigns.com

- DESIGN
- MANUFACTURE
- INSTALL
- SERVICE



NAME

CLIENT: CUMBERLAND FARMS
LOCATION: PORTLAND, ME

CUSTOM DESIGN FOR LOCAL STORES



DESIGNER	CFC	
ACCT. REP	PETER MARCH	
REVISION	NOTES	BY
1	02 10 12	.
2	.	.
3	.	.

FILE NAME/
LOCATION

DESIGN APPROVED
BY DATE / / 11

INSTALLATION NOTES

PRODUCTION NOTES

SPECIAL ORDER

Please Note: It is the customer's responsibility to provide primary electrical service (including ground wiring) directly from panel box, to within six feet of sign(s). Installation to comply with N.E.C. 600

© INDABA HOLDINGS.

NH SIGNS OWNS THE COPYRIGHT ON ALL ORIGINAL DESIGNS; PLEASE CONTACT NH SIGNS IMMEDIATELY IN THE EVENT NH SIGNS RIGOROUSLY PURSUES COPYRIGHT INFRINGEMENTS

RECEIVED

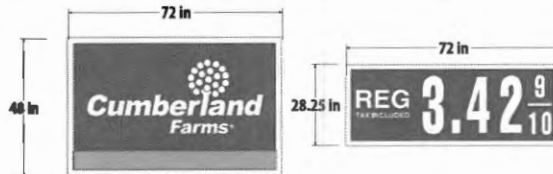
FEB 15 2012

Dept. of Building Inspections
City of Portland Maine



(ONE) D. FACE 4' X 6' FREESTANDING SIGN
REPLACE EXISTING 9' X 8' D. FACE SIGN

(TWO) SCROLLING PRICE CHANGERS



60 OLD DERRY ROAD
LONDONDERRY, NH 03060
PH 603.437.1200
FAX 603.437.1222

www.nhsigns.com

- DESIGN
- MANUFACTURE
- INSTALL
- SERVICE



NAME

CLIENT: CUMBERLAND FARMS
LOCATION PORTLAND, ME

CUSTOM DESIGN FOR LOCAL STORES



DESIGNER CFC
 ACCT. REP PETER MARCH
 REVISION NOTES BY
 1 0/0/11
 2
 3

FILE NAME/
LOCATION

DESIGN APPROVED
BY _____ DATE / / 11

INSTALLATION NOTES

PRODUCTION NOTES

SPECIAL ORDER

Please Note: It is the customer's responsibility to provide primary electrical service, including ground wiring, directly from panel box, to within six feet of sign(s). Installation to comply with N.E.C. 605

© INDABA HOLDINGS.

NH SIGNS OWNS THE COPYRIGHT ON ALL ORIGINAL DESIGNS. NH SIGNS RIGOROUSLY PURSUES COPYRIGHT INFRINGEMENTS.



February 10, 2012

To Whom It May Concern:

Cumberland Farms, Inc., with a usual place of business in Framingham, Massachusetts, does hereby authorize **NH Signs of 60 Old Derry Rd., Londonderry NH** to apply for and represent Cumberland Farms, Inc. in filing of any applications for required permits and/or approvals for the LED PRICE PANELS at store/self-service gas stations including, but not limited to, appearing before any governmental agency at general meetings or public hearings addressing such construction/improvement of Cumberland Farms retail facilities.

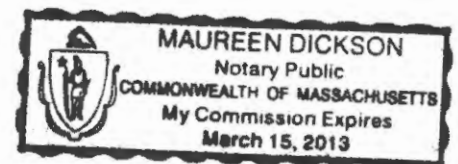
Cumberland Farms Gulf Group of Companies,

Manny Paiva
Senior Planning Department Manager

COMMONWEALTH OF MASSACHUSETTS
MIDDLESEX COUNTY

Subscribed and sworn to before me this 10TH day of February 2012 by Manny Paiva who is personally known to me.

Notary Public: *Maureen Dickson*
My Commission Expires:



Cumberland Gulf Group of Companies
100 Crossing Boulevard, Framingham, MA 01702
508-270-1400



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
02/14/2012

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 Aon Risk Services Northeast, Inc. Providence RI Office 100 Westminster Street, 10th Floor Providence RI 02903-2393 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (847) 953-5390 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED CUMBERLAND FARMS, INC. 100 Crossing Boulevard Framingham MA 01702 USA	INSURER A: ACE American Insurance Company	22667
	INSURER B: Indemnity Insurance Co of North America	43575
	INSURER C: ACE Property & Casualty Insurance Co.	20699
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER: 570045274467	REVISION NUMBER:
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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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			XSLG20560903 SIR applies per policy terms & conditions	04/01/2011	04/01/2012	EACH OCCURRENCE \$1,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,500,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,500,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ISA-H07962149	04/01/2011	04/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			X00G25830611 SIR applies per policy terms & conditions	04/01/2011	04/01/2012	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLRC43118547 Work Comp-- --AOS SCFC43118584 Work Comp-- --MA	04/01/2011	04/01/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A					04/01/2011	04/01/2012	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Portland is included as additional insured with respect to the general liability policy.

CERTIFICATE HOLDER City of Portland Attn: Ann Machado 389 Congress Stree Portland ME 04101 USA	CANCELLATION 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
---	---

Holder Identifier :

Certificate No : 570045274467

Ann Machado - Re: Sign Permit Application 1132 Forest Ave

From: Don <permitnow@gmail.com>
To: Ann Machado <AMACHADO@portlandmaine.gov>
Date: 2/15/2012 11:49 AM
Subject: Re: Sign Permit Application 1132 Forest Ave

Ann,

Please process the permit as overpaid and we will request a refund. Please send info as to how to apply for refund.

Thanks

Don

On Wed, Feb 15, 2012 at 8:51 AM, Ann Machado <AMACHADO@portlandmaine.gov> wrote:

Don -

I do have the certificate of liability.

The permit arrived in the mail yesterday afternoon.

Everything looks fine except you have overpaid.

The square footage of the two canopy signs is 28.25 and the pylon sign is 24 square feet. The total square footage for the three signs is 52.25. $52.25 \times 2 = 104.50 + 30 = \134.50 . The two checks you sent total \$158, so you overpaid by \$23.50. Do you want to send a separate check for the correct amount which means the permit would not get issued until we get the check, or do you want to request a reimbursement for the amount overpaid which could take three to four weeks for you to receive it?

Please let me know which you would rather do.



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Receipts Details:

Tender Information: Check , Check Number: 10003

Tender Amount: 13.50

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 2/15/2012

Receipt Number: 40884

Receipt Details:

Referance ID:	326	Fee Type:	MISC-Over Payment
Receipt Number:	0	Payment Date:	
Transaction Amount:	13.50	Charge Amount:	13.50
Job ID: Miscellaneous charges			
Additional Comments: 1132 Forest Ave;			

Thank You for your Payment!



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

2/15 20 12

Received from NH Signs

Location of Work 1132 Forest Ave

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Signage

Total: 158 —

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

Other _____

CBL: 146 D001

Check #: 10002 = 110.00
10003 = 48.00 Total Collected \$ 158 —

Actual: 134.50

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: (BS) (A.M)

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