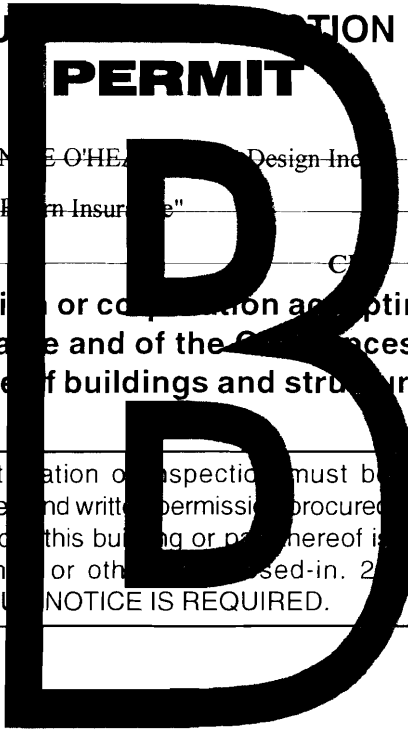


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING PERMIT

Permit Number: 081506

Please Read Application And Notes, If Any, Attached



This is to certify that O'HEARN PHILIP M & DIANE E O'HEARN Design Inc
has permission to 2 sign face replacements - "O'Hearn Insurance"
AT 1089 FOREST AVE 146 F007001

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 lath or other used-in. 2 HOUR 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 _____

PERMIT ISSUED

Department Name

CITY OF PORTLAND

12/3/08 *Chris M*
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: 08-1506	Issue Date: 12/3/08	CBL: 146 F007001
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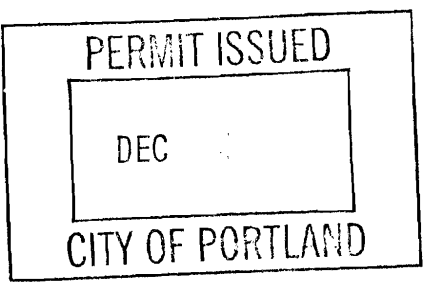
Location of Construction: 1089 FOREST AVE	Owner Name: O'HEARN PHILIP M & DIANE E	Owner Address: 1087 FOREST AVE	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone 2078562600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial - Office Space	Proposed Use: Commercial - Office Space - 2 sign face replacements - "O'Hearn Insurance"	Permit Fee: \$78.00	Cost of Work: \$78.00	CEO District: 4
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: Signage IBC-2003	

Proposed Project Description: 2 sign face replacements - "O'Hearn Insurance"	Signature:	Signature: <i>[Signature]</i> 12/3
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: Idobson	Date Applied For: 12/01/2008	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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"/> ok Date: 12/3/08 <i>[Signature]</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 Date:	Historic Preservation <input checked="" 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 <i>[Signature]</i> 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

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1506	Date Applied For: 12/01/2008	CBL: 146 F007001
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Location of Construction: 1089 FOREST AVE	Owner Name: O'HEARN PHILIP M & DIANE E	Owner Address: 1087 FOREST AVE	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone (207) 856-2600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Office Space - 2 sign face replacements - "O'Hearn Insurance"	Proposed Project Description: 2 sign face replacements - "O'Hearn Insurance"
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 12/02/2008	Note:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 12/03/2008	Note: 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.	Ok to Issue: <input checked="" type="checkbox"/>

Comments: 12/2/2008-amachado: Spoke to Diana. Need to know the size of the existing sign & height of sign and have picture of it. 12/2/2008-amachado: Received email with requested information.

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date



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>1087 Forest Ave.</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>146</u> Block# <u>F</u> Lot# <u>7</u>	Owner: <u>Phil O'hearn</u>	Telephone: <u>797-9400</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Contractor name, address & telephone: <u>SIGN DESIGN, INC.</u> <u>P.O. Box 207</u> <u>WESTBROOK, ME</u> <u>04098</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ <u>78</u>
Who should we contact when the permit is ready: <u>DIANA/ROGER</u> phone: <u>856-2600</u>		
Tenant/allocated building space frontage (feet): Length: <u>40'</u> Height: <u>17'</u> Lot Frontage (feet) <u>2100'</u> <u>149.7'</u> Single Tenant or Multi Tenant Lot <u>single?</u>		
Current Specific use: <u>Insurance Agency</u> If vacant, what was prior use: <u>N/A</u> Proposed Use: _____		
Information on proposed sign(s): <u>2 faces being replaced</u> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>4'x6'</u> Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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>5.5 x 6 = 33 sq ft</u> Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions: _____ Awning? Yes _____ No _____ 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.		

24 x 6 = 30
78

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: [Signature] Date: 1 Dec 2008

B2 - single
65 sq ft max
18' tall
setback 5'

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

replace 4x6 panel - 24 sq ft - whole sign 33 sq ft
center board - trim - 1.5x6 = 9 sq ft
9.5' high.

Ann Machado - O'Hearn

From: "Sign Design" <signdesi@maine.rr.com>
To: <amachado@portlandmaine.gov>
Date: 12/2/2008 10:16 AM
Subject: O'Hearn

Ann,

Attached is a current photo of the sign at 1087 Forest Ave.

The overall height is 9 1/2 feet. The faces we are replacing are 4'x 6' and the electronic sign portion is 18" x 6'.

*Nationwide is "hounding" us to get them off this sign, any thoughts on how soon for the permit?

Thanks, so much!

Diana
Sign Design, Inc.
P.o. Box 207
Westbrook, ME 04098
207-856-2600
207-856-7600 (fax)
www.signsinmaine.com

DEC 2 2008

Existing Sign



DEC 2 2003

This Design Is The Property Of

Sign Design Inc.

306 Warren Ave. Portland, ME

Phone: 207-856-2600 Fax: 207-856-7600



Double Sided, Lexan Face Replacement For Existing 48" X 72" Cabinet (Vinyl Print)

This proof may reflect color shifts due to the color conversion from ink to print and or vinyl. Also, PMS colors will be approximated to the best of our ability.

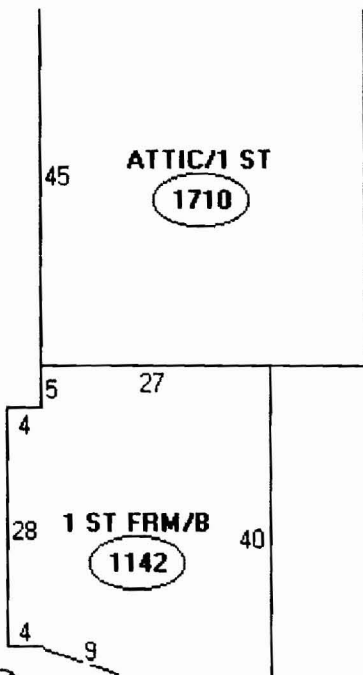
Customer supplied artwork files (300 dpi required) will be used as is, and Sign Design Inc. is not responsible for any faults in the design.

Any black outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, retainers, faces and reveals. Unless otherwise specified, they are not considered as part of the sign graphics.

Client: O'Hearn rev. 1
File: ohearn comp. 2
Date: 11-19-08

Approval:

Customer approval is a signed confirmation that dimensions, colors, spelling, graphics and all other job specifics are correct.



A: 1 ST FRM
1142 sqft

B: ATTIC/1 ST
1710 sqft

(260)

Riverside Forest Ave



Sign Design Inc.

Sign Contractors

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

RE:

To Whom It May Concern:

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

1087 FOREST AVE
PORTLAND ME 04103

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


Signature

11-19-08
Date

Philip M. O'HEARN
Print Name

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

CITY OF PORTLAND, ME

INSURED:

OHEARN INSURANCE AGENCY INC
1087 FOREST AVE
PORTLAND, ME 04103-3321

TYPE OF INSURANCE LIABILITY	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> Liability and Medical Expense Personal and Advertising Injury	Peerless 3006409194	11/6/08	11/6/09	Any One Occurrence..... \$ 2,000,000 Included in Above - Any One Person or Organization
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 50,000
				General Aggregate* \$ 4,000,000 Prod/Comp Ops Aggregate* . \$ 2,000,000
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) \$ (Each Accident) \$
<input type="checkbox"/> Owned				Property Damage (Each Accident) \$
<input type="checkbox"/> Hired				Combined Single Limit \$
<input type="checkbox"/> Non-Owned				
EXCESS LIABILITY				
<input type="checkbox"/> Umbrella Form				Each Occurrence \$ Prod/Comp Ops/Disease Aggregate* \$
STATUTORY LIMITS				
<input type="checkbox"/> Workers' Compensation and				BODILY INJURY/ACCIDENT ... \$ Bodily Injury by Disease EACH EMPLOYEE \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease POLICY LIMIT \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS
VEHICLES/RESTRICTIONS/SPECIAL ITEMS
1087 Forest Ave
Portland ME
Bldg Cov \$372,060

Effective Date of Certificate: 11-6-08
Date Certificate Issued: 11-19-08

Authorized Representative: O'HEARN INSURANCE GROUP
Countersigned at: NATIONWIDE INSURANCE
1087 FOREST AVENUE



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CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee



Date

Signature of Inspections Official

Date