

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND BUILDING PERMIT

This is to certify that JUSBNYC, LLC

Located At 313 READ ST

Job ID: 2012-10-5109-SIGN

CBL: 150- D-001-001

has permission to replace the panels in free standing sign & install new awning with signage for State Farm 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

10/4/12

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: 2012-10-5109-SIGN

Located At: 7 ADELAIDE ST

CBL: 150- D-001-001

## **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: 2012-10-5109-SIGN	Date Applied: 10/4/2012	CBL: 150- D-001-001	
Location of Construction: 313 READ ST (7 ADELAIDE ST)	Owner Name: JUSBNYC, LLC	Owner Address: 5 QUARTZ KNOB RD CAPE ELIZABETH, ME 04107	Phone: 207-773-2080
Business Name: State Farm	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: B-2
Past Use: Professional Office	Proposed Use: Same – Professional Office – State Farm – replace panels (5' x 10') in freestanding sign & install new awning – 72" long, 36" high , 36" deep w/signage (10" x 60")	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: Type: Signature: SITM APM
Proposed Project Description: replace panels in freestanding sign, install new awning with signage		Pedestrian Activities District (P.A.D.) 10/4/12	
Permit Taken By: Lannie		<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>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>___ Maj ___ Min ___ MM</p> <p>Date: Oct 4 10/4/12 APM</p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: APM</p>
	<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

B2

2012-10-5108



# 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>313 Read St. (7 Adelaide St)</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>150</u> Block# <u>D</u> Lot# <u>1</u>	Owner: <u>Diane Newan</u> <u>State Farm</u> <u>JUSBYNCLUC, 5 Quetzalwood Rd, Cape Elizabeth</u>	Telephone: <u>773-2080</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 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: \$ _____

Who should we contact when the permit is ready: DIANA/ROGER phone: 856-2600

Tenant/allocated building space frontage (feet): Length: 30' Height: 20'  
Lot Frontage (feet) 194' Single Tenant or Multi Tenant Lot \_\_\_\_\_

Current Specific use: Insurance Agency  
If vacant, what was prior use: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_

Information on proposed sign(s): face replacements  
 Freestanding (e.g., pole) sign? Yes \_\_\_ No \_\_\_ Dimensions proposed: 5'x10' Height from grade: 7'  
 Bldg. wall sign? (attached to bldg) Yes \_\_\_ No  Dimensions proposed: \_\_\_\_\_

Proposed awning? Yes  No \_\_\_ Is awning backlit? Yes \_\_\_ No   
 Height of awning: 8' Length of awning: 6' Depth: 3'  
 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.  
10" x 60" =

Information on existing and previously permitted sign(s):  
 Freestanding (e.g., pole) sign? Yes  No \_\_\_ Dimensions: 5'x10'  
 Bldg. wall sign? (attached to bldg) Yes \_\_\_ No \_\_\_ Dimensions: \_\_\_\_\_  
 Awning? Yes  No \_\_\_ Sq. ft. area of awning w/communication: 4.12

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  
OCT 04 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: <u>Diane Olmstead</u>	Date: <u>10/12</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

freestanding - street frontage - 229.78 sq ft Read St - 193.78 sq ft  
 6.5 ft max - 5 ft @  
 1 ft high - 7 ft sign @  
 awning - 2 x 3 = 6 sq ft  
 signage 4.12 sq ft @ OK



# PORTLAND MAINE

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## Receipts Details:

**Tender Information:** Check , BusinessName: Sign Design, Check Number: 6018  
**Tender Amount:** 130.00

## Receipt Header:

**Cashier Id:** Ldobson  
**Receipt Date:** 10/4/2012  
**Receipt Number:** 48932

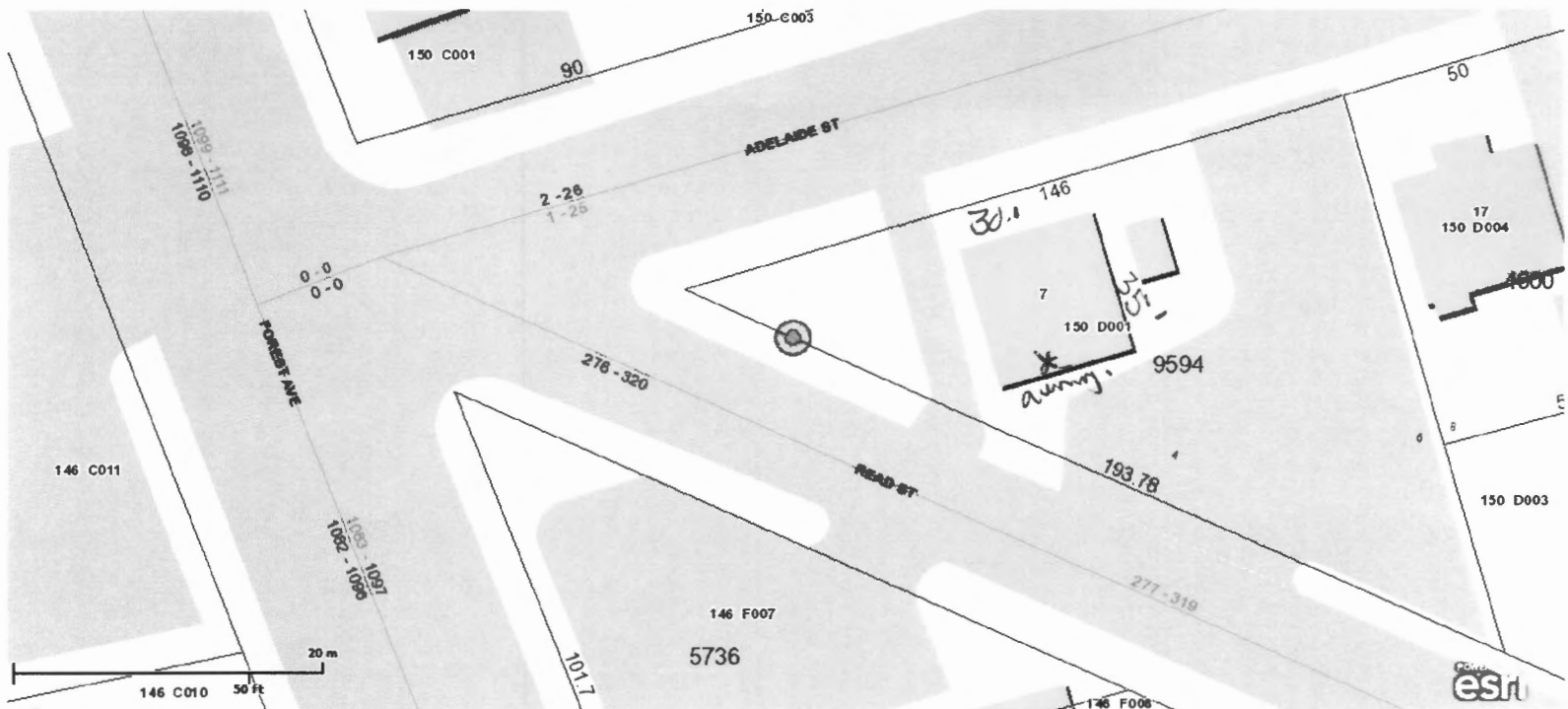
## Receipt Details:

Referance ID:	8247	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	130.00	Charge Amount:	130.00
Job ID: Job ID: 2012-10-5109-SIGN - Face Replacements "State Farm"			
Additional Comments:			

Thank You for your Payment!

# My Map

313 Read St



# My Map



Copyright 2011 Esri. All rights reserved. Mon Oct 1 2012 08:10:13 AM.



Existing signs



Proposed new



Client: State Farm

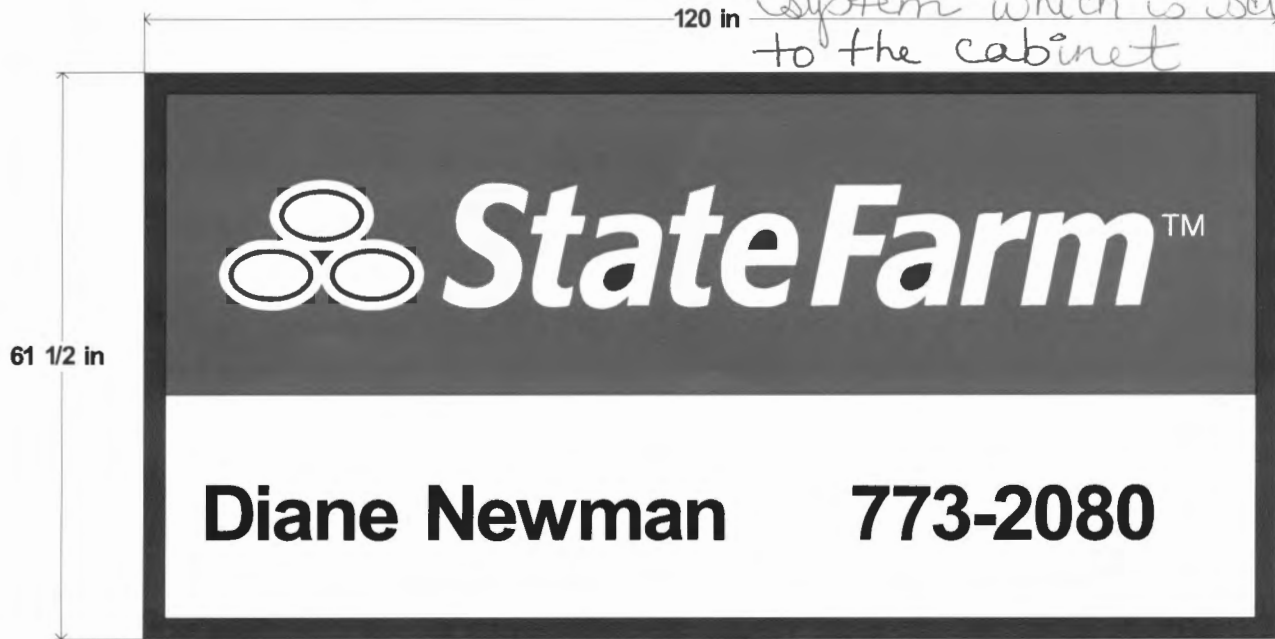
File: state farm

Revision: 1

Date: 9.27.12

Double Sided Lexan Face Replacement With Vinyl Graphics

*\* faces slide into frame system which is screwed to the cabinet*



Red Color Ref. PMS 485/3M 3630-033

Non Illuminated Awning With Vinyl Graphics

*bracketed & bolted to wall*



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

# Certificate of Flame Resistance



REGISTERED  
APPLICATION  
CONCERN No.

F-10218

ISSUED BY  
**COOLEY, INCORPORATED**  
50 Esten Avenue  
Pawtucket, Rhode Island  
724-9000

Date treated or  
manufactured

See Back

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR TR Sign Design ADDRESS 30 Warren Ave  
CITY Portland STATE Maine

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used \_\_\_\_\_ Chem. Reg. No. \_\_\_\_\_

Method of application \_\_\_\_\_

X (b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used Weathertyte Reg. No. F-10218

The Flame Retardant Process Used Will NOT Be Removed By Washing  
(will or will not)

William P. Kuhn

By

Technical Manager

Name of Applicator or Production Superintendent

Title



**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**

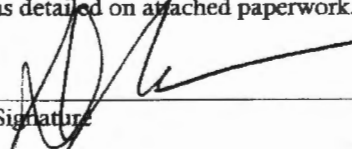
RE:

To Whom It May Concern:

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

313 Read St  
Portland, Me 04103

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

 9-27-12  
Signature Date

Diane Newman Poppin  
Print Name




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

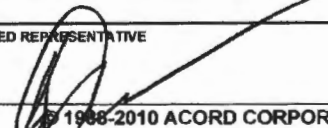
<b>PRODUCER</b> Diane Newman State Farm 313 Read St Portland, ME 04103 	<b>CONTACT NAME:</b> Diane Newman <b>PHONE (A/C, No, Ext):</b> 207 773 2080 <b>E-MAIL ADDRESS:</b> diane@dianenewman.com <b>FAX (A/C, No):</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : State Farm</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : State Farm		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER F :														
<b>INSURED</b> JUSBNYC, Inc 313 Read St. Portland, ME 04103														

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input 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			99-BW-2350-8 F	10/26/2011	10/26/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ \$
	<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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <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 OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY 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)

<b>CERTIFICATE HOLDER</b> City of Portland 389 Congress St Portland, ME 04101	<b>CANCELLATION</b> 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 
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