

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-0205	Issue Date: MAY 16 2002	CBL: 170 F001001
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Location of Construction: 901 Washington Ave	Owner Name: Brown J B & Sons	Owner Address: 482 CONGRESS STREET CITY OF PORTLAND	Phone: 207-774-6126
Business Name:	Contractor Name: Atlantic Sign Craft	Contractor Address: 585 WALNUT HILL ROAD N YAR	Phone: 2078294400
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: COLLEGE CAMPUS	Proposed Use: COLLEGE CAMPUS	Permit Fee:	Cost of Work: \$54.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: Sign BOCA 1999	

Proposed Project Description: ERECT 4X6' SIGN-PERMANENT <i>6x8 revised</i>	<i>using revised plans dated 5/9/02</i>	Signature:	Signature: <i>[Signature]</i>
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: gad	Date Applied For: 03/05/2002	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"/> Date: <i>5/14/02</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 Date:
	<i>with conditions</i>		

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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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Application ID Number: 2-0205

Department: Zoning

Status: Approved with Conditions

Reviewer: Marge Schmuckal

Comments: 03/12/2002 Site visit showed 2 freestanding signs already on site - I can not issue a third one - see letter 5/2/02 - previously spoke to SignCraft and explained my letter. They were going to get back to me- as of this date I have seen nothing - 30 days are up - turning over to filing

Approval Date: 05/14/2002

Given By Date: 03/11/2002

Final Approval By: Marge Schmuckal Date: 05/14/2002

This permit approval is based upon the revised submittal of 5/9/02 which revises the existing major tenant signage. The illegal temporary, mobile sign shall be removed PRIOR to new installation of approved sign.

Given Date: 03/11/2002

By: gg

Given Date: 05/14/2002

By: mes

8'

Andover

Maine's Career College™
www.andovercollege.com

SIGN UP FOR FALL CLASSES AUG. 1-8

6'

chs

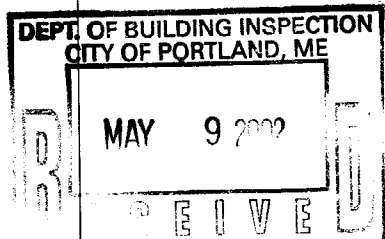
COMMUNITY HEALTH SERVICES

Home, hospice and community healthcare since 1904
The MaineHealth Family®

2'

901 Washington Ave.

B-2
18' tall max
shows 8'
100% allowed
shows 72"
ok

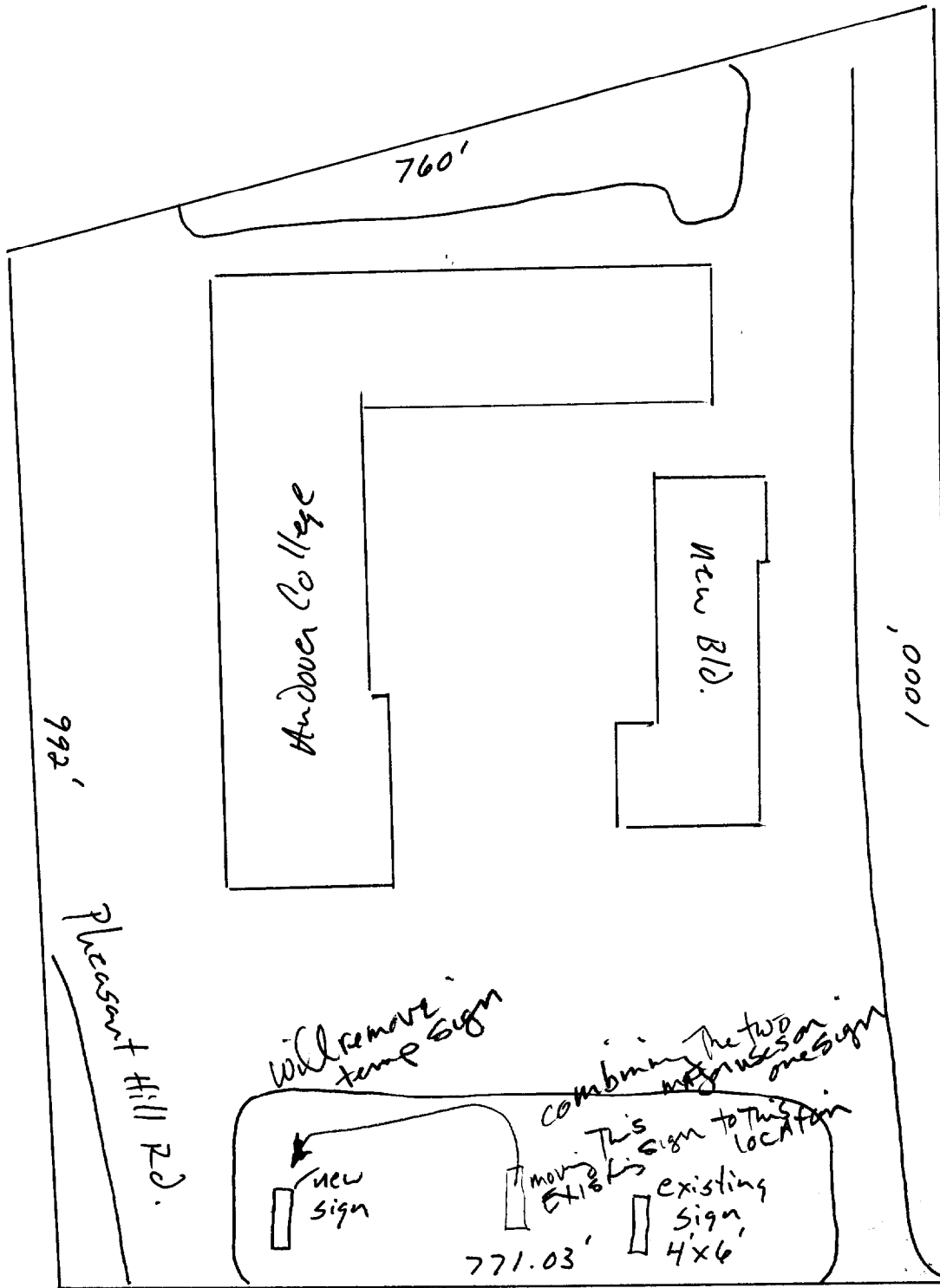


ATLANTIC SIGN CRAFT
585 Walnut Hill Road
North Yarmouth ME 04097
Phone: 207.829.4400
Fax: 207.829.4400

DATE:
CUSTOMER: 170-F-1
APPROVED: 171-A-5

DRAWING no
1.

4x6 = 24
6x8 = 48
72



washington Ave.

3/12/02 - 2 signs
 already on site
 5/19/02 TO remain having only 2 signs
 free standing

Zoning Division
Marge Schmuckal
Zoning Administrator

Department of Urban Development



CITY OF PORTLAND

March 12, 2002

Atlantic Sign Craft
585 Walnut Hill Road
North Yarmouth, ME 04097

*5/9/02
Brought in revised plans*

RE: 901 Washington Avenue – 170-F-001 – B-2 Zone

Dear Sirs,

I am in receipt of your application to allow a third freestanding sign at the above named location. The sign ordinance (table 2.13 of the sign ordinance) does not allow individual freestanding signs for every individual tenant. A business/office complex such as located at this property, should have one joint identification sign center with individual tenants on it. Presently there is such a sign present.

Your permit application is being denied based upon the requirements of the sign ordinance.

You have the right to appeal my decision to the planning division under unique and special circumstances (section 14-368.5) as defined in the Site Plan review standards. If you wish to appeal this decision, you must appeal within 30 days of the date of this letter.

Very truly yours,

Marge Schmuckal
Zoning Administrator

Cc: Deb Andrews, Planning Division

File

J.B. Brown

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
03/06/2002

PRODUCER (207)778-9862 FAX (207)778-5970
The Kyes Agency, Inc.
Broadway & Main
P. O. Box 311
Farmington, ME 04938

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.

INSURERS AFFORDING COVERAGE

INSURED Mark Bourgeois
585 Walnut Hill Road
North Yarmouth, ME 04097

INSURER A Middlesex Mutual Assurance
INSURER B:
INSURER C:
INSURER D:
INSURER E:

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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	4710394	09/26/2001	09/26/2002	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTR ER
					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

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION

City of Portland
Portland, ME 04101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

Signage 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>901 Washington Ave. Portland, Me.</u>		
Total Square Footage of Proposed Structure <u>24'</u>	Square Footage of Lot <u>607,489 sq'</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>170</u> Block# <u>F</u> Lot# <u>001-001</u>	Owner: <u>SB Brown & Son</u> <u>482 Congress St. #506</u> <u>Portland, Me. 04101</u>	Telephone: <u>774-6126</u>
Lessee/Buyer's Name (If Applicable) <u>Andover College</u>	Applicant name, address & telephone: <u>Atlantic Signcraft</u> <u>585 Walnut Hill Rd.</u> <u>N. Yarmouth, Me. 04097</u>	Total s.f. of signage <u>24</u> x 1.00 per s.f. \$ <u>24</u> , plus \$30.00 base fee Fee: \$ <u>54-</u>
Current use: <u>College Campus</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: _____		
Project description: _____		
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>Atlantic Signcraft x call</u> Mailing address: <u>585 Walnut Hill Rd.</u> <u>N. Yarmouth, Me. 04097</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 \$50.00 fee if any work starts before the permit is picked up. Phone: <u>829-4400 x call</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 code applicable to this permit.

Signature of applicant: <u>[Signature]</u>	Date: <u>3/5/02</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 901 Washington Ave. ZONE: B-2

OWNER: JB Brown & Sons

APPLICANT: Atlantic Sign Craft

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES NO -- DIMENSIONS _____ HEIGHT _____

MORE THAN ONE SIGN? YES NO DIMENSIONS 3' x 6' HEIGHT 5'

SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS _____

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:
1 - 4' x 6' Sign

*** TENANT BLDG. FRONTAGE (IN FEET): _____
*** REQUIRED INFORMATION

AREA FOR COMPUTATION

YOU SHALL PROVIDE:
A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: [Signature] DATE: 3/6/02

Andover

Maine's Career College™

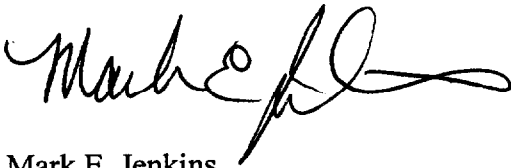
October 16, 2001

City of Portland Maine
Portland City Hall
389 Congress Street
Portland, ME 04101

To Whom It May Concern:

Please be advised that Andover College has engaged Atlantic Signcraft to supply and install a sign on our campus at 901 Washington Ave., contingent upon acquiring all necessary permits and approvals.

Sincerely,



Mark E. Jenkins
Director of Physical Plant

plh