

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 071413

PERMIT ISSUED

DEC 7

This is to certify that WASHINGTON AVENUE ALTY LLC / an Design Group

has permission to remove old building sign add new stand alone sign

AT 1039 WASHINGTON AVE

172-G009001

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.

CITY OF PORTLAND

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procured before this building or part thereof is altered or closed-in. 24 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 _____
Department Name

[Signature] 12/7/07
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: 07-1413 | Issue Date: | CBL: 172 G009001 |
|-----------------------|-------------|---------------------|

| | | | |
|--|--|--|---------------------|
| Location of Construction: 1039 WASHINGTON AVE | Owner Name: WASHINGTON AVENUE REALT | Owner Address: 1039 WASHINGTON AVE | Phone: |
| Business Name: | Contractor Name: Ion Design Group | Contractor Address: 22 Rear Free St. Portland | Phone 2077757110 |
| Lessee/Buyer's Name | Phone: | Permit Type: Signs - Permanent | Zone: B-1 |

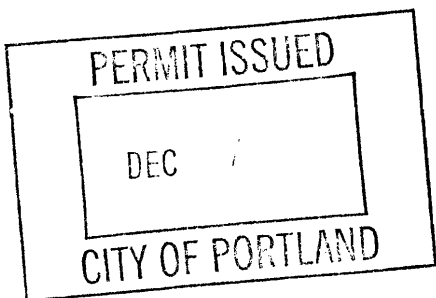
| | | | | |
|---|---|---|---|--------------------|
| Past Use: Commercial Office - "Giles Eye Care" <i>professional office</i> | Proposed Use: Commercial Office - "Giles Eye Care" - remove old building sign ; add new stand alone sign | Permit Fee: \$60.00 | Cost of Work: \$60.00 | CEO District: 4 |
| | | FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i> | INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i> | |

| | | |
|--|----------------------------------|----------------------------------|
| Proposed Project Description: remove old building sign add new stand alone sign | Signature: <i>[Signature]</i> | 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: Idobson | Date Applied For: 11/16/2007 | Zoning Approval |
|-----------------------------|---------------------------------|------------------------|

- 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 | Zoning Appeal | Historic Preservation |
|---|--|---|
| <input type="checkbox"/> Shoreland | <input type="checkbox"/> Variance | <input checked="" type="checkbox"/> Not in District or Landmark |
| <input type="checkbox"/> Wetland | <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Does Not Require Review |
| <input type="checkbox"/> Flood Zone | <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Requires Review |
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Interpretation | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Approved | <input type="checkbox"/> Approved w/Conditions |
| Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> | <input type="checkbox"/> Denied | <input type="checkbox"/> Denied |
| <i>Or w/condition</i> | Date: | Date: |
| Date: <i>11/20/07 ABM</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 |
| 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

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| Permit No: 07-1413 | Date Applied For: 11/16/2007 | CBL: 172 G009001 |
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| Location of Construction: 1039 WASHINGTON AVE | Owner Name: WASHINGTON AVENUE REALT | Owner Address: 1039 WASHINGTON AVE | Phone: |
| Business Name: | Contractor Name: Ion Design Group | Contractor Address: 22 Rear Free St. Portland | Phone (207) 775-7110 |
| Lessee/Buyer's Name | Phone: | Permit Type: Signs - Permanent | |

| | |
|--|--|
| Proposed Use: Commercial Office - Professional office - "Giles Eye Care" - remove old building sign & add new stand alone sign | Proposed Project Description: remove old building sign & add new stand alone sign |
|--|--|

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 11/20/2007

Note: Spoke to Tracy Giles 11/20/07. Told him that the sign needed to be placed a minimum of 5' from the property line. **Ok to Issue:**

1) The sign must be located a minimum of five (5) feet from the property line.

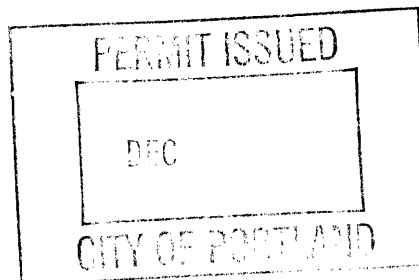
Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 12/07/2007

Note: **Ok to Issue:**

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

Comments:

11/20/2007-amachado: Spoke to Tracy Giles. Told him that we needed a certificate of liability for the sign. He said that he would talk to his insurance company.





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.

Block 868
Pg 157

| | | |
|--|--|--|
| Location/Address of Construction: <u>1039 Washington Ave</u> | | |
| Tax Assessor's Chart, Block & Lot Chart# <u>172</u> Block# <u>6</u> Lot# <u>9.10.11</u> | Owner: <u>Tracy Giles</u> | Telephone: off: a: <u>775-6533</u> cell: <u>712-3167</u> |
| Lessee/Buyer's Name (If Applicable) <u>NA</u> | Contractor name, address & telephone: Jon Derigo <u>Robert Verrier</u> <u>207-775-7110</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>60.-</u> |

Who should we contact when the permit is ready: Tracy Giles phone: 775-6533

Tenant/allocated building space frontage (feet): Length: 36' Height: 11.6"
 Lot Frontage (feet) 142 Single Tenant or Multi Tenant Lot Multi. Tenant

Current Specific use: Optometry Office
 If vacant, what was prior use: NA
 Proposed Use: Optometry office

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes No Dimensions proposed: 27" x 60" Height from grade: 61"
 Bldg. wall sign? (attached to bldg) Yes No Dimensions proposed: _____

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 No Dimensions: _____
 Bldg. wall sign? (attached to bldg) Yes No Dimensions: Currently, a temporary wall sign exists, but will be taken down when proposed
 Awning? Yes No Sq. ft. area of awning w/communication: But on other side of building. ~ 8 ft² Sign is placed.

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.

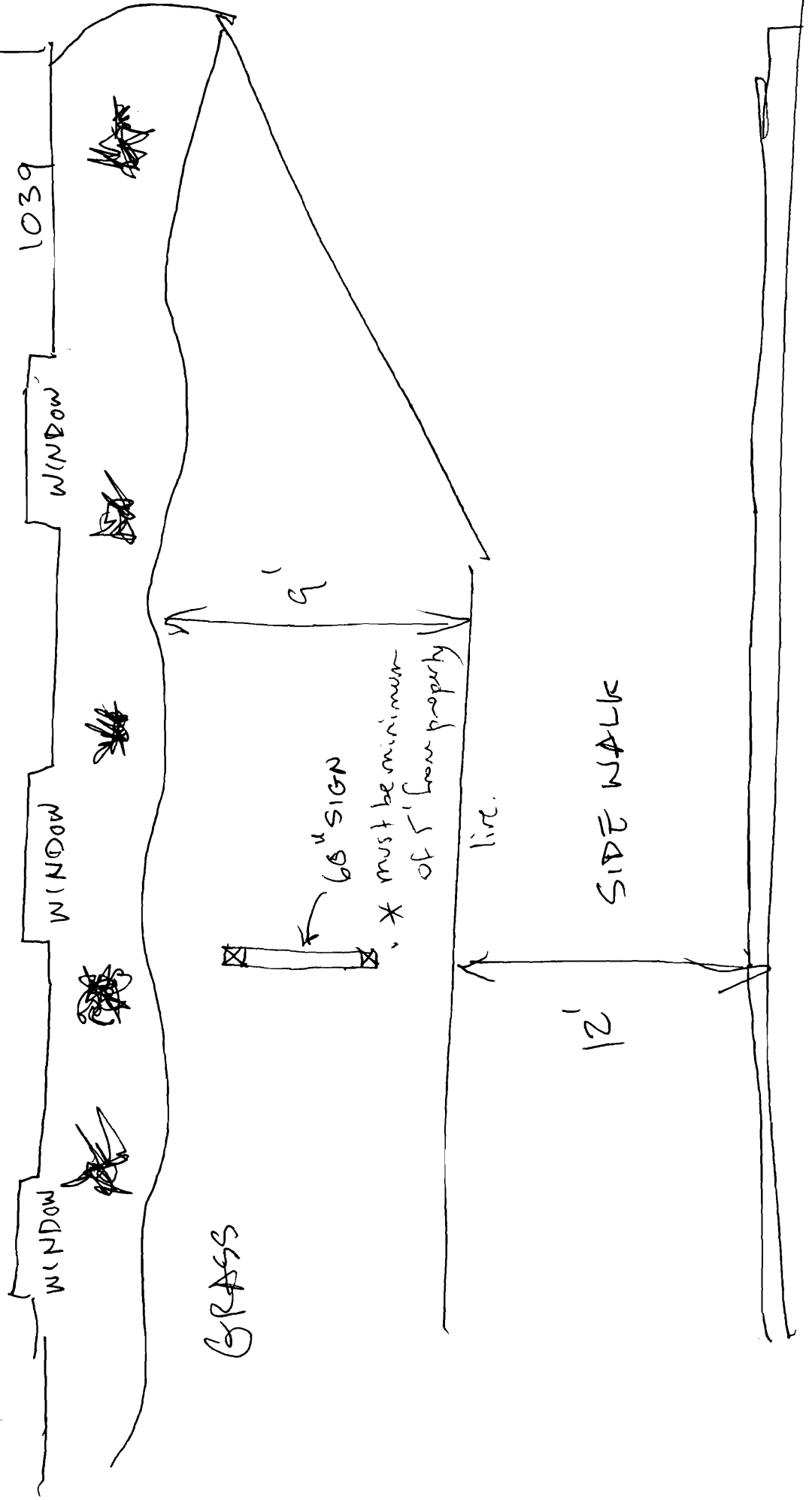
| | |
|--|-----------------------|
| Signature of applicant: <u>[Signature]</u> | Date: <u>11/15/07</u> |
|--|-----------------------|

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

freestanding
max area 300 ft²
max height 16'
setback 5'
oneside

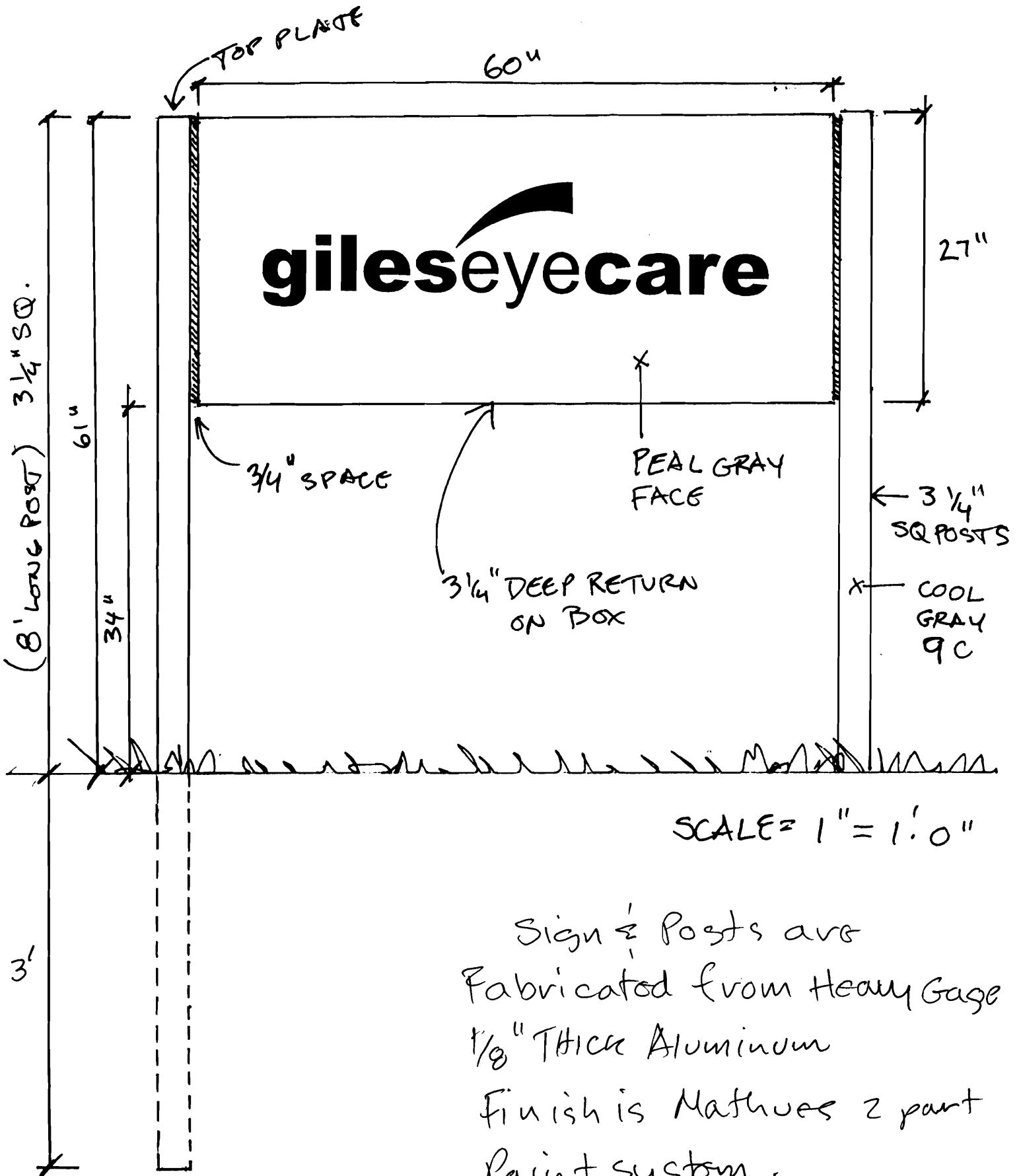
OK sign - 60" x 27" = 11.25 ft²
OK height - 5.1'
setback?

Tracy Giles
1039 Washington Ave



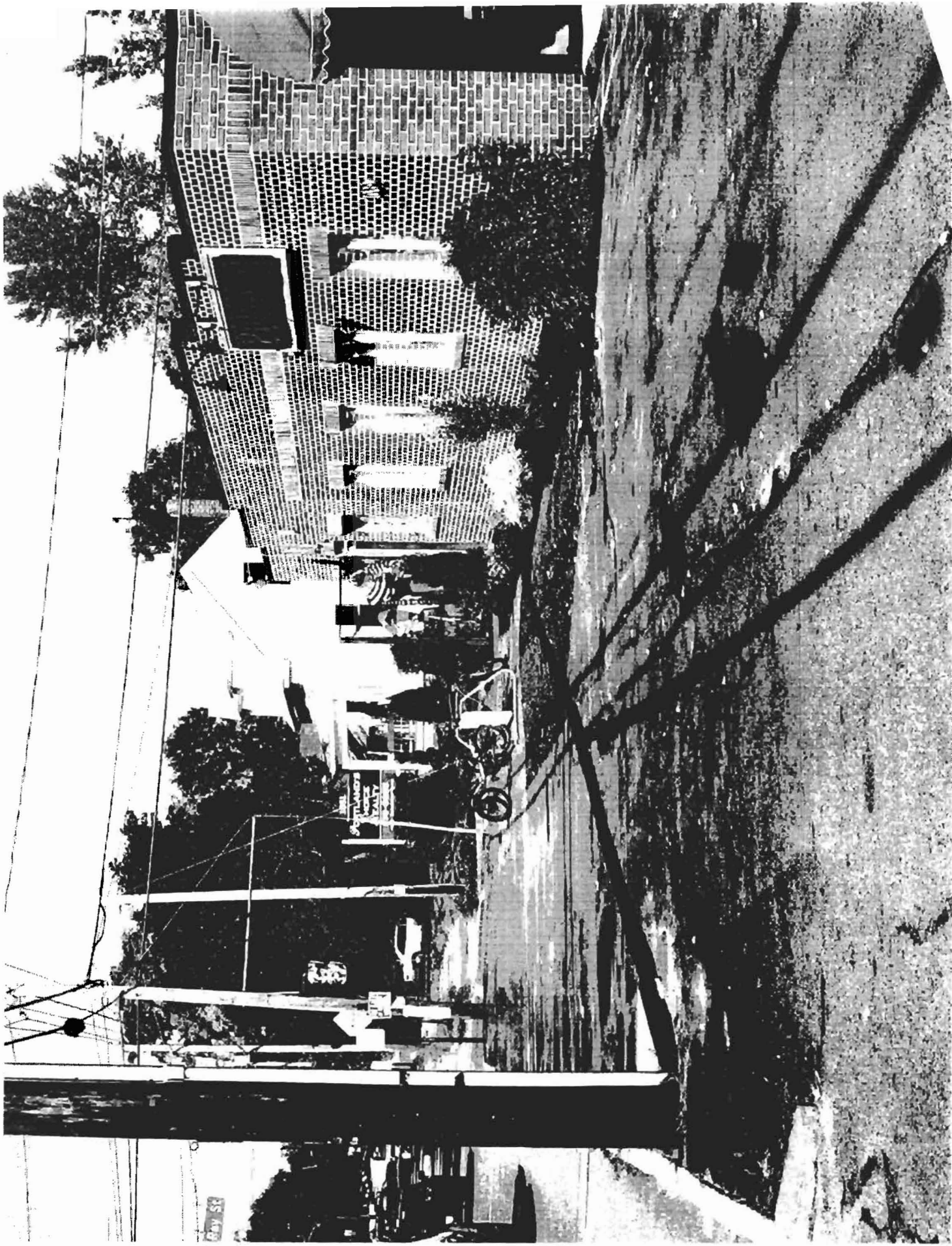
60"x27" = 11.25#

Tracy Giles
1039 Washington Ave



Sign & Posts are
Fabricated from Heavy Gage
1/8" Thick Aluminum
Finish is Mathues 2 part
Paint system.

Tracy Giles 1039 Washington Ave



ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
11/26/2007

| PRODUCER O'Hearn Insurance Agency 1087 Forest Ave Portland, Me. 04103 207-797-9400 | 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. | | | | | | | | | | | | |
|---|---|-----------------------------|-------|--|--|------------|--|------------|--|------------|--|------------|--|
| INSURED Giles, Tracy 1039 Washington Ave Portland, ME 04103 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC#</th> </tr> <tr> <td>INSURER A: NATIONWIDE INSURANCE</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> </table> | INSURERS AFFORDING COVERAGE | NAIC# | INSURER A: NATIONWIDE INSURANCE | | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | |
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| INSURER A: NATIONWIDE INSURANCE | | | | | | | | | | | | | |
| 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 | ADDL MSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | |
|-----------------------------|-----------|---|-----------------|----------------------------------|-----------------------------------|--|----------------------|--------|--------------------|----|----------------------------|----|-----------------------------|----|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | 51B0138817-3001 | 09/01/07 | 09/01/08 | EACH OCCURRENCE \$ 2,000,000 | | | | | | | | |
| | | GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 | | | | | | | | |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ | | | | | | | | |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ | | | | | | | | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATU-TORY LIMITS</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATU-TORY LIMITS | OTH-ER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE - EA EMPLOYEE | \$ | E.L. DISEASE - POLICY LIMIT | \$ |
| WC STATU-TORY LIMITS | OTH-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 City of Portland 389 Congress St Portland, ME 04101 Atten: Ann 874-8716 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE |
|---|---|

Atten Lannie