

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

## BUILDING DEPARTMENT PERMIT

Permit Number: 050053

PERMIT ISSUED

JAN 21 2005

CITY OF PORTLAND

This is to certify that Blue House Llc /Owner

has permission to install new 4' x 4' sign

AT 559 Brighton Ave

184 D026001

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 altered or closed-in. HEAVY 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

*Jeannie Bourke* 1/20/05  
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: 05-0053	Issue Date: <b>PERMIT ISSUED</b> JAN 21 2005	BL: 184 D026001
Owner Address: 232 Ray St	Contractor Address: Portland	Phone:
Permit Type: Signs - Permanent	Zone: B1	

Location of Construction: 559 Brighton Ave	Owner Name: Blue House Llc
Business Name:	Contractor Name: Owner <i>Signery</i>
Lessee/Buyer's Name	Phone:

Past Use: Bakery	Proposed Use: Bakery / install new 4' x 4' sign
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Permit Fee: \$62.00	Cost of Work: \$62.00	CEO District: 3
FIRE DEFT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>FA</i> Type: <i>Sign</i> <i>IBC-2003</i> Signature: <i>JMB 1/20/05</i>	

Proposed Project Description:  
install new 4' x 4' sign

Action:  Approved  Approved w/Conditions  Denied  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: Idobson	Date Applied For: 01/13/2005	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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>1/14/05</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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: _____
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**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

<b>Permit No:</b> 05-0053	<b>Date Applied For:</b> 01/13/2005	<b>CBL:</b> 184 D026001
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<b>Location of Construction:</b> 559 Brighton Ave	<b>Owner Name:</b> Blue House Llc	<b>Owner Address:</b> 232 Ray St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Owner	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Bakery / install new 4' x 4' sign	<b>Proposed Project Description:</b> install new 4' x 4' sign
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Dept: Zoning      Status: Approved      Reviewer: Marge Schmuckal      Approval Date: 01/14/2005  
 Note:      Ok to Issue:

Dept: Building      Status: Approved      Reviewer: Jeanine Bourke      Approval Date: 01/20/2005  
 Note: 1/20/05 left vm w/Lisa C to call for more detail. She called back to verify location of sign attachment & guy wire installation.      Ok to Issue:

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

# 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>559 Brighton Ave Portland 04102</u>		
Total Square Footage of Proposed Structure <u>14 1654 ft</u>	Square Footage of Lot <u>.12 acre</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>184</u> Block# <u>D</u> Lot# <u>026</u>	Owner: <u>BlueHouse LLC</u>	Telephone: <u>774-8129</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Lisa Childs</u> <u>Scott Anderson</u> <u>John Angler</u> <u>232 Ray St 878 5440</u> <u>Portland ME 04103</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>32</u> Awning Fee = Cost of Work: \$ _____ Total Fee: \$ <u>62.00</u>
Current use: <u>B39 14</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Bakery + Market</u>		
Project description: <u>New Sign</u>		
		
Contractor's name, address & telephone: _____		
Whom should we contact when the permit is ready: <u>Lisa Childs 774 8129</u>		
Mailing address: _____		
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 \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>774 8129</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 codes applicable to this permit.

Signature of applicant: <u>Lisa Childs</u>	Date: <u>1/13/05</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.**

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 559 Brighton Ave ZONE: B1

CBL: 184-D-026

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

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES  NO

## TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 20' per picture per ~~1.5~~ 1.5 Height: 30'

## INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS PROPOSED: \_\_\_\_\_  
BLDG. WALL SIGN? (attached to bldg) YES  NO  DIMENSIONS PROPOSED: 4x4 ft

## INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS: 4x6 to be removed  
BLDG. WALL SIGN(attached to bldg)? YES  NO  DIMENSIONS: \_\_\_\_\_  
AWNING? YES  NO  DIMENSIONS: 4x3  
LOT FRONTAGE (FEET): \_\_\_\_\_

AWNING YES  NO  IS AWNING BACKLIT? YES  NO

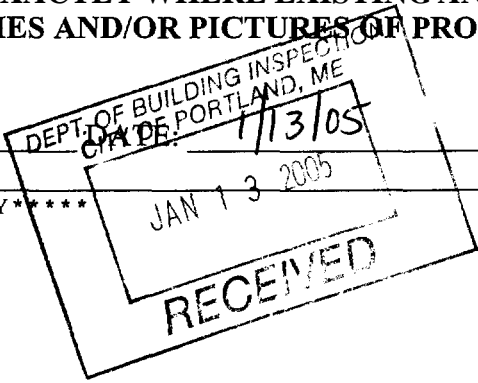
HEIGHT OF AWNING: 2' LENGTH OF AWNING: \_\_\_\_\_ DEPTH: 3.5

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES  NO

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Lisa Collins



\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

# CHECKLIST FOR SIGN/AWNING APPLICATION

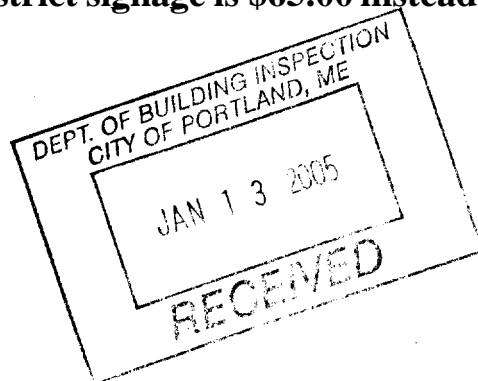
**Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:**

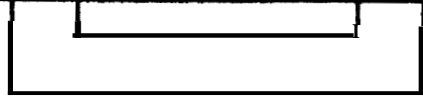
- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way. Amount must equal \$400,000.00.
- N/A Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. **Indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building facade dimensions for any signage attached to a building.**
- A sketch or photo of any proposed sign(s) indicating *content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.*
- N/A Certificate of Flammability required for awning or canopy at time of application.
- NTA UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

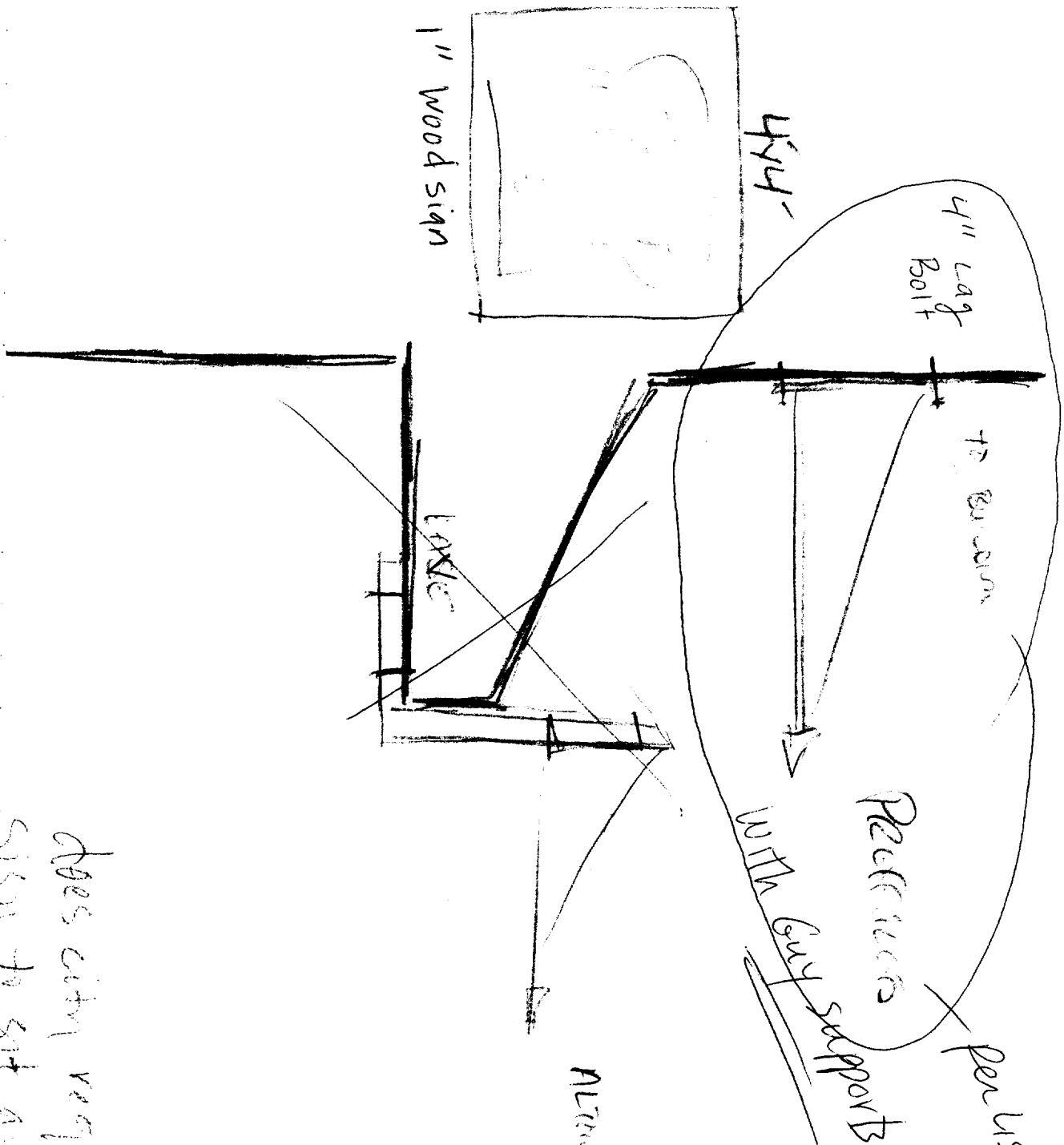
**Permit Fee for signage or awning-with-signage:  
\$30.00 plus \$2.00 per square foot of sign.**

**Permit Fee for awning-without-signage is based on cost of work:  
\$30.00 for the first \$1,000.00, plus \$9.00 for each additional \$1,000.00.**

**Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00**







Does city require  
 sign to sit on concrete?  
 distance above ground?

DEPT. OF BUILDING INSPECTION  
 CITY OF PORTLAND, ME  
 JAN 13 2005  
 RECEIVED

per Lisa C.

ALTERNATES



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID ML ROSEM-3	DATE (MM/DD/YYYY) 01/13/05
PRODUCER <b>GSB/Turner Barker Insurance</b> One India Street Portland ME 04101 Phone: 207-773-8156 Fax: 207-773-6647		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  <b>Blue House LLC/Rosemont Bakery</b> <b>John Naylor/Scott Anderson</b> 45 Fleetwood St Portland ME 04102		INSURERS AFFORDING COVERAGE INSURER A: <b>One Beacon Insurance</b> INSURER B: INSURER C: INSURER D: INSURER E:	NAIC# 20621

**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 ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	1U09365	10/15/04	10/15/05	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Non-Owned Auto				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>				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				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME  
JAN 13 2005  
RECEIVED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Bakery w/Baking on premises-Certificate holder is named as an additional insured in regards to outdoor sign.**  
 184 D 27

CERTIFICATE HOLDER  City of Portland 389 Congress Street Portland ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 ME INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Maureen Jabbe</i>
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