

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

DEPARTMENT OF BUILDING INSPECTION

## PERMIT

Permit Number: 050955

Please Read Application And Notes, If Any, Attached

This is to certify that SHAW'S REALTY CO /DM permits  
has permission to Install 4 signs 69 sf totaled to place existing signs  
AT 1372 CONGRESS ST

PERMIT ISSUED  
AUG 5 2005  
191 B019001 CITY OF PORTLAND

provided that the person or persons, firm or corporation applying for this permit shall comply with all of the provisions of the Statutes of the State 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 work on permit must be completed before this building or part thereof is closed-in. **48 HOUR NOTICE IS REQUIRED.**

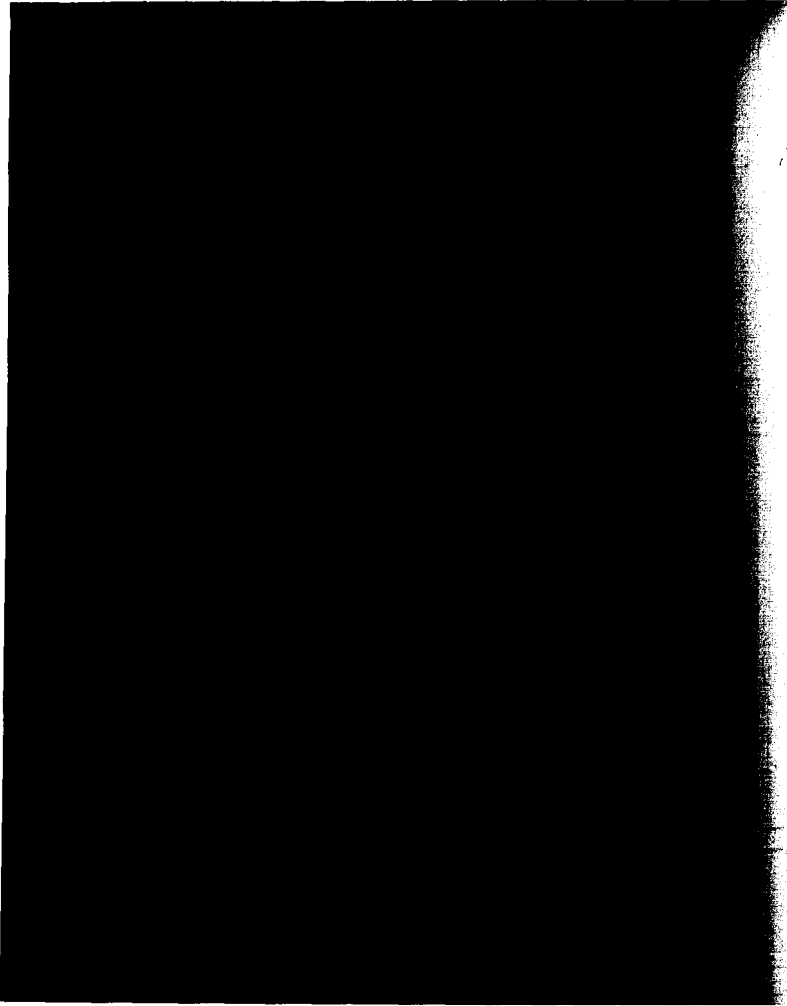
A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

**OTHER REQUIRED APPROVALS**

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Signature]*  
8/3/05  
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: 05-09:5	Issue Date: ISSUED: 19 B019001
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<b>Location of Construction:</b> 1372 CONGRESS ST	<b>Owner Name:</b> SHAW'S REALTY CO	<b>Owner Address:</b> P.O. BOX 20	<b>Phon</b>
<b>Business Name:</b>	<b>Contractor Name:</b> DMC Permits	<b>Contractor Address:</b> 4 Velma Rd Portland CITY C	<b>Phone</b> 7819630570
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	<b>Zone:</b> B-2
<b>Past Use:</b> Commercial	<b>Proposed Use:</b> Commercial Install 4 signs 69 sf total to replace existing bank signs	<b>Permit Fee:</b> \$168.00	<b>Cost of Work:</b> \$168.00
		<b>FIRE DEPT:</b> Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/>	<b>INSPECTION:</b> Use Group: U Type: Sign IBC 2003
		<b>Signature:</b> <i>[Signature]</i>	<b>Signature:</b> <i>[Signature]</i>
		<b>Action:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	<b>Signature:</b> <i>[Signature]</i>
		<b>Signature:</b>	<b>Date:</b>

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 07/07/2005	<b>Zoning Approval</b>		
		<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 checked="" type="checkbox"/> Date: <i>7/21/05</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: <i>[Signature]</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



# Sign 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: 1370 CONGRESS ST (MAY 30 1364) Zone: \_\_\_\_\_

Total square footage of proposed structure: \_\_\_\_\_ Square footage of lot: \_\_\_\_\_  
Lot frontage: \_\_\_\_\_ Tenant frontage: \_\_\_\_\_

Tax Assessor's Chart, Block & Lot  
Chart# 191 Block# B Lot# 019

Owner: SHAW'S CO CO ALBERTSONS  
ATTN: LEGAL DEPT P.O. BOX 20  
BOISE ID 83726

Telephone: \_\_\_\_\_

Lessee/buyer's name (If applicable)  
TD BANK NORTH

Current use: BANK  
Proposed use: \_\_\_\_\_

Total s.f. of signage 69  
\$2.00 per s.f. \$ 138, plus  
\$65.00 base fee  
Fee: \$ 30  
Awning-without signage:  
\$30.00 for first \$1,000  
plus \$9.00 each addit.  
\$1,000  
Fee: \$ 168

Applicant name, address & telephone:  
DONNA CULLEN - AGENT  
4 VELMA RD  
RANDOLPH, MA 02368

If vacant, prior use: \_\_\_\_\_  
How long has it been vacant? \_\_\_\_\_  
Project description: \_\_\_\_\_  
Number of tenants in lot? \_\_\_\_\_

Freestanding sign?  Yes  No  
More than one sign?  Yes  No  
Sign Attached to Building?  Yes  No

Dimensions \_\_\_\_\_ Height \_\_\_\_\_  
Dimensions \_\_\_\_\_ Height \_\_\_\_\_  
Dimensions \_\_\_\_\_ Height \_\_\_\_\_

Awning  Yes  No Is awning backlit?  Yes  No Height  sidewalk? \_\_\_\_\_  
Awning Height: \_\_\_\_\_ Length: \_\_\_\_\_ Depth: \_\_\_\_\_

Is there any message, trademark or symbol on it?  Yes  No If Yes, total s.f. of panels/graphics: \_\_\_\_\_

Please describe: \_\_\_\_\_

List ALL existing signage and their dimensions:

(956) 802-1617

Contractor's name, address & telephone: NW SIMON INC 360 CROOKLAND AVE MIDDLETOWN NJ 08057  
Who should we contact when the permit is ready: DONNA CULLEN - AGENT  
Mailing address: 4 VELMA RD RANDOLPH MA 02368 Phone: (508) 380-5725

Once your permit is approved, we will notify you to come in and pick up your permit and review the requirements with our plan reviewer. Beginning work prior to receiving your permit will result in a violation fee of \$50.00.

Please submit all of the information outlined in the Signage Application Checklist including a building sketch showing exactly where existing is and proposed signage will be located. Please include sketches/pictures of proposed signage. Failure to do so will result in the automatic denial of your permit.

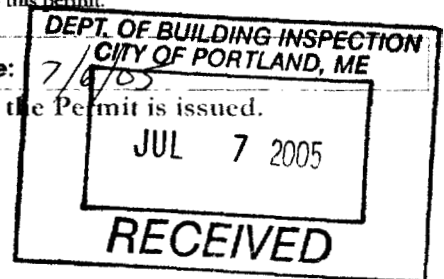
At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the owner of record of the named property, or \*at 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 representatives 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: Donna M Cullen - agent

Date: 7/6/05

This is not a Permit; you may not commence any work until the Permit is issued.



To: Donna Martin - Building Department of Portland ME  
From: Donna Cullen  
Subject: TD Banknorth Sign Permits  
Date: 7/06/2005

As you may know, TD Banknorth has acquired Peoples Bank and is going through the sign conversion program. I am applying for various locations in the city of Portland.

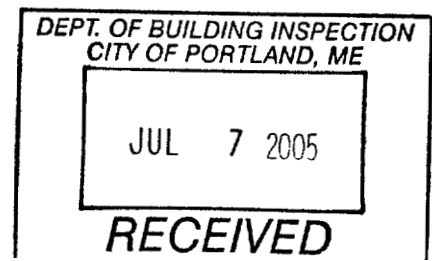
I spoke with you about a week ago and you indicated that I need to send the plans to you for review. You also requested liability insurance for the city of Portland, which we have provided. I have enclosed 5 locations thus far. We will have an additional 5 in about a week. Enclosed are the permit applications and a detailed sketch of each sign being replaced/refaced.

I will be awaiting your response with any questions and fees owed. I am enclosing my business card, which has the telephone numbers where I can be reached and my mailing address.

Thanks so much.



Donna Cullen  
Sign Industry Consultant  
Tagr Corp.



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE: MAY 20 2005  
06: 9:2005

**PRODUCER**  
Commerce Insurance Services  
336 Route 70 East  
Merton, NJ 08053  
877 396-3800

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**  
NW Sign Industries, Inc.  
360 Crider Avenue  
Moorestown, NJ 08057

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A	Selective Way Insurance Company	3301
INSURER B	New Jersey Manufacturers Insurance Co	2122
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, THIS 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUPY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-TEST <input checked="" type="checkbox"/> LOC	81730395	11/12/04	11/12/05	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTALS: \$100,000 MED EXP (incl. prof. fees): \$5,000 PERSONAL & ADJ. INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMP/PROP AGG: \$2,000,000
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> MIXED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	81730395	11/12/04	11/12/05	COMBINED SINGLE LIMIT (Per accident): \$1,000,000 BODILY INJURY (Per person): \$500,000 PROPERTY DAMAGE (Per accident): \$500,000 AUTO OWNED - EA ACCIDENT: \$500,000 OTHER THAN AUTO ONLY: EA ACC: \$500,000
<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUPY <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE: \$0 <input checked="" type="checkbox"/> RETENTION: \$0	81730395	11/12/04	11/12/05	EACH OCCURRENCE: \$10,000,000 AGGREGATE: \$10,000,000
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? SPECIAL PROVISIONS PER:	W23042	06/04/05	06/04/06	<input checked="" type="checkbox"/> WC STATE TOPLIMIT: \$500,000 EL EACH ACCIDENT: \$1,000,000 EL 90-DAY: \$A EMPLOYEE: \$1,000,000 EL 90-DAY: \$A POLICY LIMIT: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 \*Except 10 Days Notice of Cancellation for Non-Payment of Premium.  
 The City of Portland is included as an Additional Insured with respect to Liability arising out of operations of the Named Insured.

**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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION ON LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE: *[Signature]*