

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

# PERMIT

Please Read Application And Notes, If Any, Attached

**PERMIT ISSUED**

Permit Number: 070737

**JUL 12 2007**

**CITY OF PORTLAND**

This is to certify that 650 ALPHA LLC /Sign Design Inc  
 has permission to Lexan face replacement/ double sided 5' x 8" x 6'  
 AT 650 BRIGHTON AVE 224A F009001

provided that the person or persons, firm or corporation accepting 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 on procedure 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]* 7/12/07  
 Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initialzing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/>            | Footing/Building Location Inspection:      | Prior to pouring concrete  |
| <input checked="" type="checkbox"/> | Re-Bar Schedule Inspection:                | Prior to pouring concrete  |
| <input checked="" type="checkbox"/> | Foundation Inspection:                     | Prior to placing ANY backfill  |
| <input checked="" type="checkbox"/> | Framing/Rough Plumbing/Electrical:         | Prior to any insulating or drywalling  |
| <input checked="" type="checkbox"/> | <del>Final/Certificate of Occupancy:</del> | Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point. |

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

~~NO~~ If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

~~N/A~~ CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

<u><i>Diana Almsted</i></u>	<u>7/13/07</u>
Signature of Applicant/Designee	Date
<u><i>Donna Martin Admin</i></u>	<u>7-13-07</u>
Signature of Inspections Official	Date

CBL: 224 AF 009 Building Permit #: 070737

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 07-0737	Issue Date:	CBL: 224A F009001
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Location of Construction: 650 BRIGHTON AVE	Owner Name: 650 ALPHA LLC	Owner Address: 650 BRIGHTON AVE	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone 2078562600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: R-P

Past Use: Commercial	Proposed Use: Commercial - Lexan face replacement/ double sided 59 5/8" x 8"	Permit Fee: \$40.00	Cost of Work: \$40.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <input checked="" type="checkbox"/> Type: <i>Sign</i> <i>IBC 2003</i>	

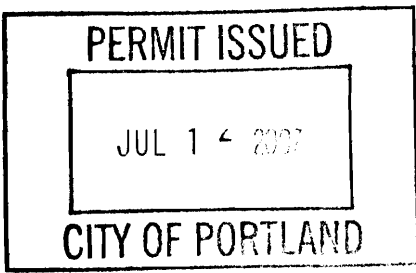
**Proposed Project Description:**  
Lexan face replacement/ double sided 59 5/8" x 8"

Signature: *[Signature]*  
Signature: *[Signature]*  
**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**  
Action:  Approved  Approved w/Conditions  Denied  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: Idobson	Date Applied For: 06/19/2007	<b>Zoning Approval</b>	
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- 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 <i>replacement panel for permitted sign</i>	<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
Date: <i>6/22/07 ABM</i>	Date: _____	Date: <i>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

<b>Permit No:</b> 07-0737	<b>Date Applied For:</b> 06/19/2007	<b>CBL:</b> 224A F009001
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<b>Location of Construction:</b> 650 BRIGHTON AVE	<b>Owner Name:</b> 650 ALPHA LLC	<b>Owner Address:</b> 650 BRIGHTON AVE	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Sign Design Inc	<b>Contractor Address:</b> PO Box 207 Westbrook	<b>Phone</b> (207) 856-2600
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial - Lexan face replacement/ double sided 59 5/8" x 8"	<b>Proposed Project Description:</b> Lexan face replacement/ double sided 59 5/8" x 8"
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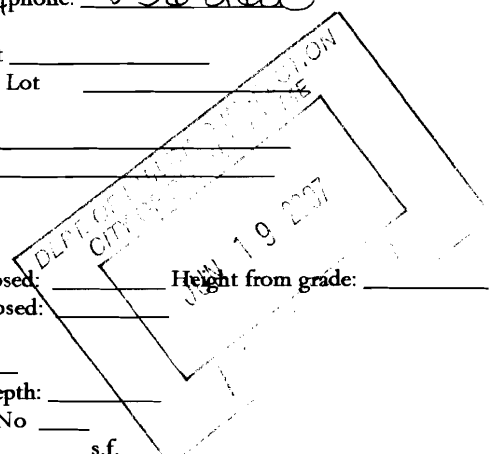
<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 06/22/2007
<b>Note:</b> Permit for sign #00-1178. Whole area of sign is 20 sf.			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 07/10/2007
<b>Note:</b> 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>



# 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>650 Brighton Ave.</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>224      AF      9</u>	Owner: <u>650 Alpha, LLC.</u>	Telephone: <u>773-6331</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>Sign Design, Inc. 306 Warren Ave. 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: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ <u>40</u>
Who should we contact when the permit is ready: <u>Diana Olmstead</u> phone: <u>856-2600</u>		
Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: _____ If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: _____		
Proposed awning? Yes <input type="checkbox"/> No <input type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): <u>lexan face replacement/double sided</u> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions: _____ <u>59 5/8" X 8"</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input type="checkbox"/> Dimensions: _____ <u>5x2+30</u> Awning? Yes <input type="checkbox"/> No <input type="checkbox"/> Sq. ft. area of awning w/communication: _____		
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](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>Diana M. Olmstead</u>	Date: <u>6/8/07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

*replace panel in sign*

*Sign perm. Hed 00-1178  
2007*



**Sign Contractors**

P.O. Box 207  
Westbrook, ME 04098  
(207) 856-2800 \* 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:

650 BRIGHTON AVE  
PORTLAND, ME 04102

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

Scott E. Bucke D.M.D.      6/11/07  
Signature      Date

SCOTT E. BUCKE, D.M.D.  
Print Name

This Design Is The Property Of

Sign Design Inc.

306 Warren Ave. Portland, ME

Phone: 207-856-2600 Fax: 207-856-7600



**Allstate**

You're in good hands.

2 Appx. 59 5/8" X 8" Lexan Faces W/ Vinyl Graphics In 230 Cobalt Blue

3, 3) 25¢

**Production Notes:**

**Sales Representative: Doug Harmon**

Note: Any black outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, retainers, faces and reveals. Unless otherwise specified, they are not considered as part of the sign graphics

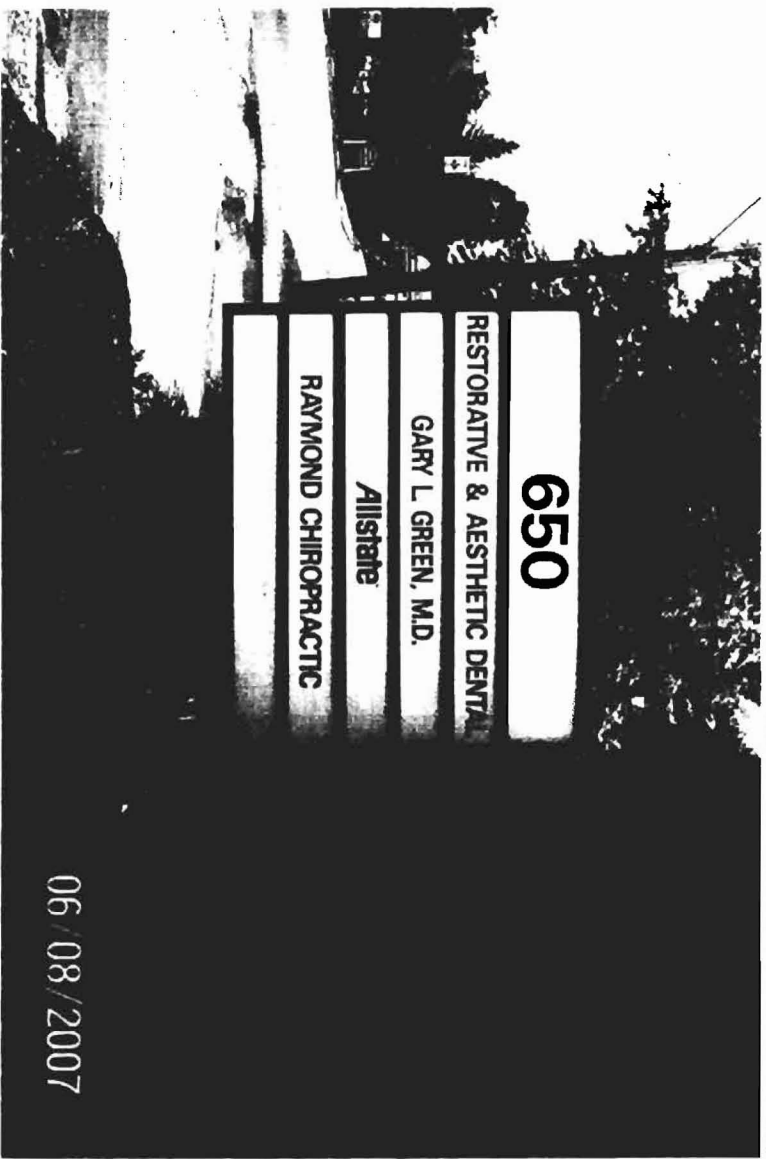
Customer: Allstate

Job Name: allstate/17842 comp. 1

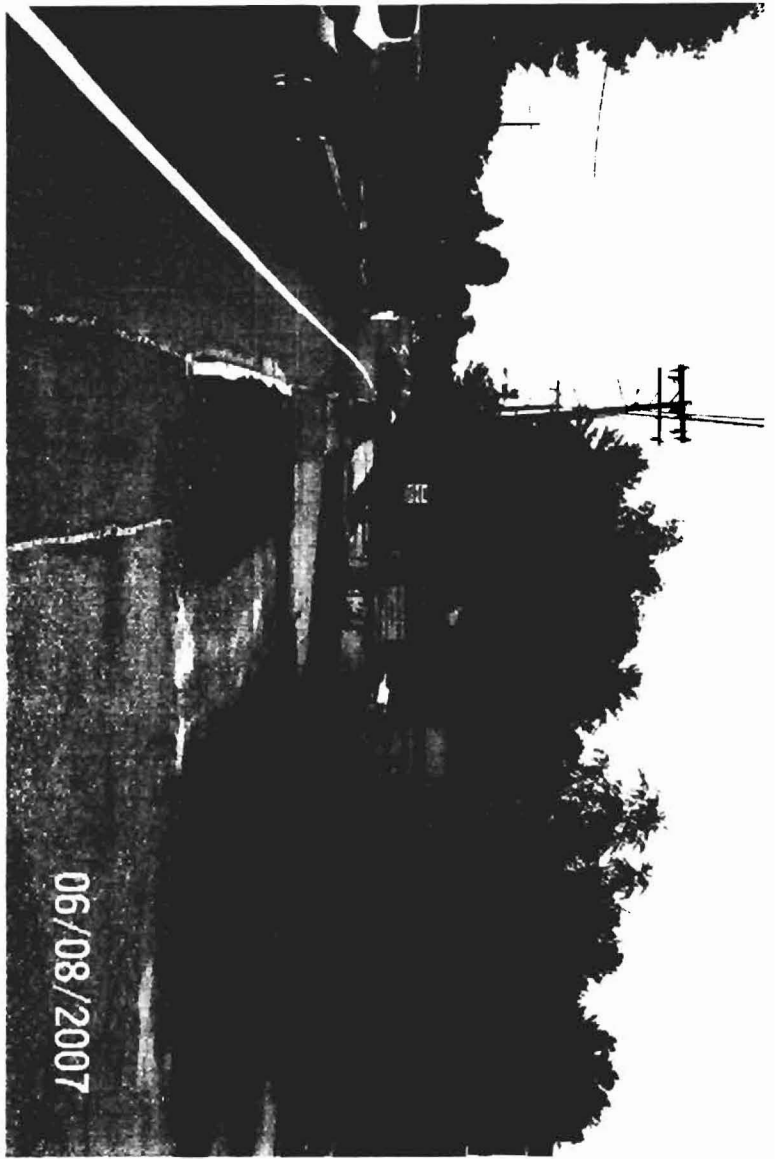
Date: 5-9-07

**Approval:**

Customer approval is a signed confirmation that dimensions, colors, graphics and all other job specifics are correct

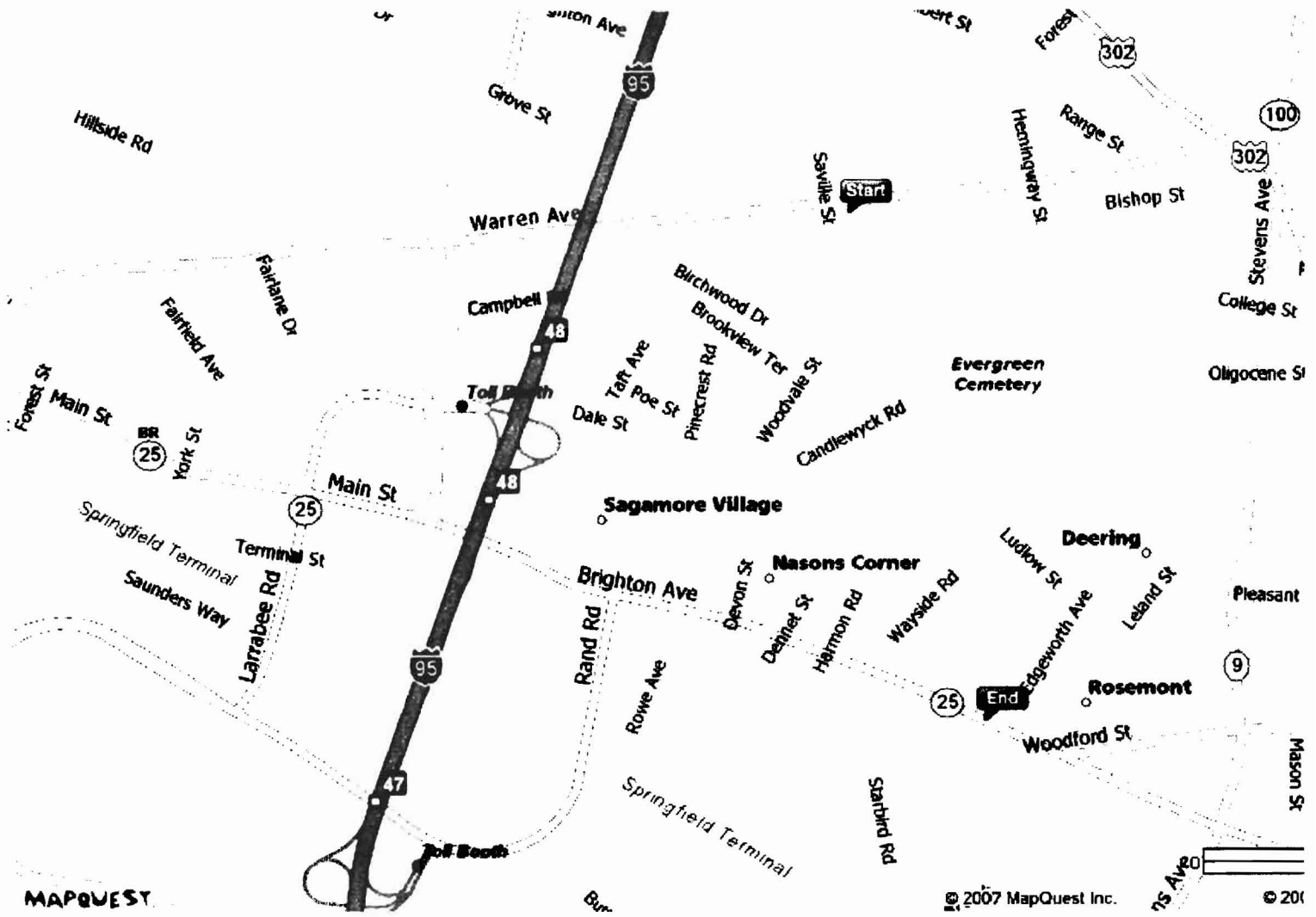


06/08/2007





Sorry! When printing directly from the browser your map may be incorrectly cropped. To print the entire map, try clicking the "Printer-Friendly" link at the top of your results page.



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These directions are informational only. No representation is made or warranty given as to their content, road conditions or route usability or expeditiousness. User assumes all risk of use. MapQuest and its suppliers assume no responsibility for any loss or delay resulting from such use.

**ACORD**  
TM

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
06/07/2007

PRODUCER Phone (207) 775-3793 Fax (207) 775-3691  
**HOLDEN AGENCY INSURANCE**  
 PO BOX 10610  
 1085 BRIGHTON AVE  
 PORTLAND ME 04104

**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

NAIC #

INSURED

**650 ALPHA LLC**  
 650 BRIGHTON AVE  
 PORTLAND ME 04102

INSURER A: **Peerless Insurance Company**

**24198**

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	ADD L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b>	<b>BOP8282316</b>	<b>06/01/07</b>	<b>06/01/08</b>	EACH OCCURRENCE	\$ <b>2,000,000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>100,000</b>
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED. EXP. (Any one person)	\$ <b>5,000</b>
		GEN'L AGGREGATE LIMIT APPLIES PER				PERSONAL & ADV. INJURY	\$ <b>2,000,000</b>
		<input type="checkbox"/> POLICY <input type="checkbox"/> PFC-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ <b>1,000,000</b>
						PRODUCTS-COMP/OP AGG	\$ <b>1,000,000</b>
		<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>				INC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE	\$
						E.L. DISEASE-POLICY LIMIT	\$
		<b>OTHER</b>					

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS**

As required

**CERTIFICATE HOLDER**

**CANCELLATION**

**City of Portland**  
 389 Congress Street  
 Portland, ME 04101

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 THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Attention: **Diana @ Sign Designs**