

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-1505	Issue Date: 12/3/08	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: RP

Past Use: Commercial - Offices (professional)	Proposed Use: Commercial - Offices - Multi - tenant sign - <i>free standing</i>	Permit Fee: \$75.00	Cost of Work: \$75.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> <i>IBC-2003</i> Type: <i>Storage</i>	

Proposed Project Description:
Multi - tenant sign - free standing / replacing existing one - 60" x 54"

Signature: _____ Date: *12/3/08*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

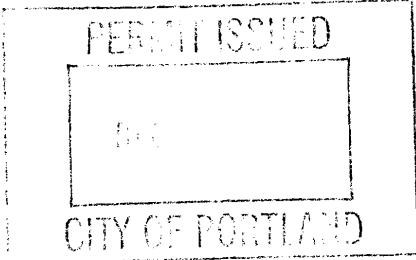
Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: ldobson	Date Applied For: 12/01/2008	Zoning Approval
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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	<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>12/12/08</i> <i>ABN</i>	Date: _____	Date: _____



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

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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 (207) 856-2600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Professional Offices - new multi - tenant freestanding sign (60" x 54")	Proposed Project Description: Replace old multi-tenant freestanding sign with new freestanding multi - tenant sign (60" x 54")
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 12/02/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) The sign must be located a minimum of five (5) feet from the property line.			
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 12/03/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

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 initializing 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.

 X **Final inspection required at completion of work.**

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.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date



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# <u>224-</u> Block# <u>AF</u> Lot# <u>9</u>	Owner: <u>Alpha LLC</u> <u>650 Brighton Ave.</u>	Telephone: <u>773-6331</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Contractor name, address & telephone: <u>SIGN DESIGN, INC.</u> <u>P.O. Box 207</u> <u>WESTBROOK, ME 04098</u>	Total s.f. of signage \leq \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>DIANA/ROGER</u> phone: <u>856-2600</u>		
Tenant/allocated building space frontage (feet): Length: <u>60'</u> Height: <u>23'</u> Lot Frontage (feet) <u>(165) 116</u> Single Tenant or Multi Tenant Lot <u>multi</u>		
Current Specific use: <u>OFFICES</u> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>54" X 60"</u> Height from grade: <u>8'</u> Bldg. wall sign? (attached to bldg) Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No _____ Dimensions: <u>5' X 6'</u> Bldg. wall sign? (attached to bldg) Yes _____ No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes _____ No <input checked="" 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.		

22.5 x 2 + 30
75

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.

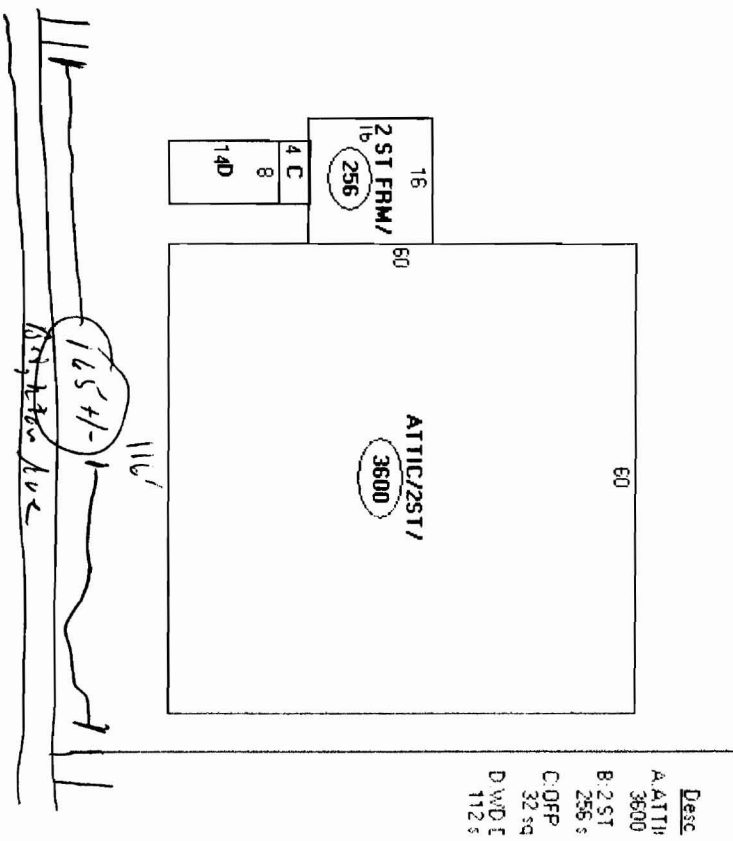
Signature of applicant: [Signature]

Date: 1 Dec 2008

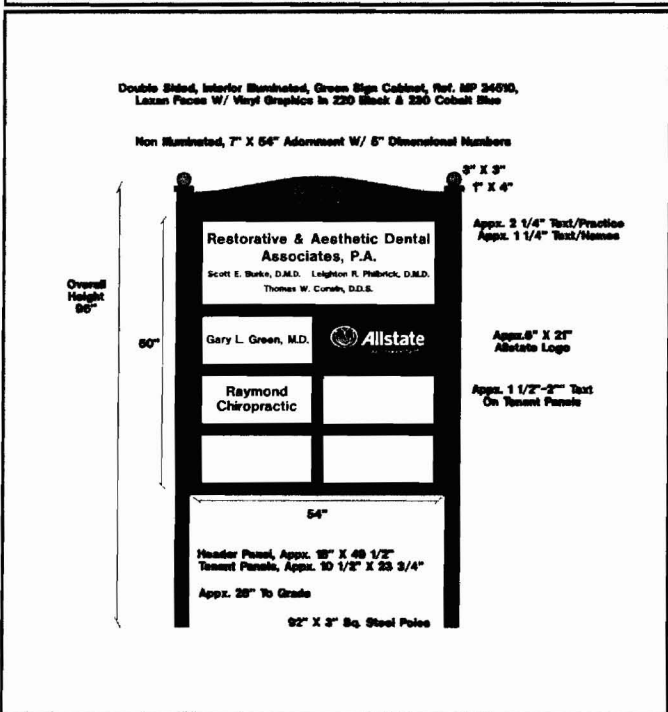
This is not a permit; you may not commence ANY work until the permit is issued.

EP
max area 3,000
height 8' max
setback 5' from prop. line

- 60" x 54" = 3240 sq ft = 22.5 sq ft ok
- 96" sign ok
- must be 5' from prop. line.

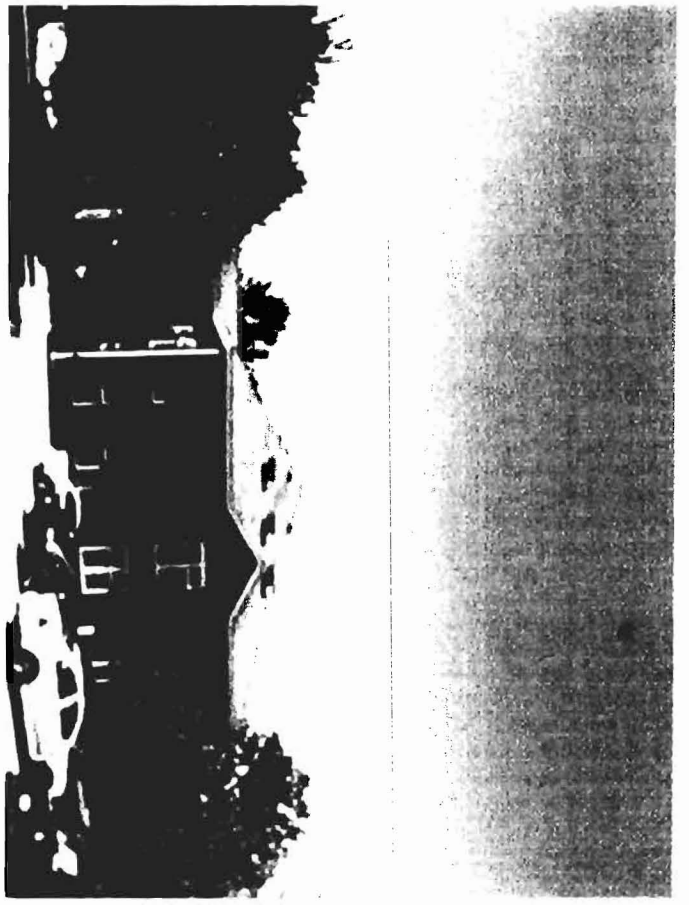


This Design Is The Property Of **306 Warren Ave. Portland, ME**
Sign Design Inc. Phone: 207-856-2600 Fax: 207-856-7600



This proof may reflect color shifts due to the color conversion from ink to print and or vinyl. Also, PMS colors will be approximated to the best of our ability.
 Customer supplied artwork files (300 dpi required) will be used as is, and Sign Design Inc. is not responsible for any issues in the design.
 Any black outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, relational lines and recesses. Unless otherwise specified, they are not considered as part of the sign graphics.
 Customer approval is a signed confirmation that dimensions, colors, text, graphics and all other job specifics are correct.

Client:
 FRS: 650 brighton ave. comp. 2
 Date: 10-2-08
 Approved:





Sign Contractors

P.O. Box 207
Westerbrook, ME 04098
(207) 555-2600 FAX: (207) 856-7800
1-800-953-8037
sign@ssi@metnet.com
A F H Service Sign Company

RE: 650, LLC

To Whom It May Concern:

As the owner (or owner representative) of the property located at:

650 Brighton Ave.

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

[Handwritten Signature]
Signature

11/20/08
Date

HEWETA COCOTIER
Print Name

Holden Agency Insurance

PO Box 10610
1085 Brighton Ave
Portland ME 04104
Phone (207) 775-3793
info@holdenagency.com

Fax (207) 775-3691
Agency Lic#: AGR 1995

November 21, 2008

Insured: Restorative & Aesthetic Dental Assoc P A
Company: Excelsior
Policy #: BOP8311326
Policy Period: SEP 1 08 To: SEP 1 09
Agency Lic#: AGR 1995

Total Number of Pages: 0

Sign Design

Phone:

Fax: 856-7600

Dianna

Re: Restorative & Aesthetic Dental Associates P.A.

Dear Dianna:

Revised certificate of insurance follows.

Thanks
Diane

Sincerely,



Diane K. Littlefield, CIC, CPIW
General Manager

dkl01

ACORD TM CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 11/21/2008												
PRODUCER Phone: (207) 775-3733 Fax: (207) 775-3691 HOLDEN AGENCY INSURANCE PO BOX 10610 1085 BRIGHTON AVE PORTLAND ME 04104 Agency Lic# AGR 1395	<p style="text-align: center;">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.</p> <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: Excelsior</td> <td style="text-align: center;">11045</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: Excelsior	11045	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER A: Excelsior	11045												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													
INSURED RESTORATIVE & AESTHETIC DENTAL ASSOCIATES P.A. 650 BRIGHTON AVE STE 1 PORTLAND ME 04102-1035													

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.

NSP LTR	ADDL INSRD	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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> JOB	BOP8311326	09/01/08	09/01/09	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED. EXP. (Any one person) \$ 5,000 PERSONAL & ADM. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BOP8311326	09/01/08	09/01/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AUTO ONLY AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WS STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYED \$ E.L. DISEASE-POLICY LIMIT \$
		OTHER:				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 As required for operations. Proof of liability coverage for signage work to be done at 650 Brighton Ave Portland, ME 04102. Certificate holder is named as an additional insured as respects liability.

CERTIFICATE HOLDER City of Portland 389 Congress Street Portland, ME 04101 Attention:	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 THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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