

PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months. If the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



Strengthening a Remarkable City, Building a Community for Life . www.portlandmaine.gov

Director of Planning and Urban Development Penny St. Louis

Job ID: 2011-10-2446-SIGN

Located At: 54 RAND RD

CBL: 263- B-040-001

## **Conditions of Approval:**

#### Zoning

1. The pylon sign is nonconforming. The replacement panel (4' x 10") is smaller than the original (4' x 12'). Any future sign must be the same size or smaller.

### **Building**

1. Signage Installation to comply with Chapters 31 & 32 of the IBC 2009 building code.

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

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

Job No: 2011-10-2446-SIGN	Date Applied: 10/12/2011		CBL: 263- B-040-001			
Location of Construction: 54 Rand Rd	Owner Name: QV Realty IIc		Owner Address: 295 HOGAN RD BANGOR, ME 04401		Phone: 207-774-3999	
Business Name:	Contractor Name: Sign Design, Inc, Roger		Contractor Address: P.O. Box 207 WESTBROOK ME 04098			Phone: (207) -856-2600
Lessee/Buyer's Name:	Phone:		Permit Type: SIGN - PERM - Signage - Permanent			Zone: B-Z
Past Use: Car Dealership	Proposed Use: Same – car dealership – replace panel in pylon sign (4' x 10')		Cost of Work: Fire Dept:	Approved Denied N/A		CEO District: Inspection: Use Group: Type:
Proposed Project Description replace panel, 4' x 10', free standin	Signature: Pedestrian Activities District (P.A.D.)		Signature:			
Permit Taken By:	Zoning Approval					
<ol> <li>This permit application d Applicant(s) from meetin Federal Rules.</li> <li>Building Permits do not i septic or electrial work.</li> <li>Building permits are void within six (6) months of t False informatin may inv permit and stop all work.</li> </ol>	Special Zone or Reviews Shoreland Wetlands Flood Zone Subdivision Site Plan Maj Min MM Date: 0) W Contine No Del 11 MBM CERTIFICATION		Zoning Appeal Us Variance Miscellaneous Conditional Us Interpretation Approved Denied Date:	e Not in Dis Does not F Requires F Approved	Approved w/Conditions Denied	

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

PHONE

**RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** 

DATE



1

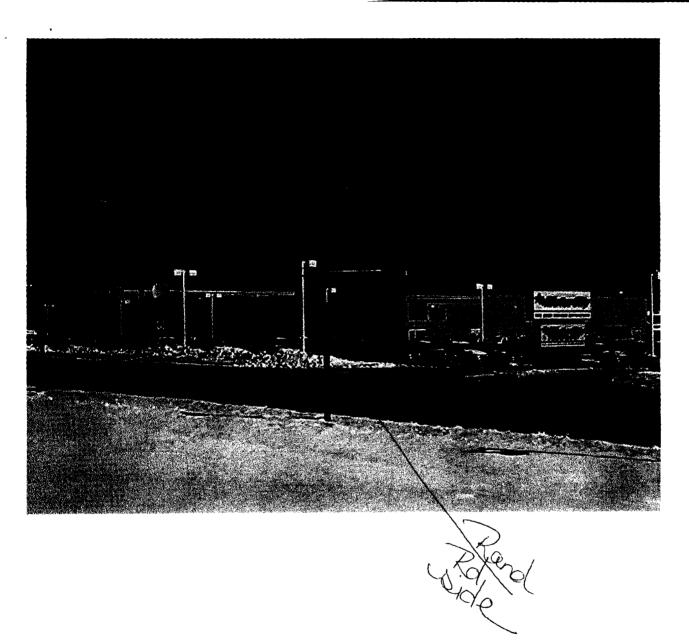
# 2011 10 2446 Signage/Awning Permit Application

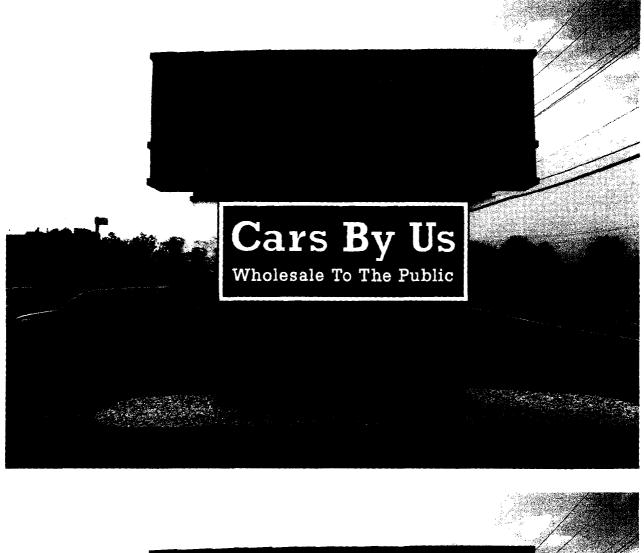
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 1000 Brighton Ave. 54 Rand Rd.
Taz Assessor's Chart, Block & Lot Chart# Block# 213-Lot# Over 295 Hegan Rd 4401 163 843 245 Hegan Rd 4401 Telephone: 774-3999
Lessee/Buyer's Name (If Applicable)       Contractor name, address & telephone:       Total s.f. of signage x \$2.00         N/A       SIGN DESIGN, INC.       Per s.f. plus \$30.00/\$65.00         Pr.O., BOX 207       Fee: \$
Who should we contact when the permit is read: <u><i>DIANA</i>/RogER</u> phone: <u>856-2600</u> Tenant/allocated building space frontage (feet): Length: <u>190</u> Height <u>24</u>
Lot Frontage (feet) Single Tenant of Multi Tenant Lot  Current Specific use:  If vacant, what was prior use:
Proposed Use:
Height of awning: Length of awning: IRECEIVED
Information on existing and previously permitted sign(6):       0C7 1 2 2011         Freestanding (e.g., pole) sign?       Yes No Dimensions:         Bldg. wall sign? (attached to bldg)       Yes No Dimensions:         Awning? Yes No Sq. ft area of awning w/communication       Of Building Inspections         City of Portland Maine         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 <u>www.portlandmaine.gov</u> , 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 authonizes 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: Diana Mathematical Date: /0/11/11 This is not a permit; you may not commence ANY work until the permit is issued.
Sigle forant. existing pylon paret is souther 345 812 to 41 ×12 ' OP existing panel 4'×12' Small replacement 4'×10' Small

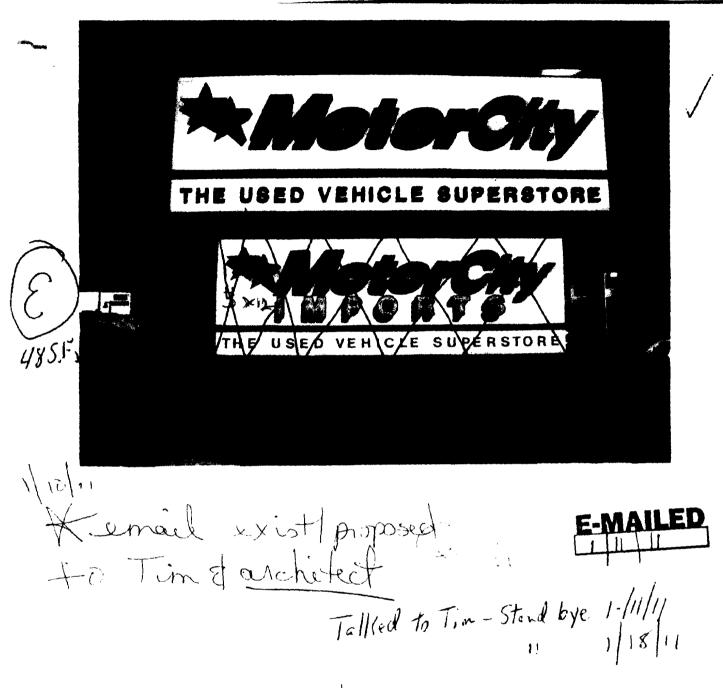
63/17/2811 68:59 2673748716	PAGE 83/80
CITY OF PORTLAND, MAINE Department of Building Inspections	
Original Receipt	
Oct. 12 2011	
Received from TR Sch Dung Long	
Location of Work 1000 Budy Tro Cure 363 Boy 3 342 Ulunest 203 Dolo	
Cost of Construction \$ Building Fee:	
Permit Fee \$ Site Fee:	
Certificate of Occupancy Fee:	
Total:	
Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)	
Other         70.00           CBL:         110.00	
CBL:	
Check #: 5535 Total Collected s 190.00	
No work is to be started until permit issued. Please keep original receipt for your records.	freesteres (
Taken by:	
WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy	

Page 1 of 1









2/18/11 - has permit/will call next with permit/will





P.O. Box 207 Westbrook, ME 04098 (207) 856-2600 \* 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:

0

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

10/10/11 Date

,

Signature

TUMOTH . Re \_\_\_\_ Print Name



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY 10/11/2011

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 #	
INSURER B: Travelers Insurance Company INSURER C: INSURER D:	25615	
	ONLY AND CONFERS NO RIGHTS UPON THE C HOLDER. THIS CERTIFICATE DOES NOT AMEND ALTER THE COVERAGE AFFORDED BY THE POL INSURERS AFFORDING COVERAGE INSURER A: The Charter Oak/ Travelers INSURER B: Travelers Insurance Company INSURER C:	

#### 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.

LIR	MSRD	TYPE OF INSUBANCE	POLICY NUMBER	DATE DIMODOCCO	DATE MENDOXYYYY	LINKT	8
В	1	GENERAL LIABILITY	630-8826M609	12/01/2010	12/01/2011	EACH OCCURRENCE	s 1,000,000
1		X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$</b> 250,000
{						MED EXP (Any one person)	s 5,000
						PERSONAL & ADV INJURY	<u>s</u> 1,000,000
-							s 3,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPIOP AGG	s 1,000,000
L		POLICY PRO-					
						COMBINED SINGLE LIMIT (Ea accident)	\$
		ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
		HIRED AUTOS				BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
A		GARAGE LIABILITY	GA 8828M18A 10	12/01/2010	12/01/2011	AUTO ONLY - EA ACCIDENT	s 1,000,000
	}	X ANY AUTO				OTHER THAN EA ACC	s 1,000,000
						AUTO ONLY: AGG	s 3,000,000
	{	EXCESS / UMBRELLA UABILITY				EACH OCCURRENCE	\$
	1	OCCUR CLAIMS MADE				AGGREGATE	\$
	{						\$
]		DEDUCTIBLE					\$
┝		RETENTION \$				WC STATU- OTH-	\$
	AND	KERS COMPENSATION EMPLOYERS' LIABILITY Y/N				IORY_LIMITS  ER	
	OFFN	PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$
ł	Ifves	detory in NH) , describe under				E.L. DISEASE - EA EMPLOYEE	
	OTHE	DAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Please add as an Additional Insured to the policy for Sign work by Sign Design: City of Portland							
CE	RTIF	CATE HOLDER		CANCELLAT	ION		AI WELNJU
		يفاد أكار معالمة بالبلان الوجب ومعتار الكميجي محد في مع		1			

		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION		
		DATE THEREOF, THE ISSUING INSURER WILL DEMONSKING MAIL 30 DAYS WRITTEN		
City of Portland		NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL		
389 Congress Street		INPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR		
Portland	ME 04101-	REPRESENTATIVES.		
		AUTHORIZED REPRESENTATIVE Generaldine L. Shereitto		

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