

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application  
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 01-481 Issue Date: DEC 13 2001 CBL: 263A A004002

Location of Construction: 1032 Brighton Ave Owner Name: Heritage Realty Owner Address: 535 Boylston Street  
Business Name: n/a Contractor Name: Barlo Signs Contractor Address: 158 Greeley Street Hudson Phone: 6035532060  
Lessee/Buyer's Name: n/a Phone: n/a Permit Type: Signs - Permanent Zone: B-2

Past Use: Commercial Proposed Use: Commercial / Replace face of existing 55 sq. ft. sign. Permit Fee: Cost of Work: \$0.00 CEO District: 3  
FIRE DEPT: N/A [ ] Approved [ ] Denied INSPECTION: Use Group: Sign Type: BOLA 1999 Signature: T. Minson

Proposed Project Description: Commercial / Erect 55 sq. ft. Sign  
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: [ ] Approved [ ] Approved w/Conditions [ ] Denied Signature: N/A Date:

Permit Taken By: jodinea Date Applied For: 12/04/2001 Zoning Approval

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  
2. Building permits do not include plumbing, septic or electrical work.  
3. 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: [ ] Shoreland [ ] Wetland [ ] Flood Zone [ ] Subdivision [ ] Site Plan Maj [ ] Minor [ ] MM [ ]  
Zoning Appeal: [ ] Variance [ ] Miscellaneous [ ] Conditional Use [ ] Interpretation [ ] Approved [ ] Denied  
Historic Preservation: [x] Not in District or Landmark [ ] Does Not Require Review [ ] Requires Review [ ] Approved [ ] Approved w/Conditions [ ] Denied  
Date: 12/15/01 Date: 12/13/01 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

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

# SIGNAGE APPLICATION

THIS IS NOT A PERMIT  
CONSTRUCTION CANNOT NOT COMMENCE UNTIL THE PERMIT IS ISSUED

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

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>Pine Tree Shopping Center</u> <u>1030 Brighton Ave.</u>   |   |  |
| Total Square Footage of Proposed Structure: <u>54.17<sup>sq</sup></u> Square Footage of Lot  |   |  |
| Tax Assessor's Chart, Block & Lot Number<br>Chart# <u>263</u> Block# <u>AA</u> Lot# <u>004</u>   | Owner: <u>Heritage Realty</u><br><u>535 Boylston St</u><br><u>Boston MA 02114</u> | Telephone #:<br><u>617-247-2200</u>  |
| Lessee/Buyer's Name (If Applicable)  | Owner's/Purchaser/Lessee Address:   | Total s.f of signs <u>55</u> x<br>.20 \$ <u>11.00</u> , plus \$30.00<br><b>TOTAL \$ <u>41.00</u></b> |
| Current use: <u>Sign</u>   | Proposed use: <u>Sign</u>   |  |
| Project description:<br><u>Replace free of existing sign, size for size</u>  |   |  |
| Applicants Name, Address & Telephone: <u>Barlo Signs / Jennifer</u><br><u>158 Greeley St Hudson NH</u><br><u>03051</u>                                     |   |  |
| Contractor's Name, Address & Telephone: <u>Barlo Signs / Jennifer</u><br><u>158 Greeley St Hudson NH</u><br><u>03051</u>                                   |   |  |
| Who shall we contact when the permit is ready: <u>Jenn - 800-227-5674 (233)</u><br>Telephone:  |   |  |
| If you would like it mailed, what mailing address should we use:<br><u>Jenn Robichaud / Barlo Signs</u><br><u>158 Greeley St Hudson NH</u><br><u>03051</u> |   |  |

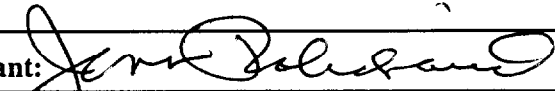
DEPT. OF BUILDINGS  
CITY OF BOSTON  
DEC 4 2001  
03051  
Rec'd By:

**THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED**

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

**Certification**

*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:  | Date: 11-12-01 |
|---|----------------|

**Sign Permit Fee: \$30.00 plus \$0.20 per square foot.**

*A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00*

**BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU ARE APPLYING FOR**

**IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE**

**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: Pine Tree Shopping Center ZONE: B2  
OWNER: Heritage Realty  
APPLICANT: Barlo Signs / Jennifer  
ASSESSOR NO. \_\_\_\_\_

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES  NO  MULTI-TENANT LOT?  YES  NO  
FREESTANDING SIGN? (ex. Pole Sign)  YES  NO --- DIMENSIONS 12'6" (L) HEIGHT 4'4"  
MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_  
SIGN ATTACHED TO BLDG.? YES  NO  DIMENSIONS \_\_\_\_\_  
MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_  
AWNING: YES  NO  IS AWNING BACKLIT? YES  NO  HEIGHT OFF SIDEWALK \_\_\_\_\_  
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): 500<sup>+</sup>  
\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION

**YOU SHALL PROVIDE:**

**A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: Jenn Dubreault DATE: 11-12-01

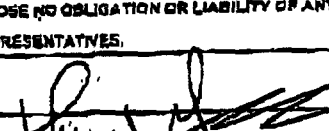
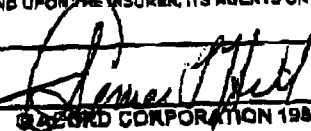
|  |  |   |                              |
|--|--|---|------------------------------|
| <b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>  |  | POLICY NO.<br>1002-1  | DATE (MM/DD/YY)<br>11/12/01  |
| PRODUCER<br>Thomas Gregory Associates Inc.<br>605 Broadway<br>Saugus MA 01906-3200<br>Phone: 781-233-0600 Fax: 781-233-0800  |  | 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<br>Heritage Property Investment Trust, Inc., Heritage HPS LLC, Heritage Realty Management, Inc.<br>c/o Corporate Risk Advisors<br>P.O. Box 290788<br>Boston MA 02129 |  | INSURERS AFFORDING COVERAGE   |                              |
|  |  | INSURER A:  | Hanover Insurance Company    |
|  |  | INSURER B:  | National Union Fire Ins. Co. |
|  |  | 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 LTR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                    |
|----------|--|---------------|----------------------------------|-----------------------------------|---|
| A        | GENERAL LIABILITY  | LHN5933339    | 10/01/01                         | 12/31/01                          | EACH OCCURRENCE \$ 1,000,000              |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                           |               |                                  |                                   | FIRE DAMAGE (Any one fire) \$ 300,000     |
|          | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR             |               |                                  |                                   | MED EXP (Any one person) \$ Excluded      |
|          | <input checked="" type="checkbox"/> Agg Limits Per   |               |                                  |                                   | PERSONAL & ADV INJURY \$ 1,000,000        |
|          | <input type="checkbox"/> Location*   |               |                                  |                                   | GENERAL AGGREGATE \$ 2,000,000            |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |               |                                  |                                   | PRODUCTS - COMP/OP AGG \$ 1,000,000       |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC |               |                                  |                                   |   |
|          | AUTOMOBILE LIABILITY   |               |                                  |                                   | 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) \$         |
|          | GARAGE LIABILITY   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$                |
|          | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC \$<br>AGG \$ |
| B        | EXCESS LIABILITY   | 7014975       | 10/01/01                         | 12/31/01                          | EACH OCCURRENCE \$ 50,000,000             |
|          | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE             |               |                                  |                                   | AGGREGATE \$ 50,000,000                   |
|          | <input type="checkbox"/> DEDUCTIBLE  |               |                                  |                                   |   |
|          | <input checked="" type="checkbox"/> RETENTION \$ 10,000                                    |               |                                  |                                   |   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |               |                                  |                                   | WC STATUTORY LIMITS   OTH. ER             |
|          |  |               |                                  |                                   | E.L. EACH ACCIDENT \$                     |
|          |  |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE \$             |
|          |  |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT \$            |
| A        | OTHER  |               |                                  |                                   |   |
|          | *Excess of \$25,000 SIR  |               |                                  |                                   |   |

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLE/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 \*\*City of Portland is included as an additional insured per General Liability Endorsement CG 20 26 11 85

|   |   |  |
|---|---|--|
| CERTIFICATE HOLDER<br><br>City of Portland, Maine<br>389 Congress Street<br><br>Portland ME 04101 | ADDITIONAL INSURED/INSURER LETTER:<br><br>CITYOFF | CANCELLATION<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 60 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.<br><br>  ACORD CORPORATION 1988 |
|---|---|--|

Attention: Town/City of \_\_\_\_\_

Date: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Landlord Authorization Form**  
**FORM MUST BE SIGNED BY OWNER OF PROPERTY**

As owner of Pinetree Shopping Center

I hereby authorize Jennifer Robichaud / Kris Loughlin Carol Bugbee or Hazel Hopkins of Barlo Signs Company of Hudson, NH, to APPLY FOR SIGN PERMITS for this site.

Signed: Lawrence Pope

Printed: Lawrence Pope

Address: 535 Boylston Street  
Boston, MA 02116

As owner of \_\_\_\_\_

I hereby authorize Don Reed or a representative \_\_\_\_\_ of \_\_\_\_\_

Barlo Signs to APPEAR BEFORE THE PLANNING BOARD and/or SIGN REVIEW BOARD and/or the ZBA for this site

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Job Reference: \_\_\_\_\_  
Job # \_\_\_\_\_

PLEASE FAX BACK IMMEDIATELY & MAIL ORIGINAL.  
to the attention of Karen Scott. Fax # 603-882-7680

W.O.#:

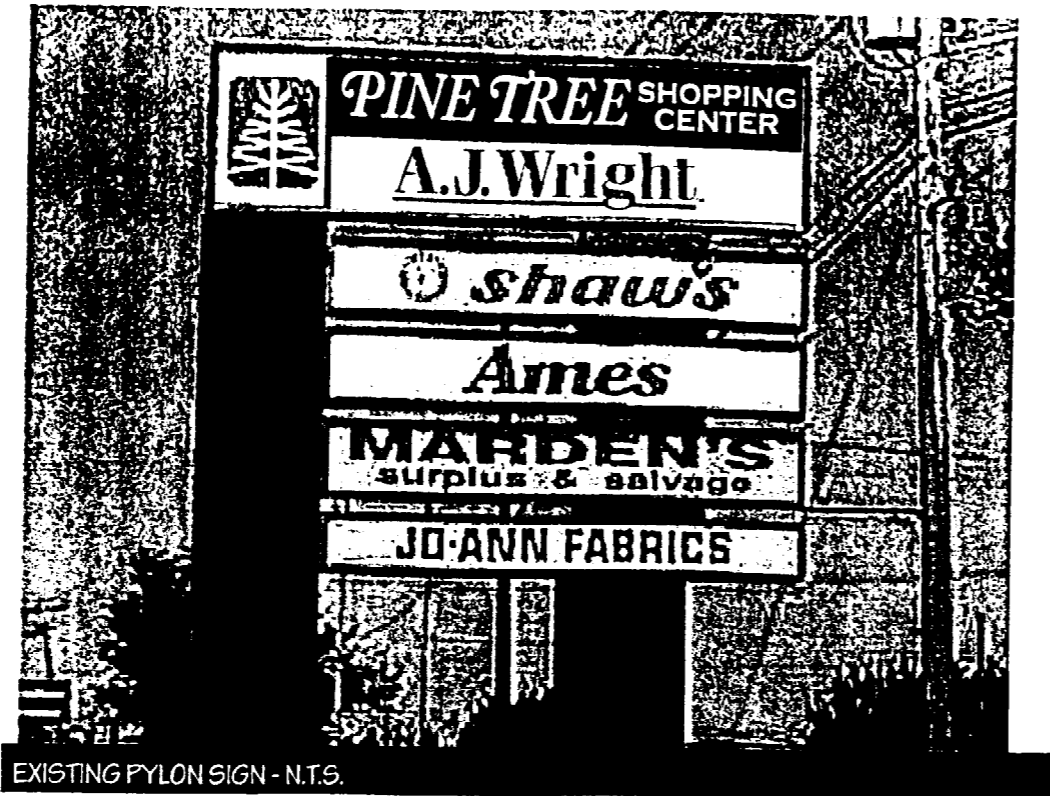
**SCOPE OF WORK - BARLO**

MODIFY EXISTING PYLON SIGN  
BY SPLITTING TOP SIGN  
& ADDING NEW TENANT I.D.

**SCOPE OF WORK - BARLOMEX**

**COLORS**

**PINE TREE**  
DIVIDER BARS: BRONZE TO MATCH EXISTING  
Face B/G: 3630-76 HOLLY GREEN BKG.  
Copy: WHITE  
**A.J. Wright**  
Face B/G: WHITE LEXAN  
Copy: COLOR FBD  
PMS 234C  
STRAY VINYL TO MATCH



SIGN CABINET LAYOUT - SCALE: 1/2" = 1'-0"

**GENERAL NOTES**

| ELECTRIC    |          |          |
|-------------|----------|----------|
|             | Existing | Required |
| Circuits    |          |          |
| Amp         |          |          |
| Voltage     |          |          |
| U.L.        |          |          |
| STEEL       |          |          |
|             | Existing | Required |
| Size        |          |          |
| Length      |          |          |
| Stub Size   |          |          |
| Stub Length |          |          |

**BASE**  
Size:  
Concrete: \_\_\_\_\_ Yds.

**SIGN DISPOSITION**  
 Store for Barlo  Leave @ Site  Dispose  
 Store for Customer  Chargeable  N/A

**MATERIAL OPTIONS & ESTIMATE**

SALES APPROVED DWG.  
10/29  
date rep.

**DEPT. TIME SUMMARY**

|               |                   |
|---------------|-------------------|
| Art Dept Est. | _____             |
| 0-Art/Eng.    | 5-Neon _____      |
| 1-Pat/Vin.    | 10 6-Finish _____ |
| 2-Let. Fab.   | 2 7-Paint _____   |
| 3-Screen      | 8-Install 18      |
| 4-Met. Fab.   | 9-Misc. _____     |

ALL COLORS ARE FOR REPRESENTATION ONLY.  
SEE ACTUAL SAMPLES FOR COLOR MATCH.  
ALL FINISHES TO BE SEMI-GLOSS UNLESS OTHERWISE NOTED



**GENERAL INFO.**

Qty: 2 Sq. Ft:  
S/F (D/F) (ILL) Non-ILL

|                  |             |             |            |                               |             |
|------------------|-------------|-------------|------------|-------------------------------|-------------|
| Type:            | Mat:        | Ret. Size:  | Box Depth: | Date Released for production: | By:         |
| Face Mat:        | Thickness:  | Copy:       |            | Rev.#                         | Date        |
| Pole Cover Mat.  | Hgt:        | Depth:      |            | Description                   | To Shop     |
| Interior         | Exterior    | Face-Lit    | Back-Lit   |                               | To Mex      |
| Drain Holes:     | Y           | N           |            |                               |             |
| Face Mat:        | Th:         | Return Mat: | Depth:     |                               |             |
| Mylar Size:      | Back Mat:   | Neon        | Rows:      | MM:                           |             |
| Trans. Location: | 30MA        | 60MA        | Wiring:    | 1/2 BX                        | 3/4 Ligtite |
|                  |             |             |            | Raceway                       | N/A         |
| Housings:        | Glass       | Pk's        | Dbl. Backs | N/A                           | Mtg.        |
|                  |             |             |            |                               | Nut Sert    |
|                  |             |             |            |                               | Thru Back   |
|                  |             |             |            |                               | < Clip      |
| Engineering:     | Production: | Estimating: | Check By:  | Survey:                       | Sales:      |

Job Name: PINE TREE SHOPPING CENTER  
Location: PORTLAND, ME  
Design Specifications Accepted By:  
Client:  
Landlord:  
Print Approval Date:  
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File Name: PINE TREE 0105113