

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 070257

PERMIT ISSUED

APR - 9 2007

This is to certify that BOUNTY DEVELOPMENT LLC / The Streethas permission to install new 24" x 72" sign mounted to buildingAT 190 RIVERSIDE ST

267 A005001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 when permission procured before this building or part thereof is altered or closed-in. FOUR 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. \_\_\_\_\_

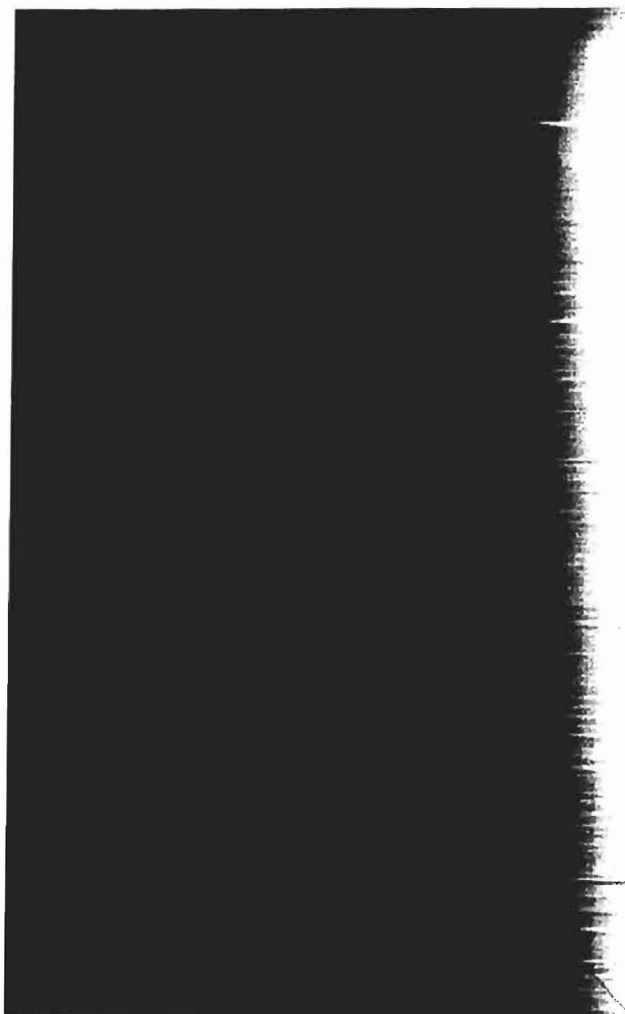
Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*Roman Markely* 3/20/07  
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

<b>Permit No:</b> 07-0257		<b>Issue Date:</b>		<b>CBL:</b> 267 A005001	
<b>Location of Construction:</b> 190 RIVERSIDE ST		<b>Owner Name:</b> BOUNTY DEVELOPMENT LLC		<b>Owner Address:</b> ONE CANAL PLAZA 5TH FLOOR	
<b>Business Name:</b> Eliason Dental Laboratory		<b>Contractor Name:</b> The Signery		<b>Contractor Address:</b> 299 Forest Avenue Portland	
<b>Lessee/Buyer's Name</b>		<b>Phone:</b>		<b>Permit Type:</b> Signs - Permanent	
<b>Past Use:</b> Commercial Eliason Dental Laboratory connected w/ permit #061080		<b>Proposed Use:</b> Eliason Dental Laboratory connected w/ permit #061080 - install new 24" x 72" sign mounted to building		<b>Zone:</b> B-4	
<b>Permit Fee:</b> \$54.00		<b>Cost of Work:</b> \$54.00		<b>CEO District:</b> 3	
<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>INSPECTION:</b> Use Group: Commercial Type: 5B IBC 2003 Signature: Jm 3/20/07			
<b>Proposed Project Description:</b> install new 24" x 72" sign mounted to building (2' x 6')		<b>Signature:</b>			
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>		<b>Action:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
<b>Signature:</b>		<b>Date:</b>			

<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 03/14/2007	<b>Zoning Approval</b>		
<ol style="list-style-type: none"><li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li><li>Building permits do not include plumbing, septic or electrical work.</li><li>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..</li></ol>		<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 type="checkbox"/> Date: 3/15/07	<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:
		<b>PERMIT ISSUED</b> APR - 9 2007 <b>CITY OF PORTLAND</b>		

**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

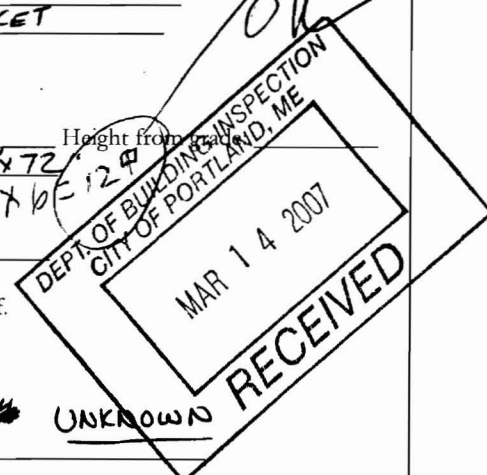
<b>Permit No:</b> 07-0257		<b>Date Applied For:</b> 03/14/2007	<b>CBL:</b> 267 A005001
<b>Location of Construction:</b> 190 RIVERSIDE ST	<b>Owner Name:</b> BOUNTY DEVELOPMENT LLC	<b>Owner Address:</b> ONE CANAL PLAZA 5TH FLOOR	<b>Phone:</b>
<b>Business Name:</b> Eliason Dental Laboratory	<b>Contractor Name:</b> The Signery	<b>Contractor Address:</b> 299 Forest Avenue Portland	<b>Phone</b> (207) 879-7700
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	
<b>Proposed Use:</b> Eliason Dental Laboratory connected w/ permit #061080 - install new 24" x 72" sign mounted to building		<b>Proposed Project Description:</b> install new 24" x 72" sign mounted to building	
<b>Dept:</b> Zoning <b>Status:</b> Approved <b>Reviewer:</b> Marge Schmuckal <b>Approval Date:</b> 03/15/2007 <b>Note:</b> <b>Ok to Issue:</b> <input checked="" type="checkbox"/>			
<b>Dept:</b> Building <b>Status:</b> Approved with Conditions <b>Reviewer:</b> Tom Markley <b>Approval Date:</b> 03/20/2007 <b>Note:</b> <b>Ok to Issue:</b> <input checked="" type="checkbox"/> 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approrval prior to work. 2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			



# 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: <b>190 RIVERSIDE ST. UNIT 6B PORTLAND, ME 04103</b>		
Tax Assessor's Chart, Block & Lot Chart# <b>Q67</b> Block# <b>A</b> Lot# <b>5</b>	Owner: <b>BOUNTY DEVELOPMENT</b>	Telephone:
Lessee/Buyer's Name (If Applicable) <b>H&amp;O ELIASON DENTAL LAB</b>	Contractor name, address & telephone: <b>THE SIGNERY 84 COVE ST. PORTLAND, ME 779-7700</b>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <b>54.00</b> Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <b>TIM BEALS</b> phone: <b>774-7881</b>		
Tenant/allocated building space frontage (feet): Length: <b>150'</b> Height: <b>20'</b> Lot Frontage (feet): <b>280'</b> Single Tenant or Multi Tenant Lot: <b>MULTI</b>		
Current Specific use: <b>DENTAL LAB</b> If vacant, what was prior use: <b>OFFICE SPACE - SHAW'S SUPERMARKET</b> Proposed Use: <b>DENTAL LAB</b>		
<b>Information on proposed sign(s):</b> Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Height from _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <b>24' x 72'</b> <b>2' x 6' = 12'</b>		
<b>Proposed awning?</b> 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.		
<b>Information on existing and previously permitted sign(s):</b> Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions: <del>24' x 72'</del> <b>UNKNOWN</b> Awning? Yes _____ No _____ 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:

Date: **3/1/07**

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

One Canal Plaza, Suite 500  
Portland, ME 04101

T 207.871.1290  
F 207.772.2647

[www.boulos.com](http://www.boulos.com)

March 1, 2007

Mr. Tim Beals  
H & O Eliason Dentex Laboratory  
190 Riverside Street  
Portland, ME 04103

**RE: Signage Approval**  
**190 Riverside Street, Portland, Maine**

Dear Tim:

Pursuant to Article 14 of the Lease dated September 28, 2005 between Bounty Development and National Dentex Corporation d/b/a H & O Eliason Dental Laboratory, this letter serves as the Landlord's permission to install a non-illuminated building sign as shown on the enclosed specification at the above-referenced property, providing all connections to the building related to the new sign is weather tight and water resistant and the façade restored to its original condition upon removal.

You are also responsible to obtain any necessary permits. Upon receipt of your sign permit please forward a copy to my attention for our records.

Tim, please do not hesitate to contact me at (207) 871-1290 if I can be of further assistance to you in this or any other matter.



Best wishes in your new space.

Sincerely,



Amy R. Booth  
Senior Vice President

Enclosure

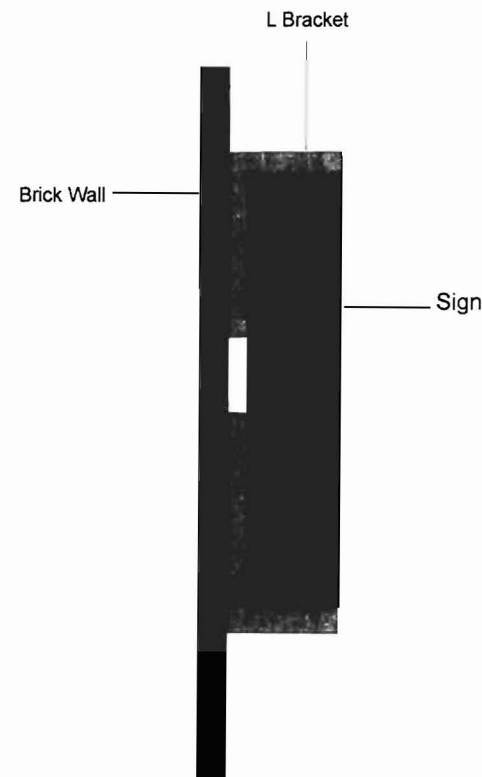
 <p>MAINE'S MOST COMPLETE SIGNAGE RESOURCE <i>and Creative</i></p> <p>84 COVE STREET PORTLAND, ME PHONE: 879-7700 FAX 879-1570</p>	
<b>INVOICE #</b> <b>12152</b> <b>DESIGNER</b> 	<b>INSTALL</b> <input type="checkbox"/> YES <input type="checkbox"/> V <input type="checkbox"/> B
<p>Eliason Dental</p>	
<b>PROOFS SENT</b> ABC	<b>DESIGN</b> 10
<b>FONTS</b> ABC	
<b>PLEASE READ CAREFULLY</b> <p>This proof may reflect color shifts due to the color conversions from ink to paint and or vinyl. Also PMS colors will be approximated to the best of our ability. If we are supplied with files (if applicable) they will be used as is and the Signery will not be responsible for any faults in the design (300 dpi required).</p>	
<b>PLEASE REVIEW THE FOLLOWING CHECK LIST:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Spelling</li> <li><input type="checkbox"/> Quantity</li> <li><input type="checkbox"/> Graphics / Logos</li> <li><input type="checkbox"/> Size</li> <li><input type="checkbox"/> Fonts / Typeface</li> <li><input type="checkbox"/> Single / Double Sided</li> <li><input type="checkbox"/> Colors</li> <li><input type="checkbox"/> Legibility</li> </ul>	
<p><b>BY SIGNING OFF ON THIS PROOF YOU ARE GIVING THE SIGNERY THE GO TO PRODUCE THIS WORK TO THE SPECIFICATIONS LISTED UNTIL THIS JOB IS APPROVED AND A DEPOSIT IS MADE, THIS PROOF IS THE PROPERTY OF THE SIGNERY</b></p>	

Fabrication Due: dateCustomer Due: dateInstall By: date

(1) 3/4" Mahogany w/ Routed Lettering & Boarder  
 Clear coated and Letters Boarder Painted White  
 24" x 72"

File Name: Eliason Dental.eps



Sign will be installed with four L brackets, one on each corner.  
 (drawing not to scale)

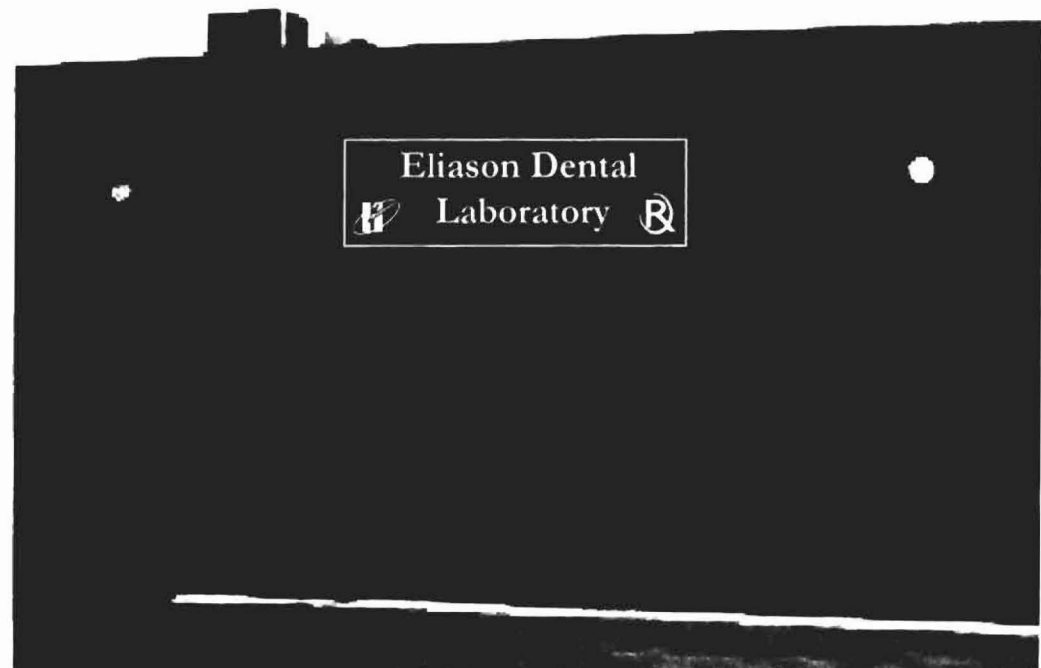


Approved by: \_\_\_\_\_

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

FILE FINDER: 2007-1

 <p>MAINE'S MOST COMPLETE SIGNAGE RESOURCE <i>and Creative</i></p> <p>84 COVE STREET PORTLAND, ME PHONE: 879-7700 FAX 879-1570</p>	
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<p>Eliason Dental</p>	
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Approved by: \_\_\_\_\_

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

FILE FINDER: 2007-1

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190 riverside street, portland me

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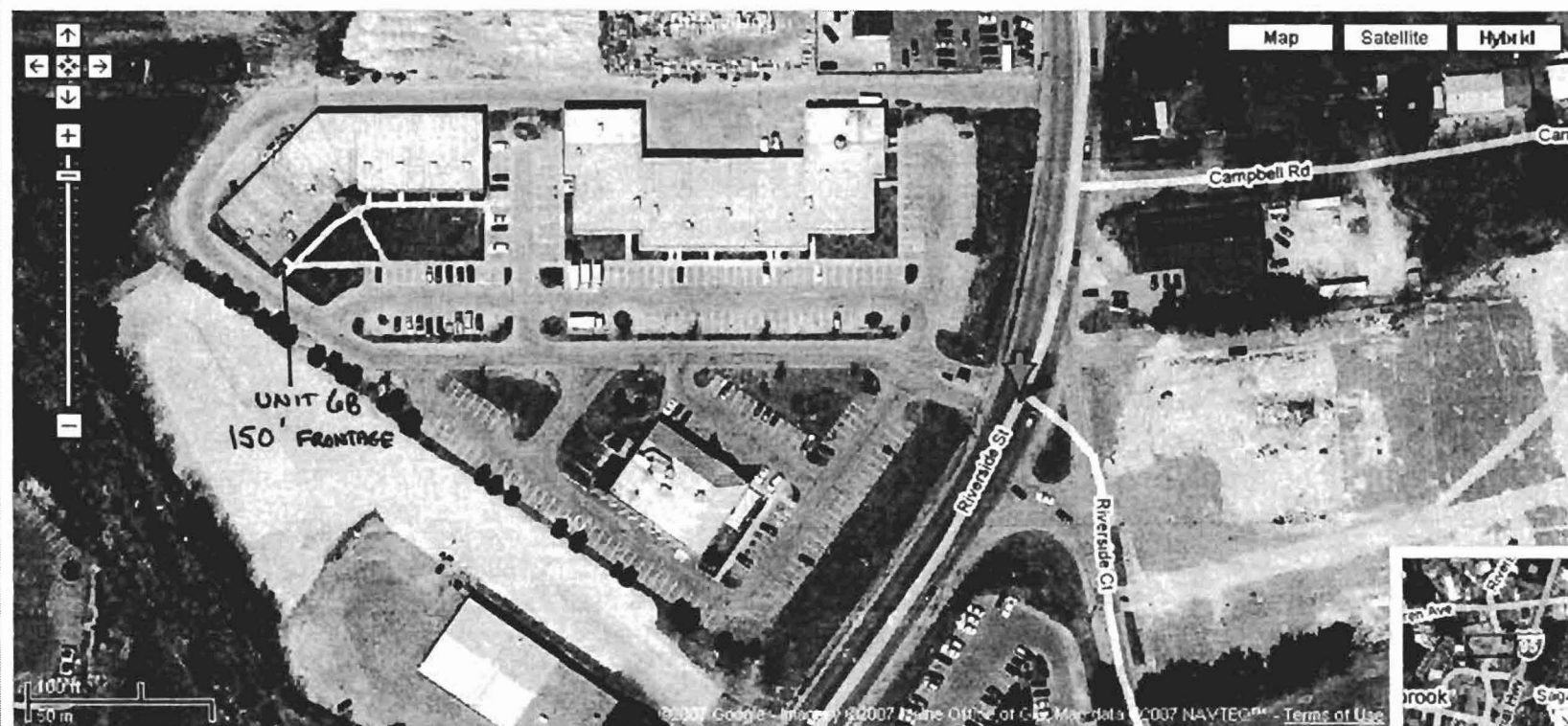
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N/F  
TRAL MAINE POWER CO.