

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

### BUILDING INSPECTION

### PERMIT

Permit Number: 080906

This is to certify that BOUNTY DEVELOPMENT LLC /Sign Design Inc

has permission to Install 27sqft face replacement sign.

AT 190 RIVERSIDE ST

267 A005001

provided that the person or persons who obtain or accept 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.

Verification of inspection must be given and when permission is procured before this building or part thereof is altered or service is closed-in. 4 HOUR NOTICE 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

Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

# ELECTRICAL PERMIT

## City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:  
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date

7-15-06

Permit # 2008-4507

CBL# 267-A-005

LOCATION: 190 Riverside St U6A METER MAKE &amp; #

CMP ACCOUNT # OWNER

TENANT Surgi-care PHONE # 207-773-7896

## TOTAL EACH FEE

OUTLETS		Receptacles		Switches		Smoke Detector	.20
FIXTURES		Incandescent		Fluorescent		Strips	.20
SERVICES		Overhead		Underground		TTL AMPS <800	15.00
		Overhead		Underground		>800	25.00
Temporary Service		Overhead		Underground		TTL AMPS	25.00
							25.00
METERS		(number of)					1.00
MOTORS		(number of)					2.00
RESID/COM		Electric units					1.00
HEATING		oil/gas units		Interior		Exterior	5.00
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00
		Insta-Hot		Water heaters		Fans	2.00
		Dryers		Disposals		Dishwasher	2.00
		Compactors		Spa		Washing Machine	2.00
		Others (denote)					2.00
MISC. (number of)		Air Cond/win					3.00
		Air Cond/cent				Pools	10.00
		HVAC		EMS		Thermostat	5.00
		Signs					10.00
		Alarms/res					5.00
	✓	Alarms/com					15.00
		Heavy Duty(CRKT)					2.00
		Circus/Carnv					25.00
		Alterations					5.00
		Fire Repairs					15.00
		E Lights					1.00
		E Generators					20.00
PANELS		Service		Remote		Main	4.00
TRANSFORMER		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00
						TOTAL AMOUNT DUE	
069-16172		MINIMUM FEE/COMMERCIAL 55.00				MINIMUM FEE 45.00	55.00

CONTRACTORS NAME ADT SECURITY SERVICES, I.

ADDRESS 18 CLINTON DRIVE

TELEPHONE 603 594-5928

SIGNATURE OF CONTRACTOR

White Copy - Office

Yellow Copy - Applicant

MASTER LIC. # 600017614

LIMITED LIC. #

2830155

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

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

Permit No: 08-0906	Issue Date:	CBL: 267 A005001
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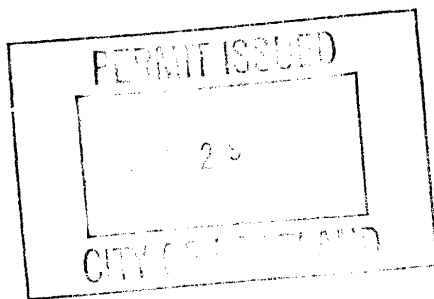
Location of Construction: 190 RIVERSIDE ST	Owner Name: BOUNTY DEVELOPMENT LLC	Owner Address: ONE CANAL PLAZA 5TH FLOOR	Phone: 871-1290
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone: 2078562600
Lessee/Buyer's Name	Phone:	Permit Type:	Zone: B-4

Past Use: Commerical - Surgi-Care <i>office</i>	Proposed Use: Commerical - Surgi-Care -- Install <i>27sqft face replacement sign. 3'x110" building sign 7 5/8" x 103" panel in free standing sign</i>	Permit Fee:	Cost of Work: \$0.00	CEO District: 3
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Proposed Project Description: <i>Install 27sqft face replacement sign. 3'x110" building sign 7 5/8" x 103" panel in free standing sign</i>	<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i> Signature: _____ <b>INSPECTION:</b> Use Group: <i>V</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature: _____ <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____
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Permit Taken By: lmd	Date Applied For: 07/25/2008	<b>Zoning Approval</b>
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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..



<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"/> <i>OK</i> Date: <i>7/25/08</i> <i>APM</i>	<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 <i>ABU</i> Date: _____
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**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> 08-0906	<b>Date Applied For:</b> 07/18/2008	<b>CBL:</b> 267 A005001
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<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> ( ) 871-1290
<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>	

<b>Proposed Use:</b> Commerical - office - Surgi-Care -- Install a 3' x 110" building sign & replace 7 5/8" x 103" panel in free standing sign.	<b>Proposed Project Description:</b> Install a 3' x 110" building sign & replace 7 5/8" x 103" panel in free standing sign.
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 07/28/2008  
**Note:** Panel in directory sign & window signs do not need to be permitted.      **Ok to Issue:** ☒

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 07/29/2008  
**Note:**      **Ok to Issue:** ☒  
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

**Comments:**

7/28/2008-amachado: Spoke to Dianna at Sign Design. Owes \$12 because didn't pay for panel in free staniding sign.



# 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>190 Riverside St., Suite 6A</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>267</u> Block# <u>A</u> Lot# <u>005</u>	Owner: <u>Bounty Development</u>	Telephone: <u>871-1290</u> (Boulos Prop Mgmt)
Lessee/Buyer's Name (If Applicable) <u>Surgi-Care, Inc.</u>	Contractor name, address & telephone: <u>Sign Design, Inc.</u>	Total s.f. of signage $\leq$ \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total <u>344</u> Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Diana</u> phone: <u>856-2600</u>		
Tenant/allocated building space frontage (feet): Length: <u>30'</u> Height: <u>15'</u> ( <u>sign band</u> ) Lot Frontage (feet) <u>379'</u> Single Tenant or Multi Tenant Lot <u>multi</u> <u>Set back: 250'</u> Current Specific use: <u>office - sales for product</u> If vacant, what was prior use: _____ Proposed Use: _____		
<b>Information on proposed sign(s):</b> <u>face replacements only</u> <u>7 1/2" x 103"</u> Freestanding (e.g., pole) sign? Yes <u>X</u> No _____ Dimensions proposed: _____ Height from grade: <u>18'</u> Bldg. wall sign? (attached to bldg) Yes <u>X</u> No _____ Dimensions proposed: <u>3' x 110"</u> - nonilluminated <u>bolted to wall</u> Proposed awning? Yes _____ No <u>X</u> 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 _____ No _____ Dimensions: _____ 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: Diana Olmstead

Date: 7/16/08

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

$1.5 \times 30 = 45 \phi$  allowed.

OK.

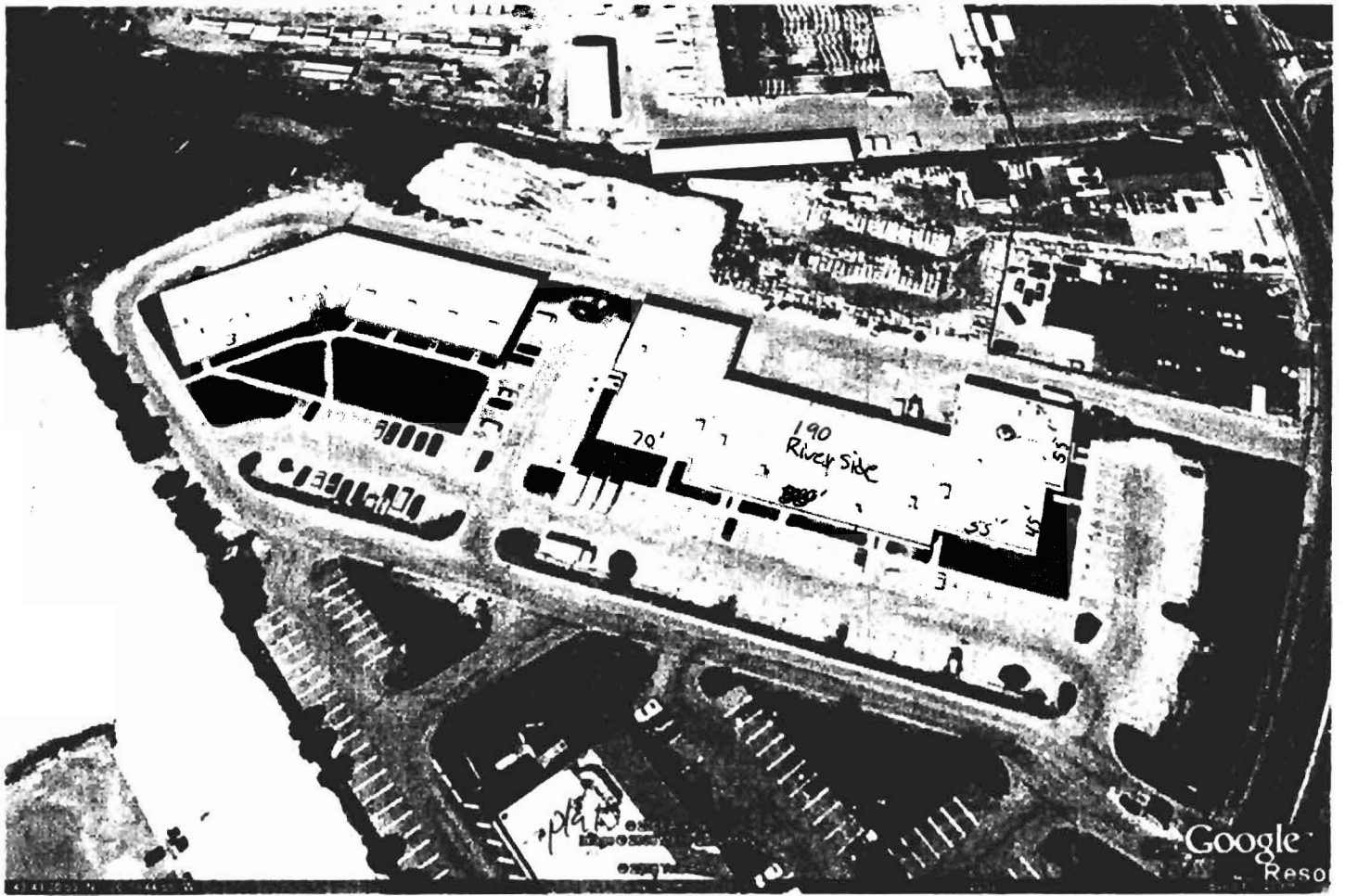
$3' \times 110" = 27.5 \phi$

32.75x

344 replacement panel.  
 $7.625 \times 103 = 785.375$   
 $= 5.45 \phi$

[illegible]
$$\begin{array}{r} 121 \\ \times 86 \\ \hline 726 \\ 9680 \\ \hline 10406 \end{array}$$

A hand-drawn sketch of a rectangular box with a smaller rectangle inside. The text "tmt" is written inside the smaller rectangle.



Centered  
over  
door & between allowable



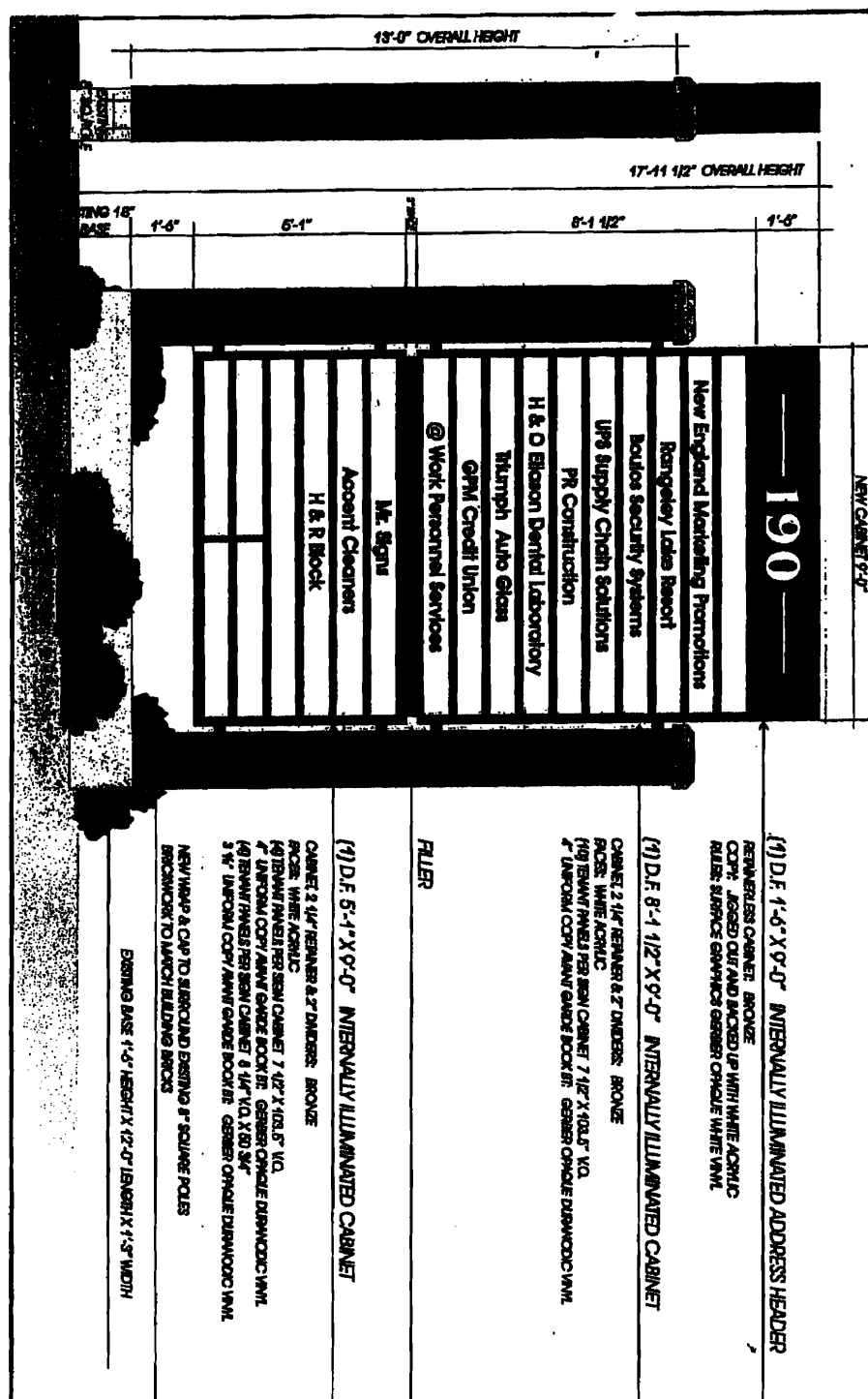
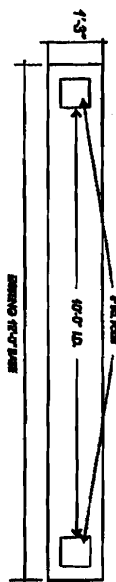


190 Riverside - Suite 6A



① measurements on § 6A as indicated

② Around backside are gray metal doors <sup>35 1/2" W x 81 1/2" H</sup>  
need measurements, text color & photo  
STANDARD GRAY



(1) D.F. 1'-5" X 9'-0" INTERVALLY ILLUMINATED ADDRESS HEADER

REINFORCED CABINET, BRONZE  
COPY, JAGGED CUT AND BACKED UP WITH WHITE ACRYLIC  
RILERS, SURFACE GRAPHICS, GEMER, CHOLE, WHITE VML

(1) D.F. 8'-1 1/2" X 9'-0" INTERVALLY ILLUMINATED CABINET

CABINET 2 1/4" REINFORCED 2" DIMENSION, BRONZE  
RILERS, WHITE ACRYLIC  
(1) REINFORCED PANEL PER SIGN CABINET 7 1/2" X 102.5" V.O.  
2" LAMINATE COPY/AMNT GARDER BOOK IR, GEMER CHOLE, DIMENSION VML

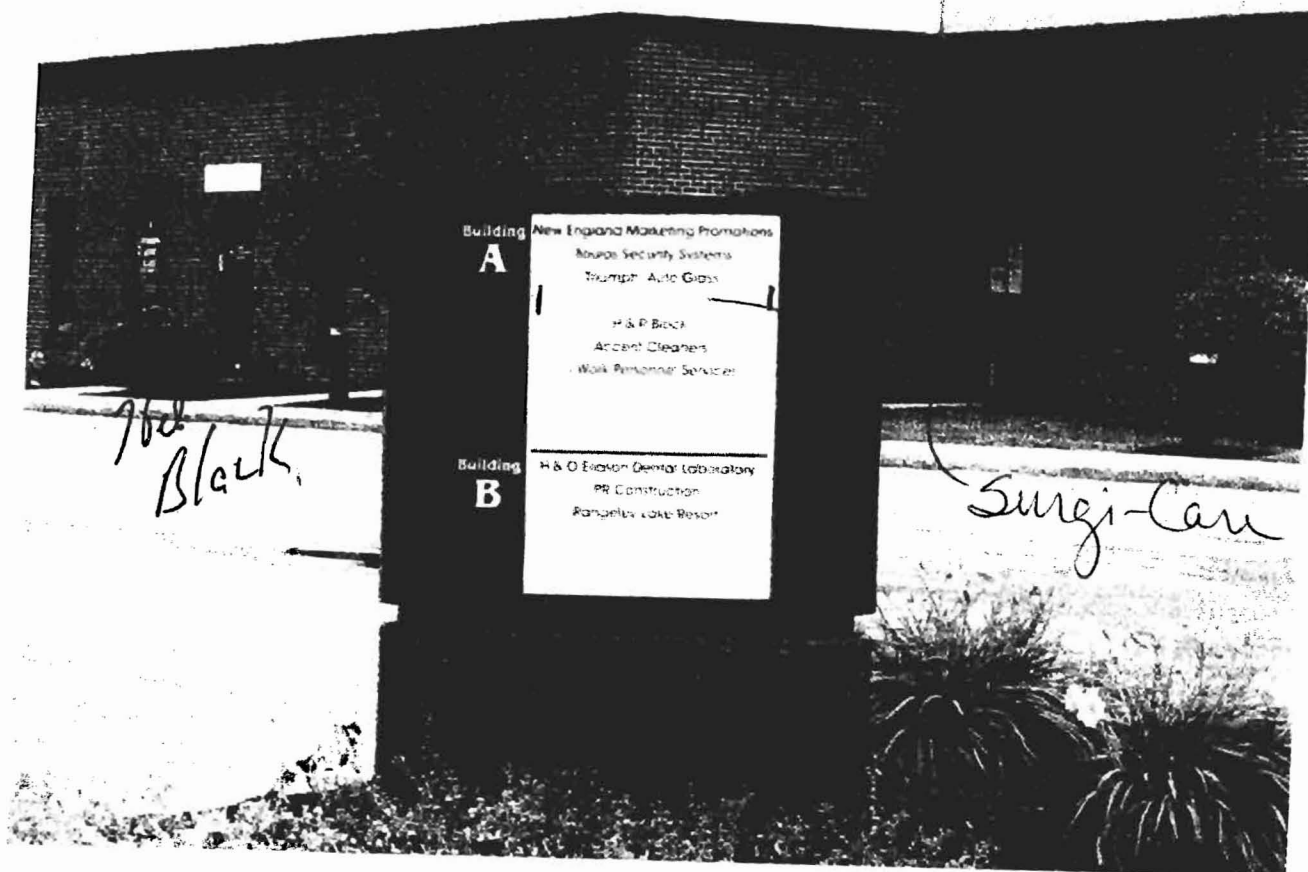
FILLER

(1) D.F. 5'-4" X 9'-0" INTERVALLY ILLUMINATED CABINET

CABINET 2 1/4" REINFORCED 2" DIMENSION, BRONZE  
RILERS, WHITE ACRYLIC  
(1) REINFORCED PANEL PER SIGN CABINET 7 1/2" X 102.5" V.O.  
2" LAMINATE COPY/AMNT GARDER BOOK IR, GEMER CHOLE, DIMENSION VML  
(1) REINFORCED PANEL PER SIGN CABINET 8 1/4" X 80.5" V.O.  
2" LAMINATE COPY/AMNT GARDER BOOK IR, GEMER CHOLE, DIMENSION VML

NEW WARP & CAP TO SURROUND EXISTING 8" SQUARE POLES  
BRONZEWORK TO MATCH BUILDING BRONZE

EXISTING BASE 1'-5" HEIGHT X 12'-0" LENGTH X 1'-5" WIDTH



This Design Is The Property Of

Sigma Design Inc.

305 Varsity Ave. Building 100  
Durham, NC 27705  
919-286-1111



**surgi-care**  
**surgi-tech**

**Surgi-Care, Inc./Surgi-Tech, Inc.**



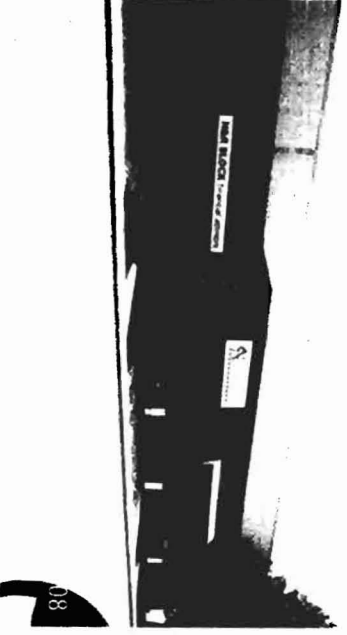
Surg-Care, Inc.



surg-i-care inc  
surg-i-tech inc

Surg-Care, Inc./Surg-Tech, Inc.

Surg-Care, Inc./Surg-Tech, Inc.





One Canal Plaza, Suite 500  
Portland, ME 04101

T 207.871.1290  
F 207.772.2647

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

July 3, 2008

**VIA EMAIL**

Mr. David Reeves  
Surgi-Care, Inc.  
190 Riverside Street  
Portland, ME 04103

**RE: Signage Approval  
190 Riverside Street, Unit 6A, Portland, Maine**

Dear David:

Pursuant to Article 11 of the Lease dated May 15, 2008 between Bounty Development and Surgi-Care, Inc., this letter serves as the Landlord's permission to install pylon and building signage as shown on the enclosed specifications 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.

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,



Michelle L. Donovan  
Assistant Property Manager

Enclosures

Cc: Sign Design – VIA Email



**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
07/09/08

## PRODUCER

William Gallagher Associates  
Insurance Brokers, Inc.  
470 Atlantic Avenue  
Boston, MA 02210

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

Surgi-Care, Inc.  
71 First Ave  
Waltham, MA 02451-1105

INSURER A: Hartford Casualty Insurance Co.

29424

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 LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	08UUNUD8572	02/07/08	02/07/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$300,000 \$10,000 \$1,000,000 \$2,000,000 \$Excluded
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	\$ \$ \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE AGGREGATE	\$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$
		OTHER					

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

## CERTIFICATE HOLDER

City of Portland  
Portland, ME 04100

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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



## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## **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.**

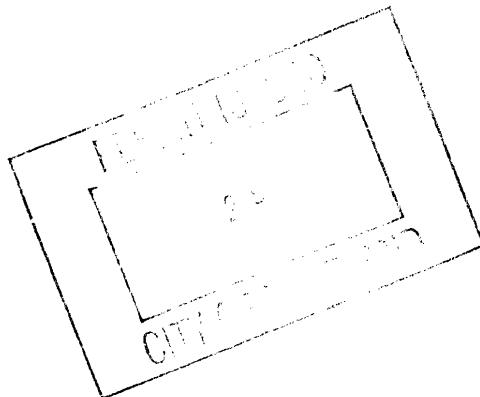
**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

\_\_\_\_\_  
Signature of Applicant/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date



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

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

Permit No:	Date Applied For:	CBL:
08-0906	07/18/2008	267 A005001

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Business Name:	Contractor Name:	Contractor Address:	Phone
	Sign Design Inc	PO Box 207 Westbrook	(207) 856-2600
Lessee/Buyer's Name	Phone:	Permit Type:	

Proposed Use:	Proposed Project Description:
Commerical - office - Surgi-Care -- Install a 3' x 110" building sign & replace 7 5/8" x 103" panel in free standing sign.	Install a 3' x 110" building sign & replace 7 5/8" x 103" panel in free standing sign.

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 07/28/2008  
**Note:** Panel in directory sign & window signs do not need to be permitted.      **Ok to Issue:** ☒

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 07/29/2008  
**Note:**      **Ok to Issue:** ☒  
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

**Comments:**

7/28/2008-amachado: Spoke to Dianna at Sign Design. Owes \$12 because didn't pay for panel in free standing sign.

