

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

Location of Construction: 155 Riverside Street		Owner: Howard Johnson Motel		Phone: 774-5891	Permit No.: 990309
Owner Address:		Lessee/Buyer's Name:		Phone:	BusinessName:
Contractor Name: ***Burr Signs		Address: 10 Suttonwood St. South Portland, ME		Phone:	
Past Use: Motel		Proposed Use: Same		COST OF WORK: \$ 2,000	PERMIT FEE: \$ 76.90
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Reface existing Signs		Signature:		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: CBL: 267-B-001	
Permit Taken By: SP		Date Applied For: 4-5-99		Zoning Approval: Special Zone or Reviews: <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"/>	
		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Appeal <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	
		Signature: Date:		Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	

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..

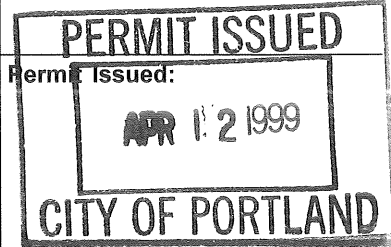
CERTIFICATION

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 provisions of the code(s) applicable to such permit

4-5-99

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector



Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

CEO DISTRICT 3

COMMENTS

Did Insp. for plumbing
under slab. m.w.s.
Demo work started also
6/99

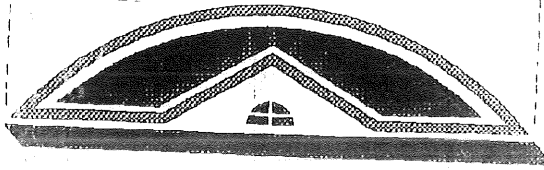
7/99 Checked framing OK to close in
non bearing partitions. m.w.

8-26-99 signs OK to close permit. (TR)

Inspection Record		Date
Type		
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

3'-7 1/8"

10 5/8"



3 ⊕

18"

0'-1"

Howard Johnson

11'-2"

16.5 ⊕

NEW
ENTRANCE
SIGN

TTC 19.5 ⊕

5% of
WALL AREA

OK

This drawing is the property of Plastolite and may not be copied or reproduced without consent of Plastolite.

Plastolite

P.O. Box 549 • Maywood, CA 90270
800 423-4283 • 323 771-2098 • Fax 323 560-7143
Website: <http://www.plastolite.com>

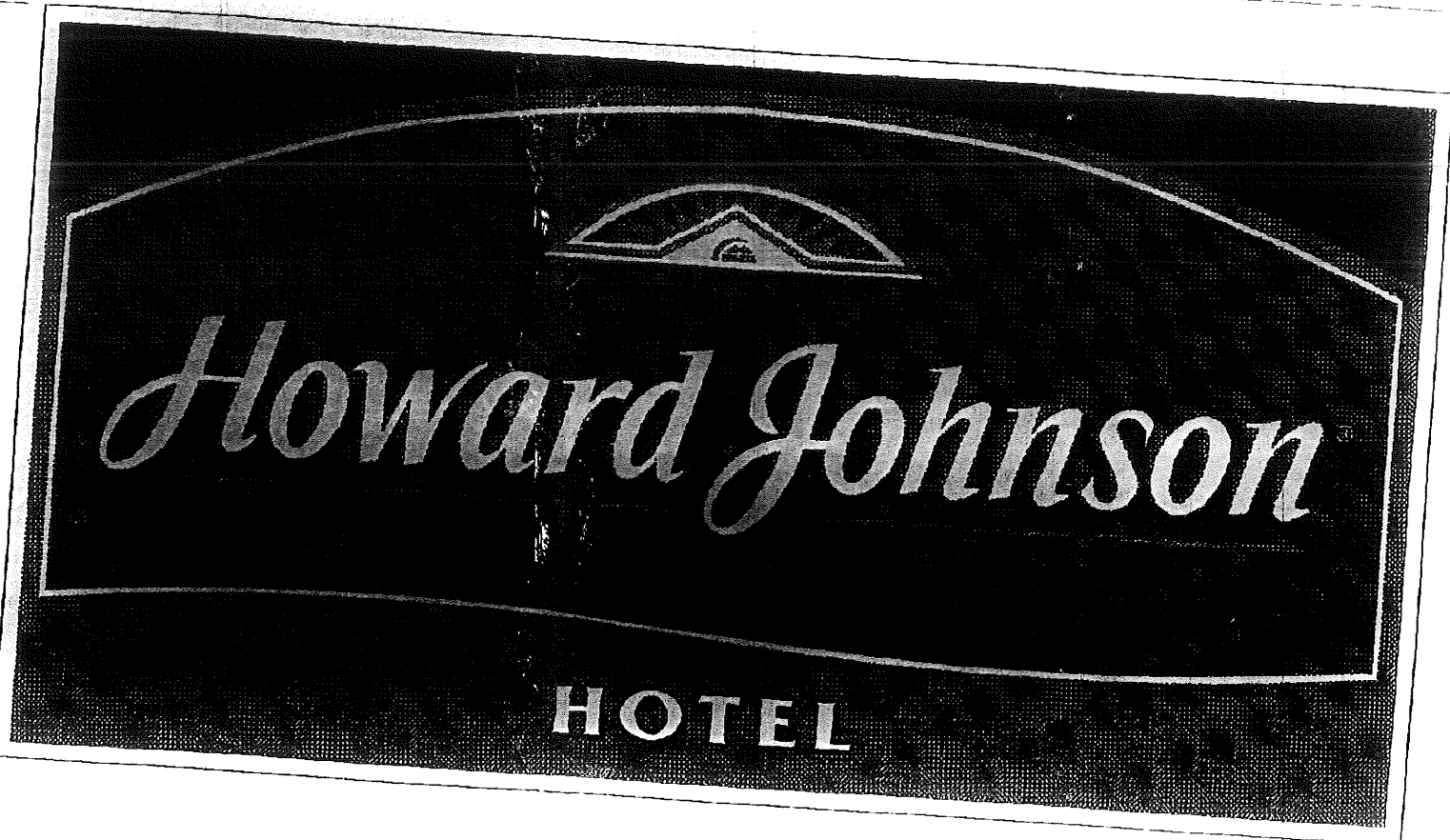
HOWARD JOHNSON 18" high illuminated channel letters, 11'-2" wide, 5" deep
Letters & Underscore have 3/16" thick White faces with VT-3310 Red vinyl overlay
Black trim caps 1" deep, returns painted Semi Gloss Black, 15mm Red neon
tube, on raceway
Logo VT-2657 Blue, VT-5775 Light Blue, 3630-44 Orange, on White background

Dwg: HJ CL 005 A
Drawn by: W. Williamson
Drawn on: 3/8/99
Scale: 3/4" = 1'

Client Approval	
Signature	Date
Client: HOWARD JOHNSON	
Location: Various	

15'-0"

98"



120" \times 2 = 240"

REFACE ONLY

only considered sign
 100¢ normally reg - ref only

This drawing is the property of Plastolite and may not be copied or reproduced without consent of Plastolite.

Plastolite
 P.O. Box 549 • Maywood, CA 90270
 423-4289 • 323 771-2098 • Fax 323 560-7143
 Website: <http://www.plastolite.com>

HOWARD JOHNSON
 Flat flex replacement face fitted for:
 98" (H) x 15' (W) cabinet with 2 1/4" retainers
 Colors: VT-3310 Red, VT-2657 Blue, VT-5775 Light Blue, VT-5776 Orange, VT-5777 Black, White

Dwg: HJ Cl. 008 B
 Drawn by: W. Williamson
 Drawn on: 3/8/89
 Scale: 1/2" = 1'

Client Approval
 Signature: _____ Date: _____
 Client: **HOWARD JOHNSON**
 Location: 155 Riverside St.
 Portland, ME 04103

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 155 Riverside St. ZONE: B-4
OWNER: Howard Johnson Motel
APPLICANT: Burr Signs
ASSESSOR NO. 267 B 001

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO
MULTI-TENANT LOT? YES NO
FREESTANDING SIGN? (ex. Pole Sign) YES NO DIMENSIONS 8' HEIGHT 15' } existing
MORE THAN ONE SIGN? YES NO DIMENSIONS 8' HEIGHT 15'
SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 8'
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): _____
*** 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: _____ DATE: _____

INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

Applicants for a sign permit will be asked to submit the following information to the Code Enforcement Office:

1. Proof of insurance
2. Letter of permission from the owner
3. A sketch plan of lot, indicating location of buildings, driveways and any abutting streets or right of ways. Lengths of building frontages and street frontages should be noted. (see attached)
4. Indicate on the plan all existing and proposed signs
5. Computation of the following:
 - A) Sign area of each existing and proposed building sign
 - B) Sign area height and setback of each existing and proposed freestanding sign.
6. A sketch of any proposed sign(s), indicating dimensions, materials, source of illumination and construction method (see attached).
7. Certificate of flammability required for awning/canopy at time of application.
8. UL # required for lighted signs at the time of application.
9. **You must have complete structural details (i.e. showing all connections to buildings and footing details) Specifics required or your permit may be held up**

Fee for permit - \$25.00 plus \$0.20 per square foot

Fee for awning based on cost of work - \$25.00 for the first \$1,000.00, \$5.00 for each additional \$1,000.000.

NOTE: Once a sketch plan has been filed for a property, the code enforcement office will keep a record of the plan so that a new sketch plan will not be required for later changes to signage on the property. In such an instance, applicants will only be required to submit information applicable to the new sign.

ACORD CERTIFICATE OF LIABILITY INSURANCE 03/26/99


PRODUCER The Hamilton Group, LLC (A) 3 Wing Drive, Suite #101 Cedar Knolls NJ 07927 Phone: 973-292-2292 Fax: 973-292-2443	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	
INSURED H.J. Associates, Ltd. Royal American Management 540 West Passaic St Rochelle Park NJ 07662	INSURER A	Fireman's Fund Insurance Co
	INSURER B	Wausau Ins. Co. (I)
	INSURER C	Lumbermen's Mutual Cas. Co. (I)
	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
B	GENERAL LIABILITY	472900000131110001	11/01/98	11/15/00	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMPROP AGG \$ 1,000,000
	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 occurrence) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC ADD \$
A	EXCESS LIABILITY	XY200083634485	11/15/98	11/15/99	EACH OCCURRENCE \$ 25,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 25,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STAT. TORY LIMITS
					OTR-ER
	\$ L EACH ACCIDENT \$				\$ L DISEASE - EA EMPLOYEE \$
					\$ L DISEASE - POLICY LIMIT \$
A	Property Section	S91DXX80717248	11/15/98	11/15/99	
	C Boiler & Machinery	3XN13735900	04/01/98	04/01/99	

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENTS, SPECIAL PROVISIONS
 Re: 155 Riverside Street, Portland, ME
 This certificate does not afford coverage for additional insureds. The certificate is only evidence of insurance coverage for the named insured.

CERTIFICATE HOLDER	N ADDITIONAL INSURED INSURER LETTER	CANCELLATION
PORTLOI City of Portland 389 Congress Street Portland ME 04101		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 



PROPOSED
19.5' \square
SIGN

22'-0"

48"