

Location of Construction: 935 Brighton Ave Owner: Brighton General Partners Phone: Permit No. 960464

Owner Address: Lease/Buyer's Name: State Farm Insurance Co. Phone: Business Name:

Contractor Name: Signature Signs Address: P.O. Box 1023 Portland, ME 04104 Phone: 883-2500

Past Use: Office Proposed Use: Same w/signage COST OF WORK: \$ PERMIT FEE: \$ 26.80

PERMIT ISSUED MAY 28 1996 CITY OF PORTLAND

Zone: CBL: 275-E-001 Zoning Approval: Special Zone or Reviews:

☐ Shoreland ☐ Wetland ☐ Flood Zone ☐ Subdivision ☐ Site Plan ☐ minor ☐ mm ☐

Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)

Action: ☐ Approved ☐ Approved with Conditions ☐ Denied

Signature: Date:

Permit Taken By: Mary Cresik Date Applied For: 18 April 1996

1. This permit application doesn't 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..

PERMIT ISSUED WITH REQUIREMENTS

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 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

SIGNATURE OF APPLICANT DATE: 18 April 1996

ADDRESS: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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

CEO DISTRICT

COMMENTS

11/19/98 Agree on blawick street side not removed yet
 per condition of approval dated 5/24/98 by Mr. Aronovich.
 11/19/98 We will suspend as per this date.
 9-16-98 Please open the window on top of other cables.

Type

Inspection Record

Date

Foundation: _____

Framing: _____

Plumbing: _____

Final: _____

Other: _____



Inspection Services
Michael J. Nugent
Manager

Department of Urban Development
Joseph E. Gray, Jr.
Director

CITY OF PORTLAND

January 9, 1998

Diane Newman
State Farm Insurance Co.
935 Brighton Avenue
Portland, Maine 04104

RE: Sign Permit # 960464 (275-H-001)

Dear Ms. Newman,

After reviewing our files for microfilming, we have noticed that the sign for above mentioned sign permit obtained by Signature Signs, Inc. has not been erected.

Enclosed, please find the Conditions of Approval letter as outlined by Marge Schmuckal, Zoning Administrator. Referring to Condition #9, please be advised that the building sign located on the Warwick Street side of the building must be removed, as it is not allowed in that zone. We are asking you at this time to remove the sign from the building, as it is in violation of City Zoning Ordinance.

Please contact this office for further information regarding your outstanding permit and sign location violation. I can be reached at 874-8300, ext. 8707, or Marge Schmuckal at 874-8300, ext. 8695.

Thank You for your attention in this matter.

Sincerely,



Amy E. Powers

Code Enforcement Officer

enclosure

cc: Signature Signs, Inc. / Keith Morin
Reginald Butts

LAND USE - ZONING REPORT

ADDRESS: 935 Brighton Ave DATE: 5/24/96

REASON FOR PERMIT: erect Sign Age
Sign

BUILDING OWNER: State Farm Insurance B-L: 275-H-1

PERMIT APPLICANT: Signature Signs INC

APPROVED: with conditions DENIED: _____

CONDITION(S) OF APPROVAL

1. During its existence, all aspects of the Home Occupation criteria, Section 14-410, shall be maintained.
2. The footprint of the existing _____ shall not be increased during maintenance reconstruction.
3. All the conditions placed on the original, previously approved, permit issued on _____ are still in effect for this amendment.
4. Your present structure is legally nonconforming as to rear and side setbacks. If you were to demolish the building on your own volition, you will **not** be able to maintain these same setbacks. Instead you would need to meet the zoning setbacks set forth in today's ordinances. In order to preserve these legally non-conforming setbacks, you may only rebuild the garage in place and in phases.
5. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
6. Our records indicate that this property has a legal use of _____ units. Any change in this approved use shall require a separate permit application for review and approval.
7. Separate permits shall be required for any signage.
8. Separate permits shall be required for future decks and/or garage.
9. Other requirements of condition _____

The new State Farm Building sign hanging off
Warwick Street shall be removed. They are Not Allowed
in The R-P Zone - IT HAS NOT AND CAN NOT BE ISSUED
for Approval

Marge Schmuckal

Marge Schmuckal, Zoning Administrator,
Asst. Chief of Code Enforcement



Inspection Services
Michael J. Nugent
Manager

Department of Urban Development
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Amy E. Powers

Code Enforcement Officer
enclosure

cc: Signature Signs, Inc. / Keith Morin

Reginald Butts

389 Congress St Portland, Maine 04101 (207) 874-8700 FAX 874-8716 TTY 874-8936

931 Brighton Avenue
Brighton General Partners, Inc.

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BUILDING OWNER: State Farm Insurance B-L: 275-H-1
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FOR APPROVAL

Marge Schmuckal

Marge Schmuckal, Zoning Administrator,
Asst. Chief of Code Enforcement



NEWMAN, DIANE

Office Hours:

~~Auto-Life-Health-Home and Business~~

935 BRIGHTON AVENUE - corner of Warwick St.

8:30 - 5:30

PORTLAND, ME 04102 PHONE (207) 773-2080

December 19, 1995

I, Reginald Butts give Diane Newman permission to place a center pole sign for State Farm at 935 Brighton Avenue, Portland, ME 04102.

Reginald Butts

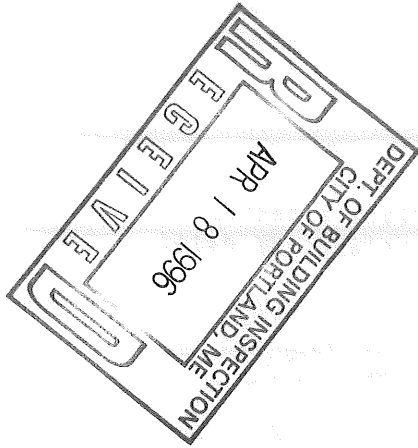
Date

12/19/95

Diane Newman

Date

12/19/95



CERTIFICATE OF INSURANCE

☒ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
☐ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

Certificate that
 is the following policyholder for the coverages indicated below:

Name of policyholder

Address of policyholder

Location of operation

DIANE NEWMAN - PAPPIN
 935 Brighton AV

Same

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	
9910105	<input type="checkbox"/> Comprehensive General Liability <input type="checkbox"/> Manufacturers and Contractors Liability <input type="checkbox"/> Owners, Landlords, and Tenants Liability <input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Owners or Contractors Protective Liability <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Professional Errors and Omissions <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Broad Form Comprehensive General Liability	8-1-95	8-1-96	<input checked="" type="checkbox"/> Dual Limits for: Each Occurrence \$ 1,000,000 Aggregate \$ 2,000,000 PROPERTY DAMAGE Each Occurrence \$ _____ Aggregate* _____ <input type="checkbox"/> Combined Single Limit for: Each Occurrence _____ Aggregate _____ CONTRACTUAL LIABILITY LIMITS (if different from above) BODILY INJURY Each Occurrence _____ PROPERTY DAMAGE Each Occurrence _____ Aggregate _____ BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence \$ _____ Aggregate \$ _____ Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ _____ Disease Each Employee \$ _____ Disease - Policy Limit \$ _____
✓	Sign, 1,000	8-1-95	8-1-96	
	EXCESS LIABILITY			
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other _____			
	<input type="checkbox"/> Workers' Compensation and Employers Liability			

*Aggregate not applicable if Owners, Landlords, and Tenants Liability Insurance excludes structural alterations, new construction, or demolition.

THIS CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS, OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

Signature Signs
 P O 1023
 Portland, Me 04074

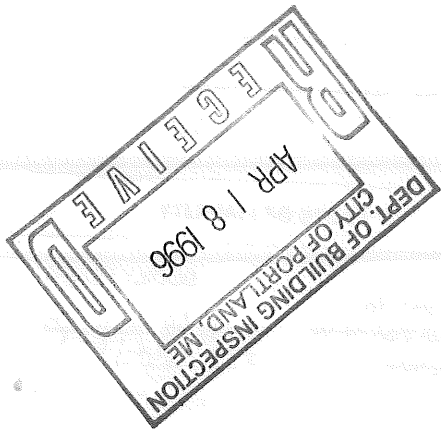
Signature of Authorized Representative

Title

Date

Agent's Code Stamp

4-17-96



SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 935 Brighton Ave. Portland, Me. ZONE: RP

OWNER: State Farm Insurance Co.

APPLICANT: Signature Signs Inc.

ASSESSOR NO.: _____

SINGLE TENANT LOT? YES _____ NO ☒

MULTI TENANT LOT? YES ☒ NO _____

FREESTANDING SIGN? YES ☒ NO _____ DIMENSIONS 3' x 3' = 9

MORE THAN ONE SIGN? YES _____ NO ☒ DIMENSIONS _____

BLDG. WALL SIGN? YES _____ NO ☒ DIMENSIONS _____

MORE THAN ONE SIGN? YES _____ NO ☒ DIMENSIONS _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: existing signage is
a d.f. 4' x 3' illum. F.S. sign. New sign cabinet is to be
installed on top of existing sign.

LOT FRONTAGE (FEET) _____

BLDG FRONTAGE (FEET) _____

AWNING YES _____ NO ☒ IS AWNING BACKLIT? YES _____ NO _____

HEIGHT OF AWNING: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

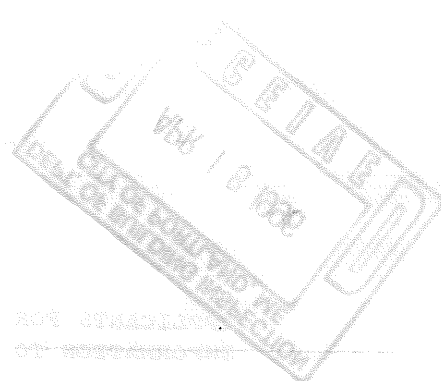
A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW

SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE

PROPOSED SIGNS ARE ALSO REQUIRED.

No permits issued
for the bldg sign

not allowed in
This zone other than
incidental or directory
signs
considering the
one bldg building lot door



with condition
The New
State Farm
Bldg Sign
shall be
removed



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 THE 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

A SKETCH OF ANY PROPOSED SIGN(S), INDICATING DIMENSIONS, MATERIALS, SOURCE OF ILLUMINATION AND CONSTRUCTION METHOD (SEE ATTACHED)

FEE FOR PERMIT - \$25.00 PLUS \$0.20 PER SQUARE FOOT

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 SIGNS.



36"

36"

COLORS PLEASE:

CABINET _____ ✓

BORDER _____ ✓

TYPE _____ ✓

-Thanks!

Diane Newman

Signature
SIGNS INC.

P.O. BOX 1023
PORTLAND, MAINE 04104
12 RUNWAY ROAD
SCARBOROUGH, MAINE 04074

TEL: 207-883-2500
FAX: 207-883-1634

INTERIOR & EXTERIOR SIGNAGE



VISIBILITY FACTORS PER
CALIFORNIA INSTITUTE OF TECHNOLOGY

CLIENT
DATE
SCALE
DRAWN BY

State Farm Insurance
935 Brighton Avenue
Portland, Maine 04102

03-25-96
AS SHOWN
Mark Borduas

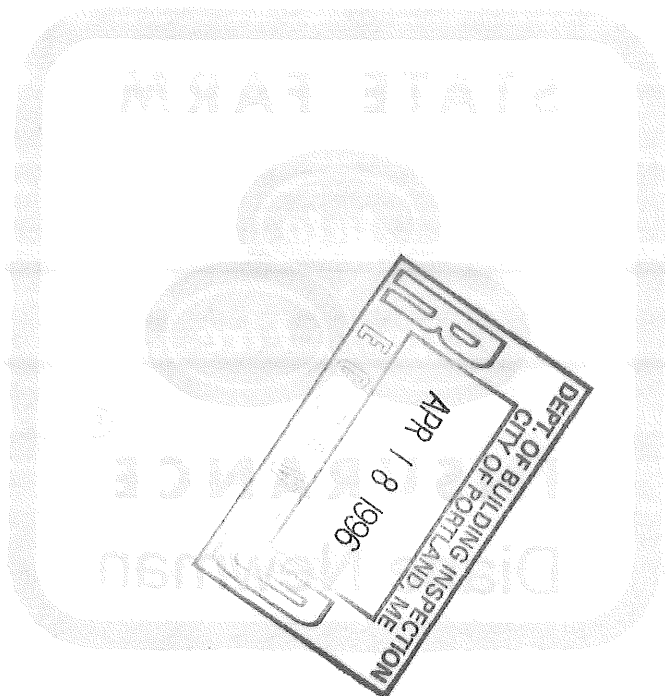
SALES REP **Keith Morin**



EASTERN
STATES
SIGN
COUNCIL



UNITED
STATES
SIGN
COUNCIL



[Handwritten signature]
STATE FARM

TO: [illegible]
FROM: [illegible]
DATE: [illegible]
SUBJECT: [illegible]