

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

RECEIVED

Please Read Application And Notes, If Any, Attached

Permit Number: 100812
JUL 27 2010

This is to certify that 33 PROPERTIES LLC / Sign Design Inc
has permission to Face replacements (2) @ 2' x 8' (2) @ 2' x 10"
AT 306 WARREN AVE City of Portland Maine 296 E001001

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 written permission procured before this building or part thereof is lath or other closed-in. 2 HOURLY 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

[Handwritten Signature]
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

Permit No: 10-0812	Issue Date:	CBL: 296 E001001
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Location of Construction: 306 WARREN AVE	Owner Name: 33 PROPERTIES LLC	Owner Address: PO BOX 207	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone 2078562600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-4

Past Use: Commercial	Proposed Use: Commercial Face replacements @ 2' x 8' & @ 2' x 8' 29.5" x 10'	Permit Fee: \$102.00	Cost of Work: \$102.00	CEO District: 5
FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>N/A</i>		INSPECTION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Use Group: U Type: Sign Signature: <i>IBC 2003</i>		

Proposed Project Description:
 Face replacements @ 2' x 8' & @ ~~2' x 8'~~ 29.5" x 10'
Sealcoat Supply Sign Design.

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 07/08/2010	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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 <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: <i>7/12/10</i>	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 Date: _____	Historic Preservation <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: <i>ABM</i>
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RECEIVED
 JUL 27 2010

Dept. of Building Inspections
 City of Portland Maine

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

BUILDING PERMIT INSPECTION PROCEDURES

**Please call 874-8703 or 874-8693 (ONLY)
or email: buildinginspections@portlandmaine.gov**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months, if the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a “Stop Work Order” and subsequent release to continue with construction.**

 X **Final inspection required at completion of work.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-0812	Date Applied For: 07/08/2010	CBL: 296 E001001
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Location of Construction: 306 WARREN AVE	Owner Name: 33 PROPERTIES LLC	Owner Address: PO BOX 207	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone (207) 856-2600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Face replacements - one 2' x 8' (Sealcoat Supply) & one 28.5" x10' (Sign Design Inc)	Proposed Project Description: Face replacements - one 2' x 8' (Sealcoat Supply) & one 28.5" x10' (Sign Design Inc)
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 07/12/2010
Note: Original permit for pylon sign #08-0420.			Ok to Issue: ✓
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 07/19/2010
Note: 1) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.			Ok to Issue: ✓



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

7.8 20 10

Received from JJA Design

Location of Work 306 Warren Ave

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 102

Building (I1) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 296-E-1

Check #: 4571 Total Collected \$ 102

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy



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>306 Warren Ave.</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>296</u> Block# <u>E</u> Lot# <u>1</u>	Owner: <u>"33" Properties</u>	Telephone: <u>856-2600</u>
Lessee/Buyer's Name (If Applicable) <u>Sign Design, Inc.</u>	Contractor name, address & telephone <u>Sign Design, Inc.</u> <u>P.O. Box 207</u> <u>Westbrook, ME 04098</u> <u>856-2600</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Roger/Diana</u> phone: <u>856-2600</u>		
Tenant/allocated building space frontage (feet): Length: <u>64'</u> Height: <u>25'</u> Lot Frontage (feet) <u>130'</u> Single Tenant or <u>Multi Tenant Lot</u>		
Current Specific use: <u>Commercial/manufacturing</u> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): <u>face replacements</u> <u>2 @ 2'x8' 16</u> <u>2 @ 2'x10' 20</u> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: _____ Height from grade: <u>18'</u> Bldg. wall sign? (attached to bldg) Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____		
Proposed awning? 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.		
Information on existing and previously permitted sign(s): 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.		

36 x 2 + 30

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, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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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 Dept. of Building Inspections City of Portland Maine Date: 5/17/10

This is not a permit; you may not commence ANY work until the permit is issued.
multi-tenant - B4
freestanding - less than 65' max - 23.75 + 32 = 55.75 (OK)
18' max - 18' sign (OK)

This Design Is The Property Of **Sign Design Inc.**

306 Warren Ave. Portland, ME
Phone: 207.856.2600 Fax: 207.856.7600
signdesi@maine.rr.com

Remove Center H Divider And Add 2, 28 1/2" X 120" Lexan Faces With Vinyl Graphics

2 x 6

2, 24" X 96" Lexan Face Replacements W Vinyl Graphics

$$28.5 \times 120 = 3420 \div 2 = 23.75$$

Sign Design Inc.

Sealcoat Supply For All Your Pavement Maintenance Needs.
207-400-7269

SEW PORTLAND
Fabric • Machine Sales & Repair • Classes

306

Sealcoat Supply

**For All Your Pavement Maintenance Needs.
207-400-7269**

16.

This proof may reflect color shifts due to the color conversion from ink to paint and or vinyl. Also, PMS colors will be approximated to the best of our ability.

Customer supplied artwork files (300 dpi required) will be used as is, and Sign Design Inc. is not responsible for any faults in the design.

Any black outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, retainers, faces and reveals. Unless otherwise specified, they are not considered as part of the sign graphics.

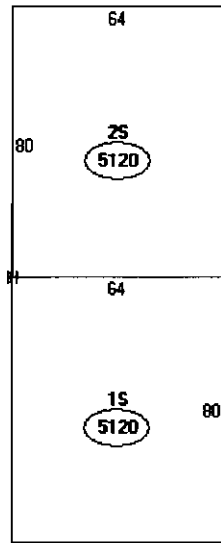
Sign Design Inc. is not responsible for errors occurring due to improper review of this submitted proof.

Client: Sealcoat Supply
File: sign design comp. 2
Date: 4.1.10

Approval:

Customer approval is a signed confirmation that dimensions, colors, spelling, graphics and all other job specifics are correct.

306
Warren
Ave



Descriptor/Area
A: 083 2560 sqft
B: 045 2560 sqft
C: 045 5120 sqft
D: 082 5120 sqft
E: SPRINKLER SYS WET 15360 sqft
F: OVERHEAD DR-WOOD/MTL 120 sqft
G: OVERHEAD DR-WOOD/MTL 140 sqft
H: OVERHEAD DR-WOOD/MTL 80 sqft
I: OVERHEAD DR-WOOD/MTL 100 sqft
J: 2S 5120 sqft
K: 1S 5120 sqft

Sign Design Inc.

Sign Contractors

P.O. Box 207
Westbrook, ME 04098
(207) 856-2600 * FAX: (207) 856-7600
1-800-949-9037
signdesl@maine.rr.com
A Full Service Sign Company

RE: 306 Warren Ave. / 33" Properties

To Whom It May Concern:

As the owner (or owner representative) of the property located at:

306 Warren

I authorize Sign Design Inc. to install signs/sign face replacements as detailed on attached paperwork.



Signature

5/17/10

Date

Roger Flannery

Print Name

05/12/2010 15:00 2073475808



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/12/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

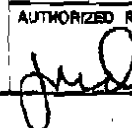
PRODUCER O'Hearn Insurance Agency 1087 Forest Ave Portland, Me. 04103	CONTACT NAME: PHONE (A/C No. Ext): 207-797-9400	FAX (A/C No): 207-797-0956
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID#	
INSURED SIGN DESIGN INC. PO BOX 207 WESTBROOK, ME 04098 207-856-2600	INSURER(S) AFFORDING COVERAGE	
	INSURER A: PERLESS	NAIC#
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	TYPE OF INSURANCE	MODEL YEAR	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	CBP8769875	12/13/09	12/13/10	EACH OCCURRENCE \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <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 (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/SHAREHOLDER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMIT <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER ADDITIONAL INSURED CITY OF PORTLAND CONGRESS ST. PORTLAND, ME 04101 ATTN: DIANA FAX: 856-7600	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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