

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that OIL COMPANY INC GIROUX

Located At 8 NEWCOMB ST

Job ID: 2011-10-2447-SIGN

CBL: 303- D-001-001

has permission to install 168" x 36" wall sign

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

N/A

[Signature] 10/31/11

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-10-2447-SIGN

Located At: 8 NEWCOMB ST

CBL: 303- D-001-001

Conditions of Approval:

Building

1. Signage Installation to comply with Chapters 31 & 32 of the IBC 2009 building code.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-10-2447-SIGN	Date Applied: 10/12/2011	CBL: 303- D-001-001	
Location of Construction: 343 WARREN AVE	Owner Name: GIROUX OIL COMPANY INC	Owner Address: 343 WARREN AVE PORTLAND, 04103 ME - MAINE	Phone: 207-797-7111
Business Name: Giroux Energy Solutions	Contractor Name: Sign Design, Inc, Roger	Contractor Address: P.O. Box 207 WESTBROOK ME 04098	Phone: (207) -856-2600
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-4
Past Use: Office -- Giroux Energy	Proposed Use: Same -- Office - Giroux Energy -- install a 168" x 36" wall sign	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: Sign Signature: ABM
Proposed Project Description: 168" x 36" building wall sign		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: OK 10/28/11 ABM	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 Dist 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: ABM
	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

2011 10 2447

B-4



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: 343 Warren Ave. (& Newcomb St)

Tax Assessor's Chart, Block & Lot Chart# <u>303</u> Block# <u>D</u> Lot# <u>010</u>	Owner: <u>Giroux Oil Service</u> <u>Steve Giroux</u>	Telephone: <u>797-7111</u>
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Lessee/Buyer's Name (if applicable): <u>N/A 303 - D 001</u>	Contractor name, address & telephone: <u>SIGN DESIGN, INC.</u> <u>P.O. Box 207</u> <u>WESTBROOK, ME 04098</u>	Total s.f. of signage \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: \$ _____ Awning Fee = cost of work _____ Total Fee: \$ _____
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Who should we contact when the permit is ready: DIANA/ROGER phone: 856-2600

Tenant/allocated building space frontage (feet): Length: 60' Height: 20'
Lot Frontage (feet) 150' Single Tenant or Multi Tenant Lot

RECEIVED

Current Specific use: _____
If vacant, what was prior use: _____
Proposed Use: _____

OCT 12 2011

Dept. of Building Inspections
City of Portland Maine

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____
 Bldg. wall sign? (attached to bldg) Yes No _____ Dimensions proposed: (1) 35" x 36" 8.75 SF
(1) 15" x 128" 13.34
(1) 8" x 44" 2.45
 Proposed awning? Yes _____ No 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. Total 24.54 SF

Information on existing and previously permitted sign(s):
 Freestanding (e.g., pole) sign? Yes No _____ Dimensions: 7' x 10' 70 SF
 Bldg. wall sign? (attached to bldg) Yes _____ No Dimensions: _____
 Awning? Yes No _____ Sq. ft. area of awning w/communication: 12' x 120" 10 SF

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, 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: <u>Diana Almstead</u>	Date: <u>10/11/11</u>
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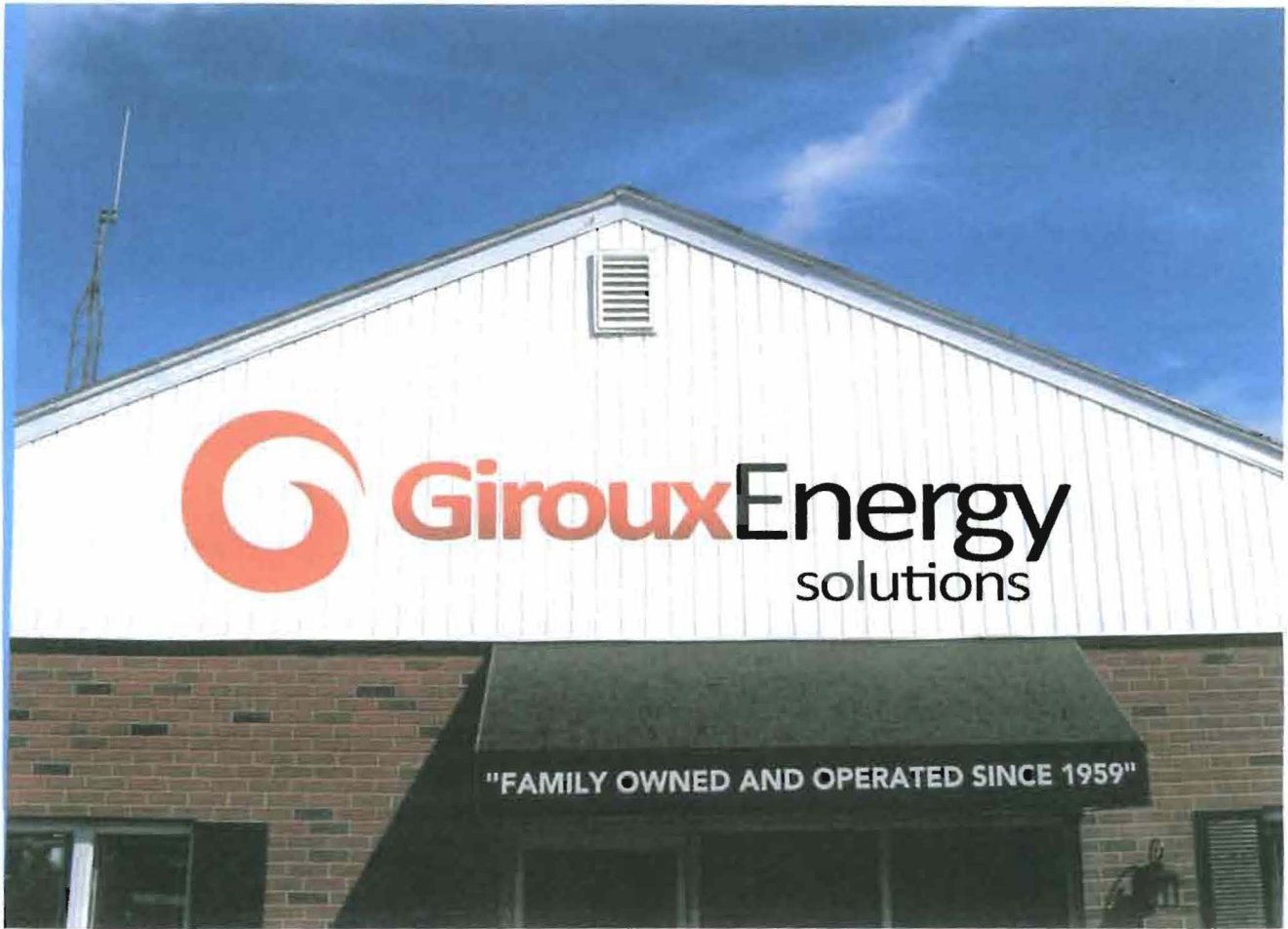
This is not a permit; you may not commence ANY work until the permit is issued.

$60 \times 2 = 120 \text{ ft}$

$168" \times 36" = 6048 \text{ sq in} = 42 \text{ sq ft}$ (ok)

$25 \times 2 = 50$
 $+ 30$

 80



343 Warren Ave., Portland, ME - Google Maps

Page 1 of 1

To see all the details that are visible on the screen, use the "Print" link next to the map.

Google

Newcomb St.



Warren Ave.



Sign Contractors

P.O. Box 207
St. John's, N.S. A1B 3X3
(204) 368-2900 (Toll Free) 1-877-358-7600
FAX: 204-368-2007
signdesign@ns.sympatico.ca
A Full Service Sign Company

RE:

To Whom It May Concern,

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

343 Warren Ave
Portland

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

Steven Giroux
Signature

9/30/11
Date

Steven Giroux
Print Name

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/06/2011

PRODUCER (603)224-2562 FAX (603)224-8012 The Rowley Agency, Inc. 139 Loudon Road P.O. Box 511 Concord, NH 03302-0511	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.												
INSURED Giroux Oil Service Co 343 Warren Ave Portland, ME 04103	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Peerless Insurance Companies</td> <td></td> </tr> <tr> <td>INSURER B: The Neteherlands Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Peerless Insurance Companies		INSURER B: The Neteherlands Ins. Co.		INSURER C:		INSURER D:		INSURER E:	
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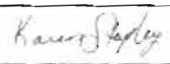
COVERAGES

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	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Misdelivery of Liquid Products GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	CBP8061059	08/01/2011	08/01/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea 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
B		AUTOMOBILE LIABILITY <input checked="" 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 <input checked="" type="checkbox"/> Pollution Liab. CA9948	BA8061159	08/01/2011	08/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	CU8059640	08/01/2011	08/01/2012	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Portland is additional insured with respects the GL coverage as required by written contract.

*except 10 days for nonpayment of premium

CERTIFICATE HOLDER Sign Design Inc. PO Box 207 Westbrook, ME 04098	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30*</u> 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 Karen Stapley/KS 
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ACORD 25 (2009/01)

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