

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

PERMIT ISSUED
FEB 21 2006
Permit Number: 060120
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

This is to certify that 424 WARREN AVENUE L / Sign Solutions
has permission to Key Bank ATM sign/ install signs - 1 8' ten primary sign 1.5' x 8' panel in pylon sign
AT 429 WARREN AVE 304 B032001

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 when permission procured before this building or part thereof is altered or enclosed-in. 24 HOUR 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 _____

[Signature] 2/17/06
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: 06-0120	Issue Date: PERMITS DIV	File No: 304 B03200
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Location of Construction: 429 WARREN AVE	Owner Name: 424 WARREN AVENUE LLC	Owner Address: 401 WARREN AVE	Phone:
Business Name:	Contractor Name: Sign Solutions	Contractor Address: 55 Bishop St. Portland	Phone: 207-878-8000
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B4

Past Use: Commercial/ Key Bank ATM	Proposed Use: Key Bank ATM sign/ install 2 signs - 1 8' x 4' temporary sign & 1 1.5' x 8' panel on pylon sign	Permit Fee: \$118.00	Cost of Work: \$11800	CEO District: 5
panel in pylon sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>NA</i>	INSPECTION: Use Group <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 01/25/2006	Zoning Approval	
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<ol style="list-style-type: none"> 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>2/15/06 AKM</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>AKM</i>
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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

Permit No: 06-0120	Date Applied For: 01/25/2006	CBL: 304 B032001
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Location of Construction: 429 WARREN AVE	Owner Name: 424 WARREN AVENUE LLC	Owner Address: 401 WARREN AVE	Phone:
Business Name:	Contractor Name: Sign Solutions	Contractor Address: 55 Bishop St. Portland	Phone (207) 878-8000
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Key Bank ATM sign/ install 2 signs - 1 8' x 4' temporary sign & 1 1.5' x 8' panel on pylon sign	Proposed Project Description: Key Bank ATM sign/ install 2 signs -1 4' x 8' temporary sign & 1 1.5' x 8' panel in pylon sign
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Comments:
2/2/06-amachado: Talked to Bob Phillips at Sign Solutions. We need a letter of permission from the owner of the property.



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: 429 Warren Ave		
Tax Assessor's Chart, Block & Lot Chart# 304 Block# B Lot# 32	Owner: KEY BANK	Telephone:
Lessee/Buyer's Name (If Applicable) KEY BANK PORTLAND, ME	Applicant name, address & telephone: BOB PHILLIPS SIGN SOLUTIONS 55 FISHER ST. PORTLAND, ME	Total s.f. of signage x \$2.00 = 44 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: \$ 445.87 x 2 Awning Fee = cost of work Total Fee: \$ 11

88
30
118

Who should we contact when the permit is ready: BOB PHILLIPS phone:# 699-2263

Tenant/allocated building space frontage (feet): Length: 30' Height _____
Lot Frontage (feet) 100 Single Tenant or Multi Tenant Lot _____

Current Specific use: BANK ATM LOCATION
If vacant, what was prior use: VACANT
Proposed Use: BANK ATM

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes d- Dimensions proposed _____ Height from grade: _____
 Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____

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.

Information on existing and previously permitted sign(s):
 Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed NEW PANEL 18" x 8"
 Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed _____
 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.

? WELLS

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.

enforce the provisions of th

Signature of applicant: <u>[Signature]</u>	Date: <u>1/24/06</u>
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Signage/Awning Permit Application Checklist

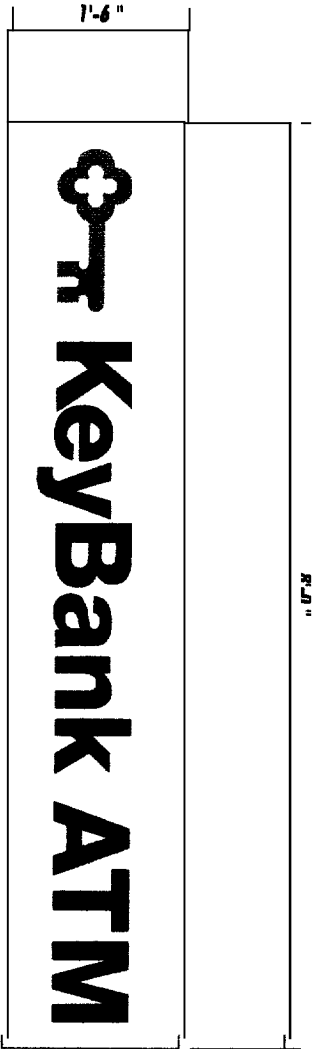
All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- ~~Certificate of flammability required for awning or canopy.~~
- ~~A UL # is required for lighted signs at the time of final inspection.~~
- Pre-application questionnaire completed and attached.
- Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, \$9.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.



FACE LAYOUT SCALE 1" = 1'-0"



PHOTO RENDERING SHOWING INSTALLATION NOT TO SCALE

NOTES:
 Double-face, non-illuminated, fabricated aluminum sign, to mount in existing pole sign structure; sign to consist of aluminum skin on 2" square aluminum tube frame. Key logo to be red #3630-33 translucent vinyl.
 "KeyBank ATM" to be black.
 Background to be white.

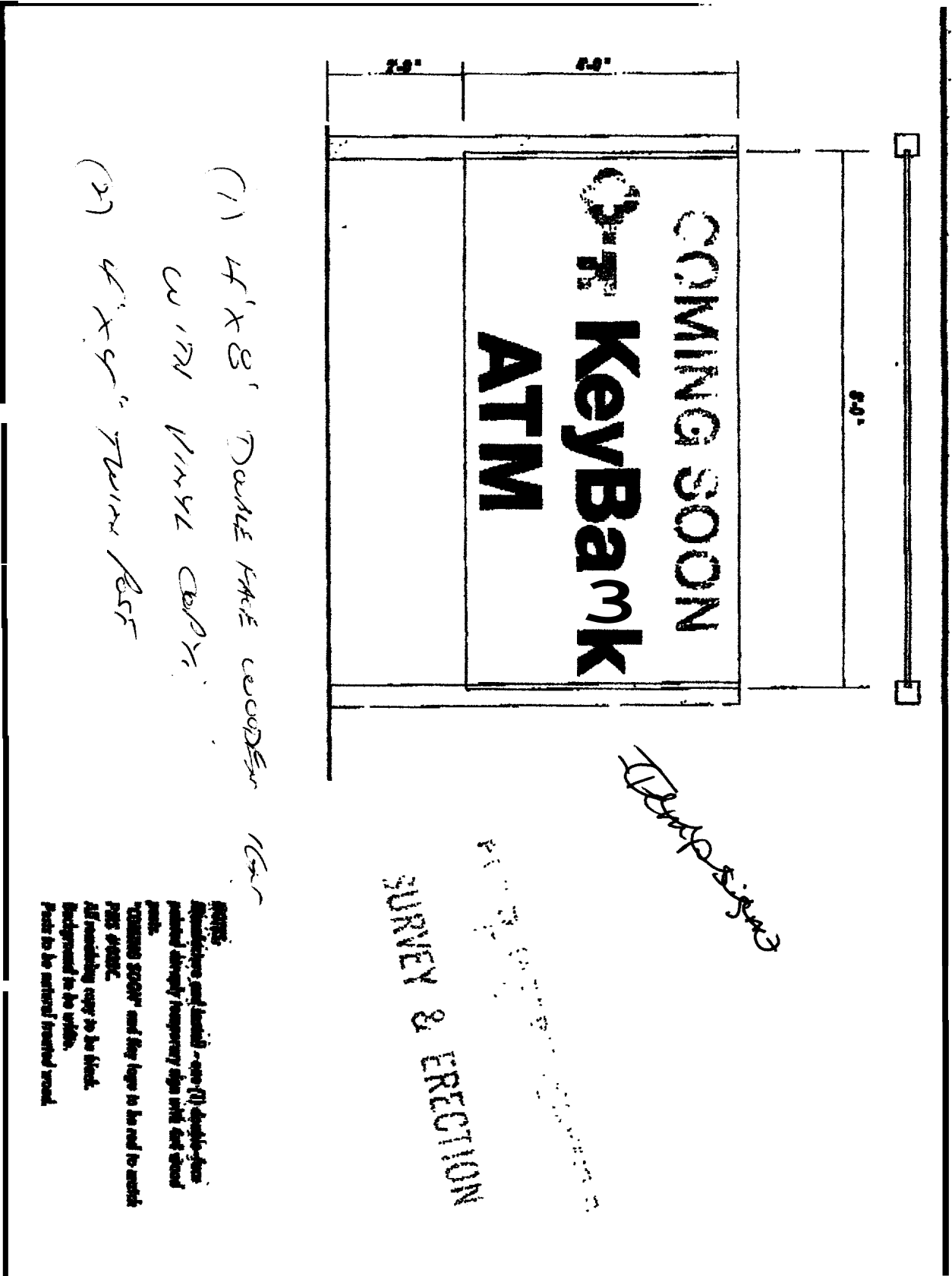


Brilliant Electric Sign Co., Ltd.

4811 VAN EPPS RD., CLEVELAND, OHIO 44131 (216)741-3800

NOTE: THIS IS AN ORIGINAL UNPUBLISHED DRAWING, CREATED BY BRILLIANT SIGNS. IT IS SUBMITTED FOR YOUR PERSONAL USE, IN CONJUNCTION WITH A PROJECT BEING PLANNED FOR YOU. IT IS NOT TO BE USED, REPRODUCED, COPIED OR EXHIBITED IN ANY FASHION.

COMPANY NAME KeyBank	SALESMAN H	DATE 2-16-05	REVISION 3-2-05	DESIGN NO. B05-269
LOCATION 429 Warren Avenue, Portland, Maine	DESIGNER DM	SCALE 1/2 ACTUAL	COPYRIGHT © 2005	



NOTE:
 Dimensions and loads - see (1) double-face
 printed sign temporary sign with fast screw
 posts.
 "COMING SOON" and Key logo to be made
 PMS #4000C.
 All remaining copy to be black.
 Background to be white.
 Posts to be natural treated wood.

725

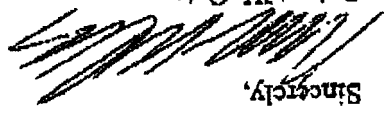
Brilliant Electric Sign Co., Ltd.

4811 VAN HEPPE RD., CLEVELAND, OHIO 44131 (216)741-3800

NOTE: THIS IS AN ORIGINAL UNREPRODUCED
 DESIGN. CREATED BY BRILLIANT SIGN CO.
 IS RESERVED FOR YOUR BUSINESS. THIS IS
 CONSIDERED WITH A PROTECTIVE DESIGN.
 FOR YOU IT IS NOT TO BE REPRODUCED,
 COPIED OR EXEMPTED BY ANY PARTY.

COMPANY NAME KeyBank	SALESMAN H	DATE 1-13-05	REVISION	DRAWING NO. MS-005
DESIGNER	SCALE	CHECKED	COPYRIGHT © 2005	

Robert W. Cote
Regional Facility Manager



Sincerely,

To Whom It May Concern:

As Agent and Regional Facility Manager this letter serves as approval by Key Bank to allow Brilliant Electric Sign (and sub contractor, Sign Solutions) to secure permitting, installation of new signs at 429 Warren Ave.

Brilliant Electric Sign and their sub contract will submit all required documentation for the installation of new signs.



One Canal Plaza
(MB-01-CP-0304)
Portland, Maine 04101

JOHNSON
CONTROLS

216 741 8733

HARBOUR AUTO BODY, INC

401 Warren Avenue • Portland, ME 04103 • (207) 878-2121 • fax: (207) 878-5757



DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
FEB 15 2006
RECEIVED

February 14, 2006
Attn: Bob Cote
Re: Temporary Sign

To whom it may concern.

I Peter Holmes grant permission to Key Bank for placement of a temporary sign for use of advertisement at 429 Warren Avenue in Portland, Maine.

Please feel free to contact me should you have any questions or concerns regarding this

Regards,

Peter Holmes
Owner
429 Warren Avenue
207-878-2121
207-878-5757 (FAX)

2006

MMN LISBON ST. PROD. CTR.

02/15/06 WED 09:00 FAX 2078785757

TOTAL P.02

Client#: 121484

15SIGNSOL

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER Cross Insurance -CL/Bnds-P P. O. Box 567 Portland, ME 04112 800 286-5352		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 Sign Solutions Mahl Enterprises LLC dba 55 Bishop Street Portland, ME 04103		INSURERS AFFORDING COVERAGE INSURER A: Peerless Ins. Co. 24198 INSURER B: Maine Employers Mutual Insurance Co. 11149 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	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CBP9913570	09/15/06	09/15/06	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 - COMPROP AGG \$2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA9914370	09/15/05	09/15/06	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 \$10000	CU9914870	09/15/05	09/15/06	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810070852	09/15/05	09/15/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Portland is named as additional insured regarding this project.

CERTIFICATE HOLDER

CANCELLATION

KeyCorp/Key Bank Robert Core Regional Facility Manager One Canal Plaza Portland, ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</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 U/W THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Karen Peterson</i>
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ACORD 25 (2001/08) 1 of 1

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