

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

**BUILDING INSPECTION**

**PERMIT**

Permit Number: B032001  
**PERMIT ISSUED**  
MAR 20 2006  
CITY OF PORTLAND

This is to certify that 424 WARREN AVENUE L/n/a

has permission to 12 sf freestanding sign

AT 429 WARREN AVE

304 B032001

provided that the person or persons in charge of the work accepting this permit shall comply with all of the provisions of the Statutes of the State 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 is procured before this building or part thereof is occupied or services closed-in. 4  
OUR NO. 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 \_\_\_\_\_

*Jeannie Bouke* 3/15/06  
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:<br>06-0245 | Issue Date:<br>MAR 20 | CBL:<br>304 B032001 |
|-----------------------|-----------------------|---------------------|

|   |                                      |                                     |             |
|---|--------------------------------------|-------------------------------------|-------------|
| Location of Construction:<br>429 WARREN AVE | Owner Name:<br>424 WARREN AVENUE LLC | Owner Address:<br>401 WARREN AVE    | Phone:      |
| Business Name:                              | Contractor Name:<br>n/a              | Contractor Address:<br>n/a Portland | Phone:      |
| Lessee/Buyer's Name                         | Phone:                               | Permit Type:<br>Signs - Permanent   | Zone:<br>34 |

|   |   |   |                          |                    |
|---|---|---|--------------------------|--------------------|
| Past Use:<br>Commercial   | Proposed Use:<br>Commercial 12 sf freestanding sign | Permit Fee:<br>\$54.00  | Cost of Work:<br>\$54.00 | CEO District:<br>5 |
| FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied<br>INSPECTION: Use Group: B Type: sign<br>IBC-2003<br>Signature: JMB 3/15/06 |   | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)<br>Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied<br>Signature: Date: |                          |                    |
| Proposed Project Description:<br>12 sf freestanding sign on existing pylon  |   |   |                          |                    |

|                             |  |                        |  |  |
|-----------------------------|--|------------------------|--|--|
| Permit Taken By:<br>dmartin | Date Applied For:<br>03/15/06<br><del>02/23/2006</del> | <b>Zoning Approval</b> |  |  |
|-----------------------------|--|------------------------|--|--|

|  |  |  |   |
|--|--|--|---|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.<br>2. Building permits do not include plumbing, septic or electrical work.<br>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.. | Special Zone or Reviews<br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br>Date: 2/24/06 ABM | Zoning Appeal<br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: | Historic Preservation<br><input checked="" type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>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

**City of Portland, Maine - Building or Use Permit**

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

|                       |                                 |                     |
|-----------------------|---------------------------------|---------------------|
| Permit No:<br>06-0245 | Date Applied For:<br>02/15/2006 | CBL:<br>304 B032001 |
|-----------------------|---------------------------------|---------------------|

|   |                                      |                                     |        |
|---|--------------------------------------|-------------------------------------|--------|
| Location of Construction:<br>429 WARREN AVE | Owner Name:<br>424 WARREN AVENUE LLC | Owner Address:<br>401 WARREN AVE    | Phone: |
| Business Name:                              | Contractor Name:<br>n/a              | Contractor Address:<br>n/a Portland | Phone  |
| Lessee/Buyer's Name                         | Phone:                               | Permit Type:<br>Signs - Permanent   |        |

|   |  |
|---|--|
| Proposed Use:<br>Commercial 12 sf freestanding sign on existing pylon | Proposed Project Description:<br>12 sf freestanding sign on existing pylon |
|---|--|

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 02/24/2006

**Note:** Permitted signs on pylon sign 12' x 9' (permit #04-1465)

**Ok to Issue:**

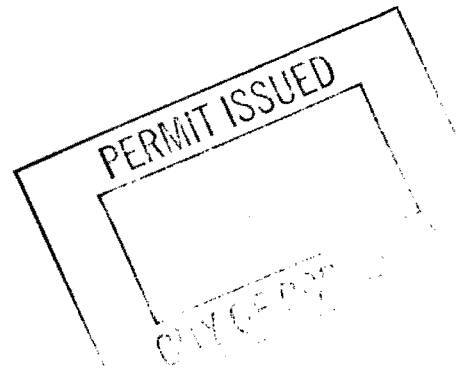
1. 06-0118 Lexus 16" x 8' (10.67 sq.ft.)
  2. 06-0120 Keybank ATM 8' x 18" (12 sq. ft.)
  3. 06-0164 Western Tool Supply 16" x 8' (10.67 sq.ft.)
  4. 06-0245 Aamco 18" x 8' (12 sq.ft.)
  5. 05-1216 Attention to Detail 16" x 8' (10.67 sq.ft.)  
(51.99 sq.ft. left)
- Certificate of libility with original permit #04-1465

- 1) This permit is being issued with the understanding that the individual pylon sign will be removed and that the four signs over the windows on the side of the building will be removed.

**Dept:** Building      **Status:** Approved      **Reviewer:** Jeanine Bourke      **Approval Date:** 03/15/2006

**Note:**

**Ok to Issue:**





# 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>429 Warren Avenue</u>   |  |  |
| Tax Assessor's Chart, Block & Lot<br>Chart#      Block#      Lot#<br><u>304      B      032</u>  | Owner: <u>Peter Holmes</u>   | Telephone:<br><u>797-7850</u>  |
| Lessee/Buyer's Name (If Applicable)<br><u>AAMCO Transmissions</u>  | Applicant name, address & telephone:<br><u>429 Warren Avenue<br/>Portland ME 04103</u> | Total s.f. of signage x \$2.00<br>Per s.f. plus \$30.00/\$65.00<br>For H.D. signage= Total<br>Fee: \$ <u>30.00</u><br>Awning Fee= cost of work<br>Total Fee: \$ <u>54.00</u> |
| Who should we contact when the permit is ready: <u>James Spinelli</u> phone: <u>797-7850</u>   |  |  |
| Tenant/allocated building space frontage (feet): Length: <u>60' - Warren</u> Height: <u>18" x 8"</u><br>Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>multi</u>   |  |  |
| Current Specific use: <u>automotive Repair Shop</u><br>If vacant, what was prior use: _____<br>Proposed Use: <u>automotive repair shop</u>   |  |  |
| Information on proposed sign(s):<br>Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>18" x 8"</u> Height from grade: _____<br>Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____  |  |  |
| Proposed awning? Yes _____ No <input checked="" type="checkbox"/> Is awning backlit? Yes _____ No _____<br>Height of awning: _____ Length of awning: _____ Depth: _____<br>Is there any communication, message, trademark or symbol on it? Yes _____ No _____<br>If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.                             |  |  |
| Information on existing and previously permitted sign(s):<br>Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____<br>Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>6' x 8'</u><br>Awning? Yes <input checked="" type="checkbox"/> No _____ Sq. ft. area of awning w/communication: <u>48</u> |  |  |
| 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](http://www.portlandmaine.gov), stop by the Building Inspection Department, 157 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: [Signature] Date: 2/15/06

This is not a permit, you may not commence ANY work until the permit is issued.

✓ # 10931

Feb. 6. 2006 4:13PM

DATE (MM/DD/YYYY)  
02/06/2006

# ACORD CERTIFICATE OF LIABILITY INSURANCE

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.

PRODUCER: Phone: (207) 776-3795 Fax: (207) 776-0591  
HOLDEN AGENCY INSURANCE  
PO BOX 10610  
1088 BR GHTON AVE  
PORTLAND ME 04104

INSURERS AFFORDING COVERAGE

NAIC #

31267


INSURED

424 WARREN LLC  
C/O HARBOUR AUTO BODY  
401 WARREN AVE  
PORTLAND ME 04103

INSURER A: York Insurance Company of Maine  
INSURER B:  
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.

| INSURANCE TYPE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|---|---------------|----------------------------------|-----------------------------------|---|
| <input checked="" type="checkbox"/> GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>  | YM 1109148    | 08/23/05                         | 08/23/06                          | EACH OCCURRENCE: \$ 1,000,000<br>DAMAGE TO RENTED: \$ 300,000<br>MED. EXP (Any one person): \$ 5,000<br>GENERAL AGGREGATE: \$ 1,000,000<br>PRODUCTS/COMING AFT: \$ 2,000,000                      |
| <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |               |                                  |                                   | <input type="checkbox"/> BODILY INJURY (Per person)<br><input type="checkbox"/> BODILY INJURY (Per accident)<br><input type="checkbox"/> PROPERTY DAMAGE (Per accident)                           |
| <input type="checkbox"/> GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO  |               |                                  |                                   | <input type="checkbox"/> AUTO ONLY - EA ACCIDENT<br><input type="checkbox"/> OTHER THAN EA ACC<br><input type="checkbox"/> AUTO ONLY: AGG   |
| <input type="checkbox"/> EXCESS / UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$   |               |                                  |                                   | <input type="checkbox"/> EACH OCCURRENCE<br><input type="checkbox"/> AGGREGATE  |
| <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br><input type="checkbox"/> ANY FRS (INSTR/PARTNER/EXECUTIVE/OWNER MEMBER EXCLUDED)<br><input type="checkbox"/> YES, ON THIS POLICY<br><input type="checkbox"/> SPECIAL PROVISIONS BELOW |               |                                  |                                   | <input type="checkbox"/> WORKERS COMPENSATION LIMITS<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> E.L. DISEASE-EA EMPLOYEE<br><input type="checkbox"/> E.L. DISEASE-POLICY LIMIT |
| OTHER:  |               |                                  |                                   |   |

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME  
FEB - 7 2006  
RECEIVED

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

As required for operations.  
SIGN LOCATED AT 429 WARREN AV., PORTLAND, ME

### CERTIFICATE HOLDER

CITY OF PORTLAND  
389 CONGRESS ST  
PORTLAND, ME 04101

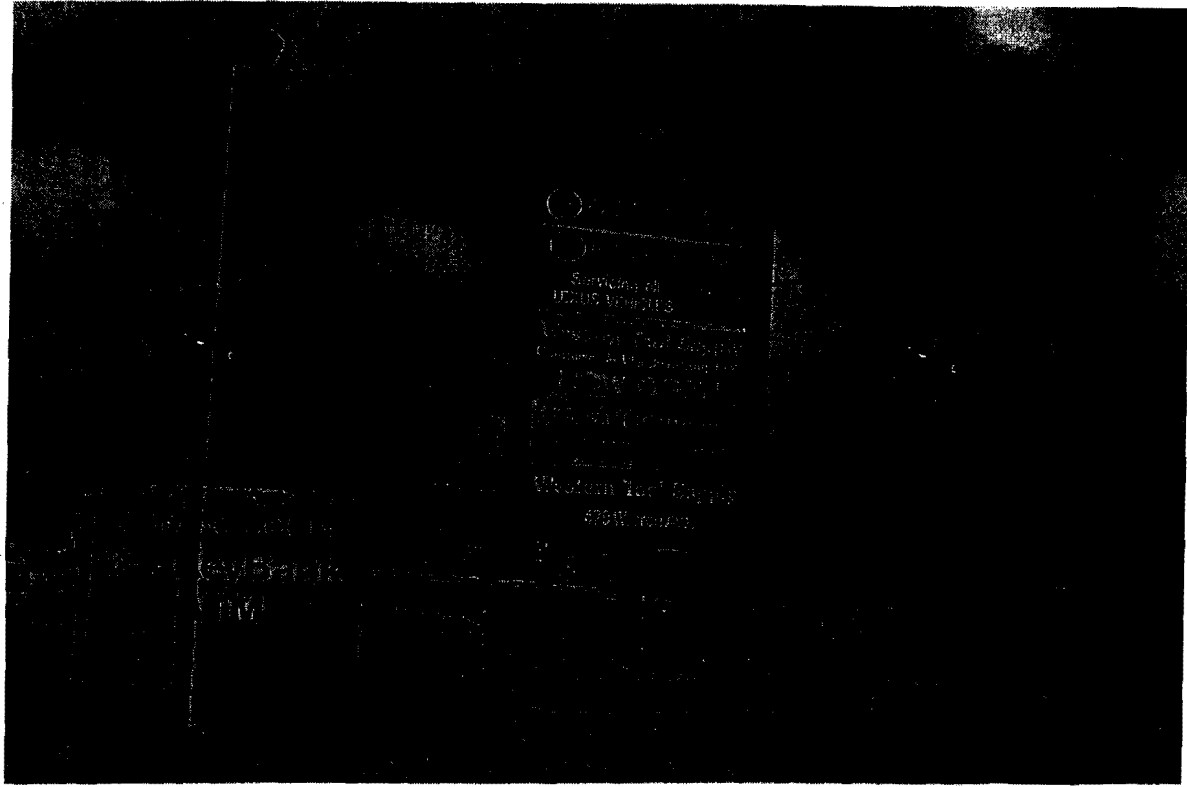
Attention

### CANCELLATION

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.

AUTHORIZED REPRESENTATIVE

*Thomas W. Holden*  
Thomas W. Holden



Perm. Sign

REMOVE  
MARK

Service of  
HUMAN RIGHTS  
...  
Western Inst. Group  
430W ...

...  
...  
...

**BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon**

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- Footing/Building Location Inspection:** Prior to pouring concrete
- Re-Bar Schedule Inspection:** Prior to pouring concrete
- Foundation Inspection:** Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling
- Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

|                                   |                |
|-----------------------------------|----------------|
| <u>George A. Farr</u>             | <u>2-17-06</u> |
| Signature of Applicant/Designer   | Date           |
| <u>Donna Martin Admin</u>         | <u>2 17 06</u> |
| Signature of Inspections Official | Date           |

CBL: 304 B 032 Building Permit #: 06 004 9



**CITY OF PORTLAND, MAINE**

Department of Building Inspections

Feb 15 2006

Received from HANCO

Location of Work 429 Warren Ave

Cost of Construction \$ 30424

Permit Fee \$ 54.

Building (IL)  Plumbing (I5)  Electrical (I2)  Site Plan (U2)

Other Sign

CBL: 304 B 032

Check #: 10931 Total Collected \$ 54.00

**THIS IS NOT A PERMIT**

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

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