

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

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080604

AUG

This is to certify that BLEILER EDWARD J TRS Design Inc  
 has permission to "Lucas Tree Experts" - New 6' Building sign  
 AT 535 WARREN AVE L 314 B009001

provided that the person or persons who accept 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 is procured before this building or part thereof is occupied or service is closed-in. 4  
 YOUR 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

*Thomas H. Marley 6/14/08*  
 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

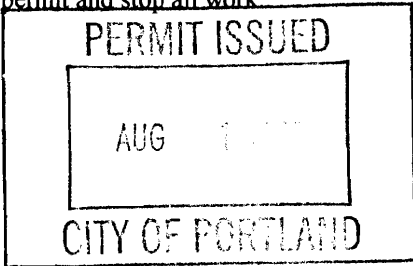
Permit No: 08-0604	Issue Date:	CBL: 314 B009001
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Location of Construction: 535 WARREN AVE	Owner Name: BLEILER EDWARD J TRS	Owner Address: 28 ISAAC LUCAS CIR	Phone:
Business Name: Lucas Tree Experts	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone 2078562600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-4

Past Use: Commercial - "Lucas Tree Experts"	Proposed Use: Commercial - "Lucas Tree Experts" - New 5' x 6' Building sign	Permit Fee: \$90.00	Cost of Work: \$90.00	CEO District: 5
Proposed Project Description: "Lucas Tree Experts" - New 5' x 6' Building sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Commercial</i> Type: <i>Sign</i>  IBC 2003  Signature: <i>Jim 6/10/08</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: ldobson	Date Applied For: 05/30/2008	<b>Zoning Approval</b>
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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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>6/3/08</i>	Date: _____	Date: _____

**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 )

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.**

  X   Final inspection required at completion of work.

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.**

\_\_\_\_\_  
Signature of Applicant/Designee

*Thomas H. Markley*  
\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date

*6/10/08*  
\_\_\_\_\_  
Date

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

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

<b>Permit No:</b> 08-0604	<b>Date Applied For:</b> 05/30/2008	<b>CBL:</b> 314 B009001
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<b>Location of Construction:</b> 535 WARREN AVE	<b>Owner Name:</b> BLEILER EDWARD J TRS	<b>Owner Address:</b> 28 ISAAC LUCAS CIR	<b>Phone:</b>
<b>Business Name:</b> Lucas Tree Experts	<b>Contractor Name:</b> Sign Design Inc	<b>Contractor Address:</b> PO Box 207 Westbrook	<b>Phone</b> (207) 856-2600
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial - "Lucas Tree Experts" - New 5' x 6' Building sign	<b>Proposed Project Description:</b> "Lucas Tree Experts" - New 5' x 6' Building sign
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 06/03/2008	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tom Markley	<b>Approval Date:</b> 06/10/2008	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.				
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.				



# 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>535 Warren Ave.</u>			
Tax Assessor's Chart, Block & Lot Chart# <u>314</u> Block# <u>B</u> Lot# <u>9</u>	Owner: <u>Lucas Tree Arthur Batson, JR</u> <u>P.O. Box 958 Portland 04104</u>	Telephone: <u>797-7294</u> <u>X-2101</u>	
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Contractor name, address & telephone: <u>Sign Design, Inc.</u> <u>P.O. Box 306 Westbrook, ME 04098</u> <u>856-2600</u>	Total s.f. of signage $\leq$ \$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: Diana Olmstead phone: 856-2600

Tenant/allocated building space frontage (feet): Length: 50' Height: 18'  
Lot Frontage (feet) 80' Single Tenant or Multi Tenant Lot single

Current Specific use: Vacant  
If vacant, what was prior use: Custom Coach & Limosine  
Proposed Use: equipment storage

**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: 5' X 6'

**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: \_\_\_\_\_  
 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.

30 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](http://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 Olmstead</u>	Date: <u>5/28/08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.





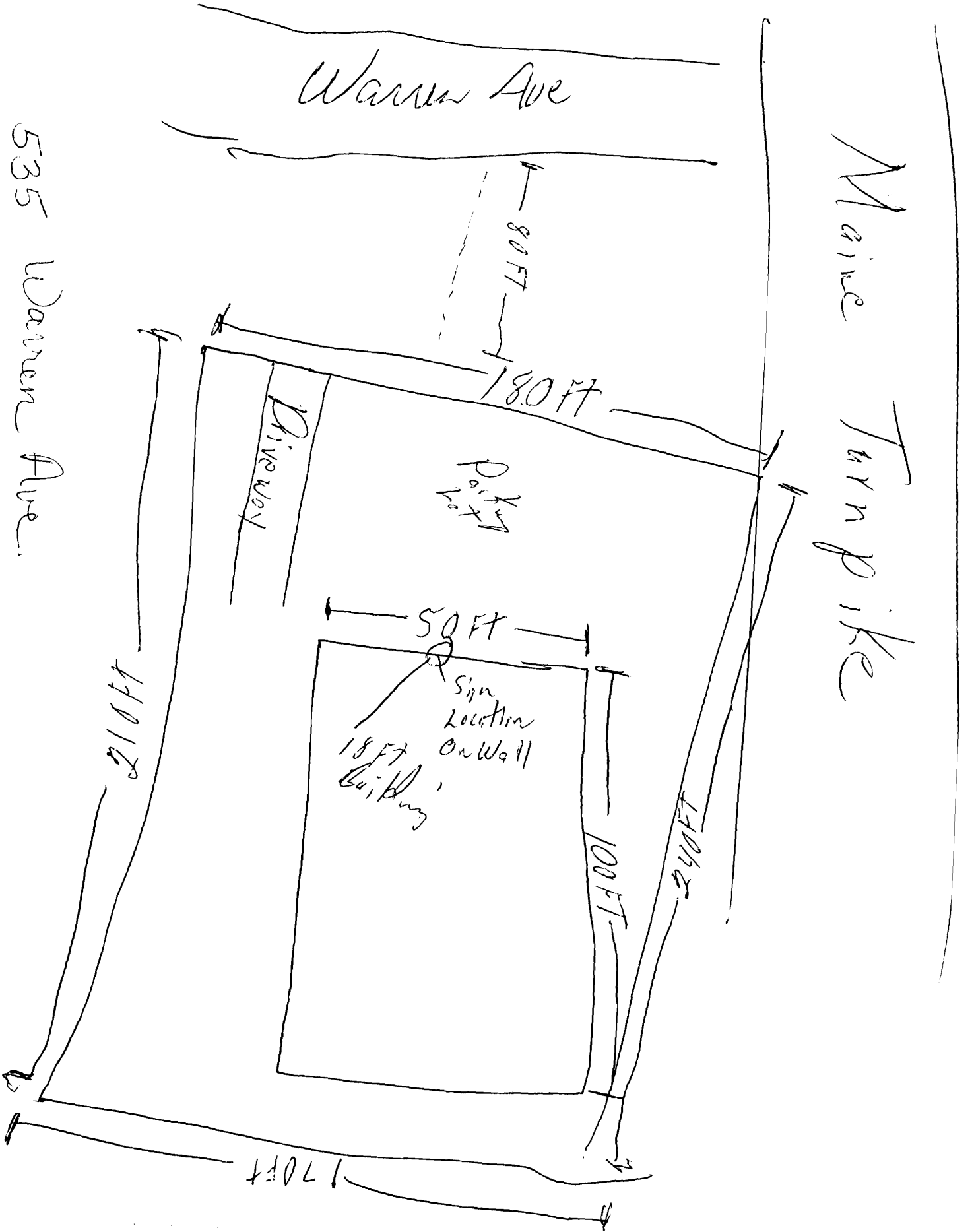
**LUCAS**

TREE EXPERTS

Maine Turnpike

Warren Ave

535 Warren Ave.





Client#: 123715

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/26/08
PRODUCER <b>Cross Insurance -CL/Bnds-P</b> 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 <b>John Lucas Tree Expert Company</b> 636 Riverside Street Portland, ME 04104	INSURERS AFFORDING COVERAGE INSURER A: <b>Acadia Insurance Company</b> INSURER B: <b>ARCH Specialty</b> INSURER C: INSURER D: INSURER E:	NAIC # <b>31325</b>

**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 ADDL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded: 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CPP014358813	03/31/08	03/31/09	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Fa occurrence) \$250,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
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 GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	CAP014358913	03/31/08	03/31/09	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accidnt) \$ PROPERTY DAMAGE (Per accidnt) \$ AUTO ONLY - FA ACCIDENT \$ OTHER THAN AUTO ONLY FA ACC AGG \$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	BINDER1087635	03/31/08	03/31/09	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$ \$ \$ WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				

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

<b>CERTIFICATE HOLDER</b> City of Portland Donna Katsiaficas 389 Congress Street Portland, ME 04101	<b>CANCELLATION</b> 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 UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Sandra Collins</i>
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P.O. Box 207  
Westbrook, ME 04098

A Full Service Sign Company

## Fax Cover Sheet

Send to: <i>Art Batson, JR</i>	From: Diana Olmstead
	Date: <i>5/28/08</i>
RE: <i>permitting</i>	<input checked="" type="checkbox"/> email: <i>signdesi@maine.rr.com</i>
<input type="checkbox"/> Fax Number: <i>797-0752</i>	<input type="checkbox"/> Phone Number: 207-856-2600 <input type="checkbox"/> Fax Number: 207-856-7600

- Urgent                       Reply ASAP                       Please Comment  
 Please Review               For Your Information               Fax Back with Signature

Total pages, including cover: 2

Comments: *Art,*

*Please sign and date owner's permission form. Also - I need your insurance company to fax to me a certificate of liability listing the City of Portland as an additional insured.*

*Call with any questions.*

*Thanks,*

*Diana*

ANY TROUBLE WITH THIS TRANSMISSION PLEASE CALL 207-856-2600

The information contained in this communication is confidential and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution, or copying is strictly prohibited. If you received this communication in error, please notify us by telephone as soon as possible at 207-856-2600 so that we may arrange for the retrieval of the documents at no cost to you.



