City of Portlan	d, Maine - Bui	ilding or Use	Permit Appli	cation	ermit No:	Issue Date:		CBL:	
389 Congress Str	eet, 04101 Tel:	(207) 874-8703	, Fax: (207) 87	74-8716	07-1290			316 A00	1001
Location of Construct	ion:	Owner Name:		Own	er Address:			Phone:	
300 RIVERSIDE	ST	MJH - PORT	LLC	PO	BOX 500				
Business Name:		Contractor Name		Cont	tractor Address:			Phone	
		Sign Design Ir	nc	PO	Box 207 West	brook		207856260	00
Lessee/Buyer's Name		Phone:		Pern	nit Type:			·	Zone:
				Sig	gns - Permanen	t			B-4
Past Use:		Proposed Use:		Peri	mit Fee:	Cost of Work	: CE	O District:]
Hammond Lumbe	r	Hammond Lui	mber - New sign	age	\$690.00	\$69	0.00	5	
		for Hammond			E DEPT:	Approved Denied	INSPECTI Use Group TB		Type: 5 7 8~~5
Proposed Project Dese New signage for H	Iammond Lumber	NOV 2	ISSUED	PED	ature:	ed Appi	RICT (P.A.	.D.)	Denied
Permit Taken By: ldobson		2/2007		/	Zoning	Approva	l		
	oplication does not		Special Zone	or Reviews	Zonin	g Appeal		Historic Prese	rvation
	rom meeting appli		Shoreland					Not in District	t or Landmark
2. Building perm septic or elect	nits do not include rical work.	plumbing,	Wetland		Miscella	neous		Does Not Req	uire Review
	nits are void if wor months of the date		Flood Zone		Conditio	nal Use		Requires Revi	ew
False informa permit and sto	tion may invalidat op all work	e a building	Subdivision			ation		Approved	
			Site Plan			đ		Approved w/C	Conditions
			Maj 🔄 Minor	MM	Denied			Denied	
			Date: ABM	Vadir -	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

Form # P 04 DISPLAY THIS CAP	RD ON PRINCIPAL FRONTAGE OF WORK
	Y OF PORTLAND
Please Read Application And Notes, If Any,	
Attached	PERIVIA Portivit Number: 071290
This is to certify thatMJH - PORT-LLC /Sign D	
has permission to <u>New signage for Hammond</u>	$\frac{NOV}{2.8} \frac{NOV}{2.8}$
AT _300 RIVERSIDE ST	316 1001
provided that the person or person of the provisions of the Statutes of the construction, maintenance and this department.	funine and of the Programmes of the City of Pertland regulating
Apply to Public Works for street line and grade if nature of work requires such information.	A certificate of occupancy must be pre this ilding or price of a procured by owner before this build- ing or part thereof is occupied.
OTHER REQUIRED APPROVALS	
Fire Dept.	
Health Dept	
Appeal Board	- N/ h MA, lell interi-
Other Department Name	Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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• ,	ne - Building or Use Permit 01 Tel: (207) 874-8703, Fax: (207) 874-8716	Permit No: 07-1290	Date Applied For: 10/12/2007	CBL: 316 A001001	
Location of Construction:	Owner Name:	· · · · · · · · · · · · · · · · · · ·	wner Address:	·	Phone:	
300 RIVERSIDE ST	MJH - PORT LLC	MJH - PORT LLC PO		PO BOX 500		
Business Name:	Contractor Name:	Contractor Name: Cor		Contractor Address:		
	Sign Design Inc	H	PO Box 207 West	brook	(207) 856-2600	
essee/Buyer's Name	Phone:			Permit Type: Signs - Permanent		
roposed Use:		Proposed	Project Description:			
Hammond Lumber - New s	ignage for Hammond Lumber	New sig	gnage for Hammo	nd Lumber		
Dept: Zoning	Status: Approved with Conditions	Reviewer:	Ann Machado	Approval I	Date: 10/25/2007	
Note: Two freestanding s Warren Ave. Is onl	igns are 480' apart so they are not read y directional.	lily concurren	tly visible. The o	ne at the entrance o	n Ok to Issue: 🔽	
1) The freestanding sign a Entrance with an arrow	t the Riverside Street entrance cannot h	have the name	e Hammond Lumb	per Company on it.	It can only say	
Dept: Building	Status: Approved with Conditions	Reviewer:	Tom Markley	Approval I	Date: 10/25/2007	
Note:					Ok to Issue:	
 Application approval ba and approrval prior to v 	used upon information provided by app work.	olicant. Any d	eviation from app	proved plans require	s separate review	
2) Signage Installation to a	comply with Chapter 31 of the IBC 200	03 building co	ode.			

Comments:

10/22/2007-ldobson: I'm essentially finished, will sign after Fire finishes their review, I do have a couple of questions:

1) Did you drop off stamped "National Store Fixture" plans for the warehouse building?

2) Who is providing the building package for the retail building?

3) Are there complete plans for the bulk shed?

I'm dropping the package off with Fire in the morning to perform their review. Lannie/Jeanie, did a complete HHE 200 for get reviewed and approved?

Thanks,

Mike Nugent

>>> Chris Walsh <arcwalsh@rcn.com> 10/01/07 7:40 AM >>> Mike:

I received your email this morning, as I discussed with you, I continue to be very concerned with the timing of these permits as the foundation slabs are being poured early this week. Since you can only review these drawings after hours I can only assume that we will not have a permit before the 15th as the next time you will be available to review them is on the weekend of the13th. This is extremely difficult.

300 RIVERSIDE ST Business Name: Lessee/Buyer's Name The City already has the stamped I had made a request that they be i	MJH - PORT LLC Contractor Name: Sign Design Inc Phone:		PO BOX 500 Contractor Address: PO Box 207 Westbrook Permit Type: Signs - Permanent	Phone (207) 856-2600
Lessee/Buyer's Name The City already has the stamped I had made a request that they be i	Sign Design Inc Phone:		PO Box 207 Westbrook Permit Type:	
The City already has the stamped I had made a request that they be i	Phone:		Permit Type:	(207) 856-2600
The City already has the stamped I had made a request that they be i				
I had made a request that they be i	plana of the Drive Through		Signs - Permanent	
I had made a request that they be i	nlang of the Drive Through			
The Quality assurance forms that with the second of this specification incline movable shelf racks and stacker ration for the scope of this specification incline movable shelf racks and stacker ration of racks such as drive in and drive portable racks or rack buildings." /I my opinion the building is a drive cantilever racks and this section specification specification specification and the section specification of the section of the section specification and the section and	integrated with the these pla were previously filled out w ct and not just the foundation he Design, testing of /"R ude industrial pallet racks, acks and does not apply to c e through racks, cantilever r we through rack building ution pecifically excludes it.	ans in August. vere ons. Racks in other types racks, lizing		
MIke Nugent wrote: > I spent some time with this perm > are stamped. The ones with our > approved quality assurance prog > needed. The rack storage needs t > the standards found in section 22 > > Is there a spec book for this proj > > I'm on vacation from the 3rd to t > City Hall for Fire to review. > > Lannie, can you create copies of > of S/I that are with the foundatio > permit?	plan set are not. Also a cop gram or acceptable certificat to be certified as being com 208.1 ject the 9th. I'm returning the pe	y of the tion is apliant with rmit to I Statement		

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.

Pre-construction Meeting: Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before **any** site work begins on any project other than single family additions or alterations.

Footing/Building Location Inspec	tion: Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
 Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electr	ical: 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

Signature of Applicant/Designee Signature of Inspections Official

Date 11/30/2007

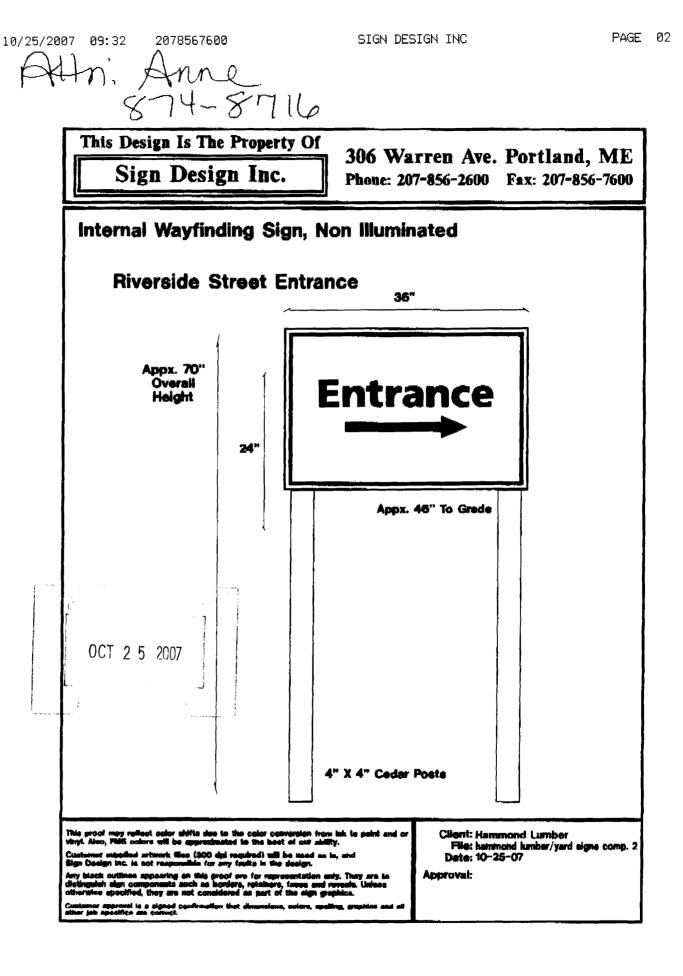
CBL: 316-ADDI Building Permit #: 071298

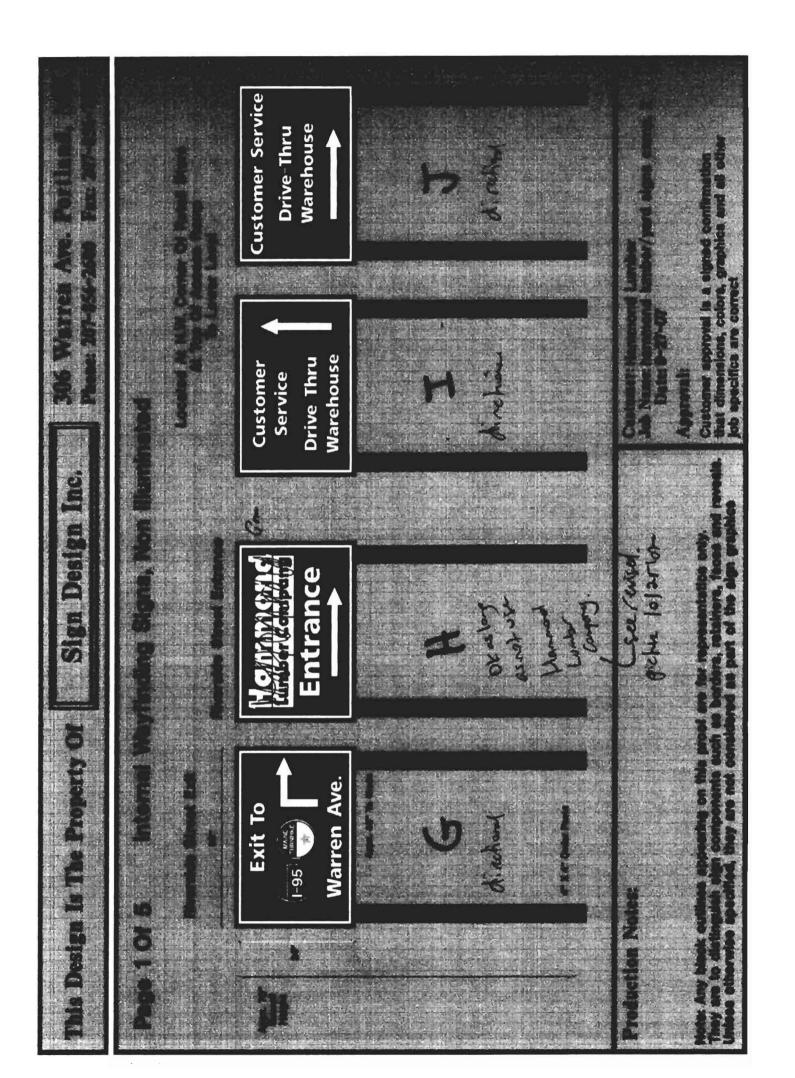


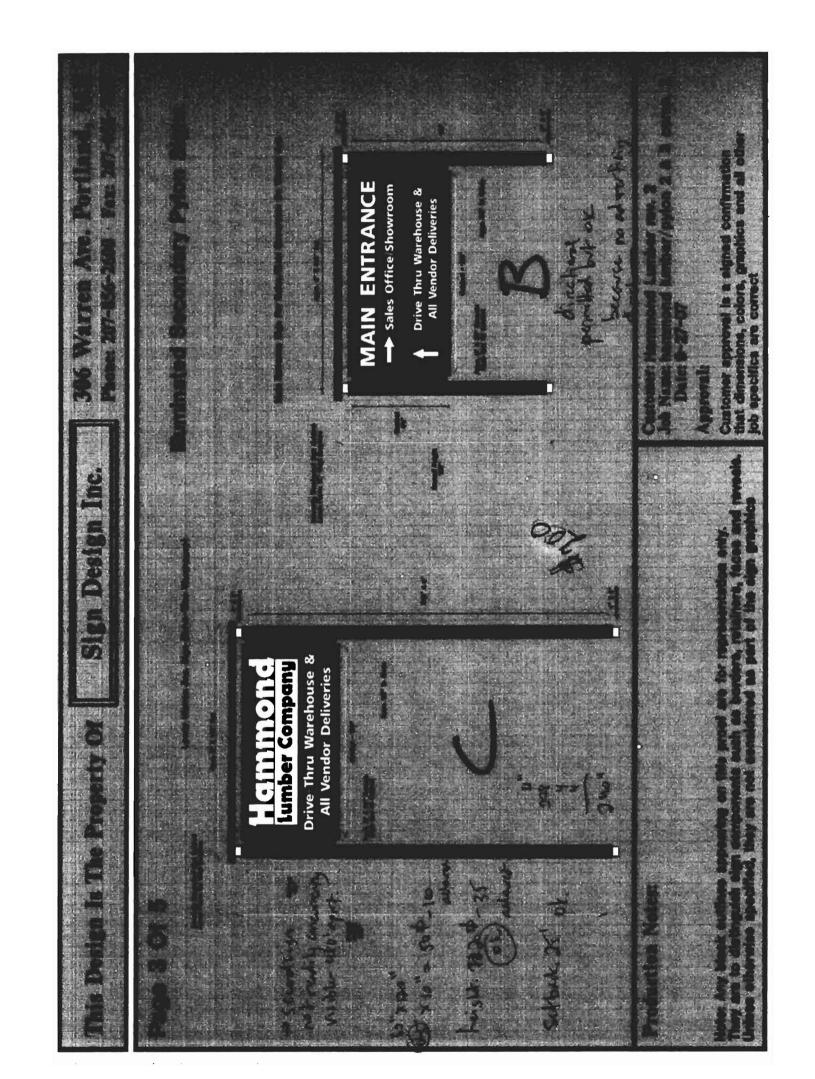
Signage/Awning Permit Application

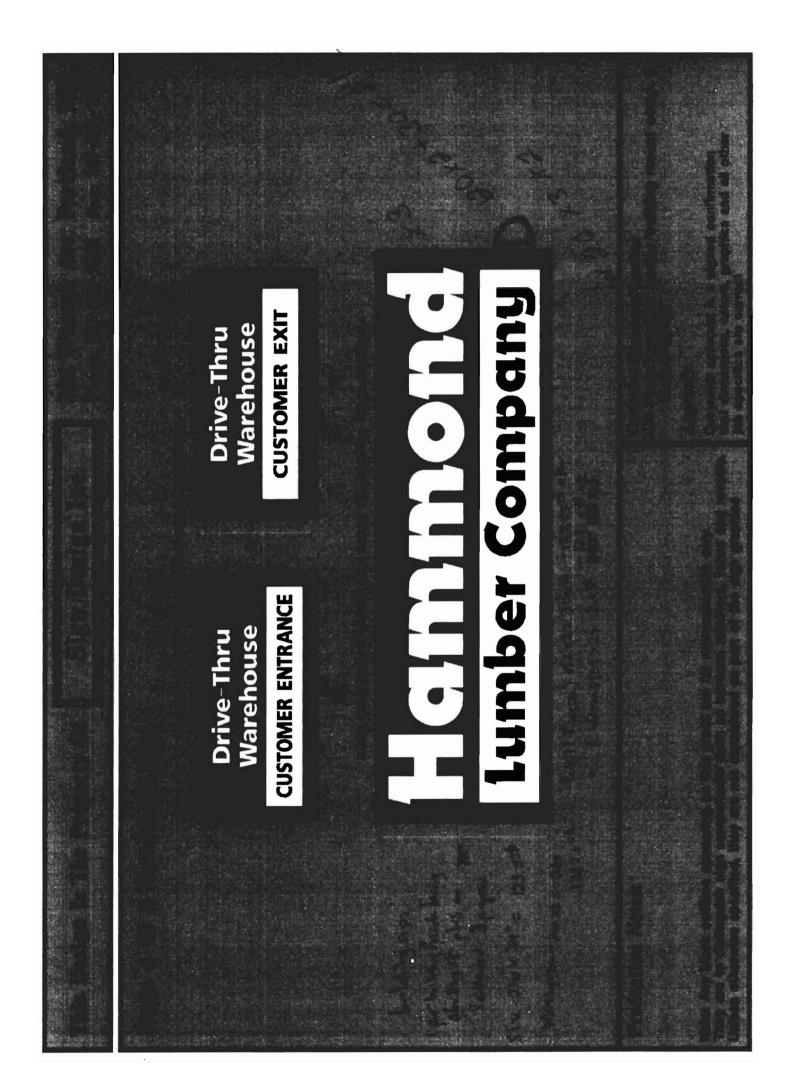
Figure of the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

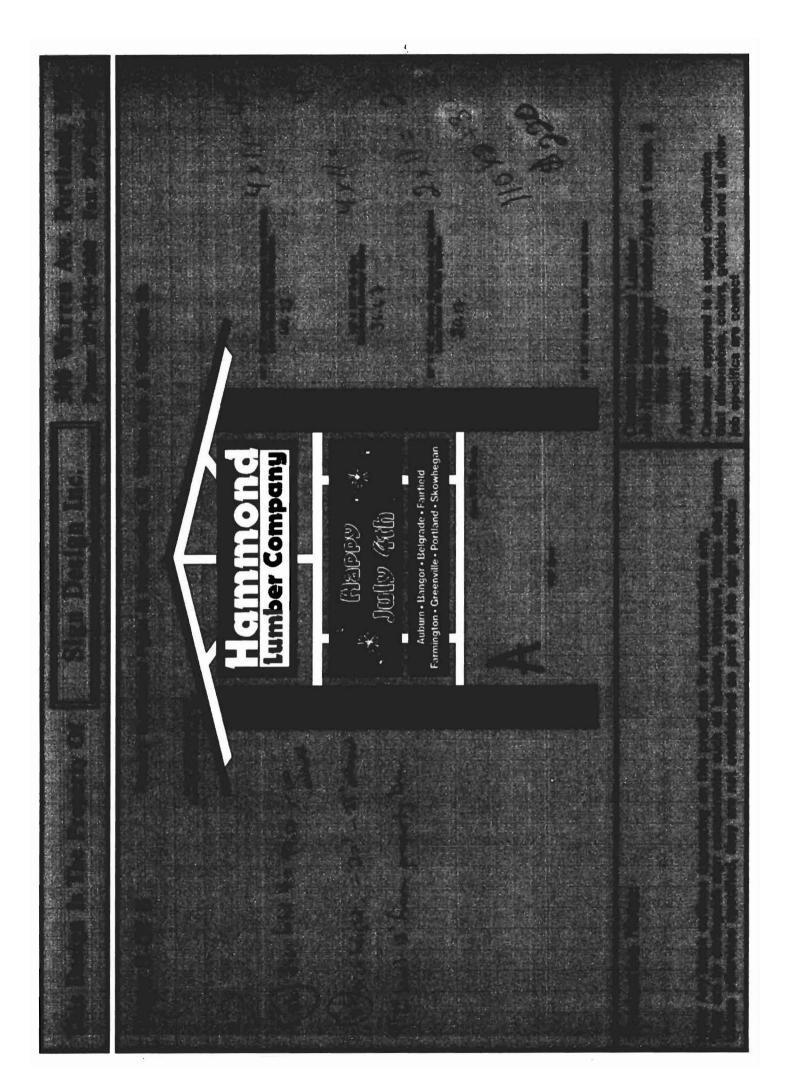
Location/Address of Construction: 30	Riverside St.	Portland
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Muke Hammond PC Box 50C Bulgrade, ME 0491	7 Telephone: 495-3303
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telepl Slan Design, Inc. P.D. Box 207 Wethrook 856-2600	hone: 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 read	· ()	
Tenant/allocated building space frontage (f Lot Frontage (feet)	eet): Length: Height Single Tenant or Multi Tenant Lo	
Current Specific use: If vacant, what was prior use: Proposed Use:		
Information on proposed sign(s): Sec. (12) Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes	No Dimensions proposed	l: Height from grade: l:
Proposed awning? Yes No Is aw Height of awning: Length of Is there any communication, message, tradem If yes, total s.f. of panels w/communications,	awning: Depth ark or symbol on it? Yes No	
Information on existing and previously permit Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Awning? Yes No Sq. ft. area	No Dimensions:	Contraction of the second seco
A site sketch and building sketch showing ex Sketches and/or pictures of proposed signage	actly where existing and new sign e and existing building are also re	age is located must be provided.
Please submit all of the information o Failure to do so may result in the auto	utlined in the Sign/Awning . matic denial of your permit.	Application Checklist.
In order to be sure the City fully understands the additional information prior to the issuance of a p Building Inspections office, room 315 City Hall o	ermit. For further information visit v	g and Development Department may request as on-line at <u>www.portlandmaine.gov</u> , stop by the
I hereby certify that I am the Owner of record of the n authorized by the owner to make this application as his a permit for work described in this application is issued areas covered by this permit at any reasonable hour to e	/her authorized agent. I agree to confo u , I certify that the Code Official's authoriz	n to all applicable laws of this jurisdiction. In addition, if zed representative shall have the authority to enter all
Signature of applicant: Diana (Imatend	Date: 10/11/07
	ou may not commence ANY work u	ntil the permit is issued.
trustanding - fromtype 2 200	515n A = 97,17 #	
height 3r'		
freestanding - frontage 2 200 Area 200 100th height 3r' scrback 5' 2 if readily and concurrently visible	~	
- IT TURON W MULL CHRON		

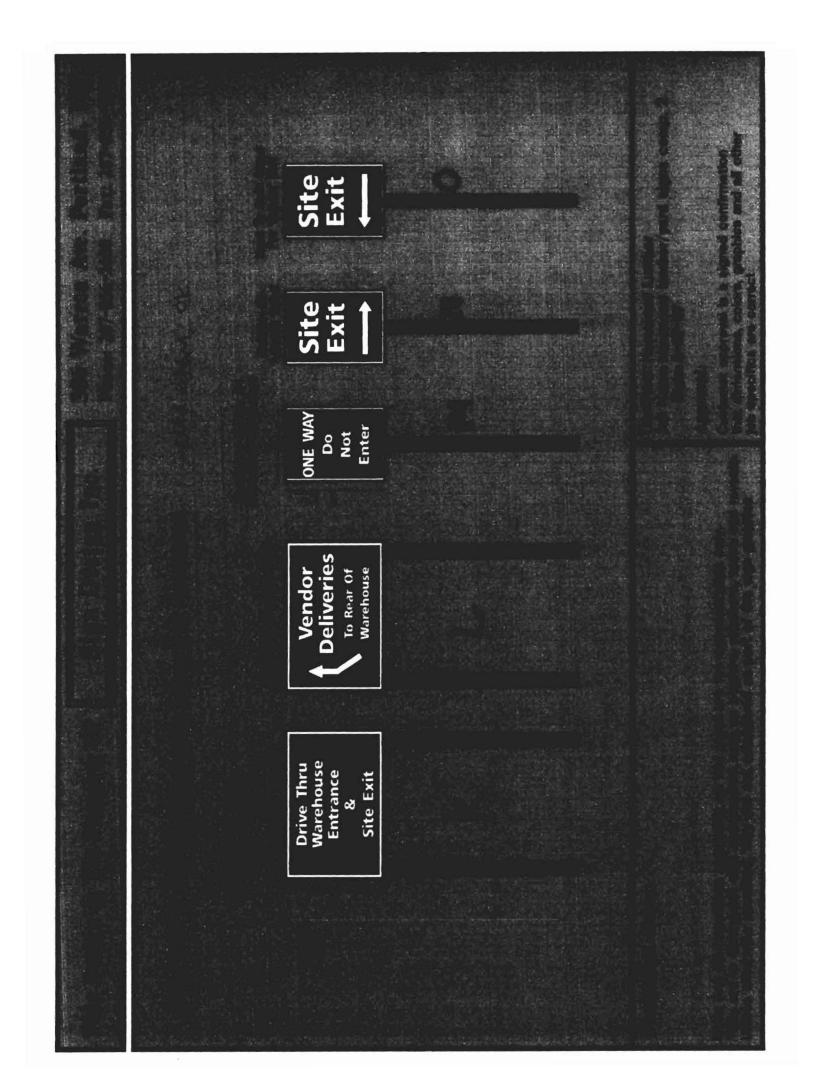












Client#: 136451			
ACORD. CERTIFICATE C	OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 10/08/07	
PRODUCER Cross Insurance 74 Gilman Road	THIS CERTIFICATE IS ISSUED AS A MATTER OF I ONLY AND CONFERS NO RIGHTS UPON THE CER HOLDER. THIS CERTIFICATE DOES NOT AMEND, ALTER THE COVERAGE AFFORDED BY THE POL	RTIFICATE EXTEND OR	
P.O. Box 1388 Bangor, ME 04401	INSURERS AFFORDING COVERAGE	NAIC #	
INSURED	INSURER A: One Beacon Insurance Company	20621	
Hammond Lumber Company	INSURER B: Wausau Insurance		
P.O. Box 500	INSURER C:		
Belgrade, ME 04917	INSURER D:		

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.

R ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S
	GENERAL LIABILITY	714-00-73-500000	11/01/06	11/01/07	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <u>500,000</u>
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$10,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- JECT LOC					
	AUTOMOBILE LIABILITY X ANY AUTO	714-00-73-500000	11/01/06	11/01/07	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	X HIRED AUTOSX NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS/UMBRELLA LIABILITY	714-00-73-500000	11/01/06	11/01/07	EACH OCCURRENCE	\$20,000,000
	X OCCUR CLAIMS MADE				AGGREGATE	\$20,000,000
						\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
WOR	KERS COMPENSATION AND	WCKZ91440168016	01/01/07	01/01/08	X WC STATU- TORY LIMITS OTH- ER	
					E.L. EACH ACCIDENT	\$500,000
	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	
If yes, SPEC	, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$500,000
OTHE	R					
	sed/Rented ipment	790-00-07-200000	11/01/06	11/01/07	Limit: \$100,000 w/\$1,000 deductible	
CRIPTIC	ON OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY END	ORSEMENT / SPECIAL PRO	VISIONS	<u></u>	
	Insured: Hammond Lumber (ichael	
	nond, CKH, LLC & Clifton H.					
	R LLC, J&H LLC, Clifton K &					
	tificate Holder and the City o			•		
	ached Descriptions)					

CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION Sign Design, Inc. DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN P.O. Box 207 NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL Westbrook, ME 04098 IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. Authorized Representative JAH

	ATTACANTA N. A.	(Continued from Page	
nsured but only with re he named insured.	espect to liability arising out of the o	peration of	
ne numeu moureu.			

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