Form # P 04

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

### CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

WCRECTION

PERM

tion :

Permit Number: 060898

epting this permit shall comply with all

uctures, and of the application on file in

nances of the City of Portland regulating

This is to certify that\_

has permission to \_

SEGAL ASSOCIATES OF

W JERSEY LP /Sign Design

replace existing signs with o 8'x24'fr 10' bldg sign. gn & one

rm or

CITY OF PORTLAND

PERMIT ISSUED

AT 238 RIVERSIDE ST

316 B002001

aine and of the

e of buildings and

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ificatio on mu е of inspi en and v en perm on prod d bre this ilding o rt there s ed or osed-in UR NO LEQUIRED!

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

1/24/06

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. Appeal Board Other \_\_ DepartmentName

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

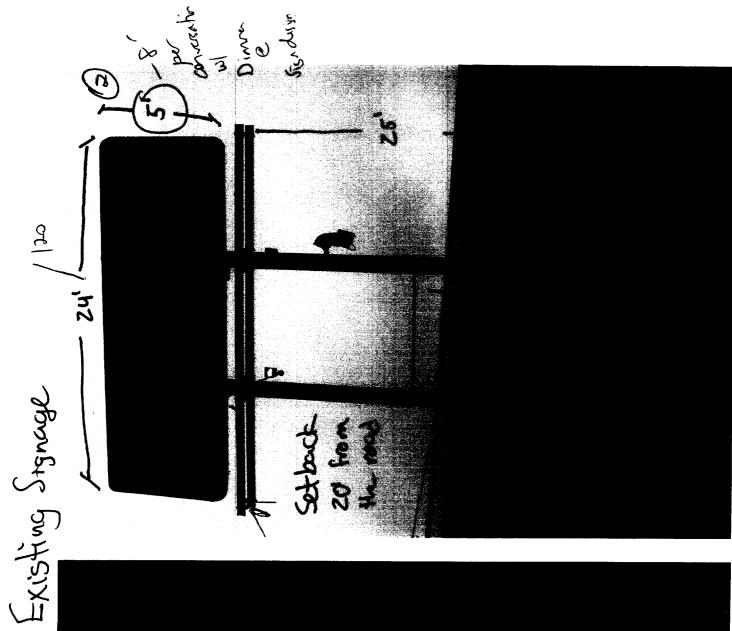
City of Portland,	Maine - Buil	ding or Use	Permi	t Application	n Per	rmit No:		Issue Date		CBL:		
389 Congress Street,	,04101 Tel: (	207) 874-8703	3, Fax:	(207) 874-871	6	06-0	898	PERM	221 TI	11F P <sup>316</sup>	В002	2001
Location of Construction:		Owner Name:			Owner	r Address	:			Phone:		
238 RIVERSIDE ST		SEGAL ASSO	CIATE	S OF NEW J	13 P	RODU	TIOI	WAY			- 1	
3usiness Name:		Contractor Name	<b>:</b>		Contr	actor Add	ress:	JUL	7 (	Phone		
		Sign Design Ir	10			3ox 207	West	brook		20785	56260	Ю
Lessee/Buyer's Name		Phone:			Permi	t Type:		CITY OU	ror:	TIANT		Zone:
					Sign	ns - Pern	anen	til C	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u>54</u>
Past Use:		Proposed Use:			Perm	it Fee:	_	Cost of Wor	k:	CEO Distri	ct:	
		Commercial replace existing signs with one 8'x24'freestanding sign &		\$494.00 \$494.0				5				
				inding sign &	FIRE	DEPT:		Approved	INSPEC	CTION:		٠.٠٠
		one 4'x 10' bld		i i			_	Denied	Use Gro	oup U	7	Type
		WILLS	Lumb	•			) Z	,		oup U	7	003
						L		<b>,</b>			1	
Proposed Project Description		'franstanding sig	n Pron	1'v 10' blda	g:	//			· `			
replace existing signs sign.	with one 8 x24	meestanding sig	gn & One	e 4 x 10 blug	Signa	£	ACTI	VITIES DIST	Signatu		_	
5.5												
					Action	n:	Approv	ed App	proved w/	Conditions		Denied
					Signa	ture:				Date:		
ermit Taken By:	Date Ap	oplied For:				Zor	ning	Approva	al			
dmartin	06/15	5/2006				_	8	TT -				
1.			Spe	cial Zone or Revie	ws		Zonin	g Appeal		Historic	Preser	vation
				oreland		☐ Va	ariance			▼ Not in D	District	or Landma
				a Mach	1							
2. Building permits of septic or electrical		olumbing,		etland Regions	,	M	iscella	neous		Does No	ot Requ	ire Review
3. Building permits a within six (6) mor	are void if work		Flo	ood Zone Sisky wolfers you bdivision Siskis	shirk shre	☐ Co	onditio	nal Use		Requires	s Revie	:w
False information permit and stop al		a building	☐ Su	bdivision らいべ、		In	terpreta	ation		Approve	ed	
			Si Si	te Plan		A <sub>I</sub>	oproveo	i		Approve	ed w/Co	onditions
			   Maj [	☐ Minor ☐ MM		De	enied			Denied		
			l nx							TEN	1	
			Date:	2/05/06	W	late:			)a	ite:		
			C	ERTIFICATI	ON							
I hereby certify that I ar	m the owner of	record of the na	med pro	perty, or that th	e prop	osed wo	ork is	authorized	by the	owner of re	ecord	and that
I have been authorized												
jurisdiction. In addition shall have the authority												
such permit.	to enter an area	as covered by so	ich pern	nt at any reason	aoic ii	iour to cr	morci	tile provi	SIOII OI	ine code(s	, appi	icabic to
SIGNATURE OF APPLICA	NT			ADDRESS				DATE		]	PHON	E
RESPONSIBLE PERSON I	N CHARGE OF W	ORK, TITLE						DATE		]	PHONI	E

City of 1	Portland, Maine - Buil	ding or Use Permit	t		Permit No:	Date Applied For:	CBL:	
389 Cong	gress Street, 04101 Tel: (	207) 874-8703, Fax: (	(207) 87	4-8716	06-0898	06/1512006	316 B00200	1
Location of Construction: Owner Name:				C	wner Address:		Phone:	
238 RIVI	ERSIDE ST	SEGAL ASSOCIATE	S OF NE	W JE	13 PRODUCTION	WAY		
Business Name: Contractor Name:				C	Contractor Address:			
		Sign Design Inc		11	PO Box 207 Westb	rook	(207) 856-260	0
Lessee/Buy	er's Name	Phone:		P	ermit Type:			
		I	,		Signs - Permanent			
Proposed U	lse:			Proposed	Project Description:			
	cial replace existing signs wi	in one 6 A24 neestandii.	ig 3igii	bldg sig		one 8'x24'freestand	ing sign & one -	rato
Dept:	Zoning Status: A	pproved	Rev	viewer:	Ann Machado	Approval Da	te: 07105120	)06
is	Replacing existing signs. Fre s existing and the replacement Building Status: A			<u></u>	is more than the or Tammy Munson	Approval Da	<b>te:</b> 07124120	<b>☑</b> 006 <b>☑</b>
l 1) Signa	ge Installation to comply with	th Chapter 31 of the IBC	C 2003 bu	ilding c	ode.			

# 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.

P2-F ,		arrangements must be made before			
Tax Assessor's Chart Chart# Block 510 Lessee/Buyer's Name	Lot#  COQ	Owner: Bradco Supply  Contractor name, address & telephone:  Sign Design Inc.	Total s.f. o	Telephone:  772-288  If signage x \$2.00  If \$30.00/\$65.00  If signage = Total	34
	٩	Westbrook ME 04098	O Awning	Fee= cost of wo	rk
Current Specific use:  If vacant, what was pringer Proposed Use:  Information on proper Freestanding (e.g., p. Bldg. wall sign? (att.)  Proposed awning? You Height of awning:  Is there any community yes, total s.f. of particles. Information on existing Freestanding (e.g., p. Bldg. wall sign?. (att.)  Awning? Yes	or use:  ole) sign?  rachedto bldg) Yes  Length of nication, message, trademanels w/communications, and previously permode) sign?  yes  ole) sign?  Yes  And previously permode) sign?  Sq. ft. are	Ben Holloway  Single Tenant or Multi Tenant Lot  No Dimensions proposed	<b>Z4</b> Heigh <b>DEF</b>	TOF BU!! DI/<<: CITY OF PORTL  JUN 15  RECEIV	2006
Sketches and/or pict	ures of proposed signa	ge and existing building are also required  outlined in the Sign/Awning Appl	l.		
Failure to do so many to the additional information of Building Inspections of I hereby certify that I am to	City fully understands the prior to the issuance of a fice, room 315 City Hall the Owner of record of the	omatic denial of your permit.  e full scope of the project, the Planning and permit. For further information visit us on-sor call 874–8703.  named property, or that the owner of record auth	Development ine at www.p.	Department may ortlandmaine.gov,	stop by the I have been
a permit for work describe areas covered by this perm Signature of applic	ed in this application is issue nit at any reasonable hour to ant:	you may not commence ANY work until the	orthis permit.	14.06	to enter all
from trading	220 houtope	you may not commence ANY work until the 1904 SS SY SY X 34 = (S2 SY HOLD SY HO	190×32 3	BD 18 180th -	OF.





Replanment Signage

This Design Is The Property Of

Sign Design Inc.

306 Warren Ave. Portland, ME Phone: 207-256-2600 Fax: 207-256-760

Vinyl Graphics

and On 48 X 120" Bidg. Mount, Aluminum Panel - MOJALL

Bulders HOME

207-888-8888 Bradco Supply Wickes Lumber

w/ aluminum क्रीव्वक्रि

B Logo - Appx. 40" X 29" Bradco Supply - 7 1/2" B, 5 1/2" U U U Wickes Lumber - 11" W, 7 1/2" L, 5 1/2" U Phone - 6"

 $V_{\rm INV}/G_{\rm Vp}h$  ics + +e&+ Refacing Of Existing Double Sided Non Muminated Cabinet W/Addition Of .000-flat Cut Mandamenton MOUNLES (N

eccohing

slots

Steanding Change Tree tak

29,888-8888 Bradco Supply

Vickes Lumber

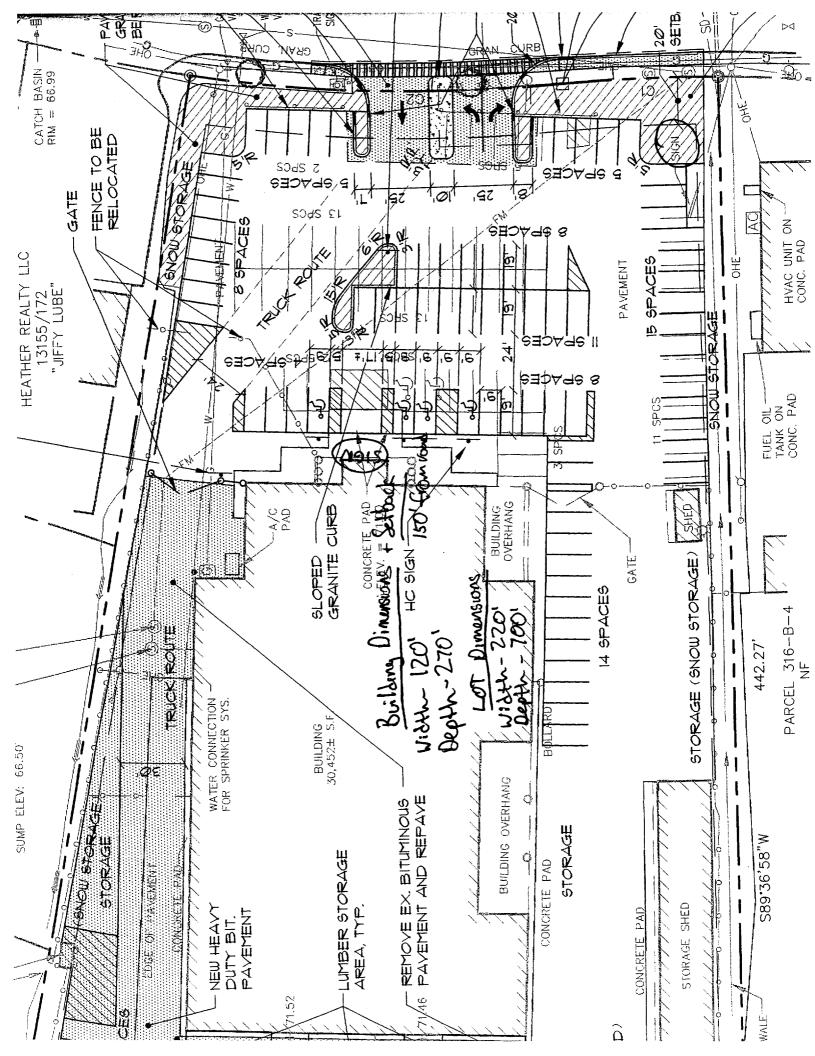
B Logo - Appx. 83 1/2" X 61 1/2" Bradco Supply - 15 1/2" B, 11 1/2" U Wickes Lumber - 22 3/4" W, 15 1/2" L, 11 1/2" U Phona - 12"

7

Customer: Bradco rev. 1
Job Name: bradco comp. 2
Date: 5-16-06

Approval:

that dimensions, colors, graphics and all other job specifics are correct Customer approval is a signed confirmation





## Sign Contractors

P.O. Box 207 Westbrook, ME 04098 (207) 856-2600 \* FAX: (207) 856-7600 1-800-949-9037 signdesi@maine.rr.com

A Full Service Sign Company

RE:
To Whom It May Concern:
<b>As</b> the owner (or owner representative) of the property located at:
238 Riverside St.
I authorize Sign Design Inc. to install signs/sign face replacements as detailed on attached paperwork.
Signature $\frac{6/12/06}{\text{Date}}$
Print Name

#### Certificate of Insurance

THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION. ONLY AND CONFERS NO RIGHT UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

This is to Certify that
BRADCO SUPPLY CORPORATION

floor

**L** 

13 PRODUCTION WAY

ADDREAND OF INSURED



AVENEL

NJ 07001

is, at the issue date of his certificate sured by the Company or the policy(ics) listed below. The insurance afforded by the listed policy(ics) is subject to all their terms, exclusions and

as and is not lter by any		ion of any contract or other document with	respect to which this certificate may be issued.			
TYPE OF DLIC	EXP DATE CONTINUOUS EXTENDED POLICY TERM	POLICY NUMBER	LIMIT OF I	LIMIT OF LIABILITY		
WORKERS COMPENSATION	10/1/2006	WA7-63D-004348-015	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES ALL STATES EXCLUDING MONOPOLISTIC STATES	EMPLOYERS LIABILITY  Bodily Injury by Accident 1000000 Each Accident Bodily Injury By Disease 1000000 Policy Limit  Bodily Injury By Disease 1000000 Each Person		
GENERAL LIABILITY	10/1/2006	RG2-631-004348-025	General Aggregate—Other than Products /			
_	10,1,2000			5000000		
OCCURRENCE			Products / Completed Operations Aggregat	:c 2000000		
CLAIMS MADE			Bodily Injury and Property Damage Liabil	ity		
				2000000 Per Occurrence		
	RETRO DATE	·	Personal Injury	1000000 Per Person / Organization		
			Other	Other		
AUTOMOBILE LIABILITY	10/1/2006	AS2-631-004348035	2000	Each Accident-Sin& Limit  000 B.I. And P.D. Combined		
OWNED			<u> </u>	Each Person		
MON-OWNED				Each Accident or Occurrence		
HIRED				Each Accident or Occurrence		
OTHER			DEDUCTIBLE \$1000			
PHYSICAL DAMAGE	10/1/2006	AS2-631-004348-035 AS2-631-004348-045				
ADDITIONAL COMMENTS	<u> </u>	<u> </u>				
Certificate Holder City	of Portland is her	eby named as an additiona	linsured.			
If the certificate expiration date is con	tinuous or extended term, v	ou will be notified if coverage is terminated	or reduced before the certificate expiration dat	C.		

• If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.
SPECIAL NOTICE-ORIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILITY OF INSURANCE FRAUD.

IMPORTANT NOTICE TO FLORIDA POLICYHOLDERS AND CERTIFICATE HOLDERS: IN THE EVENT YOU HAVE ANY QUESTIONS OR NEED INFORMATION ABOUT THIS CERTIFICATE FOR ANY REASON, PLEASE CONTACT YOUR LOCAL SALES PRODUCER WHOSE NAME AND TELEPHONE NUMBER APPEARS IN THE LOWER RIGHT HAND CORNER OF THIS CERTIFICATE. THE APPROPRIATE LOCAL SALES OFFICE MAILING ADDRESS MAY ALSO BE OBTAINED BY CALLING THIS NUMBER.

NOTICE OF SELLATION: (NOT APPLICABLE UNI BEFORE THE STREET OF LAYER THE ADOVE POLICIES UNTIL AT LEAST 30 DAYS NOTICE OF SUCH CANCELLATION THAS BEEN MAILED TO:

1 Mutual Insurance Group

	City of Portland			7 have	& Ather	Marie A	Athens
ficate fold				Roseland 0324 3 Becker Farm R	oad	AUTHORIZED	REPRESENTATIVE
Œ	389 Congress St.			Roseland	NJ 07068	973-533-6509	6/13/2006
	Portland	Ma	04101	OFFICE		PHONE	<b>DATE</b> ISSUED