

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that DAVISON/BISSONLLC

Located At 238 RIVERSIDE ST

Job ID: 2012-05-3899-SIGN

CBL: 316- B-002-001

has permission to install A new 98 sf pylon sign
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

N/A
Fire Prevention Officer

[Signature] 5/10/12
Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

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Acting Director of Planning and Urban Development
Gregory Mitchell

Job ID: 2012-05-3899-SIGN

Located At: 238 RIVERSIDE ST

CBL: 316- B-002-001

Conditions of Approval:

Zoning

1. Any LED display SHALL NOT continuously flash, nor continuously blink, and SHALL NOT scroll. Electronic message board signs SHALL NOT change messages more than once every twenty (20) minutes (4). This City and State regulation SHALL BE strictly enforced.
2. This use of this property shall remain as warehouse/wholesale/retail of building supplies in the front building (#242) & Lockard's Collision Center (#238) in the rear building. Any change of use shall require a separate permit application for review and approval.
3. The new sign must be located a minimum of 5' from the property line.
4. The existing 192 square foot pylon sign must be removed.

Building

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-05-3899-SIGN	Date Applied: 5/1/2012	CBL: 316- B-002-001	
Location of Construction: 238 RIVERSIDE ST	Owner Name: DAVISON/BISSON LLC	Owner Address: 238 RIVERSIDE ST PORTLAND, ME 04103	Phone: 207-797-7171
Business Name:	Contractor Name: Burr Signs	Contractor Address: 50 Downeast Dr., Yarmouth ME 04096	Phone: (207) 846-7622
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-4
Past Use: Front building – warehouse/wholesale/retail of building supplies & rear building is Lockard's Collision Center	Proposed Use: Same – install new pylon sign – 18' tall - 98 sf (old pylon sign to be removed)	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: Signature: <i>ABM</i>
Proposed Project Description: 18' pylon sign - 98 sf		Pedestrian Activities District (P.A.D.) <i>5/1/12</i>	
Permit Taken By:		Zoning Approval	

<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 informatin may invalidate a building permit and stop all work. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>Ok w/condition 5/1/12 ABM</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 Dist 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>ABM</i>
	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



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Receipts Details:

Tender Information: Check , Check Number: 11649
Tender Amount: 284.00

Receipt Header:

Cashier Id: bsaucier
Receipt Date: 5/3/2012
Receipt Number: 43539

Receipt Details:

Referance ID:	6354	Fee Type:	BPSIGN2
Receipt Number:	0	Payment Date:	
Transaction Amount:	238.00	Charge Amount:	238.00
Job ID: Job ID: 2012-05-3899-SIGN - Permanent road sign; 104'			
Additional Comments: 238 Riverside			

Referance ID:	388	Fee Type:	MISC-Over Payment
Receipt Number:	0	Payment Date:	
Transaction Amount:	46.00	Charge Amount:	46.00
Job ID: Miscellaneous charges			

B-4

Entered 5/2/12



Signage/Awning Permit Application

(18)

2012-05-3899-5:58

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>242 RIVERSIDE ST. (238)</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>316-B-2</u> Block# Lot#	Owner: <u>DANSON/BIRSON LLC</u> <u>LOCKARDS 238 Riverside St 04103</u>	Telephone: <u>207-797-7171</u>
Lessee/Buyer's Name (If Applicable) <u>LOCKARDS COLLISION</u>	Contractor name, address & telephone: <u>BURR SIGAUS</u> <u>50 DOWNE ST DR</u> <u>YARMOUTH, ME</u> <u>04096</u>	Total s.f. of signage x \$2.00 <u>127.57</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: <u>\$284.00</u> Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>RAUDY</u> phone: <u>846-7622</u>		
Tenant/allocated building space frontage (feet): Length: <u>200</u> Height: <u>22</u> <u>104²</u> Lot Frontage (feet) <u>220</u> Single Tenant or Multi Tenant Lot <u>M</u> <u>LOT IS 5.8 ACRES</u>		
Current Specific use: <u>RETAIL/AUTO BODY</u> <u>208.00</u> If vacant, what was prior use: _____ <u>30.00</u> Proposed Use: <u>SAME</u> <u>238.00</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>SA</u> Height from grade: <u>18'</u> Bldg. wall sign? (attached to bldg) Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes _____ No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes _____ No <input checked="" type="checkbox"/> 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.		

RECEIVED
MAY 01 2012
Dept. of Building Inspections
City of Portland Maine

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, 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:	Date: <u>07-27-2012</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

B-4 multi-front. freestanding land area 725 sq ft
max - sq footage = 140 sq ft 98 sq ft OK
max height 35' - 18 proposed OK

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 242 RIVERSIDE ST. ZONE: _____

CBL: 316-B-2

SINGLE TENANT LOT? YES _____ NO MULTI TENANT LOT? YES NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES _____ NO

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO _____ DIMENSIONS PROPOSED: SA
BLDG. WALL SIGN? (attached to bldg) YES _____ NO DIMENSIONS PROPOSED: _____

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS: _____
BLDG. WALL SIGN(attached to bldg) ? YES _____ NO DIMENSIONS: _____
AWNING? YES _____ NO DIMENSIONS: _____

LOT FRONTAGE (FEET): 220
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 180

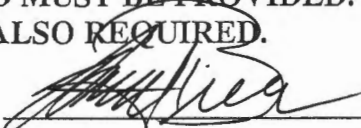
AWNING YES _____ NO IS AWNING BACKLIT? YES _____ NO _____

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 WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT:  DATE: 04-27-2012

***** FOR OFFICE USE ONLY *****

Empty rectangular box for office use only.

To see all the details that are visible on the screen, use the "Print" link next to the map.

Google





JSDSONI-01

SCOLLINS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
United Insurance - Falmouth
202 U.S. Route One
Falmouth, ME 04105

CONTACT NAME: **Sondra Collins**
PHONE (A/C, No, Ext): **(207) 781-3519** FAX (A/C, No): **(207) 781-3907**
E-MAIL ADDRESS: **SondraCollins@UnitedInsurance.Net**

INSURED
**JSD & Son Inc.
and Davison/Bisson LLC
238 Riverside Street
Portland, ME 04103**

INSURER(S) AFFORDING COVERAGE
INSURER A : **Citizens** NAIC # **31534**
INSURER B :
INSURER C :
INSURER D :
INSURER E :
INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	ZBP5146409 16	6/17/2011	6/17/2012	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 - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY _____ PRO-JECT _____ LOC _____					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER
**City of Portland
Attn: Building Inspections Office
389 Congress Street, Rm 315
Portland, ME 04101**

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
Sondra Collins