

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

5/10/12

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

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

SCANNED

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

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

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.

B-4

Entered 5/2/12



Signage/Awning Permit Application

(18)

2012-05-3899-5:gn

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# Block# Lot# <u>316-B-2</u>	Owner: <u>LOCKARDS Dawson/Birson LLC</u> <u>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 DOWNVIEW ST DR</u> <u>YARMOUTH, ME</u> <u>04096</u>	Total s.f. of signage x \$2.00 <u>127.5</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> 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> If vacant, what was prior use: <u>RE</u> Proposed Use: <u>SAME</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>5A</u> Height from grade: <u>18'</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: _____		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes <input type="checkbox"/> 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.		

104²
208.00
30.00
238.00

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: [Signature] Date: 05-27-2012

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

B-4 multi-tenant. freestanding. lot area 725 sq ft
max - sq footage = 140 sq ft 98 sq ft
max height 35' - if proposed

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 *****



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





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
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Citizens
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :
INSURED JSD & Son Inc. and Davison/Bisson LLC 238 Riverside Street Portland, ME 04103	NAIC # 31534

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		ZBP5146409 16	6/17/2011	6/17/2012	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR						\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE	\$
	DED RETENTION \$						AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER**CANCELLATION**

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

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

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LOCKARD'S - Pylon Sign (tech)
 Scale: 1" = 36" Square Footage: 126.75



1.5 inch retainer & divider bar

Handwritten calculations:
 $79" \times 96" = 7584 \text{ sq ft} = 52.67$
 $42" \times 96" = 4032 \text{ sq ft} = 28$
 $91" \times 25.5" = 2314.5$
 $11616 \text{ sq ft} = 80.67$
 $14064 = 98.6$

Images of message center shown are for position only. Actual appearances may vary. See manufacturers spec sheet for details



50 Downeast Drive
 Yarmouth, ME 04096
 Phone: 207-846-7622
 Fax: 207-846-7623

CLIENT: _____
 ADDRESS: _____
 CONTACT: _____

DRAWING NAME: Pylon.F6 DATE: 11/30/2011
 SALES PERSON: _____ DESIGNER: Kristi
 CLIENT SIGNATURE & APPROVAL DATE: _____

REVISION HISTORY	
DATE	REVISION HISTORY

THIS DESIGN IS THE EXCLUSIVE PROPERTY OF BURR SIGNS. ALL PRODUCTION AND REPRODUCTION RIGHTS ARE RESERVED BY US.

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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			