Please Read Application And Notes, If Any,	FULL PROF PORTLAI	
Attached	PERIMI	PermPERMAT destED
This is to certify thatRODWAY JAMES A	/Mark gro Services	MAR - 4 2008
has permission to <u>New 4' x 8' freestandin</u>	ng sign	
AT TA32 FOREST AVE		27 BOOGOOCTTY OF PORTLAND
provided that the person or pers		ig th <del>is permit shall comply with</del> al
•		of the City of Portland regulating es, and of the application on file in
of the provisions of the Statutes the construction, maintenance a this department. Apply to Public Works for street line and grade if nature of work requires such information.		A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
the construction, maintenance a this department. Apply to Public Works for street line and grade if nature of work requires such information. OTHER REQUIRED APPROVALS	And use of buildings and suctors fication of inspector must be g h and when permit on procurd b re this ding or art therease is ed or a provised bsed-in.	A certificate of occupancy must be procured by owner before this build-
the construction, maintenance a this department. Apply to Public Works for street line and grade if nature of work requires such information. OTHER REQUIRED APPROVALS Fire Dept.	And use of buildings and suctors fication of inspector must be g h and when permit on procurd b re this ding or art therease is ed or a provised bsed-in.	A certificate of occupancy must be procured by owner before this build-
the construction, maintenance a this department. Apply to Public Works for street line and grade if nature of work requires such information. OTHER REQUIRED APPROVALS	N       fication       f       inspecton       must be         g       n and w       en permit opn procurat         b       re this       iding or 10t thereous         la       ed or 1       orwign osed-in.         H       JR NOT       incurrent.	A certificate of occupancy must be procured by owner before this build-

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City of Portland, Mair	ne - Building or Use	Permit Applicati	ion P	ermit No:	Issue Date:		CBL:	
389 Congress Street, 0410	Ũ			08-0172			327 B00	06001
Location of Construction:	Owner Name:		Own	er Address:			Phone:	
1832 FOREST AVE	RODWAY JA	MES A	89.	AUBURN ST	E 1154			
Business Name:	Contractor Name		Cont	ractor Address:			Phone	
	Mark Nigro S	ervices	7 N	Ioulton Court	Sanford		20774918	76
Lessee/Buyer's Name	Phone:		Pern	nit Type:				Zone:
			Sig	gns - Permane	nt			B-2.
Past Use:	Proposed Use:		Perr	nit Fee:	Cost of Work:	CE	O District:	]
Commercial	Commercial -			\$94.00	\$94	.00	5	
	freestanding s			E DEPT:	Approved	INSPECTI	ON:	0 00
	Connected	to permit 08-014 ofuse)	1		Denied	Use Group:	Command	Arype: 3B
	(c minge	ofusi)				_	- Rain	2003
							lommeral BC T Sm-31	$\mathcal{N}^{\mathcal{I}}$
Proposed Project Description:	-					<b>.</b>	2. 2	Int. 2
New 4' x 8' freestanding sig	n			ature: ESTRIAN ACT	WITIES DIST	Signature:	<u>m 3/</u>	4/00
			FED	ESTRIANAUT.	IVITIES DISTR	(ICT (P.A.	<b>D.</b> )	
			Acti	on: Appro	ved Appro	oved w/Con	ditions	Denied
			Sign	ature:		Da	te:	
Permit Taken By:	Date Applied For:			Zoning	Approval			
ldobson	02/27/2008	·						
I. This permit application	does not preclude the	Special Zone or Re	views	Zoni	ng Appeal		Historic Prese	ervation
	ing applicable State and	Shoreland		Varianc	e		Not in Distric	t or Landmark
Federal Rules.								
2. Building permits do not	t include plumbing,	Wetland		Miscella	aneous		Does Not Req	uire Review
septic or electrical worl	κ.							
	id if work is not started	Flood Zone		Conditi	onal Use		Requires Revi	iew
within six (6) months o				_				
False information may permit and stop all worl		Subdivision		Interpre	tation		Approved	
permit and stop all wor	<b>к</b>							<b></b> .
		Site Plan			ed		Approved w/C	Conditions
PERMIT		Maj 🗍 Minor 🏹 M	IM 🗔	Denied			Denied	
							ABM	
		1) K w/ Candin Date: 2/24/08 -	Bon	Date:		Date:		
MhR = 4	2002	Date. F FI Va 7	101					
CITY OF P	TETAND							
	and the state of							

### 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
<b>RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE</b>		DATE	PHONE

## **CITY OF PORTLAND DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**

**389 Congress Street** Portland, Maine 04101

**INVOICE FOR PERMIT FEES** 

oplication No: oject Name:	8-0172	<b>Applicant:</b> RODWAY JAME <b>Location:</b> 1832 FOREST AV				
BL: ivoice Date:	327 B006001 02/27/2008	Develop	oment Type:			
Previous Balance \$0.00	Payment - Received + \$0.00	Current Fees - \$94.00	Current Payment \$24.00	=	<b>Total</b> <b>Due</b> \$70.00	Payment Due Date On Receipt
		First Bill	ling			
Previo	us Balance				<u> </u>	\$0.00
	us Balance e Description		Qty Fee/	Depo	sit Charge	\$0.00
	e Description		<b>Qty Fee</b> /1	Depo	sit Charge \$30.00	\$0.00
<b>Fe</b> Sig	e Description			Depos		\$0.00
<b>Fe</b> Sig	<b>e Description</b>		1	Depos	\$30.00	\$0.00
<b>Fe</b> Sig	<b>e Description</b>		1		\$30.00 \$64.00 \$94.00	\$0.00 \$94.00
<b>Fe</b> Sig	<b>e Description</b>	To	1 32	rent	\$30.00 \$64.00 \$94.00 Fees: +	

		CBL	327 B006001
		Application No:	8-0172
		Invoice Date:	02/27/2008
Bill to:	RODWAY JAMES A	Invoice No:	30357
	89 AUBURN ST E 1154	Total Amt Due:	\$70.00
	PORTLAND, ME 04104	Payment Amount:	

Make checks payable to the City of Portland, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.

City of Portland, Ma	ine - Building or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04	101 Tel: (207) 874-8703, Fax: (2	207) <b>8</b> 74- <b>8</b> 716	08-0172	02/22/2008	327 B006001
Location of Construction:	Owner Name:		Owner Address:		Phone:
1832 FOREST AVE	RODWAY JAMES A		89 AUBURN ST E 1154		
Business Name:	Contractor Name:		Contractor Address:		Phone
	Mark Nigro Services		7 Moulton Court S	Sanford	(207) 749-1876
Lessee/Buyer's Name	Phone:		Permit Type:		
			Signs - Permanen	t	
Proposed Use:		Propose	d Project Description	· · · · · · · · · · · · · · · · · · ·	
Commercial - New 4' x 8'	freestanding sign - connected to perr	mit New 4	' x 8' freestanding	sign	
#08-0149 (change of use) for Plumbing & heating and Landscaping					
		Í			
Dept: Zoning	Status: Approved with Conditions	Reviewer:	Ann Machado	Approval I	Date: 02/29/2008
Note:	Status: Approved with conditions				Ok to Issue: $\checkmark$
					OK to issue.
1) The sign must be loca	ted a minimum of five (5) feet from t	the property line	2.		
Dept: Building	Status: Approved with Conditions	Reviewer:	Tom Markley	Approval I	Date: 03/04/2008
Note:	11				Ok to Issue: 🗹
1) Signage Installation to	comply with Chapter 31 of the IBC	2003 building	code.		
	based upon information provided by	-		roved plans require	s separate review
and approrval prior to		applicant. Ally	deviation nom app	noved plans require	s separate review

## Comments:

2/28/2008-amachado: Left message for Mark Nigro. Sign is for two businesses. Change of use was for one business. Needs to clarify the use.



# 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: 18	32 Forest Ave. 6	arthand, Mc.
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: Jim Rodway	Telephone: 712-6753
Lessee/Buyer's Name (If Applicable) Mark NIERO 7 Monthen CT. Sanferd, Mc. 09073	Contractor name, address & telephone: Mark NIGAG Scrutces 7 Monthew CT. Sanferd, Mc 09073	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$
Who should we contact when the permit is ready	Mark NEGRO phone:	749 798-1876
Tenant/allocated building space frontage (fe Lot Frontage (feet)		
Current Specific use: <u>Bock sto</u> If vacant, what was prior use: <u>Book</u> Proposed Use: <u>Plumbins</u> +	Acating office -	- show chays place
	No Dimensions proposed: _4x8 No Dimensions proposed:	Height from grade: <u>40"</u>
Proposed awning? Yes Is awn Height of awning: Length of a Is there any communication, message, tradema If yes, total s.f. of panels w/communications, n	wning: Depth: ark or symbol on it? Yes No message, trademark or symbol: s.f.	
Information on existing and previously permit Freestanding (e.g., pole) sign? Bldg. wall sign? (attached to bldg) Yes Awning? Yes No Sq. ft. area	No Dimensions: No Dimensions: of awning w/communication:	
A site sketch and building sketch showing ex Sketches and/or pictures of proposed signag	actly where existing and new signage is lo e and existing building are also required.	cated must be provided.
Please submit all of the information of Failure to do so may result in the auto		ation 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 us on-line	e at <u>www.portlandmaine.gov</u> , stop bythe
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 o	/her authorized agent. I agree to conform to all ag , I certify that the Code Official's authorized repre	pplicable laws of this jurisdiction. In addition, if sentative shall have the authority to enter all

Signature of applicant:	mah 2	nia	Date: 2	115/2008	
					_

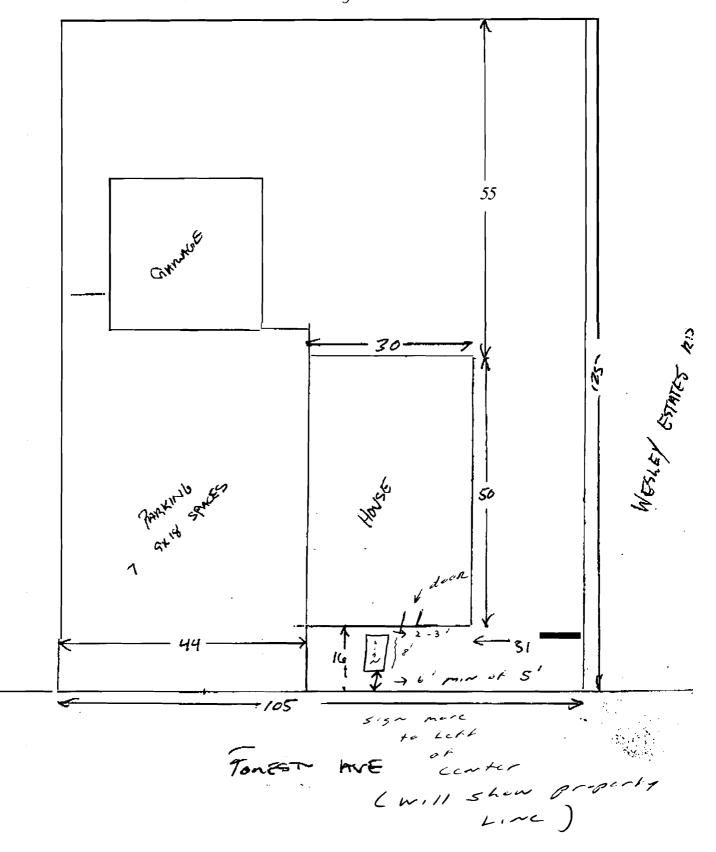
This is not a permit; you may not commence ANY work until the permit is issued.

multi-forment-

OCT/06/2005/THU 03:36 PM MALONE COMM. BROKERS

FROM :

FAX ND, :8788226 Oct. 06 2005 03:14PM P2



Cankened wantly in fencers in a rea Chrink) Institution = price set in concrete Fades ( below toestad 12terial = Hard Plastic with dentil side of marallic posts will be sitter carer or Gravite Forest Green with white activity = 4' 2 8' with contened Tag MIKE RULLO LANDSCAPING LUMBING • HEATING • RESIDENTIAL SPRINKLER SYTEMS HARDSCAPING AND RESIDENTIAL IRRIGATION SYSTEMS ALAN CYR / MARK NIGRO 40" Te Bertin in Sign 207.555.1212 SERVICES Thank you ! 06 ļ١ Location = 5 .... x ... ... 11 20 10r

## JAMES A. RODWAY 89 AUBURN ST. #1154 PO BOX 9739 PORTLAND, ME. 04104-5039 (207)878-8226

TO WHOMEVER IT MAY CONCERN, I, JAMES RODWAY, GIVE MARK NIGRO PERMISION TO ERECT A SIGN FOR BUSSINESS AT MY PROPERTY LOCATED AT 1832 FOREST AVE. IN PORTLAND.

LEASE BEGINNING MARCH 1 2008.

THANK YOU. u (m ann.

### ACORD\_ **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 02/21/2008

PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER C	
TD BANKNORTH IN P O BOX 406 PORTLAND, ME 04	ISURANCE AGENCY INC	ONLY AND CONFERS NO RIGHTS UPON TH HOLDER. THIS CERTIFICATE DOES NOT AME ALTER THE COVERAGE AFFORDED BY THE PO	ND, EXTEND OR
(888) 661-3938	112		
XW985	700	INSURERS AFFORDING COVERAGE	NAIC #
INSURED MARK NIGRO SERV		INSURER A: THE CHARTER OAK FIRE INSURANCE COMPANY	
7 MOULTON CT	ices	INSURER B:	
SANFORD, ME 040	073	INSURER C:	
		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.

X       COMMERCIAL GENERAL LIABILITY       DAMAGE TO RENTED PREMESS L6 accurrence)       S         CLAIMS MADE       X       OCCUR       PRESSNAL & ADV INJURY       S         GENL AGGREGATE LIMIT APPLIES PER:       PRODUCTS - COMPIOP AGG       S         X       POLICY       JECT       Loc         AUTOMOBILE LIABILITY       LOC       COMBINED SINGLE LIMIT       S         ANY AUTO       ALL OWNED AUTOS       SCHEDULED AUTOS       BODILY INJURY (Per parson)       S         SCHEDULED AUTOS       SCHEDULED AUTOS       BODILY INJURY (Per parson)       S         MIRED AUTOS       PROPERTY DAMAGE       PROPERTY DAMAGE         MON-OWNED AUTOS       PROPERTY DAMAGE       PROPERTY DAMAGE         ANY AUTO       AUTO ONLY - EA ACCIDENT       S         ANY AUTO       AUTO ONLY - EA ACCIDENT       S         ANY AUTO       AUTO ONLY - EA ACCIDENT       S         ANY AUTO       COLARENCE       S         OCCUR       CLAIMS MADE       AGGREGATE       S         DEDUCTIBLE RETENTION       S       S       S         WCOKERS COMPENSATION AND       WCOSTATU:       OTHER       S	500,000
CLAIMS MADE       CLAIMS MADE       PREMISES (Ea occurrence)       S         CLAIMS MADE       CLAIMS MADE       MED EXP (Any one person)       S         GENL AGGREGATE LIMIT APPLIES PER:       PRODUCTS - COMPIOP AGG       S         COMBINED SINGLE LIMIT APPLIES PER:       PRODUCTS - COMPIOP AGG       S         AUTOMOBILE LIABILITY       LOC       COMBINED SINGLE LIMIT       S         AUTOMOBILE LIABILITY       COMBINED SINGLE LIMIT       S       BODILY INURY       S         ALL OWNED AUTOS       SCHEDULED AUTOS       BODILY INURY       S       S         HIRED AUTOS       BODILY INURY       S       S       S         NON-OWNED AUTOS       BODILY INURY       S       S       S         ANY AUTO       AUTO ONLY - EA ACCIDENT       S       S       S         ANY AUTO       AUTO ONLY - EA ACCIDENT       S       S       S         GARAGE LIABILITY       AUTO ONLY - EA ACCIDENT       S       S       S         ANY AUTO       COLAIMS MADE       AUTO ONLY - EA ACCIDENT       S         ANY AUTO       CLAIMS MADE       AUTO ONLY - EA ACCIDENT       S         OCCUR       CLAIMS MADE       COLAIMS MADE       AGGREGATE       S         OCCUR       CLAIMS MADE	000,000
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GENL AGGREGATE LIMIT APPLIES PER:       GENERAL AGGREGATE       \$         MY POLICY       JECT       LOC       COMBINED SINGLE LIMIT       \$         AUTOMOBILE LIABILITY       COMBINED SINGLE LIMIT       \$       \$       \$         ANY AUTO       ALL OWNED AUTOS       \$       \$       \$       \$         ALL OWNED AUTOS       SCHEDULED AUTOS       \$<	5,000
GENL AGGREGATE LIMIT APPLIES PER:       PRODUCTS - COMP/OP AGG       \$         AUTOMOBILE LIABILITY       COMBINED SINGLE LIMIT       \$         ANY AUTO       ALL OWNED AUTOS       BODILY INJURY       \$         Scheduled Autos       BODILY INJURY       \$         HIRED AUTOS       BODILY INJURY       \$         NON-OWNED AUTOS       BODILY INJURY       \$         ANY AUTO       ALL OWNED AUTOS       BODILY INJURY       \$         ALL OWNED AUTOS       BODILY INJURY       \$       \$         MON-OWNED AUTOS       BODILY INJURY       \$       \$         MON-OWNED AUTOS       BODILY INJURY       \$       \$         NON-OWNED AUTOS       BODILY INJURY       \$       \$         AUTO ONLY - EA ACCIDENT       \$       \$       \$         ANY AUTO       AUTO ONLY - EA ACCIDENT       \$       \$         ANY AUTO       AUTO ONLY - EA ACCIDENT       \$       \$         OTHER THAN       ACC \$       \$       \$       \$         OCCUR       CLAIMS MADE       EACH OCCURRENCE       \$       \$         OEDUCTIBLE       COLAIMS MADE       \$       \$       \$         OEDUCTIBLE       COLAIMS MADE       TORY LIMITS       \$	500,000
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Debot inste     \$       RETENTION \$     \$       WORKERS COMPENSATION AND     WC STATU- TORY LIMITS       ENDI OVERS' LIABILITY     OTH- TORY LIMITS	
WORKERS COMPENSATION AND	
EMPLOYERS' LIABILITY	
ANY PROPRIETOR/PARTNER/EXECUTIVE	
OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under SPECIAL PROVISIONS below E.L. DISEASE - POLICY LIMIT	
OTHER	

	CANCELLATION
THE CITY OF PORTLAND CITY HALL PORTLAND, ME 04103	Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail $10$ 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

