

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

Please Read Application And Notes, If Any, Attached

PERMIT

Permit Number: 071476

PERMIT ISSUED
DEC 21 2007
CITY OF PORTLAND

This is to certify that EVERGREEN HORIZONS CORPORATION in Solution

has permission to Install new stand alone multi tenant sign

AT 26 EVERGREEN DR L 329 4014001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

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

Notification of inspection must given and written permission procured before this building or part thereof is occupied or closed-in. **HEAVY NOTICE IS REQUIRED.**

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

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Handwritten Signature]
12/21/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

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

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.

A Pre-construction Meeting will take place upon receipt of your building permit.

<input checked="" type="checkbox"/>	Footing/Building Location Inspection:	<u>Prior to pouring concrete</u>
<input checked="" type="checkbox"/>	Re-Bar Schedule Inspection:	Prior to pouring concrete
<input checked="" type="checkbox"/>	Foundation Inspection:	Prior to placing ANY backfill
<input checked="" type="checkbox"/>	Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling
<input checked="" type="checkbox"/>	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.~~

~~CERTIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED~~

[Signature]
Signature of Applicant/Designee

Date
12-27-07

[Signature]
Signature of Inspections Official

Date

CBL: 329-A-14 Building Permit #: 071476

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-1476	Issue Date:	CBL: 329 A014001
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Location of Construction: 26 EVERGREEN DR	Owner Name: EVERGREEN HORIZONS CORP	Owner Address: 893 BEACH POND RD	Phone:
Business Name:	Contractor Name: Sign Solutions	Contractor Address: 55 Bishop St. Portland	Phone 2078788000
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: IM

Past Use: Warehouse / office no use established for any tenant space.	Proposed Use: office Warehouse / Multi-tenant - Install new stand alone multi-tenant sign	Permit Fee: \$30.00	Cost of Work: \$94.00	CEO District: 5
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Proposed Project Description:
Install new stand alone multi-tenant sign

FIRE DEPT: Approved Denied
Signature: *[Signature]*

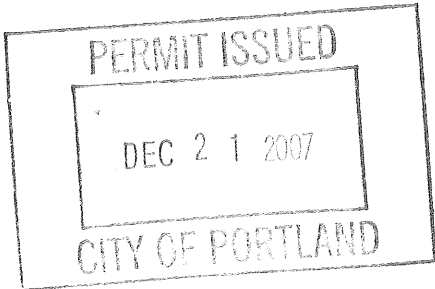
INSPECTION:
Use Group: U Type: Sign
IBC 2003
Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: _____ Date: _____

Permit Taken By: ldobson	Date Applied For: 12/05/2007	Zoning Approval	
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- 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 information may invalidate a building permit and stop all work..

Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: _____	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 District 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 <i>Am</i> Date: _____
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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

4/20/08 - Footings - OK M

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-1476	Date Applied For: 12/05/2007	CBL: 329 A014001
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Location of Construction: 26 EVERGREEN DR	Owner Name: EVERGREEN HORIZONS CORP	Owner Address: 893 BEACH POND RD	Phone:
Business Name:	Contractor Name: Sign Solutions	Contractor Address: 55 Bishop St. Portland	Phone (207) 878-8000
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Office/Warehouse - Multi-tenant - Install new stand alone multi-tenant sign	Proposed Project Description: Install new stand alone multi-tenant sign
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 12/12/2007**Note:** No use is established for any of the teneat spaces at this point. **Ok to Issue:**

- 1) This permit is being issued for the shell of the pylon sign only. The size of the sign, the height of the sign and the placement are all approved. Each individual tenant will have to apply for their individual panel separately because at this point there is no use established for any of the tenants.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 12/21/2007**Note:** **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.



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	DATE	SCALE
	11/07/07	AS NOTED
	WORK ORDER NO.	CAD BY
	0000	WLM
DWG NO.	JOB NAME	
1	SIGNS	
REVISION	LOCATION	
	PORTLAND, ME	
APPROVED		
	© Copyright 2007	

Manufacture and install:

SITE PLAN WITH PROPOSED PYLON

This design created in conjunction with this project being planned for you is the exclusive property of SIGN SOLUTIONS, INC., and cannot be copied,



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: <u>26 EVERGREEN DRIVE, PORTLAND, ME</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>EVERGREEN HORIZONS CORP</u> <u>893 Beach Pond Rd</u> <u>WOLFEBORO, NH 03894</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>SIGN SOLUTIONS</u> <u>11A GORHAM INDUSTRIAL</u> <u>PARK ROAD</u> <u>GORHAM, ME 04038</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>94</u> Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>BILL MARK</u> phone: <u>591-8591</u>		
Tenant/allocated building space frontage (feet): Length: <u>108</u> Height: _____ Lot Frontage (feet) <u>1751</u> Single Tenant or Multi Tenant Lot <u>MULTI</u>		
Current Specific use: <u>VACANT</u>		
If vacant, what was prior use: <u>UNKNOWN (warehouse/office)</u>		
Proposed Use: <u>MULTI TENANT OFFICE/WARE</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>4' x 8'</u> Height from grade: <u>12'</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 type="checkbox"/> Dimensions: <u>N/A</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input type="checkbox"/> Dimensions: _____ Awning? Yes <input type="checkbox"/> No <input 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. DEC 4		

Handwritten calculation:
32 x 2 + 30 = 94

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: <u>[Signature]</u>	Date: <u>12/3/07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

Handwritten notes:
I-M multi-tenant
max area = 70 sq ft
height - 15'
setback - 5'
1 allowed

Handwritten calculations:
4 x 8 = 32 sq ft
12' high
setback 10'

48"

**26
EVERGREEN
DRIVE**

**TENANT
COPY**

**TENANT
COPY**

**TENANT
COPY**

96"

48"

Manufacture and install:

PYLON SIGN

This design created in conjunction with this project being planned for you is the exclusive property of SIGN SOLUTIONS, INC. and cannot be copied, exhibited, or shown to anyone outside of your organization without consent of SIGN SOLUTIONS, INC.



DATE: 11/23/07	SCALE: AS NOTED
WORK ORDER NO: 0000	CAD BY: WLM
JOB NAME: 26 EVERGREEN DR	
LOCATION: PORTLAND, ME	

DWG NO:
1

REVISION:

APPROVED:

© Copyright 2007



Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- Certificate of flammability required for awning or canopy.
- N/A A UL# is required for lighted signs at the time of final inspection.
- Pre-application questionnaire completed and attached.
- N/A Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, \$10.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE


DATE (MM/DD/YYYY)
12/03/07

PRODUCER Boss Insurance P.O. Box 567 Portland, ME 04112 207 286-5362	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
ENDORSED Sign Solutions Mahi Enterprises LLC dba P.O. Box 644 Gorham, ME 04038	INSURER A: Peerless Ins. Co.	24198
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

AVERAGE
 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.

ADD'L INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CBP9913570	09/15/07	09/15/08	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
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA9914370	09/15/07	09/15/08	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	CU9914870	09/15/07	09/15/08	EACH OCCURRENCE	\$1,000,000
					AGGREGATE	\$1,000,000
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	TBD	09/15/07	09/15/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT	\$100,000
					E.L. DISEASE - EA EMPLOYEE	\$100,000
					E.L. DISEASE - POLICY LIMIT	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 : 26 Evergreen Drive
 Certificate Holder is named as Additional Insured, with respects to the General Liability only.

CERTIFICATE HOLDER City of Portland 389 Congress Street Portland, ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 

B

PERMIT # 001426

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: EMANASSAR Associates, Rivergreen
Address: 2 Juniper Lane, Falmouth 04105

LOCATION OF CONSTRUCTION 26 Evergreen Drive

CONTRACTOR: Gar-Rich Constructi SUBCONTRACTORS: _____

ADDRESS: _____

Est. Construction Cost: \$8900 Type of Use: Office Warehouse

Past Use: under construction

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
Conversion - Explain finishing off as per plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:
Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floors:
1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
Ridging Type: _____ Size: _____
Floor Sheathing Type: _____ Size: _____
Other Material: _____

Exterior Walls:
1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:
1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only	
Date: <u>November 18, 1988</u>	Subdivision: <u>Yes / No</u>
Inside Fire Limits _____	Name _____
Bid Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>8900</u>	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$65.00</u>	

Ceiling:
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size NOV 28 1988
5. Ceiling Height: _____

Roof:
1. Truss or Rafter Size _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
4. Other _____

Chimneys:
Type: _____ Number of Fire Places _____

Heating:
Type of Heat: _____

Electrical:
Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

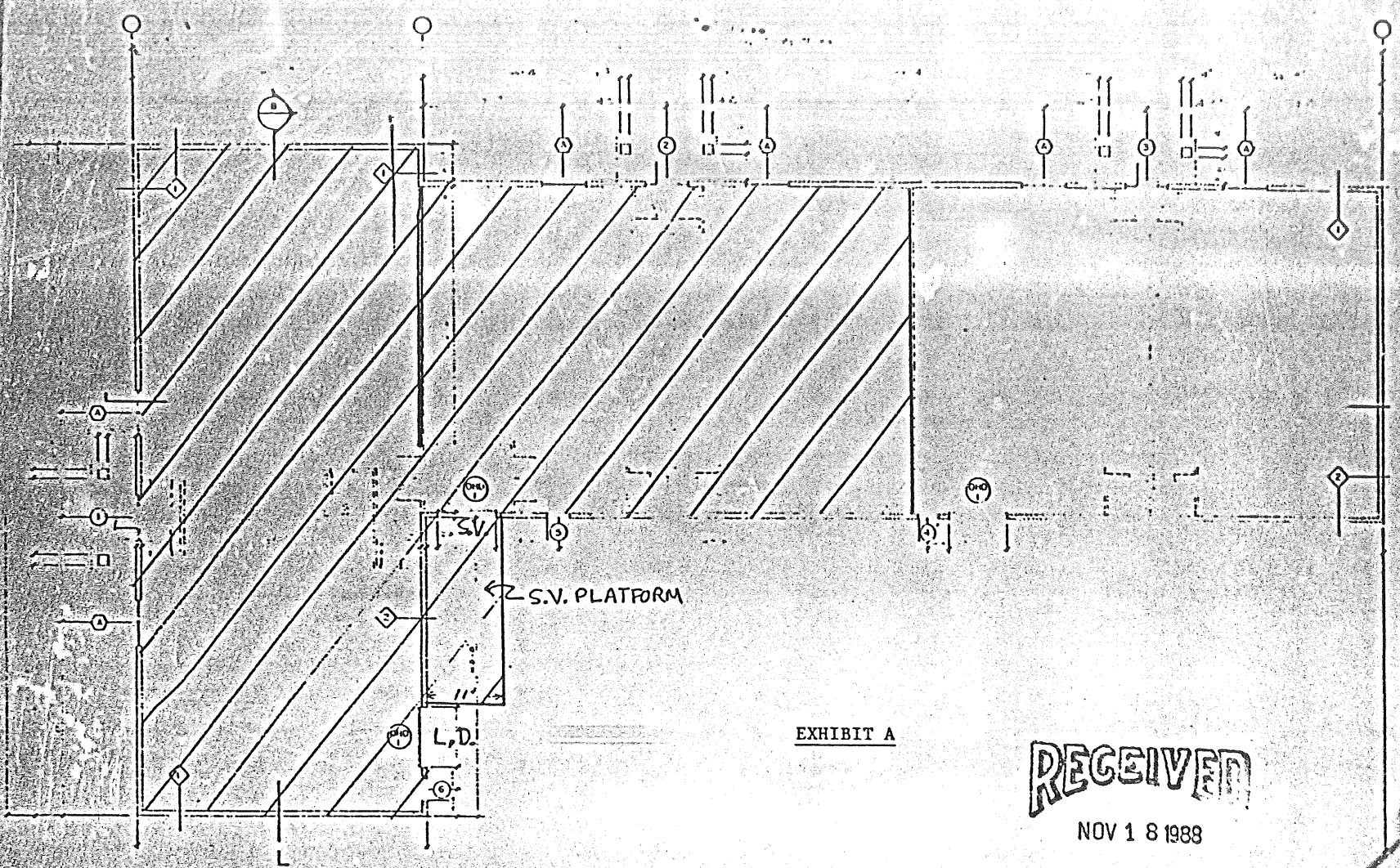
Plumbing:
1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:
1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:
District _____ Street Frontage Req.: _____ Provided _____
Required Setbacks: Front _____ Back _____ Side _____

Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shore and Floodplain Mgmt. _____ Special Exception _____
Other (Explain) _____
Date Approved _____

Permit Received By Latini
Signature of Applicant J.B. Wyzanski Date 11/18/88
Signature of CEO (K) KT Date _____
Inspection Dates _____



FLOOR PLAN
1/8" = 1'-0"

NOTES

EXHIBIT A

RECEIVED

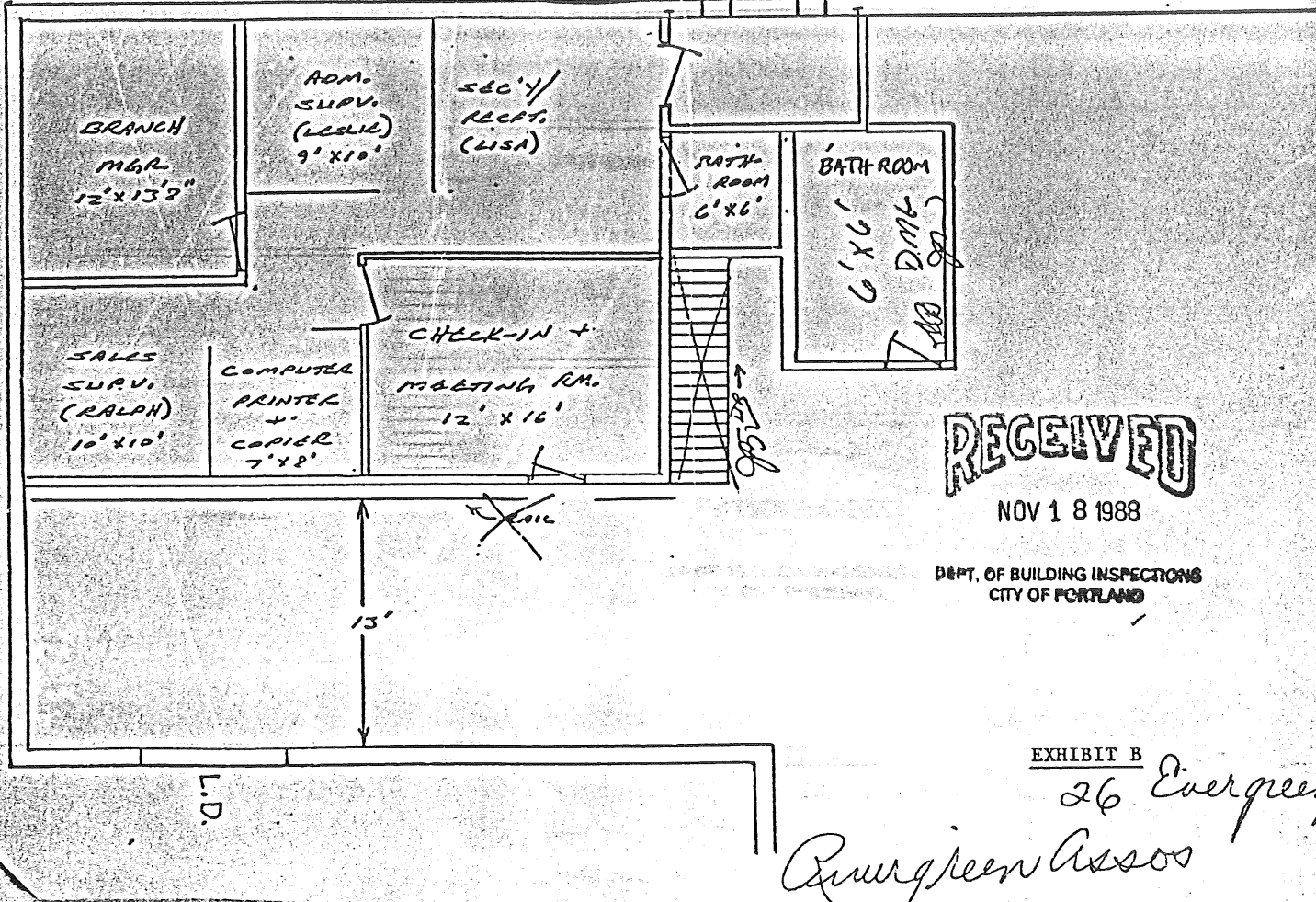
NOV 18 1988

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

*26 Emergreen D
Emergreen A*

ORANGE: PSB S.T.

NO STAIRWAY OR
MEZZANINE TO BE
BUILT ABOVE OFFICE
AREA. D.M.G.
-100 952



RECEIVED

NOV 18 1988

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

EXHIBIT B

26 Evergreen Drive
Evergreen Assos

