

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that DELANO ASSOCIATES INC

Located At 4 NEWTON ST

Job ID: 2012-10-5200-SIGN

CBL: 337- C-069-001

has permission to replace 3' x 4' panel in wall sign

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 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

A handwritten signature in black ink, appearing to be "A. B. M.", written over a horizontal line.

10/18/12

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

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

Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-10-5200-SIGN

Located At: 4 NEWTON ST

CBL: 337- C-069-001

Conditions of Approval:

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: 2012-10-5200-SIGN	Date Applied: 10/17/2012	CBL: 337- C-069-001	
Location of Construction: 4 NEWTON ST	Owner Name: DELANO ASSOCIATES, INC	Owner Address: 4 NEWTON ST PORTLAND, ME 04103	Phone: 207-797-2203
Business Name: Portland Insurance	Contractor Name: Welch Signage & Digital Graphics	Contractor Address: 7 Lincoln Ave., Scarborough, ME 04074	Phone: 207-883-6200
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-1
Past Use: Insurance Office	Proposed Use: Same - Insurance Office - change the face in existing box sign on wall - 3' x 4'	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A Signature:	Inspection: Use Group: Type: Sign Signature: ABM 10/18/12
Proposed Project Description: replace 3' x 4' panel in wall sign		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Brad	Zoning Approval		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building Permits do not include plumbing, septic or electrical work. 3. 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: 06 10/18/12 ABM	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: ABM
	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



B-1

Signage/Awning Permit Application

Rm

315

Attached 10/17/12

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.

2012-10-5200 SIGN

Location/Address of Construction: <u>4 Newton Street Portland</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>337</u> Block# <u>C069</u> Lot#	Owner: <u>Delano Associates Inc.</u>	Telephone: <u>797 2203</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>welch signage</u> <u>883-6200</u>	Total s.f. of signage x \$2.00 <u>24.00</u> Per s.f. plus \$30.00 <u>30.00</u> For H.D. signage \$75.00 Fee: \$ Awning Fee= cost of work Total Fee: \$ <u>54.00</u>
Who should we contact when the permit is ready: <u>Susan Chand</u> phone: <u>329-4457</u>		
Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: _____ If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed signage: Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>36x48</u> (Bracket)		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> Is awning backlit? Yes _____ No _____ Height of awning: _____ Length of awning: _____ Depth: <u>3x4</u> 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. <u>12 x 2.00</u>		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/> Dimensions: _____ <u>24.00</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions: <u>36x48</u> <u>same</u> 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. <u>See attached</u>		

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.

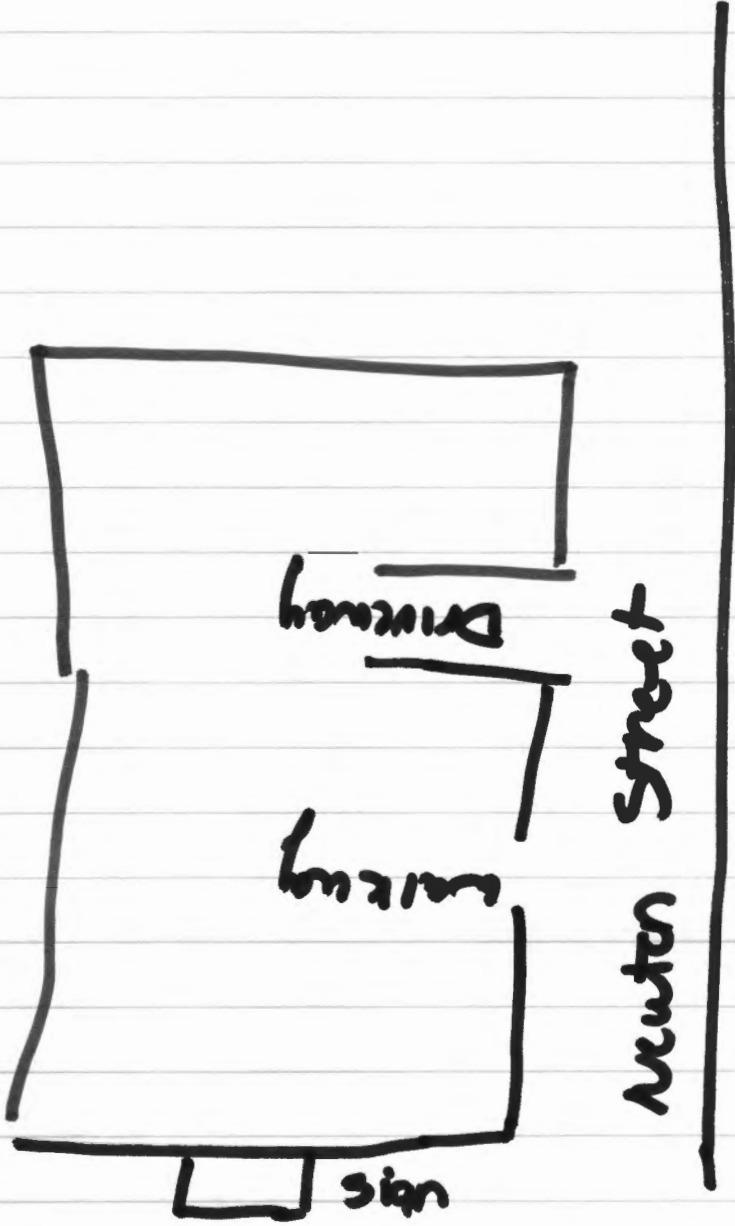
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: 10/9/12

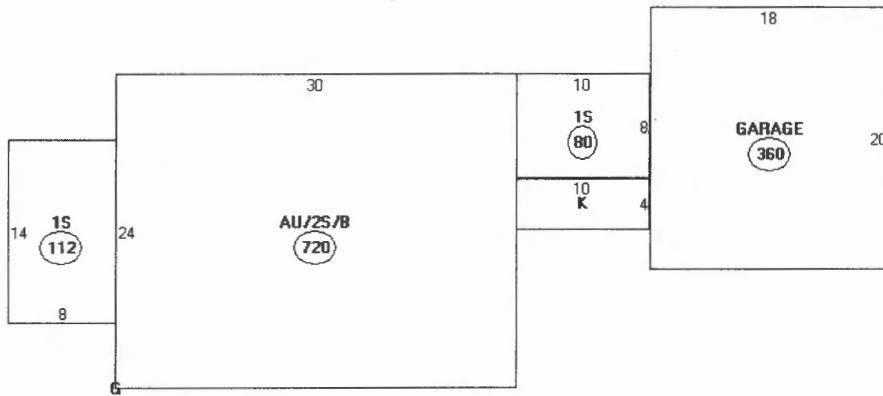
This is not a permit; you may not commence ANY work until the permit is issued.

Single - 1.5 x 24 = 36 sq ft allowed

Sign 4x8 = 12 sq ft (OK)



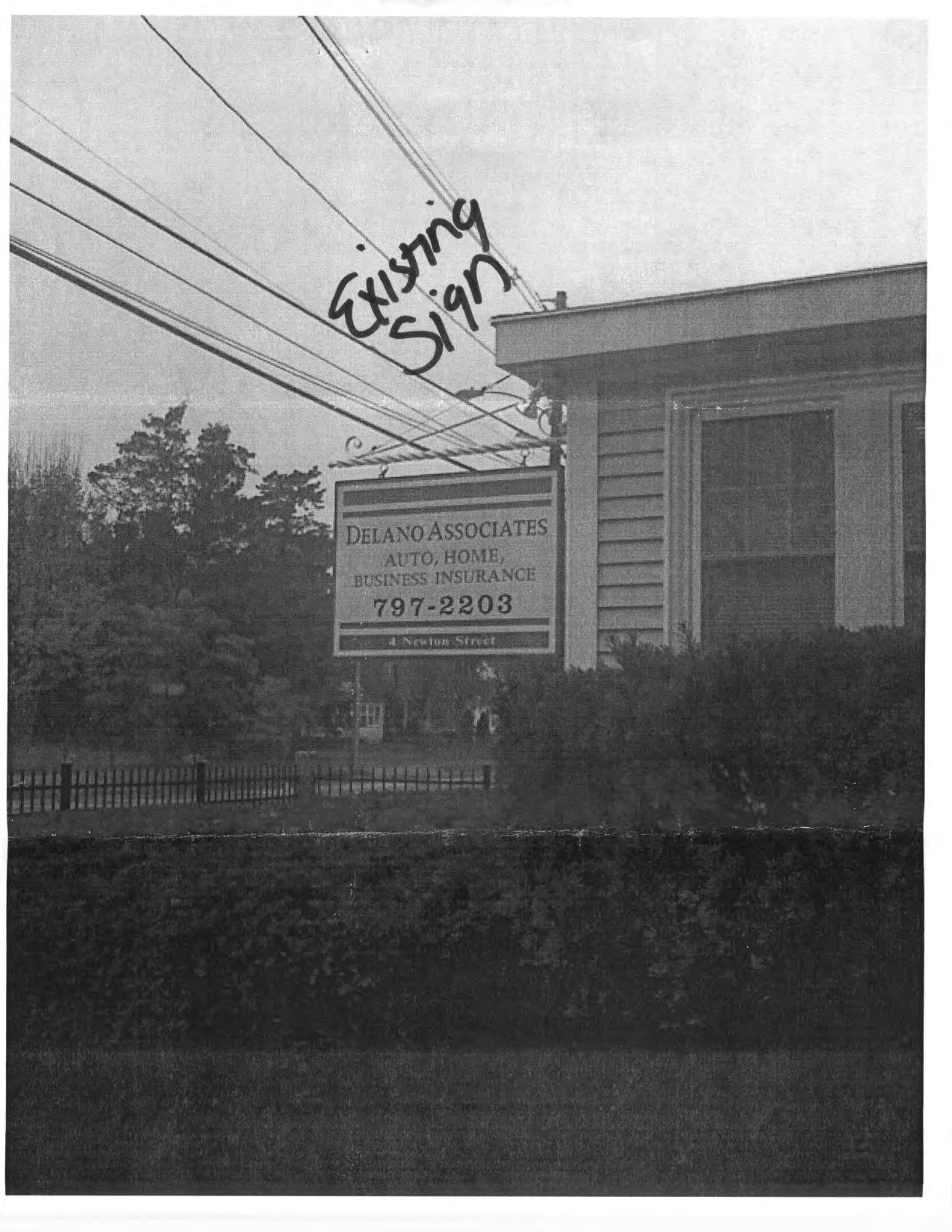
Forest Ave



- Descriptor/Area
- A: 091
720 sqft
 - B: 025
912 sqft
 - C: 025
720 sqft
 - D: 086
288 sqft
 - E: PORCH COVERED
35 sqft
 - F: PORCH, ENCLOSED
40 sqft
 - G: GARAGE-ATTACHED-FRM
360 sqft
 - H: AU/2S/B
720 sqft
 - I: 1S
112 sqft
 - J: 1S
80 sqft
 - K: 1S PORCH
40 sqft
 - L: GARAGE

Existing
Sign

DELANO ASSOCIATES
AUTO, HOME,
BUSINESS INSURANCE
797-2203
4 Newton Street



Notes:



new sign name of change

Business Owner of Building remains the same

Job Specifications

Customer Name: Gorham Insurance
Job Name: Gorham Insurance
Sales Rep: JP
Drawn By: MLH
Drawing Title: 33498 Customer
Sign Type(s): Post and Panel
Revision Version #:
Date: 08.14.2012
File Location: Gorham Ins.133498

WELCH SIGNAGE
and digital graphics

7 Lincoln Ave. - Scarborough, ME 04074
Phone: 207.883.6200 - 800.625.2506
Fax: 207.883.6588 - 800.225.6859
www.welch-usa.com

Notes: 3/4" or 1/2" MDO Panels Mounted on in same manner as existing signs.

MDO west system finished and painted.

Graphics paint/digital print TBD.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2012

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 Delano Associates 4 Newton Street Portland ME 04103	CONTACT NAME: Susan Chard
	PHONE (A/C No. Ext): (207) 797-2203 FAX (A/C No.): (207) 797-2791 E-MAIL ADDRESS: Suec@delanoins.com
INSURED DELANO ASSOCIATES INC 4 NEWTON ST PORTLAND ME 04103-1524	INSURER(S) AFFORDING COVERAGE INSURER A MMG Insurance Company NAIC # 15997 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: City of Ptld 2012-2013 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.

INSTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>		BP10990695	1/1/2012	12/17/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 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: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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
Congress Street
Room 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

Brenda Barriault/BJB

Brenda Barriault



PORTLAND MAINE

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Receipts Details:

Tender Information: Check , Check Number: 6448

Tender Amount: 54.00

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 10/17/2012

Receipt Number: 49339

Receipt Details:

Referance ID:	8404	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	54.00	Charge Amount:	54.00
Job ID: Job ID: 2012-10-5200-SIGN - Sign 3x4 face change only			
Additional Comments: 4 Newton			

Thank You for your Payment!