

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that GEORGE GLICOS

Located At 1585 FOREST AVE

Job ID: 2012-09-4955-SIGN

CBL: 338-H-023-001

has permission to to replace 4' x 7' panel in pole sign & 3' x 8' building wall 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**

\_\_\_\_\_  
**Code Enforcement Officer / Plan Reviewer**

9/14/12

**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](mailto: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](http://www.portlandmaine.gov)

Director of Planning and Urban Development  
Jeff Levine

Job ID: 2012-09-4955-SIGN

Located At: 1585 FOREST AVE

CBL: 338- H-023-001

## **Conditions of Approval:**

### **Zoning**

1. The 3' x 8' building sign is nonconforming as to the vertical height but it is legally nonconforming. (Permit #99-0542).

### **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: 2012-09-4955-SIGN	Date Applied: 9/13/2012	CBL: 338- H-023-001	
Location of Construction: 1585 FOREST AVE	Owner Name: GEORGE GLICOS	Owner Address: 6360 23rd LN NO  ST PETERSBURG, FL 33702	Phone:
Business Name:	Contractor Name: Sign Desing Inc.	Contractor Address: P.O. Box 207 Westbrook ME 04098	Phone:  (207) -856-2600
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone:  B-1
Past Use:  Gas station/Convenience Store	Proposed Use:  Same – Gas Station – Convenience Store – replace 4’ 7 panel in free standing sign and replace 3’ x 8’ building wall sign	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: ABU 9/14/12
Proposed Project Description: Install Replacement Signs		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Lannie		<b>Zoning Approval</b>	

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.	<b>Special Zone or Reviews</b> <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>Okulcardijan</i> <i>9/14/12 ABU</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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>ABU</i>
	<b>CERTIFICATION</b>		

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

2012-9-4955

# 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>1585 Forest Ave.</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>338</u> Block# <u>H</u> Lot# <u>23</u>	Owner: <u>Trustees George E. Glicos &amp; Maria Taylor</u> <u>6360 23rd LN - NO St. Petersburg, FL 33702</u>	Telephone: _____
Lessee/Buyer's Name (If Applicable) <u>Sinan</u>	Contractor name, address & telephone: <u>Sign Design</u> <u>P.O. Box 207</u> <u>Westbrook ME 04098</u> <u>207) 856-2600</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Diana/Roger</u> phone: <u>856-2600</u>		
Tenant/allocated building space frontage (feet): Length: <u>60'</u> Height: <u>20'</u> Lot Frontage (feet) <u>100'</u> <u>Single Tenant</u> or Multi Tenant Lot _____		
Current Specific use: <u>Gas station</u> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): <u>faces only (2) pylon 4' x 7'</u> <del>3x8</del> <u>S2</u> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: _____ Height from grade: <u>16'</u> Bldg. wall sign? (attached to bldg) Yes _____ No _____ 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 <input checked="" type="checkbox"/> No _____ Dimensions: <u>4x7'</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions: <u>(1) 3x8' face</u> Awning? Yes _____ No _____ 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  
SEP 13 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](http://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: Diana Olmstead Date: 8/23/12

B-1 single front  
 This is not a permit; you may not commence ANY work until the permit is issued.  
 Gas station.  
 freestanding - 32ft + 16ft high  
 building sign -  
 3 62ft freestanding - 4x7=28ft  
 16' high  
 4x7 pole 28  
 56 sq ft  
 3x8 sign on  
 3rd principal 990542  
 2' vertical

This design is the property of  
**Sign Design Inc.**

306 Warren Ave. Portland, Maine  
Tel. 207.856.2600 Fax 207.856.7600  
email: signdesi@maine.rr.com

Client: Riverton

File: riverton

Revision:1

Date:8.23.12

2 Lexan Face Replacements With Vinyl Graphics

*\*faces will be  
tech screwed to  
sign*

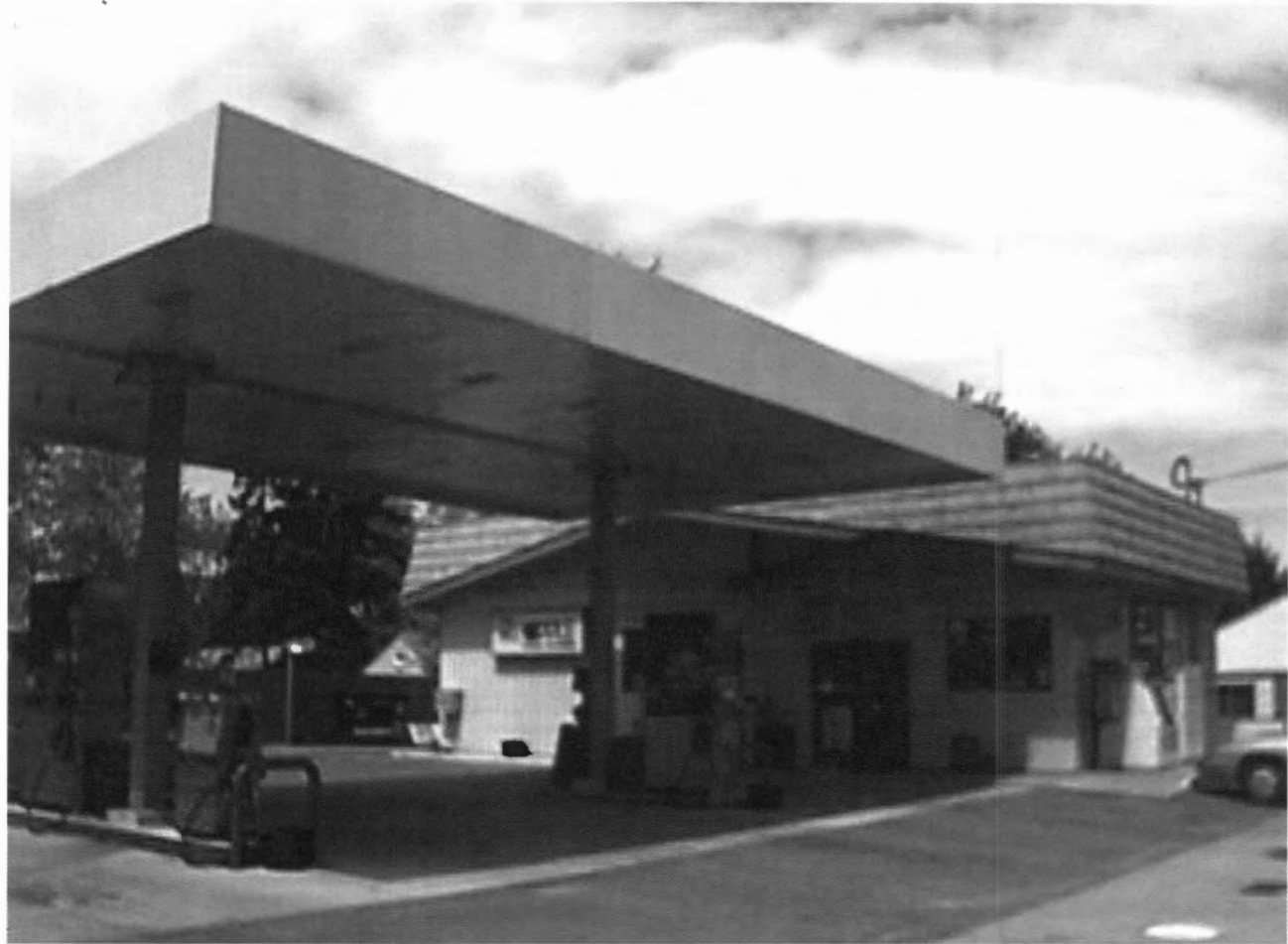


This job proof may reflect color shifts due to the conversion from ink to paint and/or vinyl. PMS colors will be approximated to the best of our ability. Client provided artwork will be used as is and Sign Design Inc. is not responsible for any artwork design faults nor for errors occurring due to improper review of this submitted job proof.

Design By: E.F.C. Comp. 1

- I Have Checked The Above Drawing For Layout And Spelling. I Find No Mistakes Or Errors. I Approve This Drawing For Final Completion.
- Do Not Proceed - Changes Requested

APPROVAL SIGNATURE





Address **1584 Forest Avenue**

Address is approximate



Big Apple signs are being replaced.





Address **1585 Forest Ave**  
**Portland, ME 04103**



D. KELLEY YOUNG  
kyoung@troubhheisler.com



## Trough Heisler

ATTORNEYS AT LAW

August 9, 2012

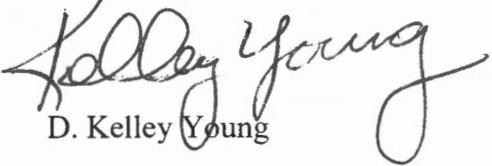
Mr. Sinan M. Abdallah  
275 Brown Street # A  
Westbrook, ME 04092-2906

**RE: *Happy Apple LLC--1585 Forest Avenue, Portland***

Dear Sinan:

On behalf of the landlord, Glicos Realty Trust, I am writing to confirm that you are authorized under Section 503 of the Lease Agreement to put a new sign on the premises for Happy Apple in the same size and general design as the current Big Apple sign.

Sincerely yours,



D. Kelley Young

DKY/lrs



# INSURANCE BINDER

DATE (MM/DD/YYYY)  
8/28/2012**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM**

<b>AGENCY</b> Cross Insurance 74 Gilman Road P.O. Box 1388 Bangor ME 04401		<b>COMPANY</b> Peerless Insurance Company		<b>BINDER #</b> B1282815565	
<b>PHONE (A/C, No, Ext):</b> (207) 947-7345 <b>FAX (A/C, No):</b>		<b>DATE EFFECTIVE</b> 9/1/2012		<b>TIME</b> 12:01	
<b>CODE:</b>		<b>PER EXPIRING POLICY #:</b> 1068508		<b>EXPIRATION DATE</b> 10/1/2012	
<b>AGENCY CUSTOMER ID:</b> 00166326		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> Loc# 00001/Bldg# 00001 1585 Forest Avenue Portland, ME 04103 See Attached Overflow Pages		<b>TIME</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
<b>INSURED</b> Riverton Gas and Store LLC PO Box 1169 Westbrook ME 04098		<b>THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY</b>		<b>AGENCY CUSTOMER ID:</b> 00166326	

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> <b>Special w/theft</b>	<b>Business Personal Property, Replacement Cost</b>  <b>Stock/Merchandise, Replacement Cost</b>  <b>Retailers Property Extension Plus Endorsement</b>	500	100	30,000
		500	100	100,000
				Included
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 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		
<b>VEHICLE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
<b>VEHICLE PHYSICAL DAMAGE</b> DED <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT \$		
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$		
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
<b>SPECIAL CONDITIONS / OTHER COVERAGES</b>		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

**NAME & ADDRESS**

		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
		LOAN #	
		AUTHORIZED REPRESENTATIVE M Charloux, AAI, AU/MJ <i>Michelle Charloux</i>	

## CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

### Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

### Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

### Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

### Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

### Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

### Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

### Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

### Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00002, 1585 Forest Avenue - Gas Pumps	SPCDT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
30,000			500	Dollars
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				