

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number 041328

PERMIT ISSUED
NOV 10 2004
CITY OF PORTLAND

This is to certify that Samba Llc /Sign One

has permission to remove signage/ Install 30" x 30" sq ft sign

AT 899 Brighton Ave

284 C001001

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 be given and when permission is procured before this building or part thereof is opened or closed-in. **48 HOUR 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

Denise Bourke 11/9/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-1528	Date Applied For: 10/08/2004	CBL: 284 C001001
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Location of Construction: 899 Brighton Ave	Owner Name: Samba Llc	Owner Address: P.o.box 10110	Phone:
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Business Name:	Contractor Name: Sign One	Contractor Address: 10 Greta Way Falmouth	Phone (207) 878-1177
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Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent
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Proposed Use: Commercial - Remove signage/ Install 30" x 14' sq ft sign	Proposed Project Description: emove signage/ Install 30" x 14' sq ft sign
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 11/05/2004
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 11/09/2004
Note: 11/9 spoke w/Sign One for fastening details, noted on plans, ok to issue. **Ok to Issue:**

- 1) Permit approved based on the plans submrtted and reviewed wlownericontractor, with additional information as agreed on and as noted on plans.
- 2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

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.

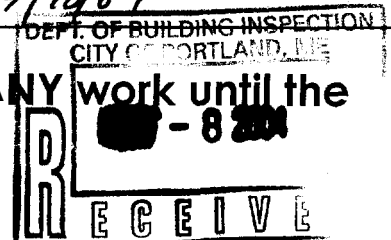
Location/Address of Construction: <u>891 Brighton Ave</u>		
Total Square Footage of Proposed Structure <u>35 sqft.</u>	Square Footage of Lot <u>22,948</u>	
Tax Assessor's Chart, Block & Lot <u>e</u>	Owner: <u>S. Phillip DiBiaso</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>S. Phillip DiBiaso, MAI SPA 891 Brighton Ave Portland, ME 773-0617</u>	Applicant name, address & telephone: <u>Sign One 10 Greta Way Falmouth, ME 04105 207-878-1177</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>6800</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: <u>Commercial Retail</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Building is being used for variety of Retail's</u>		
Project description: <u>INSTALL 30" x 14' on FACIA for BETTER VISABILITY, NOTED PARKING OUT BACK</u>		
Contractor's name, address & telephone: <u>Sign One 10 Greta Way FALMOUTH, ME 04105 1-207-878-1177</u>		
Whom should we contact when the permit is ready: <u>Sign One 878-1177</u>		
Mailing address: <u>10 GRETA WAY FALMOUTH ME 04105</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>878-1177</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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>Kyle T. Noyes</u>	Date: <u>9/10/07</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.



SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 891 Brighton Ave ZONE: B-1

CBL: _____

SINGLE TENANT LOT? YES _____ NO MULTI TENANT LOT? YES NO _____

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES _____ NO

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 95' x 15' - 142.5' Height: 15'

2.50 x 14' = 35'
11 x 14'

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): 203'

AWNING YES- . NO _____ IS AWNING BACKLIT? YES 7 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: Kyle T Noyes DATE: 6/25/07

***** FOR OFFICE USE ONLY *****



CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

- 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. Amount must equal \$400,000.00.
- 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. **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 facade dimensions for any signage attached to a building.**
- A sketch or photo of any proposed sign(s) indicating *content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.*
- Certificate of Flammability required for awning or canopy at time of application.
- UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**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, plus \$9.00 for each additional \$1,000.00.**

Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00

30" x 14' Cabinet

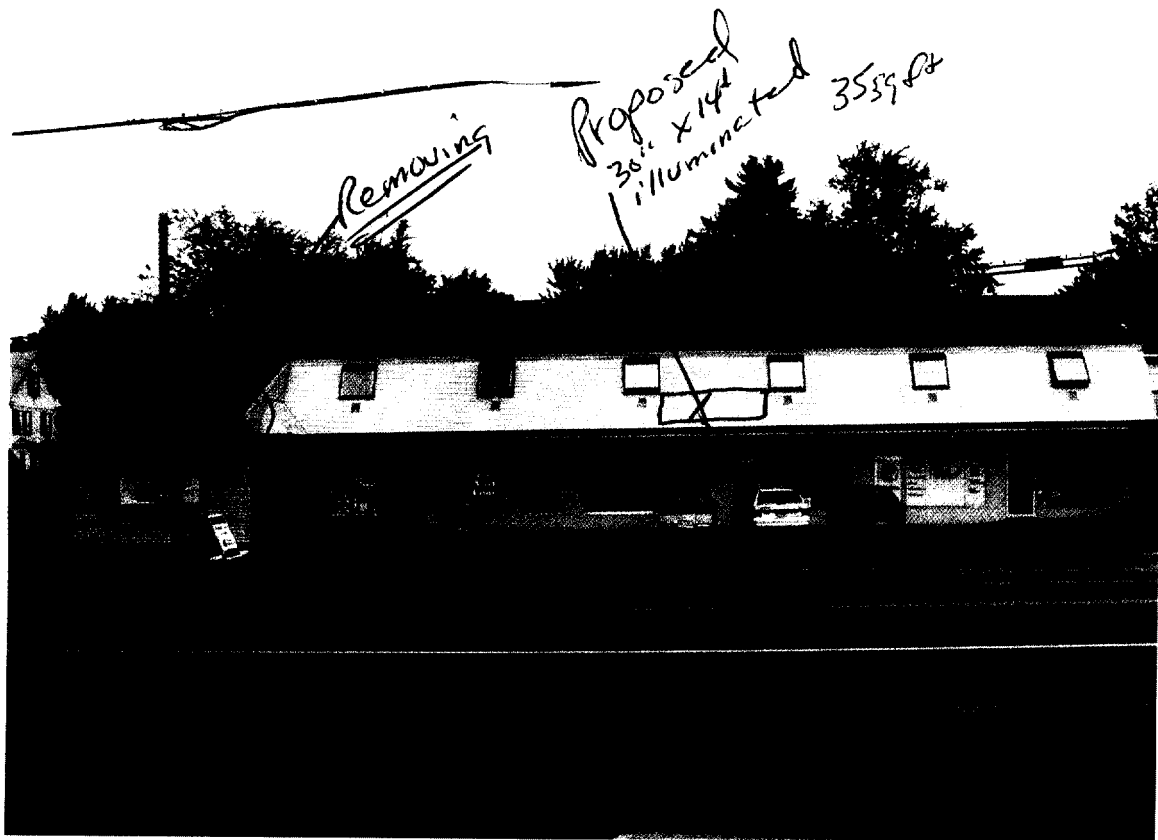


11/9/04
Per Sign one
1 sign on brackets &
then bolted 6" x 3/4"

9-10-04

Approved:





D I B I A S E A P P R A I S A L S E R V I C E S , I N C .

September 3, 2004

To whom it may concern:

I have hired Sign One to install a 30' x 14' fluorescent SF cabinet sign at my property 891 Brighton Ave, Portland. Me.

Respectfully,

S. Philip DiBiase - ~~managing~~ partner

SAMBA. LLC

*DIBIASE APPRAISAL SERVICES, INC
891 BRIGHTON AVE -SUITE 2
PO BOX 10110
PORTLAND, ME 04104
Ph 207-773-0617 -fax 207-871-7003*

PRODUCER
ANDERSON WATKINS ASSOCIATES, INC
 31 CENTRAL STREET
 WESTBROOK ME 04092

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.

INSURER
 UREP

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO ME 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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	ZHP5757838 05	AUG 24 03	AUG 24 04	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED. EXP (Any One Person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG				
	AUTOMOBILE LIABILITY <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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER NUMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMIT OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
	OTHER:				

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/EXCLUSIONS ADDED ENDORSEMENT/ SPECIAL PROVISIONS
 ADDITIONAL INSURED: CITY OF PORTLAND

CERTIFICATE HOLDER

CITY OF PORTLAND
 389 CONGRESS ST
 PORTLAND ME 04101

Attention:

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE #WE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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

Shirley L. Marotta