

**City of Portland, Maine - Building or Use Permit Application**

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

**PERMIT ISSUED**

Permit No: 06-0062 Issue Date: FEB 3 2006 CBL: 368 A06001

Location of Construction: 110 DAVIS FARM RD	Owner Name: CHILDREN'S ODYSSEY	Owner Address: 110 DAVIS FARM RD	Phone:
Business Name:	Contractor Name: Philip McCormick	Contractor Address: 17 Mason St. Falmouth	Phone: 2077812875
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: JM

Past Use: Commercial	Proposed Use: Commercial Install a 12 sf free standing sign mounted on 4x4 wooden posts	Permit Fee: \$54.00	Cost of Work: \$54.00	CEO District: 5
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>NA</i>		INSPECTION: Use Group: U Type: Sign IBC 2003

Proposed Project Description:  
Install a 12 sf free standing sign mounted on 4x4 wooded posts

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: dmartin	Date Applied For: 01/12/2006	<b>Zoning Approval</b>
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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 information may invalidate a building permit and stop all work..	<b>Special Zone or Reviews</b> <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: 1/20/06 <i>AM</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 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 Date: <i>AM</i>
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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



# Signage/Awning Pre-Application Questionnaire

Please complete all of the following information.

Address: 110 DAVIS FARM ROAD Zone: IM  
CBL: \_\_\_\_\_

Single Tenant Lot? Yes  No \_\_\_\_\_ Multi Tenant Lot? Yes \_\_\_\_\_ No

Tenant/allocated building space frontage (feet): Length: \_\_\_\_\_ Height: \_\_\_\_\_

### Information on proposed sign(s):

Freestanding (e.g., pole) sign? Yes  No \_\_\_\_\_ Dimensions proposed: 35" x 45 1/2"  
Bldg. wall sign? (attached to bldg) Yes \_\_\_\_\_ No  Dimensions proposed: \_\_\_\_\_

### Information on already existing and permitted sign(s):

Freestanding (e.g., pole) sign? Yes \_\_\_\_\_ No  Dimensions proposed: \_\_\_\_\_  
Bldg. wall sign? (attached to bldg) Yes \_\_\_\_\_ No  Dimensions proposed: \_\_\_\_\_  
Awning? Yes \_\_\_\_\_ No  Dimensions: \_\_\_\_\_  
Lot frontage (feet): 600 PLUS FEET

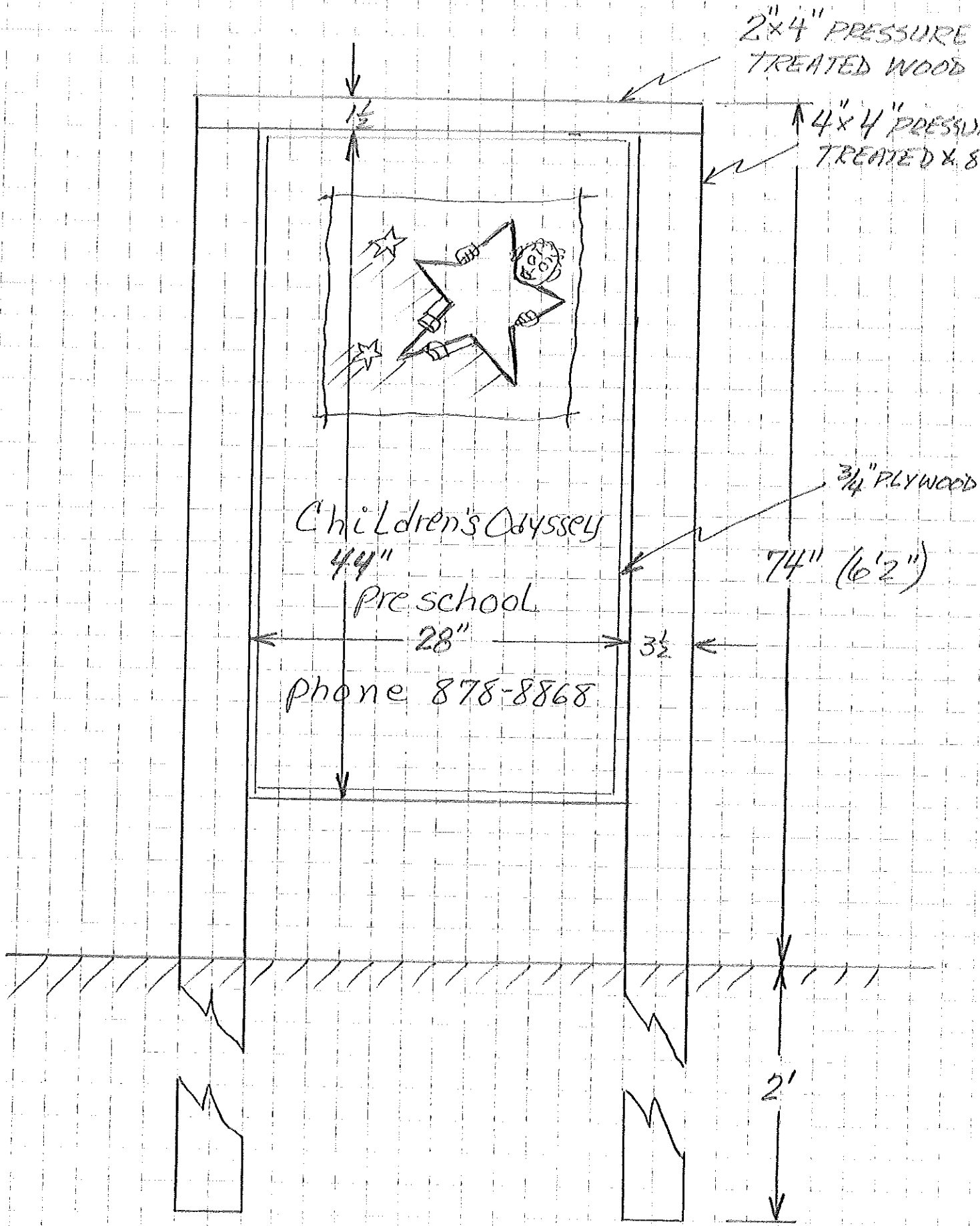
Awning? Yes \_\_\_\_\_ No  Is awning backlit? Yes \_\_\_\_\_ No \_\_\_\_\_  
Height of awning: \_\_\_\_\_ Length of awning: \_\_\_\_\_ Depth: \_\_\_\_\_  
Is there any communication, message, trademark or symbol on it? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, total s.f. of panels w/communications, message, trademark or symbol: \_\_\_\_\_ s.f.

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: [Signature] Date: 1/11/06

~For office use only~  
ok.  $44" \times 28" = 1232 \div 144 = 8.6 \text{ ft}$   
35 ft max  
10' high max.  
setback 5'  
1 per lot  
6.2' as shown.  
shown  
✓

# CHILDREN'S ODYSSEY PRESCHOOL



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/20/2006

PRODUCER (207) 774-2617 FAX (207) 774-2869  
DANIEL T. HALEY AGENCY  
21 1/2 Eastern Promenade  
Portland, ME 04101

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.

INSURED Children's Odyssey, Susan McCormick dba  
PO BOX 6038  
Falmouth, ME 04105

**INSURERS AFFORDING COVERAGE**

INSURER A: Peerless Ins. Co.	NAIC # 24198
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**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.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CBP 9091485	07/23/2006	07/23/2006	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMP/OP AGG \$ 300,000
		<b>AUTOMOBILE 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 (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ Agg \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

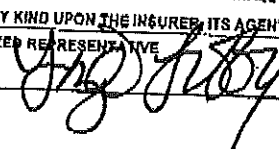
**CERTIFICATE HOLDER**

City of Portland  
Permit Department  
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 \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORD 25 (2001/08) FAX: (207) 874-8716

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**City of Portland, Maine - Building or Use Permit**

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

Permit No: 06-0062	Date Applied For: 01/11/2006	CBL: 368 A006001
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Location of Construction: 110 DAVIS FARM RD	Owner Name: CHILDREN'S ODYSSEY	Owner Address: 110 DAVIS FARM RD	Phone:
Business Name:	Contractor Name: Philip McCormick	Contractor Address: 17 Mason St. Falmouth	Phone (207) 781-2875
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial Install a 12 sf free standing sign mounted on 4x4 wooden posts	Proposed Project Description: Install a 12 sf free standing sign mounted on 4x4 wooded posts
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Dept: Zoning      Status: Approved      Reviewer: Ann Machado      Approval Date: 01/20/2006  
 Note:      Ok to Issue:

Dept: Building      Status: Approved with Conditions      Reviewer: Tammy Munson      Approval Date: 02/02/2006  
 Note:      Ok to Issue:

- 1) Separate Permits shall be required for any new signage.
- 2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

**Comments:**  
 1/20/06-amachado: I spoke with Judy McCormick. I told her tht we need a certificate of liability for the sign permit. Faxed this afternoon.

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number 000062 3 2006

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that CHILDREN'S ODYSSEY / Phillip McCormick has permission to Install a 12 sf free standing mounted in 4x4 coded post

AT 110 DAVIS FARM RD CALL 368 A006001

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.

ification of inspection must be taken and when permission is procured before this building or part thereof is occupied or otherwise closed-in. 4 OUR 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 and date 2/2/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

#

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

Signature of applicant: Philip K. Perrinck  
 Date: 11/11/05

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.

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.

Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so will result in the automatic denial of your permit.

Who should we contact when the permit is ready: <u>PHILIP K. PERRINCK</u> Mailing address: <u>17 MASON STREET</u> <u>FALMOUTH, ME 04105</u> Phone: <u>781.2875</u>	
Conductor's name, address & telephone: _____ _____ _____	
Project Description: <u>PLAYWOOD SIGN (28'x44") MOUNTED ON 4"x4" WOOD POSTS</u> Proposed Use: <u>PRESCHOOL</u> How long has it been vacant: <u>18 MONTHS</u> If vacant, what was prior use: <u>CHILD HEALTH CARE</u> Current specific use: <u>PRESCHOOL</u>	
Lessee/Buyer's Name (if applicable): <u>368 A 000</u> Tax Assessor's Chart, Block & Lot: Chart# <u>368</u> Block# <u>A</u> Lot# <u>000</u>	Applicant name, address & telephone: <u>CHILDREN'S ODYSSEY</u> <u>110 DAVIS FARM ROAD</u> <u>PORTLAND, ME</u> <u>878-8868</u> Total s.f. of signage x \$2.00 <u>21,130</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total <u>54</u> Fee \$ Total Fee: \$ Total Fee = cost of work
Total Square Footage of Proposed Structure: <u>117 SQUARE FEET</u> Square Footage of Lot: <u>&gt; 56,000 SQUARE FEET</u>	Location/Address of Conductor: <u>110 DAVIS FARM ROAD</u>

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.

# Signage/Awning Permit Application



**BUILDING PERMIT INSPECTION PROCEDURES**

Please call 874-8703 or 874-8693 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.

- Footings/Building Location Inspection: Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling

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 OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

Signature of Applicant/Designer: *Franky Williams*  
 Signature of Inspections Official: *Conna Martin Holman*  
 Date: 2-25-06  
 Date: 2-28-06  
 Building Permit #: 060062  
 CBL: 368 A006









**CITY OF PORTLAND, MAINE**  
Department of Building Inspections

June 11 20 05

Received from Phillips McComick

Location of Work 112 Lewis Farm Rd

Cost of Construction \$ \_\_\_\_\_  
Permit Fee \$ 52/00

Building (IL)  Plumbing (15) \_\_\_\_\_ Electrical (12) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_  
Other Light

CBL: 36870000

Check #: 3171

Total Collected \$ 52/00

**THIS IS NOT A PERMIT**

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy

*Kenner*