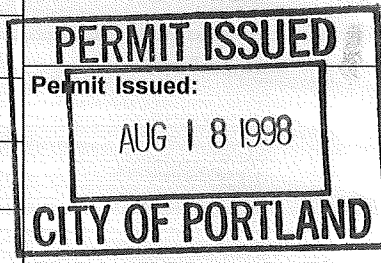


**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 91 Auburn St		Owner: Shaw's Realty		Phone:	Permit No: <b>9 80913</b>
Owner Address:		Lessee/Buyer's Name: Rommonds Hallmark		Phone:	Business Name:
Contractor Name: Signs of Success 7 Mirona Rd		Address: Portsmouth, NH 03801 (603) 433-5500		Phone:	
Past Use: Retail		Proposed Use:		<b>COST OF WORK:</b> \$ <b>EX</b>	<b>PERMIT FEE:</b> \$ 51.30
Proposed Project Description: Erect Signage		Signature:		INSPECTION: Use Group: Type:	
		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action:           Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: <i>[Signature]</i> Date: <i>9/17/98</i>	
Permit Taken By: <b>MG</b>		Date Applied For: <b>10 August 1998</b>			



**Zone:**   **CBL:** 375-C-001

Zoning Approval:

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: *[Signature]*

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..

**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 provisions of the code(s) applicable to such permit

11 August 1998

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**CEO DISTRICT** 2

*KCTR*

COMMENTS

9/2/98 work completed OK/10

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

**THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED**

**Building or Use Permit Pre-Application  
Attached Single Family Dwellings/Two-Family Dwelling  
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

NOTE\*\*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 (include Portion of Building): <i>91 Westbrook St Romards Hallmark 77 Auburn St Portland</i>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Number Chart# <i>375</i> Block# <i>C</i> Lot# <i>001</i>	Owner: <i>SIT AUS Realty</i>	Telephone#:
Owner's Address: <i>SHOWS Realty 180 LIBERTY ST Brockton MASS</i>	Lessee/Buyer's Name (If Applicable) <i>Romards Hallmark</i>	Cost of Work: <i>Initial</i> \$ <i>131.50</i> Fee \$ <i>51.30</i>
Proposed Project Description: (Please be as specific as possible) <i>Remove 2 Backlit Illuminated Plexi Signs Install 1 Hallmark Gold Crown Sign Also Change Plym (2) Two Faces To New Hallmark Look (No size change)</i>		
Contractor's Name, Address & Telephone <i>Signs of Success 7 Mirona Rd 603-433-5500</i>	<i>Portland</i>	Rec'd By: <i>MJ</i>
Current Use: <i>Retail</i>	Proposed Use: <i>same</i>	<i>03801</i>

Separate permits are required for Internal & External Plumbing, HVAC and Electrical installation.

- All construction must be conducted in compliance with the 1996 B.O.C.A. Building Code as amended by Section 6-Art II.
- All plumbing must be conducted in compliance with the State of Maine Plumbing Code.
- All Electrical Installation must comply with the 1996 National Electrical Code as amended by Section 6-Art III.
- HVAC (Heating, Ventilation and Air Conditioning) installation must comply with the 1993 BOCA Mechanical Code.

You must include the following with your application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
- 2) A Copy of your Construction Contract, if available
- 3) A Plot Plan/Site Plan

Minor or Major site plan review will be required for the above proposed projects. The attached checklist outlines the minimum standards for a site plan.

**4) Building Plans**

Unless exempted by State Law, construction documents must be designed by a registered design professional.

A complete set of construction drawings showing all of the following elements of construction:

- Cross Sections w/Framing details (including porches, decks w/ railings, and accessory structures)
- Floor Plans & Elevations
- Window and door schedules
- Foundation plans with required drainage and dampproofing
- Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review must be included.

**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/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: <i>Walter J Bayson</i>	Date: <i>8/10/98</i>
--	----------------------

Building Permit Fee: \$25.00 for the 1st \$1000. cost plus \$5.00 per \$1,000.00 construction cost thereafter.  
Additional Site review and related fees are attached on a separate addendum



*\* Call for P/U 603-433-5500*

**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 77 Auburn St ZONE: \_\_\_\_\_

OWNER: Shaws Realty 120 Liberty St Brockton MA

APPLICANT: Ronalds Hallmark / Signs of Success Portsmouth NH

ASSESSOR NO. 375-C-001

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES  NO  MULTI-TENANT LOT? YES  NO

FREESTANDING SIGN? (ex. Pole Sign) YES  NO  DIMENSIONS 96 3/8 HEIGHT 23

MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_

SIGN ATTACHED TO BLDG.? YES  NO  DIMENSIONS 34.6 DAL

MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_

AWNING: YES  NO  IS AWNING BACKLIT? YES  NO  HEIGHT OFF SIDEWALK \_\_\_\_\_

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: Rylon Sign - 23" x 96 3/8"

Remove - 2 Wall mount - only 1 going back up

2 Rylon Signs

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): 65' x 1.5' = 97.5'

\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION

**YOU SHALL PROVIDE:**

**A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: Walter J. Baysarf DATE: 8/10/98

85.7' total

\*

## INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

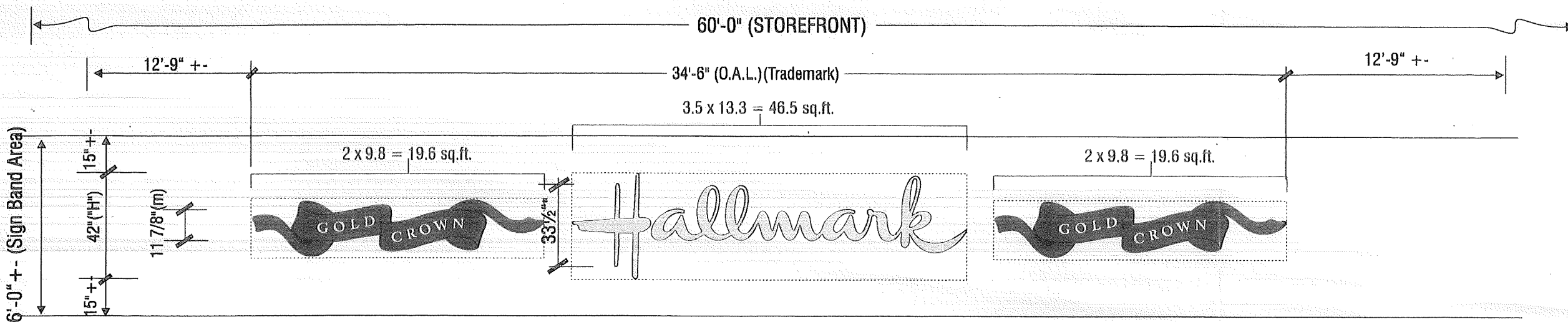
Applicants for a sign permit will be asked to submit the following information to the Code Enforcement Office:

- 40 1. Proof of insurance *(1 page cert. of ins. showing amount of liab.)*
2. Letter of permission from the owner
3. A sketch plan of lot, indicating location of buildings, driveways and any abutting streets or right of ways. Lengths of building frontages and street frontages should be noted. (see attached)
4. Indicate on the plan all existing and proposed signs
5. Computation of the following:
  - A) Sign area of each existing and proposed building sign
  - B) Sign area height and setback of each existing and proposed freestanding sign.
6. A sketch of <sup>30</sup>any proposed sign(s), indicating dimensions, materials, source of illumination and construction method (see attached).
7. Certificate of flammability required for awning/canopy at time of application.
8. UL # required for lighted signs at the time of application.
9. **You must have complete structural details (i.e. showing all connections to buildings and footing details) Specifics required or your permit may be held up**

**Fee for permit - \$25.00 plus \$0.20 per square foot**

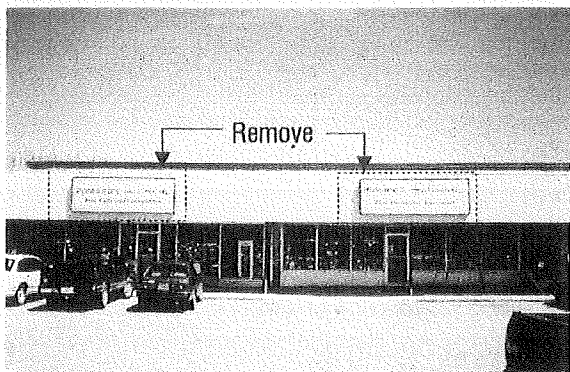
**Fee for awning based on cost of work - \$25.00 for the first \$1,000.00, \$5.00 for each additional \$1,000.000.**

**NOTE:** Once a sketch plan has been filed for a property, the code enforcement office will keep a record of the plan so that a new sketch plan will not be required for later changes to signage on the property. In such an instance, applicants will only be required to submit information applicable to the new sign.



19.6sq.ft. + 46.5sq.ft. + 19.6sq.ft. = 85.7 sq.ft. TOTAL

**(A) INT-ILLUMINATED PLEX FACE CHANNEL LETTERSET**  
 scale 1/4" = 1'-0"



**EXISTING SIGNAGE** (Removal By Federal) nts  
 NOTE: Repair of Fascia The Responsibility of Owner/Tenant.

**(A) PROPOSED SIGNAGE** nts

**LETTERS**

HALLMARK GOLD PLEX FACES  
 PLASTIC TRIMCAP TO MATCH RETURNS  
 5" DEEP BLACK ALUMINUM RETURNS  
 ILLUMINATION: WHITE NEON TUBING  
 POWERED BY REMOTE TRANSFORMERS (60ma)

**BANNERS**

WHITE PLEX FACES W/ RED VINYL FACE.  
 BANNER - HALLMARK RED TRANSLUCENT VINYL W/ COPY  
 REVERSED OUT TO SHOW AS WHITE.  
 BLACK OUTLINE AROUND BANNER - BLACK TRANSLUCENT VINYL  
 PLASTIC TRIMCAP TO MATCH RETURN  
 5" DEEP BLACK ALUMINUM RETURNS  
 ILLUMINATION: WHITE NEON TUBING  
 POWERED BY REMOTE TRANSFORMERS (60ma)

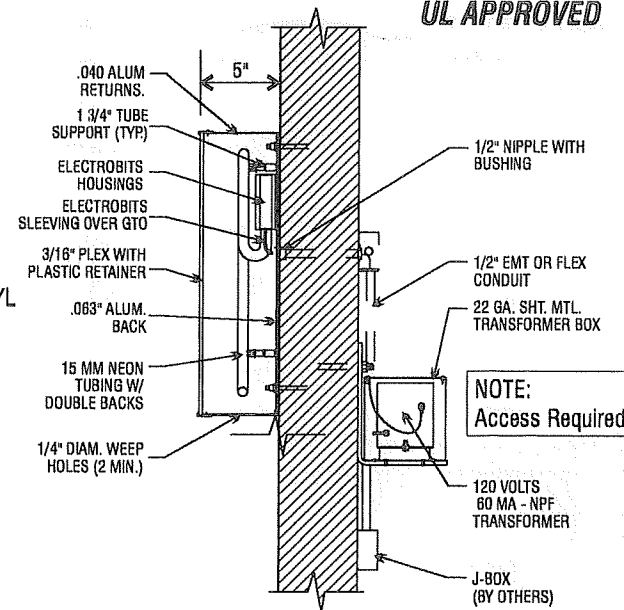
**TYPICAL LETTER SECTION/DETAIL**

PER FEDERAL MANUFACTURING STANDARDS - CAT#FSS207  
 W/ ELECTROBITS HOUSINGS SUBSTITUTED FOR DOUBLE-BACKS.

**NOTES:**

- 1- ALL SEAMS TO BE PLACED FOR MIN. VISIBILITY WELDED AND CAULKED
- 2- INSTALLATION TO CONFORM WITH SECTION 600 OF NEC.

**UL APPROVED**



**JOB #22-07844**

**HALLMARK**

ROMARD'S HALLMARK  
 #29304 NORTH GATE SHOPPING CENTER

ADDRESS: 77 AUBURN STREET / PORTLAND, MAINE 04103

ACCT. REP.: E. MCGILL

DESIGNER: GRAVES

SCALE: as noted

DATE: 6-1-98

DWG. NO. 29304

FILE NO.: HM29304

SHEET: 1 OF 1

REV.	BY	DATE	DESCRIPTION

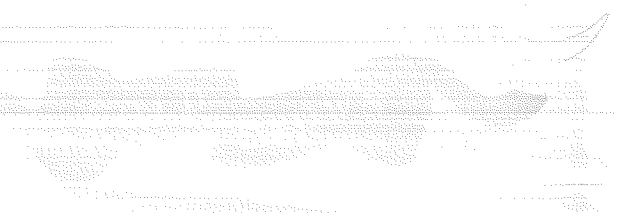
**FEDERAL SIGN**

Division Federal Signal Corporation

DAYTONA

DO NOT CUT SIZE

Existing 2" width



REPLACEMENT

CARBONATE

SKGD.

Change  
FACE  
to THIS

MANUFACTURED BY

FEDERAL  
SIGN

Division Federal Sign Company

DATE DESCRIPTION

DAYTON

LEGAL DEPARTMENT  
PROPERTY MANAGEMENT  
DEPARTMENT



Shaw's Supermarkets, Inc.  
120 Liberty Street  
Brockton, MA 02401

Mailing Address:  
P.O. Box 942, South Easton, MA 02375-0942  
Tel (508) 894-7000 / Fax (508) 894-7150

Fax Cover Sheet

TO: Monica Smith

COMPANY: Federal Sign

FAX NO.: 904-252-3568

FROM: GAIL McNEICE, PROPERTY MANAGER

DATE: 7-29-98 PHONE: (508) 894-7689

Number of pages including cover sheet: 3

Message:  
Will follow via regular mail.

NOTE: This telecopy transmission and any accompanying documents may contain confidential or privileged information. They are intended only for use by the individual or entity named on this transmission sheet. If you are not the intended recipient, you are not authorized to disclose, copy, distribute or use in any manner the contents of this information. If you have received this transmission in error, please notify us by telephone immediately so that we can arrange retrieval of the faxed documents. Thank you for your cooperation.







EXISTING

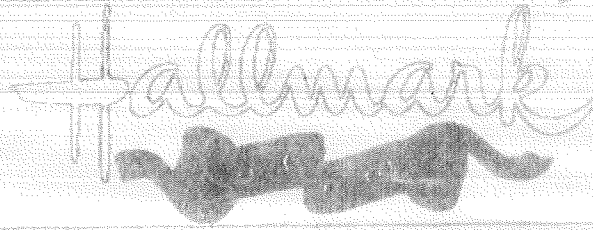
x 2

23" CUT SIZE

18" MAX. HEIGHT

37 1/2" CUT SIZE

44 1/2" HEIGHT



D/F INTERNALLY ILLUMINATED TENANT PANEL FACE REPLACEMENT

Two(2) req'd

Sheet 1 of 1

NEW REPLACEMENT FACES TO BE WHITE FLAT POLYCARBONATE WITH 1ST SURFACE VINYL GRAPHICS.

"HALLMARK" TO BE GOLD WITH BLACK OUTLINE.

BANNERS TO BE RED WITH BLACK BORDER.

"GOLD CROWN" COPY TO BE WEDED TO ALLOW WHITE BKG'D TO SHOW THROUGH.



NEW PROPOSED FACE REPLACEMENTS

*Jim Albert*  
*See with you Hallmark to approval*

<b>HALLMARK</b>	ADDRESS: 77 AUBURN STREET / PORTLAND, MAINE 04108	DWG. NO. 28804	REV	BY	DATE	DESCRIPTION
	ACCT. REP: E. MOGILL	FILE NO: HCR28804				
	DESIGNER: CRAYSEE	SHEET: 1 OF 1				
	SCALE: AS SHOWN	DATE: 8-1-98				

DAYTONA

**SHAW'S REALTY TRUST**  
**SHAW'S REALTY CO.**

P.O. Box 942, So. Easton, Massachusetts 02375-0942

Post-It® Fax Note	7671	Date	8-10	# of pages	1
To	MARY	From	Monica		
Co./Dept		Co.	Smith		
Phone #		Phone #	FEDERAL SIGN		
Fax #	207-874-8916		Ph 904-255-	1901 X 5329	

July 29, 1998

Ms. Monica Smith  
 Program Manager  
 Federal Sign  
 300 Fentress Boulevard  
 Daytona Beach, FL 32114

**Re: Romard's Hallmark - Shaw's Northgate Shopping Center, Portland, Maine**

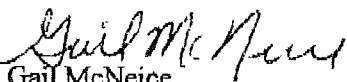
Dear Ms. Smith:

Enclosed please find the above Tenant's pylon and storefront drawings which have been approved by Shaw's Realty Co.

If you have any questions or concerns, please contact me at (508) 894-7689.

Thank you for your attention to this matter.

Very truly yours,

  
 Gail McNeice  
 Property Manager

GM/ag  
 enclosures

cc: Marjorie Hession  
 Nancy Eaton  
 William Vinson, Romard's

Offices at 120 Liberty Street, Brockton, Massachusetts 02301  
 Telephone 508-894-7000 FAX 508-894-7150

**INNOVA INSURANCE SERVICES**  
**28 OAK HILL TERRACE**  
**SCARBOROUGH, ME. 04074**  
**TEL: 885-5522 EXT 101 FAX: 885-0518**

FACSIMILE TRANSMITTAL SHEET

TO:

Mary

FROM:

R. Blumenthal

DATE:

Portland City Hall

8/10/98

FAX NUMBER:

874-8716

TOTAL NO. OF PAGES INCLUDING COVER:

2

PHONE NUMBER:

874-8703

SENDER'S REFERENCE NUMBER:

RE:

YOUR REFERENCE NUMBER:

URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

NOTES/COMMENTS:

<b>ACORD™ INSURANCE BINDER</b>			DATE (MM/DD/YY) 08/10/98		
THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.					
PRODUCER INNOVA INSURANCE SERVICES 28 OAK HILL TERRACE BOWBROOK ME 04074-		PHONE (A/C, No, Ext): (207) 885-5522 COMPANY CU-YORK		BINDER #	
CODE: 18 32041 AGENCY CUSTOMER ID: VINW INSURED NORTHGATE WINSON INC USA & OS HA ROMAR 77 AUBURN ST PORTLAND ME 04103- (207) 797-4645		SUB CODE: NORTHGATE SHOPPING PLAZA ( )		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: FMLR199986 DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) CARD AND STATIONARY STORE SITUATED AT 77 AUBURN ST, PORTLAND, ME	
		DATE EFFECTIVE TIME 08/10/98 13:01		EXPIRATION DATE TIME 10/06/98 X 12:01 AM PM NOON	

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> AOP <input type="checkbox"/> SPEC	BUSINESS OWNERS POLICY INCLUDING SIGN COVERAGE	500		194800
GENERAL LIABILITY BOP <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	RETRO DATE FOR CLAIMS MADE: / /			GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 PERSONAL & ADV INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 100000 MED EXP (Any one person) \$ 5000
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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <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 \$ OTHER \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE: / /			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - EACH EMPLOYEE \$ DISEASE POLICY LIMIT \$
SPECIAL CONDITIONS/ OTHER COVERAGES				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS CITY OF PORTLAND, MAINE 389 CONGRESS ST PORTLAND ME 04103-		MORTGAGEE <input checked="" type="checkbox"/> LOSS PAYEE LOAN #	ADDITIONAL INSURED
		AUTHORIZED REPRESENTATIVE 