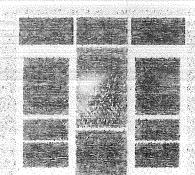
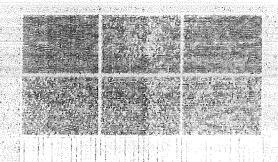
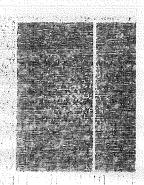
Location of Construction: 77 Auburn Sc (Northga)	Owner:  Shaw's Re	alty Co.	Phone:		Permit Ney 81360		
Owner Address:	Lessee/Buyer's Name:	Phone:			PERMIT ISSUED		
Contractor Name:	Address:				Permit Issued:		
Past Use:	Proposed Use:	COST OF WO		74-2843   PERMIT FEE:   \$	<b>DEC - 4</b> 1998		
žet#11	Same	FIRE DEPT.	l Approved Denied	INSPECTION: Use Group: Type:	CITY OF PORTLAND		
Proposed Project Description:  Exect Signage 16 Sq Ft		Signature: PEDESTRIAN Action: Signature:	Approved	Signature:  ES DISTRICT (P.A.D.)  with Conditions:	Zoning Approval:  Special Zone or Reviews:  Shoreland Wetland Flood Zone Subdivision		
Permit Taken By:	Date Applied For:	Signature. 25 November	1006	Date:	☐ Site Plan maj ⊡minor ⊡mm l		
<ol> <li>Building permits do not include plumb</li> <li>Building permits are void if work is not tion may invalidate a building permit a</li> </ol>	started within six (6) months of the date of	of issuance. False informa			☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied  Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review		
I hereby certify that I am the owner of record authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonation.	ation as his authorized agent and I agree tion is issued, I certify that the code offic	sed work is authorized by to conform to all applical ial's authorized representa code(s) applicable to suc	ole laws of thative shall ha h permit	nis jurisdiction. In addition,	Action:  Appoved Approved with Conditions Denied  Date:		
SIGNATURE OF APPLICANT	ADDRESS:	25 Nevember 19 DATE:	9.8	PHONE:			
RESPONSIBLE PERSON IN CHARGE OF			ublic File	PHONE:	CEO DISTRICT		

# CVS/pharmacy









STOREFRON ELEVATION SCALL BALL THE

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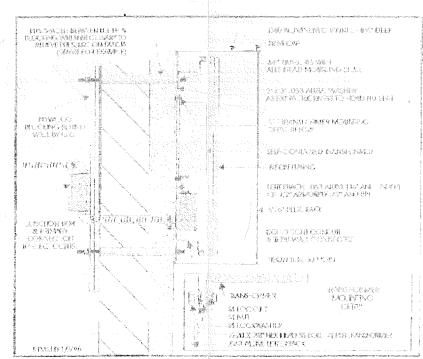
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Mounting Detail



24 KNUR SHILLIAM VALED CABINELSIGN

- \* DAD BECMA ADM. CHANNE:
- \* 3/16' WHU LEXAR PACE
- · TOMATO RED MEVERSE WILLD VINYL CX I'M
- MOH OU FULLUORESCEND BREEFNANCES
- \* # U.S. (1)

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CVS jobs streets v #0.129 

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2002 2002

--- SHAW'S REAL ESTA

November 19, 1998

Bailey Sign Company, Inc. 9 Thomas Drive Westbrook, Maine 04092

RE: CVS

77 Auburn Street Portland, Maine

To Whom It May Concern:

Shaw's Realty Co. hereby grants Bailey Sign Company to act on CVS's behalf as it relates to matters pertaining to the acquisition of sign permits.

Sincerely,

Gail McNeice (Shaw's Realty Co.

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

#### Building or Use Permit 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.

Center Pottland 14E ge of Lot & acre's  149 Co. Telephone#: 508 394 7	
15400	
	699
Cost Of Work:  \$ 850.00	j8.2
	plfi
estbrook HE04092 7742E	343
estate of Maine Plumbing Code.  trical Code as amended by Section 6-Art comply with the 1993 BOCA Mechanica  Sale Agreement act, if available NOV 2 5 1998  The attached estigned by a registered design professions f construction: s, and accessory structures)  ed equipment such as furnaces, chimneys, gat at may require special review must be included.	III. Il Code.  al.  as led.
HALL STORY CONTRACTOR	VAC and Electrical installation.  Building Code as amended by Section State of Maine Plumbing Code. rical Code as amended by Section 6-Art omply with the 1993 BOCK Section 6-

Signature of applicant: July Bailey Date: 1/-18 98

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

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 bour to

enforce the provisions of the codes applicable to this permit.

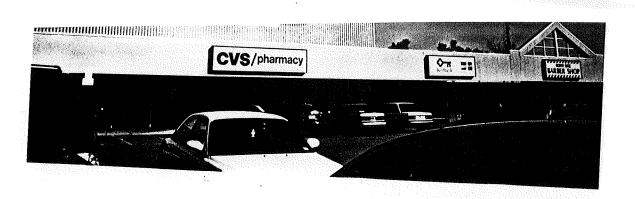
#### SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS ADDRESS: 19 Auburnst Northgate Shopping Center ZONE: OWNER: APPLICANT: Boiley Sign Company Itrc. ASSESSOR NO.\_ PLEASE CIRCLE APPROPRIATE ANSWER SINGLE TENANT LOT? YES (NO) **MULTI-TENANT LOT?** FREESTANDING SIGN? (ex. Pole Sign) YES (NO --- DIMENSIONS HEIGHT\_\_\_ MORE THAN ONE SIGN? YES DIMENSIONS\_\_\_\_\_ HEIGHT\_ DIMENSIONS 4' × 4' SIGN ATTACHED TO BLDG.? NO MORE THAN ONE SIGN? YES (NO) DIMENSIONS AWNING: YES NO HEIGHT OFF SIDEWALK IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: 1- Single an- see attached picture TENANT BLDG. FRONTAGE (IN FEET):\_\_ \*\*\* 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:_	Lude	Baile	_/	DATE: <u>/</u> /	1-18 98
			/	 •	



and the second

	AGORID. CERTIFICATE OF LIABIL PRODUCER  The Bill Johnson Ins. Agency 217 Main Street			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.  COMPANIES AFFORDING COVERAGE  COMPANY  A Acadia Insurance  COMPANY					
NSURED.			ļ						
			1						
			COMPANY						
Balley Sign Inc 9 Thomas Drive			B	Eastguard Insura	TC9				
Westbrook ME 04092			COMPANY						
			COMPANY						
COVERAGES  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN			D.						
CERT	"IFICATE MAY BE ISSUED OF MAY BE	OF INSURANCE LISTED BELOW HAVE DUIREMENT, TERM OR CONDITION OF PERTAIN, THE INSURANCE AFFORDED POLICIES. LIMITS SHOWN MAY HAVE	ANY CONTRACT OR OTHE	A DOCHMENT WITH 6	E FOR THE POLICY PERIOD RESPECT TO WHICH THIS CT TO ALL THE TERMS.	grannar	E Projection		
	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	UM				
1	COMMERCIAL GENERAL LIABILITY	CPA0005281-14	03/01/98	03/01/99	GENERAL AGGREGATE	T <sub>s</sub>	2,000,00		
75	CLAIMS MADE X OCCUR				PRODUCTS - COMPIOP AGG	\$	2,000,00		
	CWNER'S & CONTRACTOR'S PROT				PERSONAL & ADV INJURY	8	1,000,00		
					EACH OCCURRENCE	\$	1.000,00		
					FIRE DAMAGE (Any one fire)	\$	50,00		
-	TOMOBILE LIABILITY	CAA0005224 · 13	03/01/98	00/04/04	MED EXP (Any one person)	\$	\$,00		
×	ANY AUTO		00/01/98	03/01/99	COMBINED SINGLE LIMIT	\$	1,000,00		
X	SCHEDULED AUTOS HIRED AUTOS		; :		BODILY INJURY (Per person)	8			
	NON-OWNED AUTOS				BODILY INJURY (Per accident)	5			
GA	AGE LIABILITY				PROPERTY DAMAGE	s			
- W.	ANY AUTO		:		AUTO ONLY . EA ACCIDENT	s			
	W				OTHER THAN AUTO ONLY:				
EVO	TOP INCOME.					\$			
-	ESS LIABILITY UNBRELLA FORM	CUA0038934 · 10	03/01/98	03/01/99	EACH OCCURRENCE	\$			
Ĥ	OTHER THAN UMBREWA FORM				AGGREGATE	5	1,000,000		
WOR	KERS COMPENSATION AND					6	1,000,000		
EMP	LOYERS' LIABILITY	8AWC705278			WC STATU: OTA.	glideall in			
THE	PROPRIETOR/ NERS/EXECUTIVE INCL	9M141U5218	03/04/98	03/04/99	EL EACH ACCIDENT	5	500,000		
OFFI	CERS ARE: EXCL				EL DISEASE · POLICY LIMIT	\$	500,000		
OTH	iA				EL DISEASE - EA EMPLOYEE	\$	500,000		
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