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THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

# Signage 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>23 Presumpscot Street</u>		
Total Square Footage of Proposed Structure <u>704</u>	Square Footage of Lot <u>152,000</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>420</u> Block# <u>3</u> Lot# <u>005</u>	Owner: <u>H. Timothy O'Neil</u>	Telephone: <u>775 4297</u>
Lessee/Buyer's Name (If Applicable) <u>Hascal &amp; Hall</u>	Applicant name, address & telephone: <u>Bailey Sign Company</u> <u>9 Thomas Drive</u> <u>Westbrook ME 04092</u> <u>774 2843</u>	Total s.f. of signage <u>70</u> x 1.00 per s.f. \$ <u>70.00</u> plus \$30.00 base fee Fee: \$ <u>100.00</u>
Current use: <u>Business Park</u>		
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>Same</u>		
Project description: <u>Install Directory Signage per print # 04914R3</u>		
Contractor's name, address & telephone: <u>Bailey Sign Co. - 9 Thomas Drive Westbrook ME 04092</u>		
Who should we contact when the permit is ready: <u>Bailey Sign Company Inc.</u>		
Mailing address: <u>9 Thomas Drive Westbrook ME 04092</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 \$50.00 fee if any work starts before the permit is picked up. Phone: <u>774 2843 ext 103</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>Judy Trainor (Bailey Sign)</u>	Date: <u>6-4-02</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 273 Presumpscot Street ZONE: 1M

OWNER: H. Timothy O'Neil

APPLICANT: Bailey Sign Company Inc.

ASSESSOR NO. \_\_\_\_\_

PLEASE CIRCLE APPROPRIATE ANSWER

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

FREESTANDING SIGN? (ex. Pole Sign) YES  NO  DIMENSIONS 8'9" X 8' HEIGHT 15'

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

SIGN ATTACHED TO BLDG.? YES  NO  DIMENSIONS \_\_\_\_\_

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: - one existing 8x8 ~~wood~~ (wooden) directory sign to be removed and replaced with new

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): 1200'

\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION

Multi Tenant Signs  
Allowed  
sqft - 70' max  
height - 15'  
min set back 5'

show  
3' show  
15' show  
7' show

**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: Judy Trinos / Bailey Signs DATE: 6-4-02

FROM : TIM ONEIL-FLA

FAX NO. : 941 775 1414

May. 31 2002 03:02PM P1

06/19/2002 11:41 FAX 207 7741193

HASCALL&HALL

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Bailly sign

02

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE  
 ERECTED ON A BUILDING AT 273 Presumpscot Street  
 IN PORTLAND, MAINE H. Timothy O'Neil being the owner of the premises  
 at 273 Presumpscot St. in Portland, Maine hereby gives consent to the  
 erection of a certain sign owned by Hascall & Hall over the  
 public sidewalk or on the building from said premises as described in  
 application to the Division of Inspection Services of Portland, Maine for a  
 permit to cover erection of said sign:

And in consideration of the issuance of said permit H. Timothy O'Neil  
 owner of said premises, in event said sign shall cease to serve the purpose  
 for which it was erected or shall become dangerous and in event the owner of  
 said sign shall fail to remove said sign or make it permanently safe in case  
 the sign still serves the purpose for which it was erected, hereby agrees  
 for himself or itself, for his heirs, his successors, and him or his  
 assigns, to completely remove said sign within ten days of notice from said  
 Inspector of Buildings that said sign is in such condition and of order from  
 him to remove it.

In witness whereof, the owner of said premises has signed this consent and  
 agreement this 15<sup>th</sup> day of MAY 2002

H. Timothy O'Neil

03/20/02

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

OP ID M1  
BAILE-7

DATE (MM/DD/YY)  
04/17/02

**PRODUCER**

Morse, Payson & Noyes Ins.  
P.O. Box 406  
Portland ME 04112-0406  
Phone: 207-775-6000 Fax: 207-775-0339

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.

**INSURERS AFFORDING COVERAGE**

**INSURED**

Bailey Sign, Inc.  
Bruce Bailey  
9 Thomas Dr.  
Westbrook ME 04092

INSURER A: Commercial Union York Ins. Co.  
INSURER B: MAINE EMPLOYERS MUTUAL  
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	RENEWAL OF YMR771947	04/01/02	04/01/03	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
A	AUTOMOBILE LIABILITY	RENEWAL OF YMAN92378	04/01/02	04/01/03	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$	
					AUTO ONLY: AGG \$	
	EXCESS LIABILITY				EACH OCCURRENCE \$	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$	
	<input type="checkbox"/> DEDUCTIBLE				\$	
	<input type="checkbox"/> RETENTION \$				\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1810058334	04/01/02	04/01/03	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$ 500,000
					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
					E.L. DISEASE - POLICY LIMIT	\$ 500,000
	OTHER					

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

City of Portland is named as Additional Insured with respects to General Liability.

**CERTIFICATE HOLDER**

N

ADDITIONAL INSURED; INSURER LETTER:

**CANCELLATION**

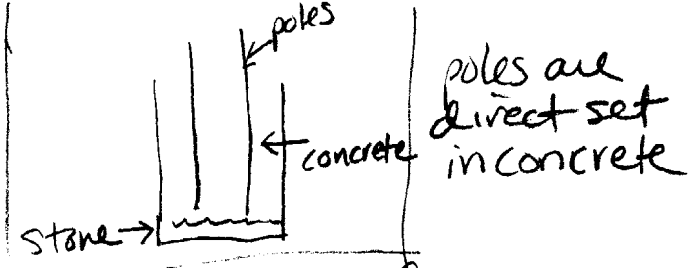
CITYPOR

City of Portland  
389 Congress St.  
Portland ME 04101

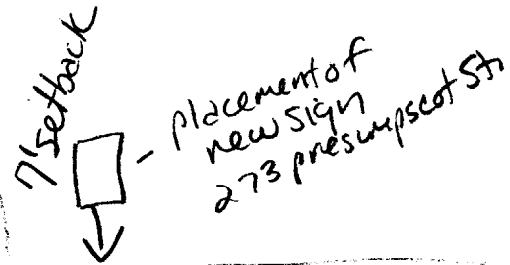
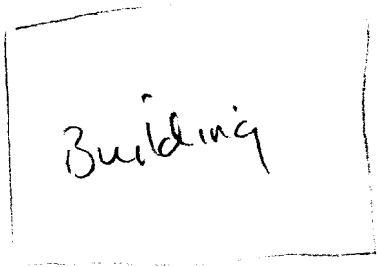
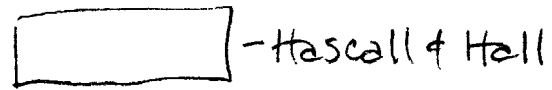
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Morse Payson & Noyes Insurance



18" x 42" hole for poles



Presumpscot Street

Plot plan - Hascall & Hall freestanding sign

