City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101. Tel: (207) 874-870 , FAX: 874-8716

Location of Construction: 91 Cove St.	Owner: Wes?co	Phone: 772-6507	Permit No: 950091
Owner Address: 91 Cove St- Ptld,ME 04101	Leasee/Buyer's Name:	Phone:	BusinessName:
Contractor Name: Bailey Sign Inc	Address: 9 Thomas Dr- Westbrook, ME	Phone: 04092 774-2843	PERMIT ISSUED FEB – 3 1995 CITY OF PORTLAND
Past Use: wholesale	Proposed Use: wholesale w 2 signs	COST OF WORK: $	PERMIT FEE: $ $35
		FIRE DEPT. ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group: BOCA 93 Type: Signature:

Zone: CBL:

Zoning Approval: 2/1/95

Proposed Project Description:

erect two signs

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved ☐ Approved with Conditions: ☐ Denied ☐
Signature: Date:

Permit Taken By: L Chase

Date Applied For: 1/27/95

1. This permit application doesn't 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..

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:
☐ Appoved
☐ Approved with Conditions
☐ Denied

Date: 1/30/95

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 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

Rodney L. Benn — 1/27/95

SIGNATURE OF APPLICANT   ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE   PHONE:

CEO DISTRICT 1

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

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

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Owner Address: 91 Cove St - Ptld, ME 04101	Leasee/Buyer's Name:	Phone:	BusinessName:
Contractor Name: [illegible] Sign Inc	Address: 9 Thomas Dr - Westbrook, ME	Phone: [illegible] 774-2313	
Past Use: wholesale	Proposed Use: wholesale & 2 signs	COST OF WORK: $	PERMIT FEE: $ 35
		FIRE DEPT. ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group: Type: Signature:
Proposed Project Description: erect two signs		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved ☐ Approved with Conditions: ☐ Denied ☐ Signature: Date:	
Permit Taken By: L Chase	Date Applied For: 1/27/95		

CITY OF PORTLAND
Permit Issued:
FEB - 3 1995
PERMIT ISSUED

Zone: CBL:

Zoning Approval:

Special Zone or Reviews:
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SIGNATURE OF APPLICANT ADDRESS: DATE: 1/27/95 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT 1

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

COMMENTS

3-15-94 Signs put up as plans show

Inspection Record

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

SIGNAGE APPLICATION

ADDRESS: 91 Cove St. Zone I-2 within 800' of I-295

OWNER: Wesco

APPLICANT: Bailey Sign

ASSESSORS NO.: ✓

SINGLE TENANT LOT? YES: ✓ NO: _____

MULTI-TENANT LOT? YES: _____ NO: _____

FREESTANDING SIGN? YES: _____ NO: _____ DIMENSIONS: _____

MORE THAN ONE SIGN? DIMENSIONS: _____

BLDG. WALL SIGN? YES: ✓ NO: _____ DIMENSIONS: 5'x5' = 25#

MORE THAN ONE SIGN? 2 New (5'x5'ea) 2 existing 2' high letters spelling Wesco DIMENSIONS: 5'x5' = 25#

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: _____

Allow = 2 / 1 bldg face — 165 x 14 = 2310# x 12% = 277# Allowed

125' x 14' high = 1750# x 12% = 210# Allowed

LOT FRONTAGE (IN FEET): _____

BLDG FRONTAGE (IN FEET): 165' X 125'

AWNING? YES: _____ NO: _____ IS AWNING BACKLIT? YES: _____ NO: _____

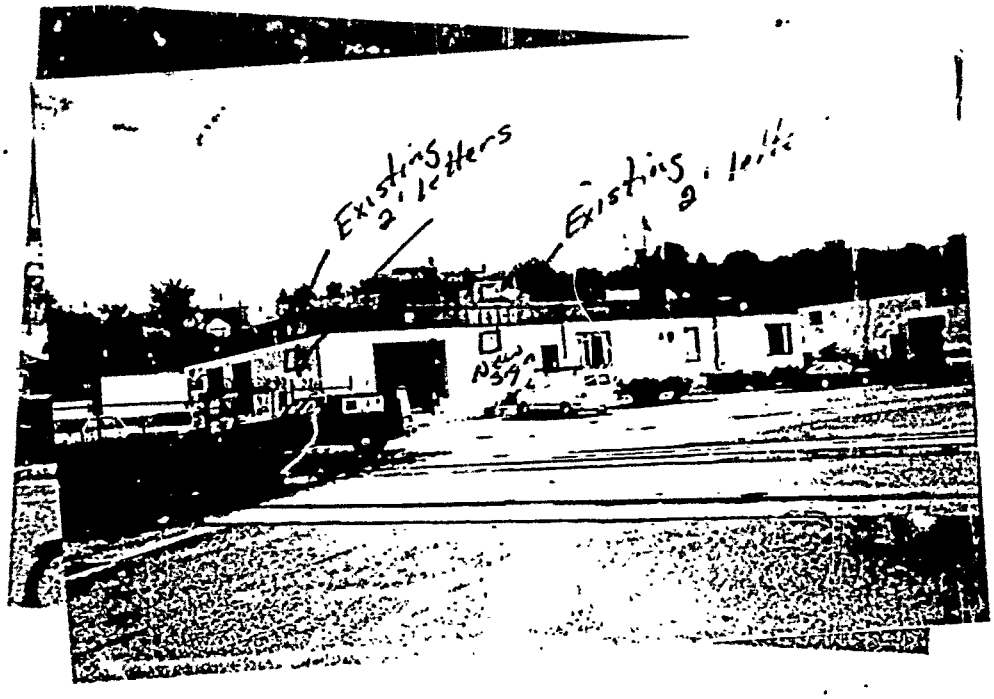
HEIGHT OF AWNING: _____

IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? _____

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

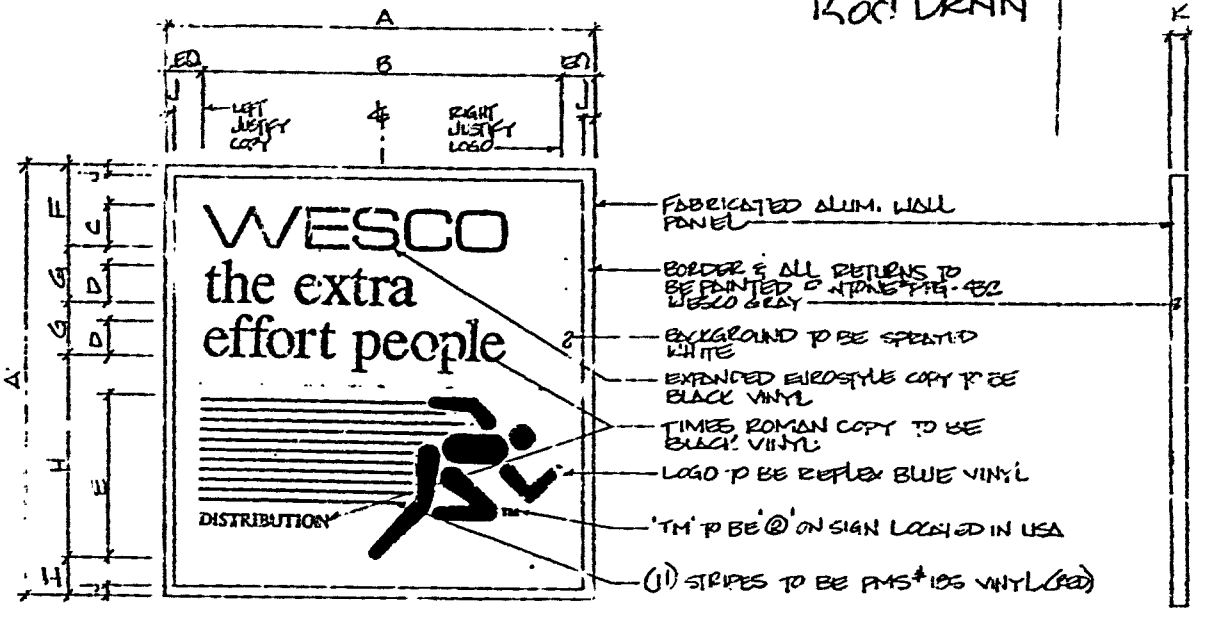
WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.

A:SIGNLST



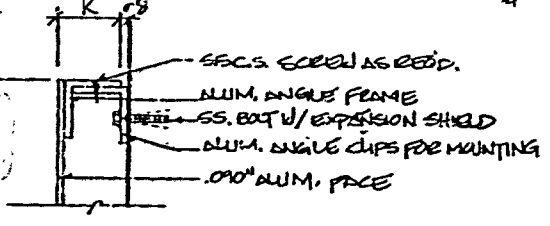
1) Install two 5'x5' signs that will replace two Westinghouse emblems that were removed.
2) Sign does not overhang public way.
3) There are existing 2' letters on wall
4) No sign is illuminated.

ATTN:
Rod BENN



FRONT ELEVATION

SIDE VIEW



MOUNTING DETAIL

N.T.S

A	B	C	D	E	F	G	H	I	J	K	* E
18	15	1 3/16	1 1/2	6 5/16	3 3/16	2 1/4	8 3/16	1 5/8	7/16	1 3/32	2 EA. PER SIDE
36	30	3/16	3	13 5/16	6 5/16	4 1/2	16 5/16	3 3/16	5/16	2 3/32	2 EA. PER SIDE
48	40	4 5/16	4	18 3/16	9 5/16	6	22 3/16	4 3/8	1 1/4	2 3/32	2 EA. PER SIDE
60	50	6	5	23	11 1/2	7 1/2	28	5 1/2	1 1/2	2 3/32	3 EA. PER SIDE
72	60	7 1/4	6	27 7/8	13 3/4	9	33 7/8	6 3/4	1 3/4	2 3/32	3 EA. PER SIDE
84	70	8 5/16	7	32 1/4	17 3/32	9 1/2	39 1/4	8 3/32	2 1/16	2 3/32	3 EA. PER SIDE
96	80	9 3/8	8	36 7/16	18 1/32	12	44 1/16	8 3/32	2 1/16	2 3/32	4 EA. PER SIDE

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
03/16/94

PRODUCER

BILL JOHNSON INS AGCY INC
BOX 3028
217 MAIN ST
LEWISTON ME 04240

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

BAILEY SIGN INC

9 THOMAS DRIVE
WESTBROOK ME 04092

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A: ACADIA INSURANCE CO
COMPANY LETTER B: ACADIA INSURANCE CO
COMPANY LETTER C:
COMPANY LETTER D: EMPLOYERS MUTUAL INS. CO.
COMPANY LETTER E:

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CPA0005281..	03/01/94	03/01/95	GENERAL AGGREGATE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	$1,000,000
	CLAIMS MADE X OCCUR.				PERSONAL & ADV. INJURY	$ 500,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	$ 500,000
					FIRE DAMAGE (Any one fire)	$ 125,000
					MED. EXPENSE (Any one person)	$ 5,000
B	AUTOMOBILE LIABILITY	CAA0005224	03/01/94	03/01/95	COMBINED SINGLE LIMIT	$1,000,000
	X ANY AUTO				BODILY INJURY (Per person)	$
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	$
	SCHEDULED AUTOS				PROPERTY DAMAGE	$
	X HIRED AUTOS					
	X NON-OWNED AUTOS					
	GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	1810003913..	03/04/94	03/04/95	X STATUTORY LIMITS	
					EACH ACCIDENT	$ 500,000
					DISEASE-POLICY LIMIT	$ 500,000
					DISEASE-EACH EMPLOYEE	$ 500,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

RECEIVED JAN 27 1995

CANCELLATION

SHOULD ANY OF THE ABOVE 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

SUSAN STU Susan M. Stu

ACORD 25-S (7/90)