DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read

Notes, If Any, Attached	PERMIT	Permit Number: 030028
This is to certify that Maine Automobile Asso	c/Bl Bear Si	
has permission to Replace Graphics on Ex	istin, gn Face	
AT 425 Marginal Way		005001
provided that the person or perso of the provisions of the Statutes the construction, maintenance and this department.	of Name and of the same ances of t	is permit shall comply with all he City of Portland regulating and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	N lication inspect in must go and with a permission procuble this beding on the thereof label or consection. H 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		Mun # 1/21/43
·	NALTY FOR REMOVING THIS CARD	Director - Building & Inspedion Services

	Congress Street, 04101	. 101.1207707	,/U.S. FAX:	LZU/) A /4-A / IC	5 03-0028			008 A0	05001	
	Owner Name: 425 Marginal Way Maine Automobile Assoc Contractor Name: Black Bear Sign			<u> </u>	Owner Address:		Phone:			
425 N				ssoc	425 Marginal Wa	ıy		775-2325		
Busines					Contractor Address: 137 Rt 1 Scarborough			Phone		
								2072868004		
Lessee/	Buyer's Name	Phone:			Permit Type:				Zone:	
				<u> </u>	Signs - Permanent			<u> </u>		
Past Us	Troposed coe.				Permit Fee: Cost of Work: \$61.00 \$61			i i		
Tripic	Triple AAA Travel/Office Triple AAA T		A 1 ravel/O	Trice	EIDE DEDC		1.00	1	\perp	
					Approved Denied		INSPECTION: Use Group: Type:			
	ed Project Description: ce Graphics on Existing	Sign Face No.	: hange i	1 - Y	Signature:		Signature:	1/5/2 Que Ci	133	
		Gacil	3 Sugar C	Allowed	PEDESTRIAN ACTI Action: Approv		RICT (P.A.)		Denied	
					Signature:		Da	te:		
	mit Taken By: Date Applied For:				Zoning	Approva	1			
gad	ad 01/16/2003									
	his permit application d	•	, _	cial Zone or Review		ng Appeal		listoric Prese		
	Applicant(s) from meeting applicable State and Federal Rules.		nd Sh	Shoreland Variance			Not in District or Landma			
	uilding permits do not include plumbing, eptic or electrical work.			☐ Wetland ☐ Miscellaneous			Does Not Require Review			
	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		xd Flo	☐ Flood Zone ☐ Conditional Use		onal Use	Requires Review		iew	
			☐ Su	bdivision	☐ Interpret	☐ Interpretation		Approved		
				. Dia		Approved		☐ Approved w/Conditions		
			S1i	te Plan	Approve	ed.		Approved w/C	Conditions	
			Maj [Minor MM	☐ Approve☐ Denied	ed		Approved w/C	Conditions	
			Maj [Minor MM		ed			Conditions	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

City of Portland, Ma	aine - Bu	ilding or Use Permi	t	Permit No:	Date Applied For:	CBL:
389 Congress Street, 04	101 Tel:	(207) 874-8703, Fax: ((207) 874-871	6 03-0028	01/16/2003	008 A005001
Location of Construction:		Owner Name:		Owner Address:		Phone:
425 Marginal Way		Maine Automobile As	ssoc	425 Marginal Way	425 Marginal Way	
Business Name:		Contractor Name:		Contractor Address:		Phone
		Black Bear Sign		137 Rt 1 Scarboro	ugh	(207) 286-8004
Lessee/Buyer's Name		Phone:		Permit Type:		
				Signs - Permanen	t	
Proposed Use:			Propos	ed Project Description:		
Triple AAA Travel/Offic	æ		Repl	ace Graphics on Exi	sting Sign Face	
•			İ			
Dept: Zoning	Status:	Approved with Conditio	ns Reviewe	r: Marge Schmuck	al Approva l l	Date: 01/21/2003
Note: 425 Marginal W	⁄ay					Ok to Issue: 🗹
1) This permit is based	upon the u	inderstanding that this sig	gn change is on	ly for new panels ar	nd there is no chang	e in the existing
sign cabinet size. If and receive a separar		y change to the existing s	sign cabinet siz	e, it will be necessar	y to meet the curren	it sign regulations
Dept: Building	Status:	Pending	Reviewe	r:	Approval 1	Date:
Note:		J				Ok to Issue:

Permit No:

Date Applied For:

CBL:

03-0088

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: 429	MARGI	WAL WAY	
Total Square Footage of Proposed Structu CHANGE GRAPHICS EXISTING FACE		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# 00 \$ Block# A Lot# 5	Mayaga	25 MARGWALWAY ASSO LRX PRIMEAU	775-2325
Lessee/Buyer's Name (If Applicable) PIERRE'S Scalool OF COSMETOLOGY	Applicant r telephone:	name, address &	Total s.f. of signage 31 x 1.00 per s.f. \$ 21 , plus \$30.00 base fee Fee: \$ 61,00
Current use: RETAIL If the location is currently vacant, what was Approximately how long has it been vacant Proposed use: School Project description: CHAJGK OF GRAPLIC	nt: <u>6 м</u> г	s.	DEPT. OF BUILDING INSPECTION CITY OF PORTLAND 1 6 2003 ACE
Contractor's name, address & telephone: SACO MANK 040 Who should we contact when the permit is Mailing address: SAMK 48 ABOVE We will contact you by phone when the permit is review the requirements before starting any and a \$50.00 fee if any work starts before the	BLACK BEI 72 5 ready: E ermit is ready y work, with a	You must come in and picked up. Phone:	NOVSTRIAL PARKED PRKS - 286-8004 COLP CK up the permit and

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 APROVE 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: Parties Date: 1-12-33			
ogridule of applicant: Date: -/2 \ 3	Slanghura of annilla and Call		
	orginature or applicant:	I was	Date: /-/2-07
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			<u> </u>

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

ACORD. INSURANCE BINDER				OP ID	CB	DATE
THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO 1	THE COL	IDITIONS OU	01401 011	FUE DEVERSE	0105.00	01/06/03
PRODUCER PHONE (AC, No, Ext): 207-799-5541	COMPA		OWN ON	HE KEVERSE	BINDER	
(A/C, No, Ext): 207-759-3341 207-767-7590	-1	ver Insur			SINDER	* 1890
	Pario	EFFECT				EXPIRATION
Blake Hall Sprague-Soule Allen	ļ	DATE		TIME	0	ATE TIME
170 Ocean St. South Portland ME 04106		. /	10.0	X AM		X 12:01 AM
·	- 09	9/18/02	12:0	1 PM	10/1	8/02 NOON
Thomas P. Noyes, CPCU	$- \mathbf{x} $	THIS BINDER IS IS PER EXPIRING PO				E NAMED COMPANY
CODE: SUB CODE: AGENCY CUSTOMER ID: PIERR-1			4	HP 624037	1	
CUSTOMER ID: PIERK-I	-	r non or orena	HONSVEHIC	LESPROPERTY (ncluding Loca	iuon)
Pierre's School of Cosmetology 319 Marginal Way Portland ME 04101	319	Marginal	Way,	Portland,	Maine	· .
COVERAGES				·	LIMIT	,
TYPE OF INSURANCE COVERAGE/FOF PROPERTY CAUSES OF LOSS	ORMS			DEDUCTIBLE	COINS %	AMOUNT
BASIC BROAD SPEC						
GENERAL LIABILITY				EAGL GOOD	was	41 000 000
COMMERCIAL GENERAL LIABILITY				EACH OCCURRE		\$1,000,000.
CLAIMS MADE Y. OCCUR				FIRE DAMAGE (A		\$100,000.
CLAIMS MADE D. OCCOR				MED EXP (Any or		\$5,000.
 				PERSONAL & AC		\$1,000,000.
DETTO DATE FOR CLAIMS MADE.			-	GENERAL AGGR		\$3,000,000.
RETRO DATE FOR CLAIMS MADE: AUTOMOBILE LIABILITY				PRODUCTS - CO		\$ INCLUDED
ANY AUTO			JV	COMBINED SING		8
ALL OWNED AUTOS		YE	- 1	BODILY INJURY		8
				BODILY INJURY		
HIRED AUTOS				PROPERTY DAM		\$
NON-OWNED AUTOS				MEDICAL PAYMI		\$
NON-OWNED ACTOS				PERSONAL INJU		3
				UNINSURED MO	IURIST	\$
AUTO PHYSICAL DAMAGE DEDUCTIBLE ALL VEHICLES SCHEDULED VE	EHICLES			ACTUAL C	ASH VALUE	1
COLLISION:	Lindeld			STATED A		i s
OTHER THAN COL:				OTHER] •
GARAGE LIABILITY				AUTO ONLY - EA	ACCIDENT	! \$
ANY AUTO						3
				OTHER THAN AL	H ACCIDENT	\$
						S
EXCESS LIABILITY				EACH OCCURRE		\$
UMBRELLA FORM				AGGREGATE		\$
OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:				SELF-INSURED F	RETENTION	\$
					JTORY LIMITS	
WORKER'S COMPENSATION				E.L. EACH ACCID		s
AND EMPLOYER'S LIABILITY				E.L. DISEASE - E	A EMPLOYEE	\$
				E.L. DISEASE . P		\$
SPECIAL			·	FEES		\$
SPECIAL CONDITIONS/ OTHER COVERAGES				TAXES		3
COVERAGES				ESTIMATED TOT	AL PREMIUM	
NAME & ADDRESS			······································			
		RTGAGEE S PAYEE	X ADD	ITIONAL INSURED		
425 Marginal Way Associates	LOAN #	LOAN #				
c/o TBR Management 225 Commercial Street Portland ME 04101	Thos	ZEN AEPRESENT	ATIVE	Dec	xas	$\overline{\mathcal{O}}$

Turner Barker Realty, Inc. TBR Management, Inc.

225 Commercial Street Portland, MF 04101

January 16, 2003

To: Pierre's School of Cosmetology (Attn: Kathleen McPherson)
From: Mark W. Primeau, Managing Agent for 425 Marginal Way Associates, LLC

VIA FACSIMILE 207.780.6358

Dear Kathleen.

Base on the proof of the proposed freestanding sign for Pierre's we give you the permission to erect such sign subject to meeting all City codes and ordinances regarding signage for the building. Please ensure that all City permits are in place prior to installation.

Call if you have questions and/or concerns. Thanks.

Sincerely,

Mark W. Primeau Managing Agent for 425 Marginal Way Associates, LLC



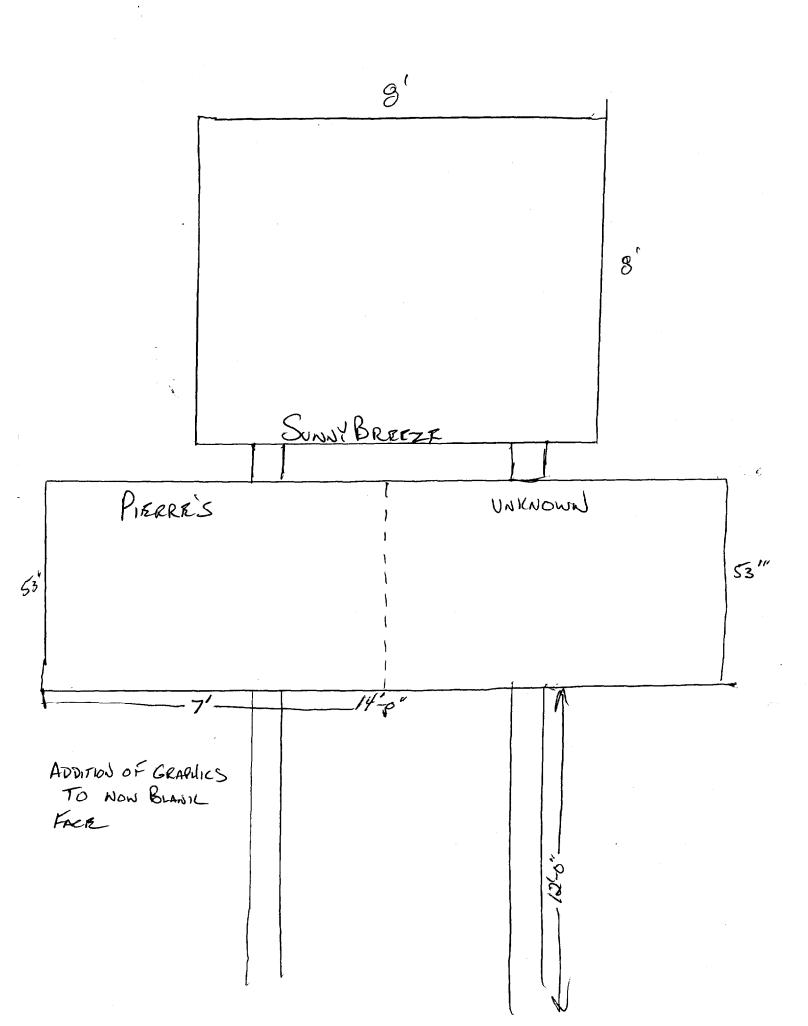
Pierre's School of Cosmetology ESTHETIC AND MASSAGE WELLNESS CENTER

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS
ADDRESS: 425 MARCINAL WAY ZONE: B
OWNER: 425 MARSINAL WAY ASSOC. U.C.
APPLICANT: BLACK BEAR SIGN WORKS
ASSESSOR NO
PLEASE CIRCLE APPROPRIATE ANSWER
SINGLE TENANT LOT? YES NO FREESTANDING SIGN? (ex. Pole Sign) YES NO DIMENSIONS HEIGHT MORE THAN ONE SIGN? YES NO DIMENSIONS HEIGHT SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS HEIGHT 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: *** TENANT BLDG. FRONTAGE (IN FEET): *** REQUIRED INFORMATION
AREA FOR COMPUTATION
PERMIT 13 TO CHANGE GRAPHICS ON EXISTING SIGNAGE. NO NEW CONSTRUCTION TRUANT TO SCLUPY 4000SF
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.

_DATE:

SIGNATURE OF APPLICANT:



PLONMAN ST