

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 061274

This is to certify that MORSE GLENN A /The Signeryhas permission to 48.8" x 48" bldg sign & awning w/ noAT 218 WASHINGTON AVE

CITY OF PORTLAND 010 A015001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Verification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is closed-in. 4 HOUR NOTICE 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

*Thomas M. Manley* 9/28/06  
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1274	Issue Date:	CBL: 010 A015001
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Location of Construction: 218 WASHINGTON AVE	Owner Name: MORSE GLENN A	Owner Address: 218 WASHINGTON AVE	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 2078797700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B1b

Past Use: Commercial - medical office on first & second floor (06-1128 ; 06-1142)	Proposed Use: Commercial 48.8" x 48" bldg sign & awning w/ no signage	Permit Fee: \$58.00	Cost of Work: \$58.00	CEO District: 1
Proposed Project Description: 48.8" x 48" bldg sign & awning w/ no signage		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: 5B  IBC 2003	
		Signature:	Signature: <i>jm</i> 9/28/06	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:		

Permit Taken By: dmartin	Date Applied For: 08/29/2006	<b>Zoning Approval</b>		
<ol style="list-style-type: none"><li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li><li>Building permits do not include plumbing, septic or electrical work.</li><li>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..</li></ol>		Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Ok Date: 9/25/06 <i>ASm</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>ASm</i> Date:

**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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			
		DATE	PHONE

**Total Billed:** \$92.00
**Total Paid:** \$58.00
Close
Legal Ad Calc

FeeType	Qty	Billed	Item Status	Paid	Create By	Create Da
66264				61274	24827	
Signs	1.0	\$30.00	Paid	\$30.00	dmartin	08/29
Signs sq. feet	16.0	\$32.00	Paid	\$24.00	dmartin	08/29
Cost of Work First \$1000	1.0	\$30.00	Paid	\$4.00	dmartin	08/29

**ModBy:** dmartin  
**ModDate:** 08/29/2006



# Signage/Awning Permit 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>218 Washington Ave</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>10 A 15</u>	Owner: <u>Glenn Morse</u>	Telephone: <u>207 590-3877</u>
Lessee/Buyer's Name (If Applicable) <u>John A Charlebois</u>	Contractor name, address & telephone: <u>The Signery</u> <u>294 Forest Ave</u> <u>879 7700</u>	Total s.f. of signage x \$2.00 <u>120</u> Per s.f. plus \$30.00/\$65.00 <u>250</u> For H.D. signage= Total Fee: \$ <u>58.00</u> Awning Fee= cost of work _____ Total Fee: \$ _____

Sign  
Awning

Who should we contact when the permit is ready: John A Charlebois phone: 232 1693

Tenant/allocated building space frontage (feet): Length: 20 Height: 20  
Lot Frontage (feet) 120 Single Tenant or Multi Tenant Lot Multi

Current Specific use: Change of use medical office (06-1128; 06-1140)  
If vacant, what was prior use: Residential  
Proposed Use: Office-medical

Information on proposed sign(s):  
Freestanding (e.g., pole) sign? Yes \_\_\_\_\_ No \_\_\_\_\_ Dimensions proposed: \_\_\_\_\_ Height from grade: \_\_\_\_\_  
Bldg. wall sign? (attached to bldg) Yes ☒ No \_\_\_\_\_ Dimensions proposed: 3' x 4' x 4' = 324 sq ft

Proposed awning? Yes ☒ No \_\_\_\_\_ Is awning backlit? Yes \_\_\_\_\_ No ☒  
Height of awning: 2 Length of awning: 4 Depth: 3  
Is there any communication, message, trademark or symbol on it? Yes ☒ No \_\_\_\_\_  
If yes, total s.f. of panels w/communications, message, trademark or symbol: 324 s.f. see box 7/25/06

Information on existing and previously permitted sign(s):  
Freestanding (e.g., pole) sign? Yes \_\_\_\_\_ No \_\_\_\_\_ Dimensions: \_\_\_\_\_  
Bldg. wall sign? (attached to bldg) Yes \_\_\_\_\_ No \_\_\_\_\_ Dimensions: \_\_\_\_\_  
Awning? Yes \_\_\_\_\_ No \_\_\_\_\_ Sq. ft. area of awning w/communication: \_\_\_\_\_

A site sketch and building sketch showing exactly where existing and new signage is located must be provided.  
Sketches and/or pictures of proposed signage and existing building are also required.

Please submit all of the information outlined in the Sign/Awning Application Checklist.  
Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

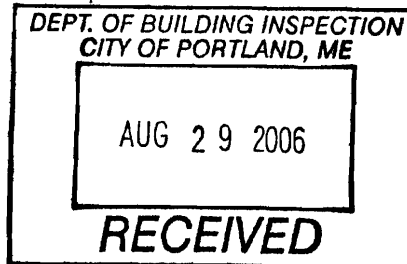
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: \_\_\_\_\_

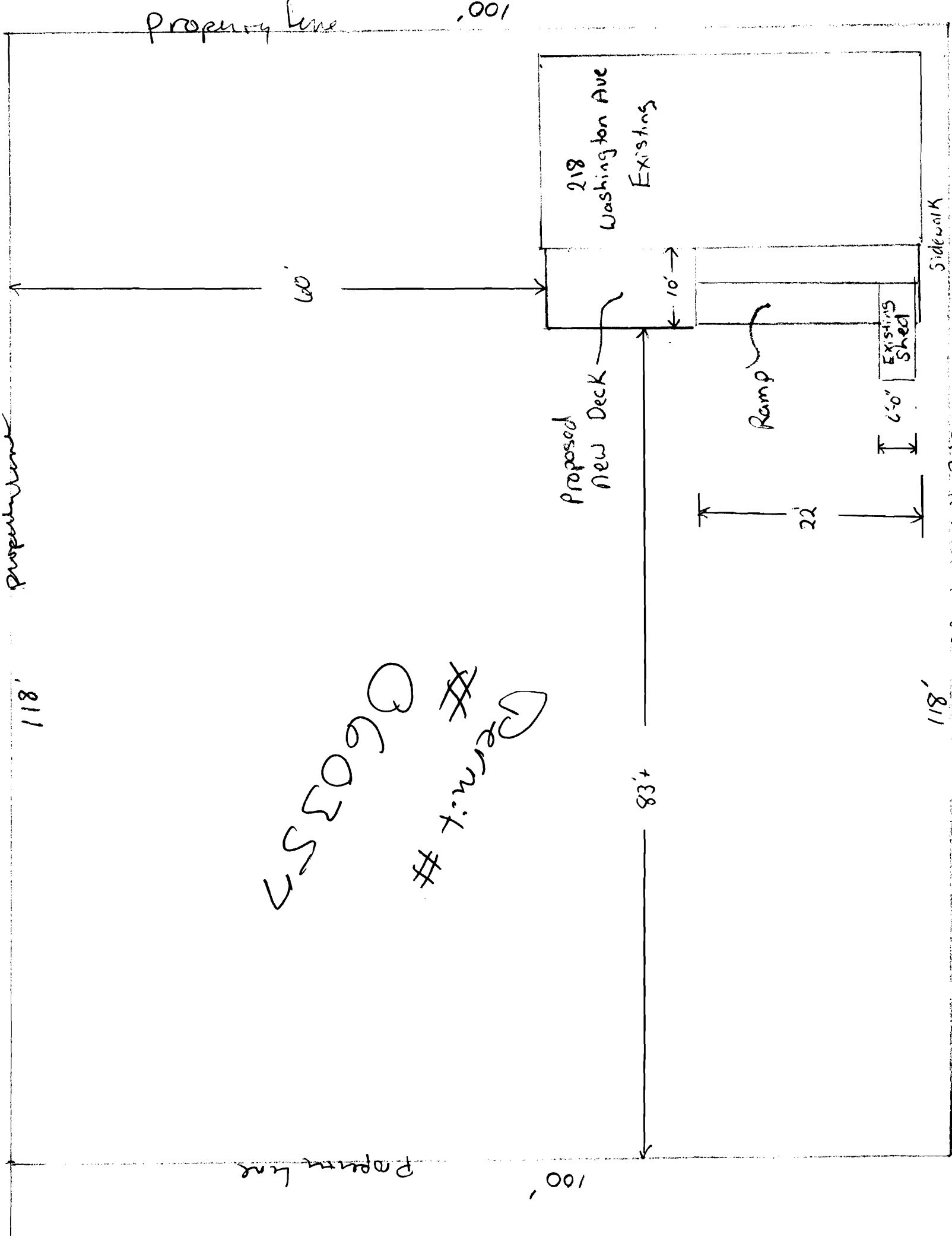
Date: \_\_\_\_\_

This is not a permit; you may not commence ANY work until the permit is issued.

20' x 1.5' = 30 sq ft  
15 sq ft







Permit #  
060357



# Invoice



## The Signery

84 Cove St  
Portland, ME 04101  
ph. 207.879.7700  
fax 207.879.1570  
email: signery@signerymaine.com

Invoice:

06- 11310

Description: **The Jade Trade MDO**

Customer: Dave Cousins  
**The Jade Trade**

ph: (207) 450-2961

Salesperson:

email: nightandday@yahoo.com

Product	Font	Qty	Sides	Height	Width	Unit Cost	Item Total
1 MDO Board 3/4" 1 Co		1	2	48	48	\$621.32	\$621.32

Color: HP Gold on Black

Description: Primed & Painted (2 Coats) MDO (Marine Grade Plywood) with Applied Vinyl Lettering  
see customer supplied file for artwork

Text: The Jade Trade's  
East West  
Rehabilitation  
Clinic

2 BRACKET		1	1	1	54	\$167.07	\$167.07
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Color:

Description: Style A bracket 54" long

Text:

Other Payments: \_\_\_\_\_  
Form of Payment / Amount / Initials

Ordered: 9/6/2006 10:58:34AM

Printed: 9/20/2006 1:54:08PM

Status: WIP

### Notes:

FILE NAME: \_\_\_\_\_

SERVER: \_\_\_\_\_

BANNER ORDERED: \_\_\_\_\_ TO TOM: \_\_\_\_\_

DUE: \_\_\_\_\_ TIME: \_\_\_\_\_ INSTALL: \_\_\_\_\_

CALLED CUSTOMER: \_\_\_\_\_

LOCATION OF COMPLETED JOB: \_\_\_\_\_

FILE: eastwestcircleframedone.pdf -2006-09 incoming files

Line Item Total:	<b>\$788.39</b>
Subtotal:	<b>\$788.39</b>
Taxes:	<b>\$39.42</b>
Total:	<b>\$827.81</b>

Total Payments:	<b>\$0.00</b>
Balance Due:	<b>\$827.81</b>

ATTN: Dave Cousins  
The Jade Trade

Payment due upon completion of order.

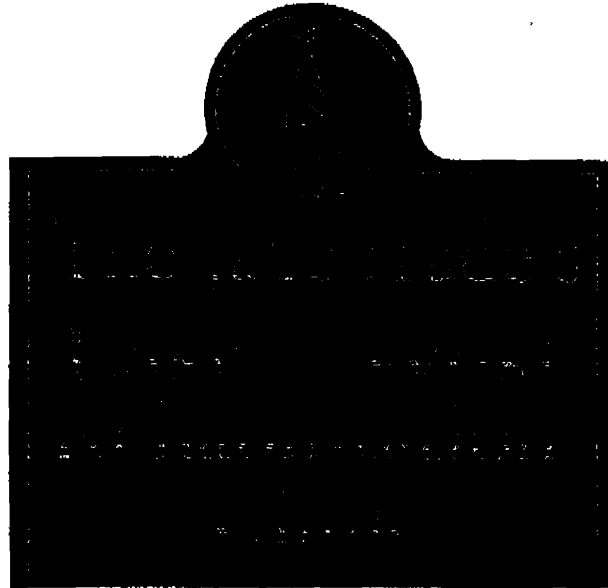
Received/Accepted By: \_\_\_\_\_

/ /

Maine's Most Complete & Creative Signage Resource



<b>The SIGNERY</b> <small>MAKES MOST COMPLEX MESSAGE RESOURCES Easy On You</small>	
84 COVE STREET PORTLAND, ME PHONE: 879-7700 FAX 879-1870	
<b>INVOICE #</b> <b>11310</b>	<b>INSTALL</b> <input type="checkbox"/> YES <input type="checkbox"/> V <input type="checkbox"/> B
<b>DESIGNER</b> <b>KM</b>	
The Jade Trade	
<b>PROOFS SENT</b> email 9-14	
<b>DESIGN</b> 15	
<b>PLEASE READ CAREFULLY</b> This proof may reflect color shifts due to the color conversions from ink to print and or vinyl. Also PMS colors will be approximated to the best of our ability. If we are supplied with files (if applicable) they will be used as is and the Signery will not be responsible for any faults in the design (300 dpi required).	
<b>PLEASE CHECK THE FOLLOWING CHECKLIST</b>	
<input type="checkbox"/> Spelling <input type="checkbox"/> Quantity <input type="checkbox"/> Graphics / Logos <input type="checkbox"/> Size <input type="checkbox"/> Fonts / Typeface <input type="checkbox"/> Single / Double Sided <input type="checkbox"/> Colors <input type="checkbox"/> Legibility	
BY SIGNING OFF ON THIS PROOF YOU ARE SAVING THE SIGNERY THE GO TO PRODUCE THE WORK TO THE SPECIFICATIONS LISTED UNTIL THIS JOB IS APPROVED AND A DEPOSIT IS MADE, THIS PROOF IS THE PROPERTY OF THE SIGNERY	



(1) 3/4" MDO (Painted Black)

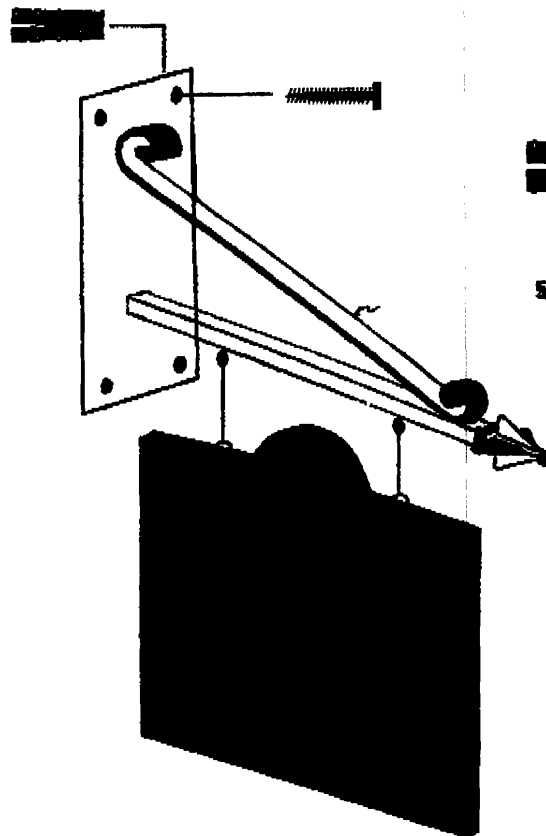
48.8x48

MET Gold

SINGLE SIDED

ROUTER FILE: Jade Trade (router) 11310.plt

PLOT FILE: Jade Trade 11310.plt 2006-09



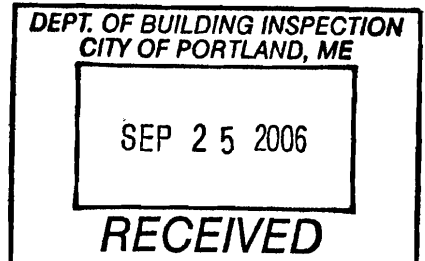
## INSTALL METHOD



5/8 LEAD ANCHOR

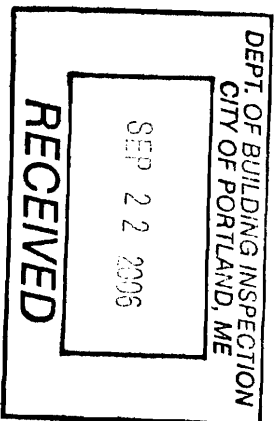
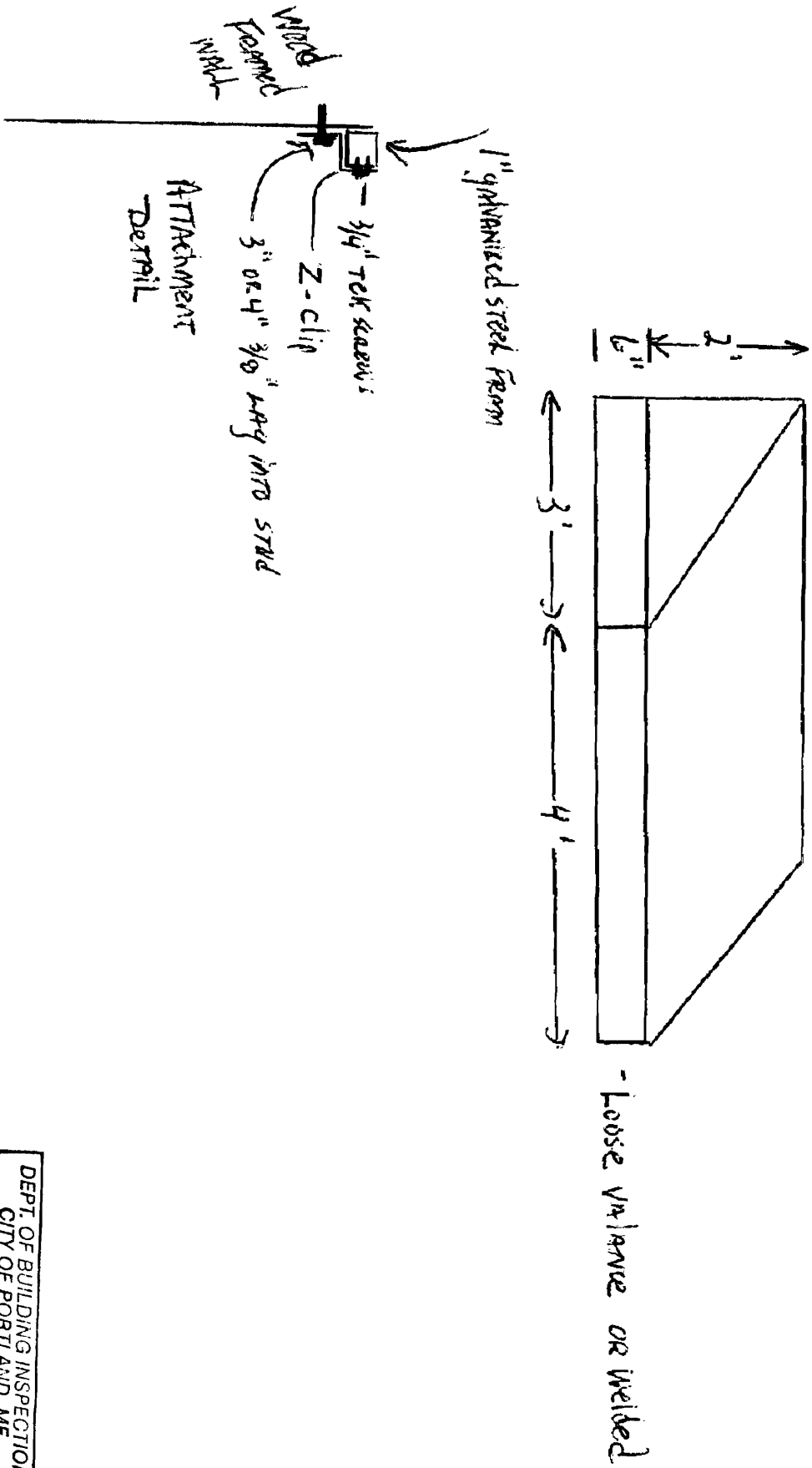


3/8 x 2.5" GALV. LAG



Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## Letter of Intent for Business Use of 218 Washington Avenue

7/29/06

This letter is a letter of intent between the land-owner, Glenn Morse and the tenant, The Jade Trade, Inc. The Jade Trade, Inc. plans to occupy the 2<sup>nd</sup> and 3<sup>rd</sup> floors as medical office space. The 3<sup>rd</sup> floor office space will be occupied month to month beginning August 1, 2006 for the amount of \$1200 per month. The 2<sup>nd</sup> and 3<sup>rd</sup> floors will be leased for a term of 5 years beginning September 15, 2006 on completion, to both parties satisfaction, of renovations to the 2<sup>nd</sup> and 3<sup>rd</sup> floors whereby lease payments increase to \$2200\*per month. A cost of living increase will be applied at 3% per subsequent year throughout the term of the lease. Tennant will be responsible for gas heat and electricity and the owner will perform all renovations. Signage will be the responsibility of the tenant. Both tenant and property owner are agreeable to maximal allowable signage as dictated by city ordinance.

\*After 2<sup>nd</sup> and 3<sup>rd</sup> floors are occupied by tenant, rent will be prorated for the time that tenant was awaiting change of use from the City of Portland for the 3<sup>rd</sup> floor.

Signed:



Glenn Morse

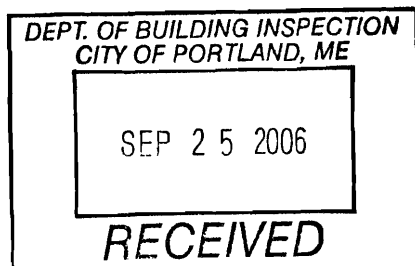
John Charlebois

Date

7/31/06

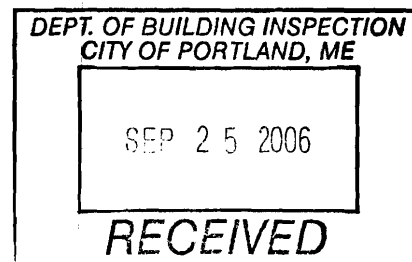
Date

7/31/06



To City of Portland

There will be no graphic on the back  
awny proposed for 218 Washington Ave or any other  
promotional language.



# Certificate of Flame Resistance



REGISTERED  
APPLICATION  
CONCERN No.

FA-36801

ISSUED BY

Glen Raven Mills, Inc.  
1831 N. Park Avenue  
Glen Raven, NC 27217

(Phone) 336/227-6211 (Fax) 336/229-4039

Date treated or  
manufactured

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_

Certification is hereby made that: (Check "a" or "b")



- (a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used \_\_\_\_\_ Chem. Reg. No. \_\_\_\_\_

Method of application \_\_\_\_\_



- (b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used FR Sunbrella® Reg. No. FA-36801

**The Flame Retardant Process Used** will not **Be Removed By Washing**  
(will or will not)

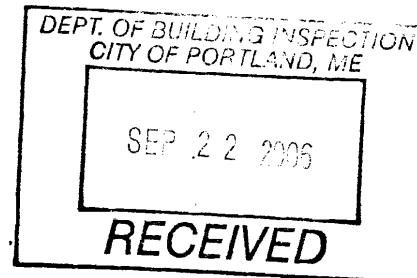
Glen Raven Mills, Inc.

Name of Applicator or Production Superintendent

GLEN RAVEN MILLS, INC.

By

Title



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 09/20/2006
PRODUCER (207) 774-2617 FAX (207) 774-2869 DANIEL T. HALEY AGENCY 21 1/2 Eastern Promenade Portland, ME 04101		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 THE JADE TRADE INC 195 CONGRESS STREET PORTLAND, ME 04101		INSURERS AFFORDING COVERAGE INSURER A: Peerless Ins. Co. INSURER B: Maine Employers Mut. INSURER C: INSURER D: INSURER E:
		NAIC # 24198

**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.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	BOP9469396	03/01/2006	03/01/2007	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC				
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY - AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810081739	06/06/2006	06/06/2007	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

**CERTIFICATE HOLDER**

City of Portland  
Permit Department  
389 Congress Street  
Portland, ME 04101

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08) FAX: (207) 774-2869

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

ACORD CORPORATION 1988

SEP 22 2006

RECEIVED