Form # P 04	DISPLAY					AGE OF WORK
Please Rea Application A Notes, If Any Attached	nd /,		BU	PERMIT		Permit Number: 100758
has permission	ly that <u>Edward</u>	<u>0" x 30" atta</u>	ched build	vall sign		PERMIT ISSUED
provided of the pro	ruction, main	on or per e Statute	sons, firm es of Maine	or contration and of the Off buildings and s	accepting t nces of	this permit shall comply with all i the City of Portland regulating and of the application on file in City of Portland
	ublic Works for s if nature of work nation.		give n befor ti lath	tion of pspectic d written bermissi his building or pro- br other, building set IOTICE IS REQUIRE	procured hereof i d-in. 2	A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
Fire Dept Health Dept Appeel Board	Department Name				- ea	me Banke 7/1/10 Director - Building & Inspection Services

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PENALTY FOR REMOVING THIS CARD

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City of Portland, Maine -	Building or Use	Permit Application	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101	•			.)	012 E013001	I.
Location of Construction:	Owner Name:	· ·	Owner Address:		Phone:	<u> </u>
132 Washington Ave	Edwards Jon I	H	Po Box 715			
Business Name:	Contractor Name		Contractor Addres	s:	Phone	
Addison Woolley Gallery	n/a		n/a Portland			
Lessee/Buyer's Name	Phone:		Permit Type: Signs - Permanent		Zone	<u> </u>
					18-	21
Past Use:	Proposed Use:		Permit Fee:	Cost of Work:	CEO Distriet:	
Commercial / Gallery (Addisor	n Gallery (Addi	son Wolley Gallery) /	\$42.50	\$0.00	1	
Wolley Gallery))" attached building	FIRE DEPT:	Approved INSPE	CTION:	<u>7</u>
	wall sign.			Denied Use G	roup:	7191
			(ECTION: Group: B Type SIGh ML-2003	
			1		わしてのう	
Proposed Project Description:			-	-		,
Erect 30" x 30" attached buildin	ng wall sign.		Signature:	Signati	Signature MB 7/1/10	
			PEDESTRIAN AC	ESTRIAN ACTIVITIES DISTRICT (P.A.D.)		<u> </u>
			Action: 🗔 App	roved 🥅 Approved w	/Conditions 🗔 Denie	d
			Signature:		Date:	
Permit Taken By:	Date Applied For:		Zonin	g Approval		
	06/25/2010	<u> </u>				
1. This permit application doe	es not preclude the	Special Zone or Revie	tws Zo	ning Appeal	Historic Preservatio)D
Applicant(s) from meeting Federal Rules.	applicable State and	Shoreland	🗌 🗌 Varia:	nce	Not in District or La	ndmar
2. Building permits do not ind septic or electrical work.	lude plumbing,	Wetland	Misce	llaneous	🔲 Does Not Require R	cview
3. Building permits are void if work is not started		Flood Zone	Conditional Use		🔲 Requires Review	
within six (b) months of th	e date of issuance	1		1		
within six (6) months of the False information may inve permit and stop all work		Subdivision	 [] Interp	retation	Approved	
False information may inva		Subdivision	Interp	}	Approved	ions
False information may inva	alidate a building	Maj Minor MM		oved		ions
False information may inva permit and stop all work	alidate a building	☐ Site Plan Maj ☐ Minor ☐ MM	Appro Denie	oved	Approved w/Conditi Denied	ions
False information may inva- permit and stop all work	alidate a building	Maj Minor MM		oved	Approved w/Conditi	ions)
False information may inva permit and stop all work	alidate a building	☐ Site Plan Maj ☐ Minor ☐ MM	Appro Denie	oved	Approved w/Conditi Denied	ions)
False information may inva permit and stop all work PERMIT ISS JUL - 1 2010	alidate a building UED	☐ Site Plan Maj ☐ Minor ☐ MM	Appro Denie	oved	Approved w/Conditi Denied	ions)

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

City of Portland, Maine - Bu	ilding or Use Permi	t	Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel:	5 10-0758	06/25/2010	012 E013001		
Location of Construction:	Location of Construction: Owner Name: 0				Phone:
132 Washington Ave	Edwards Jon H		Po Box 715		
Business Name:	Contractor Name:		Contractor Address:		Phone
Addison Woolley Gallery	n/a		n/a Portland		
Lessee/Buyer's Name	Phone:		Permit Type:		
			Signs - Permanen	t	
Proposed Use:		Propose	ed Project Description		
Gallery (Addison Wolley Gallery) /	Erect 30" x 30" attached	Erect	30" x 30" attached	building wall sign.	
building wall sign.					
		L			<u> </u>
Dept: Zoning Status:	Approved with Condition	ns Reviewer	: Marge Schmuck	al Approval D	Date: 06/30/2010
Note:					Ok to Issue: 🗹
1) The legal use of the building is on the top floor. Any change of		•			d one dwelling unit
 It is understood that the gallery has no other signage as stated on your application. No other signage has been approved by this office as required. 					
3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.					
Dept: Building Status:	Approved with Condition	ns Reviewer	: Jeanine Bourke	Approval D	Date: 07/01/2010
Note:					Ok to Issue:
1) Signage Installation to comply v	with Chapters 31 & 32 of	the IBC 2003 bi	uilding code.		
 2) Encroachments into public ways must be a minimum of 8' above grade per section 3202 of IBC 2003. 					
2) Encroachments into public ways	s must be a minimum of 8	above grade pe	r section 3202 of I	SC 2003.	

PERMIT ISSUED

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City of Portland

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.
- X Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

JUL - 1 2010

City of Portland

and the second sec	PORTLAND, MAINE	
On	ginal Receipt	· · · ·
	June 25 20 12	1.
	C brown Contractor,	-
Cost of Construction \$	Building Fee:	
Permit Fee S	Site Fee:	
Ce	ertificate of Occupancy Fee:	÷
Sisn. Building (IL) X. Plumbing (IS) Other CBL:	Total:	
	Total Collected : 42.50	
Takon by 1911	inal receipt for your records.	
WHITE - Applicant's Copy YELLOW - Chics Copy PINK - Permit Copy	¶:	

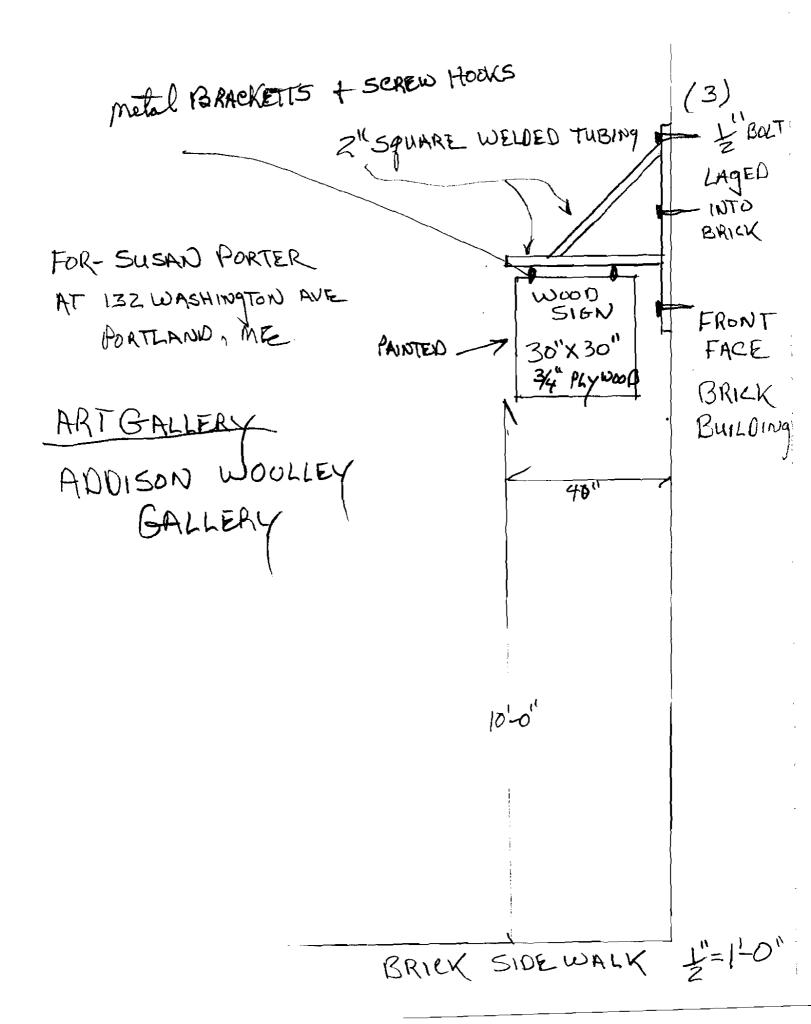
/00 758 Signage/Awning Permit Application

See o Thin Sile

If you or the property owner owes real estate or personal property taxes or user charges or any property within the City, payment attangements must be made before permits of any kind are accepted.

Location/Address of Construction: 132	WASHINGTON A.E.	PUTINO
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# Lot# Lot# Lot#	Ju tow Aros	Telephone: 207.415.4279
essee/Bonnie Name (If Applicable) Sus m Bette 132 Washing Ion Arc. Rortland, ME	Contractor name, address & selepho	one: Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For FLD. signage= Total Fee: \$
Who should we contact when the permit is ready Tenant/allocated building space frontage (fee Lot Frontage (feet) 223. Current Specific use: f vacant, what was prior use: Proposed Use: Information on proposed sign(s):	Susan Porter pho zo'X15-20 Single Tenant or Multi Tenant Lot	$\frac{10^{100} (207) 450 - 8499 \times cull 0 10 10 10 10 10 10 10 10 10$
Freestanding (e.g., pole) sign? Yes Bidg. wall sign? (attached to bldg) Yes Proposed awning? Yes No Is awn Height of awning: Length of a Is there any communication, message, tradema If yes, total s.f. of panels w/communications, to aformation on existing and previously permu Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes	ning backlit? Yes No nvning: Depth: ark or symbol on it? Yes No message, trademark or symbol: nitted sign(s): No Dimensions:	
Awning? Yes No Sq. ft. area	a of awning w/communication: sactly where existing and new sign	Bept. of Bullding Inspect City of Portland Maine equired.
Building Inspections office, room 315 City Hall of I hereby certify that 1 am the Owner of record of the r authorized by the owner to make this application as his	Dematic denial of your permit. a full scope of the project, the Plannin permit. For further information visit for call 874-8703. mamed property, or that the owner of rece s/her authorized agent. I agree to conford d, I certify that the Code Official's author	ng and Development Department may request us on-line at <u>www.portlandmaine.gov</u> , stop by the cord authorizes the proposed work and that I have been irm to all applicable laws of this jurisdiction. In addition, if wized representative shall have the authority to enter all
Signature of applicant: Muth h	you may not commence ANY work	Date: 0,24/2010

Revised 10/19/09



JON H. EDWARDS PO BOX 715 S. FREEPORT, ME 04078 207.415.4279

23 June 2010

Susan Porter Addison Woolley Gallery 132 Washington Ave. Portland, ME 04101

Dear Susan:

Pursuant to your lease and request, please be advised that you have my permission to place a hanging sign from the front of 132 Washington Ave., Portland. The space leased to you has approximately 20 feet fronting Washington Ave., and runs for approximately 25 feet down Fox St. from the corner of Washington Ave. It is my understanding that you plan to hang the sign on the Washington Ave. frontage, at the corner of the building that abuts Fox St., and will be seeking a permit for said sign from the City of Portland.

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Please let me know if I can be of further assistance.

Best regards Jon H. 'dwards

CERTIFICATE OF INSURANCE

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I.	. A	÷ .
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	-	ABCE
•		

This certifies that

STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida STATE FARM LOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder	Susan Porter	
Address of policyholder	277 Island Ave Peaks Island ME 04108-1170	*
Location of operations	132 Washington Ave Portland ME 04101-2632	
Description of operations	Gallery	

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

		POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)	
POLICY NUMBER	TYPE OF INSURANCE	Effective Date Expiration Date			
19-1074	Comprehensive	06/20/2010	06/20/2011		BODILY INJURY AND
19-1074	Business Liability	06/20/2010	06/20/2011		PROPERTY DAMAGE
This insurance includes:	Products - Completed C	Operations			
	Contractual Liability			Each Occurrence	\$1,000,000
	🛛 🖾 Personal Injury				
	🛛 Advertising Injury			General Aggregate	\$2,000,000
	Business Property				
	Medical			Products - Completed	\$2,000,000
				Operations Aggregate	
		POLICY	PERIOD	BODILY INJURY AND	PROPERTY DAMAGE
	EXCESS LIABILITY	Effective Date Expiration Date		(Combined Single Limit)	
	Umbrella			Each Occurrence	\$
	C Other			Aggregate	\$
		POLICY	PERIOD	Part I - Workers Compe	nsation - Statutory
		Effective Date	Expiration Date		
	Workers' Compensation			Part II - Employers Liab	ility
	and Employers Liability	l		Each Accident	\$
	({		Disease - Each Empl	oyee \$
	ļ	ļ	,	Disease - Policy Limi	t \$
		POLICY PERIOD		LIMITS OF	LIABILITY
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	(at beginning of	f policy period)
	† _	<u> </u>	•		
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		1	1		

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

City of Portland Inspections Division 389 Congress St Portland ME 04101

RECEIVED

JUN 1 5 2010

Dept. of Building Inspections City of Portland Maine If any of the described policies are canceled before their expiration date. State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

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Signature of Authorized Representative					
Office Manager	06/10/2010				
Title	Date				
Robert_Boylen					
Agent Name					

Telephone Number 207-767-3223

Agent's Code Stamp Agent Code 19-1074 AFO Code £874

