| City of Portland, Maine                             | - Building or Use | Permi                      | t Application       | ۱ [                                       | Permit No:       | Issue Date  |                  | CBL:           |               |
|-----------------------------------------------------|-------------------|----------------------------|---------------------|-------------------------------------------|------------------|-------------|------------------|----------------|---------------|
| 389 Congress Street, 04101                          | O                 |                            |                     |                                           | 04-0945          |             |                  | 013 E01        | .0001         |
| Location of Construction:                           | Owner Name:       |                            |                     | Owner Address:                            |                  |             | Phone:           |                |               |
| 50-52 Washington Ave                                | Bsullak Nicole    | e L &                      |                     | 52 Washington Ave                         |                  |             |                  | 741-2438       |               |
| Business Name:                                      | Contractor Name   | ): (                       |                     | Contractor Address:                       |                  |             | Phone            |                |               |
|                                                     | Owner             |                            |                     | P                                         | Portland         |             |                  | 00000000       | 00            |
| Lessee/Buyer's Name                                 | Phone:            |                            |                     | Pei                                       | rmit Type:       |             |                  | Zone:          |               |
|                                                     |                   |                            | Signs - Perman      |                                           | Signs - Permanen | t           |                  |                | B2b           |
| Past Use:                                           | Proposed Use:     | •                          |                     | Permit Fee: Co                            |                  | Cost of Wor | Cost of Work: CE |                | 1             |
| commercial/residential buildin                      | · 1               |                            |                     |                                           | \$60.00          |             | 60.00            | 1              |               |
|                                                     | downstairs, res   | sidential                  | area up             | FI                                        | RE DEPT:         | Approved    | INSPEC           | CTION:         |               |
| l Cabo                                              |                   | , ,                        |                     |                                           | · /+ · o 🗍       | Denied      | Use Gro          | oup /          | Type          |
| 1. 1st floor                                        | - two metrot S    | tudye                      | rs cretary          | w                                         | x (1 ms BA)      | )           |                  | 5              | ,             |
| legalise! 2nd-6600- ne April                        |                   |                            | # 04-02             | 64                                        | 4 /              |             |                  | 516p           | /             |
| Proposed Project Description:                       |                   |                            |                     |                                           |                  |             |                  | 0/2            | 1/Q2          |
| install new 5'x3' sign on front of commercial space |                   |                            | <u> </u>            | Sig                                       | gnature:         |             | Signatu          | re: 8 6        | 11/100        |
|                                                     |                   |                            | Į                   |                                           |                  |             |                  | l              |               |
|                                                     |                   |                            |                     | Ac                                        | ction: Approve   | ed 🔲 App    | roved w/(        | Conditions     | Denied        |
|                                                     |                   |                            | Signature:          |                                           |                  | Date:       |                  |                |               |
| Permit Taken By:                                    | Date Applied For: |                            |                     |                                           | Zoning.          | Approva     | ıl               |                |               |
| jodinea                                             | 07112/2004        | C                          | sial Zama an Danian | riews Zoning Appeal Historic Preservation |                  |             |                  |                |               |
|                                                     |                   | Spe                        | cial Zone or Review | VS                                        | Zoning           | g Appeai    |                  |                |               |
|                                                     |                   | Sh                         | oreland             |                                           | ☐ Variance       |             |                  | Not in Distric | t or Landmark |
|                                                     |                   | □ w                        | etland              |                                           | Miscellan        | eous        |                  | Does Not Req   | uire Review   |
|                                                     |                   | ☐ Flood Zone ☐ Subdivision |                     | Conditional Use  Interpretation           |                  |             | Requires Review  |                |               |
|                                                     |                   |                            |                     |                                           |                  | (           | Approved         |                |               |
|                                                     |                   | Sit                        | e Plan              |                                           | Approved         |             | [                | Approved w/C   | Conditions    |
|                                                     |                   | Мај                        | Minor MM            |                                           | ☐ Denied         |             |                  | Denied         |               |
|                                                     |                   | Date:                      | 7/21/1              | 2/2                                       | Tate:            |             | Da               | te:            |               |
|                                                     |                   |                            |                     |                                           | 1                |             |                  |                |               |

#### 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 |       |

Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

# CTION

Permit Number: 040945

ances of the City of Portland regulating

| provided that the person or persons.                        | m or   | ation | epti     | ing this pe                           | mit shall comp                           | ly with all |
|-------------------------------------------------------------|--------|-------|----------|---------------------------------------|------------------------------------------|-------------|
| AT 50-52 Washington Ave                                     |        |       | <u> </u> | 013_E010001                           | S. S | <u> </u>    |
| has permission toinstall new 5'x3' sign on front            | commer | space |          |                                       | 1 146 1 2004 1                           | <u> </u>    |
| This is to certify that <u>Rsullak Nicole L &amp;/Owner</u> |        |       |          | · · · · · · · · · · · · · · · · · · · |                                          |             |
|                                                             |        |       |          | ,                                     |                                          | ii<br>i     |

m or ation provided that the person or persons, ne and of the of the provisions of the Statutes of of buildings and statures, and of the application on file in the construction, maintenance and u this department.

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

fication insped n and w n permi: n procu ding or re this t thered ed or o osed-in. IR 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

PENALTY FOR REMOVING THIS CARD

3 **2 0** 2004

Hi Mike,

Here is the information you requested for our sign permit application. Building Permit # 040264 Scott Miller & Nicole Bsullak

We will be using a custom steel 'L' bracket, which will come off the side of the building 3 0 and will be bolted/screwed to building. The weight of the sign is 30-40 lbs and the bottom of the sign to the sidewalk will be 18 ft.

Thank you,

Scott Miller & Nicole Bsullak 741-2438 or 749-4384

| City of Portland, Maine - Buil             | lding or Use Permi        | t                  | Permit No:             | Date Applied For:     | CBL:            |
|--------------------------------------------|---------------------------|--------------------|------------------------|-----------------------|-----------------|
| 389 Congress Street, 04101 Tel: (          | 9                         |                    | 04-0945                | 07/12/2004            | 013 E010001     |
| Location of Construction:                  | Owner Name:               | (                  | Owner Address:         |                       | Phone:          |
| 50-52 Washington Ave                       | Bsullak Nicole L &        |                    | 52 Washington Av       | e                     | ( ) 741-2438    |
| Business Name:                             | Contractor Name:          | (                  | Contractor Address:    | Phone                 |                 |
|                                            | Owner                     |                    | Portland               |                       | (000) 000-0000  |
| Lessee/Buyer's Name                        | Phone:                    | I                  | Permit Type:           |                       | •               |
|                                            |                           |                    | Signs - Permanent      |                       |                 |
|                                            |                           | Proposed           | l Project Description: |                       |                 |
|                                            |                           |                    |                        | ront of commercial sp | pace            |
|                                            |                           |                    |                        |                       |                 |
|                                            |                           |                    |                        |                       |                 |
|                                            |                           |                    |                        |                       |                 |
|                                            |                           |                    |                        |                       |                 |
| Dept: Zoning Status: A                     | approved                  | Reviewer:          | Marge Schmucka         | l Approval Da         | ite: 07/21/2004 |
| <b>Note:</b> 7/16/04 left message - I need | to know the tenant from   | tage for the juice | bar - I left a messa   | ge                    | Ok to Issue: 🔽  |
| 7/19/04 Scott Miller gave me               | a linear footage of 28' f | for this space     |                        |                       |                 |
|                                            |                           |                    |                        |                       |                 |
| D ( D )                                    |                           |                    |                        |                       |                 |
| <b>Dept:</b> Building <b>Status:</b> P     | ending                    | Reviewer:          |                        | Approval Da           | <b></b>         |
| Note:                                      |                           |                    |                        | 1                     | Ok to Issue:    |
|                                            |                           |                    |                        |                       |                 |
|                                            |                           |                    |                        |                       |                 |
|                                            |                           |                    |                        |                       |                 |
|                                            |                           |                    |                        |                       |                 |
|                                            |                           |                    |                        |                       |                 |

Comments: 07/21/2004-mjn: left a message w/ owner, need info re: fasteners etc.

# **6** 2004

# -X1 - Signage/A ing 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: $5$                                                                                                                                                                                                                                                    | 0-52 WA                                        | SHINSTEN AUR                                           |                                                                                              |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------|--|--|--|
| Total Square Footage of Proposed Str                                                                                                                                                                                                                                                     |                                                | Square Footage of Lot . 32 ACCE.                       |                                                                                              |  |  |  |
| Tax Assessor's Chart, Block & Lot<br>Chart# 6/3 Block# 6 Lot#                                                                                                                                                                                                                            |                                                | Scott Miller                                           | 141-2438                                                                                     |  |  |  |
| Lessee/Buyer's Name    Applicable)                                                                                                                                                                                                                                                       | Applicant name telephone: Note that S. Port to | ne, address & ICole BSUllak<br>End Ave<br>and ME ouldo | Totals.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage T Total Fee. \$ |  |  |  |
| Current use:                                                                                                                                                                                                                                                                             |                                                | Commercial!                                            |                                                                                              |  |  |  |
| If the location is currently vacant, what was prior use: <u>Commercial 1st Ploon</u> (eletronics)  Approximately how long has it been vacant: <u>1st Floor</u> - 4 months                                                                                                                |                                                |                                                        |                                                                                              |  |  |  |
| Proposed use: MILE BUL /AR/15                                                                                                                                                                                                                                                            | - Studio Spuc                                  | e (1st Floor) Apa                                      | Ament (2nd Floor)                                                                            |  |  |  |
| Proposed use: MILE BUR / ARLIST STUDIO SPUCE (15+ Floor) Apartment (2nd Floor) Project description: JUICE BOR W/ ARLIST STUDIO (5 PACE)                                                                                                                                                  |                                                |                                                        |                                                                                              |  |  |  |
| Contractor's name, address & telephone: NI Cole BSULLake SU. Purtland  741-2438 12 749-4384 S4 Hishland Ave SU. Purtland Whom should we contact when the permit is ready: SCott miller  Mailing address: 54 Hishland Ave  Specifiend, ME 64104  Nicole BSULLak                           |                                                |                                                        |                                                                                              |  |  |  |
| 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 \$100.00 fee if any work starts before the permit is picked up. PHONE: |                                                |                                                        |                                                                                              |  |  |  |
| F THE REQUIRED INFORMATION IS NOT IN                                                                                                                                                                                                                                                     | NCLUDED IN THE                                 | SUBMISSIONS THE PERMIT V                               | WILL BE AUTOMATICALLY                                                                        |  |  |  |

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: Mich Boll | Date: (2/17/24)                         |
|-----------------------------------|-----------------------------------------|
|                                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

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

## SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

| ADDRESS: 50-52 WAShington AVR ZONE: BZb                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CBL: LINSKIPS 2 Studies + Bap (bo                                                                                                                                                                                        |
| ADDRESS: 50-52 WAShington AVE ZONE: B2b  CBL:                                                                                                                                                                            |
| TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):  Length: 750 Per 9/19/0 Height:                                                                                                                                         |
| INFORMATION ON PROPOSED SIGN(S):  FREESTANDING(e.g., pole) SIGN? YES NO DIMENSIONS PROPOSED:,  BLDG. WALL SIGN? (attached to bldg) YES NO DIMENSIONS PROPOSED: Signs.                                                    |
| INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):  FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS:  BLDG. WALL SIGN(attached to bldg)? YES NO DIMENSIONS: Io& e  AWNING? YES NO DIMENSIONS: LOT FRONTAGE (FEET): |
| AWNING YES NO IS AWNING BACKLIT? YES NO                                                                                                                                                                                  |
| HEIGHT OF AWNING: DEPTH:                                                                                                                                                                                                 |
| IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES NO                                                                                                                                                   |
| IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL?s.f.                                                                                                                                           |
| 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 ARE ALSO REQUIRED.                                            |
| SIGNATURE OF APPLICANT: Mach Boult DATE: 6/17/04                                                                                                                                                                         |
| Allow 1.5 xper linear foot of tenned fratace 1.5 x28 = 424                                                                                                                                                               |
| 3×5 = 6 #<br>2×3 = 6 #                                                                                                                                                                                                   |
| 21.83#                                                                                                                                                                                                                   |

### CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

| <u>·</u> | Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.  Amount must equal \$400,000.00.                                                                                                                                                                                                  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | Letter of permission fi-om the owner indicating the permissions granted and the tenant/space building frontage.                                                                                                                                                                                                                                                                                                        |
| <i>u</i> | A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. <u>Indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building facade dimensions for any signage attached to a building.</u> |
|          | A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.                                                                                                                                                                                                                                 |
| -Mm      | Certificate of Flammability required for awning or canopy at time of application.                                                                                                                                                                                                                                                                                                                                      |
| Nth      | UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.                                                                                                                                                                                                                                                                                   |
|          | Pre-Application Questionnaire completed and attached. Photos of existing signage attached.                                                                                                                                                                                                                                                                                                                             |

Permit Fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit Fee for awning-without-signage is based on cost of work: \$30.00 for the first \$1,000.00, plus \$9.00 for each additional \$1,000.00.

Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00

### Sidewalk Signs

#### Design, Location, and Construction Standards

#### Quantity

One sign per establishment for each street frontage having a public entrance, provided that all dimension and location standards are met. When standards would not otherwise permit a sign, a sign may consist of multiple listings.

#### **Sign Dimensions**

Single Listing: Maximum width is 24 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

Multiple: Maximum width is 30 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

#### Location

Minimum distance between signs is 20 feet. Maximum distance of sign from public entrance of advertiser is 20 feet. The City may vary these distances for exceptional physical circumstances where public safety and streetscape aesthetics will be maintained. However, under no circumstances shall signs obstruct vehicular stops, benches, fire hydrants, or other street visual amenities. Signs shall be located near the curb rather than the building face.

#### **Materials and Graphics**

All signs shall be of an A-Frame type design, shall be constructed of durable, weather-resistant materials and finish, shall have no moving parts, and shall be non-electrified. All signs shall be maintained in a clean and original appearance. Sign materials, graphics, and finish shall be of a unified design and shall be compatible with the local streetscape. All signs shall have horizontal braces spanning each side of the sign to assure rigid support. Lettering shall be legible and consistent.

#### Sign Removal

All signs shall be removed when the business is closed or while any snow or ice exists on the walk within eight feet of the sign in any direction.

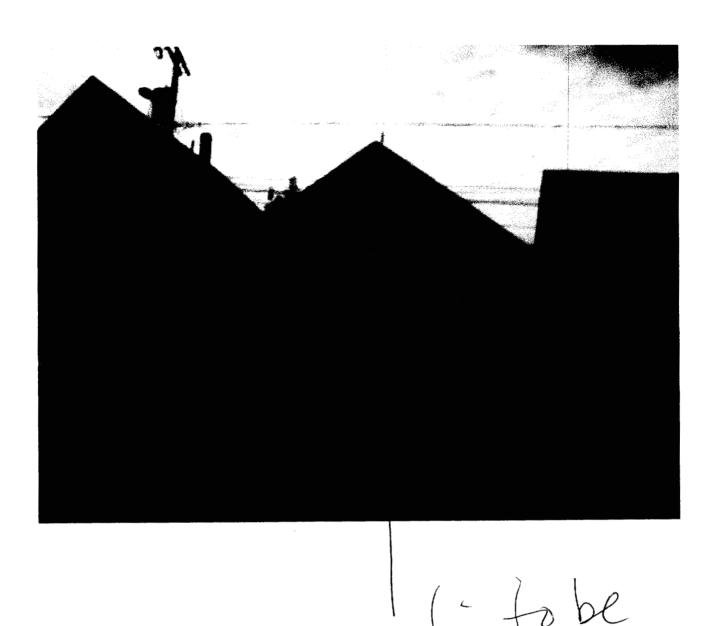
#### **Insurance**

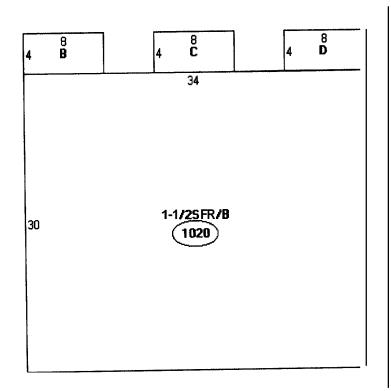
No permit shall be issued unless the applicant has posted in advance with the City a Certificate of Liability listing the City as additional insured in the amount of \$400,000.00.

#### **Enforcement**

A sign may be removed after notice to the owner and the permit, if issued, may be revoked if the sign does not conform to the standards herein.

| For a sidewalk sign permit, come to City Hall, 389 Congress Street, Room 315, with: |  |
|-------------------------------------------------------------------------------------|--|
| Certificate of Liability Insurance                                                  |  |
| Drawing of sign showing dimensions and design work                                  |  |
| Payment of \$30.00 plus \$2.00 per s.f. of signage.                                 |  |
| Complete application with pre-application questionnaire and checklist completed.    |  |





#### <u>Descriptor</u>

- A:1-1/2SFR 1020 sqft
- B: 3SWD 32 sqft
- C 3SWD 32 sqft
- D:3SWD 32 sqft

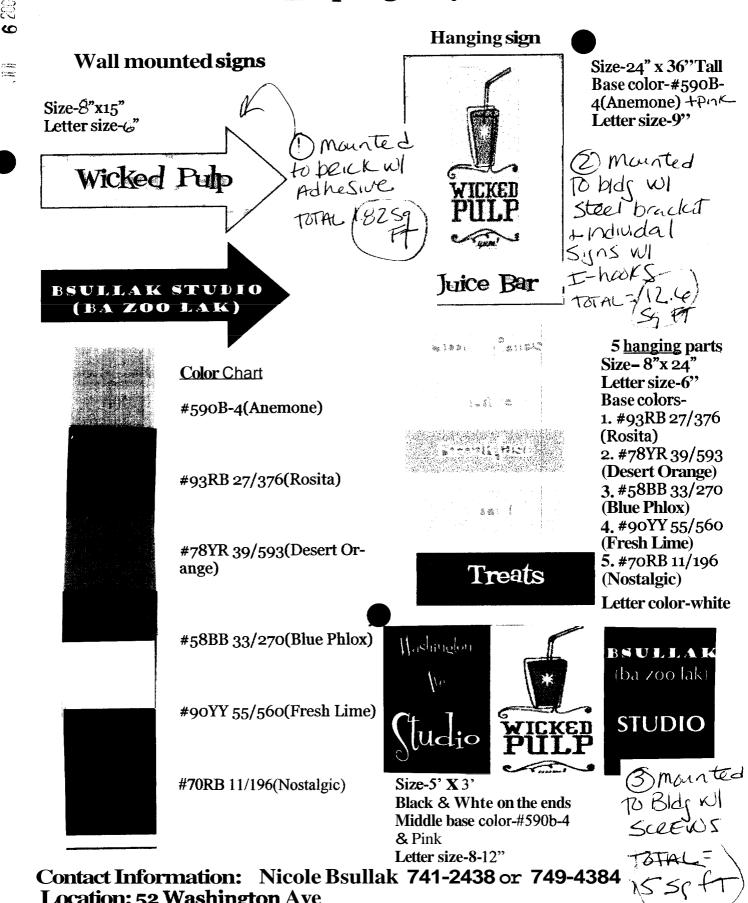
C13 F 010

| 4           | ACORD <sub>IM</sub> CERTIFICATE OF LIABILITY INSURANCE  DATE (MM/DD/YYYY) 06/18/2004 |                                                |                                                                                                                                   |                                    |                                      |                                            |            |                                   |
|-------------|--------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------|--------------------------------------------|------------|-----------------------------------|
|             |                                                                                      |                                                | DATE OF LIABIL                                                                                                                    |                                    |                                      |                                            |            | 06/18/2004                        |
| l           | DUCER                                                                                | (20.) 301 2000 .                               | Į.                                                                                                                                | THIS CERT                          | THICATE IS ISSU<br>CONFERS N         | JED AS A MATTE<br>O RIGHTS UPON            | :RO<br>ITH | F INFORMATION  <br>IE CERTIFICATE |
| Αdτ         | rant                                                                                 | age Insurance 💎 🤾                              | \$1 \( \frac{1}{2} \)                                                                                                             | HOLDER. 1                          | THIS CERTIFICA                       | TE DOES NOT A                              | AMEN       | ID, EXTEND OR                     |
| i           |                                                                                      | o Ave                                          |                                                                                                                                   | ALIER IHE                          | COVERAGE AF                          | FORDED BY THE                              | POLI       | CIES BELOW.                       |
| I -         |                                                                                      | x 330                                          | 061118390                                                                                                                         |                                    |                                      |                                            |            |                                   |
|             |                                                                                      | chard Beach ME 04                              | 06440330                                                                                                                          |                                    | FORDING COVE                         |                                            | NAI        | C#                                |
| INSU        | RED                                                                                  |                                                |                                                                                                                                   | INSURER A Mic                      | dlesex Mut                           | ıal                                        | <u> </u>   |                                   |
| ı           |                                                                                      | , Scott D. & Bsulak,                           | Nicole L                                                                                                                          | INSURERB                           |                                      |                                            | <u> </u>   |                                   |
| 54          | Hig                                                                                  | hland Ave                                      |                                                                                                                                   | INSURER C                          |                                      |                                            | <u> </u>   |                                   |
|             |                                                                                      |                                                |                                                                                                                                   | INSURER D                          |                                      |                                            | <u> </u>   |                                   |
| So          | ıth                                                                                  | Portland ME 04                                 | 106-                                                                                                                              | INSURER E                          |                                      |                                            | Щ          |                                   |
| CO          | /ERA                                                                                 | GES                                            |                                                                                                                                   |                                    |                                      |                                            |            |                                   |
| RE          | QUIRE<br>E INS                                                                       | EMENT, TERM OR CONDITION OF A                  | IW HAVE BEEN ISSUED TO THE INSUR<br>VCONTRACT OR OTHER DOCUMENT<br>LICIES DESCRIBED HEREIN IS SUBJI<br>EN REDUCED BY PAID CLAIMS. | WITH RESPECT<br>ECT TO ALL THI     | TO WHICH THIS CI<br>E TERMS, EXCLUS  | ERTIFICATE MAY BE                          | ISSUE      | ED OR MAY PERTAIN,                |
| INSR<br>LTR | DD'L<br>ISRD                                                                         | TYPE OF INSURANCE                              | POLICY NUMBER                                                                                                                     | OLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) |                                            | LIMIT      | 'S                                |
| A           | . <u></u>                                                                            | GENERAL LIABILITY                              | CB0100016458                                                                                                                      | 04/01/2004                         | 04/01/2005                           | EACHOCCURRENCE                             |            | \$ 1,000,000                      |
|             |                                                                                      | X COMMERCIAL GENERAL LIABILITY                 |                                                                                                                                   |                                    |                                      | DAMAGE TO RENTED<br>PREMISES (Ea occurrent | ce)        | \$ 100,000                        |
|             |                                                                                      | CLAIMS MADE X OCCUF                            |                                                                                                                                   | / /                                | / /                                  |                                            | ,          | . 1                               |
|             |                                                                                      | 9888                                           |                                                                                                                                   |                                    |                                      |                                            |            | J                                 |
|             |                                                                                      |                                                | 1                                                                                                                                 | / /                                | / /                                  | <u></u>                                    |            | J                                 |
|             |                                                                                      | GENL AGGREGATE LIMIT APPLIES PER               |                                                                                                                                   |                                    |                                      |                                            |            |                                   |
|             |                                                                                      | POLICY PRO-                                    |                                                                                                                                   | / /                                | / /                                  |                                            |            |                                   |
|             |                                                                                      | AUTOMOBILE LIABILITY                           |                                                                                                                                   | / /                                | / /                                  | COMBINED SINGLE LIM (Ea accident)          | .IT        | \$                                |
|             |                                                                                      | ANY AUTO                                       |                                                                                                                                   | / /                                | , ,                                  |                                            |            |                                   |
|             |                                                                                      | ALL OWNED AUTOS                                |                                                                                                                                   | , ,                                | ' '                                  | BODILY INJURY<br>(Per person)              |            | \$                                |
|             |                                                                                      | SCHEDULED AUTOS                                |                                                                                                                                   | / /                                | , ,                                  |                                            |            |                                   |
|             |                                                                                      | HIRED AUTOS NON-OWNED AUTOS                    |                                                                                                                                   | , ,                                | ' '                                  | BODILY INJURY<br>(Per accident)            |            | \$                                |
|             |                                                                                      | NON-OWNED AUTOS                                | 1                                                                                                                                 | / /                                | / /                                  | PROPERTY DAMAGE<br>(Per accident)          |            | \$                                |
|             |                                                                                      | GARAGE LIABILITY                               |                                                                                                                                   |                                    |                                      | AUTO ONLY - EA ACCID                       | ENT        | \$                                |
|             |                                                                                      | ANY AUTO                                       |                                                                                                                                   | / /                                | / /                                  | OTHER THAN EA                              | ACC        | \$                                |
|             |                                                                                      |                                                |                                                                                                                                   |                                    |                                      | AUTO ONLY:                                 |            | \$                                |
|             |                                                                                      | EXCESSIUMBRELLA LIABILITY                      |                                                                                                                                   | / /                                | / /                                  | EACHOCCURRENCE                             |            | \$                                |
|             |                                                                                      | OCCUR CLAIMS MADE                              |                                                                                                                                   |                                    |                                      | AGGREGATE                                  |            | \$                                |
|             |                                                                                      |                                                | J                                                                                                                                 |                                    |                                      |                                            |            | \$                                |
|             |                                                                                      | DEDUCTIBLE                                     |                                                                                                                                   | / /                                | / /                                  |                                            |            | \$                                |
|             |                                                                                      | RETENTION \$                                   |                                                                                                                                   |                                    |                                      |                                            |            | \$                                |
|             | NOR                                                                                  | KERS COMPENSATION AND                          |                                                                                                                                   | / /                                | / /                                  | TO STATU-                                  | 앺          |                                   |
|             |                                                                                      | LOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE |                                                                                                                                   |                                    |                                      | E.L. EACH ACCIDENT                         |            | \$                                |
|             | OFFIC                                                                                | CER/MEMBER EXCLUDED?                           |                                                                                                                                   | / /                                | / /                                  | E.L. DISEASE -EA EMPI                      | LOYEE      | \$                                |
|             |                                                                                      | , describe under<br>CIAL PROVISIONSbelow       |                                                                                                                                   |                                    |                                      | E.L. DISEASE - POLICY                      | LIMIT      | \$                                |
|             | OTHE                                                                                 | R BOPGL                                        | CB0100016458                                                                                                                      | 04/01/2004                         | 04/01/2005                           |                                            |            |                                   |
|             |                                                                                      |                                                |                                                                                                                                   | / /                                | / /                                  |                                            |            |                                   |
|             |                                                                                      |                                                |                                                                                                                                   | _ / /                              | _/_/                                 |                                            |            |                                   |
|             |                                                                                      |                                                | ES/EXCLUSIONS ADDED BY ENDORSEMENT<br>50-52 Washington Avenue, Po                                                                 |                                    |                                      | installed off of                           | E th       | e building.                       |
| ļ           |                                                                                      |                                                |                                                                                                                                   |                                    |                                      |                                            |            |                                   |
| CEF         | TIFIC                                                                                | CATE HOLDER                                    |                                                                                                                                   | CANCELLATI                         | ON                                   |                                            |            |                                   |
| (           | )                                                                                    | •                                              | ( ) -                                                                                                                             |                                    |                                      | SCRIBED POLICIES BE                        | CAN        | CELLED BEFORE THE                 |
|             | -                                                                                    | Additional Insured:                            |                                                                                                                                   | EXPIRATION D                       | ATE THEREOF, THE                     | ISSUING INSURER                            | WILL       | ENDEAVOR TO MAIL                  |
|             |                                                                                      |                                                |                                                                                                                                   | 10 DAYSW                           | RITTEN NOTICE TO T                   | HE CERTIFICATE HOLDI                       | ER NA      | MED TO THE LEFT, BUT              |
|             |                                                                                      | City of Portland                               |                                                                                                                                   | ı ——                               |                                      |                                            |            | OF ANY KIND UPON THE              |
|             |                                                                                      | 389 Congress St.                               |                                                                                                                                   |                                    | SENTS OR REPRESEN                    |                                            |            |                                   |
|             |                                                                                      | Room 315                                       |                                                                                                                                   | AUTHORIZED REF                     | DECENTATIVE                          |                                            |            | 0                                 |
| 1           |                                                                                      | Portland                                       | ME 04101-                                                                                                                         | //                                 | MARTA                                | In mar                                     | 1/1        |                                   |

ACORD 25 (2001/08)

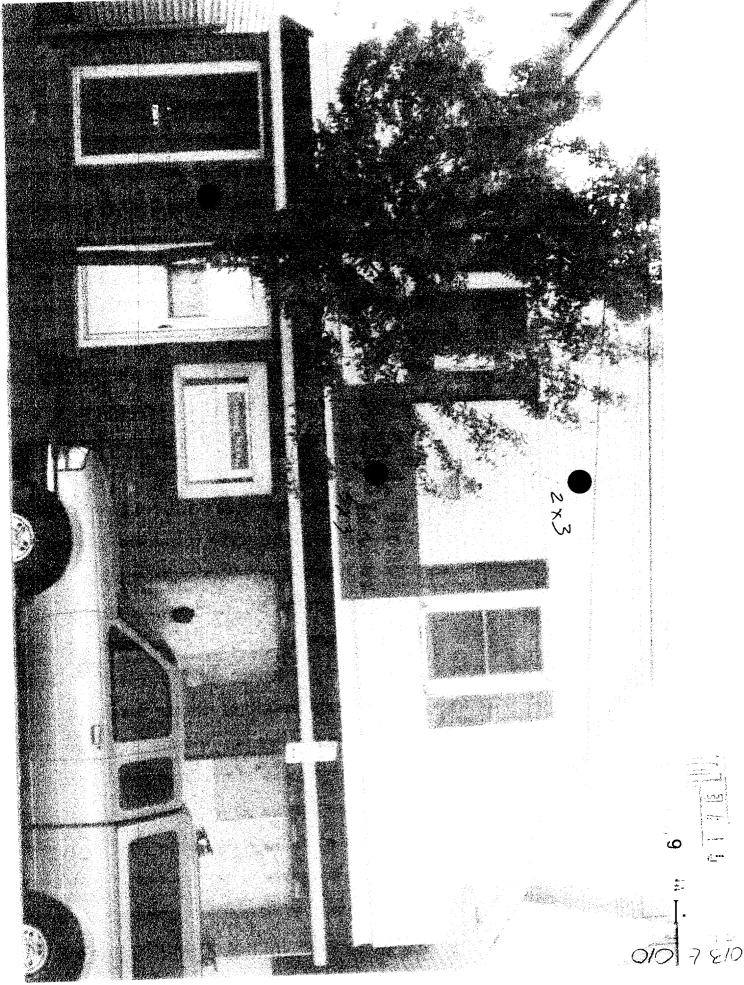
013 E 010

## Wicked Pulp-Sign layout



| City of Portland, Maine - Buil                                                | ding or Use Permi        | t                    | Permit No:                   | Date Applied For:   | CBL             |
|-------------------------------------------------------------------------------|--------------------------|----------------------|------------------------------|---------------------|-----------------|
| 389 Congress <b>Street</b> , 04101 Tel: (2                                    | 0                        |                      | 6 04-0264                    | 03/17/2004          | 013 E010001     |
| ocation of Construction:                                                      | Owner Name:              | ·                    | Owner Address:               |                     | Phone:          |
| 50 Washington Ave                                                             | Scott Miller & Nicole    | Bsullak              | 54 Highalnd Ave              |                     | 207-741-2438    |
| lusiness Name:                                                                | Contractor Name:         |                      | Contractor Address:          |                     | Phone           |
|                                                                               | Scott Miller             |                      | 54 Highland Ave S            | . Portland          | (207) 741-2438  |
| .essee/Buyer's Name                                                           | Phone:                   |                      | Permit Type:                 |                     | •               |
|                                                                               |                          |                      | Change of Use - C            | ommercial           |                 |
| 'roposed Use:                                                                 |                          |                      |                              |                     |                 |
| Juice Bar, two art studios w/retail on                                        | _                        | on partiti           | on first <b>flor</b> space i | into 3 spaces       |                 |
| 2nd floor:, partition first <b>floor</b> space i                              | nto 3 spaces             |                      |                              |                     |                 |
|                                                                               |                          |                      |                              |                     |                 |
|                                                                               |                          |                      |                              |                     |                 |
|                                                                               |                          |                      |                              |                     |                 |
| Dept: Zoning Status: A                                                        | pproved with Condition   | ns <b>Reviewer</b> : | Marge Schmucka               | d Approval Da       | ote: 04/02/2004 |
| <b>Note:</b> 4/2/04 Actually on hold - I n                                    |                          |                      |                              |                     | Ok to Issue: 🗹  |
| no site/parking plan shown                                                    |                          | juice bar? It ma     | y be considered reta         | ail and not a       |                 |
| restaurant. Will the rear deck<br>Scott Miller called and clarif              |                          |                      |                              |                     |                 |
|                                                                               | •                        |                      | A 1.11                       |                     | 41 4 1          |
| It is understood that the Juice bar deck. This classifies your <b>use</b> as: |                          |                      |                              |                     |                 |
| change of use from retail to a rest                                           |                          |                      |                              |                     | Aimt for a      |
| 2) Separate permits shall be required                                         |                          |                      | 8 1                          |                     |                 |
| 3) This permit is being approved on                                           |                          | sitted Any dayi      | ations shall require         | a caparata approval | hofora storting |
| that work.                                                                    | the basis of plans subil | iitted. Ally devi    | ations shall require         | a separate approvar | before starting |
|                                                                               |                          |                      |                              |                     |                 |
|                                                                               | pproved with Condition   | ns <b>Reviewer</b> : | Mike Nugent                  | Approval Da         |                 |
| Note:                                                                         |                          |                      |                              |                     | Ok to Issue: 🔽  |
| 1) Interior Stairway cannot be remove                                         | ved and no exterior stai | rs are approved      | by this application.         |                     |                 |
| <b>Dept:</b> Fire <b>Status:</b> A                                            | pproved with Condition   | ns <b>Reviewer</b>   | Lt. MacDougal                | Approval Da         | ite: 04/06/2004 |
| Note:                                                                         | pproved with condition   | ing iteviewer        | Et                           |                     | Ok to Issue:    |
|                                                                               | no of across             |                      |                              |                     | OIL TO ROUME!   |
| 1) Ladders are not allowed as a mea                                           | ns of egress             |                      |                              |                     |                 |
| Comments:                                                                     |                          |                      |                              |                     |                 |
| 4/9/04-mjn: lefl a message with the a                                         | pplicant re the need for | more info            |                              |                     |                 |

4/12/04-mjn: Lefl a message about exiting specifications



| <b>City of Portland, Maine - B</b> 389 Congress Street, 04101 Te | S                            |       | 74-871 <u>6</u> | Permit No: 04-0945   | Date Applied For:<br>0711212004 | CBL:<br>013 E010001                          |
|------------------------------------------------------------------|------------------------------|-------|-----------------|----------------------|---------------------------------|----------------------------------------------|
| Location of Construction:                                        | Owner Name:                  |       | О               | wner Address:        |                                 | Phone:                                       |
| 50-52 Washington Ave                                             | Bsullak Nicole L &           |       | 5               | 2 Washington Av      | ( ) 741-2438                    |                                              |
| Business Name:                                                   | Contractor Name:             |       | C               | ontractor Address:   |                                 | Phone                                        |
|                                                                  | Owner                        |       |                 | Portland (000) 000-  |                                 |                                              |
| Lessee/Buyer's Name                                              | Phone:                       |       | P               | ermit Type:          |                                 | •                                            |
|                                                                  |                              |       |                 | Signs - Permanen     | t                               |                                              |
| 'roposed Use:                                                    | <u> </u>                     | 1     | Proposed        | Project Description: |                                 |                                              |
| commercial space w/new 5'x3' sign                                | n downstairs, residential ar | ea up | install r       | ew 5'x3' sign on f   | ront of commercial              | space                                        |
| Dept: Building Status Note:                                      | : Approved                   | Re    | viewer:         | Mike Nugent          | Approval D                      | <b>Date:</b> 08/24/2004 <b>Okto Issue:</b> □ |
| Comments:                                                        |                              |       |                 |                      |                                 |                                              |

7/21/2004-mjn: left a message w/ owner, need info re: fasteners etc.

| •                                                                                                                                                                        |                           |                 | ding or Use Permi         | Permit No: 04-0945                                        | <b>Date Applied For:</b> 07/12/2004 | CBL:<br>013 E010001 |                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|---------------------------|-----------------------------------------------------------|-------------------------------------|---------------------|----------------------------|--|
| Location of                                                                                                                                                              | of Construction:          |                 | Owner Name:               | ner Name: O                                               |                                     | Owner Address:      |                            |  |
| 50-52 Washington Ave                                                                                                                                                     |                           |                 | Bsullak Nicole L &        |                                                           | 52 Washington Ave                   |                     | ( ) 741-2438               |  |
| Business Name:                                                                                                                                                           |                           |                 | Contractor Name:          |                                                           | Contractor Address:                 |                     | Phone                      |  |
|                                                                                                                                                                          |                           |                 | Owner                     |                                                           | Portland                            |                     | (000) 000-0000             |  |
| Lessee/Buyer's Name                                                                                                                                                      |                           |                 | Phone:                    |                                                           | Permit Type: Signs - Permanent      |                     |                            |  |
| Proposed                                                                                                                                                                 | Use:                      |                 |                           | Propos                                                    | Proposed Project Description:       |                     |                            |  |
| commer                                                                                                                                                                   | cial space w/ne           | w 5'x3' sign do | wnstairs, residential are | ea up install new 5'x3' sign on front of commercial space |                                     |                     |                            |  |
| Dept: Zoning Status: Approved Re                                                                                                                                         |                           |                 |                           | Reviewer                                                  | : Marge Schmucka                    | Approval D          | ate: 07121/2004            |  |
| Note: 7/16/04 left message - I need to know the tenant frontage for the juice bar - I left a message 7/19/04 Scott Miller gave me a linear footage of 28' for this space |                           |                 |                           |                                                           |                                     |                     |                            |  |
| Dept:<br>Note:                                                                                                                                                           | Building Status: Approved |                 | pproved                   | Reviewer                                                  | : Mike Nugent                       | Approval D          | 08/24/2004<br>Ok to Issue: |  |
|                                                                                                                                                                          |                           |                 |                           |                                                           |                                     |                     |                            |  |

**Comments:** 

7/21/2004-mjn: left a message w/ owner, need info re: fasteners etc.