

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

Please Read  
Application And  
Notes, If Any,  
Attached

## BUILDING INSPECTION PERMIT

Permit Number: 061591

This is to certify that REED CRAIG C & HOPE REED TRUSTEES/n/a

has permission to Install 1 3x3 bldg sign

AT 195 CONGRESS ST

013 M02201B

PERMIT ISSUED

NOV 17 2006

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of Maine 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.

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

*Thomas M. Markley* 11/15/06  
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: 06-1591	Issue Date:	CBL: 013 M02201B
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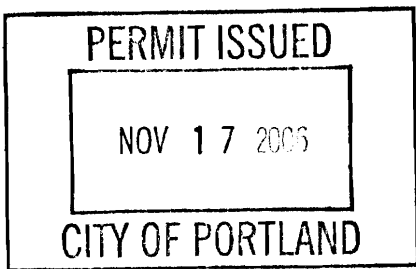
Location of Construction: 195 CONGRESS ST	Owner Name: REED CRAIG C & HOPE H REED	Owner Address: 27 SUMMER ST	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: 81

Past Use: Commercial / Tea shop	Proposed Use: Commercial / Tea shop install 1 3x3 bldg sign <i>connected to permit 06-1390</i>	Permit Fee: \$48.00	Cost of Work: \$48.00	CEO District: 1
Proposed Project Description: Install 1 3x3 bldg sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>BW</i> Type: <i>58</i> <i>IBC 2003</i> Signature: <i>Jim 11/15/06</i>	
		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: 10/31/2006	<b>Zoning Approval</b>
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<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"/> <i>OK</i> Date: <i>11/2/06</i> <i>ABM</i>	<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: _____	<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>ABM</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

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

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

<b>Permit No:</b> 06-1591	<b>Date Applied For:</b> 10/27/2006	<b>CBL:</b> 013 M02201B
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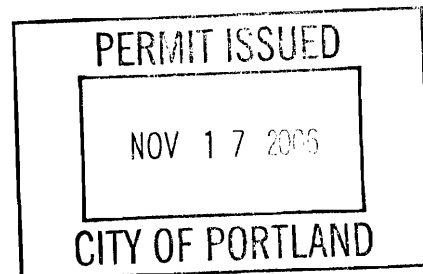
<b>Location of Construction:</b> 195 CONGRESS ST	<b>Owner Name:</b> REED CRAIG C & HOPE H REED	<b>Owner Address:</b> 27 SUMMER ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> n/ a	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial / Tea shop install 1 3x3 bldg sign	<b>Proposed Project Description:</b> Install 1 3x3 bldg sign
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 11/02/2006  
**Note:** Change of use permit 06-1390.      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tom Markley      **Approval Date:** 11/15/2006  
**Note:**      **Ok to Issue:**

- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.



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

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

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<b>Note:</b> Change of use permit 06-1390.			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tom Markley	<b>Approval Date:</b> 11/15/2006
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1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			
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<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		CSR RD HOME3-1	DATE (MM/DD/YYYY) 11/02/06
PRODUCER <b>TD Banknorth Ins Agcy Inc (SP)</b> P.O. Box 406 Portland ME 04112-0406 Phone: 207-239-3500 Fax: 207-775-0339		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  <b>Home Grown Herb &amp; Tea</b> 49 Mayland St Portland ME 04103		INSURERS AFFORDING COVERAGE INSURER: <b>ONEBEACON INSURANCE GROUP</b> NAIC #: <b>18458</b>	NAIC #

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED BY THE INSURERS NAMED ABOVE FOR THE POLICY PERIOD SET FORTH AND NOT WITHSTANDING ANY PERIODIC 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 ENDORSEMENTS.						
INSR ADD'L TR INSRE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
<b>A X</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input checked="" type="checkbox"/> SUIT/STEP GEN'L AGGREGATE LIMIT \$APPLS PER POLICY: <input type="checkbox"/> PER POLICY <input type="checkbox"/> PER OCCASION	<b>FM1U26920</b>	<b>10/01/06</b>	<b>10/01/07</b>	EACH OCCURRENCE: <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea Occurrence): <b>\$300,000</b> MEDICAL EXPENSES: <b>\$5,000</b> PERSONAL & ADVISORY: <b>\$1,000,000</b> VOLUNTARY AGREEMENT: <b>\$2,000,000</b> FACILITIES COMPROMISE: <b>\$2,000,000</b>	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> OWN AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTO				COMBINED SINGLE LIMIT (Ea Occurrence) BODILY INJURY (Ea Person) BODILY INJURY (Ea Occurrence) PROPERTY DAMAGE (Ea Occurrence)	
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> WITH AUTO <input type="checkbox"/> WITHOUT AUTO				AUTO BODILY DAMAGE THEFT AND VANDALISM	
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS BASIS <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FAMILIAR				PER OCCURRENCE AGGREGATE	
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY EMPLOYERS (PARTIAL OR FULL TIME) OR MEMBERS OF HOUSEHOLD CONTRACTORS OR SUBS OTHER				WORKERS' COMPENSATION BENEFITS MEDICAL BENEFITS PAIN AND SUFFERING DEATH BENEFIT OTHER BENEFITS EMPLOYER'S	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS <b>Certificate holder is named as an additional insured as respects to general liability coverage.</b>						

<b>CERTIFICATE HOLDER</b>  City of Portland 389 Congress St Portland ME 04101	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. TD Banknorth Ins. Agency, Inc.
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**DEPT. OF BUILDING INSPECTION**  
**CITY OF PORTLAND, ME**  
 NOV - 6 2006  
**RECEIVED**

193 Congress

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



# 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>195 Congress St. Portland</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>x 13</u> Block# <u>M</u> Lot# <u>02201B</u>	Owner: <u>Craig Reed</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Sarah Richards</u>	Contractor name, address & telephone:	Total s.f. of signage x \$2.00 Per s.f. plus <del>\$30.00</del> \$65.00 For H.D. signage= Total Fee: \$ <u>48</u> Awning Fee= cost of work _____ Total Fee: \$ _____

Who should we contact when the permit is ready: Jacob [unclear] phone: 227-1120 Bl-multi-tract

Tenant/allocated building space frontage (feet): Length: 32' Height: 11'5" 1.5x32 = 48# allowed

Lot Frontage (feet) 40' Single Tenant or Multi Tenant Lot multi

Current Specific use: [unclear] (permit 06-1390 charge = lux) OK

If vacant, what was prior use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

**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 3' = 9#

**Proposed awning?** Yes \_\_\_\_\_ No  Is awning backlit? Yes \_\_\_\_\_ No \_\_\_\_\_

Height of awning: \_\_\_\_\_ Length of awning: \_\_\_\_\_ Depth: \_\_\_\_\_

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: \_\_\_\_\_ s.f.

**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: \_\_\_\_\_

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

OCT 27 2006

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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: <u>[Signature]</u>	Date: <u>1/20/06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

CONGRESS STREET

BAY ABOVE

STEP

PLATFORM

STEP

102

101

RADIATOR APPROX. 3'-1" HIGH. TYP.

PLATFORM

EXISTING CHIMNEY

FRONT STAIR

ROOM 1

1

UP

TING STAIR. L BETWEEN " AND 38" TO CODE. ALL STAIRS

OFFICE/RECEPTION AREA

BASEMENT STAIR

ROOM 2

CLG. TO BE 2 HR FIRE RATED ASSEMBLY (SEE SHEET A1.1)

TING STAIR. L BETWEEN " AND 38" TO CODE. ALL STAIRS

DN

ELECT. PANEL

NEW 1 HR FIRERATED DDOR

CORRIDOR

21/14

LAV.

ROOM 3

ROOM 4

294

2

2

ELECT. PANFI

O A





**FROM THE DESK OF CRAIG REED**

October 18, 2006

To Whom it May Concern:

I am the owner of the business unit in 195 Congress Street. Sara Richards is the tenant at the same address.

Sara has my permission to display a sign for her business – a Tea Shop.

Sincerely,

A handwritten signature in black ink that reads "Craig Reed". The signature is written in a cursive style with a large, looped "R" and a distinct "C" at the beginning.

Craig Reed



**Banknorth**

Insurance Agency, Inc.

**FAX COVER SHEET**

DATE:	<i>9/27/06</i>	TIME:	
TO:	<i>Sarah</i>	CC:	
COMPANY:			
PHONE:		FAX:	
FROM:	<i>Donna D'Amico</i>	PHONE:	
RE:	<i>Home Grown Herb + Tea</i>	FAX:	<i>783-2237</i>
Number of pages including cover sheet:			

**Message**

*THRU Beacon Insurance*  
*Policy # 1426920 eff 10/1*

Mailing Address: P.O. Box 3450, Lewiston, ME 04243-3450  
 124 Lisbon St., Lewiston, ME 04240, Telephone (207) 783-2232, Fax (207) 783-2237

**CONFIDENTIALITY NOTICE**

This communication is intended only for the use of the person to whom it is addressed. It may contain information that is privileged, confidential or protected from disclosure under applicable law. If you are not the intended recipient, any distribution, disclosure, copying or use of this communication or any of its contents is strictly prohibited. If you believe that you have received this communication in error, please contact us immediately by telephone so that we can arrange for it to be returned to us at no cost to you.

# BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- \_\_\_\_\_ Footing/Building Location Inspection: Prior to pouring concrete
- \_\_\_\_\_ Re-Bar Schedule Inspection: Prior to pouring concrete
- \_\_\_\_\_ Foundation Inspection: Prior to placing ANY backfill
- \_\_\_\_\_ Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- Final Certificate of Occupancy: Prior to any occupancy of the structure or use. ~~NOTE: There is a \$75.00 fee per inspection at this point.~~

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects **DO** require a final inspection

~~XS~~ **If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**NO CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

Sarah Richards  
Signature of Applicant/Designee

11/27/06  
Date

Donna Martin Admin  
Signature of Inspections Official

11 27 06  
Date

CBL: 13 M 022 Building Permit #: 06-1591