

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 071201

Please Read Application And Notes, If Any, Attached

This is to certify that INDIA & MIDDLE LLC / Contractor It De

has permission to Install a 19 sf awning

AT 47 INDIA ST

020 E026001

PERMIT ISSUED
OCT 29 2007
CITY OF PORTLAND

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland, and of the rules, regulations, orders, and specifications of the Department of Building and Inspection Services, 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.

Notification of inspection must be given and written permission procured before this building or part thereof is occupied or closed-in. **48 HOUR 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 H. Mackley 10/29/07
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: 07-1201	Issue Date:	CBL: 020 E026001
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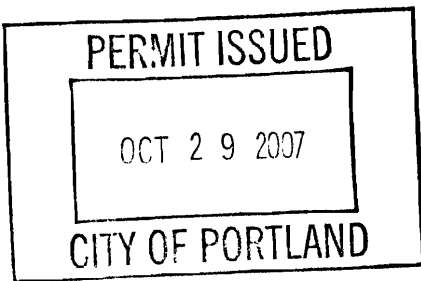
Location of Construction: 47 INDIA ST	Owner Name: INDIA & MIDDLE LLC	Owner Address: PO BOX 2808	Phone:
Business Name:	Contractor Name: Consider It Done	Contractor Address: Portland	Phone 2078076805
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2b

Past Use: Commercial / Harborview Properties	Proposed Use: Commercial install a ^{5'x11'} awning w/ 16.5 sf of signage (after the fact)	Permit Fee: \$68.00	Cost of Work: \$68.00	CEO District: 1
Proposed Project Description: Install a ^{5'x11'} awning w/ 16.5 sf of signage		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: SB IBC 2203 Signature: Jm 10/29/07	
		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: 09/26/2007	Zoning Approval	
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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 <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"/> Date: 10/25/07	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
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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



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>47 India St.</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>20</u> Block# <u>E</u> Lot# <u>26</u>	Owner: <u>India + Middle LLC</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Harborview Properties</u>	Contractor name, address & telephone: <u>Consider it Done</u> <u>807-6805</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ Awning Fee= cost of work Total Fee: \$ <u>68</u>
Who should we contact when the permit is ready: <u>Tim SEEKAMP</u> phone: <u>31-1066</u>		
Tenant/allocated building space frontage (feet): Length: <u>24</u> Height: <u>15</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot: <u>multi</u>		
Current Specific use: <u>Real Estate office</u> 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: _____		
*Proposed awning? Yes <input checked="" type="checkbox"/> No ___ Is awning backlit? Yes ___ No <input checked="" type="checkbox"/> Height of awning: <u>5'</u> Length of awning: <u>11'</u> Depth: <u>2'</u> Is there any communication, message, trademark or symbol on it? Yes <input checked="" type="checkbox"/> No ___ If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>19</u> 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 <input checked="" type="checkbox"/> No ___ Sq. ft. area of awning w/communications: <u>11x5</u>		
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.		

36 # total
- 16.5 # Awning

19.5 # left over

Same awning

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.

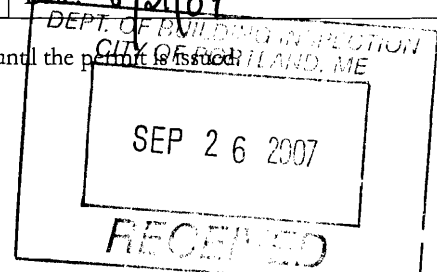
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room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

Date: 8/21/07

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



B2b-multi front.
1.5x24 = 36 # allowed
1 sign per business.

Signage: 8'x5" = 3.33 #
10'x5" = 4.17 #
3'x3' = 9 #

16.5 #

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-1201	Date Applied For: 09/26/2007	CBL: 020 E026001
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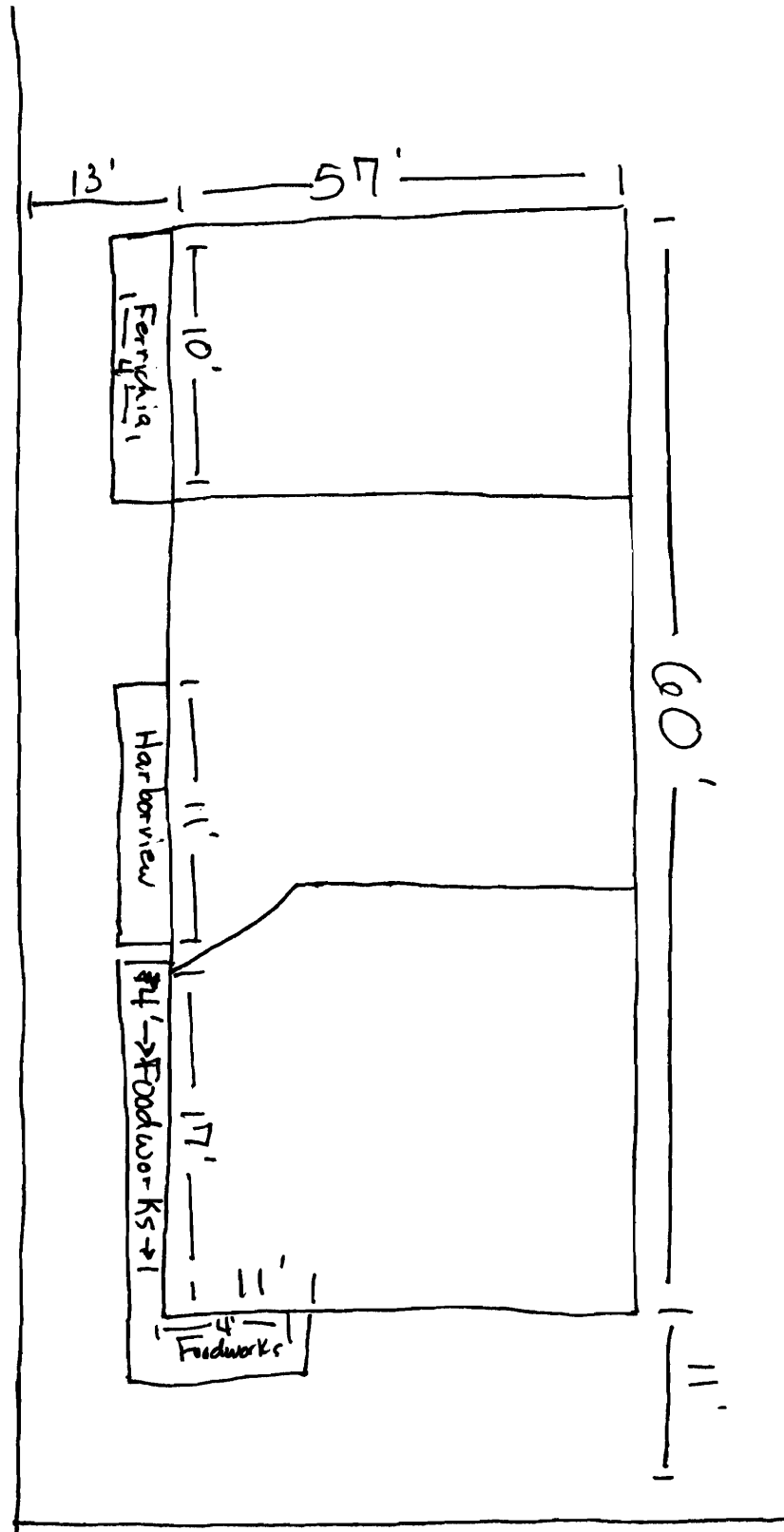
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Business Name:	Contractor Name: Consider It Done	Contractor Address: Portland	Phone (207) 807-6805
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial install a 5' x 11' awning with 16.5 sf of signage (after the fact)	Proposed Project Description: Install a 5' x 11' awning with 16.5 sf of signage (after the fact)
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 10/25/2007	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 10/29/2007	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.				
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.				

Comments:
10/25/2007-mes: Tim Seekamp told me that he only repainted over the existing awning which used to be Ocean Wsvs.
10/19/2007-amachado: Left message for Tim Seekamp. Application is incomplete. We need to know what material the awning is made out of, Certificate of flamibility and how it is attached.

India St.



Middle St.

15'

3x3

10'x5"

8'x5"

15'

24'



RESIDENTIAL · COMMERCIAL · INVESTMENT
HarborviewProperties.com

Harborview Properties

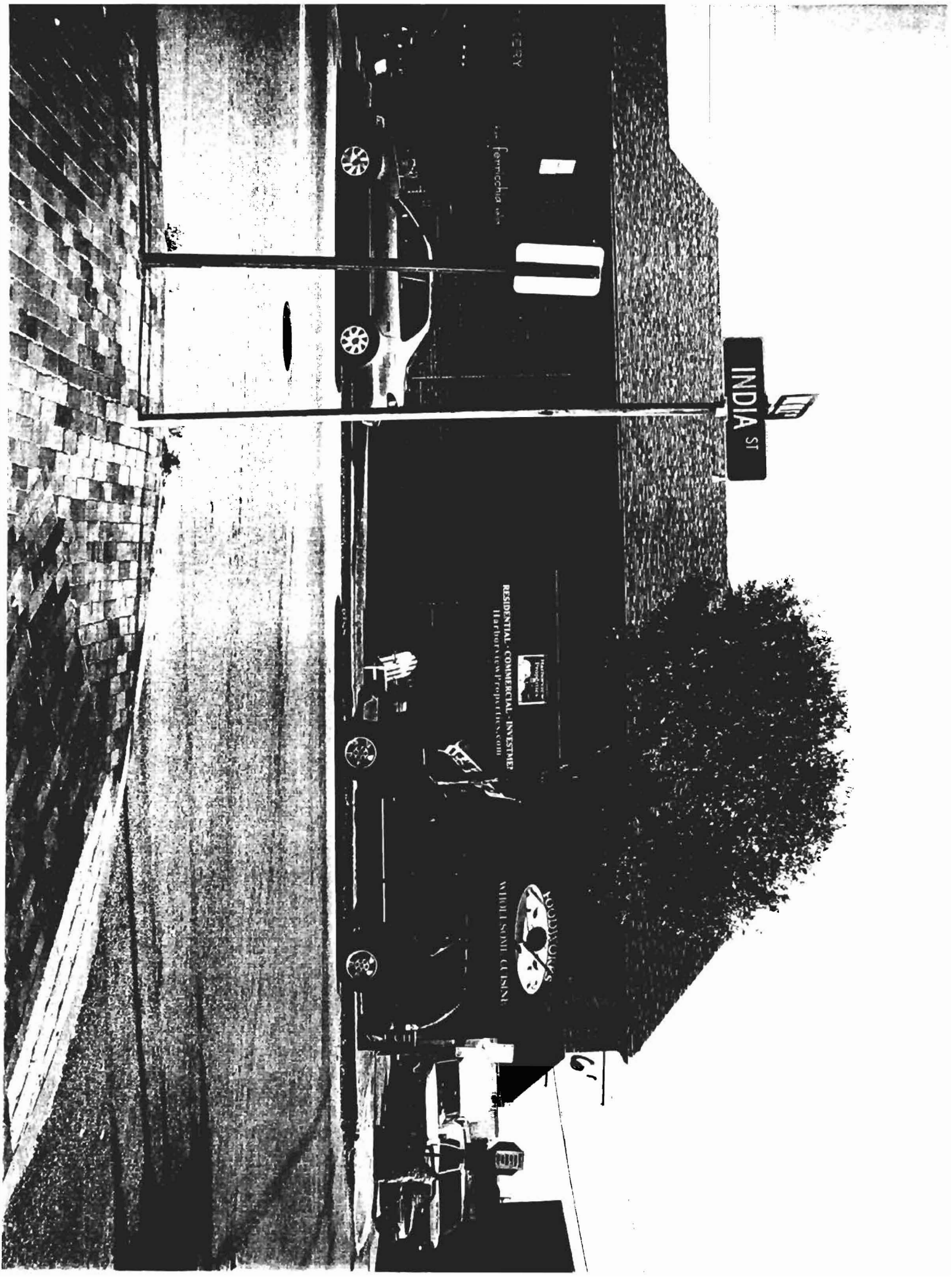
Model #4

2014-03-2012

REAL

ESTATE



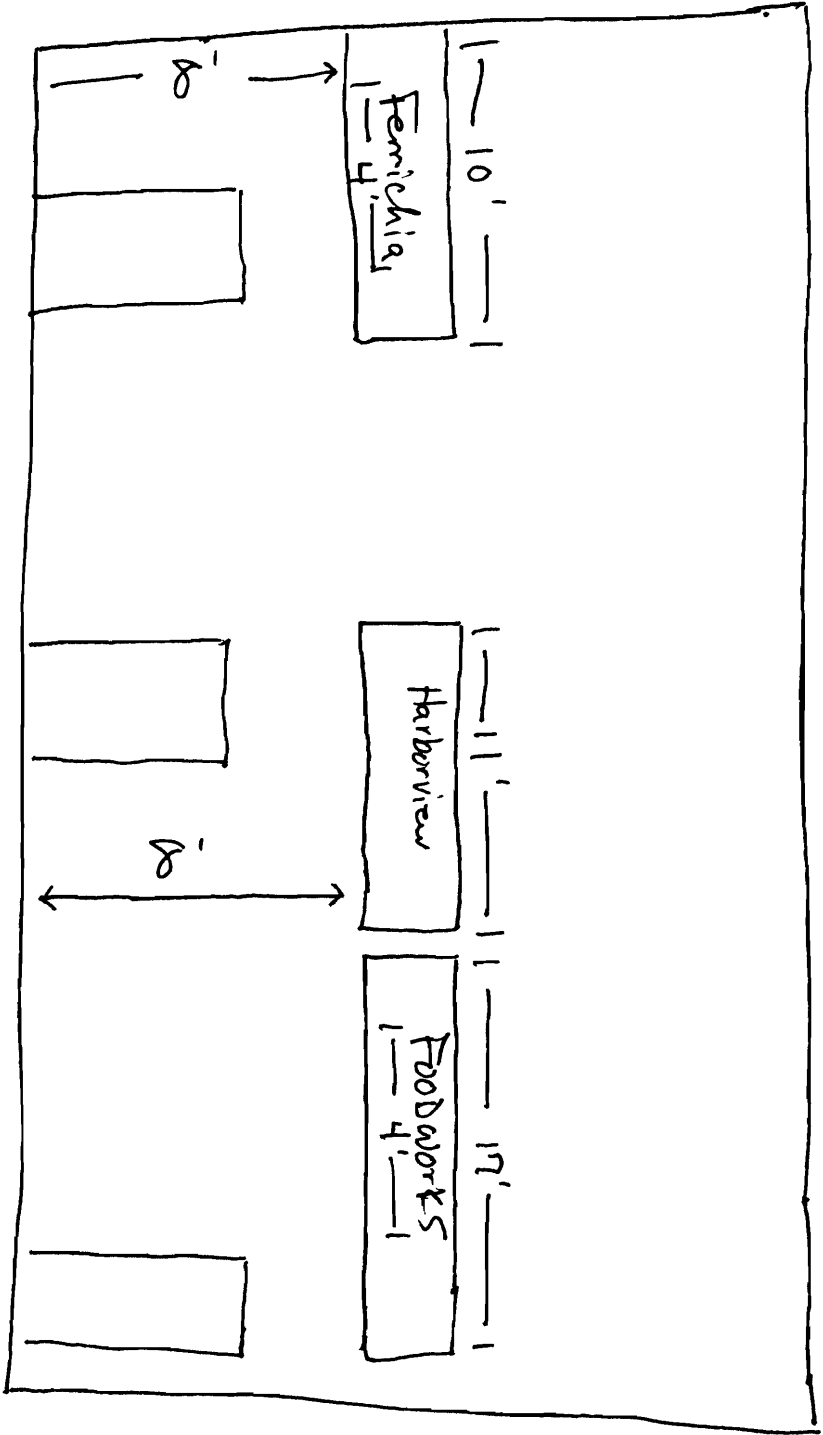


INDIA ST

RESIDENTIAL - COMMERCIAL - INVESTMENT
HarborviewProperties.com

WORLD SOUL CLINIC

61



Client#: 121804

15HARBPROP

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 08/17/07
PRODUCER Cross Insurance -CL/Bnds-P P. O. Box 567 Portland, ME 04112 800 286-5352	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 Harborview Properties, Inc. 226 Gray Road Falmouth, ME 04105	INSURERS AFFORDING COVERAGE INSURER A: Peerless Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 24198

COVERAGES					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS					
INSR ADJ LTR NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BOP9896151	10/05/06	10/05/07	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS IOTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
RE: outside signs at 47 India Street, Portland, ME.
 The Certificate Holder is an Additional Insured effective with respect to General Liability.

CERTIFICATE HOLDER City of Portland 389 Congress Street Portland, ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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. AUTHORIZED REPRESENTATIVE <i>[Signature]</i>
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