

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that Genell Vashro Huston

Located At 251 CONGRESS ST

Job ID: 2012-07-4479-SIGN

CBL: 021- F-006-001

has permission to erect a sidewalk sign for: Lila East End Yoga Inc.

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 regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

N/A

Fire Prevention Officer

Mary Schmeckel 7/19/12

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

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

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

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

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



PORTLAND MAINE

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Acting Director of Planning and Urban Development
Gregory Mitchell

Job ID: 2012-07-4479-SIGN

Located At: 251 CONGRESS ST

CBL: 021- F-006-001




Conditions of Approval:

Zoning

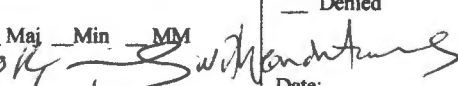
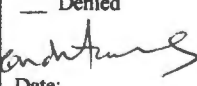
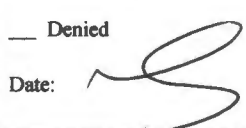
1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
2. All sidewalk signs shall be removed when the business is closed or while any snow or ice exists on the walkway within eight feet of the sign in any direction. All sidewalk signs shall be located near the curb rather than the building face. The sidewalk shall maintain a width of no less than 4 1/2 feet of unobstructed sidewalk width perpendicular to major flows. For a single tenant listing, the maximum width is 24 inches or less if needed for the 4.5 feet of unobstructed sidewalk width. The maximum height of a sidewalk sign is 40 inches to the top of the sign in place. The minimum height of a sidewalk sign is 30 inches to the top of the sign in place.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-07-4479-SIGN	Date Applied: 7/17/2012	CBL: 021- F-006-001	
Location of Construction: 251 CONGRESS ST	Owner Name: PORTLAND ARCHITECTURAL SALVAGE INC- Alice Dunn	Owner Address: 131 PREBLE ST PORTLAND, ME 04101	Phone:
Business Name: Lila East End Yoga	Contractor Name: SELF	Contractor Address:	Phone:
Lessee/Buyer's Name: Genell Vashro Huston	Phone: 266-7813	Permit Type: A-Frame sidewalk Sign	Zone: B-2b
Past Use: Personal Service – Hair salon	Proposed Use: Same: Personal Service – Yoga Studio – to erect 24" x 40" A-frame sidewalk sign	Cost of Work: \$1000.00	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A Signature: 	Inspection: Use Group: Type:  Signature: 
Proposed Project Description: Tent Sign		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Brad	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Date: <u>07</u> <u>19</u> <u>12</u> 	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 Dist 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: 
	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 appication 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

Extended 7/17/12
(13)

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.

A 2012-07-4479-Sign

Location/Address of Construction: <u>251 Congress Street</u> B-26		
Tax Assessor's Chart, Block & Lot Chart# <u>021</u> Block# <u>FOOL</u> Lot#	Owner: <u>Pat Alice Dunn and Architectural Salvage Inc</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Genevieve Vashro Huston</u>	Contractor name, address & telephone: <u>Genevieve Vashro Huston</u> <u>41 Pittsburry St.</u> <u>S. Portland, ME 04102</u>	Total s.f. of signage x \$2.00 <u>12.00</u> Per s.f. plus \$30.00 <u>30.00</u> For H.D. signage \$75.00 Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ <u>42.00</u>
Who should we contact when the permit is ready: <u>Genevieve Huston</u> phone: <u>207-266-7813</u>		
Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>Yoga Studio: Lila East End Yoga</u> If vacant, what was prior use: _____ Proposed Use: _____ 2 x 3 = 6		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>24" x 40"</u> Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____ Side walk sign		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No _____ Dimensions: <u>~24" x 100"</u> Awning? Yes _____ No _____ Sq. ft. area of awning w/communication: _____		
A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required.		

RECEIVED
JUL 17 2012
Dept. of Building Inspections
City of Portland Maine
cant find the permit

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:	Date: <u>6/26/12</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



PORTLAND MAINE

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Receipts Details:

Tender Information: Check , Check Number: 1582

Tender Amount: 42.00

Receipt Header:

Cashier Id: bsaucier

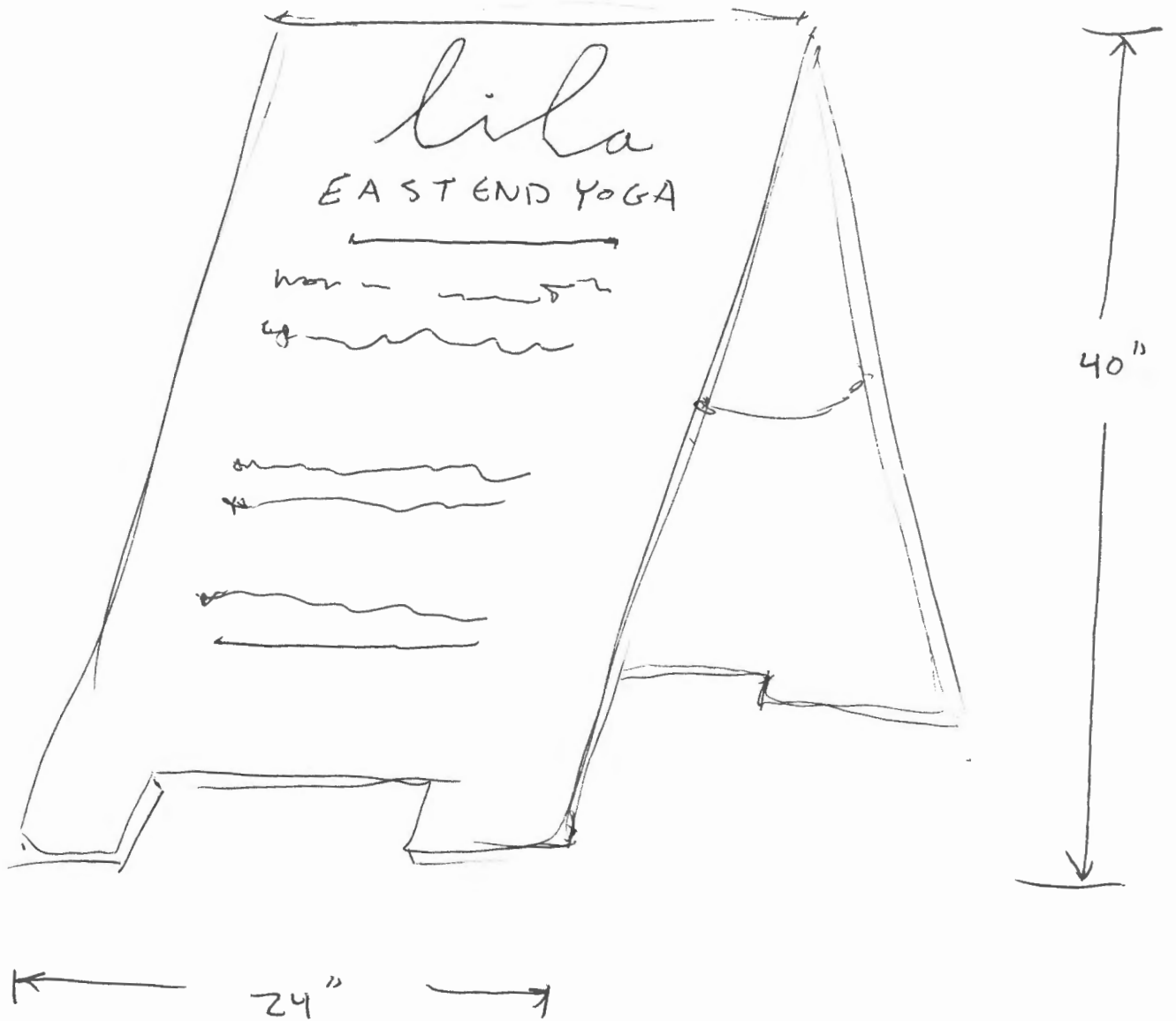
Receipt Date: 7/17/2012

Receipt Number: 46036

Receipt Details:

Referance ID:	7284	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	42.00	Charge Amount:	42.00
Job ID: Job ID: 2012-07-4479-SIGN - Tent Sign			
Additional Comments: 251 Congress			

Thank You for your Payment!



Alice Dunn
251 Congress St - Building Owner
Portland Architectural Salvage
Portland, ME

July 6, 2012

City of Portland, Maine,

I am writing to grant permission to my tenet, Genell Vashro Huston, to apply for a sidewalk sign permit to be placed outside on the sidewalk in front of the building. She is currently leasing 251 Congress Street and using it for her business Lila East End Yoga. The sidewalk sign will help her business' visibility.

Thank you.

A handwritten signature in black ink that reads "Alice Dunn". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Alice Dunn
Landlord
Portland, ME
207-780-0634

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/19/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER Yarmouth Insurance Agency 141 Spring Street Yarmouth ME 04096	CONTACT NAME: PHONE (A/C No. Ext): (207) 846-6136 FAX (A/C. No): (207) 846-6137 E-MAIL ADDRESS: egoddard@yarmouthinsurance.com														
INSURED Lila East End Yoga, Inc 41 Pillsbury St South Portland ME 04106	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : MMG</td> <td style="text-align: center;">15997</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : MMG	15997	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BP 0437800	06/01/2012	06/01/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 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			<div style="border: 1px solid gray; padding: 5px; width: fit-content; margin: auto;"> DEPT. OF REVENUE CHITUPUS </div>			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			<div style="border: 1px solid gray; padding: 5px; width: fit-content; margin: auto;"> JUL 19 2012 </div>			EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
LILA EAST END YOGA INC, 251 CONGRESS ST, PORTLAND, ME 04101
CITY OF PORTLAND, 389 CONGRESS ST, PORTLAND, ME 04101 LIST AS ADDITIONAL NAMED INSURED

CERTIFICATE HOLDER CITY OF PORTLAND 389 CONGRESS ST PORTLAND, ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE:
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COVER PAGE

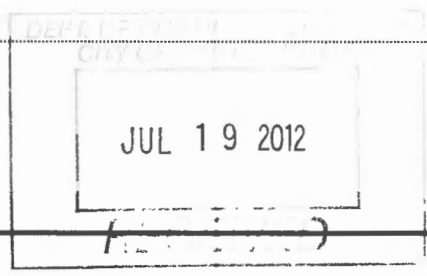
Date: 07/19/2012 15:48

NO. OF PAGE: 2 (include this page)

To:

Name: ATTEN: MARGE

Company: CITY OF PORTLAND



From:

Name: Eileen C. Goddard

TEL & FAX: (TEL)207-846-6137
(FAX)207-846-6137

E-Mail: egoddard@yarmouthinsurance.com

Company: YARMOUTH INSURANCE AGENCY

Address: 141 Spring Street, Yarmouth, ME 04096

Comment:

RE: GENELL VASHRO/LILA EAST END YOGA INC
251 CONGRESS ST, PORTLAND, ME 04101



MMG INSURANCE COMPANY

44 Maysville Road
Presque Isle, Maine 04769

SPECIAL BUSINESS OWNERS POLICY

Policy No. BP 0437800

DECLARATIONS

Policy Type

Policy Period (ANNUAL)

Direct Bill

RENEWAL

6/01/2012 To 6/01/2013 12:01 A.M. Eastern Standard Time

Named Insured 0498531
GENELL VASHRO
LILA EAST END YOGA INC
41 PILLSBURY ST
SOUTH PORTLAND ME 04106-3014

Agent 191 18 207-846-6136
YARMOUTH INS AGENCY INC
141 SPRING STREET
YARMOUTH ME 04096

Loc. 01: 251 CONGRESS ST PORTLAND, ME 04101

Description: SPORTING GOODS - NO GUNS/AMMO

PROPERTY
DEDUCTIBLE \$500

	Coverage	Premium
Buildings	\$11,664	\$98
Business Personal Property	\$20,000	\$351
Loss of Income		INCL
Actual Loss Sustained, Not Exceeding 12 Consecutive Months		
Equipment Breakdown Coverage		INCL

BUSINESS LIABILITY COVERAGES

Business Liability Each Occurrence	\$1,000,000	\$30
Damage to Premises Rented to You Each Occurrence	\$250,000	INCL
Medical Payments "Each Person"	\$5,000	INCL

OPTIONAL COVERAGES & COVERAGE EXTENSIONS

Money & Securities On Premises	\$10,000	INCL
Money & Securities Off Premises	\$2,000	INCL
Accounts Receivable	\$10,000	INCL
Valuable Papers	\$10,000	INCL
Business Personal Property Off Prem.	\$5,000	INCL
Exterior Signs	\$1,000	INCL
Additional Insured(s) BP0402 (07-02)		\$25

Annual Policy Premium \$504
Direct Bill

MMG BUSINESSOWNERS LOCATION # 1 FORMS LIST

LOCATION FORMS	FORM TITLES
BP 04 02 07 02	Additional Insured - Managers or Lessors of Premises

PRODUCED ON: 4/17/2012

ORIGINAL COPY



MMG INSURANCE COMPANY

44 Maysville Road
Presque Isle, Maine 04769

SPECIAL BUSINESS OWNERS POLICY

Policy No. BP 0437800

DECLARATIONS

Policy Type

Policy Period (ANNUAL)

Direct Bill

RENEWAL

6/01/2012 To 6/01/2013 12:01 A.M. Eastern Standard Time

Named Insured 0498531
GENELL VASHRO
LILA EAST END YOGA INC
41 PILLSBURY ST
SOUTH PORTLAND ME 04106-3014

Agent 191 18 207-846-6136
YARMOUTH INS AGENCY INC
141 SPRING STREET
YARMOUTH ME 04096

SCHEDULE OF ENDORSEMENT ADDITIONAL INFORMATION

BP0402 (07-02) Additional Insured - Managers or Lessors of Premises

Designation of Premises (Part Leased to You):

251 CONGRESS ST PORTLAND, ME 04101

Name of Person or Organization (Additional Insured):

PORTLAND ARCHITECTURAL SALVAGE INC

131 PREBLE ST PORTLAND, ME 04101

Additional Premium:25

PRODUCED ON: 4/17/2012

ORIGINAL COPY

Page 3 of 4

