Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read

Application And	BUILDING WERECTION	
Notes, If Any, Attached	PERMIN	Permit Number: 030273
This is to certify that Sawyer Jane N/The Si	gnery	
has permission to InstallTwo Signs:18"x	2"x 30"	
AT 247 Congress St	. 0	21 F009001
provided that the person or person the provisions of the Statutes the construction, maintenance at this department.	s of Name and or the Order ances	ng this permit shall comply with a of the City of Portland regulating es, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	n dication inspect in must go and with a permission procuble rethis a ding or at the red land or a procuble sed-in. H. NOTQUIRED.	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUIRED APPROVALS		
Fire Dept	—) 430/B
Appeal Board		
Other		le lurt
Department Name		Director - Building & Inspection Services

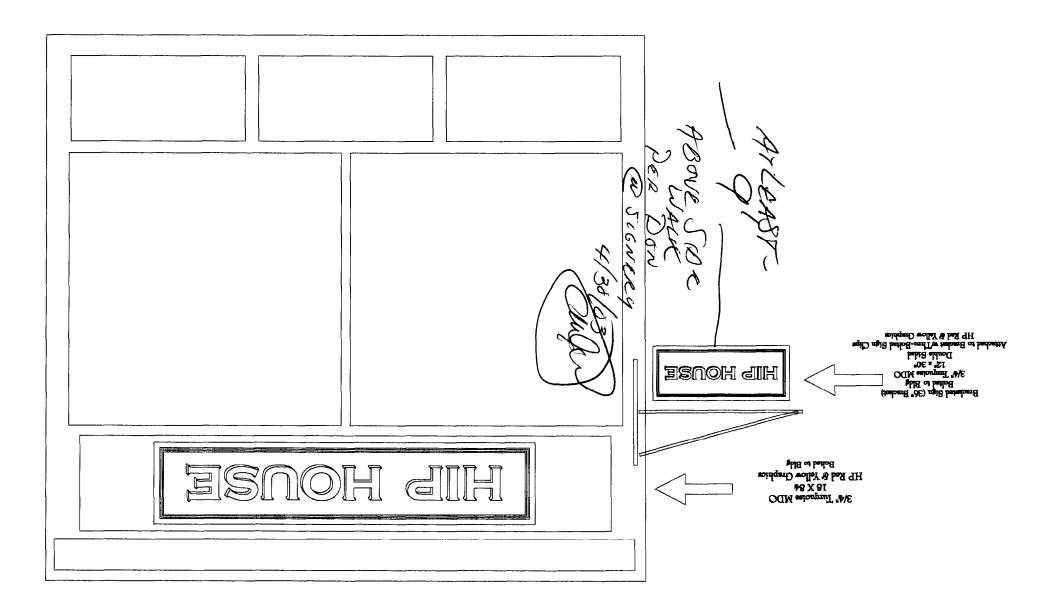
PENALTY FOR REMOVING THIS CARD

Owner Name: Sawyer Jane N	, Fax:	(207) 874-871	6 03-0273			021 F00	09001	
Sawyer Jane N			Owner Address:				Phone:	
		Po Box 7225			772-6579			
iness Name: Contractor Name:			Contractor Address:		Phone			
The Signery		299 Forest Avenue Portland			20787977	2078797700		
Phone:	Phone:		Permit Type:		Zone:			
]	Signs - Permane	ent			1 R-6 a	
	Proposed Use:					CEO District:		
Retail Space/Gift Shop with two			\$42.00			. 1		
	to build	ling (28"x84",	FIRE DEPT:	Approved	ſ		61	
12 x30)				Denied	Use Gro	up: 🗸 c G -	^{Type:} // //	
			1		}		12/0	
					l	1 89	77	
u!! 20!!			l		l	1/1/10	4	
2"X 30"				WATER DAG				
			PEDESTRIAN ACT	1411TE2 DI2	IRICI (P	.A.D.) (U	
			Action: Appro	oved App	roved w/0	Conditions [Denied	
			Signature:			Date:		
te Applied For:	1		<u> </u>					
			Zonin	g Approva	IJ			
	Spe	cial Zone or Revie	ews Zoning Appeal		<u> </u>	Historio Pres	ervation	
not preclude the oplicable State and								
de plumbing,		etland	☐ Miscellaneous			Does Not Require Review		
septic or electrical work. 3. 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.		ood Zone	Conditional Use			Requires Review		
		bdivision	☐ Interpretation			Approved		
	☐ Sit	te Plan	Appro	/ed		Approved w/	Conditions	
	Maj [Minor MM	Denied		{	Denied C		
	$\mid \ \theta$	1.07	3				\geqslant	
	Date:	4/10/	Date:		Da	te:		
	Retail Space/C signs attached 12"x30") Tax 30" Tax 30" Tax 30" Tax 30" Tax 4/01/2003 Tax 4/01/2003 Tax 5/01/2003 Tax 5/01/2003 Tax 6/01/2003 Tax 6	Retail Space/Gift Shorsigns attached to build 12"x30") Tax 30" T	Retail Space/Gift Shop with two signs attached to building (28"x84", 12"x30") The Applied For: 4/01/2003 Inot preclude the oplicable State and de plumbing, Wetland Wetland Work is not started late of issuance. date of issuance. date a building Site Plan Maj Minor MM	Proposed Use: Retail Space/Gift Shop with two signs attached to building (28"x84", 12"x30") Signature: PEDESTRIAN ACT Action: Approximate Applied For: 4/01/2003 not preclude the policable State and Shoreland Wetland Miscel ate of issuance. Idate a building Site Plan Approximate A	Retail Space/Gift Shop with two signs attached to building (28"x84", 12"x30") Signature: PEDESTRIAN ACTIVITIES DISTACTION: Approved App	Proposed Use: Retail Space/Gift Shop with two signs attached to building (28"x84", 12"x30") Signature: Signature: Signature: Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (PAction: Approved Approved W/OSignature: Denied Special Zone or Reviews Signature: Signature: Denied Approved M/OSignature: Denied Special Zone or Reviews Signature: Denied Approved W/OSignature: Denied Approved W/OSignature: Denied Special Zone or Reviews Special Zone	Proposed Use: Retail Space/Gift Shop with two signs attached to building (28"x84", 12"x30")	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE





395 Fore Street P.O. Box 7225 Portland, ME 04112 Tel: (207) 772-6579

Fax: (207) 773-0680

sawyerrealty@earthlink.com

March 26, 2003

Jessica Keteyan 247 Congress Street Store B Portland, ME 04101

Dear Jessica,

Please be advised that we give you permission to have signage for your business located at 247 Congress Street, Store B, Portland, Maine. The sign must be located above your store and/or a sidewalk sign that stands on the sidewalk and can be taken inside during non-business hours.

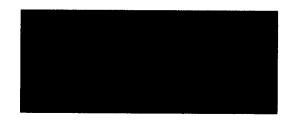
Sincerely,

Stacy Moore

H.H. SAWYER REALTY COMPANY



3/4" Turquoise MDO 18 X 84 HP Red & Yellow Graphics Bolted to Bldg



Bracketed Sign (36" Bracket)

Bolted to Bldg

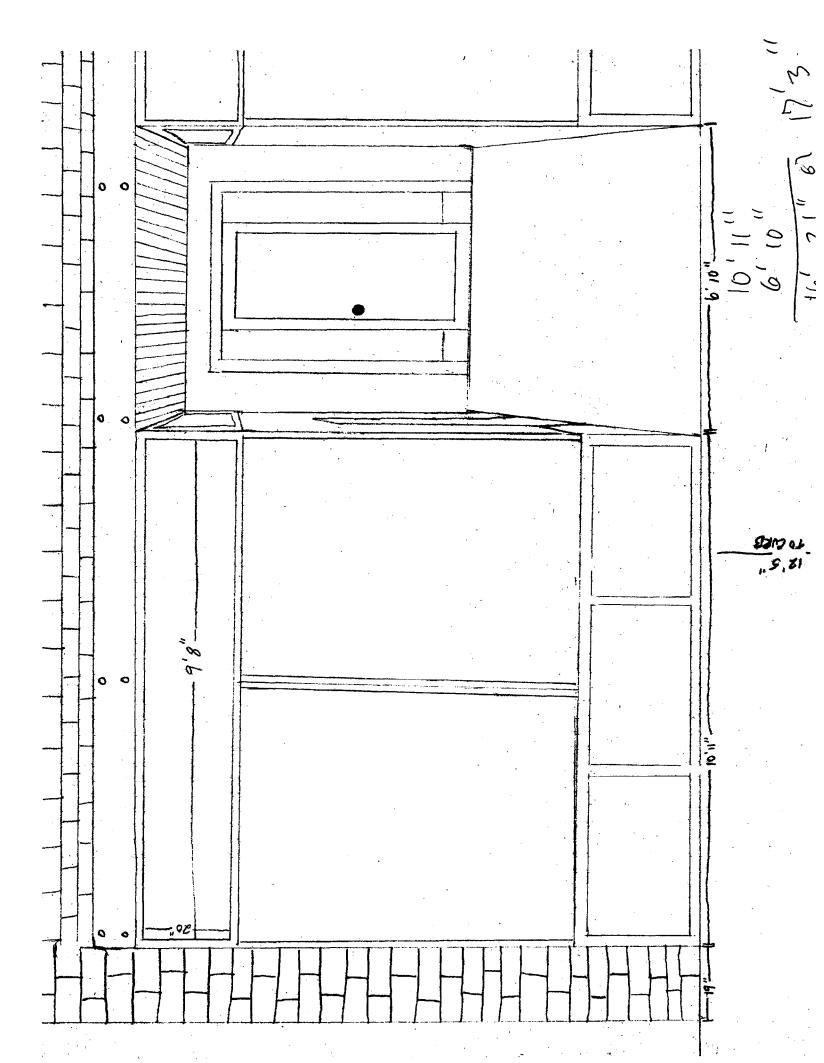
3/4" Turquoise MDO

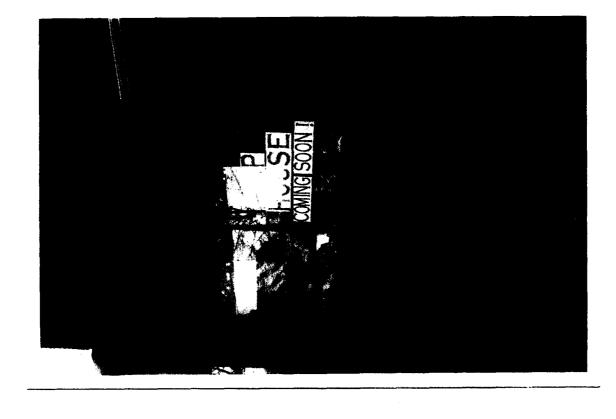
12" x 30"

Double Sided

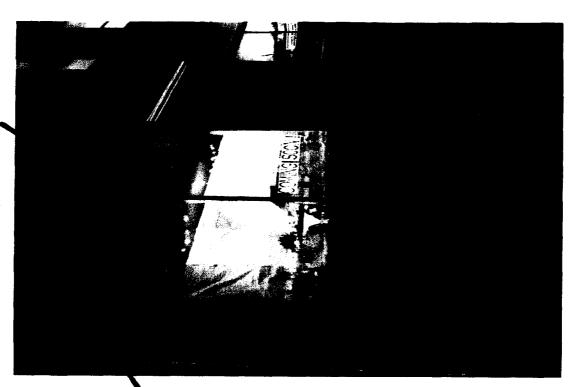
Attached to Bracket w/Thru-Bolted Sign Clips

HP Red & Yellow Graphics





BIG SIGN WILL BE HERE



Recket Mile Affect Here Yor Surve 2157

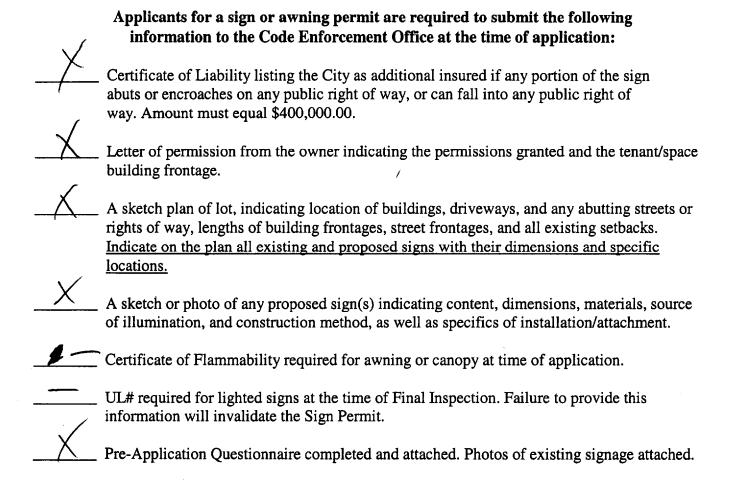
247 B CONGRESS ST.

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 247 B CONGRESS ST. ZONE: D-
CBL:
SINGLE TENANT LOT? YES NO MULTI TENANT LOT? YES NO MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO
INFORMATION ON PROPOSED SIGN(S): FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS PROPOSED: 15 \ 7 \ 7 \ BLDG. WALL SIGN? (attached to bidg) YES NO DIMENSIONS PROPOSED: 18 \ W \times 84 \
INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S): 1' \(\times 2.5' \)
FREESTANDING (e.g., pole) SIGN? YESNODIMENSIONS:
BLDG. WALL SIGN(attached to bldg) ? YES NO DIMENSIONS:
AWNING? YES NO DIMENSIONS:
LOT FRONTAGE (FEET): 17/3" of 17,25 X [15-25.875] TENANT/ALLOCATED BUILDING SPACE 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: // SIGNATURE OF APPLICANT: // DATE: 3/31/03
***** FOR OFFICE USE ONLY *****
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CHECKLIST FOR SIGN/AWNING APPLICATION



Permit Fee for signage or awning-with-signage: \$30.00 plus \$1.00 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 \$7.00 for each additional \$1,000.000.

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.

me city, payment altangements i		
Location/Address of Construction: 24	7 B CONGRESS ST.	
Total Square Footage of Proposed Structu	re Square Footage of La	t
Tax Assessor's Chart, Block & Lot Chart# 02 / Block# F0 09 Lot# 60 /	Owner: H. H. SAWYER	Telephone: 772-6579
Lessee/Buyer's Name (If Applicable) JESSICA L. KETEYIAN DBA HIP HOUSE	Applicant name, address & telephone: JESSICA L. KETEYI. 247 B. CONGRESS ST. PORTLAND MS 04101	WOIK. 9
Current use: <u>RETAIL</u>		
If the location is currently vacant, what wo	as prior use: <u>RETAIL</u>	
Approximately how long has it been vacc	ınt;	
Proposed use: RETAIL Project description: GIFT SHOT		
Contractor's name, address & telephone:	THE SIGNERY, POETLAND	207 879-7700
Who should we contact when the permit	is ready: JESSICA KETEYIAN	
Mailing address: 247 B CONGAL		324
We will contact you by phone when the preview the requirements before starting around a \$100.00 fee if any work starts before	permit is ready. You must come in a ny work, with a Plan Reviewer. A st	
IF THE REQUIRED INFORMATION IS NOT INCL DENIED AT THE DISCRETION OF THE BUILDING INFORMATION IN ORDER TO APROVE THIS PI I hereby certify that I am the Owner of record of the r that I have been authorized by the owner to make th laws of this jurisdiction. In addition, If a permit for work representative shall have the authority to enter all are codes applicable to this permit.	UDED IN THE SUBMISSIONS THE PERM B/PLANNING DEPARTMENT. WE MAY ERMIT. In amed property, or that the owner of record is application as his/her authorized agent. In described in this application is issued, I cent	TIT WILL BE AUTOMATICALLY THE PLOT BY INDING INCPECTION CITY OF PORTLAND, ME If outtook is a content to all applicable in the property of the policy in the code Official's authorized.
Signature of applicant:	afigur Date:	3/31/03
This is NOT a permit your	may not commence A	/ / .NY work until the

This is NOT á permit, you maý not commence ANY work until the permit is issued.

	eny	229 FOREST AVENUE PORTLAND, ME 04101 TEL: 879-7700 FAX: 879-1570
	MIVE WILL	ENT CODE ENFORMENT
	PROM: DON WRITED TO THE PROME T	6 NT
	FAX: 874-8716 PHONE: REGARDING	HIP HOUSE-CONCRESS ST
NOW OFFERING:	CALL TO FIND OUT ABO	OUT OUR NEW CAPABILITIES
UNIQUE DIMENSIONA SIGNS	THIC FAX WILL C	ENFIRM THAT THE SMOULL (12" + 30" + 3/4 CUETEMENE IE FROM A 36" WELDED (BUILT TO SUCCEST 150#+) AFIXED TO THE BUILDING 12" GALVANIZED BOLTS
ELECTRIFIED SIGNAGE	21#) WILL R THE FACE OF USING COSTOM (THREE TOP, TH	IGN (18+84 × 74" WEIGHTONE E AFIKED FORT ABAINST THE WOODEN BUILDING PAINTED STEEL L BRAINETS PREWED TO THE BUILDING
	AND THE STEEL	SIBAL COITH STAINCESS # 10 x 11/2" SCREWS, HOLLD YOU NEED ANYTHING FURTHER ON THIS MIKE, PLEASE
	EARING	HETTERS CACE ME LETTERS

WWW.SIGNERYMAINE.COM



Smithwick & Clarke Insurance, Inc.

Local Knowledge • Experience WorldwideTM

Telephone: 207-761-1636 Facsimile: 207-761-2045 Toll Free: 1-800-370-1883

January 17, 2003

Jessica Keteyian Dba Gozy 州ア州からを 247B Congress Street Portland, ME. 04101

Dear Jessica,

We are pleased to enclose your Business Owner's policy issued by Middlesex Mutual effective 12/31/2002 to 12/31/2003. The policy premium will be invoiced directly by the insurance company with installments available.

Your policy provides \$29,000 of business contents while located at 247B Congress Street in Portland, ME. You also purchased the Broadening endorsement, which includes several additional coverages such as \$10,000 for outdoor signs, etc... Please consider if the limits are adequate to replace your property in the event of a loss and if any other locations/buildings should be insured.

Please contact our office if you employ any help so we may provide you with a quote for Worker's Compensation coverage, which is required of employers by the State of Maine.

If you have any questions concerning your policy or wish to make any changes, please contact our office.

We appreciate your business and hope we can assist you on all your insurance needs such as personal/business auto, homeowners/renters, health and life insurance. Good luck in your new venture.

Sincerely,

Suzanne Veilleux

MIDDLESEX MUTUAL ASSURANCE CO.

		BUSINE Policy	SSOMN	EKS P	OLICY D	ECLA	KATIONS
Insured's Name and M	ailing Address	No. CB0100010949					
JESSICA KETEYI	AN DBA	INCEPTION (Mo. Day Yr.)(12:01 AM Standard Time at your mailing address) $12/31/2002$					
COZY	CORPORA	EXPIRATION (A			'X' IF SUPPLEM		
247B CONGRESS		12/	31/200	3	X SUPPLE	MENTAL	DECLARATIO
PORTLAND, ME	04101	RENEWAL OR REWRITE OF NO. NEW					
Business Description:		Form of	Business			· · · · · · · · ·	
GIFT SHOP		☑ Individe		Par	_		Other
		Согроп			t Venture		
this policy.	of the premium and subject to all the terms						
DESCRIBED PREMIS	ES	Forms A		☐ Star			K Special
Premises No. Bldg. No.	Location		Mortgage	Holder Name	and Address		
SEE ATTACHED SUP	PLEMENTAL DECLARATIONS		SEE A	LLACHE	D SCHEDU	JLE .	
PROPERTY		PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.
1117			<u> </u>	L			<u></u>
Deductible \$	SEE ATTACHED SUPPLEMENTAL D	ECLARAT	IONS				
OPTIONAL COVERA	GES						
SEE ATTACHED SUP	PLEMENTAL DECLARATIONS						
LIABILITY AND MEI	DICAL PAYMENTS						
Except for Fire Legal Liabi annual period. Please refer to	ility, each paid claim for the following coverage paragraph D.4. of the Businessowners Liability Cov	ges reduces t verage Form.		of insurance Limits of In		during (he applicable
Liability and Medical Expense	s .	\$ 1,00	00,000				
Medical Expenses		\$	5,000	per persor			
Fire Legal Liability		\$ 10	00,000	any one fi	re or explosio	n	
TOTAL PREMIUM		s	350				
IVIAL PREMION							
FORMS AND ENDOR	SEMENTS: SEE ATTACHED SCHEI	OULE					
COUNTERSIGNATURE DATE	AGENCY AT	AGENT AND		ar a nw	- TMO T		
1	400 COMMERCIAL ST	SMITH	WICK &	CLARK	I INS I	NC &	
01/08/2003	PORTLAND, ME 04101	0641		coune (till by	0	

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORMS), COMMON POLICY CONDITIONS AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

MIDDLESEX MUTUAL ASSURANCE CO.

POLICY SCHEDULE

Policy Number:

Named Insured:

CB0100010949 JESSICA KETEYIAN DBA

COZY

Page 1 of 1

DESCRIPTION OF PREMISES - ADDRESSES

Bldg.

No. No. Address

001 001

247B CONGRESS STREET

PORTLAND

ME 04101

DESCRIPTION OF PREMISES - OCCUPANCY

Prems. Bldg.

No. No.

Occupancy

Construction

Protection

001 001

GIFT SHOPS

JOISTED MASONRY

02

COVERAGES PROVIDED

Prems. Bldg. No.

No.

Coverage

Limit of Insurance Inflation Guard

Deductible

Replacement Cost

001 001 BUSINESS PERSONAL PROPERTY

\$ 29,000 250

X

OPTIONAL COVERAGES DEDUCTIBLE - \$250

OPTIONAL COVERAGES

001

001

001

Prems. Bldg.

001

001

001

No. No.

Coverage

MONEY & SECURITY - ON PREMISES

MONEY & SECURITY - OFF PREMISES

EMPLOYEE DISHONESTY

Limits

10,000

10,000

\$ 5,000