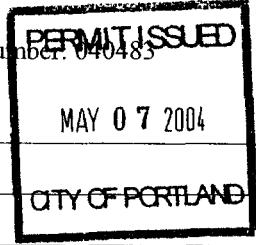


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 040483



Please Read Application And Notes, If Any, Attached

This is to certify that Sawyer Jane N/Joshua Eckel

has permission to 16 s.f. building sign

at 247 Congress St

021 F009001

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 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.

Notification of inspection must be given and work on permit must be completed before this building or part thereof is closed-in. HEAVY 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 _____

Jamie Bourke 5/5/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0483	Issue Date: MAY 07 2004	CBL: 021 F009001
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Location of Construction: 247 Congress St	Owner Name: Sawyer Jane N	Owner Address: Po Box 7225	CITY OF PORTLAND	Phone:
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Business Name:	Contractor Name: Joshua Eckels	Contractor Address: 191 Grant St Portland	Phone: 12073290403
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Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2B
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Past Use: Retail	Proposed Use: Retail w/16 s.f. building sign	Permit Fee: \$62.00	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description: 16 s.f. building sign	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 4 Type: Sign BOL A 1999
	Signature:	Signature: JMB 5/5/04

Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
Signature: _____ Date: _____

Permit Taken By: kwd	Date Applied For: 04/26/2004	Zoning Approval
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Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>OK 4/29/04</i>	Date: _____	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

Permit No: 04-0336	Date Applied For: 03/31/2004	CBL: 058 A027001
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Location of Construction: 42 Clark St	Owner Name: Mushial Erik & Caitlin J Jts	Owner Address: 42 Clark St	Phone: 207-774- 1496
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Change of Use - Condo Conversion	

Proposed Use: Change of use / Condominium conversion; from 3 units to 3 Condominiums	Proposed Project Description: Condominium conversion; from 3 units to 3 condominiums.
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Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 05/05/2004
Note: **Ok to Issue:**
 1) No building construction or alteration is authorized by this permit, Simply a change in the form of ownership.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Lt. MacDougal **Approval Date:** 05/03/2004
Note: **Ok to Issue:**
 1) smoke detectors shall be hard wired
 2) the boiler shall be seperated with an one hour enclosure or a smoke enclosure with domestic sprinklers
 3) vertical openings shall be fire rated with a minimum of one hour rating

040483

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: 247A Congress St.

Total Square Footage of Proposed Structure _____

Square Footage of Lot _____

Tax Assessor's Chart, Block & Lot: Chart# 21 Block# F Lot# 9

Owner: JANE N. SAWYER

Telephone: 772-6579

Lessee/Buyer's Name (if Applicable) _____

Applicant name, address & telephone: Annalee Poe
191 Grant St
Portland ME 04101
329-0403

Total s.t. of signage x \$1.00 per s.t. plus \$30.00 = Total Fee: \$ 2.00

Awning Fee = Cost Of Work: \$ 2.00

Total Fee: \$ 2.00

Current use: RETAIL

If the location is currently vacant, what was prior use: _____

Approximately how long has it been vacant: _____

Proposed use: Commercial (Retail)

Project description: NO X sign (16.5 sq. ft.)

Contractor's name, address & telephone: Joshua Eckels 191 Grant St Portland
04101
329-0403

Who should we contact when the permit is ready: Annalee Poe
Knitwit
247 Congress 04101
329-0403

Mailing address: _____

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: _____

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 APPROVE THIS PERMIT.

APR 26 2004

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 Officer'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: Annalee Poe

Date: 4/26/04

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

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 247 A Congress St. ZONE: B-2b

CBL: 21 / F / 9

SINGLE TENANT LOT? YES _____ NO X MULTI TENANT LOT? YES X NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES X NO _____

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS PROPOSED: _____
BLDG. WALL SIGN? (attached to bldg) YES X NO _____ DIMENSIONS PROPOSED: 32" x 96" x 5"

24 x 96 = 3072# = 14'
2 x 8 = 16# = 21.33'

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS: _____
BLDG. WALL SIGN(attached to bldg) ? YES X NO _____ DIMENSIONS: HAS BEEN REMOVED
AWNING? YES _____ NO X DIMENSIONS: _____

OK
16.5'

LOT FRONTAGE (FEET): 60
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 11' x 1.5 = 16.5'

AWNING YES _____ NO X 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 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: Amalee Pove DATE: 4/26/04

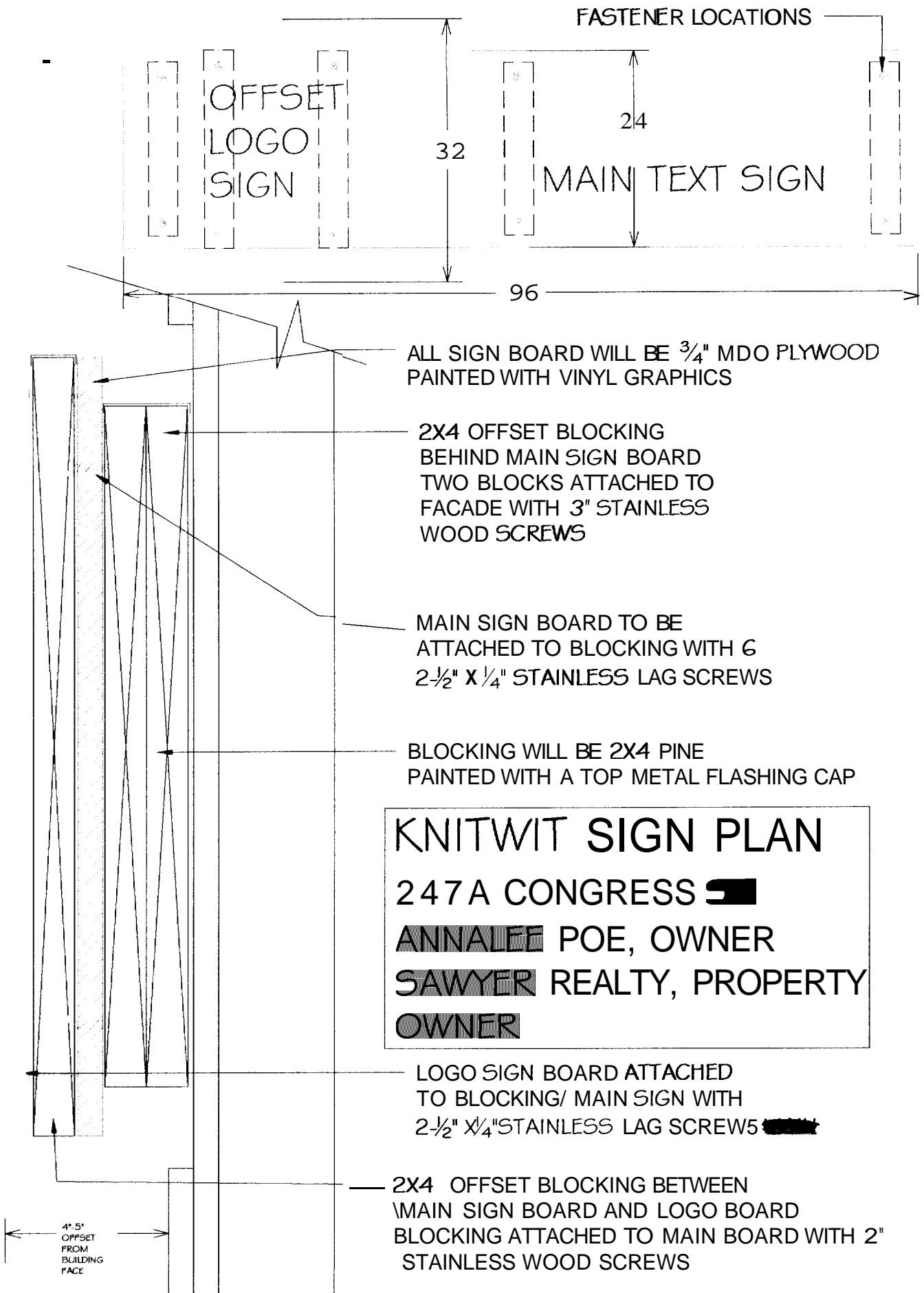
***** FOR OFFICE USE ONLY *****



247A CONGRESS ST.

 PROPOSED STORAGE INSTALLATION

SIDEWALK TO OVERHEAD CLEARANCE APPROX. 9'



FASTENER LOCATIONS

OFFSET
LOGO
SIGN

MAIN TEXT SIGN

32

24

96

ALL SIGN BOARD WILL BE 3/4" MDO PLYWOOD PAINTED WITH VINYL GRAPHICS

2X4 OFFSET BLOCKING BEHIND MAIN SIGN BOARD TWO BLOCKS ATTACHED TO FACADE WITH 3" STAINLESS WOOD SCREWS

MAIN SIGN BOARD TO BE ATTACHED TO BLOCKING WITH 6 2-1/2" X 1/4" STAINLESS LAG SCREWS

BLOCKING WILL BE 2X4 PINE PAINTED WITH A TOP METAL FLASHING CAP

KNITWIT SIGN PLAN
247A CONGRESS
ANNALEE POE, OWNER
SAWYER REALTY, PROPERTY OWNER

LOGO SIGN BOARD ATTACHED TO BLOCKING/ MAIN SIGN WITH 2-1/2" X 1/4" STAINLESS LAG SCREWS

2X4 OFFSET BLOCKING BETWEEN MAIN SIGN BOARD AND LOGO BOARD BLOCKING ATTACHED TO MAIN BOARD WITH 2" STAINLESS WOOD SCREWS

4'-5" OFFSET FROM BUILDING FACE

SCALE 1/8" = 1'

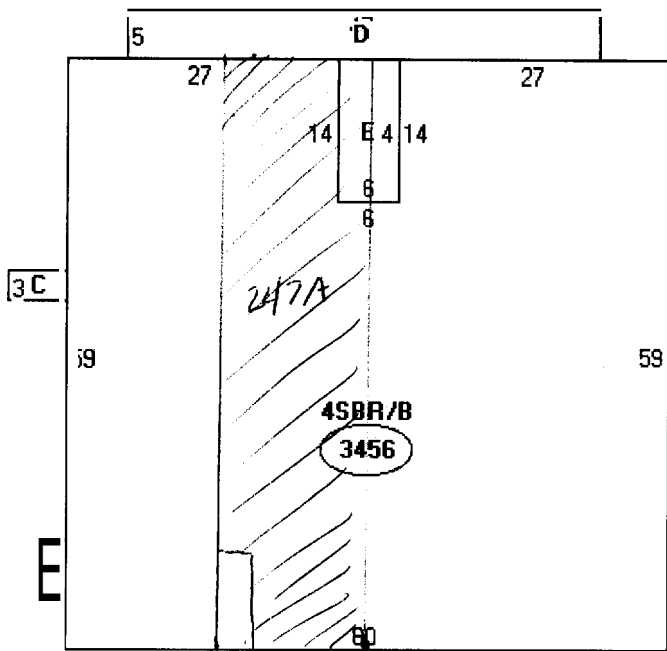


KNITWIT
YARN SHOP AND CAFE

JUMPWIRE SIGN GRAPHICS

32"

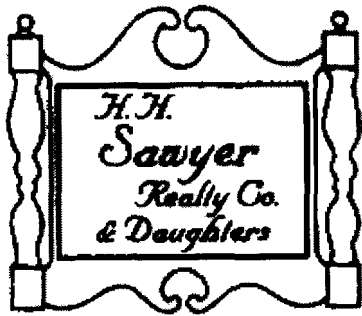
96"



Descriptor/Area

- A: 4SBR/B
3456 sqft
- B: 1SBR/B
18 sqft
- C: 3SFRBAY
18 sqft
- D: OFP/WD/W/D
235 sqft
- E: 1SFR/B
84 sqft

↑
SIGN LOCATION



395 Fore Street
P.O. Box 7225
Portland, ME 04112
Tel: (207) 772-6579
Fax: (207) 773-0680
sawyerrealty@earthlink.net

April 14, 2004

Anna Poe
247 Congress Street Store A
Portland, ME 04101

Dear Anna,

Please be advised that we give you permission to have signage for your business located at 247 Congress Street, 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.

Please contact the office if there are further questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Stacy Moore". The signature is fluid and elegant, with a prominent initial 'S'.

Stacy Moore
Office Manager
H.H. Sawyer Realty Company & Daughters

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

ADDITIONAL INSURED
CITY OF PORTLAND
389 CONGRESS ST
PORTLAND, ME 04101

INSURED:

ANNA LEE POE
DBA-KNITWIT
247 A CONGRESS ST
PORTLAND, ME 04101-3635

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO	POLICY EFF DATE	POLICY EXP DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	51-BO-304959-3001	03-01-04	03-01-05	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Any One Occurrence .. \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Included in Above - Any One Person or Organization
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON .. \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 50,000
<input type="checkbox"/> Other Liability				General Aggregate* .. 4,200,000 Prod/Comp Ops Aggregate* \$ 1,000,000
AUTOMOBILE LIABILITY				
<input checked="" type="checkbox"/> BUSINESS AUTO				Bodily Injury
<input type="checkbox"/> Owned				(Each Person) \$
<input type="checkbox"/> hired				(Each Accident) 6
<input checked="" type="checkbox"/> Non-Owned				Property Damage
				(Each Accident) \$
				Combined Single Limit \$
EXCESS LIABILITY				
<input type="checkbox"/> Umbrella Form				Each Occurrence 6 Prod/Comp Ops/Disease Aggregate* \$
STATUTORY LIMITS				
<input checked="" type="checkbox"/> Workers' Compensation and Employers' Liability				BODILY INJURY/ACCIDENT .. \$ Bodily Injury by Disease EACH EMPLOYEE \$ Bodily Injury by Disease POLICY LIMIT \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS
VEHICLES/RESTRICTIONS/SPECIAL ITEMS



Effective Date of Certificate: 33-01-2004
Date Certificate Issued: 04-26-2004

Authorized Representative: PHILIP M. O'HEARN
Countersigned at: NATIONWIDE INSURANCE
1087 FOREST AVE PORTLAND