

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED  
Permit Number: 050915  
AUG - 1 2005  
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that MARGINAL WAY PROPERTIES INC. Bay Canvas

has permission to Awning / no signage back of building.

AT 211 MARGINAL WAY

024 C001001

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 written permission procured before this building or part thereof is occupied or 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. Capt. Greg Cass 7-2-05

Health Dept.

Appeal Board

Other

DepartmentName

*[Signature]* 7/29/05  
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: 05-0915	Issue Date: <b>PERMIT ISSUED</b> AUG - 1 2005	CBL: 024 C001001
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<b>Location of Construction:</b> 211 MARGINAL WAY	<b>Owner Name:</b> MARGINAL WAY PROPERTIES I	<b>Owner Address:</b> 87 SEA MEADOWS LN	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Maine Bay Canvas	<b>Contractor Address:</b> 53 Industrial Way Portland	<b>Phone:</b> 2078788888
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Awning, no signage	<b>Zone:</b> B5

<b>Past Use:</b> Commercial	<b>Proposed Use:</b> Commercial awning in the back of the building	<b>Permit Fee:</b> \$39.00	<b>Cost of Work:</b> \$1,500.00	<b>(CEO District):</b> 1
Awning / no signage back of bldg.		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: U Type: Sig IBC 2003	
		Signature: Capt. [Signature]	Signature: [Signature]	

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 07/08/2005	<b>Zoning Approval</b>		
<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>		<b>Special Zone or Reviews</b> <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"/> Mipor <input type="checkbox"/> MM <input type="checkbox"/> Date: [Signature] 7/17/05	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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: [Signature]

**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.

Total Square Footage of Proposed Structure	Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>24</u> Block# <u>C</u> Lot# <u>001</u>	Owner: <u>MARGINAL Way Properties</u>
Lessee/Buyer's Name (If Applicable)	Telephone:
Applicant name, address & telephone: <u>Blake Findlay</u> <u>Planet Dog</u> <u>322 Fore St</u> <u>Portland, ME 04101</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: \$ _____
Current use: <u>Commercial</u>	
If the location is currently vacant, what was prior use: _____	
Approximately how long has it been vacant: _____	
Proposed use: <u>Awning (No Verbage) Back of Bldg.</u>	
Project description: _____	
Contractor's name, address & telephone: <u>Maine Bay Canvas</u> <u>53 Industrial Way, Portland</u>	
Whom should we contact when the permit is ready: <u>Daniel</u>	
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. <b>A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up.</b> PHONE: <u>878-8888</u>	

**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.**

*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>Blake Findlay</u>	Date: <u>7/5/05</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.**

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 211 Marginal Way ZONE: B-5

CBL: \_\_\_\_\_

SINGLE TENANT LOT? YES  NO  MULTITENANT LOT? YES  NO \_\_\_\_\_

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES \_\_\_\_\_ NO

### TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: \_\_\_\_\_ Height: \_\_\_\_\_

#### INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS PROPOSED: \_\_\_\_\_

BLDG. WALL SIGN? (attached to bldg) YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS PROPOSED: \_\_\_\_\_

#### INFORMATION ON **ALREADY** EXISTING AND **PERMITTED** SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

BLDG. WALL SIGN(attached to bldg) ? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

AWNING? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): \_\_\_\_\_

AWNING YES  NO \_\_\_\_\_ IS AWNING BACKLIT? YES \_\_\_\_\_ NO

HEIGHT OF AWNING: 3'-6" LENGTH OF AWNING: 6' DEPTH: 7'-6"

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.

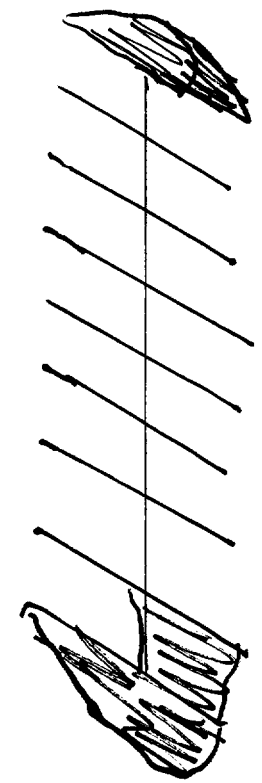
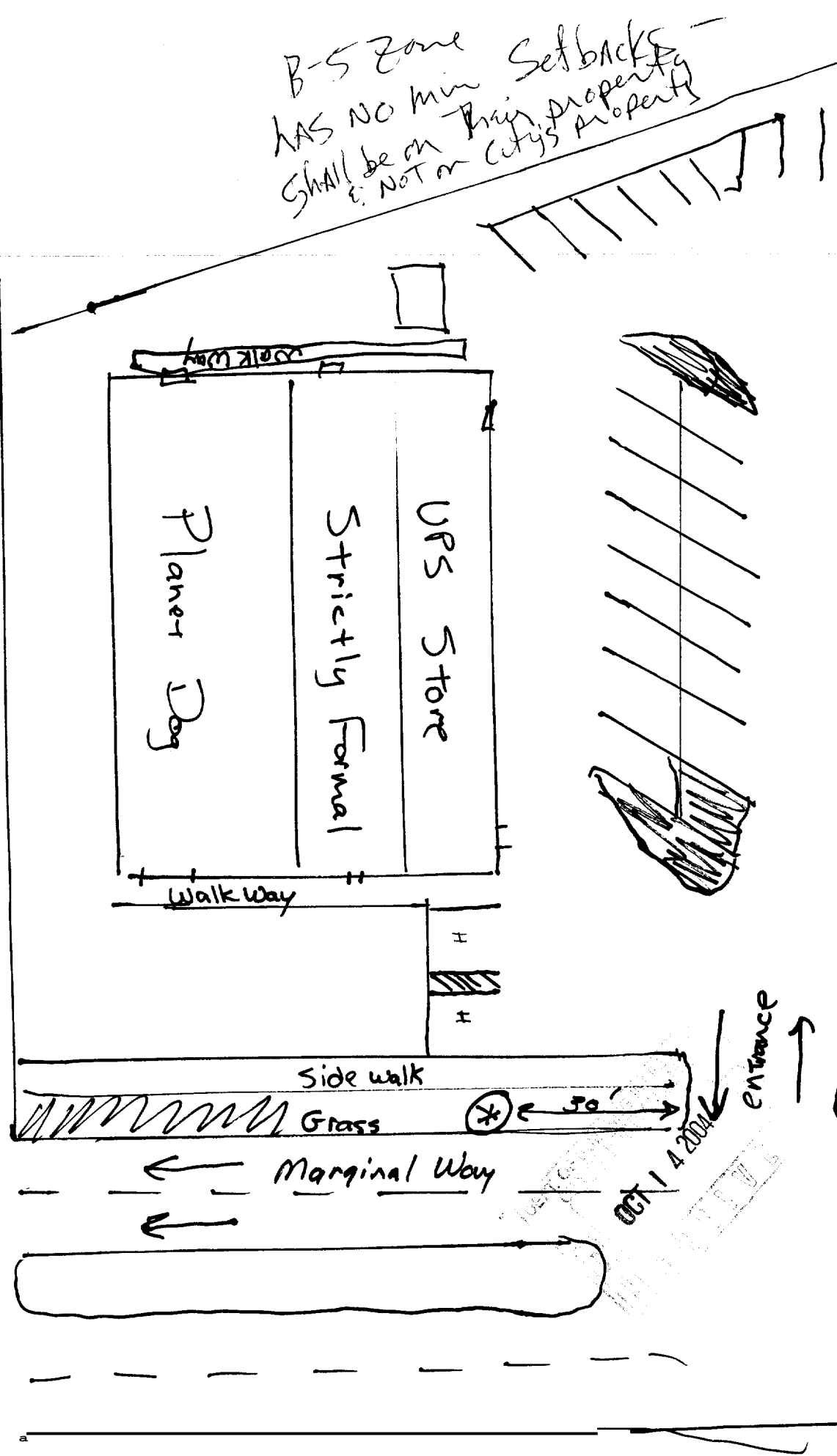
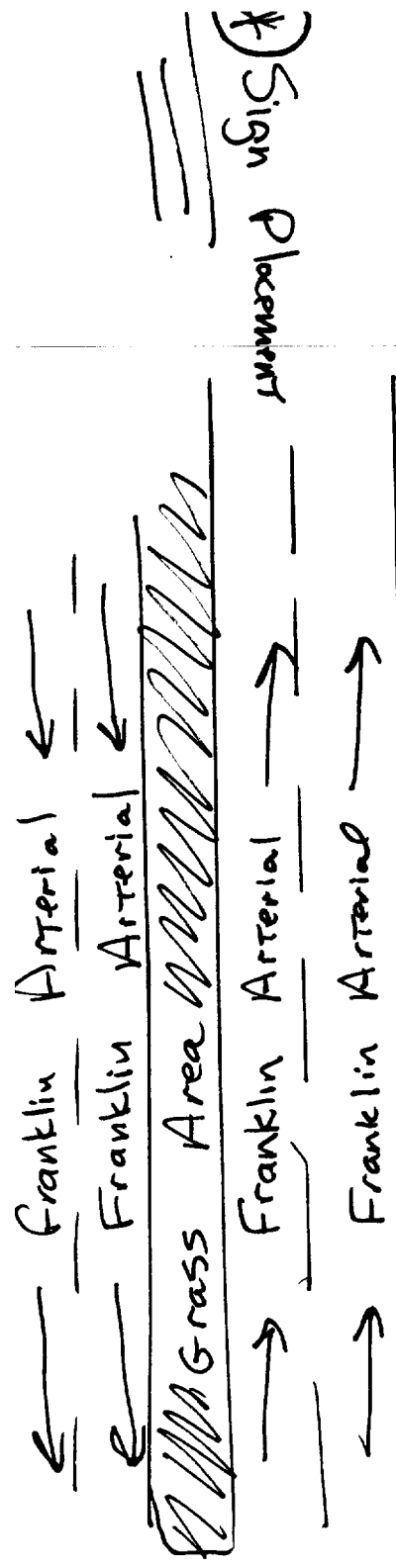
**A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED SIGNAGE ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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

B-5 zone  
HAS NO min Setbacks  
Shall be on this property  
& NOT on City's property

\* Sign Placement



OCT 14 2004

# ESTIMATE - CONTRACT

SOLD TO: Planet Dog

DEL. ADDRESS 211 Marginal Way  
Portland, ME 04101

MAIL ADDRESS \_\_\_\_\_

W.O. #	_____
JOB #	_____
DATE	<u>6/1/05</u>
EST. DEL. DATE	<u>4 weeks</u>
HOME PHONE	_____
BUS. PHONE	<u>347-8606</u>
FRAME STYLE	<u>welded/galv./steel</u>
FABRIC & COLOR	<u>To be determined</u>
FABRIC STYLE #	<u>Flame retardant</u>

*Approved  
6/13/05  
(R)*

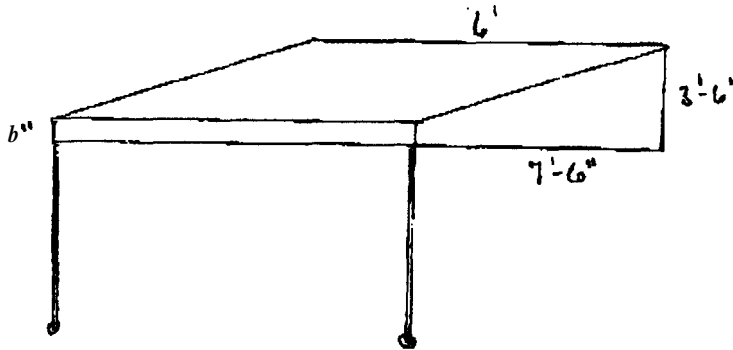
Manufacture and install one custom awning to *cover* the deliver door area on back of building.

Fabric: Heavy duty vinyl material for durability. Flame retardant and available in a wide variety of colors-

Frame: 2" square galvanized steel tubing. All welded construction. All welded joints are wire brushed, ground smooth, primed and painted. Stantions supports 1-3/8" round steel tubing.

Graphics: None quoted at this time but can quote any specific layout your interested in.

Scope: Fabric will be stretched taught with no puckers or gathering. Frame will be fastened securely to building and to walkway. Frame will be installed true and plumb.



*Looks Good!  
(R)*

ITEM!	ESTIMATE
as above.....	\$1,450.00
Tax	\$60.00
<b>ESTIMATE TOTAL</b>	<b>\$1,510.00</b>
LESS DEPOSIT	50%
<b>DUE UPON INSTALLATION</b>	<b>net</b>

**CONTRACT AGREEMENT**  
 Maine Bay Canvas, Inc. agrees to sell, deliver and install to the Buyer, and the Buyer agrees to purchase and accept from Maine Bay Canvas, Inc. the above described goods or property, subject to and upon the terms and conditions hereof expressed. Any alteration or deviation from specifications involving extra costs will become an additional charge over and above the quote.  
 Until the said total balance is paid in full and all of the conditions hereof are fully performed title to and ownership of the property purchased under this contract shall be and remain the property of Maine Bay Canvas, Inc.  
 No cancellations will be accepted after work has started, or on special order merchandise. Delivery dates shown are approximate unless otherwise stated.  
 Accounts 30 days past stated terms will be subject to a 15% annual finance charge.

BUYER \_\_\_\_\_  
 SELLER *David Taanum*

## Maine Bay Canvas

53 Industrial Way  
Portland, Maine 04103

207-878-8888

Fax: 878-5119

# Certificate of Flame Resistance



REGISTERED  
APPLICATION  
No.

F-69

ISSUED BY

WEBLON INC.  
DIVISION OF HERCULITE PRODUCTS  
ABERDEEN ROAD, PO BOX 435  
EMIGSVILLE PA 17318  
717-764-1192

Date Work Performed

3/18/04

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflamable).

FOR ASTRUP COMPANY AT 2937 WEST 25th STREET

CITY CLEVELAND STATE OHIO 44113

Certification is hereby made that: (Check "a" or "b")

- (a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used \_\_\_\_\_ Chem. Reg. No. \_\_\_\_\_

Method of application \_\_\_\_\_

- (b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used WEBLON-POLYEST Reg. No. F-69

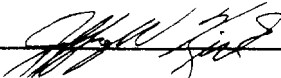
The flame Retardant Process Used WILL NOT Be Removed By Washing  
(will or will not)

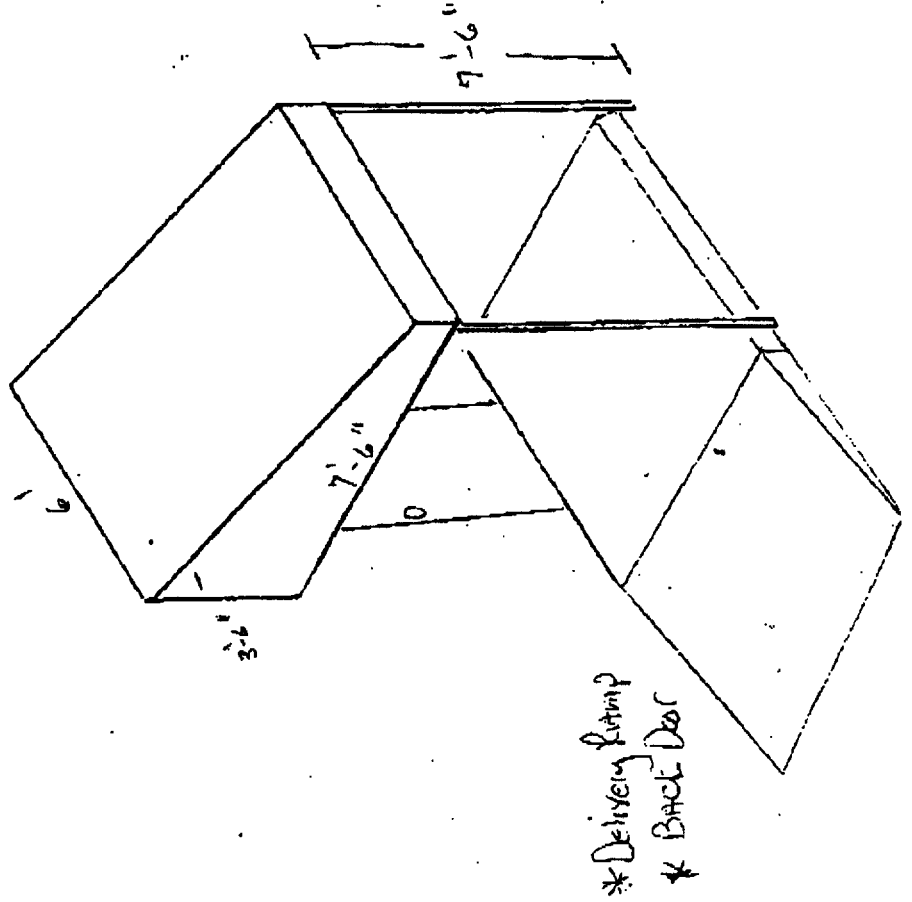
PETER COHAN  
Name of Production Superintendent

By MICHAEL GATTI, Q C MANAGER  
Title

We hereby certify this to be a true copy of the original "CERTIFICATE OF FLAME RESISTANCE" issued to us, "original copy" of which has been filed with the California State Fire Marshal.

The ASTRUP COMPANY

By 



TRANUM  
 6/13/05



PRODUCER  
**Pack and Ship**  
**JoeMaxGreen Insurance Concepts**  
**350 E. Devon Ave. Suite 154**  
**Tasca IL 60143-1251**  
**Phone: 630-467-2620 Fax: 630-467-0700**

**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

**LSV 111, LLC.**  
**dba The UPS Store #0279 & 4137**  
**235 Bear Hill Rd. Ste. 302**  
**Waltham MA 02451**

**INSURERS AFFORDING COVERAGE**

INSURER A: **CNA**  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

CLASS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	2074558186		10/16/05	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$300,000
	<input type="checkbox"/>				MED EXP (Any one person) \$10,000
	<input checked="" type="checkbox"/> <b>Business Owners</b>				PERSONAL & ADV INJURY \$1,000,000
					GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COM/PROP AGG \$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
H	<b>AUTOMOBILE LIABILITY</b>	2072271949	10/16/04	10/16/05	COMBINED SINGLE LIMIT (EA accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS					
	<b>GARAGE LIABILITY</b>				
	<input type="checkbox"/> ANY AUTO				
A	<b>EXCESS LIABILITY</b>	2074558186	10/16/04	10/16/05	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				
<input checked="" type="checkbox"/> RETENTION \$10,000					
A	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>	2074558205	10/16/04	10/16/05	WC STATUTORY LIMITS OTHER
					E.L. EACH ACCIDENT \$1,000,000
					E.L. DISEASE - EA EMPLOYEE \$1,000,000
					E.L. DISEASE - POLICY LIMIT \$1,000,000
A	<b>OTHER</b>	2072271949	10/16/04	10/16/05	LOC 1 113568
	<b>Business Owners</b>				LOC 2 108160

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISION  
**Additional Insured Where Required By Contract Or Agreement In Favor Of Certificate Holder**

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

CITY OFF

**City of Portland**  
**389 Congress Street**  
**Portland ME 04101**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

*[Signature]*