

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 061298

Please Read Application And Notes, If Any, Attached

This is to certify that METROPOLITAN APARTMENTS LLC /Keever

has permission to new sign - Mainely Masters

AT 439 CONGRESS ST

027 B004001

PERMIT ISSUED  
NOV - 1 2006  
CITY OF PORTLAND

provided that the person or persons who apply for and accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission is procured before this building or part thereof is altered or service is closed-in. 24 HOUR NOTICE 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

*[Signature]*  
11/01/06  
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: 06-1298	Issue Date:	CBL: 027 B004001
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Location of Construction: 439 CONGRESS ST	Owner Name: METROPOLITAN APARTMENTS	Owner Address: 429 ELMWOOD RD	Phone:
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Business Name: Mainly Masters	Contractor Name: Keever	Contractor Address: 15 Van Vechten Street Portland	Phone: 2078070250
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Lessee/Buyer's Name: Forrest Keever	Phone: 207-807-0250	Permit Type: Signs - Permanent	Zone: B-3
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Past Use: Commercial	Proposed Use: Commercial- new sign -Mainly Masters	Permit Fee: \$82.00	Cost of Work: \$82.00	CEO District: 1
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FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>TBC 2003</i> <i>[Signature]</i>
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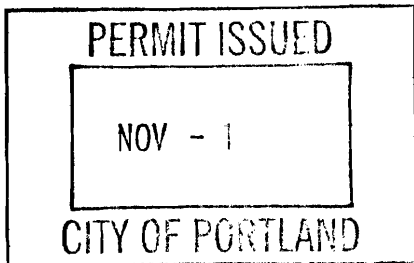
Proposed Project Description:  
new sign - Mainly Masters  
*change use under # 06-1421*

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: Idobson	Date Applied For: 09/06/2006	<b>Zoning Approval</b>	
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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..

<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"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/> Date: <i>OK 9/27/06</i>	<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:
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*OK approved design as submitted to 10/25/06 CM 10/25/06*

**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>437 Congress St.</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>27</u> Block# <u>B</u> Lot# <u>4</u>	Owner: <u>Port Property Management</u>	Telephone: <u>207-761-0832</u>
Lessee/Buyer's Name (If Applicable) <u>Forest Keav</u>	Contractor name, address & telephone: <u>Keav</u> <u>15 Van Vechten St.</u> <u>Portland, ME 04103</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: <u>\$82.</u> Awning Fee= cost of work _____ Total Fee: \$ _____

Who should we contact when the permit is ready: Forest Keav phone: 207 707 0950

Tenant/allocated building space frontage (feet): Length: 13'6" Height: 16  
Lot Frontage (feet) 90 Single Tenant or Multi Tenant Lot Multi

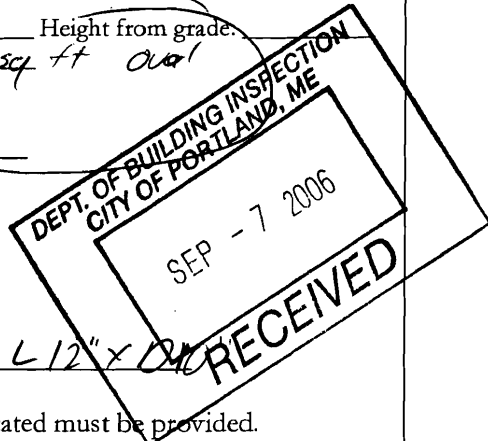
Current Specific use: Vacant  
If vacant, what was prior use: Office / Opera Company  
Proposed Use: Art Gallery / Retail

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: 26 sq ft over

Proposed awning? Yes \_\_\_ No  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 \_\_\_ No  Dimensions: \_\_\_\_\_  
 Awning? Yes  No \_\_\_ Sq. ft. area of awning w/communication: 12'4" x 12'4"

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.



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](http://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: <u>[Signature]</u>	Date: <u>9/6/06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 06-1298	<b>Date Applied For:</b> 09/06/2006	<b>CBL:</b> 027 B004001
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<b>Location of Construction:</b> 439 CONGRESS ST	<b>Owner Name:</b> METROPOLITAN APARTMENTS	<b>Owner Address:</b> 429 ELMWOOD RD	<b>Phone:</b>
<b>Business Name:</b> Mainely Masters	<b>Contractor Name:</b> Keever	<b>Contractor Address:</b> 15 Van Vechten Street Portland	<b>Phone</b> (207) 807-0250
<b>Lessee/Buyer's Name</b> Forrest Keever	<b>Phone:</b> 207-807-0250	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial- new sign -Mainely Masters	<b>Proposed Project Description:</b> new sign - Mainely Masters
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<b>Dept:</b> PAD	<b>Status:</b> Pending	<b>Reviewer:</b> Carrie Marsh	<b>Approval Date:</b>
<b>Note:</b>			<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 09/27/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 11/01/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			

**Comments:**  
9/14/2006-mes: trying to establish use before issuing signage. Left message for Forrest - in M's hold  
9/27/2006-mes: just received permit to change the use to retail

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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/05/2006

PRODUCER (207)283-1488 FAX (207)283-4258  
**Paquin & Carroll Insurance**  
 260 Main St.  
 P.O. Box 356  
 Biddeford, ME 04005

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 **Forest Keever**  
**DRA: Mainely Masters**  
 15 Van Vechten Street  
 Portland, ME 04103

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	<b>MMC Insurance Company</b>	<b>15997</b>
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

## 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 ADD'L ITR	INSRT	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <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	<b>BP0429148</b>	<b>08/04/2006</b>	<b>08/04/2007</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>250,000</b>
						MED EXP (Any one person)	\$ <b>5,000</b>
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ <b>1,000,000</b>
						PRODUCTS - COMP/OP AGG	\$
		<b>AUTOMOBILE LIABILITY</b> <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)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

**City of Portland**  
**Building Inspections**  
 389 Congress Street  
 Room 315  
 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 **10** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**Andrea Todd**

# Port Property

M A N A G E M E N T

September 5, 2006

City of Portland  
389 Congress Street  
Portland, ME 04101

Re: Sign Approval for Mainely Masters

I hereby grant Forrest Keever and Mainely Masters approval to erect a sign on the front of the premises they rent from us at 437 Congress Street in Portland. The parcel ID from [Portlandassessor.com](http://Portlandassessor.com) for 439 Congress Street is 027 B004001. Please call me if you need anything further.

Sincerely,

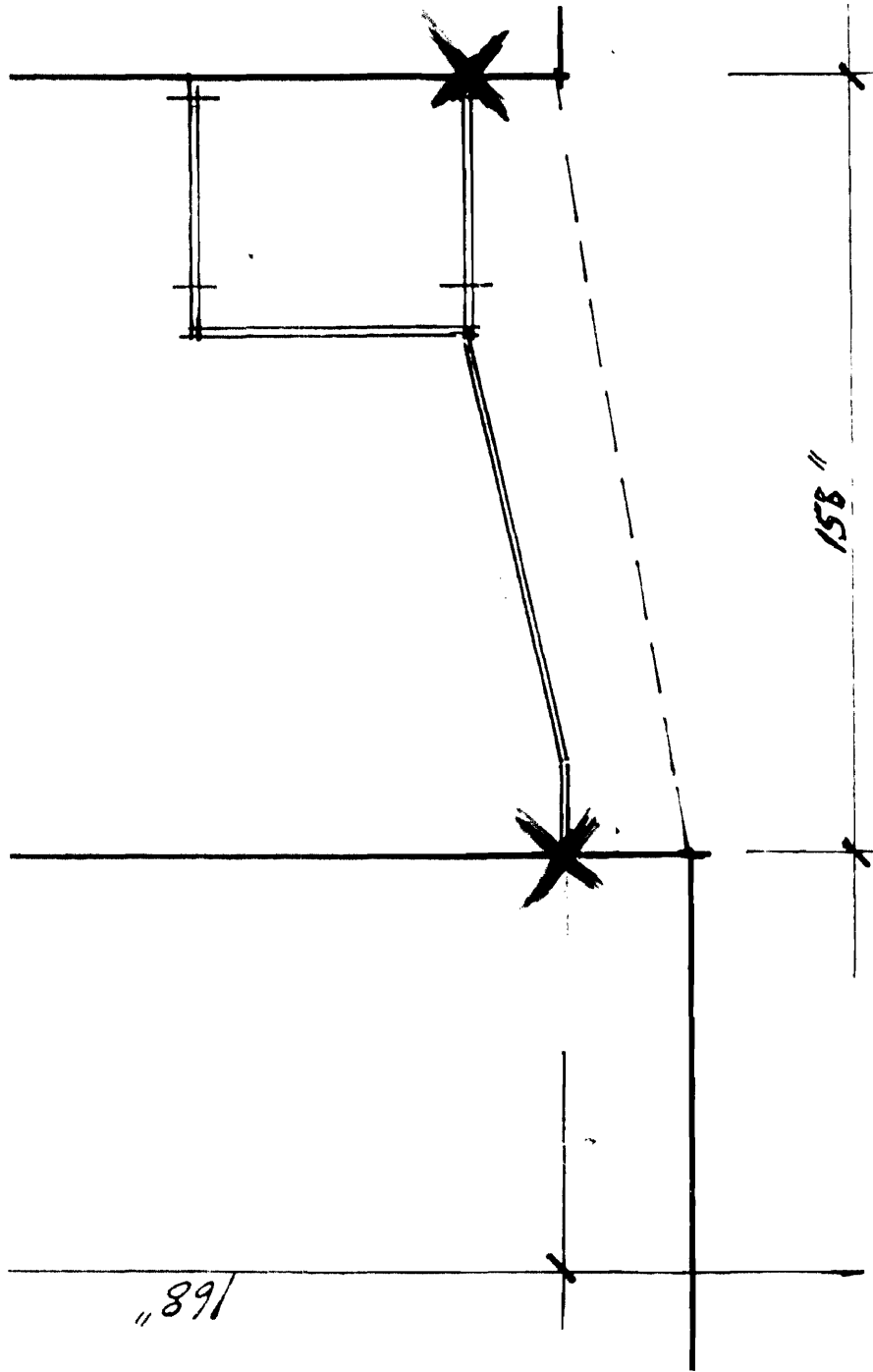
Russ Pierce  
Manager, Metropolitan Apts, LLC.

9-6-01

Custom Curved and Sandblasted Wood Sign.  
To be painted in life like colors.




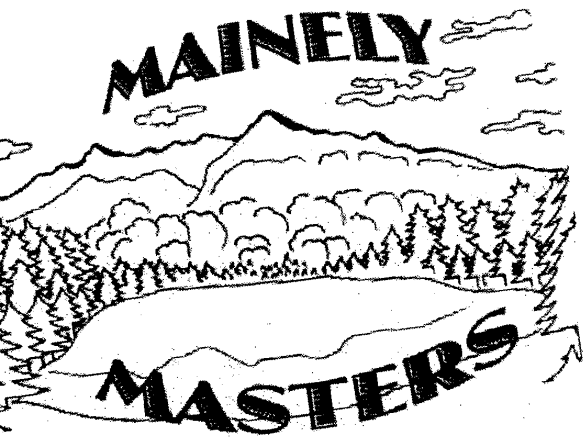




make fold



 Hand 102506



① Received 10/25/06

Carrie -  
This was dropped  
off by an applicant  
whose sign appl.  
you are reviewing.  
Here is a copy of  
the final lettering  
for the sign. Jen