

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 031091

Please Read Application And Notes, If Any, Attached

This is to certify that One Monument Way Llc / Applicant

has permission to Erect a 36"x20" Wall Sign and a 36"x20" Freestanding Sign

AT 34 City Ctr called 11 Free ST 027 F011001

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.

Inspection must be given and when permission is granted before this building or part thereof is occupied or otherwise used-in-accordance with the permit. YOUR 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

[Signature]
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: 03-1091	Issue Date:	CBL: 027 F011001
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Location of Construction: 34 City Ctr / <i>called 11 Free St</i>	Owner Name: One Monument Way Llc	Owner Address: One Monument Way	Phone: 838-3939
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Office Space/Commercial	Proposed Use: Office Space/Commercial	Permit Fee: \$54.00	Cost of Work: \$54.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>U</i> Type: <i>NA</i> <i>Sign</i>	

Proposed Project Description:
Erect a 36"x20" Wall Sign and a 36"x24" Sidewalk Sign - *not a zoning issue*

Signature: _____ Signature: *[Signature]* Date: *9/14/03*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: *D. Anderson* Date: *9/14/03*

Permit Taken By: gad	Date Applied For: 09/03/2003	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 information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p><i>[Signature]</i> Date: <i>9/12/03</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input checked="" type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><i>to D.A 9/12/03</i></p> <p>Date: _____</p>
	<p><i>D.A. 9/14/03</i></p>		

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

03-1091

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>11 FREE STREET, PORTLAND / 34 City Center</u>		
Total Square Footage of Proposed Structure <u>SPACE SQ/FTG = 1305</u>	Square Footage of Lot <u>23'</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>027</u> Block# <u>F</u> Lot# <u>011</u>	Owner: <u>ONE MONUMENT WAY, LLC</u>	Telephone: <u>838.3939</u>
Lessee/Buyer's Name (if Applicable) <u>WALLIS GIRLS, INC</u> <u>CHANTAL DOVE & JEN DIVENTI</u>	Applicant name, address & telephone: <u>WALLIS GIRLS</u> <u>18 MONUMENT SQ</u> <u>PORTLAND ME 04101</u> <u>207.780.6732</u> <i>2.00</i> <i>1250 sq ft</i> <i>TOTAL</i>	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: <u>\$ 54.00</u> Awning Fee = Cost Of Work: \$ <u>N/A</u> Total Fee: \$ <u>N/A</u>
Current use: <u>N/A</u>		
If the location is currently vacant, what was prior use: <u>TALENT TREE</u>		
Approximately how long has it been vacant: <u>2 MONTHS</u>		
Proposed use: <u>RETAIL WOMENS CLOTHING & ACCESSORIES</u>		
Project description: <u>RETAIL</u>		
Contractor's name, address & telephone: <u>ONE MONUMENT WAY, LLC</u>		
Who should we contact when the permit is ready: <u>CHANTAL DOVE</u>		
Mailing address: <u>PO BOX 15108</u> <u>PORTLAND ME 04112</u>		
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: <u>207.780.6732</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>Chantal Dove</u>	Date: <u>18 August 2003</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.

CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way. Amount must equal \$400,000.00.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. Indicate on the plan all existing and proposed signs with their dimensions and specific locations.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.
- Certificate of Flammability required for awning or canopy at time of application.
- UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**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.**

Steel Mantle
w/ wood
22 lbs

38"

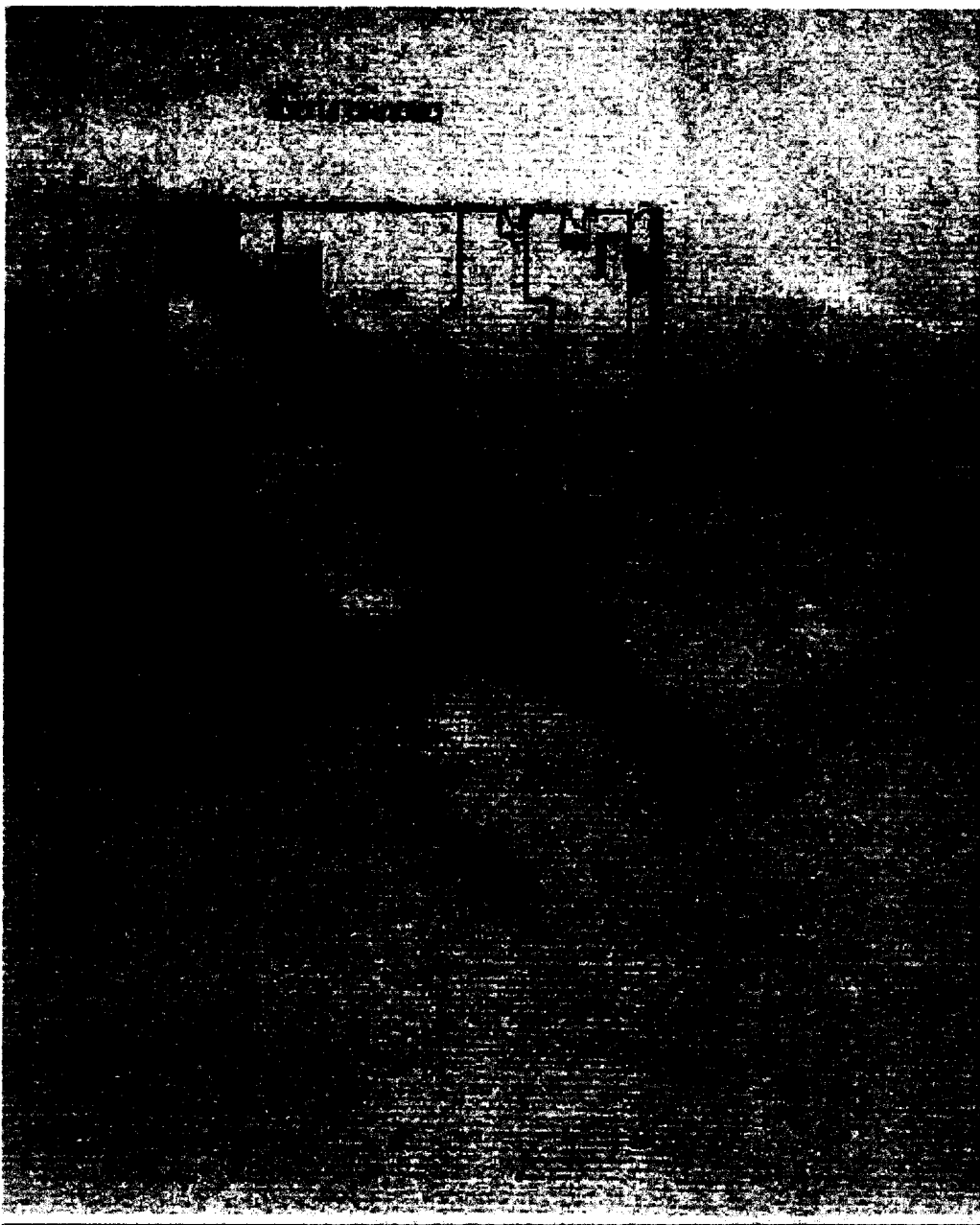
3/4" - 1"

Waller's girls

Cherry & Co. Furniture

24"

30"



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/18/2003

PRODUCER (207)774-6257 FAX (207)774-2994
Clark Associates
2385 Congress Street
P O Box 3543
Portland, ME 04104

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 Wallis Girls Inc
18 Monument Square #3
Portland, ME 04101

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	MMG Insurance Company	15997
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 LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	BP0422476	10/28/2002	10/28/2003	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMPROP AGG	\$ 1,000,000
	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				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
					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

389 Congress Street
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
Johanna Kerry/HANNA

Johanna C. Kerry

ONE MONUMENT WAY, LLC
ONE MONUMENT WAY
SECOND FLOOR
PORTLAND, MAINE 04101
207/773-0225
TELEFAX 207/773-8832

August 5, 2003

City of Portland
389 Congress Street
Portland, ME 04101

Dear Sir or Madam,

This letter is to confirm that Kim Volk of One Monument Way, LLC ("Lessor"), the owner of the building located at 6-15 Monument Square and 9-17 Free Street and referred to as One Monument Way, does hereby give permission to Chantal Dove and Jen DiVenti of Wallis girls, Inc. ("Lessee"), to put a hanging sign on an existing sign holder attached to the building above their location at 11 Free Street, in a manner consistent with existing signs on that block of Free Street.

Lessor reserves the right to approve sign design before installation.

Sincerely,



Kim Volk



Seen & Agreed by Lessee

By: Chantal Dove
Wallis girls, Inc.

Its:

24"

Walls

*Nothing &
Accessories
for Women*

OPEN

36"

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 11 FREE STREET ZONE: B3

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: _____
BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: 36" x 20"

Handwritten notes:
38" x 24" = 86" x 14"
show = 6"

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: _____

Handwritten notes: BARK ROLL "48 x 36", HEALTH COACHES 36" x 30", DSL LITER 36" x 60"

LOT FRONTAGE (FEET): _____
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): ~ 10' x 2' = 20'

AWNING YES _____ NO IS AWNING BACKLIT? YES _____ NO _____

HEIGHT OF AWNING: _____ LENGTH OF AWNING: _____ DEPTH: _____

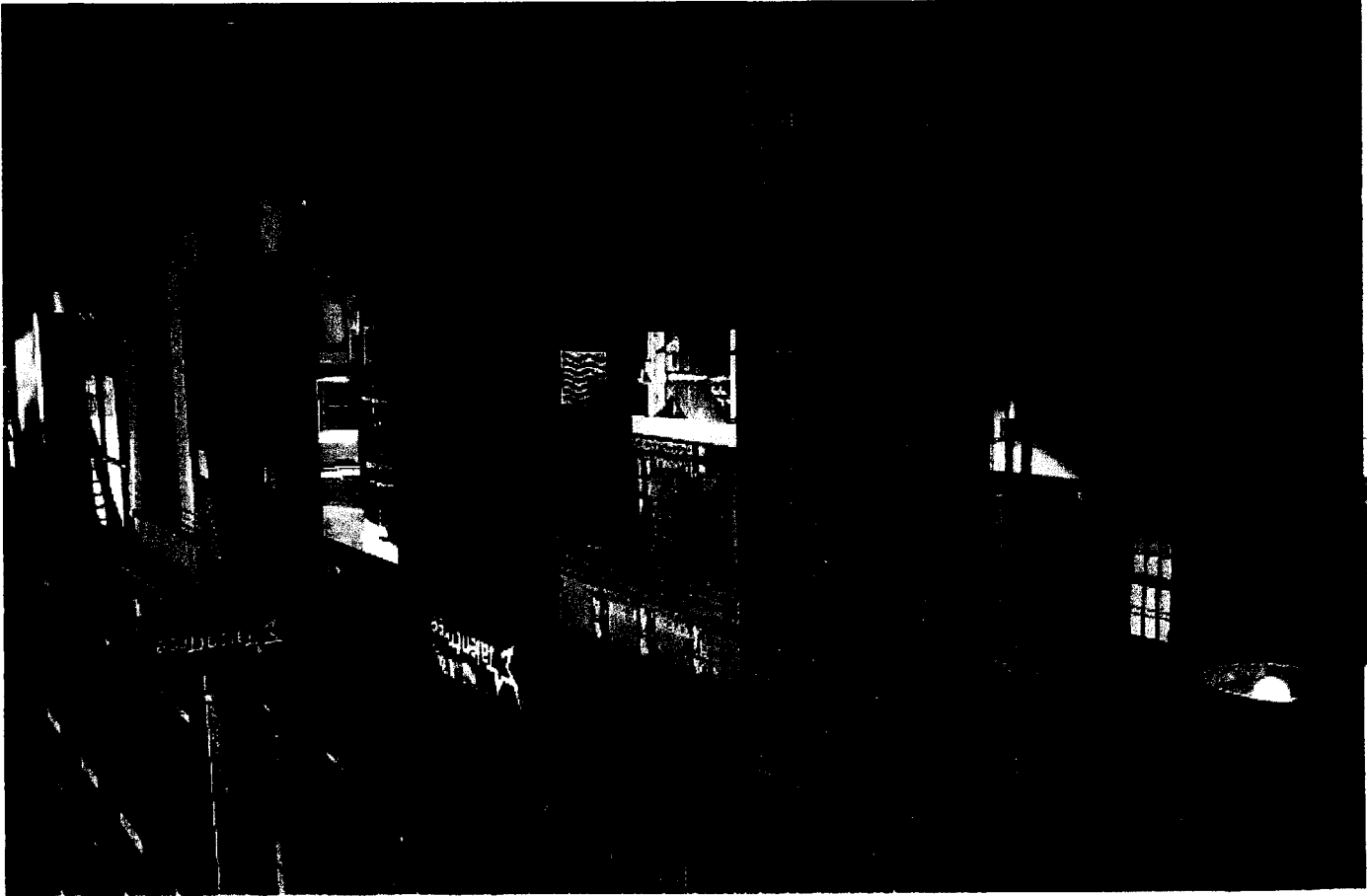
IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES _____ NO _____

IF YES, TOTAL S.F. OF PANELS 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] DATE: 18 August 2003

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



will use
existing bracket