

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 071233

Please Read
Application And
Notes, If Any,
Attached

This is to certify that ONE MONUMENT WAY INC /Graphic Arts Inc
has permission to Retail - Install new 30" x 24" sign "I'Ac Arts"
AT 34 CITY CTR 027 F011001

PERMIT ISSUED
NOV 14 2002
CITY OF PORTLAND

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 altered 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Chris S. O'Neil 02/14/02
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: 07-1233	Issue Date: 11/14/07	CBL: 027 F011001
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Location of Construction: 34 CITY CTR	Owner Name: ONE MONUMENT WAY LLC	Owner Address: ONE MONUMENT WAY	Phone:
Business Name: J'Accents	Contractor Name: Graph X Signs, Inc	Contractor Address: P.O. Box 805 Yarmouth	Phone: 2078295063
Lessee/Buyer's Name: Jackie Dennis	Phone: 207-773-9400	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial / Retail - <i>Plannigan's Fine Art</i>	Proposed Use: Commercial / Retail - Install new 30" x 24" sign "J'Accents"	Permit Fee: \$71.00	Cost of Work: \$71.00	CEO District: 1
Proposed Project Description: Retail - Install new 30" x 24" sign "J'Accents"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>5B</i> <i>Signature: JBC 11/14/07</i>	
		Signature: <i>[Signature]</i>	Signature: <i>11/14/07 [Signature]</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.): Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: <i>[Signature]</i> Date: <i>11/14/07</i>				

Permit Taken By: Idobson	Date Applied For: 10/01/2007	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 align="center">Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <i>OK 11/13</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>A.M.</i> Date:	<p align="center">Zoning Appeal</p> <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:	<p align="center">Historic Preservation</p> <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 <i>APM</i> Date:
	<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 align="center">Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <i>OK 11/13</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>A.M.</i> Date:	<p align="center">Zoning Appeal</p> <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:

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: 15 FREE ST.		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 027 F 011-001	Owner: ONE MONUMENT WAY, LLC	Telephone: 207-773-0225
Lessee/Buyer's Name (If Applicable) Jackie Dennis DBA J' ACCENTS	Contractor name, address & telephone: Graphix	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: \$ _____
Who should we contact when the permit is ready: Jackie Dennis phone: 207-773-9400 ^{203-470-0253 (cell)}		
Tenant/allocated building space frontage (feet): Length: 21 Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot Multi		
Current Specific use: Retail - WWS "Flamingo Fire Art" If vacant, what was prior use: _____ Proposed Use: 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 <input checked="" type="checkbox"/> No _____ Dimensions proposed: 30" x 24"		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions: 24" x 24" Awning? Yes _____ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____		
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.		

3 x 2 = 6 + 65 = 71

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, 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: J.P. Dennis	Date: 10/1/07
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This is not a permit; you may not commence ANY work until the permit is issued.

B3 - 2 x 21 = 42 ft

proposed sign 30" x 24" = 5 ft

OK

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-1233	Date Applied For: 10/01/2007	CBL: 027 F011001
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Location of Construction: 34 CITY CTR (15 Free St.)	Owner Name: ONE MONUMENT WAY LLC	Owner Address: ONE MONUMENT WAY	Phone:
Business Name: J'Accents	Contractor Name: Graph X Signs, Inc	Contractor Address: P.O. Box 805 Yarmouth	Phone: (207) 829-5063
Lessee/Buyer's Name Jackie Dennis	Phone: 207-773-9400	Permit Type: Signs - Permanent	

Proposed Use: Commercial / Retail - Install new 30" x 24" sign - "J'Accents"	Proposed Project Description: Retail - Install new 30" x 24" sign - "J'Accents"
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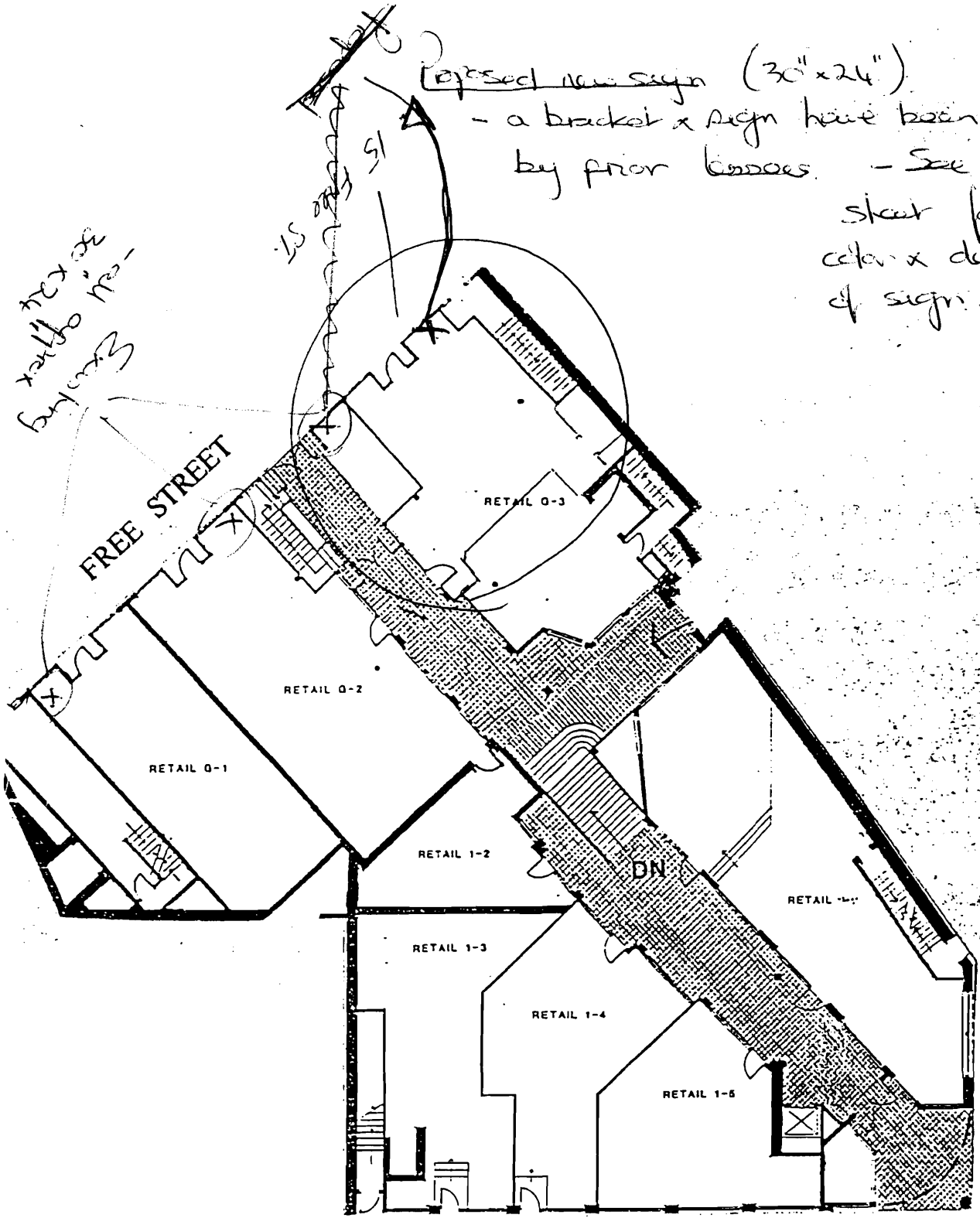
Dept: PAD	Status: Approved	Reviewer: Carrie Marsh	Approval Date: 11/07/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 10/24/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 11/14/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			

Comments: 10/23/2007-amachado: Left message for Jackie Dennis. Need to know who the previous tenant was and what the tenant frontage is.
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Proposed new sign (30" x 24")

- a bracket & sign have been here
by prior leases. - See attached

sketch for basic
color & design details
of sign.



GROUND FLOOR.

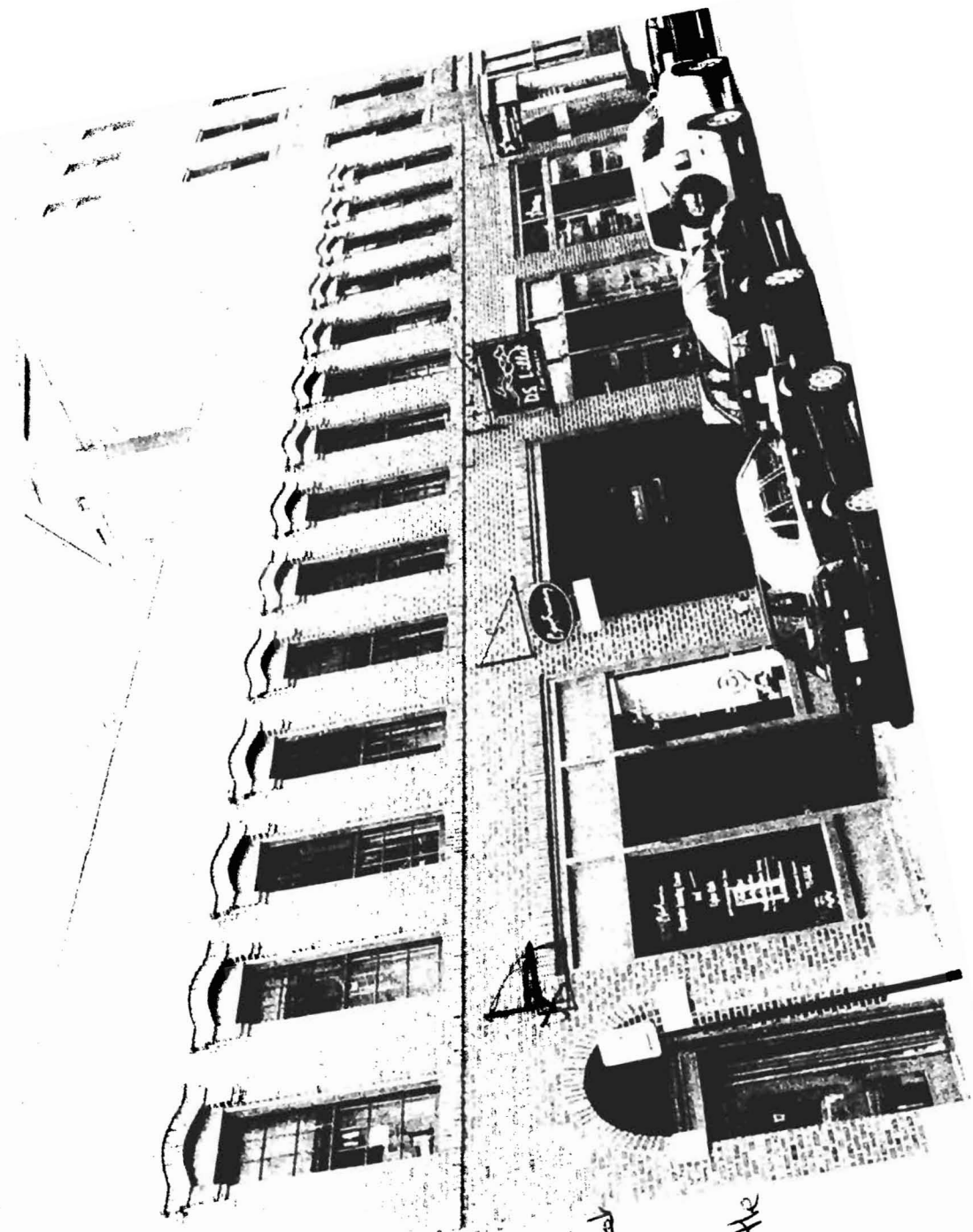
J'Accents

Inspirational Tablescapes

Wood x Vinyl - waterproof finish

30" 3/8 acrylic letters

30" wide x 2 1/4" high



Proposed new sign
-an existing bracket
has been
bracket in same
closure on all other
offices on the
building
JLD 1/12/20

ONE MONUMENT WAY, LLC

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

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 Jackie Dennis of J'Accents ("Lessee"), to erect a hanging sign attached to the building above their location at 15 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: Jackie Dennis
J'Accents
Its: Owner

COMMON POLICY DECLARATIONS

STORE PAC
BUSINESS: KITCHEN ACC

POLICY NO.: I-680-5693L788-IND-07

ISSUE DATE: 08-22-07

INSURING COMPANY:

THE TRAVELERS INDEMNITY COMPANY

1. NAMED INSURED AND MAILING ADDRESS:

JACCENTS
15 FREE ST

PORTLAND ME 04101

2. POLICY PERIOD: From 08-21-07 to 08-21-08 12:01 A.M. Standard Time at your mailing address.

3. DESCRIPTION OF PREMISES:

PREM. LOC. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
01	01	KITCHEN ACC	15 FREE ST PORTLAND ME 04101

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS and SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	IND

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
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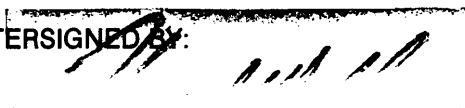
DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium	\$	500.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:



HOLDEN AGENCY\THE CHN84
P O BOX 10610
PORTLAND ME 04104
IL TO 19 02 05 (Page 1 of 01)
Office: SPRINGFIELD MA DOWN

Authorized Representative

DATE: _____

