

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

## BUILDING PERMIT

Please Read Application And Notes. If Any. Attached

Permit Number: 090349

PERMIT ISSUED  
MAY 3 2009

This is to certify that ONE MONUMENT WAY LLC East Sign

has permission to install 48" x 36.25" hanging sign

AT 1 MONUMENT WAY *called 13 Free St*

CB 027 F011001

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 lathed or otherwise dressed-in. 2 HOURLY 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

*Christy A. Mc* 5/7/09  
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: 09-0349	Issue Date: 05/07/09	CBL: 027 F011001
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Location of Construction: <i>called</i> 1 MONUMENT WAY/13 FREE ST	Owner Name: ONE MONUMENT WAY LLC	Owner Address: ONE MONUMENT WAY	Phone:
Business Name: D.S. Lillet	Contractor Name: Fast Signs	Contractor Address: 413 Western Ave. So. Portland	Phone 2077735499
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

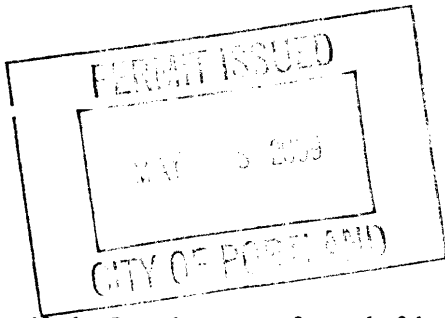
Past Use: Commercial - Florist "D.S. Lillet"	Proposed Use: Commercial - Florist "Compositions" x 36.25" hanging sign	Permit Fee: \$54.00	Cost of Work: \$54.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: <i>Signature</i> Use Group: <i>M</i> Type: <i>SB</i> <i>IBC-2003</i>	

Proposed Project Description: install 48" x 36.25" hanging sign	Signature: <i>CL 5/7/09</i>	Signature: <i>CL 5/7/09</i>
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: I.dobson	Date Applied For: 04/22/2009	<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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input 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 checked="" 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 5/14/09</i>	Date:	Date: <i>5/4/09</i>



*J. Andrews*

**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

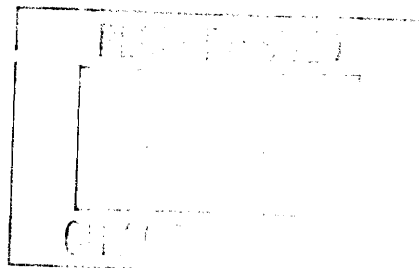
<b>Permit No:</b> 09-0349	<b>Date Applied For:</b> 04/22/2009	<b>CBL:</b> 027 F011001
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<b>Location of Construction:</b> 1 MONUMENT WAY/13 FREE ST	<b>Owner Name:</b> ONE MONUMENT WAY LLC	<b>Owner Address:</b> ONE MONUMENT WAY	<b>Phone:</b>
<b>Business Name:</b> D.S. Lillet	<b>Contractor Name:</b> Fast Signs	<b>Contractor Address:</b> 413 Western Ave. So. Portland	<b>Phone:</b> (207) 773-5499
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial - Florist "Compositions" x 36.25" hanging sign	<b>Proposed Project Description:</b> install 48" x 36.25" hanging sign
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<b>Dept:</b> Historic	<b>Status:</b> Approved	<b>Reviewer:</b> Deborah Andrews	<b>Approval Date:</b> 05/04/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 05/04/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Chris Hanson	<b>Approval Date:</b> 05/07/2009
<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.			
<b>Dept:</b> Fire	<b>Status:</b>	<b>Reviewer:</b> Capt Keith Gautreau	<b>Approval Date:</b>
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>

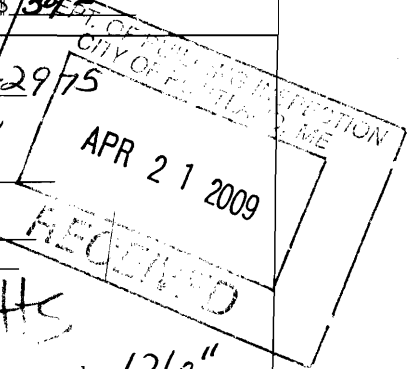
**Comments:**  
4/23/2009-gautreauk: The jewelry studio is considered extra hazardous and will require a 1 hour rating even with the automatic sprinkler system. I need plans for the rated wall.



# 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>13 FREE STREET PORTLAND, ME 04101</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner: <u>1 MONUMENT WAY</u>	Telephone: <u>207-347-0880</u>
Lessee/Buyer's Name (If Applicable) <u>John McWEIGH</u> <u>COMPOSITIONS LLC</u>	Contractor name, address & telephone: <u>FAST SIGNS</u> <u>207-773-5499</u> <u>413 WESTERN AVE S.B</u>	Total s.f. of signage x \$2.00 <u>12</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ <u>345</u>
Who should we contact when the permit is ready: <u>JOHN McWEIGH</u> phone: <u>917-592-2975</u>		
Tenant/allocated building space frontage (feet): Length: <u>17'x5"</u> Height: <u>12'x2 1/2"</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot		
Current Specific use: <u>VACANT</u> <sup>to be</sup> <u>retail</u> <u>17.5 x 2 = 35 sq ft</u> <u>MAX</u> If vacant, what was prior use: <u>FLORIST</u> Proposed Use: <u>FLORIST</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Height from grade: <u>126"</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: <u>48x36 1/4</u>		
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> Is awning backlit? Yes ___ No <input checked="" type="checkbox"/> 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: <u>48x36 1/4</u> 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.		



EXISTING BRACKETTS  
4 x 3 = 12 sq ft

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.

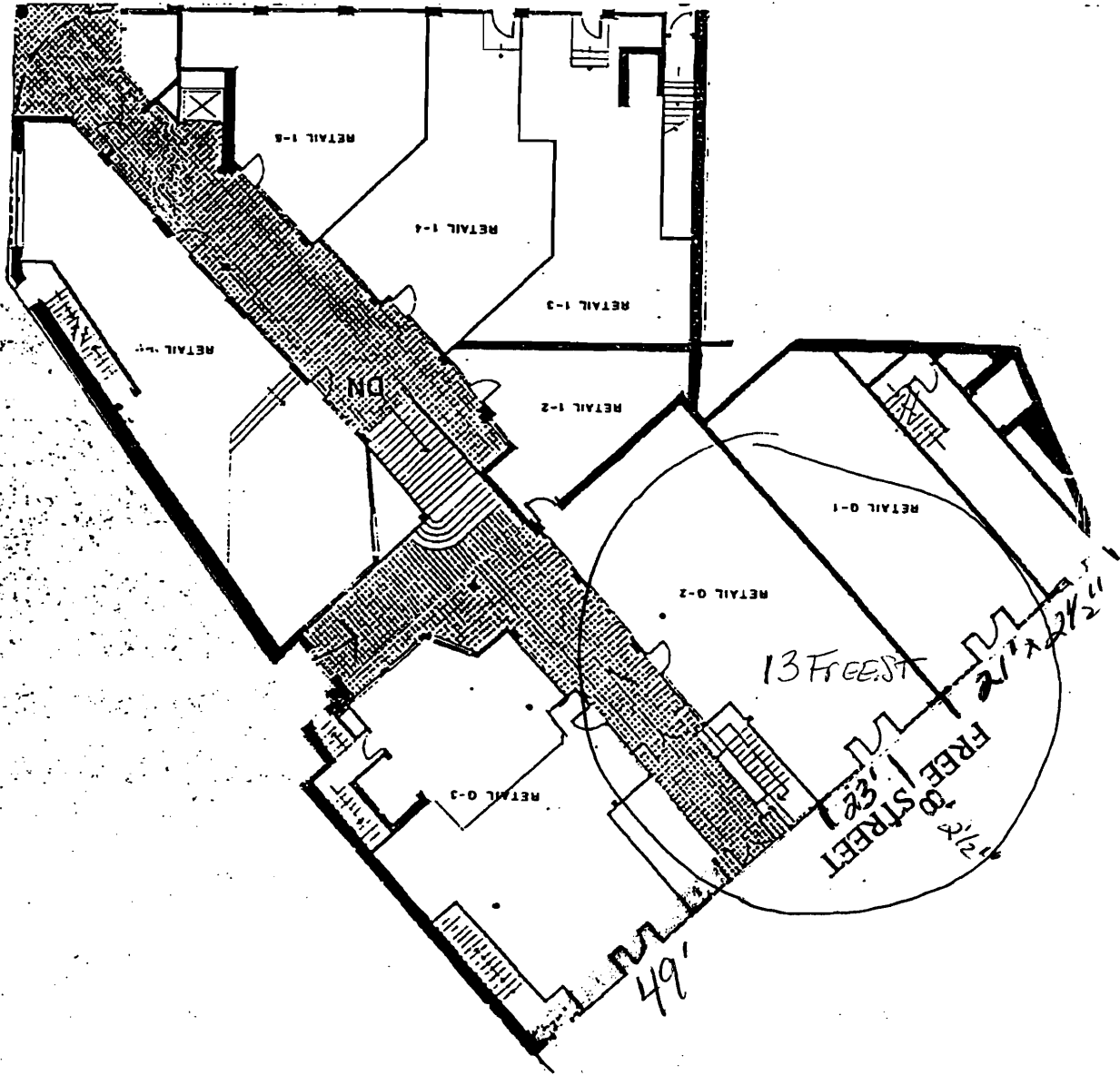
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building 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: [Signature] Date: 4/22/09

This is not a permit; you may not commence ANY work until the permit is issued.

GROUND FLOOR



April 14, 2009

City of Portland  
389 Congress Street  
Portland, ME 04101

Dear Sir or Madam,

This letter is to confirm that Heidi Holley 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 John Mcveigh of Composition, LLC ("Lessee"), to erect a hanging sign attached to the building above their location at 13 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,

A handwritten signature in black ink, appearing to be "Heidi Holley", written over a horizontal line.

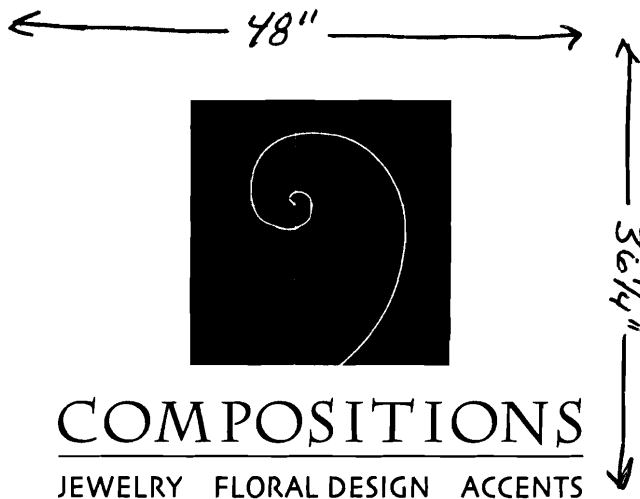
Heidi Holley

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Seen & Agreed by Lessee

By: John Mcveigh, Owner  
Its: Composition, LLC.

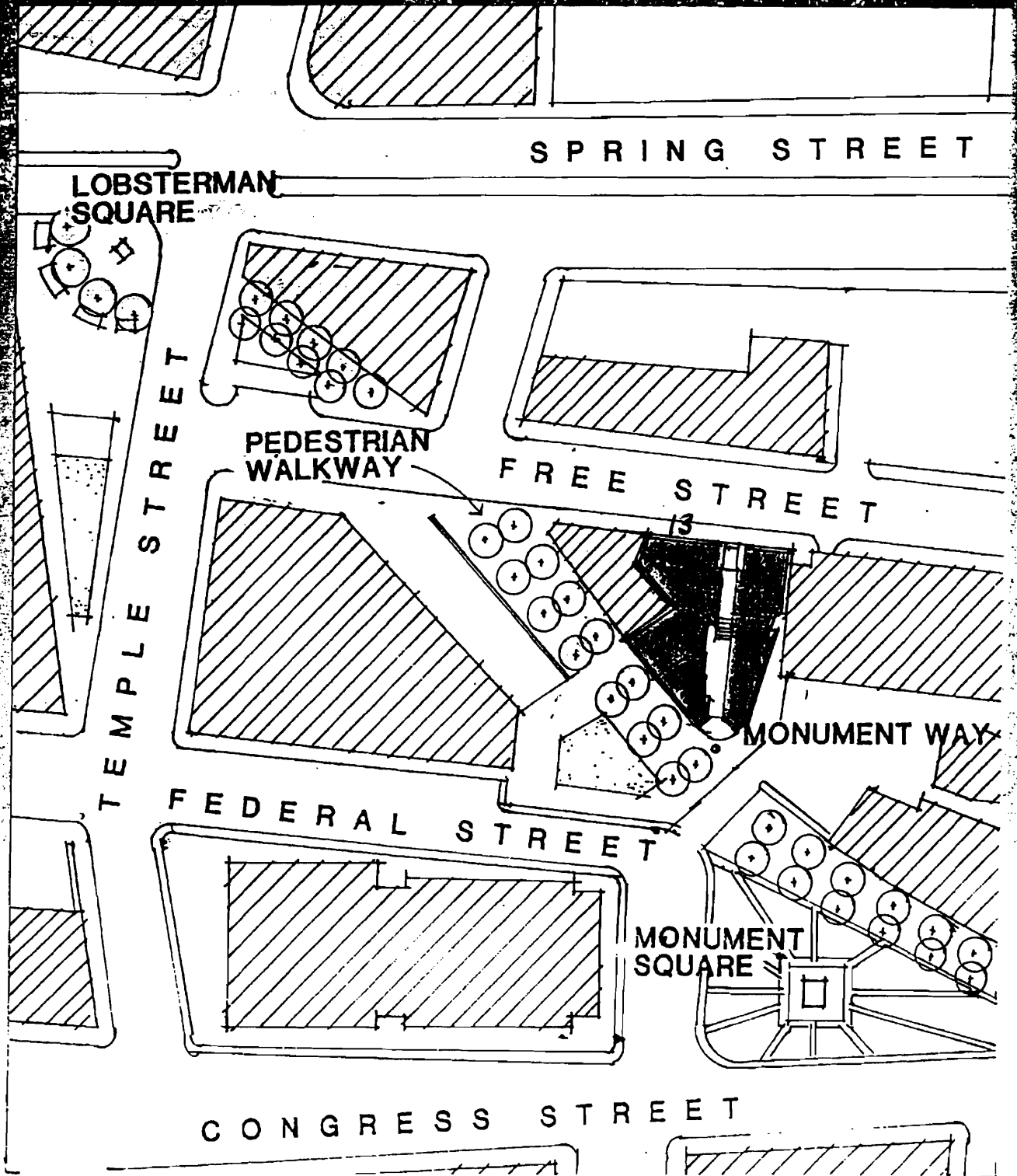
# Compositions Sign.



- WHITE VINYL BACKGROUND WITH DARK BORDERS; MATTE BLACK GRAPHICS OVER ALUMINUM BASE PLATE 1/8" THICK.

MATERIAL WILL BE MOUNTED TO EXISTING SIGN W/ STAINLESS SCREWS & DECORATIVE WASHERS

- EXISTING SIGN IS CONSTRUCTED OF FORGED STEEL AND WOOD PANEL INSERT.
- NEW SIGN WILL NOT REPLACE EXISTING, ONLY REFACED EXISTING W/ ABOVE LOGO.
- EXISTING LIGHTS ARE DIRECTED ONTO SIGN (SEE PHOTOGRAPHS ATTACHED).
- HARDWARE & CONSTRUCTION OF OLD SIGN (SEE PHOTOGRAPHS ATTACHED).



LOCATION MAP



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/21/2009

PRODUCER (207)892-7996 FAX: (207)892-8229  
 Cross Insurance-Windham  
 745 Roosevelt Trail, Unit#1  
 PO Box 1383  
 Windham ME 04062

INSURED  
 COMPOSITIONS LLC  
 38 SOUTHWELL AVENUE  
 SOUTH PORTLAND ME 04106

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Peerless Ins Co	
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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	BOP8639591	4/30/2009	4/30/2010	EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCC) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any occ) (EA OCC) \$
					PERSONAL & ADJ INJURY \$ 1,000,000
					GENERAL AGGR QTY \$ 2,000,000
					PRODUCTS - COM P/OP AGG \$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EA accident) \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	HIREO AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMIT <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE \$
	OTHER				E L DISEASE - POLICY LIMIT \$

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

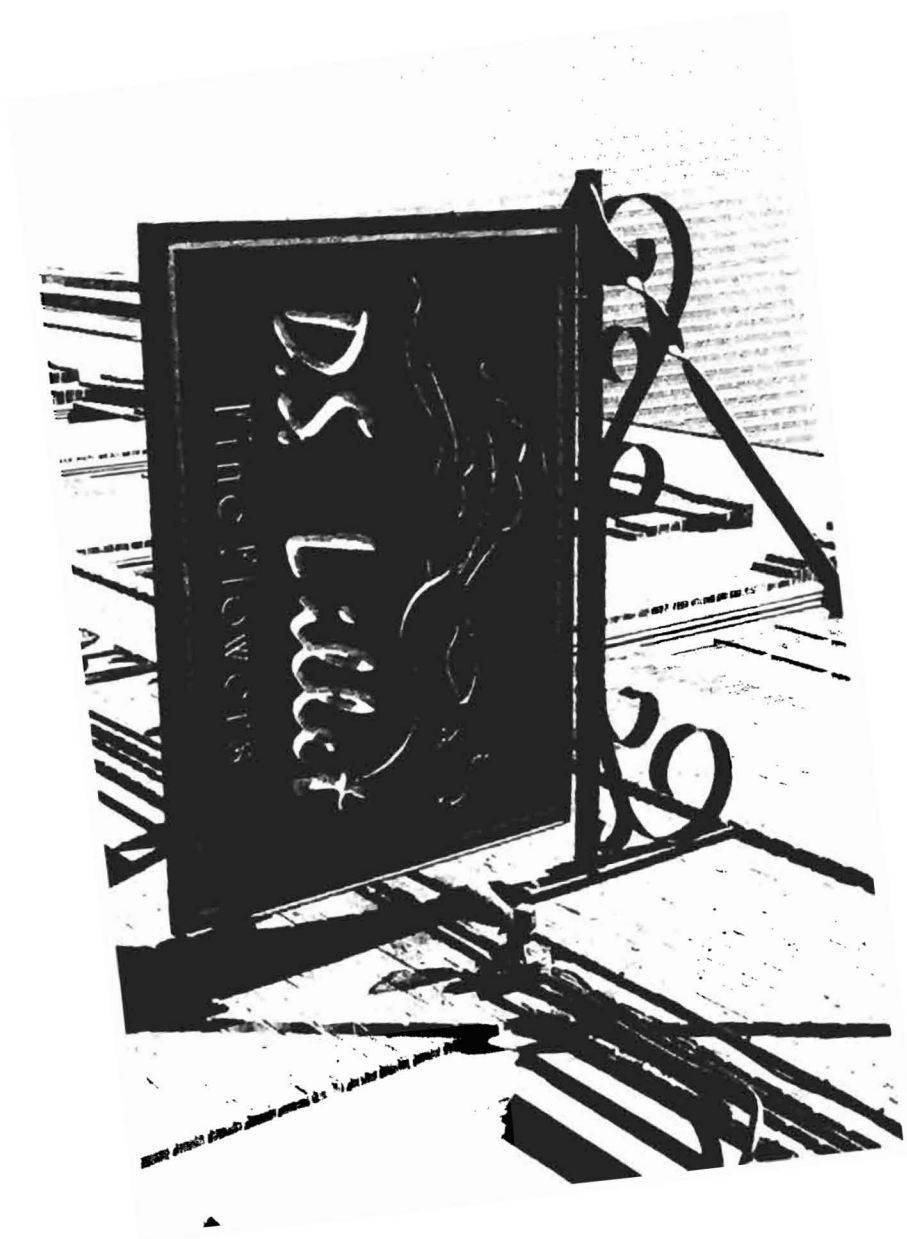
### CERTIFICATE HOLDER

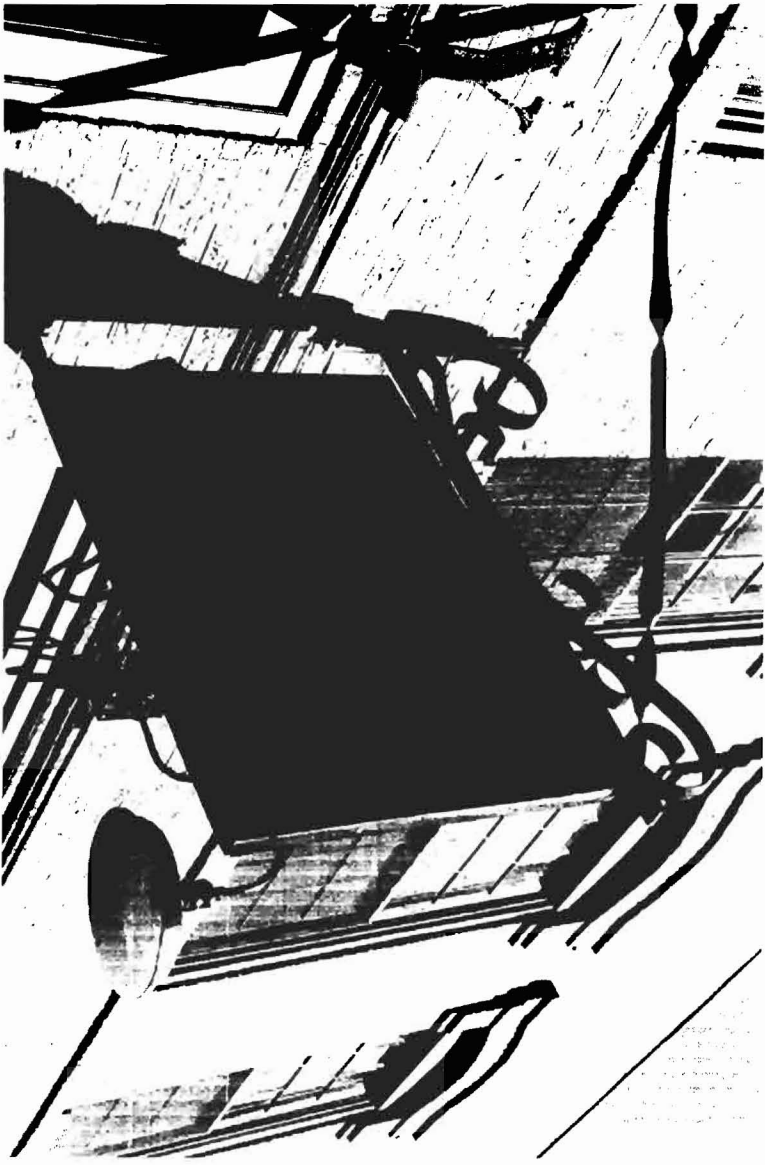
(207) 773-8832  
 City of Portland  
 381 Congress Street  
 Portland, ME 04101

### 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
 Melissa Connell/MC2 *Melissa A Connell*









EXISTING LIGHTS

existing brackets



Existing  
Brackets







