

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

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

## PERMIT

Permit Number: 030528

This is to certify that Mcintyre Mark A  
has permission to 28" x24" building sign and 24" x 36" sidewalk sign  
AT 76 India St 028 J013001

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.

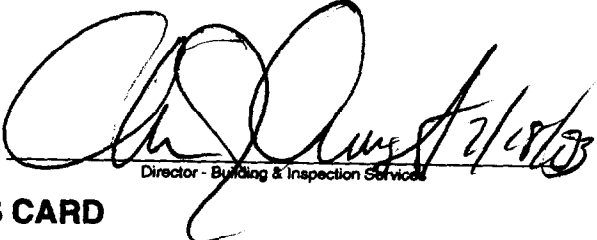
Apply to Public Works for street line and grade if nature of work requires such information.

Notification inspection must be given and when permission is procured before this building or part thereof is laid or closed-in.  
**48 HOUR 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 \_\_\_\_\_

  
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: 03-0528	Issue Date:	CBL: 028 J013001
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Location of Construction: 76 India St	Owner Name: Mcintyre Mark A	Owner Address: 244 Beech Ridge Rd	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: R6

Past Use: Massage Therapy	Proposed Use: Massage Therapy with 28" x24" building sign and 24" x 36" sidewalk sign <i>use ok under permit #02-0631</i>	Permit Fee: \$40.80	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: 28" x24" building sign and 24" x 36" sidewalk sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>U</i> Type: <i>NH</i> Signature: <i>[Signature]</i> 7/15/03	
		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: kwd	Date Applied For: 05/15/2003	<b>Zoning Approval</b>	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

<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 type="checkbox"/> Date: <i>S 7/15/03</i>	<b>Zoning Appeal</b> <input checked="" type="checkbox"/> Variance ( <i>A.67A</i> ) <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: <i>S</i>
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*Actually smaller than the previous sign (9') lessened the nonconformity*

**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

03-0528  
**Signage/Awning Permit Application**

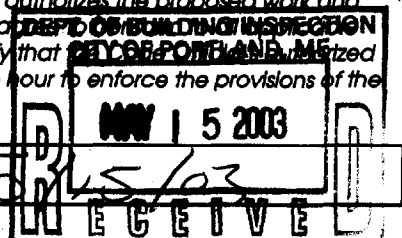
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>74 India</u>		
Total Square Footage of Proposed Structure <sup>see pictures</sup> <u>28" x 24" and 36" x 24"</u>		Square Footage of Lot <u>13' x 10'</u>
Tax Assessor's Chart, Block & Lot Chart# <u>028</u> Block# <u>5</u> Lot# <u>013</u>	Owner: <u>Mark McIntyre</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: <u>10.8</u> \$ <u>10.80</u> Awning Fee = Cost Of Work: \$ <u>30.00</u> Total Fee: \$ <u>40.80</u>
Current use: <u>Message Therapy</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>28x24 (see picture) 36x24</u>		
Project description: <u>hanging sign on 4' arm and sidewalk sign</u>		
Contractor's name, address & telephone: <u>recall</u>		
Who should we contact when the permit is ready: <u>Diane Archambault 775-1416</u>		
Mailing address: <u>74 India St Port 04101</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:		

**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 am not a professional engineer or architect. I certify that I am a duly licensed 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>Diane Archambault</u>	Date: <u>5/15/03</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 \$1,000.00.**

**SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE**

**PLEASE ANSWER ALL QUESTIONS**

ADDRESS: 74 India St ZONE: R-6

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

SINGLE TENANT LOT? YES  NO \_\_\_\_\_ MULTI TENANT LOT? YES \_\_\_\_\_ NO   
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES  NO \_\_\_\_\_  
sidewalk

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

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO  DIMENSIONS PROPOSED: \_\_\_\_\_  
BLDG. WALL SIGN? (attached to bldg) YES  NO \_\_\_\_\_ DIMENSIONS PROPOSED: 28x24  
on arm 314"

**INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):** none

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO  DIMENSIONS: \_\_\_\_\_  
BLDG. WALL SIGN(attached to bldg) ? YES \_\_\_\_\_ NO  DIMENSIONS: \_\_\_\_\_  
AWNING? YES \_\_\_\_\_ NO  DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): 10' x 13'  
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 10' x 13'

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: 5/15/03

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

Available Today

# Chair Massage

Instant Relaxation!!

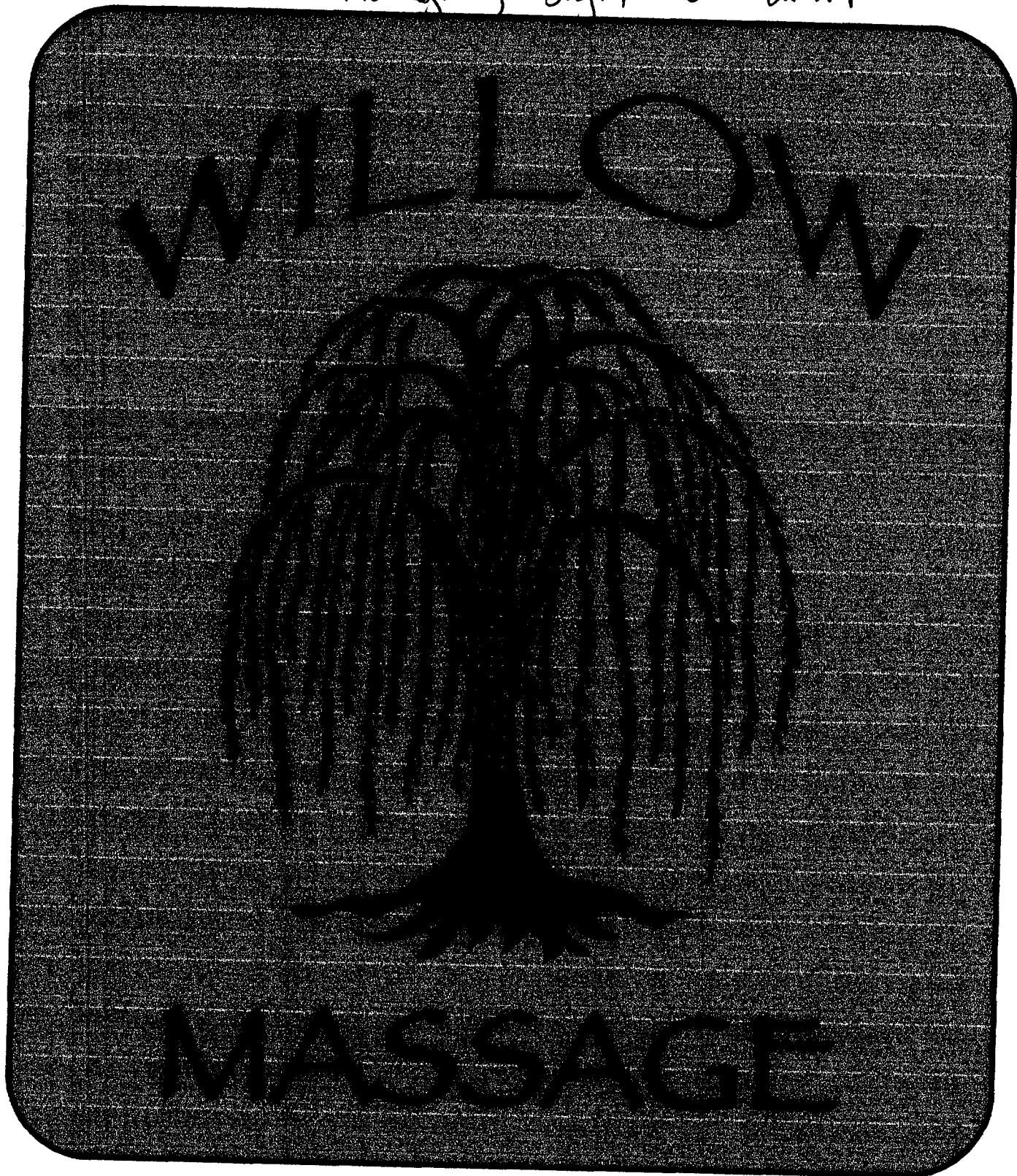
\$1.00

Per Minute

Walk-Ins  
Welcome

(1) Sidewalk board  
Painted Bottle Green Match  
36x24  
Met. Copper tree  
HP Oyster ~~type~~

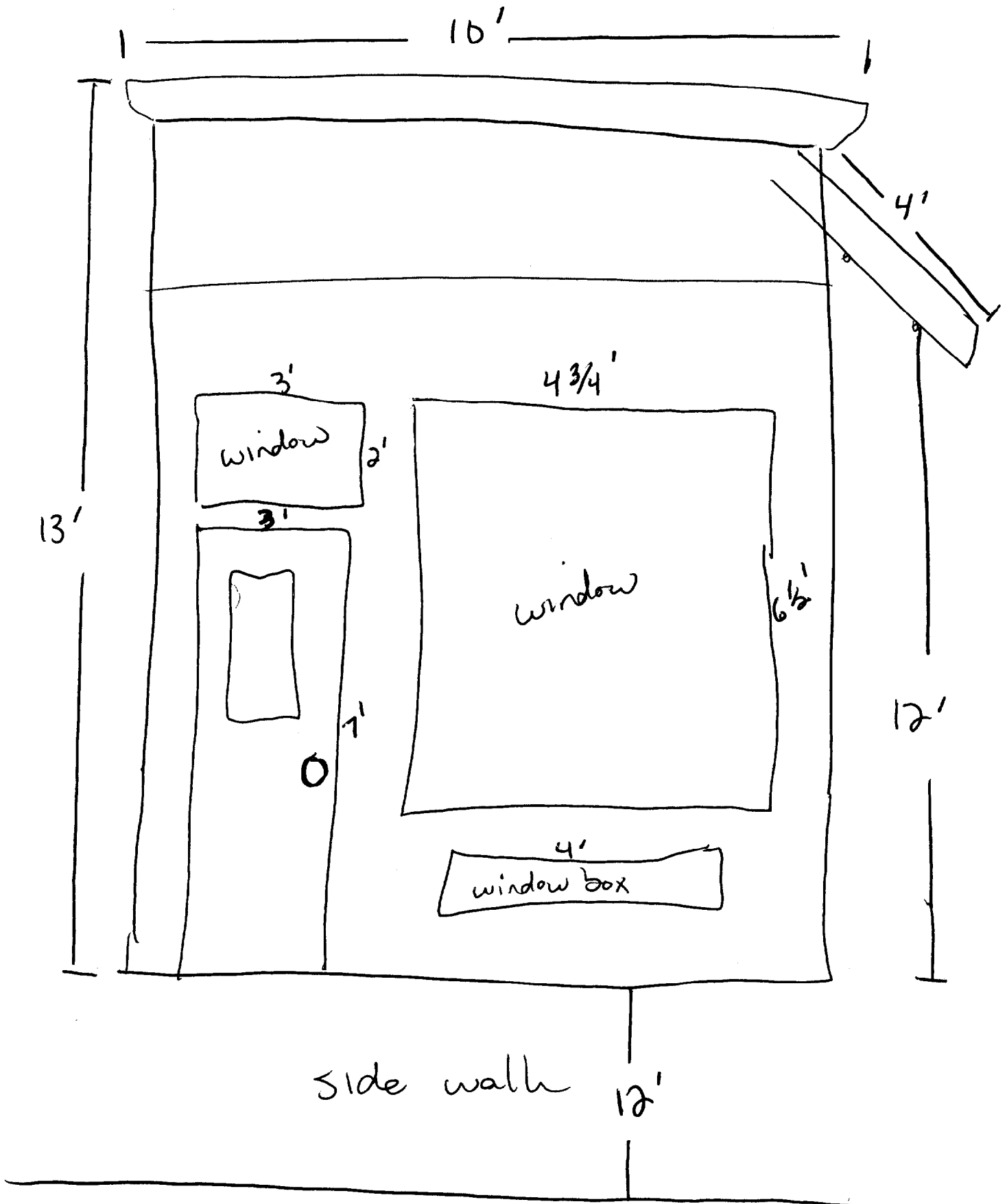
Hanging sign - on arm



(1) 3/4" MDO  
28X24" = 672# ÷ 144 = 4.67 #  
PAINTED BEIGE (SIMILAR TO OYSTER)  
DOUBLE SIDED  
TEXT IS HP BOTTLE GREEN  
TREE IS MET. COPPER

Actually  
Smaller Than  
The previous 9#  
SIGNAGE

# Willow Massage 74 India St





# ACORD. CERTIFICATE OF LIABILITY INSURANCE

OP ID KW  
MASSA-2

DATE (MM/DD/YY)  
10/01/02

**PRODUCER**  
**Jones & Mitchell**  
PO Box 2786  
Spokane WA 99220  
Phone: 509-838-3501 Fax: 509-838-3511

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**

**INSURED**  
**Massage Magazine Hands On**  
**Trade Protection Plan**  
**Diane Archambault**

INSURER A: **General Star Indemnity Company**  
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	IYG-376218-01	09/18/02	09/18/03	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> <b>incl Professional Liability</b>				PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ <b>1,000,000</b>
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident) \$
	<input 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>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS OY-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

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

City of Portland is added as additional insured with respect to the liability arising out of operations by or on behalf of the named insured only.

**CERTIFICATE HOLDER**

ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

**CANCELLATION**

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

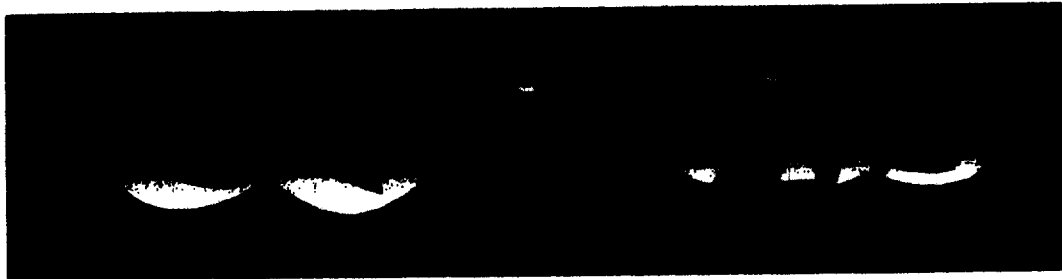
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**

Kelly G. Greenwood 

12.16 φ

\* 19" x 92" overall / Cut out to Shape.



18 φ  
x 2 sided  
36 φ

18" x 72" - 2 SIDED

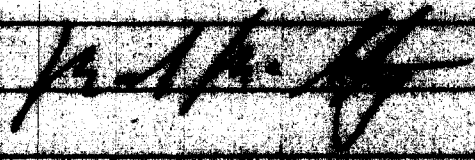
1.5' x  $\frac{12'}{6}$  = 9 φ

↑  
Considered  
one sign

1/21/02

~~To whom it may concern,~~

This letter is to authorize  
Diane Ardembault to buy a sign  
on my property at 24. Eddie  
Street.



Mark Ardembault