

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number 041701

PERMIT ISSUED

DEC 09 2004

CITY OF PORTLAND

This is to certify that Wellin & Co/The Signery

has permission to install new 9.33 sq ft sign on commercial space

AT 75 Market St

028 K003001

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 when permission is procured before this building or part thereof is altered or closed-in. 24 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 _____

DepartmentName

U. J. [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: 04-1701		Issue Date: DEC 09 2004		CBL: 028 K003001	
Location of Construction: 75 Market St		Owner Name: Wellin & Co		Owner Address: 97 A Exchange St	
Business Name:		Contractor Name: The Signery		Contractor Address: 299 Forest Avenue Portland	
Lessee/Buyer's Name		Phone:		Permit Type: Signs - Permanent	
Past Use: commercial space		Proposed Use: commercial space w/ new 9.33 sq ft sign		Permit Fee: \$83.66	
				Cost of Work: \$0.00	
				CEO District: 1	
Proposed Project Description: install new 9.33 sq ft sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: Signature: Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:	
Permit Taken By: jharris		Date Applied For: 11/15/2004		Zoning Approval	
		Special Zone or Reviews <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: 11/19/04		Zoning Appeal <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:	
				Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 11/23/04	

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

Permit No: 04-1701		Date Applied For: 11/15/2004	CBL: 028 K003001
Location of Construction: 75 Market St	Owner Name: Wellin & Co	Owner Address: 97 A Exchange St	Phone: () 879-5422
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone (207) 879-7700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	
Proposed Use: commercial space w/ new 9.33 sq ft sign		Proposed Project Description: install new 9.33 sq ft sign on commercial space	

Dept: Historical **Status:** Approved with Conditions **Reviewer:** Deborah Andrews **Approval Date:** 11/23/2004
Note: **Ok to Issue:** ☒

1) * Sign bracket to be mounted into existing holes is masonry or within mortar joints.

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 11/19/2004
Note: **Ok to Issue:** ☐

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 12/06/2004
Note: **Ok to Issue:** ☒

Comments:

11/24/2004-mjn: need structurals.....advised sign company and owner -- Received commentary

THE Signery

229 FOREST AVENUE
PORTLAND, ME 04101
TEL: 879-7700
FAX: 879-1570

TO: MIKE NUGENT / CITY OF PORTLAND
ATTN: _____
FROM: MARK CHUDS
DATE: 12/2/04
FAX: 874-8716
PHONE: 756-8173

**NOW
OFFERING:**

CALL TO FIND OUT ABOUT OUR NEW CAPABILITIES...

**UNIQUE
DIMENSIONAL
SIGNS**

**ELECTRIFIED
SIGNAGE**

**LARGE FORMAT
PRINTING

CARVING AND
GOLD LEAFING**

**ARCHITECTURAL
LETTERS**

MIKE:

LET ME KNOW IF THIS WORKS

BRACKET:

- 1" STEEL (TUBULAR) CONSTRUCTION
- 350 LB. CAPACITY
- 4 HOLE MOUNTING PANEL

SIGN:

- MAX WEIGHT (40-45#)

- MOUNTING:
- 5/16" X 2" GALV. LAGS
 - 2" LEAD ANCHORS

- MARK
CHUDS

WWW.SIGNERYMAINE.COM

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.

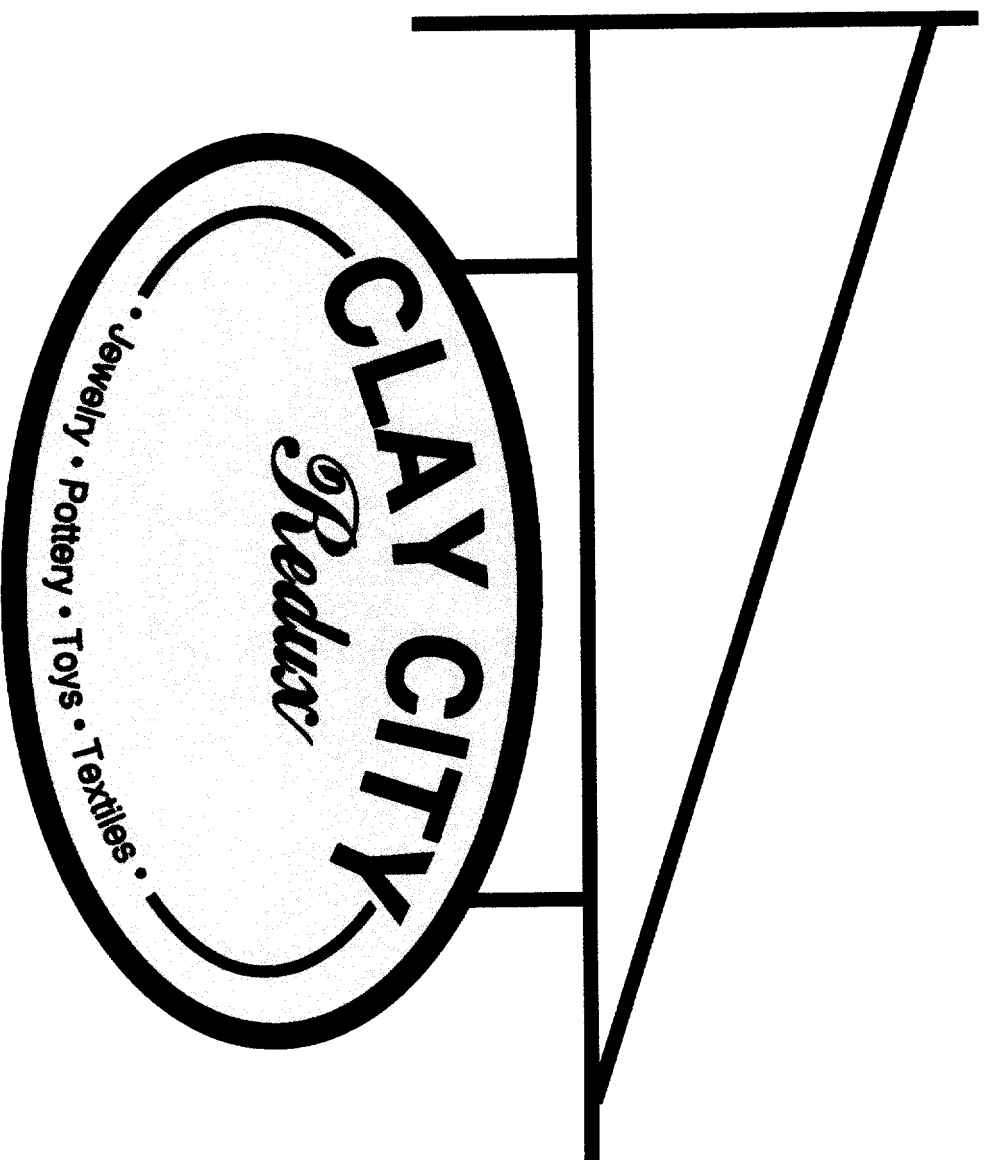
Location/Address of Construction: <input checked="" type="checkbox"/> 156 MIDDLE ST, PORTLAND (MAIN BLDG ADDRESS IS 75 MARKET)		
Total Square Footage of Proposed Structure 9.33 (sign)		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# 28 Block# K Lot# 3		Owner: <input checked="" type="checkbox"/> Peter Wellin Telephone: <input checked="" type="checkbox"/> 879 5422
<input checked="" type="checkbox"/> Lessee/Buyer's Name (If Applicable) Bruce Kornbluth	Applicant name, address & <input checked="" type="checkbox"/> telephone: Bruce Kornbluth 147 BEACON ST. PORTLAND, ME 04103 775 0512 H / 761 2707 AF	Totals: s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ 83.66 Awning Fee = Cost of Work \$ Total Fee: \$
Current use: <u>VACANT</u> <u>Retail</u>		
If the location is currently vacant, what was prior use: <u>Retail</u>		
Approximately how long has it been vacant: <u>1 month</u>		
Proposed use: <u>GIFT SHOP</u>		
Project description: <input checked="" type="checkbox"/> Double sided oval sign on iron bracket to be hung from face of 156 MIDDLE ST.		
Contractor's name, address & telephone: <input checked="" type="checkbox"/> THE SIGNERY, 190 FOREST AVE, PORTLAND 879-7700		
Whom should we contact when the permit is ready: <input checked="" type="checkbox"/> BRUCE KORNBLUTH - 775 0512 H 761 2707 AF		
Mailing address: <u>147 BEACON ST.</u> <u>PORTLAND, ME 04103</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>775-0512-H / 761-2707-AF</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: <input checked="" type="checkbox"/> Bruce Kornbluth	Date: <input checked="" type="checkbox"/> 11/10/04
---	--

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



28" x 48" (9.33 SF)

w/ Bracket

Double Sided

2-Color

- MARKET ST. -

75 MARKET ST.
(MAIN BLDG. ENTRANCE)

- THERE ARE NO OTHER SIGNS EXISTING OFF THE FACE of the MIDDLE ST. SIDE of this BLDG.
- SIGNS FURTHER UP MIDDLE ST. (ANTHONY'S, VIDEO, BOOKSTORE all at 13 feet high)

END OF BUILDING (75 MARKET)

DAVID WOOD MEN'S
CLOTHING STORE

SIDEWALK (12' wide)

- MIDDLE ST. -

double door
entrance (156 MIDDLE ST.)

PROPOSED
SIGN LOCATION
① 13' high to
top of sign
mounted with
into wood frame

PROPOSED
SIGN 28" x
48" oval
9.33 ft²

(store fixture on street)

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 146 MIDDLE ST. ZONE: B-3

CBL: _____

SINGLE TENANT LOT? YES _____ NO _____ MULTI TENANT LOT? YES ☒ NO _____

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES _____ NO _____

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 42' x 2' 84" MAX Height: 17'

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO ☒ DIMENSIONS PROPOSED: _____

BLDG. WALL SIGN? (attached to bldg) YES ☒ NO _____ DIMENSIONS PROPOSED: 71" x 48" OVAL
2.33 x 4 = 9.32'

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: _____

LOT FRONTAGE (FEET): 85' (APPRX.)

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: 11/10/04

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

Wellin & Co.

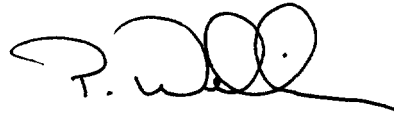
November 8, 2004

Bruce Kornbluth
Clay City Redux
75 Market Street
Portland, Maine 04101

Re: Sign

Dear Bruce:

Please consider this letter approval for an exterior sign on your retail space according to the attached drawing. Said sign must meet applicable city codes and avoid the making of any new holes in the building masonry.

A handwritten signature in black ink, appearing to read 'P. Wellin', with a stylized, cursive flourish extending to the right.

Peter Wellin, pres.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/09/2004

PRODUCER (207) 885-5522
 INNOVA INSURANCE SERVICES
 25 PLAZA DRIVE, SUITE 1

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.

SCARBOROUGH ME 04074-

INSURED:

CLAY CITY REDUX
 156 MIDDLE ST

PORTLAND ME 04101-

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: ZURICH INSURANCE GROUP

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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	PENDING	11/09/2004	11/09/2005	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$ 10,000
			/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER		/ /	/ /	GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY		/ /	/ /	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		/ /	/ /	
	GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
			/ /	/ /	AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE		/ /	/ /	\$
	RETENTION \$		/ /	/ /	\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY		/ /	/ /	WORKERS COMP. LTD. \$
	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

CITY OF PORTLAND MAINE IS ADDED AS ADDITIONAL INSURED AS RESPECTS TO THE SIGN PERMIT

CERTIFICATE HOLDER

() - () -
 CITY OF PORTLAND, MAINE
 CONGRESS ST
 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 030 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



ACORD 25 (2001/08)

INS026 (0-08)06

ELECTRONIC LASER FORMS, INC. (800)327-0646

© ACORD CORPORATION 1988

Page 1 of 2