

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 090336

Please Read
Application And
Notes, If Any,
Attached

This is to certify that WITT-T LLC /Mr Signshas permission to install a sidewalk signAT 37 SILVER STCE# 029-B001001

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 lath or other work is used-in. 24 HOURS 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

Thomas R. Markley 5/4/09
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: 09-0336		Issue Date:		CBL: 029 B001001	
Location of Construction: 37 SILVER ST		Owner Name: WITT-T LLC		Owner Address: 378 LAKESIDE DR	
Business Name:		Contractor Name: Mr Signs		Phone: 2078781100	
Lessee/Buyer's Name		Phone:		Permit Type: Signs - Side Walk	
Past Use: Commercial - Hair Salon		Proposed Use: Commercial - Hair Salon - install a sidewalk sign		Zone: B-3	
Permit Fee: \$81.00		Cost of Work: \$81.00		CEO District: 1	
Proposed Project Description: install a sidewalk sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: Sgn IBC 2003 Signature: Jm 05/04/09	
		Signature:		Signature:	
		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: Ldobson		Date Applied For: 04/21/2009		Zoning Approval	
<ol style="list-style-type: none">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..		Special Zone or Reviews		Zoning Appeal	
		<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"/> Denied Date: 4/29/09		<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

4/1/09

To whom it may concern,

The proprietors of OPTIM'S HAIR SALON
have my permission to have a sandwich
board sign at 35 SILVER ST. PORTLAND, ME

Thomas Witt ~~OWNER~~ MGR.
WITT T, LLC OWNER



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>35 Silver St. Portland ME</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>29</u> Block# <u>B</u> Lot# <u>1</u>	Owner: <u>Tom Witt</u>	Telephone: <u>380-6940</u>
Lessee/Buyer's Name (If Applicable) <u>Options Hair Studio</u>	Contractor name, address & telephone: <u>Mr. Signs</u> <u>Forest Ave</u> <u>Portland</u>	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: Meg Nisbet phone: 207-838-6297 722-2267 or marg

Tenant/allocated building space frontage (feet): Length: 24ft Height: _____
 Lot Frontage (feet) 6-9ft Single Tenant or Multi Tenant Lot ✓

Current Specific use: hair salon
 If vacant, what was prior use: _____
 Proposed Use: attract new clients

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes ✓ No _____ Dimensions proposed: 47x23 Height from grade: 47"
 Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: 4x2

Proposed awning? Yes _____ No ✓ Is awning backlit? Yes _____ No _____
 Height of awning: _____ Length of awning: _____ Depth: _____ 4x2 = 8x2 = 8'
 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 ✓ Dimensions: _____
 Bldg. wall sign? (attached to bldg) Yes _____ No ✓ Dimensions: _____
 Awning? Yes _____ No ✓ 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.

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:

Margaret Nisbet

Date:

3/25/09

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

APR 21 2009

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0336	Date Applied For: 04/21/2009	CBL: 029 B001001
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Location of Construction: 37 SILVER ST	Owner Name: WITT-T LLC	Owner Address: 378 LAKESIDE DR	Phone:
Business Name:	Contractor Name: Mr Signs	Contractor Address: 190 Riverside Street Portland	Phone (207) 878-1100
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Side Walk	

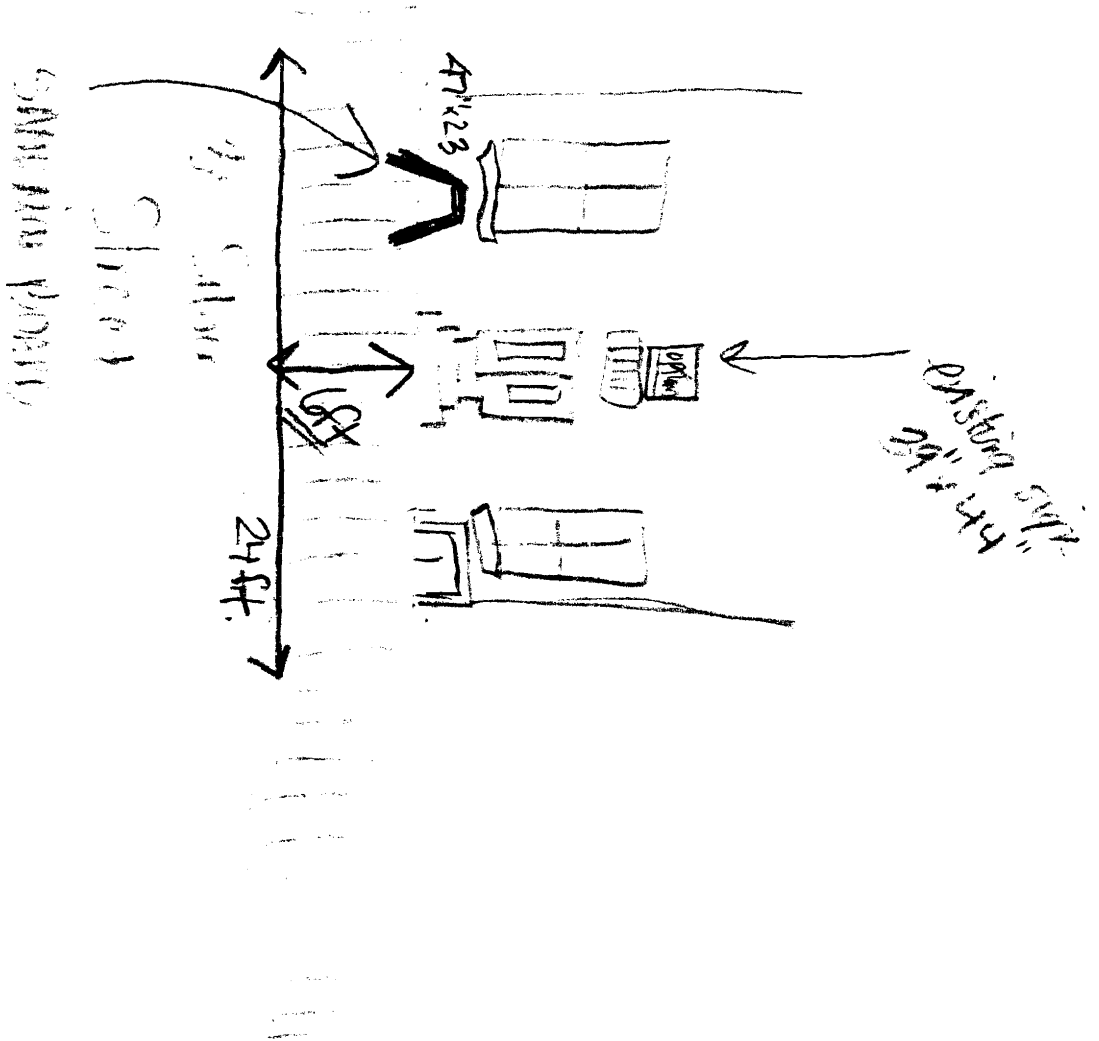
Proposed Use: Commercial - Hair Salon - install a sidewalk sign	Proposed Project Description: install a sidewalk sign
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 04/29/2009**Note:** **Ok to Issue:** ☒

- 1) Please be aware of the Sidewalk sign regulations. Regulations are strictly enforced.
- 2) All sidewalk signs shall be removed when the business is closed or while any snow or ice exists on the walkway within eight feet of the sign in any direction. All sidewalk signs shall be located near the curb rather than the building face. The sidewalk shall maintain a width of no less than 4 1/2 feet of unobstructed sidewalk width perpendicular to major flows. For a single tenant listing, the maximum width is 24 inches or less if needed for the 4.5 feet of unobstructed sidewalk width. The maximum height of a sidewalk sign is 40 inches to the top of the sign in place. The minimum height of a sidewalk sign is 30 inches to the top of the sign in place.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:** 04/04/2009**Note:** **Ok to Issue:** ☒

- 1) The sidewalk sandwich sign shall not infringe on the City Right of Way
- 2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/14/2009PRODUCER (207)829-3450 FAX (207)829-6350
Norton Insurance Agency
275 US Route 1
Cumberland Foreside, ME 04110THIS 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 OPTIONS HAIR STUDIO
35 SILVER STREET
PORTLAND, ME 04101

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **Excelsior**

11045

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
LTR	INSRD					
A		GENERAL LIABILITY	BOP9337657	07/01/2008	07/01/2009	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		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				\$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				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
City Hall
Congress Street, Rm 315
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

Michelle Gardner CIC, AAI, CPJ

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

