

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

Please Read Application And Notes, If Any, Attached

## BUILDING INSPECTION

Permit Number: 030815

This is to certify that Rediron Llc /Banana Banner  
has permission to 24" x 42" sign  
AT 4 Milk St 029 B002001

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.

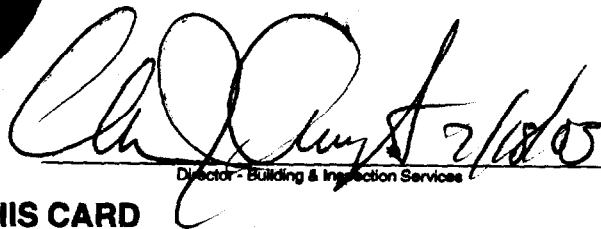
Apply to Public Works for street line and grade if nature of work requires such information.

Notification inspection must be given and when permission procured before this building or part thereof is occupied or otherwise used-in. HOUR NOTIFICATION 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: 03-0815	Issue Date:	CBL: 029 B002001
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Location of Construction: 4 Milk St	Owner Name: Rediron Llc	Owner Address: 100 Silver St	Phone: 207-774-1885
Business Name:	Contractor Name: Banana Banners	Contractor Address: 160 Main St Bowdoinham	Phone 2076663951
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Retail	Proposed Use: Retail w/24" x 42" sign	Permit Fee: \$73.00	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: 24" x 42" sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: NA	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</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: kwd	Date Applied For: 07/09/2003	<b>Zoning Approval</b>		
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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><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Mv <input type="checkbox"/></p> <p>Date: <i>7/17/03</i></p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p><b>Historic Preservation</b></p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input checked="" type="checkbox"/> Approved</p> <p><input checked="" type="checkbox"/> Approved w/Conditions - no exposure</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>7/17/03</i></p>
	<p><i>D. Andrews</i></p> <p><i>7/17/03</i></p>		

**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

030815

# 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>2 Milk St Portland, ME</u>		
Total Square Footage of Proposed Structure <u>24' x 42" = 839 sq. ft.</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>229</u> Block# <u>B</u> Lot# <u>002</u>	Owner: <u>Rediron LLC</u>	Telephone: <u>207-774-1885</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Lindy Bragg</u> <u>PO Box 598</u> <u>Boothbay, ME 04537</u> <u>207-633-0202</u>	Total s.f. of signage x <del>\$1.90</del> per s.f. plus <del>\$90.00</del> = Total Fee: <u>\$65.00</u> \$ <u>16</u> Awning Fee = Cost Of <u>1.00</u> Work: \$ Total Fee: \$ <u>73.00</u>
Current use: <u>Penelope Dabun Ltd</u>		
If the location is currently vacant, what was prior use: <u><del>Penelope Dabun Ltd</del></u>		
Approximately how long has it been vacant: _____		
Proposed use: <u>Calypto</u>		
Project description: <u>a woman's Boutique</u> <u>24" x 42" Awning or awning brackets</u>		
Contractor's name, address & telephone: <u>Robin Riendeau "Banana Barners"</u> <u>160 Main St. Bowdoinham, ME 04008 666 3951</u>		
Who should we contact when the permit is ready: <u>Lindy Bragg Calypto</u>		
Mailing address: <u>2 Milk St. Portland, ME 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: <u>774-8800</u> OR <u>633-3831</u> <u>Call</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: <u>Lindy Bragg</u>	Date: <u>9 July 03</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.**

**SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE**

*Calypso*

**PLEASE ANSWER ALL QUESTIONS**

ADDRESS: 2 Milk St Portland, ME 04101 ZONE: B-3

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

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

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

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS PROPOSED: \_\_\_\_\_

BLDG. WALL SIGN? (attached to bldg) YES \_\_\_\_\_ NO X DIMENSIONS PROPOSED: 24" x 42" - 1008"  
144" = 7'6"

**INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):**

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

BLDG. WALL SIGN(attached to bldg) ? YES X NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

AWNING? YES X NO \_\_\_\_\_ DIMENSIONS: 12'0" 4' drop  
canon to canon 4' projection

LOT FRONTAGE (FEET): \_\_\_\_\_  
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 11' per photo - X2 = 22' max

AWNING YES \_\_\_\_\_ NO \_\_\_\_\_ IS AWNING BACKLIT? YES \_\_\_\_\_ NO \_\_\_\_\_

HEIGHT OF AWNING: \_\_\_\_\_ LENGTH OF AWNING: \_\_\_\_\_ DEPTH: \_\_\_\_\_

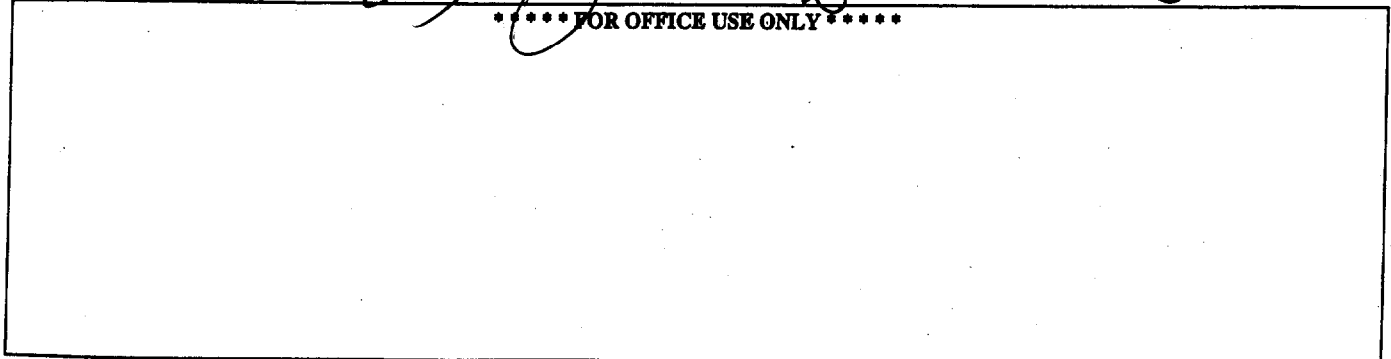
IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES \_\_\_\_\_ NO \_\_\_\_\_

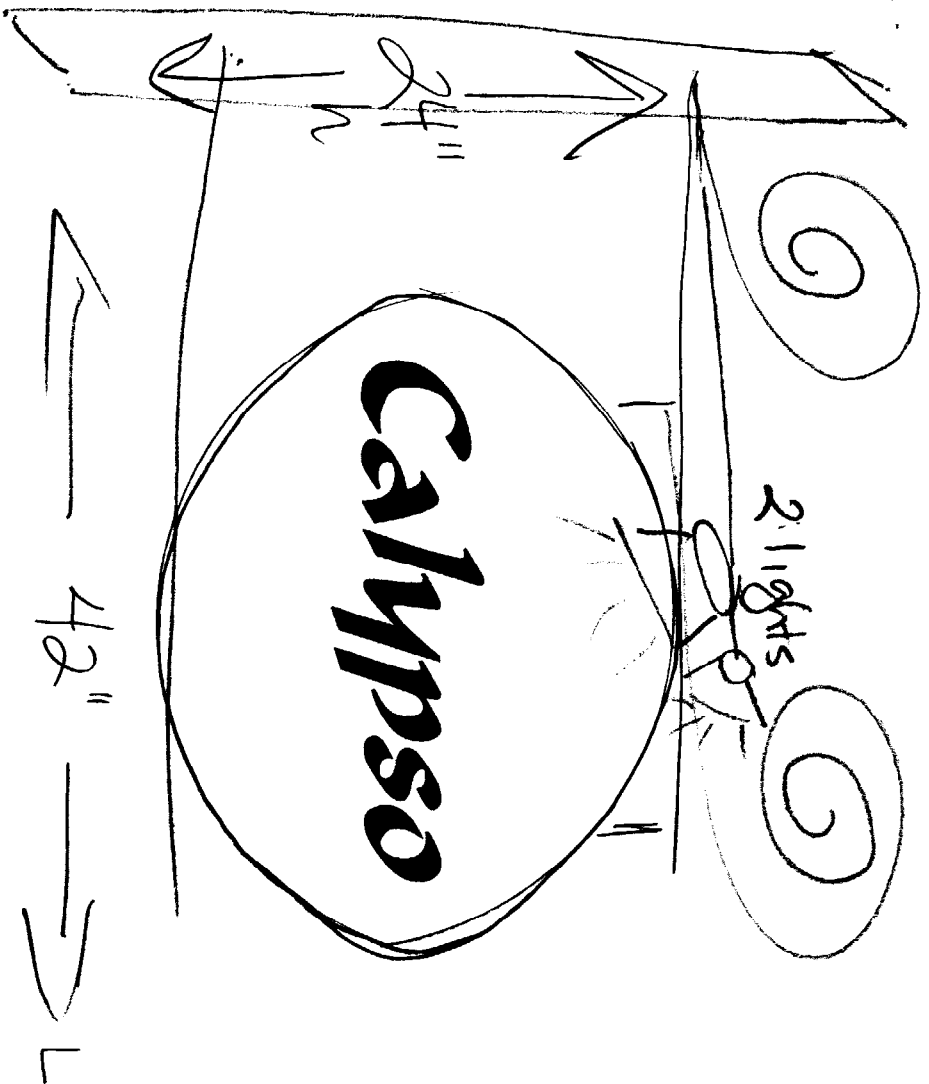
IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

**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: 9 July 13

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





Double face

sign to be placed

2 Milk St.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
07/09/2003

PRODUCER (207)633-6995 FAX (207)633-2306  
**Harbor Insurance Agency**  
Meadow Mall, 185Q Townsend Ave  
Boothbay Harbor, ME 04538

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 **Calypso Inc**  
50 Commercial Street  
Boothbay Harbor, ME 04538

INSURER A **Peerless Insurance 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	<b>GENERAL LIABILITY</b>	<b>BOP9738398</b>	<b>06/30/2003</b>	<b>06/30/2004</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ <b>50,000</b>
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ <b>5,000</b>
					PERSONAL & ADV INJURY \$ <b>1,000,000</b>
					GENERAL AGGREGATE \$ <b>2,000,000</b>
					PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	<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 AUTO ONLY: EA ACC \$
					AGG \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS OTHER
					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

### CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

### CANCELLATION

**City of Portland**  
City Hall  
Congress Street  
Portland, ME 04101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_\_\_ 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
**Brenda Hilton/BBH**

*Brenda B Hilton*

**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.

**COMMERCIAL PROPERTIES MANAGEMENT LLC**

100 Silver Street, Portland, ME 04101

Tel: 207-774-1885

Fax: 207-774-8397

To: City of Portland.

From: Rediron LLC.

Date: 6/19/03

Re: Signage at 2 Bank Street.

This is to confirm that the owner of 2 Milk Street consents to replacing the awning and existing sign for the corner retail space to read "Calypso" as shown on the attached sketch.

Michael Brasca