

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK**CITY OF PORTLAND**DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, MEPlease Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

Permit Number: 070074

FEB 12 2007

PERMIT**RECEIVED**

This is to certify that 322 FORE STREET LLC / L. Witt & Parris Inc.

has permission to Awning sinage on 3 sides & Bldg sign

AT 320 FORE ST

L 029 C006001

provided that the person or persons who apply for or accept 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. 4 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

[Signature] 2/5/07
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: 07-0074	Issue Date:	CBL: 029 C006001
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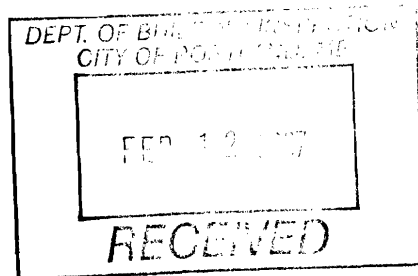
Location of Construction: 320 FORE ST (1601d St.)	Owner Name: 322 FORE STREET LLC	Owner Address: PO BOX 682	Phone:
Business Name:	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St. Portland	Phone: 2077970100
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Commerical / Hair Salon "Amore Signer"	Proposed Use: Commercial / Hair Salon awning signage on 3 sides & bldg signs	Permit Fee: \$100.00	Cost of Work: \$100.00	CEO District: 1
Proposed Project Description: Awning signage on 3 sides & bldg signs		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>V/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>IBC 2003</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: dmartin	Date Applied For: 01/23/2007	Zoning Approval
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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..

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: <i>1/23/07</i>	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 YES <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: <i>D. Andrews</i> <i>2/2/07</i>
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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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

<input checked="" type="checkbox"/>	Footing/Building Location Inspection:	Prior to pouring concrete
<input checked="" type="checkbox"/>	Re-Bar Schedule Inspection:	Prior to pouring concrete
<input checked="" type="checkbox"/>	Foundation Inspection:	Prior to placing ANY backfill
<input checked="" type="checkbox"/>	Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling
<input checked="" type="checkbox"/>	Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects **DO** require a final inspection

 If any of the inspections do not occur, the project cannot go on to the next phase, **REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

N/A **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

[Signature]
Signature of Applicant/Designee

2/12/07
Date

[Signature]
Signature of Inspections Official

2 12 07
Date

CBL: 29 C 006 Building Permit #: 07-0074

BMB

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-0074	Date Applied For: 01/23/2007	CBL: 029 C006001
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Location of Construction: 320 FORE ST	Owner Name: 322 FORE STREET LLC	Owner Address: PO BOX 682	Phone:
Business Name: <i>Amore Styles</i>	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St. Portland	Phone: (207) 797-0100
Lessee/Buyer's Name: <i>Brenda Broder</i>	Phone: <i>207-774-774</i>	Permit Type: Signs - Permanent	
Proposed Use: Commercial / Hair Salon - awning w/signage on 3 sides & 1 bldg sign		Proposed Project Description: Awning w/signage on 3 sides & 1 bldg sign - "Amore Styles"	

Dept: Historic **Status:** Approved with Conditions **Reviewer:** Deborah Andrews **Approval Date:** 02/02/2007**Note:****Ok to Issue:**

- * Approval based on revised design for projecting sign, submitted 2/2/07.
* Sign bracket to be hung at the lintel level of the adjacent windows--see enclosed photo for placement.

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 01/24/2007**Note:****Ok to Issue:**

- ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 02/05/2007**Note:****Ok to Issue:**

- Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

Comments:

1/24/2007-amachado: Left message for Brenda Broder. Need certificate of liability.

JSB



X
Bracket Placement

City of Portland, Maine - Building or Use Permit

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

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Comments:

1/24/2007-amachado: Left message for Brenda Broder. Need certificate of liability.



X
Bracket Placement

390 Face
Pearl
Gold

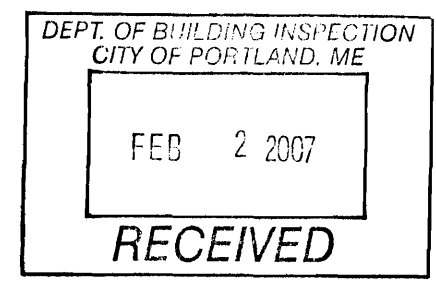
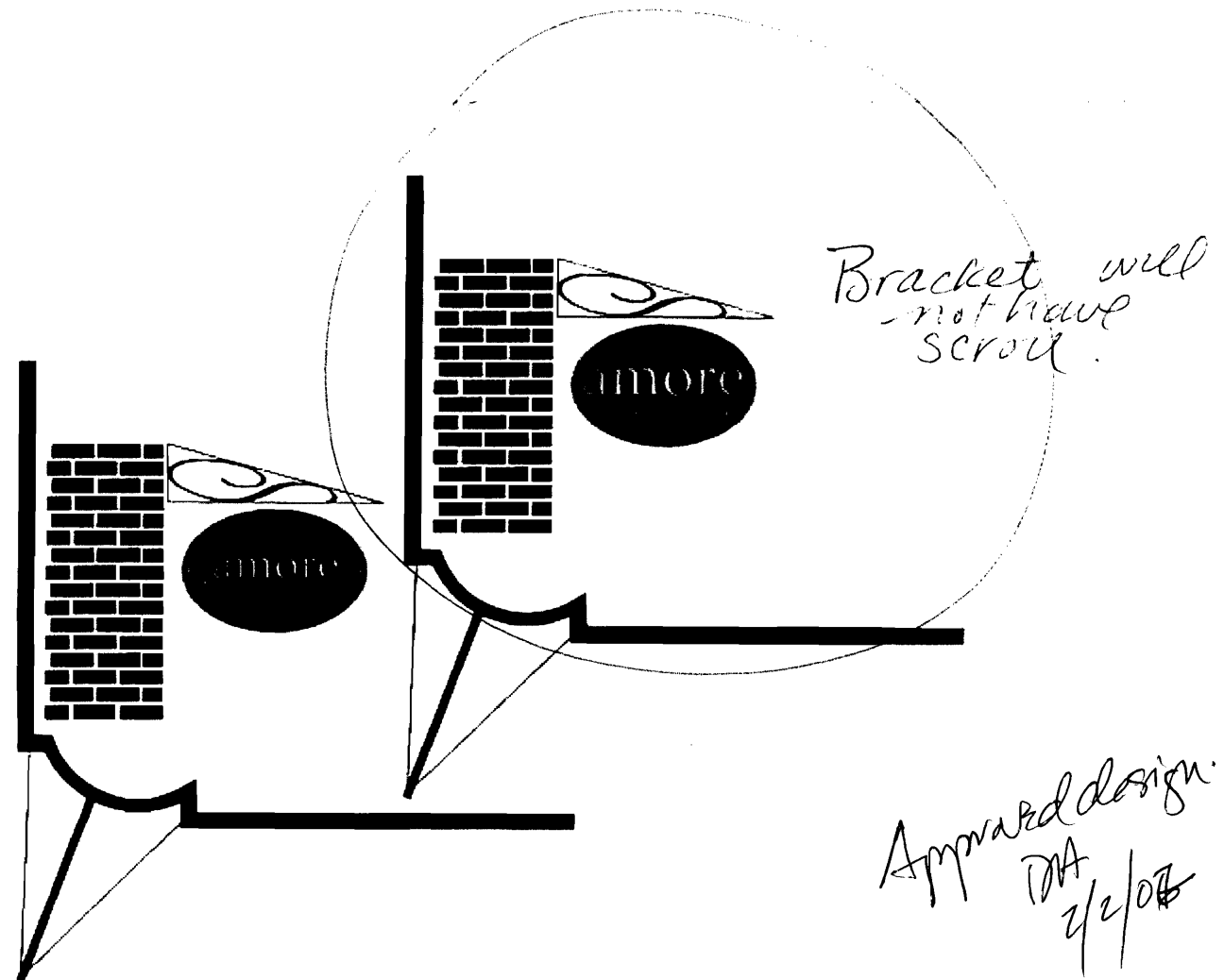
026 006

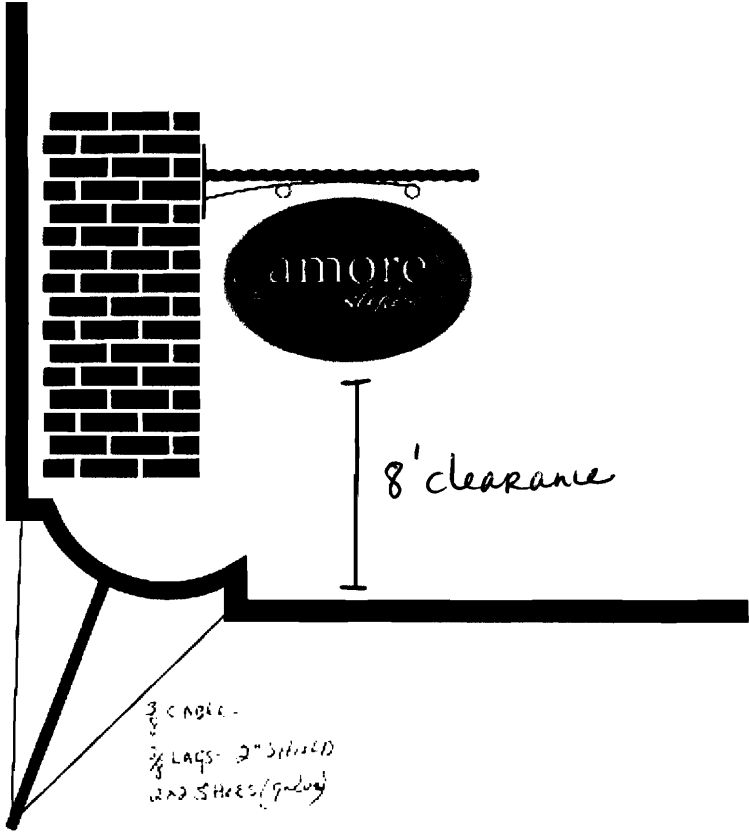
brenda broder

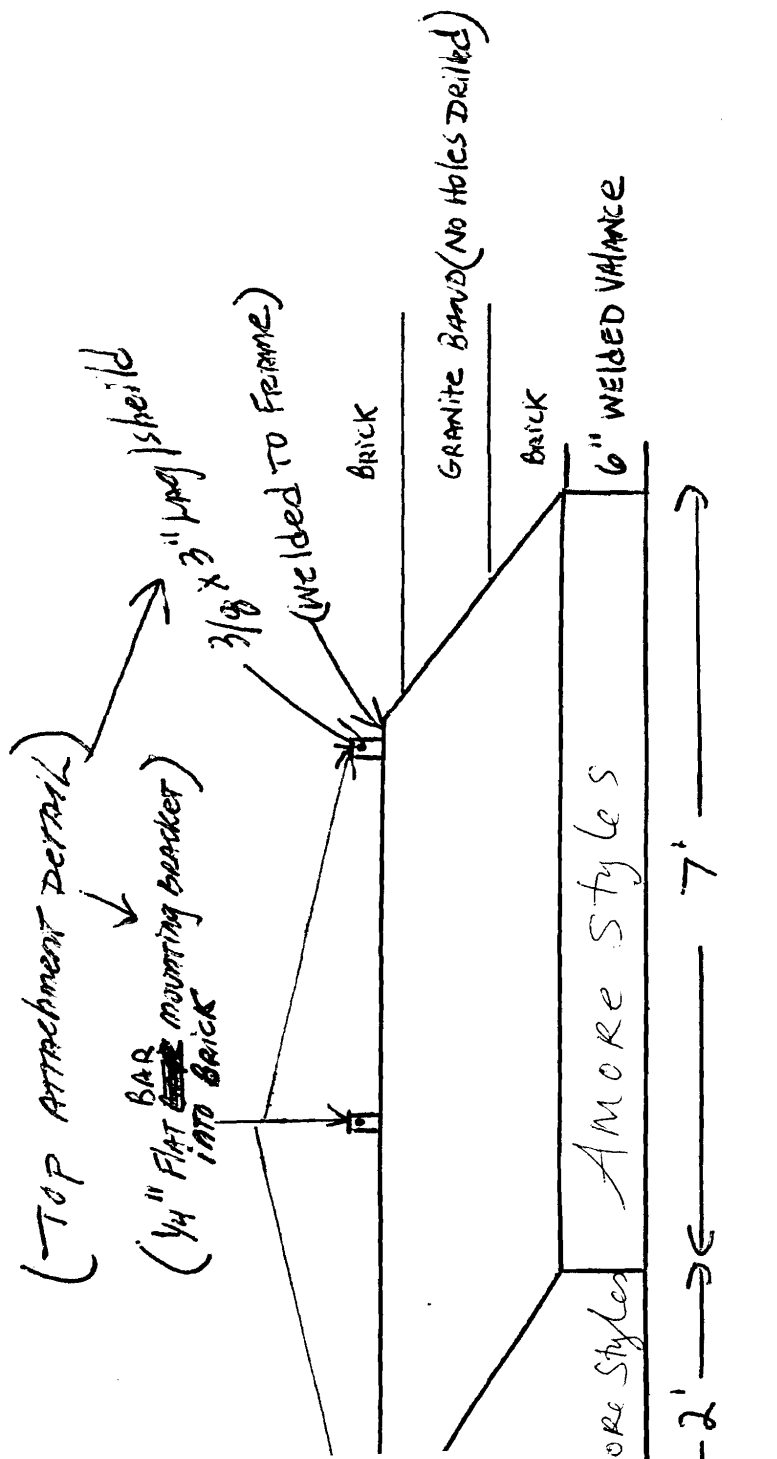
From: "Joe Tufts" <jtufts@maine.rr.com>
To: <bbroder1@maine.rr.com>
Sent: Wednesday, January 31, 2007 9:43 AM
Attach: AMORE3.jpg
Subject: Amore sign sketches

Here are the updated sketches for "Amore." Please take a look and let me know what you think.

Thanks,
Joe

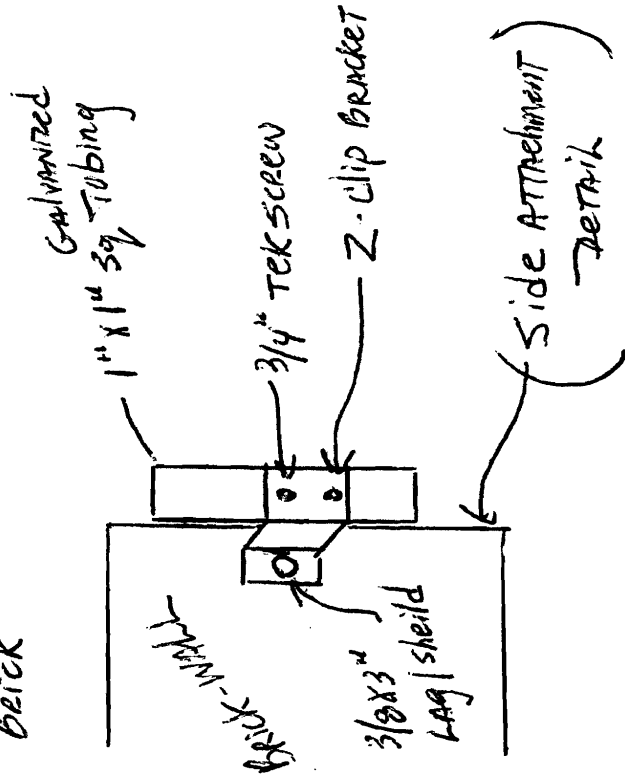






* AWILING info

SIDES ANCOR INTO BRICK



SPRUCE →

FOREST GREEN →

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

FA-36801

ISSUED BY

Glen Raven Mills, Inc.
1831 N. Park Avenue
Glen Raven, NC 27217

(Phone) 336/227-6211 (Fax) 336/229-4039

Date treated or
manufactured

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR Amore Styles ADDRESS 1 Gold St.
CITY Portland STATE ME 04101

Certification is hereby made that: (Check "a" or "b")



(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used _____ Chem. Reg. No. _____
Method of application _____



(b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used FR Sunbrella® Reg. No. FA-36801

The Flame Retardant Process Used will not Be Removed By Washing
(will or will not)

Glen Raven Mills, Inc.

Name of Applicator or Production Superintendent

GLEN RAVEN MILLS, INC.

By

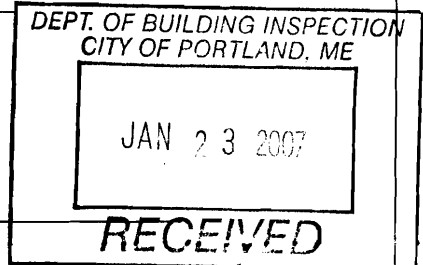
Title



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>1 Gold St. Portland, ME 04101 / 320 Fore St.</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>29 C-6</u>	Owner: <u>Brenda Broder</u>	Telephone: <u>207 831-1000</u>
Lessee/Buyer's Name (If Applicable) <u>Brenda Broder</u>	Contractor name, address & telephone: <u>Awning Leavitt + Parris</u> <u>256 Read St. Portland ME</u> <u>797-0100</u> <u>Sign: Scarborough Signs</u> <u>608 US Route One</u> <u>Scarborough ME 883-6796</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 <u>30-</u> Total Fee: \$ <u>100.00</u>
Who should we contact when the permit is ready: <u>Brenda Broder</u> phone: <u>207-831-1000</u>		
Tenant/allocated building space frontage (feet): Length: <u>20'3"</u> Height: <u>8'</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>Single multi</u>		
Current Specific use: <u>change of use permit (06-1141)</u> If vacant, what was prior use: <u>unused</u> Proposed Use: <u>hair salon</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: <u>8'</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>32 1/4" X 48" = 1548 sq. ft. = 10.75 sq. ft.</u>		
Proposed awning? Yes <input checked="" type="checkbox"/> No _____ Is awning backlit? Yes _____ No <input checked="" type="checkbox"/> Height of awning: <u>2'</u> Length of awning: <u>7'</u> Depth: <u>2'</u> Is there any communication, message, trademark or symbol on it? Yes <input checked="" type="checkbox"/> No _____ If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>5.5</u> 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.

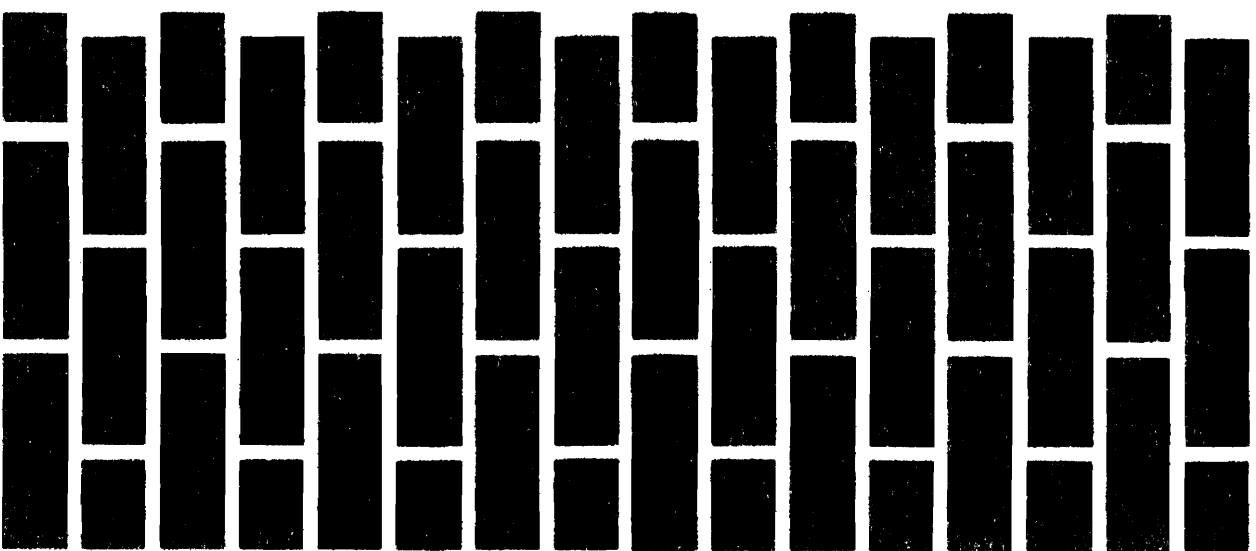
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: [Signature]

Date: 1/11/07

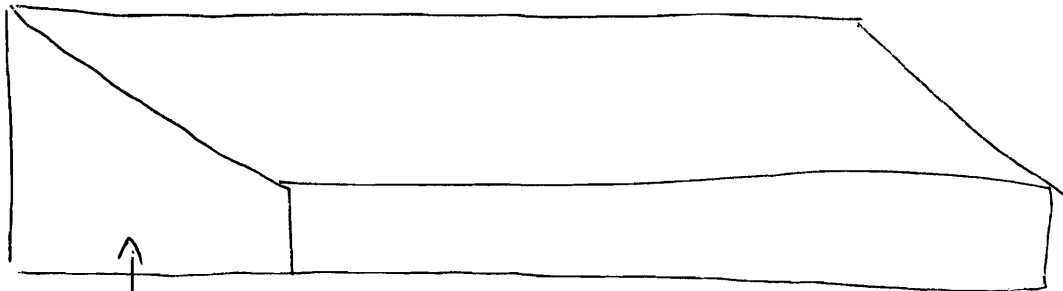
This is not a permit; you may not commence ANY work until the permit is issued.

2nd per frontage 20.25' x 2 = 40.5 sq. ft. OK.
additional sign if front on more than 1 street.



amore
STYLES

actual info for
awning front + side panels
(no circle)



(X2)

side panel
info:

4 3/4" height
20" width

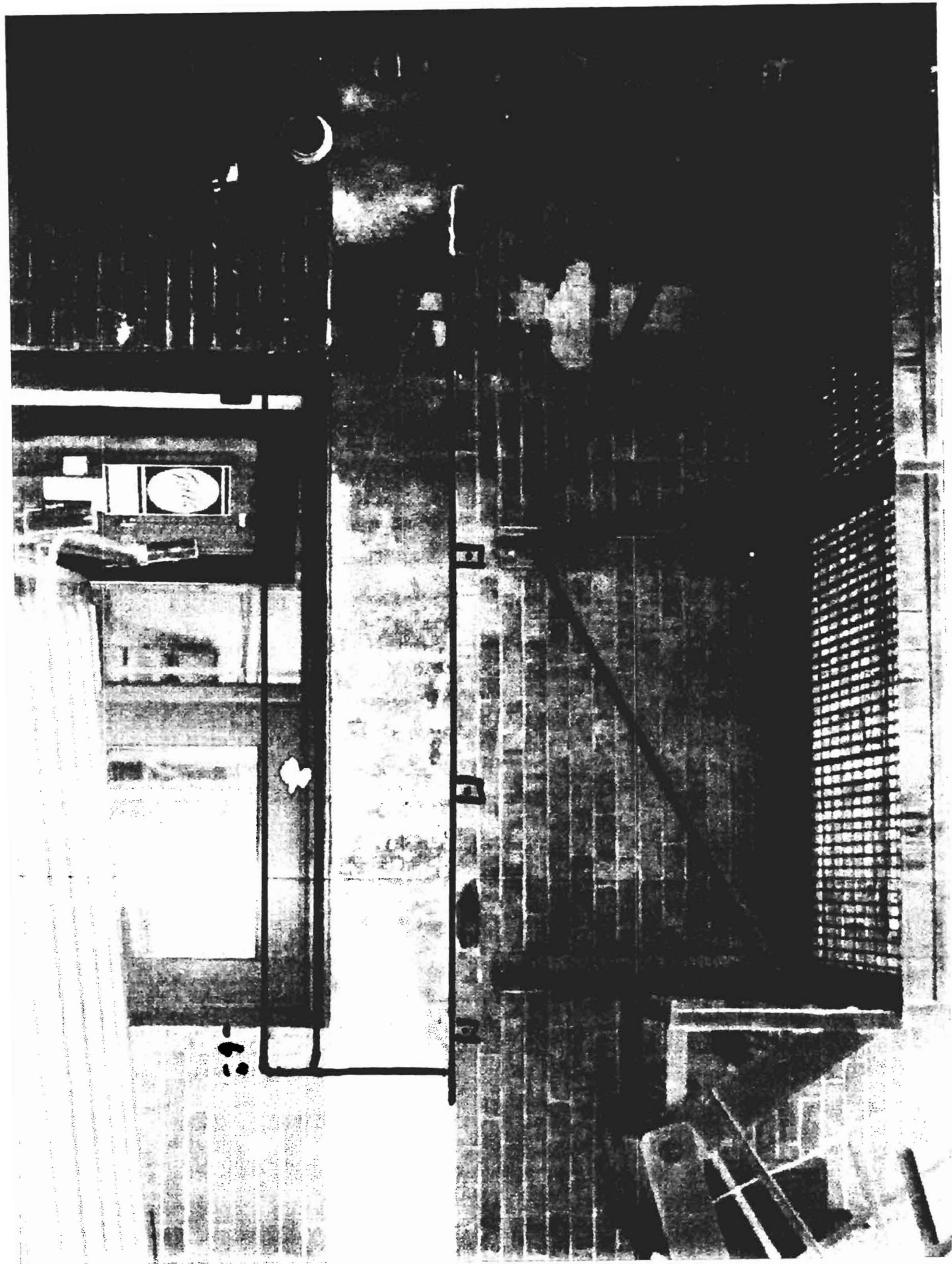
$$95\phi = .66\phi$$

$$1.32\phi$$

front panel
info:

5" height = 180" = 1.25 ϕ
36" width

$$= 2.6\phi$$



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 01/25/2007

 PRODUCER (207)774-6257 FAX (207)774-2994
Clark Associates
 2385 Congress Street
 P O Box 3543
 Portland, ME 04104

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.

 INSURED **AMORE STYLES, INC.**
 1 GOLD ST
 PORTLAND, ME 04101

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Acadia Insurance Company	31325
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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC	BOA0044740-18	09/02/2006	09/02/2007	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
	MED EXP (Any one person) \$ 5,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	GENERAL AGGREGATE \$ 2,000,000				
	PRODUCTS - COMP/OP AGG \$ 2,000,000				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

 DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME

JAN 25 2007

CERTIFICATE HOLDER

 City of Portland
 389 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 **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
 Johanna Kerry/BLA0

Johanna C. Kerry

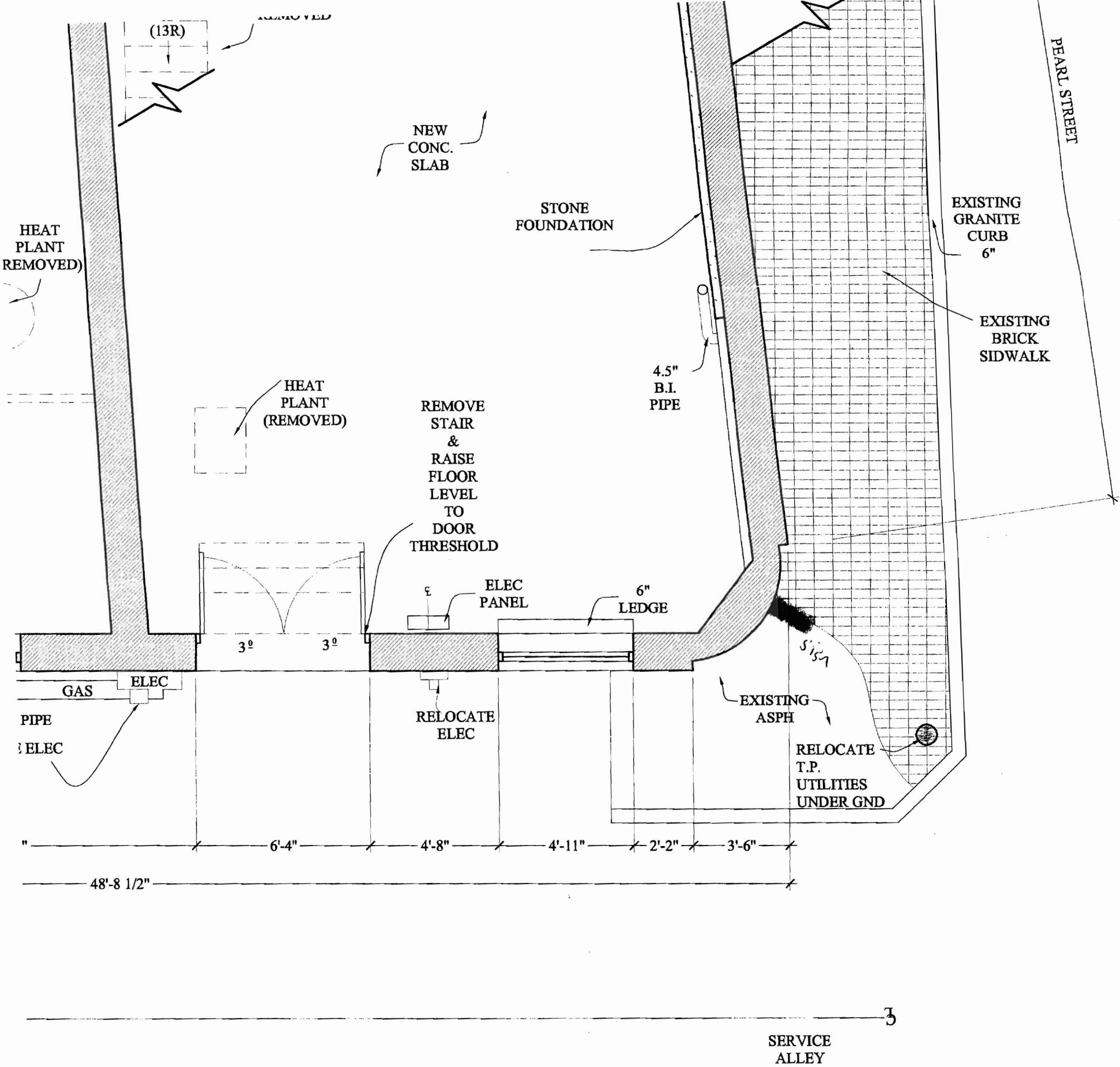
IMPORTANT

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.



① BASEMENT FLOOR
SCALE 1/4"=1'

(Gold St.)

1000.71 2100.30

