

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 100596

Please Read Application And Notes, If Any, Attached

This is to certify that 322 Fore Street Llc / Welsh Architectual Design

has permission to Erect 3' x 3' freestanding sign

AT 320 Fore St Unit #4 CBL 029 C006003

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.

PERMIT ISSUED

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 lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
JUN 11 2010
City of Portland

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
Department of Building Inspections

Original Receipt

May 25 20 10

Received from John M. Dwyer

Location of Work 329 Toe St.

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 73.00

Building (IL) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other Sign

1500 instances
1000 15.00

CBL: 039 000

Check #: 117 Total Collected \$ 73.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 10-0596	Issue Date:	CBL: 029 C006003
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Location of Construction: 320 Fore St Unit #03 (#324)	Owner Name: 322 Fore Street Llc	Owner Address: Po Box 682	Phone: 207-774-6025
Business Name:	Contractor Name: Welsh Architectual Design	Contractor Address: 7 Glasgow Road Scarborough	Phone: 2078836200
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial - retail	Proposed Use: Commercial / Erect 3' x 3' freestanding sign. - "Delise Decor" hanging	Permit Fee: \$83.00	Cost of Work: \$0.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>N/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature: <i>[Signature]</i>	

Proposed Project Description: Erect 3' x 3' freestanding sign. hanging	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____
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Permit Taken By: gg	Date Applied For: 05/28/2010	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>6/2/10</i> <i>AKA</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>6/8/10</i> <i>D. Andrews</i>
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PERMIT ISSUED

JUN 11 2010

City of Portland

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: 10-0596	Date Applied For: 05/28/2010	CBI: 029 C006003
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Location of Construction: 320 Fore St Unit #3 (#324)	Owner Name: 322 Fore Street Llc	Owner Address: Po Box 682	Phone: 207-774-6025
Business Name:	Contractor Name: Welsh Architectual Design	Contractor Address: 7 Glasgow Road Scarborough	Phone: (207) 883-6200
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial / retail (Delise Decor) - Erect 3' x 3' hanging sign	Proposed Project Description: Erect 3' x 3' hanging sign.
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Dept: Historic Status: Approved with Conditions Reviewer: Deborah Andrews Approval Date: 06/03/2010
 Note: Ok to Issue: ✓

1) * Sign bracket to align vertically with other brackets on the building.

* This approval is for sign installation only; no lighting.

Dept: Zoning Status: Approved with Conditions Reviewer: Ann Machado Approval Date: 06/02/2010
 Note: Previous use was retail - "Luminary" Ok to Issue: ✓

1) 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: 06/11/2010
 Note: Ok to Issue: ✓

1) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.

Comments:
6/3/2010-gg: received permit from historic as of 06-03-10. /gg

PERMIT ISSUED

JUN 11 2010

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.

 X Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

JUN 11 2010

City of Portland



Signage/Awning Permit Application ¹⁰⁰⁵⁹⁶

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>324 FORE ST PORTLAND, ME 04101</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>29</u> Block# <u>C</u> Lot# <u>6</u>	Owner: <u>STEWART WOODEN</u> <u>322 FORE ST. LLC</u>	Telephone: <u>207 774 6025</u>
Lessee/Buyer's Name (If Applicable): <u>LISA DAGGETT</u> ^{UNIT # 3}	Contractor name, address & telephone: <u>WELCH ARCHITECTURAL SIGNAGE</u> <u>JOEL KUSCHKE</u> <u>7 LINCOLN AVE SCARBOROUGH ME</u> <u>207 883 6200</u>	Total s.f. of signage x \$2.00 * 9 = \$18 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: \$ Awning Fee = cost of work Total Fee: <u>\$48</u>
Who should we contact when the permit is ready: <u>LISA DAGGETT</u> phone: <u>917 697 6339</u> ^{XX CALL + mail 324 FORE ST}		
Tenant/allocated building space frontage (feet): Length: <u>16'</u> Height: <u>11'</u> Lot Frontage (feet) <u>16' x 910'</u> Single Tenant or Multi Tenant Lot: <u>MULTI</u>		
Current Specific use: <u>HOME FURNISHINGS/DECOR</u> If vacant, what was prior use: <u>(previously - retail - Lumley)</u> Proposed Use: <u>3x3' 9 SF = 18</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: <u>36" x 36"</u> Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>5"</u>		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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 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.		

RECEIVED
MAY 28 2010
Dept. of Building Inspections
City of Portland Maine

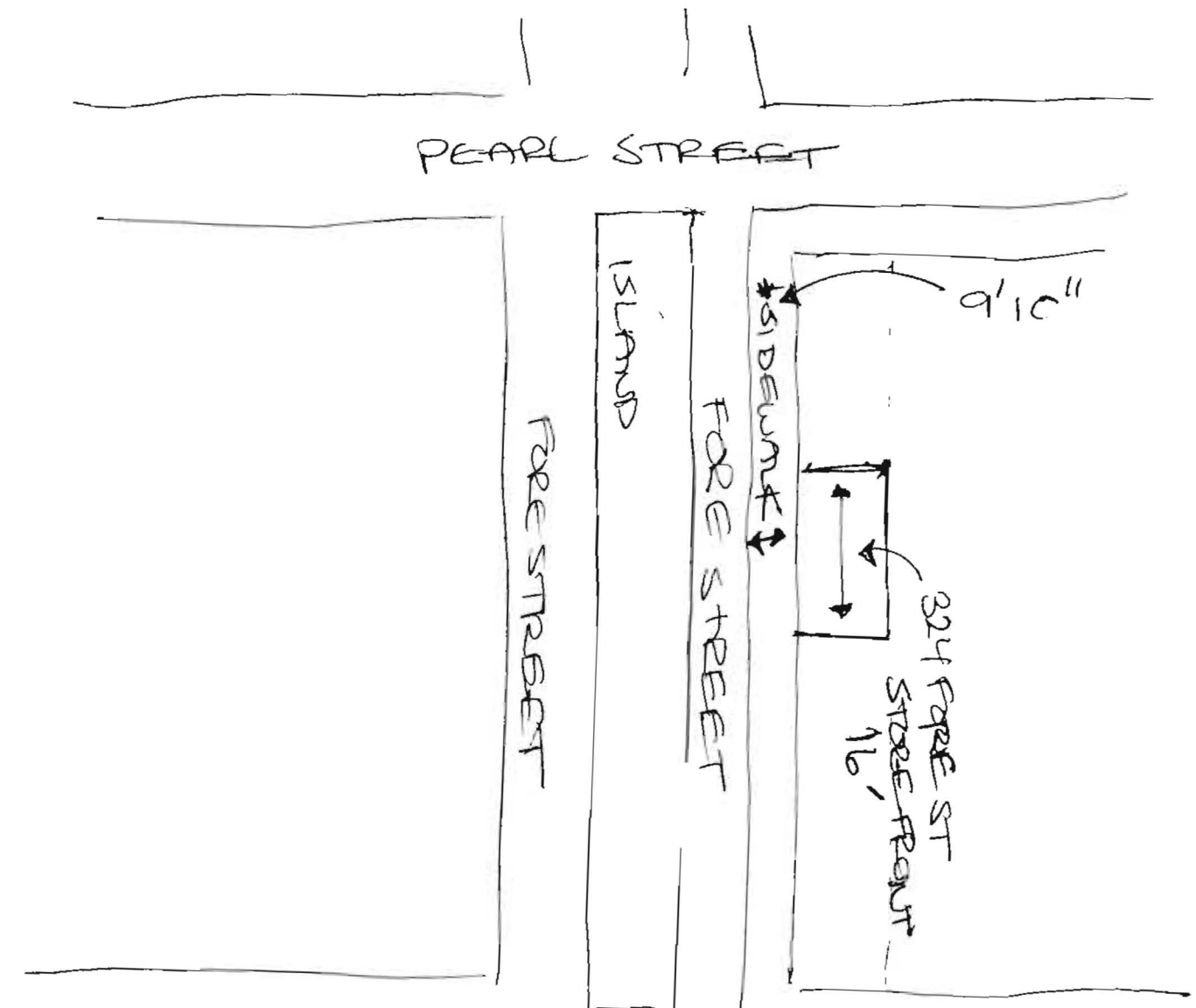
Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

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: 5/28/10

B-3 - not included sound barrier. This is not a permit; you may not commence ANY work until the permit is issued.
16x2 = 32 # allowed 36"x36" = 9 # (OK)



PEARL STREET

ISLAND

FORE STREET

FORE STREET

SILVER STREET

SIDEWALK

9'10"

324 FORE ST
STORE FRONT
16'

AERIAL VIEW

324 FORE STREET

VIEW FROM WEST



PROPOSED THURSdays SITE



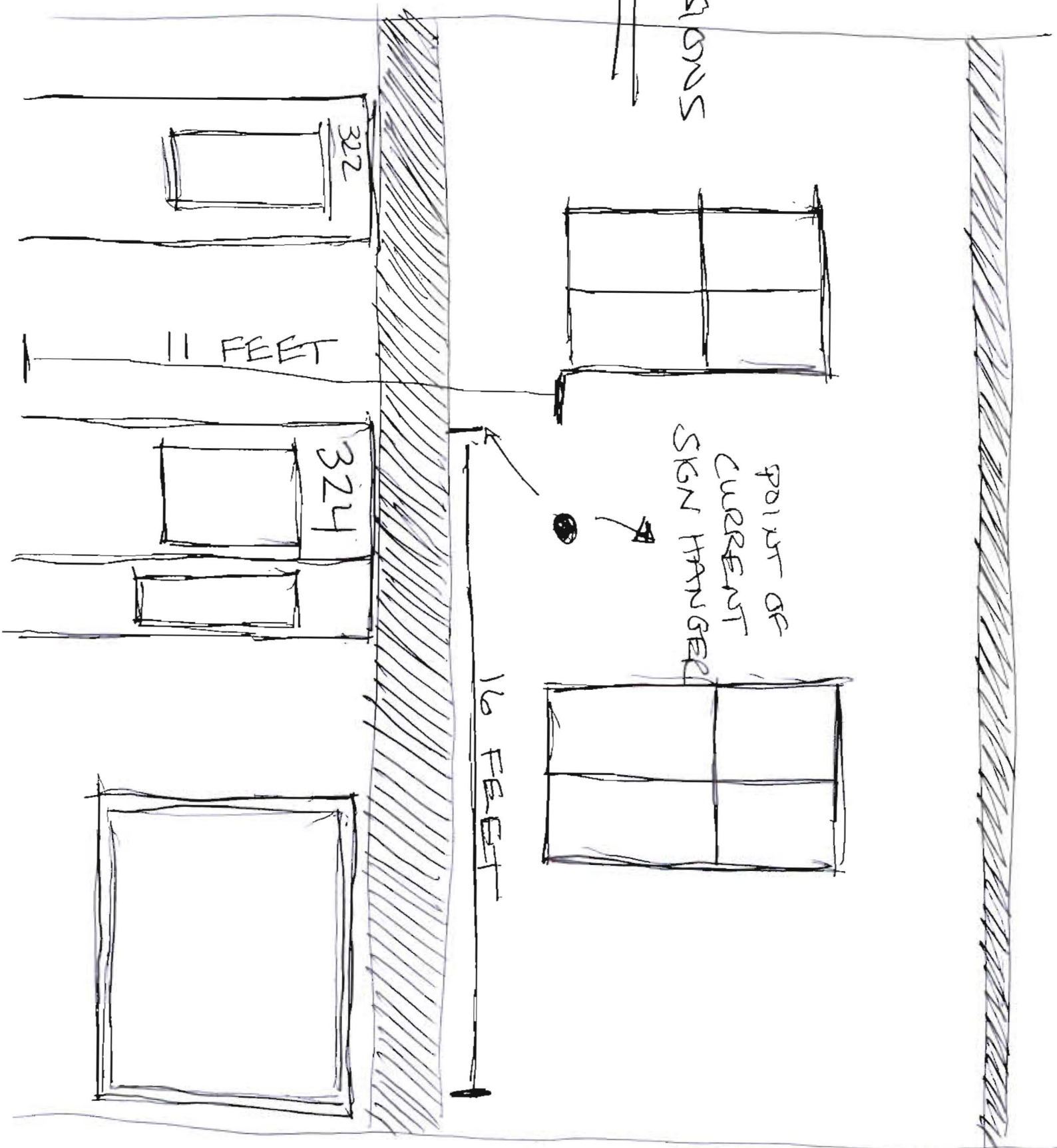
VIEW FROM EAST



STORE FRONT

PROPOSED HANDSITE

FRONT
VIEW
BY
DIMENSIONS

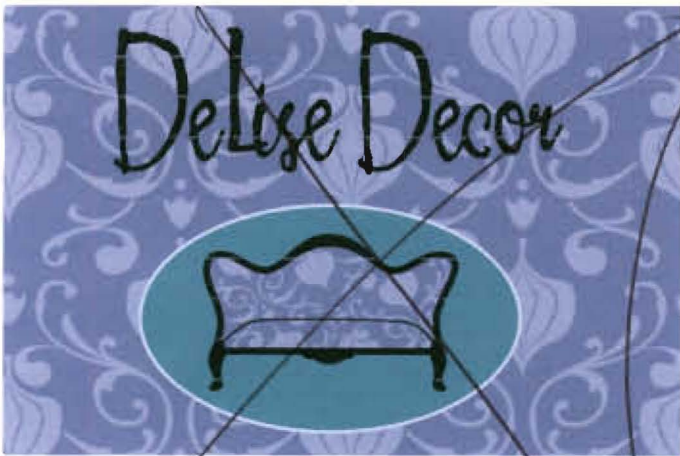


Client: Delise Decor
Proof File: 13994
Designer: Joel Kuschke
Due Date: TBD

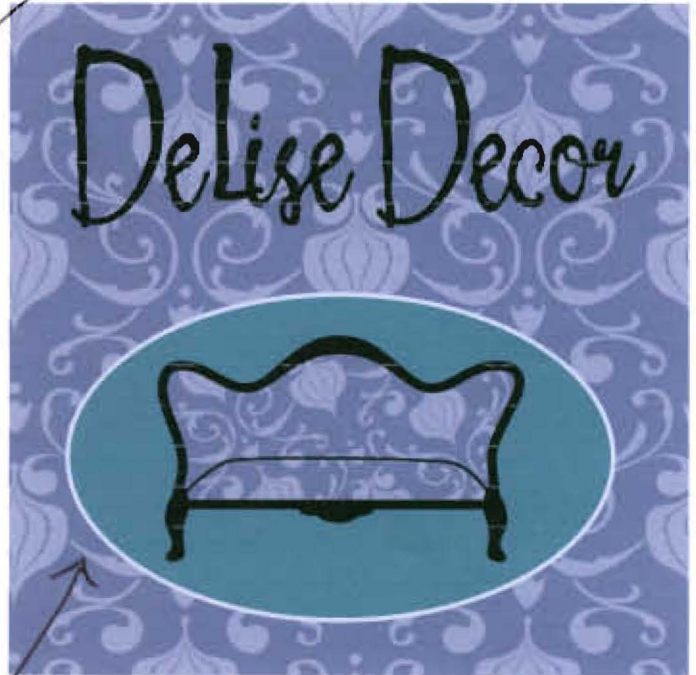
This proof may reflect color shifts due to the color conversions from ink to paint and or vinyl. Also, PMS colors will be approximated to the best of our ability. If we are supplied with files (if applicable) they will be used as is and WELCH will not be responsible for any faults in the design (300 dpi required). Please check the following for accuracy: spelling, quantity, graphics and logos, size, fonts/typeface, single or double sided colors and legibility.

Please SIGN this form, if approved, and fax to (207)883.8588 to continue the job progress.

*By signing below, you are confirming that you have checked and approved of all details of this project, as represented on this proof.



24" x 36"



36" x 36"

PROPOSED SIGNAGE

(1) Hanging MDO Sign
Primed Painted and Flatbed Printed

Approved By: _____ Date: _____

DISCLAIMER: WELCH is not responsible for the output of customer supplied files or logos. It is the customers responsibility to make sure they have supplied the files in the correct resolution and PMS colors. We would be happy to answer any questions regarding file setup.

VEHICLES: Although Vehicle Graphics are meant to last 3-5 years, WELCH will only warranty the replacement of vehicle graphics 60 days from the proof date. Vehicle Graphics are a temporary advertisement. Please understand that sunlight, bad weather, rocks, pressure washing and incorrect care of your graphics can shorten the life span.

322 Fore Street, LLC
PO Box 682
Portland, ME 04104
Tel: 207-774-6025 Fax: 207-774-6926

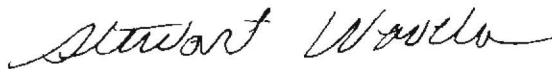
May 24, 2010

Inspections Division
Portland City Hall
389 Congress Street, room 315
Portland, Maine 04101

Dear Sirs/Madams:

I, Stewart Wooden, Managing Member of 322 Fore Street LLC, the owner of the ground floor retail unit at 324 Fore Street and lessor thereof, hereby permits the lessee Lisa Daggett, owner of DeLise Decor, to hang a business sign in accordance with the rules and regulations of the City of Portland, Maine.

Sincerely,

A handwritten signature in cursive script that reads "Stewart Wooden".

Stewart Wooden
Managing Member

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/26/2010

PRODUCER Yarmouth Insurance Agency 141 Spring Street Yarmouth ME 04096	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 Lisa Daggett, DBA DeLise Decor 324 Fore St Portland ME 04101	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: MMG (MAINE MUTUAL GROUP)</td> <td></td> </tr> <tr> <td>INSURER B</td> <td></td> </tr> <tr> <td>INSURER C</td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: MMG (MAINE MUTUAL GROUP)		INSURER B		INSURER C		INSURER D		INSURER E	
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INSURER E													

COVERAGES
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING 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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	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	BP0437407	04/06/2010	04/06/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000																
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per accident) \$ BODILY INJURY (Per accident) \$ (Per accident) \$																
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ 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? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>WC STATU-TORY LIMITS</td> <td><input checked="" type="checkbox"/></td> <td>OTH-ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	<input checked="" type="checkbox"/>	OTH-ER		E.L. EACH ACCIDENT			\$	E.L. DISEASE - EA EMPLOYEE			\$	E.L. DISEASE - POLICY LIMIT			\$
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E.L. DISEASE - POLICY LIMIT			\$																			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
CERTIFICATE HOLDER ALSO LISTED AS ADDITIONAL NAMED INSURED FOR LIABILITY DUE TO SIGNAGE

CERTIFICATE HOLDER CITY OF PORTLAND ATTN: INSPECTIONS 389 CONGRESS ST, 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 _____ 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 <ECG>
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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

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized to issue this certificate, and the certificate holder. This certificate is not intended to extend or alter the coverage afforded by the policies listed thereon.