

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 030753

Please Read
Application And
Notes, If Any,
Attached

This is to certify that Sawyer Harrison H/Owner

has permission to Erect Two 2'x7' Wood Signs One 2'x5' Wood Sign

AT 77 Market St 028 K001001

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 altered or closed-in.
HEAVY 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

Cheryl C. ... 7/10/03
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: 03-0753	Issue Date:	CBL: 028 K001001
-----------------------	-------------	---------------------

Location of Construction: 77 Market St	Owner Name: Sawyer Harrison H	Owner Address: Po Box 7225	Phone: 594-2054
Business Name:	Contractor Name: Owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Retail/Commercial	Proposed Use: Retail/Commercial	Permit Fee: \$39.00	Cost of Work: \$30.00	CEO District: 1
Proposed Project Description: Erect Two 2'x7' Wood Signs and One 2.5'x3.5' Wooden Sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <u>C</u> Type: <u>NA</u> 7/10/03 <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: gad	Date Applied For: 06/25/2003	Zoning Approval	
-------------------------	---------------------------------	------------------------	--

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: <u>7/7/03</u>	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 TO D.A. Date: <u>7/8/03</u>
--	--	--	--

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

03-0753

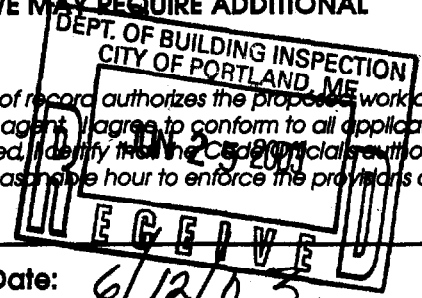
Signage/Awning Permit Application

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>87 Market St Portland, ME</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>028</u> Block# <u>K</u> Lot# <u>001</u>	Owner:	Telephone:
Lessee/Buyer's Name (If Applicable) <u>SAME</u> → <u>207-594-2054</u>	Applicant name, address & telephone: <u>LYN SNOW</u> <u>148 WATERMAN'S BEACH RD.</u> <u>SO. THOMASTON MAINE 04858</u>	Total s.f. of signage x <u>116</u> <u>93</u> \$1.00 per s.f. plus \$30.00 = Total Fee: \$ <u>76 39</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: <u>RETAIL</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>retail</u>		
Project description: <u>add</u>		
Contractor's name, address & telephone: _____		
Who should we contact when the permit is ready: <u>SAME AS ABOVE</u>		
Mailing address: _____		
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>594-2054</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 authorize the City officials 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>Lyn Snow</u>	Date: <u>6/12/03</u>
---	----------------------

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

CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way. Amount must equal \$400,000.00.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. Indicate on the plan all existing and proposed signs with their dimensions and specific locations.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.
- ~~N/A~~ Certificate of Flammability required for awning or canopy at time of application.
- ~~N/A~~ UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**Permit Fee for signage or awning-with-signage:
\$30.00 plus \$1.00 per square foot of sign.**

**Permit Fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, plus \$7.00 for each additional \$1,000.000.**

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 87 Market St, Portland, ME ZONE: B-3

CBL: _____

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

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

INFORMATION ON PROPOSED SIGN(S):

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

BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: 2 EA. 2' x 7' = 14'

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: 2 EA. 2' x 7' = 14'

AWNING? YES NO _____ DIMENSIONS: APPROX. 4' x 7'

LOT FRONTAGE (FEET): 22'

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 22' x 2 = 44'

No CHANGE TO EXISTING AWNING.

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: _____ DATE: _____

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

To: City Of Portland
Department of Planning and Development
Inspection Services Division
389 Congress Street, RM 312
Portland, Maine 04101

From: Lyn Snow Watercolors
148 Waterman's Beach Road
So. Thomaston, Maine 04858

The attached sign application is for a total of three painted wood signs. There will not be any lighting on these signs. The two 2' x 7' signs (shown in attachment #1) will replace the existing 2' x 7' signs currently attached to the face of the building shown in the attached photograph. The existing awning will not be changed in any way.

The third sign (2.5' x 3.5' shown in the attachment #2) is in addition to the existing signs. It will hang from a metal bracket (see attachment #3) perpendicular to the face, and to the left side of the store front. The top of the sign will be even with the top of the signs mounted on the face of store. This will leave 9.5' of clearance between the bottom of the sign and the sidewalk.

Thank you,



Jack and Lyn Snow

(207) 594-2034

7'

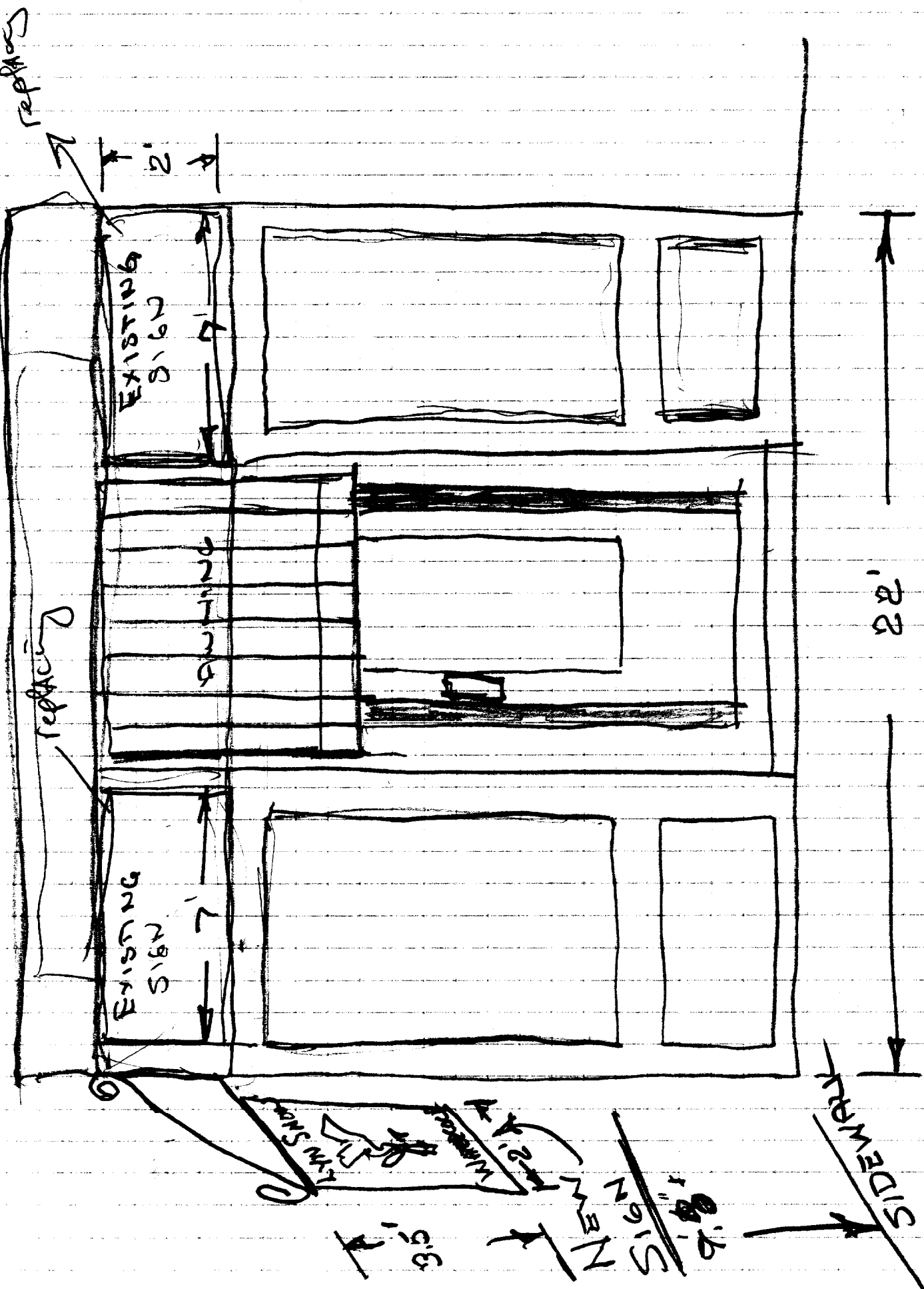
Lyn Snow

2'

Watercolors

2'

Handwritten notes or signatures in the top right corner.



**H.H. Sawyer Realty Company
& Daughters**

P.O. Box 7225
Portland, Maine 04112
Office: 207.772.6579
Fax: 207.773.0680

June 23, 2003

City of Portland
Department of Planning and Development
Inspection Services Division
389 Congress Street, RM 312
Portland, Maine 04101

To Whom It May Concern:

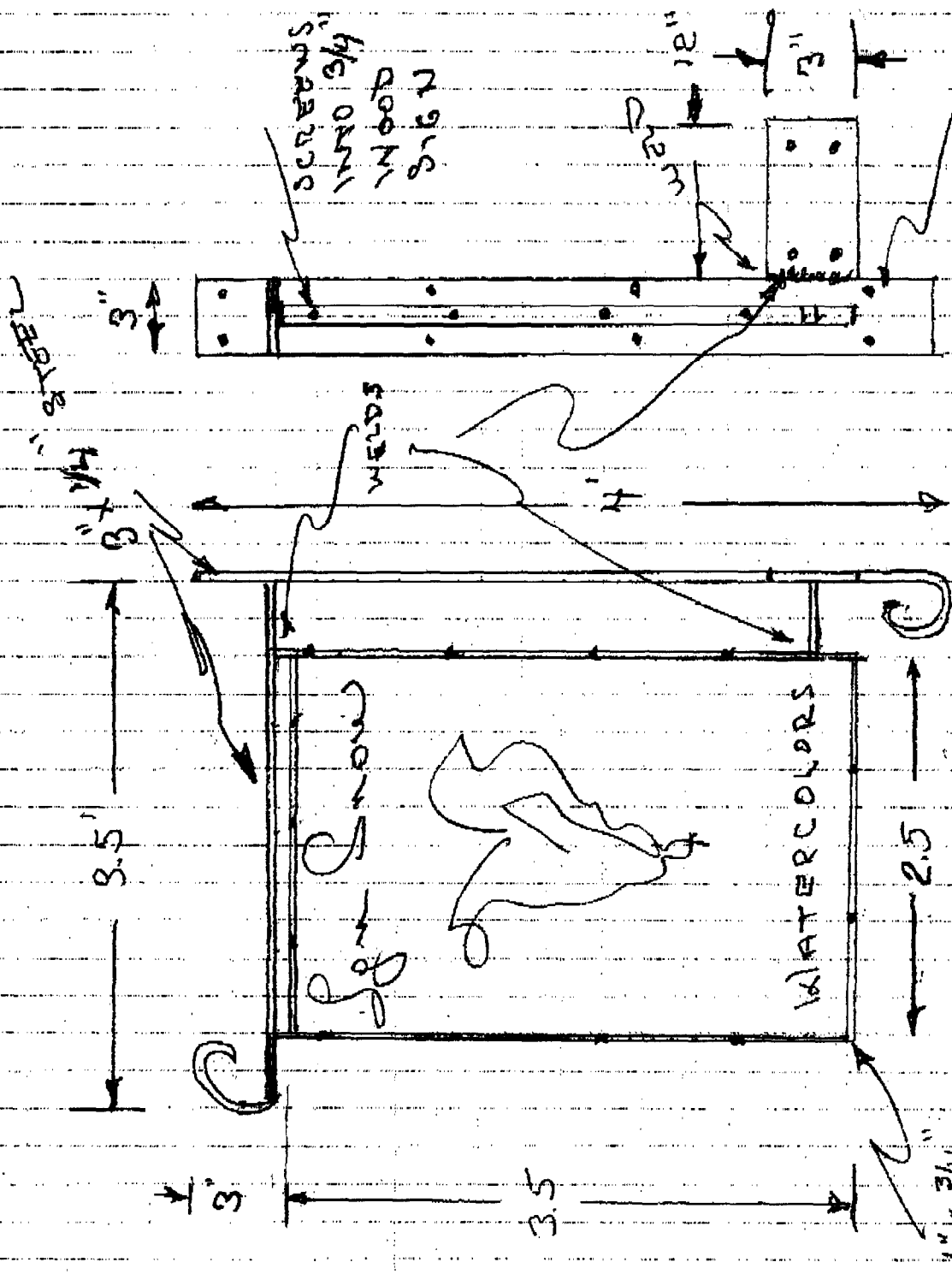
Please be advised that the Lyn Snow Watercolors, our new tenant at 87 Market Street, has submitted an application for signage for their business. H. H. Sawyer Realty, the landlord, has reviewed and approved their request for signage.

If you need any other information, please feel free to contact our office.

Sincerely,



Cathy-Ann Wirth
H.H. SAWYER REALTY COMPANY



MOUNTED TO 3" x 12" ANGLE WOOD FROM PERIMETER WINDOW & GRANITE COLUMN

1" x 3/4" STEEL SCREENED TO SIGN PERIMETER

4" x 5/16" WAGS TYPICAL

SCREENED WOOD SIGN

LEGAL ESTIMATE FOR ARCHITECTURAL DRAWING

DATE: 5/24/02

ACORD. CERTIFICATE OF LIABILITY INSURANCE

OP ID S1
SNOWG-1

DATE (MM/DD/YY)
06/17/03

PRODUCER Midcoast-Morse, Payson & Noyes 477 Commercial St, PO Box 806 Rockport ME 04856 Phone: 207-594-2111 Fax: 207-594-9147	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 Snow Gallery, John & Marilyn Snow DBA HC 33, Box 533 South Thomaston ME 04858	INSURER A: TRAVELERS INSURANCE COMPANY
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

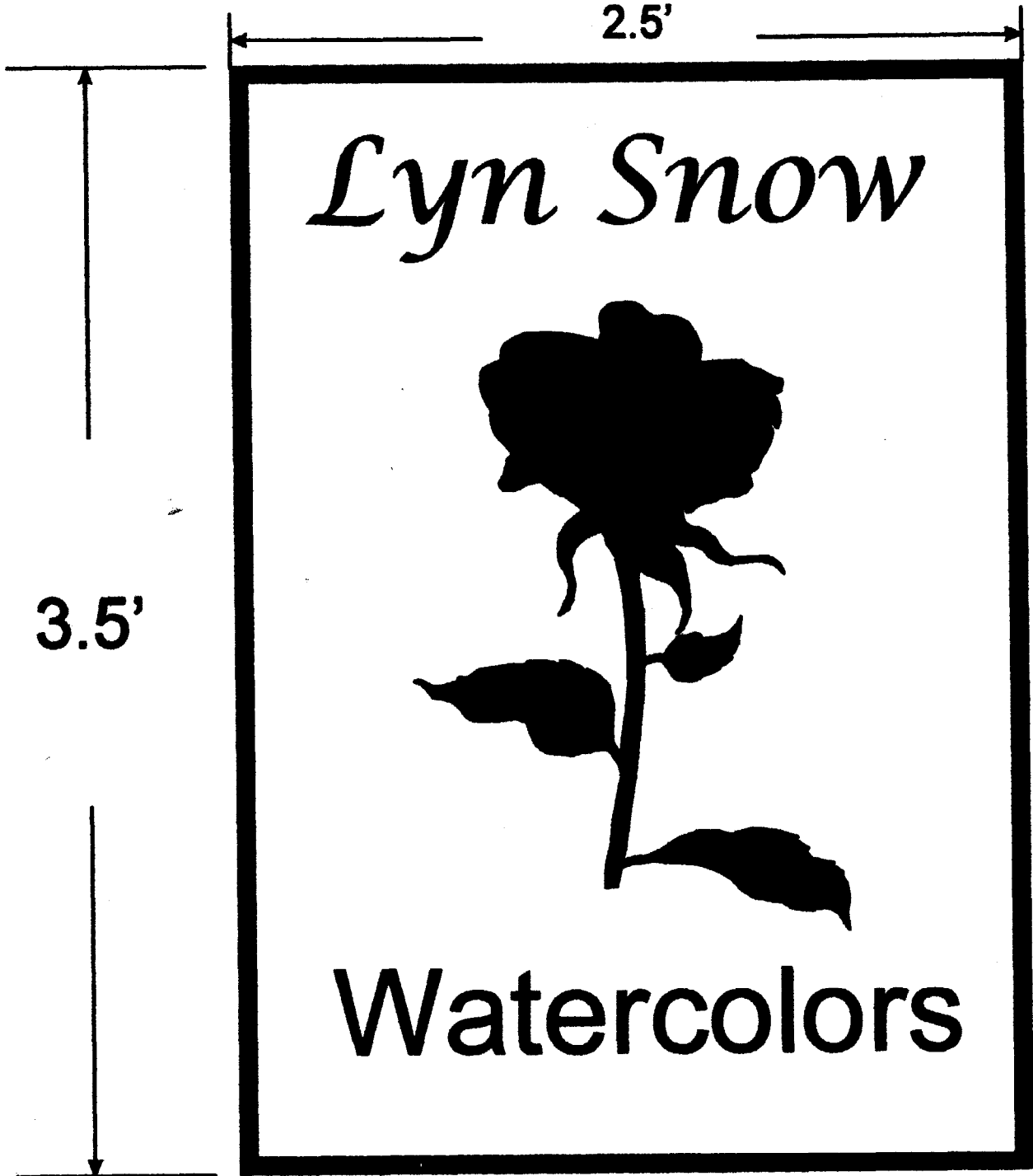
COVERAGES

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	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 type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC	I680353P370	01/24/03	01/24/04	EACH OCCURRENCE \$ 1000000
	FIRE DAMAGE (Any one fire) \$ 300000				
	MED EXP (Any one person) \$ 5000				
	PERSONAL & ADV INJURY \$ 1000000				
	GENERAL AGGREGATE \$ 2000000				
	PRODUCTS - COM/POP AGG \$ 2000000				
	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 LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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
 Providing proof of coverage for the certificate holder listed as Additional Insured.

CERTIFICATE HOLDER <input checked="" type="checkbox"/>	ADDITIONAL INSURED; INSURER LETTER: A	CANCELLATION
CITYPOR City of Portland City Hall 389 Congress Street Portland ME 04112		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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Small Business



ATTACHMENT
#2