

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 060365
APR 18 2006
CITY OF PORTLAND

This is to certify that PALACCI ALBERT / Yarmouth Signs
has permission to install a new sign in the existing bracket "Edith Medina"
AT 53 EXCHANGE ST. L 032 E002001

provided that the person or persons who perform or supervise the work accepting this permit shall comply with all of the provisions of the Statutes of the State 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 procedure before this building or part thereof is started 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
DepartmentName

Jeanine Burke 4/11/06
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: 06-0355	Issue Date: PERMIT ISSUED APR 18 2006	CRL: E002001
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Location of Construction: 53 EXCHANGE ST	Owner Name: PALACCI ALBERT	4761 BROADWAY		APR 18 2006
Business Name:	Contractor Name: Yarmouth Sions	Contractor Address: P.O. Box 346 Yarmouth	Phone: 7078460473	
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3	
Past Use: Commercial	Proposed Use: Commercial Retail Store/ install a new sign in the existing brackets "Edith & Edna"	Permit Fee: \$77.00	Cost of Work: \$77.00	CEO District: 1
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: Sign IBC-2003 Signature: JMB 4/11/06
		Signature: _____ Signature: JMB 4/11/06		
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: Idobson	Date Applied For: 03/20/2006	Zoning Approval		

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: 3/23/06 JMB	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 Not in District or Landmark <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: J. Andrews 4/7/06
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0365	Date Applied For: 0312012006	CBL: 032 E002001
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Location of Construction: 53 EXCHANGE ST	Owner Name: PALACCI ALBERT	Owner Address: 476 1 BROADWAY	Phone:
Business Name:	Contractor Name: Yarmouth Signs	Contractor Address: P.O. Box 346 Yannouth	Phone (207) 846-0473
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial/ Retail Store/ install a new sign in the existing brackets "Edith & Edna"	Proposed Project Description: install a new sign in the existing brackets "Edith & Edna"
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Dept: Historical **Status:** Approved with Conditions **Reviewer:** Deborah Andrews **Approval Date:** 0410712006

Note: **Ok to Issue:**

1) * Application does not include request for sign lighting. Any proposed sign lighting would be subject to review and approval under historic preservation ordinance.

Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 0312312006

Note: also known as 51 Exchange St. Edith & Edna's is a retail store selling hand made artworks **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 0411112006

Note: **Ok to Issue:**

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



Signage/Awning Permit Application

*ok taxes
ok car
\$10*

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: 51 EXCHANGE STREET

Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>32</u> <u>E</u> <u>2</u>	Owner: <u>ALBERT PALACCI</u>	Telephone: <u>c/o Peter Harrington</u> <u>(207) 774-2422</u> <u>Palacore commercial brokers</u>
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Lessee/Buyer's Name (If Applicable) <u>EDITH & EDNA, INC</u>	Contractor name, address & telephone: <u>Yarmouth Signs</u> <u>PO Box 346</u> <u>Yarmouth ME 04096</u> <u>207 846-0473</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: \$ _____
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Who should we contact when the permit is ready: JULIE CARLSON phone: 809-9099

Tenant/allocated building space frontage (feet): Length: 15' Height: 12'
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot mult?

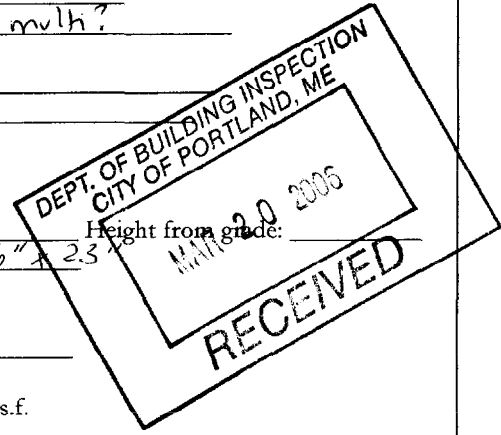
Current Specific use: VACANT
If vacant, what was prior use: JEWELRY STORE
Proposed Use: Retail Store - hand made art works

Information on proposed sign(s):
Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed _____
Bldg. wall sign? (attached to bldg) Yes No _____ Dimensions proposed: 36" x 23" Height from grade: _____

Proposed 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 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.



Bracket 15 already attached from previous tenant
J. DOSTER JEWELER

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: 3/9/06

This is not a permit; you may not commence ANY work until the permit is issued.
30 x 15 = 30 ft
1 permit
OK
36" x 23" = 828" = 575 ft



Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

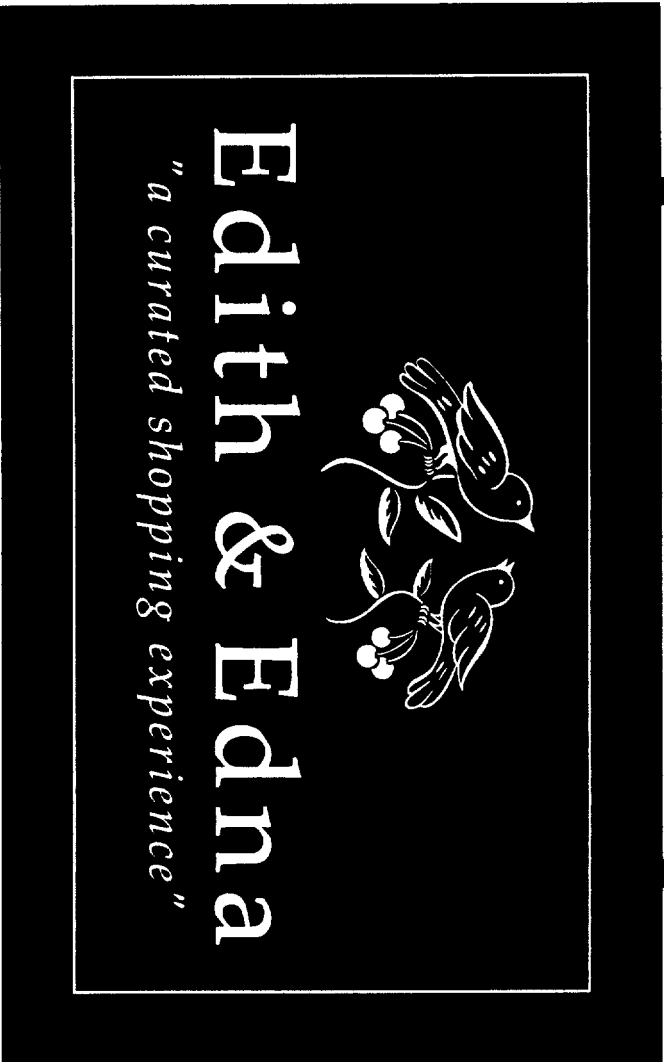
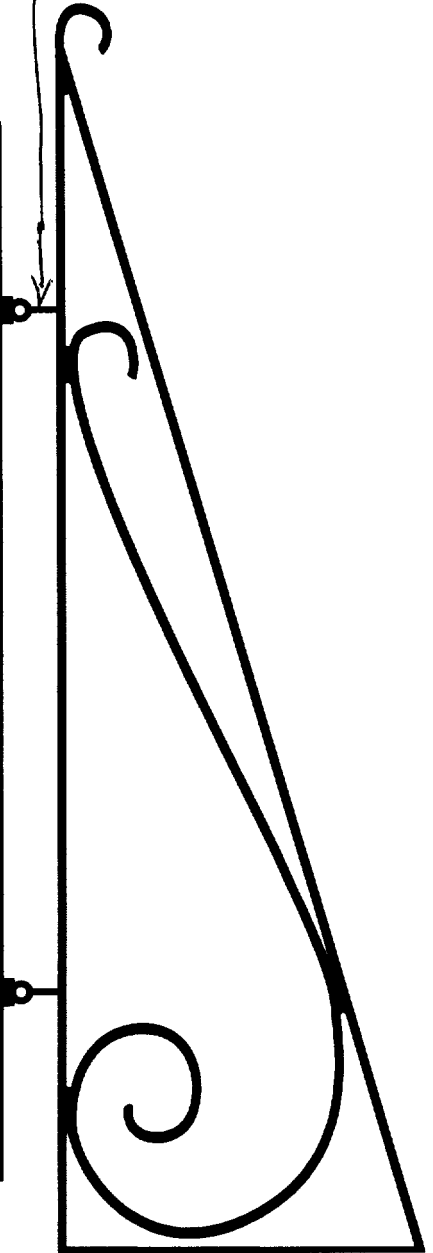
- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage. - Peter H.
- 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. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- ~~Certificate of flammability required for awning or canopy.~~
- ~~A UL# is required for lighted signs at the time of final inspection.~~
- ~~Pre-application questionnaire completed and attached.~~
- ~~Photos of existing signage~~
- ~~Details for sign fastening, attachment or mounting in the ground.~~ - It is already attached to Building
Stainless Steel mounting clips w/ Stainless Steel Bolts

Permit fee for signage or awning-with-signage: **\$30.00** plus \$2.00 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, **\$9.00** per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is **\$65.00**.

stainless
steel
mounting
clips



PO Box 346
Yarmouth, ME, 04096
207.846.0473
Copyright 2005

DATE:

CUSTOMER:

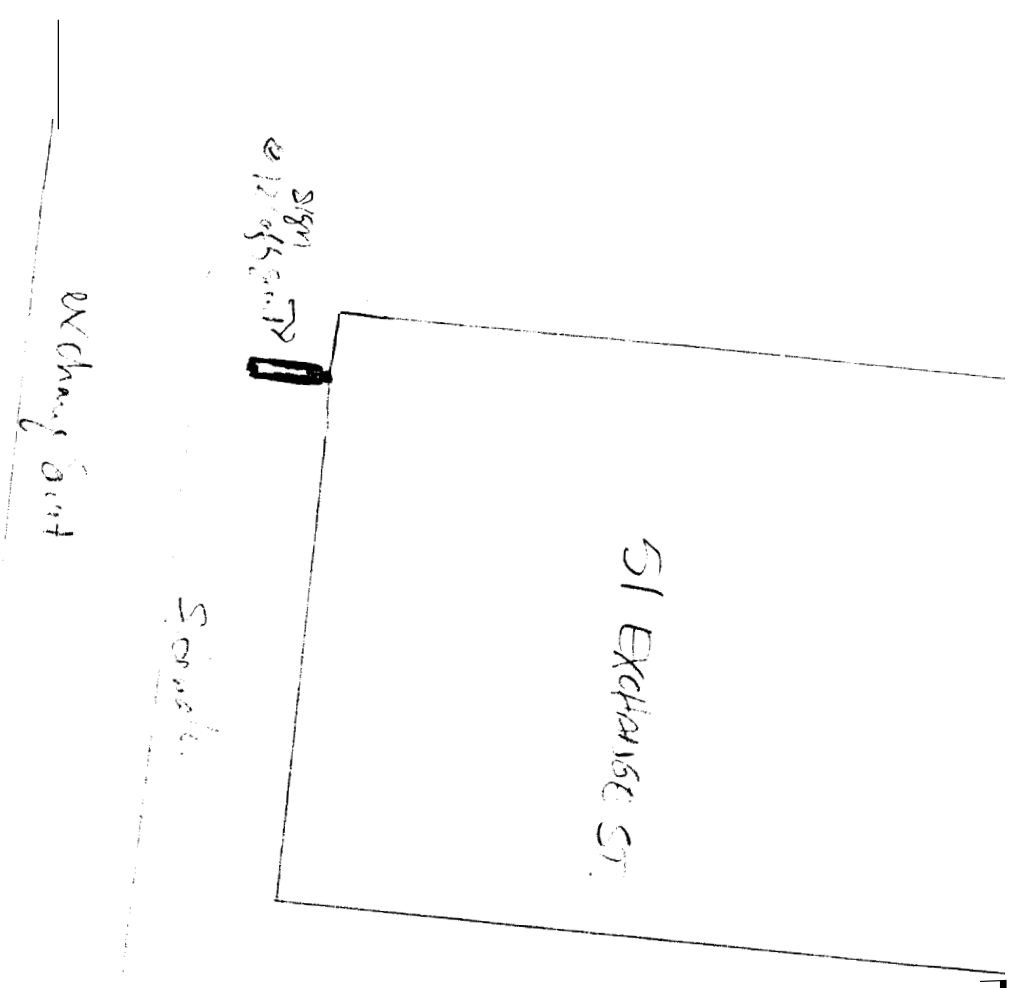
APPROVED:

DRAWING n°

1.

Edith + Edna
3/19/06

10' of roof



Sign bracket
is already
on wall attached
to front of Building
left by previous
tenant J. DOSTE
Jewellers
Bracket is a bracket
By Steel Bolts

Edin + Edna
Blvd

market street

51 EXCHANGE ST.

sign
@ 12/05/80

sidewalk

Exchange St

Sign bracket
is already
on wall attached
to front of Building
left by previous
tenant J. DOSTE
Jewelers

Bracket is a bracket
By Steel Bolts

✓

4761 Broadway
New York, NY 10034

March 13,2006

City of Portland
390 Congress Street
Portland, ME 04101

RE: 51 Exchange Street
Sign for Edith & Edna

Dear Madam or Sir:

I **am** the owner of the above-referenced property. **My** tenant, Edith & **Edna**, Inc., is applying to the city of Portland for a sign permit. This letter will serve **as** the required notice **that** the tenant **has** my permission to **construct and** hang a new sign on the storefront. Please feel free **to** contact me if you have any questions.

Sincerely,


Albert Palacci, Owner

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR AP
EDITED 1

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

PRODUCER PRATT INSURANCE AGENCY INC P O BOX 439 WESTBROOK ME 04098 Phone: 207-854-9745	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	NAIC #
INSURED EDITH & EDNA JULIE & GEORGE - CARLSON 51 EXCHANGE STREET PORTLAND ME 04101	INSURER A: Middlesex Mutual Assurance	
	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.

INSURER	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"/> PRO-JECT <input type="checkbox"/> LOC	TBA	03/17/06	03/17/07	EACH OCCURRENCE \$ 1000000 DAMAGES TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP 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 EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY 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
RETAIL STORE CITY OF PORTLAND IS ADDED AS ADDITIONAL INSURED

CERTIFICATE HOLDER PORTCIL CITY OF PORTLAND 390 CONGRESS STREET 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 <u>10</u> 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 Alexander I Pratt III <i>[Signature]</i>
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