

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
 Permit Number: 050201
MAR 15 2005
CITY OF PORTLAND

This is to certify that ELC Inc
 has permission to Attatch 1 sign on outside of building and 1 sign on sidewalk
 AT 30 Market St Call 032 F003001

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. **48 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

Jamie Louke 3/14/05
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

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

Permit No: 05-0201	Issue Date: MAR 15 2005	CBL: 032 F005001
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Location of Construction: 30 Market St	Owner Name: E L C Inc	Owner Address: 30 Market St	Phone:
Business Name:	Contractor Name:	Contractor Address: CITY OF PORTLAND	
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial	Proposed Use: Commercial Attach 1 sign on outside of bldg, and 1 sidewalk sign <i>reporting existing sign</i>	Permit Fee: \$85.00	Cost of Work: \$85.00	CEO District: 1
Proposed Project Description: Attach 1 sign on outside of bldg and 1 sidewalk sign <i>reporting existing sign</i>		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: Sign IBC-2003 Signature: JMB 3/14/05	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) 1'		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
		Signature: _____ Date: _____		

Permit Taken By: dmartin	Date Applied For: 02/28/2005	Zoning Approval	
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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>OK 3/7/05</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 <input type="checkbox"/> Not in District or Landmark Does Not Require Review <input checked="" type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved Approved w/Conditions <input type="checkbox"/> Denied >ate: _____
	D. Andrews D. Andrews 3/10/05		

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: 05-0201	Date Applied For: 02/28/2005	CBL: 032 F003001
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Location of Construction: 30 Market St	Owner Name: E L C Inc	Owner Address: 30 Market St	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	
Proposed Use: Commercial Attatch 1 sign on outside of bldg, and 1 sidewalk sign		Proposed Project Description: Attatch 1 sign on outlside of bldg and 1 sidewalk sign	

Dept: Historical **Status:** Approved **Reviewer:** Deborah Andrews **Approval Date:** 03/10/2005
Note: **Ok to Issue:**

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 03/07/2005
Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 03/14/2005
Note: **Ok to Issue:**

Comments:

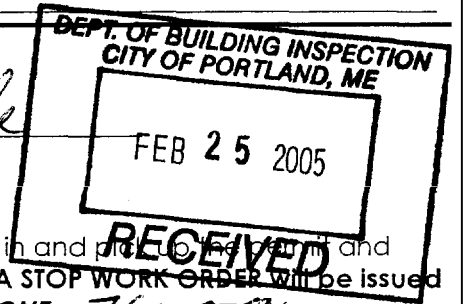
2/28/2005-dmartin: Left voice mail w/ Lilly to give us the info for attatching the sign to the building. Her voice mail said she'd be gone for a week../ dm

Deb Andrews Historic # 874 2726

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>32 A Market St. Portland, Me. 04101</u>		
Total Square Footage of Proposed Structure <u>18.75 x 2.375 = 12 = 3.125 sqft</u>	Square Footage of Lot <u>1722 SF</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>032</u> Block# <u>F</u> Lot# <u>3</u>	Owner: <u>ELL, Inc.</u>	Telephone: <u>207 774-1000</u>
Lessee/Buyer's Name (If Applicable) <u>Lilly's Hair Salon</u>	Applicant name, address & telephone: <u>Lilly Pyle</u> <u>Market St. Portland</u> <u>Maine 04101</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>30 + 12 = 42</u> \$F Awning Fee = Cost Of Work: \$ Total Fee: \$ <u>435.00</u>
Current use: <u>Hair Salon</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Side Walk Sign. & Permanent Sign. 6 SF, 3.87.</u>		
Project description: _____		
Contractor's name, address & telephone: _____		
Whom should we contact when the permit is ready: <u>Lilly Pyle</u>		
Mailing address: <u>32 Market St.</u> <u>Portland, Maine, 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>761-5811</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>Lilly Pyle</u>	Date: <u>2/25/05 2/25/05</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

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 32A Market St. Portland, ZONE: _____

CBL: _____

SINGLE TENANT LOT? YES _____ NO _____ MULTI TENANT LOT? YES NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES _____ NO _____

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: ? Height: _____

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO _____ DIMENSIONS PROPOSED: 17" X 33" ^{replumb}
BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: 18 3/4" Round Sign ^{existing}

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO 1 DIMENSIONS: $A = \pi R^2$
BLDG. WALL SIGN(attached to bldg)? YES _____ NO DIMENSIONS: $A = 3.14 \times (18.75")^2$
AWNING? YES _____ NO DIMENSIONS: _____ 1103.90#
LOT FRONTAGE (FEET): _____ 7.67#

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: Xuanh Pugh DATE: 2/25/05

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

**ELC Inc.
42 MARKET STREET
PORTLAND, ME 04101-5022
(207) 774-1000**

February 15,2005

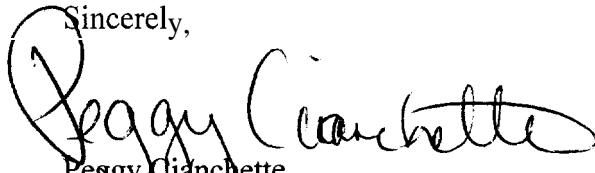
City of Portland and
The Historic Preservation Committee
Portland, Maine

Dear Sirs:

I have reviewed signage plans for Lilly's Hair Salon and give permission to hang the signs above the doorway on the building at **32A** Market Street and to place a sidewalk sign in front of her business.

I can be reached at the above number if necessary. Thank you for your assistance.

Sincerely,



Peggy Cianchette
Property Manager

Cc: File

Mer Barker Insurance
 100 India Street
 Portland ME 04101
 Phone: 207-773-8156 Fax: 207-773-6647

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 #
INSURER A: MMG Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	

INSURED

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 LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	BP0423077	03/23/04	03/23/05	EACH OCCURRENCE	\$ 1000000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5000
		<input checked="" type="checkbox"/> Incl Professional Liability				PERSONAL BODILY INJURY	\$ 1000000
GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2000000
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 1000000
		AUTOMOBILE LIABILITY				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					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Certificate holder is additional insured as respects insureds sign

CITY001

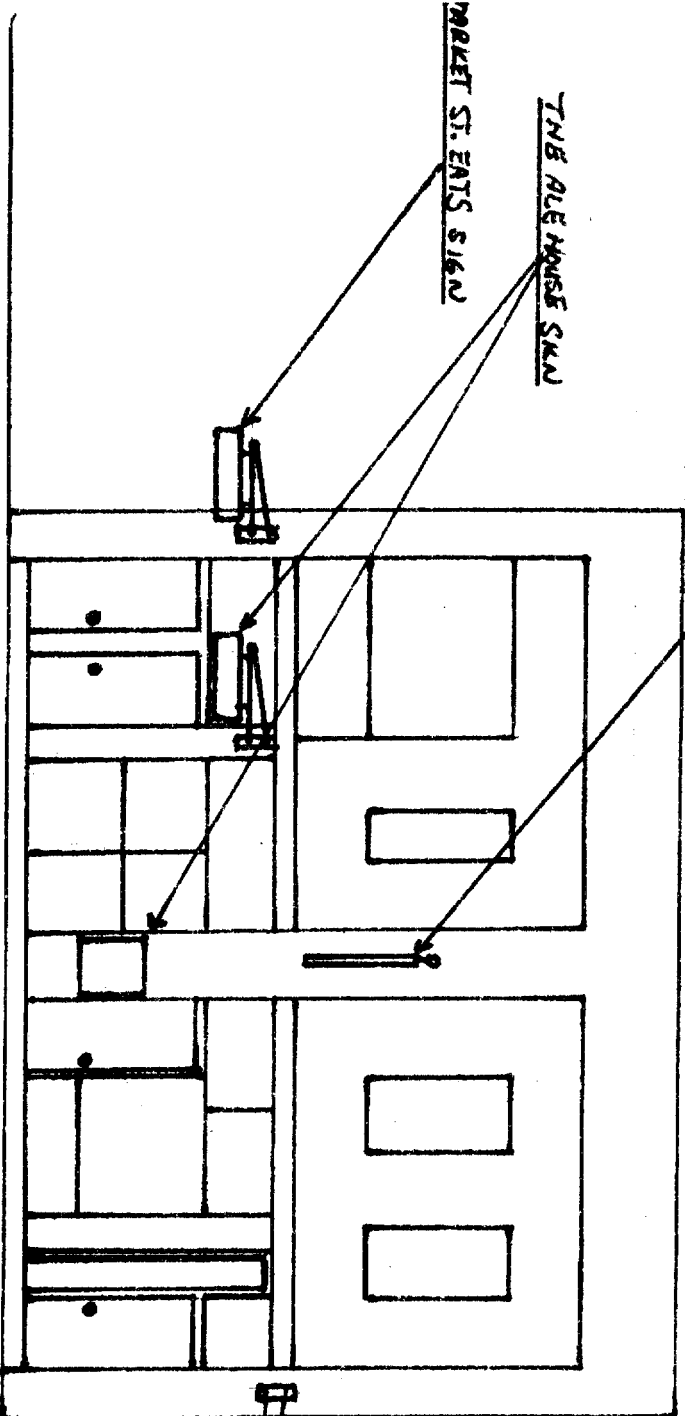
City of Portland
 389 Congress Street
 Portland ME 04101

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.

AUTHORITARY REPRESENTATIVE

EST

				<input checked="" type="checkbox"/> ADD	CHANGE	DELETE	
3	INTEREST	RANK: 1	NAME AND ADDRESS	REFERENCE#:	<input checked="" type="checkbox"/> CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
	ADDITIONAL INSURED		City of Portland			PREMISES:	BUILDING:
	LOSS PAYEE					VEHICLE:	BOAT:
	MORTGAGEE (#)		389 Congress Street			SCHEDULED ITEM NUMBER	
	MORTGAGEE (#)		Portland ME 04101			OTHER	
LIENHOLDER		ITEM DESCRIPTION:					
EMPLOYEE AS LESSOR				ADD	CHANGE	DELETE	
	INTEREST	RANK:	NAME AND ADDRESS	REFERENCE#:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
	ADDITIONAL INSURED					PREMISES:	BUILDING:
	LOSS PAYEE					VEHICLE:	BOAT:
	MORTGAGEE (#)					SCHEDULED ITEM NUMBER	
	MORTGAGEE (#)					OTHER	
	LIENHOLDER		ITEM DESCRIPTION:				
	EMPLOYEE AS LESSOR				ADD	CHANGE	DELETE
	INTEREST	RANK:	NAME AND ADDRESS	REFERENCE#:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
	ADDITIONAL INSURED					PREMISES:	BUILDING:
	LOSS PAYEE					VEHICLE:	BOAT:
	MORTGAGEE (#)					SCHEDULED ITEM NUMBER	
	MORTGAGEE (#)					OTHER	
	LIENHOLDER		ITEM DESCRIPTION:				
	EMPLOYEE AS LESSOR				ADD	CHANGE	DELETE
	INTEREST	RANK:	NAME AND ADDRESS	REFERENCE#:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
	ADDITIONAL INSURED					PREMISES:	BUILDING:
	LOSS PAYEE					VEHICLE:	BOAT:
	MORTGAGEE (#)					SCHEDULED ITEM NUMBER	
	MORTGAGEE (#)					OTHER	
	LIENHOLDER		ITEM DESCRIPTION:				
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	MORTGAGEE (#)					SCHEDULED ITEM NUMBER	
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	LIENHOLDER		ITEM DESCRIPTION:				
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	ADDITIONAL INSURED					PREMISES:	BUILDING:
	LOSS PAYEE					VEHICLE:	BOAT:
	MORTGAGEE (#)					SCHEDULED ITEM NUMBER	
	MORTGAGEE (#)					OTHER	
	LIENHOLDER		ITEM DESCRIPTION:				
	EMPLOYEE AS LESSOR				ADD	CHANGE	DELETE
	INTEREST	RANK:	NAME AND ADDRESS	REFERENCE#:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
	ADDITIONAL INSURED					VEHICLE:	BOAT:
	LOSS PAYEE					SCHEDULED ITEM NUMBER	
	MORTGAGEE (#)					OTHER	
	MORTGAGEE (#)						
	LIENHOLDER		ITEM DESCRIPTION:				
	EMPLOYEE AS LESSOR				ADD	CHANGE	DELETE
	INTEREST	RANK:	NAME AND ADDRESS	REFERENCE#:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
	ADDITIONAL INSURED					VEHICLE:	BOAT:
	LOSS PAYEE					SCHEDULED ITEM NUMBER	
	MORTGAGEE (#)					OTHER	
	MORTGAGEE (#)						
	LIENHOLDER		ITEM DESCRIPTION:				
	EMPLOYEE AS LESSOR				ADD	CHANGE	DELETE



RESTAURANT HOT TUB SIGN

THE ALE HOUSE SIGN

MARKET ST. EATS SIGN

450"

LILLY'S HAIR
PROPOSED SIGN



328"

126"

Sign is Existing
Coverage only is
Changing
11 Ft 3" Above grade
3 Ft extending from wall

Street Parking Only