

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Permit Number: 030200

Please Read
Application And
Notes, If Any,
Attached

This is to certify that City Of Portland/Applicant
has permission to Erect 4'x4' Attached Sign Over Door
AT 96 Federal St 032 H004001

provided that the person or persons responsible for 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 when permission procedure before this building or part thereof is started or otherwise closed-in 24 HOUR NOTICE 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]
4/3/03
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: 03-0200	Issue Date:	CBL: 032 H004001
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Location of Construction: 96 Federal St	Owner Name: City Of Portland	Owner Address: 389 Congress St	Phone: 874-8300
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Retail/Cell Phone Sales	Proposed Use: Hair Salon	Permit Fee: \$51.00	Cost of Work: \$51.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: SIGN Type: 4/13/03	

Proposed Project Description: Erect 4'x4' Attached Sign Over Door	Signature:	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) EXISTING AWNING		
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: D. Andrews Date: 4/2/03		

Permit Taken By: gad	Date Applied For: 03/12/2003	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> M/M <input type="checkbox"/></p> <p>Date: 3/17/03</p>	<p>Zoning Appeal</p> <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 <p>Date:</p>	<p>Historic Preservation</p> <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" 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 <p>Date: 3/17/03</p>
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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

Total footage of building length \approx 300'

1 1/2' x 3' double sided sign mounted perpendicularly on brackets.

4' x 4' sign on building



Smoothie King

15 8 FEET ACCORDING TO APPLICANT

Temple St.

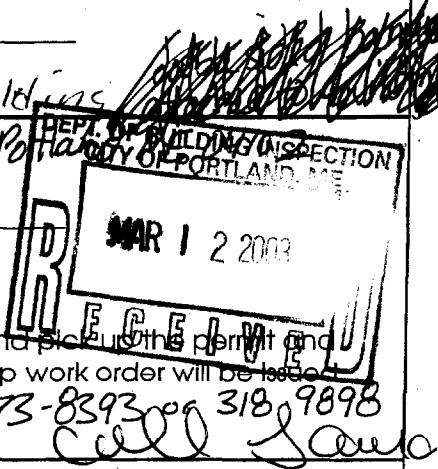
Mint's

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

Signage 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: ¹⁹ 19 Temple St. (Pizzagalli building)		
Total Square Footage of Proposed Structure * 2 signs: 100 sq. feet & 4.5 sq. feet		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# 032 Block# H Lot# 005	Owner: City of Portland	Telephone:
Lessee/Buyer's Name (if Applicable) Head Games INC.	Applicant name, address & telephone: Alanna York, CEO 19 19 Temple St. Portland 04102	Total s.f. of signage 100 x 1.00 per s.f. \$ 100 , plus \$30.00 base fee 30.00 Fee: 130.00 \$51.00
Current use: cell phone retailer		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: Hair Salon		
Project description: attach double sided banner to wall 1.5' x 3' Erect 4x4 sign on Building		
Contractor's name, address & telephone: Alanna York, 19 Temple St. Portland		
Who should we contact when the permit is ready: Alanna York		
Mailing address: 40 Head Games 19 19 Temple St. Portland 04101		
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 \$50.00 fee if any work starts before the permit is picked up. Phone: 773-8393 or 318-9898 XX Call Sara		



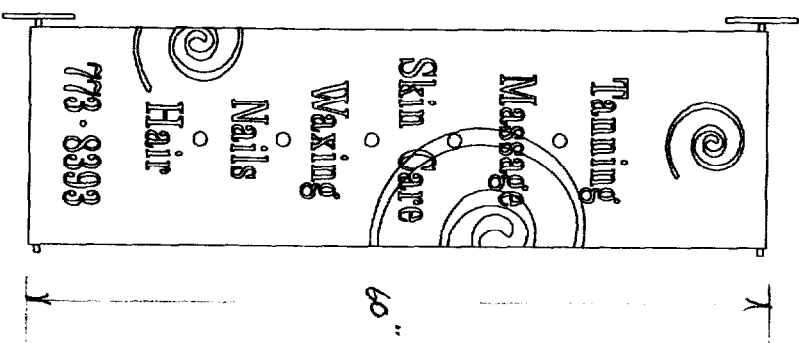
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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.

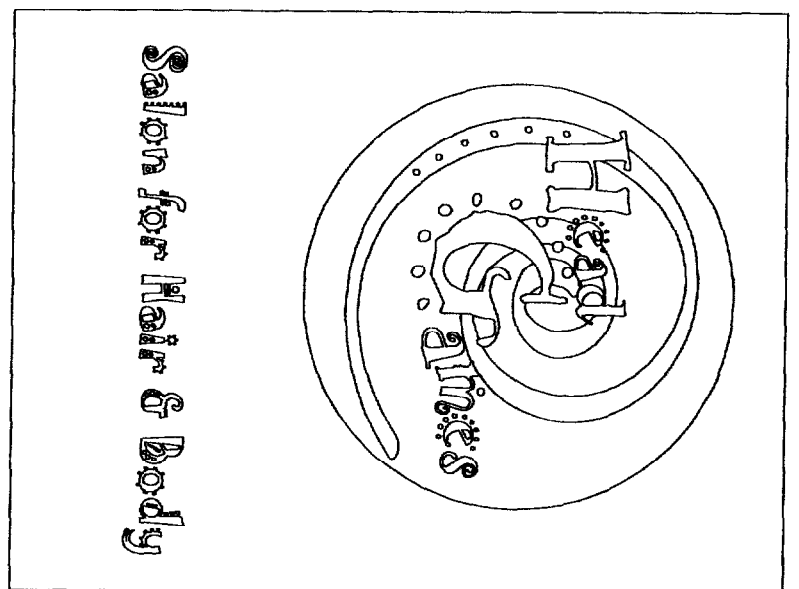
Signature of applicant: <i>[Signature]</i>	Date: 3/7/03
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This is NOT a permit, you may not commence ANY work until the permit is issued.

18"



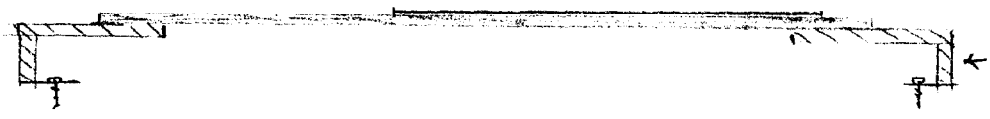
48"



16oz Blue Banner D/S
VINYL
2 std brackets

1/4" Alum. with 1/2 copper logo.

4 std bracket



ALANNA - 773-8393



280 FOREST AVE., PORTLAND, ME
TEL. 878-7700 FAX. 878-1570

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LW
HEADG-1

DATE (MM/DD/YYYY)
02/25/03

PRODUCER Turner Barker Insurance One 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 #
INSURED Head Games Inc C/O Alanna York 25 Temple Street Portland ME 04101	INSURER A: MMG 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	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS									
LTR	INSRD														
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <u>Prof Liability</u> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BP0419355	05/02/02	05/02/03	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 1000000									
		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				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$	
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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
 Naming the City of Portland as additional insureds as respect general liability for a sign.

CERTIFICATE HOLDER City of Portland City Hall 389 Congress St Portland ME 04101	CITY OF P	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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Kamie Willette</i>
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032 H 004

SIGN AGREEMENT

THIS AGREEMENT and written consent relating to a certain sign proposed to be erected on a building, Temple Street Parking Garage in Portland, Maine (the "Property"). Pizzagalli Properties, LLC being the owner of the Premises at 19 Temple Street in Portland, Maine hereby gives consent, subject to all conditions of any sign permit issued or to be issued by the City of Portland, to the erection of a certain sign owned by Head Games, Inc. over the public sidewalk or on the building from said Premises as described in application at the Division of Inspection Services of Portland, Maine for a permit to cover erection of said sign:

WHEREAS, in consideration of the issuance of said permit, Pizzagalli Properties, LLC, owner of said Premises, in event said sign shall cease to serve the purpose for which it was erected or shall become dangerous and in event the owner of said sign shall fail to remove said sign or make it permanently safe in case the sign still serves the purpose for which it was erected, hereby agrees for himself or itself, for his heirs, its successors, and his or its assigns, to completely remove said sign within ten days of notice from said Inspector of Buildings that said sign is in such condition and of order from him to remove it.

WITNESS whereof the owner of said Premises has signed this consent and agreement this 12th day of March, 2003.

PIZZAGALLI PROPERTIES, LLC



Michael Tomkowicz, Treasurer

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 19 Temple St. (Pizzagalli Building) ZONE: B-3

OWNER: City of Portland

APPLICANT: Head Games Inc., Alanna York

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO
FREESTANDING SIGN? (ex. Pole Sign) YES NO DIMENSIONS _____ HEIGHT _____
MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____
SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 4' x 4' = 16"
MORE THAN ONE SIGN? YES NO DIMENSIONS 1 1/2' x 3' = 4.5"
AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

total 20.5"

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

*** TENANT BLDG. FRONTAGE (IN FEET): 30' x 2' = 60'

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

YOU SHALL PROVIDE:

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: [Signature] DATE: 3/7/03



Tanning

Massage

Skin Care

Waxing

Nails

Hair

773-8393



Salon for Hair & Body