

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING INSPECTION

## PERMIT

Permit Number: 070083

PERMIT ISSUED

FEB 22 2007

This is to certify that SHOEMAKER LLC /The Signery

has permission to New 18" x 24" Sign "Bertini

AT 183 MIDDLE ST

032 H01600

provided that the person or persons performing or supervising 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 is procured before this building or part thereof is loaded or enclosed-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 \_\_\_\_\_  
Department Name

*[Handwritten Signature]*  
2/21/07  
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: 07-0083	Issue Date:	CBL: 032 H016001
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Location of Construction: 183 MIDDLE ST	Owner Name: SHOEMAKER LLC	Owner Address: 16 MOSES LITTLE DR	Phone:
Business Name: Bertini	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone 2078797700
Lessee/Buyer's Name Janat Bertini	Phone: 207-828-5373	Permit Type: Signs - Permanent	Zone: B3

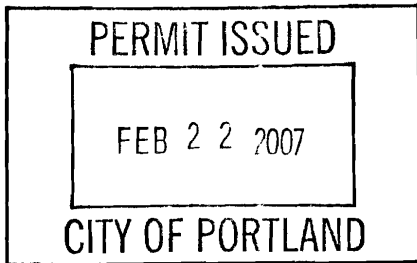
Past Use: Commercial- Retail (change of use permit #06-1464)	Proposed Use: Commercial - Retail Clothing - New 18" x 24" Sign "Bertini"	Permit Fee: \$73.00	Cost of Work: \$73.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>	

Proposed Project Description: New 18" x 24" Sign "Bertini"	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied		
Signature:	Date:	

Permit Taken By: Idobson	Date Applied For: 01/25/2007	<b>Zoning Approval</b>
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- 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	Zoning Appeal	Historic Preservation
<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"/> <i>ok w/ condition</i> Date: 1/30/07 <i>ASB</i>	<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:	<i>yes</i> <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: 2/16/07 <i>STH</i>



**CERTIFICATION**

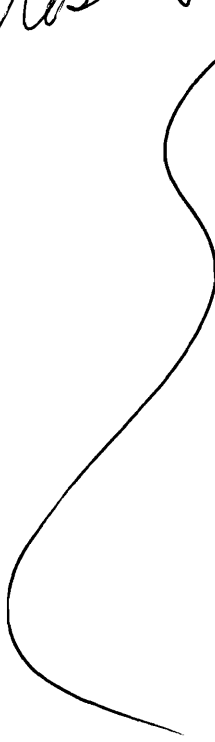
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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

2/26/07 - sys is completed + AAW Code requirements.

Close-out

JM



**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 07-0083	<b>Date Applied For:</b> 01/25/2007	<b>CBL:</b> 032 H016001
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<b>Location of Construction:</b> 183 MIDDLE ST	<b>Owner Name:</b> SHOEMAKER LLC	<b>Owner Address:</b> 16 MOSES LITTLE DR	<b>Phone:</b>
<b>Business Name:</b> Bertini	<b>Contractor Name:</b> The Signery	<b>Contractor Address:</b> 299 Forest Avenue Portland	<b>Phone</b> (207) 879-7700
<b>Lessee/Buyer's Name</b> Janat Bertini	<b>Phone:</b> 207-828-5373	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial - Retail Clothing - New 18" x 24" Sign "Bertini"	<b>Proposed Project Description:</b> New 18" x 24" Sign "Bertini"
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**Dept:** Historic      **Status:** Approved with Conditions      **Reviewer:** Scott Hanson      **Approval Date:** 02/06/2007

**Note:** **Ok to Issue:**

- 1) Iron bracket is to match size, design and placement of that recently installed for "Circles" on same building.

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 01/30/2007

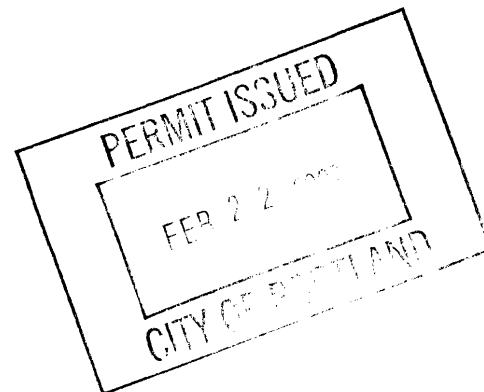
**Note:** Change of use to retail, permit #06-1464. **Ok to Issue:**

- 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:** 02/21/2007

**Note:** **Ok to Issue:**

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





# 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>185 MIDDLE ST. PORTLAND, ME</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>32</u> Block# <u>H</u> Lot# <u>16</u>	Owner:	Telephone:
Lessee/Buyer's Name (If Applicable) <u>JANAT INC.</u> <u>BERTINI</u>	Contractor name, address & telephone: <u>THE SIGNERY-</u> <u>84 COVE ST.</u> <u>PORTLAND, ME.</u>	Total s.f. of signage x \$2.00 <u>3 1/2 SQ. FT.</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total <u>18" by 24"</u> Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>JANAT BERTINI</u> phone: <u>828-5373</u>		
Tenant/allocated building space frontage (feet): Length: <u>20'</u> Height _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>with</u>		
Current Specific use: <u>RETAIL - clothing change of use #06-1464</u> If vacant, what was prior use: _____ Proposed Use: <u>Retail - "Berthel" - clothing</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>above hanging sign</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.		

3 # allowed  
40¢  
OK

DEPT. OF BUILDING INSPECTION  
 CITY OF PORTLAND, ME  
 JAN 25 2007  
 RECEIVED

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](http://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: <u>Janat Bertini</u>	Date: <u>1/22/07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

2x20 = 40¢

Fabrication Due: date


Customer Due: date

Install By: date



MAINE'S MOST COMPLETE SIGNAGE RESOURCE

84 COVE STREET PORTLAND, ME  
PHONE: 879-7700 FAX 879-1570

<b>INVOICE #</b> 3349	<b>INSTALL</b> <input type="checkbox"/> YES
<b>DESIGNER</b> 	<input type="checkbox"/> V <input type="checkbox"/> B

## Bertini

PROOFS ORDER	DESIGN
ABC	10

PROOFS

ABC

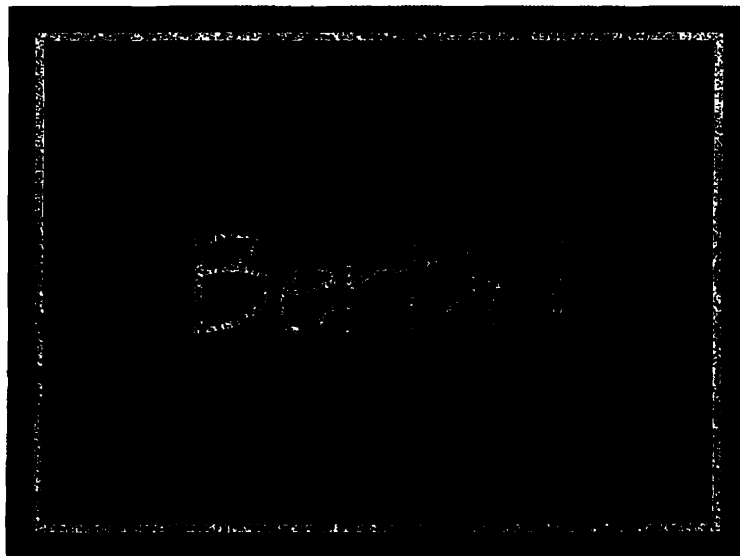
**PLEASE READ CAREFULLY**

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 the Signery will not be responsible for any faults in the design (300 dpi required).

PLEASE REVIEW THE FOLLOWING CHECK LIST

- Spelling
- Quantity
- Graphics / Logos
- Size
- Fonts / Typeface
- Single / Double Sided
- Colors
- Legibility

**BY SIGNING OFF ON THIS PROOF YOU ARE GIVING THE SIGNERY THE GO TO PRODUCE THIS WORK TO THE SPECIFICATIONS LISTED UNTIL THIS JOB IS APPROVED AND A DEPOSIT IS MADE, THIS PROOF IS THE PROPERTY OF THE SIGNERY**



(1) Routed Mahogany painted  
gold leaf lettering & Boarder  
18" x 24"

file name: bertini.ai

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

FILE FINDER: 2007-1

Bertini

hangis - perpendicular  
to building



Bertini

Bertini

timi

circles

Korea - 6th - 1st - 2nd - 3rd

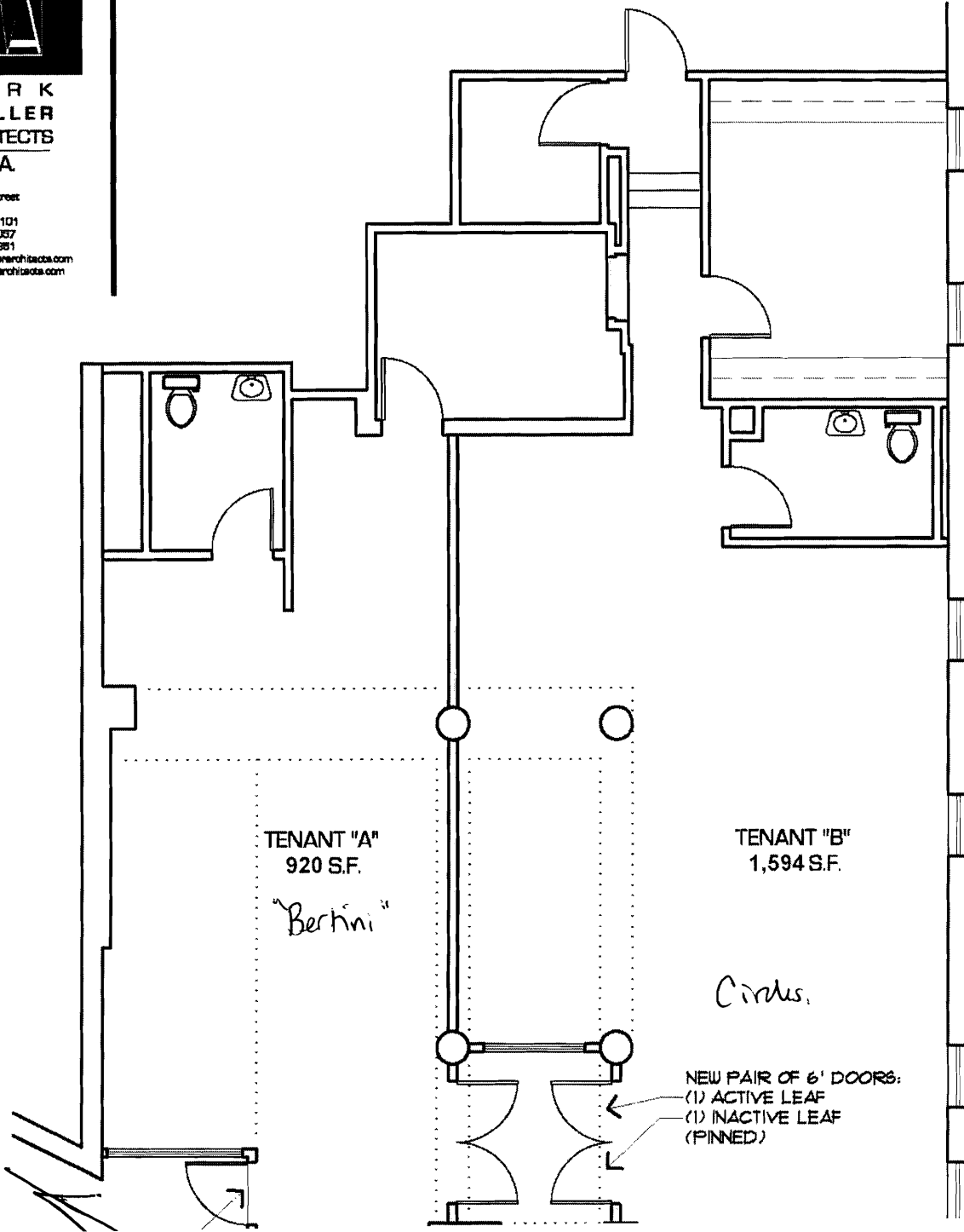
185

# EXHIBIT A



MARK  
MUELLER  
ARCHITECTS  
A.I.A.

30 Commercial Street  
The Edge  
Portland, Maine 04101  
voice: 807.774.9057  
ec: 807.778.9851  
mail: mark@muellerarchitects.com  
web: www.muellerarchitects.com



*Toward's*  
*242-12*  
REVENUE SERVICE



01-24-07

I Terry Shoemaker, manager of Shoemaker, LLC,  
authorize permission of Bertini Janat, Inc  
dba. Bertini. to hang a sign on building  
at 183-185 middle St.

Terry Shoemaker

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		CSR RD JANAT-1	DATE (MM/DD/YYYY) 01/24/07
PRODUCER  <b>TD Banknorth Ins Agcy Inc (SP)</b> P.O. Box 406 Portland ME 04112-0406 Phone: 207-239-3500 Fax: 207-775-0339		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  <b>Janat, Inc. d/b/a Bertini</b> 185 Middle Street Portland ME 04101		INSURERS AFFORDING COVERAGE  INSURER A: TRAVELERS INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

**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								
A	X	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	I680710H3324	03/23/06	03/23/07	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000								
		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  DEDUCTIBLE 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" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WC STATU-TORY LIMITS</td> <td style="width:50%;">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	\$
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

Certificate holder is named as an additional insured as respects to general liability coverage.

<b>CERTIFICATE HOLDER</b>  CITYP01  ✓ City of Portland 389 Congress St Portland ME 04101	<b>CANCELLATION</b>  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  TD Banknorth Ins. Agency, Inc.
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