

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED

Permit No: 02-0812 AUG - 8 2002	Issue Date:	CBL: 032 H022001
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Location of Construction: 193 Middle St	Owner Name: 193 Llc	Owner Address: 100 Silver St CITY OF PORTLAND	Phone: 774-1885
Business Name:	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 read St. Portland	Phone: 2077970100
Lessee/Buyer's Name	Phone:	Permit Type: Awnings	Zone: B-3

Past Use: Office Space	Proposed Use: Office Space - for 2nd floor computer business	Permit Fee: \$37.00	Cost of Work: \$2,000.00	CEO District: 1
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: B Type: <i>BOCA 99</i>
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>

Proposed Project Description:
Erect 5' x 3' x 5' Awning

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gad	Date Applied For: 07/22/2002	Zoning Approval		
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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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>OK 7/24/02</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 <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: <i>to SA 7/24/02</i>
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ORA 8/6/02
 Condition: Existing ^{center} sign to be removed upon installation of awning.

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

02-0812

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

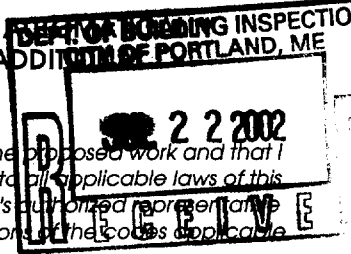
Ownership

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: <u>193 Middle Street - X-WAVE</u>		
Total Square Footage of Proposed Structure <u>75 sq. feet approx. *</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>32</u> Block# <u>H</u> Lot# <u>22</u>	Owner: <u>193 LLC-</u>	Telephone: <u>7741885</u>
Lessee/Buyer's Name (if applicable) <u>X-WAVE</u>	Applicant name, address & telephone: <u>SCOTT Thibeau</u> <u>193 Middle Street Portland</u>	Total s.f. of signage <u> </u> x 1.00 per s.f. \$ <u> </u> , plus \$30.00 base fee Fee: \$ <u> </u>
Current use: <u>Office space / Commercial</u>		<u>Fee \$ 37.00</u>
If the location is currently vacant, what was prior use: <u> </u>		
Approximately how long has it been vacant: <u> </u>		
Proposed use: <u>Business Entrance visibility</u>		<u>3' x 3' x 5'</u>
Project description: <u>Entrance Awning - steel frame w/ fabric cover hand painted graphics.</u>		
Contractor's name, address & telephone: <u>Leavitt and JARRIS Awning + Tents - EA</u>		
Who should we contact when the permit is ready: <u>CARL M Rickett III</u>		
Mailing address: <u>256 Read Street</u> <u>Portland ME 04103</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 \$50.00 fee if any work starts before the permit is picked up. Phone: <u>207-797-0100 + Call</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE 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 representatives 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>[Signature]</u>	Date: <u>6/27/02</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 193 middle street Portland ZONE: B3 *

OWNER: 193 LLC

APPLICANT: CARL M Rickett III 40 X-WAVE Scott Thibeau

* ASSESSOR NO. 4742

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 BUT REMOVING FOR NEW AWNING

MORE THAN ONE SIGN? YES NO

DIMENSIONS _____

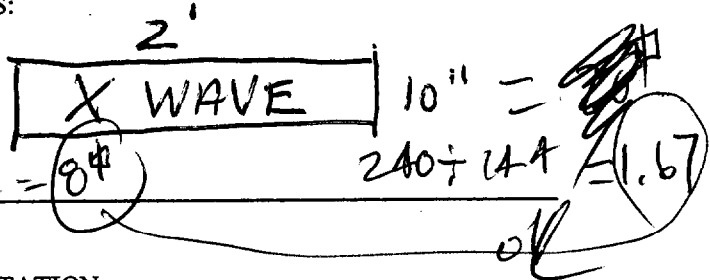
AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

MORE THEN 8'

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

1- SMALL BANNER SIGN-



*** TENANT BLDG. FRONTAGE (IN FEET): 4' x 2' = 8#

240 ÷ 144 = 1.67

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

See Attached - shop drawing w/ measurements and pictures of install location

7/24/02 Note: This Awning is for the computer business located on 2nd fl. It is above the entrance to the stairway -

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: Carl M Rickett III

DATE: 6/27/02

ATTN: Debbie
ANDREWS

6.5" x 30"



6.5"
↓

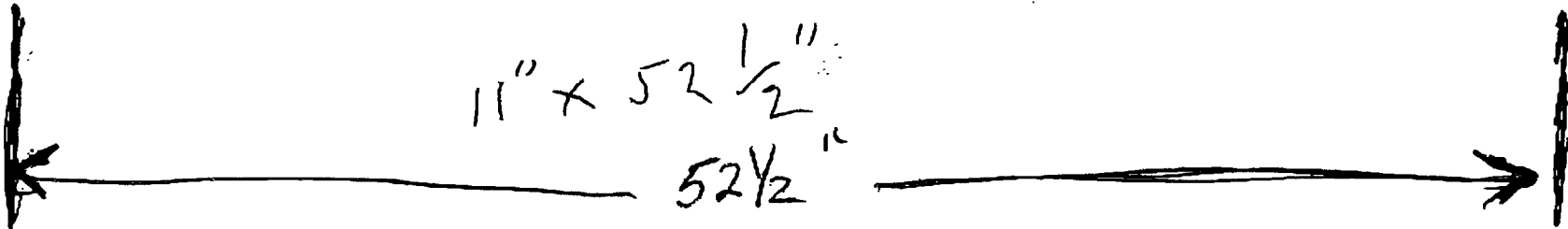
ON BOTH CARDS

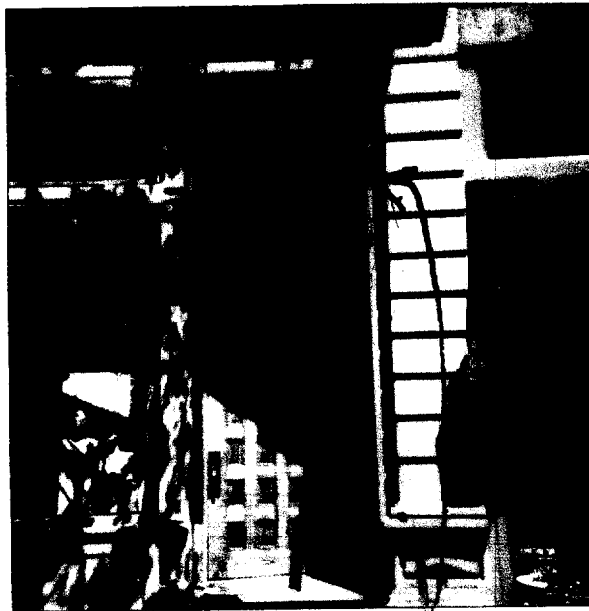
30"



11"
↑
↓

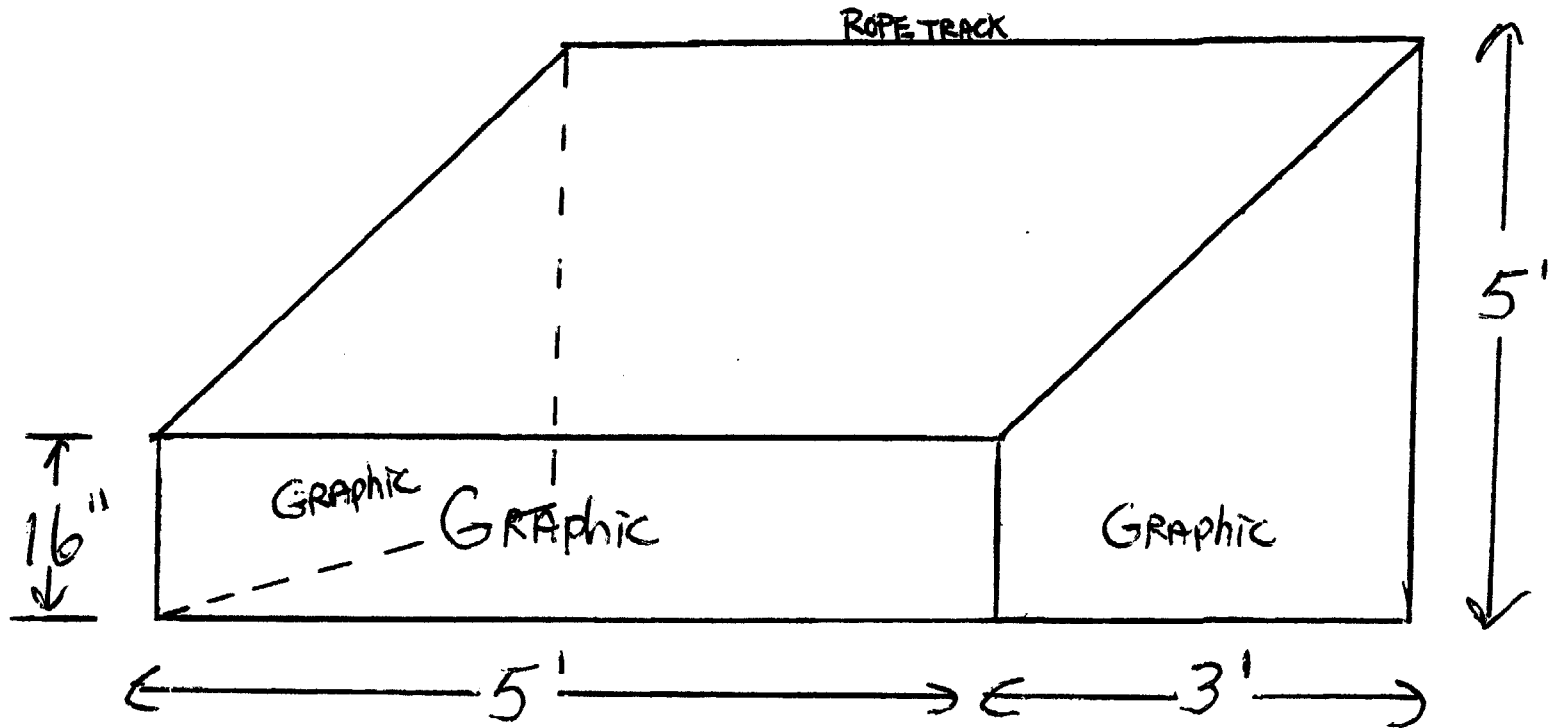
11" x 52 1/2"
52 1/2"





AWNING

X WAVE - 193 Middle St.
(Front Entry)



8'-0"
"21-0"
+ 16" = 8'-16"

Black sunbrella Awning
w/ Logo 3 time - FRONT +
Both Ends - (see LAYOUT)

Leavitt & Parris, Inc. - Awnings, Tents, and Party Rental

From: "Scott Thibeau" <sthibeau@maine.rr.com>
To: <ileavitt@maine.rr.com>
Sent: Thursday, June 27, 2002 10:23 AM
Attach: xwave_analiantcompany_blackbg.jpg
Subject: xwave Logo

Carl

Attached is a copy of our logo on a black background. We will pay you the initial \$975 once our permit gets approved and the balance upon completion. If you have any questions, don't hesitate to contact me

Scott
xwave
207-774-2104 x201
831-4454 cell



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/24/02

PRODUCER Cross Insurance -CL/Bnds-P (Formerly D&P/ARI) P.O.Box 567 Portland, ME 04112	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 Leavitt & Parris, Inc. 256 Read Street Portland, ME 04103	INSURERS AFFORDING COVERAGE INSURER A: One Beacon Insurance Company INSURER B: Maine Employers Mutual Insurance Co 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.

FORM LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	YMR609379	04/30/02	04/30/03	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
A	AUTOMOBILE LIABILITY	YMAH82371	04/30/02	04/30/03	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS					
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<input checked="" type="checkbox"/> Drive Other Car					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1810063708	04/30/02	04/30/03	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	
					<input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$500,000
					E.L. DISEASE - EA EMPLOYEE	\$500,000
					E.L. DISEASE - POLICY LIMIT	\$500,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	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>J. Reel</i>

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

FA-36801

ISSUED BY

Glen Raven Mills, Inc.
1831 N. Park Avenue
Glen Raven, NC 27217

(Phone) 336/227-6211 (Fax) 336/229-4039

Date treated or
manufactured

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR _____ ADDRESS _____
CITY _____ STATE _____

Certification is hereby made that: (Check "a" or "b")



(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used _____ Chem. Reg. No. _____

Method of application _____



(b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used FR Sunbrella® Reg. No. FA-36801

The Flame Retardant Process Used will not **Be Removed By Washing**
(will or will not)

Glen Raven Mills, Inc.

Name of Applicator or Production Superintendent

GLEN RAVEN MILLS, INC.

By

Title

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 020812

Please Read
Application And
Notes, If Any,
Attached

This is to certify that 193 Llc /Leavitt & Parris Inc
has permission to Erect 5' x 3' x 5' Awning
AT 193 Middle St 032 H022001

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 work on permit must be completed before this building or part thereof is occupied or enclosed-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


Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD