Form#P04

### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read Application And	CITY	OF PORTLA	PERMIT ISSUED
Notes, If Any, Attached		PERMIT	Permit Number: 050580 MAY <b>2 7 20</b> 05
This is to certify that_	10 Exchange Properties Llc		
has permission to	2' x 6' sidewalk sign		CITY OF PORTLAND
AT 10 Exchange St	is.		032_I012001 ing this permit shall comply with

## **PERMIT**

CITY OF PORTLAND, MAINE PORTABLE SIDEWALK SIGN

 m or experation septing this permit shall comply with all ne and of the expenses of the City of Portland regulating of buildings and structures, and of the application on file in

N ication inspect must git and wron permis in procube this to ding or a tosed-in.

H NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

Fire Dept.

Health Dept.

Appeal Board

Other

Department Name

PENALTY FOR REMOVING THIS CARD

Zone:
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ADDRESS

SIGNATIJRE OF APPLICANT

DATE

PHONE

T 0.0	04101 Tel: (				10						
Location of Construction: Owner Name: 10 Exchange St 10 Exchange F			Oronarti	es I la	Owner Adda Po Box 48	- 1	WAY	2 7	2005	e:	
10 Exchange St10 Exchange FBusiness Name:Contractor Name				CS LIC	Contractor				Phon	ė	
Dubilios I (unit)							AITH OF	In 15 h	ert Abit		***
Lessee/Buyer's Name Phone:					Permit Type	:	AHI Ji	, i Cit	HLANI		Zone: 2
		/C			Signs - S	de Wa	lk				B-1
Past Use:		Proposed Use:			Permit Fee: Cost of Work:			CEO District:			
Commercial		Commercial 2	' x 6' sio	dewalk sign		77.00	\$	77.00	1		سيل
		1			FIRE DEPT	; [	Approved		CTION:		Type:
							Denied	Use G	ioup: 🗸		- Jan
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Proposed Project Description	n:	<u> </u>			┥			\ \	Λ	0	11
2' x 6' sidewalk sign					Signature			Signat		12	5/26/0
				r -		PEDESTRIAN ACTIVITIES DISTRIC			CT (P.A.D.)		
					Action:	Appro	oved Ap	proved w	/Conditions	s []	Denied
					Signature:				Date:		
Permit Taken By:	Date A	pplied For:									
dmartin	ı	Date Applied For:  0511312005  Zoning Approval									
	!		Spe	ecial Zone or Revi	iews	Zon	ing Appeal		Histor	ic Pres	ervation
				noreland		Varian	ce		Not in	Distric	ct or Landma
				etland		Miscel	laneous		Does l	Not Rec	quire Review
			☐ Fl	ood Zone		Condit	ional Use		Requi	res Rev	riew
			☐ St	ıbdivision		Interpre	etation		Appro	oved	
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			·	6/19/08	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>						
				of the	)						
			(	CERTIFICAT	ION						
I hereby certify that I am	the owner of	record of the na				work i	s authorized	bv the	owner of	recor	d and that
I have been authorized b jurisdiction. In addition shall have the authority t	y the owner t if a permit fo	o make this appl or work describe	ication d in the	as his authorize application is	ed agent and issued, I cert	I agree fy that	to conform the code of	to all a ficial's	pplicable authorize	laws o	of this esentative
such permit.											
										PHO	
SIGNATURE OF APPLICAN							DATE				

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

	D 1111 II D	•.	Permit No:	Date Applied For:	CBL:
City of Portland, Maine					
389 Congress Street, 0410	Tel: (207) 874-8703, <b>Fax</b>	<b>(:</b> (207) 874-8716	05-0580	05/12/2005	032 1012001
<b>Location of Construction:</b>	Owner Name:	0	wner Address:		Phone:
10 Exchange St	10 Exchange Proper	rties Llc F	Po Box 4894		
Business Name:	Contractor Name:	C	ontractor Address:		Phone
Lessee/Buyer's Name	Phone:	P	ermit Type:		
	IC		Signs - Side Walk		
Proposed Use:		Proposed	<b>Project Description:</b>		
Commercial 2' x 6' sidewalk	sign	2' x 6' s	idewalk sign		
Dept: Zoning St	atus: Approved	Reviewer:	Marge Schmuckal	Approval D	<b>Date:</b> 05/19/2005
Note:					Ok to Issue:
	_				
Dept: Building St	atus: Approved	Reviewer:	Jeanine Bourke	Approval D	<b>Date:</b> 05/26/2005
Note:					Ok to Issue:
1) The sidewalk sandwich si	gn shall not infringe on the Ci	ity Right of Way			

## **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: $betw$ .  Total Square Footage of Proposed Structure $\begin{pmatrix} & & & & & & \\ & & & & & & \\ & & & & & $		
	Tax Assessor's Chart, Block & Lot Chart# 32 Block# I Lot# C/Q	Owner: Jennifer Lague	Telephone: (よいて) 839 - え336
DEP	Applicable)  Applicable  Applicable  MAY 1 2 2005	cant name, address & hone: nnifer Lague Plummer Rd ham, ME 04036	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: \$
	If the location is currently vacant, what was purposed use:  Massage as Approximately how long has it been vacant:  Proposed use:  Massage establication: Side walk sign	orior use: Sierry Environ	mental design
•	Contractor's name, address & telephone:  Whom should we contact when the permit is Mailing address: (5 - a beye)  We will contact you by phone when the permit is permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the contact you by phone when the permit is the permit is the permit is the permit is the contact you by phone when the permit is the permit is the permit is	mit is ready. You must come in an	
	review the requirements before starting any value and a \$100.00 fee if any work starts before the		WILL RE ALTOMATICALLY

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 APROVE 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 fhaf I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable lows 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 ureas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

_	
Signature of applicant:	

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION 2	
ADDRESS: 10 Exchange St ZONE:	
CBL:	
SINGLETENANTLOT? 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	
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? 1. 5s.f.  A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EMSTMG AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED SIGNAGE ARE ALSO REQUIRED  SIGNATURE OF APPLICANT: DATE: DATE:	
"" "FOR OFFICE USE ONLY" """"	

### CHECKLIST FOR SIGN/AWNING APPLICATION

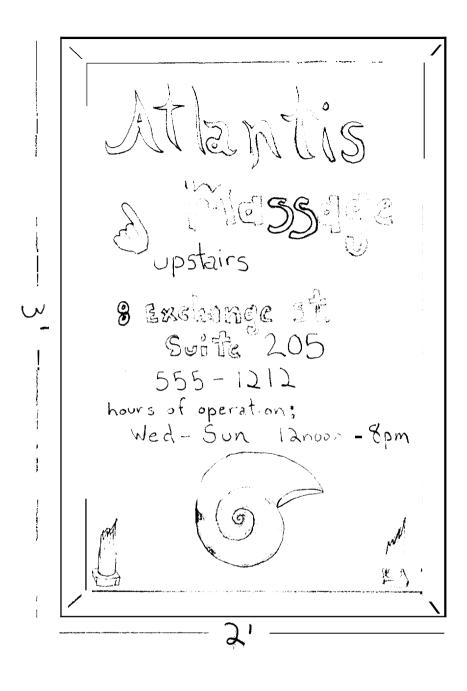
Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

	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. Amount must equal \$400,000.00.
	Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
	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. <u>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 facade dimensions for any signage attached to a building.</u>
	A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, and construction method, as well as specifics of installatiodattachrnent.
	Certificate of Flammability required for awning or canopy at time of application.
	UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
<u> </u>	Pre-Application Questionnaire completed and attached. Photos of <b>existing</b> signage attached.

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, plus \$9.00 for each additional \$1,000.00.

Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00



April 21, 2005

City of Portland,

Jennifer Lague owner/operator of Atlantis Massage has my permission to place her sign at 10 Exchange Street Portland, Maine.

Sincerely, Joe Soley

#### AMERICAN MASSAGE THERAPY ASSOCIATION

CITY OF PORTLAND DB

# Insurance Memorandum Occurrence Coverage

**CERTIFICATE NUMBER: AHC-2006538** 

#### ADMINISTRATOR:

Seabury & Smith 1440 N. Renaissance Drive Park Ridge. IL 600681400 847-8033100

#### COM AFFORDING COVERAGE

COVERAGE EXPIRATION DATE: 06-01-2005

Chicago Company 55 E. Monroe Street Chicago, Illinois 60603

#### **INSURED**

The American **Massage** Therapy Association JENNIFER LAGUE 121 PLUMMER RO. GORHAM, ME 04038

#### COVERAGE EFFECTIVE DATE 05-10-2005

## LIMIT OF LIABILITY

\$2,000,000 each accident \$6,000,000 aggregate"

#### **COVERAGES:**

Professional Liability Including Personal Injury General Liability Including:

Contractual Liability
Advertising Liability
Host Liquor Liability
Fire Legal Liability
Product & Completed Operations

#### COMMENTS:

\*THE AGGREGATE LIMIT OF LIABILITY SHALL APPLY SEPARATELY TO EACH SOLE PROPRIETORSHIP PARTNERSHIP OR OTHER ORGANIZATION OWNED & OPERATED BY ONE OR MORE INDIVIDUALS REGISTERED ACTIVE PROFESSIONAL OR ASSOCIATE MEMBER(\$) OF AMTA AS WELL AS ANY OTHER INDIVIDUALACTIVE PROFESSIONAL OR ASSOCIATE MEMBER WHO IS NOT A SOLE PROPRIETOR, PARTNER, EXECUTIVE OFFICE, DIRECTOR, STOCKHOLDER. OR EMPLOYEE OR AN ENTITY DEFINED HEREIN.

THE PERSON/ENTITY SPECIFIED BELOW IS AN ADDITIONAL INSURED UNDER THIS INSURANCE AS OF THE INDICATED DATE BUT ONLY AS RESPECTS CLAIMS ARISING OUT OF THE SOLE NEGLIGENCE OF THE SPECIFIED INSURED WHILE PERFORMING MASSAGE THERAPY OPERATIONS.

#### ADDITIONAL INSURED

CITY OF PORTLAND/CITY HALL 389 CONGRESS \$T. RM#315 PORTLAND,ME 04101

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY. ITS AGENTS OR REPRESENTATIVES

So Jullin

#### **AUTHORIZED REPRESENTATIVE**