

store windows 29' entrance is to the right of windows



existing bracket

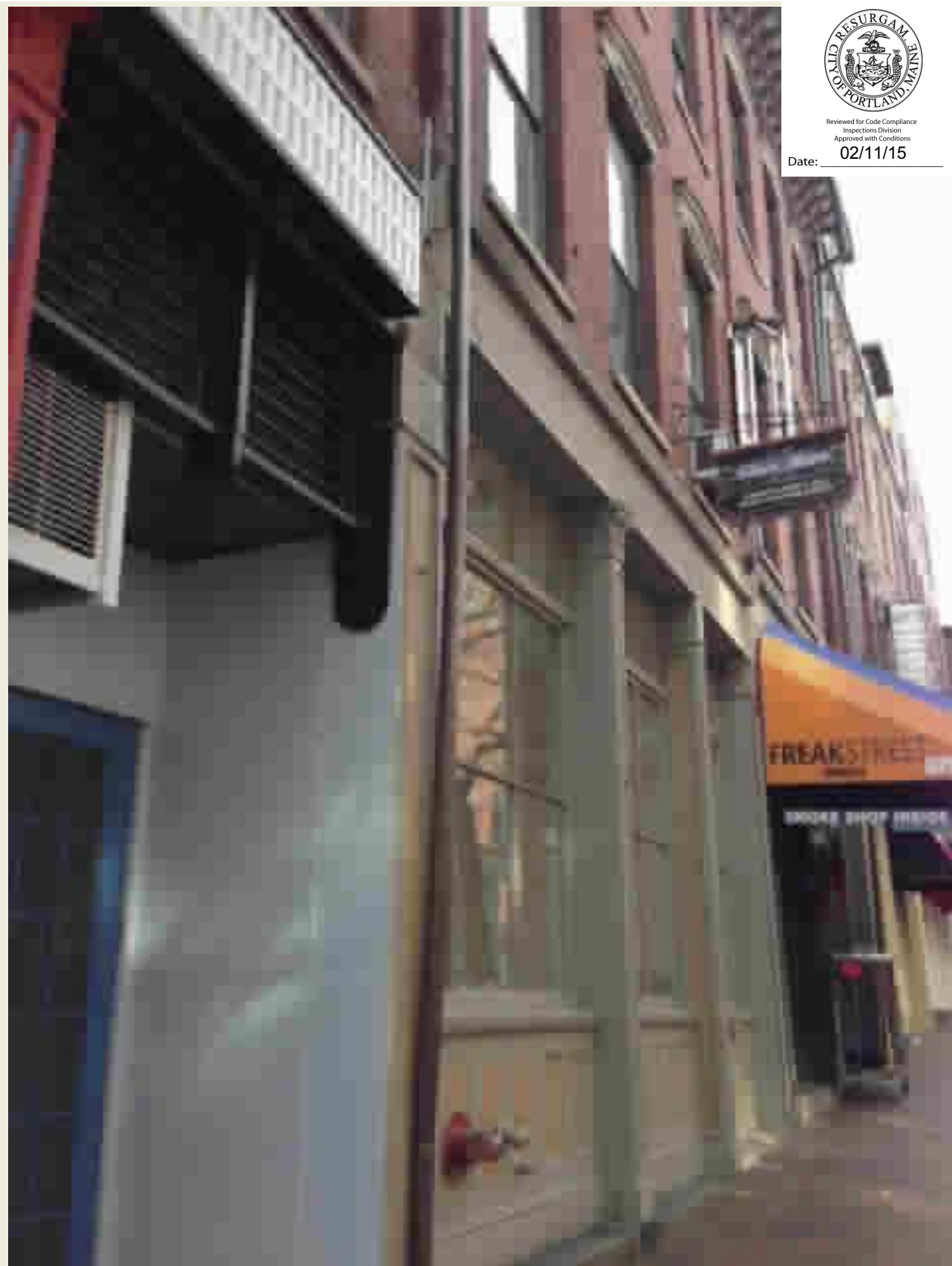
sign 4' tall

distance from the bottom
of new sign to the sidewalk 13'

10



details
- home -

Reviewed for Code Compliance
Inspection Division
Approved with Conditions

Date: 02/11/15

**3' x 4' Double sided sign with raised 3-D letters
and boarder made out of 1" thick PVC Painted flat black
with raised PVC letters and border
with a digital print for the feather
Hanging off of existing bracket, with sign hangers**

details

- home -





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November 12, 2014

To Whom it May Concern,

As landlord and owner of 10 Exchange Street, Portland, Maine, I allow Barbara Schrade, the lessee of 10 Exchange Street the permission to replace the existing hanging sign with her own store sign. The proportions shall remain within the Planning and Development Department and Historical District requirements.

Regards,

11/13/14 Joseph L Soley



CERTIFICATE OF LIABILITY INSURANCE



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Approved with Conditions
Date: 02/11/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Anderson-Watkins Insurance 31 Central Street Westbrook ME 04092		CONTACT NAME: Terry Maietta PHONE (A/C No, Ext): (207) 856-5500 E-MAIL ADDRESS: tmaietta@andersonwatkinsinsurance.com FAX (A/C No): (207) 856-0004	
		INSURER(S) AFFORDING COVERAGE INSURER A: Peerless Insurance	NAIC # 24198
INSURED Southpaw Sign Studio LLC 177 Gray Rd Falmouth ME 04105		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	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"/> PROJECT <input type="checkbox"/> LOC	X		BOP8865683	08/15/2014	08/15/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE HOLDER IS AN ADDITIONAL INSURED PER WRITTEN CONTRACT, AGREEMENT OR PERMIT

CERTIFICATE HOLDER	CANCELLATION	AI 026996
CITY OF PORTLAND 389 CONGRESS ST PORTLAND ME 04101-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	AUTHORIZED REPRESENTATIVE <i>Sheresa L. Maietta</i>



Signage / Awning Permit Application

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 02/11/15

If you or the property owner owes real estate or personal property taxes or any other charges on any property with payment arrangement MUST be made before permits are accepted.

Location/Address: 10 EXCHANGE ST, PORTLAND, ME			OWNER Name/Address:	Telephone:
Tax Assessor's Chart/Block/Lot (CBL) Chart: _____ Block: _____ Lot: _____	Name: Joe Soley		518-376-1177	
Address: 10 Exchange St. PORTLAND, ME			E-Mail:	
LEASEE/BUYER Info (if Applicable) BARBARA SCARABE DETAILS 518-376-1177	CONTRACTOR Name: SOUTHPAW SIGN STUDIO Address: 177 GRAY RD. FALMOUTH, ME 04105 Phone: 878-0678 E-Mail: SOUTHPAW@maine.com		Total S.F. signage \$ (Sq Ft = ___ x \$2.00) SF + \$30 Fee: \$ 30 Historic (\$75): \$ Awning Fee: \$	
Awning Fee = Cost of Work: \$ _____ (\$30/first \$1000; \$10 each additional \$1000)			TOTAL FEE: \$ _____	

Who should we contact when the permit is ready: Name: Southpaw Sign Phone: 878-0678
Address: 177 GRAY RD. FALMOUTH, ME E-Mail: SOUTHPAW@MAINE.CC.COM

Tenant/allocated building space frontage (in feet): Length: 29' Height: 17'
Lot frontage (in feet): 29' Single Tenant or Multi-Tenant Lot: _____

Current Specific Use: Retail
If vacant, what was prior use: _____
Proposed Use: _____

Information on proposed sign(s)
Freestanding (e.g. pole) sign? YES NO Dimensions proposed: 3x4 Height from grade: 13'
BLDG Wall Sign (attached to bldg.?) YES NO Dimensions proposed: 3x4 ?

Proposed Awning:
Height of awning: N/A Length of awning: _____ If yes, is awning backlit? YES NO
Is there any communication, message, trademark or symbol on it? YES NO Depth of awning: _____
If yes, total square footage of panels with communication, message, trademark or symbol on it: _____ sf

Information on existing and previously permitted signage:
Freestanding (e.g. pole) sign? YES NO Dimensions existing: _____ X Height from grade: _____
BLDG Wall Sign (attached to bldg.?) YES NO Dimensions existing: _____ X
Awning? YES NO total sq ft of panels with communication on it: _____ sf

A site sketch and building sketch showing exactly where existing and proposed signage is located MUST be provided. Sketches and/or pictures of proposed signage and existing building are also required.

Please submit all information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the 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, stop by the Building Inspections Office, room 315 City Hall, or call 207-874-8703.

I hereby certify 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: Henry Beck

Date: 11-19-14