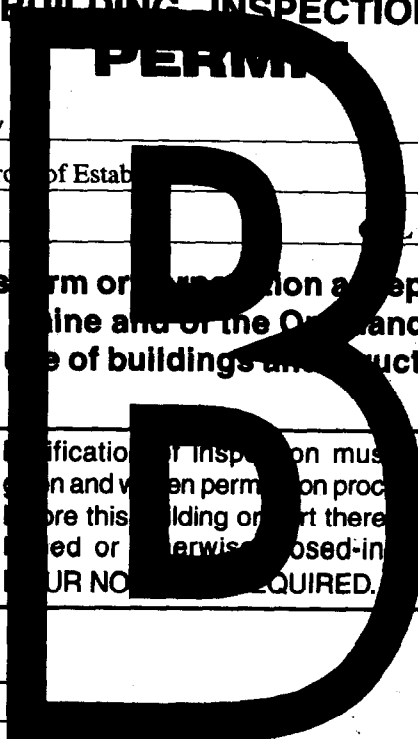


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION PERMIT

Permit Number: 030439



This is to certify that Sawyer Jane N/The Signery
has permission to Erect a 36"x 36" Sign on Front of Establishment
AT 395 Fore St 032 I018001

provided that the person or persons who accept 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.

Inspection must be given and when permission procured before this building or part thereof is occupied or otherwise closed-in. YOUR NO. 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 _____

Al Catelino
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: 03-0439	Issue Date:	CBL: 032 I018001
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Location of Construction: 395 Fore St	Owner Name: Sawyer Jane N	Owner Address: Po Box 7225	Phone: 772-6579
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 2078797700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Retail/Bakery	Proposed Use: Retail/Bakery	Permit Fee: \$39.00	Cost of Work: \$30.00	CEO District: 1
Proposed Project Description: Erect a 36" x 36" Sign on Front of Establishment.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: SIGN Type: NA 6/13/03 Signature: [Signature]	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: gg	Date Applied For: 05/05/2003	Zoning Approval		
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<ol style="list-style-type: none"> 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 <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"/> Date: <i>OK 5/12/03</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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>to D.A 5/14/03</i>
	Date: <i>DIA 8/16/03</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

03-0439

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>399 Fore Street</u>		
Total Square Footage of Proposed Structure <u>36x36 - Sign + Bracket</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>032</u> Block# <u>1</u> Lot# <u>018</u>	Owner: <u>Harry Sawyer</u> <u>H.H. Sawyer Realty</u>	Telephone: <u>207-772-6579</u>
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>The Cookie Gallery</u> <u>F/n/a Poplar Ridge Cookie Co.</u> <u>399 Fore St.</u> <u>207-791-2662</u>	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: <u>9 SF</u> \$ <u>39.00</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ <u>39.00</u>
Current use: <u>Retail / Bakery</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>retail / bakery</u>		
Project description: <u>add 9 sf sign</u>		
Contractor's name, address & telephone: <u>The Signery Forest Ave. 879-7700</u>		
Who should we contact when the permit is ready: <u>Pam Hall</u>		
Mailing address: <u>399 Fore St.</u> <u>Portland, ME 04039</u> <u>791 2662</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 \$100.00 fee if any work starts before the permit is picked up. PHONE:		

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: <u>Pamela Hall</u>	Date: <u>5/5/03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.

Per "The Signery" ↪

879-7700

* Bracket - 42" w/ two stabilizing
Steel cables off to the side

* Attached to the building with Lag Bolts &
Shields †

* Attached to bracket with Stainless-Steel
"C" Clips.

Materials sign is made of:

1/2" MDO 36 x 36 circle

MDO - Multi Density Layered Plywood

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. Indicate on the plan all existing and proposed signs with their dimensions and specific locations.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.
- N/A Certificate of Flammability required for awning or canopy at time of application.
- N/A UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**Permit Fee for signage or awning-with-signage:
\$30.00 plus \$1.00 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 \$7.00 for each additional \$1,000.000.**

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 399 Fore Street ZONE: B-3

CBL: _____

SINGLE TENANT LOT? YES _____ NO MULTI TENANT LOT? YES NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO _____

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS PROPOSED: _____
BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: 36" x 36"

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS: _____
BLDG. WALL SIGN(attached to bldg) ? YES NO _____ DIMENSIONS: ??
AWNING? YES NO _____ DIMENSIONS: ??

LOT FRONTAGE (FEET): 44 feet *approx
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 22 feet *approx. $22 \times 2 = 44$

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? _____ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Pamela Hall DATE: 5/5/03

***** FOR OFFICE USE ONLY *****

**H.H. Sawyer Realty Company
& Daughters**

P.O. Box 7225
Portland, Maine 04112
Office: 207.772.6579
Fax: 207.773.0680

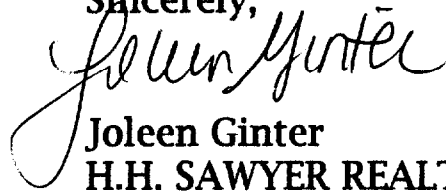
April 30, 2003

Pam Hall
DBA The Cookie Gallery
399 Fore Street
Portland, Maine 04101

Dear Pam,

Please be advised that we have seen and accepted your new sign for your company, "The Cookie Gallery." The sign is similar to the other retail stores in the area and will go well in the Old Port.

Sincerely,

A handwritten signature in cursive script that reads "Joleen Ginter". The signature is written in black ink and is positioned above the printed name and company name.

Joleen Ginter
H.H. SAWYER REALTY COMPANY

399 Fore Street
 Portland, ME 04101
 Telephone: 207.791.2062
 Fax: 207.791.2068

The Cookie Gallery

Fax - Permit Application Info -

To: ~~Mary~~ Michael
 From: Pam Hall
 Fax: 874-8716
 Pages: 1
 Phone: 8
 Date: 6/5/03
 Re: Structural Info per The Signery (Don Wright)

Structural Information for the sign for the Cookie Gallery

- * Bracket will hold over 150 lbs. - Sign weight 30 lbs.
- * Holes will be drilled in the ^{mortar} ~~mortar~~ between the bricks
- * Masonry shields will go in the mortar. 3/8" bolts of galvanized steel will be going into the shields.
- * Bottom of the sign will be no less than 9 feet off the sidewalk.

Please call with any questions! Thank-you-

- 791-2666 -
 Please call when permit is ready to be picked up -
 our sign is ready to hang!!

It's always the right time for a fresh baked cookie!!

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE
04/30/2003

PRODUCER
INNOVA INSURANCE SERVICES
28 OAK HILL TERRACE

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.

SCARBOROUGH ME 04074-

INSURERS AFFORDING COVERAGE

INSURED
POPLAR RIDGE COOKIE CO DBA THE COOKIE GALLERY
399 FORE ST

INSURER A: ZURICH INSURANCE GROUP

Portland ME 04101-

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PA839419859	12/08/2002	12/08/2003	EACH OCCURRENCE \$ 3,000,000 FIRE DAMAGE (Any one fire) \$ 3,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
<input type="checkbox"/> 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 (See footnote) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY		/ /	/ /	POLICY LIMITS EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
<input type="checkbox"/> OTHER		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 CITY OF PORTLAND, MAINE IS ADDED AS ADDITIONAL INSURED AS RESPECTS TO A SIGN

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
CITY OF PORTLAND, MAINE 389 CONGRESS ST PORTLAND ME 04101-		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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>[Signature]</i>