

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

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number 1018001  
**PERMIT ISSUED**  
MAR 25 2008  
CITY OF PORTLAND

This is to certify that 395 FORE STREET LLC

has permission to replace existing sign with new 6' x 12' sign attached to building

AT 395 FORE ST E 032 1018001

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 of Oregon 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 proceeds before this building or part thereof is started or service closed-in 24 HOUR NOTICE 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

*Thomas M. Mulley* 3/25/08  
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: 08-0205	Issue Date:	CBL: 032 I018001
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Location of Construction: 395 FORE ST (399 - Spruce A)	Owner Name: 395 FORE STREET LLC	Owner Address: PO BOX 7225	Phone:
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Business Name: Dovetails	Contractor Name:	Contractor Address:	Phone:
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Lessee/Buyer's Name Jennifer Arsenault	Phone: 207-899-2711	Permit Type: Signs - Permanent	Zone: B-3
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Past Use: Commercial "Cat Wear" Retail	Proposed Use: Commercial "Dovetails" Retail - replace existing sign with new 2' x 12' Sign attached to building	Permit Fee: \$113.00	Cost of Work: \$113.00	CEO District: 1
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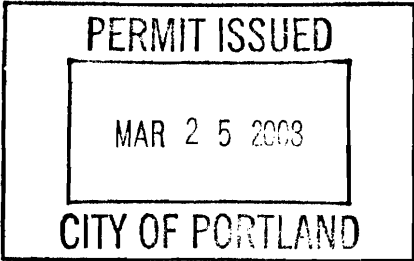
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Commercial</i> Type: <i>Sign</i>  <i>IBC 2003</i>
Signature:	Signature:

**Proposed Project Description:**  
replace existing sign with new 2' x 12' Sign attached to building

<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>		
Action:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
	<input type="checkbox"/> Denied	
Signature:	Date:	

Permit Taken By: Idobson	Date Applied For: 03/06/2008	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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"/> <i>ok w/ conditions</i> Date: <i>3/6/08 JEM</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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: <i>3/20/08</i> <i>J. Anderson</i>
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**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

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

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

<b>Permit No:</b> 08-0205	<b>Date Applied For:</b> 03/06/2008	<b>CBL:</b> 032 I018001
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<b>Location of Construction:</b> 395 FORE ST (399 Store A)	<b>Owner Name:</b> 395 FORE STREET LLC	<b>Owner Address:</b> PO BOX 7225	<b>Phone:</b>
<b>Business Name:</b> Dovetails	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b> Jennifer Arsenault	<b>Phone:</b> 207-899-2711	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial "Dovetails" Retail - replace existing sign with new 2' x 12' Sign attached to building	<b>Proposed Project Description:</b> replace existing sign with new 2' x 12' Sign attached to building
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**Dept:** Historic      **Status:** Approved with Conditions      **Reviewer:** Deborah Andrews      **Approval Date:** 03/20/2008

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

- 1) Approved with the condition that there will be no sign lighting. Any proposal to add lights will require separate review and approval.

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 03/06/2008

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

- 1) This permit is being issued for the 2' x 12' building sign only.
- 2) 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:** Tom Markley      **Approval Date:** 03/25/2008

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

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

**Comments:**

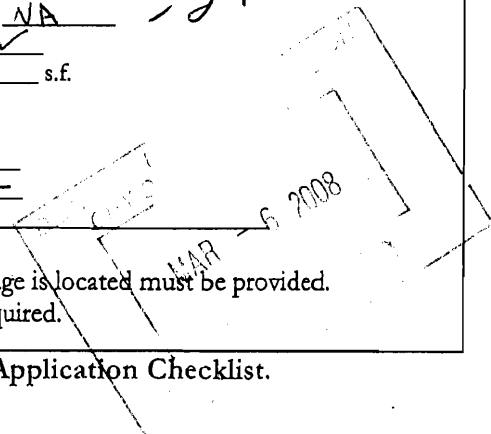
3/6/2008-amachado: Called Jennifer, but there was no answer and no voice mail so I couldn't leave a message. The plot plan showed a 2' x 3' sandwich board, but there was no mention of a sidewalk sign in the application or a picture of it.



# 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<sup>A</sup> Fore Street 395 Fore-</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>382 32</u> Block# <u>I</u> Lot# <u>18</u>	Owner: <u>H.H. Sawyer Realty Company</u>	Telephone: <u>207 772 6579</u>
Lessee/Buyer's Name (If Applicable) <u>Jennifer Arsenault</u> <u>899-2711</u>	Contractor name, address & telephone: <u>Ron Smith</u> <u>11 Shorelands point</u> <u>Harrison ME 04040</u> <u>207-583-4787</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: \$ <u>89.00</u> Awning Fee = cost of work <u>NA</u> Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Jennifer Arsenault</u> phone: <u>207-239-4564</u> or <u>899-2711</u>		
Tenant/allocated building space frontage (feet): Length: <u>20</u> Height <u>11</u> Lot Frontage (feet) <u>43</u> Single Tenant or Multi Tenant Lot <u>multi tenant</u>		
Current Specific use: <u>Retail - "Catwax"</u> If vacant, what was prior use: <u>NA</u> Proposed Use: <u>Retail - "Donuts" (franchise)</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>2x12</u>		
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> Is awning backlit? Yes ___ No <input checked="" type="checkbox"/> Height of awning: <u>NA</u> Length of awning: <u>NA</u> Depth: <u>NA</u> - <u>24x2+65=113-</u> Is there any communication, message, trademark or symbol on it? Yes ___ No <input checked="" type="checkbox"/> If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>NA</u> s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions: <u>2x12</u> Awning? Yes ___ No <input checked="" type="checkbox"/> 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.		



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: Jennifer Arsenault Date: Feb-21-08

B3- multi-tenant, ground floor  
2x20 = 40 sq ft

This is not a permit; you may not commence ANY work until the permit is issued.

proposed sign 2x12 = 24 sq ft ok.



Exchange Street

Driveway/Alleyway

Fore St  
Parking Garage

C Sidewalk →

Fore Street

Sandwich Board = 2x3

Building Frontage = 43 ft

proposed sign ↓

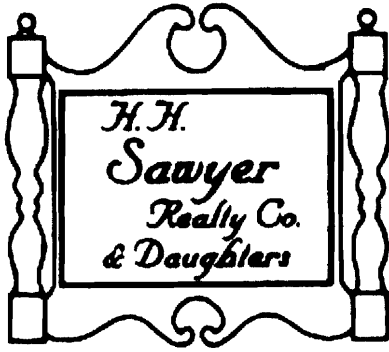
• Fine Handcrafted Furniture •

2x12 sign

~~red~~ MDO marine grade plywood

wood sign

Lag bolted to building



395 Fore Street  
P.O. Box 7225  
Portland, ME 04112  
Tel: (207) 772-6579  
Fax: (207) 773-0680

February 22, 2008

To Whom It May Concern:

Please be advised that we give permission to Jennifer Arsenault, DBA Dove Tails, to have signage to their retail store located at 399 Fore Street, Store A, Portland, Maine.

If you have any questions, please contact this office.

Sincerely,  
  
Joleen Ginter  
H.H. SAWYER REALTY COMPANY

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/25/2008

PRODUCER (207) 583-2222 FAX:  
Harrison Insurance Agency  
59 Main Street  
PO Box 8  
Harrison ME 04040

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  
AMISH STORE & MORE / Dovetails  
399 Fore Street  
Portland ME

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>Maine Mutual Fire</b>	15997
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.

INSR	ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A			<b>GENERAL LIABILITY</b>	BP 0429356	9/15/2007	9/15/2008	EACH OCCURRENCE	\$ 1,000,000
			<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
			<input type="checkbox"/> CLAIMS MADE <input 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
			<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident)	\$
			<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
			<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
			<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
			<input type="checkbox"/> HIRED AUTOS					
			<input type="checkbox"/> NON-OWNED AUTOS					
			<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
			<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
							AUTO ONLY: AGG	\$
			<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$
			<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
								\$
			<input type="checkbox"/> DEDUCTIBLE					\$
			<input type="checkbox"/> RETENTION \$					\$
			<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS	OTH-ER
			ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
			If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
			<b>OTHER</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Furniture Store

## CERTIFICATE HOLDER

City of Portland  
Portland, ME

## 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  
Alletta M. Kimball





## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## Amish Store & More

### Basic Policy Information

**Policy #:** BP 0429356  
**Term:** 09/15/2007 - 09/15/2008  
**Tran Date:** 09/15/2007  
**Tran Type:** Renew policy  
**Tran Description:** DNLD/Renew policy  
**Policy Type:** BOP  
**Parent Company:** Maine Mutual Fire  
**Writing Company:** Maine Mutual Fire  
**Bill Method/Pay Plan:** Direct bill, Quarterly  
**Premium:** \$662.00  
**Full Term Premium:** \$662.00

### First Named Insured

**Name:**  
**Firm Name:** AMISH STORE & MORE  
**DBA:**  
**Dec Name:** AMISH STORE & MORE  
**Address:** PO BOX 578  
 HARRISON ME 040400578

**Business:**  
**Residence:**  
**Cell:**  
**Fax:**  
**Email:**

### Contacts

Name	Responsibility	Address	Phone
Andrew Smith	Inspection		

### Location Information

**Loc #00001 Bldg #00001:** 15 MAIN STREET, HARRISON, ME, 04040

### Lines of Business

**Glass & Sign (C)** **Total Premium:** \$0.00

#### Sign Schedule

Loc # / Bldg #	Item #	Description	Inside/Outside	Limit
00001 / 00001	1		Outside	1000

**BOP Liability, General Liability** **Total Premium:** \$0.00

#### Coverages

Coverage	Limit	Ded Type/AmtDed Basis	Ded Applies To	Premium
Each Occurrence	1,000,000			
Medical Expense	5,000			
Personal & Advertising Injury	1,000,000			
Products/Completed Ops Aggregate	2,000,000			
General Aggregate	2,000,000			
Fire Damage	250,000			

#### Schedule of Hazards

Loc #	Classification	Class	Premium Basis	Prem/Ops Exposure Rate	Prem/Ops Premium	Products Rate	Products Premium
00001	FURNITURE STORE - NO REFINISHING						

**Hazard Limits/Rates/Premiums**

Coverage	Limit	Ded Type/Amt	Num Of	Rate	Premium
Each Occurrence					\$94.00

**BOP Property, Property**

**Total Premium: \$0.00**

**Loc #00001 Bldg #00001: 15 MAIN STREET, HARRISON, ME, 04040** **Location Premium: \$568.00**

**Underwriting/Rating Information**

<b>Type of Business:</b> Other	<b>Construction Type:</b> Frame
<b>Roof Type:</b>	<b>Prot Class:</b> 05
<b>Year Built:</b> 1900	<b># Stories:</b>
<b>Total Area:</b>	<b># Basements:</b>
<b>Mfg Area:</b>	<b>Dist to Hydrant:</b>
<b>Merc Area:</b>	<b>Dist to Station:</b> 01
<b>Fire Alarm Type:</b>	<b>Fire District:</b>
<b>Manufacturer:</b>	<b>Fire Code:</b>
<b>Fire Protection:</b>	<b>Sprinklered:</b>
	<b>Sprink %:</b>

**Building Improvements**

**Wiring:**  
**Roofing:**  
**Plumbing:**  
**Heating:**  
**Other:**

**Burglar Alarm Information**

**Alarm Type:**  
**Cert #:**  
**Alarm Contact:**

Subject of Insurance	Max Amount	Valuation	Cause of Loss	Limit	Ded Type/Amt	Premium
Business Personal Property	70,000	Replacement Cost	Special form		Flat/500	\$485.00

**Additional Cause of Loss**

Cause of Loss	Limit 1	Limit 2	Ded Type/Amt	Premium
INFL				

Subject of Insurance	Max Amount	Valuation	Cause of Loss	Limit	Ded Type/Amt	Premium
Accounts Receivable	10,000	Replacement Cost	Special form		Flat/500	
Property Off Premises	10,000	Replacement Cost	Special form		Flat/500	\$83.00
Valuable Papers	10,000	Replacement Cost	Special form		Flat/500	
Monies and Securities on Premises	10,000	Replacement Cost	Special form		Flat/500	
Monies and Securities off Premises	2,000	Replacement Cost	Special form		Flat/500	