

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 080020

This is to certify that GRE CONGRESS CANAL INC./Leavitt Inc.  
has permission to Install new attached 20" x 8" awning and replace awning w/ no side eave to awning  
AT 401 Fore St 032 I041001

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 when permission is procured before this building or part thereof is occupied or closed-in. HOURS 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 &amp; Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

JAN 15 2008

CITY OF PORTLAND

*[Signature]* 1/14/08

# Certificate of Flame Resistance



REGISTERED  
APPLICATION  
CONCERN No.

FA-36801

ISSUED BY

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

Date treated or  
manufactured

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

*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.

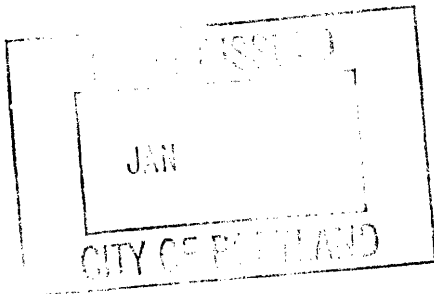
By James H. Ellington

Title

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

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

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>Permit No:</b><br>08-0020   |  | <b>Issue Date:</b>   |  | <b>CBL:</b><br>032 I041001  |  |
| <b>Location of Construction:</b><br>401 Fore St (425)  |  | <b>Owner Name:</b><br>GRE CONGRESS CANAL LLC   |  | <b>Owner Address:</b><br>ONE CANAL PLAZA 5TH FLOOR  |  |
| <b>Business Name:</b>  |  | <b>Contractor Name:</b><br>Leavitt & Parris Inc.   |  | <b>Phone:</b><br>2077970100   |  |
| <b>Lessee/Buyer's Name</b>   |  | <b>Phone:</b>  |  | <b>Permit Type:</b><br>Signs - Permanent  |  |
| <b>Past Use:</b><br>Commercial - retail- Mina & Co   |  | <b>Proposed Use:</b><br>Commercial - retail- Mina & Co -<br>Install new attached 20" x 8" sign<br>and recover awning w/ no signage<br>to awning  |  | <b>Zone:</b><br>B-3   |  |
| <b>Proposed Project Description:</b><br>Install new attached 20" x 8" sign and recover awning w/ no signage to<br>awning   |  | <b>Permit Fee:</b><br>\$92.00  |  | <b>Cost of Work:</b><br>\$92.00   |  |
|  |  | <b>CEO District:</b><br>1  |  |   |  |
|  |  | <b>FIRE DEPT:</b><br><input type="checkbox"/> Approved<br><input checked="" type="checkbox"/> Denied<br>Signature: [Signature]   |  | <b>INSPECTION:</b><br>Use Group: U Type: Sign<br>IBC 2003<br>Signature: [Signature]   |  |
|  |  | <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> YES   |  |   |  |
|  |  | Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied<br>Signature: [Signature] Date: 01/07/08   |  |   |  |
| <b>Permit Taken By:</b><br>Idobson   |  | <b>Date Applied For:</b><br>01/07/2008   |  | <b>Zoning Approval</b>  |  |
| <ol style="list-style-type: none"><li>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li><li>2. Building permits do not include plumbing, septic or electrical work.</li><li>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..</li></ol> |  | <b>Special Zone or Reviews</b>   |  | <b>Zoning Appeal</b>  |  |
|  |  | <input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br>OK w/ cardyha<br>Date: 11/8/08 ABG |  | <input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: |  |

**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><br>08-0020 | <b>Date Applied For:</b><br>01/07/2008 | <b>CBL:</b><br>032 I041001 |
|------------------------------|--|----------------------------|

|   |  |   |                                |
|---|--|---|--------------------------------|
| <b>Location of Construction:</b><br>401 Fore St (425) | <b>Owner Name:</b><br>GRE CONGRESS CANAL LLC     | <b>Owner Address:</b><br>ONE CANAL PLAZA 5TH FLOOR  | <b>Phone:</b>                  |
| <b>Business Name:</b>                                 | <b>Contractor Name:</b><br>Leavitt & Parris Inc. | <b>Contractor Address:</b><br>256 Read St. Portland | <b>Phone</b><br>(207) 797-0100 |
| <b>Lessee/Buyer's Name</b>                            | <b>Phone:</b>                                    | <b>Permit Type:</b><br>Signs - Permanent            |                                |

|  |   |
|--|---|
| <b>Proposed Use:</b><br>Commercial - retail- Mina & Co - Install new attached 20" x 8, sign and recover awning w/ no signage to awning | <b>Proposed Project Description:</b><br>Install new attached 20" x 8" sign and recover awning w/ no signage to awning |
|--|---|

**Dept:** PAD      **Status:** Approved      **Reviewer:** Carrie Marsh      **Approval Date:** 01/08/2008  
**Note:**      **Ok to Issue:** | |

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 01/08/2008  
**Note:**      **Ok to Issue:** ✓

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. It is understood that the awning is not backlit and made from subrella material.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 01/14/2008  
**Note:**      **Ok to Issue:** ✓

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.  
2) Separate Permits shall be required for any new signage.



## Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- ☒ 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.
- ☒ 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. Please 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 façade dimensions for any signage attached to the building.
- ☒ A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- ☒ Certificate of flammability required for awning or canopy. ✓
- ☒ A UL# is required for lighted signs at the time of final inspection.
- ☒ Pre-application questionnaire completed and attached.
- ☒ Photos of existing signage ✓
- ☒ Details for sign fastening, attachment or mounting in the ground. ✓

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, \$9.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.



# 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>425 Forest Portland (44 Exchange)</u>   |  |   |
| Tax Assessor's Chart, Block & Lot<br>Chart# <u>32</u> Block# <u>1</u> Lot# <u>2040</u>                               | Owner:   | Telephone:  |
| Lessee/Buyer's Name (If Applicable)<br><u>Mina &amp; Co.</u><br><u>Christina Bournazel</u><br><u>Michelle Martel</u> | Contractor name, address & telephone:<br><u>Leavitt &amp; Parris</u><br><u>956 Real St</u><br><u>Portland ME 04103</u> | Total s.f. of signage x \$2.00<br>Per s.f. plus \$30.00/\$65.00<br>For H.D. signage= Total<br>Fee: \$<br>Awning Fee= cost of work <u>900</u><br>Total Fee: \$ |

Who should we contact when the permit is ready: Christina Bournazel phone: 207-239-9999

Tenant/allocated building space frontage (feet): Length: 17ft Height: 8ft bottom of awning  
Lot Frontage (feet): \_\_\_\_\_ Single Tenant or Multi Tenant Lot: 10.3 to bottom cut sign

Current Specific use: Retail - was "Anna Street"

If vacant, what was prior use: \_\_\_\_\_

Proposed Use: Retail

## Information on proposed sign(s):

Freestanding (e.g., pole) sign? Yes \_\_\_\_\_ No \_\_\_\_\_ Dimensions proposed: \_\_\_\_\_ Height from grade: \_\_\_\_\_

Bldg. wall sign? (attached to bldg) Yes ☒ No \_\_\_\_\_ Dimensions proposed: 20" x 8' = 16 x 2 + 30

Recover

Proposed awning? Yes ☒ No \_\_\_\_\_ Is awning backlit? Yes \_\_\_\_\_ No ☒

Height of awning: 2' Length of awning: 17' Depth: 3'

Is there any communication, message, trademark or symbol on it? Yes \_\_\_\_\_ No ☒

If yes, total s.f. of panels w/communications, message, trademark or symbol: \_\_\_\_\_ s.f.

## Information on existing and previously permitted sign(s):

Freestanding (e.g., pole) sign? Yes \_\_\_\_\_ No \_\_\_\_\_ Dimensions: \_\_\_\_\_

Bldg. wall sign? (attached to bldg) Yes ☒ No \_\_\_\_\_ Dimensions: 20" H x 8' W

Awning? Yes \_\_\_\_\_ No \_\_\_\_\_ 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: <u>[Signature]</u> | Date: <u>1/16/08</u> |
|--|----------------------|

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

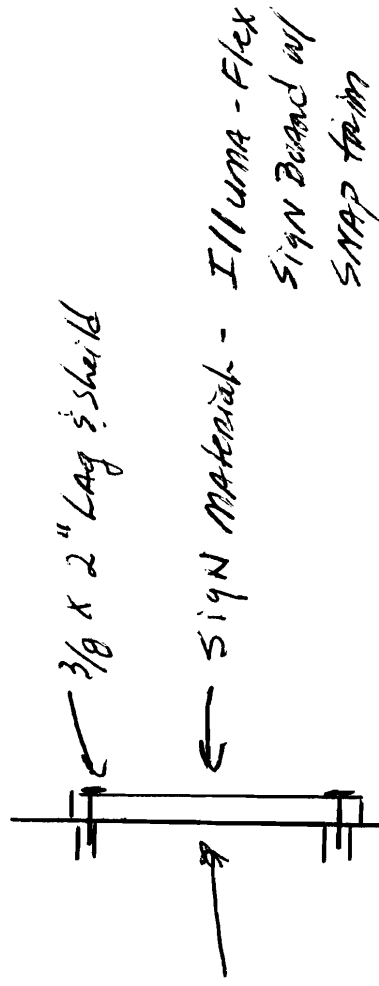
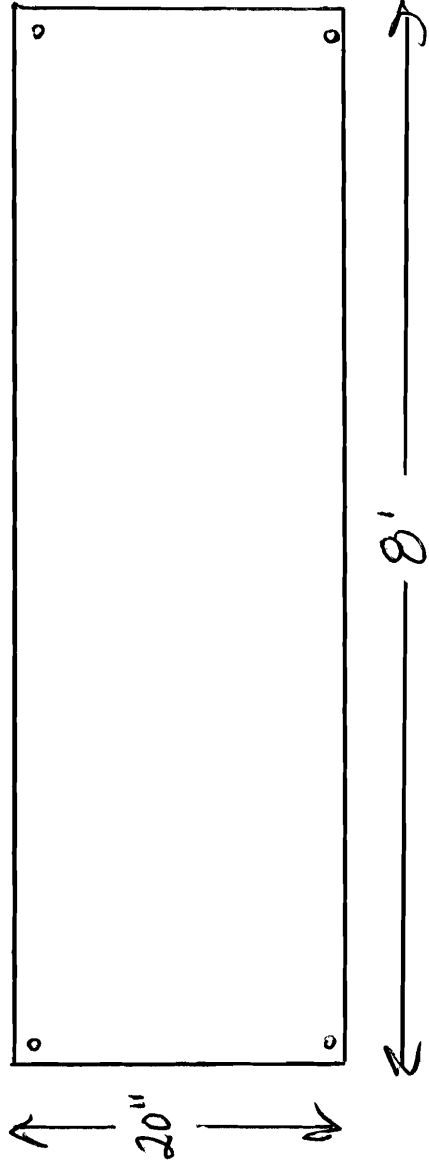
B-3 17' x 2 = 34 ft  
Sign 20" x 96" = 1920 ft  
= 1333 ft

This sign not permitted  
was "Anna Street" bldg. #06-0557



I enclosed part of  
that permit  
Am

SAME SIGN(SIZE) AS EXISTING



SIGN ATTACHMENT  
DETAIL



71

←

On Nov 20, 2007, at 5:22 PM, Christina Bournakel wrote:

> The sign over the awning is a 'set' size, I don't have exact  
> measurements but its about 18 inches high and maybe 5 feet long.  
> So we need something that will work on that. Then we were thinking  
> the Mina over the & and Co underneath could be a 'stencil' on the  
> windows.

>

> ----- Original Message ----- From: "Chris Bournakis"

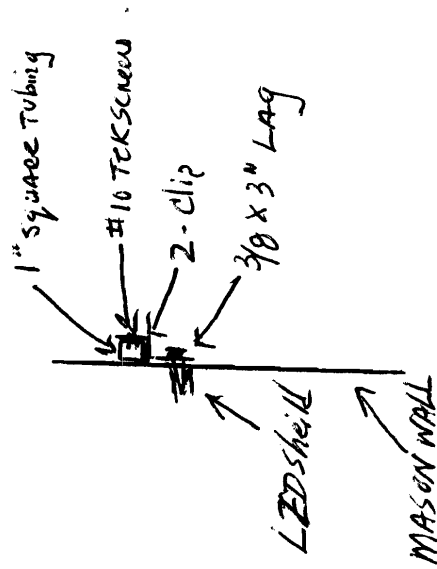
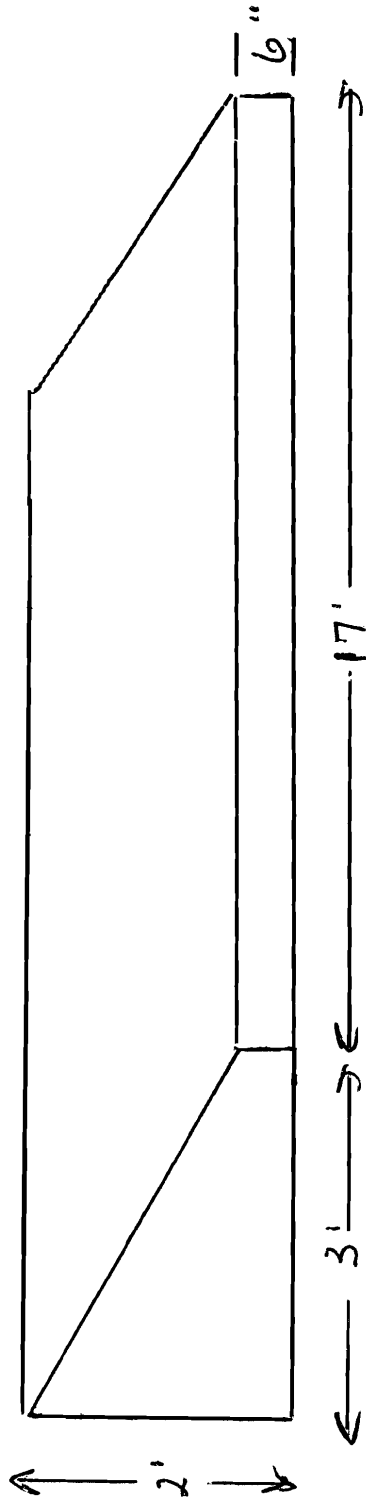
> <chris@bournakis.com>

> To: "Christina Bournakel" <christina@bournakis.com>

> Sent: Tuesday, November 20, 2007 4:57 PM

11/21/2007

- Existing Awning to be recovered -



(Awning  
Attachment Detail)

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
01/07/08

|  |  |                               |
|--|--|-------------------------------|
| <b>PRODUCER</b><br>Cross Insurance -CL/Bnds-P<br>P. O. Box 567<br>Portland, ME 04112<br>800 286-5352 | <b>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.</b> |                               |
| <b>INSURED</b><br>Mina Co LLC<br>21 Linwood Street<br>Cape Elizabeth, ME 04107                       | <b>INSURERS AFFORDING COVERAGE</b><br>INSURER A: <b>Maine Mutual Group</b><br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:   | <b>NAIC #</b><br><b>15997</b> |

**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 INSRG | TYPE OF INSURANCE  | POLICY NUMBER        | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |
|----------------------|--|----------------------|----------------------------------|-----------------------------------|--|
| <b>A</b>             | <b>GENERAL LIABILITY</b>   | <b>BINDER1070665</b> | <b>01/15/08</b>                  | <b>01/15/09</b>                   | EACH OCCURRENCE <b>\$1,000,000</b>                         |
|                      | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                               |                      |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$250,000</b> |
|                      | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                 |                      |                                  |                                   | MED EXP (Any one person) <b>\$5,000</b>                    |
|                      |  |                      |                                  |                                   | PERSONAL & ADV INJURY <b>\$1,000,000</b>                   |
|                      |  |                      |                                  |                                   | GENERAL AGGREGATE <b>\$2,000,000</b>                       |
|                      |  |                      |                                  |                                   | PRODUCTS - COMP/OP AGG <b>\$2,000,000</b>                  |
|                      | GEN'L AGGREGATE LIMIT APPLIES PER:   |                      |                                  |                                   |  |
|                      | <input 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  |                      |                                  |                                   | \$   |
|                      | RETENTION \$   |                      |                                  |                                   | \$   |
|                      | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |                      |                                  |                                   | WC STATU-TORY LIMITS <input type="checkbox"/> 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 \$                              |
|                      | <b>OTHER</b>   |                      |                                  |                                   | E.L. DISEASE - POLICY LIMIT \$                             |

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

**Certificate Holder is named as an additional insured as their interest may appear for 425 Fore Street Portland ME 04101.**

**CERTIFICATE HOLDER**

City of Portland  
389 Congress Street  
Portland, ME 04101

**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

*Armando R. Storm*

**Casco Neck, Inc**

*P.O. Box 169 \* Portland, Maine 04112  
Tel: 207-775-2228 \* Fax: 207-761-8280  
Email: [asiawest@aol.com](mailto:asiawest@aol.com)*

December 20, 2007

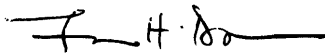
City of Portland  
City Hall  
Congress Street  
Portland, Maine 04101

To Whom It May Concern,

Christina Bournakel and Michelle Martel are leasing retail space from me at 425 Fore Street in Portland, to operate a business called "Mina & Co.". They have my permission to hang an awning (similar shape as the other tenant's awnings) and a flush mounted sign at that location.

If you have any questions, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "T. H. Dana", with a horizontal line extending to the right.

Thomas Dana

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

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

|            |         |  |
|------------|---------|--|
| Permit No: | 06-0557 | DECISION BUILDING INSPECTION<br>CITY OF PORTLAND, ME 1041001 |
|------------|---------|--|

|  |   |  |                      |
|--|---|--|----------------------|
| Location of Construction:<br>401 Fore St | Owner Name:<br>October Corporation        | Owner Address:<br>One Canal Plaza            | Phone:<br>2077970100 |
|  | Contractor Name:<br>Leavitt & Parris Inc. | Contractor Address:<br>256 Read St. Portland | Phone:<br>2077970100 |
| Lessee/Buyer's Name                      | Phone:                                    | Permit Type:<br>Awning, with signage         | Zone:<br>S3          |

|   |  |   |   |                    |
|---|--|---|---|--------------------|
| Past Use:<br>Commercial/ retail "Anna Street"               | Proposed Use:<br>Commercial/ retail "Anna Street"/<br>replace awning and signage | Permit Fee:<br>\$287.00   | Cost of Work:<br>\$287.00   | CEO District:<br>1 |
| Proposed Project Description:<br>replace awning and signage |  | FIRE DEPT:<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied  | INSPECTION:<br>Use Group: B<br>Type: Awning/sign<br>IBC-2003<br>JMB 5/11/06 |                    |
|   |  | Signature: see below<br>Signature: JMB 5/11/06<br>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) 48<br>Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied<br>Date: 5/9/06 |   |                    |

|                             |                                 |  |   |  |
|-----------------------------|---------------------------------|--|---|--|
| Permit Taken By:<br>Idobson | Date Applied For:<br>04/20/2006 | <b>Zoning Approval</b>   |   |  |
|                             |                                 | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br>OK<br>Date: 5/8/06 Hsu | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>late: | <b>Historic Preservation</b><br><input checked="" type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>Date: Hsu |


✓ OAD Approved AM 050906

**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 |
|---|------|-------|

Lettering 

(ANNA STREET)

1 - 8 1/2" H X 30" W — 1

Original  
&  
Custom

Anna Street  
studio

Handbags  
&  
Accessories

1 10 3/8" H X 11 3/4" W

Lettering size

• 20" H X 8' W

• BLACK ANNUALITE (MAT.)

1 4" H X 26 3/4" W

(STUDIO)

Lettering size

1 9 3/4" H X 16 1/2" W

Lettering size

6/25/02

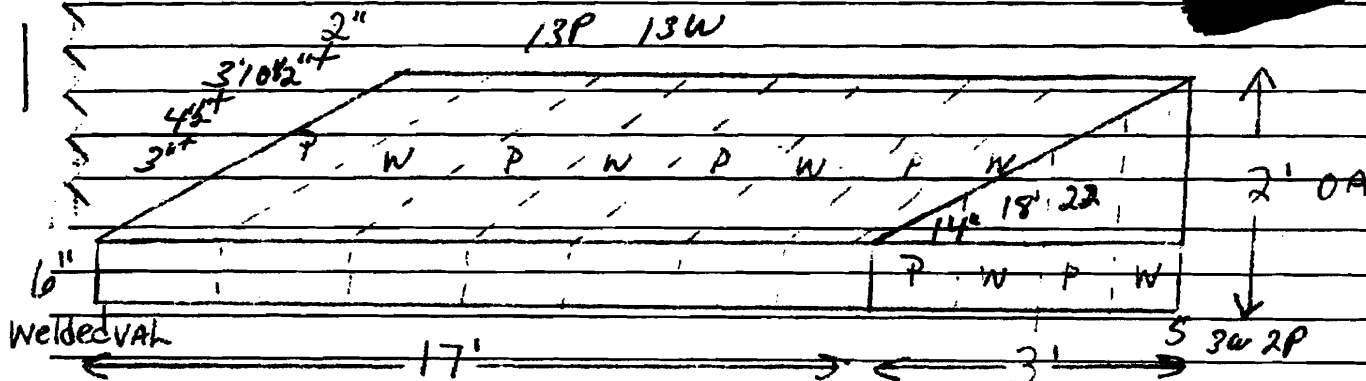
|                                 |                                |                                   |                       |
|---------------------------------|--------------------------------|-----------------------------------|-----------------------|
| JOB PHONE                       | ORDER TAKEN BY<br>CARL 5-21-02 | PURCHASE ORDER NO.                | PHONE<br>781-453-0680 |
| SITE PERSON<br>Molly BRAKEMAN   |                                | CONTRACT PERSON<br>GORDON RUSSELL |                       |
| INSTALL LOCATION<br>IN THE PINK |                                | BILL TO<br>IN THE PINK            |                       |
| ADDRESS<br>425 FORE STREET      |                                | ADDRESS<br>62 Brookside Rd        |                       |
| CITY<br>PORTLAND                | STATE<br>ME                    | ZIP                               | CITY<br>Wellesley     |
| STATE<br>ME                     |                                | ZIP<br>02481                      |                       |
| LOCATION WHERE TO INSTALL       |                                |                                   |                       |

DIRECTIONS TO SITE - SPECIAL INSTRUCTIONS &amp; MISC.

DESCRIPTION OF WORK

AWNING SIZE

STATIONARY AWNING complete -



(Alkenatings 8" wide stairs) Body and Bathendi

|   |  |  |  |  |                                |
|---|--|--|--|--|--------------------------------|
| JACK ROD <input checked="" type="checkbox"/><br>STEP LADDER <input checked="" type="checkbox"/> | ROPE TRACK <input checked="" type="checkbox"/><br>EXT. LADDER <input type="checkbox"/> | EGG CRATE <input type="checkbox"/><br>POST PINS <input type="checkbox"/> | LIGHTS 4' <input type="checkbox"/><br>SURFACE <input checked="" type="checkbox"/> Metal Window | OR 8' <input type="checkbox"/><br>GRAPHICS <input type="checkbox"/>                  | COLOR <input type="checkbox"/> |
| INSTALL DAY AND DATE<br>WK 6-17-02  |  | TAKE DOWN DAY AND DATE   |  | CUSTOMER PICK-UP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                |
| PATTERN NO. ROSE 6927 12405<br>CELANOVA white 6917 12405  |  | YARDAGE 12 yd  | COMPANY<br>ASTROW.   |  |                                |
| DATE ORDERED<br>5-22-02   |  | COMPANY CONTACT PERSON<br>FRANK LUCIANI                                  |  |  |                                |
| SHIPPED VIA & DATE  |  | DATE RECEIVED YOG RECEIVED<br>5-23-02 6:00 PM                            |  |  |                                |
| CUSTOMER NAME   |  | DATE   |  |  |                                |
| CUSTOMER SIGNATURE  |  | DATE   |  |  |                                |