

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, if Any, Attached

PERMIT ISSUED

Permit Number: 060899

JUN 12 2007

CITY OF PORTLAND

This is to certify that NICHOLAS BRENDA S / T Signery

has permission to install 2 bldg signs that are connected to meter. 2' x 8" x 24"

AT 428 FORE ST L. 032 R001001

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 written permission procured before this building or part thereof is opened or service closed-in. 4 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

6/12/07 *El Ah*
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: 06-0899	Issue Date:	CBL: 032 R001001
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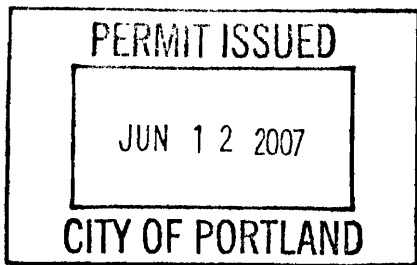
Location of Construction: 428 FORE ST	Owner Name: NICHOLAS BRENDA S	Owner Address: 42 CHAMBERLAIN AVE	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone 2078797700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Commercial - retail	Proposed Use: Commercial (Water Lilly) install 2 bldg signs that are connected together. 2'x2' & 8"x24"	Permit Fee: \$77.00	Cost of Work: \$77.00	CEO District: 1
Proposed Project Description: install 2 bldg signs that are connected together. 2'x2' & 8"x24"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 3 Type: Sign IBC-2003	
		Signature:	Signature: 4/12/01 Ch R	
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: dmartin	Date Applied For: 06/15/2006	Zoning Approval		
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- 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: _____	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 YES <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: J. Anderson 7/6/06
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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 Application

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

Permit No: 06-0899	Issue Date: 06/12/2007	CBL: 032 R001001
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Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone 2078797700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone:

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		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: dmartin	Date Applied For: 06/15/2006	Zoning Approval		
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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

Permit No: 06-0899	Date Applied For: 06/15/2006	CBL: 032 R001001
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Location of Construction: 428 FORE ST	Owner Name: NICHOLAS BRENDA S	Owner Address: 42 CHAMBERLAIN AVE	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone (207) 879-7700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial (Water Lilly) install 2 bldg signs that are connected together. 2'x2' & 8"x24"	Proposed Project Description: install 2 bldg signs that are connected together. 2'x2' & 8"x24"
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Dept: Historical **Status:** Approved with Conditions **Reviewer:** Deborah Andrews **Approval Date:** 07/06/2006

Note: **Ok to Issue:**

1) * Sign bracket to match bracket over adjacent storefront.

* Sign to be installed in same position as sign over adjacent storefront (The Mind Gift Shop), i.e. the new sign shall be in the same position relative to the doorway and also align vertically on the building facade.

* Brackett to be bolted into mortar joint--no penetrations in the brick.

* Any proposed sign lighting will need separate approval.

Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 07/06/2006

Note: **Ok to Issue:**

Dept: Building **Status:** Pending **Reviewer:** Mike Nugent **Approval Date:**

Note: **Ok to Issue:**

Comments:

6/22/2006-ldobson: Placed letter from landlord w/ permit

7/5/2006-amachado: Spoke to Renee. Need sketch plan/photo of store front to complete application.

7/7/2006-mjn: Need fastenered plan and Height above sidewalk, message left w/ applicant.



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>37B Wharf St. Portland / 428 Fore St.</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Brenda Nicholas</u>	Telephone: <u>207-(828-5385)</u>
Lessee/Buyer's Name (If Applicable) <u>Renee Garland</u>	Contractor name, address & telephone: <u>Renee Garland</u> <u>98 Grant St. #3 Portland</u> <u>207-266-9445</u>	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: \$ <u>77</u>

Who should we contact when the permit is ready: Renee Garland phone: 207-266-9445

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

Current Specific use: Vacant
If vacant, what was prior use: Restaurant (Bing's Wings)
Proposed Use: Retail Shop

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: 24x24 + 8x24 sq.
Projecting Sign (See attached drawing)

Proposed 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 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: _____
 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, 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: Renee Garland Date: 6/14/06

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

JUN 15 2006

RECEIVED

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

B3 multi
2x 17 = 34 sq. ft.


24x24 = 576 = 4 sq ft
8x24 = 192 = 1.33
5.33 sq ft

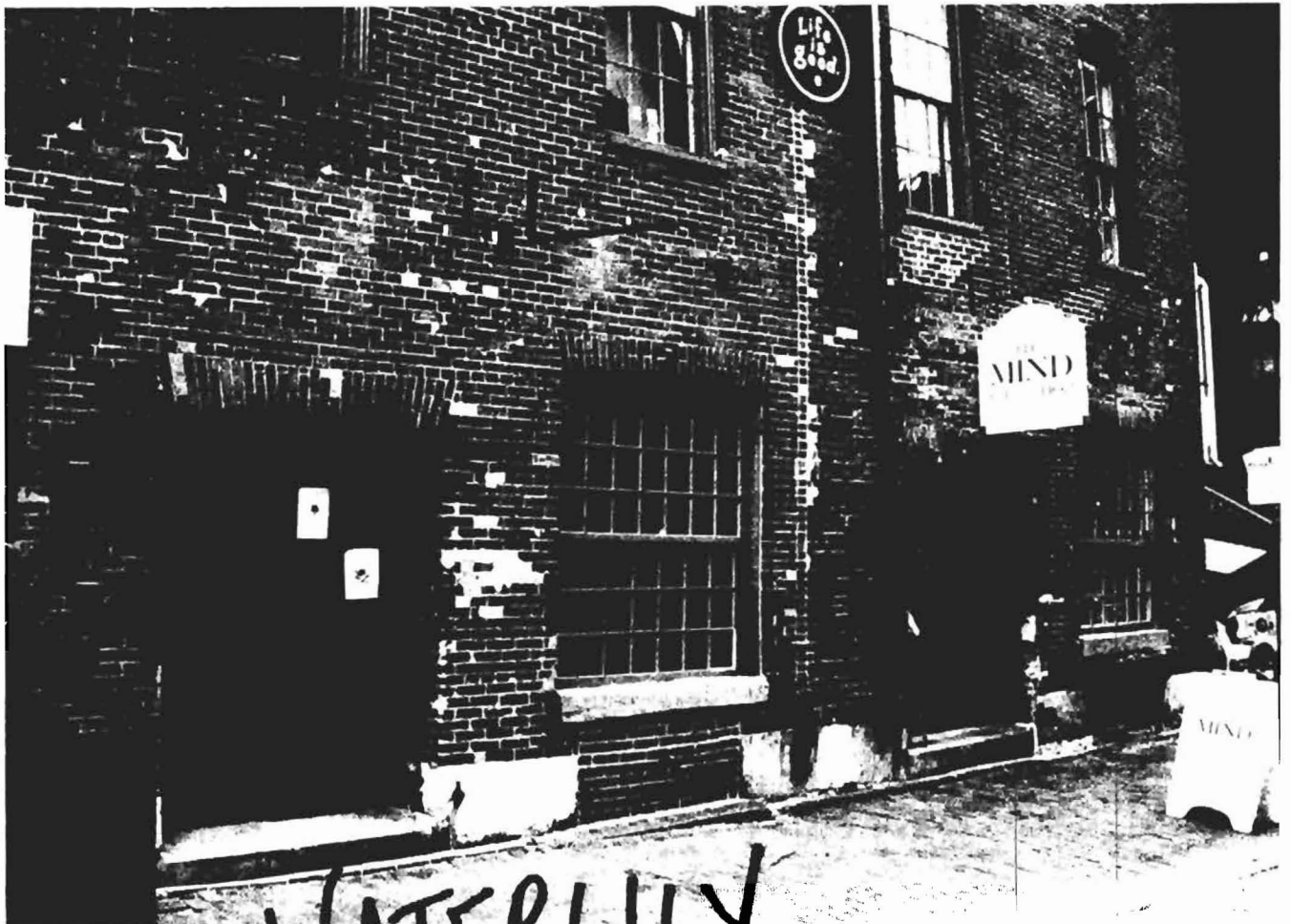


Approved BY: _____

Date: _____

PLEASE REVIEW THIS PROOF CAREFULLY !
AND SEND COPY BACK TO THE SIGNERY THANK YOU

 <p>84 COVE STREET PORTLAND, ME PHONE: 879-7700 FAX 879-1570</p>	<p>JOB INFO</p> <p>10600</p> <p>DESIGNER</p> <p>KM</p>	<p>(1) 3/4" MDO (PAINTED PINK????) 24X24 HP Red???? CUT TO SHAPE DOUBLE SIDED</p> <p>(1) 3/4" MDO Subordinate sign (PAINTED PINK????) 8X24 HP Red???</p> <p>ROUNDED CORNERS DOUBLE SIDED</p> <p>FILE: Waterlily 10600.plt</p>	<p>INSTALL</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> V</p> <p><input type="checkbox"/> B</p>	<p>Waterlily</p>
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WATERLILY

Brenda S. Nicholas
42 Chamberlain Avenue
Portland, Maine 04101

June 15, 2006

Renee Garland, dba Waterlily Imports
37 Wharf Street
Portland, Maine 04101

To Whom It May Concern:

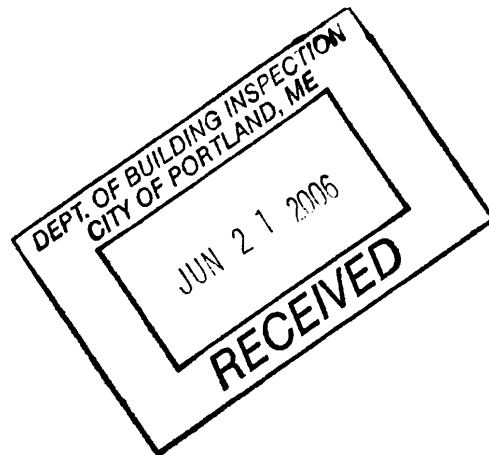
I hereby grant permission for to install signage on my building located at 428 Fore Street.

Sincerely yours,



Brenda S. Nicholas

32 R1
06-08-99



ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR LL
WATER-1

DATE (MM/DD/YYYY)
05/25/06

PRODUCER
Harold W. Bishop Agency
P.O. Box 87
3 Bridge Street
Boothbay Harbor ME 04538
Phone: 207-633-3910

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

Rene'e Garland DBA
Waterlily Imports, Inc.
98 Grant Street #3
Portland ME 04101

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Norfolk & Dedham Group	23965
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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	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"/> PRO-JECT <input type="checkbox"/> LOC	R0513581A	10/28/05	10/28/06	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000000 \$ 50000
		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 (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	\$ \$ \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE AGGREGATE \$ \$	\$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$
A		OTHER	R0513581A	10/28/05	10/28/06	BPP & I&B	\$40,000
A			" "	10/28/05	10/28/06	Glass	\$480

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Retail Gift Shop 37B Wharf Street, Cumberland County, Portland, ME 04101.

CERTIFICATE HOLDER

CITYPOR

City of Portland
Planning & Development
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
 Glenn H. Tilton 