Form # P 04

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## **CITY** OF PORTLAND

Please Read Application And Notes, If Any.

## **INCRECTION** PERM

PERMIT ISSUED Permit Number: 060376

MAY 15 2009

Attached

This is to certify that FORE STREET HOLDING LC /Leavitt & Parris Inc.

low & E has permission to Stationary awning to cover v

AT 432 FORE ST

this department.

er ting this permit shall comply with all tion a rm or nances of the City of Portland regulating nine and of the uctures, and of the application on file in e of buildings and

032 R003001

Apply to Public Works for street line and grade if nature of work requires such information.

provided that the person or persons

of the provisions of the Statutes of

the construction, maintenance and

ificatid of inspi on mu n and en perm on prod ore this ilding o rt there osed-in ed or LEQUIRED. ur nd

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

Department Name

PENALTY FOR REMOVING THIS CARD

|  |                        |                      |              |                    | 1 -         | 11.714                           | <u> lostico</u>         | )           | 1            |
|--|------------------------|----------------------|--------------|--------------------|-------------|----------------------------------|-------------------------|-------------|--------------|
|  | _                      |                      | Pe           | rnut No:           | Issue Date  | :                                | CBL:                    |             |              |
| 389 Congress Street, 04101   | Tel: (207) 874-8703    | 3, Fax: (207) 874-8  | 3716         | 06-0376            | M           | ДҮ т                             | 032                     | H00300      | 1            |
| <b>Location of Construction:</b>                                     | Owner Name:            | <del></del>          | Owne         | er Address:        |             |                                  | Phone:                  | T           |              |
| 432 FORE ST  | FORE STREE             | ET HOLDINGS LLC      | C 6 W        | EBBER W            | Y CITY      | OF D                             | ODELANI                 | 7           |              |
| Business Name:   | Contractor Name        | 2:                   | Contr        | actor Address      |             |                                  | Phone                   | דכ          |              |
|  | Leavitt & Parı         | is Inc.              | 256          | Read St. Por       | tland       |                                  | 20779                   | 70100       |              |
| Lessee/Buyer's Name  | Phone:                 |                      | Perin        | it Type:           |             |                                  |                         | Zon         |              |
|  |                        |                      | Aw           | ning, no sigr      | nage        |                                  |                         | Ŷ           | 33           |
| Past Use:  | Proposed Use:          | '                    | Pern         | nit Fee:           | Cost of Wor | k:                               | CEO Distric             | t: [        |              |
| Commercial/ Retail Shop  | Commercial/ 1          | -                    |              | \$69.00            | \$1,90      | 00.00                            | 1                       |             |              |
|  |                        | ning to cover windov | V FIRE       | E DEPT:            |             | INSPE                            | CCTION:                 |             |              |
|  | & Entryway             |                      |              | Approved Use       |             |                                  | ECTION: roup: AWW       | Туре        | * <b>ユ</b> ガ |
|  |                        |                      |              | _                  | <u> </u>    |                                  | DIVINI                  | NG          |              |
|  |                        |                      |              |                    |             |                                  | 1/4/                    | 1000        | ١            |
| Proposed Project Description:  |                        |                      |              |                    |             |                                  | 2/7/                    |             | and to       |
| Stationary awning to cover wi  |                        |                      | Signa        |                    |             | Signat                           | 1 1/4                   |             | uga          |
|  | -1                     | sign                 | PEDE         | ESTRIAN ACT        | TVITIES DIS | TRICT (                          | (P.A.D <del>.</del> )   |             | J            |
|  |                        | U                    | Actio        | on. Appro          | oved Ap     | proved w                         | //Conditions            | Deni        | ed           |
|  |                        |                      | Signa        | ature:             |             |                                  | Date:                   |             |              |
| Permit Taken By:   | Date Applied For:      | 1                    | Sign.        |                    | - A         | .1                               | Dute.                   |             |              |
| ldobson  | 03/22/2006             |                      |              | Zonin              | g Approva   | dI                               |                         |             |              |
|  |                        | Special Zone or R    | eviews       | Zoni               | ing Appeal  |                                  | Historic I              | Preservati  | ion          |
| 1. This permit application do Applicant(s) from meeting              |                        | Shoreland Variance   |              |                    |             | y &\ Not in District or Landmark |                         |             |              |
| Federal Rules.   | g applicable State and |                      |              | Not in District or |             | strict or L                      | Jandmark                |             |              |
|  |                        | Wetland              |              | Miscellaneous      |             |                                  | Docs Not Require Review |             |              |
| 2. Building permits do not in septic or electrical work.             | nclude plumbing,       | Wetiand              | Wiscenaneous |                    |             | Does Not                         | Require                 | KCVICW      |              |
| 3. Building permits are void   | if work is not started | Flood Zone           |              | Conditional Use    |             |                                  | Requires Review         |             |              |
| within six (6) months of t   |                        |                      |              |                    |             |                                  |                         |             |              |
| False information may in   |                        | Subdivision          |              | Interpretation     |             |                                  | Approved                |             |              |
| permit and stop all work   | _                      |                      |              |                    |             |                                  |                         |             |              |
|  |                        | Site Plan            |              | Approv             | red         |                                  | Approved                | d w/Condi   | itions       |
|  |                        |                      |              |                    |             |                                  |                         |             |              |
|  |                        | Maj Minor Minor M    | им 🗀         | Denied             |             |                                  | Denied                  |             |              |
|  |                        | Dr. wh wat her       |              |                    |             |                                  | > /                     | 1 .         |              |
|  |                        | Date: 5 127 01       | ACU          | Date:              |             | 1                                | late.                   | teda        | ws           |
|  |                        | , , , , , ,          |              |                    |             | ·                                | 5/                      | -1-         | ;            |
|  |                        |                      |              |                    |             |                                  | 7/5                     | >/DQ        | 9            |
|  |                        |                      |              |                    |             |                                  | •                       | /           |              |
|  |                        |                      |              |                    |             |                                  |                         |             |              |
|  |                        |                      |              |                    |             |                                  |                         |             |              |
|  |                        | CERTIFICA            | TION         |                    |             |                                  |                         |             |              |
| I hereby certify that I am the ov                                    |                        |                      |              |                    |             |                                  |                         |             |              |
| I have been authorized by the of                                     |                        |                      |              |                    |             |                                  |                         |             |              |
| jurisdiction. In addition, if a pershall have the authority to enter |                        |                      |              |                    |             |                                  |                         |             |              |
| such permit.   | and and an order of st | politic at any for   |              |                    | me provi    |                                  | 0000(8)                 | 25 P 110 tt | .5.5 10      |
| •  |                        |                      |              |                    |             |                                  |                         |             |              |
| CICNATUDE OF ARRIVANT  |                        | 1000                 | ECC          |                    | DAME        |                                  |                         | HONE        |              |
| SIGNATURE OF APPLICANT   |                        | ADDR                 | ESS          |                    | DATE        |                                  | F                       | PHONE       |              |
|  |                        |                      |              |                    |             |                                  |                         |             |              |

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

| City of Portland, Maine - Buil   | ding or Use Permit                                | f                           |          | Permit No:                                   | Date Applied For:                         | CBL:            |  |
|--|---|-----------------------------|----------|--|---|-----------------|--|
| 389 Congress Street, 04101 Tel: (                                      | U   |                             | -8716    | 06-0376                                      | 03/22/2006                                | 032 R003001     |  |
| ocation of Construction:   | Owner Name:                                       | ` '                         | (        | Owner Address:                               |   | Phone:          |  |
| 432 FORE ST  | FORE STREET HOL                                   | DINGS LI                    | LC       | 6 WEBBER WAY                                 |   |                 |  |
| Business Name:   | Contractor Name:                                  |                             |          | Contractor Address:                          |   | Phone           |  |
|  | Leavitt & Parris Inc.                             |                             |          | 256 Read St. Portla                          | and                                       | (207) 797-0100  |  |
| .essee/Buyer's Name  | Phone:  |                             | ]        | Perinit Type:                                |   |                 |  |
|  |   |                             |          | Awning, no signag                            | ge  |                 |  |
| 'roposed Use:  |   | F                           | ropose   | d Project Description:                       |   |                 |  |
| Commercial/ Retail Shop/ Stationary                                    | awning to cover window                            | v &                         | Statior  | ary awning to cove                           | r window & Entrywa                        | ıy              |  |
| Entryway   |   |                             |          |  |   |                 |  |
|  |   |                             |          |  |   |                 |  |
|  |   |                             |          |  |   |                 |  |
|  |   |                             |          |  |   |                 |  |
| Dept: Historical Status: A   | pproved with Condition                            | ıs <b>Revi</b>              | iewer:   | Deborah Andrews                              | Approval Da                               | ate: 05/05/2006 |  |
| Note:  |   |                             |          |  |   | Ok to Issue:    |  |
| 1) * Approval based on revised prop * Sign to hang from existing brack | posal: single awning, with the same location. And | ith no grap<br>ny sign ligh | hics, t  | o hang directly over<br>equires separate rev | r storefront window.<br>iew and approval. |                 |  |
| Dept: Zoning Status: A   | pproved with Condition                            | ıs <b>Rev</b> i             | iewer:   | Ann Machado                                  | Approval Da                               | ate: 03/27/2006 |  |
| Note:  |   |                             |          |  | • •                                       | Ok to Issue: 🔽  |  |
|  |   |                             |          |  |   |                 |  |
| 2) ANY exterior work requires a sep                                    | arate review and approv                           | al thru Hi                  | storic l | Preservation                                 |   |                 |  |
| 3) This permit is being approved on                                    |   |                             |          |  | o cianage                                 |                 |  |
| 7) This permit is being approved on                                    | the basis of plans submi                          | iteu. It is                 | 101 all  | awining only with in                         | o signage.                                |                 |  |
| Dept: Building Status: A   | pproved   | Revi                        | iewer:   | Mike Nugent                                  | Approval Da                               | ate: 05/09/2006 |  |
| Note:  |   |                             |          |  |   | Ok to Issue: 🗹  |  |
|  |   |                             |          |  |   |                 |  |

WHEN IT HAS TO BE DONE RIGHT CALL THE PROFESSIONALS

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Website: www.leavittandparris.com

FAX COVER SHEET

PRODUCTS AND EVENTS

Thenes and Syrpchures Il Party (Accessories

Party Micessorids
Rented for
Weddides and
Miccasions

TO: Deb Andrews

FROM: CARL M RICKETT

RE: Revised Awaing Measurement & SigN For 432 Fore ST Protland

NUMBER OF PAGES INCLUDING COVER PAGE: 2

MESSAGE: Please Review New Awaing Magazement For Window ONly & New Sign W/ Measurement Reuseing Some Bracket

(a) Same Height:

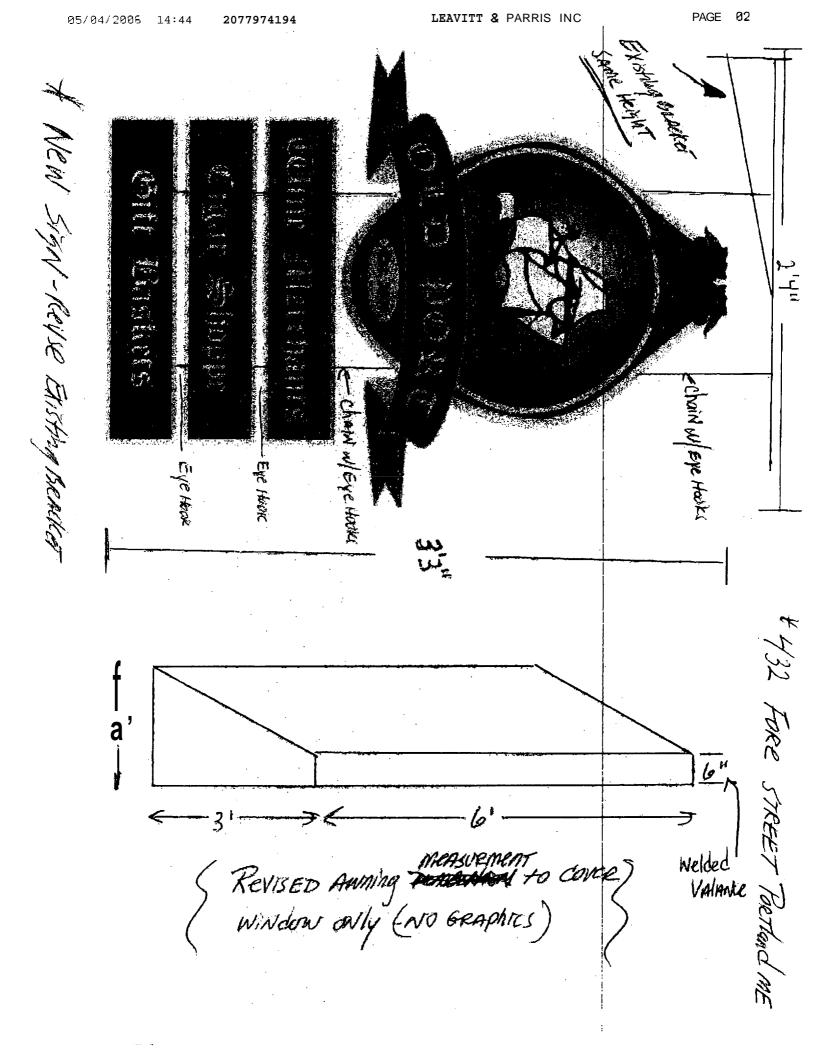
CALL Me N/ Any Grestions

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If you have not received all of the pages noted, please contact us. Thank y

Culin Reuta

Rentors of Quality Tents and Party Related Accessories
Services for the Entertainment, Promotion, and Trade Show Industries
The International Fabrics Association Int'l & Members of the Northeast Canvas Ass'n



# 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 **d** any kind are accepted.

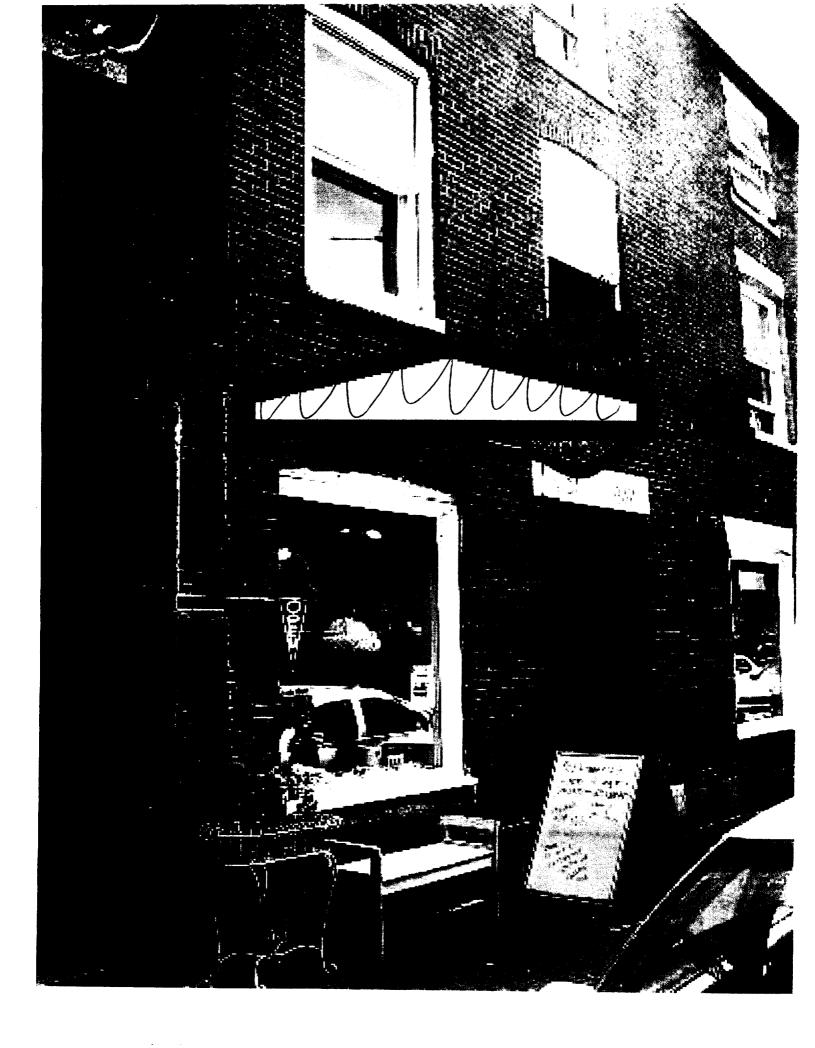
|   | _   |  |  |
|---|---|--|--|
| 4   | REET  |  |  |
| Total Square Footage of Proposed Structure  | Square Foots  | age of Lot   | 8  |
| Tax Assessor's Chart, Block & Lot Chart# 32 Block TS Lot# 3   | Owner: Fore STREET  | )  | Telephone: <b>9</b> 31-4063  |
| 125 Atwater Road  Leave 256   | ant name, address & one:  IH ? PARRIS INC READ STREET  Tund ME 0410.                                | for H. Fee: Awni   | s.f. a signage x \$2.00<br>c.f. plus \$30.00/\$65.00<br>D. signage = Total<br>\$<br>ing Fee = Cost Of<br>c: \$ 1900 \ \cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot |
| Current use: RETAIL Shop  |   |  |  |
| Approximately how long has it been vacant:  Proposed use:  Project description:  Contractor's name, address & telephone:  Populary  Whom should we contact when the permit is review the requirements before starting any wound a \$100.00 fee if any work starts before the permit is respectively.  | to cover window  With & Papers Two  eady: Carl Rick  it is ready. You must cook, with a Plan Review | 25 Read S<br>Cerro III   | up the permit and CORDER will be issued  |
| IF THE REQUIRED INFORMATION IS NOT INCLUDED DENIED AT THE DISCRETION OF THE BUILDING/PLA INFORMATION IN ORDER TO APROVE THIS PERMIT.  Inhereby certify that I am the Owner of record of the named that I have been authorized by the owner to make this applitudes of this jurisdiction. In addition, if a permit for work destribute of this jurisdiction in addition, if a permit for work destributed applicable to this permit. | NNING DEPARTMENT.  If property, or that the owner in this application is iss                        | WE MAY REQUIRE  r of record authorizes d agent.   agree to c ued.   certify that the | ADDITIONAL  sthe proposed work and onform to all applicable Code Official's authorized   |
| Signature of applicant:   | " IN THE  | Date: 3/2,   | 2/06   |

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

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

## PLEASE COMPLETE ALL INFORMATION

| ADDRESS: 432 Fore STREET  | zone: <u>B3</u>   |
|---|---|
| CBL:  |   |
| SINGLE TENANT LOT? YES NONONO   |   |
| TENANT/ALLOCATED BUILDING SPA   |   |
| Length: Approx 201 Height:  | 3 18°   |
| INFORMATION ON PROPOSED SIGN(S):  FREESTANDING (e.g., pole) SIGN? YES NO NO NO                            | DIMENSIONS PROPOSED:  |
| INFORMATION ON ALREADY EXISTING AND PERM  | ITTED SIGN(S):  |
| FREESTANDING (e.g., pole) SIGN? YESNO   | . ,   |
| BLDG. WALL SIGN(attached to bldg) ? YES NO _  | DIMENSIONS:   |
| AWNING? YES NO DIMENSIONS:  |   |
| LOT FRONTAGE (FEET):  |   |
| AWNING YES X NO IS AWN  |   |
| HEIGHT OF AWNING: LENGTH OF   | AWNING: 146 dd DEPTH: 31  |
| IS THERE ANY COMMUNICATION, MESSAGE, TRADEM   | MARK OR SYMBOL ON IT? YES NO  |
| IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATION   | NS/WESSAGE/TRADEMARK/SYMBOL?s.f.  |
| A SITE SKETCH AND BUILDING SKETCH SE<br>SIGNAGE IS LOCATED MUST BE PROVIDED<br>SIGNAGE ARE ALSO REQUIRED. | OWING EXACTLY WHERE EXISTING AND NEW SKETCHES AND/OR PICTURES OF PROPOSED |
| SIGNATURE OF APPLICANT: ( )   | Mut II DATE: 3/22/06  |
| * * * * * FOROF   | FICEUSEONLY * * * * *   |
|   |   |
|   |   |
|   |   |
|   |   |



# Certificate of Flame Resistance



REGISTERED APPLICATION CONCERN No.

FA-36801

**ISSUED BY** 

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

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

Date treated or manufactured

| FOR .  |   | _ADDRESS             | <b></b>                      |                   |  |
|--------|---|----------------------|------------------------------|-------------------|--|
| CITY . |   | STATE                |                              | <del></del>       |  |
|        | Certification is hereby made that: (Check   | k "a"or <b>"b"</b> ) |                              |                   |  |
|        | (a) The articles described on the reverse side of<br>chemical approved and registered by the S<br>cal was done in conformance with the laws<br>of the State Fire Marshal. | State Fire Mars      | shal and that the applicatio | n of said chemi-  |  |
|        | Name of chemical usedChem. Reg. No  |                      |                              |                   |  |
|        | (b) The articles described on the reverse side registered and approved by the Mate Fire   |                      |                              | abric or material |  |
|        | Trade name of flame-resistant fabric or material used   |                      |                              |                   |  |
| -      | Glen Raven Mills, Inc.  | G<br>By              | Schen Raven Mills and.       | glow              |  |
|        | Name of Applicator or Production Superintendent   | -,                   | Title                        |                   |  |



One Canal Plaza Portland, ME 04101

T 207772 1333 F 207 871 1288

www.bouim.com

March 22,2006

Carl Rickett
Leavitt & Parris, Inc.
256 Read Street
Portland ME 04103

Dear Cad:

On behalf of Fore Street Holdings, LLC, I give permission for Leavitt & Parris to install an awning at 432 Fore Street in Portland.

Please don't hesitate to call with any questions you may have.

Sincerely,

7-

Steve Baumann

1:04AM T-825 P.001/001 F-458 03-22-2006 FROM-CROSS AGENCY 207 780 €377 Client#: 82707 **15LEAVPAR** ACORD. CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 03/22/05 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 Cross Insurance -CL/Brids-P P. O. Box 567 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. Portland, ME 04112 800 286-5352 INSURERS AFFORDING COVERAGE NAIC # INSURED 20621 INSURER A: One Beacon Insurance Company leavitt 8 Parris, Inc.; JJ&L, Inc.; 11149 INSURER B. Maine Employers Mutual Insurance Co. John H. Hutchins, III; JJ&L II LLC NEURER C 256 Read Street INSURER D Portland, ME 04103 INSURER E: **COVERAGES** THE POLICIES OF INSURANCE LISTED BELOW MAVE 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. NSR ADD'L POLICY EFFECTIVE POLICY EXPIRATION TYPE OF INSURANCE POLICY NUMBER 04/30/06 EACH OCCURRENCE \$1,000,000 A GENERAL LIABILITY YMR841482 04/30/05 DAMAGE TO RENTED PREMISES (En occurrence) \$100,000 COMMERCIAL GENERAL LIABILITY MED EXP (Any one person) CLAIMS MADE X OCCUR \$5,000 \$1,000,000 PERSONAL & ADV INJURY PD Ded:1,000 GENERAL AGGREGATE \$2,000,000 \$2,000,000 PRODUCTS - COMP/OP AGG GEN LACCREGATE LIMIT APPLIES PER PKO. POLICY 04/30/05 04/30/06 YMAH41309 A AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$1,000,000 ANY AUTO ALL OWNED AUTOS BOOLY INJURY (Per person) X SOTEDULED AUTOS X HIRED AUTOS SODILY INJURY (Per accident) 2 X NON-OWNED AUTOS X **Drive Other Car** PROPERTY DAMAGE (Per socident) AUTO DNLY - EA ACCIDENT GARAGE MARILITY EA ACC ANY AUTO AGG EACH OCCURRENCE EXCESSIONBRELLA LIABILITY AGGREGATE \_ CLAIMS MADÉ OCCUR DEDUCTIBLE RETENTION X WC STATU-1810063708 04/30/05 04/30/06 В WORKERS COMPENSATION AND EMPLOYERS' LIABILITY EL EACH ACCIDENT \$500,000 ANY PROPRIETOWPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE . EA EMPLOYEE \$500.000 If yes, describe under SPECIAL PROVISIONS below 5500.000 E.L. DISEASE - POLICY LIMIT OTHER DESCRIPTION OF OPERATIONS / LOCATIONS / VENCLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS RE: Old Port Wine Merchants, 432 Fore Street Portland, ME 04101 City of Portland is an Additional Insured with respect to General Liability only. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION City of Portland

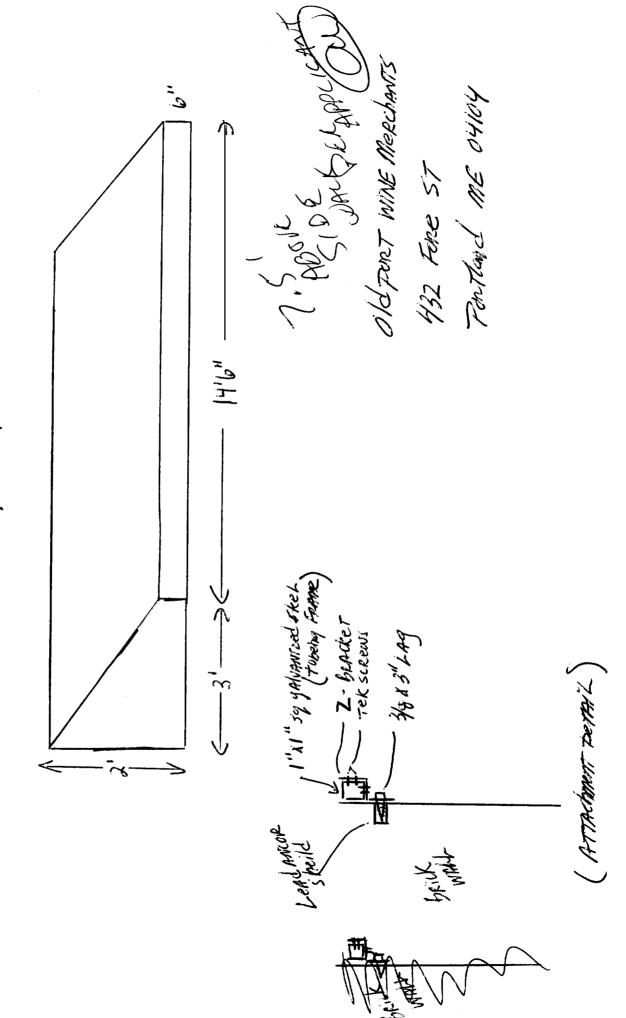
ACORD 25 (2001/08) 1 of 1

#\$128498/M97472

TLW

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1- STAHOWARY ASTAINED COMPLER.



This page contains a detailed description of the Parcel Dyou selected. Press the New Search button at the bottom of the screen to submit a new query.

#### **Current Owner Information**

12078711288

urd Number l of l Percel ID 032 R00300% 432 FORE ST Location

RETAIL & PERSONAL SERVICE Land Use

Owner Address FORE STREET HOLDINGS LLC

6 WEBBER WAY FALMOUTH ME 04105

229441252 Book/Page 32-14-3 Legal

FORE 3T 426-428 WHARF ST 41

#### Current Assessed Valuation For Fiscal Year 2006

Land \$113,150 Building \$225,310

Total \$338,460

#### Estimated Assessed Valuation For Fiscal Year 2007\*

3138,400

\$271,600

\$410,000

#### **Building information**

Bldg # Year Built

1900

# Units

Bldg Sq. Ft. 3888

Identical Units

Total Buildings Sq. Ft. Structure Type Total Acres DOWNTOWN ROW 3888 0.024

Building Name FULLER'S GOURMET CHOCOLATE

#### Exterior/Interior Information

| Section | Levels  | Şisa | Use          |
|---------|---------|------|--------------|
| 1       | B1./B1. | 972  | RESTAURANT   |
| 1       | 01/01   | 972  | RETAIL STORE |
| 1       | 02/03   | 972  | APARTMENT    |

| Height | Walle       | Heating  | A/C     |
|--------|-------------|----------|---------|
| 8      |             | hw/steam | CENTRAL |
| 10     | BRICK/STONE | hw/steam | Central |
| 8      | BRICK/STONE | hw/steam | NONE    |
|        |             | NONE     | NONE    |

#### **Building Other Features**

Structure Type SPRINKLER - WET

Identical Units

<sup>\*</sup> Value subject to change based upon review of property status as of 4/1/06. The tax rate will be determined by City Council in May 2006.