

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that GRANITE FACE LLC/ALEX & ANI

Located At 211 COMMERCIAL ST

Job ID: 2012-10-5291-SIGN

CBL: 032-V-004-001

has permission to install a 24" X 36" hanging sign

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

N/A

Fire Prevention Officer

A handwritten signature in black ink, appearing to read "A. B. H.", written over a horizontal line.

11/13/12

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

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Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-10-5291-SIGN

Located At: 211 COMMERCIAL ST CBL: 032- V-004-001

Conditions of Approval:

Zoning

1. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.

Historic

1. Approval is for 24" x 36" sign, as revised in 11/6/12 submission.

Building

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-10-5291-SIGN	Date Applied: 10/29/2012	CBL: 032- V-004-001	
Location of Construction: 215 (211) COMMERCIAL ST	Owner Name: GRANITE FACE, LLC	Owner Address: PO BOX 7626 PORTLAND, ME 04112	Phone:
Business Name:	Contractor Name: Blue Sky Group LLC	Contractor Address: 450 Pavillion AVE Warwick RI 02888	Phone: (401) 889-2139
Lessee/Buyer's Name: Alex & Ani	Phone: 401-633-1490	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-3
Past Use: Retail	Proposed Use: Same – retail – jewelry – install 24" x 36" hanging sign	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A Signature:	Inspection: Use Group: Type: JISA Signature: AKA 11/12/12
Proposed Project Description: install a 24" X 36" hanging sign		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Brad	Zoning Approval		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building Permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK w/ conditions</i> <i>10/29/12 AKA</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in Dist 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>11/6/12</i> <i>D. Andrews</i>
	CERTIFICATION		

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the appication 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



B-3
his bike

Signage/Awning Permit Application

Entered 10/29/12
65

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.

2012-10-5291-SIGN

Location/Address of Construction: 215 Commercial Street (211 Commercial)		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 032 X004	Owner: Carrol Bloch, LLC Grant Face LLC	Telephone: 207-773-8422
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: Blue Sky Group, LLC 450 Pavilion Ave Warwick, RI 02888-6021	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$ 42.00 Awning Fee= cost of work _____ Total Fee: \$ 42.00
Who should we contact when the permit is ready: Sal Saucio phone: 401-889-2139		
Tenant/allocated building space frontage (feet): Length: 23' Height _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot multi		
Current Specific use: empty If vacant, what was prior use: _____ Proposed Use: Retail Jewelry		
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: 24"x36"		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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.		

RECEIVED
OCT 25 2012
Dept. of Building Inspections
City of Portland Maine

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:	Date: October 23, 2012
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This is not a permit; you may not commence ANY work until the permit is issued.

B-3 - grand front - 23x2 = 46 sq ft 2x2 = 6 sq ft



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Receipts Details:

Tender Information: Check , Check Number: 1507
Tender Amount: 42.00

Receipt Header:

Cashier Id: bsaucier
Receipt Date: 10/29/2012
Receipt Number: 49749

Receipt Details:

Referance ID:	8559	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	42.00	Charge Amount:	42.00
Job ID: Job ID: 2012-10-5291-SIGN - 24" X 36" sign			
Additional Comments: 215 Commercial			

Thank You for your Payment!



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Receipts Details:

Tender Information: Check , Check Number: 1508

Tender Amount: 75.00

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 10/29/2012

Receipt Number: 49751

Receipt Details:

Referance ID:	8560	Fee Type:	BP-SignsHist
Receipt Number:	0	Payment Date:	
Transaction Amount:	75.00	Charge Amount:	75.00
Job ID: Job ID: 2012-10-5291-SIGN - 24" X 36" sign			
Additional Comments: 215 Commercial			

Thank You for your Payment!



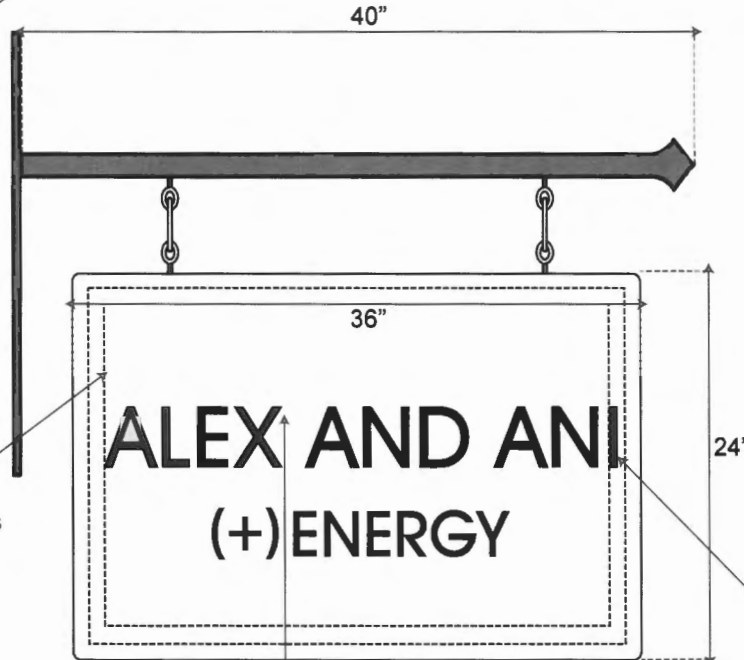
secured
sign proposal
11/6/12

Alex and Ani | Portland | Shingle Sign

*Approved
based on this
Revised proposal
DA.*

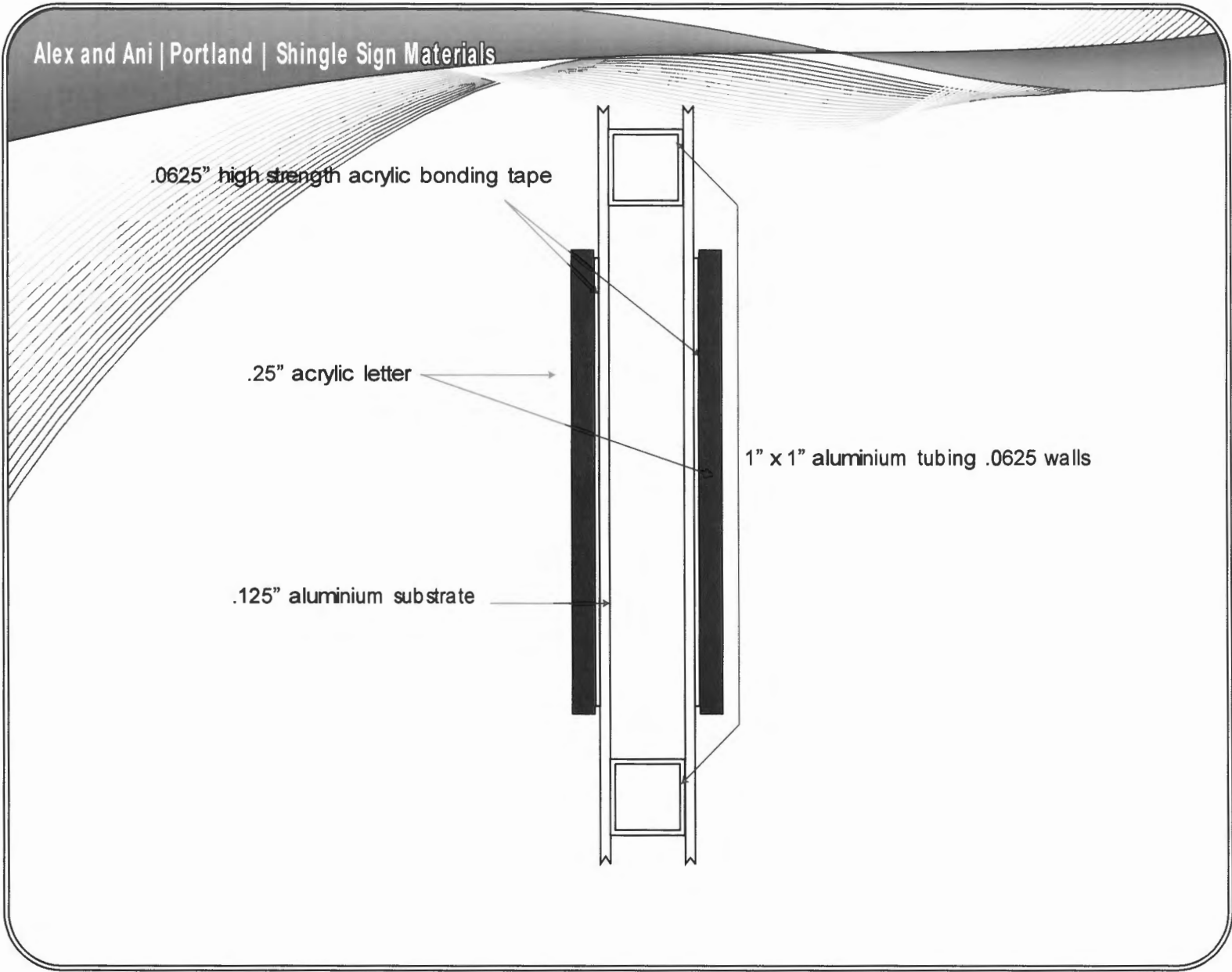
*rec'd
11/6/12*

4" tall, .25" thick
black acrylic dimensional Letters



36" x 24" .125" thick
white aluminium substrate sign face

34" x 22"
1" x 1" aluminium tube frame





Date: October 19, 2012

**HISTORIC PRESERVATION
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

PROJECT ADDRESS:

215 Commercial Street

CHART/BLOCK/LOT: _____ (for staff use only)

PROJECT DESCRIPTION: Describe below each major component of your project. Describe how the proposed work will impact existing architectural features and/or building materials. If more space is needed, continue on a separate page. Attach drawings, photographs and/or specifications as necessary to fully illustrate your project—see following page for suggested attachments.

Replace projecting sign with two-sided ^{24"}12"x36" shingle. Sign will be made from aluminum substrate

material (white) with black .25" acrylic dimensional letters (as shown on attached).

The sign will be reinforced internally with 1" x 1" aluminum tube framing.

CONTACT INFORMATION:

APPLICANT

Name: Alex and Ani
Address: 200 Chapel View Blvd.
Cranston, RI
Zip Code: 02920
Work #: 401-633-1490
Cell #: _____
Fax #: _____
Home: _____
E-mail: _____

BILLING ADDRESS

Name: same
Address: _____

Zip: _____
Work #: _____
Cell #: _____
Fax #: _____
Home: _____
E-mail: _____

CONTRACTOR

Name: Blue Sky Group
Address: 450 Pavilion Ave
Cranston, RI
Zip Code: 02888
Work #: 401-889-2139
Cell #: 401-954-7656
Fax #: 800-443-1409
Home: _____
E-mail: sal@bsgcreative.com

PROPERTY OWNER

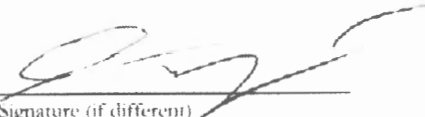
Name: Curran Blvch LLC
Address: P.O. Box 7626
Providence, RI
Zip Code: 04112
Work #: 202-773-8422
Cell #: _____
Fax #: _____
Home: _____
E-mail: _____

ARCHITECT

Name: _____
Address: _____

Zip: _____
Work #: _____
Cell #: _____
Fax #: _____
Home: _____
E-mail: _____

Applicant's Signature 

Owner's Signature (if different) 

Activities Requiring Approval in Historic Districts

If your property is located within a historic district or is an individually designated historic structure, it is necessary to receive approval before proceeding with any exterior alteration, construction activity or site improvement that will be visible from a public way. Following is a list of activities requiring review.

Please check all those activities that apply to your proposed project.

Alterations and Repair

- Window and door replacement, including storms/screens
- Removal and/or replacement of architectural detailing (for example porch spindles and columns, railings, window moldings, and cornices)
- Porch replacement or construction of new porches
- Installation or replacement of siding
- Masonry work, including repointing, sandblasting, chemical cleaning, painting where the masonry has never been painted, or conversely, removal of paint where the masonry historically has been painted
- Installation or replacement of either roofing or gutters when they are a significant and integral feature of the structure
- Alteration of accessory structures such as garages

Additions and New Construction

- New Construction
- Building additions, including rooftop additions, dormers or decks
- Construction of accessory structures
- Installation of exterior access stairs or fire escapes
- Installation of antennas and satellite receiving dishes
- Installation of solar collectors
- Rooftop mechanicals

Signage and Exterior Utilities

- Installation or alteration of any exterior sign, awning, or related lighting
- Exterior lighting where proposed in conjunction with commercial and institutional signage or awnings
- Exterior utilities, including mechanical, plumbing, and electrical, where placed on or near clearly visible facades

Site Alterations

- Installation or modification of site features other than vegetation, including fencing, retaining walls, driveways, paving, and re-grading

Moving and Demolition

- Moving of structures or objects on the same site or to another site
- Any demolition or relocation of a landmark contributing and/or contributing structure within a district

Note: Your project may also require a building permit. Please call Building Inspections (874-8703) to make this determination.

Granite Face, LLC.
P.O. Box 7626
Portland, Maine 04112
(O) 207-773-8422
(F) 207-780-1137
e-mail: scott@scottalindsay.com

November 11, 2012

To whom It may concern,

ALEXANDANI has permission to install the exterior signage at 215 Commercial street that has been granted approval by the City of Portland.

If you have any questions or comments, please don't hesitate to contact me.

Thank you very much.

Sincerely,



Scott A. Lindsay
Granite Face, LLC.

RECEIVED
NOV 13 2012
Dept. of Building Inspections
City of Portland Maine



CERTIFICATE OF LIABILITY INSURANCE

BLUES-2

OP ID: 01

DATE (MM/DD/YYYY)

10/23/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER A. W. Bucci & Assoc., Inc. 1350 Division Rd., Ste. 101 West Warwick, RI 02893	Phone: 401-558-0101 Fax: 401-558-0167	CONTACT NAME:	
		PHONE (A/C, No., Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Providence Mutual Fire Ins. Co	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
Blue Sky Signs LLC
450 Pavilion Ave.
Warwick, RI 02888

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CPP 0069831	01/20/12	01/20/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						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"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Portland Maine
389 Congress St.
Portland, ME 04101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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