

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 081238

Please Read
Application And
Notes, If Any,
Attached

This is to certify that 237 COMMERCIAL STREET E/C/Black
has permission to Install one new 36" x 14" hanging sign & permit 24" x 35" hanging sign after the fact.

AT 1 UNION ST G-032 V012001

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 lathed or otherwise enclosed-in. 24 HOUR 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

Thomas P. Mackley 10/31/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-1238	Issue Date:	CBL: 032 V012001
-----------------------	-------------	---------------------

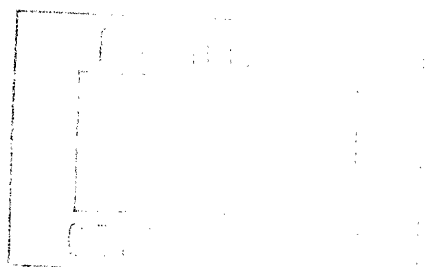
Location of Construction: 1 UNION ST (237 Commercial)	Owner Name: 237 COMMERCIAL STREET LLC	Owner Address: 225 COMMERCIAL ST	Phone:
Business Name: Barbour	Contractor Name: Black Bear Sign	Contractor Address: 137 Rt 1 Scarborough	Phone: 2072868004
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial - Retail - " McKenzie Tribe"	Proposed Use: Commercial - Retail "McKenzie Tribe" - Install one new 36" x 14" hanging sign & permit 24" x 35" hanging sign after the fact.	Permit Fee: \$79.00	Cost of Work: \$79.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: Sign IBC 2003	

Proposed Project Description: Install one new 36" x 14" hanging sign & permit 24" x 35" hanging sign after the fact.	Signature: Signature: Jm 10/30/08
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: Idobson	Date Applied For: 10/01/2008	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 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 checked="" type="checkbox"/> MM <input type="checkbox"/> OK w/ conditions Date: 10/29/08 Jm	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: 10/29/08 D. Andrews
--	---	---

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



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>1 Union St - 237 Commercial St.</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>CYRUS HAGGE</u>	Telephone: <u>775-17442</u>
Lessee/Buyer's Name (If Applicable) <u>MCKENZIE TRIBE</u> <u>PORTLAND DRY GOODS</u> <u>1 UNION ST</u> <u>237 COMMERCIAL ST</u> <u>PORTLAND, ME</u>	Contractor name, address & telephone: <u>BLACKBEAR SIGNWORKS</u> <u>19 INDUSTRIAL PARK RD</u> <u>SACO, ME 04072</u> <u>286-8004</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: \$
Who should we contact when the permit is ready: <u>BLACKBEAR</u> phone: <u>286-8004</u>		
Tenant/allocated building space frontage (feet): Length: <u>Union St - 33'</u> Height: <u>Commercial St - 24'</u>		
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>multi</u>		
Current Specific use: <u>Mckenzie Tribe - retail</u>		
If vacant, what was prior use: <u>r</u>		
Proposed Use: <u>retail</u>		
Information on proposed sign(s):		
Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____		
Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: _____		
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: Bo Lawrence

Date: 10/27/2008

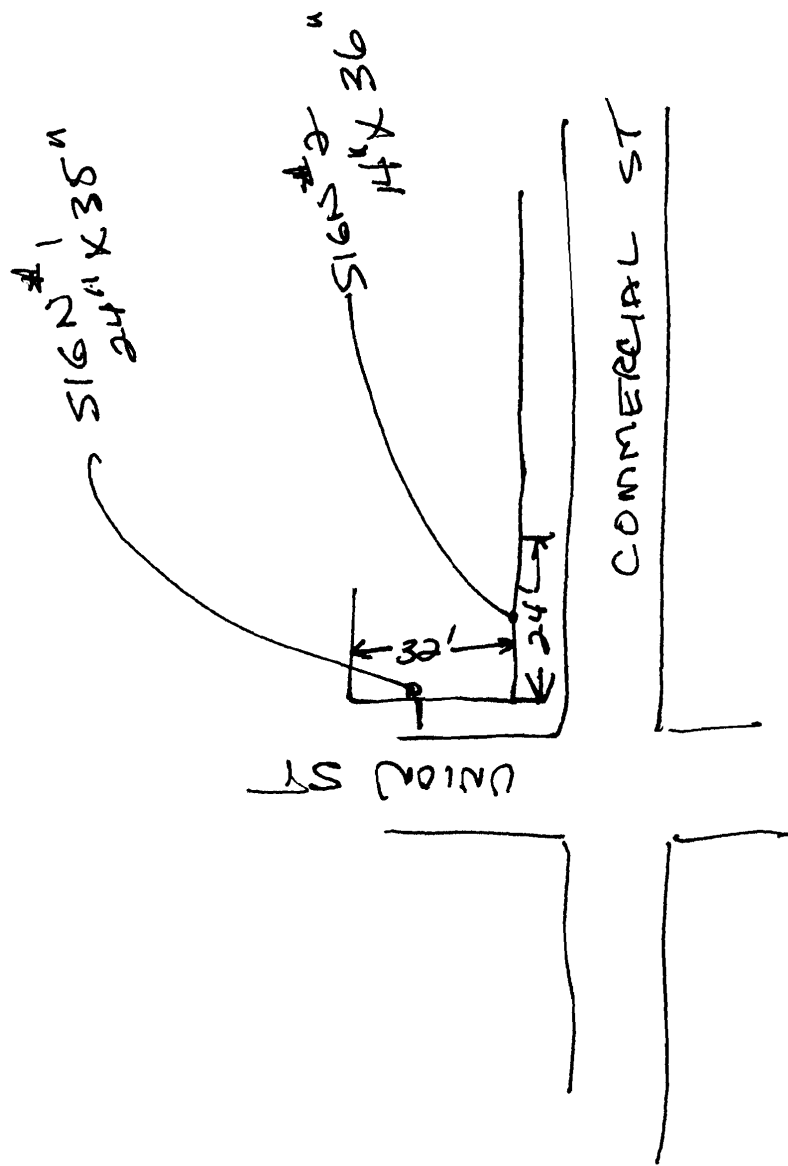
This is not a permit; you may not commence ANY work until the permit is issued.

B-3 multi-tenant - ground floor

2' x (frontage) 24' = 48 sq ft
2' x " 30' = 60 sq ft

new sign 14" x 36" = 3.5 sq ft (Commercial St)
existing sign 24" x 35" = 5.8 sq ft (Union St)

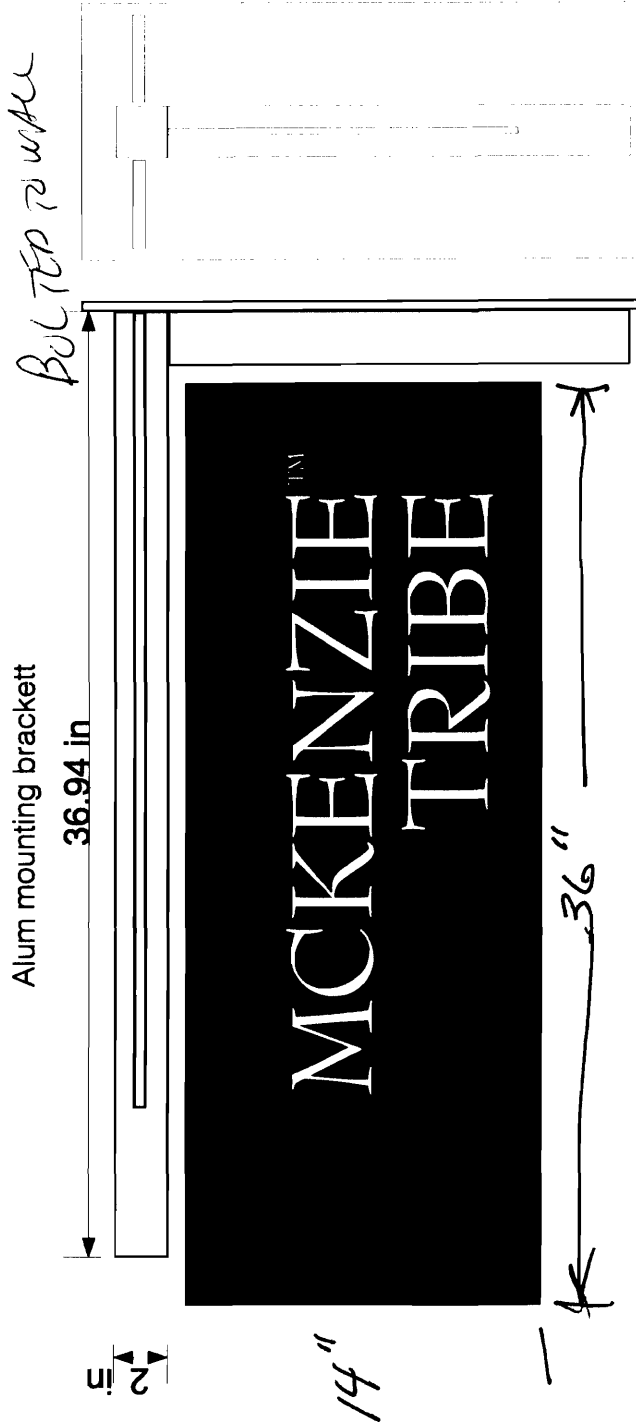
awning fee -
\$1000





[illegible]

*awning will be under different permit. Maine Bay Canvas installed it w/out a permit.



Commercial St.

SIGN IS MADE
USING HDU
SIGNFORM

237 Commercial Street, LLC.

225 Commercial Street, Suite 502
Portland, Maine 04101-4613
207-775-7442
FAX 207-761-0922
chagge@mac.com

September 15, 2008

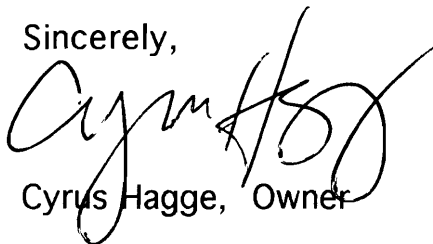
City Of Portland
389 Congress Street
Portland, ME 04101

Re: Sign Permit

To Whom It May Concern:

Please accept this letter as my permission granted to David Hodgkins of Fit for Purpose, LLC and Black Bear Signs for signage, as proposed, at 235-237 Commercial Street. As the owner of the building, I give my approval.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cyrus Hagge', written over the printed name.

Cyrus Hagge, Owner

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 09/29/2008
PRODUCER (207)283-1486 FAX (207)283-4258 Paquin & Carroll Insurance 260 Main St. P.O. Box 356 Biddeford, ME 04005		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 Black Bear Signworks 19 Industrial Park Road Saco, ME 04072		INSURERS AFFORDING COVERAGE INSURER A Peerless Insurance Company 24198 INSURER B Excelsior Insurance Company 11045 INSURER C INSURER D INSURER E

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CBP8298610	06/15/2008	06/15/2009	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000	
					PERSONAL & ADV INJURY \$ 1,000,000	
					GENERAL AGGREGATE \$ 2,000,000	
					PRODUCTS - COMP/OP AGG \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	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"/> SCHEDULED AUTOS		PROPERTY DAMAGE (Per accident) \$				
<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$	
	<input type="checkbox"/>				AUTO ONLY AGG \$	
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$	
					\$	
					\$	
	DEDUCTIBLE				\$	
	RETENTION \$				\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC8297910	06/15/2008	06/15/2009	WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT \$ 100,000	
	If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE \$ 100,000	
					E L DISEASE - POLICY LIMIT \$ 500,000	
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Project: McKenzie Tribe

CERTIFICATE HOLDER

City of Portland 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 <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE Eon, Roland M.

IMPORTANT

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

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

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