

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 081395

Please Read
Application And
Notes, If Any,
Attached

This is to certify that 237 COMMERCIAL STREET LLC/Maria was

has permission to Replacement awning for "McGhie Trib"

AT 1 UNION ST

C 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

Chapman 2/17/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

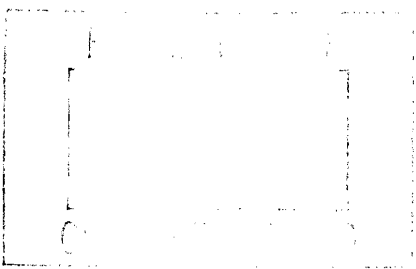
City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-1395	Issue Date: 2/17/09	CBL: 032 V012001
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Location of Construction: 1 UNION ST (237 Commercial)	Owner Name: 237 COMMERCIAL STREET LLC	Owner Address: 225 COMMERCIAL ST	Phone:
Business Name:	Contractor Name: Maine Bay Canvas	Contractor Address: 53 Industrial Way Portland	Phone: 2078788888
Lessee/Buyer's Name	Phone:	Permit Type: Awning, with signage	Zone: B-3

Past Use: Commercial - Retail - " McKenzie Tribe"	Proposed Use: Commercial - Retail - " McKenzie Tribe" - Replacement awning for " McKenzie Tribe"	Permit Fee: \$70.00	Cost of Work: \$70.00	CEO District: 1
Proposed Project Description: Replacement awning for " McKenzie Tribe"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Signature</i> <i>IBC-2003</i>	
		Signature: <i>cl</i> 2/17/09		
		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: 10/30/2008	Zoning Approval		
<ol style="list-style-type: none">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"/> <i>ok</i> Date: 10/31/08 <i>ABM</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 <i>yes</i> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 11/15/08 <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 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>237 Commercial Street</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Cyrus Haage</u>	Telephone: <u>773-3906</u>
Lessee/Buyer's Name (If Applicable) <u>Portland Dry Goods</u> <u>D.B.A.</u> <u>McKenzie Tribe</u>	Contractor name, address & telephone: <u>Maine Bay Canvas</u> <u>53 Industrial Way</u> <u>Portland, ME 04103</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>David Hodakins</u> phone: <u>773-3906</u> Tenant/allocated building space frontage (feet): Length: <u>24'</u> Height: _____ Lot Frontage (feet): _____ Single Tenant or Multi Tenant Lot _____ Current Specific use: <u>retail</u> <u>men's sportswear</u> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Free-standing (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____		
* Proposed awning? Yes <u>X</u> No _____ Is awning backlit? Yes _____ No <u>X</u> Height of awning: <u>36"</u> Length of awning: <u>58"</u> Depth: <u>48"</u> Is there any communication, message, trademark or symbol on it? Yes <u>X</u> No _____ If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>2.6</u> s.f. <u>58" x 6"</u>		
Information on existing and previously permitted sign(s): Free-standing (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions: _____ Awning? Yes <u>X</u> No _____ Sq. ft. area of awning w/communication: <u>2.6 sq/ft.</u>		
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.		

1 Union St.
20ft x 2
'prox
x2 = 40
+ 30
total 70

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 Officials 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: [Signature] Date: 10-29-08

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

B-3 multi-tenant
2x24 = 48ft

(ind. ground floor)

- already has sign 3.5ft (408-1238)

- awning

OK

2.6
total 6.1ft

one parallel! one perpendicular OK.

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

Mailed

City of Portland, Maine - Building or Use Permit

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

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Business Name:	Contractor Name: Maine Bay Canvas	Contractor Address: 53 Industrial Way Portland	Phone (207) 878-8888
Lessee/Buyer's Name	Phone:	Permit Type: Awning, with signage	

Proposed Use: Commercial - Retail - " McKenzie Tribe" - Replacement awning for " McKenzie Tribe"	Proposed Project Description: Replacement awning for " McKenzie Tribe"
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Dept: Historic **Status:** Approved **Reviewer:** Deborah Andrews **Approval Date:** 11/15/2008
Note: **Ok to Issue:** ☒

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 10/31/2008
Note: **Ok to Issue:** ☒

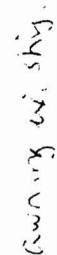
1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.

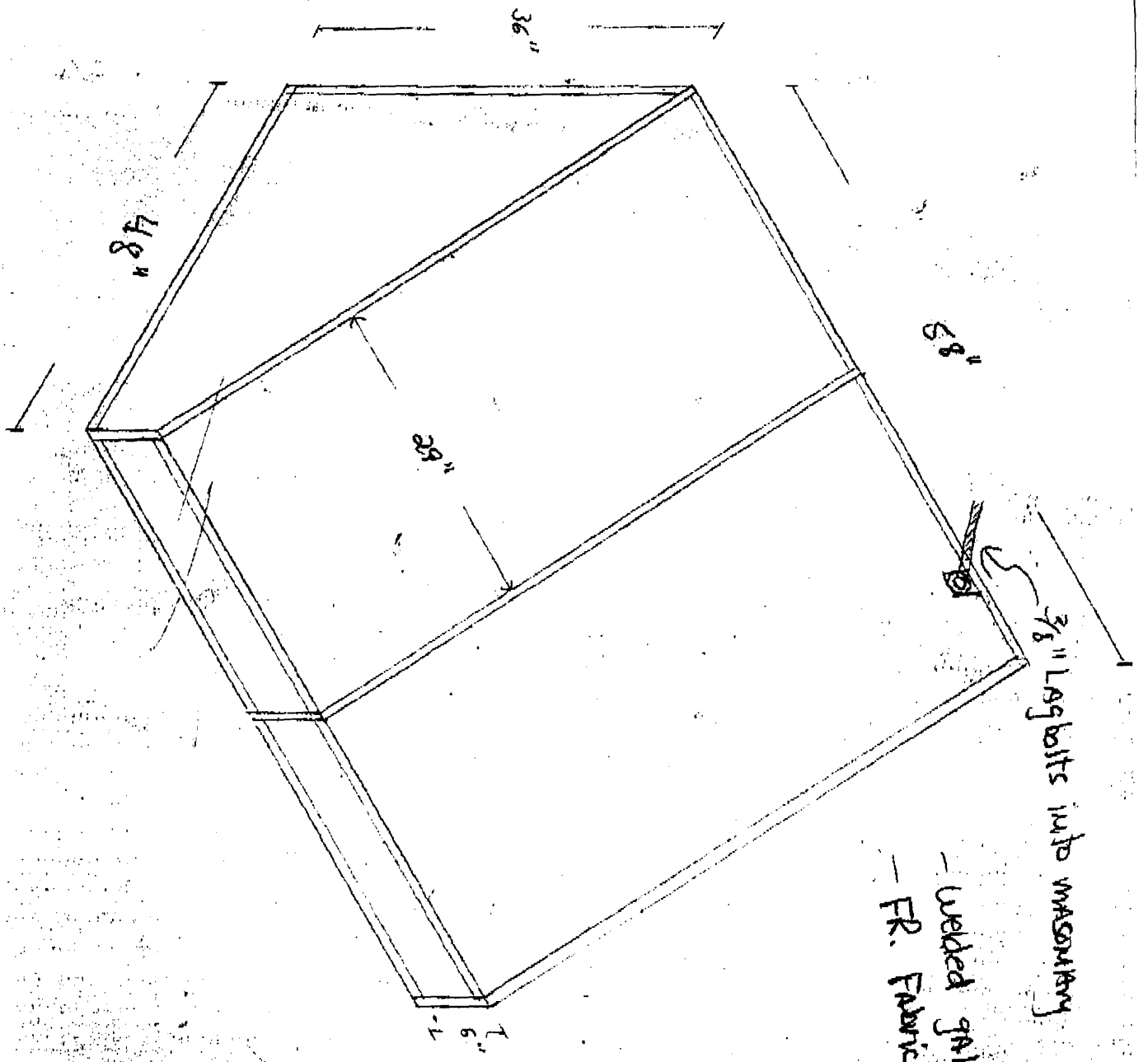
Dept: Building **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 02/17/2009
Note: **Ok to Issue:** ☒

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

Comments:

2/13/2009-gg: received from historic on 02/12/09. /gg





Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

F-36805

ISSUED BY

GLEN RAVEN CUSTOM FABRICS, LLC
1831 N PARK AVE
GLEN RAVEN NC 27217

Date Work Performed

6/04/08

336-227-6211

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR TRI VANTAGE, LLC AT 2937 WEST 25th STREET
CITY CLEVELAND STATE OHIO 44113

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 FIRESIST Reg. No. F-36805

The flame Retardant Process Used WILL NOT Be Removed By Washing
(will or will not)

GLEN RAVEN CUSTOM FABRICS

Name of Production Superintendent

By STEVEN L. ELLINGTON, GEN. MGR.

Title

We hereby certify this to be a true copy of the original "CERTIFICATE OF FLAME RESISTANCE" issued to us, "original copy" of which has been filed with the California State Fire Marshal.

TRI VANTAGE, LLC

By Thuy R. Bill

Control/lot # _____

DAN
Customer order # _____

3895436
Tri Vantage, LLC Invoice # _____

Quantity 16.750 YD

NIC FIRESIST HUV 88055
Description _____

898055
Product Code _____

MAINE BAY CANVAS
53 INDUSTRIAL WAY
PORTLAND

ME 04103-1071

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

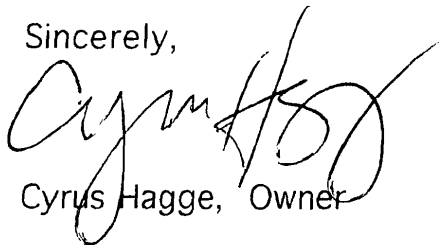
City Of Portland
389 Congress Street
Portland, ME 04101

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', with a stylized flourish at the end.

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		NAIC #
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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	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
	GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<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 \$
					AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC8297910	06/15/2008	06/15/2009	WC STATU-TORY LIMITS OTHER
	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
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000

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.