

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that SHINE SALON & BARBER

Located At 9 UNION ST

Job ID: 2012-03-3451-ALTCOMM

CBL: 032- V-014-001

has permission to install a 34"x 34" 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

A handwritten signature in black ink, appearing to be "A. Bl...".

5/9/12

Fire Prevention Officer

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

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Acting Director of Planning and Urban Development
Gregory Mitchell

Job ID: 2012-03-3451-ALTCOMM

Located At: 50 WHARF ST

CBL: 032- V-014-001

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.

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.
2. Encroachments into public ways must be a minimum of 8' above grade for signs and 7' for awnings per section 3202 of IBC 2009.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-03-3451-ALTCOMM 2012-43377-SIGN	Date Applied: 4/30/2012	CBL: 032- V-014-001	
Location of Construction: 9 UNION ST (50 WHARF ST)	Owner Name: BACM 2007 - 3 WHARF STREET, LLC (Shay Lattari - The Boulos Co.)	Owner Address: ONE CANAL PLAZA PORTLAND, ME 04101	Phone: 207-772-0688
Business Name: Shine Salon & Barber	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name: Kate Estabrook	Phone: 207-807-3649	Permit Type: SIGN	Zone: B-3
Past Use: Personal service	Proposed Use: Same - personal service - install 34" x 34" hanging sign for "Shine Salon & Barber"	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: Signature: SBA ABU 5/19/12
Proposed Project Description: install hanging sign		Pedestrian Activities District (P.A.D.)	
Permit Taken By:	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	Zoning Appeal	Historic Preservation
<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: OK w/condition 5/18/12 ABU	<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:	<input type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved no l: outside <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 5/19/12 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 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 Historic

Child 202-43377

Entered 4/30/12 (BS)

Signage/Awning Permit Application

Print ID: 2012-03-3451

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.

~~50 Wharf~~ ~~Union #9-50 Wharf~~
Location/Address of Construction: Maine Timbersmith 1467 Rowland Auburn Me 04210

Tax Assessor's Chart, Block & Lot Chart# <u>32</u> Block# <u>✓</u> Lot# <u>14</u>	Owner: <u>CBRE-The Boulos Company</u> <u>Boulos Property Management as</u> <u>managing agent for CBM 2007-3 Wharf St LLC</u>	Telephone: <u>slattari@boulos.com</u> <u>207-772-0668</u> <u>ATTN Shaylattari</u>
Lessee/Buyer's Name (If Applicable) <u>Kate Estabrook</u> <u>AKA</u> <u>9 Union St. (50 Wharf)</u>	Contractor name, address & telephone: <u>Chris Smith</u> <u>Maine Timbersmith</u> <u>1467 Rowland Rd</u> <u>Auburn ME 04210</u>	Total s.f. of signage x \$2.00 <u>9</u> <u>18.00</u> Per s.f. plus \$30.00 <u>30.00</u> For H.D. signage \$75.00 <u>75.00</u> Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: <u>\$123.00</u>

Who should we contact when the permit is ready: Kate Estabrook phone: 207-807-3649

Tenant/allocated building space frontage (feet): Length: 62ft Height: 19ft
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot Multi

Current Specific use: Vacant
If vacant, what was prior use: Tattoo Shop
Proposed Use: Hair Salon

Information on proposed sign(s): *
Freestanding (e.g., pole) sign? Yes No _____ Dimensions proposed: 34" x 34" Height from grade: 9 feet
Bldg. wall sign? (attached to bldg) Yes _____ No Dimensions proposed: N/A

Proposed awning? Yes No _____ Is awning bracket? 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: 30" x 44"
Bldg. wall sign? (attached to bldg) Yes _____ No Dimensions: _____
Awning? Yes _____ No Sq. ft. area of awning w/ communication: _____

Permit # 2012-43377
1/2 feet
* Wall mounted bracket
* wall mounted bracket

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.

RECEIVED
APR 30 2012
Dept. of Building Inspections
City of Portland Maine

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: [Signature] Date: 04/30/12

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

Revised 10/19/09
upper floor front - 50% of wall
62 x 19 = 1178 50% = 589.5
34" x 34" = 1156 sq ft 8 ft (OP)

BACM 2007-3 Wharf Street LLC

One Canal Plaza 04101

B



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Receipts Details:

Tender Information: Check , Check Number: 180
Tender Amount: 123.00

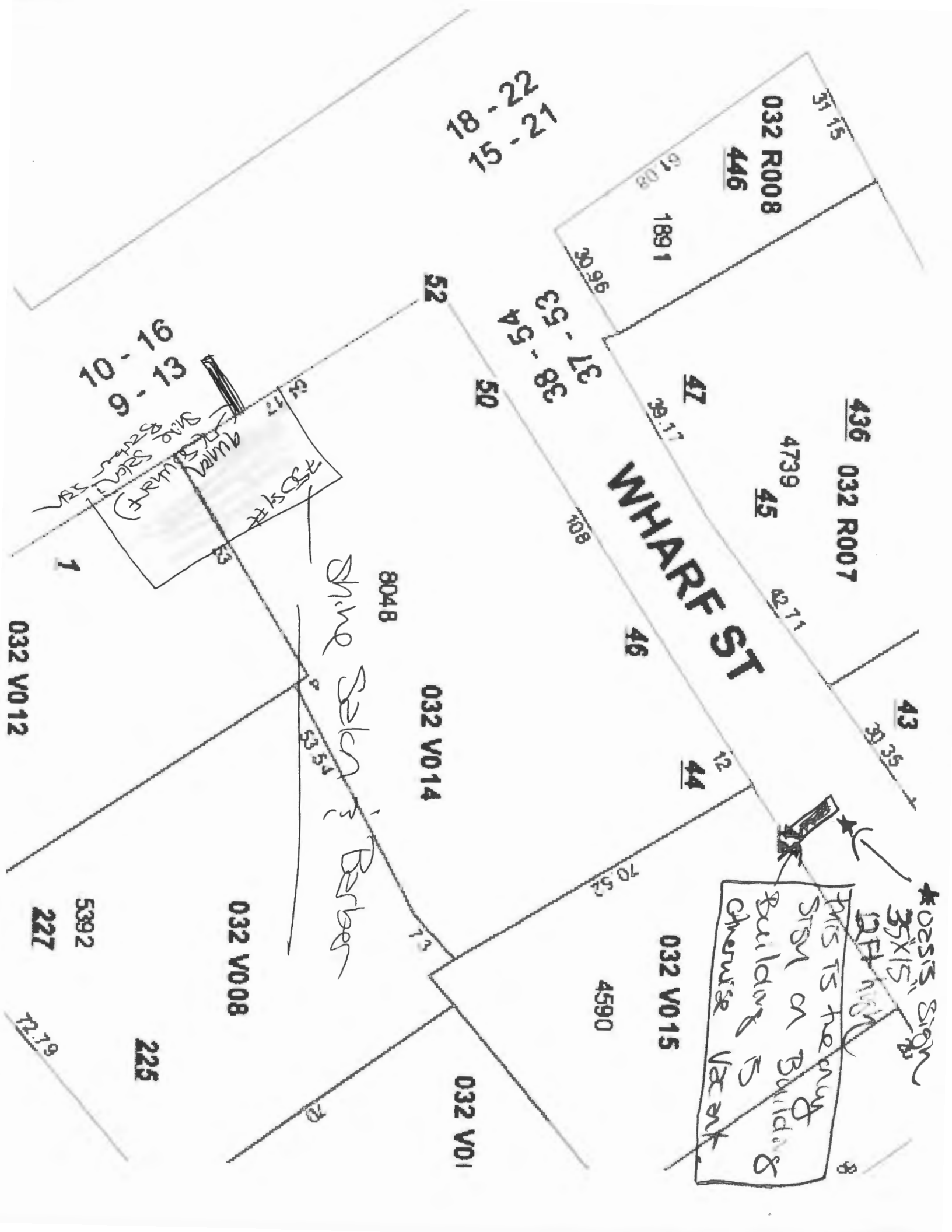
Receipt Header:

Cashier Id: bsaucier
Receipt Date: 4/30/2012
Receipt Number: 43379

Receipt Details:

Referance ID:	6316	Fee Type:	BPSIGN2
Receipt Number:	0	Payment Date:	
Transaction Amount:	48.00	Charge Amount:	48.00
Job ID: Job ID: 2012-03-3451-ALTCOMM - interior renovations for salon			
Additional Comments: 50 Wharf St.			

Referance ID:	6317	Fee Type:	UI-MI
Receipt Number:	0	Payment Date:	
Transaction Amount:	75.00	Charge Amount:	75.00
Job ID: Job ID: 2012-03-3451-ALTCOMM - interior renovations for salon			



WHARF ST

*Oasis Sign
35X15
DEFINITION
THIS IS the only
sign on buildings
otherwise not ok

Shine Salon & Barber

QUICK SIGN SERVICE
(TRIMMING)
755 sq ft

032 V012

436 032 R007

032 R008

032 V014

032 V015

032 V01

032 V008

225

5392

227

10-16
9-13
91-01

18-22
15-21

37
38
45
50

52

1891

4739

46

43

44

70.52

4590

70

75.53

12.79

42.71

108

64.17

3115

6708

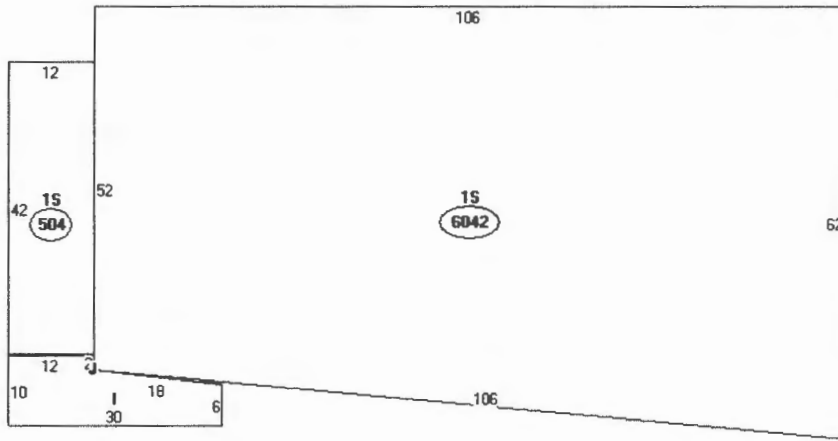
3096

49.17

3035

8

70



Descriptor/Area

- A: 031
3359 sqft
- B: 036
3187 sqft
- C: 083
600 sqft
- D: OVERHEAD DR-WOOD/MTL
80 sqft
- E: PATIO, BRICK
222 sqft
- F: SPRINKLER SYS WET
6551 sqft
- G: 1S
6042 sqft
- H: 1S
504 sqft
- I: PATIO
246 sqft
- J: FN3
240 sqft

44"

5" five

34"
SQ

shine
salon & barber

44"
Distance
between
bracket
holes.

(~~Stainless~~ steel rectangular tubing)
3x2"

This square is the straight on view of bracket
end cap.

BRICK WALL (side of Building)



Description of Shine Salon & Barber Sign:

2 sided sign (b)

Base of sign is 34"x 34" square, constructed of mahogany wood in a dark espresso stain with a satin finish. The center square of the sign is composed of like wood, painted grey with espresso colored lettering with the contents: " Shine Salon & Barber". The center square is raise 1/2 inch from the base square and finished with a high gloss shine.

The sign is harnessed by steel brackets of rectangular steel tubing of ~~5" x 3"~~ diameter with a gun metal finish.

3x2

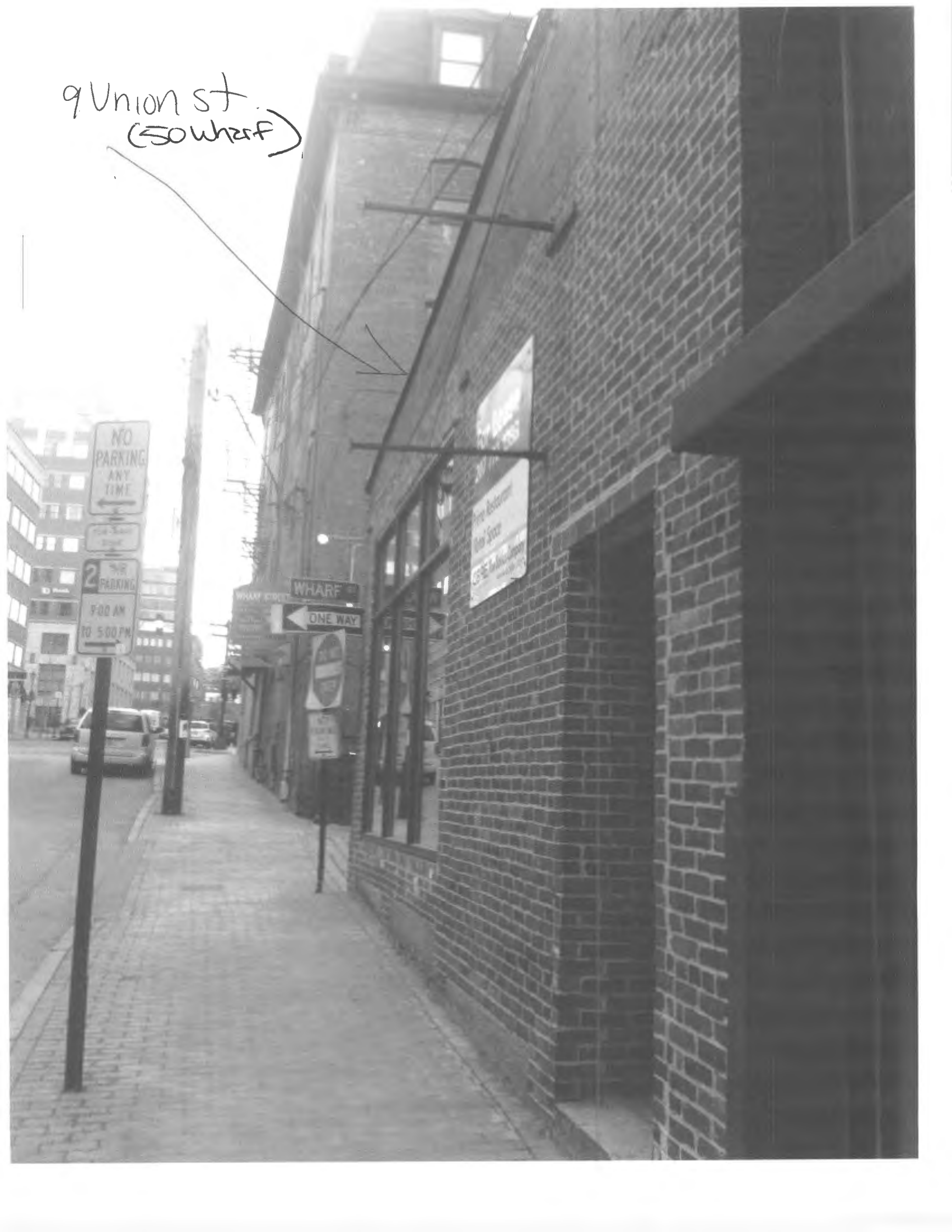
The outer top and bottom brackets sit 5" off the sign to equal a total of 44" apart.

We will be using the existing sign bracket holes, from previously existing sign. if possible

The very ends of the top and bottom bracket will be finished off by a square end cap.

The sign will be affixed to the building with two bolts on each bracket, equaling a total of 4 bolts.

9 Union St.
(50 Wharf)



April 4, 2012

To Whom It May Concern:

Please be advised that our tenant, Kate Estabrook d/b/a Shine Salon has the permission of the Landlord – BACM 2007-3 Wharf Street, LLC to install signage at the 9 Union Street location in accordance with the plans previously submitted and agreed to. All costs associated with this installation shall be the responsibility of Kate Estabrook, d/b/a Shine Salon.

If you require further information, please do not hesitate to contact me at (207) 772-0688 or slattari@boulos.com.

Shay Lattari
CBRE – The Boulos Company | Boulos Property Management
as Managing Agent for BACM 2007-3 Wharf Street, LLC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/10/2012

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 Chalmers Insurance Agency 100 Main Street PO Box 189 Bridgton ME 04009	CONTACT NAME: Lena Murch PHONE (A/C No. Ext): (207) 647-3311 FAX (A/C No.): (207) 647-3003 E-MAIL ADDRESS: lmurch@ChalmersInsuranceGroup.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A MMG Insurance Company</td> <td>15997</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A MMG Insurance Company	15997	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
INSURED Kate Estabrook, DBA: Shine Salon & Barber 9 Union Street Portland ME 04101														

COVERAGES	CERTIFICATE NUMBER MASTER 2012-2013	REVISION NUMBER:
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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			TBA	5/1/2012	5/1/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY 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 City of Portland 389 Congress Street Portland, ME 04101	CANCELLATION 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 Lena Murch/P2 