

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED
Permit Number: 041685
NOV 30 2004
CITY OF PORTLAND

This is to certify that Shepley Llc /Maine Bay Cany
has permission to Install sign awning at multi family dwelling
AT 18 Casco St C 037 C006001

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 when permission procured before this building or part thereof is occupied or closed-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 _____
DepartmentName

Jeanie Banke 11/29/04
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: 04-1685	Issue Date: NOV 11 2004	CBL: 037 C006001
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Location of Construction: 18 Casco St	Owner Name: Shepley Llc	Owner Address: 104 Grant St	Phone: 761-0832
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:	Proposed Use: multi family dwelling with sign awning	Permit Fee: \$74.00	Cost of Work: \$74.00
Proposed Project Description: Install sign awning at multi family dwelling		CEO District: 1	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
		INSPECTION: Use Group: R2 Type: SIGN IBC-2003 Signature: JMB 11/29/04	
		Signature: 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: 11/10/2004	Zoning Approval
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<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"/> MMC <input type="checkbox"/> Date: 11/16/04	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 checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
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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

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Lessee/Buyer's Name	Phone:	Permit Type: Awning, with signage	Zone: B-3

Past Use: multi family dwelling	Proposed Use: multi family dwelling with sign awning	Permit Fee: \$74.00	Cost of Work: \$74.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group Type RZ Sign IBC-2003 Signature JMB 11/29/04	

Proposed Project Description:
Install sign awning at multi family dwelling

Action: Approved Approved w/Conditions Denied
Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 11/10/2004	Zoning Approval
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RESPONSIBLE PERSON IN CHARGE OF WORK. TITLE		DATE	PHONE

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

Permit No: 04-1685	Date Applied For: 11/10/2004	CBL: 037 C006001
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Location of Construction: 18 Casco St	Owner Name: Shepley Llc	Owner Address: 104 Grant St	Phone: () 761-0832
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: multi family dwelling with sign awning	Proposed Project Description: Install sign awning at multi family dwelling
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Dept: Zoning Status: Approved Reviewer: Marge Schmuckal Approval Date: 11/16/2004
 Note: Ok to Issue:

Dept: Building Status: Approved Reviewer: Jeanine Bourke Approval Date: 11/29/2004
 Note: Ok to Issue:

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

04-1685

RECEIVED
NOV 10 2004

Signage 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>18 Casco St. Portland ME</u>		
Total Square Footage of Proposed Structure <u>22</u>	Square Footage of Lot <u>6692.5</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>037</u> Block# <u>C06</u> Lot# <u>6001</u>	Owner: <u>Shepley LLC.</u>	Telephone: <u>761-0832</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Port Property Mgmt.</u> <u>104 Grant St</u> <u>Portland ME 04101</u>	Total s.f. of signage <u>2170</u> x 1.00 per s.f. \$ <u>2.00</u> , plus \$30.00 base fee Fee: \$ <u>74.00</u> <u>2170 SF</u>
Current use: <u>Apartment building</u>		
<u>Apartment building, Sign Overlay</u>		
Contractor's name, address & telephone: <u>Maine Bay Canvas</u> <u>53 Industrial Way Portland ME 04103</u>		
Who should we contact when the permit is ready: <u>Dan Gauvin</u>		
Mailing address:		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$50.00 fee if any work starts before the permit is picked up. Phone: <u>878-8888</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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] Nov. 9, 2004

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

21.70 SF

7'-0"

BRACK - FAB

Beige Piping
Sun bulb

3'-10"

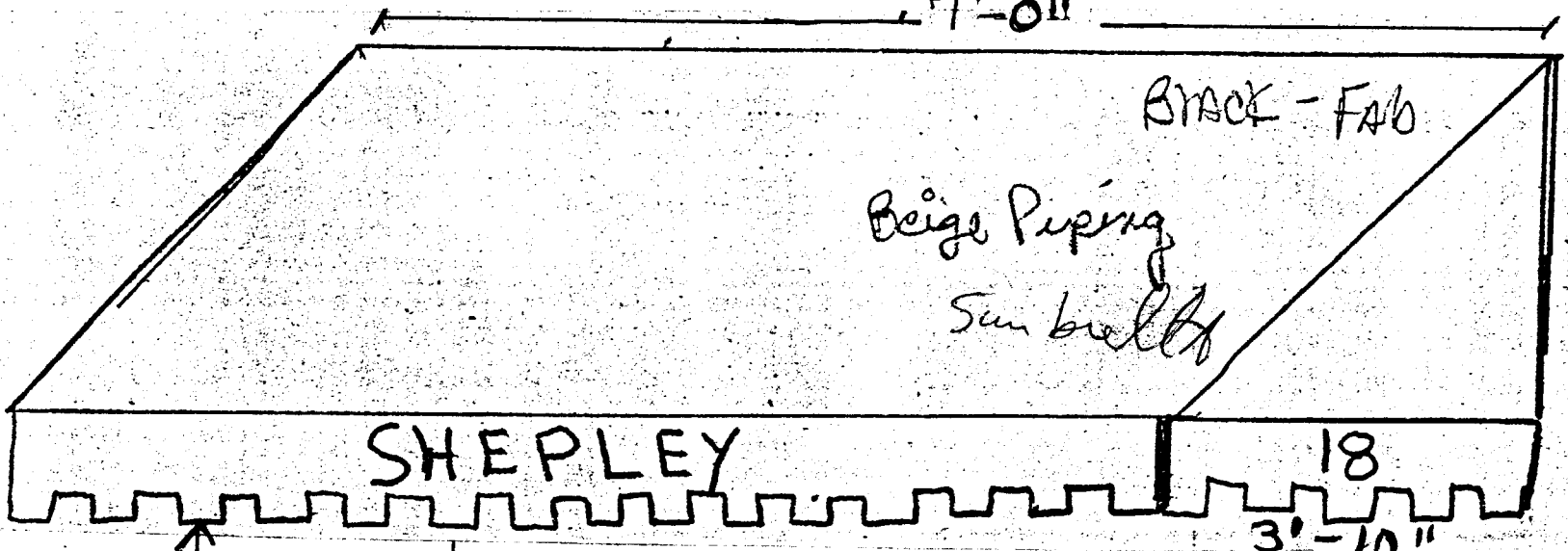
SHEPLEY

18

10"

3'-10"

8' +



ESTIMATE - CONTRACT

SOLD TO: Port Property Management

DEL ADDRESS 18 Casco Street
Portland, ME

MAIL ADDRESS FAX TRANSMITTAL # of Pages 1
TO: Leyli Johnson FROM: DAN GALVIN
MAINE BAY CANVAS INC.
PHONE: (207) 878-8888 FAX # (207) 878-5119
WEBSITE: mainebaycanvas.com
COMMENTS Proposal for Awning

W.O. #	_____
JOB #	_____
DATE	<u>9/24/04</u>
EST. DEL DATE	<u>4 weeks</u>
HOME PHONE	<u>XXXXXXXX Fax#761-8048</u>
BUS. PHONE	<u>761-0832 (x1107)</u>
FRAME STYLE	<u>welded steel/tubing</u>
FABRIC & COLOR	<u>Firesist/Sunbrel</u>
FABRIC STYLE #	<u>To be determined</u>

Manufacture and install one custom awning for the front door at The Shepley building 18 Casco Street in Portland,

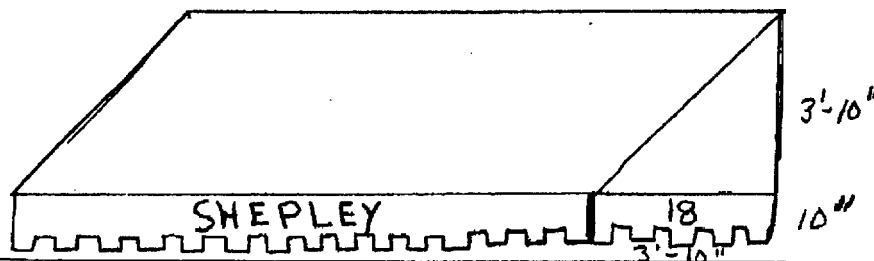
Fabric: Sunbrella Firesist woven acrylic awning material in selected pattern. Carries a 5 year manufacturers limited warranty and meets local code requirements.

Frame: 1" square galvanized steel tubing, All welded construction. All welded joints to be wire brushed, ground smooth, primed and painted.

Dimensions: 7' wide x 3'-10" tall x 3'-10" projection.

Graphics: "SHEPLEY" hand lettered on front valance centered. "18" lettered on each end valance centered, both in your colorselection.

Scope: Fabric will be stretched taught with no puckers or gathering. Frame will be fastened securely to building true and plumb. Graphics will be lettered in selected font and color. Bottom of awning will be well above 8' off the sidewalk (code requirement).



ITEM:	ESTIMATE.
as above..	\$870.00
Tax	\$35.00
ESTIMATE TOTAL	\$905.00
LESS DEPOSIT	50%
DUE UPON INSTALLATION	net

CONTRACT AGREEMENT
Maine Bay Canvas, Inc. agrees to sell, deliver and install to the Buyer, and the Buyer agrees to purchase and accept from Maine Bay Canvas, Inc. the above described goods or services, subject to and upon the terms and conditions hereof expressed hereon or deviation from specifications. Any extra costs will become additional charges over and above the quote.
Until the said total balance is paid in full and all of the conditions hereof are fully performed title to and ownership of the property purchased under this contract shall be and remain the property of Maine Bay Canvas, Inc.
No cancellations will be accepted after work has started, or on special order merchandise. Delivery dates shown are approximate unless otherwise stated.
Accounts 30 days past stated terms will be subject to an 18% annual finance charge.

BUYER _____
SELLER Dan Galvin
Maine Bay Canvas

53 Industrial Way
Portland, Maine 04103
207-878-8888 Fax: 878-5119

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

FA-36801

ISSUED BY

Glen Raven Custom Fabrics, LLC
1831 N. Park Avenue
Glen Raven, NC 27217

Date treated or
manufactured

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

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

FOR Maine Bay Canvas ADDRESS 53 industrial Way
CITY Portland, Maine STATE _____

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 FR Sunbrella® Reg. No. FA-36801

The Flame Retardant Process Used will not **Be Removed By Washing**
(will or will not)

Glen Raven Custom Fabrics, LLC

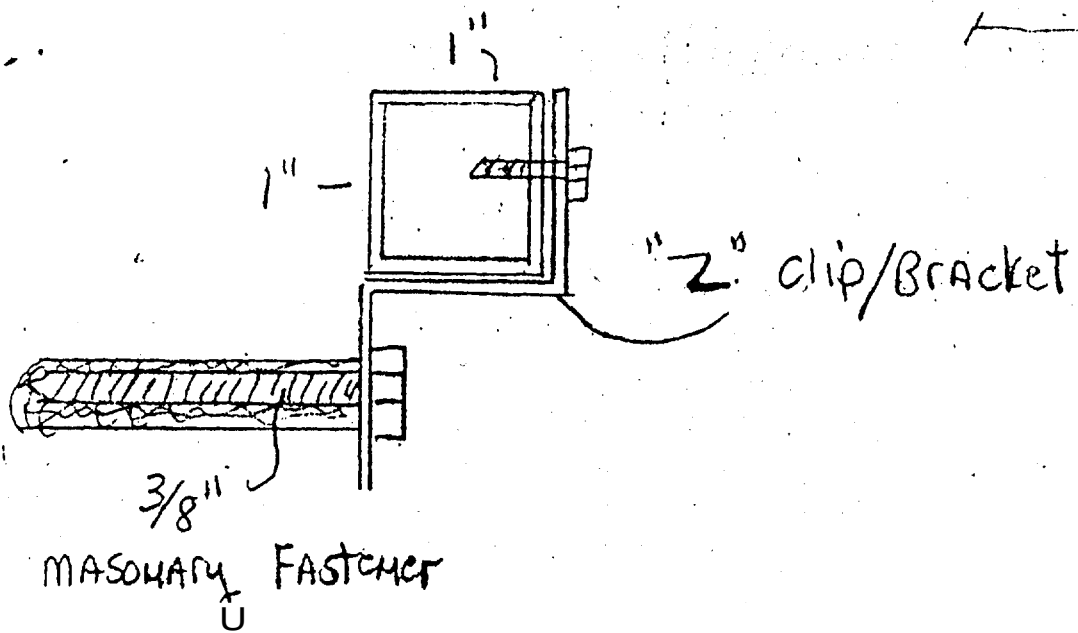
Name of Applicator or Production Superintendent

GLEN RAVEN CUSTOM FABRICS, LLC

By

Steven S. Ellington

Title



Into mortar joints

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:
CITY OF PORTLAND
389 CONGRESS ST
PORTLAND, ME 04101

INSURED:
SHEPLEY LLC
104 GRANT ST
PORTLAND, ME 04101-2108

TYPE OF INSURANCE LIABILITY	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> Liability and Medical Expense Personal and Advertising Injury	51-BP-107737-3001 NATIONWIDE MUTUAL INSURANCE CO.	08-23-04	08-23-05	Any One Occurrence \$ 2,000,000 Included in Above . Any One Person or Organization ANY ONE PERSON \$ 5,000 Any One Fire or Explosion \$ 50,000 General Aggregate* \$ 2,000,000 Prod/Comp Ops Aggregate* . \$ 2,000,000
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) \$ (Each Accident) \$
<input checked="" type="checkbox"/> 3 Owned				Property Damage (Each Accident) \$
<input type="checkbox"/> 1 Hired				Combined Single Limit \$
<input type="checkbox"/> Non-Owned				
EXCESS LIABILITY				
<input checked="" type="checkbox"/> Umbrella Form	51-CU-107737-3002 Nationwide Insurance Co.	08-23-04	08-23-05	Each Occurrence \$ 5,000,000 Prod/Comp Ops/Disease Aggregate* \$ 5,000,000
STATUTORY LIMITS				
<input checked="" type="checkbox"/> 3 Workers' Compensation and				BODILY INJURY/ACCIDENT . . \$ Bodily Injury by Oisease EACH EMPLOYEE \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS
VEHICLES/RESTRICTIONS/SPECIAL ITEMS
AWNING OVER SIDEWALK

Effective Date of Certificate: 06-23-2004
Date Certificate Issued: 11-09-2004

Authorized Representative: BERGERON INSURANCE AGENCY
Countersigned at: Life-Health-Home-Auto
361 Main Street



CITY OF PORTLAND, MAINE
Department of Building Inspections

_____ 20 _____

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

Building (I1) ____ Plumbing (I5) ____ Electrical (I2) ____ Site Plan (U2) ____

Other _____

CBL: _____

Check #: _____

Total Collected \$ _____

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy