

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number 051058

PERMIT ISSUED

AUG - 9 2005

CITY OF PORTLAND

This is to certify that NEVERMORE LLC /The Sign Company

has permission to Sidewalk sign

AT 550 CONGRESS ST

037 H001001

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 is procured before this building or part thereof is altered 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 \_\_\_\_\_

Department Name

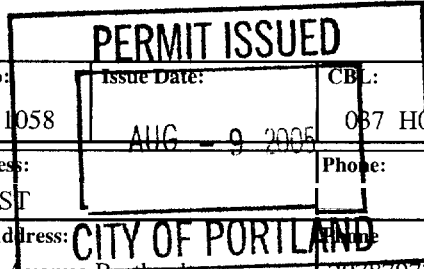
Handwritten signature and date 8/9/05

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:<br>05-1058 | Issue Date:<br>AUG - 9 2005 | CBL:<br>087 HC01001 |
|-----------------------|-----------------------------|---------------------|

|   |  |  |                             |
|---|--|--|-----------------------------|
| <b>Location of Construction:</b><br>550 CONGRESS ST | <b>Owner Name:</b><br>NEVERMORE LLC    | <b>Owner Address:</b><br>21 WEST ST                      | <b>Phone:</b>               |
| <b>Business Name:</b>                               | <b>Contractor Name:</b><br>The Signery | <b>Contractor Address:</b><br>299 Forest Avenue Portland | <b>Phone:</b><br>2078797700 |
| <b>Lessee/Buyer's Name</b>                          | <b>Phone:</b>                          | <b>Permit Type:</b><br>Signs - Side Walk                 | <b>Zone:</b><br>B-7         |

|                                |   |  |   |                           |
|--------------------------------|---|--|---|---------------------------|
| <b>Past Use:</b><br>Commercial | <b>Proposed Use:</b><br>Commercial/ Sidewalk sign | <b>Permit Fee:</b><br>\$42.00  | <b>Cost of Work:</b><br>\$42.00   | <b>CEO District:</b><br>1 |
| <b>Sidewalk sign</b>           |   | <b>FIRE DEPT:</b><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br><i>N/A</i>  | <b>INSPECTION:</b><br>Use Group <i>U</i> Type <i>Sign</i><br><i>IBC 2003</i><br>Signature: <i>[Signature]</i> |                           |
|                                |   | Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied<br>Signature: _____ Date: _____ |   |                           |

|                                    |  |                        |  |
|------------------------------------|--|------------------------|--|
| <b>Permit Taken By:</b><br>Idobson | <b>Date Applied For:</b><br>08/02/2005 | <b>Zoning Approval</b> |  |
|------------------------------------|--|------------------------|--|

|   |   |   |   |
|---|---|---|---|
| <ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol> | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br>Date: <i>8/9/05</i> | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: _____ | <b>Historic Preservation</b><br><input type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>Date: _____ |
|---|---|---|---|

**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.

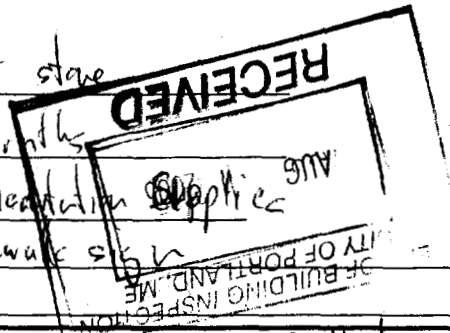
\_\_\_\_\_  
SIGNATURE OF APPLICANT ADDRESS DATE PHONE

\_\_\_\_\_  
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.

|   |  |
|---|--|
| G   |  |
| Total Square Footage of Proposed Structure<br><u>1729</u>   | Square Footage of Lot<br><u>2499</u>   |
| Tax Assessor's Chart, Block & Lot<br>Chart# <u>37</u> Block# <u>H</u> Lot# <u>1</u>   | Owner: <u>Nevermore LLC</u>  |
| Lessee/Buyer's Name (If Applicable)<br><u>Cynthia Mackay<br/>The Happy Yogi, LLC</u>  | Applicant name, address & telephone:<br><u>548 Congress St<br/>Portland ME 04101<br/>874-9644</u>  |
| Current use: <u>New</u>   | Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>303.12</u><br>Awning Fee = Cost Of Work: \$ _____<br>Total Fee: \$ <u>42.00</u> |
| If the location is currently vacant, what was prior use: <u>Gift store</u>  |  |
| Approximately how long has it been vacant: <u>3 months</u>  |  |
| Proposed use: <u>Retail Boutique for Yoga/Meditation Supplies</u>   |  |
| Project description: <u>2ft x 3ft A-frame type sidewalk sign</u>  |  |
| Contractor's name, address & telephone: <u>The Signery, 299 Forest Ave, Portland 874-7700</u>   |  |
| Whom should we contact when the permit is ready: <u>Kris Clark / Cindy Mackay 775-0386</u>  |  |
| Mailing address: <u>129 Emery St<br/>Portland ME</u>  |  |
| 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 \$100.00 fee if any work starts before the permit is picked up. PHONE |  |



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.

Signature of applicant: C. Mackay Date: 7/16/05

**This is NOT a permit, you may not commence ANY work until the permit is issued.**

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 548 Congress St Portland ME ZONE \_\_\_\_\_

CBL: \_\_\_\_\_

SINGLE TENANT LOT? YES \_\_\_\_\_ NO  MULTI TENANT LOT? YES  NO \_\_\_\_\_

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES  NO \_\_\_\_\_

## TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 19 1/2 ft Height: 16 ft

### INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES  NO \_\_\_\_\_ DIMENSIONS PROPOSED: 7 ft x 3 ft on A-Fram

BLDG. WALL SIGN? (attached to bldg) YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS PROPOSED: \_\_\_\_\_

### INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

BLDG. WALL SIGN(attached to bldg) ? YES \_\_\_\_\_ NO  DIMENSIONS: 2 ft x 1 ft

AWNING? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): \_\_\_\_\_

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 WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

**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 ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: E. Mac Kay DATE: 7/26/05

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

# CHECKLIST FOR SIGN/AWNING APPLICATION

**Applicants for a sign *or* awning permit are required to submit the following information to the Code Enforcement Office at the time of application:**

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way. Amount must equal \$400,000.00.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. **Indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building facade dimensions for any signage attached to building.**
- A sketch or photo of any proposed sign(s) indicating *content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.*
- Certificate of Flammability required for awning or canopy at time of application.
- N/A UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**Permit Fee for signage or awning-with-signage:  
\$30.00 plus \$2.00 per square foot of sign.**

**Permit Fee for awning-without-signage is based on cost of work:  
\$30.00 for the first \$1,000.00, plus \$9.00 for each additional \$1,000.00.**

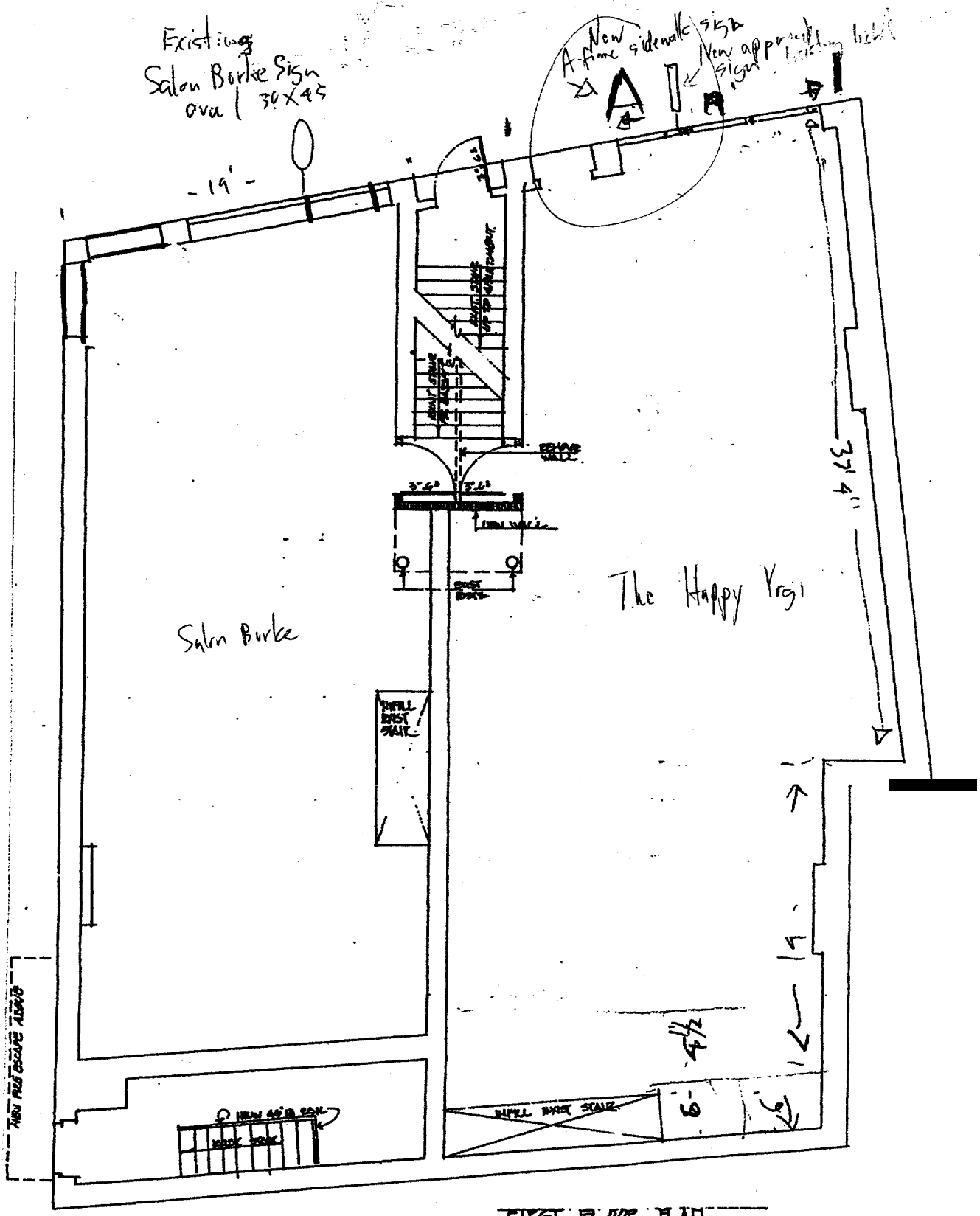
**Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00**

Congress St

# Attachment A

Existing  
Salon Burke Sign  
ova | 30x45

A New sidewalk sign  
New approach  
sign



FIRST FLOOR PLAN

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/26/2005

PRODUCER (207)774-6257 FAX (207)774-2994

Clark Associates  
2385 Congress Street  
P O Box 3543  
Portland, ME 04104

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 **The Happy Yogi**  
129 Emery Street  
Portland, ME 04102

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **MMG Insurance Company**

15997

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COPY**

## 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 LTR | ADD'L INSRD                         | TYPE OF INSURANCE   | POLICY NUMBER    | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                    |                     |
|----------|-------------------------------------|---|------------------|----------------------------------|-----------------------------------|---|---------------------|
| A        |                                     | <b>GENERAL LIABILITY</b>  | <b>BP0426390</b> | <b>04/06/2005</b>                | <b>04/06/2006</b>                 | EACH OCCURRENCE                           | \$ <b>1,000,000</b> |
|          | <input checked="" type="checkbox"/> | <b>COMMERCIAL GENERAL LIABILITY</b>   |                  |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ <b>250,000</b>   |
|          |                                     | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                            |                  |                                  |                                   | MED EXP (Any one person)                  | \$ <b>5,000</b>     |
|          |                                     | GEN'L AGGREGATE LIMIT APPLIES PER:  |                  |                                  |                                   | PERSONAL & ADV INJURY                     | \$ <b>1,000,000</b> |
|          |                                     | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                  |                                  |                                   | GENERAL AGGREGATE                         | \$ <b>2,000,000</b> |
|          |                                     | <b>AUTOMOBILE LIABILITY</b>   |                  |                                  |                                   | PRODUCTS - COMP/OP AGG                    | \$ <b>2,000,000</b> |
|          |                                     | <input type="checkbox"/> ANY AUTO   |                  |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident)       | \$                  |
|          |                                     | <input type="checkbox"/> ALL OWNED AUTOS  |                  |                                  |                                   | <b>BODILY INJURY</b> (Per person)         | \$                  |
|          |                                     | <input type="checkbox"/> SCHEDULED AUTOS  |                  |                                  |                                   | <b>BODILY INJURY</b> (Per accident)       | \$                  |
|          |                                     | <input type="checkbox"/> HIRED AUTOS  |                  |                                  |                                   | PROPERTY DAMAGE (Per accident)            | \$                  |
|          |                                     | <input type="checkbox"/> NON-OWNED AUTOS  |                  |                                  |                                   | AUTO ONLY - EA ACCIDENT                   | \$                  |
|          |                                     | <b>GARAGE LIABILITY</b>   |                  |                                  |                                   | OTHER THAN EA ACC AGG                     | \$                  |
|          |                                     | <input type="checkbox"/> ANY AUTO   |                  |                                  |                                   | AUTO ONLY                                 | \$                  |
|          |                                     | <b>EXCESS/UMBRELLA LIABILITY</b>  |                  |                                  |                                   | EACH OCCURRENCE                           | \$                  |
|          |                                     | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                                       |                  |                                  |                                   | AGGREGATE                                 | \$                  |
|          |                                     | <input type="checkbox"/> DEDUCTIBLE   |                  |                                  |                                   |   | \$                  |
|          |                                     | RETENTION 5   |                  |                                  |                                   |   | \$                  |
|          |                                     | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |                  |                                  |                                   | WC STATU-TORY LIMITS                      | OTH-ER              |
|          |                                     | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   |                  |                                  |                                   | E L EACH ACCIDENT                         | 5                   |
|          |                                     | If yes, describe under SPECIAL PROVISIONS below   |                  |                                  |                                   | E L DISEASE - EA EMPLOYEE                 | \$                  |
|          |                                     | OTHER   |                  |                                  |                                   | E L DISEASE - POLICY LIMIT                | \$                  |

DESCRIPTION OF OPERATIONS/ LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
The Certificate Holder is additional insured with regards to general liability.

## CERTIFICATE HOLDER

City of Portland  
Room 315  
389 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 10 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

Richard Negus/BJR



**MEMORANDUM**

**TO:** Code Enforcement Office - City of Portland  
389 Congress Street, Portland, Maine **04101**

**FROM:** Nevermore, LLC

**DATE:** June 13, 2005

**RE:** Sign Permit for **548** Congress Street, Portland, Maine

**TENANT:** Happy Yogi

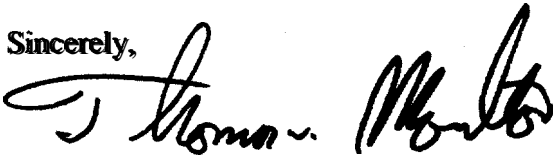
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Dear Sir or Madam:

**As** the Landlord of the above-referenced property, I state that I have reviewed the above-referenced Tenant's sign request and approve of said sign.

Should you have any questions regarding this memo, please do not hesitate to give me a call at (207) 450-7100.

Sincerely,

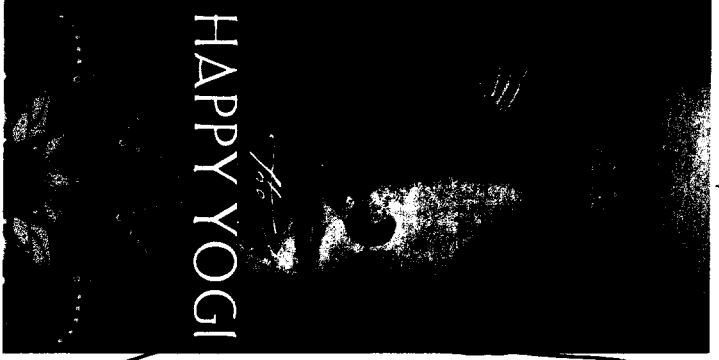


Thomas W. Moulton, Landlord  
Nevermore, LLC



The Signery  
 Phone: 207-879-7700  
 Fax: 207-879-1570  
 email: signery@maine.rr.com  
 web: www.signerymaine.com

Approved,  
 though not yet  
 installed, sign  
 to be attached  
 to building



281



281

New Sidewalk  
 Sign  
 Application



**JOB INFO**  
 (1) 3/4" MDO  
 48" x 24"  
 HP MIMAKI PRINT  
 DOUBLE-SIDED  
 happy yogi sign.eps

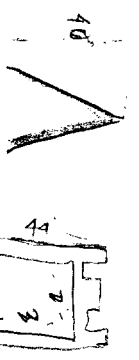
(2) WHITE COROPLAST  
 36" x 23.75"  
 INT MIMAKI PRINTS  
 happy yogi coros.eps

**INSTALL**  
 V  
 B  
 HAPPY YOGI

Approved By:  
 Date:  
 PLEASE REVIEW THIS PROOF CAREFULLY!  
 AND SEND COPY BACK TO THE SIGNERY THANK YOU

BY SIGNING OFF ON THIS PROOF YOU ARE GIVING THE SIGNERY THE GO TO PRODUCE THIS WORK TO THE SPECIFICATIONS LISTED

Until approved job and deposit is made, this proof is property of The Signery



Write please for sign  
 sign with crown icon  
 No ill. in window