

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-06-4185-SIGN	Date Applied: 6/8/2012	CBL: 037- I-002-001	
Location of Construction: 490 CONGRESS ST	Owner Name: GRACE LLC	Owner Address: 210 BLACKSTRAP RD FALMOUTH, ME 04105	Phone: 207-773-3100
Business Name: Salon Burke	Contractor Name: Geoff King	Contractor Address: Westbrook, ME	Phone: 207-653-6974
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-3
Past Use: Salon – permit #2012-05-4027	Proposed Use: Same – Burke Salon – install 49" x 30" hanging sign	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: Type:
		Signature:	Signature:
Proposed Project Description: erect 49" x 30" hanging sign		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Gayle		Zoning Approval	

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>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.</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM</p> <p>Date: <i>OK w/conditions 6/18/12 ASB</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
	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



B-3 ~~1012~~ *hick*

2012 06 4185

66

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>490 Congress Street</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>037</u> Block# <u>I</u> Lot# <u>002</u>	Owner: <u>Burke Fournier</u> <u>6 rue de la Blanche, Portland, France</u>	Telephone: <u>207-773-3100</u>
Lessee/Buyer's Name (If Applicable) <u>Burke Fournier</u>	Contractor name, address & telephone: <u>Geoff King</u> <u>Westbrook, ME</u> <u>207-653-6974</u>	Total s.f. of signage x \$2.00 <u>4.41' x 4.12' = 18.10' x 2' = \$36.32</u> Per s.f. plus \$30.00 + <u>36.32 = 66.32</u> For H.D. signage \$75.00 Fee: \$ <u>141.32</u> Awning Fee = cost of work <u>n/a</u> Total Fee: \$ <u>141.32</u>

Who should we contact when the permit is ready: Burke Fournier phone: 207-773-3100

Tenant/allocated building space frontage (feet): Length: 27'9" Height: 116"
 Lot Frontage (feet) 27'9" Single Tenant or Multi Tenant Lot Multi Tenant (Retail & Residential Condos)

Current Specific use: vacant
 If vacant, what was prior use: Furniture Store
 Proposed Use: Hair Salon - change of use permit - 2012-05-4027

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes No Dimensions proposed: _____ Height from grade: _____
 Bldg. wall sign? (attached to bldg) Yes No Dimensions proposed: 49" x 30"

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.

RECEIVED
JUN 08 2012
Dept. of Building Inspections
City of Portland Maine

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:	Date: <u>6/7/12</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

27.75 x 2 = 55.5' allowed 46" x 30" = 1470 sq" = 10.2' x 145" (OK)



To: Building Division
From: Burke Fournier
Date: June 7, 2012
Re: Signage Permit Application

Attached is a permit application for signage. The proposed sign would be for the space located at 490 Congress Street. I will be moving my business to 490 Congress Street. from its current location at 550 Congress Street.

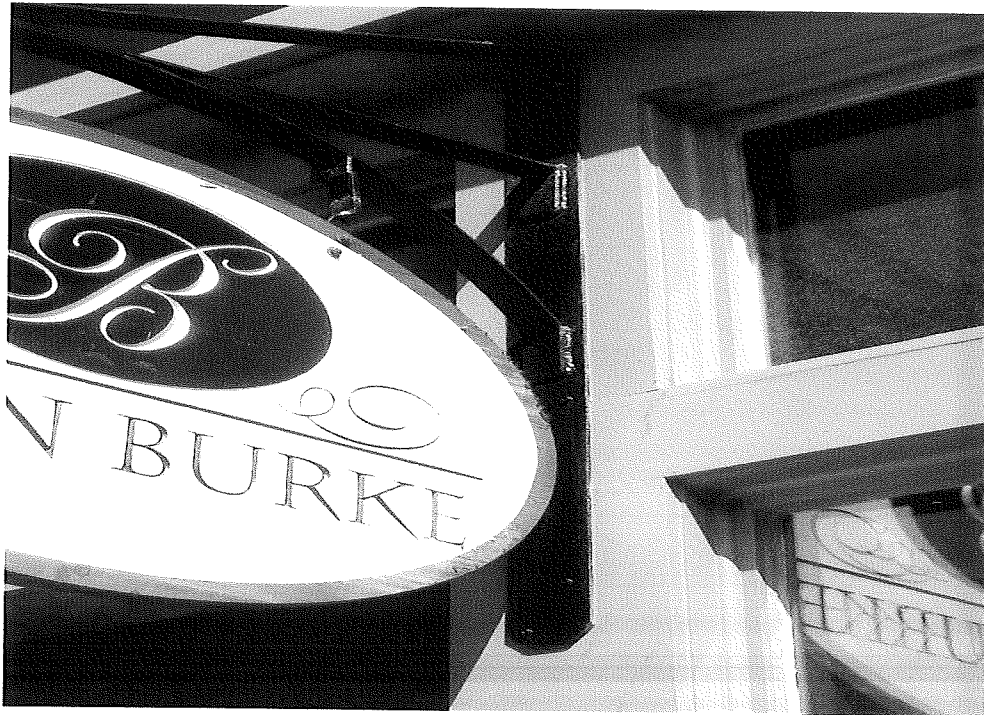
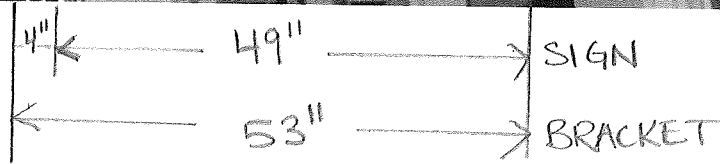
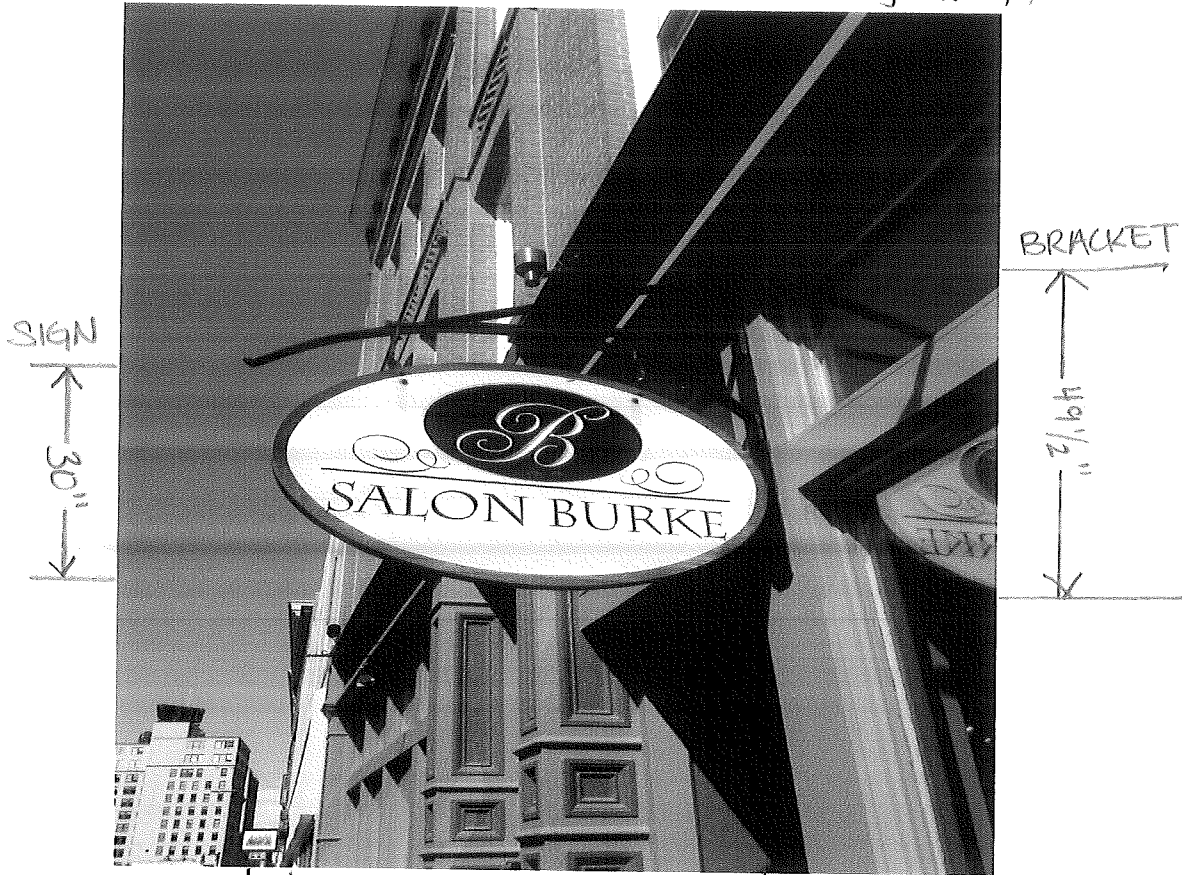
Both locations are located in a historic district and I will be using the same sign that has been previously approved for a historic district.

I have also attached pictures of the sign at its current location (550 Congress), pictures of the new store front (490 Congress) noting where we would like to attach the sign, a sketch plan of the surrounding area, approval from the condo association and a certificate of liability from my insurance company listing the City of Portland as additional insured.

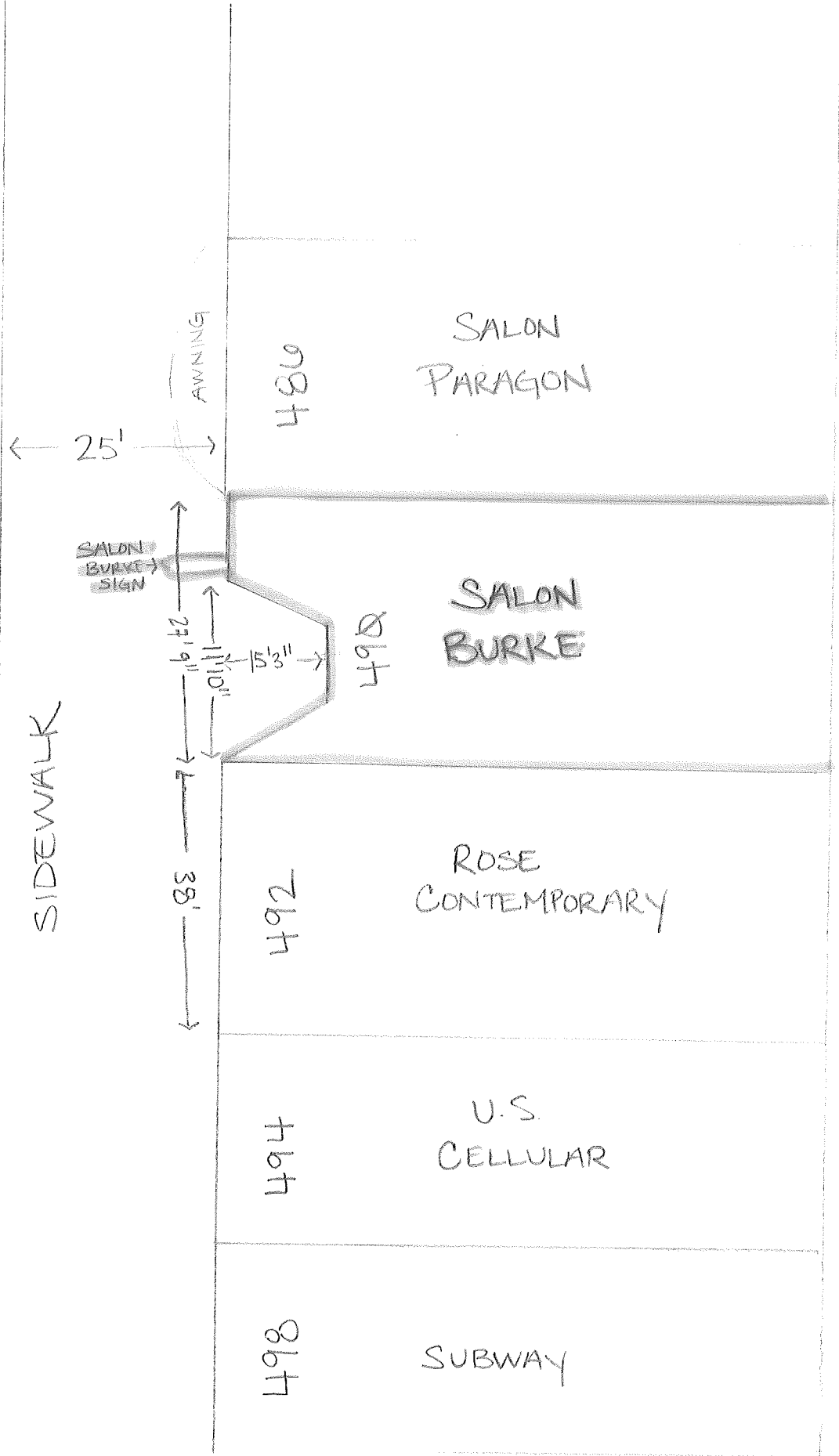
The sign measures 49 inches wide by 30 inches in height. The metal bracket that will be screwed into the building to hang the sign is 49.5 inches high and 53 inches wide (see sketch).



Existing at 550 Congress St.



CONGRESS ST



FREE ST

BROWN ST.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2012

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: Jodi Turner PHONE (A/C, No. Ext): (207) 647-3311 FAX (A/C, No): (207) 647-3003 E-MAIL ADDRESS:	
INSURED Charisma Inc. and Grace LLC. c/o Burke Fournier 210 Blackstrap Drive Falmouth ME 04105		INSURER(S) AFFORDING COVERAGE INSURER A: Peerless Indemnity INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18333	

COVERAGES **CERTIFICATE NUMBER:** CL126708113 **REVISION NUMBER:**

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						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		BOP8825971	1/6/2012	1/6/2013	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						
	<input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$						
	UMBRELLA LIAB						
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							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**CANCELLATION**

salonburke@myfairpoint.net

City of Portland Maine
 389 Congress Street
 Portland, ME 04101

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

Jodi Turner/JTURNE

ADDITIONAL COVERAGES

Ref #	Description Professional Liability	Coverage Code PROF	Form No.	Edition Date
Limit 1 included	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description Hired/borrowed	Coverage Code HRDBD	Form No.	Edition Date
Limit 1 included	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

From: "thomas ewing" <thomasewing@yahoo.com>
Subject: Re: Salon Burke sign
Sent date: 06/07/2012 09:04:43 AM
To: "salonburke@myfairpoint.net" <salonburke@myfairpoint.net>
Cc: "Janice Adler" <sadler6525@aol.com>, "Jason Singer" <jasonrsinger@gmail.com>, "Nancy Schriener" <schreinon@me.com>, "Kathi Nickerson" <Kathi@dirigomgmt.com>

Helo Burke,

The Board would like to welcome you to the building. There is no problem with you mounting the sign as you described in you email. One thing we would like to have you do prior to mounting it is provide a signed statement committing to having the holes created by mounting professionally repaired if the sign were to come down/be replaced. We will file this with Dirigo Management. I hope this email finds you well, and look forward to meeting you. Best, thomas

thomas ewing
Portland, ME 04101
thomasewing@yahoo.com

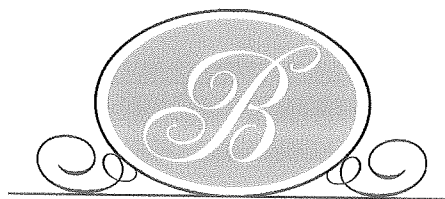
From: "salonburke@myfairpoint.net" <salonburke@myfairpoint.net>
To: thomasewing@yahoo.com
Sent: Thursday, May 31, 2012 3:29 PM
Subject: Salon Burke sign

Hi Thomas,

Thank you again for getting back to us so promptly. I have attached pictures of the sign and bracket at its current location (550 Congress St.), as well as a picture of where we would like to hang the sign at 490 Congress. We plan on using the same bracket that is pictured. The sign measures 49" wide x 30" high and the bracket measures 49.5" high x 53" wide. Please let me know if there is anything else I can do to help this process.

Thank you,

Burke Fournier
207.773.3100
salonburke@myfairpoint.net



SALON BURKE

550 CONGRESS ST.
PORTLAND, ME 04101
(207) 773-3100

To: Dirigo Management
From: Burke Fournier
Date: June 7, 2012
Re: Salon Burke Sign

I, Burke Fournier, owner of 490 Congress Street (Unit #101), agree to have any holes created from the mounting of my sign to the exterior of the building professionally repaired in the event that the sign is removed and/or replaced.

A large, stylized handwritten signature in black ink, appearing to read 'Burke Fournier'. The signature is fluid and cursive, with a prominent initial 'B'.

Burke Fournier



PORTLAND MAINE

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

Receipts Details:

Tender Information: Check , BusinessName: Charisma, Check Number: 5208

Tender Amount: 141.32

Receipt Header:

Cashier Id: gguertin

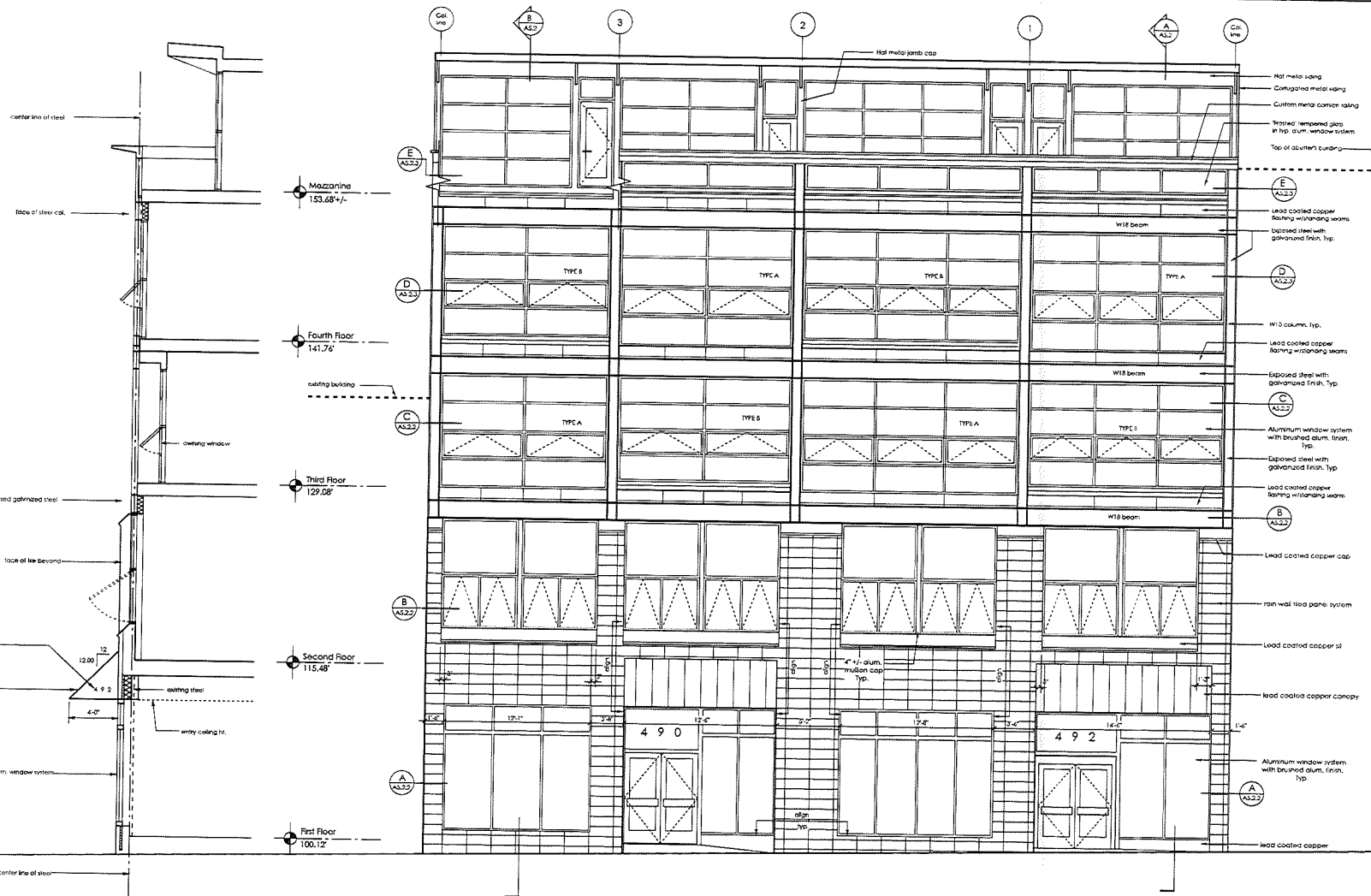
Receipt Date: 6/8/2012

Receipt Number: 44759

Receipt Details:

Referance ID:	6814	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	66.32	Charge Amount:	66.32
Job ID: Job ID: 2012-06-4185-SIGN - erect 49" x 30" existing building wall sign			
Additional Comments: Burke Fournier			

Referance ID:	6816	Fee Type:	BP-SignsHist
Receipt Number:	0	Payment Date:	
Transaction Amount:	75.00	Charge Amount:	75.00
Job ID: Job ID: 2012-06-4185-SIGN - erect 49" x 30" existing building wall sign			



Schematic Section - see A-5.2

Elevation
 Note: All dimensions are preliminary

490 Congress Street Portland, Maine	A-2.1.1
Kimball Building, LLC Portland, Maine	
James Sterling AIA Architect 142 High Street Portland, Maine	A-2.1.1
CONGRESS ST. ELEVATION	
Scale: 1/4" = 1'-0" Date: 20 May 2003	

Appraisal based. Revised proposal
on this

