

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING INSPECTION

## PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 090170

PERMIT ISSUED

MAR 20 2009

This is to certify that FRYE ASSOCIATES /Utopia Signs/ Studio Morse

has permission to Install 4'x6' Building Sign

AT 44 OAK ST

CE-039-B011001

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 worked-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

*Ch R* 3/20/09  
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: 09-0170	Issue Date: 3/20/09	CBL: 039 B011001
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Location of Construction: 44 OAK ST (116 Feet)	Owner Name: FRYE ASSOCIATES	Owner Address: 44 OAK ST	Phone: 207-775-3184
Business Name:	Contractor Name: Utopia Designs/ Sterling Morse	Contractor Address: 74 County Road Gorham	Phone: 2078394385
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial - Salon /Spa	Proposed Use: Commercial - Salon /Spa - "The Landing" - Install 4'x6' Building Sign	Permit Fee: \$78.00	Cost of Work: \$0.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: <i>Signature</i> IBC-2003	

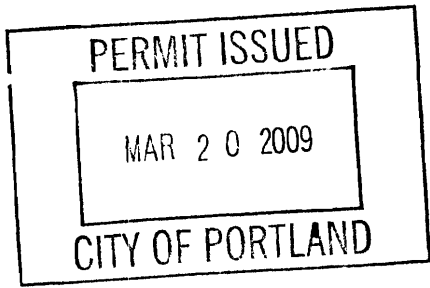
Proposed Project Description: Install 4'x6' Building Sign	Signature: <i>Cl</i> 3/20/09
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
Signature: _____ Date: _____	

Permit Taken By: lmd	Date Applied For: 03/04/2009	<b>Zoning Approval</b>	
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- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: 3/6/09 <i>ABM</i>	Date: _____	Date: _____

**P.A.D. APPROVED W/ CONDITIONS STA 3/18/09**



**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

**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.**

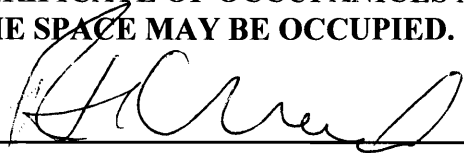
**A Pre-construction Meeting will take place upon receipt of your building permit.**

  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

3-20-09

Date

  
\_\_\_\_\_

Signature of Inspections Official

3/20/09

Date

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 09-0170	<b>Date Applied For:</b> 03/04/2009	<b>CBL:</b> 039 B011001
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<b>Location of Construction:</b> 44 OAK ST	<b>Owner Name:</b> FRYE ASSOCIATES	<b>Owner Address:</b> 44 OAK ST	<b>Phone:</b> 207-775-3184
<b>Business Name:</b>	<b>Contractor Name:</b> Utopia Designs/ Sterling Morse	<b>Contractor Address:</b> 74 County Road Gorham	<b>Phone:</b> (207) 839-4385
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial - Salon /Spa - "The Landing" - Install 4'x6' Building Sign	<b>Proposed Project Description:</b> Install 4'x6' Building Sign
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<b>Dept:</b> PAD	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Scott Hanson	<b>Approval Date:</b> 03/18/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Mounting height for sign is to be determined on-site by city staff (Deb Andrews or Scott Hanson) in consultation with the designer once the sign is fabricated. Sign is to sit tight to the post as shown in the detail drawing, not further out as shown in the elevation drawing.			
<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 03/06/2009
<b>Note:</b> Change of use permit for salon & spa (#08-1011). "Head Games" & "The Landing" are both part of the salon/spa use.			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Signs in PAD overlay zone shall be subject to the the standards set forth in the Downtown Urban Design Guidelines.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Chris Hanson	<b>Approval Date:</b> 03/20/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.			
2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			

**Comments:**  
3/20/2009-gg: received permit from historic on 3/18/09 gg



# 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>Hoffman 44 Oak</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>039      B      011</u>	Owner: <u>Rick Goduti</u>	Telephone: <u>775-3184</u>
Lessee/Buyer's Name (If Applicable) <u>The Landing/Partnership</u> contact: <u>Deanna Talarico</u> <u>with Head Games</u>	Contractor name, address & telephone: <u>UTOPIA DESIGNS</u> <u>Sterling Morse</u> <u>207-839-4385</u>	Total s.f. of signage x \$2.00 <u>24 sq'</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ <u>78</u>
Who should we contact when the permit is ready: <u>BOB VERRIER</u> phone: <u>775-7110 or 671-2256</u>		
Tenant/allocated building space frontage (feet): Length: <u>50'</u> Height: <u>17'</u> Lot Frontage (feet) <u>OAK ST / 50'</u> Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>SALON &amp; SPA / YOGA</u> If vacant, what was prior use: _____ Proposed Use: <u>SAME</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: <u>9' 6"</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>48" W X 6' H.</u>		
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.		
Information on existing and previously permitted sign(s): <u>N/A</u> MAR - 4 2009 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.		

CSA

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](http://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>3/23/09</u>
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B-3 - multi-tenant  
2x91 = 182 sq'

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

Sign 4' x 6' = 24 sq'

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/25/2009

PRODUCER (207)781-5553 FAX: (207)781-5571  
Smithwick & Mariners Ins. Inc.  
366 US Route One

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.

Falmouth ME 04105  
  
INSURED  
Frye Associates  
44 Oak Street  
  
Portland ME 04101

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: One Beacon Insurance	
INSURER B:	
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/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	FM1U02559	12/31/2008	12/31/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS   OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Permit for outside sign

**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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE  
*Margaret C. [Signature]*

# **Frye Associates**

44 Oak Street  
Portland, ME 04101  
207-772-7647 T  
207-774-0846 F  
marino@maine.rr.com

DATE \ March 3, 2009

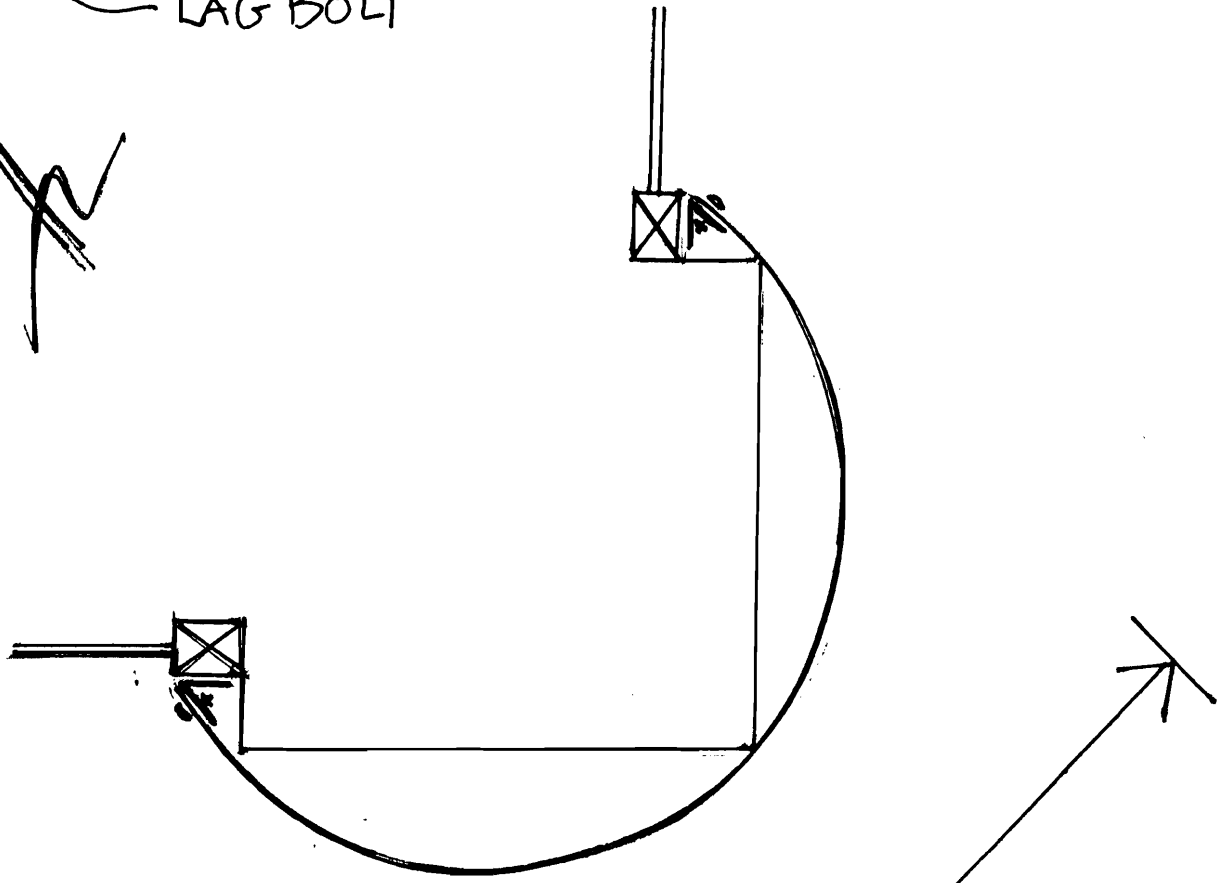
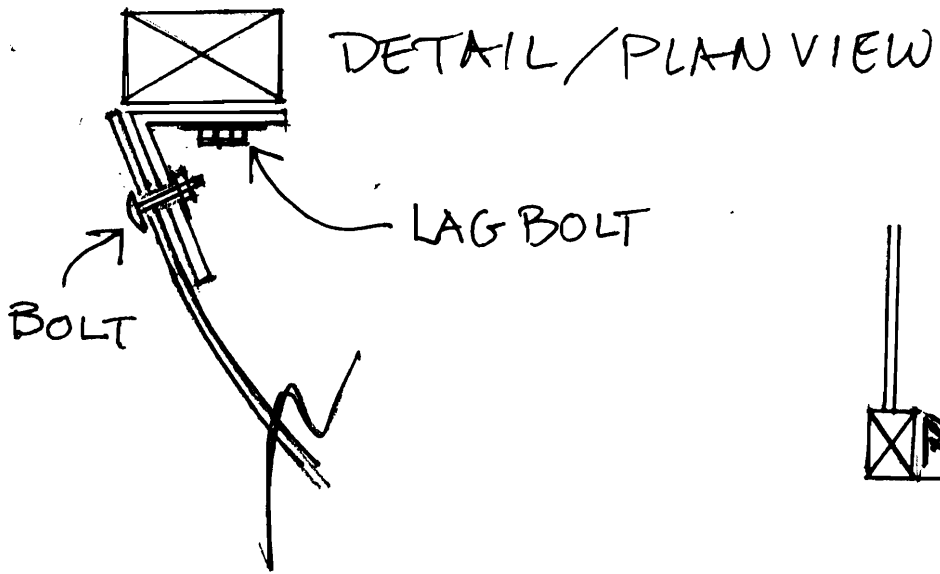
To Whom It May Concern:

Frye Associates is aware that Head Games and The Landing have plans to install signs on the exterior of our building at 116 Free Street, Portland. We have seen these signs and where they are to be placed and have given them our approval.

Sincerely,

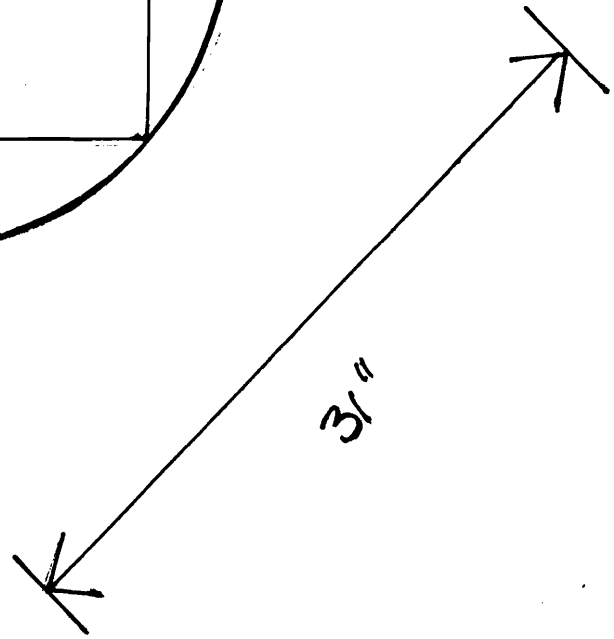
Diane D. Rollins  
Property Manager

# THE LANDING



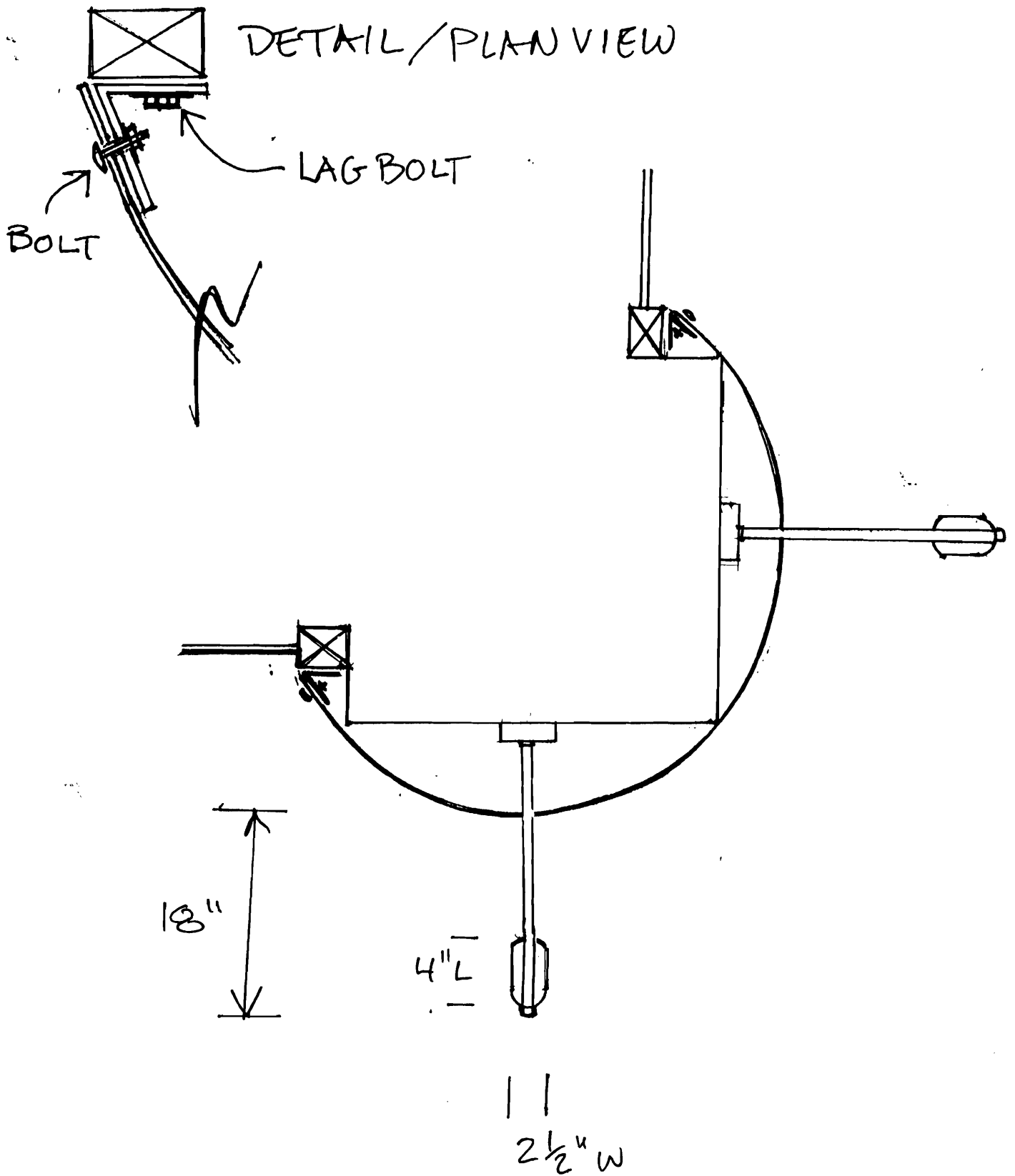
$$1\frac{1}{2}'' = 1'0''$$

PLAN VIEW





# THE LANDING



**QUARTZ**  
**QB1A**

**QUARTZ**

**THE BETTER BOTTLE BULLET**  
75 watt lamp  
200° Celsius  
E-Z Grip  
EZ Grip lock-nut  
EZ Grip mounting arm  
EZ Grip  
EZ Grip  
EZ Grip

15

Projector de luz difusa cuarzo

Acabado bronce

Incluida una bombilla de 75 vatios

Espesa lente de vidrio templado

Ajuste manual de la posición del foco de luz sin utilizar herramienta

Un tercer hueco en la cubierta de montaje permite añadir un sensor

Porta-lampara de aluminio fundido a presión en un acabado durable negro

Capertura Integra-Hood antideslumbrante

Sello circular en silicona

Alcance para reducir el calor y prolongar la vida de la lampara

Projecteur quartz à faisceau large

Fini bronze

Une ampoule de 75 watts fournie

Lentille épaisse de verre trempé

L'ajustement manuel de la position du projecteur se fait sans l'aide d'outils

Le solide couvercle de montage vient avec un troisième trou qui permet d'ajouter d'un détecteur de mouvement

Pièce fixe en aluminium moulé en coquille avec un fini noir durable

Capuchon Integra-Hood anti-éblouissant

Joint d'étanchéité circulaire en silicone

Alillettes pour la dissipation de la chaleur et le prolongement de la durée de l'ampoule

**RAE**

Integra Hood glare shield  
75 watt lamp included  
Thick tempered glass lens with Silicone O-ring gasket  
Precision die cast aluminum with durable Bronze finish  
No tool adjustment  
Silicone O-ring gasket  
EZ Grip lock-nut  
EZ Grip mounting arm

0 11981312007015



**LAMP REPLACEMENT:**

1. Use Type "T4" 75 watt bi-pin lamp. RAB catalog # LQ75. Use 75 watt lamp Maximum.
2. Disconnect power and let lamp cool if it was in operation.
3. Unscrew hood
4. **IMPORTANT: DO NOT TOUCH LAMP WITH BARE HANDS.** Touching lamp with bare hands will cause premature lamp failure. Use gloves or cloth to hold lamp. Push lamp into socket.
5. Replace hood, reconnect power.

**QUARTZ**

**THE BETTER BOTTLE BULLET**  
75 watt lamp  
200° Celsius  
E-Z Grip  
EZ Grip lock-nut  
EZ Grip mounting arm  
EZ Grip  
EZ Grip  
EZ Grip

15

14 Oak Street signage  
*The Landing*

