

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 091384

This is to certify that FRYE ASSOCIATES /Head Gar

has permission to Sidewalk sign

AT 44 OAK ST CBI 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 tied-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

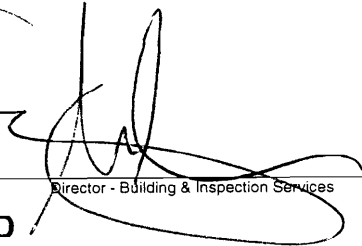
OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____
Department Name


Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

7

City of Portland

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-1384	Issue Date:	CBL: 039 B011001
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Location of Construction: 44 OAK ST	Owner Name: FRYE ASSOCIATES	Owner Address: 44 OAK ST	Phone:
Business Name:	Contractor Name: Head Games	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Side Walk	Zone: B-3

Past Use: Commercial - Hair Salon "Head Games"	Proposed Use: Commercial - Hair Salon "Head Games" - Sidewalk sign	Permit Fee: \$79.50	Cost of Work: \$79.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <input checked="" type="checkbox"/> Type: <i>Sidewalk Sign</i> <i>City ordinance</i>	

Proposed Project Description: Sidewalk sign	Signature:	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied		
Signature:	Date:	

Permit Taken By: I.dobson	Date Applied For: 12/04/2009	Zoning Approval
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<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>	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 <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM	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	Historic Preservation <input 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: <i>12/11/09</i>	Date:	Date:

PERMIT ISSUED

City of Portland

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-1384	Date Applied For: 12/04/2009	CBL: 039 B011001
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Location of Construction: 44 OAK ST	Owner Name: FRYE ASSOCIATES	Owner Address: 44 OAK ST	Phone:
Business Name:	Contractor Name: Head Games	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Side Walk	

Proposed Use: Commercial - Hair Salon "Head Games" - Sidewalk sign	Proposed Project Description: Sidewalk sign
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 12/07/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
<p>1) All sidewalk signs shall be removed when the business is closed or while any snow or ice exists on the walkway within eight feet of the sign in any direction. All sidewalk signs shall be located near the curb rather than the building face. The sidewalk shall maintain a width of no less than 4 1/2 feet of unobstructed sidewalk width perpendicular to major flows. For a single tenant listing, the maximum width is 24 inches or less if needed for the 4.5 feet of unobstructed sidewalk width. The maximum height of a sidewalk sign is 40 inches to the top of the sign in place. The minimum height of a sidewalk sign is 30 inches to the top of the sign in place.</p>			
Dept: Building	Status: Approved	Reviewer: Tammy Munson	Approval Date: 12/23/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>

PERMIT ISSUED



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: 116 FREE ST.		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 039 B 011001	Owner: FREY ASSOCIATES	Telephone: 772.7647
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone:	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ 316.00 Awning Fee= cost of work _____ Total Fee: \$ _____

Who should we contact when the permit is ready: **ALANNA PETERLIN** phone: **207 318 9898**

Tenant/allocated building space frontage (feet): Length: **31'2"** Height: **45 STORP**
 Lot Frontage (feet) **8'6" (sidewalk)** Single Tenant or Multi Tenant Lot **MULTI**

Current Specific use: **HARRISON**
 If vacant, what was prior use: _____
 Proposed Use: _____

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes No _____ Dimensions proposed: **20.4x40"** Height from grade: **40"**
 Bldg. wall sign? (attached to bldg) Yes _____ No Dimensions proposed: _____

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):
 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: _____

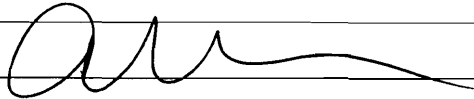
A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required.

56 59 + EXISTING

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: 12/4/09
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This is not a permit; you may not commence ANY work until the permit is issued.

THE SIGNERY

Khristine

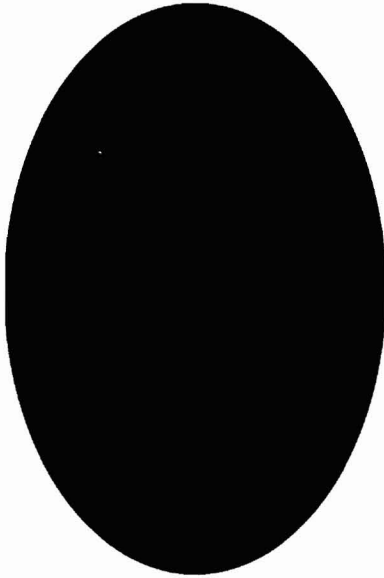
This proof may reflect color shifts due to the color conversions from ink to paint and or vinyl. Also, PMS colors will be approximated to the best of our ability. If we are supplied with files (if applicable) they will be used as is and the Signery will not be responsible for any faults in the design (300 dpi required). Please check the following for accuracy: spelling, quantity, graphics and logos, size, fonts/typeface, single or double sided colors and legibility.

Client: Head Games final

Proof File: 16797

Please SIGN this form, if approved, and fax to (207) 510.0043 to continue the job progress.

*By signing below, you are confirming that you have checked and approved of all details of this project, as represented on this proof.



BIRDS EYE VIEW

Head Games)
080 aluminum
4.5x14.5
Painted DARK BRONZE MP 26077
Web Address PAINT MET COPPER

Logo) 080 ALUMINUM
1.8x11.8
MET Copper
WIRL WILL BE COPPER LEAFED
Head Games will be HP White
ATTACHED TO BRONZE CIRCLE
(AND ATTACH TO SIDEWALKBOARD)

Approved By: _____



SIDE A

(1) 3/4" mdo
40x20.4

Sign will be faced with galvanized
painted DARK BRONZE MP 26077
cut to shape

(base) 3/4" mdo
painted Dark bronze
24x36 (oval)
ATTACH SIGN TO BASE

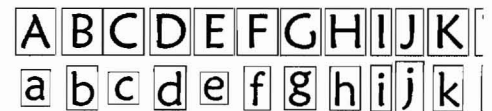
(circle element)
4.825x17.625
Mask and Paint MET Copper



SIDE B

(The Landing logo)
10x13.5
painted MET COPPER

Girl will be 080 aluminum
14.5x19.5
painted met copper



(150) 030 Magnetic Letter
2.5" x 2
FLATBEI
iCU

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/4/2009

PRODUCER O'Hearn Insurance Agency 1087 Forest Ave Portland, Me. 04103 207-797-9400		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 Head Games, Inc. 116 Free St. Portland, ME 04101 207-318-9898		INSURERS AFFORDING COVERAGE	NAIC#
		INSURER A: Hanover	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

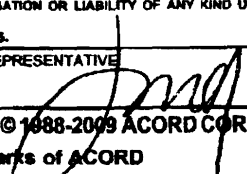
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
A		GENERAL LIABILITY	OHP-5631626-00	06/01/09	06/01/10	EACH OCCURRENCE			
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
	<input type="checkbox"/>	CLAIMSMADE				<input checked="" type="checkbox"/>	OCCUR	\$ 100,000	
	<input type="checkbox"/>							MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/>							PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/>							GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC	PRODUCTS - COMP/OP AGG	\$ 2,000,000	
		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"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
		<input type="checkbox"/> HIRED AUTOS							
		<input type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$		
						AUTO ONLY: AGG	\$		
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE	\$		
		<input type="checkbox"/> DEDUCTIBLE					\$		
		<input type="checkbox"/> RETENTION \$					\$		
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$		
		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

CERTIFICATE HOLDER

CANCELLATION

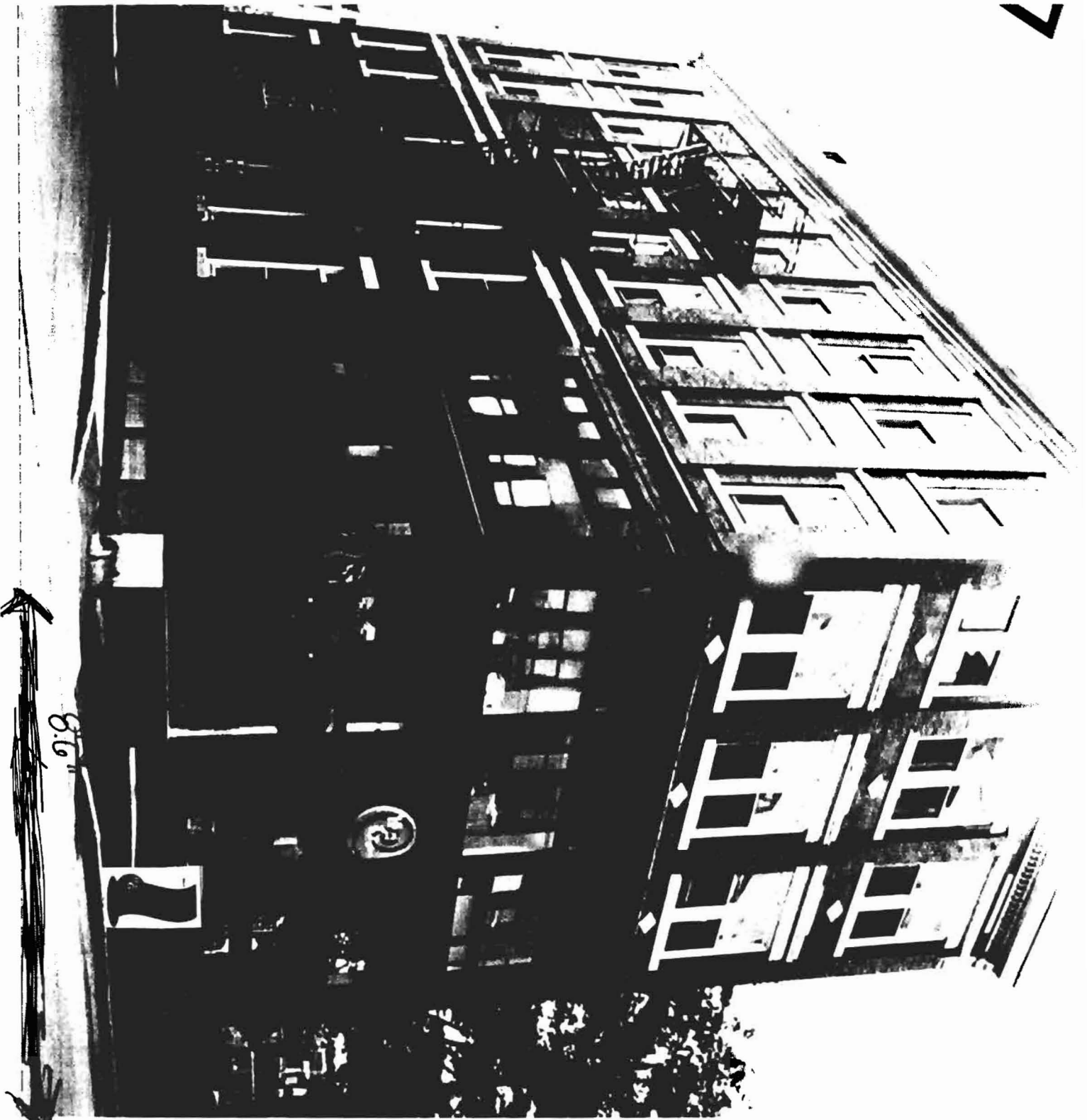
ADDITIONAL INSURED City of Portland 389 Congress St Portland, ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: 
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ACORD25 (2009/01)

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7



8.6"

31.5"