

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read  
Application And  
Notes, If Any,  
Attached

Permit Number: 070521

PERMIT ISSUED

JUN - 4 2007

CITY OF PORTLAND  
BUILDING INSPECTION

This is to certify that RICE GEOFFREY I / Alan S

has permission to Install mosaic facade

AT 616 CONGRESS ST

039 A005001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 leased or otherwise closed-in. 4 HOUR NOTIFICATION 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

5/25/07 *Chen JWA*  
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>07-0521 | Issue Date: | CBL:<br>039 A005001 |
|-----------------------|-------------|---------------------|

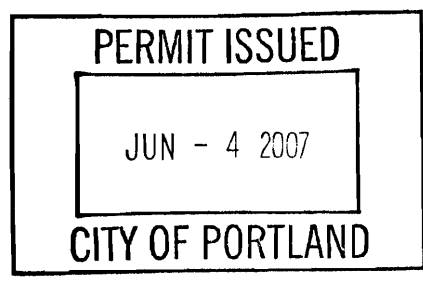
|  |                                |   |                     |
|--|--------------------------------|---|---------------------|
| Location of Construction:<br>616 CONGRESS ST | Owner Name:<br>RICE GEOFFREY I | Owner Address:<br>658 CONGRESS ST 1ST FLOOR       | Phone:              |
| Business Name:                               | Contractor Name:<br>Alan Spear | Contractor Address:<br>43 Washington Ave Portland | Phone<br>2078792233 |
| Lessee/Buyer's Name                          | Phone:                         | Permit Type:<br>Alterations - Commercial          | Zone:<br>B-3        |

|  |   |  |  |                    |
|--|---|--|--|--------------------|
| Past Use:<br>Commercial / Coffee By Design | Proposed Use:<br>Commercial / Coffee By Design<br>Install mosaic facade | Permit Fee:<br>\$60.00   | Cost of Work:<br>\$4,000.00                            | CEO District:<br>2 |
|  |   | FIRE DEPT:<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | INSPECTION:<br>Use Group: B Type: 3<br><i>IBC-2003</i> |                    |

|   |            |                               |
|---|------------|-------------------------------|
| Proposed Project Description:<br>Install mosaic facade  | Signature: | Signature: <i>5/25/07 CLM</i> |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <i>PAD</i>  |            |                               |
| Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied<br><i>use of Design Standards Apply</i> |            |                               |
| Signature: <i>Camille</i> Date: <i>052207</i>   |            |                               |

|                             |                                 |                        |  |
|-----------------------------|---------------------------------|------------------------|--|
| Permit Taken By:<br>dmartin | Date Applied For:<br>05/10/2007 | <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><input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM<br>Date: <i>5/24/07</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 checked="" 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: |
|   | <i>NO Advertisement or logo shown</i>  |   |  |



**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

|                              |  |                            |
|------------------------------|--|----------------------------|
| <b>Permit No:</b><br>07-0521 | <b>Date Applied For:</b><br>05/09/2007 | <b>CBL:</b><br>039 A005001 |
|------------------------------|--|----------------------------|

|   |                                       |  |                                |
|---|---------------------------------------|--|--------------------------------|
| <b>Location of Construction:</b><br>616 CONGRESS ST | <b>Owner Name:</b><br>RICE GEOFFREY I | <b>Owner Address:</b><br>658 CONGRESS ST 1ST FLOOR       | <b>Phone:</b>                  |
| <b>Business Name:</b>                               | <b>Contractor Name:</b><br>Alan Spear | <b>Contractor Address:</b><br>43 Washington Ave Portland | <b>Phone</b><br>(207) 879-2233 |
| <b>Lessee/Buyer's Name</b>                          | <b>Phone:</b>                         | <b>Permit Type:</b><br>Alterations - Commercial          |                                |

|   |   |
|---|---|
| <b>Proposed Use:</b><br>Commercial / Coffee By Design Install mosaic facade | <b>Proposed Project Description:</b><br>Install mosaic facade |
|---|---|

|  |   |   |                                  |   |
|--|---|---|----------------------------------|---|
| <b>Dept:</b> PAD   | <b>Status:</b> Approved                 | <b>Reviewer:</b> Carrie Marsh           | <b>Approval Date:</b> 05/22/2007 | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| <b>Note:</b>   |   |   |                                  |   |
| <b>Dept:</b> Zoning  | <b>Status:</b> Approved                 | <b>Reviewer:</b> Marge Schmuckal        | <b>Approval Date:</b> 05/22/2007 | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| <b>Note:</b>   |   |   |                                  |   |
| <b>Dept:</b> Building  | <b>Status:</b> Approved with Conditions | <b>Reviewer:</b> Residential Plan Revie | <b>Approval Date:</b> 05/25/2007 | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| <b>Note:</b>   |   |   |                                  |   |
| 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code. |   |   |                                  |   |

**Comments:**

5/22/2007-mes: No advertisement or logo is being shown on the submittal - not a sign.



# General Building 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.

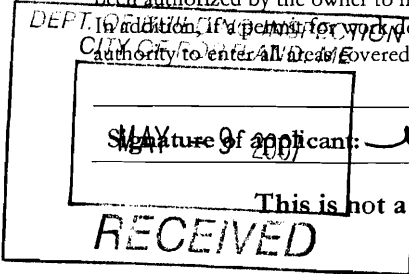
0110

|   |  |  |
|---|--|--|
| Location/Address of Construction: <u>Coffee By Design 620 Congress Street Portland 04101</u>  |  |  |
| Total Square Footage of Proposed Structure<br><u>N/A</u>  |  | Square Footage of Lot<br><u>N/A</u>  |
| Tax Assessor's Chart, Block & Lot<br>Chart#      Block#      Lot#   | Owner:<br><u>Geoffrey Z. Rice</u>  | Telephone:<br><u>207-773-1814</u>  |
| Lessee/Buyer's Name (If Applicable)<br><br><u>N/A</u>   | Applicant name, address & telephone:<br><u>Coffee By Design<br/>43 Washington Avenue<br/>Portland, Maine 04101<br/>207-879-2233 ext. 207</u> | Cost Of Work: \$ <u>4,000.-</u><br>Fee: \$ <u>70</u><br>C of O Fee: \$ _____ |
| Current legal use (i.e. single family) <u>retail coffee house</u><br>If vacant, what was the previous use? <u>N/A</u><br>Proposed Specific use: <u>façade improvement</u><br>Is property part of a subdivision? <u>NO</u> If yes, please name _____<br>Project description:<br><u>Installation of mosaic store front.</u>                 |  |  |
| Contractor's name, address & telephone: <u>Alan Spear 43 Washington Avenue Portland, Maine<br/>207-879-2233 ext. 206</u><br>Who should we contact when the permit is ready: <u>Mary Allen Lindeman</u><br>Mailing address: <u>Coffee By Design<br/>43 Washington Avenue<br/>Portland, Maine 04101</u> Phone: <u>207-879-2233 ext. 207</u> |  |  |

Please submit all of the information outlined in the Commercial Application Checklist.  
Failure to do so will 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 or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division 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: <u>[Signature]</u><br>Date: <u>5/9/07</u> |
|---|---|

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

*[Handwritten initials]* 20629

**Geoffrey I. Rice**  
**658 Congress Street, First Floor**  
**Portland, Maine 04101**

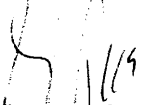
**May 8, 2007**

**RE: Coffee By Design**  
**620 Congress Street**  
**Storefront Facade Improvement**

**To whom it may concern:**

**I have given my tenant, Coffee By Design, permission to install an original piece of artwork to the facade of the building I own which houses their 620 Congress Street retail coffeehouse.**

**Sincerely yours,**

  
**Geoffrey I. Rice**

Please call 874-8703 or 874-8693 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 initialing 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.

|                                     |                                       |  |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/>            | Footing/Building Location Inspection: | Prior to pouring concrete  |
| <input checked="" type="checkbox"/> | Re-Bar Schedule Inspection:           | Prior to pouring concrete  |
| <input checked="" type="checkbox"/> | Foundation Inspection:                | Prior to placing ANY backfill  |
| <input type="checkbox"/>            | Framing/Rough Plumbing/Electrical:    | Prior to any insulating or drywalling  |
| <input checked="" type="checkbox"/> | Final/Certificate of Occupancy:       | Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point. |

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.

CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

Signature of Applicant/Designee

Donna Martin Admin

Date

6-4-07

Signature of Inspections Official

Date

CBL: 39 A 004 Building Permit #: 07-0521

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
5/9/2007

| PRODUCER (207) 774-6257 FAX: (207) 774-2994<br><b>Clark Associates</b><br>2385 Congress Street<br>P O Box 3543<br>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<br><b>COFFEE BY DESIGN, INC.</b><br>43 WASHINGTON AVENUE<br>PORTLAND ME 04101   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>Travelers Indemnity of</b></td> <td><b>25666</b></td> </tr> <tr> <td>INSURER B: <b>Charter Oak Fire Ins. Co.</b></td> <td><b>25615</b></td> </tr> <tr> <td>INSURER C: <b>Travelers Indemnity Co.</b></td> <td><b>25658</b></td> </tr> <tr> <td>INSURER D: <b>Maine Employers Mutual</b></td> <td><b>11149</b></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: <b>Travelers Indemnity of</b> | <b>25666</b> | INSURER B: <b>Charter Oak Fire Ins. Co.</b> | <b>25615</b> | INSURER C: <b>Travelers Indemnity Co.</b> | <b>25658</b> | INSURER D: <b>Maine Employers Mutual</b> | <b>11149</b> | INSURER E: |  |
| INSURERS AFFORDING COVERAGE   | NAIC #   |                             |        |  |              |   |              |   |              |  |              |            |  |
| INSURER A: <b>Travelers Indemnity of</b>  | <b>25666</b>   |                             |        |  |              |   |              |   |              |  |              |            |  |
| INSURER B: <b>Charter Oak Fire Ins. Co.</b>   | <b>25615</b>   |                             |        |  |              |   |              |   |              |  |              |            |  |
| INSURER C: <b>Travelers Indemnity Co.</b>   | <b>25658</b>   |                             |        |  |              |   |              |   |              |  |              |            |  |
| INSURER D: <b>Maine Employers Mutual</b>  | <b>11149</b>   |                             |        |  |              |   |              |   |              |  |              |            |  |
| 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 | TYPE OF INSURANCE  | POLICY NUMBER       | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|---|-------|--|---------------------|----------------------------------|-----------------------------------|---|
| A   |       | <b>GENERAL LIABILITY</b>   | I6801311L578TIA07   | 3/8/2007                         | 3/8/2008                          | EACH OCCURRENCE \$ <b>1,000,000</b>   |
|   |       | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY                          |                     |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>   |
|   |       | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR |                     |                                  |                                   | MED EXP (Any one person) \$ <b>5,000</b>  |
|   |       |  |                     |                                  |                                   | PERSONAL & ADV INJURY \$ <b>1,000,000</b>   |
|   |       |  |                     |                                  |                                   | GENERAL AGGREGATE \$ <b>2,000,000</b>   |
|   |       |  |                     |                                  |                                   | PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>  |
|   |       |  |                     |                                  |                                   | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |
| B   |       | <b>AUTOMOBILE LIABILITY</b>  | BA-1311L702-07-SEL  | 3/8/2007                         | 3/8/2008                          | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>   |
|   |       | <input type="checkbox"/> ANY AUTO  |                     |                                  |                                   | BODILY INJURY (Per person) \$   |
|   |       | <input type="checkbox"/> ALL OWNED AUTOS                                       |                     |                                  |                                   | BODILY INJURY (Per accident) \$   |
|   |       | <input checked="" type="checkbox"/> SCHEDULED AUTOS                            |                     |                                  |                                   | PROPERTY DAMAGE (Per accident) \$   |
|   |       | <input checked="" type="checkbox"/> HIRED AUTOS                                |                     |                                  |                                   |   |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS |       |  |                     |                                  |                                   |   |
|   |       | <b>GARAGE LIABILITY</b>  |                     |                                  |                                   | AUTO ONLY - EA ACCIDENT \$  |
|   |       | <input type="checkbox"/> ANY AUTO  |                     |                                  |                                   | OTHER THAN EA ACC \$  |
|   |       |  |                     |                                  |                                   | AUTO ONLY: AGG \$   |
| C   |       | <b>EXCESS/UMBRELLA LIABILITY</b>   | ISFCUP6139Y918IND07 | 3/8/2007                         | 3/8/2008                          | EACH OCCURRENCE \$ <b>1,000,000</b>   |
|   |       | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE            |                     |                                  |                                   | AGGREGATE \$ <b>1,000,000</b>   |
|   |       | <input type="checkbox"/> DEDUCTIBLE  |                     |                                  |                                   |   |
|   |       | <input checked="" type="checkbox"/> RETENTION \$ <b>5,000</b>                  |                     |                                  |                                   |   |
|   |       |  |                     |                                  |                                   |   |
| D   |       | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                           | 1810068290          | 4/11/2007                        | 4/11/2008                         | WC STATUTORY LIMITS OTH-ER  |
|   |       | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                      |                     |                                  |                                   | E.L. EACH ACCIDENT \$ <b>500,000</b>  |
|   |       | If yes, describe under SPECIAL PROVISIONS below                                |                     |                                  |                                   | E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>  |
|   |       |  |                     |                                  |                                   | E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>   |
| OTHER   |       |  |                     |                                  |                                   |   |

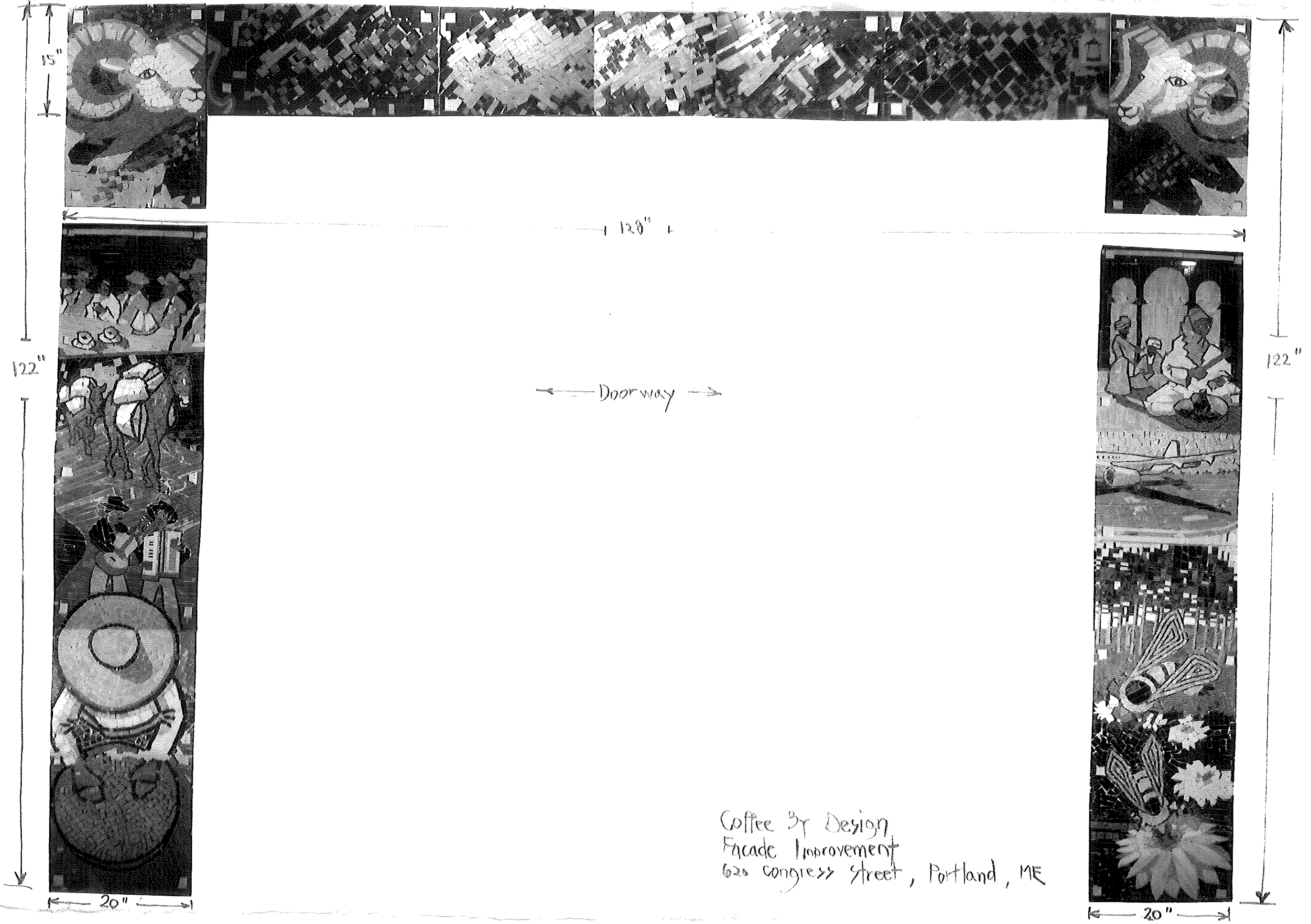
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Certificate holder is named as additional insured in regards to the general liability as required by contract

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>City of Portland<br>389 Congress Street<br>Portland, ME 04101 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>10</b> 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.<br><br>AUTHORIZED REPRESENTATIVE<br>Paul Tringali/BLWM |
|--|--|



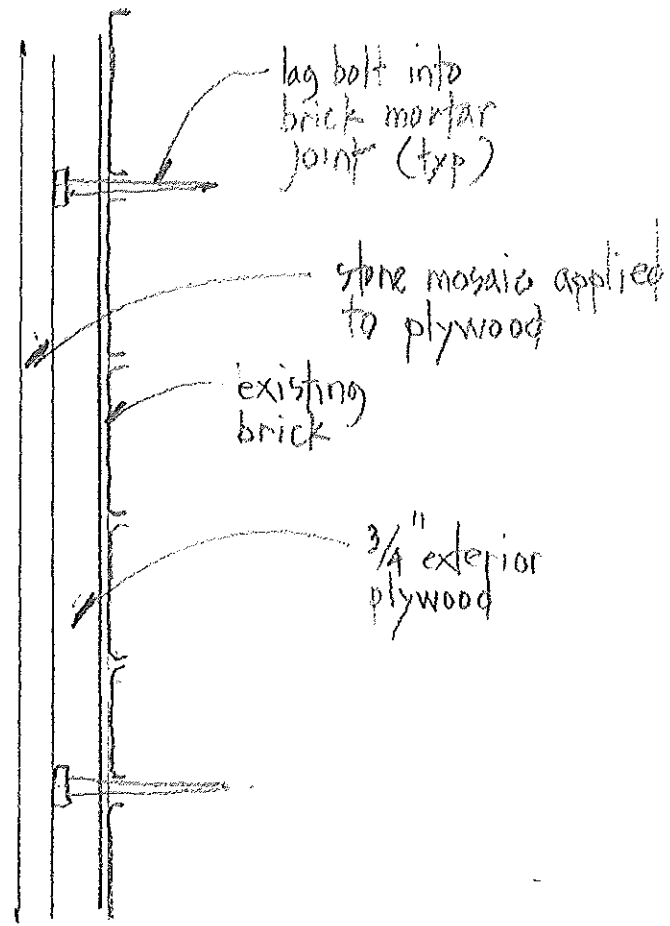
Coffee By Design  
Facade Improvement  
620 Congress St., Portland.



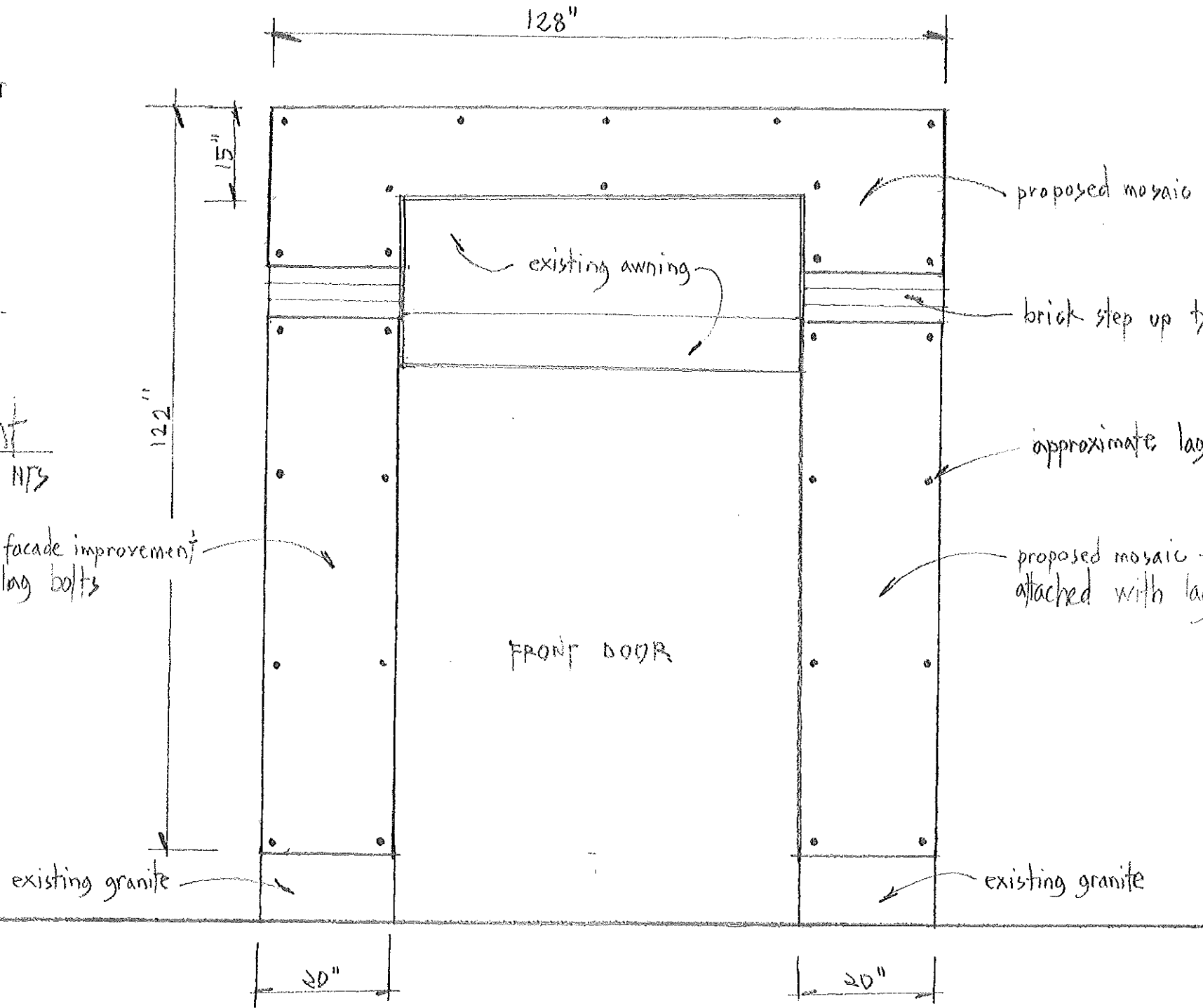


Coffee By Design  
Facade Improvement  
620 Congress Street, Portland, ME

FRONT



Detail of Mosaic Attachment



proposed mosaic facade improvement attached with lag bolts

Coffee By Design  
Facade Improvement  
620 Congress St., Portland