

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND BUILDING PERMIT

This is to certify that John Hodgekins @ Support Solutions

Located At 611 CONGRESS ST

Job ID: 2011-12-2975-SIGN

CBL: 046- D-031-001

has permission to Install New Signage for "The Art Department"  
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.	A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be
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N/A

\_\_\_\_\_  
**Fire Prevention Officer**

*Mary Schmittal* 1/3/12  
\_\_\_\_\_  
**Code Enforcement Officer / Plan Reviewer**

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2011-12-2975-SIGN

Located At: 611 CONGRESS ST

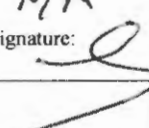
CBL: 046- D-031-001

## **Conditions of Approval:**

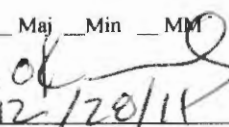
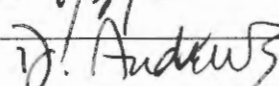
Please call when installing sign for inspection

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

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

Job No: 2011-12-2975-SIGN	Date Applied: 12/22/2011	CBL: 046- D-031-001	
Location of Construction: 611 CONGRESS ST	Owner Name: STONE COAST PROPERTIES	Owner Address: 142 HIGH ST STE 320 PORTLAND, ME 04101	Phone: 772-1540
Business Name:	Contractor Name: John Hodgekins @ Support Solutions	Contractor Address: 124 Canel ST - LEWISTON MAINE 04240	Phone: (207) 771-7909 x101
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM -	Zone: B-3
Past Use: <b>Retail</b>	Proposed Use: <b>Same: Retail - To install a 1' x 13' sign for "The Art Department"</b>	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: N/A Signature: 
Proposed Project Description: New Signage for "The Art Department"		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Brad	<b>Zoning Approval</b>
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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 informatin may invalidate a building permit and stop all work.</p>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date:  12/20/11	<b>Zoning Appeal</b> <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  Date:	<b>Historic Preservation</b> 1, 2, 3 <input type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 1/3/12 
	<b>CERTIFICATION</b>		

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.

B-3 in Historic

142 High St

RECEIVED

Location/Address of Construction: <u>611 Congress St, Portland, ME 04101</u>			Telephone: _____
Tax Assessor's Chart, Block & Lot Chart# <u>46</u> Block# <u>D</u> Lot# <u>31</u>	Owner: <u>Rental Manager Kenyan McQuaid</u> <u>Stone Coast Properties</u> <u>142 High St</u>	Telephone: <u>772 008 40</u>	
Lessee/Buyer's Name (If Applicable) <u>Support Solutions / Creative Trails / The Art Department</u>	Contractor name, address & telephone: <u>John Hodgkins</u> <u>Support Solutions</u> <u>124 Canal St</u> <u>Lewiston ME 04240</u> <u>771-2909 ext 101</u>	Total s.f. of signage x \$2.00 = <u>816.00</u> Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$ <u>30.00</u> Awning Fee= cost of work _____ Total Fee: \$ <u>46.00</u>	
Who should we contact when the permit is ready: <u>Lauren Sneed</u> phone: <u>409-0844</u>			
Tenant/allocated building space frontage (feet): Length: <u>14 feet</u> Height: <u>7 feet</u> Lot Frontage (feet) <u>width 14'</u> Single Tenant or Multi Tenant lot <u>Single</u> See Attached for details			
Current Specific use: <u>The Art Department</u> If vacant, what was prior use: <u>Emerald City</u> Proposed Use: <u>retail / com. support</u> (previously Terra Firma - retail - 04-0789)			
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Height from grade: <u>7ft</u> m Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: <u>9" x 8" per letter</u> (Full length <u>13ft</u> )			
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> Is awning backlit? Yes ___ No <u>NIA</u> Height of awning: <u>NIA</u> Length of awning: <u>NIA</u> Depth: <u>NIA</u> Is there any communication, message, trademark or symbol on it? Yes ___ No <u>NIA</u> If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>NIA</u> s.f.			
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions: _____ Awning? Yes ___ No <input checked="" type="checkbox"/> 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 send Permit to:

Lauren Sneed  
369 Forest Ave  
Portland, ME  
04103

8 x 2 + 30 + 75 = 112

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: 12/20/2011

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

★ Would appreciate permit by January 4TH so we can hang the sign in time for our Grand opening on Jan 6TH Thanks!  
ANY QUESTIONS? → LAUREN 409-0844



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: FF

DATE (MM/DD/YYYY)

11/25/11

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 TD Insurance, Inc. (ME) PO Box 406 Portland, ME 04112-0406 TD Insurance, Inc.	207-239-3500	CONTACT NAME:	
	207-775-0339	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	SUPPO-3
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Support Solutions, Inc. 124 Canal Street, Suite 3 Lewiston, ME 04240-7711	INSURER A : ARCH INSURANCE COMPANY		11150
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

**COVERAGES**                                      **CERTIFICATE NUMBER:**                                      **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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			NCPKG0198600	11/06/11	11/06/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
A	AUTOMOBILE LIABILITY			NCAUT0198600	11/06/11	11/06/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" 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						\$
							\$
U	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	NCUMB0198600	11/06/11	11/06/12	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE \$ 4,000,000
	DEDUCTIBLE:						
	<input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NCPKG0198800	11/06/11	11/06/12	WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
	Property Section						E.L. DISEASE - POLICY LIMIT \$
							See Below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: 66 Industrial Drive, Saco, ME  
Camden National Bank is included as Mortgagee and Loss Payee  
Mortgagee and Loss Payee status only applies per written contract and is subject to policy terms and conditions.  
**SEE NOTES FOR COVERAGE AND LIMITS**

<b>CERTIFICATE HOLDER</b> CAMDNAT	<b>CANCELLATION</b>
	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 TD Insurance, Inc.

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# *Stone Coast Properties, LLC*

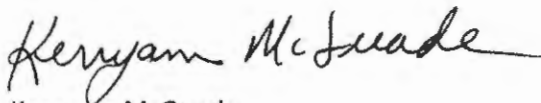
December 21, 2011

City of Portland  
Attn: Ann Machado  
Portland, ME 04101

Re: Support Solutions, Business Signage

Stone Coast Properties, LLC, Landlord at 142 High Street/615 Congress St. (State Theatre Building) grant permission to tenant Support Solutions to attach letter signage of their business name, "The Art Department" on the outside the building, above the storefront window at 615A - see email. rec'd 12/23/11  
Congress St.

Regards,



Kerryann McQuade  
Rental Manager  
Stone Coast Properties, LLC

cc: Creative Trails, Lauren Snead

OK

***142 High Street Suite 513 Portland, Maine 04101  
(207)772-1540***

(B)



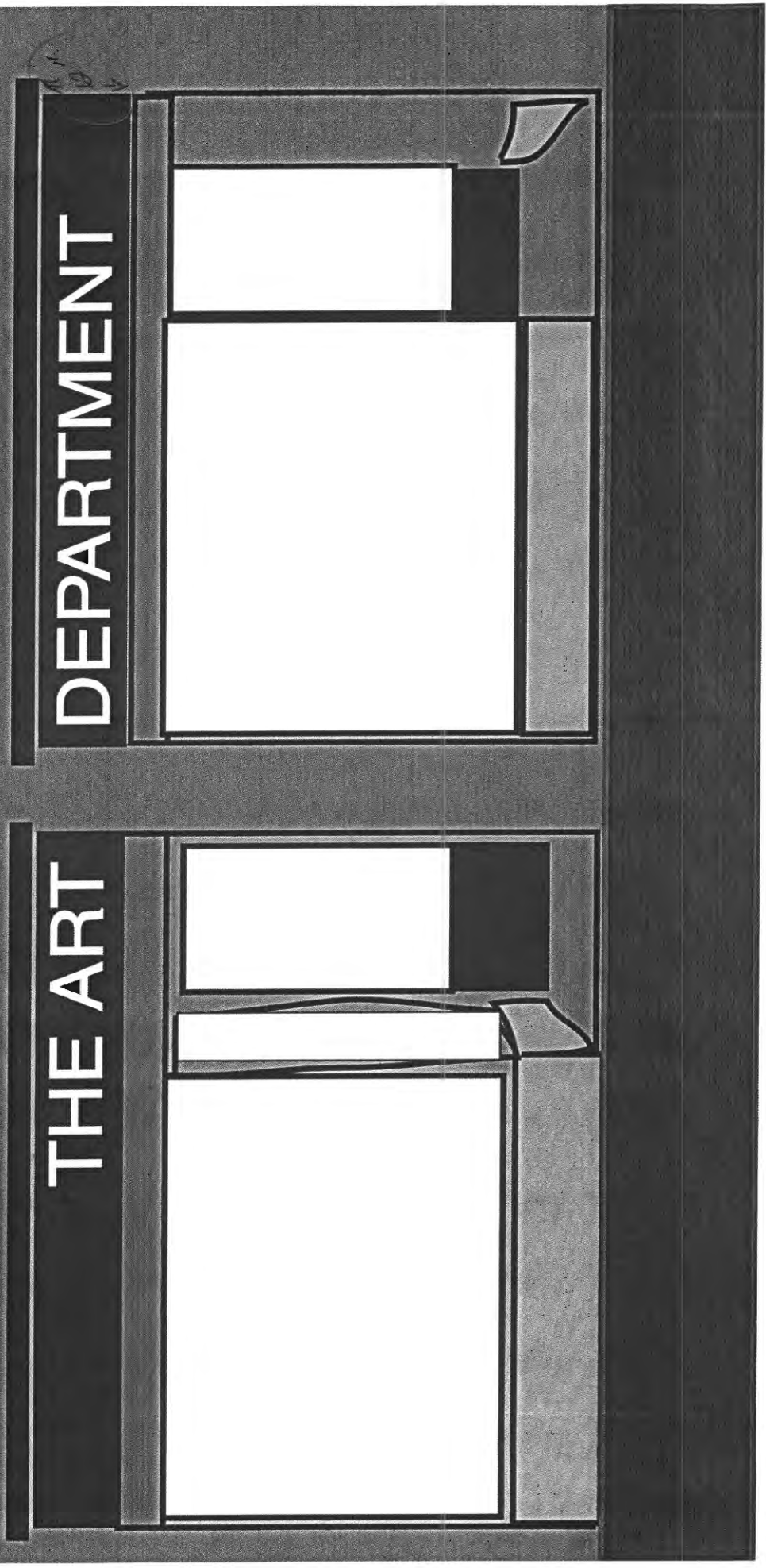
12" x 8 1/2" = 1 x 8.58 - 8.58 ~ 9 1/4  
NOTE - The letters are made of wood and will be mounted with 2" SPACERS  
Each letter is 9" x 8" / Color of letters + Sign: White / No change in Background color

(recently Black)

← 8-7

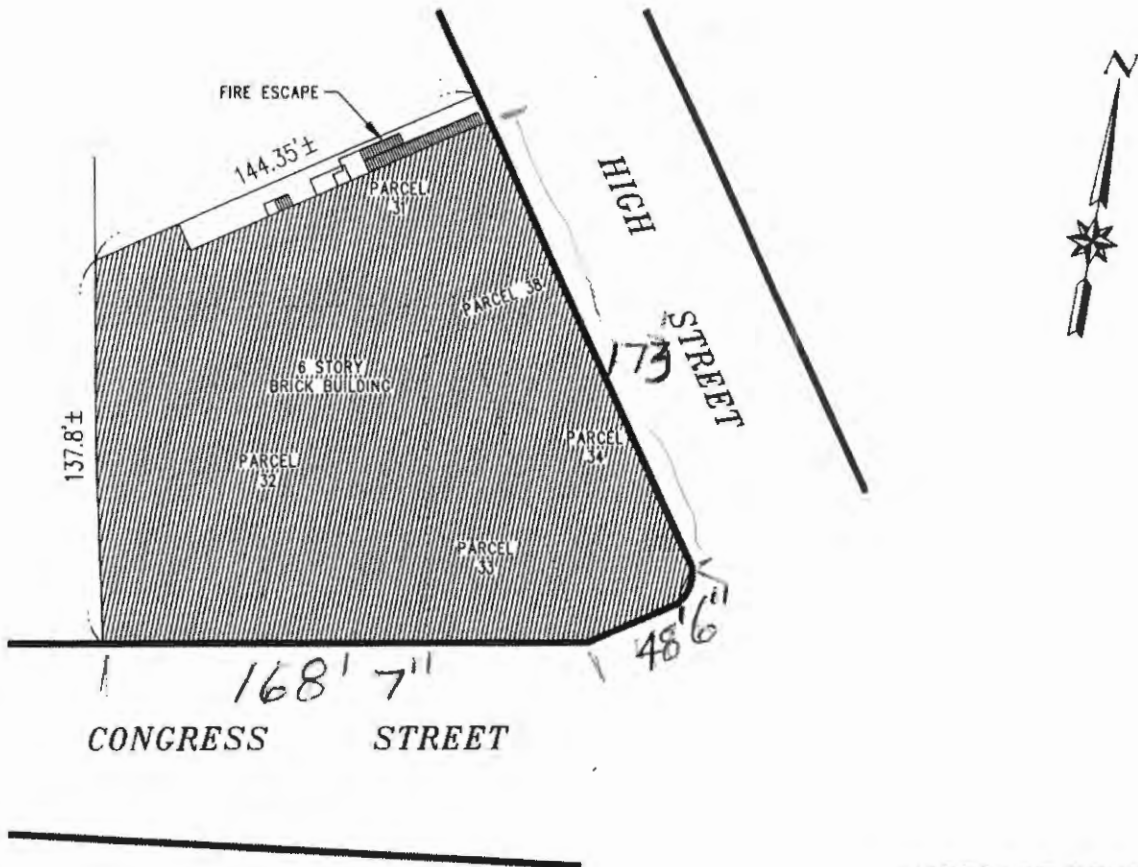
THE ART

DEPARTMENT





603-607 CONGRESS STREET, PORTLAND, ME



MORTGAGE LENDER  
USE ONLY

THIS IS NOT A BOUNDARY SURVEY.

THIS IS THE RESULT OF TAPE MEASUREMENT, NOT THE RESULT OF AN INSTRUMENT SURVEY AND IS CERTIFIED TO THE TITLE INSURANCE COMPANY AND ABOVE LISTED ATTORNEY AND LENDER.

THERE ARE NO DEEDED EASEMENTS IN THE ABOVE REFERENCED DEED OR ENCROACHMENTS WITH RESPECT TO BUILDINGS SITUATED ON THIS LOT EXCEPT AS SHOWN.

THE LOCATION OF THE DWELLING SHOWN DOES NOT FALL WITHIN A SPECIAL FLOOD HAZARD ZONE.

THE LOCATION OF THE DWELLING AS SHOWN HEREON WAS IN COMPLIANCE WITH THE LOCAL ZONING LAWS IN EFFECT WHEN CONSTRUCTED (WITH RESPECT TO STRUCTURAL SETBACK REQUIREMENTS ONLY).

PARCEL NUMBERS FROM ASSESSOR'S MAP.

SURVEYING ENGINEERING LAND PLANNING  
**Northeast Civil Solutions**

INCORPORATED

153 US ROUTE 1, SCARBOROUGH, MAINE 04074



60' 0 60' 120'

tel (207) 883-1000 fax (207) 883-1001 e-mail ncs@maine.rr.com  
(800) 882-2227



*Client Photo 5/14/02*

GENERAL NOTES: (1) The declaration made above are on the basis of my knowledge, information, and belief as the result of a mortgage inspection tape survey made to the normal standard of care of professional land surveyors practicing in Maine. (2) Declarations are made to the above named client only as of this date. (3) This plan was not made for recording purposes, for use in preparing deed descriptions or for constructions. (4) Verifications of property line dimensions, building offsets, fences, or lot configuration may be accomplished only by an accurate instrument survey.

