

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number 061729

PERMIT ISSUED

DEC 12 2015

CITY OF PORTLAND

This is to certify that STONE COAST PROPERTY LLC /TBD

has permission to Install a 27sf sign on bldg

AT 603 CONGRESS ST

046 D031001

provided that the person or persons in charge of the work accepting 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 procured before this building or part thereof is occupied or services 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

[Handwritten Signature]
12/12/06
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: 06-1729	Issue Date:	CBL: 046 D031001
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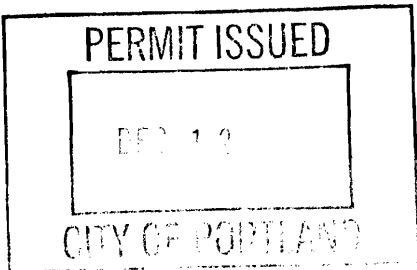
Location of Construction: 603 CONGRESS ST	Owner Name: STONE COAST PROPERTIES LL	Owner Address: PO BOX 4152	Phone:
Business Name:	Contractor Name: TBD	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Commercial / retail personal service Change of use 06-0686	Proposed Use: Commercial / retail personal service install a 27sf sign on bldg	Permit Fee: \$84.00	Cost of Work: \$84.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>N/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature: <i>[Signature]</i>	

Proposed Project Description: Install a 27sf sign on bldg "The Make Up Shop" 605 Congress St	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: <i>D. Andrews</i> Date: <i>12/11/06</i>
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Permit Taken By: dmartin	Date Applied For: 11/28/2006	Zoning Approval
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<ol style="list-style-type: none"> 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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>12/15/06</i>	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 Date:	Historic Preservation <i>yes - landmark</i> <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 checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>D. Andrews</i> <i>12/11/06</i>
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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: 06-1729	Date Applied For: 11/28/2006	CBL: 046 D031001
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Location of Construction: 603 CONGRESS ST	Owner Name: STONE COAST PROPERTIES LL	Owner Address: PO BOX 4152	Phone:
Business Name:	Contractor Name: TBD	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial / personal service - install a 27sf sign on bldg	Proposed Project Description: Install a 27sf sign on bldg - "The Makeup Shop"
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Dept: Historic **Status:** Approved with Conditions **Reviewer:** Deborah Andrews **Approval Date:** 12/11/2006

Note: **Ok to Issue:**

- 1) * Gooseneck signs are not recommended in this context.
 - * No penetrations in the masonry surrounding the sign.
 - 2) * If lighting is proposed, such lighting shall consist of one of the two options:
 - a. Small black spots which are mounted at the base of the sign and project back onto the sign panel; or
 - b. A continuous "tray" light mounted at the top or bottom of the sign panel, which would extend the full width of the panel
- *

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 12/05/2006

Note: **Ok to Issue:**

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.

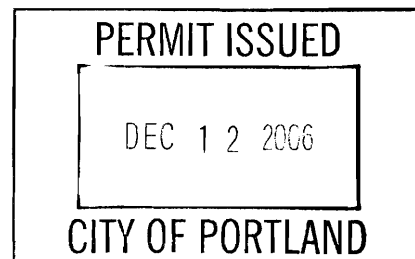
Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 12/12/2006

Note: **Ok to Issue:**

- 1) Separate permits are required for any electrical systems.
- 2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

Comments:

12/4/2006-amachado: Left message for Alise Snyder. Need to know tenat frontage.





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>The Makeup Shop 605 Congress St. P410</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>44 D 31</u>	Owner: <u>(Building)</u> <u>STONE COAST PROPERTIES</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Alise Snyder</u> <u>"The Make Up Shop"</u>	Contractor name, address & telephone: <u>Alise Snyder</u> <u>(Deno)</u> <u>828-5119</u> <u>53 Industrial Way, Portland</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>27 SF.</u> For H.D. signage= Total Fee: <u>\$54 + \$30</u> Awning Fee= cost of work _____ Total Fee: <u>\$84</u>
Who should we contact when the permit is ready: <u>Alise Snyder</u> phone: <u>828-0101</u> BS - multi tenant		
Tenant/allocated building space frontage (feet): Length: <u>58 - per vertical 1st job</u> Height: _____ 2x per building		
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>mult</u> 2x SF = 116 SF		
Current Specific use: <u>personal service (change of use print 06-0686)</u> OK		
If vacant, what was prior use: <u>retail</u>		
Proposed Use: <u>personal service</u> Cell: 828-0123		
Information on proposed sign(s):		
Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/>	Dimensions proposed: _____	Height from grade: <u>8 FT</u>
Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____	Dimensions proposed: <u>148" x 265" = 3922 SF</u>	<u>27.2 SF</u>
Proposed awning? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes _____ No <input checked="" type="checkbox"/>		
Height of awning: _____ Length of awning: _____ Depth: _____		
Is there any communication, message, trademark or symbol on it? Yes <input checked="" type="checkbox"/> 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>PA (existing sign by 11/27/06) 11/27/06 Bank</u>		
Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/>	Dimensions: _____	
Bldg. wall sign? (attached to bldg) Yes _____ No <input checked="" type="checkbox"/>	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 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 property covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

DEPT. OF BUILDING PERMITS & INSPECTION CITY OF PORTLAND, ME	
Signature of applicant: <u>Alise Snyder</u>	Date: <u>11/27/06</u>
NOV 28 2006	This is not a permit; you may not commence ANY work until the permit is issued.
	V# 1052

3/4" mDO

Sign ply

Oil Base primer

Black

Vynyl

Attaching to sign w/

Screws and Brackets Sufficient

to Support sign onto cement
Sign.



148"x26.5"



↓ choice ↓ ↓ ↓





605 Congress Street

Current sign is old bank unlit bulb sign. I would like to place/attach my sign onto lower the existing sign using the same size of the current sign. I would like to light the sign per your design requirements (goose neck or using lights like at Planet dogs sign) for night time visual I will use power from the existing sign with an electrician and required permits. no additional changes to the building or old sign will be needed. my sign will be covering and able to be removed leaving the existing sign intact if it ever needs to be used again.

POLICY NUMBER
B 2084745109

INSURED NAME AND ADDRESS
The Make Up Shop
605 Congress St
PORTLAND, ME 04101

ADDITIONAL INTEREST SCHEDULE

LOCATION N/A **BUILDING**N/A

The following has been added to your policy effective 09/21/2006

Type: Designated Person or Organization

Additional Interest Name and Address:

CITY OF PORTLAND

ATT JOHN LYMAN CITY HALL RM 103

389 CONGRESS STREET

PORTLAND , ME 04101



POLICY NUMBER
B 2084745109

INSURED NAME AND ADDRESS
The Make Up Shop
605 Congress St
PORTLAND, ME 04101

LIABILITY COVERAGE

LIMIT OF INSURANCE

The following has changed on your policy effective 09/21/2006

Each Occurrence Limit	\$1,000,000
Medical Expense Limit	\$10,000
Personal and Advertising Injury	\$1,000,000
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000

CNA Connect

Endorsement Declaration

POLICY NUMBER

B 2084745109

COVERAGE PROVIDED BY

CONTINENTAL CASUALTY COMPANY
CNA PLAZA
CHICAGO, ILLINOIS 60685

FROM - POLICY PERIOD - TO

04/20/2006 04/20/2007

INSURED NAME AND ADDRESS

The Make Up Shop
605 Congress St

PORTLAND, ME 04101

AGENCY NUMBER

046923

AGENCY NAME AND ADDRESS

GLS INSURANCE AGENCY INC
1745 S ALMA SCHOOL RD #245
MESA, AZ 85210
Phone Number: (480)922-1450

BRANCH NUMBER

560

BRANCH NAME AND ADDRESS

PHOENIX BRANCH
2355 EAST CAMELBACK STE. 500
PHOENIX, AZ 85016
Phone Number: (602)212-3200

This policy becomes effective and expires at 12:01 A.M. standard time at your mailing address on the dates shown above.

This endorsement changes your policy. Please read it carefully.
This Endorsement Results In No Change In Premium.

The Named Insured is a Corporation.

Audit Period is Not Auditable



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

SCHEDULE

Name Of Person Or Organization:
* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

The following is added to Paragraph **C. Who Is An Insured:**

- 4. Any person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of your ongoing operations or premises owned by or rented to you.

1002000820847451038881



POLICY NUMBER
B 2084745109

INSURED NAME AND ADDRESS
The Make Up Shop
605 Congress St

PORTLAND, ME 04101

POLICY CHANGES

ENDORSEMENT EFFECTIVE 9/21/06

This Change Endorsement changes the Policy. Please read it carefully.
This Change Endorsement is a part of your Policy and takes effect on the
effective date of your Policy, unless another effective date is shown.

The following Additional Insured(s) has (have) been added:

Form #: SB300113A
Title: Designated Person or Organization

Name and Address:
City of Portland
Portland, ME 04101




Chairman of the Board


Secretary



QUALITY ASSURANCE FORM

Help Us To Serve You Better

Every effort has been made to produce a quality product for you. Please review this transaction, and if it is incorrect list the correction needed in the space provided below and fax this Quality Assurance Form to us at 877-363-8669 .

Questions pertaining to any transaction should be referred to CNA Customer Interaction Center at 800-CNA-HELP, Option 1, Option 2 or e-mailed to cic@cnacentral.com

Please send routine requests via standard Accord forms through the same method you are using today. The preferred method is by fax to 877-363-8669

Insured/Account Name: The Make Up Shop

Policy Number: B 2084745109

Line of Business: CNP

Agent Name: GLS INSURANCE AGENCY INC

Producer code: 046923

Branch: PHOENIX BRANCH

Transaction Type: Endorsement

Transaction Effective Date: 09/21/2006

Your Transaction was processed by Commercial Insurance Center - Maitland, FL

C ID: BY C773462

_____ **Transaction Incorrect – See Below.**

_____ **Transaction Processed Correctly**

Correction needed:

1#JH11101HPLCLM HCPFN



POLICY NUMBER
B 2084745109

INSURED NAME AND ADDRESS
The Make Up Shop
605 Congress St
PORTLAND, ME 04101

FORMS AND ENDORSEMENTS SCHEDULE

The following list shows the Forms, Schedules and Endorsements by Line of Business that are a part of this policy.

COMMON

The following forms have been added to your policy, effective 09/21/2006

FORM NUMBER		FORM TITLE
G56015B	11/1991	ENDORSEMENT EFFECTIVE 9/21/06

COMMERCIAL GENERAL LIABILITY

The following forms have been added to your policy, effective 09/21/2006

FORM NUMBER		FORM TITLE
SB300113A	01/2006	Addl Insrds - Designated Person or Organization

Countersignature


Jonathan Kantor
Chairman of the Board


Jonathan Kantor
Secretary

From: kelly sawyer
Date: 10/24/06 12:43:28
To: 'Alise Snyder'
Subject: RE: makeup shop sign

Alise

I have reviewed the attached drawing for your plans for a sign over the entrance to your store at 605 Congress Street. Please consider this email your approval for the design from the owners of the building. We do not have an issue with the lighting described to us as well provided the casings of the lights be black or the hunter green of the windows. Please note all state and local ordinances must be followed and all permits must be received before work on the sign can begin. If you have any further questions please do not hesitate to contact me directly at 772-1540.

Kelly R. Sawyer
Property Manager
Stone Coast Properties LLC

-----Original Message-----

From: Alise Snyder [mailto:apsnyder@adelphia.net]
Sent: Monday, October 23, 2006 6:47 PM
To: krs@stonecoastproperties.com
Subject: Fw: makeup shop sign

Kelly, I have changed my thoughts of the awning idea because of worry of for lack of a better word....bums hanging out under it to a regular sign. This is in the idea stage and here are just a couple of ideas. I have requested the sign company use the exact size of the old light board and that I would just place my sign over the existing sign. So that in the unfortunate event that I ever had to take it down or change it for some reason it would be easy and leave the original sign safe and in place. I would like to place 2 black or green nice goose neck lamps over it using the electric power from the old sign. Let me know what color and other specs you would request for me to get this okayed. Also what color lighting you would like to have me install to go along with the building. I will be at work or painting in 409 tomorrow. Thanks, Alise

-----Original Message-----

From: Brenda Buonaiuto
Date: 10/23/06 17:08:50
To: Alise Snyder
Subject: makeup shop sign

Hello,

Here are a couple quick ideas. We need the measurement of that black



CITY OF PORTLAND, MAINE
Department of Building Inspections

11-02-08 20

Received from Alice Lopez

Location of Work 603-605 Congress St.

Cost of Construction \$ _____

Permit Fee \$ 84

Building (I1) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other Sign

CBL: 46-1031

Check #: 1052

Total Collected \$ 84

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

L. ma
WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

BUILDING PERMIT INSPECTION PROCEDURES

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 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.

- Footing/Building Location Inspection: Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- 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

x 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]
Signature of Applicant/Designee

12-18-06
Date

Donna Martin Admin
Signature of Inspections Official

12 18 06
Date

CBL: 046-D-031

Building Permit #: 06-1729