Form # P 04

Appeal Board Other

Department Name

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

-/-		97111	•••		· · / · · · ·
	4	VTIE	OF	PORTI AN	1D

Please Read **CRECTION** Application And Notes, If Any, Permit PERMP61733UED PERM Attached STONE COAST PROPERT LLC/TBD This is to certify that DEC 1 2 2045 Install a 27sf sign on bldg has permission to AT 603 CONGRESS ST 046 D031001 epting this permit shall comply with all provided that the person or persons rm or lion a Mances of the City of Portland regulating of the provisions of the Statutes of ine and of the the construction, maintenance and e of buildings and uctures, and of the application on file in this department. ificatio f inspe on mus Apply to Public Works for street line n and v en perm on proc A certificate of occupancy must be and grade if nature of work requires bre this Iding of rt there procured by owner before this buildsuch information. ed or osed-in ing or part thereof is occupied. EQUIRED. UR NO 12/12/06 OTHER REQUIRED APPROVALS Fire Dept. Health Dept.

PENALTY FOR REMOVING THIS CARD

Director - Building & Inspection Services

City of Portland, M. 389 Congress Street, 0-		_				06-1729	Issue Date	•	046 D	031001
Location of Construction: Owner Name:					Owner Address:		<u> </u>		Phone:	
603 CONGRESS ST		STONE COAS	ST PRO	PERTIES LL	PO BOX 4152		i none.			
Business Name:		Contractor Name	:	_	Cont	ractor Address:			Phone	
		TBD			Portland					_
Lessee/Buyer's Name		Phone:				nit Type:				Zone:
					Sig	gns - Permanen	t			<u> </u>
Past Use:		Proposed Use: Commercial /	Person	dserviu	Pern	J	Cost of Wor		CEO District:	
Commercial / retail pe	isonil	1	r etail in	stall a 27sf		\$84.00		84.00	2	
Changeofuse Cb-		sign on bldg			FIR	E DEPT:	Approved Denied	Use Gr		Type: Si
						N//c	+	<u> </u>	IBC 20	203
Proposed Project Description						/ //			-7/M	
Install a 27sf sign on bld	Č				_	ature: ESTRIAN ACTI	VITIES DIS	Signatu		
`	The Mal	ce Up Shop"							1	
	635 Cargo	28 St			Acti	on: Approv	ed MAP	proved w/	/Conditions	Denied
	J	,			Sign	ature:	a du	13	Date: [2/1	1/06
Permit Taken By:	Date Ap	oplied For:				Zoning	Approva	al		7
dmartin	11/28	3/2006		<u> </u>					<u> </u>	<u> </u>
1. This permit applicat	ion does not	preclude the	Spe	cial Zone or Revie	WS	Zonin	g Appeal		Historic Pre	servation
Applicant(s) from m Federal Rules.	neeting applic	able State and	SI	oreland		☐ Variance			Not in Distr	ict or Landma
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland ☐ Miscellaneous			Does Not Require Revie				
3. Building permits are within six (6) month	s of the date	of issuance.	☐ FI	ood Zone		Conditio	nal Use		Requires Re	view
False information m permit and stop all v		a building	∏ Sı	ıbdivision		Interpreta	ation		Approved	
			☐ Si	te Plan		Approve	d		Approved w	/Conditions
PERMIT	ISSUED	7	Maj [Minor MM		Denied			Denied	
DES :	1 9			2105101		Date:		D	ate: D. A.	dew?
CITY OF	POPTLAN								12/11/0	6
and the second s			_						1	
T1 1 20 1 T	.1 -			ERTIFICATION OF THE PROPERTY O			ar e e		~	, , ,
I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to such permit.	the owner to if a permit fo	make this appl r work describe	ication d	as his authorized application is is	age:	nt and I agree t, I certify that t	o conform he code of	to all ap ficial's a	pplicable laws authorized rep	of this resentative
			_							
SIGNATURE OF APPLICAN	Г			ADDRESS			DATE	1	PHO	ONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

City of Portiand, Mai	ne - Bui	lding or Use Permit		Permit No:	Date Applied For:	CBL:	
389 Congress Street, 041		U	06-1729	11/28/2006	046 D	031001	
Location of Construction:	Owner Address:		Phone:				
603 CONGRESS ST		STONE COAST PRO	PERTIES LL	PO BOX 4152			
Business Name:		Contractor Name:		Contractor Address:		Phone	
		TBD		Portland			
Lessee/Buyer's Name		Phone:		Permit Type:			
				Signs - Permanent			
Proposed Use:			Propose	d Project Description:			
Commercial / personal ser	vice - insta	lll a 27sf sign on bldg	Install	a 27sf sign on bldg	- "The Makeup Sho	p"	
Dept: Historic Note: 1) * Gooseneck signs are		Approved with Condition	s Reviewer:	Deborah Andrew	Approval Da	ote: 12 Ok to Issi	/11/2006 ue: 🔽
,							
* No penetrations in the	ne masonry	y surrounding the sign.					
2) * If lighting is propose	ed, such lig	ghting shall consist of one	e of the two opti	ons:			
		nounted at the base of the inted at the top or bottom				the panel	
Dept: Zoning	Status: A	Approved with Condition	s Reviewer:	Ann Machado	Approval Da	ate: 12	/05/2006
Note:		11			• •	Ok to Issi	ue: 🗸
ANY exterior work rec District.	quires a sep	parate review and approv	al thru Historic	Preservation. This p			
Dept: Building	Status: A	Approved with Condition	s Reviewer:	Tammy Munson	Approval Da	ite: 12.	/12/2006
Note:					- -	Ok to Issu	ıe: 🗸
1) Separate permits are re	auired for	any electrical systems.					
2) Signage Installation to	-	•	2002 1:14:				
2) Signage Installation to	comply w	ith Chapter 31 of the IBC	2003 building (coae.			

Comments:

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

PERMIT ISSUED

DEC 1 2 2006

CITY OF PORTLAND

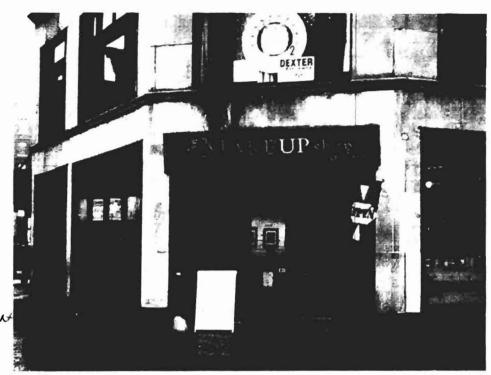
Signage/Awning Permit Application

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: The	Makeup Shop 6t	5 Congres	s ST.	PHO
Tax Assessor's Chart, Block & Lot	Owner: (Building)		Telephone:	
Chart# Block# Lot#	Stone Coast Prope	ection		
44 D 31	•		-i	
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephon	Per s.f. plus	signage x \$2.00 \$30.00/\$65.00	27sf.
Alise Snyder	Mariace and Commerce	For H.D. sig	nage= Total	
"The Make Up stop	827825119	,	ee= cost of v	
, ,	53 Andrestial way forto	Total Fee:	\$84	-
	, ,	922		
Who should we contact when the permit is ready	: Alise Snyder phon	ne: <u>828-010</u> Nobi	T 82 -	multiture
Tenant/allocated building space frontage (fee Lot Frontage (feet)	et): Length: 58^{-} Po (Muran)	9.11 lon	J ∳ p	er hostyr, 51/=11/10
Lot Frontage (feet)	Single Tenant or Multi Tenant Lot	Way P	—— Э,х	51/11/10
Current Specific use: pos salseviu	Change of use prime	+ 06-0186)		
Proposed Use:				OK.
Troposed esc.	C	ell: 328-	0123	
Information on proposed sign(s):			-	SFH /
Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes	No Dimensions proposed:	148">265"=	3924 7	2 216
Proposed awning? YesNo Is awn	sing backlish Vos No 60			
Height of awning: Length of a	wning: Depth:			
Height of awning: Length of a Is there any communication, message, tradema				
If yes, total s.f. of panels w/communications,				
Information on existing and previously permit Freestanding (e.g., pole) sign? Yes	tted sign(s):	Appended his	1449 6141	BANK
Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes	No Dimensions:	Manager and Mark	geocopyable	4)
Awning? Yes No Sq. ft. area	of awning w/communication:	-		
A site sketch and building sketch showing or	active whome aviating and nave signed	so is leasted mount	لم ما المحسم الما	
A site sketch and building sketch showing ex Sketches and/or pictures of proposed signage			be provided.	
			11'	
Please submit all of the information of Failure to do so may result in the auto	<u> </u>	pplication Che	CKIIST.	
•	• •			
In order to be sure the City fully understands the additional information prior to the issuance of a p				
Building Inspections office, room 315 City Hall o		on-me at www.por	uanumanic.go	v, stop by the
I hereby certify that I am the Owner of record of the a	amod proporty or that the arrival of resource	1	1 1 1 .1.	Thomas book
I hereby certify that I am the Owner of record of the nauthorized by the owner to make this application as his	her authorized agent. I agree to conform	to all applicable laws	of this jurisdiction	on. In addition,
a permit for work described in this application is issued	, I certify that the Code Official's authorized inforce the provisions of the codes applicated	ed representative shall	have the author	rity to enter all
CITY OF PORTLAND, ME	, and provided applica			
Signature of applicant: My M	Su	Date: 11/27	106	
NOV 2 8 2006 This is not a permit;	you may not commence ANY work up	ntil the permit is issu	ed	
l la la periud,	The commence in the work the	are permit to issu	/ y .	ν
Part of the Carlot			VXX 15	52

3/4" m00 Sign ply OIL Base prijmer Black Vyrnij

attaching to Sign w) Screws and Braketts Susant to Support Sign onto current Sign.



SMETICS SKINCARE HAIRCARE

148'x26.5"

EMAREUP shop COSMETICS * SKINCARE * HAIRCARE

1 Choice 1 July

=1/LATEUP shop

COSMETICS Skincare Haircare



605 Congress Street

Current sign is old bank unlit bulbsign. I would like to place attach my sign onto lover the existing sign using the same size of the current sign. I would like to light the sign per your design requirements (gause neck or using lights like at planet dogs sign) for night time visual I will use rower from the existing sign with an electronan 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.

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



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

COVERAGE PROVIDED BY

FROM - POLICY PERIOD - TO

B 2084745109

CONTINENTAL CASUALTY COMPANY

04/20/2006 04/20/2007

CNA PLAZA

CHICAGO, ILLINOIS 60685

INSURED NAME AND ADDRESS

The Make Up Shop 605 Congress St

PORTLAND, ME 04101

AGENCY NUMBER

AGENCY NAME AND ADDRESS

046923

560

GLS INSURANCE AGENCY INC 1745 S ALMA SCHOOL RD #245

MESA, AZ 85210

Phone Number: (480)922-1450

BRANCH NUMBER

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

Na	ame 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.

10020000920847451098881



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

Shelman of the Board

Juthan Kanton Secretary

G-56015-B (ED. 11/91)



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:



I HUHHHOI HPLOLM HOPPON

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 Insrd - Designated Person or Organization

Countersignature

Secretary

SB-146895-A (Ed. 01/06)

INSURED

Page 4 of

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