

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BU  ICTION

PERMIT

Permit Number: 100183

PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

This is to certify that BROWN J B & SONS

has permission to install (1) 30" x 50" and (2) 28" x 40" signs MAR 2 - 2010

AT 65 WEST COMMERCIAL ST CB 058 C001001

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 red-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

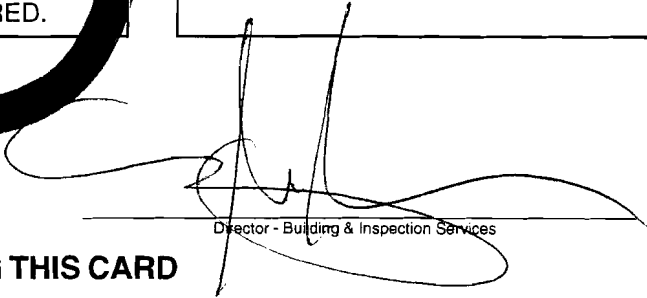
Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name



Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 10-0183	Issue Date:	CBL: 058 C001001
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Location of Construction: <i>Suite 103</i> 65 WEST COMMERCIAL ST	Owner Name: BROWN J B & SONS	Owner Address: PO BOX 207	Phone:
Business Name: Home Remedies	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-5b

Past Use: Commercial - Retail	Proposed Use: Commercial - Retail - Home Remedies - install (1) 30" x 50" and (2) 28" x 60" signs	Permit Fee: \$74.00	Cost of Work: \$74.00	CEO District: 2
Proposed Project Description: install (1) 30" x 50" and (2) 28" x 60" signs		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: Idobson	Date Applied For: 03/01/2010	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>	<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>3/1/10</i></p>	<p>Zoning Appeal</p> <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 <p>Date:</p>	<p>Historic Preservation</p> <input checked="" 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 <p>Date:</p>
	<p>PERMIT ISSUED</p> <p>MAR 2 - 2010</p> <p>City of Portland</p>		

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

BUILDING PERMIT INSPECTION PROCEDURES

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

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.

 X **Final inspection required at completion of work.**

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.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

PERMIT ISSUED

MAR 2 - 2010

City of Portland

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-0183	Date Applied For: 03/01/2010	CBL: 058 C001001
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Location of Construction: 83 WEST COMMERCIAL ST	Owner Name: BROWN J B & SONS	Owner Address: PO BOX 207	Phone:
Business Name: Home Remedies	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Retail - Home Remedies - install (1) 30" x 50" and (2) 28" x 60" signs	Proposed Project Description: install (1) 30" x 50" and (2) 28" x 60" signs
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 03/01/2010
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 03/02/2010
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.			

PERMIT ISSUED

MAR 2 - 2010

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: 83 W Commercial St.

Tax Assessor's Chart, Block & Lot Chart# <u>58</u> Block# <u>C</u> Lot# <u>1</u>	Owner: <u>JR Brown</u>	Telephone: <u>207 899 0135</u>
Lessee/Buyer's Name (If Applicable) <u>Home Remedies</u> <u>83 W Commercial St</u> <u>Portland ME 04101</u>	Contractor name, address & telephone: <u>Maggie Hopple</u> <u>Eastshore studio + print</u> <u>10 Dana St</u> <u>Portland ME 04101</u> <u>207 775 5353</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ 70 <u>74</u> Awning Fee= cost of work <u>-</u> Total Fee: \$ 70 <u>74</u>

Who should we contact when the permit is ready: Rachel Ambrose phone: 207 233 6582

Tenant/allocated building space frontage (feet): Length: 48 x 25 Height: 18
 Lot Frontage (feet) 661' Single Tenant or Multi Tenant Lot Multi

Current Specific use: retail home furnishings
 If vacant, what was prior use: Workshop / Gallery
 Proposed Use: retail home furnishings

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: ___ Height from grade: ___
 Bldg. wall sign? (attached to bldg) Yes No ___ Dimensions proposed: 30x50" 1500# 28x60" 1680# 144 =

Proposed awning? Yes ___ No Is awning backlit? Yes ___ No ___
 Height of awning: ___ Length of awning: ___ Depth: 10.42# + 11.67# = 22.09#
 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): N/A
 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.

RECEIVED

MAR - 1 2010

Dept. of Building Inspections
City of Portland, Maine

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.

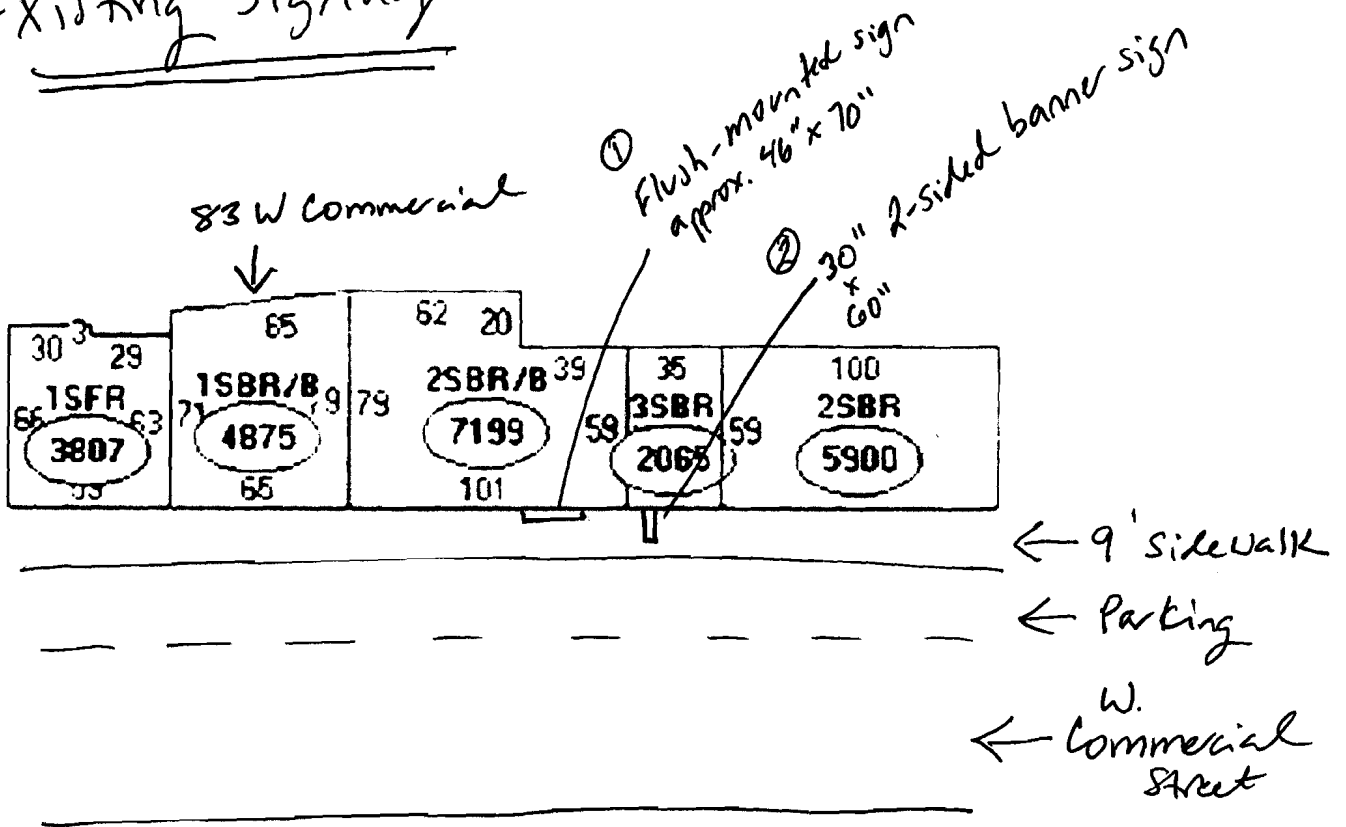
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 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: [Signature] Date: 2/25/10

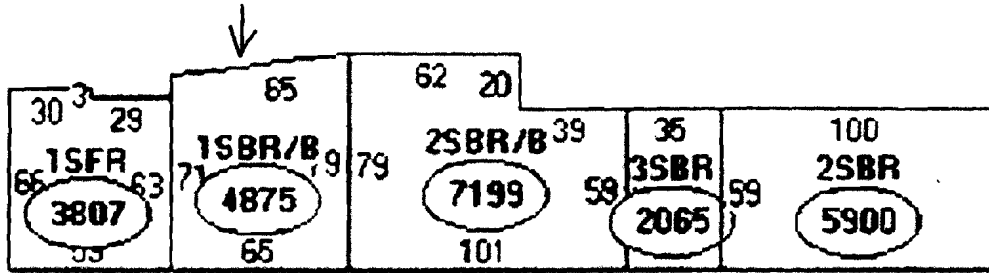
This is not a permit; you may not commence ANY work until the permit is issued.

Existing signage



Proposed Signage

83 W Commercial



10.42
11.67

22.09 #
TOTAL

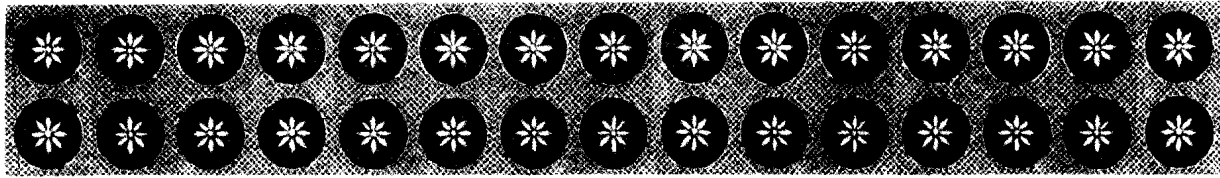
proposed → ① ②

- ① 30" x 50" one-sided sign flush mounted to building. Printed on 3mm Dibold. Hung w/ bolts into brick, 48" off ground. 10.42 #
- ② 28" x 60" Banner sign, printed on 2 sides of 3mm Dibold. Hung from existing pole, perpendicular to building. = 11.67 #

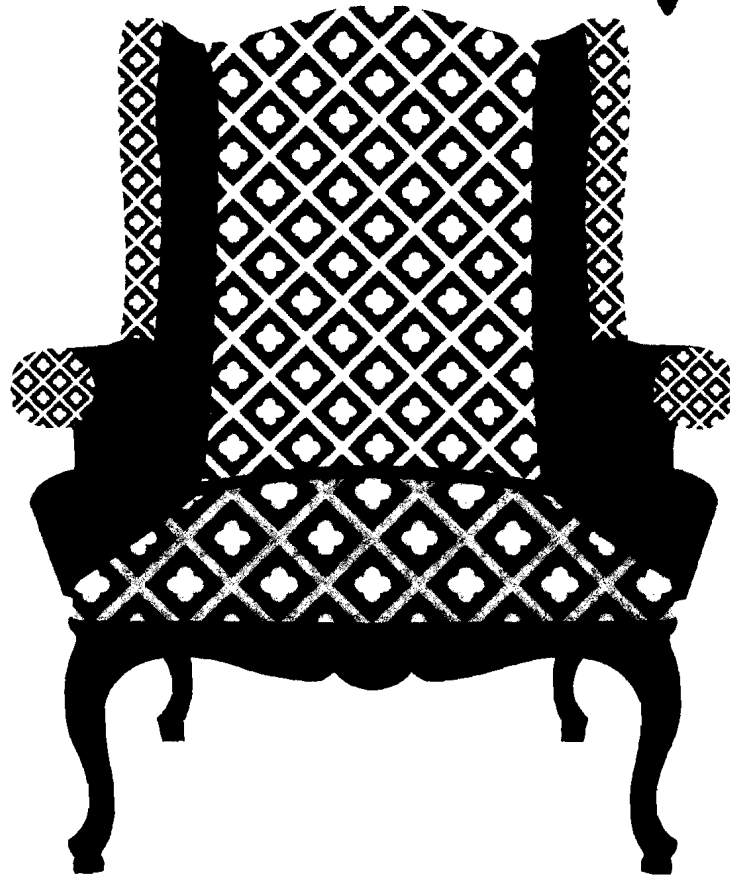


1

Proposed
flush-
mount
30" x 50"
sign.

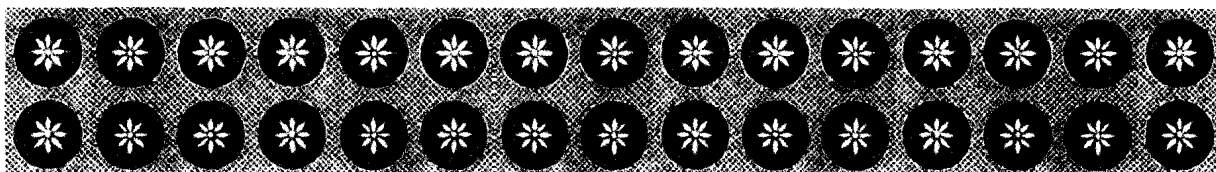


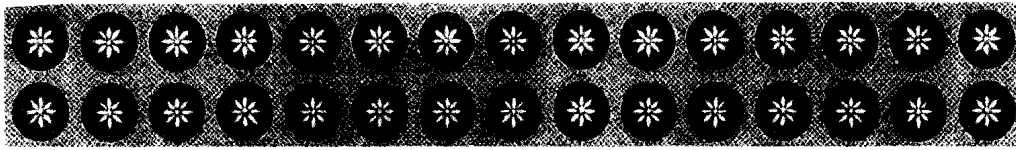
HOME REMEDIES



**FABRICS NOTIONS THREAD
PILLOWS FURNISHINGS
RIBBONS WINDOW DRESSINGS
ACCESSORIES WALLPAPER**

www.mainefabrics.com

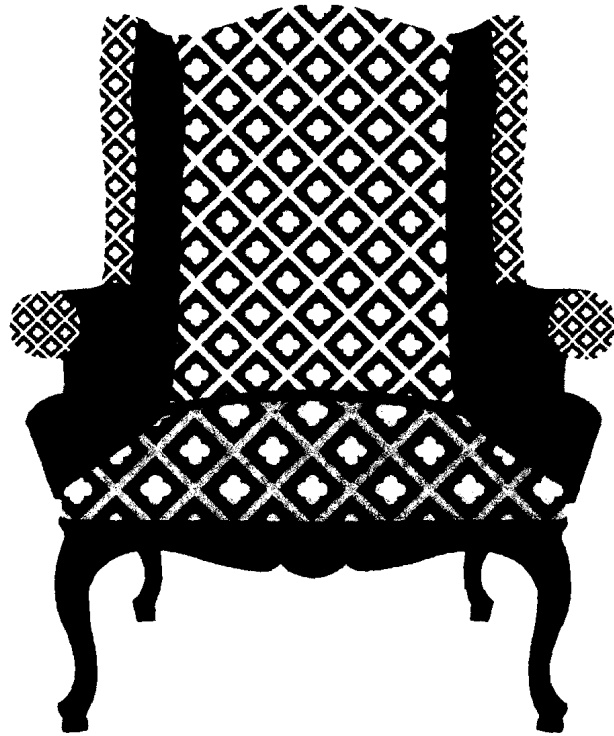




②

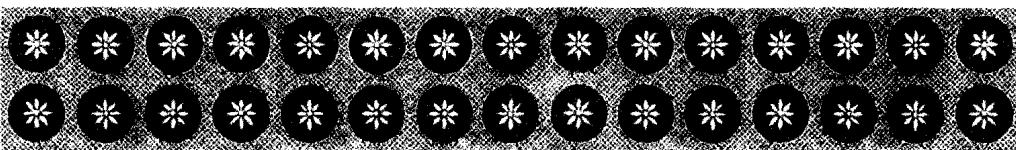
*Proposed
2-sided
"banner"
28" x 60"*

HOME REMEDIES



FABRICS AND FURNISHINGS

www.mainefabrics.com



J. B. BROWN & SONS
36 Danforth Street
P.O. Box 207
Portland, Maine 04112-0207
Phone 207-774-5908
Fax 207-774-0898

February 23, 2010

City of Portland
389 Congress Street
Portland, ME 04101

Re: Signage at the Star Match Building (83 West Commercial Street, Suite 103)

Permitting Department

J. B. Brown & Sons gives permission to Rachel Ambrose, (Home Remedies) to attach a single-sided sign measuring 30" x 50" to the front of 83 West Commercial Street.

A two sided banner style will be hung from the building at a later date. J. B. Brown will receive dimensions and installation specifications at a future date, but agrees to allow a banner.

Please feel free to contact me with any questions.

Sincerely,



Willow D. Williams, RPA
Property Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/26/2010

PRODUCER (207) 780-1677 FAX: (207) 780-6377

Cross Insurance-Portland
2331 Congress Street
PO Box 567

Portland ME 04112

INSURED

Home Remedies, LLC
81 W Commercial Street Suite 103

Portland ME 04101

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Peerless Insurance Co.

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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
A X	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	BOP2300856	12/21/2009	12/21/2010	MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 2,000,000
					GENERAL AGGREGATE \$ 4,000,000
					PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input checked="" type="checkbox"/> POLICY	PRO-JECT	LOC		
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO				
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	HIRED AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS				
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
	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 \$
					E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Refer to policy for exclusionary endorsements and special provisions. 10 Day Cancellation for Non-Payment of Premium. Certificate Holder is an Additional Insured with respect to Commercial General Liability only.

CERTIFICATE HOLDER

Downtown Portland Corporation
City of Portland
389 Congress Street
Portland, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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

C Bowden, ACSR, AIS/AH

ACORD 25 (2009/01)

INS025 (200901)

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