

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 081344

Please Read Application And Notes, If Any, Attached

This is to certify that UNION STATION LMT PARTNERSHIP

has permission to Commercial - "Happy Nails" - salon - the repairment in person sign - 8' x 2'

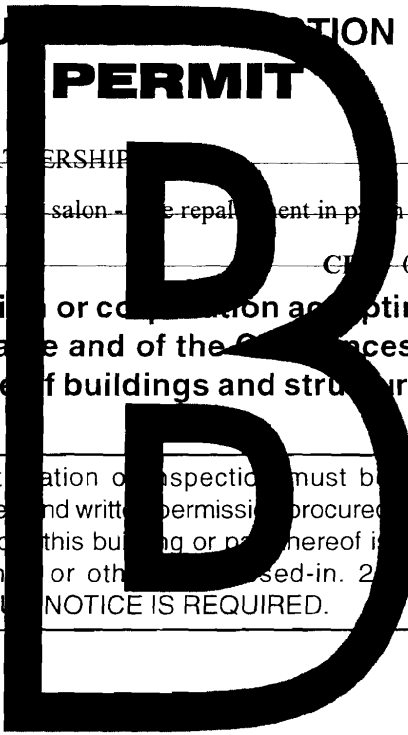
AT 966 CONGRESS ST CL 064 A001001

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 lath or other used-in. 2 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 _____

PERMIT ISSUED

OCT 27 2008

CITY OF PORTLAND

Thomas M. Kelly 10/27/08
Director of 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: 08-1344	Issue Date:	CBL: 064 A001001
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Location of Construction: 966 CONGRESS ST (244 East John)	Owner Name: UNION STATION LMT PARTNE	Owner Address: 12 BROOK ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2

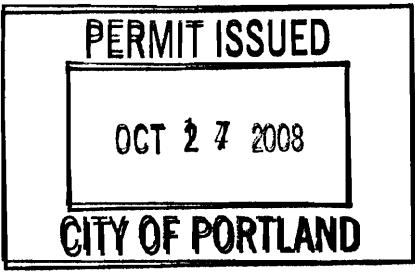
Past Use: Commercial - "Happy Nails" - nail salon	Proposed Use: Commercial - "Happy Nails" - nail salon - face repalcement in pylon sign - 8' x 2'	Permit Fee: \$120.00	Cost of Work: \$120.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: Sign IBC 2003	

Proposed Project Description: Commercial - "Happy Nails" - nail salon - face repalcement in pylon sign - 8' x 2'	Signature:	Signature: <i>dm</i> 10/27/08
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: 10/20/2008	Zoning Approval
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- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>OK</i> 10/24/08 <i>ABU</i>	Date: _____	Date: _____



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

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>294 Saint John St. Portland ME 04102</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>064</u> Block# <u>A</u> Lot# <u>001</u>	Owner: <u>Union Station Plaza</u> <u>12 Brook St</u> <u>Wellesley MA 02482</u>	Telephone: _____
Lessee/Buyer's Name (If Applicable) <u>TIENG C. Nguyen</u>	Contractor name, address & telephone: <u>Thanh Nguyen</u> <u>4 Atlantic Ave</u> <u>Boothbay Harbor ME 04809</u> <u>(207) 239-0547</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total <u>126-</u> Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Thanh Nguyen</u> phone: <u>(207) 239-0547</u> <u>(207) 633-1119</u>		
Tenant/allocated building space frontage (feet): Length: <u>29'</u> Height: <u>8'10"</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>Single</u>		
Current Specific use: <u>nail salon - permit # 08-1129</u> If vacant, what was prior use: <u>JAPANESE RESTAURANT</u> <u>OCT 20 2008</u> Proposed Use: <u>Happy Nails</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: _____ <u>8', 2' 3 1/2", 1' 2"</u>		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions: _____ <u>8', 2' 3/2", 1' 2"</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes <input type="checkbox"/> 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 areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant:	Date: <u>10/06/08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

City of Portland, Maine - Building or Use Permit

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

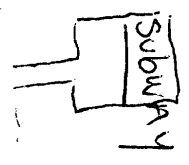
Permit No: 08-1344	Date Applied For: 10/20/2008	CBL: 064 A001001
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Location of Construction: 966 CONGRESS ST (294 St. John)	Owner Name: UNION STATION LMT PARTNE	Owner Address: 12 BROOK ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

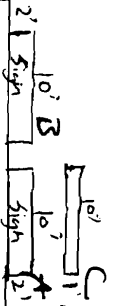
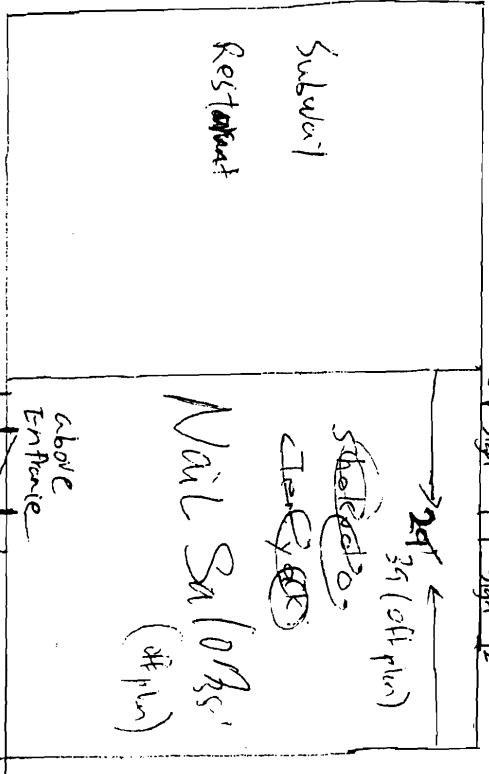
Proposed Use: Commercial - "Happy Nails" - nail salon - face repalcement in pylon sign - 8' x 2'	Proposed Project Description: Commercial - "Happy Nails" - nail salon - face repalcement in pylon sign - 8' x 2'
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 10/24/2008
Note: Pylon sign permit #06-1730.			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 10/27/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			

Congress St



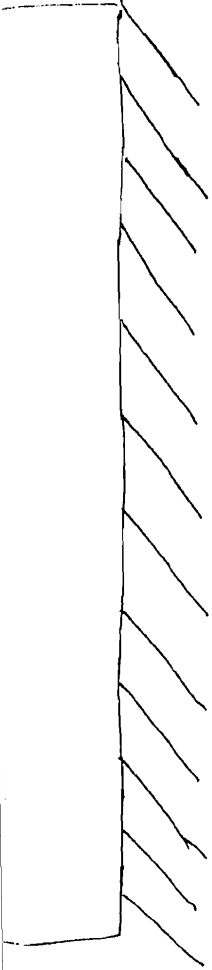
St. Jan St



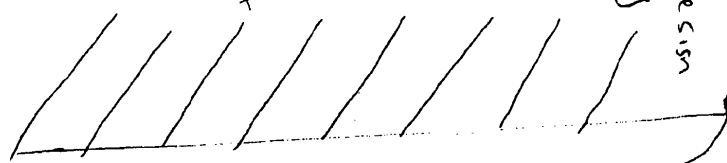
* considered one sign for zoning

not permitted perform HD under section 14-365.5(5)

parking lot



parking lot



SUBWAY

4' 2"

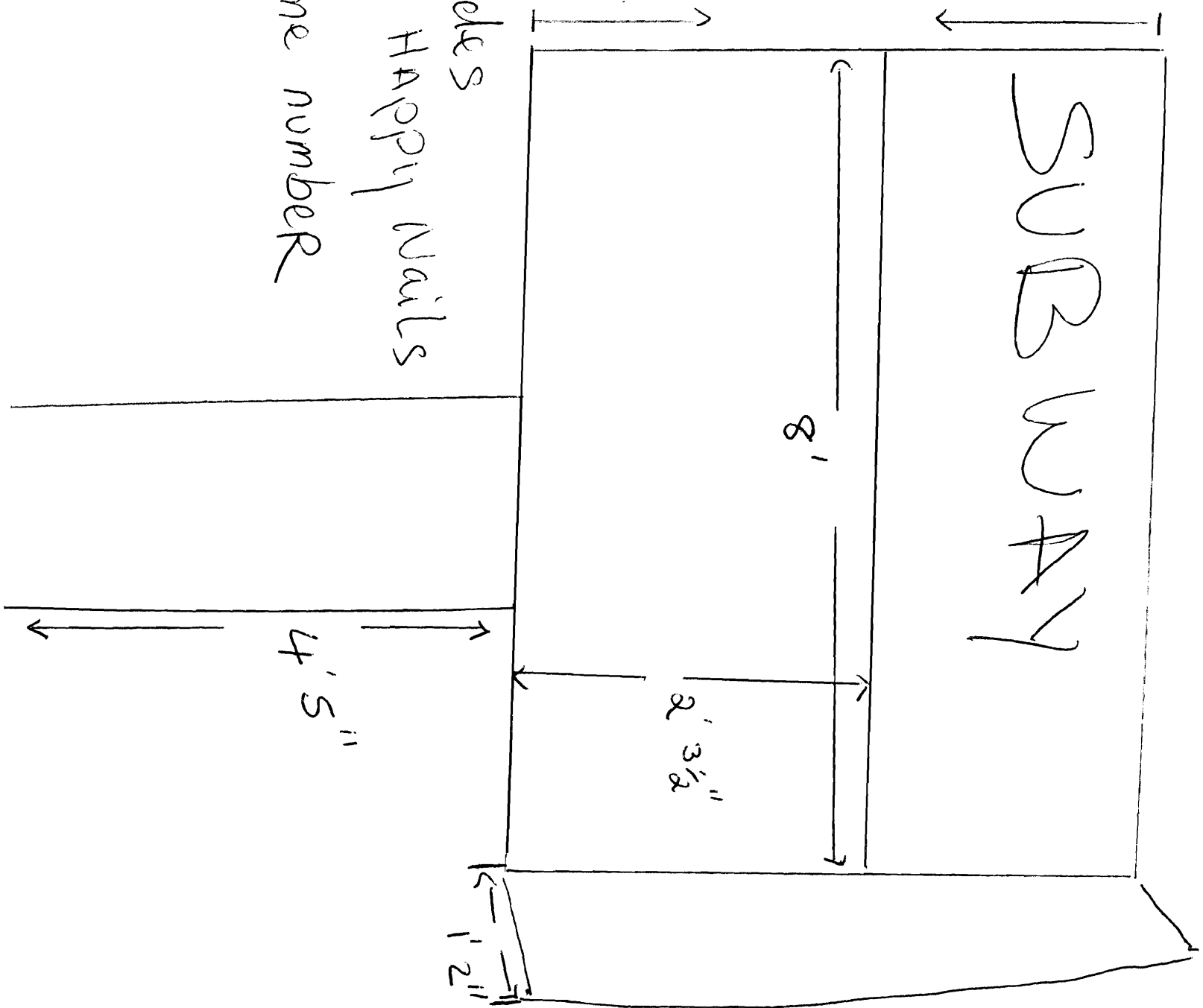
8'

2' 3/2"

1' 2"

TWO sides
Put in HAPPY Mails
And phone number

4' 5"



294 Saint John St
Portland ME 04102



After
Finish work
will be



SUBWAY

HAPPY NAILS

(207) 775-6245

Sign Design Inc.

CR 2008

UNION STATION LIMITED PARTNERSHIP

Real Estate Development and Investment

12 BROOK STREET

WELLESLEY, MASSACHUSETTS 02482-6601

TELEPHONE (781) 431-7060

FACSIMILE (781) 431-7073

October 15, 2008

To whom it may concern:
City of Portland, Maine

Tieng G. Nguyen d/b/a Happy Nails is hereby authorized to apply to the City of Portland for a sign permit for the Happy Nails store at Union Station Plaza shopping center on St. John Street in Portland, Maine.



J. Robert Connor
President of General Partner

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LA
HAPPY-1

DATE (MM/DD/YYYY)
10/20/08

PRODUCER
Harold W. Bishop Agency
P.O. Box 87
3 Bridge Street
Boothbay Harbor ME 04538
Phone: 207-633-3910

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
Tieng C Nguyen DBA
Happy Nails Salon & Spa
Thanh Nguyen & Truc Nguyen
Baker's Way, 89 Townsend Ave
Boothbay Harbor ME 04538

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	MMG Insurance Company	15997
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	ADDP	LTR	INSRE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	Y			GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PENDING	10/20/08	10/20/09	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000	
				AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
				GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$	
				EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
				WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
				OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Nail Salon & Spa located Union Station Plaza, 294 St. John St, Portland, ME 04104.

CERTIFICATE HOLDER & ADDITIONAL INSURED:	CANCELLATION
Union Station Limited Partnership 12 Brook St Wellesley MA 02482	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. Alan Tilton 