

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION
PERMIT

PERMIT ISSUED
Permit Number: 060175
MAR 13 2006
CITY OF PORTLAND

This is to certify that BROWN BARRY J /Stateway Sign Inc
has permission to install 1- 3 sided lighbox sign one 46' length and 10' height
AT 947 CONGRESS ST

provided that the person or persons, firm or corporation 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 started or closed-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

Jeannie Bourke 3/13/06
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: 06-0175	Issue Date: MAR 13 2006	ISSUED	CBL: 065 C002001
Location of Construction: 947 CONGRESS ST	Owner Name: BROWN BARRY J	Owner Address: 86 BOURNE AVE	Phone: 617 472 8828
Business Name:	Contractor Name: Statewide Sign Inc.	Contractor Address: 543 Washington Street Quincy	Phone: 617 472 8828
Lessee/Buyer's Name	Phone:	Permit Type:	Zone: B2

Past Use: Commercial	Proposed Use: Commercaill/ install 1-3 sided light box sign & one 46' length awning <i>legal use: retail 1st floor 1 dwelling unit - 2nd floor</i>	Permit Fee: \$154.00	Cost of Work: \$154.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>BIR</i> Type: <i>Sign/Awning</i> <i>IBC-2003</i> Signature: <i>AMB 3/13/06</i>	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
		Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 02/03/2006	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"/> <i>OK w/conditions AMB</i> Date: <i>2/22/06</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 late: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Approved Approved w/Conditions <input type="checkbox"/> Denied <i>AMB</i> Date: _____
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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: 06-0175	Date Applied For: 02/03/2006	CBL: 065 C002001
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Location of Construction: 347 CONGRESS ST	Owner Name: BROWN BARRY J	Owner Address: 86 BOURNE AVE	Phone:
Business Name:	Contractor Name: Statewide Sign Inc.	Contractor Address: 543 Washington Street Quincy	Phone (617) 472-8828
Applicant/Owner/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercaill/ install 1- 3 sided lighbox sign & one 46' length awning	Proposed Project Description: install 1- 3 sided lighbox sign & one 46' length awning
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 02/22/2006**Note:** B-2 Zone- multi tenant lot -75 square footage maximum for signage. Box sign is a total of 28sq.ft. - Awning signage is total of 46 sqft.- total amt.of signage 74 sq.ft - one awning sign and one wall sign OK had this on previous permit (03-0870)

- 1) This permit allows for 1' x 46' signage on opaque awning & replacement panels for 8' x 2' & 8' x 1.5' box sign.
- 2) This permit is being issued under the condition that the 3' x 6' sign on the left side of the building will be removed.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 03/13/2006**Note:** **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

[comments:

02/10/2006-amachado: Waiting for information on the fabric for the awning and a certificate of flamibility

03/07/2006-jmb: Spoke to Statewide Sign for info on the attachment/installation

03/13/2006-jmb: received the fastening details, **ok** to issue



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>945 Congress St. Portland, Maine</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>65</u> Block# <u>C</u> Lot# <u>2</u>	Owner: <u>Ri Teng Li; Barry J Bram</u>	Telephone: _____
Lessee/Buyer's Name (If Applicable) <u>Ri Teng Li</u> <u>671-3849</u>	Applicant name, address & telephone: <u>945-947-Congress St</u> <u>Portland ME 04102</u> <u>207-646-9883 or 671-3849</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: _____ phone: _____		
Tenant/allocated building space frontage (feet): Length: <u>50'</u> Height: _____ Lot Frontage (feet): _____ Single Tenant or Multi Tenant Lot: <u>multitenant</u>		
Current Specific use: <u>Sell Asian arts and crafts</u> If vacant, what was prior use: _____ Proposed Use: <u>Food Market</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>8' x 2' x 18"</u>		
Proposed awning? Yes <input checked="" type="checkbox"/> No _____ Is awning backlit? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> - <u>using submersible led.</u> Height of awning: <u>3'</u> Length of awning: <u>46'</u> Depth: <u>3'</u> 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: <u>38</u> s.f. <u>1' x 46' = 46 sq ft</u>		
Information on existing and previously permitted sign(s): <u>replacing w/ new panels</u> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____ Awning? Yes _____ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____ <u>replacing existing awning</u>		
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: _____
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This is not a permit; you may not commence ANY work until the permit is issued.

B-2 multitenant
50 x 1.5 = 75 sq ft

28 sq ft box sign
~~17.00 sq ft~~ awning
45.00

awning 1 x 46 = 46 sq ft

28 sq ft
46 sq ft
74 sq ft



STATEWIDE SIGN INC.

FROM: Statewide Sign Inc.

541-543 Washington Street

Quincy, MA 02169

Tel:(617) 472-8828/8837

Fax:(617)472-8850

SEND TO: MS JEANLE BOURKE

Location:

Fax Number: (207) 874-8715

Total Pages: 2

Date: 03/10/06

Urgent

Reply ASAP

Please Comment

Please Review

For Your Information

COMMENTS:

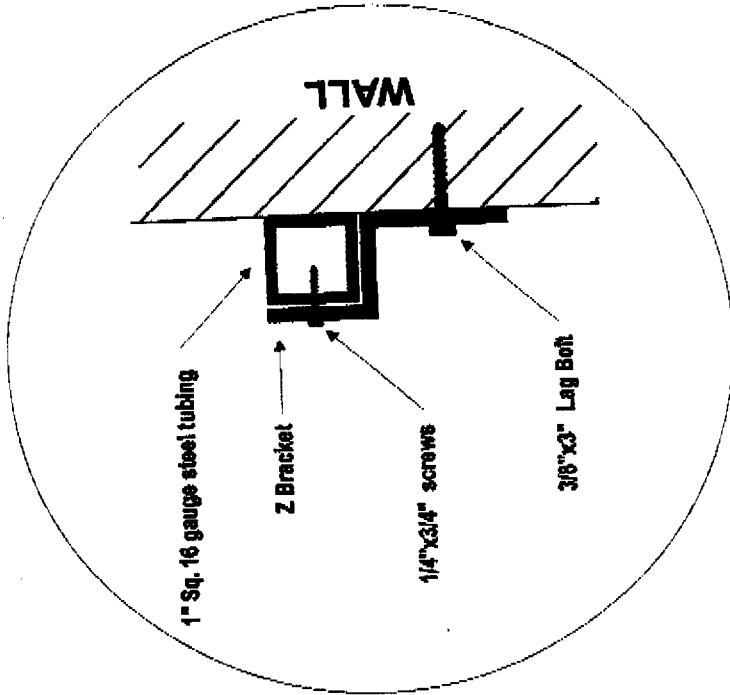
DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

MAR 13 2006

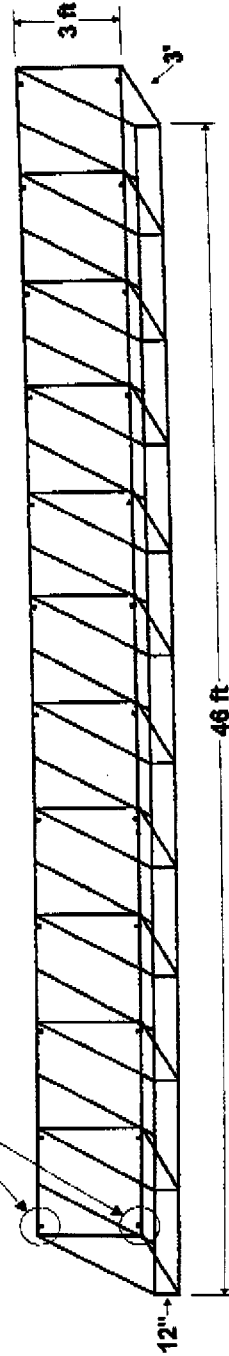
RECEIVED

Awning Details

- *awning to be mounted on solid wall.
- *1" Sq. 16 gauge steel tubing
- *Zinc plated Lag Bolts.
- *Z Brackets installed every 4' within the frame.



*Z Brackets every 4'
See in Figure A.



File # :Detail.scv

Approved Signature & Date:

Layout.
Details...

Customer :Hong Kon Market
Location : 945 Congress St. Portland

Tel: (207) 772-8688

STATEWIDE SIGN INC.

543 Washington St.
Quincy MA 02169
Tel.: (617) 472-8828
472-8837
Fax: (617) 472-8850

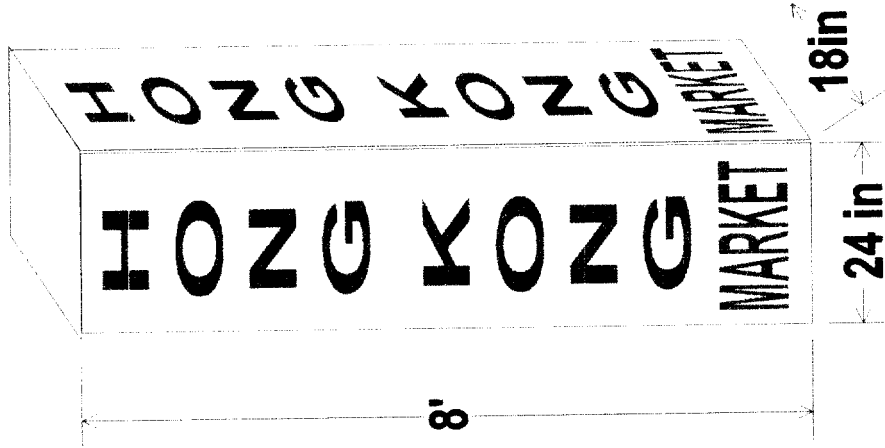
DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

MAR 13 2006

RECEIVED

3-sided lightbox for Hongkong Market

* surface change for existing lightbox



$8' \times 2' = 16'$
 $8 \times 15 = 12'$

 $28'$



old



proposed

File # : Approved Signature & Date:

Customer :
Location :
Layout:
Details...

Customer :
Location :

Tel:



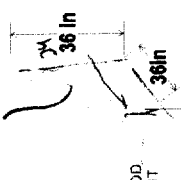
543 Washington St.
Quincy MA 02169
Tel.: (617) 472-8828
472-8837
Fax: (617) 472-8850

Subrella now. - see letter

$36^2 + 24^2 =$
 $1296 + 576 = \sqrt{1872} = 43.3$

Awning for Hong Kong Market

- *Materials: Yellow Cooley awning fabric and 1" Sq. awning tubing for the frame
- *lighting to be installed underneath the awning - no lighting
- *distance from the ground to the bottom of the awning is 7.5ft



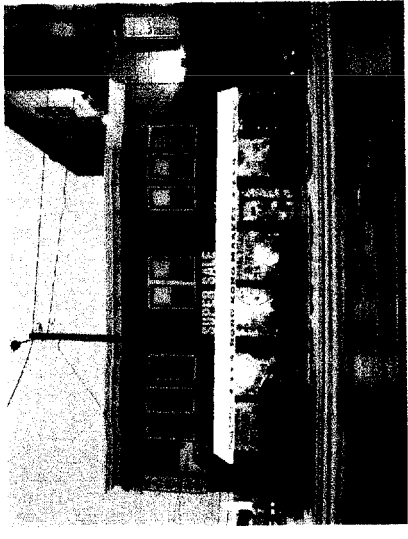
ASIAN GROCERY • SEAFOOD
VEGETABLE • MEAT • FRUIT

香港市場 **HONG KONG MARKET** 香港市場

ASIAN GROCERY • SEAFOOD
VEGETABLE • MEAT • FRUIT



(202) old
fax# 874-8716



Proposed

$1' \times 46' = 46'$
 $\frac{42.3'' \times 46'' = 1941.8 = 13.83}{3.6' \times 46' = 165.6}$
 $\frac{46}{17.6}$
 211.6
 old awning whole canopy.
 $3 \times 5 = 15'$

File # :

Approved Signature & Date:



STATEWIDE SIGN INC.
 617-259-8651

543 Washington St.
 Quincy MA 02169
 Tel.: (617) 472-8828
 472-8837
 Fax: (617) 472-8850

Layout.
Details...

Customer : Hongkong Market
 Location : 1391 Broadway, Suite 1000

Tel: 207-772-8688

INSURANCE BINDER

OP ID GH

DATE
07/22/03

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER G. C. Harrington Associates PO Box 769 709 High Street Bath ME 04530 Granville C. Harrington, CIC	PHONE (A/C No. Ext): 207-442-7399 207-442-7398	COMPANY National Grange	BINDER # 3392
AGENCY CUSTOMER ID: CHINA-1	SUB CODE:	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: IN ISSUE	
INSURED China Trade Inc. d/b/a Asian Arts & Craft Shop P.O.Box 2367, 703 Main St Ogunquit ME 03907		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 945-947 Congress St., Portland	

COVERAGES		LIMITS			
TYPE OF INSURANCE	CAUSES OF LOSS	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY	<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Building	1000	90	350000
GENERAL LIABILITY	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$1000000 FIRE DAMAGE (Any one fire) \$125000 MED EXP (Any one person) \$5000 PERSONAL & ADV INJURY \$1000000 GENERAL AGGREGATE \$1000000 PRODUCTS - COMP/PROP AGG \$1000000
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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
AUTO PHYSICAL DAMAGE	<input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE STATED AMOUNT \$ OTHER
GARAGE LIABILITY	<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ WC STATUTORY LIMITS
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY					EL EACH ACCIDENT 1t EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$ FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$
SPECIAL CONDITIONS/OTHER COVERAGES: Additional Insured endorsement to follow					

NAME & ADDRESS

City of Portland Congress St., Portland ME	MORTGAGEE <input checked="" type="checkbox"/> ADDITIONAL INSURED
	LOSS PAYEE
	LOAN #
AUTHORIZED REPRESENTATIVE <i>Granville C. Harrington, CIC</i>	

Tel. 617-472-8828 Fax 617-472-8878

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/24/2006

PRODUCER
WALTER KWAN INSURANCE AGENCY, INC.
72 KNEELAND STREET - SUITE 301
BOSTON, MA 02111
817-482-8918

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
STATEWIDE SIGN, INC.
541-543 WASHINGTON STREET
QUINCY, MA 02169

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A ST PAUL / TRAVELERS	
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/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC	BK02036978	03/26/05	03/26/08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
	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"/> NONOWNED AUTOS				COMBINED SINGLE LIMIT (Per 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 AGG \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				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
MANUFACTURE, INSTALLING AWNING FOR: HONG KONG MARKET AT 945 CONGRESS STREET, PORTLAND ME 04102
ON 02/15/06 (PENDING PERMIT)
" CITY OF PORTLAND AS AN ADDITIONAL INSURED "

CERTIFICATE HOLDER

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

[Signature]
ACORD CORPORATION 1988