

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-1081	Issue Date:	CBL: 065 D014001
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Location of Construction: 931 Congress St	Owner Name: Kargar Mohammed I &	Owner Address: 14 Muirfield Rd	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 2078797700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Beauty Salon	Proposed Use: Beauty Salon	Permit Fee: \$78.00	Cost of Work: \$78.00	CEO District: 2
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Proposed Project Description: 2 aluminum signs on the Congress St. Side of the building <i>changed use on permit: #02-1407</i>	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>U</i> Type: <i>N</i>
	Signature:	Signature: <i>[Signature]</i>

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: gg	Date Applied For: 07/30/2004	Zoning Approval
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1. 2. Building permits do not include plumbing, septic or electrical work. 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..	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:	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 <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 Date:
	<i>All other signs on the exterior of Bldg shall be removed</i>		

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

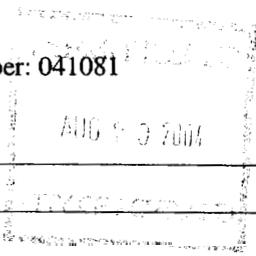
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 041081



Please Read Application And Notes, if Any, Attached

This is to certify that Kargar Mohammed I & /The ners
has permission to 2 aluminum signs on the Congress St. S ing
AT 931 Congress St 065 D014001

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 when permission is procured before this building or part thereof is started or work is commenced. 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

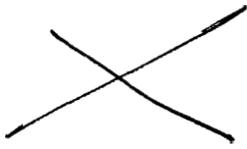
Ali J. Camp 8/19/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Permit# 041081

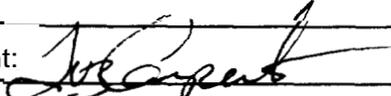
Signage/Awning Permit Application

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>931 Congress St, Portlan 2, Me 04103</u>		
Total Square Footage of Proposed Structure <u>519 sq ft - 24x48</u>	Square Footage of Lot <u>733.37 Sq Ft</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>65</u> Block# <u>D</u> Lot# <u>014</u>	Owner: <u>Mohammad Skimmed</u>	Telephone: <u>207-939-8410</u>
Lessee/Buyer's Name (If Applicable) 	Applicant name, address & telephone. <u>ie: 931 Congress St Portlan 2, Me 04101</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>52.00</u> Awning Fee = Cost Of <u>24</u> Work: \$ _____ Total Fee: \$ <u>78.00</u>
Current use: <u>Beauty Salon</u>		
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>Beauty Salon</u>		
Project description: <u>We are placing Aluminum Signs (2) on the Congress St side + Street side.</u>		
Contractor's name, address & telephone: <u>The Signery</u>		
Whom should we contact when the permit is ready: <u>John Carpenter 207-671-4645</u>		
Mailing address: <u>41 W Commonwealth Dr Portlan 2, Me 04101</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 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>7-15-04</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.

JUL 30 2004

OK # 295

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 93 Congress St, Portland, Me ZONE: B-BUSINESS

CBL: _____

SINGLE TENANT LOT? YES _____ NO MULTI TENANT LOT? YES NO _____

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO _____ 65 DO14

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 72 INCL Height: SIGN 1 - 24 INCH
SIGN 2 - 24 INCH

JUL 30 2014

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS PROPOSED: M/A at 2x4 = 8'

BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: SIGN 1 - 24x48
SIGN 2 - 24x72

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS: _____

BLDG. WALL SIGN(attached to bldg)? YES _____ NO DIMENSIONS: _____

AWNING? YES _____ NO DIMENSIONS: _____

LOT FRONTAGE (FEET): _____

AWNING YES _____ NO IS AWNING BACKLIT? YES _____ NO _____

HEIGHT OF AWNING: _____ LENGTH OF AWNING: _____ DEPTH: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES _____ NO _____

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: [Signature] DATE: 7-15-14

***** FOR OFFICE USE ONLY *****

65 B 014

JUL 30 2004

FIVE

16 1/2 x .

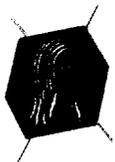


1-24x96

8 5/8 1/4 .



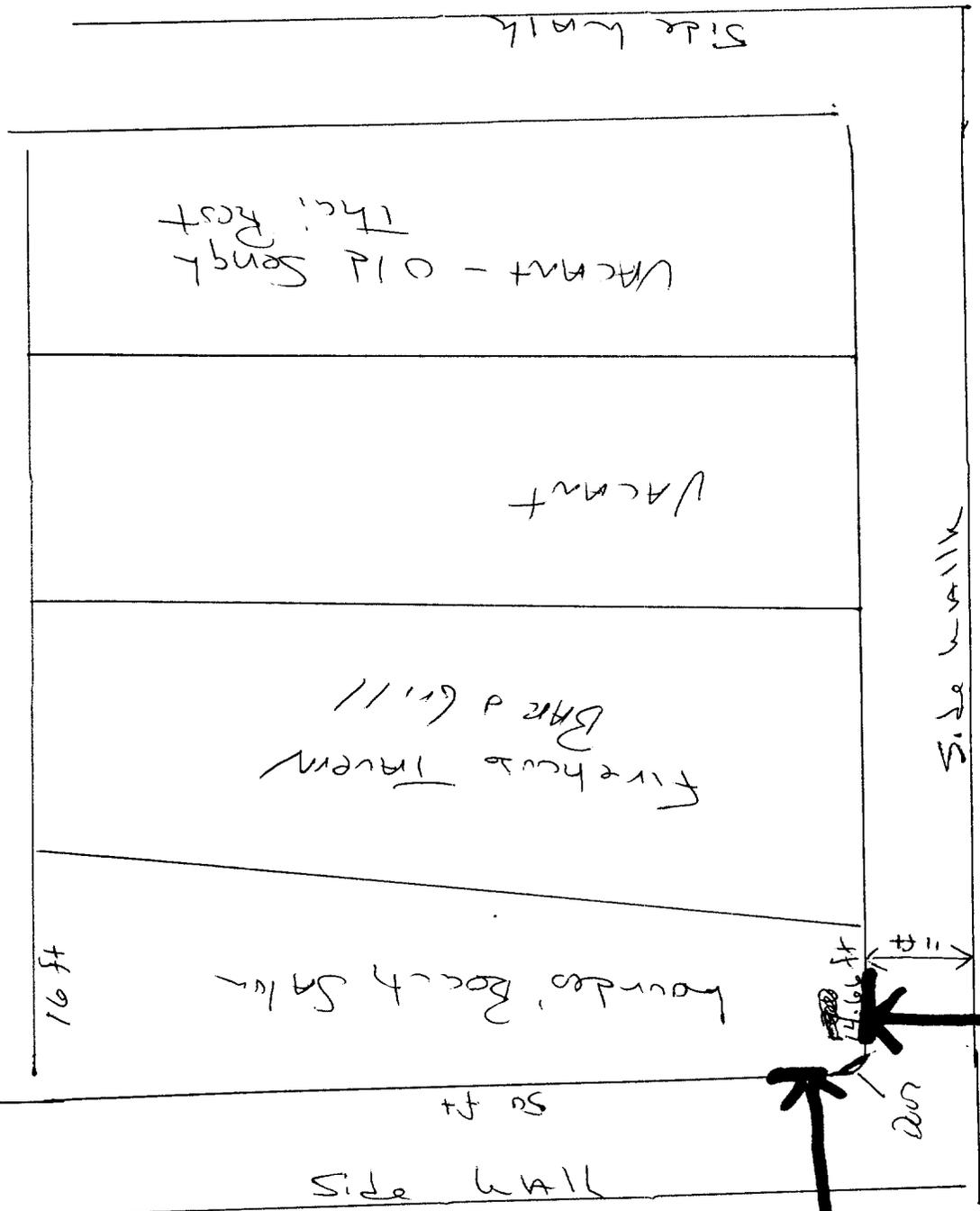
1-24x48



Ivory Alumalite
Int Forest Green Copy

Fasteners - screws for
wood

- ~~8~~ signs for 2nd floor Apartment Tenant
 - Ten has 2 parking spaces



CS B Old
 JUL 30 2011

2x4 = 8 ft
 (24x48)
 (SIGN 2)
 (2x15)

(SIGN 1)
 (24x72)
 (2x15)
 2x6 = 12 ft

- SIGN will be fastened w/ screw/bolt
- SIGN will be fastened to wood ON THE BUILDING? ALUMINUM? SIGN MADE OUT OF ALUMINUM?

(congress st)

7-26-04

To Whom It May Concern:

I hereby grant Lourdes' International Beauty Salon to place 2 signs on my property based on the information regarding the sign's location on the building, specs, ect.

If you have any questions regarding the installation of the signs I can be contacted at 207-939-8410.

Thanks

Shamayel Kardam

7/30/04

45 DON

30

ACORD, CERTIFICATE OF LIABILITY INSURANCE

DLL
JOB#

DATE
08-02-2004

PRODUCER
SOUTHERN MAINE INS AGENCY, INC/PHS
033196 P: (866)467-8730 F: (800)308-5459
4401 MIDDLE SETTLEMENT ROAD
NEW HARTFORD NY 13413

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

INSURED
LUZ CARPENTER DBA LOURDE'S BEAUTY
SALON INTL
931 CONGRESS STREET
PORTLAND ME 04103

INSURER A: Hartford Casualty Ins 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	34 SBA PL5026	01/30/04	01/30/05	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$10,000
	<input checked="" type="checkbox"/> Business Liab				PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE
					E.L. DISEASE - POLICY LIMIT
	OTHER				

Those usual to the Insured's Operations.

CITY OF PORTLAND
DEPARTMENT OF BUILDING INSPECTIONS
389 CONGRESS ST
PORTLAND, ME 04101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) 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

Rose G. ...



The Hartford Fax Cover Page

To: **building inspections**
From: Diane M (Comm Lines, New Hartford/HIBC) Lacy
Date: **Aug 02,2004**
Re: certificate of insurance
Pages: 2 (Including the Cover Page)

***This transmission and/or attachment(s) contain information which may be confidential and/or privileged. The information is intended for the use of the individual or entity named on this transmission. If you are not the intended recipient, any disclosure, copying, distribution or other use of this communication is prohibited. If you have received this communication in error, please notify the sender to arrange for retrieval of the original communication and/or attachment(s). Thank You. ***

The Hartford Financial Services Group

TX RESULT REPORT

FUNCTION	No.	DESTINATION STATION	DATE	TIME	PAGE	COM. TIME	MODE	RESULT
TX	1	98742330	AUG. 02	10:49	4	0H01' 08"	STD	NG
		E3810 : ERROR PAGES DURING TX						
		ERROR PAGE : 4						