

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 100610
PERMIT ISSUED

JUN 11 2010

City of Portland

Please Read Application And Notes, If Any, Attached

This is to certify that MIHALAKIS DESPINA & THEODOROS MIHALAKIS JTS/LLC

has permission to Install awnings for "Your Grandmas"

AT 408 FOREST AVE CBL 116 D001001

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 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

[Handwritten Signature]
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: 10-0610	Issue Date:	CBL: 116 D001001
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Location of Construction: 408 FOREST AVE	Owner Name: MIHALAKIS DESPINA & THEOD	Owner Address: 61 MAIN ST	Phone:
Business Name:	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St. Portland	Phone 2077970100
Lessee/Buyer's Name	Phone:	Permit Type: Awning, no signage	Zone: B-2b

Past Use: Commercial - "Your Grandma's"	Proposed Use: Commercial - "Your Grandma's" - Install awnings for "Your Grandma's" - <i>five awnings</i>	Permit Fee: \$70.00	Cost of Work: \$4,500.00	CEO District: 2
Proposed Project Description: Install awnings for "Your Grandma's" - <i>five awnings</i>		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>MA</i>	INSPECTION: Use Group: <i>V</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 checked="" type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: Idobson	Date Applied For: 06/01/2010	Zoning Approval		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 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"/> OK Date: <i>6/1/10</i> <i>AKM</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 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 <i>AKM</i> Date:
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PERMIT ISSUED

JUN 11 2010

City of Portland

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: 10-0610	Date Applied For: 06/01/2010	CBL: 116 D001001
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Location of Construction: 408 FOREST AVE	Owner Name: MIHALAKIS DESPINA & THEOD	Owner Address: 61 MAIN ST	Phone:
Business Name:	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St. Portland	Phone (207) 797-0100
Lessee/Buyer's Name	Phone:	Permit Type: Awning, no signage	

Proposed Use: Commercial - "Your Grandma's" - Install 5 awnings for "Your Grandma's"	Proposed Project Description: Install 5 awnings for "Your Grandma's"
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 06/07/2010
Note: One 15'2" x 3'; one 4' x 3'; one 7'2" x 18" & two 6'2" x 18"			Ok to Issue: ✓
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 06/09/2010
Note: 1) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.			Ok to Issue: ✓

PERMIT ISSUED

JUN 11 2010

City of Portland



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

6-1 20 10

Received from Leavitt - Paris

Location of Work 408 Tenth Ave

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 70

Building (IL) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other Howling w/10 sign

CBL: 116-D-1

Check #: _____ Total Collected \$ 70

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

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: 408 FOREST AVENUE PORTLAND ME 04103		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: Theodore Despina Mihalakis 61 MAIN STREET WINTHEOP ME	Telephone: 377-6996
Lessee/Buyer's Name (If Applicable) YOUR GRANDMA'S L.L.C 408 FOREST AVENUE PORTLAND MAINE 04101	Contractor name, address & telephone: LEAVITT & PARRIS INC 250 ROAD STREET PORTLAND ME 04103	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 4,500.00 Total Fee: \$ _____
Who should we contact when the permit is ready: CARL RICKETT phone: 797-0100		
Tenant/allocated building space frontage (feet): <u>Length</u> _____ <u>Height</u> _____ Lot Frontage (feet) _____ (Single) Tenant or Multi Tenant Lot _____		
Current Specific use: RESTAURANT		
If vacant, what was prior use: _____		
Proposed Use: _____		
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: _____		
Proposed awning? Yes <input checked="" type="checkbox"/> No ___ Is awning backlit? Yes ___ No <input checked="" type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: ← SEE DRAWING W/ SPECS Is there any communication, message, trademark or symbol on it? Yes ___ No <input checked="" 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 ___ 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.		

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.

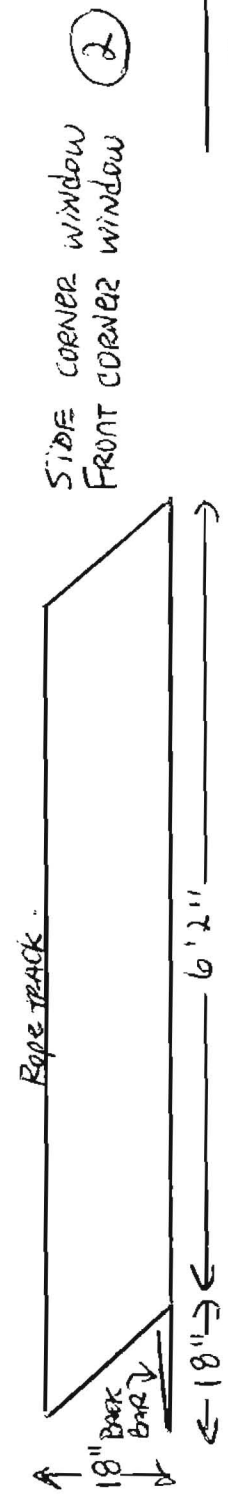
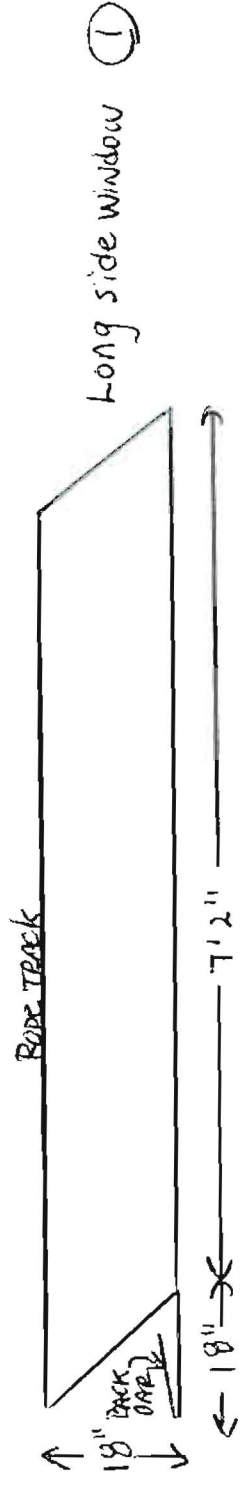
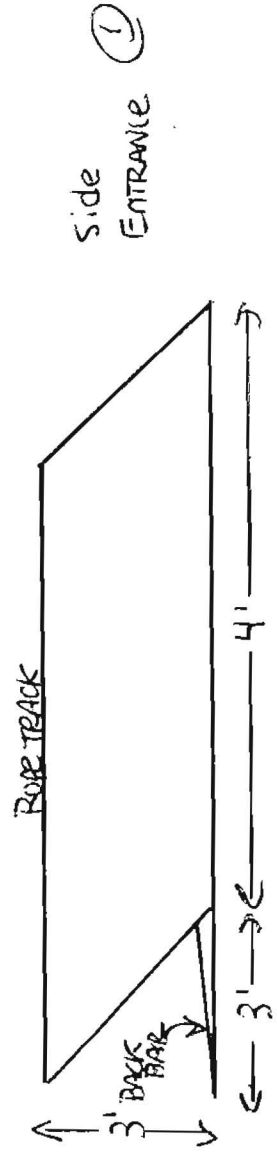
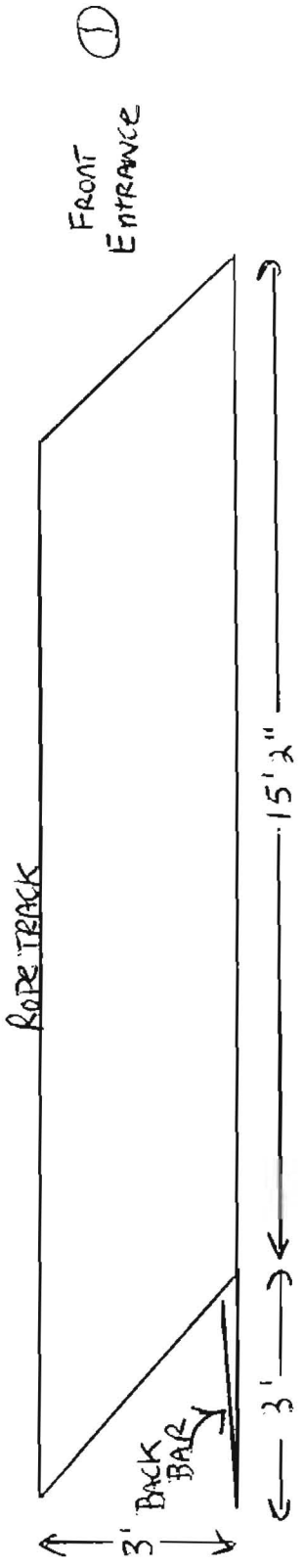
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 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: *Carl Rickett* Date: 5/26/10

This is not a permit; you may not commence ANY work until the permit is issued. JUN - 4 2010

RECEIVED
 Dept. of Building Inspections
 City of Portland Maine

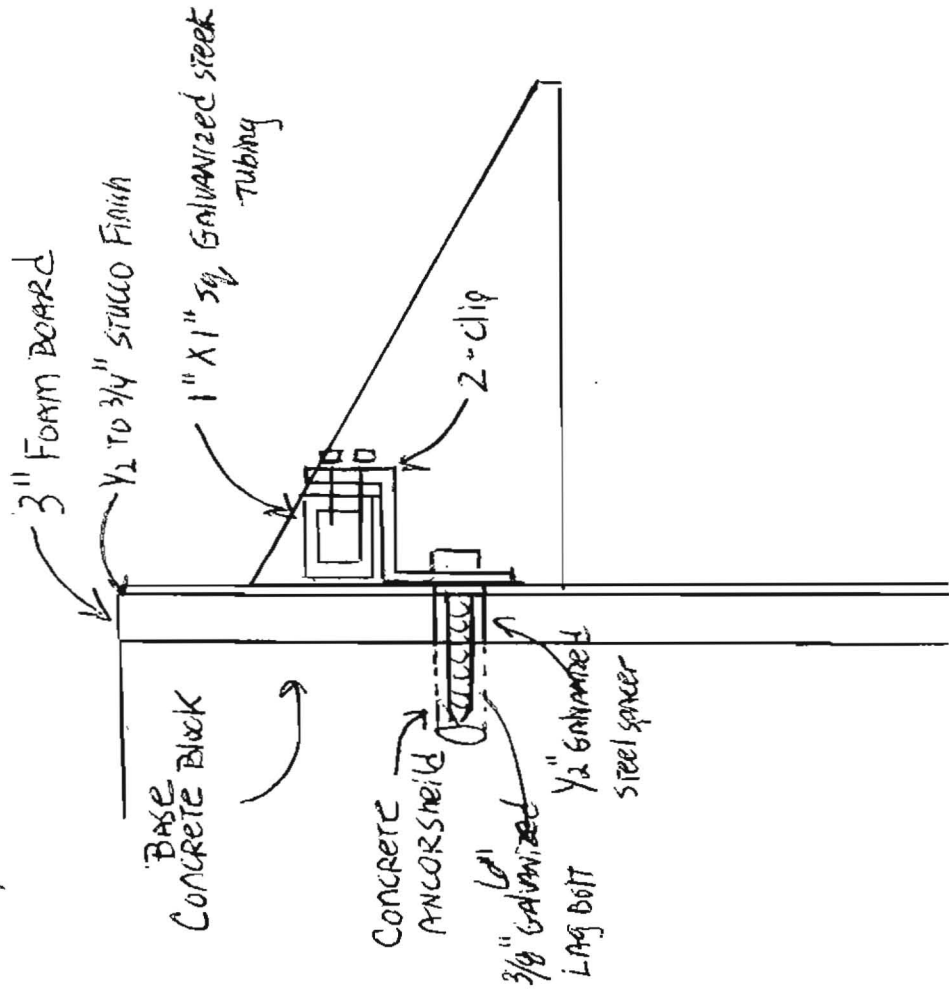


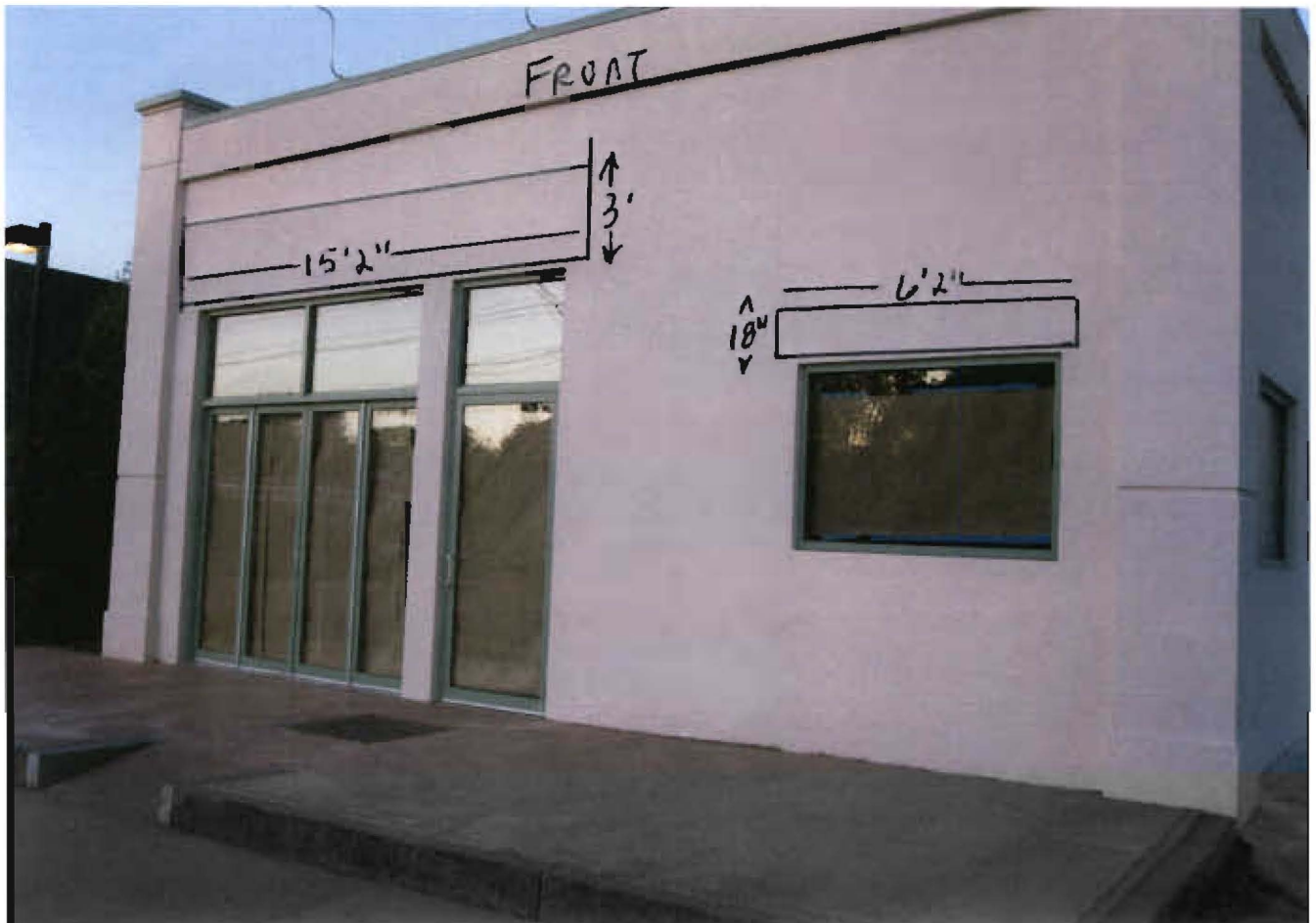
YOUR GRANDMA'S LLC
 408 FOREST AVENUE
 PORTLAND ME 04103

TOTAL 5

ATTACHMENT DETAIL

Your Grandma's LLC
408 Forest Avenue
Portland ME 04103





Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- Certificate of flammability required for awning or canopy.
- A UL# is required for lighted signs at the time of final inspection. *N/A*
- Pre-application questionnaire completed and attached.
- Photos of existing signage *N/A*
- Details for sign fastening, attachment or mounting in the ground.

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, \$10.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

F-10218

ISSUED BY

COOLEY, INCORPORATED
50 ESTEN AVENUE
PAWTUCKET, RHODE ISLAND

Date Work Performed

10/2/06

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR ASTRUP COMPANY AT 2937 WEST 25th STREET
CITY CLEVELAND STATE OHIO 44113

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used _____ Chem. Reg. No. _____

Method of application _____

(b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used WEATHERTYTE Reg. No. F-10218

The flame Retardant Process Used WILL NOT Be Removed By Washing
(will or will not)

WILLIAM P. KUHN

Name of Production Superintendent

By PRODUCT DEVELOPMENT MANAGER

Title

May 26, 2010

To whom it may concern,

We give permission to Your Grandmas LLC and Leavitt and Parris Inc to manufacture and install awnings on our building at 408 Forest Ave, Portland, ME.

Theodore Mihalakis

Despina Mihalakis



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/26/2010

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

Cross Insurance-Portland
2331 Congress Street

PO Box 567

Portland ME 04112

INSURED

Leavitt & Parris, Inc. & JJ&L Corp.
256 Read Street

Portland ME 04103

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: One Beacon Ins Co

INSURER B: MEMIC

11149

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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded. \$1,000 GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	7100110630004	4/30/2010	4/30/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Other Car	7100110630004	4/30/2010	4/30/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 EA ACC \$ AUTO ONLY AGG \$
A	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	7100110630004	4/30/2010	4/30/2011	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below	1810063708	4/30/2010	4/30/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

*10 Day Cancellation for Non-Payment of Premium except for Workers Compensation. Refer to policy for exclusionary endorsements and special provisions.

RE: 408 Forest Ave. - Your Grandma's LLC. The City of Portland is listed as 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

Hope Cote/MLL

ACORD 25 (2009/01)

INS025 (200901)

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