

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 519 Forest Ave XXXXXXXXXXXX		Owner: Shokinah, Inc.	Phone:	Permit No. 960819
Owner Address:	Leasee/Buyer's Name: Zason - 871-3053/878-0950	Phone:	Business Name:	
Contractor Name:	Address:		Phone:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: AUG 20 1996 CITY OF PORTLAND </div>
Past Use: Retail	Proposed Use: Same	COST OF WORK: \$	PERMIT FEE: \$ 31.60	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
Proposed Project Description: Erect Awning Erect Sign 13 Sq Ft		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: Zone: 8-2 CBL: 125-N-004 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"/>
Permit Taken By: Mary Greenik	Date Applied For: 16 August 1996			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

1. This permit application doesn't 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..

Cathy King
 48 Mountain Rd
 Falmouth, ME 04105

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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT **Cathleen King** ADDRESS: DATE: **16 August 1996** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 6

Location of Construction: 619 Forest Ave XXXXXXXXXXXX		Owner: Shekinah, Inc.		Phone:		Permit No. 960819	
Owner Address:		Leasee/Buyer's Name: Zazou - 871-5053/878-0950		Phone:		BusinessName:	
Contractor Name:		Address:		Phone:		Permit Issued: AUG 20 1996 CITY OF PORTLAND	
Past Use: Retail		Proposed Use: Same		COST OF WORK: \$		PERMIT FEE: \$ 31.60	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Erect Awning Erect Sign 15 Sq Ft				Signature:		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>OK S 8/19/96</i> Special Zone of 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"/>	
Permit Taken By: Mary Gresik		Date Applied For: 16 August 1996				Zone: <i>B2</i> CBL: 125-N-004	

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Cathleen King
SIGNATURE OF APPLICANT Cathleen King ADDRESS: DATE: 16 August 1996 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *8/16/96*

D. Andrews

CEO DISTRICT *6*
A. Rowe

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 619 Forest Avenue ZONE: B-2

OWNER: Shekinah Inc. II

APPLICANT: Cathleen M. King 871-5053

ASSESSOR NO.: 125-N-004

SINGLE TENANT LOT? YES _____ NO

MULTI TENANT LOT? YES NO _____

FREESTANDING SIGN? YES _____ NO DIMENSIONS ~~3x5~~

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

BLDG. WALL SIGN? YES NO DIMENSIONS 6'x3' + 3x5' = 15'

MORE THAN ONE SIGN? YES NO DIMENSIONS 6'x3', ~3x5'

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: 3'x5' sign will be put in the sign bracket attached perpendicularly to the building. Awning will be 6'x3' + attached over doorway.

LOT FRONTAGE (FEET) ~~23'5"~~ ~~23'5"~~ 16'5"

BLDG FRONTAGE (FEET) 23'5" x 1.5 = 35.25'

AWNING YES NO _____ IS AWNING BACKLIT? YES _____ NO

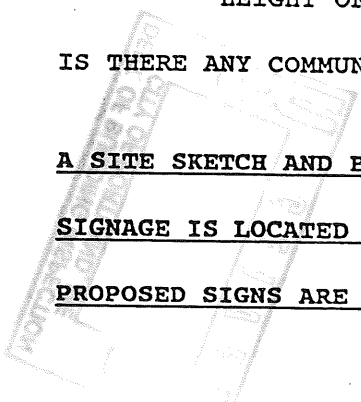
HEIGHT OF AWNING: 3'

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? yes

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS ARE ALSO REQUIRED.

125-N-004

over

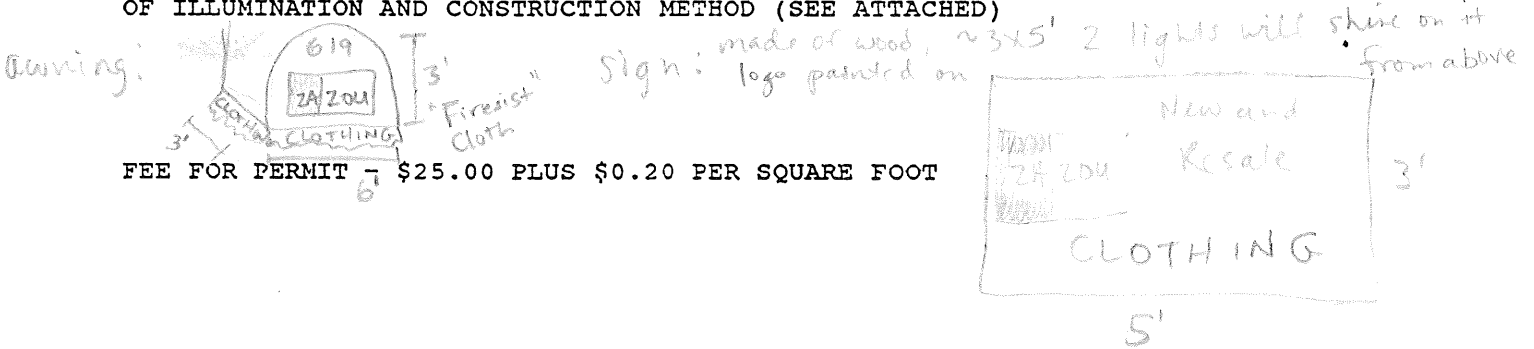


INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

APPLICANTS FOR A SIGN PERMIT WILL BE ASKED TO SUBMIT THE FOLLOWING INFORMATION TO THE CODE ENFORCEMENT OFFICE:

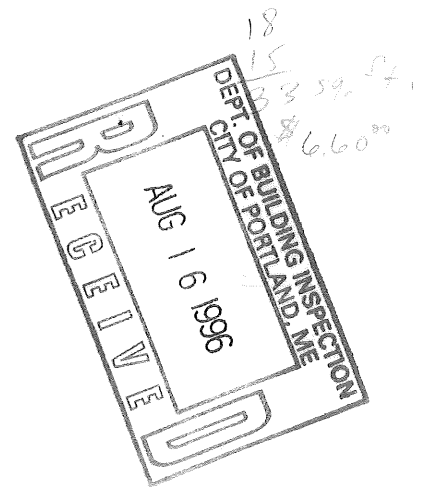
1. PROOF OF INSURANCE *(sent by Anderson-Italians)*
2. LETTER OF PERMISSION FROM THE OWNER *(sent by landlord)*
3. A SKETCH PLAN OF THE LOT, INDICATING LOCATION OF BUILDINGS, DRIVEWAYS AND ANY ABUTTING STREETS OR RIGHT OF WAYS. LENGTHS OF BUILDING FRONTAGES AND STREET FRONTAGES SHOULD BE NOTED (SEE ATTACHED)
4. INDICATE ON THE PLAN ALL EXISTING AND PROPOSED SIGNS ✓
5. COMPUTATION OF THE FOLLOWING:
 - A) SIGN AREA OF EACH EXISTING AND PROPOSED BUILDING SIGN ✓
 - B) SIGN AREA HEIGHT AND SETBACK OF EACH EXISTING AND PROPOSED FREESTANDING SIGN ✓

A SKETCH OF ANY PROPOSED SIGN(S), INDICATING DIMENSIONS, MATERIALS, SOURCE OF ILLUMINATION AND CONSTRUCTION METHOD (SEE ATTACHED)



FEE FOR PERMIT $\frac{7}{6}$ \$25.00 PLUS \$0.20 PER SQUARE FOOT

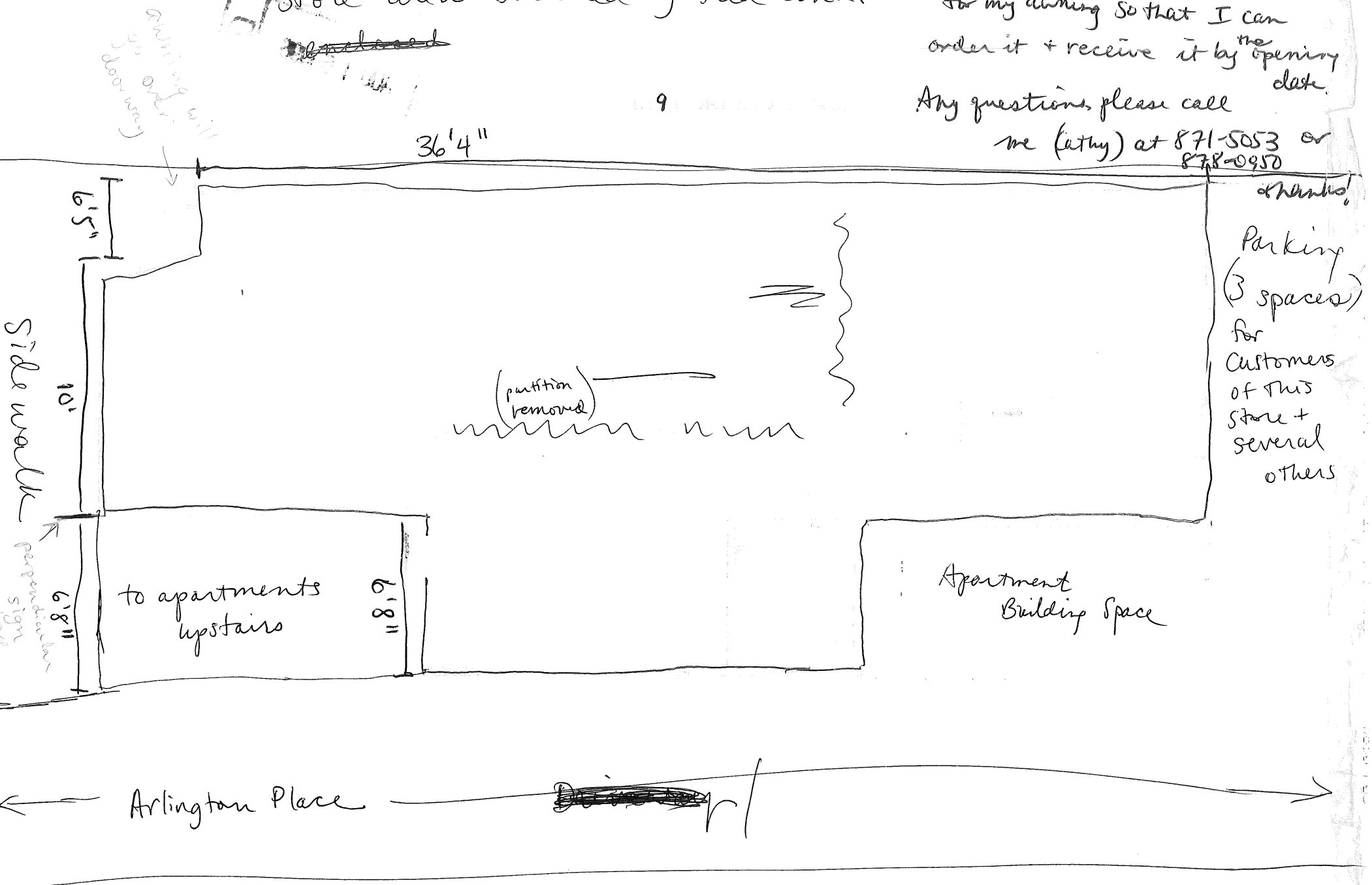
NOTE: ONCE A SKETCH PLAN HAS BEEN FILED FOR A PROPERTY, THE CODE ENFORCEMENT OFFICE WILL KEEP A RECORD OF THE PLAN SO THAT A NEW SKETCH PLAN WILL NOT BE REQUIRED FOR LATER CHANGES TO SIGNAGE ON THE PROPERTY. IN SUCH AN INSTANCE, APPLICANTS WILL ONLY BE REQUIRED TO SUBMIT INFORMATION APPLICABLE TO THE NEW SIGNS.



over

* Please excuse the crude drawing.
I'm trying to get this done quickly in order to get approval for my awning so that I can order it + receive it by ^{the} opening date.
Any questions, please call me (athy) at 871-5053 or 878-0950

store area bordered by red ink.
~~enclosed~~



thanks!

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

F-368

ISSUED BY

UNITED TEXTILE & SUPPLY - EAST
311 ROOSEVELT AVENUE
PAWTUCKET, RI 02860

Date work performed

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

FOR LEAVITT & PARRIS AT P.O. BOX 3926
CITY PORTLAND, STATE MAINE 04104

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 registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric used 46" FIRE-SIST SUNBRELLA Reg. No. F-368

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

Name of Applicator By Robert H. Stauber
Title

We hereby certify this to be a true copy of the original "CERTIFICATE OF FLAME RESISTANCE" issued to us, "original copy" of which has been filed with the California State Fire Marshal.

Signed LEAVITT & PARRIS Inc
By Paul G. Toland



Logo

QUALITY OF SERVICE
FOR ALL YOUR NEEDS
CONTACT US TODAY

SHEKINAH CO.
P. O. BOX 1088
WINDHAM, MAINE 04062-1088

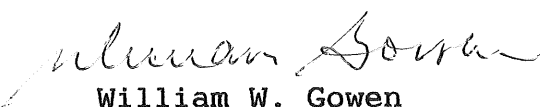
TELEPHONE 207-8920984

August 12, 1996

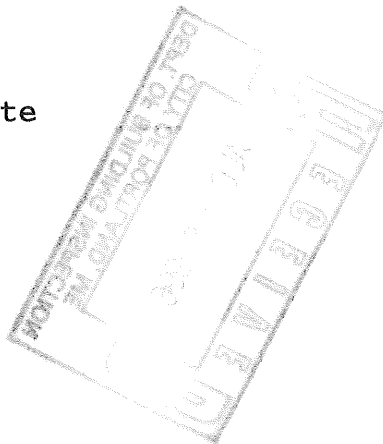
Mrs. Kathleen King
619 Forest Avenue
Portland, ME 04101

Re: Exterior Sign

Please be advised that you have permission to install a sign on
the existing exterior sign frame in the front corner area of 617-
619 Forest Avenue, Portland, ME


William W. Gowen
Owner

c: R. Violette





CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
08/08/96**PRODUCER**ANDERSON WATKINS ASSOC
674 BRIGHTON AV
PORTLAND ME 04102-1073

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 POLICES BELOW.

COMPANIES AFFORDING COVERAGECOMPANY A YORK INSURANCE GROUP
COMPANY B
COMPANY C
COMPANY D**INSURED**CATHLEEN KING
DBA ZAZOU
48 MOUNTAIN RD
FALMOUTH ME 04105**COVERAGES**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	BUSM905569	8/12/96	8/12/97	GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ADDITIONAL INSURED IN REGARDS TO SIGN: CITY OF PORTLAND

CERTIFICATE HOLDERCITY OF PORTLAND
ATTN:MARGE SCHNUCKAL
389 CONGRESS ST/CITY HALL BLDG
PORTLAND ME 04101**CANCELLATION**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.**AUTHORIZED REPRESENTATIVE**

Stephen P St. Angelo TM A