

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 070345

Please Read Application And Notes, If Any, Attached

This is to certify that PARA JAMES & REDI DE Gary Stanley

has permission to 2' x 3' bldg sign

AT 469 STEVENS AVE

132 J002001

PERMIT ISSUED
APR 17 2007
CITY OF PORTLAND

provided that the person or persons who apply for or accept 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

Ronnie M. McElley, 4/13/07
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

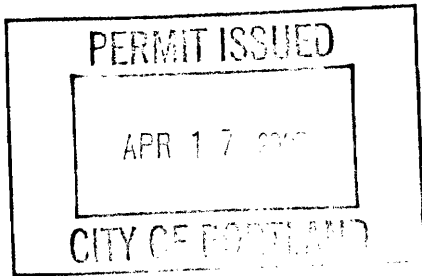
Permit No: 07-0345	Issue Date:	CBL: 132 J002001
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Location of Construction: 469 STEVENS AVE	Owner Name: PARA JAMES & REDI DEDE	Owner Address: PO BOX 245	Phone:
Business Name:	Contractor Name: Gary Stanley	Contractor Address: 1298 Shore Rd Lamoine	Phone 2076675056
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B1

Past Use: Commercial / Retail	Proposed Use: Commercial / Retail 2' x 3' bldg sign	Permit Fee: \$42.00	Cost of Work: \$42.00	CEO District: 4
Proposed Project Description: 2' x 3' bldg sign <i>legal use - retail first floor front sign</i>		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>SB</i> <i>IBC 2003</i>	
		Signature:	Signature: <i>Jm 4/13/07</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: dmartin	Date Applied For: 04/03/2007	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 <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: <i>OK 4/15/07 ABN</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 Date: <i>ABN</i>
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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: 07-0345	Date Applied For: 04/03/2007	CBL: 132 J002001
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Location of Construction: 469 STEVENS AVE	Owner Name: PARA JAMES & REDI DEDE	Owner Address: PO BOX 245	Phone:
Business Name:	Contractor Name: Gary Stanley	Contractor Address: 1298 Shore Rd Lamoine	Phone (207) 667-5056
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial / Retail 2' x 3' bldg sign "Sew Portland"	Proposed Project Description: 2' x 3' bldg sign
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 04/05/2007
Note: Previous tenant was resale store "Second Time Around"			Ok to Issue: <input checked="" type="checkbox"/>

Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date:
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.			



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>469 STEVENS AVE</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>132</u> <u>J</u> <u>002</u>	Owner: <u>JAMES PARA</u> <u>14 PATRICK DRIVE</u> <u>GORHAM ME.</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>SEWING BY THE SEA</u> <u>DBA SEW PORTLAND</u> <u>GARY & KATHY STANLEY</u>	Contractor name, address & telephone: <u>GARY STANLEY</u> <u>1298 SHORE RD</u> <u>LAMOINE ME 04605</u> <u>667-5056</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ 300 <u>42.00</u> Awning Fee= cost of work _____ Total Fee: \$ <u>42.</u>
Who should we contact when the permit is ready: <u>TYLER STANLEY</u> phone: <u>749-8398</u>		
Tenant/allocated building space frontage (feet): Length: <u>25'</u> Height: <u>12'</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>MULTI-TENANT</u>		
Current Specific use: <u>RETAIL SALES (SEWING MACHINES, FABRIC)</u> 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 <u>X</u> No ___ Dimensions proposed: <u>2x3</u>		
Proposed 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 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: <u>Gary W. Stanley</u>	Date: <u>4-3-07</u>
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81-multi-tenant. This is not a permit, you may not commence ANY work until the permit is issued.

1.5 x 25 = 37.5

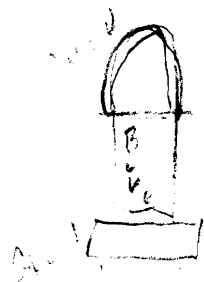
OK 2x3 = 6 sq ft

BLUE STRIPE

2x0

A PFAFF Creative Sewing Center

Sewing Center



BLUE

BLUE

WHITE
BLACK

WHITE

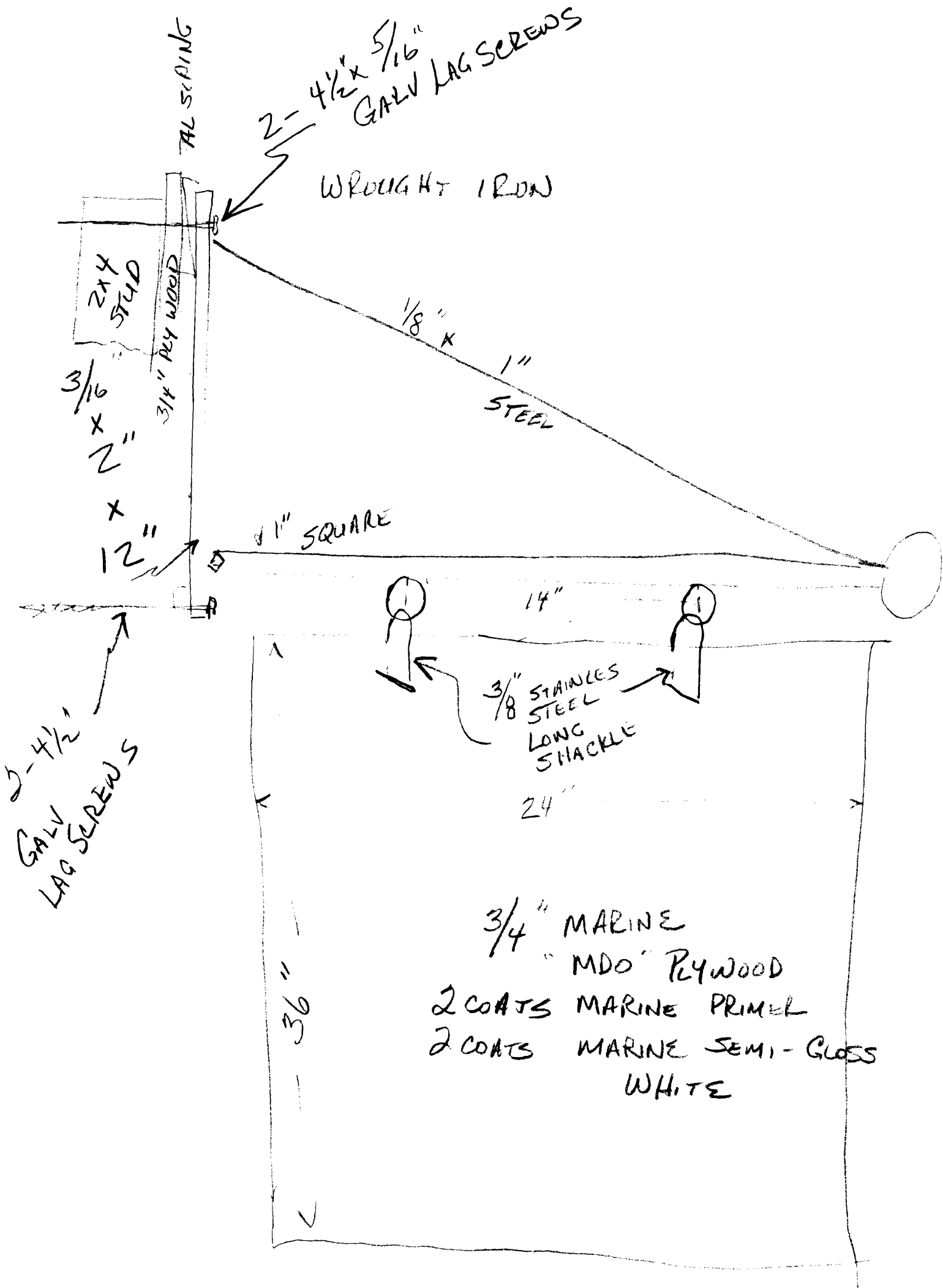
Sew BLACK

Portland BLACK

BLUE

36" →

24" →



AL SCAPING

2 - 4 1/2 x 5/16 GALV LAG SCREWS

WROUGHT IRON

2x4 STUD

3/4" PLY WOOD

3/16 x 2" x 12"

1/8" x 1"

STEEL

1" SQUARE

14"



3/8" STAINLESS STEEL LONG SHACKLE



24"

2 - 4 1/2 GALV LAG SCREWS

36"

3/4" MARINE

" MDO" PLYWOOD

2 COATS MARINE PRIMER

2 COATS MARINE SEMI-GLOSS

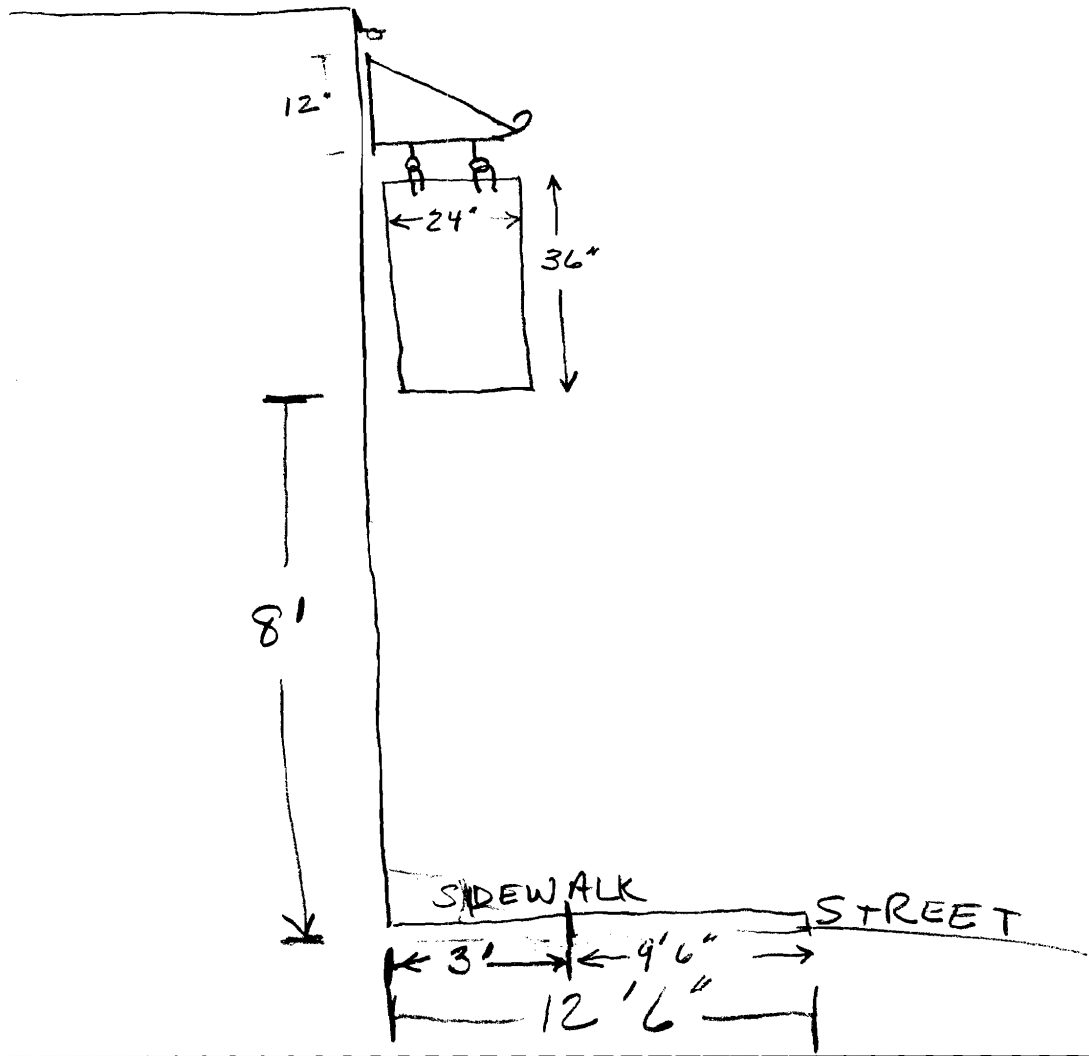
WHITE

As owner of 469 Stevens Avenue, I have leased the premises to Kathy and Gary Storking, owners of Sewing by the Sea, Inc. of Kenton, Maine, dba Sew Portland. The space is 900 sq feet with a 25 foot road frontage.

I give permission for them to install a sign on the outside of the building.

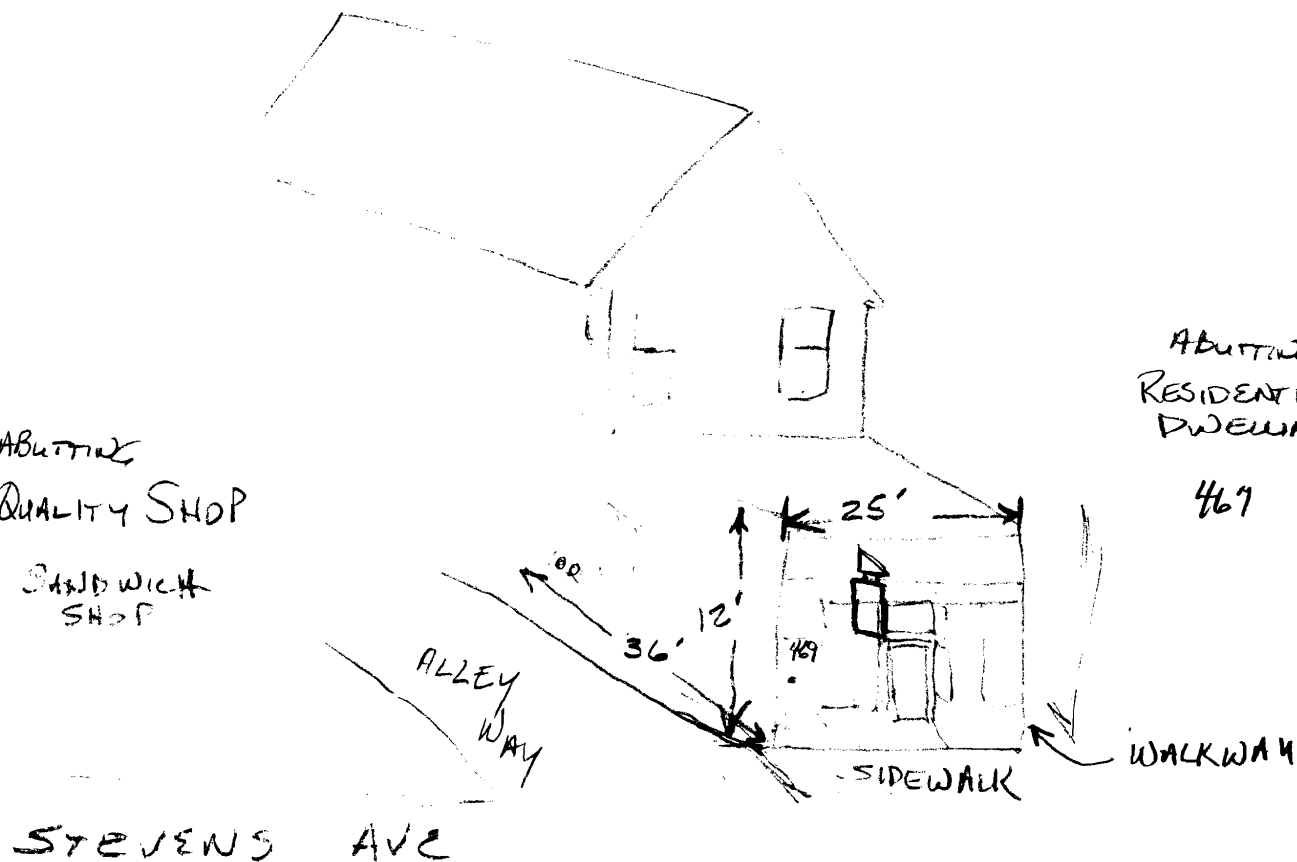
James Para
PO Box 245
Standish, ME 04084

James Para



ABUTTING
QUALITY SHOP
SANDWICH
SHOP

ABUTTING
RESIDENTIAL
DWEELLING
467



STEVENS AVE

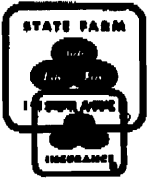
TO →
DEERING
HIGH SCHOOL

PAT'S
CAFE

VACANT
BUDS
FORMER
M. J. RICHIO'S
PIZZA

BRENTWOOD ST

CENTRAL
SQUARE
BAPTIST
CHURCH



This certifies that

CERTIFICATE OF INSURANCE

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder STANLEY, KATHLEEN & GARY dba: SEWING BY THE SEA
 Address of policyholder 469 STEVENS AVE.
 Location of operations PORTLAND, ME 04103
 Description of operations BUSINESS

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY	
		Effective Date	Expiration Date	(at beginning of policy period)	
99-BF-007400 F	Comprehensive Business Liability	11-03-06	11-03-07	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:		<input type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> <input checked="" type="checkbox"/> CONTENTS; 50000. EXPOSURE; 50000		Each Occurrence	\$ 1000000
				General Aggregate	\$
				Products - Completed Operations Aggregate	\$
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE	
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)	
				Each Occurrence	\$
				Aggregate	\$
	Workers Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory	
		Effective Date	Expiration Date	Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY	
		Effective Date	Expiration Date	(at beginning of policy period)	

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder
 ADDITIONAL INSURED:
 CITY OF PORTLAND, ME.

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Michael Hough
 Signature of Authorized Representative
 STAFF 04-03-07

Title WAYNE BUZZELL Date
 Agent Name
 Telephone Number 207-667-9021

Agent's Code Stamp
 Agent Code
 AFO Code W. BUZZELL 19-1019
 ME F874