

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: 060037
FEB - 3 2006
CITY OF PORTLAND

This is to certify that IFANTIDES ANITA T & VALLIS I JTS/Signery

has permission to Install a 7 sf sign on a bracket

AT 467 STEVENS AVE

CALL 132 J014001

provided that the person or persons who 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 procedure before this building or part thereof is closed or service closed-in. 4 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

[Signature]
2/2/06
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 ISSUED

Permit No: 06-0037	Issue Date: FEB 3 2006	CBL: 132 J014001
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Location of Construction: 467 STEVENS AVE	Owner Name: IFANTIDES ANITA T & VASILLI	Owner Address: 20 FOREST ST	Phone:
Business Name:	Contractor Name: Signery	Contractor Address: 299 Forest Ave Portland	Phone: 2078797700
Lessee/Buyer's Name	Phone:	Permit Type:	Zone: B1

Past Use: Residential	Proposed Use: Residential install a 7 sf sign on a bracket <i>legal use: 1 dwelling unit (2nd floor) : beauty salon (1st floor)</i>	Permit Fee:	Cost of Work:	CEO District:		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>MA</i> Signature: </td> <td style="width: 50%;"> INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature: </td> </tr> </table>			FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>MA</i> Signature:	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature:
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>MA</i> Signature:	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature:					

Proposed Project Description:	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____
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Permit Taken By: dmartin	Date Applied For: 01/09/2006	Zoning Approval
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<ol style="list-style-type: none"> 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"/> <i>OK</i> Date: <i>1/18/06</i> <i>ABM</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 Landmar <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>ABM</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: 06-0037	Date Applied For: 01/09/2006	CBL: 132 J014001
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Location of Construction: 467 STEVENS AVE	Owner Name: IFANTIDES ANITA T & VASILLI	Owner Address: 20 FOREST ST	Phone:
Business Name:	Contractor Name: Signery	Contractor Address: 299 Forest Ave Portland	Phone (207) 879-7700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Residential install a 7 sf sign on a bracket	Proposed Project Description: Install a 7 sf sign on a bracket.
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Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 01/18/2006

Note: 01/18/2005 The second floor of the building is an apartment. The first floor of the building is a beauty salon **Ok to Issue:**
and an empty room with its own entrance per beauty salon tenant.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 0210212006

Note: **Ok to Issue:**

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



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>467 Steyer Ave Portland Me</u>		
Total Square Footage of Proposed Structure Height <u>48'</u> Width <u>21'</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>132</u> Block# <u>J</u> Lot# <u>014</u>	Owner: <u>Vessilis Frantides</u>	Telephone: <u>761-2583</u>
Lessee/Buyer's Name (If Applicable) <u>LORRIE G MAJORANO</u>	Applicant name, address & telephone: <u>LORRIE G MAJORANO</u> <u>655 OLD BLUE POINT</u> <u>SARASOTA FL 34234</u> <u>(207) 883-9129</u>	Total s.f. of signage x \$2.00 <u>7 SF</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: <u>\$304.14</u> Awning Fee= cost of work _____ Total Fee: <u>\$44.00</u>
Who should we contact when the permit is ready: <u>LORRIE MAJORANO</u> phone: <u>730-0413</u>		
Tenant/allocated building space frontage (feet): Length: <u>40</u> Height: <u>20 FT</u> Lot Frontage (feet) <u>44-170</u> Single Tenant or Multi Tenant Lot <u>Multi</u>		
Current Specific use: <u>SALON</u> If vacant, what was prior use: <u>SALON</u> Proposed Use: <u>LOVE</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: <u>48/21</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: <u>48/21</u>		
Awning? Yes ___ No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Dimensions proposed: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: <u>7 SF</u> Awning? Yes ___ No ___ Dimensions: _____		
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.		

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.

Signature of applicant: <u>[Signature]</u>	Date: <u>12/12/05</u>
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This is not a permit; you may not commence ANY



Signage/Awning Pre-Application Questionnaire

Please complete all of the following information.

Address: 467 Stee Ave Zone: Res. 7 unit
CBL _____

Single Tenant Lot? Yes ___ No ___ Multi Tenant Lot? Yes No ___

Tenant/allocated building space frontage (feet): Length: 40 x 70 Height: 20 FT

Information on proposed sign(s):

Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed _____
Bldg. wall sign? (attached to bldg) Yes No ___ Dimensions proposed: 48 x 21

Information on already existing and permitted sign(s):

Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed _____
Bldg. wall sign? (attached to bldg) Yes No ___ Dimensions proposed 48 x 21
Awning? Yes ___ No ___ Dimensions: _____
Lot frontage (feet): _____ a _____

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.

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: [Handwritten Signature]

Date: _____

1.5 ϕ x linear ft. of bldg front.

~For office use only~

$$16 \times 1.5 =$$

16.5 ϕ

$$48'' \times 21'' = 1008'' = 7 \phi$$

24 ϕ

OK.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/09/2005

PRODUCER (207) 883-8229
SOUTHERN MAINE INSURANCE
432 US RTE 1
P.O. Box 6803
SCARBOROUGH ME 04070-6803
INSURED
THE BLUE DOOR SALON
467 Stevens Ave
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 UNION MUTUAL	
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	ADDL 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. H GENL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PENDING	12/09/2005	12/09/2006	EACH OCCURRENCE — \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 PD
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWED AUTOS		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS/UMBRELLA LIABILITY EXCESS/UMBRELLA CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
		OTHER		/ /	/ /	

DESCR

CITY OF PORTLAND

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

Michael D. [Signature]

ACORD 25 (2001108)

INS025(0108)05

ELECTRONIC LASER FORMS, INC - (800)327-0545

© ACORD CORPORATION 198

Page 1 of

Estimate



The Signery
299 Forest Avenue
Portland, ME 04101
ph. 207.879.7700
fax 207.879.1570
email: signery@maine.rr.com

Estimate: 03- 1981

Printed: 12/5/2005 10:48:31AM

Description: **outside sign**
Prepared For: Lorrie Maiorano
Company: Blue Door Salon

ph: (207) 730-0413

email: lorrieb4nafter@aim.com

Dear Lorrie:

Thank you for considering The Signery for your sign needs. The quotation we discussed is attached below. If you have any questions, please don't hesitate to call me at 207-879-7700.

Sincerely

Dave Berrang

Product	Font	Qty	Sides	Height	Width	Unit Cost	Install	Item Total
1 SIGN-FOAM - HDU		1	2	48	21	\$1,079.85	\$0.00	\$1,079.85

Color: White

Description: background color is SW6965 Hyperblue or SW6966 Blueblood blueblood is preference.

Text: 2" high density foam routed into with Blue Door Salon. Double-sided, Silver leaf elements, white and black on blue background. Doorknobs are carved foam. Installed.

Notes:

Line Item Total:	\$1,079.85
Tax Exempt Amt:	\$150.00
Subtotal:	\$1,079.85
Taxes:	\$46.49
Total:	\$1,126.34

Deposit Required : \$563.17

Company: Blue Door Salon
467 Stevens Ave
Portland, ME 04103

Received/Accepted By: _____

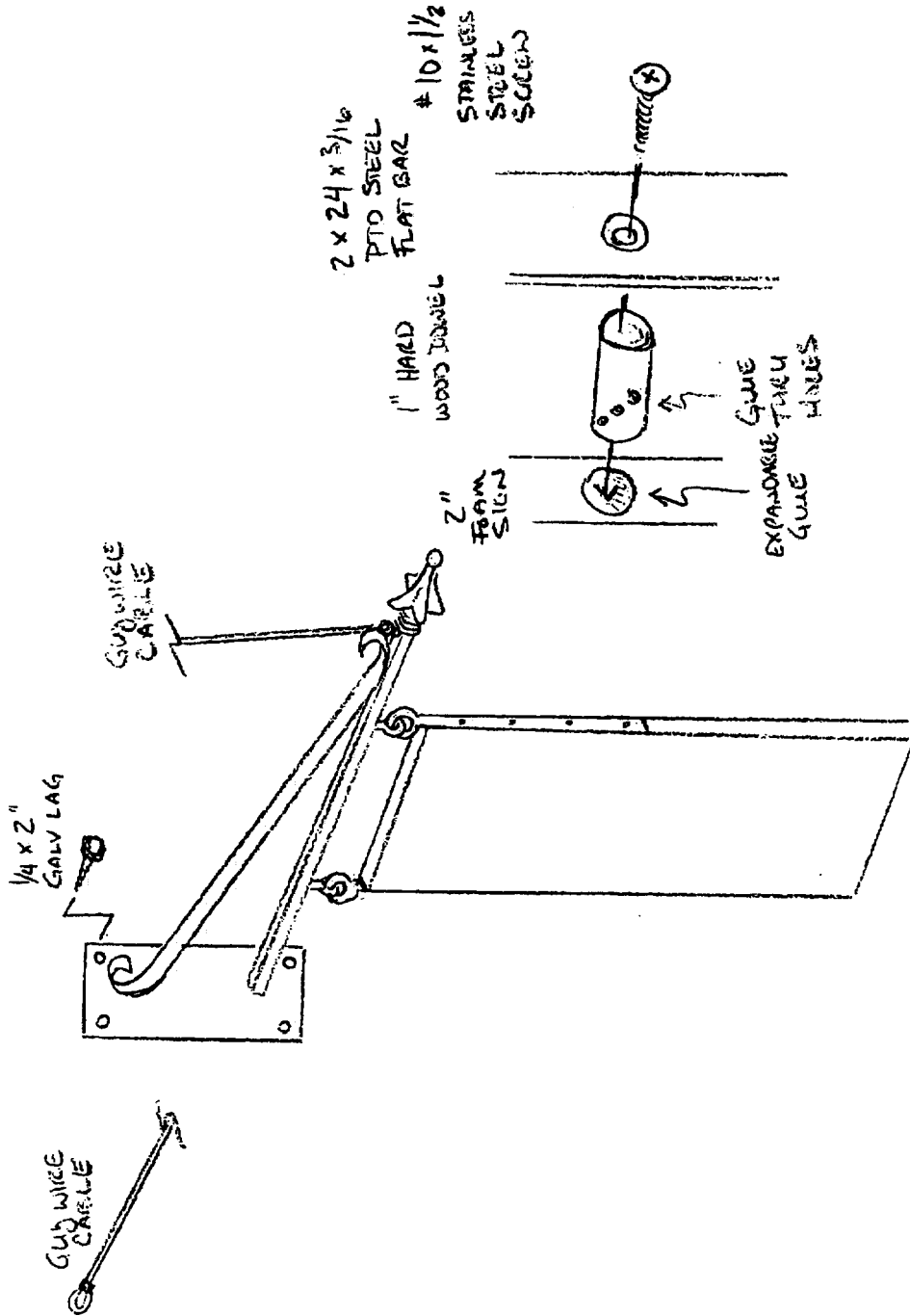
/ /

1/30/05

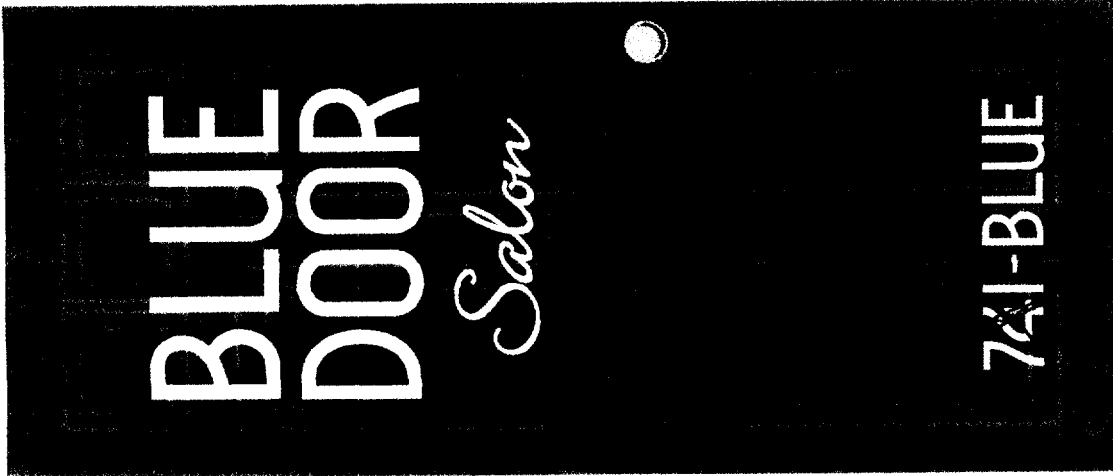
To whom it may concern,

I Vassilis ~~of~~ Antides
here by give permission
to tenant Horie G. Mouranis
of Blue Door Salon, at 467
Stevens ave. Port, for signage
as permitted by the city of
Portland.

Vassilis Antides




Blue Dime Sign
 The Signery
 Tom 12.20.05



761

Approved BY:
Date:

PLEASE REVIEW THIS PROOF CAREFULLY!
AND SEND COPY BACK TO THE SIGNERY THANK YOU

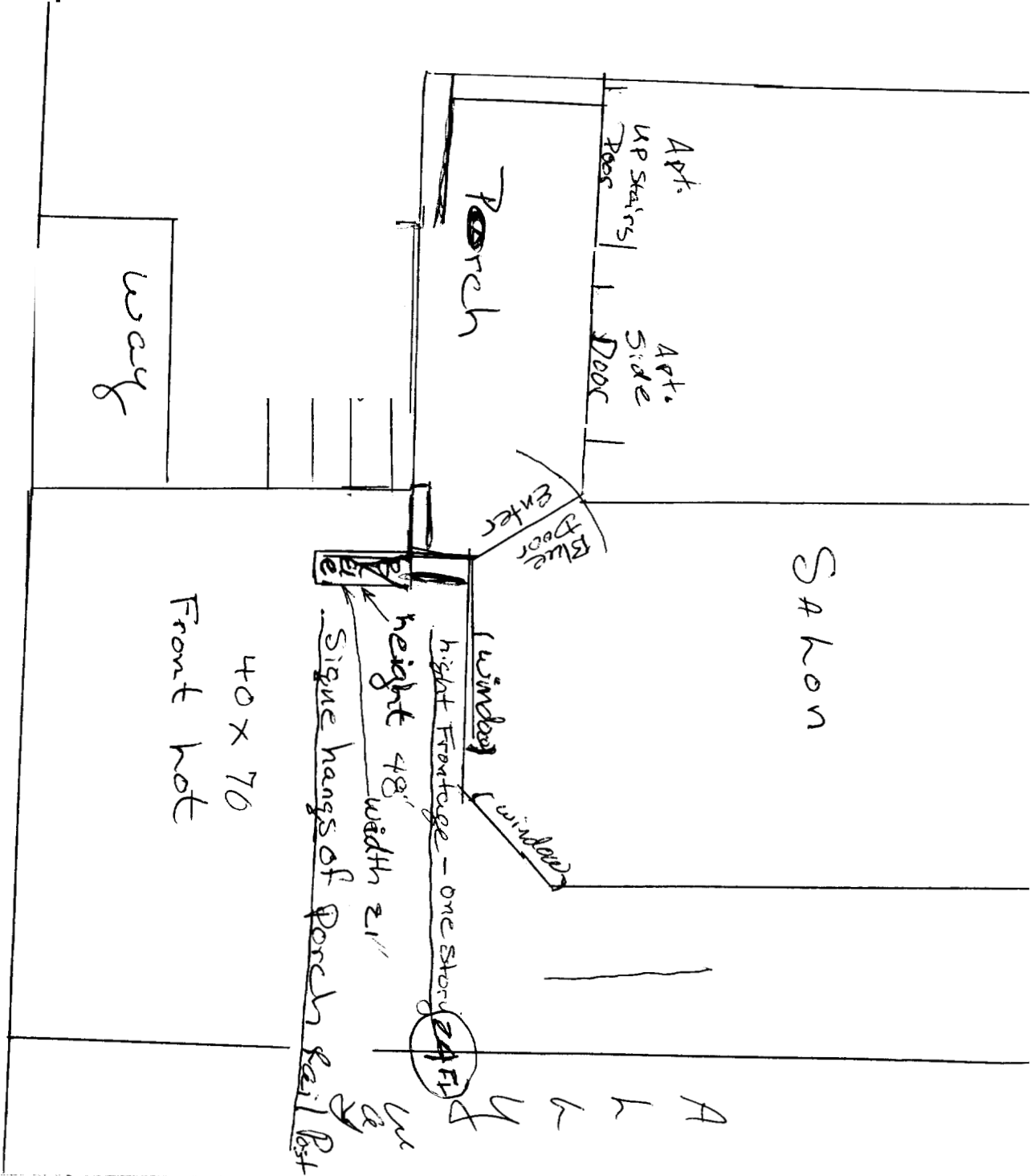
 222 FOREST AVE PORTLAND, ME PHONE 878-7700 FAX 878-8770	JOE INFO DESIGNER DJ	JOB INFO 1. COLOR - BENTON BLUE 2. FINISH - PULVERULE 3. MOUNTING - 4" PULVERULE 4. DIMENSIONS - 18" X 24" X 1/2" 5. MATERIAL - 1/2" PULVERULE 6. ATTACHMENT - RESISTANT DOOR HOOKS TO 607-3282 7. DOUBLE SIDED	INSTALL V B
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BLUE DOOR

BY SIGNING OFF ON THIS PROOF, YOU ARE GIVING THE SIGNERY THE GO TO PRODUCE THIS WORK TO THE SPECIFICATIONS LISTED

Until approved Job and Deposit is made, This proof is property of The Signery

Next Door
Buildings
Apts
Side walk



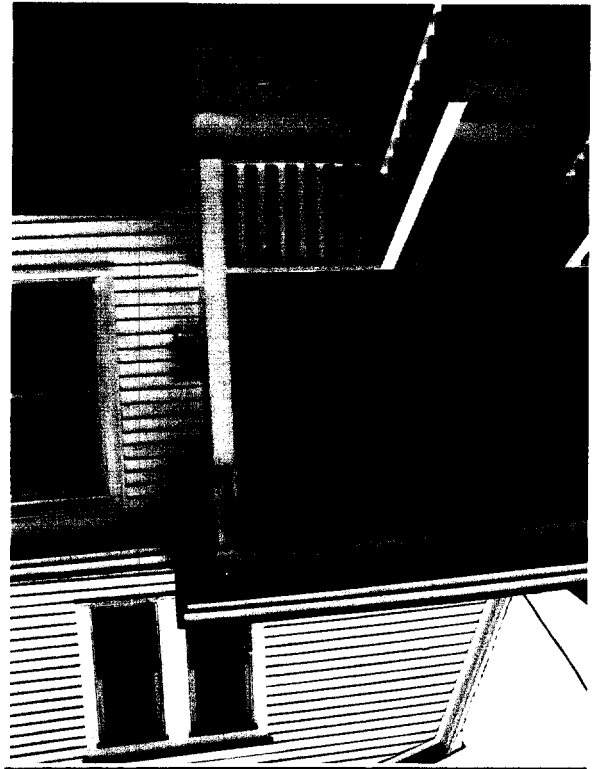
Side walk

Stevens AVE

A L K Y



Sign location





CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION: 457 Stevens Avenue

DATE OF ISSUE: December 9, 1961

This is to certify that the building, premises, or part thereof, at the above location, health, fire, and safety inspections have been made and found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

2nd Floor

Apartment

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

12-6-61

[Signature]

Date

Inspector

[Signature]

Notes: This certificate shall not be used for building or premises, and ought to be transferred from owner to owner upon property change hands. Copy will be furnished to owner or lease for use when desired.

[Signature]
Inspector of Buildings

