

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

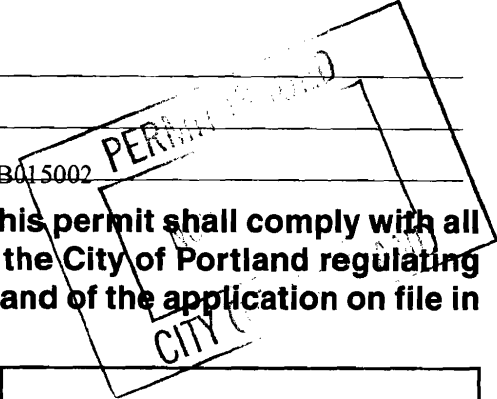
PERMIT

Permit Number: 071381

Please Read Application And Notes, If Any, Attached

This is to certify that WOJCIK JOSEPH B JR / Sign Design _____
has permission to Replace existing skin essential sign w/ new Sign
AT 985 FOREST AVE L 142 B015002

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 given and written permission procured before this building or part thereof is occupied or closed-in. **HEAVY 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

James Burke 11/29/07
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: 07-1381	Issue Date:	CBL: 142 B015002
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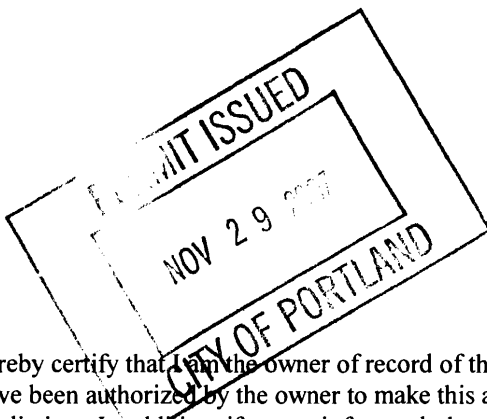
Location of Construction: 985 FOREST AVE (495)	Owner Name: WOJCIK JOSEPH B JR	Owner Address: PO BOX 15444	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone: 2078562600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial - personal service	Proposed Use: <i>- retail</i> Commercial - Replace existing skin essentials sign w/ New Sign <i>"The Magick Chest"</i>	Permit Fee: \$62.00	Cost of Work: \$62.00	CEO District: 4
Proposed Project Description: Replace existing skin essentials sign w/ New Sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: M Type: Sign IBC-2003	
		Signature: <i>AMB 11/29/07</i>		Signature: <i>AMB 11/29/07</i>
PEDESTRIAN ACTIVITIES DISTRICT (PA/D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Idobson	Date Applied For: 11/08/2007	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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>11/29/07 ABM</i>	Date: _____	Date: <i>ABM</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



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>995 Forest Ave Portland</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Joseph Wojick</u>	Telephone: <u>772-1441</u>
Lessee/Buyer's Name (If Applicable) <u>Delora S. Eaton</u> <u>995 Forest Ave.</u> <u>Portland</u>	Contractor name, address & telephone: <u>Sign Design</u> <u>306 Warren Ave</u> <u>Portland 856-2600</u>	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 _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Delora Eaton</u> phone: <u>772-1441</u> ^{cell} <u>671-5379</u>		
Tenant/allocated building space frontage (feet): Length: <u>10 ft</u> Height: <u>12</u> +/- Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>Gift Shop</u> If vacant, what was prior use: <u>skin care - personal service - applied for change of use permit</u> Proposed Use: _____ 11/29/07		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>2x8'</u>		
Proposed 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. <u>16 x 2 + 30 = 62</u>		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions: <u>2x8</u> Awning? Yes _____ No <input checked="" type="checkbox"/> 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>Delora S. Eaton</u>	Date: <u>11/8/07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

B-2 - mult-tenant
~~4 x 10 = 150~~
 4 tenant frontage
 20 x 1.5 = 300

sign 2' x 8' = 16 sq ft
 (OK)

This Design Is The Property Of

Sign Design Inc.

306 Warren Ave. Portland, ME

Phone: 207-856-2600 Fax: 207-856-7600

New Lexan Sign Face W/ Vinyl Graphics For Existing 24" X 96" Single Face Sign



230 Plum Purple Background W/ 230 Gold Nugget Stars & Moon
(White Pull Out Text)

face replacement is going into existing building mounted sign, internally illuminated (lamped) & bolted to the wall. U# DA 289702

This proof may reflect color shifts due to the color conversion from ink to paint and or vinyl. Also, PMS colors will be approximated to the best of our ability.

Customer supplied artwork files (300 dpi required) will be used as is, and Sign Design Inc. is not responsible for any faults in the design.

Any black outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, retainers, faces and reveals. Unless otherwise specified, they are not considered as part of the sign graphics.

Client:

File: magic closet comp. 2

Date: 10-11-07

Approval:

Customer approval is a signed confirmation that dimensions, colors, spelling, graphics and all other job specifics are correct.



SKIN ESSENTIALS

Clinical Skin Care & Spa Treatments

878-0616

www.skinessentialsme.com



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Clinical Skin Care & Spa Treatments

878-0616

www.skinessentialsme.com

Income Property Management

October 18,2007

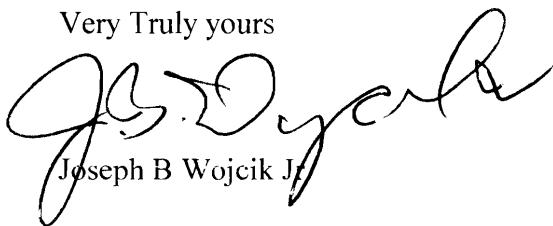
Debra Eaton
The Magick Closet
995 Forest Ave
Portland Maine 04103

RE: Tenant Sign.

This letter is to confirm our conversation that you are allowed to use the sign on the building over your space.

If you have questions please call.

Very Truly yours



Joseph B Wojcik Jr

P.O Box 15444 Portland Maine 04101 773-4206 Fax 761-1908

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER: **Additional Insured**

CITY OF PORTLAND
389 CONGRESS ST
PORTLAND, ME 04101

INSURED:

DELORA EATON
DBA-MAGICK CLOSET
995 Forest Ave
PORTLAND, ME 04103-5606

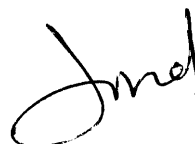
TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	51-BO-112498-3001	01-01-07	01-01-08	
<input checked="" type="checkbox"/> Liability and Medical Expense Personal and Advertising Injury	NATIONWIDE MUTUAL INSURANCE CO.			Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				Included in Above - Any One Person or Organization ANY ONE PERSON \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100,000
				General Aggregate* \$ 2,000,000
				Prod/Comp Ops Aggregate* . \$ 1,000,000
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) \$
<input type="checkbox"/> Owned				(Each Accident) \$
<input type="checkbox"/> Hired				Property Damage
<input type="checkbox"/> Non-Owned				(Each Accident) \$
				Combined Single Limit \$
EXCESS LIABILITY				
				Each Occurrence \$
				Prod/Comp Ops/Disease
<input type="checkbox"/> Umbrella Form				Aggregate* \$
STATUTORY LIMITS				
<input type="checkbox"/> Workers' Compensation and Employers' Liability				BODILY INJURY/ACCIDENT ... \$ Bodily Injury by Disease EACH EMPLOYEE \$ Bodily Injury by Disease POLICY LIMIT \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS
VEHICLES/RESTRICTIONS/SPECIAL ITEMS
995 FOREST AVE

Effective Date of Certificate: 01-01-2007
Date Certificate Issued: 10-15-2007

Authorized Representative: O'HEARN INSURANCE GROUP
Countersigned at: NATIONWIDE INSURANCE
1087 FOREST AVE PTLD ME



City of Portland, Maine - Building or Use Permit

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

Permit No: 07-1381	Date Applied For: 11/08/2007	CBL: 142 B015002
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Location of Construction: 985 FOREST AVE (995)	Owner Name: WOJCIK JOSEPH B JR	Owner Address: PO BOX 15444	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone (207) 856-2600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - retail - Replace existing skin essentials sign w/ New Sign	Proposed Project Description: Replace existing skin essentials sign w/ New Sign
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 11/29/2007	Ok to Issue: <input checked="" type="checkbox"/>
Note: applied for change of use permit on 11/29/07.				
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 11/29/2007	Ok to Issue: <input checked="" type="checkbox"/>
Note: 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.				

Comments: 11/28/2007-amachado: Spoke to Delora Eaton. She will do a change of use application ASAP. 11/19/2007-amachado: Left message for Delora Eaton. Sign permit is on hold until she does a change of use from personal service to retail.
