

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that JOSEPH B JR WOJCIK – MEI
WELLNESS CENTER

Located At 985 FOREST AVE

CBL: 142- B-015-001

Job ID: 2012-03-3411-CH OF USE

has permission to Add a 4' x 5' building wall sign and a 24" x 40" sidewalk sign for Mei Wellness Center provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

 2/20/12

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Acting Director of Planning and Urban Development
Gregory Mitchell

Job ID: 2012-03-3411-CH OF USE

Located At: 985 FOREST AVE

CBL: 142- B-015-001

Conditions of Approval:

Building

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code. Fastening detail per notes on plans from Mark A.
2. The sidewalk sandwich sign shall not infringe on the City Right of Way

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Final Inspection after installed

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



B2

Child 2012-41474

Entered 3/2

Signage/Awning Permit Application

(B5)

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.

ID: 2012-03-3411 COV

Location/Address of Construction: <u>977 Forest unit 5</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>142</u> Block# <u>B</u> Lot# <u>15 UNIT 5</u>	Owner: <u>Joseph Wojcik Jr</u>	Telephone: <u>207-577-2316</u>
Lessee/Buyer's Name (If Applicable) <u>Qingmei Zheng</u> <u>174 Middle Rd</u> <u>Falmouth, ME 04105</u>	Contractor name, address & telephone: <u>Mark Alexander</u> <u>174 Middle Rd</u> <u>Falmouth, ME 04105</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$ Awning Fee= cost of work Total Fee: \$

Who should we contact when the permit is ready: Mark Alexander phone: (207) 615-2980

Tenant/allocated building space frontage (feet): Length: 28' Height: 8'
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot: Multi

Current Specific use: Massage, Facials, Waxing
If vacant, what was prior use: Driving School
Proposed Use: Personal Services

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes No Dimensions proposed: 24x40 Height from grade: On Grade
 Bldg. wall sign? (attached to bldg) Yes No Dimensions proposed: 4x5'

Proposed awning? Yes No Is awning backlit? Yes No
 Height of awning: _____ Length of awning: _____ Depth: 20 ft²
 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. 26 ft²
52.00
30.00
82.00

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: Unknown/Removed
 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>Qingmei Zheng</u>	Date: <u>May 5, 2012</u>
--	--------------------------

This is not a permit; you may not commence ANY work until the permit is issued.

15 x 28 = 420

proposed

24'x40" sidewalk sign

Mei Wellness

Center

Massage

Facials

Body Waxing

Walk-ins Welcome!

Chinese

Deep Tissue,

Swedish

(207)577-2316

www.meiwc.com

Plywood

4 3x5 building sign

Mei Wellness Center

Massage-Facials-Body Waxing

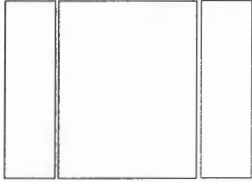
Walk-ins Welcome!

Chinese, Deep Tissue, Swedish

(207)577-2316

www.meiwc.com

Ply wood

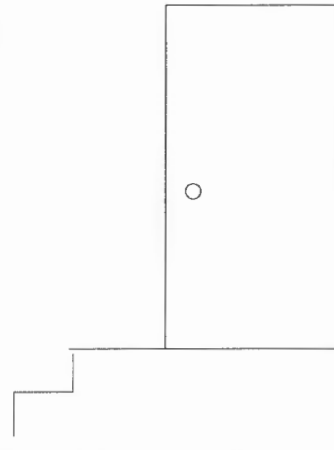


Using Existing
Belt holes
into masonry
per
Mark A.
3/20/12

977



Mei Wellness Center
Massage-Facials-Body Waxing
Walk-ins Welcome!
Chinese, Deep Tissue, Swedish
(207)577-2316
www.meiwc.com







Certificate of Insurance
OCCURRENCE COVERAGE
ABMP In-Dues Liability Program

INSURED MAILING ADDRESS:

Associated Bodywork & Massage Professionals
 25188 Genesee Trail Road
 Golden, Colorado 80401

PRODUCER:

Midwest General Agency

AGENT/BROKER:

Midwest General Agency

POLICY # CL480101503 EVANSTON INSURANCE CO.

MASTER POLICY EFFECTIVE DATE: 1/1/2011

Coverage afforded to individual members by this policy is applicable for a period of 12 months from the date the member is added by endorsement or until the individual member's coverage is cancelled or they cease to be an active member of the association.

LIABILITY LIMITS *(per member)***COMMERCIAL GENERAL LIABILITY**

GENERAL AGGREGATE	\$3,000,000
PRODUCTS-COMP/OP AGGREGATE	\$3,000,000
PROFESSIONAL AGGREGATE	\$3,000,000
PERSONAL & ADVERTISING INJURY	\$2,000,000
EACH OCCURRENCE.....	\$2,000,000
FIRE DAMAGE (Damage To Premises Rented To You)	\$100,000

To verify information, contact ABMP. Tel: 303-674-8478 Fax: 303-674-0859

This certificate provides proof of coverage for the individual named certificate holder (member) only. This certificate DOES NOT provide proof of coverage for any employees, independent contractors, and/or any other individuals affiliated with the named certificate holder. Each INDIVIDUAL insured ABMP member is issued their own certificate of insurance. Coverages are valid from the membership inception date to the membership expiration date.

COVERAGES

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED ABOVE HAS BEEN ISSUED TO THE INSURED NAMED BELOW 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 POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICY. LIMITS SHOWN MAY HAVE BEEN REDUCED BY CLAIMS PAID. COPY OF POLICY AVAILABLE UPON REQUEST (\$10.00 CHARGE).

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 policy ABOVE.

ADDITIONAL INSURED: *(with Inception Date)***CERTIFICATE HOLDER**

(Active Registered Members are on file with the ABMP Membership Chairman.)

Member Name: Qingmei Zheng
Membership I.D. #: 732324
Insured Active Date: July 26, 2011
Membership/Policy Term Expiration: July 25, 2012
Issue Date: July 26, 2011

Authorized Representative

CANCELLATION: Should the above described policy be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice for non payment or 30 days written notice for any other reason to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

ABMP-19 (01/10)

Rev. 12/10