

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that SOKUNTHEA CHAN

Located At 927 FOREST AVE

Job ID: 2012-07-4394-SIGN

CBL: 142- F-003-001

has permission to install a 3' x 4' freestanding sign 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

N/A

A handwritten signature in black ink, appearing to read "A. B. A.", written over a horizontal line.

7/12/12

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

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

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

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.



PORTLAND MAINE

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Acting Director of Planning and Urban Development
Gregory Mitchell

Job ID: 2012-07-4394-SIGN

Located At: 927 FOREST AVE

CBL: 142- F-003-001

Conditions of Approval:

Zoning

1. The sign must be located a minimum of five feet from any property line.
2. The existing sign must be removed.

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.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-07-4394-SIGN	Date Applied: 7/3/2012	CBL: 142- F-003-001	
Location of Construction: 927 FOREST AVE	Owner Name: SOKUNTHEA CHAN	Owner Address: 927 FOREST AVE PORTLAND, ME 04103	Phone: 207-838-5505
Business Name: Thea Salon	Contractor Name: Sign Design, Inc	Contractor Address: 207 P.O. Box Westbrook ME 04098	Phone: (207) -856-2600
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-2
Past Use: Hair Salon – change of use permit #2012-02-3245	Proposed Use: Same – Hair Salon – erect 3' x 4' freestanding sign	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A Signature:	Inspection: Use Group: Type: SIGN Signature: ABU 7/12/12
Proposed Project Description: 3' x 4' freestanding sign		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Gayle	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: OK w/ conditions 7/12/12 ABU	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 Dist 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: ABU
	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



B-2

2012 07 4394

66

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>927 Forest Ave</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>142 F003001</u>	Owner: <u>Sokunthea Chan</u>	Telephone: <u>838-5505</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Contractor name, address & telephone: <u>Sign Design, Inc.</u> <u>P.O. Box 200</u> <u>Westbrook, ME</u> <u>04098</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: <u>Diana/Roger</u> phone <u>856-2600</u>		
Tenant/allocated building space frontage (feet): Length: <u>26'</u> Height: <u>22'</u> Lot Frontage (feet) <u>50'</u> <u>Single Tenant</u> or Multi Tenant Lot _____		
Current Specific use: <u>hair salon - change of use 2012-02-3245</u> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>3'x4'</u> Height from grade: <u>4'</u> Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____		
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.		
Information on existing and previously permitted sign(s): <u>N/A</u> 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.		

RECEIVED
JUL 03 2012
Dept. of Building Inspections
City of Portland Maine

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: Sokunthea Chan Date: 7-2-12

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

B-2 single front. 65' allowed. 11' max. 12' proposed (OK) 4' high (OK)



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Receipts Details:

Tender Information: Cash

Tender Amount: 54.00

Receipt Header:

Cashier Id: gguertin

Receipt Date: 7/3/2012

Receipt Number: 45610

Receipt Details:

Referance ID:	7128	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	54.00	Charge Amount:	54.00
Job ID: Job ID: 2012-07-4394-SIGN - 3' x 4' freestanding sign			
Additional Comments: 927 forest Ave. Sokunthea			

Thank You for your Payment!

This design is the property of
Sign Design Inc.

306 Warren Ave. Portland, Maine

Tel. 207.856.2600 Fax 207.856.7600

email: signdesi@maine.rr.com

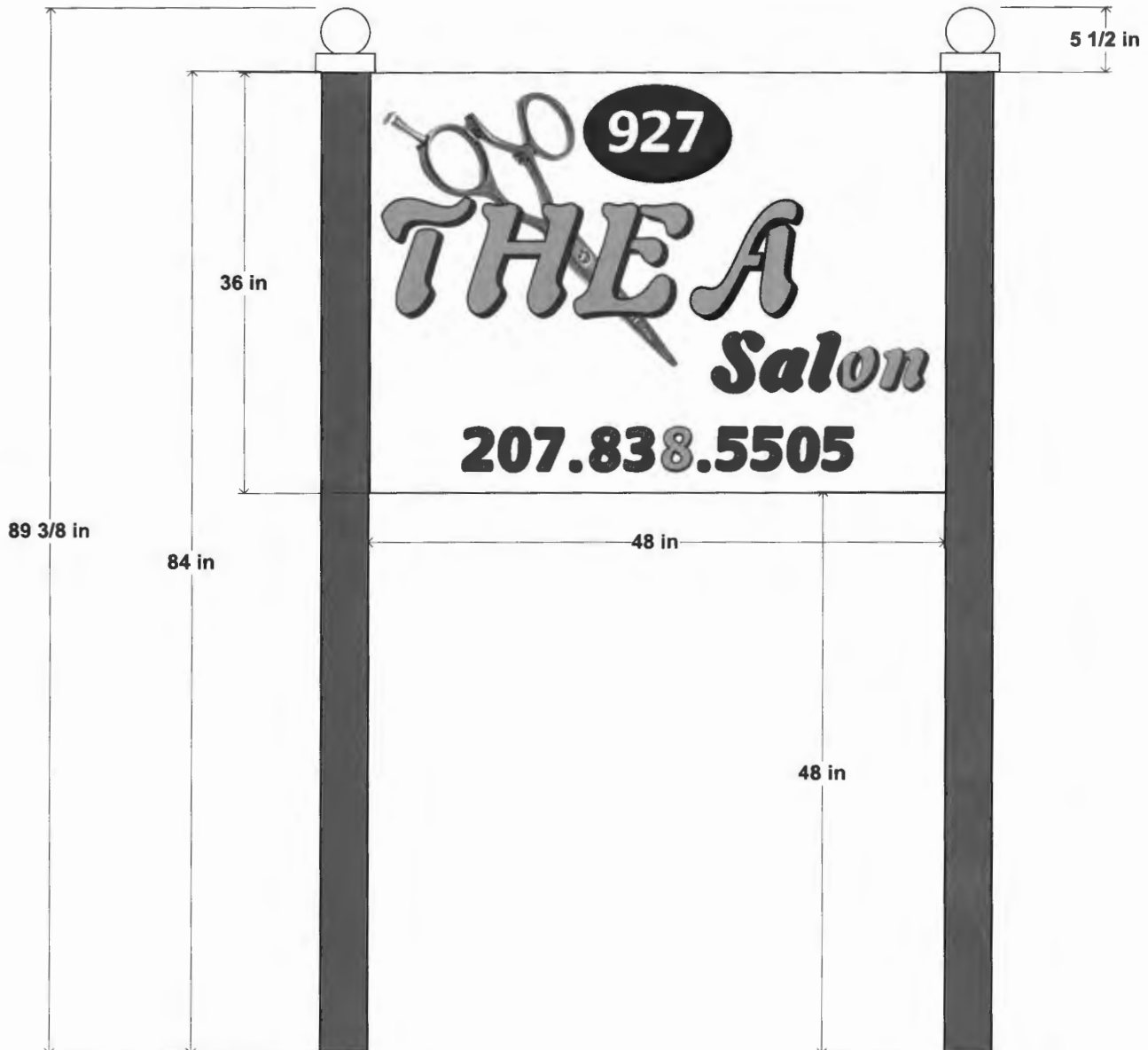
Client: Thea

File: thea

Revision: 2

Date: 6.26.12

2 Single Sided Econolite Signs With Vinyl Graphics
Mounted On 4" Wooden Posts With Decorative Tops



This job proof may reflect color shifts due to the conversion from ink to paint and/or vinyl. PMS colors will be approximated to the best of our ability. Client provided artwork will be used as is and Sign Design Inc. is not responsible for any artwork design faults nor for errors occurring due to improper review of this submitted job proof.

Design By: E.F.C. Comp. 2

- I Have Checked The Above Drawing For Layout And Spelling. I Find No Mistakes Or Errors. I Approve This Drawing For Final Completion.
- Do Not Proceed - Changes Requested

APPROVAL SIGNATURE



Sign Contractors

P.O. Box 207
Westbrook, ME 04098
(207) 856-2600 * FAX: (207) 856-7600
1-800-949-9037
signdesi@maine.rr.com
A Full Service Sign Company

RE: sign installation

To Whom It May Concern:

As the owner (or owner representative) of the property located at:

927 Forest Ave.

I authorize Sign Design Inc. to install signs/sign face replacements as detailed on attached paperwork.

Soklinthea Cha 7/2/12
Signature Date

SOKLINTHEA CHAN
Print Name



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/02/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone 207-856-0000 Fax 207-856-1000
ANDERSON WATKINS ASSOCIATES, INC
 31 CENTRAL STREET
 WESTBROOK ME 04092

CONTACT NAME Marie Eider	
PHONE (207) No. Ext. 207-856-5500	Fax (207) No. 207-856-0004
E-MAIL ADDRESS melder@andersonwatkinsinsurance.com	
INSURER(S) AFFORDING COVERAGE	
INSURER A Hanover Insurance Company	NAIC # 22292
INSURER E	
INSURER C	
INSURER D	
INSURER E	
INSURER F	

INSURED
SOKUNTHEA CHAN
 DBA THEA'S SALON
 799C FOREST AVE
 PORTLAND ME 04101

COVERAGES **CERTIFICATE NUMBER: 31051** **REVISION NUMBER:**

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.

POLICY	TYPE OF INSURANCE	ADDITIONAL RISKS	SUPERVISOR	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> O.C.O.R. <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JURY <input type="checkbox"/> LOC.			OHP 8997583 01	04/07/12	04/07/13	EACH OCCURRENCE \$ 1,000,000 DAMAGES FOR BODILY INJURY, PROPERTY DAMAGE, AND EXP. (Any one person) \$ 5,000 PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP. PROP. ASS. \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMMERCIAL GEN'L LIMIT (EA accident) \$ BODILY INJURY - Per person \$ BODILY INJURY - Per accident \$ PROPERTY DAMAGE (per accident) \$ \$
	UMBRELLA LIAB. <input type="checkbox"/> OCCUR EXCESS LIAB. <input type="checkbox"/> CLAIMS-MADE DED. <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) (If yes, describe under DESCRIPTION OF OPERATIONS BELOW)						STAT. COV. LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. D. CEASE-EA EMPLOYEE \$ E.L. D. CEASE-POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<p>CERTIFICATE HOLDER</p> <p>City of Portland 389 Congress St Portland ME 04101</p> <p>Attention:</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;">Viet Ly</p>
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