

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 070503

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that TEVANIAN GREGORY S / Eve Alexander

has permission to Install an 18 sf freestanding s

AT 1029 WASHINGTON AVE

172 G01200

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of this 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.

PERMIT ISSUED  
MAY 29 2007  
CITY OF PORTLAND

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 laid 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

5/25/07 *Cheryl M*  
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: 07-0503	Issue Date:	CBL: 172 G012001
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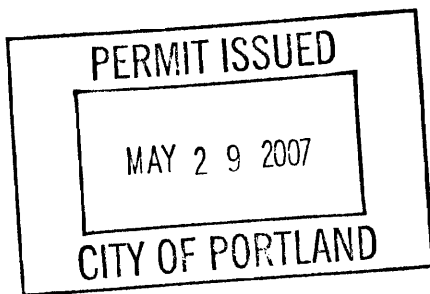
Location of Construction: 1029 WASHINGTON AVE	Owner Name: TEVANIAN GREGORY S	Owner Address: 4 ROLFE RD	Phone:
Business Name:	Contractor Name: Steve Alexander	Contractor Address: 39 Grove Lane Harpswell	Phone 2077210524
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B1

Past Use: Commercial / Hair Salon	Proposed Use: Commercial / Hair Salon install an 18 sf freestanding sign	Permit Fee: \$66.00	Cost of Work: \$66.00	CEO District: 4
Proposed Project Description: Install an 18 sf freestanding sign "A Touch of Style"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: sign JBL-2003 Signature: 5/29/07 [Signature]	
		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: 05/08/2007	<b>Zoning Approval</b>		
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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
OK Date: 5/23/07 [Signature]	Date:	Date:



## 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

<b>Permit No:</b> 07-0503	<b>Date Applied For:</b> 05/08/2007	<b>CBL:</b> 172 G012001
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<b>Location of Construction:</b> 1029 WASHINGTON AVE	<b>Owner Name:</b> TEVANIAN GREGORY S	<b>Owner Address:</b> 4 ROLFE RD	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Steve Alexander	<b>Contractor Address:</b> 39 Grove Lane Harpswell	<b>Phone</b> (207) 721-0524
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial / Hair Salon install an 18 sf freestanding sign "A Touch of Style"	<b>Proposed Project Description:</b> Install an 18 sf freestanding sign
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 05/23/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Residential Plan Revie	<b>Approval Date:</b> 05/25/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
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.

*A Town of Style*

Location/Address of Construction: 1029 Washington Ave Portland Maine

Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>172      G      012</u>	Owner: <u>June Tevanian</u>	Telephone: <u>761-1500</u>
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Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>Steve Alexander</u> <u>891 Meadow Rd</u> <u>Bowdoin ME 04287</u> <u>721-0524</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>18 sf</u> For H.D. signage= Total Fee: \$ _____ <u>66.</u> Awning Fee= cost of work _____ Total Fee: \$ _____
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Who should we contact when the permit is ready: June Tevanian phone: 761-1500

Tenant/allocated building space frontage (feet): Length: 900 sq ft Height: 9'  
Lot Frontage (feet) 47.33 Single Tenant or Multi Tenant Lot single

Current Specific use: \_\_\_\_\_  
If vacant, what was prior use: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_

Information on proposed sign(s):  
Freestanding (e.g., pole) sign? Yes  No \_\_\_\_\_ Dimensions proposed: 47.32 Height from grade: 108.30 in.  
Bldg. wall sign? (attached to bldg) Yes \_\_\_\_\_ No \_\_\_\_\_ Dimensions proposed: \_\_\_\_\_

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: 37" x 73"  
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](http://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>June Tevanian</u>	Date: <u>5-8-07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

*32' max height 16' max set back 5'*  
*OK*  
*175' given*  
*91' given*  
*10' given*

*OK'd by dig safe 811*

*10' from edge*

*53.26 w*

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- Footing/Building Location Inspection: Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

~~CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR BEFORE THE SPACE MAY BE OCCUPIED~~

June Finnanian  
Signature of Applicant/Designee

5-29-07  
Date

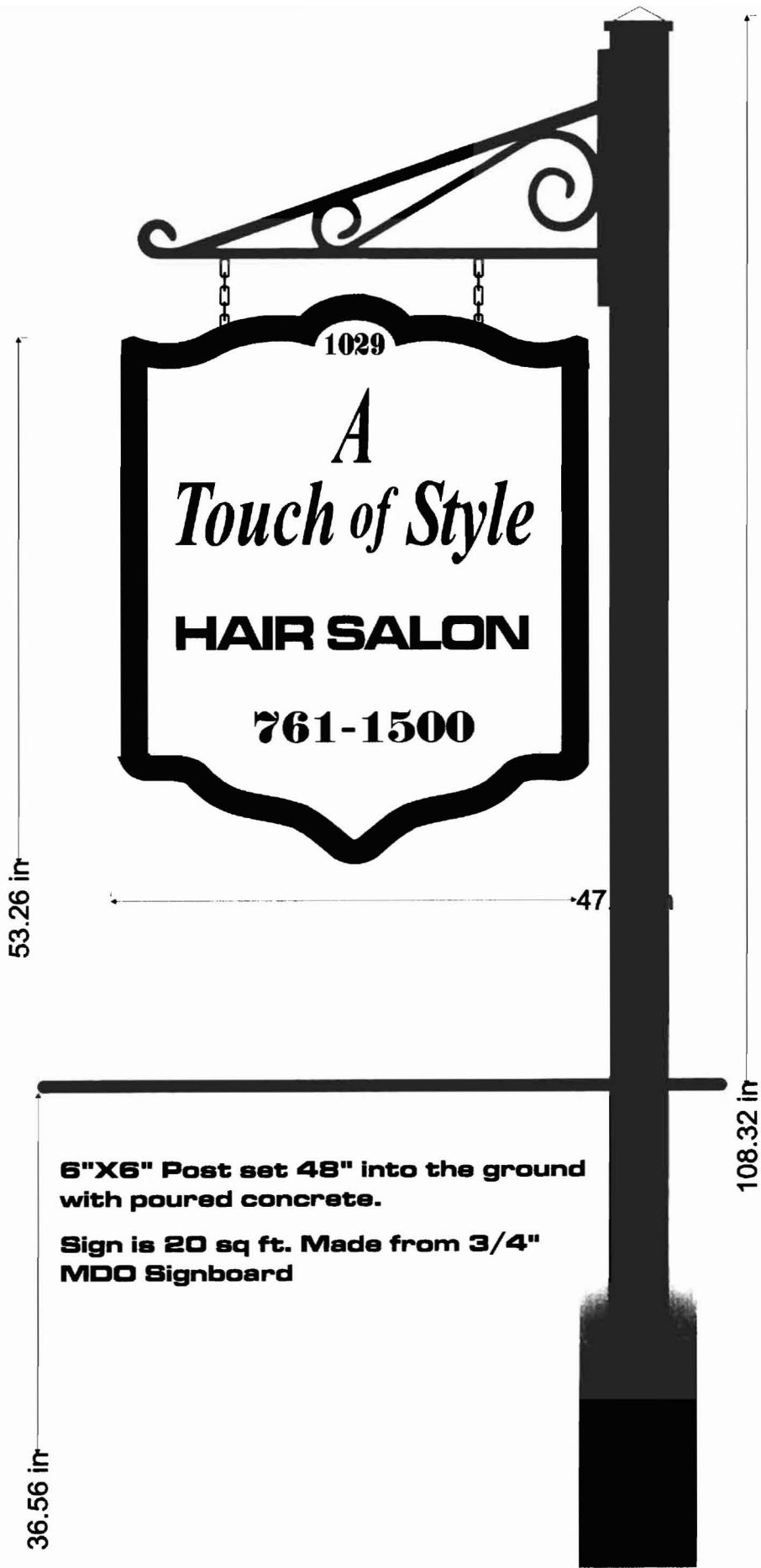
[Signature]  
Signature of Inspections Official

5-29-07  
Date

CEL: 172612

Building Permit #: 07053





53.26 in

47

108.32 in

36.56 in

**6"X6" Post set 48" into the ground with poured concrete.**

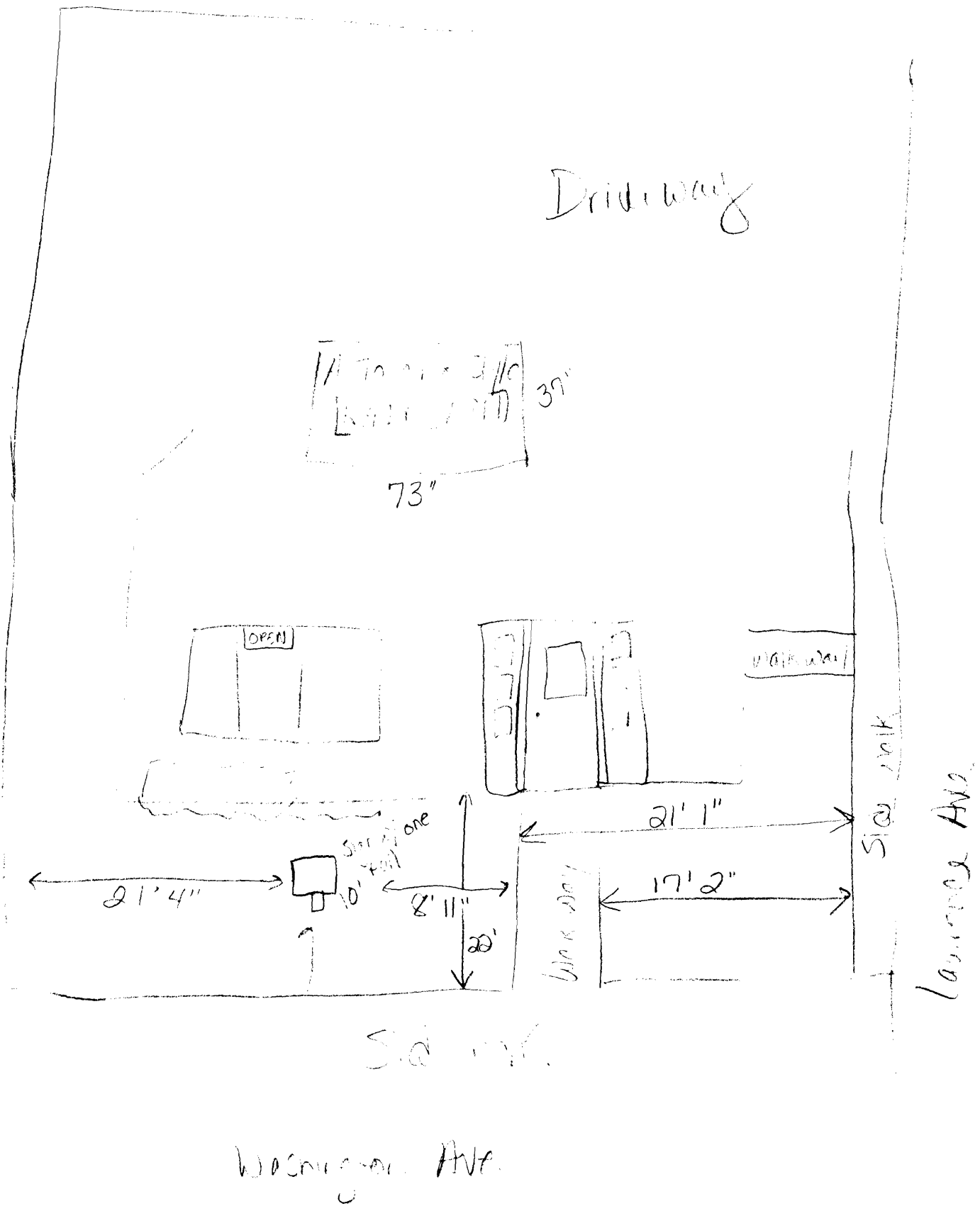
**Sign is 20 sq ft. Made from 3/4" MDO Signboard**

1029  
*A*  
*Touch of Style*  
**HAIR SALON**  
**761-1500**

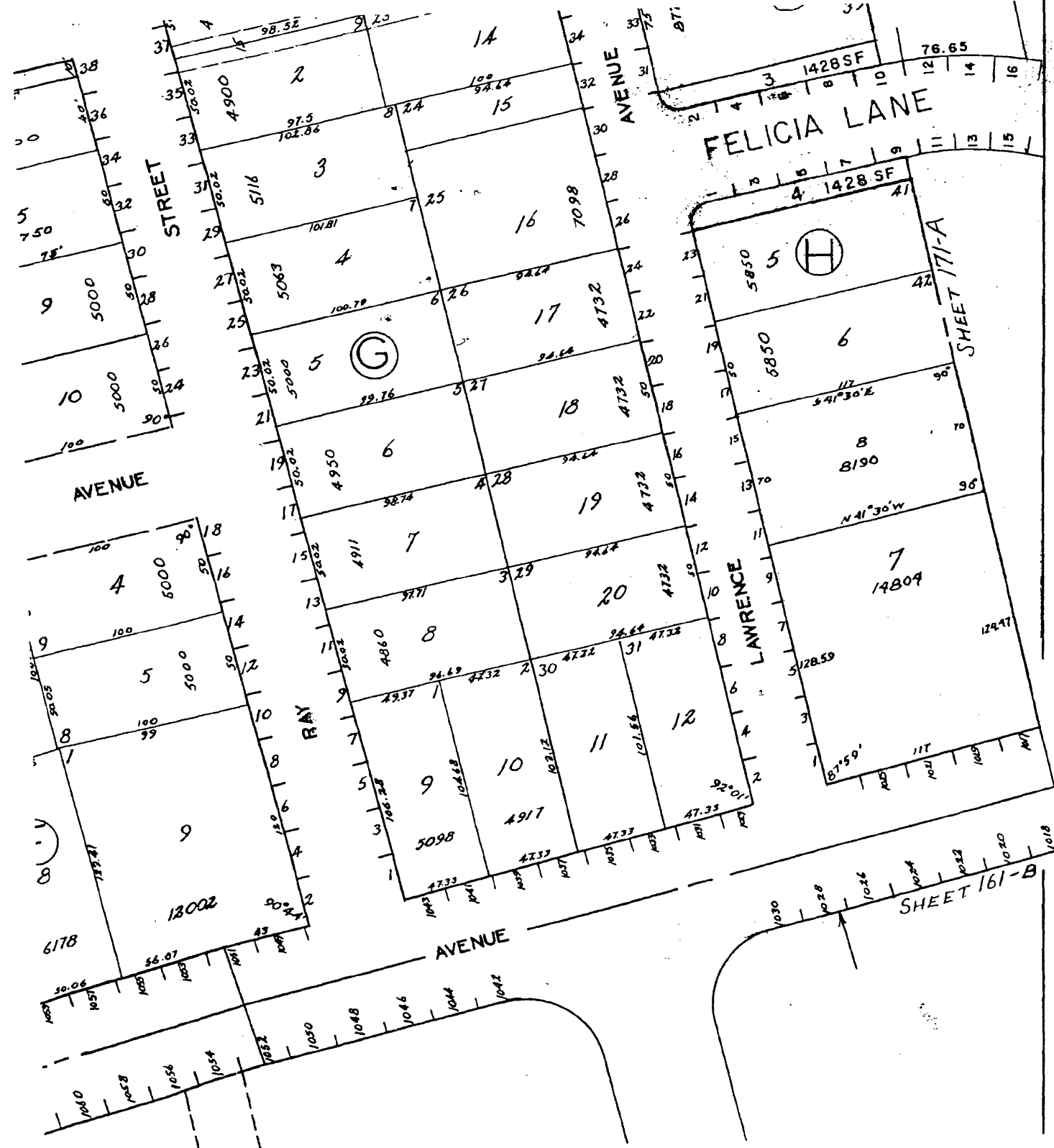
2520.2632

17.5 ⌀

9'







AVENUE

FELICIA LANE

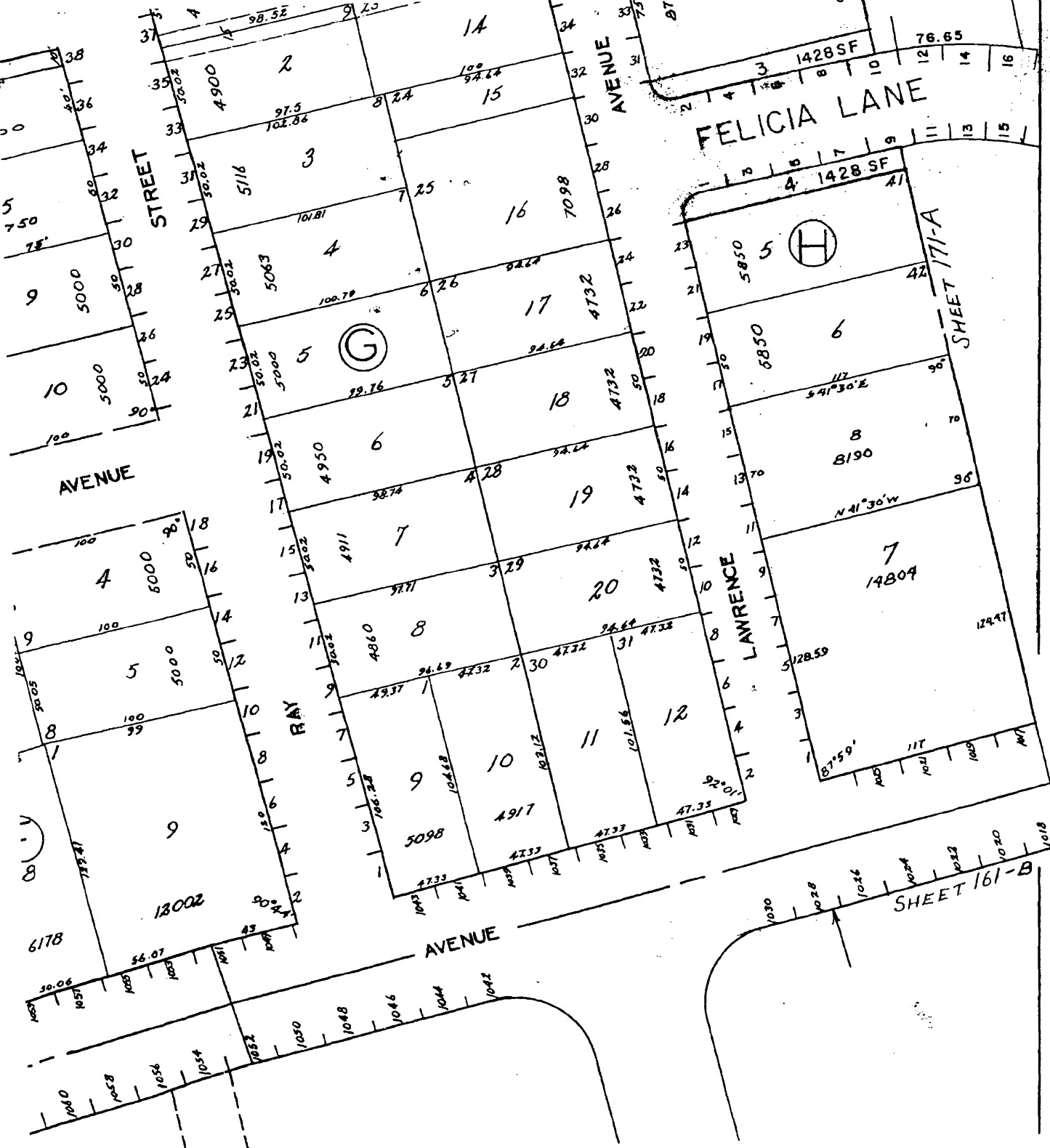
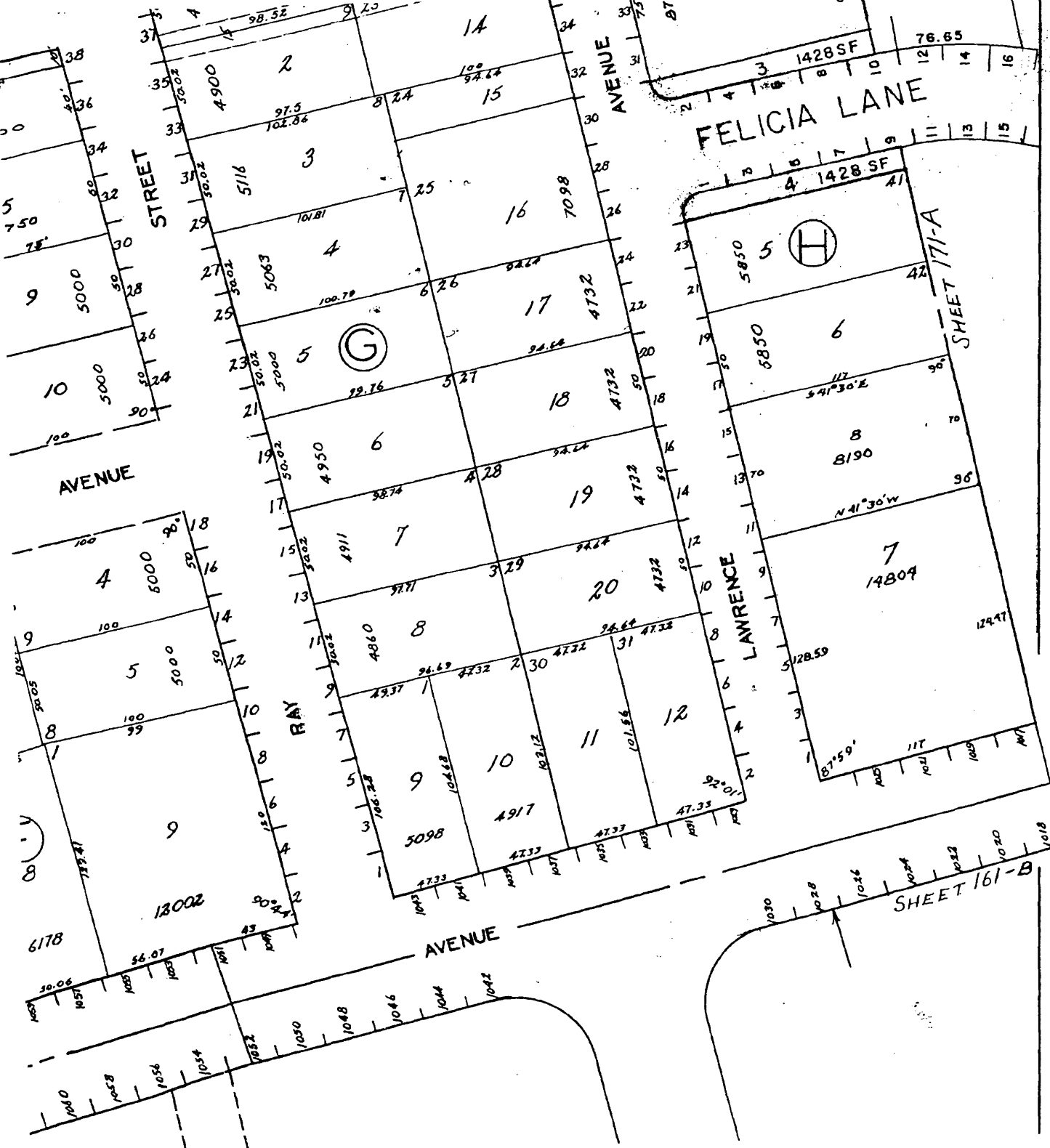
LAWRENCE

SHEET 161-B

SHEET 161-A

G

H



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/2/2007

PRODUCER (207) 774-6257 FAX: (207) 774-2994  
Clark Associates  
2385 Congress Street  
P O Box 3543  
Portland ME 04104

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.

INSURED  
A Touch of Style, DBA: In Style Inc.  
4 Rolfe Road  
Windham ME 04062

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Citizens Ins Co of	31534
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	OBP6014822	10/1/2006	10/1/2007	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000,000
		AUTOMOBILE LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
		<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTH-ER
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$
		OTHER				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
City of Portland is named as an additional insured on the general liability with respects to the named insured's operations only, if required by written contract.

## CERTIFICATE HOLDER

(207) 756-8295  
City of Portland  
389 Congress Street  
Suite 315  
Portland, ME 04101

## CANCELLATION

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  
R Negus, CPCU/BCML

