

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED

Permit Number: 041848  
DEC 29 2004

CITY OF PORTLAND

This is to certify that Cady Theresa E /Owner

has permission to add A -frame sign

AT 121 Montrose Ave

City 184 D005001

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 be given and written permission procured before this building or part thereof is altered or closed-in. 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 \_\_\_\_\_  
DepartmentName

*[Signature]*  
12/28/04  
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:<br>04-1848 | Issue Date:<br><b>PERMIT ISSUED</b><br>DEC 29 2004 | CBL:<br>184 | 3005001 |
|-----------------------|--|-------------|---------|

|   |                               |   |         |
|---|-------------------------------|---|---------|
| Location of Construction:<br>121 Montrose Ave | Owner Name:<br>Cady Theresa E | Owner Address:<br>121 Montrose Ave      | Phone:  |
| Business Name:                                | Contractor Name:<br>Owner     | Contractor Address:<br>Portland         | Phone:  |
| Lessee/Buyer's Name                           | Phone:                        | Permit Type:<br><b>CITY OF PORTLAND</b> | Zone: 1 |

|                                      |   |  |  |                    |
|--------------------------------------|---|--|--|--------------------|
| Past Use:<br>Commercial / Hair Salon | Proposed Use:<br>Hair Salon / add A -frame sign | Permit Fee:<br>\$44.00   | Cost of Work:<br>\$43.00   | CEO District:<br>3 |
| add A -frame sign                    |   | FIRE DEPT:<br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Signature: <i>[Signature]</i>                           | INSPECTION:<br>Use Group <input checked="" type="checkbox"/> Type: <i>Sign</i><br><b>IBC 2003</b><br>Signature: <i>[Signature]</i> |                    |
|                                      |   | Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied<br>Signature: _____ Date: _____ |  |                    |

|                             |                                 |                        |  |  |
|-----------------------------|---------------------------------|------------------------|--|--|
| Permit Taken By:<br>Idobson | Date Applied For:<br>1211612004 | <b>Zoning Approval</b> |  |  |
|-----------------------------|---------------------------------|------------------------|--|--|

|  |  |   |   |
|--|--|---|---|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.<br>2. Building permits do not include plumbing, septic or electrical work.<br>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.. | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/><br>Date: <i>12/21/04</i> | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: _____ | <b>Historic Preservation</b><br><input checked="" type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>Date: <i>[Signature]</i> |
|  | <i>net 1/2004 issue</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 |

**City of Portland, Maine - Building or Use Permit**

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

|                              |  |                            |
|------------------------------|--|----------------------------|
| <b>Permit No:</b><br>04-1848 | <b>Date Applied For:</b><br>12/16/2004 | <b>CBL:</b><br>184 D005001 |
|------------------------------|--|----------------------------|

|  |                                      |   |               |
|--|--------------------------------------|---|---------------|
| <b>Location of Construction:</b><br>121 Montrose Ave | <b>Owner Name:</b><br>Cady Theresa E | <b>Owner Address:</b><br>121 Montrose Ave | <b>Phone:</b> |
| <b>Business Name:</b>                                | <b>Contractor Name:</b><br>Owner     | <b>Contractor Address:</b><br>Portland    | <b>Phone:</b> |
| <b>Lessee/Buyer's Name</b>                           | <b>Phone:</b>                        | <b>Permit Type:</b><br>Signs - Side Walk  |               |

|  |   |
|--|---|
| <b>Proposed Use:</b><br>Hair Salon / add A -frame sign | <b>Proposed Project Description:</b><br>add A -frame sign |
|--|---|

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 12/21/2004  
**Note:** 12/21/04 not a zoning issue      **Ok to Issue:**

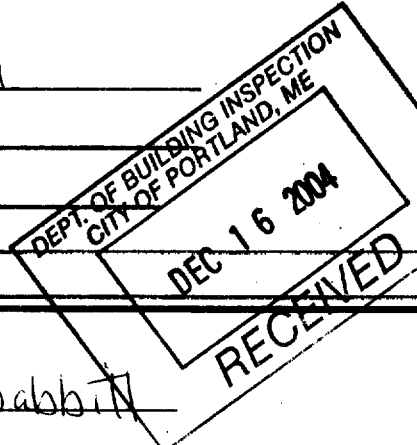
**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 12/28/2004  
**Note:**      **Ok to Issue:**

- 1) Separate Permits shall be required for any new signage.
- 2) 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>121 Montrose Ave. Portland, Me.</u>  |   |   |
| Total Square Footage of Proposed Structure<br><u>6 square feet</u>  | Square Footage of Lot   |   |
| Tax Assessor's Chart, Block & Lot<br>Chart# <u>184</u> Block# <u>D</u> Lot# <u>5</u>  | Owner: <u>Theresa Cady</u>  | Telephone: <u>6710553</u>   |
| Lessee/Buyer's Name (If Applicable)   | Applicant name, address & telephone:<br><u>Linda C. Babbitt</u><br><u>14 Southside Dr.</u><br><u>Windham, Me. 04062</u> | Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$45.00 for H.D. signage = Total Fee: \$<br>Awning Fee = Cost Of Work: \$ <u>\$43<sup>00</sup></u><br>Total Fee: \$ <u>\$43<sup>00</sup></u> |
| Current use: <u>Hair Salon.</u>   |   |   |
| If the location is currently vacant, what was prior use: <u>n/a</u>   |   |   |
| Approximately how long has it been vacant: <u>n/a</u>   |   |   |
| Proposed use: <u>n/a</u>  |   |   |
| Project description: <u>Put A Frame sign</u>  |   |   |
| Contractor's name, address & telephone:   |   |   |
| Whom should we contact when the permit is ready: <u>Linda Babbitt</u>   |   |   |
| Mailing address: <u>14 Southside Drive</u><br><u>Windham, Me 04062</u>  |   |   |
| We will contact you by phone when the permit is ready. You must come in and pick up the permit and review requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>8925564</u> |   |   |



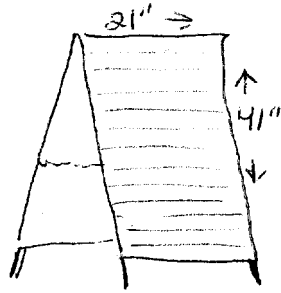
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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>Linda C. Babbitt</u> | Date: <u>12-16-04</u> |
|---|-----------------------|

**This is NOT a permit, you may not commence ANY work until the permit is issued.**

1PX



length  
of sign - ok  
height less than 40"

A-Frame Metal + Plastic  
Sign with interchangeable  
letters.

Sign will be used to  
advertise daily specials.

Donna ✓

1) letter of permission from Terry

2) Picture - indicate where sign  
where

3) dimensions of sign 21" x 41"

4) Insurance for \$400,000  
Liability ✓

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

553 Brighton Ave PLEASE COMPLETE ALL INFORMATION

ADDRESS: 121 Montrose Avenue, Portland ZONE: Commercial B-1

CBL: \_\_\_\_\_

SINGLE TENANT LOT? YES  NO \_\_\_\_\_ MULTI TENANT LOT? YES \_\_\_\_\_ NO \_\_\_\_\_

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES \_\_\_\_\_ NO

## TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: \_\_\_\_\_ Height: \_\_\_\_\_

### INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES  NO \_\_\_\_\_ DIMENSIONS PROPOSED: 21" X 41"

BLDG. WALL SIGN? (attached to bldg) YES \_\_\_\_\_ NO  DIMENSIONS PROPOSED: \_\_\_\_\_

### INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

BLDG. WALL SIGN(attached to bldg) ? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

AWNING? YES  NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): \_\_\_\_\_

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 WITH COMMUNICATIONS/MESSAGE/TRADEMARK/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: Junda Bablith DATE: 12-16-04

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

*Side walk  
Sign under  
Different  
Fess  
Not making  
Sign ord.*

I, Theresa Cady, give Linda Babbitt permission to place a dimensionally appropriate sandwich sign in front of my property located at 121 Montrose Ave., Portland, Me.

Theresa E. Cady 12-16-04  
THERESA E. CADY



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/16/2004

PRODUCER (207) 774-2617 FAX (207)774-2869  
DANIEL T. HALEY AGENCY  
21 1/2 Eastern Promenade  
Portland, ME 04101

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                   | Peerless Ins. Co. | 24198  |
| INSURER B                   |                   |        |
| INSURER C                   |                   |        |

INSURED **Babbitt, Linda**  
**14 Southside Drive**  
**Windham, ME 04062**

### 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.

| ISR ADD'L TR  | INSURER | TYPE OF INSURANCE   | POLICY NUMBER     | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS                                    |                     |                                     |    |  |  |  |
|---|---------|---|-------------------|------------------------------------|-------------------------------------|---|---------------------|-------------------------------------|----|--|--|--|
| A   |         | <b>GENERAL LIABILITY</b>  | <b>BOP9844555</b> | <b>04/30/2004</b>                  | <b>04/30/2005</b>                   | EACH OCCURRENCE                           | \$ <b>1,000,000</b> |                                     |    |  |  |  |
|   |         | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                              |                   |                                    |                                     | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ <b>50,000</b>    |                                     |    |  |  |  |
|   |         | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                |                   |                                    |                                     | MED EXP (Any one person)                  | \$ <b>5,000</b>     |                                     |    |  |  |  |
|   |         |   |                   |                                    |                                     | PERSONAL & ADV INJURY                     | \$                  |                                     |    |  |  |  |
|   |         |   |                   |                                    |                                     | GENERAL AGGREGATE                         | \$ <b>2,000,000</b> |                                     |    |  |  |  |
|   |         |   |                   |                                    |                                     | PRODUCTS - COMP/OP AGG                    | \$ <b>1,000,000</b> |                                     |    |  |  |  |
|   |         | GEN'L AGGREGATE LIMIT APPLIES PER   |                   |                                    |                                     |   |                     |                                     |    |  |  |  |
|   |         | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                   |                                    |                                     |   |                     |                                     |    |  |  |  |
|   |         | <b>AUTOMOBILE LIABILITY</b>   |                   |                                    |                                     |   |                     | COMBINED SINGLE LIMIT (Ea accident) | \$ |  |  |  |
|   |         | <input type="checkbox"/> ANY AUTO   |                   |                                    |                                     |   |                     | BODILY INJURY (Per person)          | \$ |  |  |  |
| <input type="checkbox"/> ALL OWNED AUTOS                            |         |   |                   |                                    |                                     | BODILY INJURY (Per accident)              | \$                  |                                     |    |  |  |  |
| <input type="checkbox"/> SCHEDULED AUTOS                            |         |   |                   |                                    |                                     | PROPERTY DAMAGE (Per accident)            | \$                  |                                     |    |  |  |  |
| <input type="checkbox"/> HIRED AUTOS                                |         |   |                   |                                    |                                     |   |                     |                                     |    |  |  |  |
| <input type="checkbox"/> NON-OWNED AUTOS                            |         |   |                   |                                    |                                     |   |                     |                                     |    |  |  |  |
| <b>GARAGE LIABILITY</b>   |         |   |                   |                                    |                                     | AUTO ONLY - EA ACCIDENT                   | \$                  |                                     |    |  |  |  |
| <input type="checkbox"/> ANY AUTO                                   |         |   |                   |                                    |                                     | OTHER THAN AUTO ONLY                      | EA ACC \$<br>AGG \$ |                                     |    |  |  |  |
| <b>EXCESS/UMBRELLA LIABILITY</b>                                    |         |   |                   |                                    |                                     | EACH OCCURRENCE                           | \$                  |                                     |    |  |  |  |
| <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE |         |   |                   |                                    |                                     | AGGREGATE                                 | \$                  |                                     |    |  |  |  |
| <input type="checkbox"/> DEDUCTIBLE                                 |         |   |                   |                                    |                                     |   | \$                  |                                     |    |  |  |  |
| <input type="checkbox"/> RETENTION \$                               |         |   |                   |                                    |                                     |   | \$                  |                                     |    |  |  |  |
| <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>                 |         |   |                   |                                    |                                     | W-STATUTORY LIMITS                        | OW-E4               |                                     |    |  |  |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER MEMBER EXCLUDED?           |         |   |                   |                                    |                                     | E L EPCH ACCIDENT                         | \$                  |                                     |    |  |  |  |
| If yes, describe under SPECIAL PROVISIONS below                     |         |   |                   |                                    |                                     | E L DISEASE-EA EMPLOYEE                   | \$                  |                                     |    |  |  |  |
| <b>OTHER</b>  |         |   |                   |                                    |                                     | E L DISEASE - POLICY LIMIT                | \$                  |                                     |    |  |  |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**his certificate issued showing limits at policy inception date**  
**includes side walk sign coverage**

### CERTIFICATE HOLDER

**City of Portland**  
**389 Congress Street**  
**Portland, ME 04101**

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL WDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**Liza Libby**

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.