Form # P 04

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

Please Read Application And Notes, If Any, Attached

## PLUL DING INSPECTION

Permit Number: 071297

This is to certify that DM H DEALTY INC	7 /Sum	
DWINEADITING	ů l	PERMIT (SSNE)
has permission toNew sign on existing :	awnin lew han g sign existing l	ket
AT -572 BRIGHTON AVE		L 185 C013001 NEC - / 17
provided that the person or pers	consultring or the state of the	epting this permit shall comply with all
of the provisions of the Statutes		
the construction, maintenance a	and e of buildings and	nces of the City of Portland regulating octures, and of the application on file in
this department.		
Apply to Public Works for street line	ificatio if inspection mus	
and grade if nature of work requires	en permon proc byre this bilding or art there	
such information.	led or verwies losed-in	· · · · · · · · · · · · · · · · ·
	UR NO LEQUIRED.	ing of part thereof is escapied.
OTHER REQUIRED APPROVALS		
Fire Dept		
Health Dept		
Appeal Board		-1-1- 00 Dl
Other		12/5/07 CCVW
Department Name		/ Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD** 

•	·	- Building or Use			Issue Date	1	DL;	
		Tel: (207) 874-8703	, Fax: (207) 874-871		12/5/0		185 C013	001
	of Construction:	Owner Name:		Owner Address:		P	hone:	
	RIGHTON AVE	D M H REAL		60 OLD HIGH R	<u> </u>			
Business		Contractor Name		Contractor Address:			hone	7
	Couture Suyer's Name	Sundance Sign Phone:	<u> </u>	89 Oak Street Do	ver ————		3006274467	Zone:
Lessee/ D	buyer s Name	rnone:		Signs - Permaner	ıt.		_	B-1
Past Use	<u> </u>	Proposed Use:		Permit Fee:	Cost of Wor	L. CEO	District:	<u> </u>
	: ercial - Retail - "Fladel	_ ·	re - N <del>ew sign on</del>	\$66.00		66.00 CEO	3	
Coutur			g, New hanging sign	EIDE DEDE		INSPECTION		
Ch	arge of use 407-146	on existing bra	icket		Approved	Use Group: 7	<b>Z</b> Ty	ype:
					Denied	1	s Notice	Sign /
						ن ا	IBC X	$\nu_{s}$
Proposed	d Project Description:			1		Signature:  FRICT (P.A.D.)	11	31.01
		New hanging sign on ex	xisting bracket	Signature:		Signature:	2/5/00	W1+
P	permit is for han	fire sign only		PEDESTRIAN ACTI	VITIES DIST	TRICT (P.A.D.)	, / 1	
,		, ,		Action: Approv	ed 🗌 App	oroved w/Condi	tions De	enied
				   Signature:		Date:		
Darmit T	aken By:	Date Applied For:	<del></del>	L				
ldobso	•	10/16/2007		Zoning	Approva	11		
		<u> </u>	Special Zone or Revie	ws Zonir	g Appeal	His	storic Preserv	ation
Ap	nis permit application depolicant(s) from meeting deral Rules.	-	Shoreland	☐ Variance	:	☑ N	ot in District o	r Landmar
	uilding permits do not in ptic or electrical work.	nclude plumbing,	☐ Wetland ☐ M		cellaneous		oes Not Requi	re Review
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			Flood Zone	Conditional Use		☐ Re	Requires Review	
		validate a building	☐ Subdivision ☐ Interpretation		☐ A <sub>l</sub>	Approved		
		and the second s	Site Plan	Approve	d	☐ A <sub>I</sub>	pproved w/Cor	nditions
			Maj Minor MM	Denied		De	enied	
			OK			1 .	35M	
		-	Date: 13 4127 A13	1 Date:		Date:		
	The second secon	, a service						
			CERTIFICATION	ON.				
I hereby	certify that I am the ou	wner of record of the na			authorized	by the owner	r of record o	and that
		owner to make this appli						
jurisdict	tion. In addition, if a pe	ermit for work described	d in the application is is	sued, I certify that t	he code off	icial's author	ized represe	entative
		r all areas covered by su	ch permit at any reason	able hour to enforc	e the provi	sion of the co	ode(s) appli	cable to
such pei	mut.							
SIGNAT	URE OF APPLICANT		ADDRESS	<b>S</b>	DATE		PHONE	
RESPON	ISIBLE PERSON IN CHARG	GE OF WORK, TITLE			DATE		PHONE	

City of	f Portland, Maine	- Building or Use Permit		Fermit No.	Date Applied For:	CBL:
389 Co	ngress Street, 04101	Tel: (207) 874-8703, Fax: (2	207) 874-8716	07-1297	10/16/2007	185 C013001
Location	of Construction:	Owner Name:	C	Owner Address:		Phone:
572 BR	IGHTON AVE	D M H REALTY INC	(	60 OLD HIGH RE	)	
Business	Name:	Contractor Name:	C	Contractor Address:		Phone
Fladel (	Couture	Sundance Sign	1	89 Oak Street Dov	er	(800) 627-4467
Lessee/Bu	ıyer's Name	Phone:	P	ermit Type:		
			L	Signs - Permanent	: 	
Proposed	Use:	<del></del>	Proposed	Project Description:		
Faldel (	Coutoure - New hanging	g sign on existing bracket	New sig	gn on existing awn	ing, New hanging si	ign on existing bracket
Dept:	Zoning Sta	tus: Approved	Reviewer:	Ann Machado	Approval D	Pate: 12/04/2007
Note: Original application was to put new sign on existing awning and put up new hanging sign. Existing awning Ok to Issue: was not permitted, so tenant has decided to not put signage on the awning. See email. Permit is for hanging sign only.						
Dept:	Building Sta	tus: Approved with Conditions	Reviewer:	Chris Hanson	Approval D	Pate: 12/05/2007
Note:						Ok to Issue: 🗹
	olication approval based approrval prior to work	l upon information provided by a c.	applicant. Any c	leviation from app	roved plans requires	s separate review
2) Sign	nage Installation to com	ply with Chapter 31 of the IBC	2003 building c	ode.		

#### Comments:

11/1/2007-amachado: Left message for Adele Ngoy. Her business is personal service. It is not retail. Need to know who the last tenant was. Need to know how she is putting her name on the awning. Can't find original permit for awning.

11/28/2007-amachado: Spoke to Jennifer at Start Smart. I told her that the last permitted use we had for the space was retail, so Adele Ngoy does need to do a change of use application. I also spoke to Mike Leary at Sundance Signs. I told him that the sign permit is on hold until the change of use permit goes through. I also told him that the existing awning was not permitted, so if Adele Ngoy wnats to put letters on it, we will need all the information about the awning as if it was being installed now.

12/3/2007-amachado: Left message for Jennifer at StartSmart. The change of use permit is moving forward but sign permit is still on hold because the existing awning is not permitted. Adele Ngoy needs to submit information about the awning if she wants her sign on it or she can notify me in writing that she only wants to do the hanging sign.

## 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.

property within the City, payment	arrangements must be made	before permits of any kind are accepted.
Location/Address of Construction:	70 Brigh	Won Are
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#  185 CO13	Owner:  DMH Real  60 Old High Rd	Telephone:  Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00
Lessee/Buyer's Name (If Applicable)  Adele Ng	89 Oct St.	For H.D. signage= Total Fee: \$ Awning Fee= cost of work
Who should we contact when the permit is read  Tenant/allocated building space frontage (feet)		phone: 332-9750
Current Specific use:  If vacant, what was prior use:  Proposed Use:  Proposed Use:	was flowershop.	
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes	No Dimensions proposed No Dimensions proposed	sed: Height from grade:
Proposed awning? Yes No Length of Is there any communication, message, traden If yes, total s.f. of panels w/communications	wning backlit? Yes No No Department of symbol on it? Yes No No	That puting name on awning See email 12/4/07
Information on existing and previously perm.  Freestanding (e.g., pole) sign? Yes  Bldg. wall sign? (attached to bldg) Yes  Awning? Yes  No  Perm.  A site sketch and building sketch showing esteroids and/or pictures of proposed signal.	No Dimensions: No Dimensions: ea of awning w/communication: exactly where existing and new si	ignage is located must be provided.
Please submit all of the information	outlined in the Sign/Awnin	ng Application Checklist.
additional information prior to the issuance of a Building Inspections office, room 315 City Hall I hereby certify that I am the Owner of record of the	e full scope of the project, the Plant permit. For further information vis or call 874-8703.	nit.  uning and Development Department may request sit us on-line at <a href="www.portlandmaine.gov">www.portlandmaine.gov</a> , stop by the record authorizes the proposed work and that I have been from to all applicable laws of this jurisdiction. In addition,
a permit for work described in this application is issuareas covered by this permit at any reasonable hour to	ed, I certify that the Code Official's author enforce the provisions of the codes ap	horized representative shall have the authority to enter all pplicable to this permit.
Signature of applicant: Maxi	fg	Date: 6 407
This is not a permit	t; you may not commence ANY wo	
1.5×29=43.50	36"x39"	= 9.754
1,5×29 = 43,5°	awning - 1'xa' =	1
	ok.	18.25 bh

From:

"Jennifer L. Sporzynski" <jls@ceimaine.org>

To:

<amachado@portlandmaine.gov>

Date:

12/4/2007 2:32:19 PM

Subject:

572 sign permit change

Ann,

Please take off the awning writing on the sign permit for 572 Brighton Ave. (Fladel Couture). Feel free to call me with questions.

Jennifer Sporzynski

Director, StartSmart

CEI

2 Portland Fish Pier, Suite 201

Portland, ME 04101

207-775-1984

DEC 4 2007

FROM: SUNDANCE SIGN CO

PHONE NO. : 6037425139

Nov. 29 2007 04:32AM P1



from:

# Sundance Sign & Design

1-603-742-1517

NUMBER OF PAGES INCLUDING COVER 2

TO: Anne Robsoc

in fo for sign install @ 570 Brighton Ave

NOV 28 6

FROM: SUNDANCE SIGN CO PHONE NO.: 6037425139

Nov. 29 2007 04:32AM P2

NOV 2 8



36" x 39"

Bracket Installation:
Bracket secured to wood structure with 5/16 lag bolts.
Anti-sway wind bars are solid metal rod lag bolted to building.

not doing awing.
Not port of permits

12" x 108" (9')



door glass

225

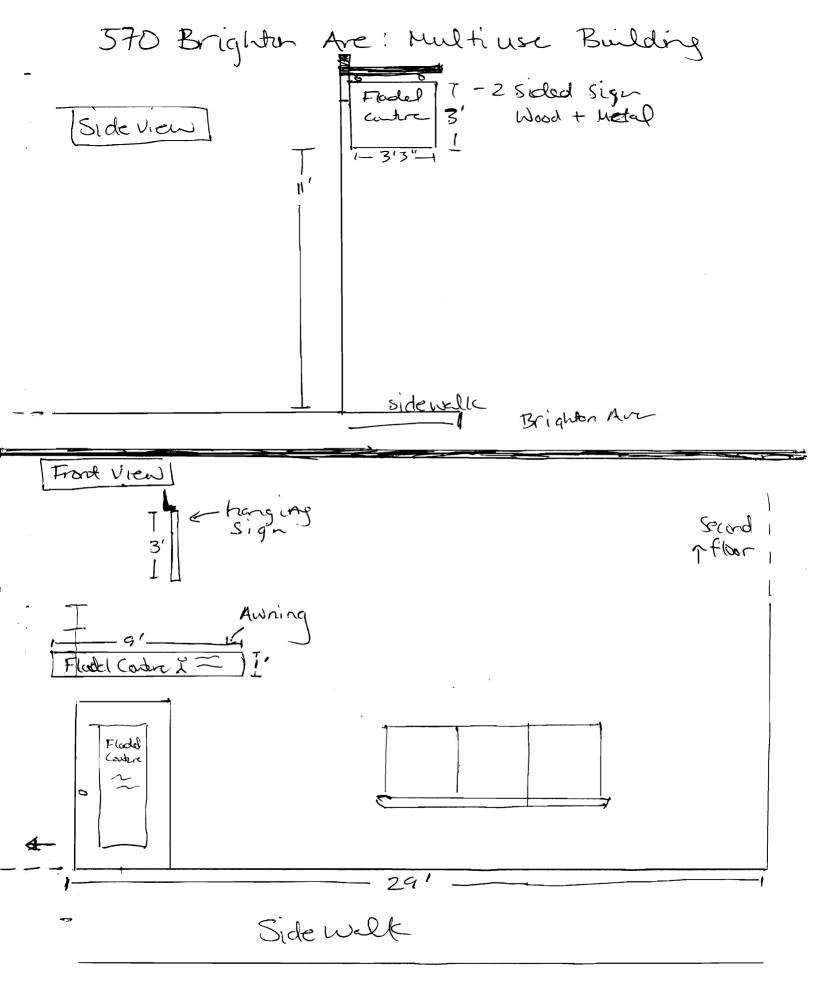
© Sundanæ Sign Co 742-1517

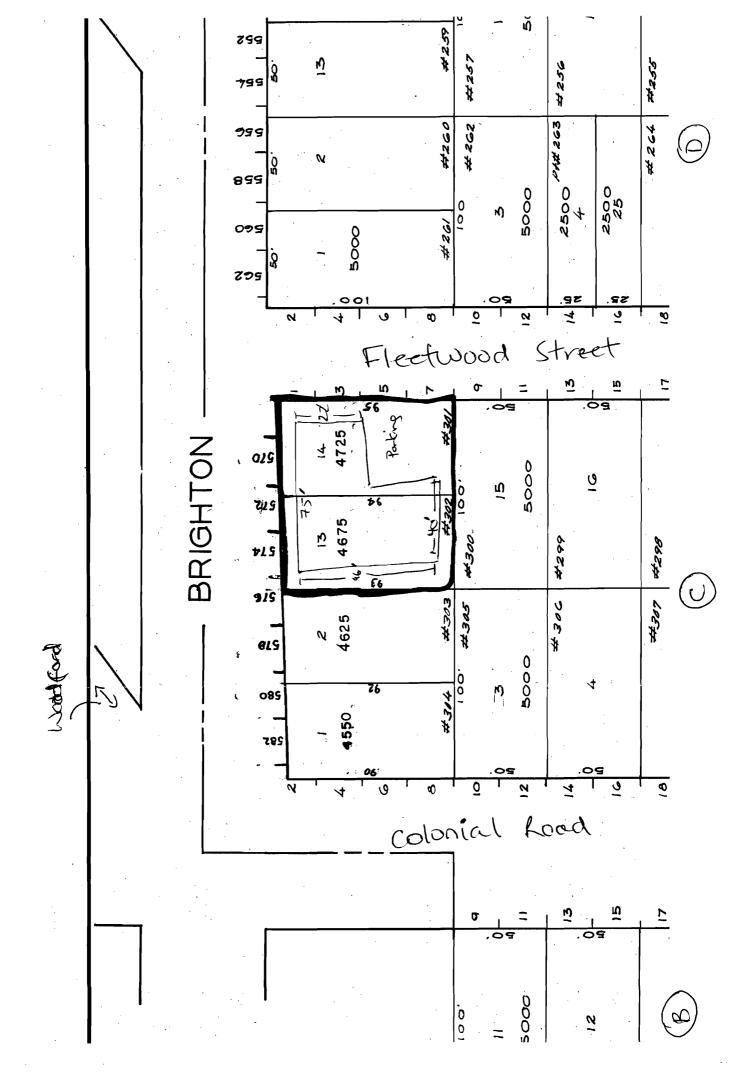
Fladlell Coulture design & alterations

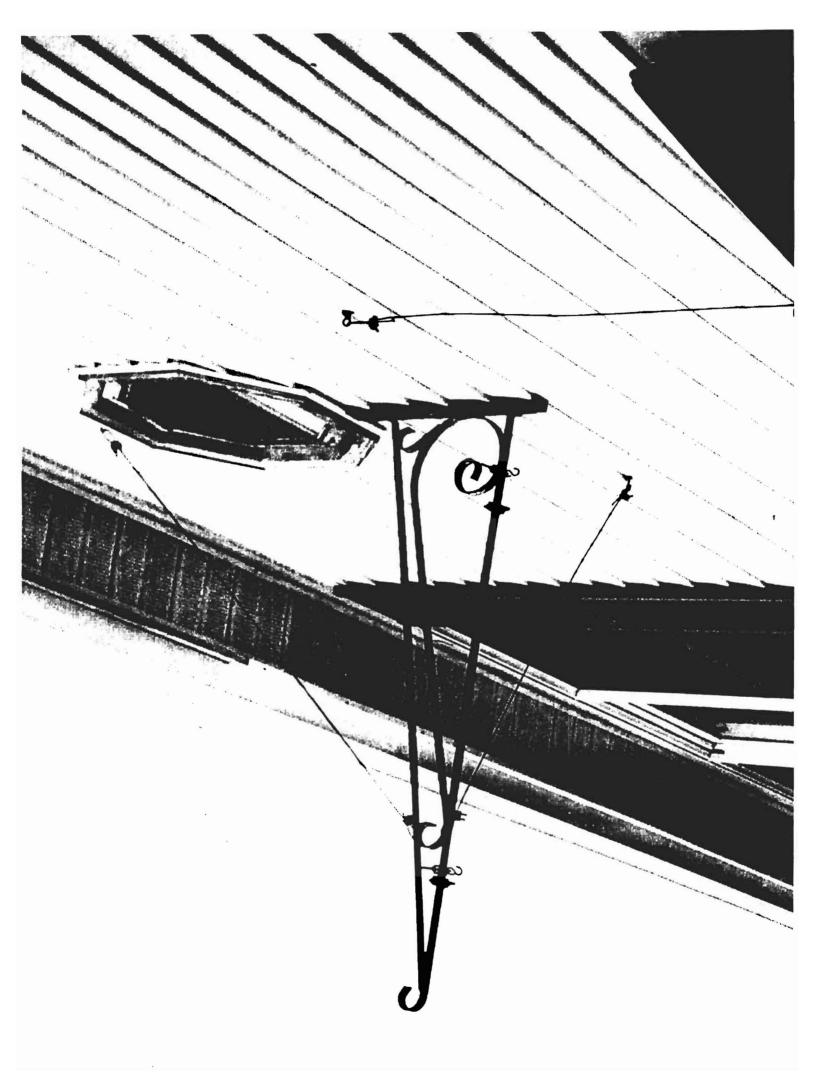
36" x 39"

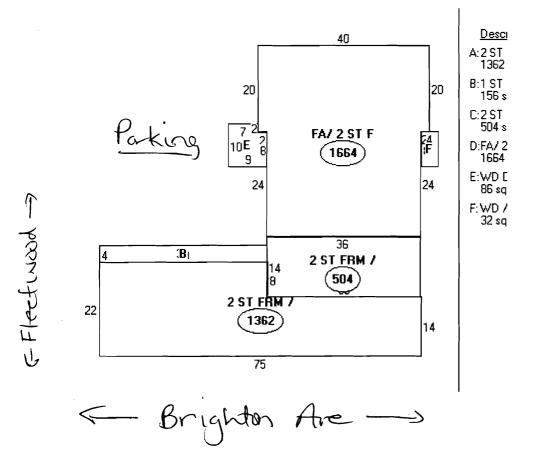
ANNIA











10/11/07. To whom if May Concern; if is ok for My tenant adele 1/604 to install Out Side Sign at 570 Brightonette, portlef Me. DMH Realtine 'Alou And prico. 6254227 - 8380303

### **CERTIFICATE OF INSURANCE**

STATE SALE	Ì
	ı
	ı
	ı
IMBURTHEE	ľ

-	certifies	
I DIO	CONTROC	1021

STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
☐ STATE FARM FIRE AND CASUALTY COMPANY, Aurora, Ontario
☐ STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
STATE FARM LLOYDS, Dallas, Texas

INSURANCE	☐ STATE FAI	RM FIRE AND CA RM FLORIDA INS RM LLOYDS, Dall	URANCE COMPA	NY, Aurora, Ontario NY, Winter Haven, Florida					
insures the following policy	yholder for the coverages ind								
Policyholder	Fladel Couture Design and Alt.								
Address of policyholder	570 Brighton Ave Portland, ME 04102-2357								
Location of operations	Same as Above								
Description of operations									
The policies listed below hat to all the terms, exclusions,	we been issued to the policytand conditions of those policies	nolder for the polices. The limits of liab	y periods shown. T pility shown may ha	he insurance described in the local reduced by any paid	nese policies is subject d claims.				
DOLLOV NUMBED	TARE OF INCUIDANCE		PERIOD	LIMITS OF LIA					
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	(at beginning of p	olicy period)				
	Comprehensive			_	ODILY INJURY AND				
	Business Liability	J	j	PF	ROPERTY DAMAGE				
This insurance includes:	Products - Completed C	Operations			_				
	Contractual Liability			Each Occurrence	\$				
	Personal Injury			6	•				
	Advertising Injury			General Aggregate	\$				
				Bradusta Campleted	•				
	l H			,	\$				
		POLICY	PERIOD	Operations Aggregate BODILY INJURY AND PR	ODEDDY DAMAGE				
	EXCESS LIABILITY		Expiration Date	(Combined Sing					
	☐ Umbrella	Liiotave Daw	- Lapineous Date	Each Occurrence	\$ \$				
	Other		1	Aggregate	\$				
		POLICY	PERIOD	Part I - Workers Compens	ation - Statutory				
		Effective Date	Expiration Date	-	•				
	Workers' Compensation			Part II - Employers Liability	1				
	and Employers Liability			Each Accident	\$				
				Disease - Each Employe	ee \$				
				Disease - Policy Limit	\$				
POLICY NUMBER	TYPE OF INSURANCE		PERIOD Expiration Date	LIMITS OF LIA (at beginning of po					
TBD	Business	9/27/07	9/27/08	Business Liability 1	,000,000				

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

City Of Portland Maine 389 Congress St Portland, ME 04101

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder days before cancellation. If however, we fail to mail

such notice,

no obligation or liability will be imposed on State Farm or its agents or representatives

Signature of	futtlerized Representa	tive

Title Dawn L. McIntosh

Date

10/4/07

Agent Name

Telephone Number 207-761-1511

Agent's Code Stamp Agent Code 19-1046 AFO Code F874

