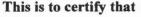
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK





BOUNTY DEVELOPMENT LLC /Jason Kelman

PERMIT ID: 2012-65598

Located at 190 RIVERSIDE ST

CBL: 267 A005001

has permission to Install new wall 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 clsoed-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 procured prior to occupancy.

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

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



14/17

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 (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.

REQUIRED INSPECTIONS:

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.

City of Portland, Maine - 389 Congress Street, 04101	Building or Use Permit Tel: (207) 874-8703, Fax: (207) 8	874-8716	Permit No: 201265598	Date Applied For: 12/11/2012	CBL: 267 A005001			
Location of Construction:	Owner Name:	0	Owner Address: Phone:					
190 RIVERSIDE ST	BOUNTY DEVELOPMENT	LLC	ONE CANAL PLAZA 5TH FLOOR (207) 871-1290					
Business Name:	Contractor Name:	C	Contractor Address: Phone					
Body By John	Jason Kelman	9	96 Range Road Cu	(704) 995-5276				
Lessee/Buyer's Name	Phone:	P	ermit Type:					
	2076321890		Signs - Permanent					
Same - Fitness studio Install new wall sign -								
Dept: Zoning Statu Note:	s: Approved R	leviewer:	Ann Machado	Approval Da	te: 01/04/2013 Ok to Issue: ☑			
Note:	Installation to comply with Chapters		Ann Machado tural Loads), 31 (N		Ok to Issue: 🗹			

City of Doutland Main	no Duil	ding on Use I	Donmit Applicatio	P	ermit No:	Issue Date:		CBL:	
City of Portland, Maine - Building or Use Permit Applicatio 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-871					2012-65598			267 A005001	
Location of Construction: Owner Name:			,1 44. (207) 071 071	Owner Address:			Phone:		
			VELOPMENT LLC	ONE CANAL PLAZA 5TH FLOO					
Business Name:	+5A	Contractor Name			ractor Address:		LOOK	Phone	
Body By John		Jason Kelman			Range Road Cu	umberland		(704) 995-5276	
Lessee/Buyer's Name		Phone:		Permit Type:				Zone:	
		(207) 632-189	90		Signs - Permanent			B4	
Past Use:		Proposed Use:		Permit Fee: Cost of Work:			k:	CEO District:	
Permit 2012-50542 to chan	ge use to	Same - Fitness	studio		\$54.00		\$0.00 7		
fitness studio personal serv	~			FIRE DEPT: Approved		Anneound	INSPECTION:		
							Use Group: Type:		
								CIAN	
		· · · · · ·			N/A			5 1902	
Proposed Project Description:				1				Sign ABN 114/13	
Install new wall sign - או	× 46.C"			Signature:		Signature:	ABN 1/4/13		
0				PEDESTRIAN ACTIVITIES DIST		RICT (P.A.	RICT (P.A.D.)		
				Action: Approved App		roved w/Conditions Denied			
			Signature:			Da	Date:		
Permit Taken By:Date Applied For:bjs12/11/2012					Zoning	Approva	ıl		
1. This permit application does not pro		preclude the	Special Zone or Revi	ws	ws Zoning Appeal			Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.			Shoreland		Variance			Not in District or Landmark	
2. Building permits do no septic or electrical wor			Wetland	Miscellaneous			Does Not Require Review		
 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 Subdivision		Conditional Use			Requires Review Approved	
			Maj 🗍 Minor 🗌 MM		Denied			Denied	
			Date: 114/13 ABN		Date:		Date:	ABM	

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



Signage / Awning Permit Application

If you or the property owner owes real estate or personal property taxes or any other charges on any property within the City, payment arrangement MUST be made before permits are accepted.

Location/Address: 190 Kiver Street 190 Rivisius frut.
Tax Assessor's Chart/Block/Lot (CBL) OWNER Name/Address:
Tax Assessor's Chart/Block/Lot (CBL) OWNER Name/Address: Chart: Block: Lot: Lot: JUHN EMOND (Boxing During and 207-632-1890)
JUT A OX 190 RIVER ST BATLAND
LEASEE/BUYER Name (if Applicable) CONTRACTOR name, address/phone Total S.F. signage \$
JASON KELMANI SF= X\$2.00
96 RANGE Rd SF + \$30 Fee: \$30
Awning Fee: \$
Awning Fee = Cost of Work: \$
Who should we contact when the permit is ready: Name: JASON KELMIAN Phone: 704-995-5276
Address 96 RANGE ROAD CUMBERLAND ME OWONI
- CEVED
Tenant/allocated building space frontage (in feet): Length 30' Height:
Current Specific Use: PERSONAL TRAINER If vacant, what was prior use: Proposed Use: Proposed Use: PERSONAL TENINING
Current Specific Use: PERSONAL TRAINER If vacant, what was prior use:
If vacant, what was prior use:
Proposed Use: PERSONIAL TENINING DODCIN OF POINT
Information on proposed sign(s)
Freestanding (e.g. pole) sign? YES NO Dimensions proposed: (sf); Height from grade: \P sf
BLDG Wall Sign (attached to bldg.)? YES ✓ NO Dimensions proposed:sf 24.00
Proposed Awning: YESNOIf yes, is awning backlit? YESNO NOOOO Heigth of awning Length of awning Depth of awning DO
Letter and institution of the length of the letter in the length of the letter in the
If yes, total square footage of panels with communication, message, trademark or symbol on it: sf 54.00
11 yes, total square tootage of patiens with communication, message, trademark of symbol on it si O 11 0 0
Information on <i>existing and previously permitted</i> signage:
Freestanding (e.g. pole) sign? YES NO Dimensions proposed: ft X ft; Height from grade:
BLDG Wall Sign (attached to bldg.)? YES NO Dimensions proposed: ft X ft
Aurice 2 MES MO Dimensions proposed It A It
Awning? YES NO total sq ft of panels with communication on it: sf
A site sketch and building sketch showing exactly where existing and proposed signage is located MUST be provided.
Sketches and/or pictures of proposed signage and existing building are also required.
Dicteres and of protocol of proposed of grade and existing building are also required.
Please submit all information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the 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 <u>WWW.PORTLANDMAINE.GOV</u> , stop by the Building Inspections Office, room 315 City Hall, or call
207-874-8703.
I hereby certify 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: Date: 12/11/2017
Signature of approvant. Jeep Care Date. 16/11/2012
Revised 06/2012 This is NOT a permit; you may not commence ANY work until the permit is issued
15×30-45¢ 71"×465" = 22.9. (b)



Signage / Awning Permit Application

CHECK LIST

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help expedite the permitting process.

Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.

Letter of permission from the property owner indicating the specific permissions granted and the tenant/space building frontage.

A sketch plan of the lot indicating location of buildings, driveways, any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate, on the plan, all existing and proposed signage with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.

A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.

□ Certificate of flammability is required for awnings, canopies or banners.

A UL# is required for lighted signs at the time of final inspection

Photos of existing signage

Details for sign fastening, attachment or mounting in the ground.

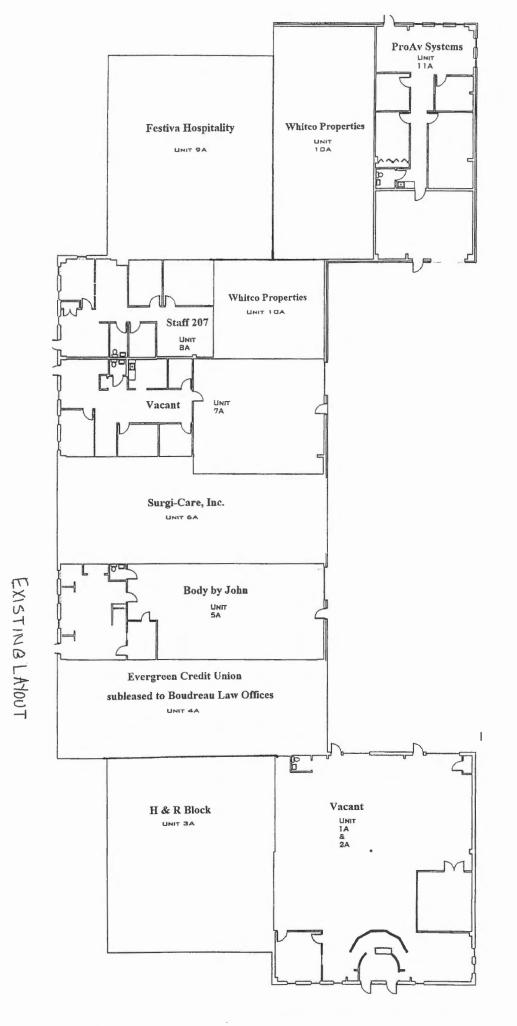
FEES

Permit fee for signage or awning with signage: \$30 plus \$2 per square foot of sign (per sign)

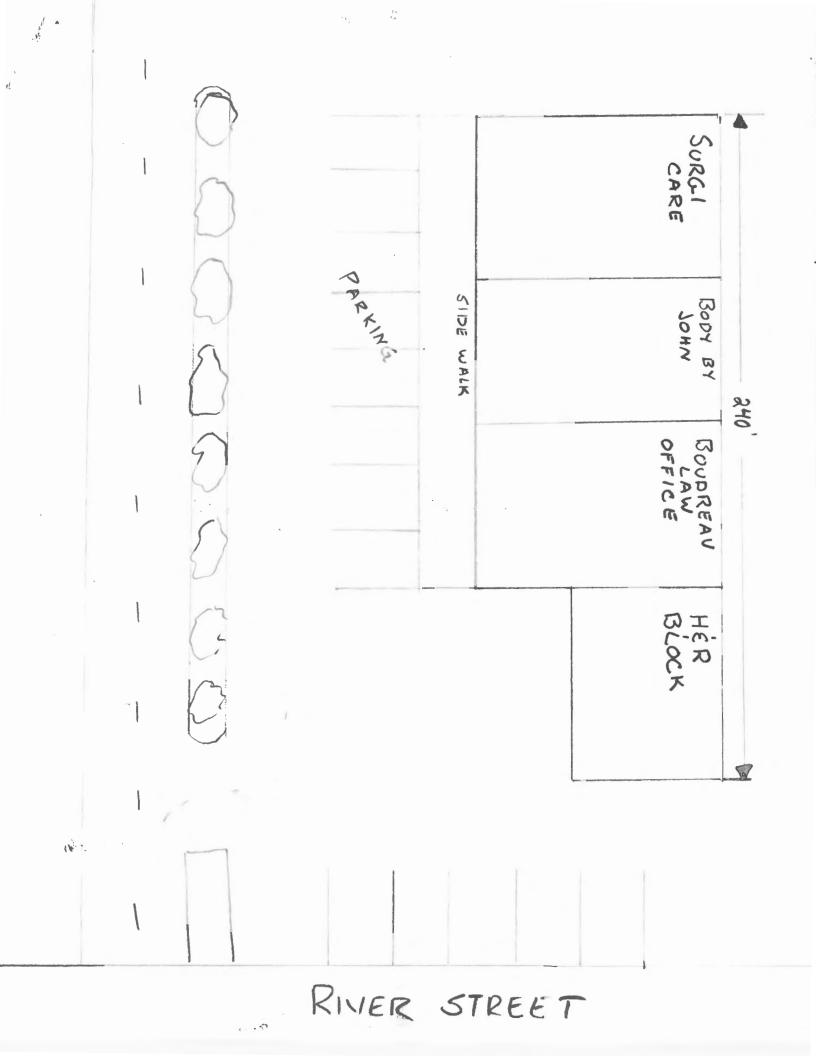
Permit fee for awning-without-signage is based on cost of work:

\$30 for the first \$1000 of cost of work; \$10 for each additional \$1000 of cost of work

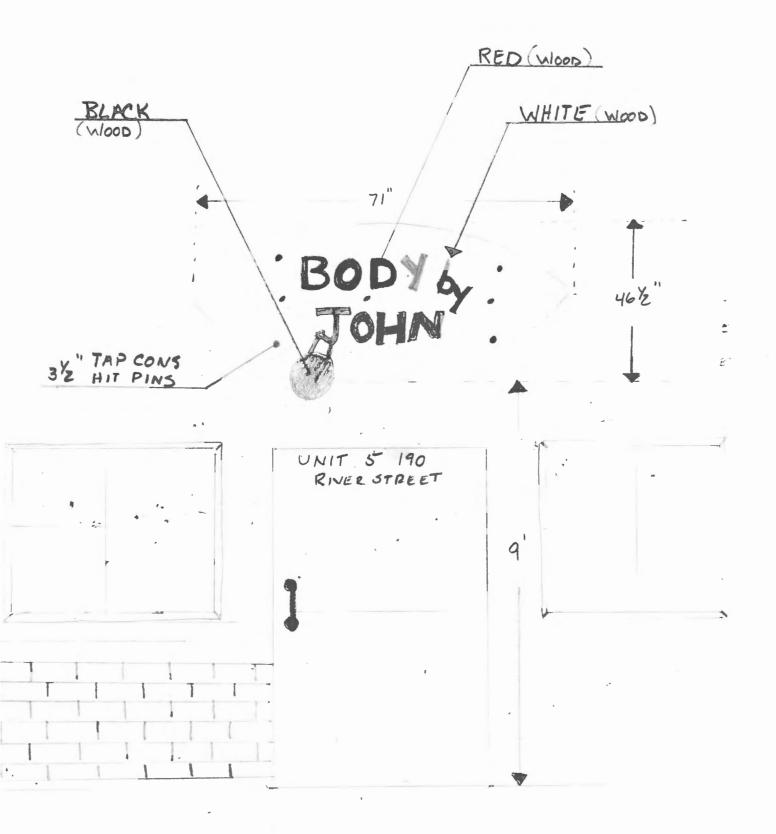
Application fee for any signage in a *Historic District* is an additional \$75

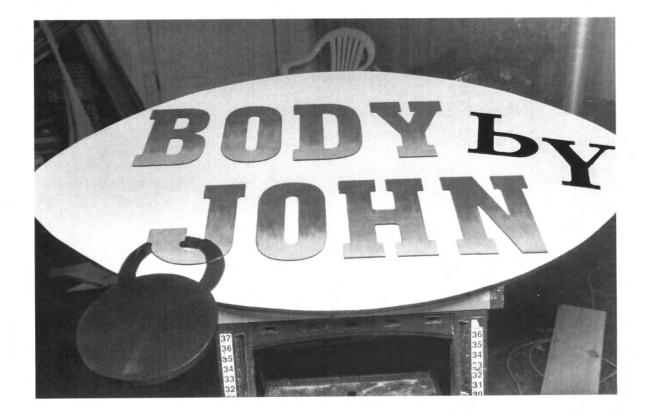


190 Riverside Street Portland, Maine not to scale









			(
		Search M	all Search Web
	*		
	-int	[
		Show Details	
Sign fwo whom it may Concern,	4		
The Landlord has approved the signage specification for Body By John at 190 Riverside Street, in Portland.			
Please do not hesitate to contact me at 871-1290 with any questions.			
Best regards,			
Ату			
Amy Baoth - Boslos Co.	Sand		

ACOPO	
ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/15/2012

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									
	ertificate holder in lieu of such endors	ement(s).	CONTACT Tammy	Track Line				
		Comb				FAX			
Chalmers Insurance Group - Gorham PHONE (A/C, No. Ext): (207) 839-3371 FAX (A/C, No): (207) 839-7050 PO Box 10 E-Mail ADDRESS: Effaultion Effaultion									
				ADDRESS: LIAITIN			. COM	1	
	Main Street					RDING COVERAGE		NAIC #	
	rham ME 040	038		INSURER A MMG I	nsurance	Company		15997	
	RED			INSURER B :					
	son Kelman			INSURER C :					
96	Range Road			INSURER D :					
				INSURER E :					
	mberland ME 040			INSURER F :					
_			ENUMBER:CL1211150			REVISION NUMBER:			
IN CI E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P (CLUSIONS AND CONDITIONS OF SUCH P	QUIREME PERTAIN, POLICIES	THE INSURANCE AFFORD	OF ANY CONTRACT DED BY THE POLICI E BEEN REDUCED B	T OR OTHER ES DESCRIBE Y PAID CLAIM	DOCUMENT WITH RESPECT	ECT TO	WHICH THIS	
INSR LTR		ADDL SUBP		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000	
A	CLAIMS-MADE X OCCUR		TBA - new policy	11/15/2012	11/15/2013	MED EXP (Any one person)	\$	5,000	
						PERSONAL & ADV INJURY	\$	1,000,000	
						GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,000	
	POLICY PRO- JECT LOC					COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY					(Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS					(Per accident)	\$		
							\$		
	UMBRELLA LIAB OCCUR		-			EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
-	DED RETENTION \$					WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER			
		N/A				E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	2		
DEC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attack	ACORD 101 Additional Remarks	s Schedule. If more space	is required)				
DES	AT THE OF OPERATIONS / LUCATIONS / VEHICL	LO (AUACI	ACOND IVI, AGUIUDIAI KEIIAIKI	e concease, il more apaci	requireu)				
CERTIFICATE HOLDER				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				AUTHORIZED REPRES	ENTATIVE	······································			
					1	-Tommer L	an	La .	
				Tammy Farthin					
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