

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

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

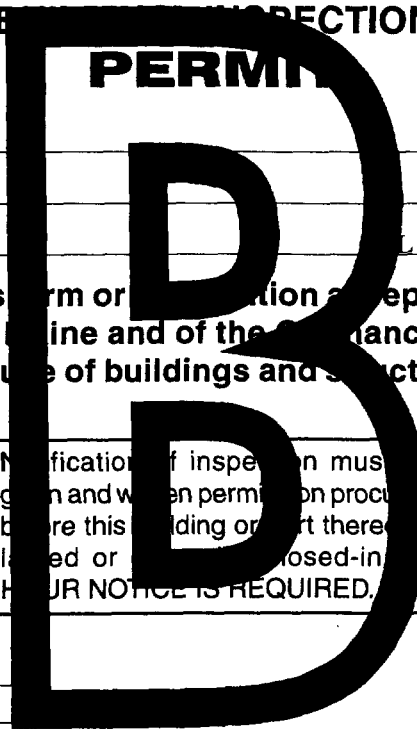
Permit No. 060203

**PERMIT ISSUED**

MAR 30 2006

327 B006001

CITY OF PORTLAND



This is to certify that RODWAY JAMES A  
has permission to 2" x 3" Sandwich Board  
AT 1832 FOREST AVE

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the 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.

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 altered or closed-in. 4 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

*Jeanie Bourke* 3/29/06  
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 ISSUED**

Permit No: 06-0307	Issue Date: MAR 30 2006	CBL: 327 B006001
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Location of Construction: 1832 FOREST AVE	Owner Name: RODWAY JAMES A	Owner Address: 89 AUBURN ST E-1154	Phone:
Business Name:	Contractor Name:	Contractor Address: CITY OF PORTLAND	Phone:

Lessee/Buyer's Name:	Phone:	Permit Type: Signs - Side Walk	Zone: B2
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Past Use: Commercial/ bookstore	Proposed Use: Commercial/ Touchstone Bookstore/ 2" x 3" Sandwich Board	Permit Fee: \$42.00	Cost of Work: \$42.00	CEO District: 5
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>S</i> Type: <i>Side walk sign</i>	

Proposed Project Description: 2" x 3" Sandwich Board	Signature:	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: Idobson	Date Applied For: 03/07/2006	<b>Zoning Approval</b>	
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Applicant(s) from meeting applicable State and Federal Rules.  2. Building permits do not include plumbing, septic or electrical work.  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..	<input type="checkbox"/> Shoreland  <input type="checkbox"/> Wetland  <input type="checkbox"/> Flood Zone  <input type="checkbox"/> Subdivision  <input type="checkbox"/> Site Plan  Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>OK</i> Date: <i>3/14/06</i> <i>ABM</i>	<b>Zoning Appeal</b>  <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:	<b>Historic Preservation</b>  <input checked="" type="checkbox"/> Not in District 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 <i>ABM</i> Date:
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**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**

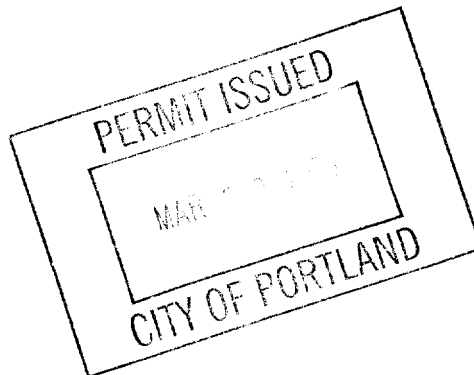
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-0307	Date Applied For: 0310712006	CBL: 327 B006001
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<b>Location of Construction:</b> 1832 FOREST AVE		<b>Owner Name:</b> RODWAY JAMES A		<b>Owner Address:</b> 89 AUBURN ST E 1154		<b>Phone:</b>	
<b>Business Name:</b>		<b>Contractor Name:</b>		<b>Contractor Address:</b>		<b>Phone:</b>	
<b>Lessee/Buyer's Name</b>		<b>Phone:</b>		<b>Permit Type:</b>			
<b>Proposed Use:</b> Commercial/ Touchstone Bookstore/ 2" x 3" Sandwich Board				<b>Proposed Project Description:</b> 2" x 3" Sandwich Board			

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **-Approval Date:** 03/14/2006  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 03/29/2006  
**Note:**      **Ok to Issue:**   
1) The sidewalk sandwich sign shall not infringe on the City Right of Way

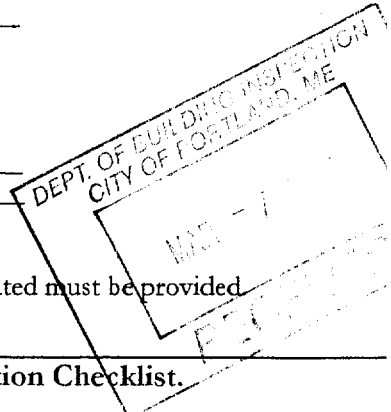




# Signage/Awning Permit Application

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>1832 Forest Ave Portland 04103</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot <u>13,125</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>327</u> Block# <u>B</u> Lot# <u>006</u>	Owner: <u>Jim Rodway</u>	Telephone: <u>712-6853</u>
Lessee/Buyer's Name (If Applicable) <u>Jane McGrady</u> <u>Kristina Sobel</u>	Applicant name, address & telephone: <u>Jane McGrady</u> <u>Touchstone Bookstore</u> <u>1832 Forest Ave 04103</u> <u>207-878-3866</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>92</u> Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Jane McGrady</u> phone: <u>878 3866</u>		
Tenant/allocated building space frontage (feet): Length: <u>30'</u> Height: <u>7'</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>commercial (retail)</u> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: <u>24x36</u> <u>Sandwich</u> Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions proposed: _____ <u>board</u>		
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): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions proposed: _____ Awning? Yes ___ No ___ Dimensions: _____		
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.		



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>Jane McGrady</u>	Date: <u>2-17-06</u>
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This is not a permit; you may not commen  
OK can be 24"x40"



# Signage/Awning Pre-Application Questionnaire

Please complete all of the following information.

Address: 1832 Forest Ave Zone: BA  
CBL: 327 B 006

Single Tenant Lot? Yes  No  Multi Tenant Lot? Yes  No

Tenant/allocated building space frontage (feet): Length: 30 Height 7

Information on proposed sign(s): Sidewalk %  
Freestanding (e.g., pole) sign? Yes  No  Dimensions proposed 24x36  
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 proposed: \_\_\_\_\_  
Bldg. wall sign? (attached to bldg) Yes  No  Dimensions proposed \_\_\_\_\_  
Awning? Yes  No  Dimensions: \_\_\_\_\_  
Lot frontage (feet): 30'

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.

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:

*Jane McShady*

Date: 2-18-06

~For office use only~

# ACORD™ INSURANCE BINDER

DATE  
NOV 4 85

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT SUBJECT TO THE REVERSE SIDE OF THIS BINDER

PRODUCER  
PHONE (A/C, No, Ext): 207-856-5508  
FAX: 207-856-0004

COMPANY: PEERLESS INSURANCE CO  
BINDER #: 1589

ANDERSON WATKINS ASSOCIATES, INC  
31 CENTRAL STREET  
WESTBROOK ME 04092

DATE	EFFECTIVE	TIME	DATE	EXPIRATION	TIME
NOV 15 05		AM	DEC 15 05		12:01 AM
		PM			NOON

CODE: SUB CODE:

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE W E D COMPANY  
PER EXPIRING POLICY #:

AGENCY CUSTOMER ID: 8300

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)  
1832 FOREST AVE Portland ME 04103

INSURED  
TOUCHSTONE BOOK STORE & MORE L L C  
C/O JANE MCGRADY  
3 DOW RD  
WINDHAM ME 04062

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC.	<b>BUSINESS PERS PROPERTY BII</b>	500		12,000 ALS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.	<b>COMMERCIAL GENERAL LIABILITY</b> <b>HIRED &amp; NONOWNED AUTO LIAB INCLUDED</b> RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<b>AUTOMOBILE LIABILITY</b> <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				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE COLLISION: <input type="checkbox"/> OTHER THAN COLL: <input type="checkbox"/>	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE \$ STATED AMOUNT \$ OTHER \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				WC STATUTORY LIMITS E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
<b>SPECIAL COVERAGES</b> TEMPORARY PROOF OF INSURANCE UNTIL POLICY ISSUANCE OTHER COVERAGES				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

Blank area for additional notes or coverages.

MORTGAGEE  ADDITIONAL INSURED  
 LOSS PAYEE  Landlord  
 LOAN #  
 AUTHORIZED REPRESENTATIVE  
 Stephen P. St Angelo

PRR31697

A

**ACORD**

TM.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/04/2005

PRODUCER Phone: 207-856-5500 Fax: 207-856-0004  
**ANDERSON WATKINS ASSOCIATES, INC**  
 31 CENTRAL STREET  
 WESTBROOK ME 04092

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  
**TOUCHSTONE BOOK STORE & MORE L L C**  
 C/O JANE MCGRADY  
 8 DOW RD  
 WINDHAM ME 04062

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: **PEERLESS INSURANCE CO**

24198

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 LTR	ADDL INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	3001638311	11/15/05	11/15/06	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED. EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS-COMP/OP AGG \$ <b>2,000,000</b>
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		<b>AUTOMOBILE LIABILITY</b> <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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
		OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS**  
 CERTIFICATE HOLDER IS AN ADDITIONAL INSURED IN REGARDS TO SIGN

**CERTIFICATE HOLDER**

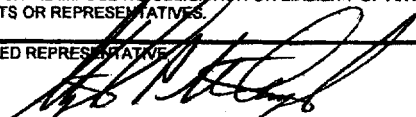
CITY OF PORTLAND  
 389 CONGRESS ST  
 Portland ME 04101

Attention:

**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



A

built in add'l insur

we are able to offer the following **Businessowners Policy** for **\$350 annual premium**:

**\$12,000** Contents- Replacement Cost - new into depreciate  
**\$ 5,000** ~~Class C~~ **Perils**

liab - no det

**\$ 500** Deductible - property (per claim)

**\$1,000,000** Liability per Claim- includes Landlord & City of Portland as additional insureds

**\$1,000,000** Products/Completed Operations Liability

**\$2,000,000** Liability Aggregate per year

**\$1,000,000** Hired/Nonowned Auto - if personal vehicle protects the end to primary.

**\$1,000,000** Personal & Advertising Injury

**\$ 50,000** Fire Legal

**\$ 5,000** Medpay

Actual Loss Sustained- Loss of Income up to 12 months maximum

There are many other coverages automatically included too!

To start the policy, the company requires a signed application and 25% deposit, **\$88**, made payable to "Peerless Insurance". Future installments are due each **three months** and have a \$5 fee apiece. The other option is paid in full at inception.

Terrorism coverage may be added for \$4 additional premium. A signed waiver is needed to avoid the premium charge.

**Workers Compensation** is not required for members of an **U.C.** However, members may choose to cover themselves. Please let us know if you wish to look into this. If you hire an employee in the future, you may be required to start **Workers Compensation** coverage. The exceptions to the requirement are parents, spouse or children of members of the LLC. All others must be protected by a policy according to State law.

Thanks again and please feel free to call if you have any questions or wish to start the protection.

Steve St. Angelo

Anderson-Watkins Insurance  
31 Central Street  
Westbrook, ME 04092

(207)856-5500  
(207)856-0004 Fax

explain all the other @ covered.

what can I eliminate (med pay)

Content

Sign app

(5 NW eff date.

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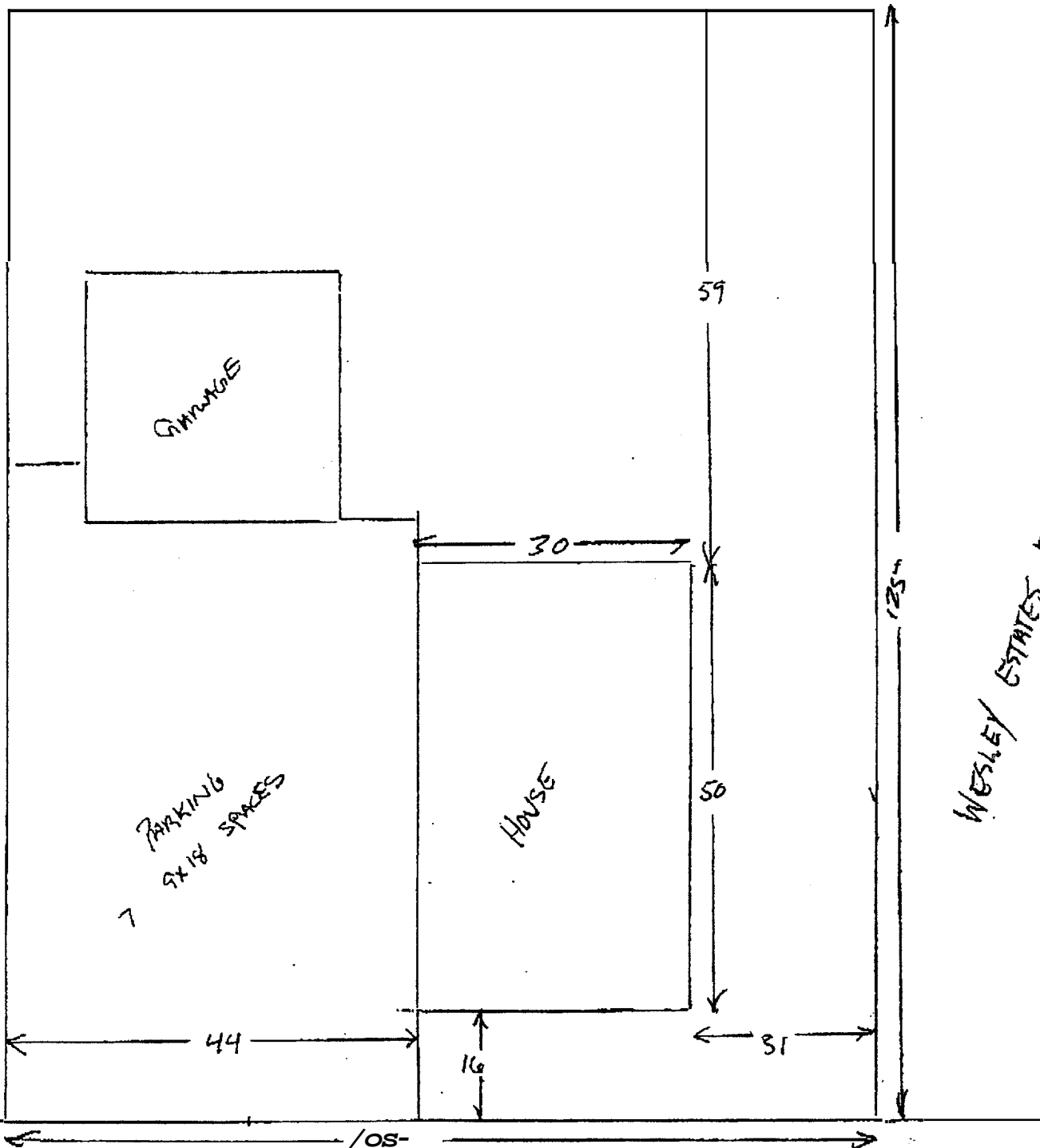


FROM :

FAX NO. : 8788226

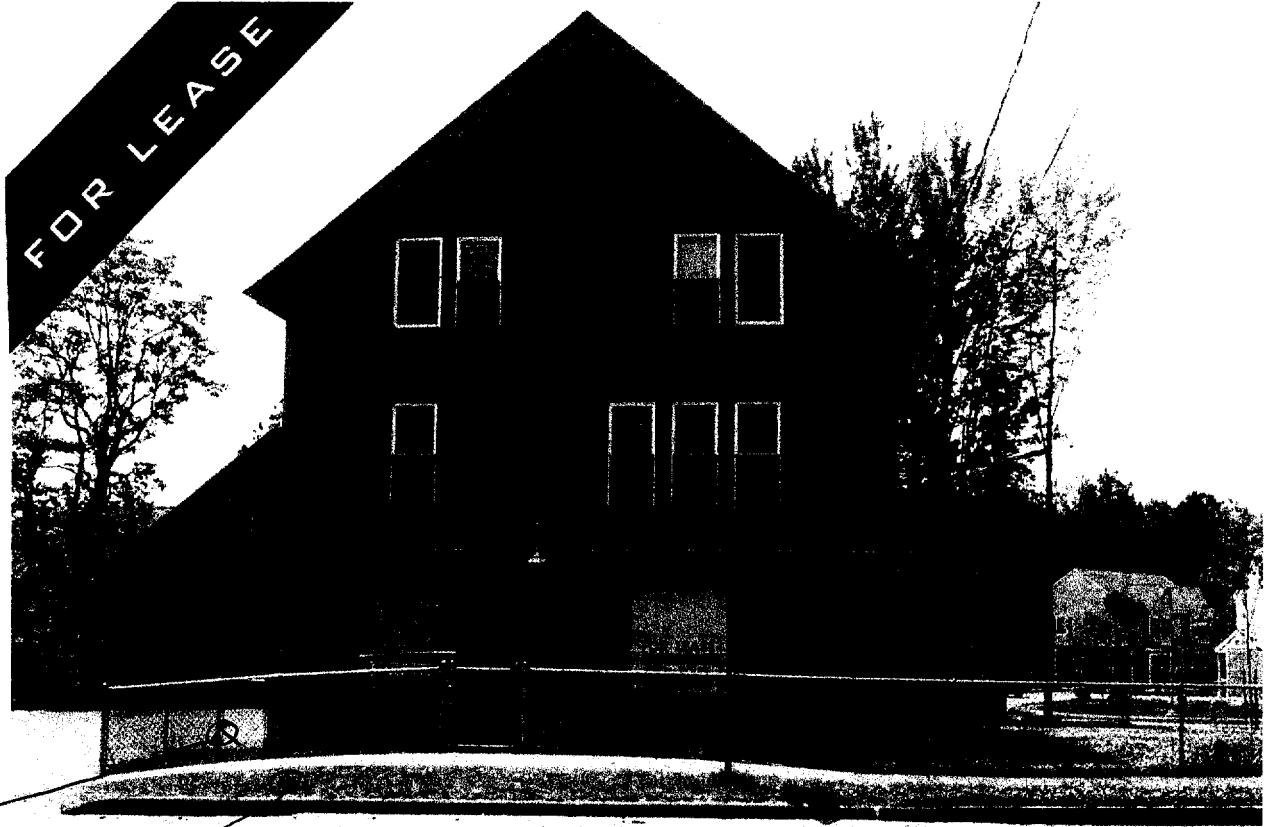
Oct. 06 2005 03:14PM P2

1832 FOREST AVE



FOREST AVE

## 1832 FOREST AVE



*Proposed*

*Sign location or*

1,500± SF of office and light industrial space is available at 1832 Forest Avenue in Portland. About 1/2 of the space is currently for office use but the landlord is willing to completely finish off the entire space if needed for a tenant. There is a paved driveway on the side of the property with on site parking. This property is conveniently located at the intersection of Riverside Street.

*SIDEWALK SIGN*

**BROKER:**



**David Caron**  
**david@malonecb.com**  
**(207) 772-2422**

*C*

# Description of Business

Commercial / Retail

Touchstone Bookstore & More, LLC  
1832 Forest Ave Portland 04103

Retail Bookstore also offering massage & workshops  
such as yoga, intuitive readings, meditation.

Hours of operation: Tues - Fri 10-6  
Sat + Sun 10-5

James Rodway - Landlord

Jane Mc Grady Kristina Sobel - tenants

Jim Rodway - Landlord

BUY ONE  
GET ONE  
FREE

WE HAVE  
THE LOWEST  
PRICES!



1 2' x 3'

24" x 36"

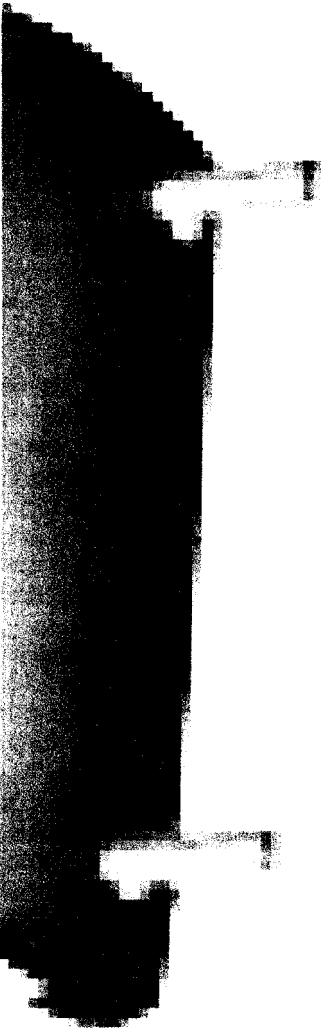
GET ONE

FREE

WE HAVE

THE LOWEST

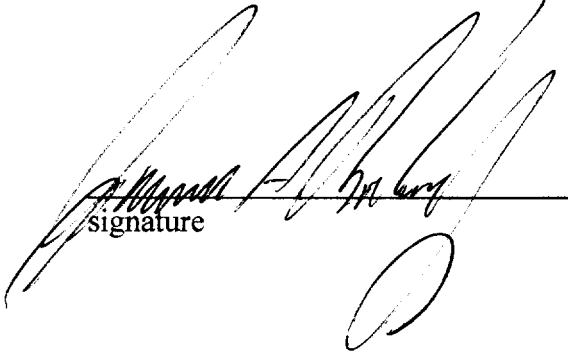
PRICES!



2' x 3'

February 28, 2006

I, James Rodway, give Jane McGrady and Kristina Sobel permission to apply for and install a sidewalk sign for Touchstone Bookstore and More, LLC at **1832 Forest Ave., Portland 04103**



signature