

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080660

PERMIT ISSUED
JUN 27 2008
CITY OF PORTLAND

This is to certify that 94 AUBURN LLC

has permission to install a sidewalk sign

AT 94 AUBURN ST

L 375 A023001

provided that the person or persons performing or supervising the work accepting 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. 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

Thomas N. Mauley 6/25/08
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

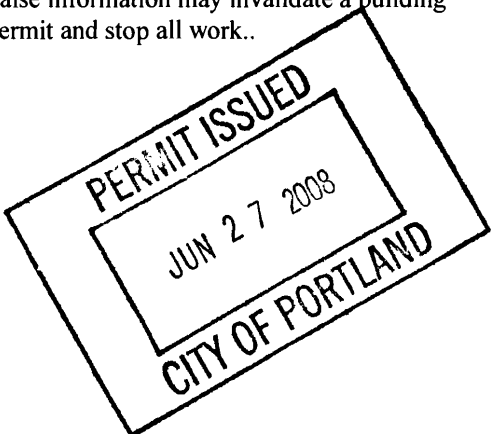
Permit No: 08-0660	Issue Date:	CBL: 375 A023001
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Location of Construction: 94 AUBURN ST	Owner Name: 94 AUBURN LLC	Owner Address: PO BOX 2133	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Side Walk	Zone: B1/R3

Past Use: Commercial - Office - massage therapy & acupuncture	Proposed Use: Commercial - Office - install a sidewalk sign	Permit Fee: \$42.00	Cost of Work: \$42.00	CEO District: 5
Proposed Project Description: install a sidewalk sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Commercial Type: Sign IBC 2003 Signature: Jm 6/25/08	
		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: 06/12/2008	Zoning Approval		
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<ol style="list-style-type: none"> 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 <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"/> Date: 6/20/08 ABM	Zoning Appeal <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:	Historic Preservation <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 Date: ABM
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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



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>94 Auburn St.</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Mike Hollyday</u> <u>94 Auburn LLC</u>	Telephone: <u>207 878 3003</u>
Lessee/Buyer's Name (If Applicable) <u>375-A-23</u>	Contractor name, address & telephone:	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Elizabeth Jackson</u> phone: <u>415 4829</u>		
Tenant/allocated building space frontage (feet): Length: <u>none</u> Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>Multi</u>		
Current Specific use: <u>Massage Therapy, Acupuncture</u> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): <u>- Sidewalk</u> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____		
Proposed 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. <u>2x3 6x2x 30</u>		
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: _____ 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.		

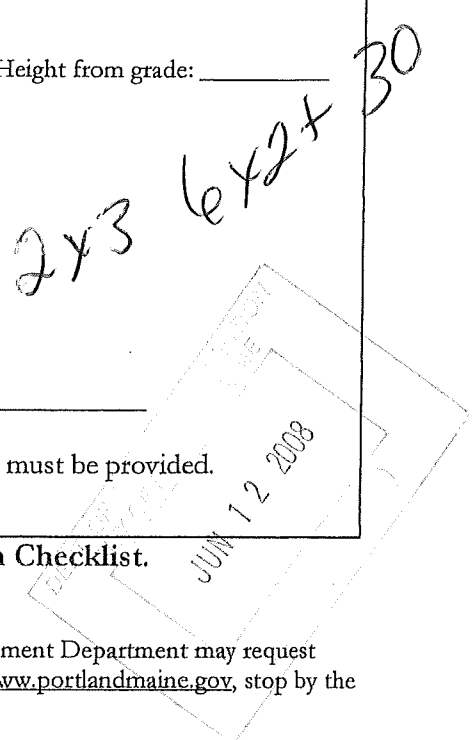
Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

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, 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>Elizabeth Jackson</u>	Date: <u>6/11/08</u>
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This is not a permit, you may not commence ANY work until the permit is issued.



City of Portland, Maine - Building or Use Permit

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

Permit No: 08-0660	Date Applied For: 06/12/2008	CBL: 375 A023001
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Location of Construction: 94 AUBURN ST	Owner Name: 94 AUBURN LLC	Owner Address: PO BOX 2133	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Side Walk	

Proposed Use: Commercial - Office - massage therapy & accupuncture - install a sidewalk sign	Proposed Project Description: install a sidewalk sign
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 06/20/2008
Note: **Ok to Issue:**

- 1) The sign must be located on the sidewalk.
- 2) All sidewalk signs shall be removed when the business is closed or while any snow or ice exists on the walkway within eight feet of the sign in any direction. All sidewalk signs shall be located near the curb rather than the building face. The sidewalk shall maintain a width of no less than 4 1/2 feet of unobstructed sidewalk width perpendicular to major flows. For a single tenant listing, the maximum width is 24 inches or less if needed for the 4.5 feet of unobstructed sidewalk width. The maximum height of a sidewalk sign is 40 inches to the top of the sign in place. The minimum height of a sidewalk sign is 30 inches to the top of the sign in place.

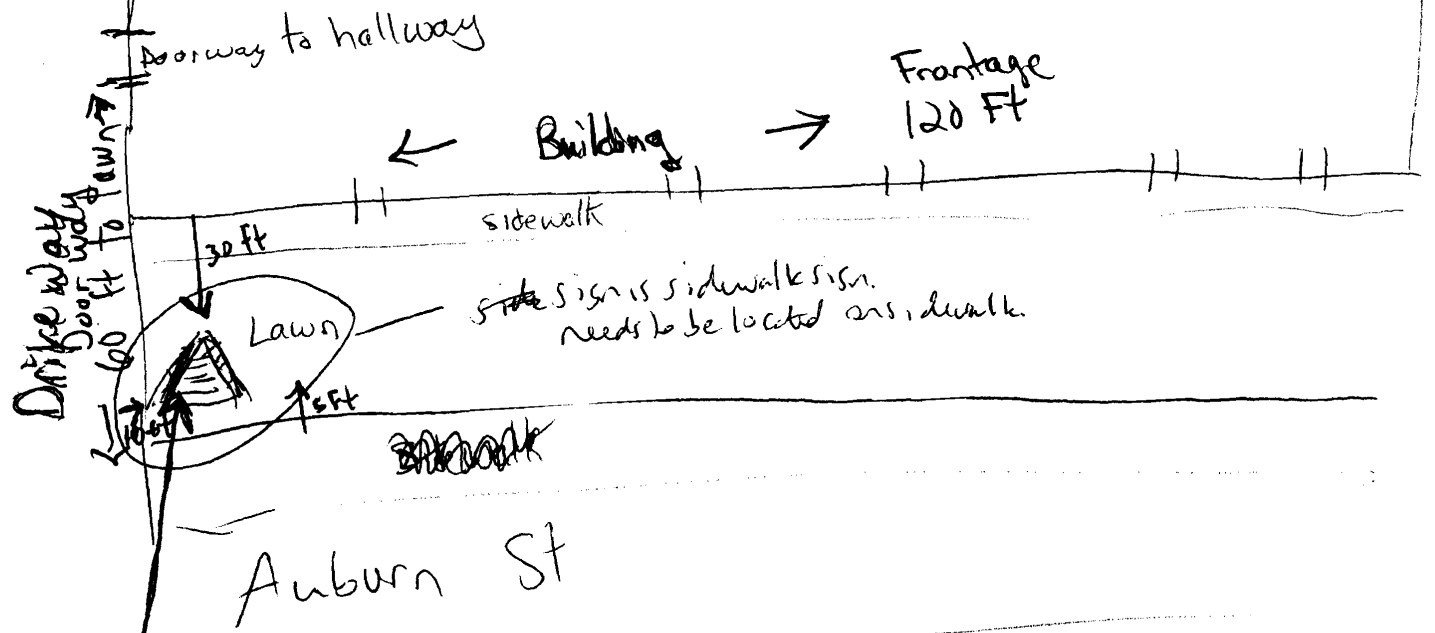
Dept: Building **Status:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:** 06/25/2008
Note: **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Our Building: 94 Auburn St.

Parking

Our Suite

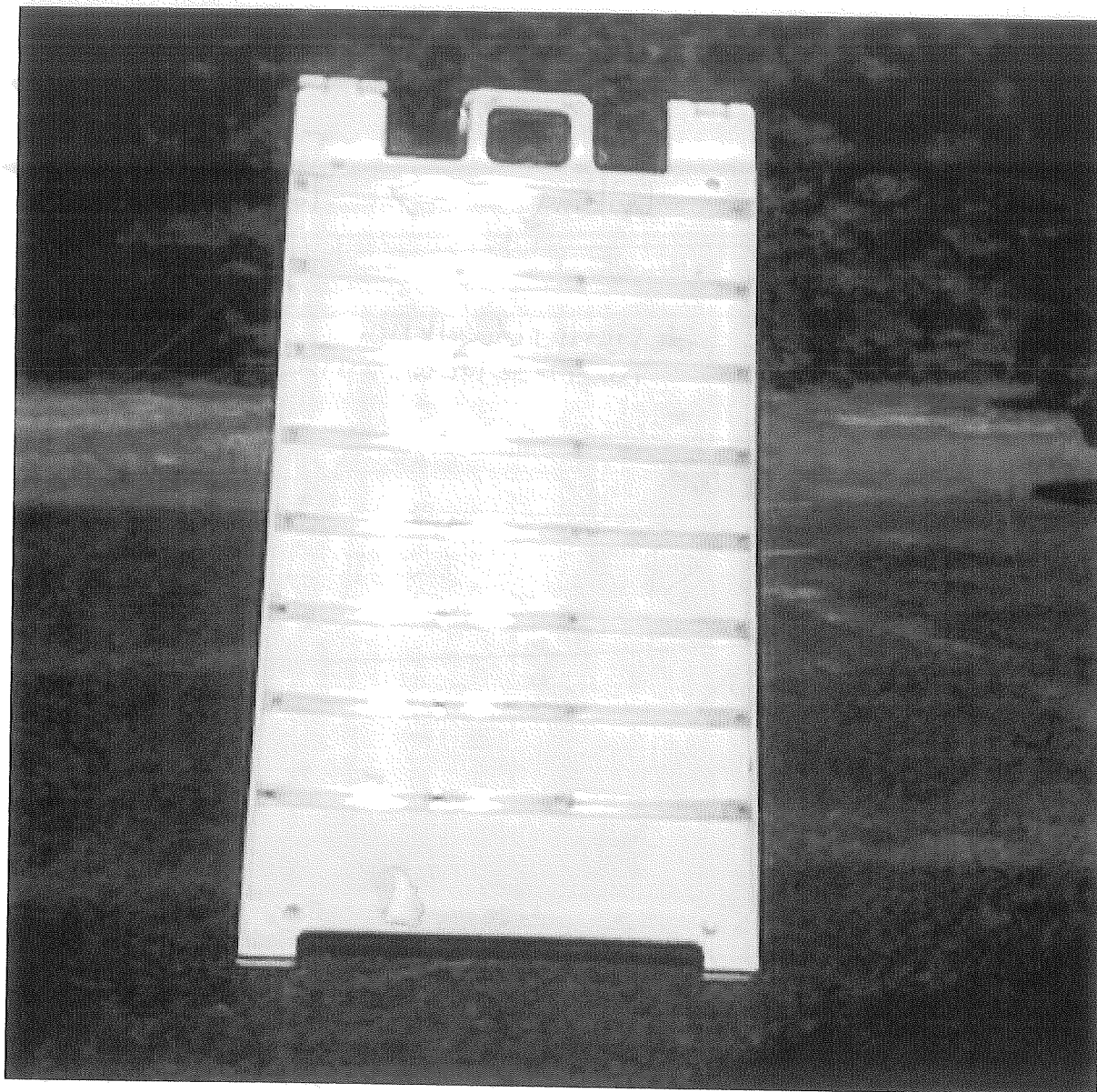


Sign placement
 here
 30 ft from bldg
 5 ft from street
 10 ft from driveway

(1) Sign Construction: Heavy Plastic A-Frame
 2' X 3' Ballistered w/ sand stand alone
 (see reverse)

12 sq ft
 24" wide at base





CERTIFICATE OF INSURANCE

06/10/2008

Producer: Healthcare Providers Service Organization
159 East County Line Road
Hatboro, PA 19040-1218

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.

COMPANIES AFFORDING COVERAGE

Insured: American Massage Therapy Association
500 Davis Street, Suite 900
Evanston, IL 60201-4695

- COMPANY
A. American Casualty Company of Reading, PA
- COMPANY
B
- COMPANY
C
- COMPANY
D

Member: Elizabeth A. Jackson

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> OWNER'S CONT. PROT. <input checked="" type="checkbox"/> WORKPLACE LIABILITY	289955556	07/01/2008	07/01/2009	GENERAL AGGREGATE \$6,000,000				
					PRODUCTS-COMPROP AGG. \$				
					EACH OCCURRENCE \$2,000,000				
					FIRE DAMAGE (Any one fire) \$250,000				
					MED EXP. (Any one person) \$				
	AUTOMOBILE LIABILITY <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 \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$				
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/ EXECUTIVE/OFFICERS ARE: <table style="display: inline-table; vertical-align: middle;"> <tr> <td><input type="checkbox"/></td> <td>INCL</td> </tr> <tr> <td><input type="checkbox"/></td> <td>EXCL</td> </tr> </table>	<input type="checkbox"/>	INCL	<input type="checkbox"/>	EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE POLICY LIMIT \$ DISEASE EACH EMPLOYEE \$
<input type="checkbox"/>	INCL								
<input type="checkbox"/>	EXCL								

Description of Operations/Locations/Vehicles/Special Items

The "Certificate Holder" named is considered an additional insured subject to the Workplace Liability limit of liability shown on the certificate of insurance, per the terms and conditions stated on endorsement GSL-6735 Additional Insured-Blanket Workplace Liability for Landlords. In no event is there any coverage provided under this policy for an occurrence that is the direct liability of the "Certificate Holder".

CERTIFICATE HOLDER

Evidence of Insurance:
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 COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

94 Auburn LLC
P.O. Box 2133
South Portland, ME 04116-2133

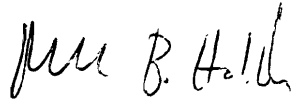
June 6, 2008

City of Portland
Inspection Division, PCH
389 Congress St.
Portland ME 04101

To whom it may concern,

My tenant, Elizabeth Jackson of Body & Soul Health Solutions, has my permission, as the property owner, to display a sidewalk sign on the premises of 94 Auburn St.

Sincerely

A handwritten signature in black ink that reads "Michael B. Hollyday". The signature is written in a cursive style with a large initial "M".

Michael Hollyday
94 Auburn LLC

