

City of Portland, Maine - Building or Use Permit Application

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

PERMIT ISSUED		CBL:
Permit No: 01-1448	Issue Date: NOV 28 2001	021 F006001

Location of Construction: 251 Congress St	Owner Name: Portland Architectural	Owner Address: 919 Congress St	Phone: 207-780-0634
Business Name:	Contractor Name: Scarboro Signs	Contractor Address: Rt. 1 Scarborough	Phone: 2078836796
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2b

Past Use: retail call 831-9218 when ready	Proposed Use: retail detail given on disk	Permit Fee:	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: erect a 20" x 24" & 30" x 36" sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>N/A</i> Signature: <i>[Signature]</i>	
		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: jodinea	Date Applied For: 11/20/2001	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <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: <i>11/26/01</i>	<p>Zoning Appeal</p> <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: _____	<p>Historic Preservation</p> <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: <i>[Signature]</i>
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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

01-1448

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

SIGNAGE APPLICATION

THIS IS NOT A PERMIT
CONSTRUCTION CANNOT NOT COMMENCE UNTIL THE PERMIT IS ISSUED

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

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: 253 Congress St.

Total Square Footage of Proposed Structure ~~1000 sq ft~~ Square Footage of Lot 4264 Sq Ft ~~4000 sq ft~~

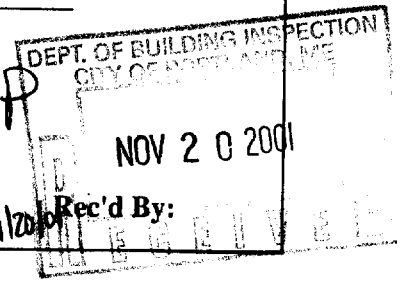
Tax Assessor's Chart, Block & Lot Number: Chart# 0a1 Block# F Lot# 006
Owner: Alice Dunn
Telephone #: 450-3330
or 780-0634

Lessee/Buyer's Name (If Applicable): Kim O'Reilly (O'Raghallaigh)
Owner's/Purchaser/Lessee Address: 1 Carroll St.
Total s.f of signs 2 x .20 \$ 200, plus \$30.00
TOTALS 32.60

Current use: retail Proposed use: retail

Project description: HANGING FLAT sign and sm square sign

Applicants Name, Address & Telephone: Kim O'Reilly 773-3252
1 Carroll St.
Portland Me 04102
Contractor's Name, Address & Telephone: Scarboro Sign 883-6796
Who shall we contact when the permit is ready: Kim O'Reilly
Telephone: 773-3252 Cell 831-9218
If you would like it mailed, what mailing address should we use: Will pick up
Scarboro sign's will
* fax over hanging detail 11/20/01



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If the property is located in a **HISTORIC DISTRICT**, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

Certification

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: <i>Kimberly Deilly</i>	Date: <i>11/18/01</i>
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Sign Permit Fee: \$30.00 plus \$0.20 per square foot.

A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00

BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU ARE APPLYING FOR

IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE

No 7708

11/07 2001



608 U.S. Rte. 1
Scarborough, ME 04074
(207) 883-6796 FAX (207) 885-0088
www.scarborosigns.com ssigns1@maine.rr.com

Sign Artistry for Discerning Merchants Since 1972

TKO
253 Congress St.
Portland, Me

DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

\$ _____

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD ▶	
	1 20" x 24" oval Alumalite Sign per customer colors 2 sided	99.16
	1 30" x 36" Alumalite oval Sign.	131.25
	Unifx letters for windows	225.00
	Unifx & install of all Sign Total	125.00 478.18
	TAX	22.77
		625.95
	- 25% for BARR. Ref.	600.95
	Deposit	300.00
	Bal	-300.95

Pay The Last Amount
In This Column

Scarboro Signs
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www.scarborosigns.com ssigns1@maine.rr.com

SIGNAGE PRE-APPLICATION

B2b

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 253 Congress Street ZONE: 21-F-6

OWNER: Alice Lynn Dunn

APPLICANT: Kim O'Raghallaigh (O'Reilly)

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES NO --- DIMENSIONS _____ HEIGHT _____

MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____

SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 8 FT ↑ 30" x 36" = 1080 ÷ 144 = 7.5

MORE THAN ONE SIGN? YES NO DIMENSIONS 8 FT ↑
AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? 20 x 24 = 480 ÷ 144 = 3.33

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

all 10.83 FT

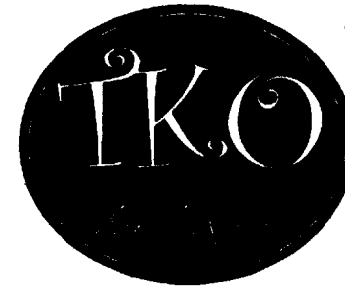
*** TENANT BLDG. FRONTAGE (IN FEET): 19 Feet x 1.5 = 28.5 # MAX
*** REQUIRED INFORMATION

AREA FOR COMPUTATION

YOU SHALL PROVIDE:

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: K O'Reilly DATE: 11/20/01



cut from Bld.
20x24

CLOTHING

FURNITURE

LIFESTYLE

ACCESSORIES

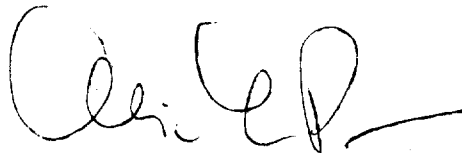
*Funky
Stuff*

HOURS
TUES SAT
10:00 - 5:00

**PORTLAND ARCHITECTURAL SALVAGE
919 CONGRESS ST.
PORTLAND, MAINE 04102
207-780-0634 PORTLANDSALVAGE.COM**

**TO WHO IT MAY CONCERN,
11/20/01**

As the owner of 253 Congress Street, I authorize Kim O'Reilly, the new tenant at that retail space TKO to hang a sign on the front of the building. I have reviewed her proposal and it all seems to be in order. Thank you.
Alice Lynn Dunn



11/20/01

15KIMBORA

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
 11/15/01

PRODUCER
 Desmond & Payne -PL-G
 P. O. Box 1259
 Gray, ME 04039
 888 342-6080

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

INSURED
 Kimberly O'Raghallaigh
 253 Congress Street
 Portland, ME 04101

INSURER A: Maine Mutual
 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)		LIMITS
		DATE (MM/DD/YY)	DATE (MM/DD/YY)	
A GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO: <input type="checkbox"/> FOOT <input type="checkbox"/> LOC	TBA289876	11/23/01	11/23/02	EACH OCCURRENCE \$500,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one persn) \$5,000 PERSONAL & ADV INJURY \$500,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMP/OP AGG \$1,000,000
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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per acc dent) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY, EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE-BA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER	CANCELLATION
City of Portland Portland, ME 04101		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: <i>[Signature]</i>

— Smith St —

SIDEWALK



BUILDING
TKO 253 CONGRESS

Sm Sign Coming out
from Building
up 9ft high, from bottom edge
28" Deep, out of building
20" x 24"

DUAL SIGN (FLAT)

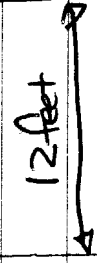
~~36" x 30"~~
36" x 30"

Hung 9 foot High

← 19 feet →

← 56 Ft. L to R →

SIDEWALK



— Congress St. —