

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 290 Congress St		Owner: Oak Leaf Terrace Co		Phone: 774-8664		Permit No: 961147	
Owner Address: 177 High St- PT1d NE 04101		Leasee/Buyer's Name: ATTY: Mark Pr. Amos		Phone:		Business Name:	
Contractor Name:		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>NOV 20 1996</b>  <b>CITY OF PORTLAND</b> </div>	
Past Use: restaurant w sign		Proposed Use: restaurant w changed sign		COST OF WORK: \$		PERMIT FEE: \$ 35.80	
Proposed Project Description: erect new panel: 12'x4.5'		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		Zone: CBL: 028-D-003	
		Signature: _____		Signature: _____		Zoning Approval:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____		Date: _____	
Permit Taken By: L Chase		Date Applied For: 11/12/96				<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	

- This permit application doesn't 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..

**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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 1

SIGNAGE APPLICATION

ADDRESS: 290 Congress Street.

OWNER: Oakleaf Terrace Co.

APPLICANT: Woodcock Mgmt, Inc.

ASSESSORS NO.: \_\_\_\_\_

→ SINGLE TENANT LOT? YES: \_\_\_\_\_ NO:

→ MULTI-TENANT LOT? YES:  NO: \_\_\_\_\_

FREESTANDING SIGN? YES:  NO: \_\_\_\_\_

DIMENSIONS: 4'6" x 12'

MORE THAN ONE SIGN? DIMENSIONS: \_\_\_\_\_

BLDG. WALL SIGN? YES: \_\_\_\_\_ NO:

DIMENSIONS: \_\_\_\_\_

MORE THAN ONE SIGN? DIMENSIONS: \_\_\_\_\_

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: See Picture

→ LOT FRONTAGE (IN FEET): \_\_\_\_\_

→ BLDG FRONTAGE (IN FEET): \_\_\_\_\_

AWNING? YES: \_\_\_\_\_ NO:  IS AWNING BACKLIT? YES: \_\_\_\_\_ NO: \_\_\_\_\_

HEIGHT OF AWNING: \_\_\_\_\_

IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? \_\_\_\_\_

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.

**ACORD. CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY) **11/07/96**

**PRODUCER**  
**Woodrow W. Cross Agency**  
**P.O. Box 1383**  
**Bangor ME 04401**

**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**  
**Oak Leaf Terrace Co.**  
**c/o HRC**  
**177 High Street**  
**Portland ME 04101**

**COMPANIES AFFORDING COVERAGE**  
**A Travelers Ins. Co.**  
**B**  
**C**  
**D**

**COVERAGES**  
 THIS IS TO CERTIFY THAT 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. 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 checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	P680241K467-4-CDF95	11/19/95	11/19/96	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000																														
	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	<table border="1"> <tr> <td>Post-It® Fax Note</td> <td>7671</td> <td>Date</td> <td>11/7</td> <td># of pages</td> <td>1</td> </tr> <tr> <td>To</td> <td>Bill Houlahan</td> <td>From</td> <td>Michelle</td> <td></td> <td></td> </tr> <tr> <td>Co./Dept.</td> <td>HRC</td> <td>Co.</td> <td>W.W. Cross</td> <td></td> <td></td> </tr> <tr> <td>Phone #</td> <td></td> <td>Phone #</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fax #</td> <td>774-6998</td> <td>Fax #</td> <td></td> <td></td> <td></td> </tr> </table>			Post-It® Fax Note	7671	Date	11/7	# of pages	1	To	Bill Houlahan	From	Michelle			Co./Dept.	HRC	Co.	W.W. Cross			Phone #		Phone #				Fax #	774-6998	Fax #				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
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	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$																														
▲	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNER/SUBJECTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL																																		
▲	OTHER PROPERTY	P680241K467-4-CDF95	11/19/95	11/19/96	Building 1,300,000 Deductible 1,000																														

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 Building located at 286-300 Congress Street, Portland, Maine 04101

**CERTIFICATE HOLDER**  
**City of Portland**  
**City Hall**  
**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 10 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  
*Michelle Reynolds*

286-300 Cong



replacing <sup>top</sup> ~~bottom~~ panel of  
sign