City of Portland, Maine – Building	g or Use Permit Application	389 Congress S	Street, 04101, Tel: (207) 8	
Location of Construction: 320 Fore St	Owner: Estate of S Kla	aman	Phone:	Permit No:
Owner Address:	Leasee/Buyyar%xXXamax: I Love Flowers, Inc	Phone: 774 - 5882	BusinessName:	PERMIT ISSUED
320 Fore 8**x Ptld ME Contractor Name: Street 04101	Address:	Phone:		Perinit Issued:
				NOV 2 2 1996
Past Use:	Proposed Use:	COST OF WORK:		1407 2 2 1950
	retail w	FIRE DEPT. \square A _I	\$ 28.20 pproved INSPECTION:	OTV OF PODTI AND
	sign			CITY OF PORTLAND
	3 1 9 11			Zone! CBL: 029-C-006
Proposed Project Description:		Signature:	Signature:	Zoning Approval:
Tipposed Project Description.		l .	TIVITIES DISTRICT (P.U.B.)	of the Defect as
erect sign 4'x4'		-	oproved with Conditions:	Special Zone or Reviews:
			enied / /⊏	Wetland \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		Signature:	Andre 11/12/9	☐ Flood Zone ☐ Subdivision
Permit Taken By:	Date Applied For:		The Contract of the Contract o	☐ Site Plan maj ☐ minor ☐ mm ☐
L Chase		/15/96		Zoning Appeal
1. This permit application doesn't preclude the A	Applicant(s) from meeting applicable Stat	e and Federal rules.	· ·	☐ Variance
2. Building permits do not include plumbing, se	ptic or electrical work.			☐ Miscellaneous☐ Conditional Use
3. Building permits are void if work is not started	d within six (6) months of the date of issua	ance. False informa-		☐ Interpretation
tion may invalidate a building permit and sto	p all work	Dr		☐ Approved☐ Denied
			A Comment	Defiled
			Transition of the second	Historic Preservation
			THE LETY	☐ Not in Distriet or Landmark☐ Does Not Require Review
			ED	☐ Requires Review
				Agtion: h / 20 resulvice
\sim	CERTIFICATION		<u> </u>	1 te Me Value
I hereby certify that I am the owner of record of the	Approved with Conditions > 1			
authorized by the owner to make this application a				
if a permit for/work described in the application is				Date: $1/16/96$
areas covered by such permit af any reasonable ho	bur to enforce the provisions of the code(s) applicable to such per $\Lambda = \Lambda$	ermit (
111111111111111111111111111111111111	O COME STORE		1591 7745892	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	- D. Hughns
(Albert)				
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE		PHONE:	CEO DISTRICT
				OLO DISTRICT
White-Pe	ermit Desk Green-Assessor's Cana	ry-D.P.W. Pink-Publ	ic File Ivory Card-Inspector	1 A Parite
				n, cocc

City of Portland, Maine - Building	g or Use Permit Application	389 Congress Street,	04101, Tel: (207) 8'	74-8703, FAX: 874-8716		
Location of Construction:	Owner:			Permit No. 162		
Owner Address:	Leasee/Buyer's Name:	Phone: Busine	ssName:	PERMIT ISSUED		
Contractor Name:	Address:	Phone:		Pelmit Issued:		
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:	NOV 2 2 1996		
	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FIRE DEPT. Approved	INSPECTION:	CITY OF PORTLAND		
	1. * 1. * 1. * 1. * 1. * 1. * 1. * 1. *	☐ Denied	Use Group: Type:	Zone: CBL: (2) 9- (1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1		
Proposed Project Description:	1	Signature: PEDESTRIAN ACTIVITI	Signature:	Zoning Approval:		
2012 \$ 13 4 1 4 1 1 1 1 4 1 1 1 1 1 1 1 1 1 1		Action: Approved	with Conditions:	☐ Shoreland		
Permit Taken By:	Date Applied For:	Signature:	Date:	☐ Subdivision ☐ Site Plan maj ☐ minor ☐ mm ☐		
 Building permits do not include plumbing, se Building permits are void if work is not started tion may invalidate a building permit and sto 	d within six (6) months of the date of issu	PERM	IIT ISSUED H LETTER	☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action:		
I hereby certify that I am the owner of record of the authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable how	as his authorized agent and I agree to conssued, I certify that the code official's au	nform to all applicable laws of t uthorized representative shall ha	his jurisdiction. In addition	, Denied		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	-		
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE		PHONE:	CEO DISTRICT		
White Do	ermit Dock Green Assessor's Cana	rv.D.B.W. Bink_Bublic File	lyory Card Inspector			

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development

Joseph E. Gray Jr.

Director

CITY OF PORTLAND

November 21, 1996

I Love Flowers, Inc. 320 Fore St. Portland, Maine 04101

RE:320 Fore St.

Dear Sir:

Your application erect a sign has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not excuse the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy will be issued until all requirements of this letter are met.

Building & Fire Code Requirements

- 1. This permit is being issued with the condition that the banner is to be removed after the installation of the permanent sign is installed.
- 2. A plan must be submitted to this office showing how this proposed sign is to be attached to the building.

Sincere

Chief of Inspection Services

cc: D. Andrews, Senior Planner

M. Schmuckal Asst. Chief of Code Enforcement

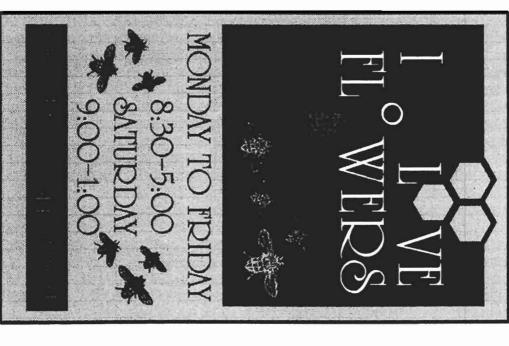
SIGNAGE

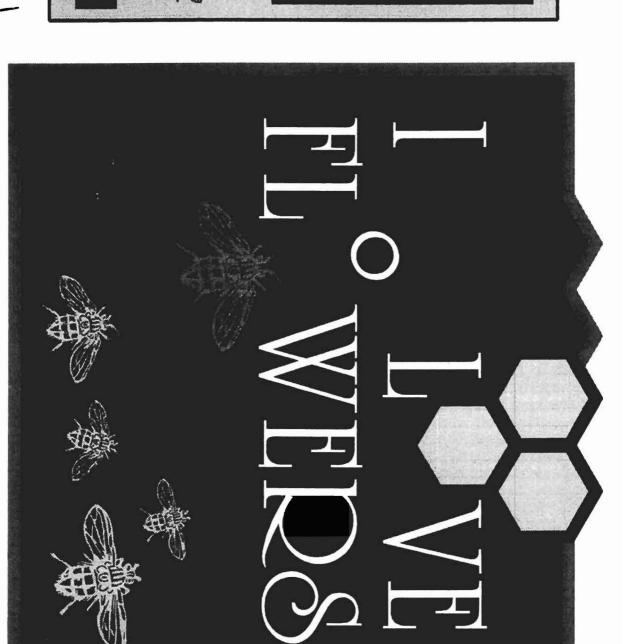
PLEASE ANSWER ALL QUESTIONS

ADDRESS: 320 FOLE STITEGT ZONE: B-3
OWNER: ESTATE OF SAWDEL KNAWAN
APPLICANT: 1 LOVE FLOWERS.
ASSESSOR NO.:
SINGLE TENANT LOT? YES NONONO
MULTI TENANT LOT? YES NO NO NO YES NO NO NO YES NO NO NO YES NO NO NO NO NO NO NO NO NO N
FREESTANDING SIGN? YES X NO DIMENSIONS CHARLES (ex. pole sign)
MORE THAN ONE SIGN? YESNODIMENSIONS
BLDG. WALL SIGN? YES X NO DIMENSIONS 444 = (16)
MORE THAN ONE SIGN? YES NO DIMENSIONS VES NO DIMENSIONS
LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:
1 LOVE FLOWERS ALLS NO EXISTING EXITSIMALY
SUONA65 12-(464)
LOT FRONTAGE (FEET) WILL FLOWER FRONTAGE I 23' FORE ST
LOT FRONTAGE (FEET) WHEN FLOWER FRONTAGE # 23' FORE ST BLDG FRONTAGE (FEET) BLDG + LOT = SAME = 27' WHANGE C7
AWNING YESNO IS AWNING BACKLIT? YESNO
HEIGHT OF AWNING:
IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT?

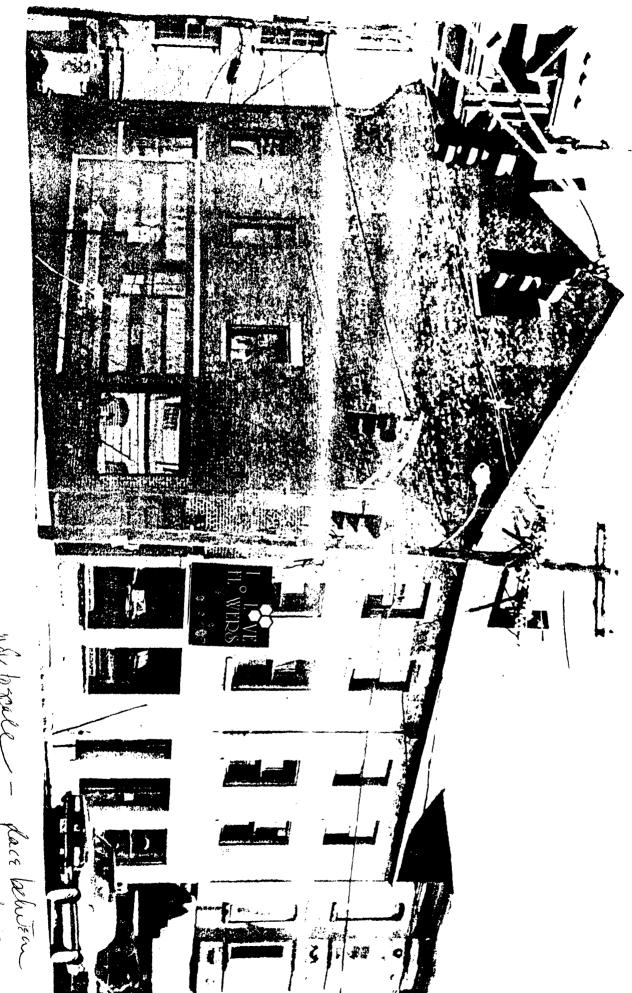
A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS ARE ALSO REQUIRED.

AXA





SANDWICH BOARD SIDEWARK SIGN



nd boale lace behiven I love Flowers has my permission as personal representative of the Estate of Samuel Klaman to erect the signage as presented at 320 Fore Street owned by the Estate of Samuel Klaman.

Dated:

Brenda S. Nicholas (L.S.)

Personal Representative of the

Estate of Samuel Klaman

A	CORD. (CEFT):					DATE (MM/DC/YY) 11/15/96
PRODU	Clark Associates 2331 Congress Street		ONLY AND HOLDER	CONFERS NO RITHIS CERTIFICATE E COVERAGE AFF	ED AS A MATTER OF INI GHTS UPON THE CERT EDOES NOT AMEND, EX ORDED BY THE POLICIE	FIGATE CTEND OR
	P O Box 3543 Portland ME 04	104	COMPANY	COMPANIES AF	FORDING COVERAGE	
			COMPANY	Peerless Insurance	æ Co	
INSUF	Ð		COMFANY			
	I Love Flowers, Inc. 320 Fore Street		В			
		A.4	COMPANY			
	Portland ME 041	uı	COMPANY			
INC	PLAGES IN THE WITH THE POLICIES IS TO CERTIFY "HAT THE POLICIES INCATED. NOTWITHSTANDING ANY REQUESTIONS OF MAY PECLUSIONS AND CONDITIONS OF SUCH	of insurance listed below have Jirement, term or condition of a Ertain, the insurance afforded b	been issued to the II My contract or othe Y the policies descri	nsured named abover document with i Bed herein is subj	VE FOR THE POLICY PERIOD RESPECT TO WHICH THIS	
CER LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY FEECUVE DATE (MM/DD/YY)	POLICY FORMATION DATE (MMDD/M)	шм	18
	GENERAL LIABILITY	BCP9015645	07/01/98	08/18/97	GENERAL AGGREGATE	\$ 2,000,000
	X COMMERCIAL GENERAL LIABILITY				PEODLOTS - COMPIDE AGG	s 1.000,000
	OLAIMS MADE X CCCUR				PERSONAL & ADV INJURY	s 1,000,000
ŀ	OWNER'S & CONTRACTORS FROT			1	EACH OCCURRENCE	=0.000
ŀ				Ì	FIRE DAMAGE (Any and fire) MED EXP (Any one person)	\$ 5,000
	ALTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	9
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ŀ	ALL OWNED AUTOS		1		BODILY INJURY (Per person)	\$
-	FOR GLUCA COLOR					
- }	NON-OWNED AUTOS				BCDILY INJURY (Fer accident)	ş
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	WORKERS COMPENSATION AND				WC STATU OTH	
	EMPLOYERS LIABILITY				EL EACH ACCIDENT	\$
	THE PROTECTION INCL.				EL DISEASE - FOLICY LIMIT	\$
	OFFICERS ARE. EXGL				EL DISEASE - EA EMPLOYEE	\$
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ESCR	PTION OF OPERATIONS/LOCATIONS/VEHICLES	PSPECIAL ITEMS				
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9	ity of Portland Planning Office tin: Deb Andrews		Land the second		CERTIFICATE HOLDER NAMED TO	
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			G. Les Paris			
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ACORD. CERTI	FICATE OF LIA				DATE (MM/DD/) 11/15/96
PRODUCER Clark Associates 2331 Congress Street		HOLDEI	ND CONFERS NO RI R. THIS CERTIFICATE	D AS A MATTER OF INF GHTS UPON THE CERTI DOES NOT AMEND, EX ORDED BY THE POLICIE	FICATE TEND OR
P O Box 3543		7.2.2.1		FORDING COVERAGE	O DELOW.
Portland ME 0	4104	COMPANY	Peerless Insurance		
NSURED		COMPANY			
I Love Flowers, Inc. 320 Fore Street		В			
Portland ME 04	101	COMPANY			
		COMPANY			
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES INDICATED, NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH	DUIREMENT, TERM OR CONDITION OF PERTAIN, THE INSURANCE AFFORDED	ANY CONTRACT OR OT BY THE POLICIES DESC	HER DOCUMENT WITH R RIBED HEREIN IS SUBJEC D CLAIMS.	ESPECT TO WHICH THIS	
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY		LIMI	TS
GENERAL LIABILITY	BOP9015645	07/01/96	06/18/97	GENERAL AGGREGATE	\$ 2,000
X COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 1,000
CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	\$ 1,000
OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000
	ĺ			FIRE DAMAGE (Any one fire)	\$ 50
AUZOMORIJE LIADIJITY				MED EXP (Any one person)	\$
AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT	\$
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE	\$
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
ANY AUTO				OTHER THAN AUTO ONLY:	
					\$
	1				\$
EXCESS LIABILITY				EACH OCCURRENCE	\$
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OTHER THAN UMBRELLA FORM					\$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY		Í		WC STATU- OTH- TORY LIMITS ER	
THE PROPRIETOR				EL EACH ACCIDENT	\$
THE PROPRIETOR/ PARTNERS/EXECUTIVE				EL DISEASE - POLICY LIMIT	\$
OFFICERS ARE: EXCL				EL DISEASE - EA EMPLOYEE	\$
SCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE	S/SPECIAL ITEMS				
ERTIFICATE HOLDER	1	CANCELLA	TION		
-				POLICIES BE CANCELLED BEFO	RE THE
City of Portland Planning Office		EXPIRATION (DATE THEREOF, THE ISSUINC	G COMPANY WILL ENDEAVOR TO	MAIL
Attn: Deb Andrews		10 DAY	WRITTEN NOTICE TO THE	CERTIFICATE HOLDER NAMED TO	O THE LEFT,
489 Congress Street Portland ME	04101			LL IMPOSE NO OBLIGATION OR AGENTS O R REPRE SENTATIVES.	LIABILITY
			REPRESENTATIVE		
		G. Lee Ra		(Brown	sele

ACORD 25-S (1/95)

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