

961162

Location of Construction: 320 Fore St		Owner: Estate of S Klaman		Phone:	
Owner Address: 320 Fore St Apt 811 ME		Lease/Buyer's Name: I Love Flowers, Inc		Phone: 774-5882	
Contractor Name: Street 04101		Address:		Phone:	
Past Use:		Proposed Use: retail w sign		COST OF WORK: \$	
				PERMIT FEE: \$ 28.20	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
Proposed Project Description: erect sign 4'x4'		Signature:		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.B.)		Zoning Approval:	
		Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		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"/>	
Permit Taken By: L Chase		Date Applied For: 11/15/96		Signature: <i>[Signature]</i> Date: 11/15/96	

PERMIT ISSUED
Permit Issued:
NOV 22 1996
CITY OF PORTLAND

Zone: *B3* CBL: 029-C-006
Signature: *[Signature]*
Special Zone or Reviews: *ok for project*
11/21/96

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action: *Signs to be removed*
 Approved
 Approved with Conditions
 Denied
Date: 11/18/96

PERMIT ISSUED WITH LETTER

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]
SIGNATURE OF APPLICANT
(Albert)

320 FORE STREET
ADDRESS: DATE: 11/15/96 PHONE: 774-5882

[Signature]
D. Andrews

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT **2**

A. Rowle

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.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

cc: D. Andrews, Senior Planner
M. Schmuckal Asst. Chief of Code Enforcement

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 320 FORE STREET ZONE: B-3

OWNER: ESTATE OF SAMUEL KUAMAN

APPLICANT: I LOVE FLOWERS.

ASSESSOR NO.: _____

SINGLE TENANT LOT? YES _____ NO X

MULTI TENANT LOT? YES X NO _____

FREESTANDING SIGN? YES X NO _____
(ex. pole sign..)

*11/21/96 is a sidewalk sign
yes this is a sidewalk sign
sandwich board sign per sidewalk sign?*

DIMENSIONS 24x40" ft

MORE THAN ONE SIGN? YES _____ NO X DIMENSIONS _____

BLDG. WALL SIGN? YES X NO _____ DIMENSIONS 4x4 = 16 #
(attached to bldg)

MORE THAN ONE SIGN? YES BEE'S AS DISCUSSED NO _____ DIMENSIONS _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: _____

I LOVE FLOWERS HAS NO EXISTING EXTERIOR SIGNAGE

LOT FRONTAGE (FEET) I LOVE FLOWER FRONTAGE ± 23' FORE ST.

BLDG FRONTAGE (FEET) BLDG + LOT = SAME ± 47' PEARL ST. ± 27' WHARF ST.

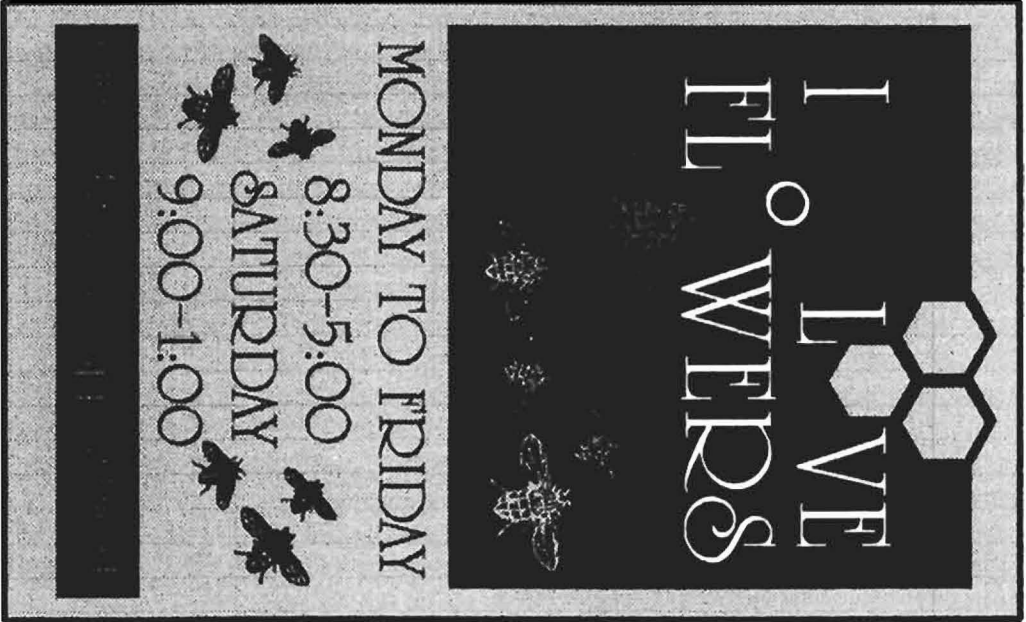
AWNING YES _____ NO X IS AWNING BACKLIT? YES _____ NO _____

HEIGHT OF AWNING: _____

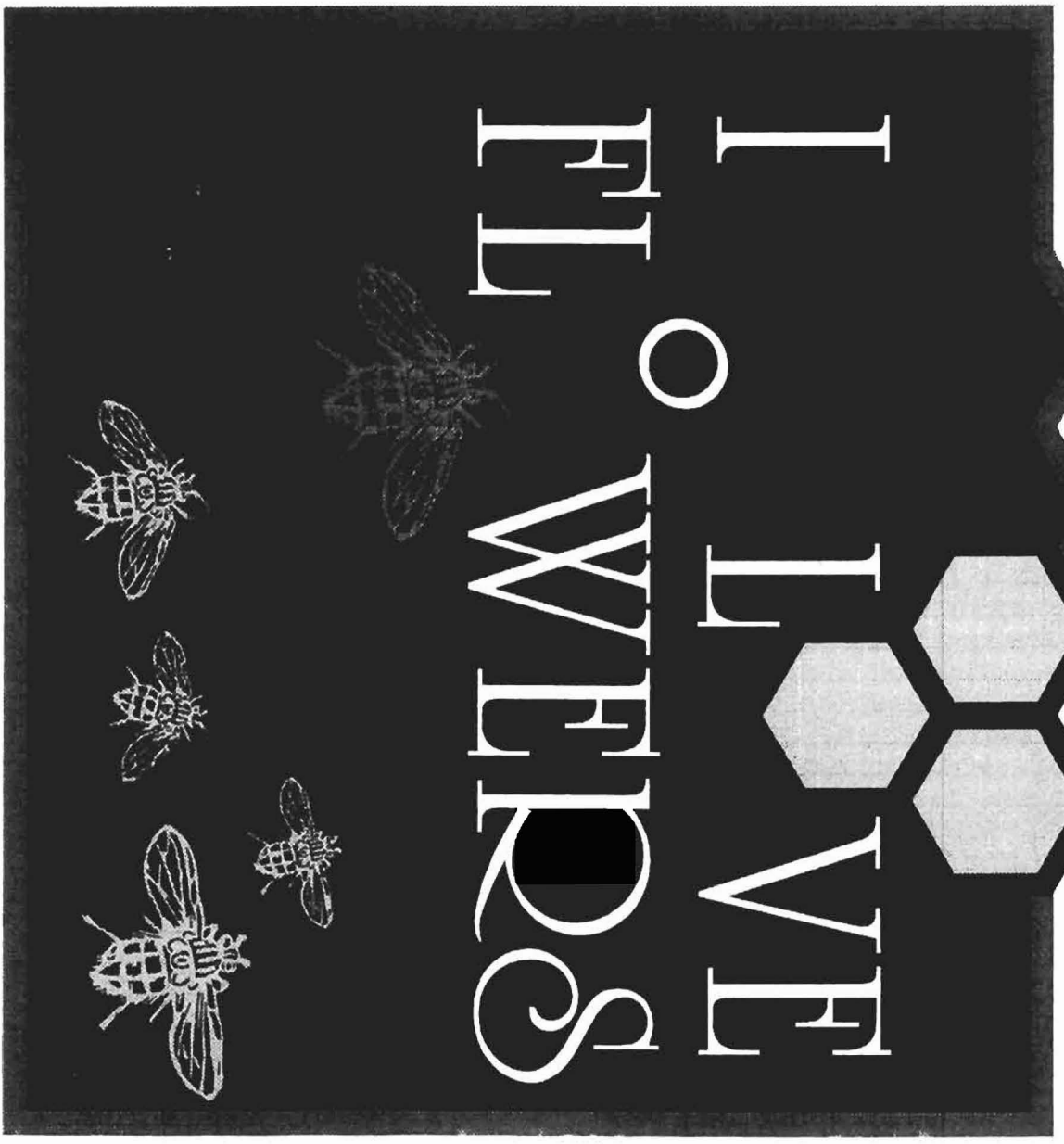
IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

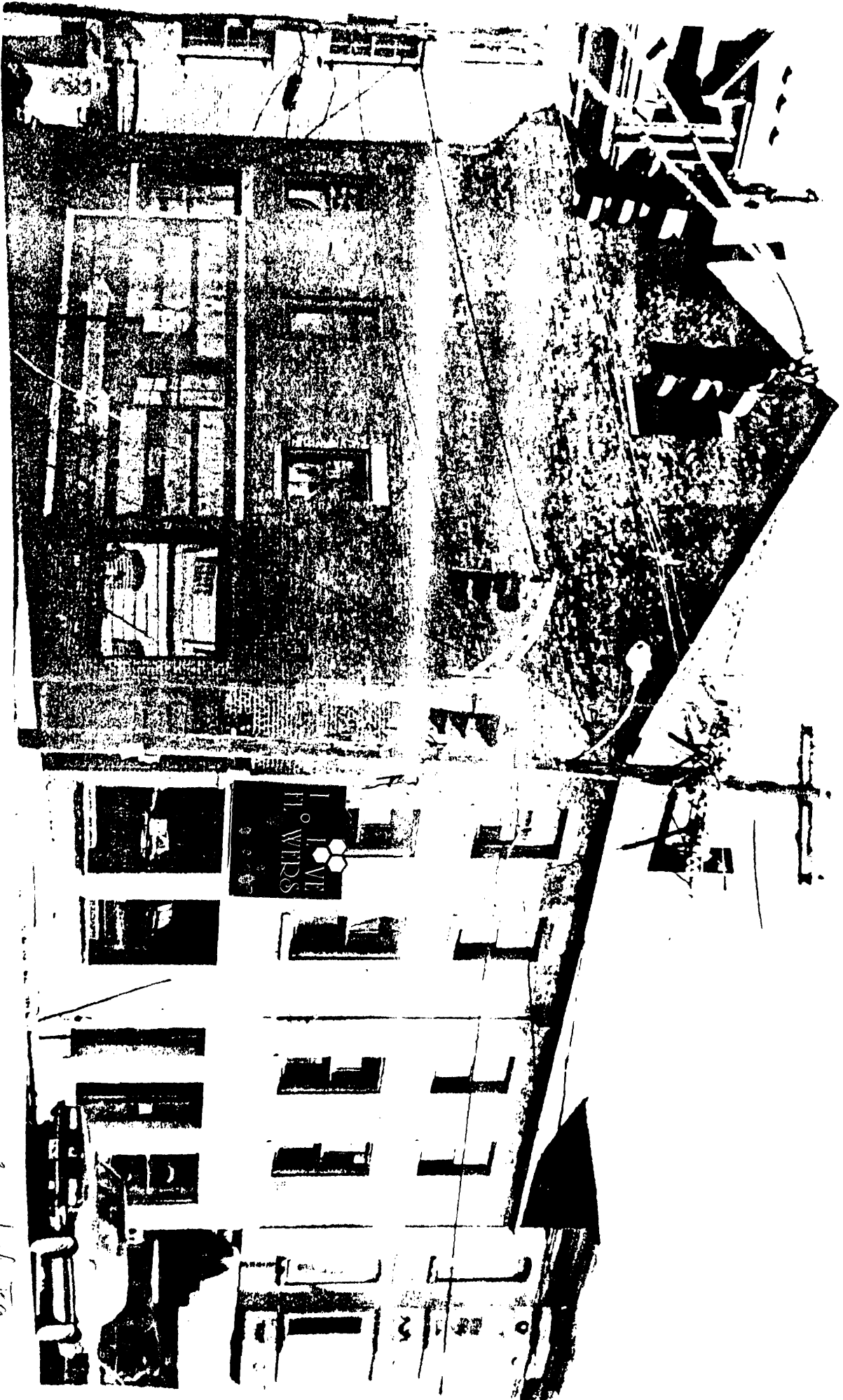
A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS ARE ALSO REQUIRED.

4' x 4'



A
Sandwich Board
Sidewalk Sign

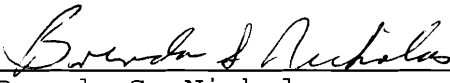




1811 base - face between
windows

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

Dated:


____ (L.S.)
Brenda S. Nicholas
Personal Representative of the
Estate of Samuel Klamman

AGORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY) 11/15/96

PRODUCER
 Clark Associates
 2331 Congress Street
 P O Box 3543
 Portland ME 04104

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
 I Love Flowers, Inc.
 320 Fore Street
 Portland ME 04101

COMPANIES AFFORDING COVERAGE

COMPANY	A	Fearless Insurance Co
COMPANY	B	
COMPANY	C	
COMPANY	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
A	GENERAL LIABILITY	BOP9015645	07/01/98	08/18/97	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMBINED AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADY INJURY \$ 1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTORS PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any and first) \$ 50,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				ALTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY \$
					\$
					\$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS OTH-ER
	THE INFORMATION PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
	OTHER				EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, SPECIAL ITEMS
 RE: Installation of Wood Sign

CERTIFICATE HOLDER
 City of Portland Planning Office
 Attn: Deb Andrawe
 439 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 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
 G. Lee Ramsdell



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/15/96

PRODUCER

Clark Associates
2331 Congress Street
P O Box 3543
Portland

ME 04104

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

COMPANY

A

Peerless Insurance Co

COMPANY

B

COMPANY

C

COMPANY

D

INSURED

I Love Flowers, Inc.
320 Fore Street

Portland

ME 04101

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		
A	GENERAL LIABILITY	BOP9015645	07/01/96	06/18/97	GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000	
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000	
					FIRE DAMAGE (Any one fire)	\$ 50,000	
					MED EXP (Any one person)	\$ 5,000	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	\$	
						\$	
	EXCESS LIABILITY				EACH OCCURRENCE	\$	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				<input type="checkbox"/> INCL	EL EACH ACCIDENT	\$
					<input type="checkbox"/> EXCL	EL DISEASE - POLICY LIMIT	\$
						EL DISEASE - EA EMPLOYEE	\$
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: Installation of Wood Sign

CERTIFICATE HOLDER

City of Portland Planning Office
Attn: Deb Andrews
489 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 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

G. Lee Ramsdell