Location of Construction: 92 Consercial St	Owner: Prop. of Guston Hou	Phone:		Permi 905 0 2 6 2
Owner Address:	Leasee/Buyer's Name: Clibert's Chowder House	Phone: Busines 92 Commercial St	Peld, ME 04101	PERMIT ISSUED
Contractor Name:	Address:	Phone:	871-5636	Permit Issued:
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE: \$ 29.00	MAR 2 2 1995
Restaurant	Same W/Signage	FIRE DEPT. Approved Denied	INSPECTION: U, Use Group: Type:	CITY OF PORTLAND
		Signature:	BOCA934ffsu Signature: Wolfsu	Zone:7 CBL: 030-A-001
Proposed Project Description:		PEDESTRIAN ACTIVITIE	· · · · · · · · · · · · · · · · · · ·	Zoning Approval:
Erect Signage as per plans		Action: Approved Approved Denied	with Conditions:	Special Zone or Reviews: ☐ Shoreland ☐ Wetland ☐ Flood Zone
		Signature:	Date:	☐ Subdivision☐ Site Plan maj☐ minor ☐ mm [
Permit Taken By: Mary Gresik	Date Applied For: 20 Ma	rch 1995		Zoning Appeal
tion may invalidate a building permit and	d stop all work			□ Approved □ Denied Historic Preservation □ Not in District or Landmark □ Does Not Require Review □ Requires Review Action:
	CERTIFICATION			Appoved
I hereby certify that I am the owner of record of authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonab	of the named property, or that the proposed wor ion as his authorized agent and I agree to con- ion issued, I certify that the code official's aut	form to all applicable laws of the thorized representative shall have	is jurisdiction. In addition,	☐ Approved with Conditions ☐ Denied Date:
and the state of t	T. Who will St.	20 March 1995	54 5636	MINITE
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF W	ORK, TITLE		PHONE:	CEO DISTRICT
White	e-Permit Desk Green-Assessor's Canar	y-D.P.W. Pink-Public File	Ivory Card–Inspector	Ms Muggon)

C(0)		

CONTROL OF THE PROPERTY OF THE	
Eggn in place - apple	rus to be done per plan 1
	Inspection Record
	Type Date
	Foundation:
	Framing:
	Plumbing:
	Final:
	Other:

SIGNAGE APPLICATION

ADDRESS: 9	2 Commercial	St.	Zone B	3
	ictors of Custom			anglinennennennennennennen
	Gilbert's Chowder		Tilloert	
ASSESSORS NO.				
SINGLE TENANT	LOT? YES:	NO:		
MULTI-TENANT	LOT? YES:	NO:		
FREESTANDING	SIGN? YES:	NO:	DIMENSIONS:	
	MORE THAN ONE	SIGN?	DIMENSIONS:	
BLDG. WALL SI	GN? YES:	NO:	DIMENSIONS: < 5	3" × 4'6"
	MORE THAN ONE	SIGN? No	DIMENSIONS:	23,634
LIST ALL EXIS	TING SIGNAGE, INCLUD		ONS:	+16.00
One Sign 2	'x8' on the front o	f b/dq = 16th		39.63
		1		
	(IN FEET):			
7 BLDG FRONTAGE	(IN FEET): Approx	35- 1277)中/" ((<u> </u>
AWNING? YES:	No:	IS AWNING F	MCKLIT? YES:	NO:
	HT OF AWNING:			
15 7	HERE ANY CUMM. MESSA(SE, TRADEMARK, OR	SYMBOL ON 1T?	
<u>.</u>			\$P	
DIEACE DOOUTS	F A DITT DUETOU ALL			

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.



Location of sign ...

Sign will hang over the sidewalk

approx. 5'3" from the building. (9' above sdwlk.)

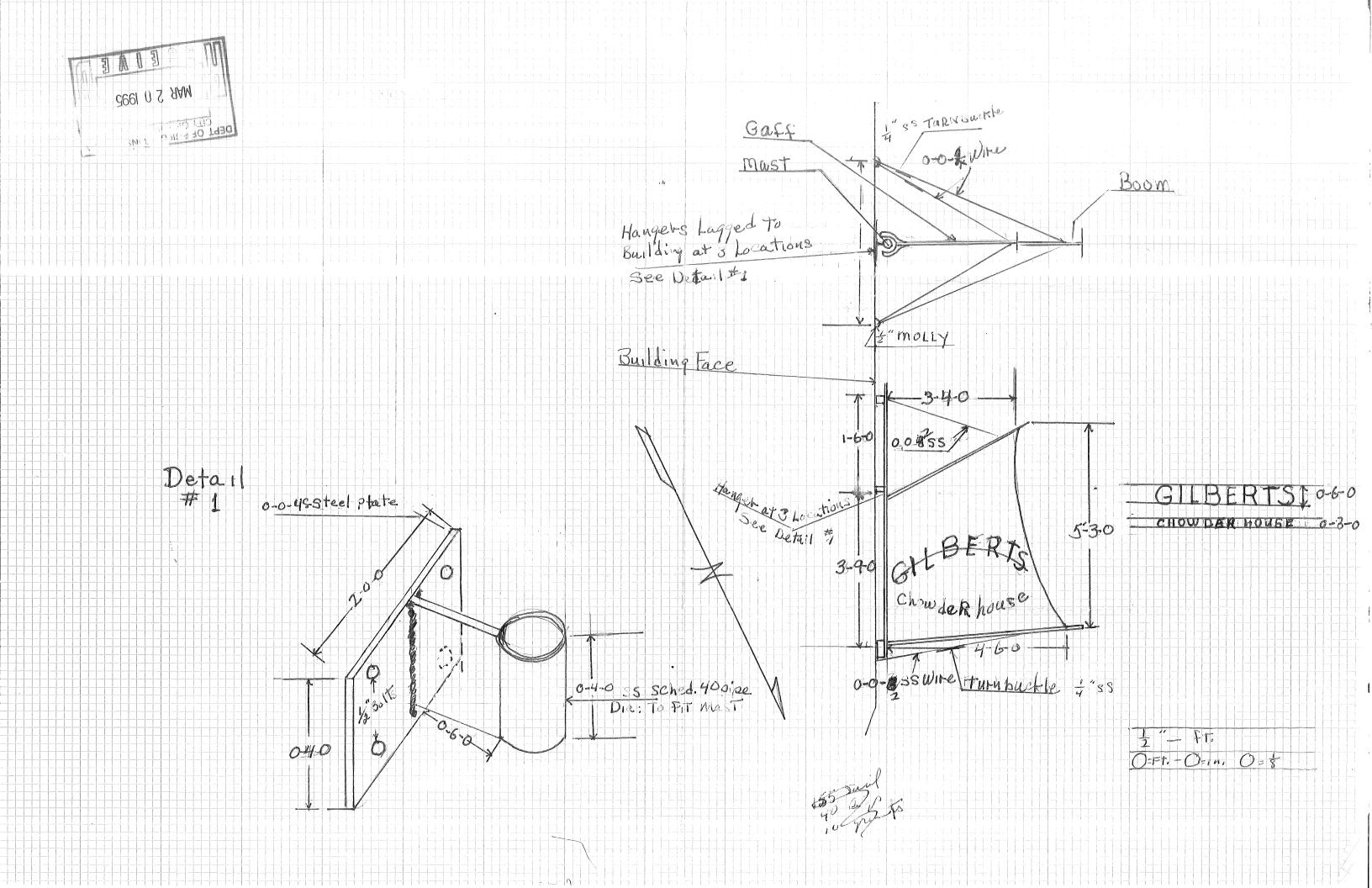
Sign will be a replica of a gaff sail, using

real sail cloth/canvas

Booms and Mast will be wood, secured to bldg.

with stainless steel wire. (as shown on drawing)

and hangers as shown in drawing.





CITY OF PORTLAND

Dear Applicant for Historic Preservation Review:

To receive a Certificate of Appropriateness from the City of Portland's Historic Preservation Committee, it is necessary for you to complete the enclosed application form and return it with a copy of proposed plans, drawings and specifications and, if necessary, supplemental materials.

This application is to be filed with the Historic Preservation staff at their office in the Department of Planning and Urban Development, City Hall, 389 Congress Street, Room 211, Portland, Maine, at least 2 weeks before the meeting of the Historic Preservation Committee during which time the application will be reviewed. The Committee meets on the first and third Wednesdays of each month. A copy of the upcoming meeting schedule with application deadlines is enclosed for your convenience.

Following a preliminary review of your application by staff, you may be asked to submit additional information. In general, documentation submitted with the application is non-returnable, with the exception of historic photographs, etchings, lithographs, original blueprints and drawings, or other special materials.

Please note that there is no application fee required for historic preservation review. However, applicants are responsible for the costs of sending notices and placement of a legal ad in the newspaper. Such costs shall be paid prior to the issuance of a Certificate of Appropriateness/Building Permit or upon denial.

If you have questions or need assistance in completing this form, please contact the Historic Preservation staff at 874-8300, (Gary Hamilton, ext. 8699, or Deborah Andrews at ext. 8726).

sincerely,

Joseph E. Gray,

Department of Planning and Urban Development

HISTORIC PRESERVATION COMMITTEE

Property Name and Address:



This has been reviewed Hamilton and O.K. I by staff

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Applicant: (name) Jim Gilbert (telephone) 871-5636
(company, if applicable) Gilbert's Chowder House
(address) 92 Commercial St.
Property Owner, if different: (name) Proprietors of Custom House Whave
(address)
(telephone)
Architect (if any):
Contractor or Builder (if any): Ben Z Way (Ben O'Rielly
Local Designation:
Landmark. Within Historic District Historic Landscape District.
Applicant's Signature Owner's Signature (if different)
** Note: No application fee is required. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance to Certificate/Building Permit or upon denial

All materials related to this Application MUST BE submitted no later than 2 weeks prior to your desired meeting date in order for this application to be

placed on the Historic Preservation Committee Agenda.

Rev. 9/94

I. <u>DESCRIPTION OF PROJECT</u>

Describe in a separate paragraph each type of proposed exterior architectural alteration, such as window replacement, roof replacement, porch alteration, repointing of masonry, or new addition/construction. Briefly describe the feature or materials affected by the work and give the approximate date that it was constructed, if known. Describe in detail the proposed work and how it will affect the existing feature. Use as many items as necessary to cover all aspects of the project. If more space is needed, continue on a separate page. Reference work items to accompanying drawings or photographs.

 Sign	~	Replica	o f	Gaff	Sai	/		
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II. ATTACHMENTS

Provide a copy of the plans, renderings, drawings and written specifications of the alteration. To supplement your application, it would be helpful to submit photographs or slides of current conditions, material samples, site plans, sketches, historical documentation, or anything else that will illustrate to the Committee and staff the effect of the proposed change.

The	e following information is e	enclosed:	
	Exterior photographs		
	Sketches, elevation dr	rawings and/or annotated photographs	
	Floor plans		
	Site plan showing rela located within a distr	ative location of adjoining structures	, 1f
	Specifications		
	Other (explain)		

Please note: In order to be photocopied by the City, plans or drawings should generally not exceed 11" \times 17". If you wish to submit larger plans, please provide 10 copies for distribution.

If you have questions or need assistance in completing this form, please contact the Historic Preservation staff at 874-8300, (Gary Hamilton, ext. 8699, or Deborah Andrews at ext. 8726).

Please return this form and related application materials to:

Department of Planning and Urban Development Attn: Historic Preservation Staff Room 211 Portland City Hall 389 Congress Street Portland, ME 04101

	acord. Cert	IFICATE OF I	INS	SURANG	CE sac	, т.	DATE (MM/DD/YY) 3/14/95
PRODUCER CORDORATION		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					
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	O. BOX 959					FORDING COVERA	(GE
GF	AY ME 04039-0959		1		ELERS INS	URANCE CO	
			CON		MDI OVEDE	MUDITAL TNC	
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	LBERT'S CHOWDER HO	USE	CON	MPANY C			
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1	COMMERCIAL STREET RTLAND, ME 04104		LET	MPANY D			
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	WERKSER		LET				
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co	TVDE OF INCUDANCE	POLICY NUMBER		POLICY EFFECTIVE	POLICY EXPIRATION	LIMITE	
LTR	TYPE OF INSURANCE	POLICY NUMBER		DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	I680276W3200CO	F	09/01/94	09/01/95	GENERAL AGGREGATE	\$ 2,000,000
	CLAIMS MADE X OCCUR.					PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY	\$ 2,000,000 \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT.					EACH OCCURRENCE	\$ 1,000,000
	X NON-OWNED/HIRED					FIRE DAMAGE (Any one fire)	\$ 50,000
						MED.EXP. (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY ANY AUTO					COMBINED SINGLE	•
	ALL OWNED AUTOS					BODILY INJURY	\$
	SCHEDULED AUTOS					(Per person)	\$
	HIRED AUTOS					BODILY INJURY	
	NON-OWNED AUTOS					(Per accident)	\$
	GARAGE LIABILITY					PROPERTY DAMAGE	\$
_	EXCESS LIABILITY					EACH OCCURRENCE	\$
	UMBRELLA FORM					AGGREGATE	\$
	OTHER THAN UMBRELLA FORM						
В	WORKER'S COMPENSATION	1810021433		11/03/94	11/03/95	STATUTORY LIMITS	100 000
	AND					DISEASE-POLICY LIMIT	\$ 100,000 \$ 500,000
	EMPLOYERS' LIABILITY					DISEASE-EACH EMPLOYEE	\$ 100,000
	OTHER						
						<i>F</i> *	
DE	CRIPTION OF OPERATIONS/LOCATIONS/VE	HICLES/SPECIAL ITEMS					
EV	IDENCE OF INSURANC	E					
CI	RTIFICATE HOLDER		C			BED POLICIES BE CANCELLE	
	CITY OF PORT	T . Zi Xi I'			·	UING COMPANY WILL ENDE/ TO THE CERTIFICATE HOLD	
		PECTION DEPT	MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR				
	PORTLAND ME					MPANY, ITS AGENTS OR REF	THESENTATIVES,
	TOXTLAND ME		AUTHORIZED REPRESENTATIVE ACORD CORPORATION 1990				
AC	ORD 25-S (7/90)				7.500	GACORD	CORPORATION 1990

ACORD. CERTIFICATE OF	INSURANCE SJC 05745 ISSUE DATE (MM/DD/YY) 03/14/95				
PRODUCER THE DUNLAP CORPORATION	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.				
25 SHAKER ROAD P.O. BOX 959	COMPANIES AFFORDING COVERAGE				
GRAY ME 04039-0959	COMPANY A TRAVELERS INSURANCE CO				
INSURED	COMPANY B ME EMPLOYERS MUTUAL INS.				
GILBERT'S CHOWDER HOUSE TREBLIG ENT. d/b/a	COMPANY C LETTER				
92 COMMERCIAL STREET	COMPANY D				

COVERAGES

PORTLAND, ME 04104

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.

COMPANY LETTER

co	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS
LTR			DATE (MM/DD/YY)	DATE (MM/DD/YY)	
A	GENERAL LIABILITY	I680276W3200COF	09/01/94	09/01/95	GENERAL AGGREGATE \$ 2,000,00
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 2,000,00
	CLAIMS MADE X OCCUR.				PERSONAL & ADV. INJURY \$ 1,000,00
l	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,00
l	X NON-OWNED/HIRED				FIRE DAMAGE (Any one fire) \$ 50,00
					MED.EXP. (Any one person) \$ 5,00
l	AUTOMOBILE LIABILITY				COMBINED SINGLE
l	ANY AUTO				LIMIT \$
	ALL OWNED AUTOS				BODILY INJURY
	SCHEDULED AUTOS				(Per person) \$
İ	HIRED AUTOS				BODILY INJURY
	NON-OWNED AUTOS				(Per accident) \$
	GARAGE LIABILITY				PROPERTY DAMAGE
-					\$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
_	OTHER THAN UMBRELLA FORM				
В	WORKER'S COMPENSATION	1810021433	11/03/94	11/03/95	STATUTORY LIMITS
	AND		1		EACH ACCIDENT \$ 100,00
	EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT \$ 500,00
<u>_</u>					DISEASE-EACH EMPLOYEE \$ 100,00
	OTHER				
1					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

CITY OF PORTLAND BUILDING INSPECTION DEPT

PORTLAND ME

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

CACORD CORPORATION 1990



OWNERS CONSENT AND AGREEMENT

e owner of the premises located at
, Maine, hereby give consent to the
owned by James E. Gilbert (print lessee's name)
d premises as described in
Services.
aid permit, owner of said premises, he purpose for which it was erected e owner of said sign shall fail to afe in case the sign still serves eby agrees for himself or itself, its assigns, to completely remove
Ames Hessee 3/13/95 Date