

n 6		Permit No: 02-0670	Issue Date:	CBL: 030 H001001
Location of Construction: 144 Commercial St	Owner Name: Dimillo Antoni Heirs	Owner Address: 271 Caprice St	Phone: 207-772-2216	
Business Name: n/a	Contractor Name: <i>Daniel Libby</i>	Contractor Address: <i>Portland Standish</i>	Phone: 775-0727	
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Temporary	Zone: <i>WC 2</i>	
Past Use: Commercial/ Sales Booth	Proposed Use: Commercial/ Sales Booth; Erect Two 3' x 2' A-Framed Signs	Permit Fee: \$42.00	Cost of Work: \$0.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>BOCA 99</i>	
		Signature: <i>N/A</i>	Signature: <i>YTH</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: gg	Date Applied For: 06/18/2002	Zoning Approval		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..		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"/> <i>use for boat/sail cruise tickets</i> <i>OK 7/3/02</i> Date:	Zoning Appeal <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:	Historic Preservation <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 <i>9</i> Date:

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

020670

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

Signage Application

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.

Total Square Footage of Proposed Structure <u>6 Sqft. x 2</u>		Square Footage of Lot <u>Con</u>
Tax Assessor's Chart, Block & Lot Chart# <u>030</u> Block# <u>H</u> Lot# <u>001</u>	Owner: <u>Heirs of Anthony D. Mills</u>	Telephone: <u>772-22/19</u>
Lessee/Buyer's Name (If Applicable) <u>OLDFORT MARINER Fleet</u> <u>120 Commercial ST</u>	Applicant name, address & telephone: <u>DANIEL R Libby</u> <u>775-0727 634 Cape Rd</u> <u>STANDISH Me. 04084</u>	Total s.f. of signage <u>12</u> 1.00 per s.f. \$ <u>8</u> , plus \$30.00 base fee Fee: \$ <u>842.00</u>
Current use: <u>Sales Booth</u>		
If the location is currently vacant, what was prior use: <u>same</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>Sales Booth</u>		
Project description: <u>2 A-Framed Signs</u>		
Contractor's name, address & telephone: <u>DANIEL R. Libby</u>		
Who should we contact when the permit is ready: _____		
Mailing address: <u>634 Cape Rd</u> <u>Standish Me. 04084</u>		
We will contact you by phone when the permit is ready. You must come in and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$50.00 fee if any work starts before the permit is picked up. Phone: _____		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: <u>Daniel R. Libby</u>	Date: <u>06/14/02</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

תאריך: (2017) 2017-05-05 10:10:10

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 AT 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.						
NO.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR X P & I GEN'L AGGREGATE LIMIT APPLIES TO ALL <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. EFF. <input type="checkbox"/> LOC.	CHA002464316	06/10/02	06/10/03	EACH OCCURRENCE	\$
	THEY DAMAGE (ANY ONE YEAR)				\$	
	WITH EMP. (ANY ONE YEAR)				\$	
	PERSONAL & ADV. INJURY				\$	
					GENERAL AGGREGATE	\$
					PRODUCTS - COMM. AGG.	\$
					P & I	3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HOLED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (CSL) (2000/100/100)	\$
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Accident)	\$
					PROPERTY DAMAGE (Per Accident)	\$
						\$
						\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTOMOBILE EXCEPT	\$
	OTHER THAN				\$	
	AUTO ONLY				\$	
	CREW 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				<input type="checkbox"/> WC STAT. <input type="checkbox"/> TORT LIMITS <input type="checkbox"/> LTD. BEN.	
	EL EACH ACCIDENT				\$	
	EL DISEASE - AGGREGATE				\$	
1	OTHER Liquor Liability	CHA002464316	06/10/02	06/10/03	Liquor Li	250,000
	Deduct				2500	

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLE/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

Passenger Carrying Vessel, limited to 149 Passengers/3 Crew. Protection and Indemnity Deductibles: Bodily Injury \$250 Property Damage \$1000.

CERTIFICATE HOLDER		ADDITIONAL INSURED, INSURER LETTER		CANCELLATION	
TO: <u>Gail</u>		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to MAIL <u>10</u> DAYS WRITTEN NOTICE TO THIS 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 REPRESENTATIVE.			
DEPT: <u>Application</u>					
CO: <u>172 Commercial St</u>		FROM: <u>Red</u>			
FAX: _____		DATE: <u>11/8/02</u>			
				Gene McKeever Jr., CIC	
				© ACORD CORPORATION 1988	

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 172 ~~772~~ Commercial St. ZONE: WCZ

OWNER: Heirs of Anthony Dimillo

APPLICANT: DANIEL R. Libby, 1000 Port Warner Street

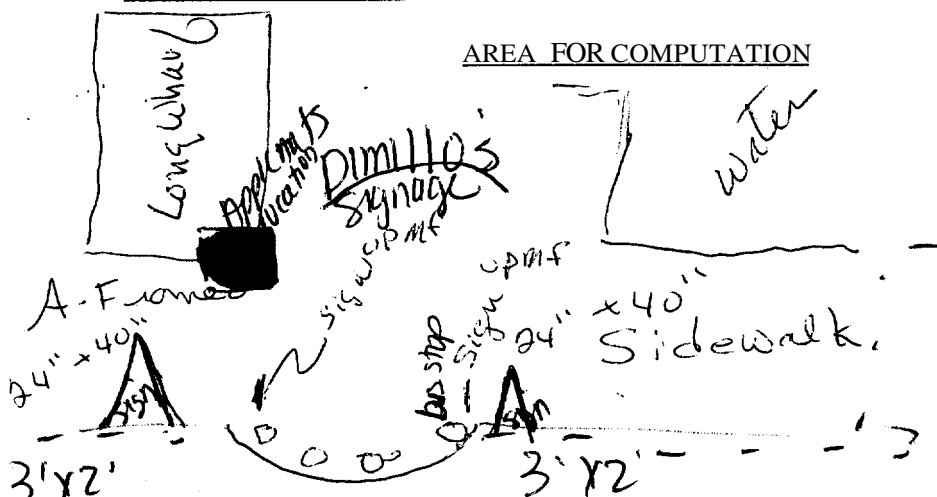
ASSESSOR NO. _____

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 24" x 40"
MORE THAN ONE SIGN? YES NO 2X DIMENSIONS 24" x 40"
AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: Signage on Bldg.

*** TENANT BLDG. FRONTAGE (IN FEET): 24' ±
*** REQUIRED INFORMATION



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: Daniel R. Libby DATE: 6/18/01

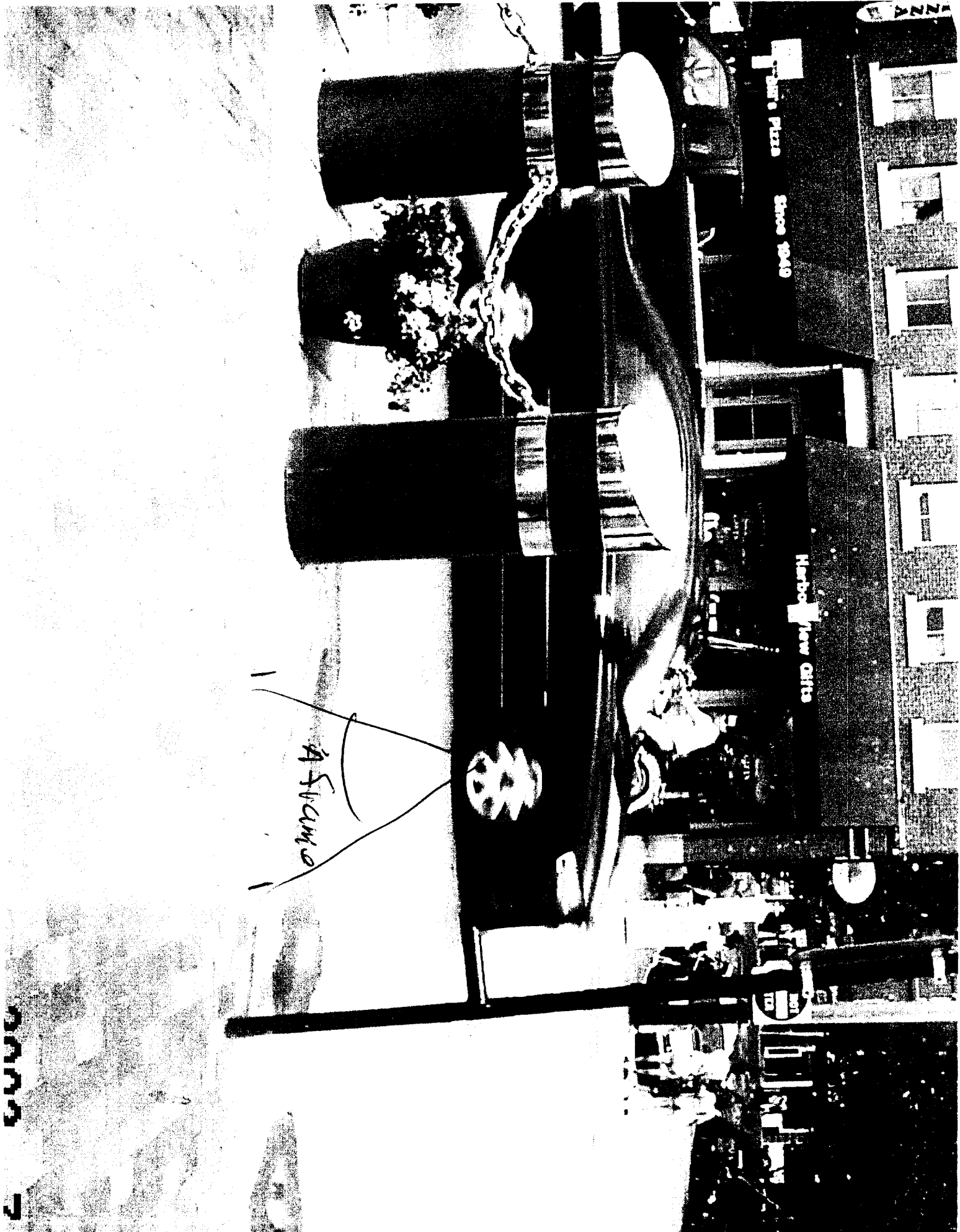
6/18/02

Van Lley and Olde Port Mariner Fleet

have my permission to replace
the Two Side Walk Signs with two
new ones

Arcene DiNuccio

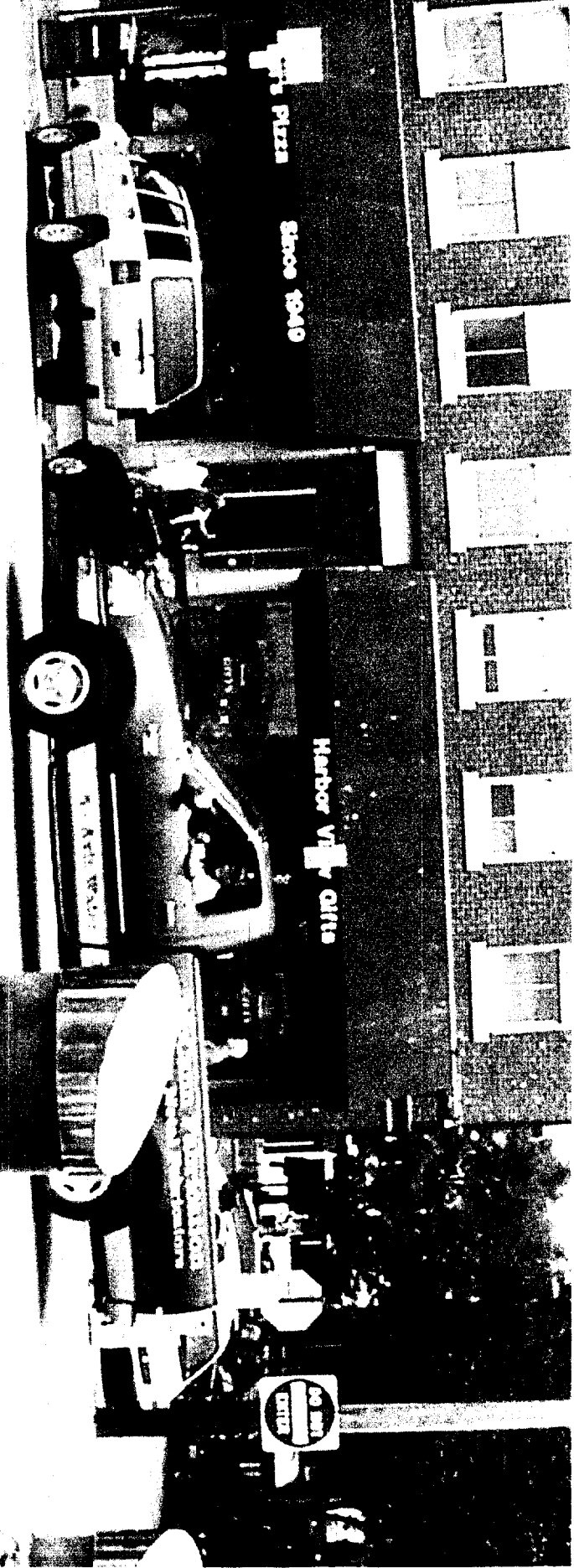
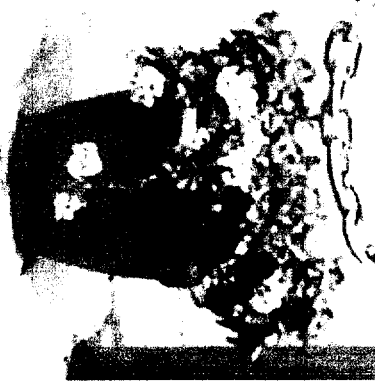
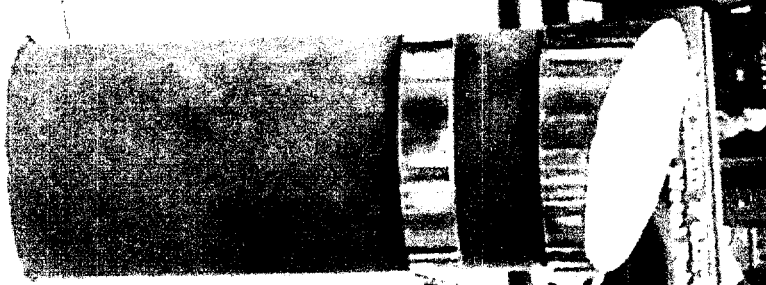
2



ASACMO

0000 7

A frame



PORTLAND

PORTLAND

28023

**SCENIC
HARBOR CRUISE**

TICKETS

11:00 SEALS
12:45 LIGHTHOUSES
2:30 UPPER ISLANDS
4:15 AND ALL THE
6:00 PRINCE OF INTEREST

**SEE
WINDOW**

Not 11/1/72



"FREEDOM"

**TROLLEY
TICKETS**

START

9:20

10:20

11:20

12:20

1:20

2:20

3:20

4:20

**CITY
TOURS**

**Special
Packages**

**SAIL • RAIL
TRAIL**

ALL AT

**1st
WINDOW**



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 020670

This is to certify that Dimillo Antoni Heirs/n/ahas permission to Erect Two 3' x 2' A-frame SignAT 144 Commercial St

030 H001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and work on permit must be completed before this building or part thereof is occupied or closed-in. **HEAR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name



Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Application ID Number: 2-0670

Department: Zoning Status: Approved with Conditions Reviewer: Marge Schumack

Comments: 7/1/02 No plans attached - called and left message with [redacted] placed. [redacted] and further [redacted]

☒ OK to Issue Permit

Name: Marge Schumack

Date: 07/03/2002

Date 2: [redacted]

Conditions Section:

Sidewalk signs are considered temporary signs and require permits on a yearly basis.

Create Date: [redacted]

By: [redacted]

Date: 07/03/2002 By: Jmes

~~6~~
7/1/04

done

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