

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

**PERMIT ISSUED**

Permit No: 02-0670	Issue Date: JUL - 8 2002	CBL: 030 H001001
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Location of Construction: 144 Commercial St	Owner Name: Dimillo Antoni Heirs	Owner Address: 271 Capen St <b>CITY OF PORTLAND</b>	Phone: 207-772-2216
Business Name: n/a	Contractor Name: <del>n/a</del> Daniel Libby	Contractor Address: <del>Portland</del> Standish	Phone: 775-0727
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Temporary	Zone: WCZ

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
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Proposed Project Description: Erect Two 3' x 2' A-frame Signs	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A	INSPECTION: Use Group: U Type: Sign BOCA 99 Signature: [Signature]
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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	<b>Zoning Approval</b>
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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"/> Date: 7/3/02	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 Date:
	use for boat/sail cruise tickets [Signature]		

**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

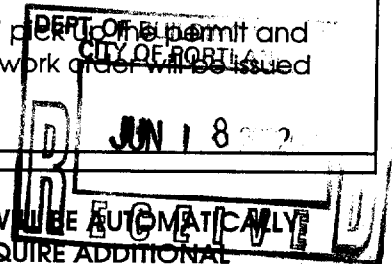
020670

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.

Location/Address of Construction: <u>172 Commercial</u>	
Total Square Footage of Proposed Structure <u>6 sqft. x 2</u>	Square Footage of Lot
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>772-2216</u>
Lessee/Buyer's Name (If Applicable) <u>OLDFORT MARINER FLEET</u> <u>170 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 x</u> 1.00 per s.f. \$ <u>6</u> , plus \$30.00 base fee Fee: \$ <u>36</u> <u>\$42.00</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: <u>same</u>	
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 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>06/18/02</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

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP 10 RD OLDEP-1	DATE (MM/DD/YY) 06/07/02
PRODUCER Allen Agency 34-36 Elm Street PO Box 578 Camden ME 04843 Phone: 200-419-4311 Fax: 207-236-6647		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		INSURERS AFFORDING COVERAGE	
Olde Port Mariner Fleet 634 Cape Rd Standish ME 04084		INSURER A Acadia Insurance Co	
		INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	

**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 MAY 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.

FORM (LTH)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <b>X P &amp; I</b> <input type="checkbox"/> DEM. AND DEF. COST LIMIT APPLIES TO POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> ECT <input type="checkbox"/> LOC	CHA002464316	06/10/02	06/10/03	EACH OCCURRENCE \$ TIME SHARING (ANY ONE TRIP) \$ MED. EXP. (ANY ONE PERSON) \$ PERSONAL & ADV. INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMMOD. AGG. \$ <b>P &amp; I 3,000,000</b>
	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 (PER ACCIDENT) \$ BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EACH OCCURR. \$ OTHER THAN AUTO ONLY \$
	EXCESS 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 LIABILITY <input type="checkbox"/> EMP. \$ EACH ACCIDENT \$ \$ DISEASE - \$ AMOUNT \$ \$ DISEASE - POLICY LIMIT \$
A	OTHER Liquor Liability	CHA002464316	06/10/02	06/10/03	Liquor Li 250,000 Deduct 2500

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

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

CERTIFICATE HOLDER: Gail

DEPT: Application

CO: 172 Commercial

FAX: \_\_\_\_\_

ADDITIONAL INSURED: INSURER LETTER: \_\_\_\_\_

FROM: HR FAX

DATE: 6/18/02

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to mail \_\_\_\_\_ 10 \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE 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 REPRESENTATIVES.

Gene McKeever Jr., CIC

**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 172 ~~178~~ COMMERCIAL ST. ZONE: WCZ

OWNER: Heits of Anthony Dimillo

APPLICANT: DANIEL R. LIBBY (OLDE PORT MARINER PLEAT

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"

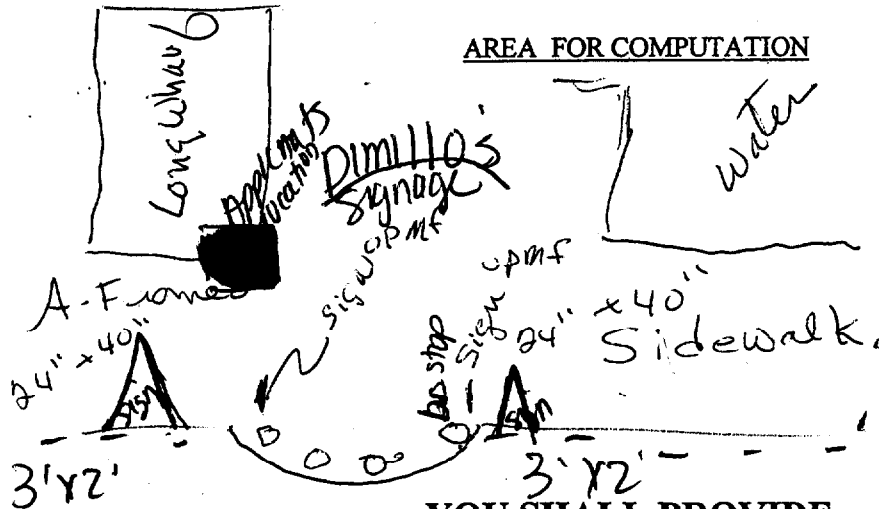
AWNING: YES  NO  IS AWNING BACKLIT? YES  NO  HEIGHT OFF SIDEWALK \_\_\_\_\_

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

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: signage on Bld.

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

\*\*\* REQUIRED INFORMATION



AREA FOR COMPUTATION

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

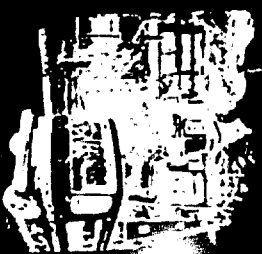
6/18/02

Van Loby and Old Port Mariner Fleet

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

Arene DiNuccio

*"Sightseeing"*  
 HISTORIC TOURS  
 of Portland  
 "Freedom" TROLLEY!  
 RIDE THE OLDE PORT



TICKETS AT 1st WINDOW  
 Olde Port Trolley Fleet  
 EXCLUSIVE TOUR PACKAGES

*Spill, Reel & Trail*  
*Streak Strider* Tours around the Gableware  
 Ride the *30 Green Street Railway*  
 Enjoy a City Tour on *Freedom Trolley*

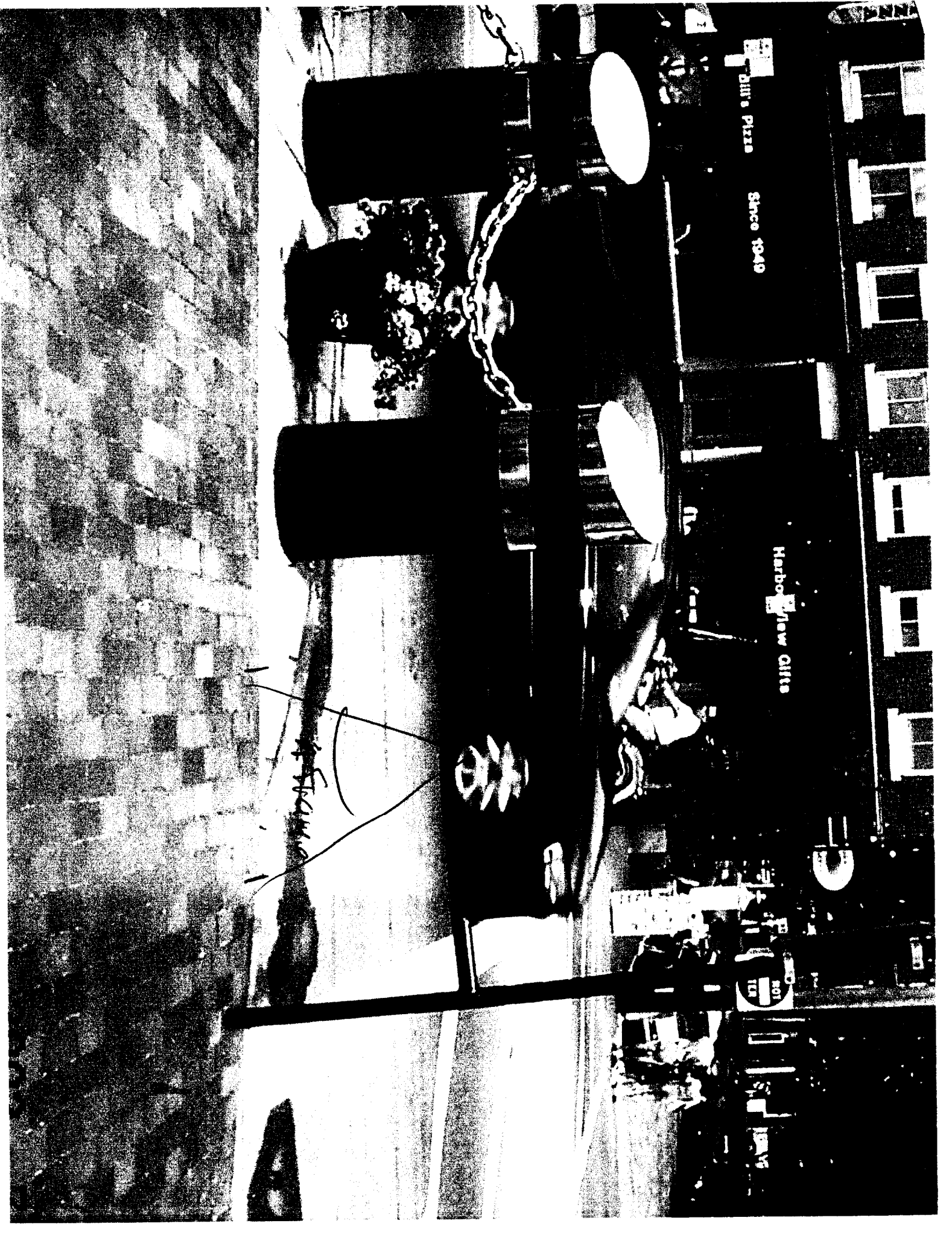
1-207-772-0429

**CRUISE SCHEDULE**  
 EXCURSIONS TO THE  
 PORTLAND AREA  
 12:00 PM  
 1:00 PM  
 2:00 PM  
 3:00 PM  
 4:00 PM  
 5:00 PM  
 6:00 PM  
 7:00 PM  
 8:00 PM  
 9:00 PM  
 10:00 PM  
 11:00 PM  
 12:00 AM

PORTLAND  
 FREEDOM  
 TROLLEY  
 TICKETS

CITY  
 TOURS  
 1-207-772-0429

For more info

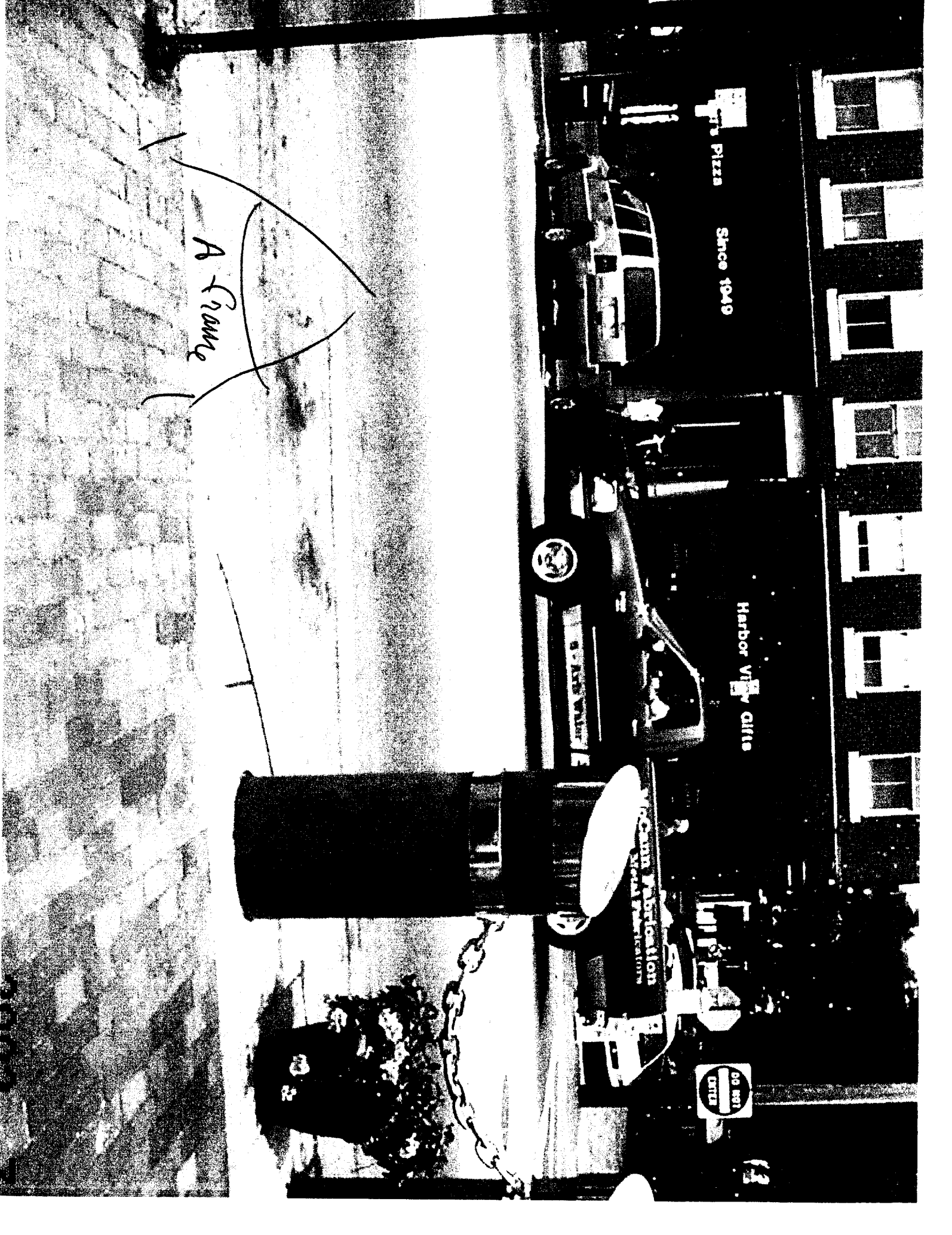


Bill's Pizza Since 1949

Harbor View Cliffs

801 1st St

Handwritten text on the side of the car, possibly a license plate or a name.



Pizza Since 1949

Since 1949

Harbor View Office

Vocational Publication Media Publications

DO NOT DRIVE

A Frame



PORTLAND

PORTLAND

2902

# SCENIC HARBOR CRUISE

DEPART

# TICKETS

- 11: 0 SEALS
- 12:45 LIGHTHOUSES
- 2:30 UPPER ISLANDS  
AND ALL THE
- 4:15 Points of Interest
- 6:00

## 1ST WINDOW

NOT APPLICABLE



**"FREEDOM"**



**TROLLEY  
TICKETS**

- 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/a  
has permission to Erect Two 3' x 2' A-frame Sign  
AT 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.

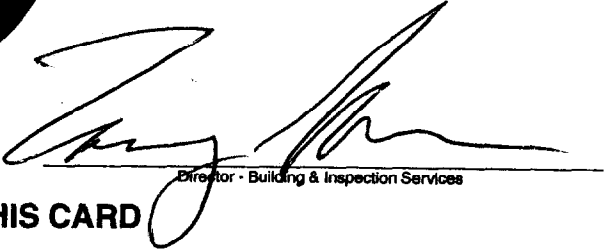
Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in.  
**48 HOUR 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 Schmuckal

Comments: 7/1/02 No plans attached - called and left message with lady that we need something showing what the signs are and where they are being placed.  
7/3 - applicant brought in pictures and further info

Approval Date: 07/03/2002

Given By Date: 06/21/2002

OK to Issue Permit Name: Marge Schmuckal Date: 07/03/2002

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

Event Date: 06/20/2002 By: gg

Event Date: 07/03/2002 By: mes