

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

Location of Construction: <b>136 Commercial Street</b>		Owner: <b>Wellwood Partnership</b>		Phone:		Permit No: <b>960478</b>	
Owner Address: <b>230 Anderson Street, Portland</b>		Leasee/Buyer's Name: <b>Kaplan &amp; Grant</b>		Phone: <b>780-6700</b>		Business Name:	
Contractor Name: <b>Burr Signs</b>		Address: <b>10 Buttonwood St., S. Portland</b>		Phone: <b>799-1183</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>MAY 30 1996</b>  <b>CITY OF PORTLAND</b> </div>	
Past Use: <b>Office Bldg.</b>		Proposed Use: <b>Office Bldg. w/sign</b>		COST OF WORK: \$ _____ PERMIT FEE: \$ <b>25.30</b>			
Proposed Project Description: <b>Erect a 18" x 10" sign</b>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: _____ Type: _____ Signature: _____		Zone: _____ CBL: <b>30-H-004</b> Zoning Approval: _____	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____		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 <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: <b>Vicki D'aver</b>		Date Applied For: <b>May 20, 1996</b>					

1. This permit application doesn't 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..

Mail permit to **Burr Signs**  
**Craig Carrier**

**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

**5/20/96**

SIGNATURE OF APPLICANT <b>Traci Noonan</b>	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE: <b>799-1183</b>

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

**CEO DISTRICT** 2

Sign shall be secured to the bldg. w/ Shields & ~~bag~~ tag bolts.

(4) mounting holes approx 3/16" ← 18" →

Double Line Edge  
Black Leatherette B/C  
Satin Bronze  
(4) ROSETTES

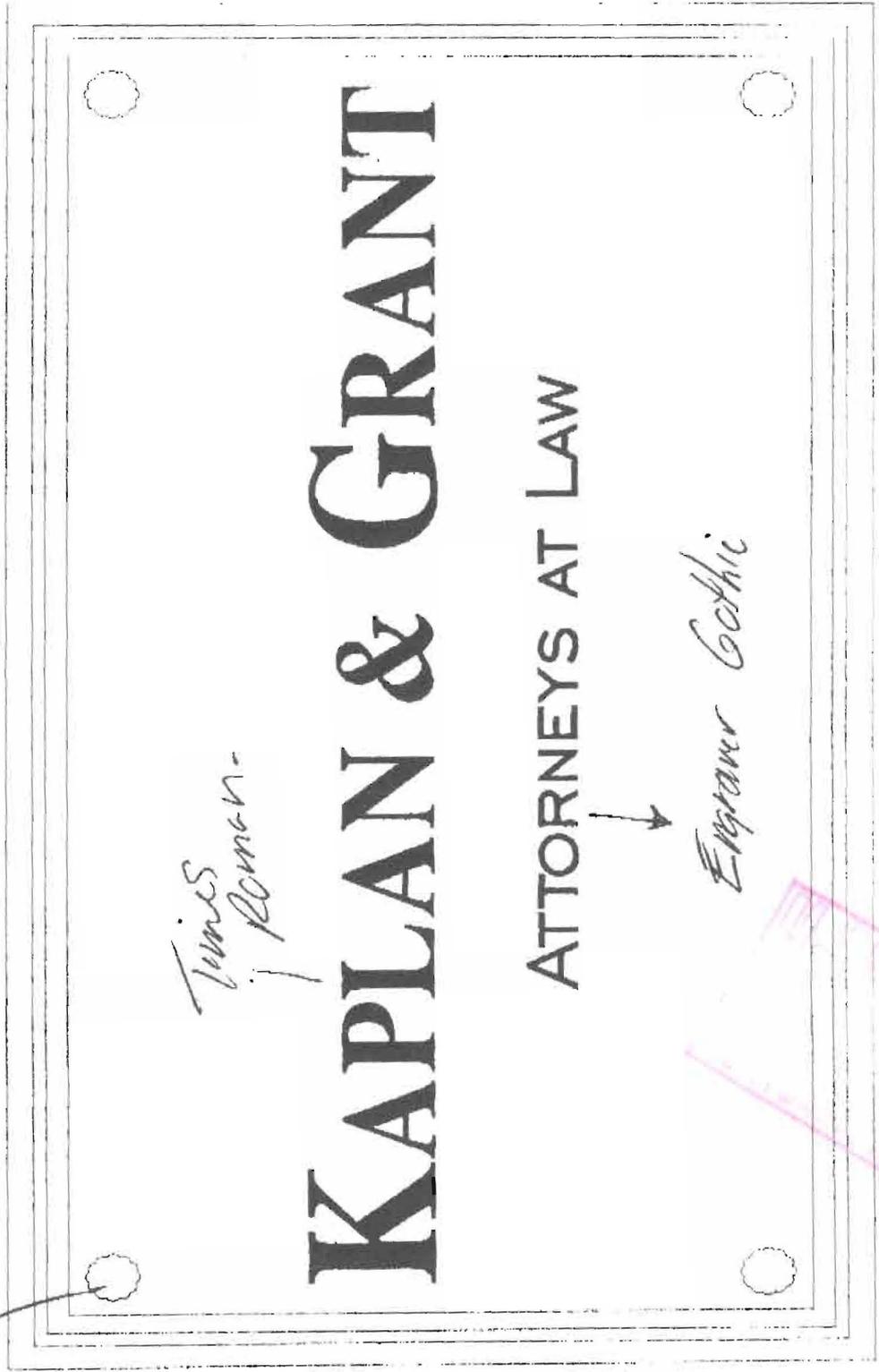
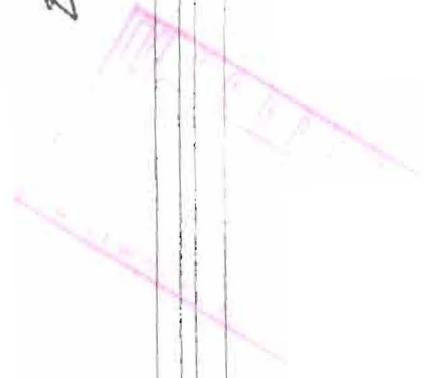
Times Roman-

# KAPLAN & GRANT

ATTORNEYS AT LAW

Engraver Gothic

10" ↓



WELLWOOD PARTNERSHIP  
230 ANDERSON STREET  
PORTLAND, MAINE 04101

April 29, 1996

Kaplan & Grant  
P.O. Box 7474  
Portland, Maine 04112

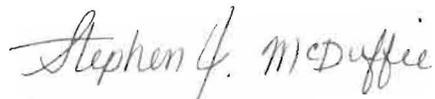
RE: SIGN  
136 COMMERCIAL STREET  
PORTLAND, MAINE

Gentlemen:

The Wellwood Partnership, hereby, gives permission to Kaplan & Grant to put a sign on the brick outside of 136 Commercial Street. This sign to be similar to that of Yankee Tour & Travel.

Very truly yours,

WELLWOOD PARTNERSHIP



Stephen J. McDuffie

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 136 Commercial St. ZONE: B-3 PAD review  
OWNER: Kaplan & Grant req.  
APPLICANT: Kaplan & Grant

ASSESSOR NO.: \_\_\_\_\_

SINGLE TENANT LOT? YES \_\_\_\_\_ NO X

MULTI TENANT LOT? YES X NO \_\_\_\_\_

FREESTANDING SIGN? YES \_\_\_\_\_ NO X DIMENSIONS 48" 18" x 10"  
(ex. pole sign..)

MORE THAN ONE SIGN? YES \_\_\_\_\_ NO X DIMENSIONS \_\_\_\_\_

BLDG. WALL SIGN? YES X NO 18" x 10" DIMENSIONS 18" x 10"  
(attached to bldg)

MORE THAN ONE SIGN? YES \_\_\_\_\_ NO X DIMENSIONS 15 x .833 = 1.25 ft

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:  
Corporate Interiors 18" x 10"  
Yankee Travel 18" x 10"

LOT FRONTAGE (FEET) \_\_\_\_\_

→ None given BLDG FRONTAGE (FEET) pg 28 - not more than 5% of wall area

AWNING YES \_\_\_\_\_ NO X IS AWNING BACKLIT? YES \_\_\_\_\_ NO \_\_\_\_\_

HEIGHT OF AWNING: \_\_\_\_\_

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? no

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.

**ACORD**

**CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/00YY)  
05/08/96

**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 LETTER	<b>A</b>	Acadia Ins Co
COMPANY LETTER	<b>B</b>	Maine Employers Mutual
COMPANY LETTER	<b>C</b>	
COMPANY LETTER	<b>D</b>	
COMPANY LETTER	<b>E</b>	

**INSURED**

Kaplan & Grant  
P.O. Box 7474  
Portland ME 04112

**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.

Q TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/00YY)	POLICY EXPIRATION DATE (MM/00YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	BOA0012340	12/27/96	12/27/96	GENERAL AGGREGATE \$ <b>200000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS COMP/OP AGG. \$ <b>100000</b>
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ <b>Excluded</b>
	<input type="checkbox"/> OWNERS & CONTRACTORS PROT				EACH OCCURRENCE \$ <b>100000</b>
					FIRE DAMAGE (Any one fire) \$ <b>50000</b>
					MED. EXPENSE (Any one person) \$ <b>5000</b>
					COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	1810029084	01/01/96	01/01/97	STATUTORY LIMITS
					EACH ACCIDENT \$ <b>100000</b>
					DISEASE - POLICY LIMIT \$ <b>500000</b>
					DISEASE - EACH EMPLOYEE \$ <b>100000</b>
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

City of Portland  
City Hall  
380 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**

Mark H. Saxby

ACORD 95-3 (7/90)

CACORE CORPORATION 1996

