

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

Location of Construction: 55 Exchange Street		Owner: Albert Palacci	Phone: 961122	Permit No:
Owner Address: 190 Dyckman St., NY	Leasee/Buyer's Name: Ingrid Kachmar	Phone: 774-1435	Business Name: Wild Ginger	
Contractor Name:	Address:	Phone:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED NOV 13 1996 CITY OF PORTLAND </div>	
Past Use: Retail	Proposed Use: Same w/signage	COST OF WORK: \$-		
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
Proposed Project Description: Erect signage as per plans (3-1/2' x 2-1/2')		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Zoning Approval: 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: Vicki Dover	Date Applied For: 11/6/96			

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..

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: _____

Hall to business address

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 OF APPLICANT Ingrid Kachmar ADDRESS: P.O. Box 6534, Scarborough 04074, DATE: 11/6/96 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

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

CEO DISTRICT

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Owner Address: 190 Dyckman St., NY		Leasee/Buyer's Name: Ingrid Kachmar		Phone: 774-1435		Business Name: Wild Ginger	
Contractor Name:		Address:		Phone:		Permit Issued: ISSUED NOV 13 1996 CITY OF PORTLAND	
Past Use: Retail		Proposed Use: Same w/signage		COST OF WORK: \$		PERMIT FEE: \$ 26.60	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Erect signage as per plans (3-1/2' x 2-1/2')				Signature:		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: Zone: B-3 CBL: 32-E-1 <i>[Signature]</i> 11/6/96	
				Action: <input type="checkbox"/> Approved <input 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 <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
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Mail to business address

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Ingrid H. W. Kachmar
SIGNATURE OF APPLICANT Ingrid Kachmar
P.O. Box 6534, Scarborough 04074, 11/6/96
ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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: *Any exterior lighting design subject to separate review*

Approved
 Approved with Conditions
 Denied

Date: 11/6/96

D. Andrews

CEO DISTRICT
A. Rowe

November 4, 1996

To Whom it May Concern:

I Albert Palacci give Ingrid Kachmar permission to place a sign at 55 Exchange Street. See attached design.



Albert Palacci



Date

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 55 Exchange St. ZONE: B-3

OWNER: _____

APPLICANT: Ingrid Kachmar / Wild Ginger

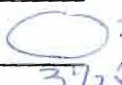
ASSESSOR NO.: 32-E-1

SINGLE TENANT LOT? YES _____ NO X

MULTI TENANT LOT? YES X NO _____ (2nd floor units)

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

MORE TEAN ONE SIGN? YES _____ NO _____ DIMENSIONS _____

BLDG. WALL SIGN? YES X NO _____ DIMENSIONS roughly  2 1/2 ↑
(attached to bldg) 3 1/2 ↓

MORE TEAN ONE SIGN? YES _____ NO X DIMENSIONS _____

0.75 #

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: _____

LOT FRONTAGE (FEET) —

BLDG FRONTAGE (FEET) approx 31' across the front x 2 = 74'

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.

over-

55 Exchange St.

Replacing "TCBY" sign
Using same hardware



ACORD CERTIFICATE OF LIABILITY INSURANCE CSR WILD-GI DATE (MM/DD/YY) 11/01/96

PRODUCER
 The Swan Agency
 P.O. Box 63
 43 Cottage Street
 Bar Harbor ME 04609-0063

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.

Phone No. 207-288-5818 Fax No.

INSURED

 Wild Ginger
 Ingrid H. W. Kachmar
 55 Exchange Street
 Portland ME 04101

COMPANIES AFFORDING COVERAGE	
COMPANY A	Acadia 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	PENDING	11/01/96	11/01/97	GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COM/OP AGG \$ 1,000,000
					PERSONAL & ADV INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$
					OTHER THAN AUTO ONLY
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTHER
					EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Retail Store located at 55 Exchange Street

CERTIFICATE HOLDER

 SELF---

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ 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

INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

★ APPLICANTS FOR A SIGN PERMIT WILL BE ASKED TO SUBMIT THE FOLLOWING INFORMATION TO THE CODE ENFORCEMENT OFFICE:

- ✓ 1. PROOF OF INSURANCE
- ✓ 2. LETTER OF PERMISSION FROM THE OWNER
- ✓ 3. A SKETCH PLAN OF THE LOT, INDICATING LOCATION OF BUILDINGS, DRIVEWAYS AND ANY ABUTTING STREETS OR RIGHT OF WAYS. LENGTHS OF BUILDING FRONTAGES AND STREET FRONTAGES SHOULD BE NOTED (SEE ATTACHED)
- ✓ 4. INDICATE ON THE PLAN ALL EXISTING AND PROPOSED SIGNS
- 5. COMPUTATION OF THE FOLLOWING:

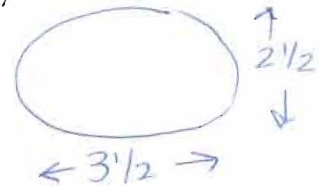
A) SIGN AREA OF EACH EXISTING AND PROPOSED BUILDING SIGN

proposed sign to replace TCBY yogurt sign in photo
 $2\frac{1}{2} \times 3\frac{1}{2}$
8.75 sq ft.

B) SIGN AREA HEIGHT AND SETBACK OF EACH EXISTING AND PROPOSED FREESTANDING SIGN

A SKETCH OF ANY PROPOSED SIGN(S), INDICATING DIMENSIONS, MATERIALS, SOURCE OF ILLUMINATION AND CONSTRUCTION METHOD (SEE ATTACHED)

wood sign
no outside illumination



★ FEE FOR PERMIT - \$25.00 PLUS \$0.20 PER SQUARE FOOT

NOTE: ONCE A SKETCH PLAN HAS BEEN FILED FOR A PROPERTY, THE CODE ENFORCEMENT OFFICE WILL KEEP A RECORD OF THE PLAN SO THAT A NEW SKETCH PLAN WILL NOT BE REQUIRED FOR LATER CHANGES TO SIGNAGE ON THE PROPERTY. IN SUCH AN INSTANCE, APPLICANTS WILL ONLY BE REQUIRED TO SUBMIT INFORMATION APPLICABLE TO THE NEW SIGNS.