

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

PERMIT ISSUED		CBL:
Permit No: 01-1411	Issue Date: NOV 28 2001	032 E002001

Location of Construction: 53 Exchange St	Owner Name: Palacci Albert	Owner Address: 190 Dyekman St	Phone: 207-772-8107
Business Name:	Contractor Name: Cane, Clifton	Contractor Address: P.O. Box 266 Boothbay Harbor	Phone: 2076333612
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Retail Space	Proposed Use: Retail Space	Permit Fee:	Cost of Work: \$33.40	CEO District: 1
Proposed Project Description: Construct 34"xv42" sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: NA	
		Signature:	Signature: <i>[Signature]</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: gad	Date Applied For: 11/14/2001	Zoning Approval		
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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: <i>OK 11/20/01</i>	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 type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <i>see attached to D.A 11/20/01</i> <input type="checkbox"/> Denied Date: <i>DA 11/27/01</i>
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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

01-1411

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

SIGNAGE APPLICATION

THIS IS NOT A PERMIT
CONSTRUCTION CANNOT NOT COMMENCE UNTIL THE PERMIT IS ISSUED

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

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: 55 EXCHANGE ST PORTLAND ME

Total Square Footage of Proposed Structure	Square Footage of Lot
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Tax Assessor's Chart, Block & Lot Number Chart# <u>032</u> Block# <u>E</u> Lot# <u>002</u>	Owner: <u>ALBERT PALACCI</u>	Telephone #: <u>772-8107</u>
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Lessee/Buyer's Name (If Applicable) <u>CLIFTON CAVE</u>	Owner's/Purchaser/Lessee Address: <u>P.O. BOX 266 BOOTHBAY HARBOR ME 04538</u>	Total s.f of signs <u>17</u> x .20 \$ <u>8.50</u> , plus \$30.00 <u>3.40</u> TOTAL \$ <u>37</u> 4 <u>33.40</u>
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Current use: RETAIL Proposed use: RETAIL

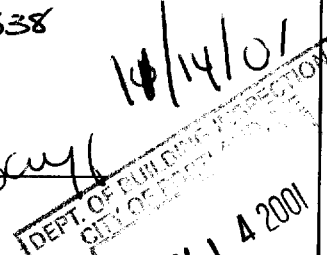
Project description: One 34x42" Hanging Sign on front sticking out from front of building also 2 product name signs set inside door entry way set into paneling feature of existing moulding.

Applicants Name, Address & Telephone: CLIFTON CAVE
P.O. BOX 266
BOOTHBAY HARBOR ME 04538

Contractor's Name, Address & Telephone: Call

Who shall we contact when the permit is ready: CLIF CAVE
Telephone: 207-633-3612

If you would like it mailed, what mailing address should we use:
P.O. BOX 266
BOOTHBAY HARBOR ME 04538

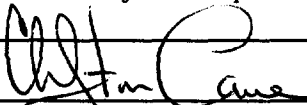

 Rec'd By:

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

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

Certification

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: 	Date:
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Sign Permit Fee: \$30.00 plus \$0.20 per square foot.

A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00

BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU ARE APPLYING FOR

IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 55 EXCHANGE ST ZONE: B-3

OWNER: ALBERT PALACCI

APPLICANT: CLIFTON CAYE DBA COTTON GARDEN OF BRITLAND

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 42" W x 34" H = 1428 # + 144 = 9.916'

MORE THAN ONE SIGN? YES NO DIMENSIONS 2 of 5 1/2" x 96"

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? 2 (5.5 x 96) = 1056 # + 144 = 7.33'

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

Hanging Sign 42" x 34" 15.58 x 2 =

Brand Sign 5 1/2 x 96

Brand Sign 5 1/2 x 96

*** TENANT BLDG. FRONTAGE (IN FEET): 15' 7" x 2 = 31.16 #

*** 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: Clifton Caye DATE: 10/30/01

ADDRESS: 53 Exchange Street
PERMIT APPLICATION FOR: signage
BUILDING OWNER: Albert Paladino
PERMIT APPLICANT: Cliffon Carne
REVIEWER: Debi Anderson
DATE OF DECISION: 11/27/01

HISTORIC PRESERVATION REVIEW

Note: Your property is an individually designated landmark structure or is located within a designated historic district. As such, alterations to the building exterior or site which are visible from a public way are subject to review and approval under Article IX (Historic Preservation) of the Land Use Code. Your building or sign permit application has been reviewed to determine whether the nature or scope of the project requires review, and if so, whether it meets the standards of the historic preservation ordinance.

ACTION

Does not Require Review (e.g. Interior work only / alteration is not readily visible from a public way)

Note: this finding is based on the understanding that the application entails interior work only or that the proposed exterior alteration(s) will not be readily visible from a public way. If your project entails exterior or site alterations (including the installation of sign(s), awnings, or exterior lighting for such) these alterations must be reviewed and approved prior to commencing with the work. Contact 874-8726 for more information.

Denied Reason for Denial: _____

Approved as submitted

Approved with conditions (see below)

Conditions of Approval:

Contact Historic Preservation Staff (874-8726 or 874-8728) prior to installation of sign(s) to confirm approved location.

Your sign permit includes no reference to exterior lighting; if lighting is included, please submit information on fixtures and specifications on installation.

Other conditions:

1. 2 proposed signs to be inset in recessed panels
not approved.
2. _____
3. _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

SP ID LL
CANNERY

DATE (MM/DD/YY)
11/09/01

PRODUCER
Harold W. Bishop Agency
P.O. Box 87
3 Bridge Street
Boothbay Harbor ME 04538
Phone: 207-633-3910

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.

INSURERS AFFORDING COVERAGE

INSURED
Clifton Cane & Anne Cane DBA
Cornucopia, The Cannery,
Cotton Garden of Camden &
Cotton Garden of Portland
PO Box 266
Boothbay Harbor ME 04538

INSURER A: Assurance Co of America
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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	PPS 22106828	05/12/01	05/12/02	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Gift Shop with exterior sign attached to building.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

City of Portland, Maine
Department of Planning & Urban
Development
Room 315, City Hall
Portland ME 04101

PORTLND

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.

C. Alan Tilton

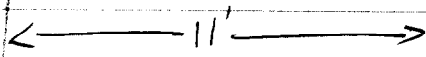
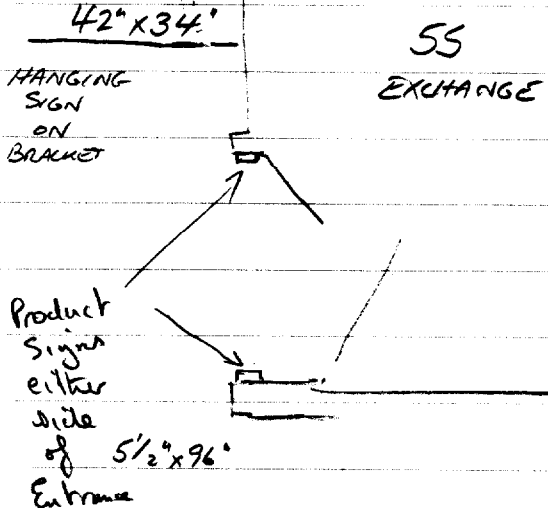
Cotton Garden
SS EXCHANGE ST

EXCHANGE
ROAD ST

1728

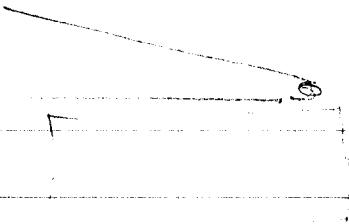
1259 St

Railings
↓
Down to Country Road



SIDEWALK

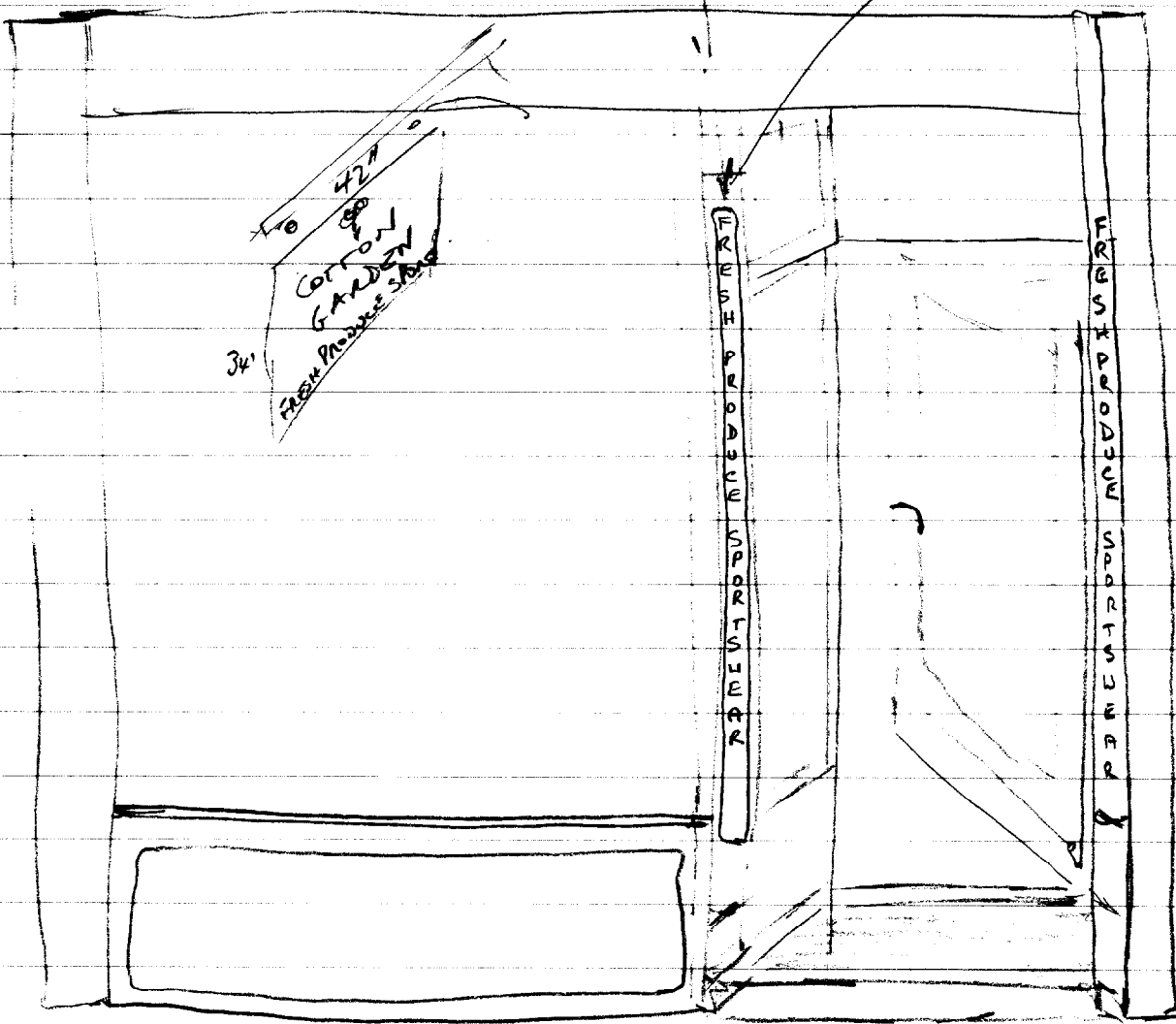
Classic Impressions



Set into panel as you
 step into entrance way
Name Brand Sign
 Yellow background
 blue writing

5 1/2 x 8' Tall

3.66 SR
 3.66
 10.00
 17.32



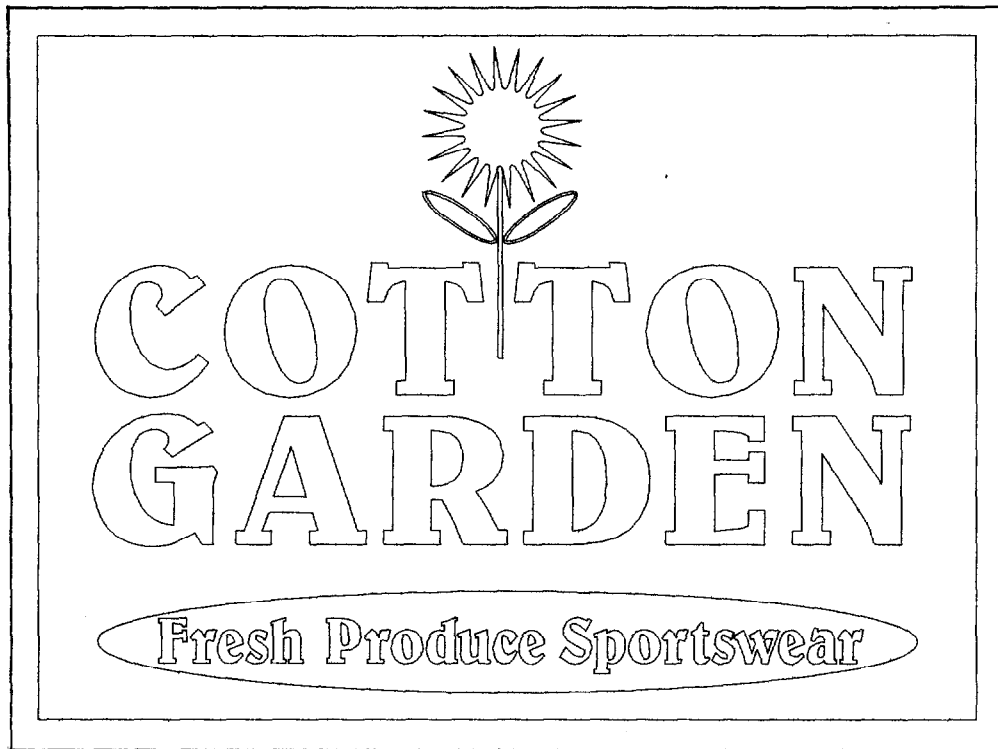
42"
 36"
 COTTON
 GARDEN
 FRESH PRODUCE STAND

ENTRANCE

ENTRANCE



42"



34"

P.O. Box 266 ... Boothbay, Maine 04537
Telephone: 207-633-3343 ... Fax: 207-633-5968

LANDLORDS
PERMISSION

JOSEPH PALACCI
104 EXCHANGE ST
PORTLAND ME 04102
207-772-8107

TO MR CLIFF CANE

DEAR MR CANE I JOSEPH PALACCI
REPRESENTING THE LANDLORD DO GIVE YOU
PERMISSION TO PUT YOUR SIGN AT 53 EXCHANGE ST.
FOR YOUR NEW STORE

THANK YOU.
JOSEPH PALACCI



Will move up COTTON
GARDEN and

will write Fresh Produce Sponsor
in smaller letters at the bottom

CLIFF 3612