

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

# BUILDING INSPECTION PERMIT DB

Permit Number: 061395

PERMIT ISSUED  
CITY OF PORTLAND

This is to certify that 193 LLC/Black Bear Sign

has permission to 1 hanging sign and 1 sidewalk sign

AT 193 MIDDLE ST

032 H022001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission is procured before this building or part thereof is occupied or closed-in. 4 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 \_\_\_\_\_

*[Signature]*  
10/10/06  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1395	Issue Date: <b>PERMIT ISSUED</b>	CBL: 032 HD22001
-----------------------	-------------------------------------	---------------------

<b>Location of Construction:</b> 193 MIDDLE ST	<b>Owner Name:</b> 193 LLC	<b>Owner Address:</b> 100 SILVER ST	<b>Phone:</b>
<b>Business Name:</b> Old Port Pharmacy	<b>Contractor Name:</b> Black Bear Sign	<b>Contractor Address:</b> 137 Rt 1 Scarborough	<b>Phone:</b> 207-868004
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	<b>Zone:</b> B3

<b>Past Use:</b> Commercial Retail	<b>Proposed Use:</b> Commercial Retail / 1 hanging sign and 1 sidewalk sign	<b>Permit Fee:</b> \$89.00	<b>Cost of Work:</b> \$89.00	<b>CEO District:</b> 1
<b>Proposed Project Description:</b> 1 hanging sign and 1 sidewalk sign "Old Port Pharmacy"		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	<b>INSPECTION:</b> Use Group: <i>V</i> Type: <i>Sign</i> <i>JBC 2003</i>	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
		Signature:	Date:	

<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 09/21/2006	<b>Zoning Approval</b>		
<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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>Or w/conditions</i> Date: <i>9/29/06 ABM</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <i>YB</i> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>10/4/06 SEH</i>	

**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

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1395	Date Applied For: 09/21/2006	CBL: 032 H022001
-----------------------	---------------------------------	---------------------

Location of Construction: 193 MIDDLE ST	Owner Name: 193 LLC	Owner Address: 100 SILVER ST	Phone:
Business Name: Old Port Pharmacy	Contractor Name: Black Bear Sign	Contractor Address: 137 Rt 1 Scarborough	Phone (207) 286-8004
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial Retail / 1 hanging sign and 1 sidewalk sign	Proposed Project Description: 1 hanging sign and 1 sidewalk sign - "Old Port Pharmacy"
---	---

**Dept:** Historical      **Status:** Approved      **Reviewer:** Scott Hanson      **Approval Date:** 10/04/2006  
**Note:**      **Ok to Issue:**

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 09/29/2006  
**Note:** Space was created by permit 05-1303 with retail as the established use.      **Ok to Issue:**

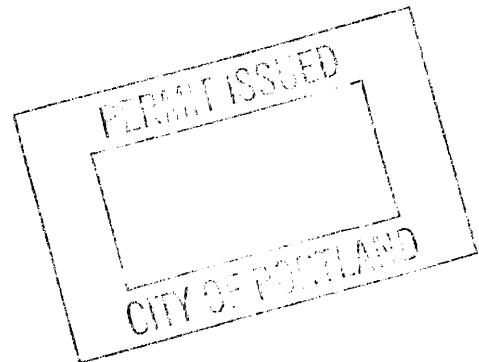
- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 10/10/2006  
**Note:**      **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

**Comments:**

10/4/06-gad: H.P. Approval given on 10-04-06 by Scott, returned to Inspections on 10-04-06.





# Signage/Awning Permit 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>195 Middle -</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>32</u> Block# <u>H</u> Lot# <u>22</u>	Owner: <u>Dick McGoldrick</u> <u>Commercial properties</u> <u>100 Silver Street</u> <u>Portland, Maine</u>	Telephone: <u>347-4453</u>
Lessee/Buyer's Name (If Applicable) <u>Paul Chace</u> <u>772-2164.</u>	Contractor name, address & telephone: <u>Blackbear Signworks</u> <u>19 Industrial Park Road</u> <u>Saco, Maine 04072</u> <u>207.286.8004</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Blackbear Signworks</u> phone: <u>286-8004</u> <span style="float: right;"><u>12 ft x 2</u> <u>+ 65 = 100</u></span>		
Tenant/allocated building space frontage (feet): Length: <u>16'</u> Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>multi</u>		
Current Specific use: <u>Interior under unconstruction for Pharmacy - painting etc.</u> <span style="float: right;"><u>use as retail</u> <u>ok per permit</u> <u>05-1303</u></span> If vacant, what was prior use: _____ Proposed Use: <u>Pharmacy</u>		
<b>Information on proposed sign(s):</b> Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <u>X</u> No _____ Dimensions proposed: <u>28.25" x 40"</u> <u>1130 ft = 7.8 ft</u>		
<b>Proposed awning?</b> Yes _____ No <u>X</u> Is awning backlit? Yes _____ No _____ Height of awning: _____ Length of awning: _____ Depth: _____ <u>16' x 2 = 32 ft</u> <u>ok</u> Is there any communication, message, trademark or symbol on it? Yes _____ No _____ If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
<b>Information on existing and previously permitted sign(s):</b> Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <u>X</u> No _____ Dimensions: _____ <u>remaining? removed</u> Awning? Yes _____ No _____ Sq. ft. area of awning w/communication: _____		
A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required.		

Please submit all of the information outlined in the Sign/Awning Application Checklist.  
Failure to do so may result in the automatic denial of your permit.

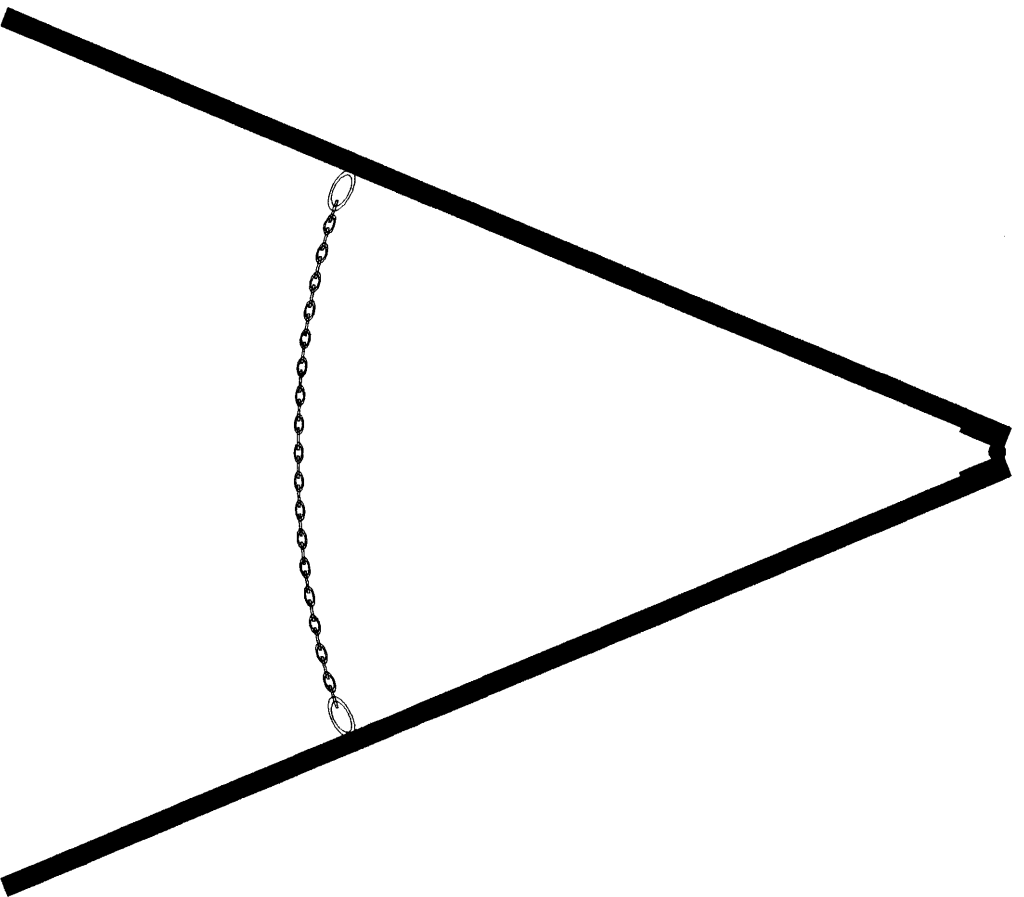
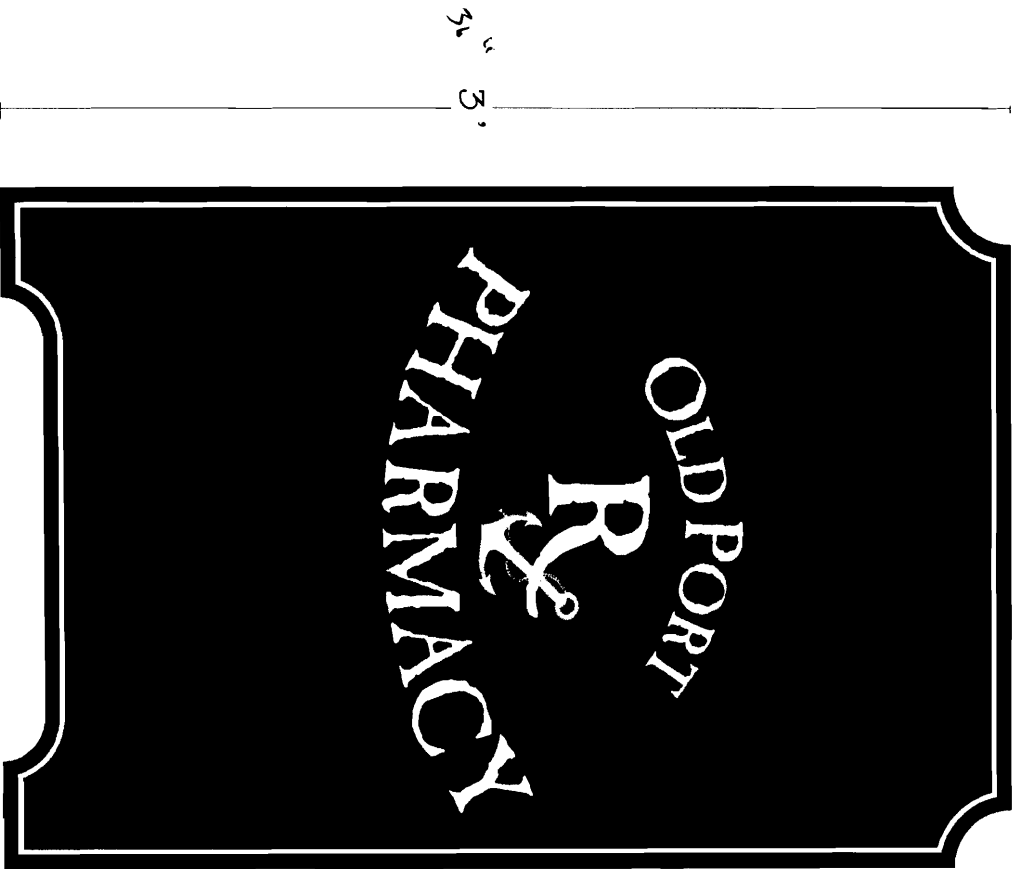
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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:

James [Signature] BLACKBEAR SIGNWORKS Date: 9/21/04

This is not a permit; you may not commence ANY work until the permit is issued.



ALL ARTWORK IS THE PROPERTY OF BLACKBEAR SIGNS





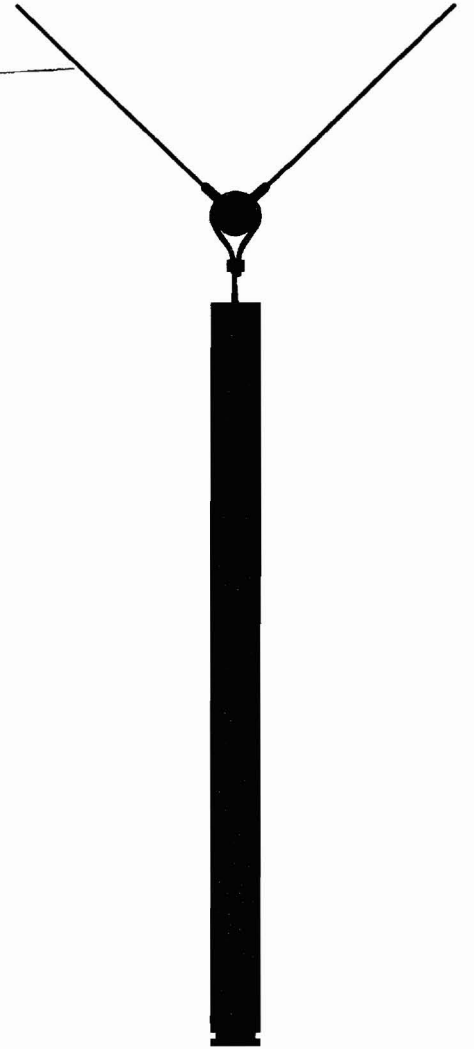
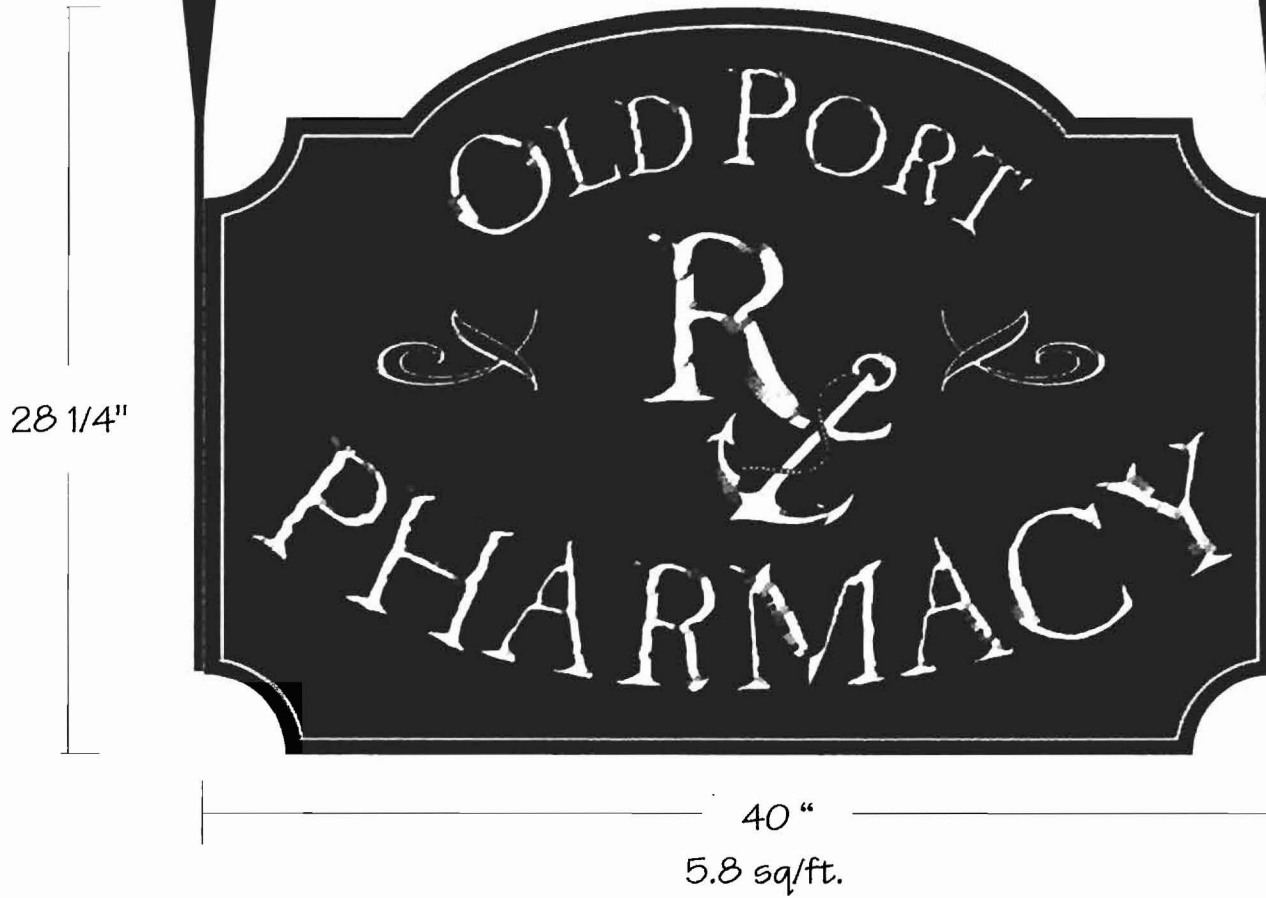
OLD PORT  
R &  
PHARMACY

C.  
designer  
ready-to-wear, denim,  
jewelry, accessories,  
shoes, handbags,  
apothecary.

P

2017-2018

GUY WIRES TO BUILDING TO SUPPORT  
MOUNTING ROD AND PREVENT SWAYING



ALL ARTWORK IS THE PROPERTY OF BLACKBEAR SIGNWORKS  
SACO, MAINE 207-286-8004



# **SILVER STREET MANAGEMENT LLC**

**100 SILVER STREET, PORTLAND, ME 04101**

**TEL: 207-774-1885**

**FAX: 207-774-8397**

September 18, 2006

**Blackbear Signworks  
Attn: Mike Gerstner**

**Subject: Old Port Pharmacy  
Location: 195 Middle Street, Portland, Maine**

**Dear Mr. Gerstner:**

On behalf of 193 LLC, Landlord at the above referenced location, we hereby grant Blackbear Signworks permission to act on our behalf as it relates to matters pertaining to the acquisition of sign permits.

Sincerely,



**Karen Twohig  
Accounts Manager  
Silver Street Management LLC**



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) <b>09/21/2006</b>												
PRODUCER (207)797-4900 FAX (207)797-3838 <b>Coastal Insurance Group</b> <b>4 Newton Street</b> <b>Portland, ME 04103</b>		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 <b>Old Port Pharmacy, Inc.</b> <b>C/O Paul Chace</b> <b>31 Colonial Drive</b> <b>Durham, ME 04222</b>		<table border="1"> <tr> <td>INSURERS AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td>INSURER A: <b>National Grange Mutual Ins Co</b></td> <td><b>14788</b></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: <b>National Grange Mutual Ins Co</b>	<b>14788</b>	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #													
INSURER A: <b>National Grange Mutual Ins Co</b>	<b>14788</b>													
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<b>BP073087</b>	<b>08/03/2006</b>	<b>08/03/2007</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>300,000</b>
						MED EXP (Any one person)	\$ <b>5,000</b>
						PERSONAL & ADV INJURY	\$ <b>1,000,000</b>
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		<b>AUTOMOBILE LIABILITY</b> <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 (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		<b>OTHER</b>					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**City of Portland as additional insured for sign**

**CERTIFICATE HOLDER**

**City of Portland**  
**As Additional Insured**  
**Congress Street**  
**Portland, ME 04103**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
**Brenda Barriault**

W/R# \_\_\_\_\_

CBL: 032-H-022

# PORTLAND

Service Address 193 Middle St. Rear

Account # 441-026-4628-016

Meter make and Number \_\_\_\_\_

House # \_\_\_\_\_ Lot # \_\_\_\_\_ Apartment # \_\_\_\_\_

Development Name \_\_\_\_\_

Owner/Contractor Name Commercial Properties

Electrician John Perry Electric Co.

Circle one on each line

NEW

UPGRADE

TEMP

PERM

OVERHEAD

UNDERGROUND

Inspector: Mr. Collins

Comments: PASS!  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City of Portland Electrical Permit: 1664

Called in by: M. Collins Date: 7/10/01 Time: 1:00 pm

Faxed to CMP: 7/10/01 by: C. HARRIS

Portland Service Operations  
Central Maine Power Company

207-791-8000



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 193 Middle St

CBL 032 H022001

Issued to 193 Llc /Benchmark

Date of Issue 09/10/2001

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 01-0776 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Storage Area

Use Group: B/S2

Type: 3B

Boca 1999

Limiting Conditions:

None

This certificate supersedes  
certificate issued

Approved

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

7/18/01  
[Signature]  
09/11/01 [Signature]

[Signature]  
Inspector of Buildings



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 193 Middle St.

Issued to 193 Middle Street Associates

Date of Issue 12/31/92

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No 92/4384, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

first floor

APPROVED OCCUPANCY

change of use - from restaurant  
to retail store

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

11/24/92  
*[Signature]*  
Inspector

*[Signature]*  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 193 MIDDLE ST CBL 032 H022001

Issued to 193 LLC/Breggia Construction Date of Issue 10/10/2007

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 07-0392, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

1st Right, 2nd & 3rd Floor

APPROVED OCCUPANCY

Hair Salon/Personal Service  
Use Group B  
Type 3B  
IBC 2003

**Limiting Conditions:**

none

This certificate supersedes  
certificate issued

Approved:

10/10/07 *Milena A Collins*  
(Date) Inspector

*Dennis Bante* 10/15/07  
Inspector of Buildings

15-07

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

Maine.gov



*FT  
193 Middle*

**GENE C. MARTIN**

7/21/2010 11:07:31

**DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
ELECTRICIANS EXAMINING BOARD**

**MASTER ELECTRICIAN**

License Number: **MS40088518**  
Status: **Active**  
Expiration Date: **08/31/2011**

Mailing Address: **10 WILDBERRY LN  
SACO, ME 04072-9027**

**History**

License Type	Start Date	End Date
MASTER ELECTRICIAN	08/06/1999	08/31/2011
PRIOR HISTORY UNAVAILABLE		

**Worksite Permit**

No Records.

**ELECTRICIANS HELPER**

License Number: **HV15978**  
Status: **Terminated by Licensee**  
Expiration Date: **06/07/1994**

Mailing Address: **10 WILDBERRY LN  
SACO, ME 04072-9027**

**History**

License Type	Start Date	End Date
PRIOR HISTORY UNAVAILABLE		

**GENERAL INFORMATION**Gender: **Male**

The Office of Licensing and Registration presents the above information as a service to the public. Although the Office believes the information to be reliable, we do not certify the accuracy of the posted information. In addition, there may be a delay in posting and updating information. The information may not show a complete history. Licensing history prior to January 1, 2000 is unavailable.

An active license/permit may still be subject to limitations and restrictions as a result of disciplinary action imposed. Please contact the specific licensing board about specific disciplinary actions.



Copyright © 2001-2010 Sauper Associates, Inc., All rights reserved.