

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-03 3	Issue Date: APR 16 2002	CR#: 032 1006001
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Location of Construction: 50 Exchange St	Owner Name: Fitzgibbons Virginia S	Owner Address: 5 Kansas Rd	Phone: 207-772-1333
Business Name: n/a	Contractor Name: Freeman Signs	Contractor Address: Rt 1 York	
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial / Vacant; Prior use retail, Children's Clothing Store "The Giraff"	Proposed Use: Retail / Antiques & Estate Jewelry- Decorative Accessories. Erect 8' sq. ft. bracket sign.	Permit Fee:	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description: Erect 8' sq. ft. bracket sign	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>N/A</i> Type: <i>4/16/02</i>
	Signature:	Signature: <i>[Signature]</i>

Permit Taken By: gg	Date Applied For: 04/08/2002	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	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 4/9/02</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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>to DA 4/9/02</i>
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IDA 4/12/02

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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

BUILDING INSPECTION

PERMIT

PERMIT ISSUED
Permit Number: 020313
APR 16 2002
CITY OF PORTLAND

This is to certify that Fitzgibbons Virginia S/Freer Signs
has permission to Erect 8' sq. ft. bracket sign
AT 50 Exchange St L 032 1006001

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 laid 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

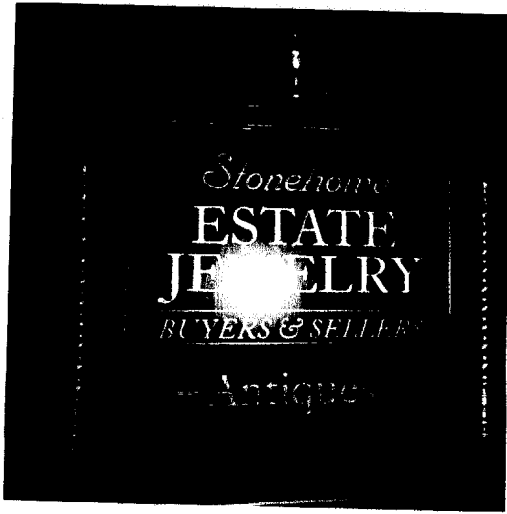
Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 4/16/02
Director - Building & Inspection Services

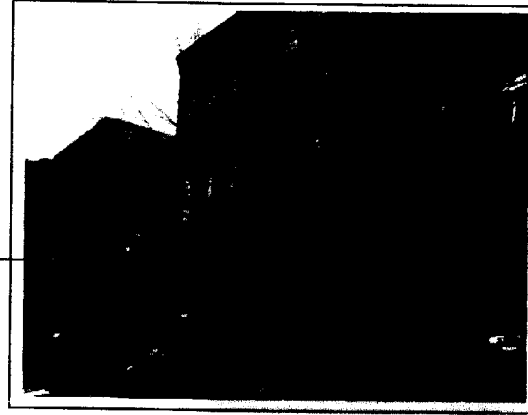
PENALTY FOR REMOVING THIS CARD

50 Exchange Street

Portland, Maine



Pre existing Golden
Giraffe sign



Sign will hang
at 14ft sim above
sidewalk

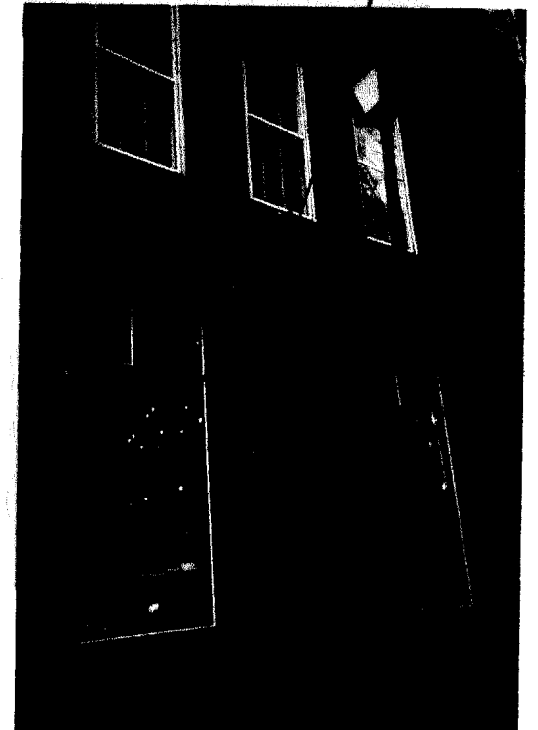
(18ft from sign
bracket to sidewall)

sign Placement

Sign at original
location of
112 State St
Portsmouth NH

Dimensions 29" wide
32" tall

Colors: Black - Essex green
& 24K gold leaf
LETTERING



47 48

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>50 Exchange St. Portland Me.</u>		
Total Square Footage of Proposed Structure <u>29" wide 32" tall</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>032</u> Block# <u>I</u> Lot# <u>006</u>	Owner: <u>Robert Fitzgibbons</u> <u>RR 2 Box 465</u> <u>Bridgton, Me 04009</u>	Telephone: <u>unlisted -</u> <u>contact Boulos Co.</u> <u>772-1333</u>
Lessee/Buyer's Name (if Applicable) <u>PAUL B. Duchesne</u>	Applicant name, address & telephone: <u>PAUL B. Duchesne</u> <u>84 Highland Ave</u> <u>Ogunquit Me 03907</u> <u>PO Box 922 207-646-7955</u>	Total s.f. of signage <u>8</u> x 1.00 per s.f. \$ <u>8.00</u> , plus \$30.00 base fee Fee: \$ <u>38.00</u>
Current use: <u>VACANT</u>		
If the location is currently vacant, what was prior use: <u>children's clothing store "the Giraffe"</u>		
Approximately how long has it been vacant: <u>4 weeks</u>		
Proposed use: <u>Antiques & Estate jewelry - Decorative Accessories</u> Project description: <u>Affix Bracket to building & hang sign</u>		
Contractor's name, address & telephone: <u>Freeman Signs</u> <u>207-363-1862</u> <u>RT 1 York Me.</u>		
Who should we contact when the permit is ready: <u>PAUL B. Duchesne</u>		
Mailing address: <u>50 Exchange St</u> <u>Portland Me 04104</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit 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: <u>207-253-8075</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
APR - 5 2002

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: Paul B. Duchesne Date: 4/2/02

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

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 50 Exchange St Portland Me ZONE: B3

OWNER: Robert Fitzgibbons

APPLICANT: PAUL B. Duchesne

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 24" wide HEIGHT 32" tall

SIGN ATTACHED TO BLDG.? YES NO

DIMENSIONS _____

MORE THAN ONE SIGN? YES NO

DIMENSIONS _____

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: NONE

2 x 2.66 = 5.32 #

*** TENANT BLDG. FRONTAGE (IN FEET): 40 FT x 2 = 80 #
*** REQUIRED INFORMATION

AREA FOR COMPUTATION

see Attached Folder

YOU SHALL PROVIDE:

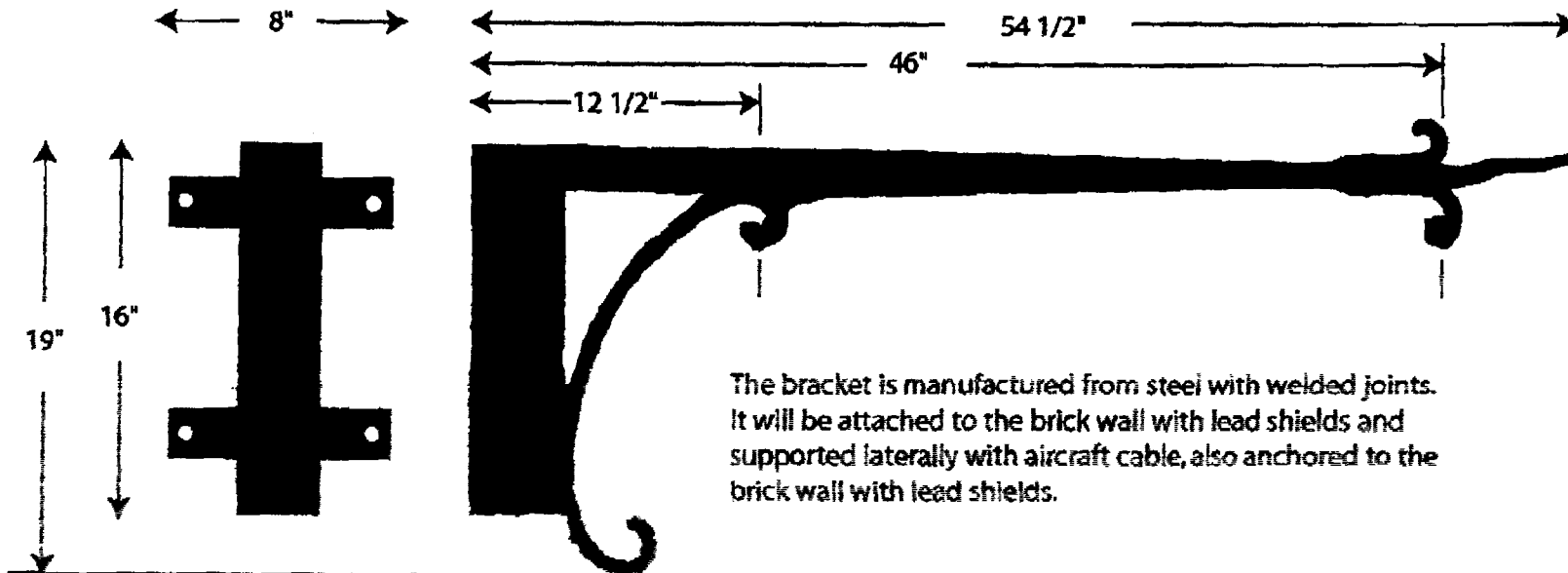
A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Paul B Duchesne DATE: 4/2/03

**K&S FREEMAN
SIGN CO.**

1480 US Route One Cape Neddick, ME 03902
(207) 363-1862 fax (207) 363-1567
e-mail: kevin@freemansign.com
sandra@freemansign.com
website: www.freemansign.com

RE: STONEHOME ANTIQUES



CB  Richard Ellis
The Boulos Company

One Canal Plaza
Portland, ME 04101
207.772.1333 Tel
207.871.1288 Fax
www.boulos.com

March 27, 2002

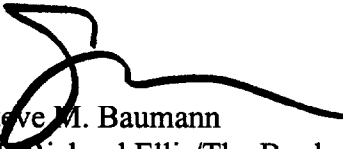
City of Portland
City Hall
Portland, ME 04101

Re: 50 Exchange Street
Stonehome Antiques Sign Approval

To Whom It May Concern:

We have viewed the existing sign that Stonehome Antiques intends on placing at the property located at 50 Exchange Street. We are pleased with its design and give full authorization for Stonehome Antiques to place the sign on the property.

With regards,


Steve M. Baumann
CB Richard Ellis/The Boulos Company
(on behalf of Robert and Virginia Fitzgibbons)

AGORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/26/2002

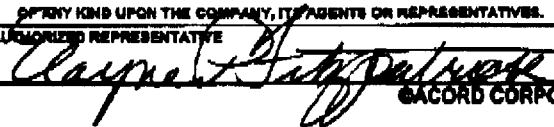
PRODUCER Tapley Insurance Agency Inc. 300 York Street PO Box 808 York, ME 03909-0808 FAX 207-363-4794	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE	
INSURED STONEHOMER ANTIQUES 112 STATE STREET 112 State Street PORTSMOUTH, NH 03801	INSURER A: Peerless Insurance Company
	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.

ITEM LTD	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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BOP9150246	03/12/2001	03/12/2002	EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMPIOP AGG	\$ 1,000,000
	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 (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	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 STATUTORY LIMITS <input type="checkbox"/> OTHER	
					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
 Certificate holder is additional insured as respects their interest in the sign hanging at the insured premises @ 55 Congress St., Portland, ME.

CERTIFICATE HOLDER City of Portland Portland City Hall Permit Department Congress Street Portland, ME 04101	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 
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ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/26/2002

PRODUCER FAX 207-363-4794
 Tapley Insurance Agency Inc.
 300 York Street
 PO Box 808
 York, ME 03909-0808

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INSURERS AFFORDING COVERAGE

INSURED STONEHOM ANTQUES
 112 STATE STREET
 112 State Street
 PORTSMOUTH, NH 03801

INSURER A: Peerless Insurance Company
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	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				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYER \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Certificate holder is additional insured as respects their interest in the sign hanging at the insured premises @ 55 Congress St., Portland, ME

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
City of Portland Portland City Hall Permit Department Congress Street Portland, ME 04101		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 