

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

Location of Construction: 10 Exchange Street		Owner: Joe Soley		Phone:		Permit No: 99.0780
Owner Address:		Lessee/Buyer's Name: John Kelley Awear 4-dew/		Phone: 729-5626		
Contractor Name:		Address:		Phone:		Permit Issued: JUL 23 1999
Past Use: retail use		Proposed Use: same		COST OF WORK: \$		
				PERMIT FEE: \$ 26.00		CITY OF PORTLAND
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Proposed Project Description: sign walk sign				Signature:		Zone: CBL: 032-1-012
				Signature: <i>[Signature]</i>		
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval:
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		
Permit Taken By: K.		Date Applied For: July 21, 1999 K.		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 maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

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..

*** Call John 729-5626 ***

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: **July 21, 1999** PHONE: _____

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

Action:

- ☐ Approved
☐ Approved with Conditions
☐ Denied

Date: _____

CEO DISTRICT



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 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
 - B) Sign area height and setback of each existing and proposed freestanding sign
6. A sketch of any proposed sign(s), indicating dimensions, materials, source of illumination and construction method (see attached).
7. Certificate of flammability required for awning/canopy at time of application.
8. UL # required for lighted signs at the time of application.

Fee for permit - \$30.00 plus \$0.20 per square foot

Fee for awning based on cost of work - \$30.00 for the first \$1,000.00, \$6.00 for each additional \$1,000.000.

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 sign.

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

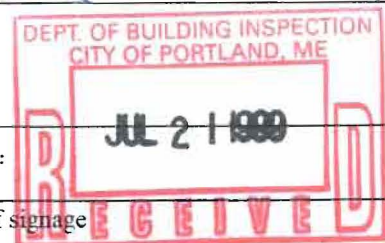
**Sign Permit Pre-Application
Attached Single Family Dwellings/Two-Family Dwelling
Multi-Family or Commercial Structures and Additions Thereto**

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

NOTEIf 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 (include Portion of Building): <div style="font-size: 1.2em; font-family: cursive;">10 EXCHANGE STR.</div>			
Total Square Footage of Proposed Structure <div style="font-size: 1.2em; font-family: cursive;">747 sq. ft.</div>		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Number Chart# <div style="font-size: 1.2em; font-family: cursive;">032</div> Block# <div style="font-size: 1.2em; font-family: cursive;">I</div> Lot# <div style="font-size: 1.2em; font-family: cursive;">012</div>		Owner: <div style="font-size: 1.2em; font-family: cursive;">Joe Soley</div>	
Telephone#: <div style="font-size: 1.2em; font-family: cursive;">207-729-5626</div>			
Owner's Address: <div style="font-size: 1.2em; font-family: cursive;">287 BATH ROAD BRUNSWICK, ME. 04011</div>		Lessee/Buyer's Name (If Applicable) <div style="font-size: 1.2em; font-family: cursive;">JOHN KELLY</div>	
		Total Sq. Ft. of Sign Fee <div style="font-size: 1.2em; font-family: cursive;">\$426.33</div>	
Proposed Project Description: (Please be as specific as possible) <div style="font-size: 1.5em; font-family: cursive;">SIDEWALK SIGN 24' x 40'</div>			
Contractor's Name, Address & Telephone			Rec'd By <div style="font-size: 1.5em; font-family: cursive;">K</div>
Current Use: <div style="font-size: 1.2em; font-family: cursive;">Retail</div>		Proposed Use: <div style="font-size: 1.2em; font-family: cursive;">Same</div>	
Signature of applicant:		Date:	

Signage Permit Fee: \$30.00 plus .20 per square foot of signage



Call John
729-5626

ACORD**CERTIFICATE OF LIABILITY INSURANCE**CSR PP
AWEAR41DATE (MM/DD/YY)
07/07/99

PRODUCER

People's Insurance Agency, Inc.
8 Mason Street, P.O. Box 695
Brunswick ME 04011Phone No 207-729-9968 Fax No 207-729-1818
INSUREDJohn Kelly DBA AWear 4 Hemp
287 Bath Road
Brunswick ME 04011THIS 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
A Maine MutualCOMPANY
BCOMPANY
CCOMPANY
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	NEW APPLICATION	07/07/99	07/07/00	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 500,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS OTH- ER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
A	Property Section	NEW APPLICATION	07/07/99	07/07/00	Sign \$500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

specialty clothing store men-women-children City of Portland has been name
as additional insured in regard to the sidewalk sign

CERTIFICATE HOLDER

CITYPOR

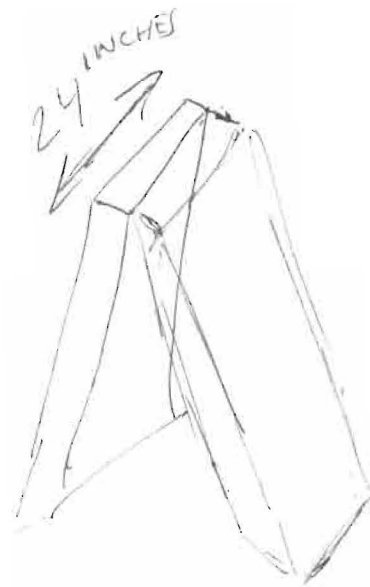
City of Portland
City Hall
389 Congress Street
Portland ME 04101

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,
SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY
OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Pamela J. Perry ACORD CORPORATION 1988



40

36 3 ft. 4 in
2 ft.

$$\begin{array}{r}
 3.4 \\
 2 \\
 \hline
 7.8 \text{ sq. ft.}
 \end{array}$$