

City of Portland, Maine - Building or Use Permit Application

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

Permit No. 01-1469	Issue Date: JAN 3 2002	CBL: 032 I 018 032 J001001
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Location of Construction: 386 Fore St (2 Exchange)	Owner Name: Sawyer Harrison H	Owner Address: 28 Chadwick St	Phone: 207-761-3733
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial / Storefront	Proposed Use: Commercial / Storefront; Erect 6 1/2 " Carved letteres sign. 20" x 44"	Permit Fee:	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: Erect 6 1/2 " Carved Letter Sign 20" x 44"		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A	INSPECTION: Use Group: Sign Type: BOCA 1279	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: N/A Date:		

Permit Taken By: gg	Date Applied For: 11/28/2001	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>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: OL 12/3/01</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: N/A</p>	<p>Historic Preservation</p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input checked="" type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: to DA 12/3/01</p>
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DA 1/2/01

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 _____

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

011469

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: 2 EXCHANGE STREET (386 Fore St.)

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>5</u> Lot# <u>001</u>	Owner: <u>ROD JOSLYN</u> <u>Same</u> <u>Savage Realty</u>	Telephone #: <u>761-3733</u>
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Lessee/Buyer's Name (If Applicable)	Owner's/Purchaser/Lessee Address:	Total s.f. of signs <u>614</u> <u>.20 \$1.22, plus \$30.00</u> TOTAL\$ <u>31.22</u>
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Current use: STOREFRONT Proposed use: STOREFRONT

Project description: RETAIL OPERATION - Gold carved letters
Blue background

Applicants Name, Address & Telephone: ROD JOSLYN 207-761-3733
2 EXCHANGE ST
PORTLAND, ME 04101

Contractor's Name, Address & Telephone:

Who shall we contact when the permit is ready: ROD JOSLYN
Telephone: 761-3733 Call xx

If you would like it mailed, what mailing address should we use:

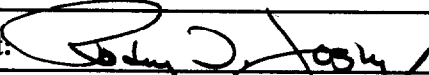
DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
NOV 28 2001
11/28/01 Gayf
Rec'd By:

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: 11-14-01
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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

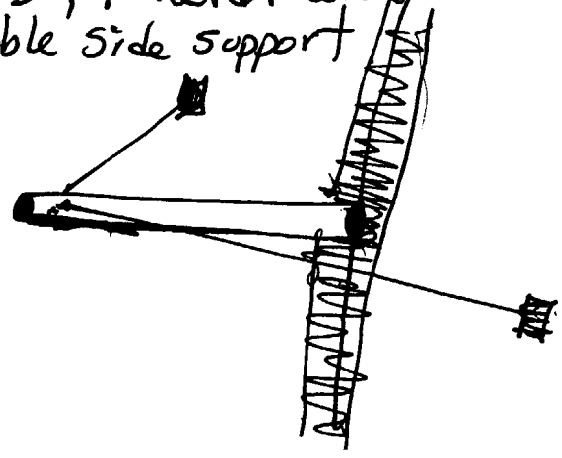
IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE

GOLD + CARVED Letters
WOOD

PANDEMONIUM

316

this is a
PrextString Sign
Post, 4" metal with
cable side support



" 20 X 44 "

6.11 sq. ft.

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 2 EXCHANGE STREET ZONE: B3

OWNER: ROD JOSLYN

APPLICANT: ROD JOSLYN

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 20' x 44' = 880' ÷ 144' = 6' 1"

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

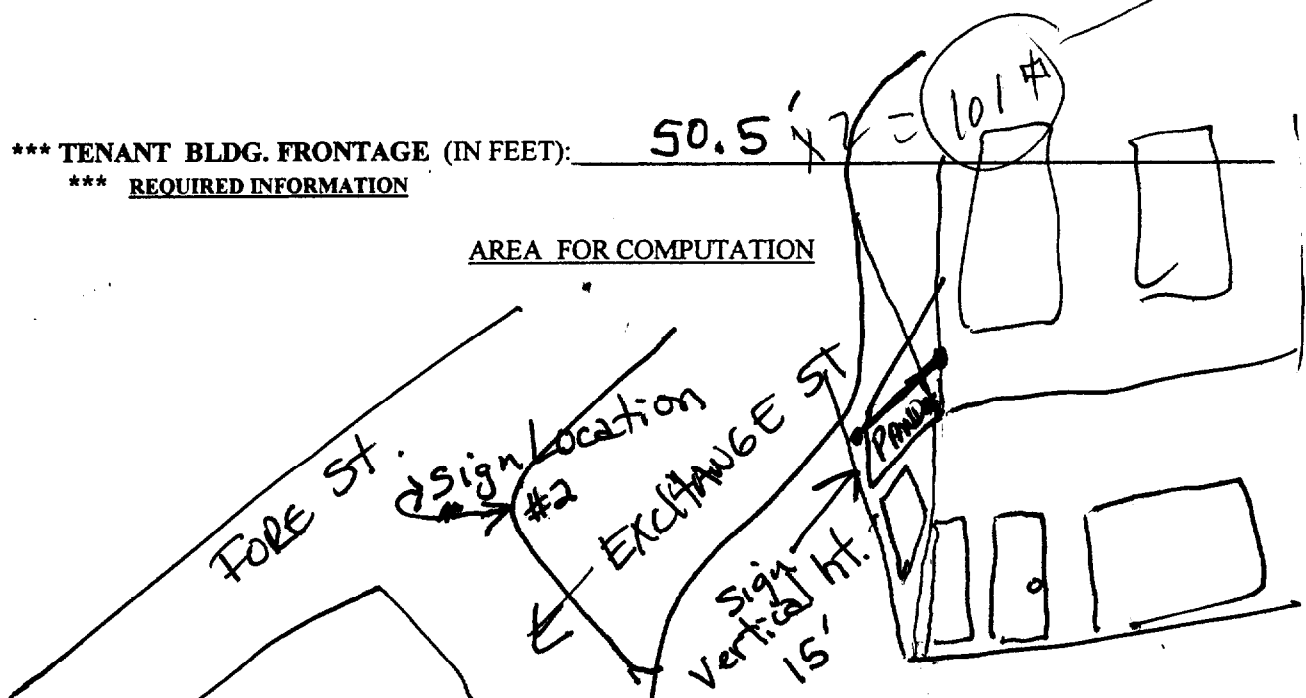
AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

*** TENANT BLDG. FRONTAGE (IN FEET): 50.5' x 7' = 101'
*** 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: _____ DATE: _____

H.H. SAWYER REALTY COMPANY & DAUGHTERS

P. O. Box 7225

Portland, ME 04112

Office: 207.772.6579 Fax: 207.773.0680

November 16, 2001

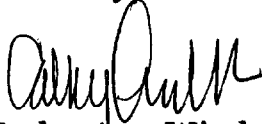
City of Portland

To Whom It May Concern:

Please be advised that Rodney Joslyn has permission from H. H. Sawyer Realty, owner of 2-6 Exchange Street, to put a sign on the existing frame work for the retail space he leases at 2 Exchange Street.

If you need any other information, please feel free to contact our office.

Sincerely,



Cathy-Ann Wirth

H. H. SAWYER REALTY COMPANY

ACORD™ INSURANCE BINDER

DATE
10/30/2001

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Tilton Insurance Agency Route 3 P.O. Box 149 South China, ME 04358		PHONE (A/C, No, Ext): (207)445-4256 FAX (207)445-4187	COMPANY CU/York Insurance	BINDER # B01103000594
DATE	EFFECTIVE	TIME	EXPIRATION DATE	TIME
10/25/2001		AM PM	12/25/2001	X 12:01 AM NOON
CODE:		SUB CODE:		
AGENCY CUSTOMER ID: 00006776		INSURED Rodney Joslyn PO Box 1991 Ogunquit, ME 03907-0000		
X		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: YMLM14879 1		
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Gift shop at 2 Exchange St., Portland, Me.		

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$ 1,000,000
		FIRE DAMAGE (Any one fire)		\$ 100,000
		MED EXP (Any one person)		\$ 5,000
		PERSONAL & ADV INJURY		\$ 1,000,000
		GENERAL AGGREGATE		\$ 2,000,000
		PRODUCTS - COMP/OP AGG		\$ 2,000,000
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		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		\$
		STATED AMOUNT		\$
		OTHER		\$
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	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		\$
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS/ OTHER COVERAGES The policy named in this binder provides liability coverage for insured's sign or canopy in the event it falls from building.		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Nancy Abbott/NJA	<i>Nancy J. Abbott</i>