

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

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

**PERMIT ISSUED**

Permit No: 04-0247	Issue Date: MAR 17 2004	CBL: 032 I018001
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Location of Construction: 399 Fore St	Owner Name: Sawyer Jane N	Owner Address: Po Box 7225 CITY OF PORTLAND	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Side Walk	Zone: B3

Past Use: Retail clothing	Proposed Use: Retail clothing w/2' x 3' sidewalk sign	Permit Fee: \$89.00	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description: 2' x 3' sidewalk sign	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>BOCA 1999</i>
	Signature: <i>[Signature]</i>	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: <i>[Signature]</i>	Date:

Permit Taken By: kwd	Date Applied For: 03/15/2004	<b>Zoning Approval</b>	
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<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"/> Date: <i>ok 3/16/04</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> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
	<i>side walk sign is not a zoning matter</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**

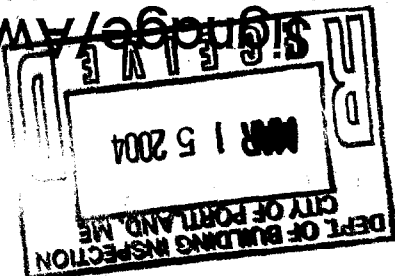
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-0247	Date Applied For: 03/15/2004	CBL: 032 I018001
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Location of Construction: 399 Fore St	Owner Name: Sawyer Jane N	Owner Address: Po Box 7225	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Side Walk	

Proposed Use: Retail clothing w/2' x 3' sidewalk sign	Proposed Project Description: 2' x 3' sidewalk sign
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 03/16/2004
<b>Note:</b> not a zoning issue			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 03/16/2004
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>



04-0247

# Signage/Avning Permit Application

If you or the property owner owns 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: 399 FORD ST

Total Square Footage of Proposed Structure: \_\_\_\_\_  
 Square Footage of Lot: RETAIL SPACE 60'0" x 70'0" SQ FT

Tax Assessor's Chart, Block & Lot: Chart# 32 Block# I Lot# 18  
 Owner: H A SAWYER  
 Telephone: 773-6579

Lessee/Buyer's Name (if Applicable): CATHERINE ADAMS  
 Applicant name, address & telephone: CATHERINE ADAMS  
 P.O. Box 271  
 K. POST CT #46  
 772-2668  
 Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: 24  
 Avning Fee = Cost of Work: \$ 54.00  
 Total Fee: \$ 54.00

Current use: ESTATE APARTMENT  
 If the location is currently vacant, what was prior use: N/A  
 Approximately how long has it been vacant: N/A  
 Proposed use: \_\_\_\_\_  
 Project description: \_\_\_\_\_

Contractor's name, address & telephone: \_\_\_\_\_  
 Who should we contact when the permit is ready: CATHERINE ADAMS 590-5324 (207)  
 Mailing address: \_\_\_\_\_  
 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 \$100.00 fee if any work starts before the permit is picked up. PHONE: \_\_\_\_\_

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.

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: [Signature]  
 Date: 2/12/04

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

**SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE**

**PLEASE ANSWER ALL QUESTIONS**

ADDRESS: 399 Fox Street ZONE: \_\_\_\_\_

CBL: 032 F 018

SINGLE TENANT LOT? YES \_\_\_\_\_ NO \_\_\_\_\_ MULTI TENANT LOT? YES  NO \_\_\_\_\_  
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES \_\_\_\_\_ NO

**INFORMATION ON PROPOSED SIGN(S):**

FREESTANDING (e.g., pole) SIGN? YES  NO \_\_\_\_\_ DIMENSIONS PROPOSED: \_\_\_\_\_  
BLDG. WALL SIGN? (attached to bldg) YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS PROPOSED: \_\_\_\_\_

**INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):**

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_  
BLDG. WALL SIGN(attached to bldg) ? YES  NO \_\_\_\_\_ DIMENSIONS: 2' x 5'  
AWNING? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): \_\_\_\_\_  
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): \_\_\_\_\_

**AWNING** YES \_\_\_\_\_ NO \_\_\_\_\_ IS AWNING BACKLIT? YES \_\_\_\_\_ NO \_\_\_\_\_

HEIGHT OF AWNING: \_\_\_\_\_ LENGTH OF AWNING: \_\_\_\_\_ DEPTH: \_\_\_\_\_

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

**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 ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: *C. Johnson* DATE: 2/12/04

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

# **Sidewalk Signs**

## **Design, Location, and Construction Standards**

### **Quantity**

One sign per establishment for each street frontage having a public entrance, provided that all dimension and location standards are met. When standards would not otherwise permit a sign, a sign may consist of multiple listings.

### **Sign Dimensions**

Single Listing: Maximum width is 24 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

Multiple: Maximum width is 30 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

### **Location**

Minimum distance between signs is 20 feet. Maximum distance of sign from public entrance of advertiser is 20 feet. The City may vary these distances for exceptional physical circumstances where public safety and streetscape aesthetics will be maintained. However, under no circumstances shall signs obstruct vehicular stops, benches, fire hydrants, or other street visual amenities. Signs shall be located near the curb rather than the building face.

### **Materials and Graphics**

All signs shall be of an A-Frame type design, shall be constructed of durable, weather-resistant materials and finish, shall have no moving parts, and shall be non-electrified. All signs shall be maintained in a clean and original appearance. Sign materials, graphics, and finish shall be of a unified design and shall be compatible with the local streetscape. All signs shall have horizontal braces spanning each side of the sign to assure rigid support. Lettering shall be legible and consistent.

### **Sign Removal**

All signs shall be removed when the business is closed or while any snow or ice exists on the walk within eight feet of the sign in any direction.

### **Insurance**

No permit shall be issued unless the applicant has posted in advance with the City a Certificate of Liability listing the City as additional insured in the amount of \$400,000.00.

### **Enforcement**

A sign may be removed after notice to the owner and the permit, if issued, may be revoked if the sign does not conform to the standards herein.

For a sidewalk sign permit, come to City Hall, 389 Congress Street, Room 315, with:

- \_\_\_\_\_ Certificate of Liability Insurance
- \_\_\_\_\_ Drawing of sign showing dimensions and design work
- \_\_\_\_\_ Payment of \$30.00 plus \$1.00 per s.f. of signage.
- \_\_\_\_\_ Complete application with pre-application questionnaire and checklist completed.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/27/2004

PRODUCER (207)985-3361 FAX (207)985-7977  
**Cole-Harrison Agency**  
 83 Main Street  
 P.O. Box 358  
 Kennebunk, ME 04043

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 **Catherine Adams**  
 PO Box 271  
 Kennebunkport, ME 04046

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: **Acadia Insurance Company**

**31325**

INSURER B: **Maine Employers' Mutual**

**0020**

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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	<b>BOA0044582-15</b>	<b>07/12/2003</b>	<b>07/12/2004</b>	EACH OCCURRENCE	\$ <b>500,000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>50,000</b>
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ <b>5,000</b>
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ <b>500,000</b>
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ <b>1,000,000</b>
						PRODUCTS - COMP/OP AGG	\$ <b>1,000,000</b>
		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)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<b>1810047696</b>	<b>08/11/2003</b>	<b>08/11/2004</b>	WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ <b>100,000</b>
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ <b>100,000</b>
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ <b>500,000</b>

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

The below mentioned is hereby Additional Insured with respects to the sign located at the portland location for Catwear, Retail.

**CERTIFICATE HOLDER**

CITY OF PORTLAND

MAR 1 2004

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE **COLE-HARRISON AGENCY**  
 James Harrison

32718

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

OFFICE OF SUPERVISOR OF INSURANCE  
STATE OF CONNECTICUT

MAR 17 2004

**H.H. Sawyer Realty Company  
& Daughters**

P.O. Box 7225  
Portland, Maine 04112  
Office: 207.772.6579  
Fax: 207.773.0680

February 11, 2004

To Whom It May Concern:

Please be advised that H. H. Sawyer Realty Company, landlord, gives permission to Catherine Adams, DBA, Catwear, tenant, 399 Fore Street, to use a sidewalk sign for her business.

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

Sincerely,



Cathy-Ann Wirth  
H. H. SAWYER REALTY COMPANY

OFFICE OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

32718

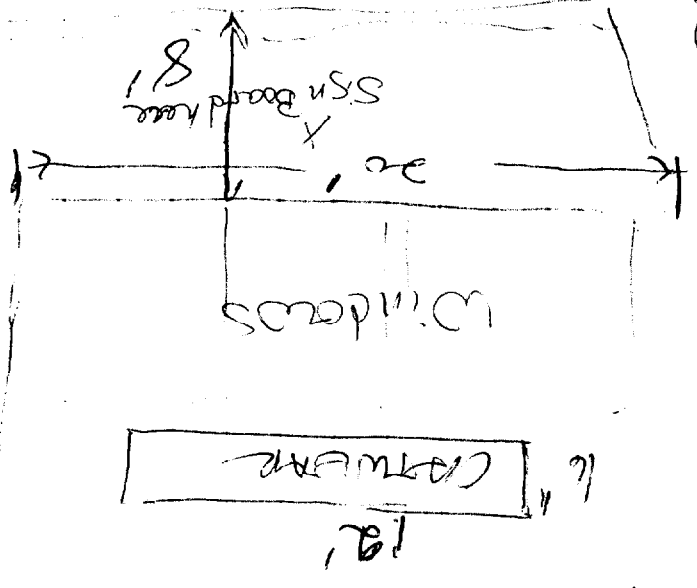
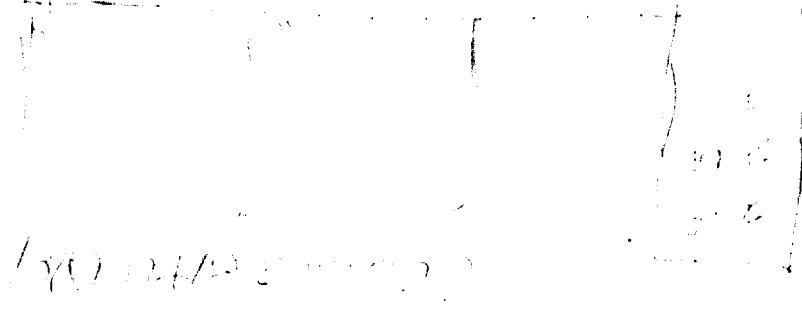


791-5234

MAR 15 2004

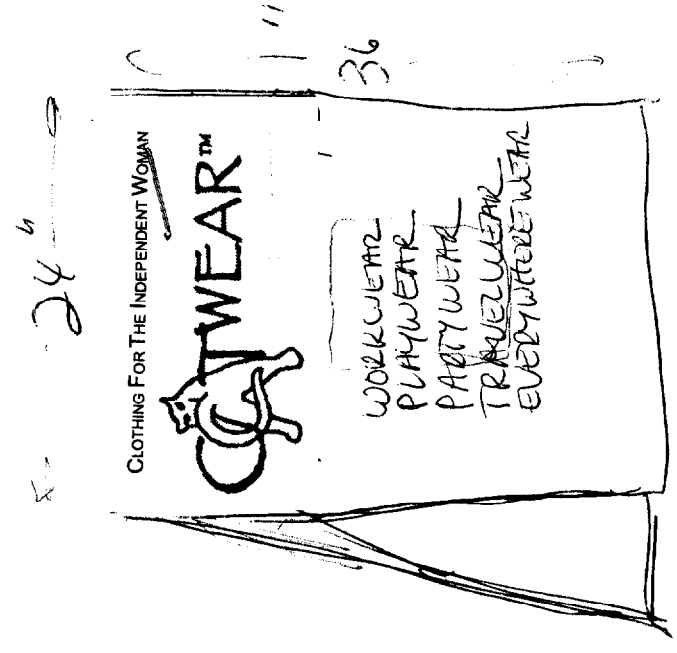
FIVE

SIDEWALK



32I18

ACRYLIC  
LETTERS ON  
WORD



MAR 15 2004  
DEPT. OF BUILDING INSPECTION  
CITY OF LOS ANGELES

32I 18