



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

Permit No: **961047**

Location of Construction: 3 Wharf St		Owner: Sawyer, Harrison		Phone:	
Owner Address:		Leasee/Buyer's Name: Oh! You Lucky Dog		Phone:	
Contractor Name: Graphic Signs		Address: Cumberland		Phone:	
Past Use: Retail		Proposed Use: Same		COST OF WORK: \$	
				PERMIT FEE: \$ 26.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
Proposed Project Description: Erect Signage				Signature: <i>Hoffman</i>	
				Signature: <i>Hoffman</i>	
				Date:	
Permit Taken By: Mary Gresik		Date Applied For: 11 October 1996			

**PERMIT ISSUED**  
 Permit Issued:  
 OCT 21 1996  
**CITY OF PORTLAND**

Zone: *B-3* CBL: 032-J-002  
 Zoning Approval:  
*OK 10/16/96*  
**Special Zone or Reviews:**  
 Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

**Zoning Appeal**  
 Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

*X* Linda Workman  
 149 Foreside Rd  
 Cumberland Foreside, ME 04110  
 781-7044

*Existing Lighting to be revised per discussion with*

**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 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

**Historic Preservation**  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review  
 Action:  
 Approved *H.P. Staff*  
 Approved with Conditions  
 Denied  
 Date: *10/15/96*

*Linda Workman*  
 SIGNATURE OF APPLICANT Linda Workman ADDRESS: DATE: 11 October 1996 PHONE:

*D. Andrew B*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT **2**  
*A. Rowle*



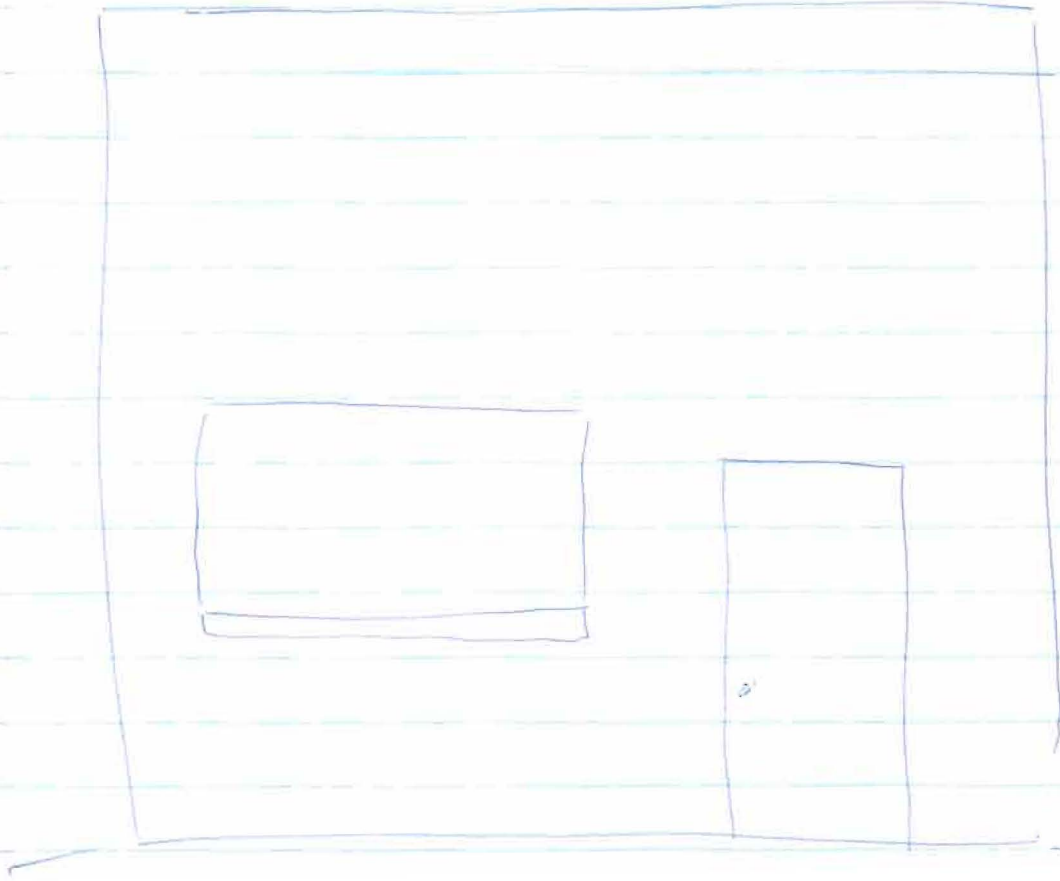
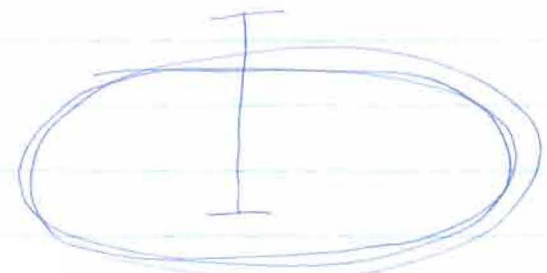
$$24'' \times 29'' = 696 \div 144 = 4.833\#$$

10  
11

FIELD  
DEVELOP

A

using existing  
hardware /  
brackets



# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
10-10-96

**PRODUCER**

Averill Insurance Agency  
P.O. Box 318  
Cumberland, Maine 04021

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.

**COMPANIES AFFORDING COVERAGE**

COMPANY  
**A** Maine Mutual Fire Insurance Co.  
  
COMPANY  
**B**  
  
COMPANY  
**C**  
  
COMPANY  
**D**

**INSURED**

Oh! You Lucky Dog  
Linda Workman  
149 Foreside Rd  
Cumberland, Foreside ME 04110

**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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT	TBD - BP	10-11-96	10-11-97	GENERAL AGGREGATE \$2000,000
					PRODUCTS-COMP/OP AGG \$1,000,000
					PERSONAL & ADV INJURY \$1,000,000
					EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
	<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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Premises & Operations - 3 Wharf St Portland, Maine 04112

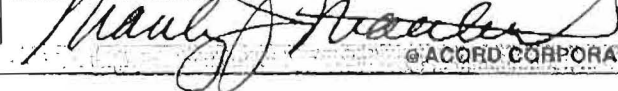
**CERTIFICATE HOLDER**

City of Portland  
389 Congress St  
Portland, Maine 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, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



# H. H. Sawyer Realty Company

Harrison H. Sawyer, Broker

395 Fore Street, P.O. Box 7225, Portland, Maine 04112

Office: 772-6579 Fax: 773-0680

October 10, 1996

To Whom It May Concern,

We give Linda Workman permission to install a sign at 3 Wharf Street Portland, Maine 04101. If you have any questions please feel free to contact this office.

Sincerely,



Kristie Eastman/Office Manager

H. H. SAWYER REALTY COMPANY

032-D-002

Sawyer, H H

3 Wharf St AKA 380 Fore St

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 3 Wharf St. ZONE: B-3

OWNER: Linda Workman

APPLICANT: as above

ASSESSOR NO.: 32-J-11

SINGLE TENANT LOT? YES  NO

MULTI TENANT LOT? YES  NO

FREESTANDING SIGN? YES  NO  DIMENSIONS \_\_\_\_\_  
(ex. pole sign..)

MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_

BLDG. WALL SIGN? YES  NO  DIMENSIONS \_\_\_\_\_  
(attached to bldg)

MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET) 14'

BLDG FRONTAGE (FEET) 14' x 2 = 28' allowed

AWNING YES  NO  IS AWNING BACKLIT? YES  NO

HEIGHT OF AWNING: \_\_\_\_\_

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? yes (see sketch)

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

*all*  
*4.833# Show*