

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

Location of Construction: <b>414 Fore St</b>		Owner: <b>Rich, John</b>		Phone:		Permit No: <b>970869</b>	
Owner Address:		Lessee/Buyer's Name: <b>Carle's P.O. Box 796 Kennebunkport, ME 04046 967-2206</b>		Phone:		Business Name:	
Contractor Name: <b>Scarborough Signs</b>		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>AUG 14 1997</b>  <b>CITY OF PORTLAND</b> </div>	
Past Use: <b>Retail</b>		Proposed Use: <b>Signs</b>		COST OF WORK: \$			
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: <b>Erect Awning &amp; Signs (2) <i>1539 ft.</i></b>				Signature:		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <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"/>	
Permit Taken By: <b>Mary Greek</b>		Date Applied For: <b>29 July 1997</b>				<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	

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..

**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 **Stephanie Clifford** ADDRESS: DATE: **29 July 1997** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT

2

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8704

Location of Construction: 414 Fore St		Owner: Rich, John		Phone:		Permit No: 970869	
Owner Address:		Lessee/Buyer's Name: *Carla's P.O. Box 796 Kennebunkport, ME		Phone:		Business Name: 04046 967-2206	
Contractor Name: Scarborough Signs		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>AUG 14 1997</b>  <b>CITY OF PORTLAND</b> </div>	
Past Use: Retail		Proposed Use: Same		COST OF WORK: \$			
Proposed Project Description:  Erect Awning & Signs (2)		Signature: _____ PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action:      Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group:    Type:	
				Signature: _____		Signature: <i>[Signature]</i>	
Permit Taken By: Mary Gresik		Date Applied For: 29 July 1997		Zone: <i>6-3</i> CBL: 032-N-009		Zoning Approval: <i>02-3 8/12/97</i>	

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..

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

*Final sign placement to be reviewed w/ h.p. staff*

**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

*Stephanie Clifford*  
 SIGNATURE OF APPLICANT    Stephanie Clifford    ADDRESS: \_\_\_\_\_    DATE: 29 July 1997    PHONE: \_\_\_\_\_

Action: \_\_\_\_\_  
 Approved  
 Approved with Conditions  
 Denied  
 Date: *8/28/97*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk    Green-Assessor's    Canary-D.P.W.    Pink-Public File    Ivory Card-Inspector

CEO DISTRICT 2  
*A. Rowe*

# Leavitt & Parris, Inc. Sales Agreement

## L&P LEAVITT & PARRIS, INC.

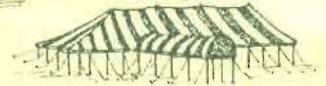
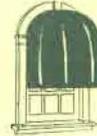
AWNINGS / TENTS *est. 1919*

Est. 1919



AWNINGS & SIGNAGE  
FLAGS & BANNERS

256 Read Street • Portland, Maine 04103  
Phone (207) 797-0100 • FAX 797-4194  
1-800-833-6679 in Maine



BILL TO <i>CARLA'S CORNER</i>	PHONE (H) <i>774-3270</i>	DATE <i>6-11-97</i>
STREET <i>414 FOREST</i>	PHONE (B) <i>967-2206 FAX</i>	JOB NAME <i>5856</i>
CITY, STATE AND ZIP <i>PORTLAND ME 04101</i>	JOB LOCATION <i>414 FOR FORE + DANA STS.</i>	
CONTACT PERSON <i>STEPHANIE CLIFFORD</i>	SITE PERSON	FABRIC SELECTION <i>F.I.R. RASPBERRY</i>
		PATTERN # <i>2010</i>

We hereby submit specifications and estimates for:

*3-STATIONARY Window Awnings - complete*



*100% GALV. WELDED FRAMES*

*MOUNT AWNINGS  
7" FROM WALK*

In case of cancellation, deposit will be forfeited.

We propose to furnish material and labor — complete in accordance with the specifications above and conditions set forth on the reverse side of this Proposal, for the sum of: *Seven Hundred Fifty* dollars (\$ *750.<sup>00</sup>*).

Payment to be made as follows: Deposit of 50% upon acceptance *375.<sup>00</sup>*;  
\$ *375.<sup>00</sup>* BALANCE DUE ON INSTALLATION.

**ATTENTION: CUSTOMERS' RESPONSIBILITY TO CHECK WITH LOCAL MUNICIPALITY CONCERNING PERMITS REQUIRED FOR INSTALLATION.**

**ALL ELECTRICAL WORK IS CUSTOMER'S RESPONSIBILITY.**

LEAVITT & PARRIS, INC.

By *Neil J. Potvin*  
Authorized Representative

**NOTE:** The proposal is withdrawn if not accepted within five business days.

**Acceptance of Proposal** — The prices, specifications and conditions as set forth above and on the reverse side of this proposal are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined herein.

Date of Acceptance: \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

# Certificate of Flame Resistance



REGISTERED  
APPLICATION  
CONCERN No.

F-368

ISSUED BY

UNITED TEXTILE & SUPPLY - EAST  
311 ROOSEVELT AVENUE  
PAWTUCKET, RI 02860

Date work performed

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR LEAVITT & PARRIS AT P.O. BOX 3926  
CITY PORTLAND, STATE MAINE 04104

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used \_\_\_\_\_ Chem. Reg. No. \_\_\_\_\_

Method of application \_\_\_\_\_

(b) The articles described on the reverse side hereof are made from a flame-resistant fabric registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric used 46" FIRE-SIST SUNBRELLA Reg. No. F-368

The Flame Retardant Process Used WILL NOT Be Removed By Washing  
(will or will not)

Name of Applicator \_\_\_\_\_ By Ruby M. Stasler Title \_\_\_\_\_

We hereby certify this to be a true copy of the original "CERTIFICATE OF FLAME RESISTANCE" issued to us, "original copy" of which has been filed with the California State Fire Marshal.

Signed LEAVITT & PARRIS Inc  
By Muel G. Tolos

# ACORD INSURANCE BINDER

DATE (MM/DD/YY)  
07/24/97

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

PRODUCER PHONE (A/C, No, Ext): 603-964-6065  
D. B. Warlick & Co.  
Village Shopping Center  
P. O. Box 1260  
North Hampton, NH 03862

COMPANY BINDER #  
Maryland Insurance Group PPS30155700  
DATE EFFECTIVE TIME DATE EXPIRATION TIME  
10/10/96 12:01 X AM 09/10/97 X 12:01 AM  
PM NOON

CODE: 02275196 SUB CODE:

X THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: PPS30155700

AGENCY CUSTOMER ID:  
INSURED Carla's Corner  
dba Carla Perkins  
PO Box 796  
Kennebunkport, ME 04046

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)  
Loc#3: 414 Forst Street, Portland, ME 04101

## COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINS %
PROPERTY CAUSES OF LOSS BASIC BROAD X SPEC	Business Personal Property	\$100,000	\$250	none
See Spec. Conditions/Other Coverages				

GENERAL LIABILITY	LIMITS
X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNER'S & CONTRACTOR'S PROT	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$1,000,000 MED EXP (Any one person) \$10,000
RETRO DATE FOR CLAIMS MADE:	

AUTOMOBILE LIABILITY	LIMITS
ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS 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	ALL VEHICLES	SCHEDULED VEHICLES	ACTUAL CASH VALUE
COLLISION:			STATED AMOUNT \$
OTHER THAN COL:			OTHER \$

GARAGE LIABILITY	LIMITS
ANY AUTO	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$

EXCESS LIABILITY	LIMITS
UMBRELLA FORM OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	STATUTORY LIMITS
	EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$

SPECIAL CONDITIONS/OTHER COVERAGES \*\* Continued from Property Section \*\*  
(See attached Special Conditions/Other Coverages page.)

NAME & ADDRESS  
MORTGAGEE ADDITIONAL INSURED  
LOSS PAYEE  
LOAN #

AUTHORIZED REPRESENTATIVE

*Tina Keniston*

JOHN H. RICH, JR.  
HANNAFORD COVE  
CAPE ELIZABETH, MAINE 04107  
(207) 799-5978

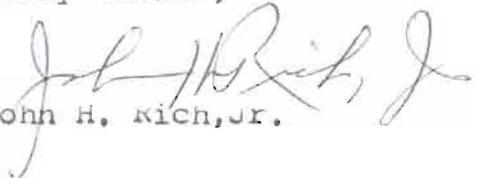
July 16, 1997

To: City of Portland

This is <sup>to</sup> confirm that I as owner of the building at 414 Forex St.  
have approved of the signs and awnings proposed for the shop at  
that address by Carla Perkins.

If there are any questions please phone me at 772-0035.

Many thanks,

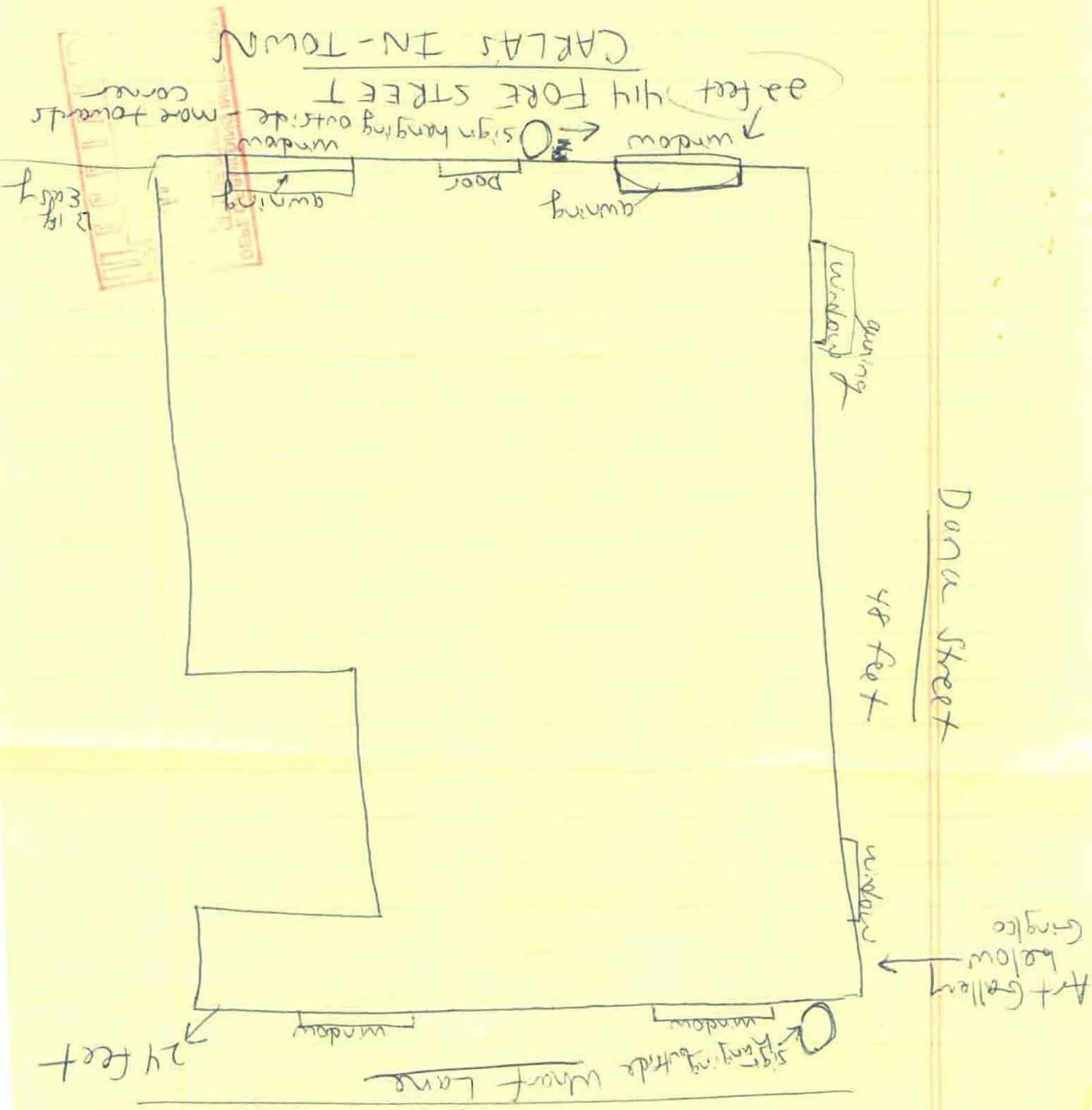
  
JOHN H. RICH, JR.

All  
attached to  
application  
please



1111

3 awnings  
 2 signs - Signs will be red + yellow. Back sign will be higher than it appears although not higher than the 2nd floor windows (in the back)



3x2.4

Vertical red line

Vertical list of small marks

NO

36 1/2 x 28 (2 of them)

Handwritten marks

Handwritten marks

Horizontal text at the bottom of the page



