

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

Permit No: 02-0009	Issue Date: JAN 23 2002	CBL: 032 N011001
-----------------------	----------------------------	---------------------

Location of Construction: 422 Fore St	Owner Name: Harding Richard B Etal	Owner Address: 207 Congress St	Phone: 207-828-8065
Business Name: n/a	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 2078797700
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type:	Zone: B-3

Past Use: Commercial / Retail, candy store	Proposed Use: Commercial / Retail; Replace existing 36" x 36" sign.	Permit Fee:	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: Erect 36" x 36" sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A Type: BOCA 99	
		Signature:	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: _____ Date: _____

Permit Taken By: gg	Date Applied For: 01/02/2002	Zoning Approval	
------------------------	---------------------------------	------------------------	--

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..	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"/> Date: <i>01/18/02</i>	Zoning Appeal <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: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied to D.A. 1/16/02 Date: <i>1/11/02</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

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): <i>422 Fore Street, Portland ME</i>
--

Total Square Footage of Proposed Structure	Square Footage of Lot <i>20x50</i>
--	------------------------------------

Tax Assessor's Chart, Block & Lot Number Chart# <i>032</i> Block# <i>N</i> Lot# <i>011</i>	Owner: <i>Brewster Harding</i>	Telephone#: <i>828-8065</i>
---	-----------------------------------	--------------------------------

Owner's Address: <i>207 Commercial St. Portland</i>	Lessee/Buyer's Name (If Applicable) <i>Anna Fulwiler</i>	Total Sq. Ft. of Sign <i>144 sq ft</i> Fee <i>2.40 \$ 32.40</i>
--	---	--

Proposed Project Description: (Please be as specific as possible) <i>Candy store sign to replace existing "MonkeyTree" sign. using existing bracket. 36" x 36" Sign</i>
--

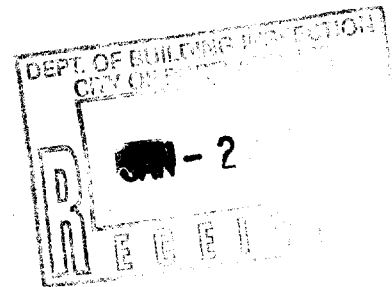
Contractor's Name, Address & Telephone <i>The Signery</i>	Rec'd By
--	----------

Current Use: <i>Commercial</i>	Proposed Use: <i>Same</i>
-----------------------------------	------------------------------

Signature of applicant: <i>Anna Fulwiler</i>	Date: <i>1/2/02</i>
---	------------------------

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

*↓ x
Call Anna
x x
773 0600*

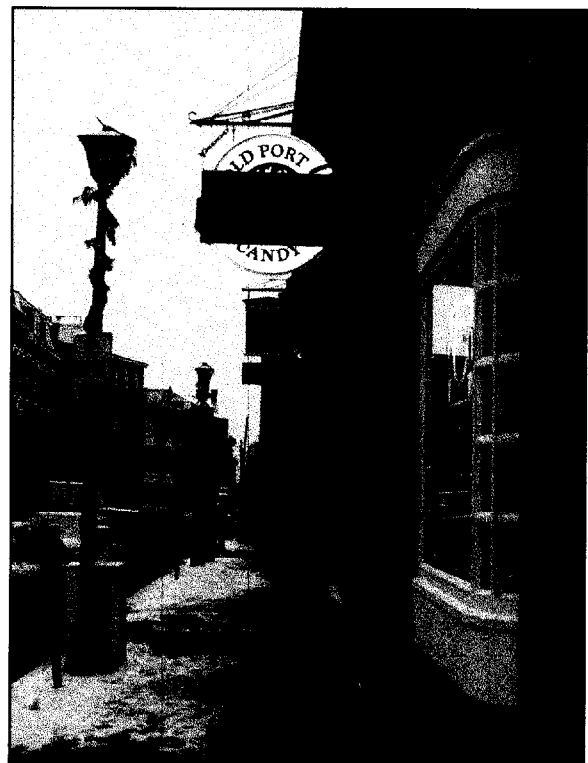
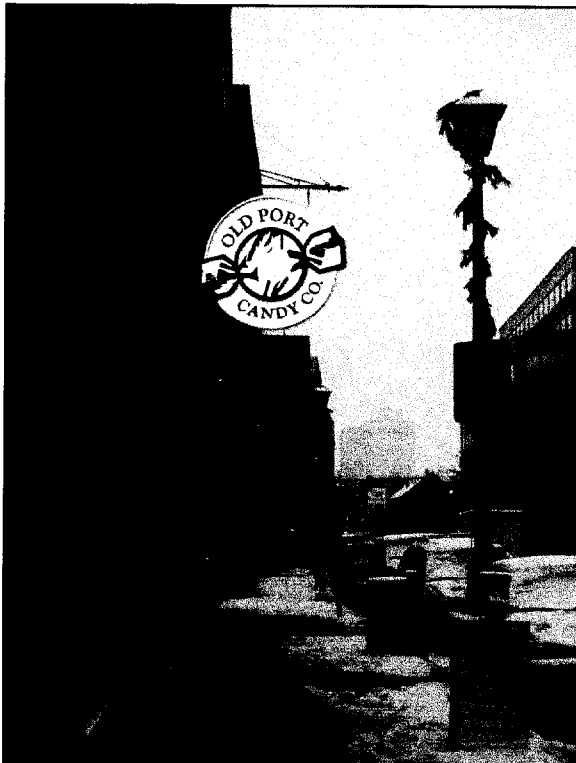
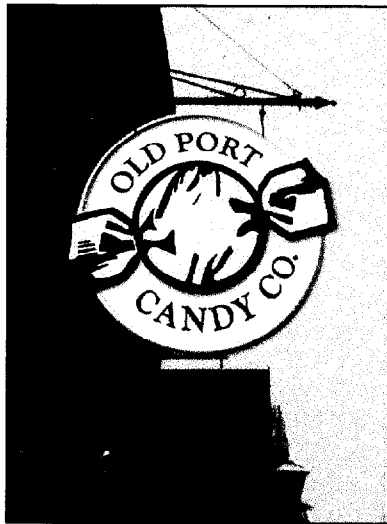




36"

The sign will be fabricated from 3/4" MDO, sealed (West System Epoxy) primed and finish painted two coats.

36"



Pre-Application

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

B-3

ADDRESS: 472 Fore St, Portland ME ZONE: _____

OWNER: Brewster Harding

APPLICANT: Anna Fulwiler

ASSESSOR NO.: _____

SINGLE TENANT LOT? YES _____ NO X

MULTI TENANT LOT? YES X NO _____

FREESTANDING SIGN? YES _____ NO X DIMENSIONS _____
(ex. pole sign..)

MORE THAN ONE SIGN? YES _____ NO X DIMENSIONS _____

BLDG. WALL SIGN? YES X NO _____ DIMENSIONS _____
(attached to bldg)

MORE THAN ONE SIGN? YES _____ NO X DIMENSIONS 36" x 36"
31 x 36" = 9ft

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: _____

LOT FRONTAGE (FEET) 20'

BLDG FRONTAGE (FEET) 20' x 20' = 40 # max

AWNING YES _____ NO X IS AWNING BACKLIT? YES _____ NO n/a

HEIGHT OF AWNING: n/a

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

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.

(over)

Port Salvors
HOMEPORT ENTERPRISES, INC.

SHIPWRECK & CARGO CO.

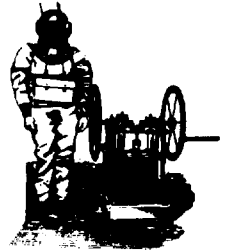
205 Commercial Street, Portland, Maine 04101

(207) 775-3057

DEALERS IN
SOLID BRASS & NAUTICAL ACCESSORIES



In the "OLD PORT EXCHANGE"



December 19, 2001,

To whom it may concern,

This will serve as letter of permission to install
a new sign for Old Port Candy Co as shown on
color Xerox sheet.

And ~~for~~

STATE FARM INSURANCE COMPANIES

APPLICATION FOR STATE FARM PAYMENT PLAN - MONTHLY

APPLICANT'S COPY

ANNA FULWILER
71 SHERIDAN ST APT 1
PORTLAND, ME 04101-2610

App Date: 12/13/2001

First Due Date: 01/28/2002
PRE-AUTHORIZED PAYMENT

Estimated Monthly Amount	43.58
Total Premium	43.58
Net Credit/Charges	.00
Initial Payment Due and \$2.00 Set-Up Fee	45.58
Payment Received (Check #95 45.58)	45.58
Balance Due	.00

Line	Pol/App Number	Pol/App Mode	Eff Date	Full Term Prem	Est. Monthly Amount	Initial Payment Mos	Premium
F	COMM/MERCANTILE POL.	AN	12/17/2001	523.00	43.58	01	43.58

--YOUR PAYMENTS MAY VARY--

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

This notice provided in accordance with requirements of federal law.

I hereby authorize State Farm Mutual Automobile Insurance Company, its affiliates and subsidiaries, to deduct insurance payments or loan repayments from my account at my financial institution.

This authority is to remain in effect until State Farm has received written notification from me of its termination in such time and in such manner as to afford State Farm and the depository institution a reasonable opportunity to act on the request.

State Farm has the right to discontinue the Pre-Authorized Payment Plan if any two or more deductions are not honored. State Farm will notify me in advance whenever the deduction amount or the day changes.

If any deduction is not honored by my financial institution, the policies or loans will be considered not paid. State Farm will ask me to pay the dishonored amount. After timely payment is received by State Farm, deductions will resume.

I understand and agree State Farm has no obligation to and will not apply any loan repayment amount toward any premium which is unpaid.

State Farm may revise the terms of this agreement at any time upon written notification. I have also received the State Farm Payment Plan Agreement.

Agent Name: GRILLO, JOHN N
Initials-RMM Page 1 of 1

(207) 797-7004