

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING INSPECTION

## PERMIT

Permit Number: 041552

Please Read Application And Notes, If Any, Attached

This is to certify that Soletsky Limited Liability Co  
has permission to replace existing 36x24 sign on cedar enclosed in steel bars  
AT 424 Fore St L 032 N012001

NOV 23 2004

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.  
Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must given and when permission procured before this building or part thereof is occupied or enclosed-in.  
HOURS NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Signature]*  
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD C

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

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

Permit No: 04-1552	Issue Date: 11/17/04	CBL: 032 N012001
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<b>Location of Construction:</b> 424 Fore St	<b>Owner Name:</b> Soletsky Limited Liability Co	<b>Owner Address:</b> 100 Commercial St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	<b>Zone:</b> B3
<b>Past Use:</b> commercial	<b>Proposed Use:</b> commercial replace existing sign with 36x24" sign	<b>Permit Fee:</b> \$77.00	<b>Cost of Work:</b> \$77.00
<b>Proposed Project Description:</b> replace existing 36x24 sign of 2" cedar enclosed in a steel band		<b>CEO District:</b> 1	<b>INSPECTION:</b> Use Group: Sign Type: 11/22/04 Signature: [Signature]
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.):</b> Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 10/14/2004	<b>Zoning Approval</b>
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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..	<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: 11/17/04	<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 checked="" type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied to D.A. Date:
	J. Andrew B, 11/17/04		

**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

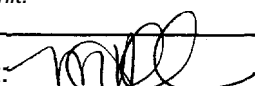
# Signage/Awning Permit Application

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: <u>424 Fore Street</u>		
Total Square Footage of Proposed Structure <u>6 sq. ft.</u>	Square Footage of Lot <u>2,049</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>032</u> Block# <u>1012</u> Lot# <u>001</u>	Owner: <u>Solitsky LLC</u>	Telephone: <u>778-2252</u>
Lessee/Buyer's Name (If Applicable) <u>Solitsky LLC</u>	Applicant name, address & telephone: <u>Nelly Hall</u> <u>424 Fore St</u> <u>Portland, ME 04101</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>65</u> <b>Awning Fee = Cost Of Work: \$ <u>12 (6 SF)</u></b> Total Fee: \$ <u>77.00</u>
Current use: <u>Retail</u>		
If the location is currently vacant, what was prior use: <u>-</u>		
Approximately how long has it been vacant: <u>-</u>		
Proposed use: <u>-</u>		
Project description: <u>- replacing Existing Sign 36 x 24 2" thick Cedar w/ STEEL BAND around outside</u>		
Contractor's name, address & telephone:		
Whom should we contact when the permit is ready: <u>Nelly Hall</u>		
Mailing address: <u>424 Fore St.</u> <u>Portland, ME 04101</u>		
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: <u>871.0356</u>		

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: 	Date: <u>10/5/04</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.**

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# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 424 Tore Street ZONE: B-3

CBL: 32-N-012-001

SINGLE TENANT LOT? YES  NO  MULTITENANT LOT? YES  NO

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES  NO

**TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):**  
Length: 18' x 2' = 36' max Height: 10'

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

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS PROPOSED:                       
BLDG. WALL SIGN? (attached to bldg) YES  NO  DIMENSIONS PROPOSED: 36" x 24" = 6'

**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: 36" x 24"  
AWNING? YES  NO  DIMENSIONS: -  
LOT 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:  DATE: 10/15/14

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

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

10/07/2004

PRODUCER (207)761-1636	FAX (207)761-2045	<b>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.</b>	
Portland, ME 04101		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: <b>Hanover Insurance</b>	
		INSURER B:	
		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 TR. INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ODP715706300	03/21/2004	03/21/2005	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
					MED EXP (Any one person)	\$ 15,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<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 (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS	TOTAL
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate Holder is named as an additional insured with regards to insureds sign  
 Location: 424 Fore Street, Portland, ME 04101

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Portland Attn: Mike Nugent 389 Congress Street Portland, ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>010</u> 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 
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