

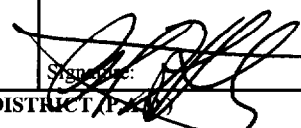
**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 0110759	Issue Date:	CBL: 032 N011001
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Location of Construction: 422 Fore St	Owner Name: Harding Richard B Etal	Owner Address: 207 Commercial St, Portland, Me, 04101	Phone:
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs- Temporary	Zone: B-3

Past Use: Commercial/ Retail	Proposed Use: Commercial / Retail	Permit Fee:	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description: Sandwich sign 5 sq. ft.	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: 
	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: 06/26/2001	<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: <i>Issue</i> <i>6/29/01</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 checked="" type="checkbox"/> Does Not Require Review <i>(sandwich sign)</i> <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>to DA</i> Date: <i>6/29/01</i>
	<i>6/29/01</i>		<i>DA 6/29/01</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 MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

# SIGNAGE APPLICATION

THIS IS NOT A PERMIT  
CONSTRUCTION CANNOT NOT COMMENCE UNTIL THE PERMIT IS ISSUED

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

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.

f Location/Address of Construction: 422 Fore ST.		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Number Chart# 032 Block# N Lot# 011	Owner: Brewster Hardin B	Telephone #:
Lessee/Buyer's Name (If Applicable) Mark Citea	Owner's/Purchaser/Lessee Address: 422 Fore St.	Total s.f of signs 6 x .20 \$1.05, plus \$30.00 TOTAL \$ <del>30.00</del> 31.05
X Current use: None Proposed use:		
I Project description: Addition of Sandwich Board		
Applicants Name, Address & Telephone: Mark Citea		
Contractor's Name, Address & Telephone:		
Who shall we contact when the permit is ready: Mark Citea x x Telephone: 871-7629		
If you would like it mailed, what mailing address should we use: Mr. X + 422 Fore ST Portland, ME 04101		

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME  
JUN 26 2001  
RECEIVED  
Recd By: [Signature]

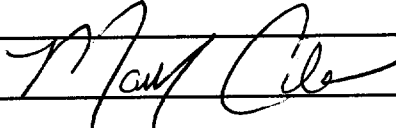
6/26/01  
Citea

**THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED**

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

**Certification**

*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: 6/26/01
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**Sign Permit Fee: \$30.00 plus \$0.20 per square foot.**

***A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00***

**BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU ARE APPLYING FOR**

**IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE**

**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 422 Fore St. ZONE: \_\_\_\_\_

OWNER: Brewster Hardt

APPLICANT: Mark Cilea

ASSESSOR NO. \_\_\_\_\_

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES  NO  MULTI-TENANT LOT?  YES  NO  
FREESTANDING SIGN? (ex. Pole Sign)  YES  NO --- DIMENSIONS 3 1/2' x 1 1/2' HEIGHT 3 1/2'  
MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_  
SIGN ATTACHED TO BLDG.? YES  NO  DIMENSIONS \_\_\_\_\_  
MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_  
AWNING: YES  NO  IS AWNING BACKLIT? YES  NO  HEIGHT OFF SIDEWALK \_\_\_\_\_  
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): \_\_\_\_\_  
\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION

*See attached*

**YOU SHALL PROVIDE:**

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

SIGNATURE OF APPLICANT: Mark Cilea DATE: 6/2/01

**AGORD. CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)  
06/26/01

**PRODUCER**  
ELLIS INSURANCE AGCY INC  
P O BOX 380  
YORK ME 03909

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**  
MONKEY TREE SNACK CO INC  
422 FORE STREET  
PORTLAND ME 04101

**COMPANIES AFFORDING COVERAGE**  
COMPANY A ZURICH SMALL BUSINESS  
COMPANY B  
COMPANY C  
COMPANY D

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.

CD 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 & CONTRACTOR'S PROT	PAS36046549	3/01/01	3/01/02	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
	<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/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> ENCL <input type="checkbox"/> EXCL OTHER				WC STATUTORY LIMITS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EI EACH ACCIDENT \$ EI DISEASE-POLICY LIMIT \$ EI DISEASE-EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 THE CERTIFICATE HOLDER IS ALSO NAMED AS THE ADDITIONAL INSURED  
 ATT: Gail Regarding Sandwich Board

CITY OF PORTLAND  
 289 CONGRESS ST  
 PORTLAND ME 04101

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 LIABILITY OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE: Timothy B. Ellis  
 PM A



FRONT



SIDE

