

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

Location of Construction: 27 Ward St.		Owner: Joseph Foley		Phone:	Permit No: 950107
Owner Address: 27 Ward St., Portland, ME 04101		Leasee/Buyer's Name:		Phone:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED FEB - 7 1995 </div>
Contractor Name:		Address:		Business Name: TURTLE TREE CATERING	
Past Use: garage	Proposed Use: off sign	COST OF WORK: \$		PERMIT FEE: \$	CITY OF PORTLAND Zone: CBL: 032-N-010 Zoning Approval: 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"/>
Proposed Project Description: erect sign for auto		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: 300A 93	
		Signature:		Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>			
Permit Taken By: L. Gagne	Date Applied For: 1/31/95		Signature: Date:		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

- 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.

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

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	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
 Ms Ma 9504

SIGNAGE APPLICATION

ADDRESS: 27 Wharf St.

Zone B-3

OWNER: Joseph Soley

APPLICANT: Dhanachutr Phadungthim

ASSESSORS NO.: _____

SINGLE TENANT LOT? YES: _____ NO: _____

MULTI-TENANT LOT? YES: _____ NO: _____

FREESTANDING SIGN? YES: _____ NO: _____ DIMENSIONS: _____

MORE THAN ONE SIGN? DIMENSIONS: _____

BLDG. WALL SIGN? YES: NO: _____ DIMENSIONS: 2.5' x 2.5' = 6.25'

MORE THAN ONE SIGN? only 1 ground floor tenant DIMENSIONS: _____

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS:

If the ^{Bldg} frontage for this space is 10' - 20' is OK

LOT FRONTAGE (IN FEET): _____

BLDG FRONTAGE (IN FEET): ? 10' min. guess

AWNING? YES: _____ NO: _____ IS AWNING BACKLIT? YES: _____ NO: _____

HEIGHT OF AWNING: _____

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

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.



WHITE

BLUE

GOLD



CITY OF PORTLAND

Dear Applicant for Historic Preservation Review:

To receive a Certificate of Appropriateness from the City of Portland's Historic Preservation Committee, it is necessary for you to complete the enclosed application form and return it with a copy of proposed plans, drawings and specifications and, if necessary, supplemental materials.

This application is to be filed with the Historic Preservation staff at their office in the Department of Planning and Urban Development, City Hall, 389 Congress Street, Room 211, Portland, Maine, **at least 2 weeks** before the meeting of the Historic Preservation Committee during which time the application will be reviewed. The Committee meets on the first and third Wednesdays of each month. A copy of the upcoming meeting schedule with application deadlines is enclosed for your convenience.

Following a preliminary review of your application by staff, you may be asked to submit additional information. In general, documentation submitted with the application is non-returnable, with the exception of historic photographs, etchings, lithographs, original blueprints and drawings, or other special materials.

Please note that there is no application fee required for historic preservation review. However, applicants are responsible for the costs of sending notices and placement of a legal ad in the newspaper. Such costs shall be paid prior to the issuance of a Certificate of Appropriateness/ Building Permit or upon denial.

If you have questions or need assistance in completing this form, please contact the Historic Preservation staff at 874-8300, (Gary Hamilton, ext. 8699, or Deborah Andrews at ext. 8726).

Sincerely,

A handwritten signature in cursive script, appearing to read "Joseph E. Gray, Jr.", written over the typed name and title.

Joseph E. Gray, Jr.
Director
Department of Planning and Urban Development

CITY OF PORTLAND, MAINE
HISTORIC PRESERVATION COMMITTEE



Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: 27 NHARF STREET, PORTLAND.

Applicant: (name) DHANACHUTR PHADUNGTIN (telephone) (207) 775-7144 0029
(company, if applicable) WORLD GIFT CENTER 232-0479 CELLULAR.
(address) 27 NHARF STREET
PORTLAND, ME 04101

Property Owner, if different: (name) MR. JOSEPH SOLEY
(address) 1 EXCHANGE STREET
PORTLAND, ME 04101
(telephone) (207) 773-3333

Architect (if any): _____

Contractor or Builder (if any): _____

Local Designation:

Landmark. Within Historic District. Historic Landscape District.

Dhanachutr Phadungtin
Applicant's Signature

Owner's Signature (if different)

** Note: No application fee is required. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance to Certificate/Building Permit or upon denial
.....

All materials related to this Application MUST BE submitted no later than 2 weeks prior to your desired meeting date in order for this application to be placed on the Historic Preservation Committee Agenda.

1/25/95

I. DESCRIPTION OF PROJECT

Describe in a separate paragraph each type of proposed exterior architectural alteration, such as window replacement, roof replacement, porch alteration, repointing of masonry, or new addition/construction. Briefly describe the feature or materials affected by the work and give the approximate date that it was constructed, if known. Describe in detail the proposed work and how it will affect the existing feature. Use as many items as necessary to cover all aspects of the project. If more space is needed, continue on a separate page. Reference work items to accompanying drawings or photographs.

① BUSSINESS SIGN MADE OF HARDWOOD 1" THICK
SHAPE AS THE SKETCHE PICTURE.

② ROUND 3 FEET DIAMETER WITH WORD
"WORLD GIFT CENTER" AND WORLD FIGURE.

③ HANG ON TRIANGLE IRON BAR WHICH SCREW TO
THE WALL OF BUILDING. (ALREADY HAS FROM PREVIOUS
BUSSINESS) ABOUT 10' FROM THE GROUND LEVEL

④ THE SIGN WILL BE 7½' FROM THE GROUND
BECAUSE USE 2 OF 6" CHAINS FOR HANGING.

Per Body Code
must be 8 min
→

II. ATTACHMENTS

Provide a copy of the plans, renderings, drawings and written specifications of the alteration. To supplement your application, it would be helpful to submit photographs or slides of current conditions, material samples, site plans, sketches, historical documentation, or anything else that will illustrate to the Committee and staff the effect of the proposed change.

The following information is enclosed:

- Exterior photographs
- Sketches, elevation drawings and/or annotated photographs
- Floor plans
- Site plan showing relative location of adjoining structures, if located within a district
- Specifications
- Other (explain) _____

Please note: In order to be photocopied by the City, plans or drawings should generally not exceed 11" x 17". If you wish to submit larger plans, please provide 10 copies for distribution.

If you have questions or need assistance in completing this form, please contact the Historic Preservation staff at 874-8300, (Gary Hamilton, ext 8699, or Deborah Andrews at ext. 8726).

Please return this form and related application materials to:

Department of Planning and Urban Development
Attn: Historic Preservation Staff
Room 211
Portland City Hall
389 Congress Street
Portland, ME 04101

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

01/20/95

PRODUCER

HOLDEN AGENCY
 P O BOX 10610
 PORTLAND MAINE 04104

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

INSURED

TONY'S THAI TASTE
 29 WHARF STREET
 PORTLAND ME 04101

- COMPANY LETTER **A** RISCO INC
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D** MAINE EMPLOYERS MUTUAL INS. CO
- COMPANY LETTER **E**

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	GENERAL LIABILITY	SMP0091247	10/18/94	10/18/95	GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 1,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
D	WORKER'S COMPENSATION	1810020364	10/19/94	10/19/95	<input checked="" type="checkbox"/> STATUTORY LIMITS
	AND				EACH ACCIDENT \$ 100,000
	EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT \$ 500,000
					DISEASE-EACH EMPLOYEE \$ 100,000

OTHER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

AS REQUIRED

CERTIFICATE HOLDER

MAINE HISTORICAL SOCIETY
 C/O CITY OF PORTLAND/CITY HALL
 389 CONGRESS STREET
 PORTLAND ME 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

THOMAS W. HOLDEN

DT A

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

01/20/95

PRODUCER

HOLDEN AGENCY
 P O BOX 10610
 PORTLAND MAINE 04104

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

INSURED

TONY'S THAI TASTE
 29 WHARF STREET
 PORTLAND ME 04101

- COMPANY LETTER **A** RISCO INC
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D** MAINE EMPLOYERS MUTUAL INS. CO
- COMPANY LETTER **E**

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	GENERAL LIABILITY	SMP0091247	10/18/94	10/18/95	GENERAL AGGREGATE \$
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 1,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
D	WORKER'S COMPENSATION	1810020364	10/19/94	10/19/95	X STATUTORY LIMITS
	AND				EACH ACCIDENT \$ 100,000
	EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT \$ 500,000
					DISEASE-EACH EMPLOYEE \$ 100,000

OTHER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

AS REQUIRED

CERTIFICATE HOLDER

MAINE HISTORICAL SOCIETY
 C/O CITY OF PORTLAND/CITY HALL
 389 CONGRESS STREET
 PORTLAND ME 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

THOMAS W. HOLDEN

Thomas W. Holden
 DT A