

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

## PERMIT

Permit Number: 020529

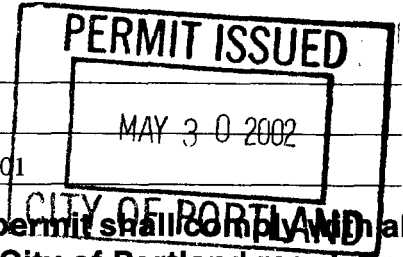
Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that Soley Joseph L/Applicant

has permission to Erect a 3 x 4 sign.

AT 432 Fore St

032 R003001



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.

Notification of inspection must be given and written permission procured before this building or part thereof is laid or closed-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]* 5/30/02  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**



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

Permit No: 02-0529	Issue Date: MAY 30 2002	CBL: 032 R003001
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Location of Construction: 432 Fore St	Owner Name: Soley Joseph L	Owner Address: Po Box 4894	Phone:
Business Name:	Contractor Name: Applicant	Contractor: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Bar	Proposed Use: Chocolate and Ice Cream Store	Permit Fee: \$42.00	Cost of Work: \$42.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: N/A	

Proposed Project Description:  
Erect a 3 x 4 sign.

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: jmy	Date Applied For: 05/15/2002	<b>Zoning Approval</b>
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- This permit application does not 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..

<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>OK 5/20/02</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 type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <i>see attached to D.A 5/20/02</i> <input type="checkbox"/> Denied Date: <i>5/21/02</i>
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**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

2/18/02

6/18/02  
Sign Installed Permit -  
old-Charged brackets has been removed  
6/18/02

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

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

**PERMIT ISSUED**

Permit No: 02-0529	Issue Date: MAY 15 2002	CHL: 032 R003001
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<b>Location of Construction:</b> 432 Fore St	<b>Owner Name:</b> Soley Joseph L	<b>Owner Address:</b> Po Box 4894	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Applicant	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	<b>Zone:</b> B-3
<b>Past Use:</b> Bar	<b>Proposed Use:</b> Chocolate and Ice Cream Store	<b>Permit Fee:</b> \$42.00	<b>Cost of Work:</b> \$42.00
		<b>CEO District:</b> 1	
<b>Erect a 3 x 4 sign.</b>		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: B Type: N/A Signature: <i>[Signature]</i> 5/15/02
		<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> jmy	<b>Date Applied For:</b> 05/15/2002	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<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>05/22/02</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 type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <i>see attached to D.A. 5/22/02</i> <input type="checkbox"/> Denied Date: <i>5/22/02</i>
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**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

ADDRESS: 432 Fore St.  
 PERMIT APPLICATION FOR: sign  
 BUILDING OWNER: Joe Kelly  
 PERMIT APPLICANT: Susan Fuller  
 REVIEWER: John Anderson  
 DATE OF DECISION: 5/29/02

**HISTORIC PRESERVATION REVIEW**

Note: Your property is **an** individually designated landmark structure or is located within a designated historic district. As such, alterations to the building exterior or site which are visible from a public way are subject to review and approval under Article IX (Historic Preservation) of the Land Use Code. Your building or sign permit application has been reviewed to determine whether the nature or scope of the project requires review, and if **so**, whether it meets the standards of the historic preservation ordinance.

**ACTION**

**Does not Require Review** (e.g. Interior work only / alteration is not readily visible from a public way)

Note: this finding is based on the understanding that the application entails interior work only or that the proposed exterior alteration(s) will not be readily visible from a public way. If your project entails exterior or site alterations (including the installation of sign(s), awnings, or exterior lighting for such) these alterations must be reviewed and approved prior to commencing with the work. Contact **874-8726** for more information.

**Denied** Reason for Denial: \_\_\_\_\_

**Approved as submitted**

**Approved with conditions (see below)**

Conditions of Approval:

Contact Historic Preservation Staff ( **874-8726** or **874-8728**) prior to installation of sign(s) to confirm approved location.

*John Anderson*

Your sign permit includes no reference to exterior lighting; if lighting is included, please submit information on fixtures and specifications on installation.

Other conditions:

1. Sign to be hung from existing lower bracket.
2. Upper bracket to be removed.
3. Relocation of "Pinnacle" sign to be reviewed and approved separately.

02-0529

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

# Signage 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.

Total Square Footage of Proposed Structure 1000 sq. Ft.		Square Footage of Lot 1000 sq. FT	
Tax Assessor's Chart, Block & Lot Chart# 032 Block# R Lot# 003		Owner: Joseph Soley	Telephone: 207-318-0919
Lessee/Buyer's Name (If Applicable) Susan M. Fuller Robert C. Fuller		Applicant name, address & telephone: Susan M. Fuller 12 center ST, Easthampton, Mass. 01027	Total s.f. of signage 12 x 1.00 per s.f. \$ 12, plus \$30.00 base fee Fee: \$ 42.00
Current use: <u>Chocolate + ice cream store</u>			
If the location is currently vacant, what was prior use: <u>bar</u>			
Approximately how long has it been vacant: <u>Feb. 2002</u>			
Proposed use: <u>This will be a retail store where we will make</u>			
Project description: <u>homemade ice cream + chocolates to sell to customers</u>			
Contractor's name, address & telephone:			
Who should we contact when the permit is ready: <u>Susan M. Fuller</u>			
Mailing address: <u>432 Fore St 3rd Floor 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 \$50.00 fee if any work starts before the permit is picked up. Phone: <u>207-318-0919</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: <u>Susan M Fuller</u>	Date: <u>4/18/02</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

SIGNAGE PRE-APPLICATION

B-3

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 432 Fore St. ZONE: Business

OWNER: Joseph Soley

APPLICANT: Susan M. Fuller

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

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES  NO  MULTI-TENANT LOT? YES  NO

FREESTANDING SIGN? (ex. Pole Sign) YES  NO  DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_

MORE THAN ONE SIGN? YES  NO  DIMENSIONS 3' wide HEIGHT 4' = 12ft

SIGN ATTACHED TO BLDG.? YES  NO  DIMENSIONS \_\_\_\_\_

MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_

AWNING: YES  IS AWNING BACKLIT? YES  NO  HEIGHT OFF SIDEWALK 9' 3"

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): ~~20 FT~~ 13 1/2 FT. X 27 FT max  
\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION

existing sign  
9' 3"  
Detail from sign  
on hangers  
bracket

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: Fuller DATE: 5/15/02



5/7/02

To whom it may concern;

The store known as "The Chocolate  
Factory" located at 432 Fox St. Has  
the owners permission to hang  
their sign at above location

Sincerely  
Joseph L. Soley (owner)



Fuller's

*GOURMET*

**CHOCOLATES  
& ICE CREAM**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
05/15/2002

PRODUCER (207)774-6257 FAX (267)774-2994  
Clark Associates  
2385 Congress Street  
P O Box 3543  
Portland, ME 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.

**INSURERS AFFORDING COVERAGE**

INSURED Cat's Eye Inc  
432 fore Street  
Portland, ME 04101

INSURER A Zurich-American Ins Group  
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	040414659	05/01/2002	05/01/2003	EACH OCCURRENCE	\$ 2,000,000
					FIRE DAMAGE (Any one fire)	\$ 2,000,000
					MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 2,000,000
					GENERAL AGGREGATE	\$ 4,000,000
					PRODUCTS - COMPIOP AGG	\$ 400,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY <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)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	{OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
City of Portland is listed as additional insured as applies to the designated premises.

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
City of Portland 389 Congress Street Portland, ME 04101	9th Permit Application	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ 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 Teri Maloney-Kelly/TMK <i>Shanessa Maloney-Kelly</i>

CORD 26-S (7/97)

874-8716

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