

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

Location of Construction: 370 Fore St. 04101 ***Fore Street 370		Owner: Charles McGee 04101		Phone:	Permit No: <b>990794</b>
Owner Address: 370 Fore Street 04101		Lessee/Buyer's Name: Jane Letson		Phone: 772-8940	
Contractor Name: N/A		Address:		Phone:	<b>PERMIT ISSUED</b> <b>JUL 28 1999</b> <b>CITY OF PORTLAND</b> Zone: CBL 032-S-001
Past Use: Retail	Proposed Use: Same	<b>COST OF WORK:</b> \$ 0 <b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:		<b>PERMIT FEE:</b> \$ 25.96 <b>INSPECTION:</b> Use Group: Type: Signature:	
Proposed Project Description: Sidewalk Sandwich Sign Placement 2x2 4		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:		Zoning Approval: Not within Zone <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	
Permit Taken By: UB		Date Applied For: 7-26-99			

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..

\*\*\*\*Send To: Jane Letson  
Apple Bee Co.  
370 Fore Street  
Portland, ME 04101

## 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 provisions of the code(s) applicable to such permit

7-26-99

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

## Zoning Appeal

- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

## Historic Preservation

- ☐ Not in District or Landmark
- ☐ Does Not Require Review
- ☐ Requires Review

## Action:

- ☐ Approved
- ☐ Approved with Conditions
- ☐ Denied

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

CEO DISTRICT



**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.

**NOTE\*\*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 (include Portion of Building): <b>*370 Fore St Portland Me 04101</b>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Number Chart# <b>032</b> Block# <b>S</b> Lot# <b>001</b>		Owner: <b>Charles McGee</b>
Telephone#: <b>Apple Bee Co 772-8940</b>		
Owner's Address: <b>370 Fore St</b>	Lessee/Buyer's Name (If Applicable) <b>*Janetson</b>	Total Sq. Ft. of Sign      Fee <b>2x2<sup>4</sup>      \$ <del>25</del> + <del>20</del> per sq. ft.</b>
Proposed Project Description: (Please be as specific as possible) <b>sidewalk sandwich sign placement</b> <b>2x2<sup>4</sup> sign</b> <b>\$25.96</b>		
Contractor's Name, Address & Telephone		Rec'd By <b>UP</b>
Current Use: <b>retail</b>	Proposed Use: <b>retail</b>	

Signature of applicant: 	Date: <b>7/26/99</b>
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Signage Permit Fee: ~~\$30.00~~ plus .20 per square foot of signage

**25.-**



# CERTIFICATE OF INSURANCE

Issue date: 7/26/99

<b>Producer:</b>  MOYES & CHAPMAN INS 1039 WASHINGTON AVE PORTLAND ME 04103 <b>Code:</b> <b>Sub-code:</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.  <div style="text-align: center;"><b>COMPANIES AFFORDING COVERAGE</b></div> <b>Co Ltr A:</b> ACADIA INSURANCE CO  <b>Co Ltr B:</b>  <b>Co Ltr C:</b> ACADIA INSURANCE CO  <b>Co Ltr D:</b>  <b>Co Ltr E:</b>
<b>Insured:</b>  JANE L LETSON DBA APPLEBEE CO 370 FORE STREET PORTLAND MAINE 04101	

## COVERAGES

This is to certify that 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	Policy expiration date	Limits	
A	GENERAL LIABILITY	BOA0001767	7/01/99	7-01-00	General aggregate:	\$ 2,000,000
	Commercial general liability				Products-compr/ops aggreg:	\$ 2,000,000
	Claims made [X] Occur				Personal/advertising inj:	\$ 1,000,000
	Owner's & contractor's prot				Each occurrence:	\$ 1,000,000
					Fire damage:	\$ 50,000
					Medical expense:	\$ 5,000
	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					
C	EXCESS LIABILITY	BOA0001767	7/01/99	7-01-00	Each Occurrence Aggregate	\$ 1,000,000
	Umbrella form:					\$ 2,000,000
	Other than umbrella form					
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				Statutory Limits (Each accident):	\$
					(Disease-policy limit):	\$
					(Disease-each employee):	\$
	OTHER					

Description of operations/locations/vehicles/restrictions/special items:

CITY OF PORTLAND IS ADDED AS AN ADDITIONAL INSURED WITH RESPECT TO SIDEWALK SIGN

## CERTIFICATE HOLDER

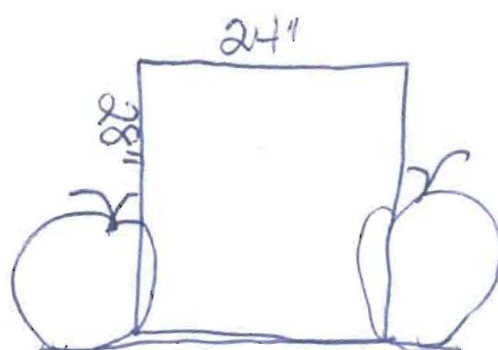
CITY OF PORTLAND  
ROOM 315  
389 CONGRESS STREET  
PORTLAND

## 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:





$$2 \times 2^4 = 4.8^{x.20} = .969$$