

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

Location of Construction: 211 Commercial St		Owner: Granite Face Limited		Phone: 773-8422		Permit No:			
Owner Address:		Lessee/Buyer's Name:		Phone:		BusinessName:			
Contractor Name: W R Design		Address: 23 Pine Street #5 Biddeford 04005		Phone: 823-8939		Permit Issued:			
Past Use: Commercial		Proposed Use: Commercial		COST OF WORK: \$		PERMIT FEE: \$ 30.00			
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:			
				Signature:		Signature:			
Proposed Project Description: 1 4' x 3' (hanging) 1 2' x 6'6" (wall mount) Signs				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>				Zone: CBL: 032-V-004 xxxxxx	
Permit Taken By: Sherry Pinard				Date Applied For: April 14, 1998				Zoning Approval: <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"/>	

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..

mail to:  
Granite face limited  
P.O. Box 7626  
Portland ME 04112

**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

SIGNATURE OF APPLICANT  
Scott Lindsey

ADDRESS:

DATE:

PHONE:

April 14, 1998

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

- 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



**SIGNAGE**

**PLEASE ANSWER ALL QUESTIONS**

ADDRESS: 215 Commercial St. ZONE: B-3

OWNER: Granite

APPLICANT: 215-V-4

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

SINGLE TENANT LOT? YES \_\_\_\_\_ NO

MULTI TENANT LOT? YES  NO \_\_\_\_\_

FREESTANDING SIGN? YES \_\_\_\_\_ NO  DIMENSIONS \_\_\_\_\_  
(ex. pole sign..)

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

BLDG. WALL SIGN? YES  NO \_\_\_\_\_ DIMENSIONS 4' x 3' = 12 #  
(attached to bldg)

MORE THAN ONE SIGN? YES  NO \_\_\_\_\_ DIMENSIONS letters mounted on wall 24" x 61-6" 2 x 65 = 13 #

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: \_\_\_\_\_  
Portland Greengrocer at 211 comm. 4' x 4' 25 #

LOT FRONTAGE (FEET) 67.0' x 2 = 134 #

BLDG FRONTAGE (FEET) same

AWNING YES \_\_\_\_\_ NO  IS AWNING BACKLIT? YES \_\_\_\_\_ NO \_\_\_\_\_

HEIGHT OF AWNING: \_\_\_\_\_

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? \_\_\_\_\_

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

WEST

NO CONNECTION

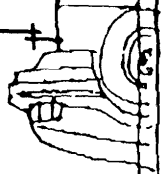
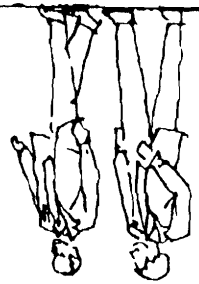
7'-0" AFF

Prudential Securities

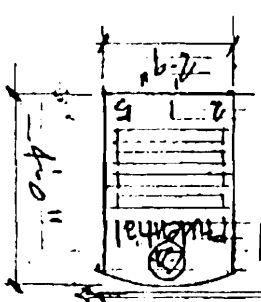
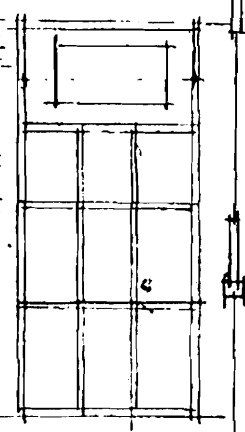
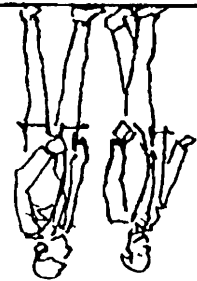
7'-6"

FLARM BRK

Polished Brass  
Wall mounted  
Signage

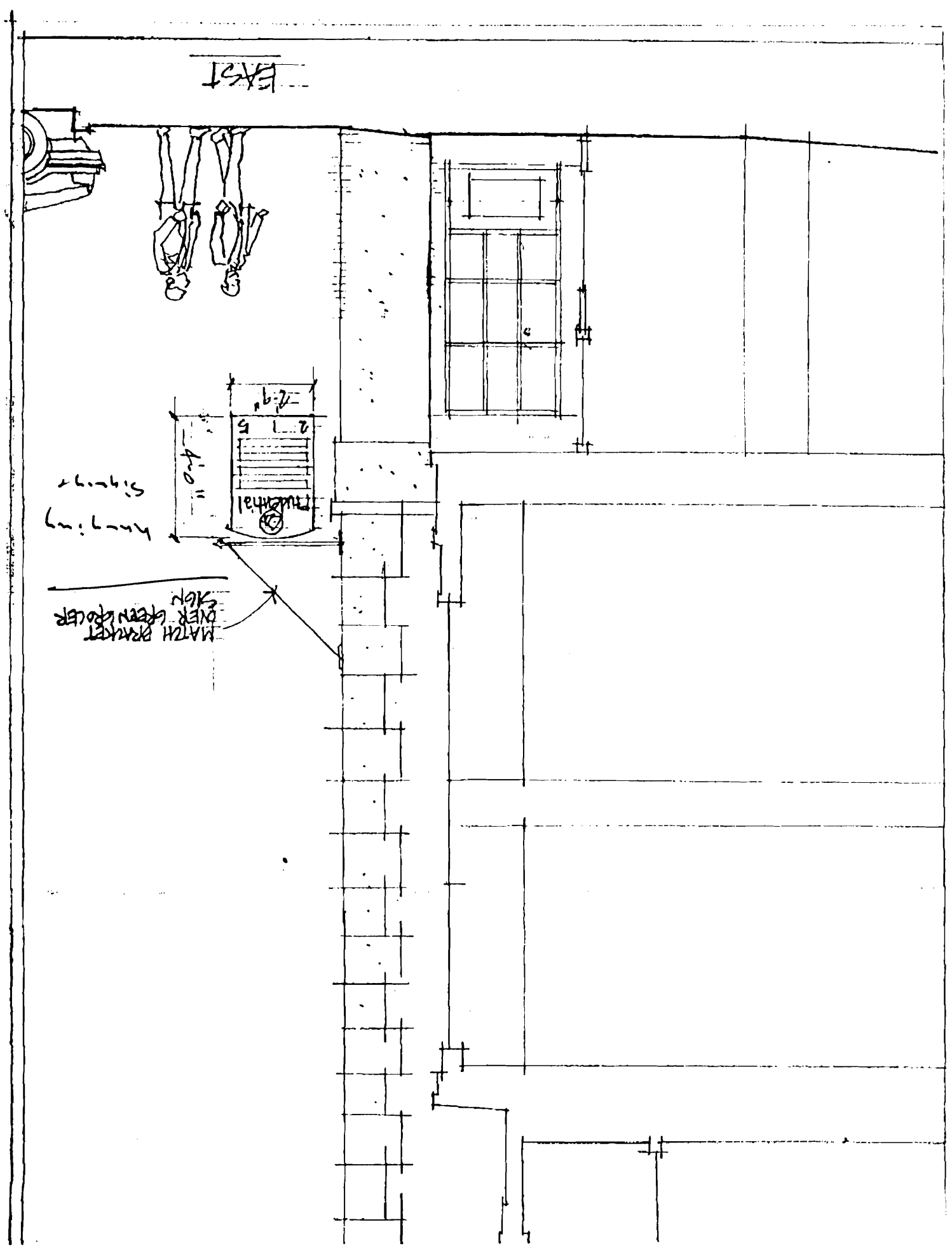


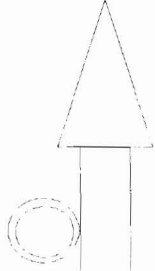
EAST




hanging  
sign

MATCH BRACKET  
OVER  
SIGN





 Prudential  
Securities

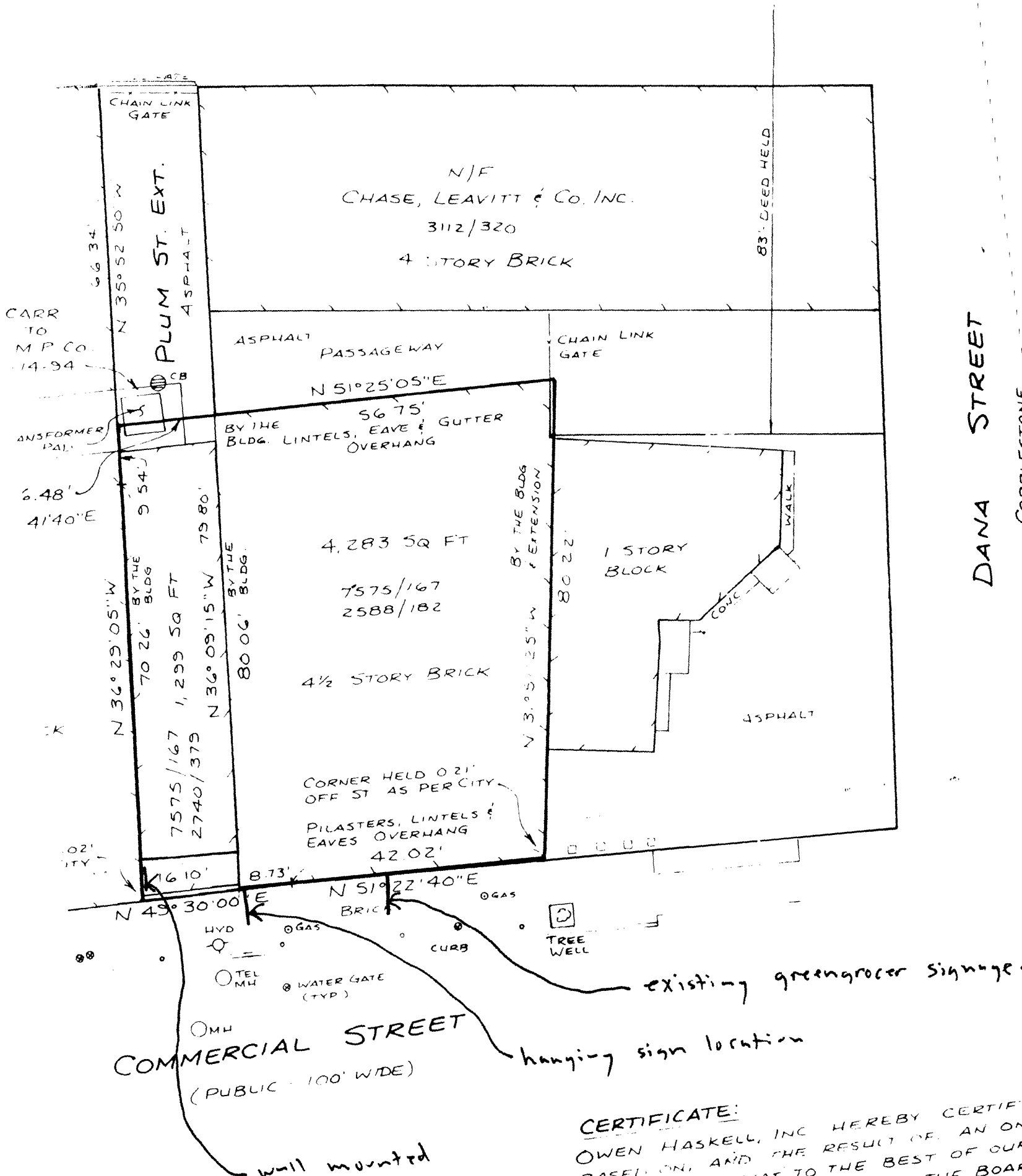
[Blank lines for text]

Givertz, Lunt, Hambley & Scheffee, P. A.

Kenneth W. Hcovermale Jr., P. A.

[Blank lines for text]

Scale: 1.5" = 1'  
W.R. Design  
Wayne R. Dow  
823-8939 v.m.  
Basic dimensions  
4' height by 3' width  
or 12 sq. ft. surface



N/F  
CHASE, LEAVITT & Co. INC.  
3112/320  
4 STORY BRICK

ASPHALT  
PASSAGEWAY  
N 51°25'05"E

56.75'  
BY THE  
BLDG. LINTELS, EAVE & GUTTER  
OVERHANG

4,283 SQ FT  
7575/167  
2588/182

4 1/2 STORY BRICK

CORNER HELD 0.21'  
OFF ST AS PER CITY  
PILASTERS, LINTELS &  
EAVES OVERHANG  
42.02'

1 STORY  
BLOCK

PLUM ST. EXT.  
ASPHALT

DANA STREET  
COBBLESTONE

COMMERCIAL STREET  
(PUBLIC - 100' WIDE)

existing greengrocer signage.

hanging sign location

will mounted  
sign location

CERTIFICATE:

OWEN HASKELL, INC HEREBY CERTIFIES THAT THIS SURVEY IS BASED ON THE RECORDS OF THE COUNTY OF WASHINGTON, AND THE RESULT OF AN ORIGINAL SURVEY AND THAT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, IT CONFORMS TO THE BOARD OF PROFESSIONAL LAND SURVEYORS STANDARDS AND PRACTICES. CONDITION II SURVEY WITH THE FOLLOWING

- 1) MARKERS NOT SET.
- 2) NO NEW DESCRIPTION.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

04/13/98

**PRODUCER**

SOUTHERN MAINE INSURANCE  
 432 US RTE 1  
 P.O. Box 6803  
 SCARBOROUGH ME 04070- 680  
 (207) 883-8229 ( ) -

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**

- COMPANY A HOLYOKE MUTUAL INSURANCE COMPANY
- COMPANY B
- COMPANY C
- COMPANY D

**INSURED**

Dow, Wayne  
 DBA W R DESIGN  
 23 Pine Street #5  
 Biddeford ME 04005-  
 (207) 823-8939

**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	<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	UNASSIGNED	04/10/98	04/10/99	GENERAL AGGREGATE \$600,000 PRODUCTS - COMP/OP AGG \$300,000 PERSONAL & ADV INJURY \$300,000 EACH OCCURRENCE \$300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000								
	<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/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL		/ /	/ /	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT	\$	EL DISEASE - POLICY LIMIT	\$	EL DISEASE - EA EMPLOYEE	\$
WC STATUTORY LIMITS	OTHER												
EL EACH ACCIDENT	\$												
EL DISEASE - POLICY LIMIT	\$												
EL DISEASE - EA EMPLOYEE	\$												
	OTHER												

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

AS REQUIRED FOR OPERATIONS

**CERTIFICATE HOLDER**

SCOTT LINDSAY & ASSOCIATES

**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 G. ...* ACORD CORPORATION 1988

**Granite Face Limited Partnership**

92 Exchange Street  
P. O. Box 7626  
Portland, Maine 04112-7626

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Phone 207-773-8422  
Fax 207-773-8427

April 14, 1998


TO WHOM IT MAY CONCERN:

RE: Proposed Signage at 215 Commercial Street

Scott A. Lindsay & Associates, Inc. and W. R. Design have permission to install signage at 215 Commercial Street.

If you have any questions, please contact my office. Thank you.

Sincerely yours,

  
Scott A. Lindsay  
General Partner

SAL/jer



**Scott A. Lindsay & Associates, Inc.**

92 Exchange Street  
P. O. Box 7626  
Portland, Maine 04112-7626

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Phone 207-773-8422  
Fax 207-773-8427

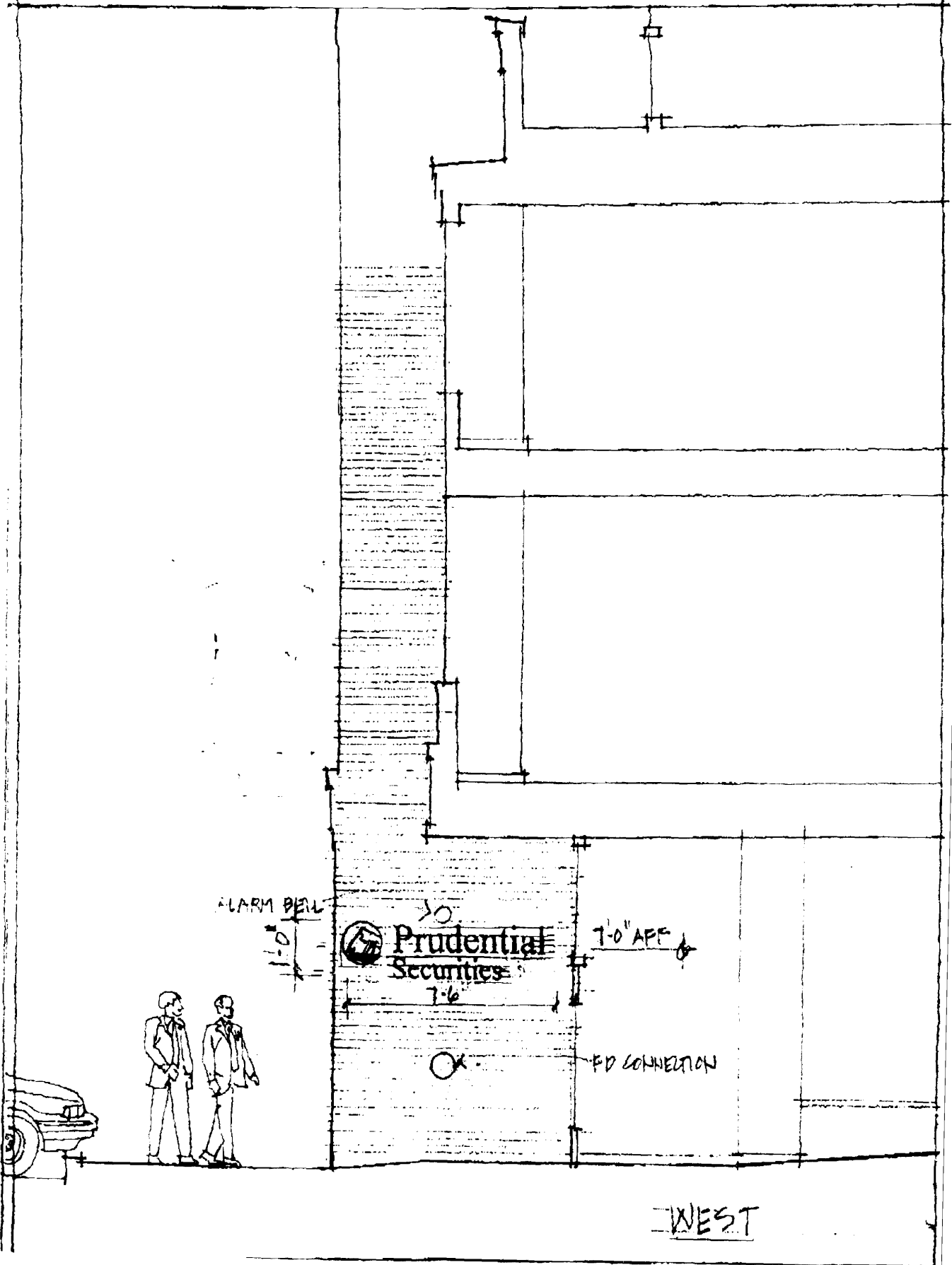
- Deb Andrews
- Fax 756-8258
- 3 pages
- Deb

*called -  
had sec.  
the procedure*

I would like to get approval  
for these 2 signs for 215  
commercial street. what is the  
procedure?

thanks

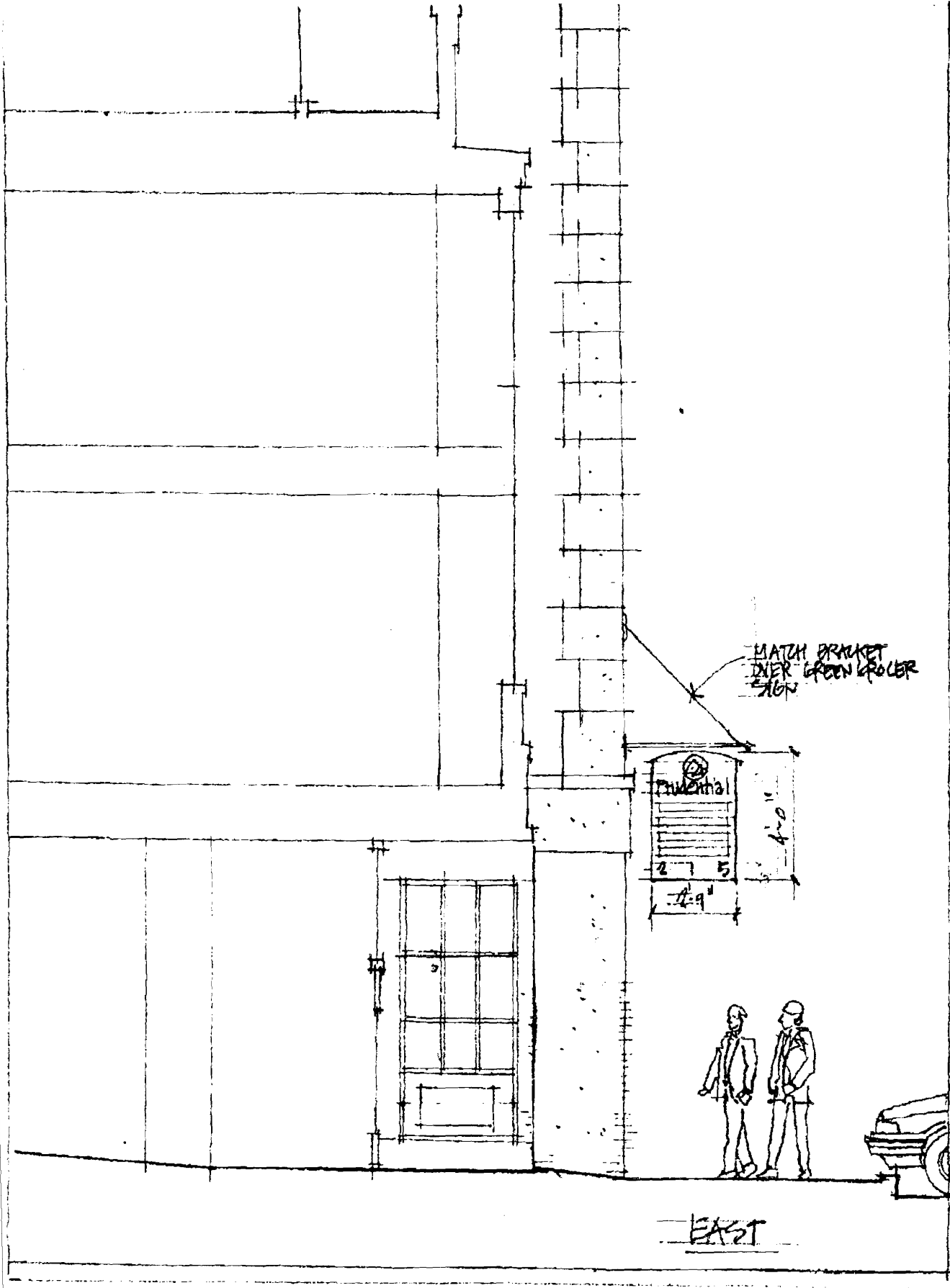
Scott A. Lindsay



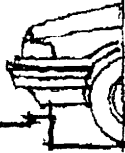
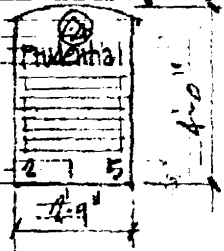
Mar 20 19 01:35p

MAR-21-98 FRI 09:18 SEMPLE & DRANE ARCHITECT 207 8791451

F. 01



MATCH BRACKET OVER GREEN GLOVER SIGN



EAST