

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

Location of Construction: 42 Wharf St		Owner: Soley, Joe		Phone:		Permit No. 950360 PERMIT ISSUED APR 20 1995 CITY OF PORTLAND		
Owner Address:		Leasee/Buyer's Name: The Forge		Phone:			Permit Issued: APR 20 1995	
Contractor Name:		Address:		Phone:				
Past Use: Bar/Rest		Proposed Use: Same w/signage		COST OF WORK: \$ PERMIT FEE: \$ 26.20				
Proposed Project Description: Erect sign as per plans 28'X12' 36" x 2'		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i> PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: <i>[Signature]</i> Date: <i>[Date]</i>		INSPECTION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Use Group: <i>[Signature]</i> Type: <i>[Signature]</i>		Zone: <i>[Zone]</i> CBL: <i>032-V-015</i> Zoning Approval: <i>[Signature]</i> 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 <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>		
				Permit Taken By: Mary Cresik			Date Applied For: 13 April 1995	

1. This permit application doesn't 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: Wharf St Assoc. Inc.
42 Wharf St
Portland, ME 04101
773-9685

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 *[Signature]* **DATE:** **13 April 1995** **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: *[Signature]*

CEO DISTRICT

[Signature]

INSURANCE BINDER

ISSUE DATE (MM/DD/YY)

4-14-95

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER New Hampshire Underwriters 118 Maplewood Ave. Portsmouth, NH 03801		COMPANY Penn-America Ins. Co.		BINDER NO	
CODE		SUB-CODE		EXPIRATION DATE TIME 4-14-95 AM 5-14-95 PM	
INSURED Wharf Street Associates 42 Wharf Street Portland, ME 04101		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO.:			
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (INCLUDING LOCATION) Tavern 42 Wharf Street Portland, ME 04101					

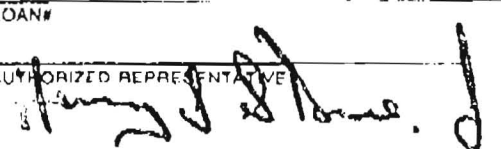
COVERAGES

TYPE OF INSURANCE		COVERAGES/FORMS	ALL LIABILITY LIMITS IN THOUSANDS		
PROPERTY	CAUSES OF LOSS		AMOUNT	DEDUCTIBLE	COINSURANCE
<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL		Contents	\$80,	\$500.	80%
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE OWNER'S & CONTRACTORS PROTECTIVE		RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE \$2,000, PRODUCTS-COMP/OPS AGGREGATE \$1,000, PERSONAL & ADVERTISING INJURY \$1,000, EACH OCCURRENCE \$1,000, FIRE DAMAGE (ANY ONE FIRE) \$50, MEDICAL EXPENSE (ANY ONE PERSON) \$5,		
AUTOMOBILE <input type="checkbox"/> LIABILITY <input type="checkbox"/> NON/OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> GARAGE		<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	CSL BI PERS/ACCID PD MFD PAY PD UM		
AUTO PHYSICAL DAMAGE <input type="checkbox"/> COLLISION DED. <input type="checkbox"/> OTC DED.		<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACV STATED AMOUNT OTHER		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE MULTI-INSURED RETENTION		
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY			STATUTORY (EACH ACCIDENT) (DISEASE-POLICY LIMIT) (DISEASE-EACH EMPLOYEE)		

SPECIAL CONDITIONS/RESTRICTIONS/OTHER COVERAGES

BINDER WILL BE REPLACED BY ACTUAL POLICY ASAP.

NAME & ADDRESS

MORTGAGEE LOSS PAYEE		ADDITIONAL INSURED	
LOAN#			
AUTHORIZED REPRESENTATIVE 			

PREMIUM FINANCE AGREEMENT

CONNECTICUT UNDERWRITERS, INC.
329 MAIN STREET
PORTLAND, CONNECTICUT 06480

A. CASH PRICE (Total Premiums)		\$ 4017.41		INSURED (Name & Res. or Bus. Address)		AGENT or BROKER (Name & Place of Bus.)					
B. CASH DOWN PAYMENT		\$ 1205.00		Wharf Street Associates 42 Wharf Street Portland, ME 04101 ZIP		Blake, Hall & Sprague PO Box 2403 South Portland, ME					
C. UNPAID BALANCE OF CASH PRICE (Amount Financed-A minus B)		\$ 2812.41				ZIP					
D. FINANCE CHARGE		\$ 128.43				S/O Code Agency No.					
E. TOTAL OF PAYMENTS (C plus D)		\$ 2940.84		PAYMENT SCHEDULE							
F. ANNUAL PERCENTAGE RATE		10.83 %		Deferred Payment Price (A plus D)	First Installment Due	Amount of each Installment	No. of Installments	Installment Payable			
				4145.84	5-14-95	326.76	9	Monthly	Qtrly.	Annual	
Policy Prefix and Number	Effective Date of Policy or Annual Installment	Full Name of Insurance Company and Address of Company Reporting Office				Coverage Fire; Auto Mar., I.M. Gas.	Policy Terms in Months Covered by Premium	Cash Price (Premium)			
TBA	4-14-95	Penn-America				PACK.	12	4017.41			
SOCIAL SECURITY NO. (Individual)					FEDERAL I.D. NO. 010493605						

In consideration of the premium payments to be made by CONNECTICUT UNDERWRITERS, INC. (herein referred to as CUINCO) to the above insurance companies, the undersigned promises to pay to the order of CUINCO, at the above address, the Total of Payments in accordance with the PAYMENT SCHEDULE, subject to the provisions hereinafter set forth.

The undersigned Insured:

1. Assigns to CUINCO as security for the total amount payable hereunder any and all unearned premiums and dividends which may become payable under the policies listed in the above schedule, and loss payments under said policies which reduce the unearned premiums.
2. Agrees not to assign any of the above listed policies, except for the interests of mortgagees and loss payees, without the written consent of CUINCO and that all rights conferred upon CUINCO shall inure to CUINCO's successors and assigns.
3. Understands that the finance charge begins to accrue as of the earliest policy effective date.
4. Agrees in the event of a default in payment of any installment due hereunder, or upon failure to comply with any of the terms or conditions hereof, or if a

proceeding in bankruptcy, receivership or insolvency be instituted by or against the undersigned, the unpaid balance due hereunder shall be immediately due and payable and CUINCO may effect cancellation of insurance policies listed in the schedule.

5. Hereby irrevocably appoints CUINCO Attorney-in-Fact with full authority to cancel the said policies, receive all sums assigned to CUINCO and to execute and deliver on behalf of the undersigned all documents, forms and notices relating to the above listed insurance policies in furtherance of this agreement. Any sum received from an insurance company shall be credited to the balance due hereunder and if there is any excess over the balance due it shall be paid to the insured. The insured shall remain liable for any deficiency.

6. Agrees upon default in payment of any installment for 10 days to pay a delinquency and collection charge on such installment of 5% of such installment or \$5.00, whichever is less.

7. Agrees that the agent or broker named above is not the agent of CUINCO and is without authority to bind it by representation or otherwise.

8. This agreement shall not be effective until accepted in writing by CUINCO.

NOTICE TO INSURED: (1) READ THIS AGREEMENT BEFORE YOU SIGN, (2) DO NOT SIGN THIS AGREEMENT IF IT CONTAINS BLANK SPACES, (3) YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT AT THE TIME YOU SIGN, (4) KEEP YOUR COPY OF THIS AGREEMENT TO PROTECT YOUR LEGAL RIGHTS, (5) YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE, COMPUTED UNDER THE RULE OF 78THS, SUBJECT TO ANY MINIMUM EARNED CHARGE, AS PERMITTED BY LAW. I ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

Signature of Insured(s) ▶

Date Signed ▶

The undersigned warrants that the insured has received a copy of this agreement, that the scheduled policies are in full force and effect and the premiums indicated are correct; that to the best of his knowledge and belief the insured's signature is genuine; that none of the policies scheduled in the agreement are non-cancellable, Manual Interim Audit Deposit Premium Policies or policies written for a term of less than one year. The undersigned recognizes the insured's assignment of the unearned premiums and dividends and upon cancellation of any of the scheduled policies agrees to pay the unearned premiums, dividends and unearned commissions to CUINCO provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

Signature of Producer ▶

Date Signed ▶



**HISTORIC PRESERVATION
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

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: The Forge 42 WHARF ST.

Applicant: (name) Rebecca Mann (telephone) 773-9685
(company, if applicable) WHARF ST. ASSOCIATES INC.
(address) 42 WHARF ST.

Property Owner, if different: (name) Monopoly Inc.
(address) P.O. Box 367 DTS
PORTLAND ME 04112
(telephone) 773-3333

Architect (if any): —

Contractor or Builder (if any): —

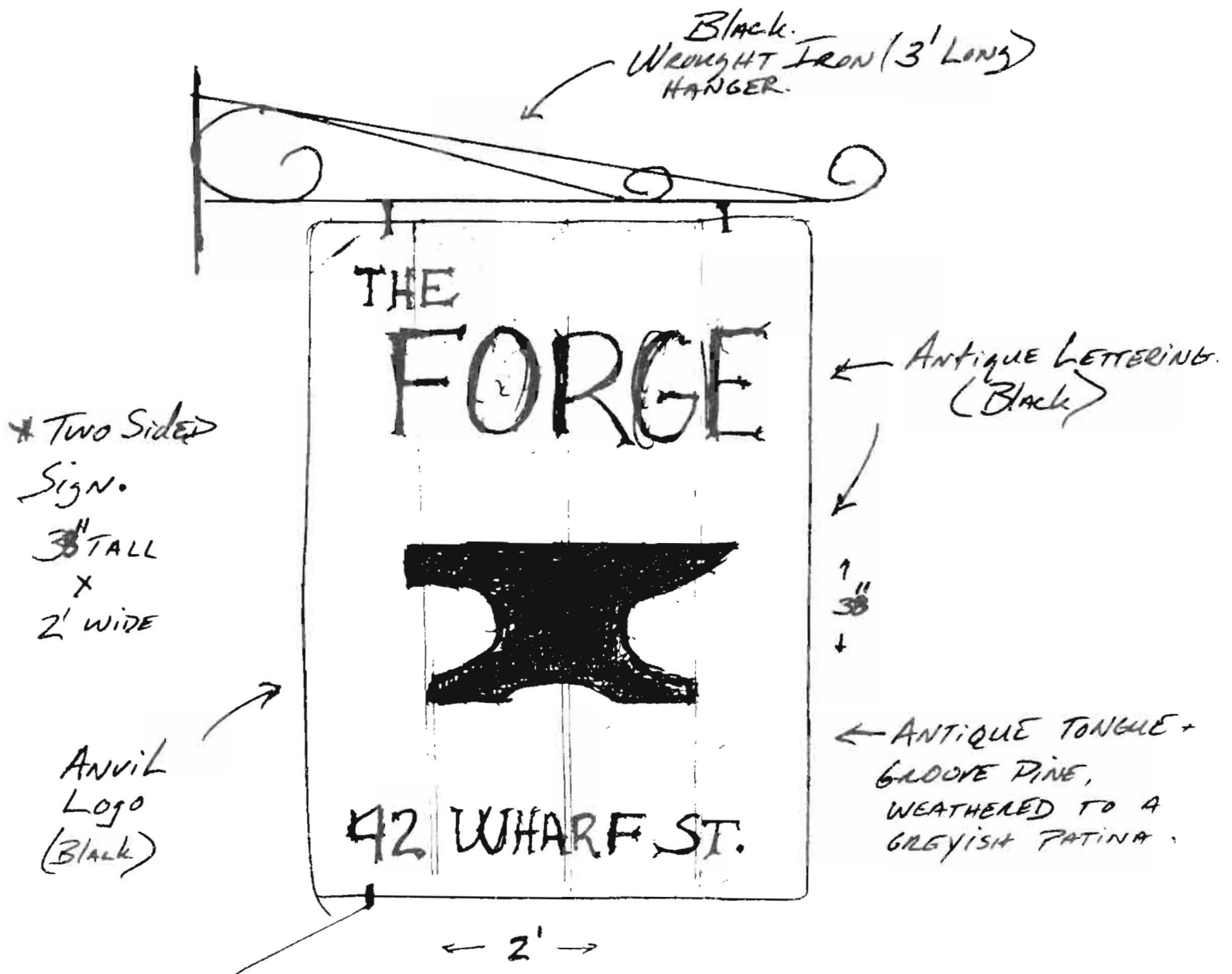
Local Designation:

— Landmark. ☒ Within Historic District. — Historic Landscape District.
[Signature] Applicant's Signature [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

HISTORIC PRESERVATION Committee

Sign Design FOR WHARF ST. ASSOCIATES, INC.
D.B.A THE FORGE



42 WHARF ST.

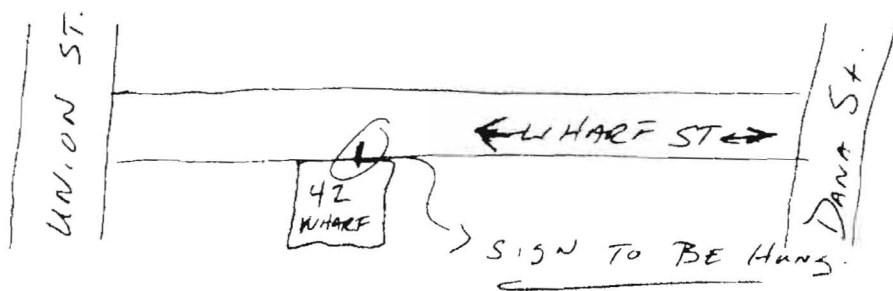
773-9685

CONTACT: BRUCE MANN JR.

Sign Site:

WHARF STREET ASSOCIATES, INC
42 WHARF ST.
Portland ME 04101
773-9685 / BRUCE MANN JR
REBECCA MANN

* Sign is 8'2" From Ground to Bottom of Sign
SEE ATTACHED PAGE FOR DIMENSIONS



SIGNAGE APPLICATION

ADDRESS: 42 WHARF ST.

B-3 Zone

OWNER: Monopoly Inc.APPLICANT: WHARF STREET ASSOCIATES INC.

ASSESSORS NO.: _____

SINGLE TENANT LOT? YES: ☒ NO: _____MULTI-TENANT LOT? YES: _____ NO: ☒FREESTANDING SIGN? YES: _____ NO: ☒

DIMENSIONS: _____

MORE THAN ONE SIGN? NO

DIMENSIONS: _____

BLDG. WALL SIGN? YES: ☒ NO: _____DIMENSIONS: 38" x 2' = 6.34'MORE THAN ONE SIGN? NO

DIMENSIONS: _____

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: _____

NONELOT FRONTAGE (IN FEET): 40'BLDG FRONTAGE (IN FEET): 20' x 2' = 40'AWNING? YES: _____ NO: Future 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.

H: SIGNET

OWNERS CONSENT AND AGREEMENT

I, Joe Saley, being the owner of the premises located at
(print property owners name)

42 WHARF ST. in Portland, Maine, hereby give consent to the
(print property address)

erection of a certain sign/awning/banner owned by WHARF ST. ASSOCIATES INC
(print lessee's name)

over the sidewalk or on building from said premises as described in
application to the Division of Inspection Services.

And in consideration of the issuance of said permit, owner of said premises,
in event said sign shall cease to serve the purpose for which it was erected
or shall become dangerous and in event the owner of said sign shall fail to
remove said sign or make it permanently safe in case the sign still serves
the purpose for which it was erected, hereby agrees for himself or itself,
for his heirs, its successors, and his or its assigns, to completely remove
said sign.

X [Signature]
Signature of Property Owner

X 4/3/95
Date

[Signature]
Signature of Lessee

1/9/95
Date

DEPT OF PUBLIC
WORKS



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 black ink, 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:

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Property Owner, if different: (name) Monopoly Inc.
(address) P.O. Box 367 DTS.
Portland ME 04112
(telephone) 773-3333

Architect (if any):

Contractor or Builder (if any):

Local Designation:

 Landmark. ☒ Within Historic District. Historic Landscape District.

[Signature]
Applicant's Signature

[Signature] 4/13/85
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.

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.

Sigaw to be attached to Building.
Specifications and materials are
described on attached sheets.



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



