

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

Location of Construction: 273 State St		Owner: Dipietro Antonio, Julia/Finch, Jean		Phone:		Permit No: 980215	
Owner Address: SAA Field, ME 04101		Lessee/Buyer's Name: The Parkside Parrot Inn		Phone: 775-0224		BusinessName:	
Contractor Name:		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>MAR 12 1998</b>  <b>CITY OF PORTLAND</b> </div>	
Past Use: B & B		Proposed Use: Same		COST OF WORK: \$ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Proposed Project Description: Erect Signage				Signature:		Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action:           Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>				Signature:		Date:	
Permit Taken By: Mary Gresh		Date Applied For: 04 March 1998				Zone: CBL: 036-E-002 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"/>	

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..

PERMIT ISSUED WITH REQUIREMENTS

**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 *Via Mail* ADDRESS: DATE: 04 March 1998 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

COMMENTS

still she will call when you give up  
Begin installation as per permit 4/14/00  
Mung

Inspection Record

Type

Date

Foundation: \_\_\_\_\_

Framing: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Final: \_\_\_\_\_

Other: \_\_\_\_\_

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 273 State Street ZONE: R6

OWNER: Julie DiPietrantonio + Joan Finch

APPLICANT: Julie DiPietrantonio

ASSESSOR NO.: 034-E-00200101

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 2' x 2'  
(attached to bldg)

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

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: None

LOT FRONTAGE (FEET) 51 feet

BLDG FRONTAGE (FEET) 21' 3"

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.

over



LAND USE - ZONING REPORT

ADDRESS: 273 State Street DATE: 3/11/98

REASON FOR PERMIT: Sign permit

BUILDING OWNER: Julie DiPietrantonio C-B-L: 36-E-002

PERMIT APPLICANT: Joan Fuch owner

APPROVED: with conditions DENIED: \_\_\_\_\_  
#9

CONDITION(S) OF APPROVAL

1. During its existence, all aspects of the Home Occupation criteria, Section 14-410, shall be maintained.
2. The footprint of the existing \_\_\_\_\_ shall not be increased during maintenance reconstruction.
3. All the conditions placed on the original, previously approved, permit issued on \_\_\_\_\_ are still in effect for this amendment.
4. Your present structure is legally nonconforming as to rear and side setbacks. If you were to demolish the building on your own volition, you will not be able to maintain these same setbacks. Instead you would need to meet the zoning setbacks set forth in today's ordinances. In order to preserve these legally non-conforming setbacks, you may only rebuild the garage in place and in phases.
5. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
6. Our records indicate that this property has a legal use of \_\_\_\_\_ units. Any change in this approved use shall require a separate permit application for review and approval.
7. Separate permits shall be required for any signage.
8. Separate permits shall be required for future decks and/or garage.
9. Other requirements of condition Subject to final approval of

The Change of use permit

Marge Schmuckal Marge Schmuckal, Zoning Administrator,  
Asst. Chief of Code Enforcement

← rigid iron rod 1/4" x 1/2"  
to bracket

ledge  
detail

2'-0"



2'-0"



← Porch  
column

8" CLEARANCE  
TO WALL

TO GROUND

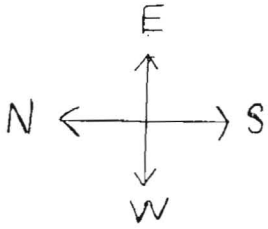
★ SHOW LOCATION ON BUILDING



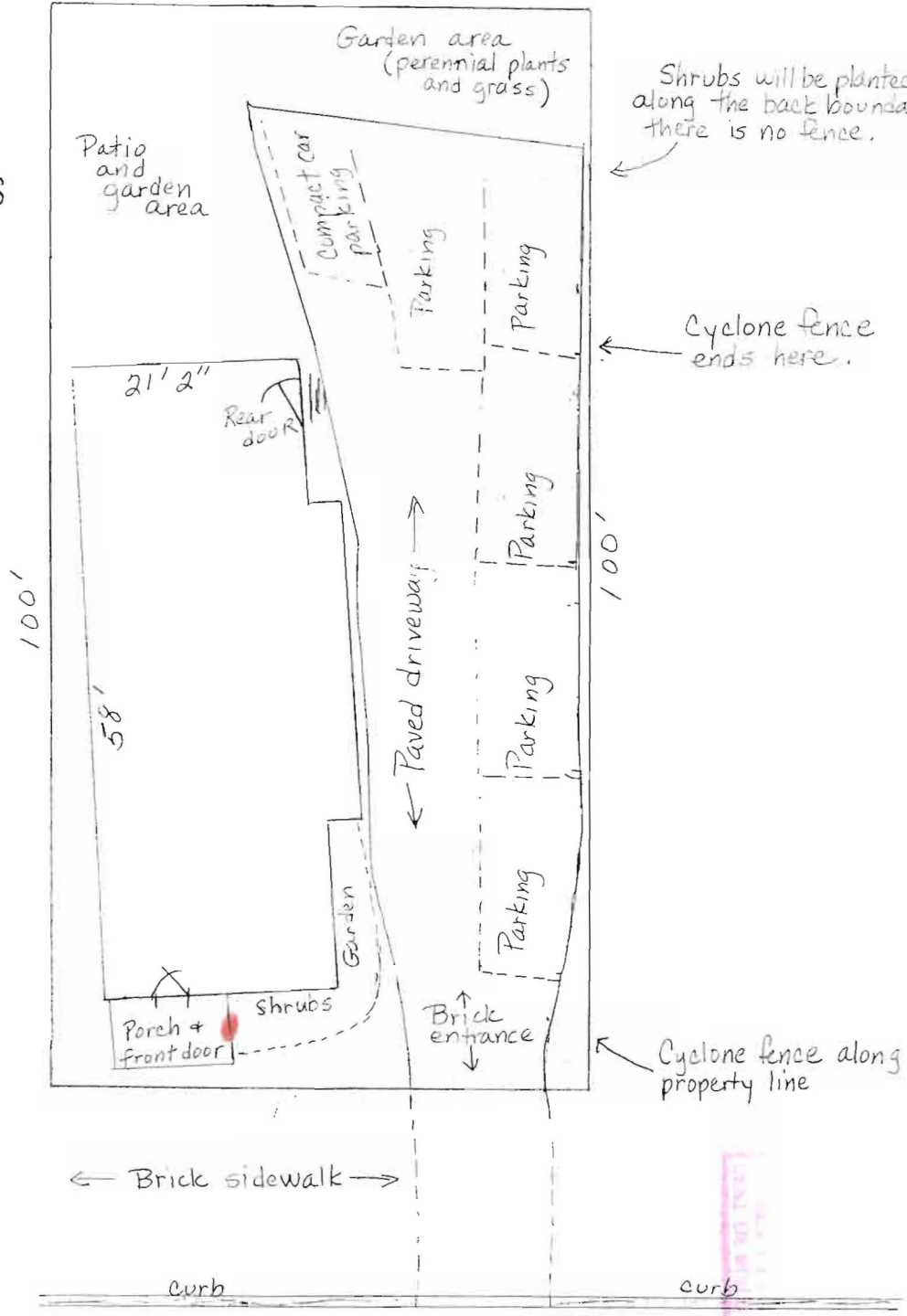
Taylor Sign 1/8/19  
774.7652

A wood fence runs along the rear property line.

51'



1/16" = 1 foot



Shrubs will be planted along the back boundary where there is no fence.

Cyclone fence ends here.

Cyclone fence along property line

\* Location of firehydrant

State Street



## THE PARKSIDE PARROT INN

273 State Street, Portland, Maine 04101  
(207) 775-0224 parpar1@maine.rr.com

Received  
3/3/98

Marge Schmuckal  
Zoning and Inspections  
Planning and Urban Development  
389 Congress Street  
Portland, Maine 04101

February 17, 1998

Dear Marge:

Enclosed please find our application for a sign permit for our bed and breakfast to be opened in May. I am attaching proof of insurance, a sketch plan of the house and lot, and a sketch of our proposed sign. We plan to hang it from the front porch, as indicated by the red dot on the drawing of the house and lot.

The sign will be two feet by two feet in length, as shown in the drawing, and will be constructed of mahogany wood, to be painted with a gray background and black lettering. The sign will hang by black iron rod or chain from the porch beam, facing the traffic as it ascends State Street. The only lighting will be from our front porch light.

If you have any questions regarding the permit, or need more information from me, please call me at 780-4125 during the day, or leave a message at my home at 775-0224.

We appreciate your consideration of this application.

Sincerely,

Julie DiPietrantonio, President  
Parkside Parrot Inn



# THE CONCORD GROUP INSURANCE COMPANIES

This Declaration Supercedes all Previous Declarations

Issued By: **CONCORD GENERAL MUTUAL INS CO**  
 Agent: **CONCORD, NEW HAMPSHIRE 03301**  
**NORTON INSURANCE AGCY INC** 207-828-5686 18-775-C

**EFFECTIVE DATE**  
 04/24/97  
 PAGE 1 OF 2  
 050797 4902

**NAMED INSURED AND ADDRESS**      **DECLARATIONS**      **LOSS PAYEE / MORTGAGEE**

JOAN FINCH &  
 273 STATE STREET  
 PORTLAND ME 04101

POLICY NUMBER	POLICY PERIOD (see other side)	POLICY TYPE
2790537-8 18-6-0497	FROM 04/21/97 TO 04/21/98 12:01 AM STD TIME PAYMENT MODE: ANNUALLY	BUSINESS OWNERS POLICY

**POLICY INFORMATION PAGE**

COMPLETE NAMED INSURED: JOAN FINCH & JULIE DIPIETRANTONIO

FORM OF BUSINESS: JOINT VENTURE

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE YOU WITH THE INSURANCE AS STATED IN THIS POLICY.

LOCATION NO. 1 273 STATE STREET      PORTLAND      ME 04101

**LIABILITY COVERAGES**

LIABILITY AND MEDICAL EXPENSES  
 MEDICAL EXPENSES  
 FIRE LEGAL LIABILITY  
 AGGREGATE LIMITS

LIMIT OF INSURANCE  
 \$1,000,000 EACH OCCURRENCE  
 \$5,000 PER PERSON  
 \$50,000 ANY ONE FIRE

A) PRODUCTS-COMPLETED OPERATIONS      \$1,000,000 PER POLICY PERIOD  
 B) OTHER THAN PRODUCTS-COMPLETED OPERATIONS      \$2,000,000 PER POLICY PERIOD

OPTIONAL COVERAGES: APPLICABLE ONLY WHEN AN ADDITIONAL PREMIUM IS LISTED.

HIRED AUTOS	NONE
NONOWNED AUTOS	NONE
PROFESSIONAL LIABILITY	NONE
ADDITIONAL INSUREDS	NONE
INCREASED LIABILITY	\$ 122.00
SWIMMING POOLS / GAS PUMPS	NONE

ANNUAL PREMIUM RECAP  
 LOCATION NO. 1 - 3      675.00

PAYMENT MODE - ANNUAL  
 PRIOR DUE \$ - .00  
 INSTALLMENT DUE \$ - .00  
 ENDORSEMENT DUE \$ - .00  
 SERVICE CHARGE \$ - .00  
 TOTAL DUE \$ - .00

OPT COV PREM      -      122.00  
 \* TOTAL PREMIUM \*      -      797.00

POLICY FORMS AND ENDORSEMENTS: BP0002-01/97    BP0006-01/97    BP0007-1/97  
 BP0123-01/87    BP0148-01/97    BP0417-01/96    BP0419-06/89    IL0247-05/97  
 IL0913-01/82    EP1203-06/89

AGENT/BROKER  
 Countersigned At

NORTON INSURANCE AGCY INC  
 S PORTLAND      ME 04106

By *Paul S. Deane*      //  
 Authorized Signature



# CONCORD GROUP INSURANCE COMPANIES

This Declaration Supersedes:  
all Previous Declarations

CONCORD GENERAL MUTUAL INS CO  
CONCORD, NEW HAMPSHIRE 03301  
NORTON INSURANCE AGCY INC

207-828-5686

18-775-C

**EFFECTIVE DATE**

04/24/97

PAGE 2 OF 2  
050797 4902

**NAMED INSURED AND ADDRESS**

**DECLARATIONS**

**LOSS PAYEE / MORTGAGEE**

JOAN FINCH &  
273 STATE STREET  
PORTLAND ME 04101

HOMESIDE LENDING, INC  
PO BOX 45110  
JACKSONVILLE FL 32232

**POLICY NUMBER**

**POLICY PERIOD (see other side)**

**POLICY TYPE**

Z790537-8  
18-6-0497

FROM 04/21/97 TO 04/21/98 12:01 AM STD TIME  
PAYMENT MODE: ANNUALLY

BUSINESS OWNERS POLICY  
SPECIAL FORM

**LOCATION INFORMATION PAGE**

LOCATION NO. 1 273 STATE STREET PORTLAND ME 04101

DESCRIPTION OF BUSINESS: 4 UNIT APT HOUSE - OWNER OCCUPYING 1 UNIT

PROPERTY COVERAGES	LIMIT OF INSURANCE	PREMIUM
BUILDING(S)	\$225,000	\$ 575.00
APPURTENANT BUILDINGS	NONE	NONE
VALUATION: REPLACEMENT COST		
AUTOMATIC INCREASE: 02% ANNUALLY		
BUSINESS PERSONAL PROPERTY	NONE	NONE
VALUATION: ACTUAL CASH VALUE		
SEASONAL INCREASE: 25%		
BUSINESS INCOME / EXTRA EXPENSE	ACTUAL LOSS FOR 12 MONTHS	

OPTIONAL COVERAGES: APPLICABLE ONLY WHEN A LIMIT OF INSURANCE IS INDICATED.  
LIMITS APPLY ON A PER OCCURRENCE BASIS.

OUTDOOR SIGNS	NONE	NONE
ACCOUNTS RECEIVABLE	NONE	NONE
EDP EQUIPMENT	NONE	NONE
VALUABLE PAPERS	NONE	NONE
BUILDING GLASS	NONE	NONE
ADDITIONAL FIRE LEGAL	NONE	NONE
EMPLOYEE DISHONESTY	NONE	NONE
MONEY AND SECURITIES	NONE	NONE
EARTHQUAKE	NONE	NONE
CONDO LOSS ASSESSMENT	NONE	NONE
CONDO MISC REAL PROPERTY	NONE	NONE
SPOILAGE	NONE	NONE

DEDUCTIBLE: \$250

TOTAL

\$ 675.00

RATING BASIS: CONST 1 PROT CB RATENO

RATEGRP

Z790537 18-6-0497 1

AGENT/BROKER  
Countersigned At

NORTON INSURANCE AGCY INC  
S PORTLAND ME 04106

By

Authorized Signature

POLICY HOLDER SEE REVERSE FOR CONTINUAL RENEWAL INFORMATION