

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

Location of Construction: <b>(559A) 559 Congress St</b>		Owner: <b>BK Partners</b>		Phone:		Permit No: <b>960148</b>	
Owner Address:		Leasee/Buyer's Name: <b>The Maine Attraction 559A Congress St</b>		Phone:		Business Name: <b>Pctd, ME 04101</b>	
Contractor Name: <b>Ed Manning</b>		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>  <b>MAR - 8 1996</b>  <b>CITY OF PORTLAND</b> </div>	
Past Use: <b>Hair Salon</b>		Proposed Use: <b>Same w/signage</b>		<b>COST OF WORK:</b> \$ <b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>PERMIT FEE:</b> \$ <b>27.00</b> <b>INSPECTION:</b> Use Group: Type:	
Proposed Project Description: <b>Erect Signage (2.5 x 4)</b>		Signature:		Signature:		Zone: <b>CBL: 037-A-042</b> Zoning Approval:	
Permit Taken By: <b>Mary Gresik</b>		Date Applied For: <b>26 February 1996</b>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:		<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 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..

**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: 2/26/96

**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** Linda Angelone **ADDRESS:** 26 Feb 96 **DATE:** 26 Feb 96 **PHONE:**

**RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** **PHONE:**

**CEO DISTRICT** 2  
*MS Man 804*

**SIGNAGE**

**PLEASE ANSWER ALL QUESTIONS**

ADDRESS: 559A Congress St. ZONE: \_\_\_\_\_

OWNER: Bob Rice BA PARTNER

APPLICANT: Linda Angelone

ASSESSOR NO.: 037-A-042

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

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

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

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

BLDG. WALL SIGN? YES  DIMENSIONS \_\_\_\_\_  
(attached to bldg)

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

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET) 15 feet

BLDG FRONTAGE (FEET) 15 feet

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.

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

02/08/96

**PRODUCER**

INSURANCE ASSOCIATES OF PORTLAND  
46 ATLANTIC PLACE DARLING AVE  
SOUTH PORTLAND ME 04106

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 LETTER **A** YORK INSURANCE COMPANY
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**INSURED**

THE MANE ATTRACTION  
LINDA ANGELONE DBA  
149 MIDDLE STREET  
PORTLAND ME 04101

**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
	<b>GENERAL LIABILITY</b>				
<b>A</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.	BUSM901972	05/25/95	05/25/96	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED. EXPENSE (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b>				
	ANY AUTO				COMBINED SINGLE LIMIT \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	<b>EXCESS LIABILITY</b>				
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE—POLICY LIMIT \$ DISEASE—EACH EMPLOYEE \$

**OTHER**

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

RE: HANGING OF SIGN  
149 MIDDLE STREET

**CERTIFICATE HOLDER**

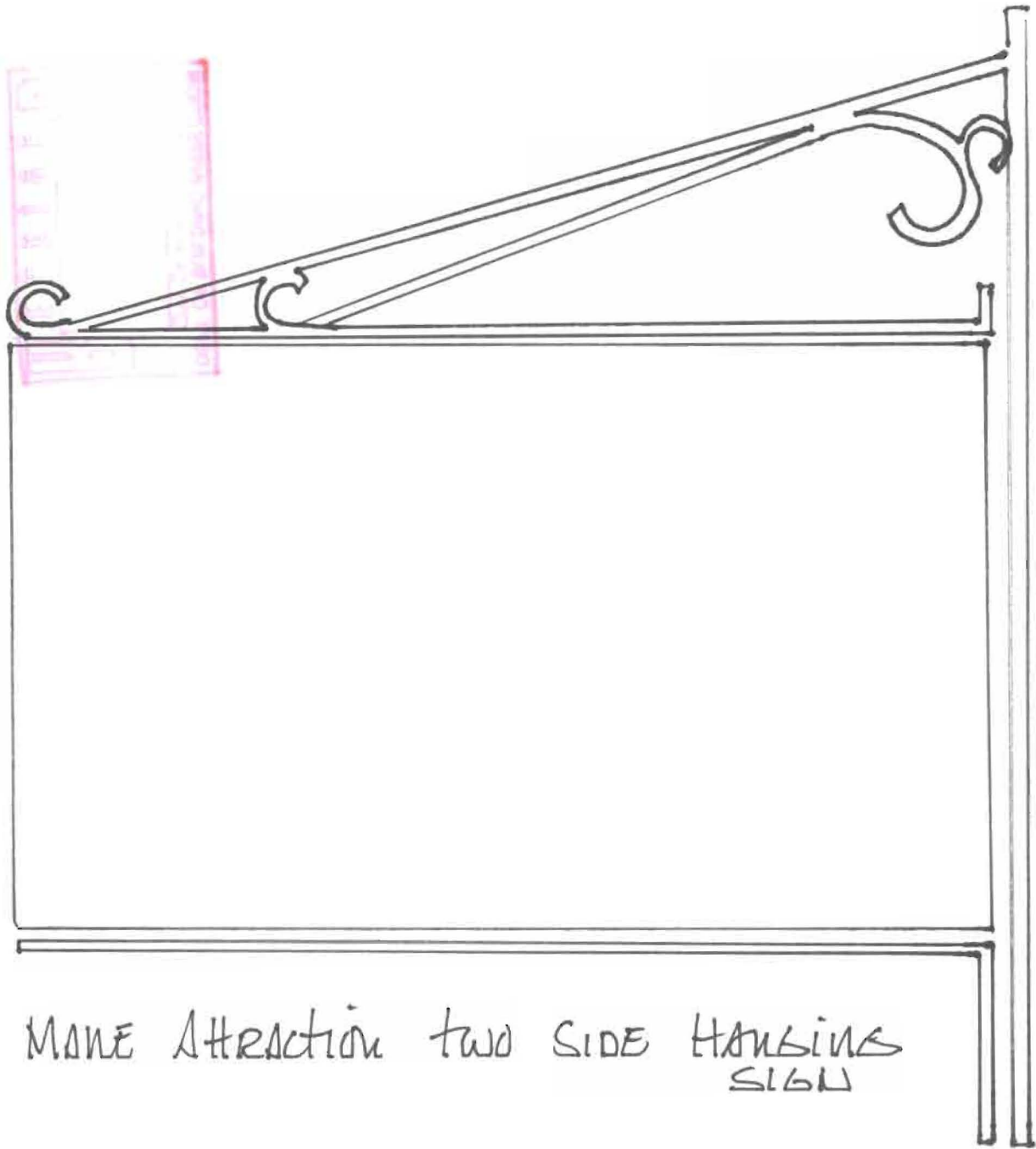
CITY OF PORTLAND  
CODE ENFORCEMENT DIVISION  
389 CONGRESS ST  
PORTLAND ME 04101

**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

*Michelle A. Mitchell*



MANE Attraction two SIDE HANGING  
SIGN

30" x 48" 1/2" MDO ATTACHED TO 2" x 2" WOODEN  
FRAME CONSTRUCTION - 1/8" FLAT ROLLED STEEL  
3 SIDED SIGN BRACKET  
GUY WIRE - TURNBUCKLE TENSION

Feb. 9<sup>th</sup> 1996

To Whom it may concern;

I, D.R. Pithers, owner of the property on 859 Congress St. Portland, Me., give my permission to Linda Angebne, owner of The Maine Attraction, to erect a sign & attached bracket to the facade of said building.

I understand the sign will be erected in accordance with city ordinances.

D.R. Pithers  
Robert A. Pithers

