

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

Location of Construction: 360 Cumberland Ave		Owner: Cumby, Cory	Phone:	Permit No: 51266
Owner Address:		Leasee/Buyer's Name: The Wizard of Odds 360 Cumberland Ave	Phone:	Business Name: Ptld, ME 04101
Contractor Name: Bass Sign Co. Scarborough, ME		Address:		Phone: 874-4040
Past Use: Retail	Proposed Use: Same w/signage	COST OF WORK: \$	PERMIT FEE: \$ 27.40	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: DEC - 1 1995 CITY OF PORTLAND </div> Zone: 2-3 CBL: 037-D 003 Zoning Approval: 11/2/95 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"/>
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: 4 Use Group: M Type: 3B	
Proposed Project Description: Erect Signage		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		
Permit Taken By: Mary Grosik		Date Applied For: 30 November 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..

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 **Everett Kowell** ADDRESS: DATE: **30 November 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

CEO DISTRICT

5

SIGNAGE

ADDRESS: 360 CUMBERLAND AVE

OWNER: CUMBI CORP Scott Joslin

APPLICANT: EVERETT ROWELL DB/A THE WIZARD OF ODDS

ASSESSORS NO.: 037-D-003 Cumby Corp

SINGLE TENANT LOT? YES: _____ NO: _____

MULTI-TENANT LOT? YES: _____ NO: _____

FREESTANDING SIGN? YES: _____ NO: _____ DIMENSIONS: _____

MORE THAN ONE SIGN? _____ DIMENSIONS: _____

BLDS. WALL SIGN? YES: NO: _____ DIMENSIONS: 18" x 8'

MORE THAN ONE SIGN? NO DIMENSIONS: 15 x 8 = 120'

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: NONE

LOT FRONTAGE (IN FEET): 15 feet

BLDS FRONTAGE (IN FEET): 45 feet plan shows = 49' x 2# = 98'

AWNINGS? YES: _____ NO: IS AWNING BACKLIT? YES: _____ NO: _____

HEIGHT OF AWNING: _____

IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? _____

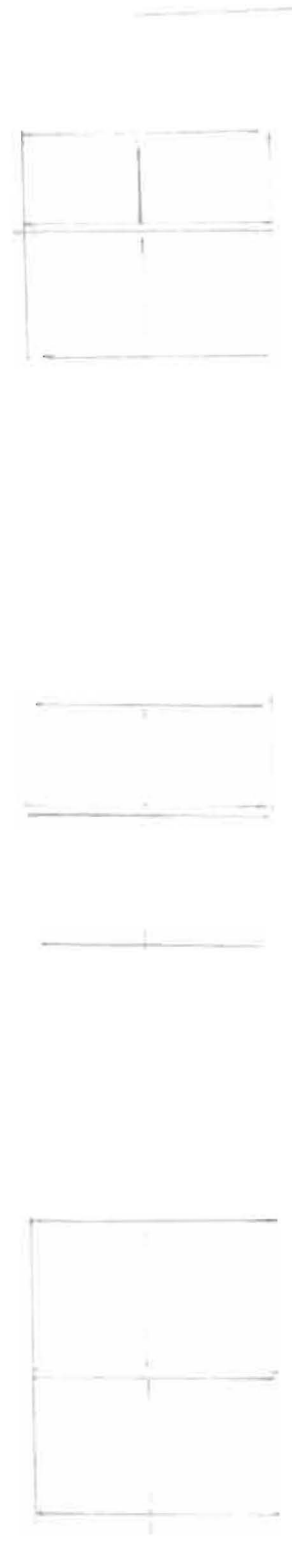
PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.

Blue factory
Add lettering

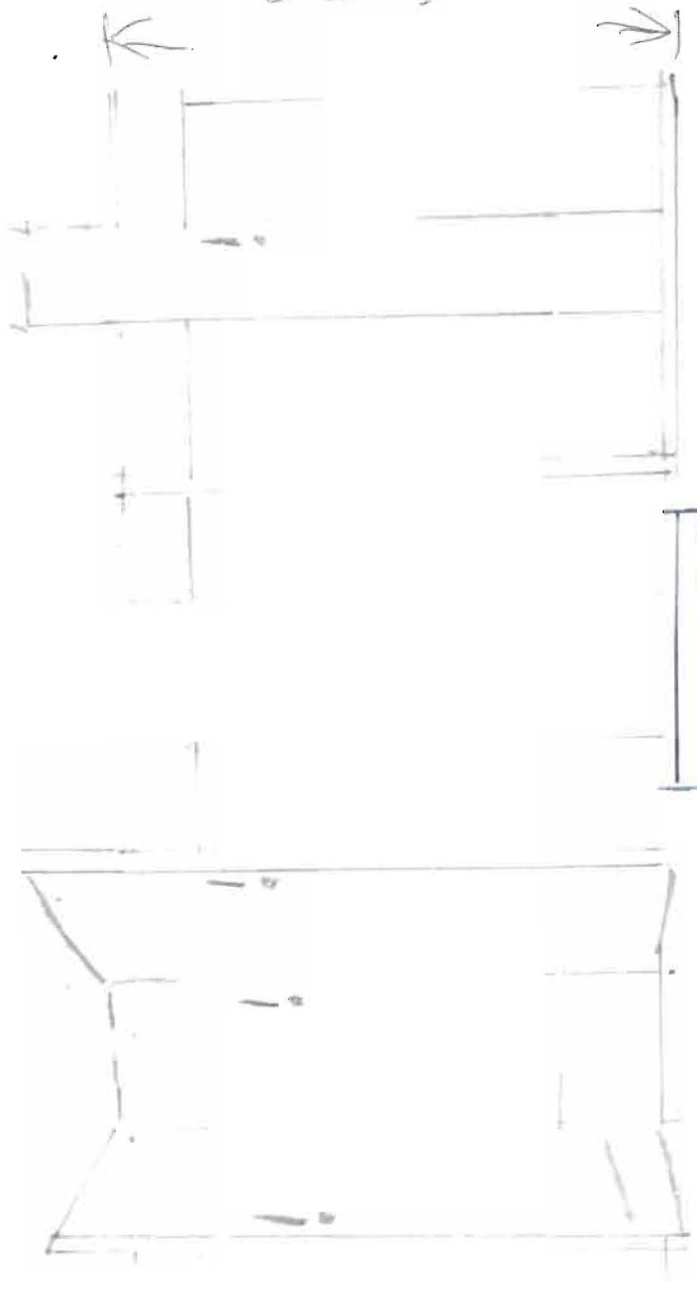
360 CUMBERLAND AVE
18" x 8' wood sign
NO LIGHTING

TO BE INSTALLED BY
PROFESSIONAL SIGN CO.
(BETHLEHEM SIGN CO. - SHERBORNE, MA.)



THE WIZARD OF ODDS

Min.
8'



DRIVEWAY



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11/29/95

PRODUCER

Noyes & Chapman Inc
1039 Washington Avenue
Portland ME 04103

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**INSURED**

Everett Rowell
360 Cumberland Avenue
Portland ME 04101

- COMPANY LETTER **A** Concord Group Insurance
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

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
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 600,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	TBA	12/4/95	12/4/96	PRODUCTS-COMP/OP. AGG. \$ 600,000
	CLAIMS MADE OCCUR				PERSONAL & ADV. INJURY \$ 300,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 300,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<input type="checkbox"/> GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION				STATUTORY LIMITS
	AND				EACH ACCIDENT \$
	EMPLOYERS' LIABILITY				DISEASE—POLICY LIMIT \$
					DISEASE—EACH EMPLOYEE \$

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

Exterior sign located at 360 Cumberland Avenue

CERTIFICATE HOLDER

City of Portland
389 Congress Street
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

COMMENTS

12095 Setting up cabinets & shelving
& painting & replacing ceiling tiles
Now ready to open.

Inspection Record

Type

Date

Foundation: Fire Electrical Other

Framing:

Plumbing:

Final:

Other:

L. O. K. [Signature]