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

Location of Construction:	Owner:	· F	hone:	Permit No: 51266
Owner Address:	Leasee/Buyer's Name:		BusinessName:	PERMIT ISSUED
Contractor Name:	Address:	Phone:	1.7.5. Qt 4.	Permit Issued: DEC - 1 1995
Past Use:	Proposed Use:	COST OF WORK: \$	PERMIT FEE: \$ = 7,40	
No Level I	5 . Tr 41	FIRE DEPT.		CITY OF PORTLAND
	a far a sa a sa	Signature:	BOC & 93 Signature: Holly	Zone: CBL:
Proposed Project Description:		PEDESTRIAN ACT	IVITIES DISTRICT (P.U.D.)	Zoning Approval:
an a	ł		roved roved with Conditions:	B □ Shoreland
		Signature:	Date:	Subdivision
Permit Taken By:	Date Applied For:	بروند به دون مه		□ Site Plan maj □ minor □ mm □
 This permit application doesn't preclude the A Building permits do not include plumbing, sej Building permits are void if work is not started tion may invalidate a building permit and stop 	otic or electrical work. within six (6) months of the date of issue			 Miscellaneous Conditional Use Interpretation Approved Denied
				Historic Preservation Not in District or Landmark Does Not Require Review Requires Review
				Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable ho	Denied			
		• • • • • • • • • • • • • • • • • • •	$t_{i} \in \mathcal{L}_{i}$	and the second sec
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK	K, TITLE		PHONE:	
	rmit Desk Green–Assessor's Cana	ny D. D.W. Bink Bublic		

SIGNAGE

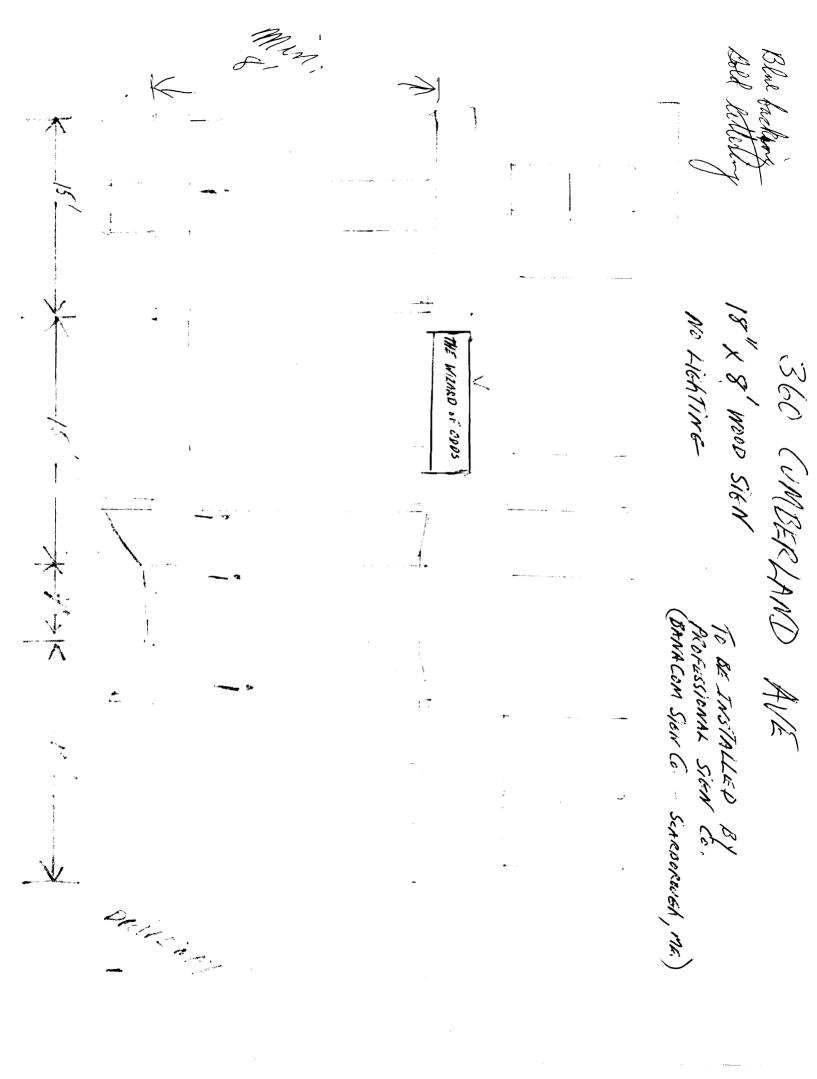
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ADDRESS: 360 CUMBERLAND	D AVE	
OWNER: CUMBIGRE Scott		
APPLICANT: EVERETT ROWELL	DALA THE W	IZARD OF OPPS
ASSESSORS NO .: 037-0-00	3 Cumby	, Coup
SINGLE TENANT LOT? YES:	/	,
MULTI-TENANT LDT? YES:	NO:	
FREESTANDING SIGN? YES:	NO:	DIMENSIONS:
MORE THAN ONE SI	GN?	D1MEN5IONS:
BLDG. WALL SIGN? YES:	ND:	DIMENSIONS: 18 "X 8"
MORE THAN ONE SI	EN? NO	DIMENSIONS: 15 X 8 - 12
LIST ALL EXISTING SIGNAGE, INCLUDING		
LOT FRONTAGE (IN FEET):	flet	
BLDS FRONTAGE (IN FEET) : 45	et planst	$row S = 49' \times 2^{4'} - 98^{7'}$
AWNING? YES: ND:		
HEIGHT DE AWNING:		
15 THERE ANY CLIMM. MEEBAGE.	телереренку ша е	

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

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



AÇOI	ND. CERTIFI	CATE OF INS	SURANCE		ISSU	E DATE (MM/DD/YY) 11/29/95
PRODUCER Noyes & Chapmar 1039 Washingtor		Inc Avenue	CONFERS NO R	GHTS UPON THE C ND, EXTEND OR AL	MATTER OF INFORM ERTIFICATE HOLDER. TER THE COVERAGE	TION ONLY AND THIS CERTIFICAT
	Portland ME 041			COMPANIES AF		AGE
			COMPANY LETTER A	Concord Group	Insurance	
			COMPANY LETTER B			
	360 Cumberland A		COMPANY C			
	Portland ME 041	101	COMPANY D			
			COMPANY E			
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T1	PE OF INSURANCE	POLICY NUMBER		TIVE POLICY EXPIRATION YY) DATE (MM/DD/YY)		TS
GENERAL L					GENERAL AGGREGATE	\$ 600,000
	IERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR.	ТВА	12/4/95	12/4/96	PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY	\$ 600,000 \$ 300,000
	R'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 300,000 \$ 300,000
					FIRE DAMAGE (Any one fire)	^{\$} 50,000
					MED. EXPENSE (Any one perso	
AUTOMOBI		•		an an e con a	COMBINED SINGLE	s
ANY A	UTO				LIMIT	\$
ALL O	WNED AUTOS				BODILY INJURY	\$
∿ÇHEI	DULED AUTOS				(Per person)	·
	AUTOS				BODILY INJURY	\$
	OWNED AUTOS				(Per accident)	
GAHA	GE LIABILITY				PROPERTY DAMAGE	\$
EXCESS LIA	NBILITY	(4) 7.0 (1.175) 10. (1.175) 10.	D REAL TO BE REPORTED AND A CONTRACT	All a stand of the second	EACH OCCURRENCE	\$
UMBR	ELLA FORM				AGGREGATE	s
OTHE	R THAN UMBRELLA FORM		11 × × 450 × 100 ×		27	
WORK	ER'S COMPENSATION			237 - 234774 - KAN	STATUTORY LIMITS	an di 2 di jana da da ang kan
	AND				EACH ACCIDENT	\$
EMF	LOYERS' LIABILITY				DISEASE-POLICY LIMIT	\$
OTHER	an a than and a star of the construction of the star	and a second	il ann anna i n fa anns an anna an	n 1815 19 No. 19 Januari 181 Antonio	DISEASE—EACH EMPLOYEE	\$
CRIPTION O	F OPERATIONS/LOCATIONS/VE	ICLES/SPECIAL ITEMS	in the ST of the end when the second or the	99 - 999 - 7 - 7 - 7 - 9 - 90 / 100 - 9 (200 - 10 / 100 - 100 - 	N MANY MEN, IL BOUTCHT SINGLAMMENT, MICHAELMING, MICHAELMING,	
Exte	rior sign located	d at 360 Cumberlar	nd Avenue			
RTIFICATI	E HOLDER	anak dari kana karatarikik di ak ak karatara da amata	CANCELLATION	n al a thaile black die Carley II and Carley and	ananana ila 10. Talah 11. Janar da aka ka jabartar ka ka sa	ann an san an
City	of Portland		SHOULD ANY OF	THE ABOVE DESCR	IBED POLICIES BE CANCE	ELLED BEFORE THE
	Congress Street		EXPIRATION DA	TE THEREOF, THE	ISSUING COMPANY WI	LL ENDEAVOR TO
	land ME 04101		MAIL 10 days written notice to the certificate holder named to the			
					NOTICE SHALL IMPOSE I	
			LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
			A	narch E.	Gaee	
ORD 25-S	(7/90)		\sim	The second se		ORPORATION 19