

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

Permit No: 02-1157	Issue Date:	CBL: 037 H005001
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Location of Construction: 536 Congress St	Owner Name: Pickwick Properties Of Maine Llc	Owner Address: Po Box 17502	Phone: 828-5600
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Art Gallery	Proposed Use: Art Gallery	Permit Fee: \$42.00	Cost of Work: \$30.00	CEO District: 2
Proposed Project Description: Erect Letters Spelling Out "SPACE"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: [Signature]	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: [Signature] Date: 10/18/02		

Permit Taken By: gad	Date Applied For: 10/09/2002	Zoning Approval
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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..	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 checked="" type="checkbox"/> (MM) Date: 10/10/02	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied to D.A. Date: 10/10/02
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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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes. If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 021157

This is to certify that Pickwick Properties Of Maine Inc/Applicant

has permission to Erect Letters Spelling Out "SPACE"

AT 536 Congress St

Case No. 037 H005001

PERMIT ISSUED
OCT 22 2010

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in. HEAVY NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

02-1157

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

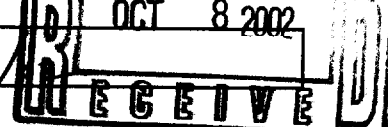
Signage Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>538 CONGRESS STREET, PORTLAND, ME. 04101</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot <u>frontage space 25'6"</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>031</u> Block# <u>H</u> Lot# <u>005</u>	Owner:	Telephone:
Lessee/Buyer's Name (If Applicable) <u>TODD BERNARD</u>	Applicant name, address & telephone: <u>TODD BERNARD 828-5600</u>	Total s.f. of signage <u>10</u> x 1.00 per s.f. \$ <u>10</u> , plus \$30.00 base fee Fee: \$ <u>40</u>
Current use: <u>ART SPACE</u>		
If the location is currently vacant, what was prior use: <u>PIZZA RESTAURANT</u>		
Approximately how long has it been vacant: <u>1 1/2 yrs</u>		
Proposed use: <u>GALLERY, RETAIL</u>		
Project description: <u>ERECT LETTERS SPILLING OUT "SPACE"</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>BRIAN LAWRENCE 883-0020</u>		
Mailing address: <u>TODD BERNARD 808-5600 CALL WHEN READY</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$50.00 fee if any work starts before the permit is picked up. Phone: <u>883-0020</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to the jurisdiction of the City of Portland, ME. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authority shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>[Signature]</u>	Date: <u>10/05/02</u>	
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 538 Congress Portland ZONE: B-3

OWNER: ~~XXXXXXXXXX~~ CHRIS CAMPBELL

APPLICANT: TODD BERNARD DBA SPACE GALLERY

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO
MULTI-TENANT LOT? YES NO
FREESTANDING SIGN? (ex. Pole Sign) YES NO DIMENSIONS _____ HEIGHT _____
MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____
SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 8' x 12" = 8'
MORE THAN ONE SIGN? YES NO DIMENSIONS _____
AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

NONE

*** TENANT BLDG. FRONTAGE (IN FEET): 25' 6" x 2 = 51'
*** REQUIRED INFORMATION

AREA FOR COMPUTATION

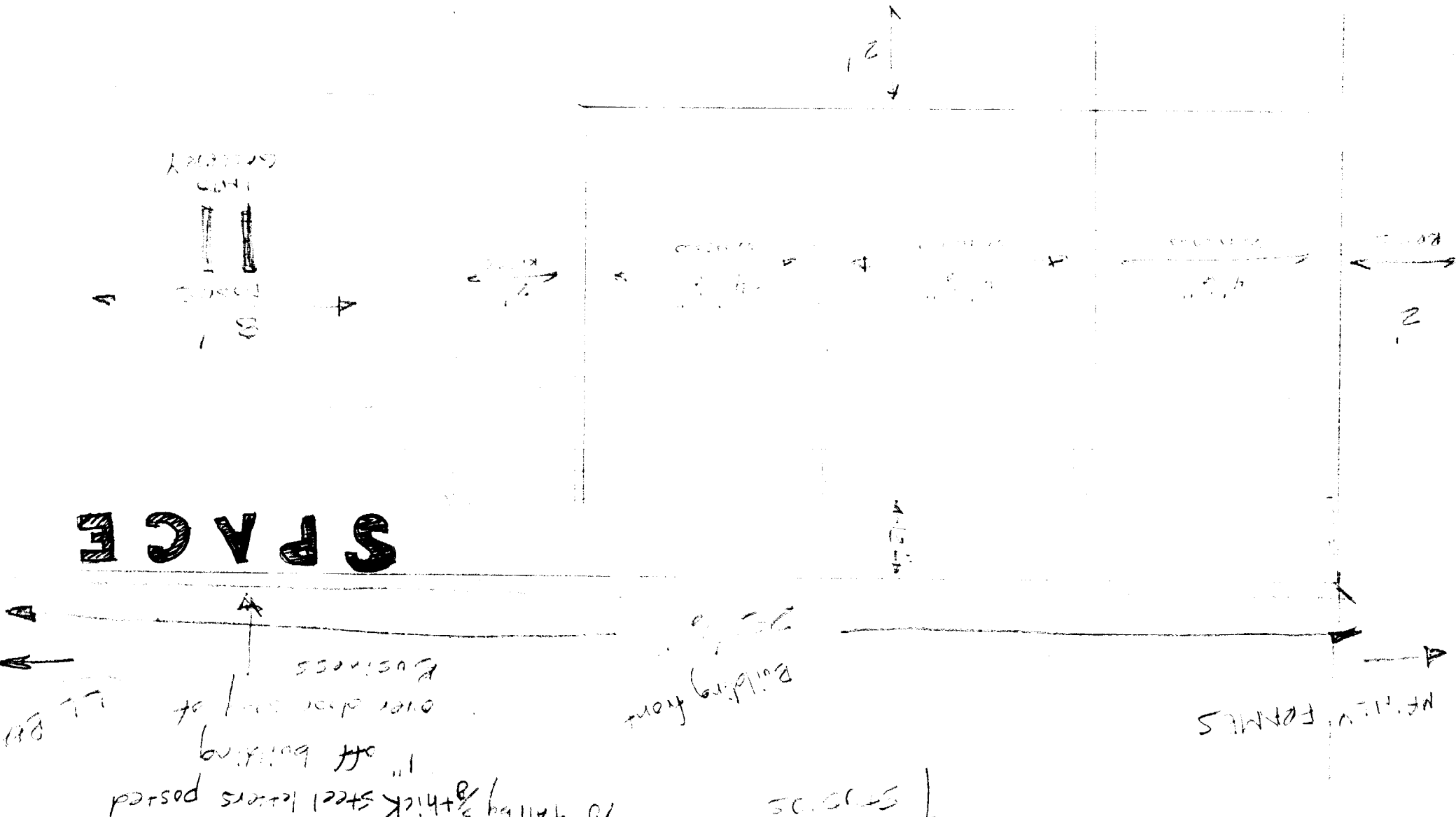
YOU SHALL PROVIDE:
A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Todd Bernard DATE: _____

Applied with Steel rods approx 3" into each letter & rods in each letter. Black letters, made out of metal 1/8" thick

CITY SIGNAGE

SPACE



10 Tall by 3/8" thick steel letters posted
 1" off building
 over distance of Business

Building front

W.F. 1/2" FORMS

STRODS

Christopher Campbell
Pickwick Properties of Maine LLC
PO Box 17502
Portland ME 04101

207 874-0455
PickwickProp@aol.com

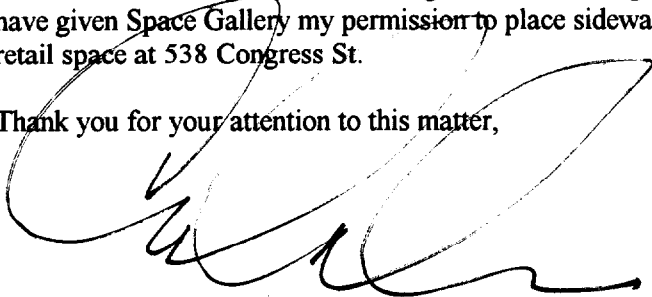
October 7, 2002

RE: Sidewalk Signage

Dear City of Portland:

As owner and manager of the building at 534-538 Congress St., I am writing to confirm that I have given Space Gallery my permission to place sidewalk signage in front of the their leased retail space at 538 Congress St.

Thank you for your attention to this matter,



Christopher Campbell
Operating Manager, Pickwick Properties of Maine LLC

PRODUCER Clark Associates 2385 Congress Street P O Box 3543 Portland, ME 04104	PHONE (A/C, No, Ext): (207)774-6257	APPLICANT Space (First Named Insured)				
	FAX (207)774-2994					
CODE: AGENCY CUSTOMER ID: 00037383		EFFECTIVE DATE: 07/15/2002	EXPIRATION DATE: 07/15/2003	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
SUB CODE:		FOR COMPANY USE ONLY				

COVERAGES			LIMITS		PREMIUMS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$ 2,000,000	PREMISES/OPERATIONS	
	CLAIMS MADE <input checked="" type="checkbox"/>	OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000		165.00
	OWNER'S & CONTRACTOR'S PROTECTIVE		PERSONAL & ADVERTISING INJURY	\$ 1,000,000	PRODUCTS	
DEDUCTIBLES			EACH OCCURRENCE	\$ 1,000,000	OTHER	
	PROPERTY DAMAGE	\$	FIRE DAMAGE (Any one fire)	\$ 1,000,000		
	BODILY INJURY	\$	MEDICAL EXPENSE (Any one person)	\$ 10,000		
			EMPLOYEE BENEFITS	\$		
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)					TOTAL	165.00

SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
00001	Art Gallery	84121	A) 2,500				165.00	

RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)	EMPLOYEE BENEFITS LIABILITY
1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	4. RETROACTIVE DATE:
REMARKS	REMARKS