| Location of Construction:   | Owner:<br>Thomas Cook Trave  | 1(David Paresky) Phone:  | 2-8450                                  | Permit No: 950290   |
|---|--|--|---|---|
| Owner Address:  | Leasee/Buyer's Name:   | Phone: Busines   | ssName:                                 | PERMIT ISSUED   |
| Contractor Name: Signs, etc, Inc.   | Address: P.O. 2280 Plainville, MA  | 02762 Phone: 508-6   | 599-4919                                | Permit Issued:  |
| Past Use:   | Proposed Use:  | COST OF WORK:  | PERMIT FEE:<br>\$40.00                  |   |
| Travel Agency   | Travel AGency(changing name) ONLY  | FIRE DEPT. ☐ Approved ☐ Denied  Signature:   | INSPECTION: Use Group: Type: Signature: | Zone: CBL: 037 TOO  |
| Proposed Project Description:   |  | PEDESTRIAN ACTIVITI  |   | Zoning Approval:  |
| to change lettering on existing   | g sign as per plan   | Action: Approved Approved Denied Signature:  | with Conditions: E  Date:               | Shoreland   |
| Permit Taken By: LATINI   | Date Applied For: 3/2  | 7/95   |   | ☐ Site Plan maj☐ minor ☐ mm ☐   |
| <ol> <li>Building permits do not include plumbing,</li> <li>Building permits are void if work is not start tion may invalidate a building permit and s</li> </ol>                                     | ted within six (6) months of the date of issutop all work  100 dlag, of sign photo   |  | diag. of sign                           | ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied  Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review |
| I hereby certify that I am the owner of record of t authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable | n as his authorized agent and I agree to cor<br>issued, I certify that the code official's au<br>hour to enforce the provisions of the code( | nform to all applicable laws of the uthorized representative shall hat (s) applicable to such permit | nis jurisdiction. In addition           | Denied  |
| SIGNATURE OF APPLICANT  | ADDRESS:   | DATE:  | PHONE:                                  | - / ((1) p( ) ( )   |

## SIGNAGE APPLICATION

| ADDRESS: 460        | CONGRESS ST                                      |   | ZONE; 5   | 5                               |
|---------------------|--|---|---|---------------------------------|
| OWNER: DAVID        | APESKY   |   |   |                                 |
| APPLICANT: SIGH     | S,ETC. LUC.                                      |   |   |                                 |
| ASSESSORS NO.:      |  |   |   |                                 |
| SINGLE TENANT LOT?  | YE5:   | NO:   |   |                                 |
| MULTI-TENANT LOT?   |  |   |   |                                 |
| FREESTANDING SIGN?  | YES:   | NO:/_   | DIMENSIONS:   |                                 |
|                     | MORE THAN ONE S                                  |   | DIMENSIONS:   |                                 |
| BLDG. WALL SIGN?    | YES:   | NO:   | DIMENSIONS:   | 30" ×14'9"=3                    |
|                     | MORE THAN ONE S                                  | SIGN?   | DIMENSIONS:   | 30" × 14'9"=8                   |
|                     | E FACED WA<br>ENTERST.<br>SAME A<br>EET): SAME A | LE SIGNS  EXISTI  AS BULLDING  WITHER ST, 3  LL # 15 AWNING | OFFON CON<br>NG, TO PO<br>O'(+) ON CON<br>XZ - 60#<br>BACKLYT? YES: | MAIN A<br>MAIN<br>MGPOSS<br>NO: |
| PLEASE PROVIDE A SI | TE SKETCH <u>AND</u> A                           | BUILDING SKETC  | H, SHOWING EXA  | CTLY WHERE                      |
| EXISTING AN         | <u>D NEW</u> SIGNAGE IS                          | S LOCATED.  |   |                                 |
| WE WILL NEED SKETCH | ES AND/OR PICTUR                                 | RES OF THE PROP   | OSED SIGNS INC  | LUDING                          |
| STRUCTURAL          |  |   |   | MAR 2                           |
| PEPLACE F           | PARES ON LY                                      | I PEXIST  | ing sign  | 27 1965<br>A: 51 GNL            |



Planning and Urban Development Joseph E. Gray Jr. Director

## CITY OF PORTLAND

April 4, 1995

RE: 480 Congress St.

Signs Etc., Inc. P. O. Box 2280 Plainville, MA 02762 Att: Richard Steele,

Dear Richard Steele,

Your application to change the lettering on the existing sign has been reviewed and a permit is herewith issued subject to the following requirement. This permit does not excuse the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy will be issued until all requirements of this letter are met.

Under the Pedestrian Activity District Review, Deb Andrews is requiring that the background be black and the bands on the facia to be painted black as well.

If you have any questions regarding this requirement, please do not hesitate to contact this office.

Sincerely,

Marge Schmuckal

Asst. Chief of Inspection Services

/el.

cc: Thomas Cook Travel (David Paresky)
Deb Andrews, Planning

## CERTIFICATE OF INSURANCE ISSUE DATE (MM/DD/YY) 03/23/95 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND PRODUCER CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE Duxbury & Ray Agency, Inc. DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE 292 Waterman Ave. POLICIES BELOW. P.O. Box 17088 COMPANIES AFFORDING COVERAGE 02917 Smithfield, R.1. COMPANY AETNA CASUALTY & SURETY LETTER COMPANY INSURKD I.RTTER COMPANY C LETTER Signs Etc. Inc. Route 1 COMPANY P.O. Box 2280 LETTER COMPANY E Plainville, MA 02762 LETTER

SOME CASES

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 THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERIAN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| LTK   | TYPE OF INSURANCE  | POLICY NUMBER   | POLICY REVECTIVE<br>DATE (MM/DD/YY) | POLICY KXPIRATION<br>DATE (MM/DD/YY) |                                 |    |         |
|---|--|-----------------|-------------------------------------|--------------------------------------|---------------------------------|----|---------|
| GENERAL LIABILITY   |  | <del></del>     |                                     |                                      | GENERAL AGGREGATE               | \$ | 600,000 |
| X COMMERCIAL GENERAL LIABIT.TY  CLAIMS MADE: X OCCUR.  A OWNER'S & CONTRACTOR'S PROT. | COMMERCIAL GENERAL LIABRITY  | GL 24612375TC1  |                                     | 12/30/95                             | PRODUCTS-COMP/OP AGOR.          | \$ | 600,000 |
|   | CLAIMS MADE: X OCCUR.  |                 | 12/30/94                            |                                      | PERSONAL & ADV. INJURY          | \$ | 300,000 |
|   | OWNER'S & CONTRACTOR'S PROT.   |                 |                                     |                                      | RACH OCCURRENCE                 | \$ | 300,000 |
|   |  |                 |                                     |                                      | FIRE DAMAGE (Any one fire)      | \$ | 50,000  |
|   | :  |                 |                                     |                                      | MED. EXPENSE (Any one person)   | \$ | 5,000   |
| AL  | TOMOBILE LIABIT,TTY  ANY AUTO  | to be determine | 12/30/94                            |                                      | COMBINED SINGLE                 | \$ |         |
|   | ALL OWNED AUTOS SCHEDULED AUTOS  |                 |                                     |                                      | BODILY INJUKY<br>(Per person)   |    | 100,000 |
| A X   | to an analysis of the second s |                 |                                     | 12/30/95                             | MODILY INJURY<br>(Pur socident) | 8  | 300,000 |
|   | GARAGE LIABILITY   |                 |                                     |                                      | PROPERTY DAMAGE                 | \$ | 100,000 |
| EXCESS LIABILITY  |  |                 |                                     | EACH OCCURENCE                       | \$                              |    |         |
|   | UMBRELLA FORM OTHER THAN UMBRELLA FORM   |                 |                                     |                                      | ACCREGATE                       | \$ |         |
| WORKER'S COMPENSATION  A AND  EMPLOYERS' LIABILITY                                    |  | C 24612375TCA   |                                     |                                      | X STATUTORY LIMITS              |    |         |
|   |  |                 | 01/01/95                            | 10/20/05                             | EACH ACCIDENT                   | \$ | 500,000 |
|   |  |                 |                                     | 12/30/95                             | DISEASE-POLICY LIMIT            | \$ | 500,000 |
|   | EMPLOYERS' LIABILITY   |                 |                                     |                                      | DISEASP-PACH EMPLOYEE           | \$ | 500,000 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICL/84/SPECIAL FTEMS

ALL COVERAGE SUBJECT TO ACTUAL POLICY TERMS, CONDITIONS AND EXCLUSIONS.

FAX 508-695-6969

CERTIFICATE HOLDER

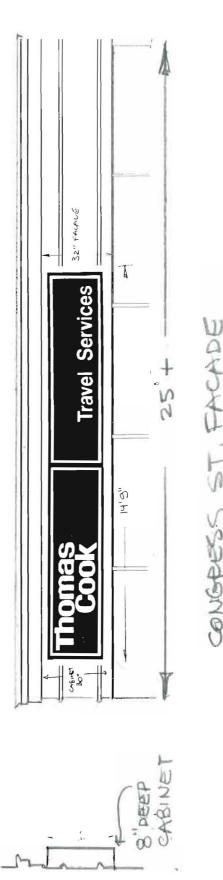
BUILDING DEPARTMENT CITY OF PORTLAND PORTLAND, MAINE 04101 CANCELLATION

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 BUILTY OF ANY KIND UPON THE COMPANY, I'M AGENTS OR REPRESENTATIVES.

ANTHORIZED REPRESENTATIVE

ACORD CORPORATION 1990

ACORD 25-6 (7/90)



LIGHTED SIGN CABINET

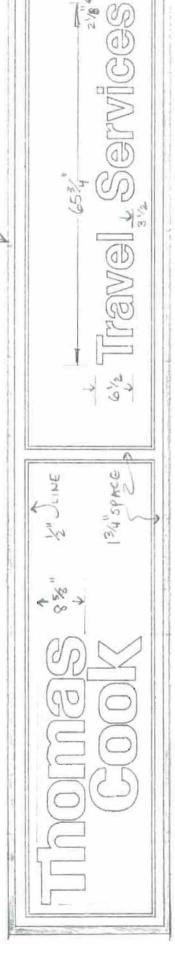


## PORTLAND, ME.

A4143"

30" # X 14'9" W PORTLAND, MAINE

LIGHTED SIGN CARINETS - 2 PECTURED
PAINTED RED RETURNS (8") AND TACE LIP (112")



- 989 - / / N

VISUAL OPENING 27" X 14'6"

18%ª

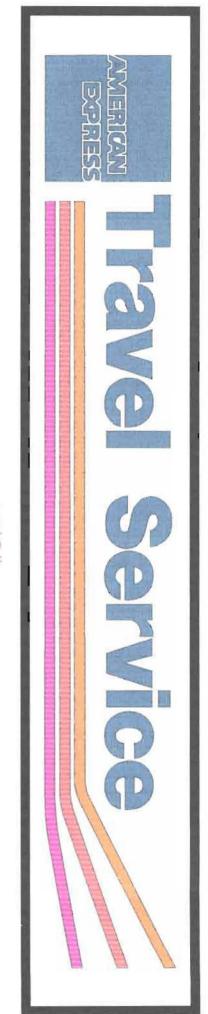
LIGHTING ? 2 POWS OF HO FLUOPESCENT DAYLIGHT LAMPS CABINET: 8" DEEP ALL WELDED ALUMKSIGN EXTRUSION & BUT BOOK SIGN BALLASTS

SM TRANSLUCENT LIGHT TOWATO RED VINTL #230-43 TO WHITE SOCKE GPRDE LEYED TARR

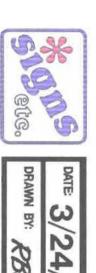
AUDINOR ALUMINOR NACK COPY

SIGNS, ETC. INC.





14,011



DRAWN BY: *PBS* SKETCH \* 95097

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