

Location of Construction: 480 Congress St.		Owner: Thomas Cook Travel (David Paresky)	Phone: 772-8450	Permit No: 950290
Owner Address: same	Leasee/Buyer's Name:	Phone:	Business Name:	PERMIT ISSUED Permit Issued: APR 4 1995 CITY OF PORTLAND
Contractor Name: Signs, etc, Inc.	Address: P.O. 2280 Plainville, MA 02762	Phone: 508-699-4919		
Past Use: Travel Agency	Proposed Use: Travel Agency (changing name) ONLY	COST OF WORK: \$ 100.00	PERMIT FEE: \$40.00	Zone: CBL: 037 I004
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
Proposed Project Description: to change lettering on existing sign as per plan		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Zoning Approval:
		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		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"/>
Permit Taken By: LATINI	Date Applied For: 3/27/95	Signature: _____ Date: _____		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

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..

submitted Signage application diag. of sign photo of property Old diag. of sign
 specks Cert. of Insurance

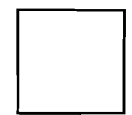
CERTIFICATION

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

3/27/95

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

CEO DISTRICT



COMMENTS

Signage changed - appears to be done
per plans ✓

	Type	Inspection Record	Date
Foundation:	_____	_____	_____
Framing:	_____	_____	_____
Plumbing:	_____	_____	_____
Final:	_____	_____	_____
Other:	_____	_____	_____

SIGNAGE APPLICATION

ADDRESS: 480 CONGRESS ST.

ZONE: B-3

OWNER: DAVID PAPESKY

APPLICANT: SIGNS, ETC. INC.

ASSESSORS NO.: _____

SINGLE TENANT LOT? YES: _____ NO: _____

MULTI-TENANT LOT? YES: _____ NO: _____

FREESTANDING SIGN? YES: _____ NO:

DIMENSIONS: _____

MORE THAN ONE SIGN? _____

DIMENSIONS: _____

BLDG. WALL SIGN? YES: NO: _____

DIMENSIONS: 30" x 14'9" = 36.67

MORE THAN ONE SIGN? _____

DIMENSIONS: 30" x 14'9" = 36.67

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: OK

TWO SINGLE FACED WALL SIGNS, ONE ON CONGRESS ST. ONE ON CENTER ST. EXISTING, TO REMAIN

→ LOT FRONTAGE (IN FEET): SAME AS BUILDING

→ BLDG FRONTAGE (IN FEET): 33' CENTER ST, 30' (+) ON CONGRESS

AWNING? 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.

REPLACE FACES ONLY IN EXISTING SIGNS

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND
MAR 27 1995
A: SIGN

Inspection Services
P. Samuel Hoffses
Chief



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

PRODUCER
 Duxbury & Ray Agency, Inc.
 292 Waterman Ave.
 P.O. Box 17088
 Smithfield, R.I. 02917

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** **AETNA CASUALTY & SURETY**
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED
 Signs Etc. Inc.
 Route 1
 P.O. Box 2280
 Plainville, MA 02762

COVERAGES

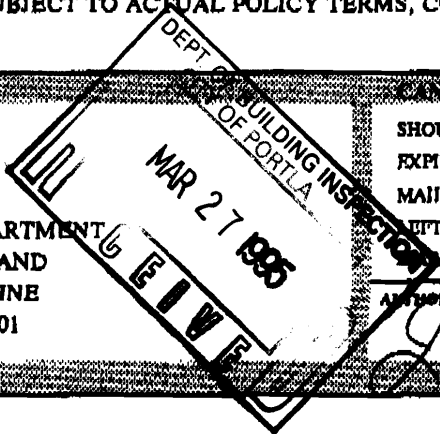
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE 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. LTK	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT.	GL 24612375TC1	12/30/94	12/30/95	GENERAL AGGREGATE \$ 600,000 PRODUCER-COMP/OP AGGR. \$ 600,000 PERSONAL & ADV. INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY				TO BE DETERMINE
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	C 24612375TCA	01/01/95	12/30/95	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 500,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 ALL COVERAGE SUBJECT TO ACTUAL POLICY TERMS, CONDITIONS AND EXCLUSIONS.
 FAX 508-695-6969

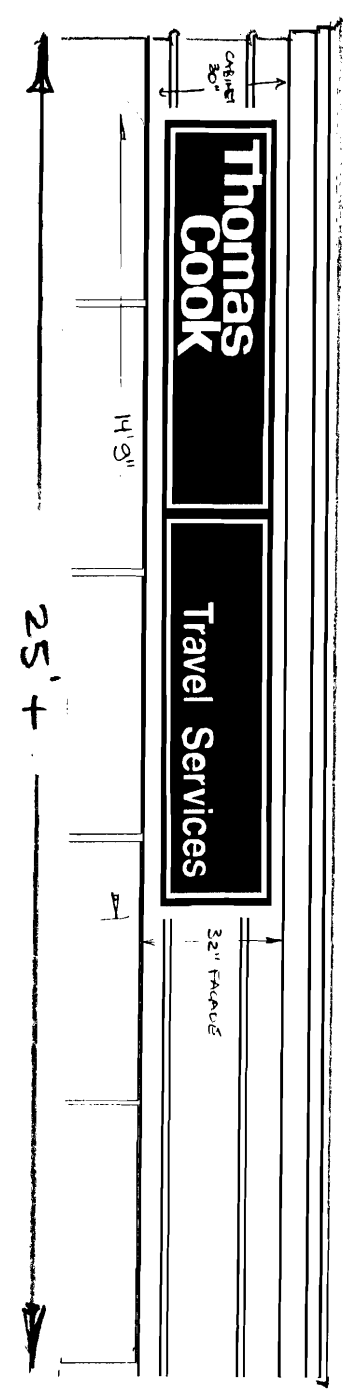
CERTIFICATE HOLDER
 BUILDING DEPARTMENT
 CITY OF PORTLAND
 PORTLAND, MAINE
 04101

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 EFFECT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.



AUTHORIZED REPRESENTATIVE
[Signature]
 RECORD CORPORATION 1990

8" DEEP
CABINET



CONGRESS ST, FACADE
LIGHTED SIGN CABINET



CENTER ST. FACADE

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND
MAR 27 1995
FIVE

PORTLAND, ME.

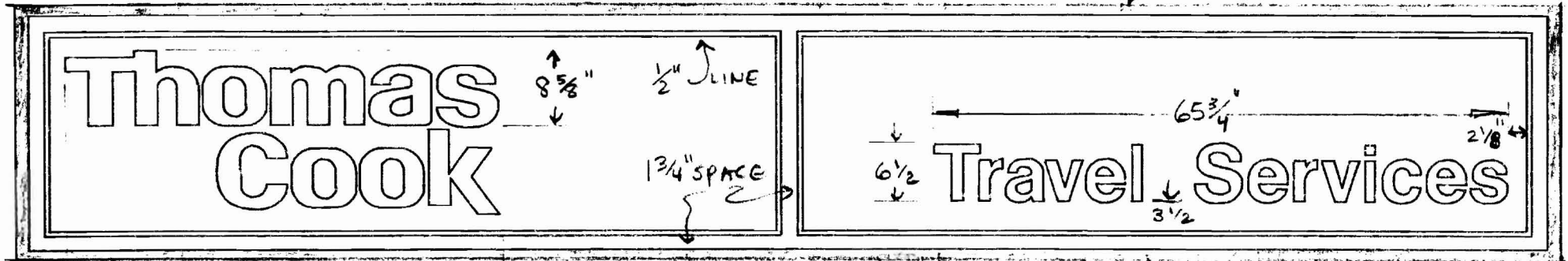
30'x14'3"



PORTLAND, MAINE

30" H X 14'9" W

LIGHTED SIGN CABINETS - 2 REQUIRED
PAINTED RED RETURNS (8") AND FACE LIP (1 1/2")



VISUAL OPENING 27" X 14'6"

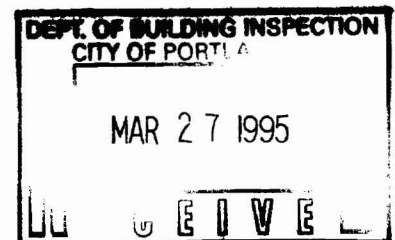
CABINET: 8" DEEP ALL WELDED ALUMASIGN EXTRUSION

LIGHTING: 2 ROWS OF HO FLUORESCENT DAYLIGHT LAMPS
& OUTDOOR SIGN BALLASTS

FACES: 3/16" WHITE SOLAR GRADE LEXAN

COPY: 3M TRANSLUCENT LIGHT TOMATO RED VINYL #1230-43

BACK: .040 WHITE ALUMINUM

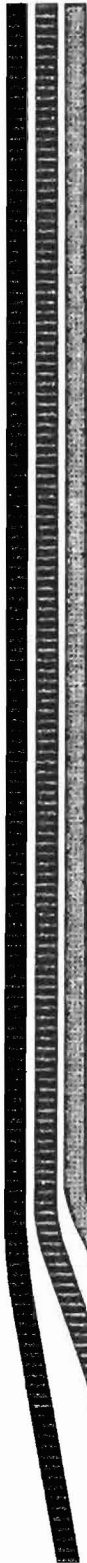


SIGNS, ETC., INC.





Travel Service



30"

14 1/2"



DATE: 3/24/95	SCALE: 3/4" = 1'
DRAWN BY: RBS	SKETCH #: 95097

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APR 15 1995

