

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

Location of Construction: 241 Commercial Street Portland 04101		Owner: SLM Properties		Phone: 854-5807	Permit No: 990769
Owner Address: 1102 Bridgton Rd Westbrook ME		Lessee/Buyer's Name: Three Dollar Deway's		Phone: 772-3310	Business Name:
Contractor Name:		Address:		Phone:	Permit Issued: JUL 20 1999
Past Use: Commercial use	Proposed Use: same		COST OF WORK: \$	PERMIT FEE: \$26.40	CITY OF PORTLAND
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:		
		Signature:	Signature:		
Proposed Project Description: Side walk sign			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:		Zone: CBL: 38-F-0-1
Permit Taken By: K.		Date Applied For: July 15, 1999 K.			

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..

## 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT ADDRESS: DATE: July 15, 1999 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

## Zoning Appeal

- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

## Historic Preservation

- ☐ Not in District or Landmark
- ☐ Does Not Require Review
- ☐ Requires Review

## Action:

- ☐ Approved
- ☐ Approved with Conditions
- ☐ Denied

Date: \_\_\_\_\_

CEO DISTRICT

1

**THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE  
PERMIT IS ISSUED**

**Sign Permit Pre-Application  
Attached Single Family Dwellings/Two-Family Dwelling  
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

**NOTE\*\*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 (include Portion of Building):	241 Commercial St. Portland, ME. -04101-
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Total Square Footage of Proposed Structure	6 1/2 sq ft.
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Tax Assessor's Chart, Block & Lot Number	Owner: SLM PROPERTIES	Telephone#:
Chart# 038 Block# F Lot# 004	SANDRA L. MARSTON	854-5807

Owner's Address:	Lessee/Buyer's Name (If Applicable)	Total Sq. Ft. of Sign
1102 BRIDGTON Rd. WESTBROOK, ME.	3 Dollar Deweys	6 1/2 sq ft. \$ <del>3.40</del> 26.40

Proposed Project Description: (Please be as specific as possible)
SIDEWALK SIGN

Contractor's Name, Address & Telephone	Rec'd By
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Current Use: Rest. Comm-Use	Proposed Use: Same
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Signature of applicant: Ronald K. B...	Date: 7/15/99
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Signage Permit Fee: \$30.00 plus .20 per square foot of signage

3 Dollar Deweys 772-3310



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
07/12/99

**PRODUCER**

HOLDEN AGENCY

P O BOX 10610  
PORTLAND MAINE

04104

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

A

HANOVER INSURANCE COMPANY

COMPANY

B

COMPANY

C

COMPANY

D

**INSURED**

THREE \$ DEWEYS INC AND  
SLM PROPERTIES INC.  
241 COMMERCIAL ST  
PORTLAND ME 04101

**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
A	<b>GENERAL LIABILITY</b>	ZDP507374903	6/26/99	6/26/00	GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b>				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				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS OTHER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE-POLICY LIMIT \$
					EL DISEASE-EA EMPLOYEE \$
	<b>OTHER</b>				

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

AS REQUIRED FOR OPERATIONS

**CERTIFICATE HOLDER**

CITY OF PORTLAND

PORTLAND

ME 04101

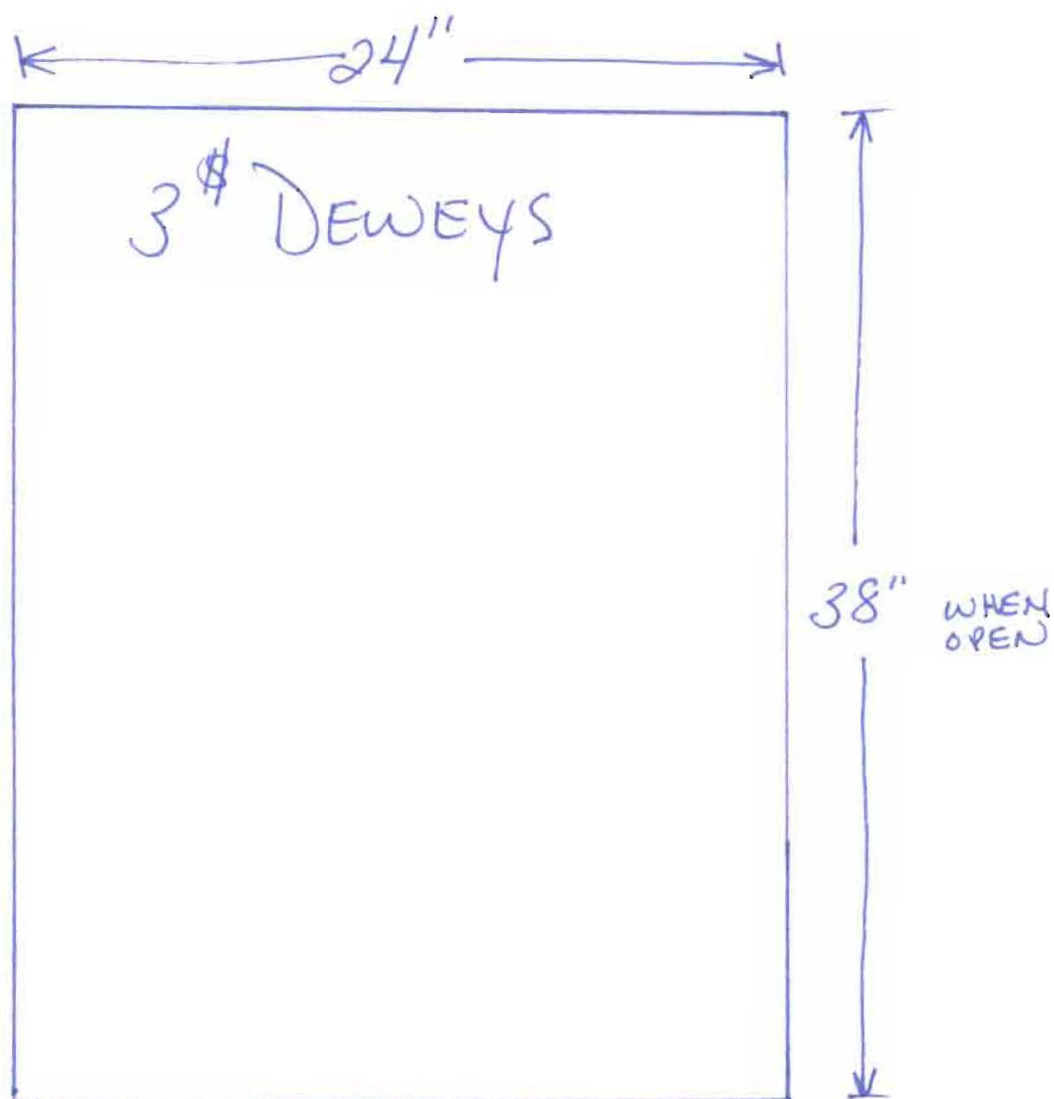
**CANCELLATION**

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

Thomas Holden

DJ A



Ronald R. By  
Gen. MGR.  
THREE DOLLAR DEWEY'S  
241 COMMERCIAL ST.  
PORTLAND, ME.  
-04101-