

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

Location of Construction: 652 Congress St		Owner: Lafayette Square		Phone:		Permit No: 971320	
Owner Address:		Lessee/Buyer's Name: Nu U 652 Congress St		Phone: Ptld, Me 04101		BusinessName: 774-2424	
Contractor Name: Black Bear Sign Co.		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED DEC 17 1997 CITY OF PORTLAND </div>	
Past Use: Hair Salon		Proposed Use: Same		COST OF WORK: \$ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:		PERMIT FEE: \$ 26.20 INSPECTION: Use Group: B Type: 2B BOCA 96 Signature:	
Proposed Project Description: Erect Signage		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature:		Signature:		Date:	
Permit Taken By: Mary Gresik		Date Applied For: 08 December 1997		Zone: B-3 CBL: 045-A-003 Zoning Approval:		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"/>	

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..

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: 12/8/97

D.A.

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: *D. Pellin* Dan Pellin, *CRIA* ADDRESS: DATE: 08 December 1997 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT 2
A. Rove

N:U

ZONE B-3

Spring St Historic District



2.3 x 3.9 wall sign

65th Congress

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
10/9/97

PRODUCER
MELLEN INSURANCE
13 SUSAN L.
FALMOUTH, ME 04105

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	York Insurance
COMPANY B	
COMPANY C	
COMPANY D	

INSURED
NU U
Daniel Pellerin RBA
652 Congress 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
	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM	B05M906518	2/21/97	2/21/98	BODILY INJURY OCC \$
	<input type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BODILY INJURY AGG \$
	<input type="checkbox"/> PRODUCTS/COMPLETED OPER				PROPERTY DAMAGE OCC \$
	<input type="checkbox"/> CONTRACTUAL				PROPERTY DAMAGE AGG \$
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				BI & PD COMBINED OCC \$1,000,000
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE				BI & PD COMBINED AGG \$2,000,000
	<input type="checkbox"/> PERSONAL INJURY				PERSONAL INJURY AGG \$
	AUTOMOBILE LIABILITY				
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS (Private Passes)				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger)				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY & PROPERTY DAMAGE COMBINED \$
	<input type="checkbox"/> NON-OWNED AUTOS				
	<input type="checkbox"/> GARAGE LIABILITY				
	EXCESS LIABILITY				
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$
	OTHER				DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Portland City Hall
389 Congress St
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

[Signature]
ACORD CORPORATION 199

ACORD 25 (3/85)

CPCU

FOIL HIGHLIGHTING • ALTERNATIVE TEXTURES
HAIR STYLING • LICENSED MASSAGE THERAPY

W&M
CUT • COLOR • WAVE
CUSTOM FORMULATION & APPLICATION

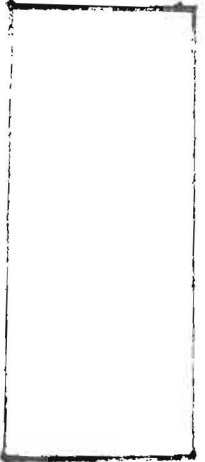
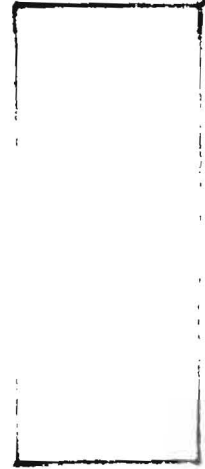
652

W&M
I want you for a while because...

652 COMMERCIAL STREET
CITY
MONDAY - FRIDAY
11 AM - 6 PM
SATURDAY
11 AM - 5 PM

For An Appointment
PLEASE CALL
734.588.8

W&M Hair & Beauty



To:
Ed Clark
Building manager
638 Congress St.
Portland, Me 04101
September 16, 1997

From :
Dan Pellerin
652 Congress St.
Portland, Me 04101

Re: Obtain in writing consent to add exterior

Dear Mr. Clark:

I'm in the process of applying for a sign through the city of Portland. I would like to located over the front entrance of 652 Congr will be 2'3" X 3'9" hanging from a standard l bracket that has been approved for this histo

The sign manufacturer is Black Bear Si contact person for this job is Craig at (207)7

The application process and my lease (the written consent from the landlord for any I'm respectfully requesting written permissio exterior sign.

Sincerely

Dan Pellerin

nuu

a new you for a new tomorrow

LAYFAYETTE SQUARE
652 CONGRESS STREET
PORTLAND, MAINE 04101
207.774.2424



Bracket

