

928735

052-H-009

Permit # _____ City of _____ BUILDING PERMIT APPLICATION Fee _____ Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

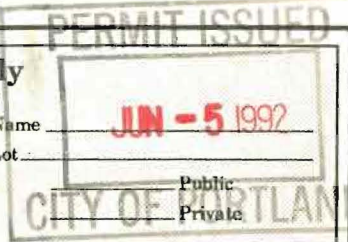
Owner: _____ Phone # _____
 Address: _____
 LOCATION OF CONSTRUCTION _____ 1309
 Contractor: _____ Sub.: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: _____
 _____ Past Use: _____
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion _____

For Official Use Only

Date _____ Subdivision: _____
 Inside Fire Limits _____ Name: JUN - 5 1992
 Bldg Code _____ Lot: _____
 Time Limit _____ Ownership: Public _____ Private _____
 Estimated Cost _____

Zoning:
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) _____



Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By _____

Signature of Applicant _____ Date _____

CEO's District _____

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

White - Tax Assessor

HISTORIC PRESERVATION

Not in District nor Landmark.

Does not require review.

Requires Review.

Action Approved.

Approved with Conditions.

Denied.

Date: _____

By: _____



HOME OFFICE:
 9 Thomas Drive
 Col Westbrook Executive Park
 Westbrook, ME 04092
 207-774-2843 / 1-800-543-8100
 PORTLAND • LEWISTON • AUGUSTA

SIGN SPECIFICATIONS

<input type="checkbox"/> ILLUMINATED	<input type="checkbox"/> ROWS NEON	NEON COLOR	NEON MM
<input type="checkbox"/> NON-ILLUMINATED	CABINET TYPE	SP HEIGHT	LENGTH
	OF	WIDTH	RADIUS
	FACE MATERIAL	TM SIZE	MATERIAL
	COLOR	BRAND	RAB SIZE
	LAMPS	# BALLASTS	# ELECTRICAL LINES
	POLE COVER SIZE		HT TO BOTTOM
	MOUNTING		# TRANSFORMERS
	BUILDING TYPE		ELEC LOC
	SIZE		DATE
<input type="checkbox"/> SELF CONTAINED	<input type="checkbox"/> REMOTE		

This design is the exclusive property of Bailey Sign Incorporated and all rights to its use or reproduction are reserved.

Customer: *Lock Stock & Barrel*

Location: *1200 Main St, Portland, ME*

Designer: *John P. ...*

Salesperson: *John P. ...*

Revised: *5/15/03*

Scale: *1/4" = 1'-0"*

Date: *5/15/03*

Job/W.O.#: *0304*

Sheet: *1 of 1*

(ACCEPTANCE SIGNATURE/DATE)

Project #

Drawing #

WE RECOMMEND MEDECO SECURITY LOCKS

Lock Stock & Barrel

LOCKSMITH SERVICE • SECURITY CONSULTANTS

WE RECOMMEND MEDECO SECURITY LOCKS

Lock Stock & Barrel

LOCKSMITH SERVICE • SECURITY CONSULTANTS

1 - 2' x 2' x 2' ...

2 - 2' x 2' x 2' ...

3 - 2' x 2' x 2' ...

4 - 2' x 2' x 2' ...

5 - 2' x 2' x 2' ...

6 - 2' x 2' x 2' ...

7 - 2' x 2' x 2' ...

8 - 2' x 2' x 2' ...

9 - 2' x 2' x 2' ...

10 - 2' x 2' x 2' ...

11 - 2' x 2' x 2' ...

12 - 2' x 2' x 2' ...

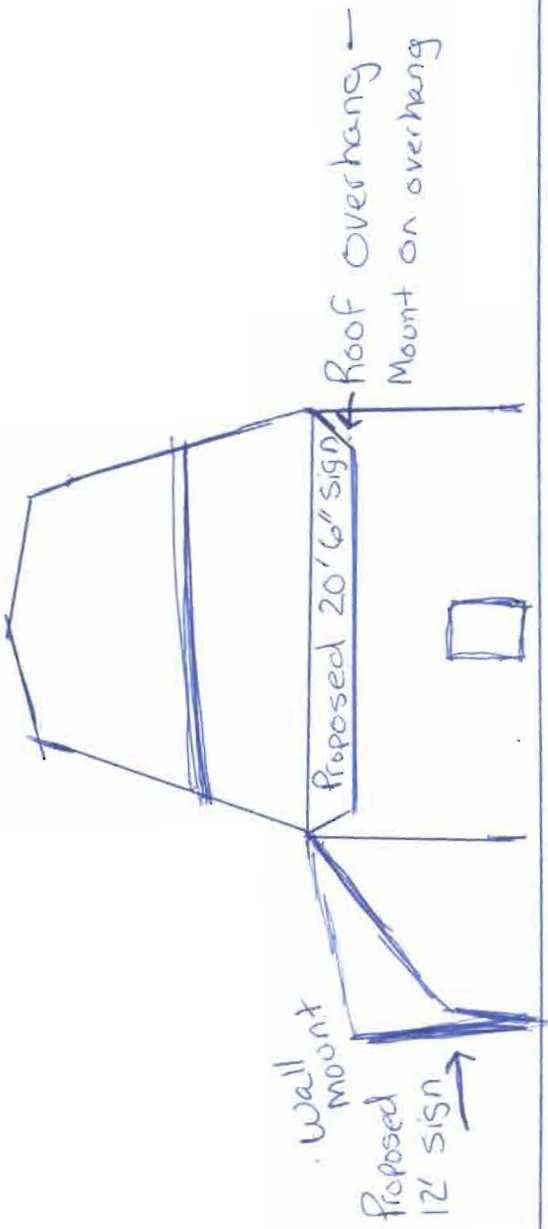
UL

WISA

FINAL MFG PRINT

DATE: *5/15/03*

OK PER: *[Signature]*



St. Jean Street

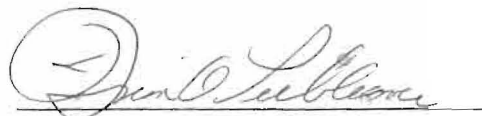
WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED TO BE ERECTED ON A BUILDING AT 369 St. John Street
Bruce & Brian Publicover
IN PORTLAND, MAINE d.b.a. LS & B Realty being the owner of the premises at 367-369 St. John St. in Portland, Maine hereby gives consent to the erection of a certain sign owned by Lock Stock & Barrel, Inc. over the sidewalk or on the building from said premises as described in application to the Division of Inspection Services of Portland, Maine for a permit to cover the erection of said sign:

And in consideration of the issuance of said permit Bruce & Brian Publicover d.b.a LS & B Realty, owner of said premises, in event said sign shall cease to serve the purpose for which it was erected or shall become dangerous and in event the owner of said sign shall fail to remove said sign or make it permanently safe in case the sign still serves the purpose for which it was erected, hereby agrees for himself or itself, for his heirs, its successors, and his or its assigns, to completely remove said sign in such condition and of order from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and agreement this 11th day of May 1992.



Owner's signature



Lessee's signature

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

6-2-92

PRODUCER

The Bill Johnson Insurance Agency
P.O. Box 3028
Lewiston, ME 04240

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

CODE SUB-CODE

INSURED

Bailey Sign Inc.
9 Thomas Drive
Westbrook, ME 04092

COMPANY LETTER **A** Hanover Insurance Co.

COMPANY LETTER **B** Maine Bonding & Casualty

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

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)	ALL LIMITS IN THOUSANDS	
GENERAL LIABILITY					GENERAL AGGREGATE	\$ 2000
A X	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$ 2000
	CLAIMS MADE X OCCUR	ZDP377520501	3-1-92	3-1-93	PERSONAL & ADVERTISING INJURY	\$ 1000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1000
AUTOMOBILE LIABILITY					FIRE DAMAGE (Any one fire)	\$ 50
A X	ANY AUTO	ADP387409101	3-1-92	3-1-93	MEDICAL EXPENSE (Any one person)	\$ 5
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT	\$ 1000
	SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
X	HIRED AUTOS				BODILY INJURY (Per accident)	\$
X	NON-OWNED AUTOS				PROPERTY DAMAGE	\$
	GARAGE LIABILITY					
EXCESS LIABILITY					EACH OCCURRENCE	AGGREGATE
A X	OTHER THAN UMBRELLA FORM	UHP382775500	3-11-92	3-1-93	\$ 1000	\$ 1000
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY					STATUTORY	
B	EMPLOYERS' LIABILITY	Binder	3-4-92	3-4-93	\$ 500	(EACH ACCIDENT)
					\$ 500	(DISEASE-POLICY LIMIT)
					\$ 500	(DISEASE-EACH EMPLOYEE)
OTHER						

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

CERTIFICATE HOLDER

City of Portland
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

Jane Belonger

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

5/26/92

PRODUCER

Morse, Payson & Noyes
 100 Middle Plaza
 P.O. Box 406 DTS
 Portland, ME 04112

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BLB

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	Commercial Union Insurance Co.
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

Bruce A. Publicover
 & Brian A. Publicover
 369 St. John Street
 Portland, ME 04101

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A X	GENERAL LIABILITY	CMLA66559	4/26/92	4/26/93	BODILY INJURY OCC.	\$
	COMPREHENSIVE FORM				BODILY INJURY AGG.	\$
	PREMISES/OPERATIONS				PROPERTY DAMAGE OCC.	\$
	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE AGG.	\$
	PRODUCTS/COMPLETED OPER.				BI & PD COMBINED OCC.	500,000
	CONTRACTUAL				BI & PD COMBINED AGG.	500,000
	INDEPENDENT CONTRACTORS				PERSONAL INJURY AGG.	
	BROAD FORM PROPERTY DAMAGE					
	PERSONAL INJURY					
	AUTOMOBILE LIABILITY				BODILY INJURY (Per Person)	\$
	ANY AUTO				BODILY INJURY (Per Accident)	\$
	ALL OWNED AUTOS (Priv. Pass.)				PROPERTY DAMAGE	\$
	ALL OWNED AUTOS (Other Than Priv. Pass.)				BODILY INJURY & PROPERTY DAMAGE COMBINED	\$
	HIRED AUTOS				EACH OCCURRENCE	\$
	NON-OWNED AUTOS				AGGREGATE	\$
	GARAGE LIABILITY					
	EXCESS LIABILITY				STATUTORY LIMITS	
	UMBRELLA FORM				EACH ACCIDENT	\$
	OTHER THAN UMBRELLA FORM				DISEASE-POLICY LIMIT	\$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				DISEASE-EACH EMPLOYEE	\$
A	SEE BELOW	CMLA66559	4/26/92	4/26/93	Sign Coverage	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS \$5,000 Sign Coverage Coverage against losses caused by risks of direct physical loss except as excluded. Flood and Earthquake are standard exclusions, among others.

CERTIFICATE HOLDER 00001
 City of Portland

CANCELLATION

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AUTHORIZED REPRESENTATIVE

[Signature]