

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 _____ Lt. _____
 Time Limit _____ Ownership: _____
 Estimated Cost _____

PERMIT ISSUED
CITY OF PORTLAND

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 _____ **Not in District nor Landmark.**
3. Type Ceilings: _____ **Does not require review.**
4. Insulation Type _____ Size _____ **Requires Review.**
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span Action Approved.
2. Sheathing Type _____ Size _____ Approved with Conditions
3. Roof Covering Type _____ Denied.

Chimneys:

Type: _____ Number of Fire Places 3

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

White - Tax Assessor

Ivory Tag - CEO

WE RECOMMEND MEDECO SECURITY LOCKS

Lock Stock & Barrel
 LOCKSMITH SERVICE • SECURITY CONSULTANTS

SCALE 3/16"=1'

1 S.F. 2'-6" x 20'-0" x INTERNAL SIGN (1/2" H) LEADLINE - PAINTED COPY

COLORS: CAB = BLACK RET = WHITE

COLORS: E/O = BLUE PMS 3015C ALL COPY = WHITE

2 S.F. 14'-6" x 11'-0" x 1/2" H (30" E) PAINTED COPY

NOTING: TO BE CENTERED ON TRUCK CURBLINE

WE RECOMMEND MEDECO SECURITY LOCKS

Lock Stock & Barrel
 LOCKSMITH SERVICE • SECURITY CONSULTANTS

SCALE 3/16"=1'

WOOD TRIM = WHITE

1 S.F. 14'-6" x 11'-0" x 1/2" H (30" E) PAINTED COPY

COLORS: E/O = BLUE PMS 3015C ALL COPY = WHITE

FINAL MFG. PRINT

DATE 5/12/92

OK PER



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

SIGN SPECIFICATIONS		NEON COLOR	NEON MM
<input type="checkbox"/> ILLUMINATED	<input type="checkbox"/> NON-ILLUMINATED	RADIUS	MATERIAL
<input type="checkbox"/> CABINET TYPE	SF	LENGTH	WIDTH
FACE MATERIAL	DF	HEIGHT	ROW TRACK
LAMPS	# LAMPS	TRIM SIZE	BRAND
BALLASTS	# BALLASTS	COLOR	GAUGE
ELECTRICAL LINES	# ELECTRICAL LINES	AMPS/VOLTAGE	COLOR
HIT TO BOTTOM	MATERIAL	TRANSFORMERS	REMOTE
BUILDING TYPE (IND)	ELEC LOC	MOUNTING	SIZE
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: Portland, ME

Designer: [Signature] Salesperson: [Signature]

Revised: 5/5/92 R1 - COLOR CHANGES
 5/19/92 R2 - [Signature]

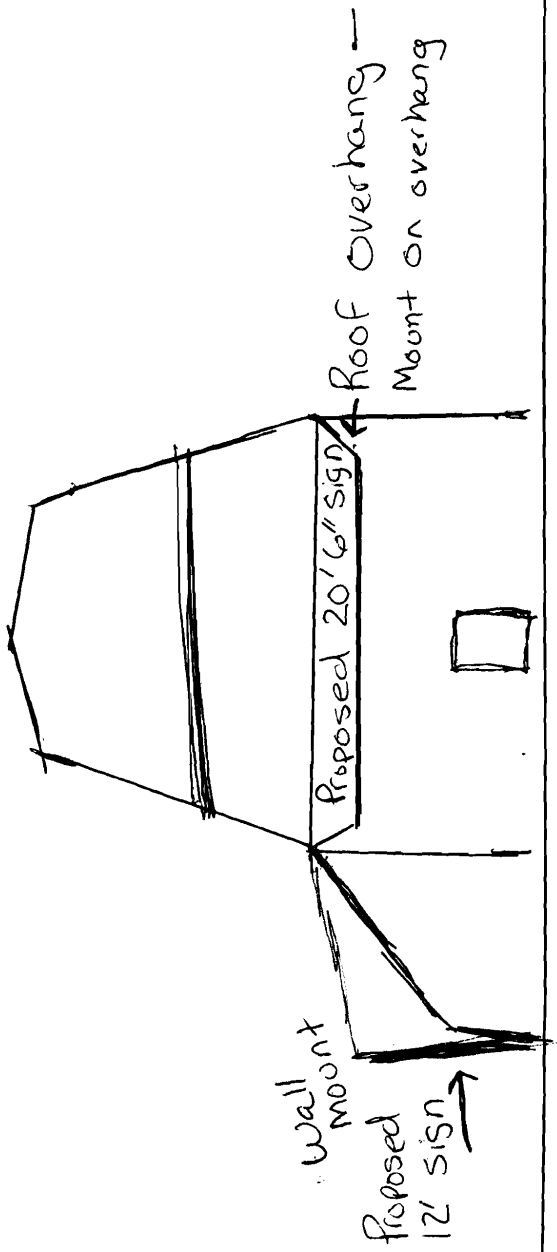
Scale: 3/16"=1' Date: [Blank]

Job/W.O.# 0304 Sheet 1 of 1

(ACCEPTANCE SIGNATURE/DATE)

Project # [Blank] Drawing # [Blank]





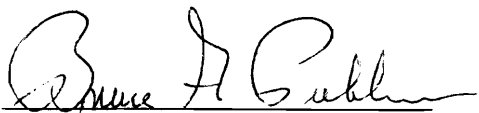
St. Joan Street

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:

Bruce & Brian Publicover

And in consideration of the issuance of said permit 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 is 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 \$
X	HIRED AUTOS				(Per person)
X	NON-OWNED AUTOS				BODILY INJURY \$
	GARAGE LIABILITY				(Per accident)
	EXCESS LIABILITY				PROPERTY DAMAGE \$
A X	OTHER THAN UMBRELLA FORM	UHP382775500	3-11-92	3-1-93	EACH OCCURRENCE \$ 1000
	WORKER'S COMPENSATION				AGGREGATE \$ 1000
	AND				STATUTORY
B	EMPLOYERS' LIABILITY	Binder	3-4-92	3-4-93	\$ 500 (EACH ACCIDENT)
	OTHER				\$ 500 (DISEASE-POLICY LIMIT)
					\$ 500 (DISEASE-EACH EMPLOYEE)

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

BLB

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	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

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

OTHER: 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]