

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

Location of Construction: <b>863 Congress St</b>		Owner: <b>Harris Evans</b>		Phone:		Permit No: <b>880914</b>	
Owner Address:		Lessee/Buyer's Name: <b>Juan Gonzalez 863 Congress St Portland, ME 04101 761-6661</b>		Phone:		Business Name:	
Contractor Name: <b>Sign Design</b>		Address:		Phone:		Permit Issued: <b>AUG 18 1998</b>	
Past Use:		Proposed Use:		COST OF WORK: <b>\$ 5,000.00</b>		PERMIT FEE: <b>\$ 45.00</b>	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature:		Signature:	
Proposed Project Description:  <b>Erect Signage</b>				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:			
Permit Taken By: <b>SP</b>		Date Applied For: <b>13 August 1998</b>					

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

**14 August 1998**

SIGNATURE OF APPLICANT ADDRESS: DATE: 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

**PERMIT ISSUED**  
**AUG 18 1998**  
**CITY OF PORTLAND**

Zone: CBL: **053-C-015**  
Zoning Approval: **ok - S 8/17/98**  
**Special Zone or Reviews:**  
☐ Shoreland  
☐ Wetland  
☐ Flood Zone  
☐ Subdivision  
☐ Site Plan maj ☐ minor ☐ mm ☐

## 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: **14 August 1998**

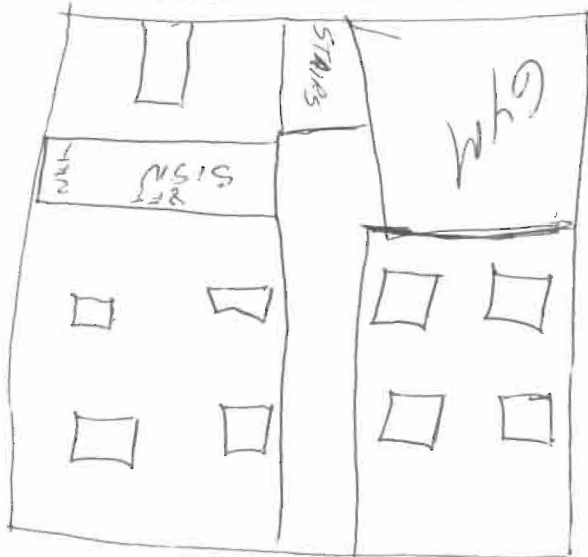
CEO DISTRICT

**2**

WESTMOUNT

CONGRESS ST

863 863





08

HANOBUSINESS POLICY  
DECLARATIONS

NEW POLICY

POLICY NUMBER	POLICY PERIOD		COVERAGE IS PROVIDED IN THE	AGENCY CODE
ODP 5745895-00	FROM	TO	MASSACHUSETTS BAY INSURANCE CO	360699000

NAMED INSURED AND ADDRESS

AGENT

ITEM 1.  
JUAN GONZALES  
863 CONGRESS STREET  
PORTLAND, ME 04101

TELEPHONE: 207-657-3040  
THE DUNLAP CORPORATION  
GRAY BRANCH  
P.O. BOX 959  
GRAY, ME 04039

ITEM 2. POLICY PERIOD: FROM 05/20/98 TO 05/20/99 BEGINNING AND ENDING  
AT 12:01 AM STANDARD TIME AT THE LOCATION OF THE DESIGNATED PREMISES.

ITEM 3. THE NAMED INSURED IS INDIVIDUAL.

ITEM 4. MORTGAGEE: NONE

ITEM 5. BUSINESS OF THE NAME INSURED: RETAILER.

ITEM 6. IN CONSIDERATION OF THE PREMIUM, INSURANCE IS PROVIDED THE NAMED INSURED  
WITH RESPECT TO THOSE PREMISES DESCRIBED IN THE SCHEDULE BELOW AND WITH  
RESPECT TO THOSE COVERAGES AND KINDS OF PROPERTY FOR WHICH A SPECIFIC  
LIMIT OF LIABILITY IS SHOWN, SUBJECT TO ALL OF THE TERMS OF THIS POLICY  
INCLUDING FORMS AND ENDORSEMENTS MADE A PART HEREOF:

SCHEDULE

DESCRIBED PREMISES:

NO. 1. 863 CONGRESS STREET, PORTLAND , ME 04101  
NO. 2.

LIMITS OF INSURANCE								COVERAGE
LOC NO	BLDG NO	LOC NO	BLDG NO	LOC NO	BLDG NO	LOC NO	BLDG NO	
1	1							
								BUILDING
	\$30,000							BUS PERS PROP
ACT. BUS. LOSS SUSTAINED NOT EXCEEDING 12 CONSECUTIVE MOS.								LOSS OF INCOME
\$10,000. ON PREMISES / \$2000. OFF PREMISES								MONIES & SEC
DEDUCTIBLE - \$250. UNLESS OTHERWISE SPECIFIED UNDER ITEM 7.								

LIMITS OF INSURANCE

COVERAGE

LIABILITY AND MEDICAL PAYMENTS

EXCEPT FOR FIRE LEGAL LIABILITY, EACH PAID CLAIM FOR THE FOLLOWING  
COVERAGES REDUCES THE AMOUNT OF INSURANCE WE PROVIDE DURING THE  
APPLICABLE ANNUAL PERIOD. PLEASE REFER TO PARAGRAPH D.4. OF THE  
BUSINESSOWNERS LIABILITY COVERAGE FORM.

\$1,000,000	LIABILITY AND MEDICAL EXPENSES
\$5,000 EACH PERSON	MEDICAL EXPENSES
\$50,000 ANY ONE FIRE OR EXPLOSION	FIRE LEGAL LIABILITY

CONTINUED ON NEXT PAGE

07/14/98

DIRECT BILL  
PAGE 1





ALLMERICA FINANCIAL®  
HANOVER INSURANCE

08

HANOBUSINESS POLICY  
DECLARATIONS

NEW POLICY

POLICY NUMBER	POLICY PERIOD		COVERAGE IS PROVIDED IN THE	AGENCY CODE
ODP 5745895-00	FROM	TO	MASSACHUSETTS BAY INSURANCE CO	360699000
	05/20/98	05/20/99		

NAMED INSURED AND ADDRESS

AGENT

ITEM 1.  
JUAN GONZALES  
863 CONGRESS STREET  
PORTLAND, ME 04101

TELEPHONE: 207-657-3040  
THE DUNLAP CORPORATION  
GRAY BRANCH  
P.O. BOX 959  
GRAY, ME 04039

ITEM 7. OPTIONAL COVERAGES. THE FOLLOWING OPTIONAL COVERAGES ARE AFFORDED UNDER THIS POLICY. (SOME COVERAGES ARE SUBJECT TO DEDUCTIBLES SPECIFIED IN THIS POLICY.)

COVERAGE	LIMITS
LOC 1, BLDG 1 - 863 CONGRESS STREET, PORTLAND, ME	
REPLACEMENT COST - BUS PERS PROP	SEE POLICY FORM
LOC 1, BLDG 1 - 863 CONGRESS STREET, PORTLAND, ME	
BOP BROADENING FORM DEDUCTIBLE	\$0 (MANUALLY RATED) \$250

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED:

BP0123 (01/87)	IL0247 (03/92)	391-0765(01/90)	IL0913 (01/82)
BP0007 (01/90)	BP0417 (01/96)	421-0022(12/90)	
3910939 (04/94)	3910959 (10/94)		

ITEM 9. THE TOTAL ACTUAL PREMIUM IS: \$672

COUNTERSIGNED THIS 31 DAY OF July 1998

*Bonnie J. Hayes*

AUTHORIZED REPRESENTATIVE

THIS DECLARATION PAGE WITH THE POLICY JACKET, FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE POLICY.

IF THE BILL FOR YOUR POLICY IS NOT ENCLOSED, IT WILL BE SENT TO YOU SEPARATELY.

07/14/98

FINAL DECLARATION PAGE

DIRECT BILL  
PAGE 2

2,979

ORIGINAL/INSURED

221-4786 (10-95)