

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

Location of Construction: 263 Congress St		Owner: SUELLI WARR		Phone:		Permit No 80914 PERMIT ISSUED Permit Issued: AUG 18 1998 CITY OF PORTLAND
Owner Address:		Lessee/Buyer's Name: JUAN SUZALE		Phone:		
Contractor Name: SUELLI DESIGN		Address:		Phone:		
Past Use:		Proposed Use:		Business Name: 263 Congress St Portland, ME 04101 761-0661		
				COST OF WORK: \$ 5,000.00 PERMIT FEE: \$ 45.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: Signature:		Zone: CBL: 21 153-C-015 Zoning Approval:
Proposed Project Description: Wood Signage				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:		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"/>
Permit Taken By: SP		Date Applied For: 13 August 1998				Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied

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

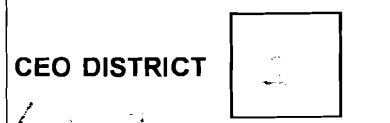
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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: 14 August 1998	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: _____



COMMENTS

8-27-98 Talked to owner he is all set and Ready to go (D)

3/6/07 Closed
D. Rowe

Inspection Record

Type

Date

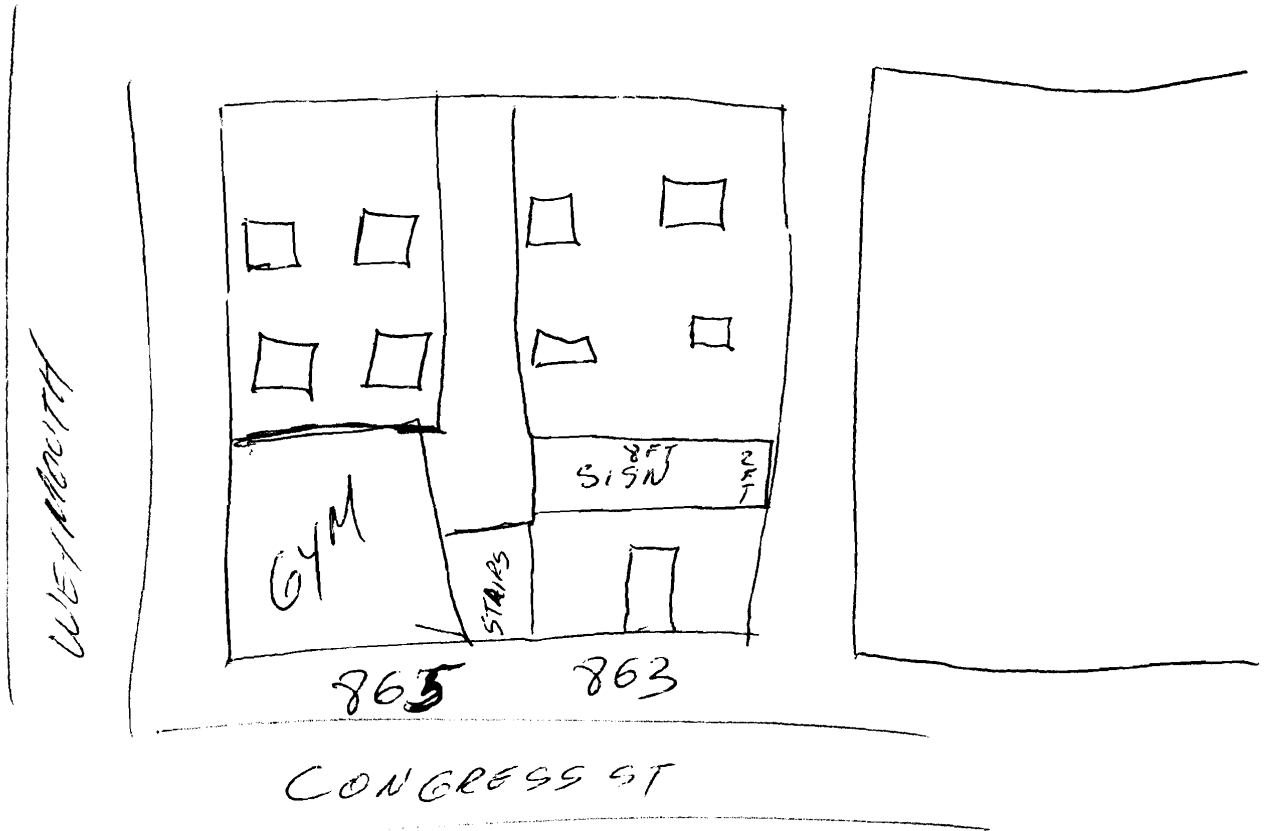
Foundation: _____

Framing: _____

Plumbing: _____

Final: _____

Other: _____





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**HANOBUSINESS POLICY
DECLARATIONS**

NEW POLICY

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

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

AGENT

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

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07/14/98

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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

Thomas 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

PAGE DIRECT BILL
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2,979

ORIGINAL/INSURED

221-4786 (10-95)