

912730 912730

053-C-040

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$40.00 Zone _____ Map # _____

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

PERMIT ISSUED

JUN 17 1991

CITY OF PORTLAND

Private

Owner: Dr. Know Phone # 773-4000

Address: 803 Congress St. Portland 04102

LOCATION OF CONSTRUCTION 803 Congress St.

Contractor: Bailey Sign Sub: 04092

Address: 9 Thomas Dr. Westbrook Phone # 774-2843

Est. Construction Cost: _____ Proposed Use: retail sales

_____ 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 to erect 3 signs as per plans

For Official Use Only

Date June 12, 1991 Subdivision: _____

Inside Fire Limits _____ Name _____

Bldg Code _____ Let _____

Time Limit _____ Ownership: _____

Estimated Cost _____ Private

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) _____

Ceiling: WDA-6-17-91
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____ **HISTORIC PRESERVATION**
3. Type Ceilings: _____ **North District nor Landmark.**
4. Insulation Type _____ Size _____ **Does not require review.**
5. Ceiling Height: _____ **Requires Review.**

Roof: 1. Truss or Rafter Size _____ Span 00 Action: Approved
2. Sheathing Type _____ Size _____ Approved with Conditions.
3. Roof Covering Type _____ Denied

Chimneys: Type: _____ Number of Fire Places _____
Date: 6/12/91
Signature: [Signature]

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 Latini

Signature of Applicant [Signature] Date 6/12/91

Signature of CEO Eric Moynihan Date _____

Inspection Dates _____

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 _____

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE
ERECTED ON A BUILDING AT 803 Congress St

IN PORTLAND, MAINE Dr Know Inc being the owner of the premises
at 803 Congress in Portland, Maine hereby gives consent to the
erection of a certain sign owned by Dr Know Inc over the
public 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 erection of said sign:

And in consideration of the issuance of said permit Dr Know Inc
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 within ten days of notice from said
Inspector of Buildings that 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 10th day of June 19 91

James Cobb

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

6-12-91

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

- COMPANY LETTER **A** Hanover Insurance Co.
- COMPANY LETTER **B** U.S.F. & G. Ins. Co.
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

CODE SUB-CODE

INSURED

Bailey Sign Inc.
 9 Thomas Drive
 Westbrook, ME 04092

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 CLAIMS MADE X OCCUR OWNER'S & CONTRACTOR'S PROT	ZDP377520500	3-1-91	3-1-92	PRODUCTS-COMP/OPS AGGREGATE \$ 2000 PERSONAL & ADVERTISING INJURY \$ 1000 EACH OCCURRENCE \$ 1000 FIRE DAMAGE (Any one fire) \$ 50 MEDICAL EXPENSE (Any one person) \$ 5
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 1000
A X	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	ADP387409100	3-1-91	3-1-92	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	6209556906	1-1-91	1-1-92	STATUTORY \$ 100 (EACH ACCIDENT) \$ 500 (DISEASE-POLICY LIMIT) \$ 100 (DISEASE-EACH EMPLOYEE)
	OTHER				

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

CERTIFICATE HOLDER

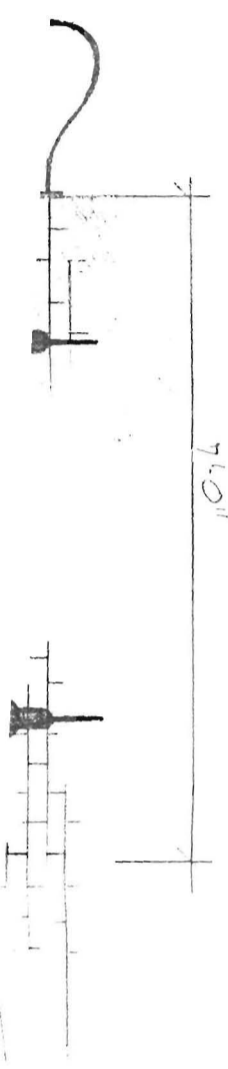
City of Portland
 Attn: Sam Hoffses
 389 Congress St.
 Room 315
 Portland, ME 04101

CANCELLATION

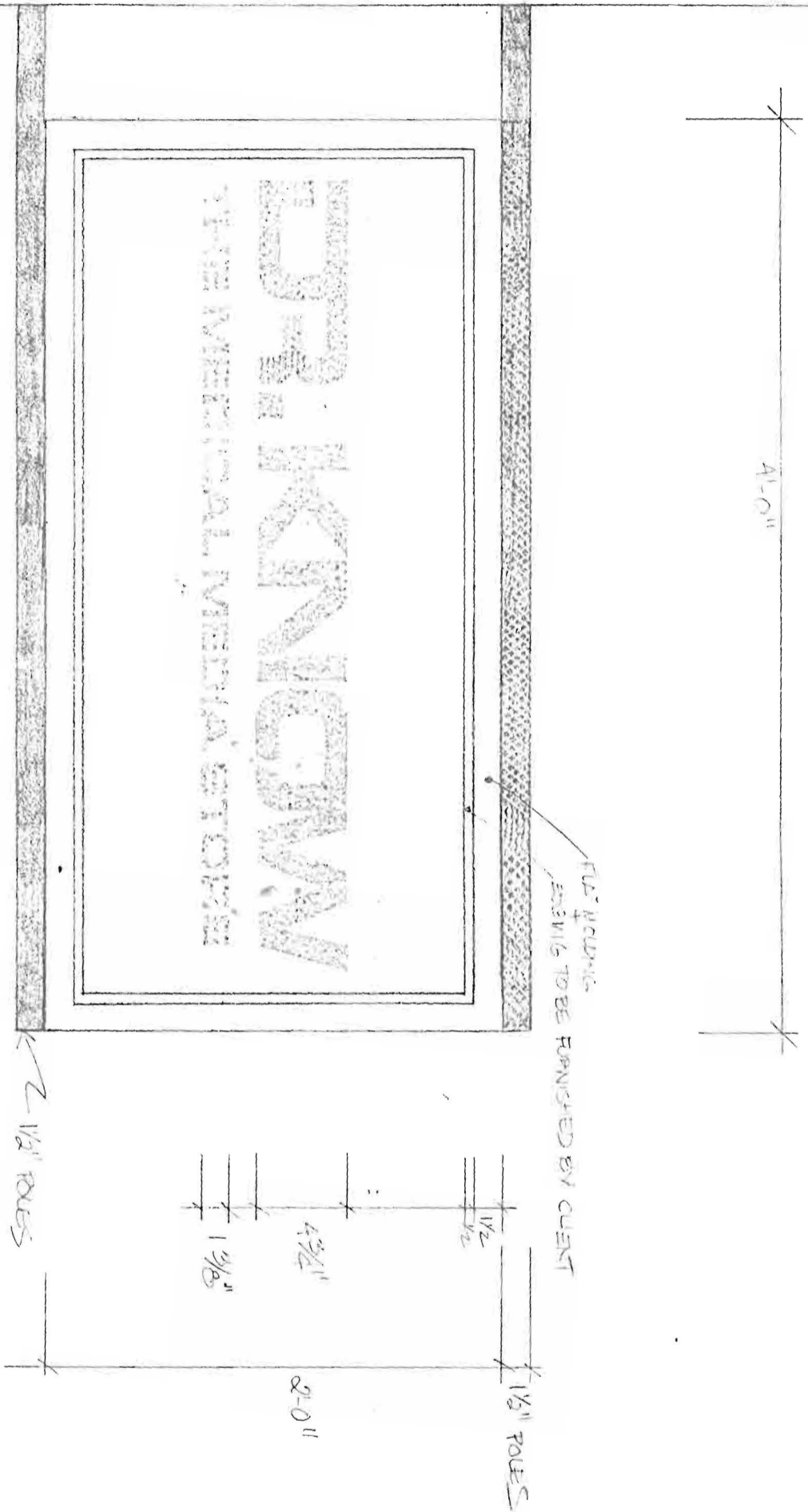
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jane Belanger



OFFICE: \\
as Drive
estbrook Executive Park
ook, ME 04092
4-2843 / 1-800-543-SIGN
AND • LEWISTON • AUGUSTA



COLORS:
 P/LC = GRAY # PMS 484 WHITE
 CABINETS = TEAL # PMS 357 SEMI GLOSS
 FACES = BRONZE
 TRIM = GLOSS VARNISH -
 * SEE HOW ...

PERMIT PRINT

FINAL MFG. PRINT
 DATE 5/14/91

600



SIGN SPECIFICATIONS									
<input type="checkbox"/> ILLUMINATED		# ROWS NEON		NEON COLOR		NEON MM			
<input type="checkbox"/> NON-ILLUMINATED									
CABINET TYPE	SF	HEIGHT	LENGTH	WIDTH	RADIUS	MATERIAL	RETAINER	DIVIDERS	
	DF								
FACE MATERIAL		TRIM SIZE		# ROWS TRACK		RAB		SIZE	
		COLOR				BRAND GAUGE		COLOR	
LAMPS	# LAMPS	BALLASTS		# ELECTRICAL LINES		AMPS/VOLTAGE			
POLE COVER SIZE		HT TO BOTTOM				MATERIAL			
(face)		(side)							
BUILDING TYPE	ELEC. LOC.	MOUNTING		# TRANSFORMERS		<input type="checkbox"/> REMOTE		<input type="checkbox"/> SELF CONTAINED	
				SIZE					

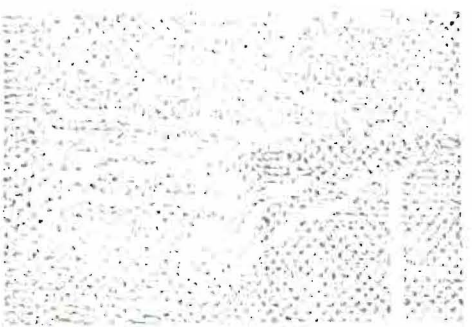
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HOME OFFICE:
 9 Thomas Drive
 Col. Westbrook Executive Park
 Westbrook, ME 04092
 207-774-2843 / 1-800-543-SIGN
 PORTLAND • LEWISTON • AUGUSTA

Customer	DR. KNOW
Location	THE SIGN
Designer	Richard W. ...
Salesperson	...
Revised	
Scale:	
Job/W.O. #	
Date	
Sheet	3 of 3
(ACCEPTANCE SIGNATURE/DATE)	
Project #	5-000
Drawing #	

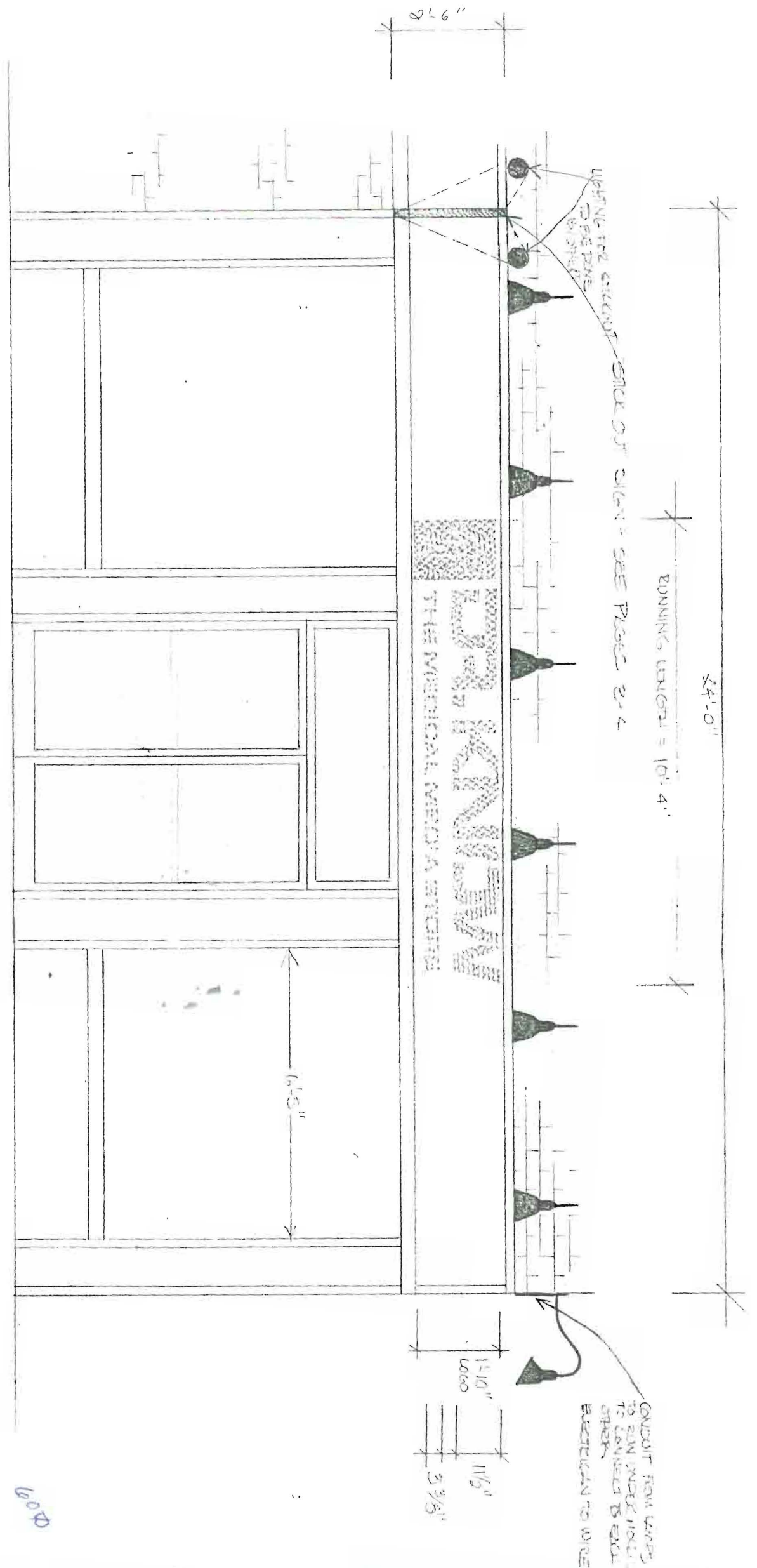
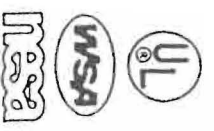
USE THIS FOR LAMP



LAMPS = BRONZE

PERMIT PRINT

FINAL MFG. PRINT
DATE 5/14/91



CONGRESS CENTER - 1000 W. 10TH ST. - PORTLAND, ME

1 SET / SE / INDIVIDUAL CUTOUT LETTERS 2/3" SPACING - LETTERS TO BE MOUNTED ON SIGN STRUCTURE
LOGO TO BE SIGNED OUT - ALL LETTERS TO BE FLUSH MOUNTED AND SIGNED

COLORS -
TOP SECTION - BRONZE STAINLESS STEEL
MIDDLE SECTION - BRONZE STAINLESS STEEL
BOTTOM SECTION - BRONZE STAINLESS STEEL

SIGN SPECIFICATIONS

<input type="checkbox"/> ILLUMINATED	# ROWS NEON		NEON COLOR		NEON MM	
<input type="checkbox"/> NON-ILLUMINATED						
CABINET TYPE	SF	HEIGHT	LENGTH	WIDTH	RADIUS	MATERIAL
	DF					RETAINER
FACE MATERIAL	TRIM SIZE		# ROWS TRACK		BRAND	RAB
	COLOR				GAUGE	SIZE
LAMPS	# LAMPS	BALLASTS		# ELECTRICAL LINES	AMPS/VOLTAGE	
POLE COVER SIZE		HT. TO BOTTOM			MATERIAL	
(face)	(side)					
BUILDING TYPE	ELEC LOC.	MOUNTING		# TRANSFORMERS	<input type="checkbox"/> REMOTE	
				SIZE	<input type="checkbox"/> SELF CONTAINED	

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PORTLAND • LEWISTON • AUGUSTA

Customer	DR KING
Location	CONGRESS CENTER
Designer	W. J. ...
Salesperson	...
Revised	5/9/91
	5/14/91
	5/15/91
Scale	1/4" = 1'-0"
Job/W.O. #	...
Date	5/14/91
Sheet	1 of 2

(ACCEPTANCE SIGNATURE/DATE)	
Project #	...
Drawing #	...