

912730

912730

053-C-040

Permit # 912730 City of Portland BUILDING PERMIT APPLICATION Fee _____ 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: 303 Congress St. Portland 04102
LOCATION OF CONSTRUCTION 303 Congress St.
Contractor: Bailey Sign Sub: 04002
Address: 9 Thomas Dr. Westbrook Phone # 774-2343
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: _____ Ownership: _____
Time Limit: _____ Estimated Cost: _____

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

Ceiling:
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____ North 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 00 Action: Approved.
2. Sheathing Type _____ Size _____ Approved with Conditions.
3. Roof Covering Type _____ Denied.

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 _____

Chimneys: Type: _____ Number of Fire Places _____
Heating: Type of Heat: _____
Electrical: Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
Plumbing: Approval for all test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

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

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 _____ Date 6/13/91
Signature of CEO Eric Noonan Date _____
Inspection Dates _____

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

John O'Leary

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

CODE SUB-CODE

INSURED

Bailey Sign Inc.
 9 Thomas Drive
 Westbrook, ME 04092

COMPANY LETTER **A** Hanover Insurance Co.
 COMPANY LETTER **B** U.S.F. & G. Ins. Co.
 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 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
A X	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	ADP387409100	3-1-91	3-1-92	COMBINED SINGLE LIMIT	\$ 1000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	OTHER THAN UMBRELLA FORM				AGGREGATE	\$
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

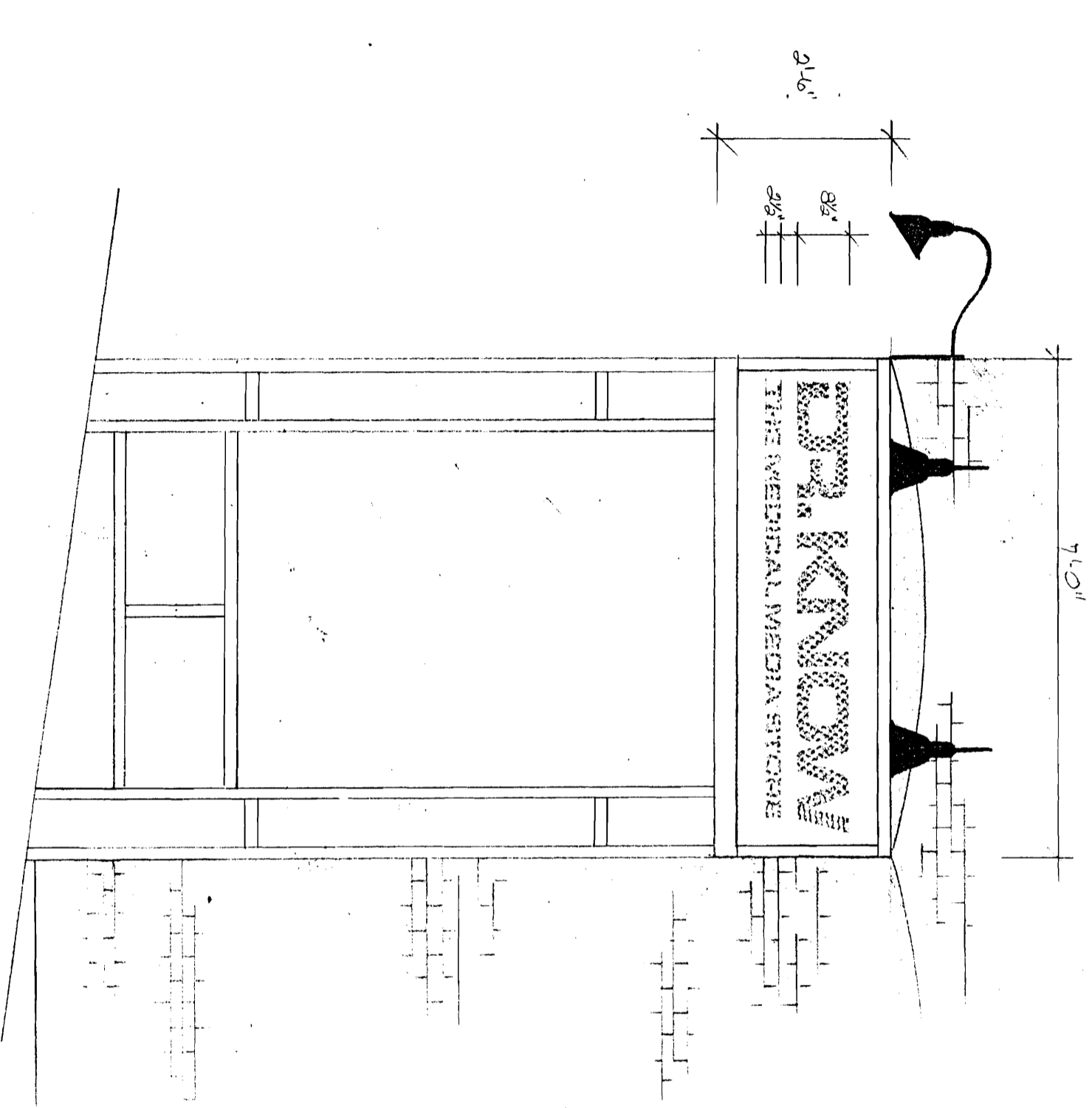
City of Portland
 Attn: Sam Hoffses
 389 Congress St.
 Room 315
 Portland, ME 04101

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 Belonger



1 SET / SE / INDIVIDUAL CUT OUT LETTERS / 2 1/2" CONTRA / PAINTED / EXTERIOR LIGHTING W/ GOOSENECK LAMPS
 LETTERS TO BE FUSED ALUMINUM AND SPOILED

BRANHAM STREET SIDE

COLORS

B/C = GREY - TO BE PAINTED BY OTHERS
 COPY = TEAL/BLACK 3/24 SEMI GLOSS
 LAMPS - BRONZE

PERMIT PRINT

FINAL MFG. PRINT
 DATE 5/14/91



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		COLOR	
						GAUGE			
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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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 SQUARE STORE**

Designer: **[Signature]**

Salesperson: **[Signature]**

Revised: **11-5/91** added letters
Revised will correct sign.

Scale: **1/8" = 1'-0"**

Job/W.O.#: **[Blank]**

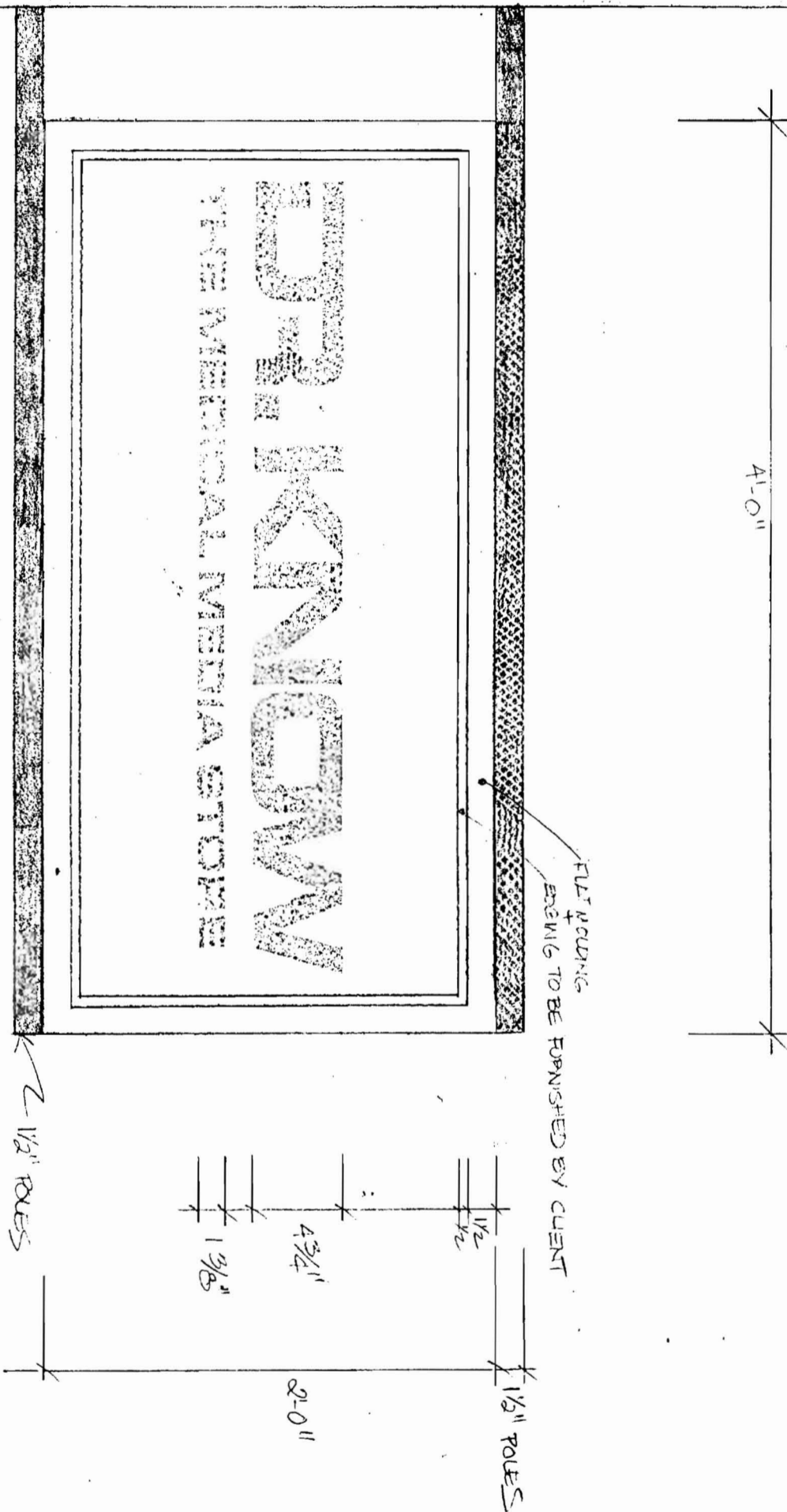
Sheet: **2 of 3**

Date: **5/14/91**

Project #: **[Blank]**

Drawing #: **051716**

(ACCEPTANCE SIGNATURE/DATE)



STICKOUT SIGN

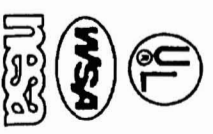
1-DF / PAINTED M.D.O. / 3/4"

COLORS-

B/G = GRAY # PMS 484 MATTE
 COPY = TEAL PMS 387 SEMI GLOSS
 PRES = BRONZE
 TRIM = GLOSS VARNISH
 * SEE PAGE ONE FOR SECTION

PERMIT PRINT

FINAL MFG. PRINT
 DATE 5/14/91



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				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		
					SIZE		<input type="checkbox"/> SELF CONTAINED		

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Customer: DR. KNOW

Location: THE SURINER B...

Designer: R. STONE

Salesperson: R. STONE

Revised: []

Scale: 1/2" = 1'-0"

Job/W.O. #: []

Date: 5/14/91

Sheet 3 of 3

Project #: B-900

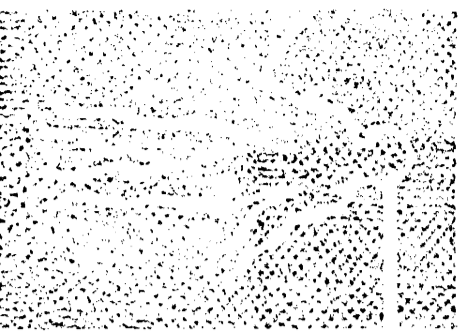
Drawing #: 5-91-14

(ACCEPTANCE SIGNATURE/DATE)



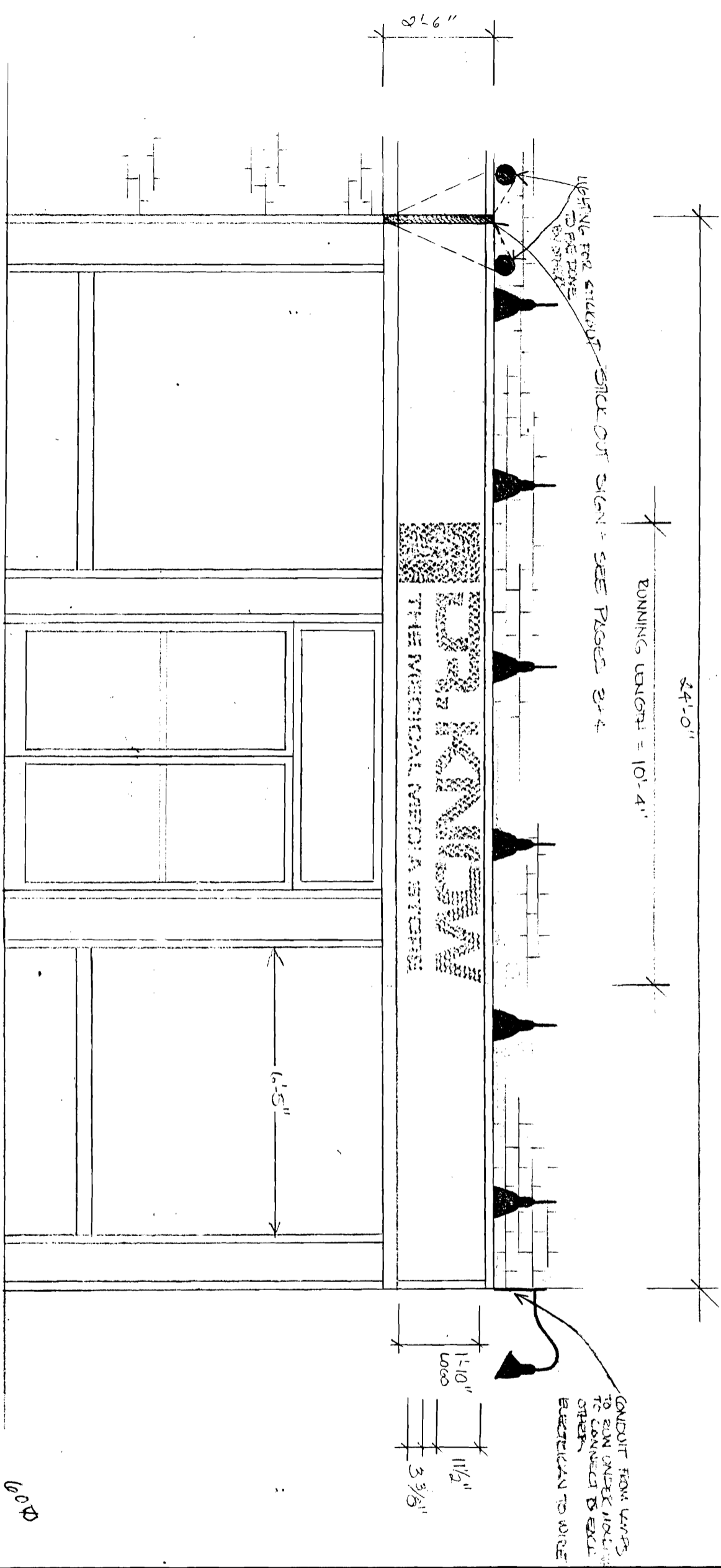
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 9 Thomas Drive
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USE THIS FOR ART



1 SET / SE / INDIVIDUAL CUT OUT LETTERS. 2/6 SWITCH / 2/6 NEON / 2/6 GLOW / 2/6 GLOW WITH LETTERS
 LOGO TO BE JIGGED OUT - ALL LETTERS TO BE IN 2/6 FONT MOUNTED AND GUSSED
 COLORS -
 TOP SIGN = 2/6 - GREY - PAINTED BY OTHERS
 COPY LOGO - 2/6 RPH 2/6 SEMI GLOSS
 LAMPS = BRONZE

CONGRESS STREET, CONN. FRONT



FINAL MFG. PRINT
 DATE 5/14/91

PERMIT PRINT



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				
					SIZE		<input type="checkbox"/> SELF CONTAINED				

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Customer	DR. CONROY	
Location	CONN. FRONT	
Designer	J. CONROY	
Salesperson	J. CONROY	
Revised	5/9/91	K. J. CONROY
	5/14/91	J. CONROY
	5/15/91	J. CONROY
Scale	AS SHOWN	
Job/W.O.#	23-1060 CHANGING	
Date	5/14/91	
Sheet	1 of 3	
(ACCEPTANCE SIGNATURE/DATE)	J. CONROY 5/14/91	
Project #	23-1060	
Drawing #	23-1060	