

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

Location of Construction: <i>19 West St/Carleton St</i>	Owner: <i>19 West St Condo Assoc.</i>	Phone: <i>Candy - 799-4890</i>						
Owner Address:	Leasee/Buyer's Name:	Phone:						
Contractor Name: <i>Graute Graphics</i>	Address:	Phone:						
Past Use: <i>Condo's (Commercial) (Wref Off)</i>	Proposed Use: <i>Sign w/signage</i>	<table border="1"> <tr> <td>COST OF WORK: \$</td> <td>PERMIT FEE: \$ <i>29.50</i></td> </tr> <tr> <td>FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied</td> <td>INSPECTION: Use Group: Type:</td> </tr> <tr> <td>Signature:</td> <td>Signature: <i>[Signature]</i></td> </tr> </table>	COST OF WORK: \$	PERMIT FEE: \$ <i>29.50</i>	FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	Signature:	Signature: <i>[Signature]</i>
COST OF WORK: \$	PERMIT FEE: \$ <i>29.50</i>							
FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:							
Signature:	Signature: <i>[Signature]</i>							
Proposed Project Description: <i>Erect 2 Signs (7.5 x 1.5) each</i>	<table border="1"> <tr> <td colspan="2">PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)</td> </tr> <tr> <td>Action:</td> <td> <input type="checkbox"/> Approved  <input type="checkbox"/> Approved with Conditions  <input type="checkbox"/> Denied                 </td> </tr> <tr> <td>Signature:</td> <td>Date:</td> </tr> </table>	PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	Signature:	Date:	
PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)								
Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied							
Signature:	Date:							
Permit Taken By: <i>Nary Gresik</i>	Date Applied For: <i>14 May 1996</i>							

Permit No: **960392**

**PERMIT ISSUED**

Permit Issued: **MAY 17 1996**

**CITY OF PORTLAND**

Zone: *R-6* CBL: *55-B-13*

Zoning Approval: *2-2-96/194*

**Special Zone or Reviews:**

- Shoreland *SHARLE 5'*
- Wetland *Substantive*
- Flood Zone *ALL 100'S*
- Subdivision
- Site Plan *major*  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: \_\_\_\_\_

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Mail to: JSW Management  
1258 Broadway  
So. Fld, ME 04104

**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 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 May 1996*

SIGNATURE OF APPLICANT *Candy Welch* ADDRESS: DATE: PHONE:

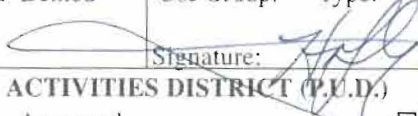
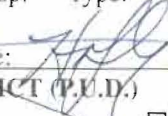
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT **3**

*A.S. 2004*

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

Location of Construction: 19 West St/Carleton St		Owner: 19 West St Condo Assoc.		Phone: Candy - 799-4890		Permit No: <b>960392</b>	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Granite Graphics		Address:		Phone:		Permit Issued: <b>MAY 17 1996</b>	
Past Use: Condo's (Commercial) (Prof Off)		Proposed Use: Same w/signage		COST OF WORK: \$		PERMIT FEE: \$ 29.50	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Erect 2 Signs (7.5 x 1.5) each				Signature: 		Signature: 	
Permit Taken By: Mary Gresik		Date Applied For: 14 May 1996		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: of <i>5/16/96</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>SHALL be 5'</i> <input type="checkbox"/> Wetland <i>setback from</i> <input type="checkbox"/> Flood Zone <i>All Lines</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <i>major</i> <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
  - Building permits do not include plumbing, septic or electrical work.
  - 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.
- Mail to: JSW Management  
1258 Broadway  
So. Ptld, ME 04104

**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 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

*Candy Welch*  
SIGNATURE OF APPLICANT Candy Welch      ADDRESS:      DATE: 14 May 1996      PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE      PHONE:

**PERMIT ISSUED**  
**MAY 17 1996**  
**CITY OF PORTLAND**

Zone: *K-6*    CBL: *55-B-13*

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: *5/14/96*

*D. Anderson*

Thickness 4"

Polished Front/Back

18 in. - 1.5'

19

WEST  
STREET



Cardiovascular  
Consultants  
of Maine P.A.

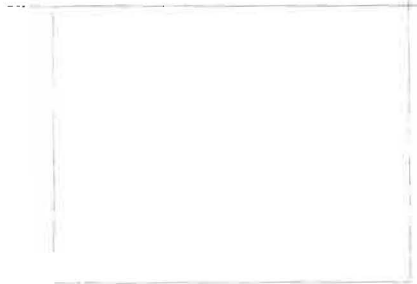
Cardiothoracic  
Surgery  
of Maine P.A.

$$1.5' \times 7.5 = 11.25'$$

7.5 FT

11.25'

18 in.



CITY OF PORTLAND, MAINE  
HISTORIC PRESERVATION COMMITTEE



Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: 19 West Street Condominium Association  
19 West Street, Portland, ME

Applicant: (name) JSW Management (telephone) 799-4890

(company, if applicable) \_\_\_\_\_

(address) 1258 Broadway  
South Portland, ME 04106

Property Owner, if different: (name) 19 West Street Condo Assoc.

(address) 1258 Broadway  
South Portland, ME 04106

(telephone) 799-4890

Architect (if any): \_\_\_\_\_

Contractor or Builder (if any): Granite Graphics

Local Designation:

\_\_\_ Landmark.  Within Historic District. \_\_\_ Historic Landscape District.

[Signature]  
Applicant's Signature

[Signature]  
Owner's Signature (if different)

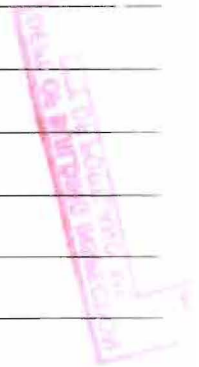
\*\* Note: No application fee is required. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance to Certificate/Building Permit or upon denial  
.....

All materials related to this Application MUST BE submitted no later than 2 weeks prior to your desired meeting date in order for this application to be placed on the Historic Preservation Committee Agenda.

I. DESCRIPTION OF PROJECT

Describe in a separate paragraph each type of proposed exterior architectural alteration, such as window replacement, roof replacement, porch alteration, repointing of masonry, or new addition/construction. Briefly describe the feature or materials affected by the work and give the approximate date that it was constructed, if known. Describe in detail the proposed work and how it will affect the existing feature. Use as many items as necessary to cover all aspects of the project. If more space is needed, continue on a separate page. Reference work items to accompanying drawings or photographs.

Description attached



II. ATTACHMENTS

Provide a copy of the plans, renderings, drawings and written specifications of the alteration. To supplement your application, it would be helpful to submit photographs or slides of current conditions, material samples, site plans, sketches, historical documentation, or anything else that will illustrate to the Committee and staff the effect of the proposed change.

The following information is enclosed:

- Exterior photographs
- Sketches, elevation drawings and/or annotated photographs
- Floor plans
- Site plan showing relative location of adjoining structures, if located within a district
- Specifications
- Other (explain) \_\_\_\_\_

Please note: In order to be photocopied by the City, plans or drawings should generally not exceed 11" x 17". If you wish to submit larger plans, please provide 10 copies for distribution.

If you have questions or need assistance in completing this form, please contact the Historic Preservation staff at 874-8300, (Gary Hamilton, ext 8699, or Deborah Andrews at ext. 8726).

Please return this form and related application materials to:

Department of Planning and Urban Development  
Attn: Historic Preservation Staff  
Room 211  
Portland City Hall  
389 Congress Street  
Portland, ME 04101



*with attached #2*

52

CARLETON

WEST

PINE

BUTLER SCHOOL APTS

PILGRIM HERMITAGE HOTEL

HOUTON

CADAM'S BLYTHE (E. WALKER)

BRACKETT

WALKER ST.

DOW ST.

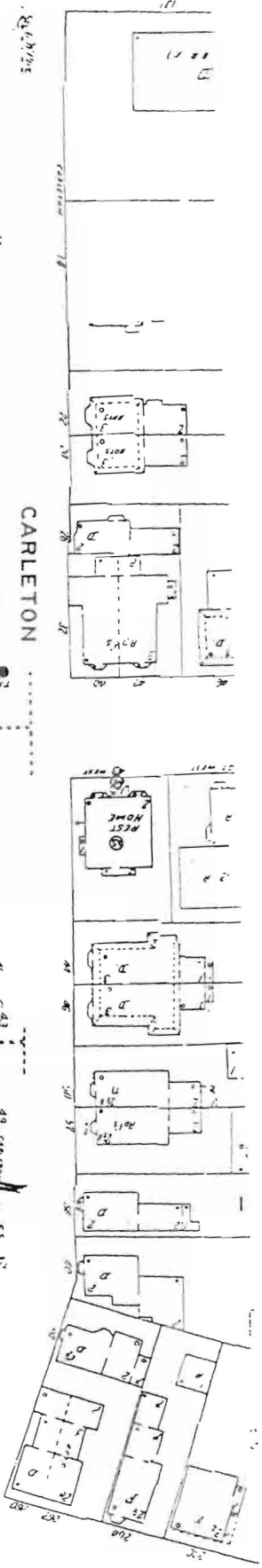


*Location of new Standard Rail system*

48

*Sign*

*bag*



Installation of two polished gray granite signs, 7.5 feet high by 1.5 feet wide by 4 inches thick, one at the parking lot entrance on West Street and one at the parking lot entrance on Carleton Street. These signs will replace old 10 foot metal signs. New signs held in place with concrete footings. Drawings of the signs are enclosed.

RE: Inst. Uses in Residential Zone  
117' Street frontage per assessors  
street frontage  
At 100' → 250'  
MAX AREA = 25 # ← 11.25 # ea shown  
height = 8' MAX - 7.5' shown  
Setback - 5' from the lines





# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

4/18/96

**PRODUCER**

Lake Region Agency  
P.O. Box 836  
Windham, Me. 04093  
(207) 892-3544

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  
**A** Concord General Mutual
- COMPANY  
**B**
- COMPANY  
**C**
- COMPANY  
**D**

**INSURED**

Michael Jones  
58a Granite Grades  
87 Bell Street  
Portland, Me. 04105

**COVERAGES**

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. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. 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 LINE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY X	To be Assigned	4/11/96	4/11/97	GENERAL AGGREGATE \$ 2,000,000. PRODUCTS - COMP OR AGG \$ 1,000,000. PERSONAL & ADV INJURY \$ 1,000,000. EACH OCCURRENCE \$ 1,000,000. FIRE DAMAGE (ANY TRYS) \$ 1,000,000. MED EXP (ANY ONE PERSON) \$ 5,000.
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	BODILY INJURY PERSONAL				\$
	BODILY INJURY PERSONAL				\$
	PROPERTY DAMAGE				\$
	AUTO OWNERS - BODILY INJURY				\$
	OTHER TRUCK LIABILITY				\$
	HEALTH				\$
	WARRANTY				\$
	EMPLOYERS - BODILY INJURY				\$
	EMPLOYERS - PROPERTY DAMAGE				\$
	EMPLOYERS - MEDICAL EXPENSE				\$
	EMPLOYERS - BODILY INJURY				\$
	EMPLOYERS - PROPERTY DAMAGE				\$
	EMPLOYERS - MEDICAL EXPENSE				\$



DESCRIPTION OF OPERATIONS AT THIS LOCATION (VEHICLES, SPECIAL ITEMS)

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL PROVIDE 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE COMPANY BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Jeffrey A. Bernoth*

# ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
05/02/96

PRODUCER  
RONALD KOFSTAD  
PO BOX 230  
PRESQUE ISLE, ME 04769

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 A FARM FAMILY MUTUAL DNS. CO.
- COMPANY B
- COMPANY C
- COMPANY D

INSURED  
JAMES WELCH  
1258 BROADWAY  
S. PORTLAND, ME 04106-5636

### 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)	LIMITS
ASK	GENERAL LIABILITY	1816L6110	07/31/95	07/31/96	GENERAL AGGREGATE \$300,000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$300,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$300,000
	OWNER'S & CONT PROT				EACH OCCURRENCE \$300,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$
	OTHER				

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

JANITORIAL SERVICES, INCLUDING PRODUCTS & OR COMPLETED OPERATIONS.

### CERTIFICATE HOLDER

19 WEST STREET  
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 15 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

*Ronald Kofstad*

BILL	POLICY NUMBER	TC	PRODUCER NUMBER	AC	ACCOUNT NUMBER	AUDIT
D	PPS 27000109		02272391	150	0004130183-001-00001	NONE

BRANCH L5 PRECISION SERVICES

NEW BUSINESS EFF 10/23/1995

**PRECISION PORTFOLIO POLICY  
BUILDINGS AND PERSONAL PROPERTY SCHEDULE  
PRECISION PREMIER**

**LOCATION** 01 **BUILDING #** 01 19 WEST STREET **PORTLAND** **ME**

PREMISES PRIMARY  
OCCUPANCY: MEDICAL OFFICES  
INSURED'S INTEREST: LESSOR RISK ONLY  
CONSTRUCTION: MASONRY NON-COMBUSTIBLE

PROTECTION CLASS: 002

		DEDUCTIBLE	LIMIT
SCHEDULED BUILDINGS	REPLACEMENT COST	\$250	\$950,000
SCHEDULED PERSONAL PROPERTY	REPLACEMENT COST	\$250	\$26,000
FULL GLASS BREAKAGE		\$250	INCLUDED
BACK-UP OF SEWERS & DRAINS		\$1,000	INCLUDED
BUILDING ORDINANCE OR LAW		NONE	\$50,000

**LOCATION** **BUILDING #**

PREMISES PRIMARY  
OCCUPANCY:  
INSURED'S INTEREST:  
CONSTRUCTION:

PROTECTION CLASS:

DEDUCTIBLE      LIMIT

