

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME		CBL:
Permit No: 02-1169	Issue Date: OCT 30 2002	057 E008001

<b>Location of Construction:</b> 211 Danforth St	<b>Owner Name:</b> Wagabaza David A	<b>Owner Address:</b> 211 Danforth St	<b>Phone:</b> 773-8387
<b>Business Name:</b>	<b>Contractor Name:</b> Applicant	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	<b>Zone:</b> B-1

<b>Past Use:</b> Hair Salon	<b>Proposed Use:</b> Hair Salon	<b>Permit Fee:</b> \$40.00	<b>Cost of Work:</b> \$40.00	<b>CEO District:</b> 3
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<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: B Type: NA 10/22/02 <i>[Signature]</i>
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**Proposed Project Description:**  
Erect 2' x 5' Sign

**Signature:** \_\_\_\_\_

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved  Approved w/Conditions  Denied

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Permit Taken By:</b> gad	<b>Date Applied For:</b> 10/09/2002
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**Zoning Approval**

<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<p align="center"><b>Special Zone or Reviews</b></p> <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 checked="" type="checkbox"/> MMS Date: <i>OK 10/15/02</i>	<p align="center"><b>Zoning Appeal</b></p> <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 Date: _____	<p align="center"><b>Historic Preservation</b></p> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>TO D.A 10/15/02</i> <i>DA 10/22/02</i>
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**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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING DEPARTMENT PERMIT

Permit Number: 021169

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that Wagabaza David A/Applicant  
has permission to Erect 2' x 5' Sign  
AT 211 Danforth St 057 E008001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or closed-in. **48 HOUR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Handwritten Signature]*  
10/28/05  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

02-1169

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

### Signage Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>81 Clark St. / 209-211 Danforth St.</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>57</u> Block# <u>E</u> Lot# <u>008</u>	Owner: <u>Cordell Jones</u>	Telephone: <u>773-8387</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Total s.f. of signage <u>10' x 1.00</u> per s.f. \$ <u>10</u> ; plus \$30.00 base fee <u>30</u> . Fee: \$ <u>40.00</u>
Current use: <u>Air Sign</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Air Sign</u>		
Project description: <u>erect 2' x 5' sign w/ 1/4" aluminum with plastic core</u>		
Contractor's name, address & telephone: _____		
Who should we contact when the permit is ready: <u>Cordell Jones</u>		
Mailing address: <u>+ call 773 8387</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$50.00 fee if any work starts before the permit is picked up. Phone: _____		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

RCVD 10/10/02

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Cordell Jones</u>	Date: <u>10-2-02</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

TAX RECEIPT  
City of Portland, Maine  
P O Box 544  
Portland ME 041120544  
207-874-8856

Paid by: WAGABAZA DAVID A  
211 DANFORTH ST  
PORTLAND ME 04102

Receipt#: 26357 / 297902  
Batch: TONYAM 10/04/2002 00  
Date paid: 10/04/2002

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Account ID: 9208 Parcel Id 057 - E-008-001  
211 DANFORTH ST REAL ESTATE TAX  
Owner: WAGABAZA DAVID A 57-E-8 CLARK ST 79-83  
ACCOUNT # W00460 DANFORTH ST 209-211  
WEST END 3344SF  
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Year	Value	Rate	Base	Pen & Int	Coll fee	Total paid
2003 1 RE TAX	146480	25.72000	1,883.74	12.21		1,895.95

Printed: 10/04/02 11:03:57

Receipt total: 1,895.95

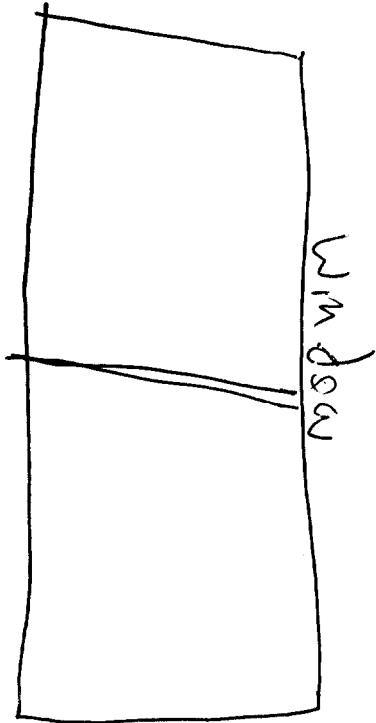
Tender: CHECK 2399 1,895.95

UNPAID BALANCE AS OF: 10/04/02	Base	Pen & Int	Coll fee	Total unpaid
2003 2 RE TAX	1,883.74			1,883.74

Additional comments:

Roof

23FT.



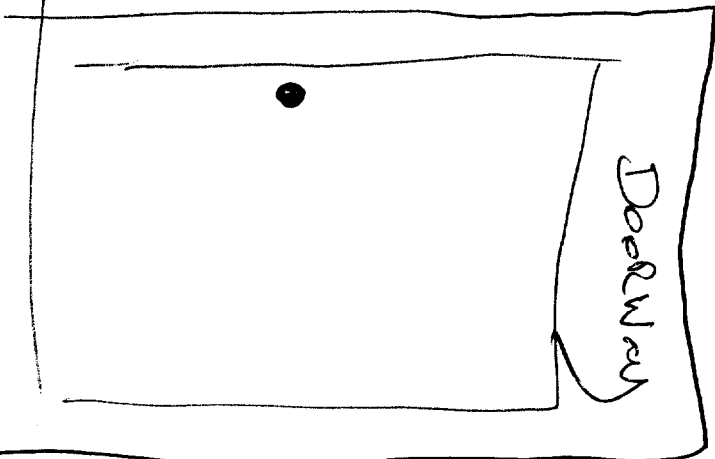
Window

2FT.



5FT.

14 FT.  
WIDE in Front



Doorway

Sidewalk

Street

= 10 #

5'-0"

2'-0"



1/4" ALUMINUM WITH PLASTIC CORE  
WHT WITH BLACK GRAPHICS

**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 81 Clark St. ZONE: B-1

OWNER: Cordell Jones

APPLICANT: Cordell Jones

ASSESSOR NO. \_\_\_\_\_

PLEASE CIRCLE APPROPRIATE ANSWER

*2 units*

SINGLE TENANT LOT? YES NO **MULTI-TENANT LOT?** YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES NO DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_

MORE THAN ONE SIGN? YES NO DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_

SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 5x2 = 10 #

MORE THAN ONE SIGN? YES NO DIMENSIONS \_\_\_\_\_

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK \_\_\_\_\_

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): \_\_\_\_\_

*14 Ft. x 2 = 28 # max*

\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION

**YOU SHALL PROVIDE:**

**A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: Cordell Jones DATE: \_\_\_\_\_

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
09/30/2002

PRODUCER (207)774-5653 FAX (207)871-0236  
C.M. Bowker Co.  
835 Forest Avenue  
Portland, ME 04103

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.

**INSURERS AFFORDING COVERAGE**

INSURED **Cordell's Hair Design**  
81 Clark Street  
Portland, ME 04102

INSURER A: **Middlesex Mutual**  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	UNDER BINDER	09/30/2002	09/30/2003	EACH OCCURRENCE \$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS   OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Verification of insurance. City of Portland is named as Additional Insured respects to the General Liability only.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
City of Portland 389 Congress Street Portland, ME 04101		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 Marina Horr CISR <i>Marina Horr</i>

057-E008