

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

Location of Construction: 65-85 Commercial St		Owner: J.B. Brown		Phone: 774-5908		Permit No: 980705			
Owner Address: 482 Congress St		Lessee/Buyer's Name:		Phone:		Business Name:			
Contractor Name: Prostyle Design Ste 501		Address: 142 High St Portland, ME 04101		Phone: 775-3269		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Jul - 2 1998 CITY OF PORTLAND </div>			
Past Use: Office/Light manu		Proposed Use:		COST OF WORK: \$				PERMIT FEE: \$ 65.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied				INSPECTION: Use Group: Type:	
Proposed Project Description: Paint of wall a replica of the original "Portland Star Match Co" sign as shown on sketch				Signature:		Signature:			
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: 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: HG		Date Applied For: 25 June 1998		Signature:		Date:			

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: 26 June 1998		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

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	
Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Date: _____	
CEO DISTRICT <div style="border: 1px solid black; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin-top: 10px;"> </div>	

**THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE
PERMIT IS ISSUED**

**Building or Use Permit Application
Attached Single Family Dwellings/Two-Family Dwelling
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

NOTEIf 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>65-89 West Commercial St.</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Number	Owner:	Telephone#:
Chart# <u>058</u> Block# <u>C-001</u> Lot#	<u>J.B. Brown</u>	<u>774 5908</u>
Owner's Address:	Lessee/Buyer's Name (If Applicable)	Cost Of Work:
<u>482 Congress St.</u>		<u>\$ 3400.65</u>
Proposed Project Description: (Please be as specific as possible) <u>Paint on wall a replica of the original "Portland Star Match Co" sign as shown on sketch</u>		
Contractor's Name, Address & Telephone <u>Prostyle Design, Suite 501, 142 High St. Portland ME 04101 775 3269</u>		
Current Use: <u>Office / Light Mfg.</u>	Proposed Use: <u>same</u>	

Separate permits are required for Internal & External Plumbing, HVAC and Electrical installation.

- All construction must be conducted in compliance with the 1996 B.O.C.A. Building Code as amended by Section 6-Art II.
- All plumbing must be conducted in compliance with the State of Maine Plumbing Code.
- All Electrical Installation must comply with the 1996 National Electrical Code as amended by Section 6-Art III.
- HVAC (Heating, Ventilation and Air Conditioning) installation must comply with the 1993 B.O.C.A. Mechanical Code.

You must Include the following with you application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
- 2) A Copy of your Construction Contract, if available
- 3) A Plot Plan/Site Plan

Minor or Major site plan review will be required for the above proposed projects. The attached checklist outlines the minimum standards for a site plan.

4) Building Plans

Unless exempted by State Law, construction documents must be designed by a registered design professional.

A complete set of construction drawings showing all of the following elements of construction:

- Cross Sections w/Framing details (including porches, decks w/ railings, and accessory structures)
- Floor Plans & Elevations
- Window and door schedules
- Foundation plans with required drainage and dampproofing
- Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review must be included.

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Signature of applicant: <u>Anthony R Taylor</u>	Date: <u>June 25, 1998</u>
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Building Permit Fee: \$25.00 for the 1st \$1000. cost plus \$5.00 per \$1,000.00 construction cost thereafter.

Additional Site review and related fees are attached on a separate addendum



SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 65-85 West Commercial St. ZONE: B-5b

OWNER: J.B. Brown & Sons

APPLICANT: Tony Taylor dba Prostyle Design

ASSESSOR NO. _____

SINGLE TENANT LOT? YES _____ NO _____

MULTI TENANT LOT? YES ☒ NO _____

FREESTANDING SIGN? YES _____ NO ☒ DIMENSIONS _____

(ex. pole sign.)

MORE THAN ONE SIGN? YES _____ NO _____ DIMENSIONS _____

BLDG. WALL SIGN? YES ☒ NO _____ DIMENSIONS 200 S.F.

(attached to bldg)

MORE THAN ONE SIGN? YES _____ NO ☒ DIMENSIONS _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: 1 directory 3'x4'

4 address signs ea. 2'x2'

reputing old sign
to original condition

LOT FRONTAGE (FEET): 450

BLDG FRONTAGE (FEET): 300

AWNING YES ☒ NO _____ IS AWNING BACKLIT? YES _____ NO ☒

HEIGHT OF AWNING: 12'

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? no

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: Anthony K. Taylor DATE: June 24 1998

ACORD**CERTIFICATE OF LIABILITY INSURANCE**OF ID CD
JBBRO-1

DATE (MM/DD/YY)

06/25/98

PRODUCER

Morse, Payson & Noyes Insurance
P.O. Box 406
Portland ME 04112-0406

Charles Healey (renewal)

Phone No. 207-775-6000 Fax No. 207-775-0339
INSURED

J. B. Brown & Sons
P.O. Box 207
Portland ME 04112

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 ROYAL INSURANCE COMPANY

COMPANY
B

COMPANY
C

COMPANY
D

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
A	GENERAL LIABILITY	ASV0011460098	01/01/98	01/01/99	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					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				
	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				WC STATU- TORY LIMITS OTHER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TAYLORS

Taylor Signs
Attn: Tony Taylor
142 High Street, Suite 501
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

Charles Healey (renewal)

COMMENTS

7/17 2:45 Not installed ^{RC} 7/20 Called Back left message work would begin after 8/1
9/8 Appears to be installed as per plan DC

Inspection Record

Type

Foundation: _____
Framing: _____
Plumbing: _____
Final: _____
Other: _____

Date

