

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

Location of Construction: 270 St John St		Owner: Robert Connor		Phone:	
Owner Address: 270 St John St- PTldME		Leasee/Buyer's Name: Rebecca Cormier		Phone: 773-4417	Business Name: Sharp K Nine Cuts
Contractor Name: 04102		Address:		Phone:	
Past Use: dog grooming/supplies		Proposed Use: erect sign		COST OF WORK: \$	PERMIT FEE: \$ 27.50
Proposed Project Description: erect sign		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
		Signature:		Signature: <i>[Signature]</i>	
Permit Taken By: L Chase		Date Applied For: 6/5/96		PEDESTRIAN ACTIVITIES DISTRICT (PAD.)	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Signature:		Date:			

Permit No: **960598**

PERMIT ISSUED

Permit Issued:
JUN 25 1996

CITY OF PORTLAND

Zone: *B2* CBL: *61-A-1*

Zoning Approval: *ok 6/10/96*

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

1. This permit application doesn't 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..

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: *6/7/96*

D. Anderson

CEO DISTRICT **3**

A. Simpson

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

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

Location of Construction: 270 St John St		Owner: Robert Connor		Phone:		Permit No: 960598	
Owner Address: 270 St John St- PTIDHE		Leasee/Buyer's Name: Rebecca Cormier		Phone: 773-4417		BusinessName: Sharp K Mine Cuts	
Contractor Name: 04802		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> JUN 25 1996 </div> CITY OF PORTLAND </div>	
Past Use: dog grooming/supplies		Proposed Use: erect sign		COST OF WORK: \$			
Proposed Project Description: erect sign		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		Zone: CBL:	
				Signature:		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		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"/>	
Signature:		Date:		Permit Taken By: L Chase		Date Applied For: 6/5/96	

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SCANNED

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SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	PHONE:		CEO DISTRICT 3

Action:

Approved
 Approved with Conditions
 Denied

Date: 6/9/96

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Zoning Appeal

Variance
 Miscellaneous
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COMMENTS

7/1/90 Signage installed per submitted.

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 270 St John St ZONE: B-2

OWNER: Rebecca Cormier

APPLICANT: Same

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 5'-30"
(attached to bldg)

MORE THAN ONE SIGN? YES _____ NO _____ DIMENSIONS _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: _____

LOT FRONTAGE (FEET) 2300 Sq Feet

BLDG FRONTAGE (FEET) 2300 Sq Feet 16' store front x 1.5' = 24' MAX

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

HEIGHT OF AWNING: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

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

5' x 2.5' = 12.5'
24' MAX
OK

INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

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APPLICANTS FOR A SIGN PERMIT WILL BE ASKED TO SUBMIT THE FOLLOWING INFORMATION TO THE CODE ENFORCEMENT OFFICE:

1. PROOF OF INSURANCE
2. LETTER OF PERMISSION FROM THE OWNER
3. A SKETCH PLAN OF THE LOT, INDICATING LOCATION OF BUILDINGS, DRIVEWAYS AND ANY ABUTTING STREETS OR RIGHT OF WAYS. LENGTHS OF BUILDING FRONTAGES AND STREET FRONTAGES SHOULD BE NOTED (SEE ATTACHED)
4. INDICATE ON THE PLAN ALL EXISTING AND PROPOSED SIGNS
5. COMPUTATION OF THE FOLLOWING:
 - A) SIGN AREA OF EACH EXISTING AND PROPOSED BUILDING SIGN
 - B) SIGN AREA HEIGHT AND SETBACK OF EACH EXISTING AND PROPOSED FREESTANDING SIGN

A SKETCH OF ANY PROPOSED SIGN(S), INDICATING DIMENSIONS, MATERIALS, SOURCE OF ILLUMINATION AND CONSTRUCTION METHOD (SEE ATTACHED)

FEE FOR PERMIT - \$25.00 PLUS \$0.20 PER SQUARE FOOT

NOTE: ONCE A SKETCH PLAN HAS BEEN FILED FOR A PROPERTY, THE CODE ENFORCEMENT OFFICE WILL KEEP A RECORD OF THE PLAN SO THAT A NEW SKETCH PLAN WILL NOT BE REQUIRED FOR LATER CHANGES TO SIGNAGE ON THE PROPERTY. IN SUCH AN INSTANCE, APPLICANTS WILL ONLY BE REQUIRED TO SUBMIT INFORMATION APPLICABLE TO THE NEW SIGNS.

UL # on that sign

*874-8716 Ray
City hall
attn: Mary*

ACORD. INSURANCE BINDER

DATE (MM/DD/YY)

5/30/90

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Noyes & CHAIRMAN INC. 1037 WASHINGTON AVE PORTLAND, ME 04103	PHONE (A/C, No, Ext): 775-4333	COMPANY Acordia Insurance	BINDER # 1
DATE EFFECTIVE TIME 6-1-96 12:00 AM		EXPIRATION DATE TIME 6-1-97 12:01 AM	

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

CODE: AGENCY CUSTOMER ID: INSURED REBECCA CORMIER D/O/A SHARP K9 CUTS & SUPPLIES UNION STATION PLAZA 270 ST. JOHN ST. PORTLAND, ME 04103	SUB CODE: 1251	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
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COVERAGES LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINS %
PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Business Owners Policy	30,000	250	
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE \$ 1 mil / 2 mil PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ 1 mil EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000		
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	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	RETRO DATE FOR CLAIMS MADE:	ACTUAL CASH VALUE STATED AMOUNT \$ OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE:	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ STATUTORY LIMITS		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	RETRO DATE FOR CLAIMS MADE:	EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$		

SPECIAL CONDITIONS/ OTHER COVERAGES
 Annual Premium \$ 300.00

NAME & ADDRESS
 Union Station Limited Partnership

MORTGAGEE ADDITIONAL INSURED
 LOSS PAYEE

LOAN #


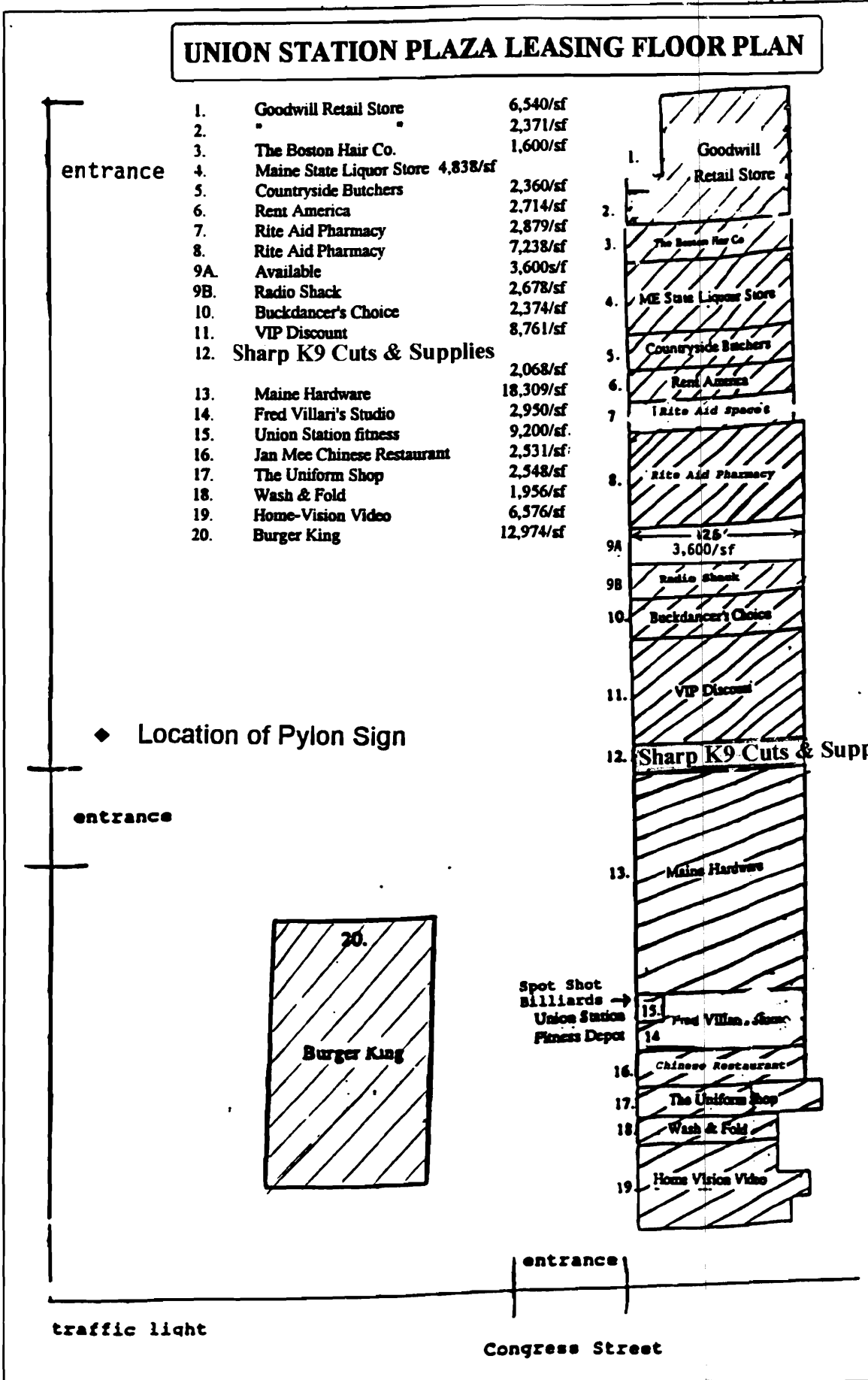
AUTHORIZED REPRESENTATIVE


Exhibit A

UNION STATION PLAZA LEASING FLOOR PLAN



MEMORANDUM FOR THE DIRECTOR

MEMPHIS, TENNESSEE

5/23/68

TO :

FROM :

City of Memphis
500 Congress Blvd
Memphis, TN 38101

Re: Memphis Telephone Company - Memphis, Tennessee

Mr. M. Greer

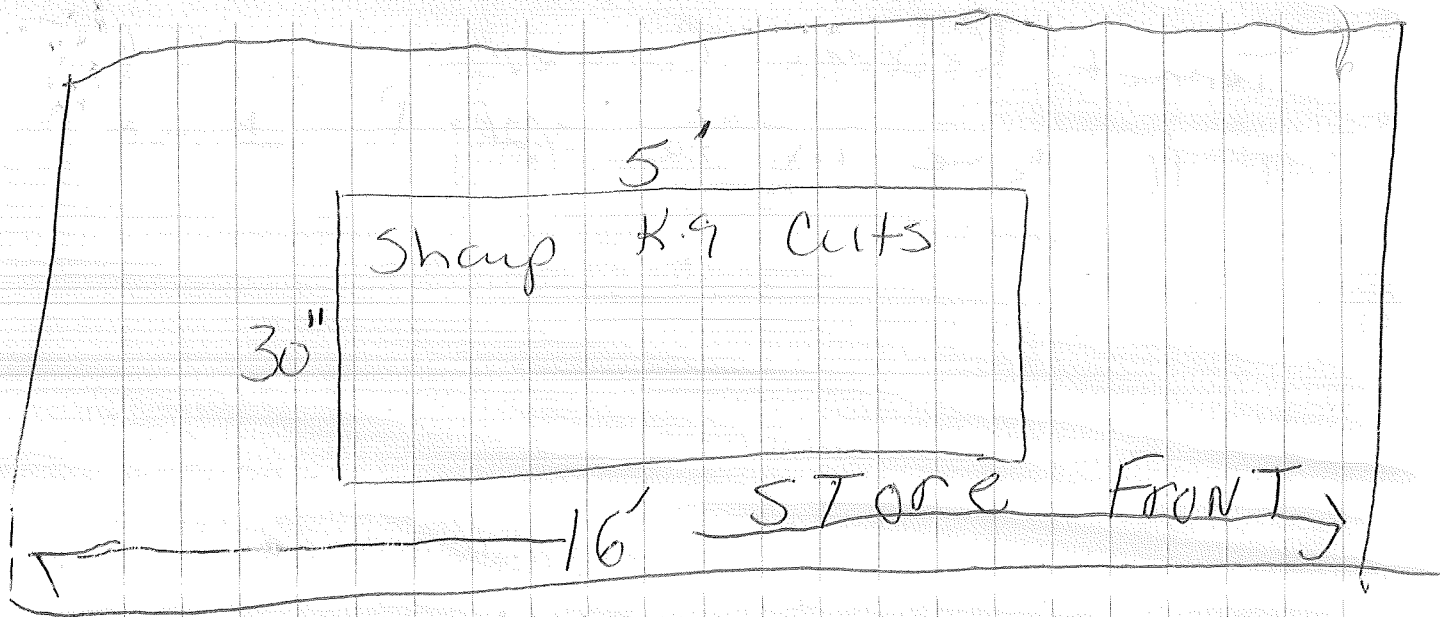
Reference is made to a letter from the Memphis Telephone Company dated 5/15/68, which advised that the company is planning to install a new long distance service in the Memphis area. The company is planning to install a new long distance service in the Memphis area. The company is planning to install a new long distance service in the Memphis area.

We hereby authorize the Memphis Telephone Company to apply to the Federal Communications Commission for a long distance service in the Memphis area.

Sincerely yours,

W. Robert Greer
W. Robert Greer

Via fax 207 6 4 1 1 1



Jane Smith

Tennet Rebecca Corner
will come in to apply for permit

10/10/10