

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:		Permit No: 960598	
Owner Address: 270 St John St- PT144E		Leasee/Buyer's Name: Rebecca Cormier		Phone: 773-4417			<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED JUN 25 1996 CITY OF PORTLAND </div>
Contractor Name: 04802		Address:		Business Name: Sharp & Nine Cuts			
Past Use: dog grooming/supplies		Proposed Use: erect sign		COST OF WORK: \$ PERMIT FEE: \$ 27.50 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: _____ Signature: <i>[Signature]</i>			
Proposed Project Description: erect sign		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Zoning Approval: Zone: CBL: 64-4-1 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: L Chase		Date Applied For: 6/5/96				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	

- 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..

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:

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

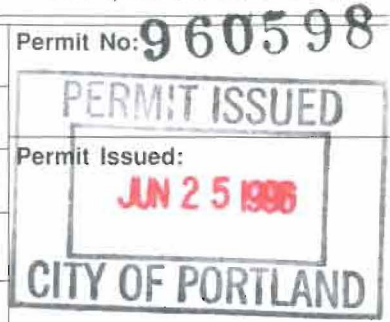
CEO DISTRICT

3

A. S. ...

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

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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 (P.A.D.)	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Signature:		Date:			



Zone: *B2* CBL: *64-A-1*

Zoning Approval: *ok - 6/10/96*

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj 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: *6/7/96*

D. Andrew B

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:

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' x 30"
(attached to bldg)

MORE THAN ONE SIGN? YES _____ NO _____ DIMENSIONS _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: _____

LOT FRONTAGE (FEET) 2300 sq Foot

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.

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

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
 HUYSE & CHAMMAN INC.
 1037 WASHINGTON AVE
 PORTLAND, ME 04103

PHONE (A/C, No, Ext): 775-4333

COMPANY: ACHORD Insurance
 BINDER #: 1

DATE	EFFECTIVE	TIME	DATE	EXPIRATION	TIME
6-1-96	12:01	AM	6-1-97		12:01 AM
		PM			NOON

CODE: SUB CODE: 1251

AGENCY CUSTOMER ID:
 INSURED
 REBECCA CORNIER D/O/A SHARP K9 CUTS
 Supplies
 UNION STATION PLAZA
 270 ST. JOHN ST.
 PORTLAND ME 04103

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

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

COVERAGES

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	GENERAL AGGREGATE	\$ 1mil/2mil
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	PRODUCTS - COMP/OP AGG	\$
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	PERSONAL & ADV INJURY	\$ 1mil
	EACH OCCURRENCE	\$
	FIRE DAMAGE (Any one fire)	\$ 50,000
	MED EXP (Any one person)	\$ 5000

RETRO DATE FOR CLAIMS MADE:

AUTOMOBILE LIABILITY

<input type="checkbox"/> ANY AUTO	COMBINED SINGLE LIMIT	\$
<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per person)	\$
<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS	PROPERTY DAMAGE	\$
<input type="checkbox"/> NON-OWNED AUTOS	MEDICAL PAYMENTS	\$
	PERSONAL INJURY PROT	\$
	UNINSURED MOTORIST	\$

AUTO PHYSICAL DAMAGE

<input type="checkbox"/> COLLISION	DEDUCTIBLE	<input type="checkbox"/> ALL VEHICLES	<input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE
<input type="checkbox"/> OTHER THAN COL:				STATED AMOUNT
				OTHER

GARAGE LIABILITY

<input type="checkbox"/> ANY AUTO	AUTO ONLY - EA ACCIDENT	\$
	OTHER THAN AUTO ONLY:	
	EACH ACCIDENT	\$
	AGGREGATE	\$

EXCESS LIABILITY

<input type="checkbox"/> UMBRELLA FORM	EACH OCCURRENCE	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM	AGGREGATE	\$
	SELF-INSURED RETENTION	\$
	STATUTORY LIMITS	

RETRO DATE FOR CLAIMS MADE:

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY

	EACH ACCIDENT	\$
	DISEASE - POLICY LIMIT	\$
	DISEASE - EACH EMPLOYEE	\$

SPECIAL CONDITIONS/ OTHER COVERAGES
 Annual Premium \$ 300.00

NAME & ADDRESS
 Union Station Limited Partnership


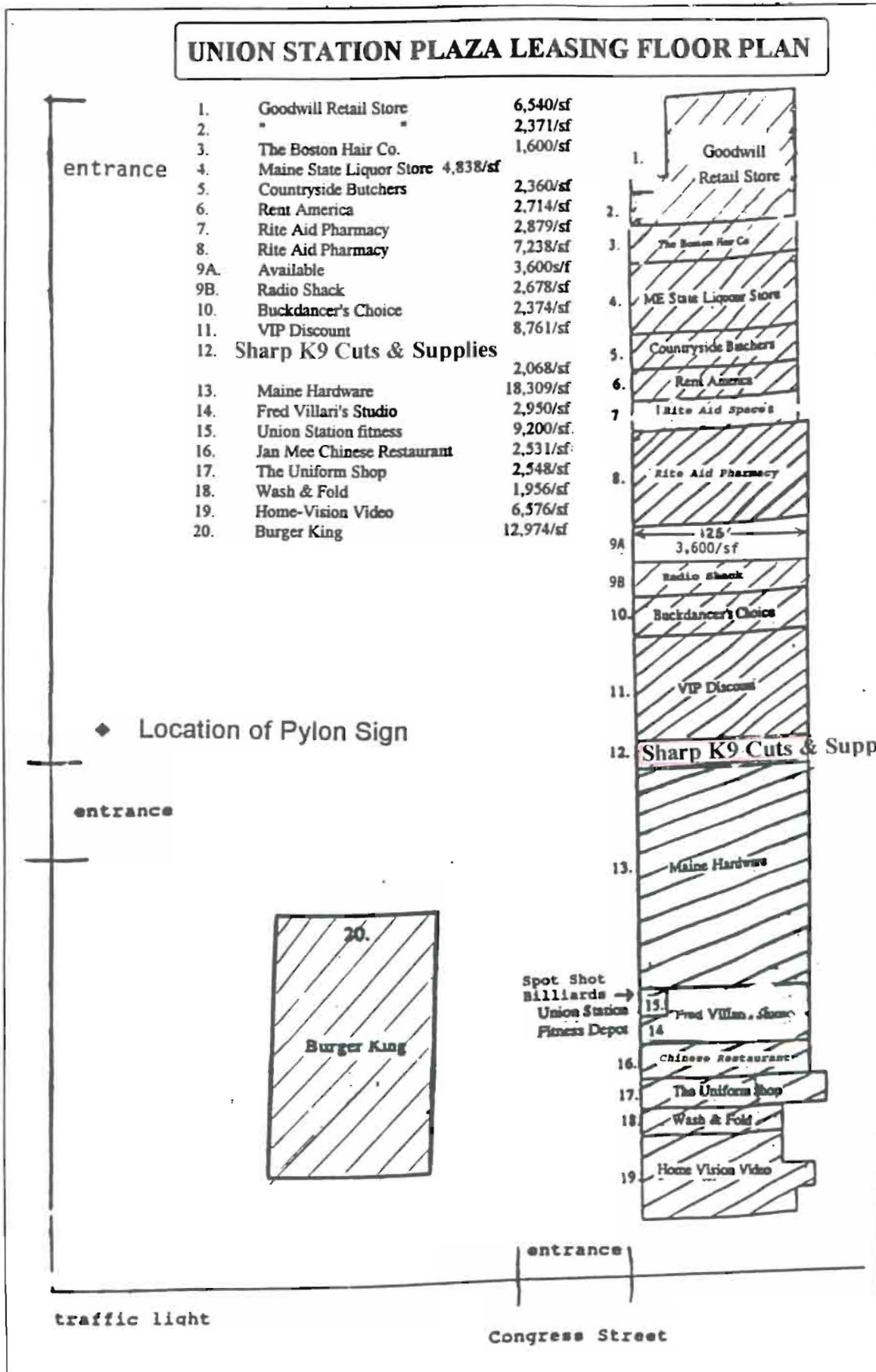
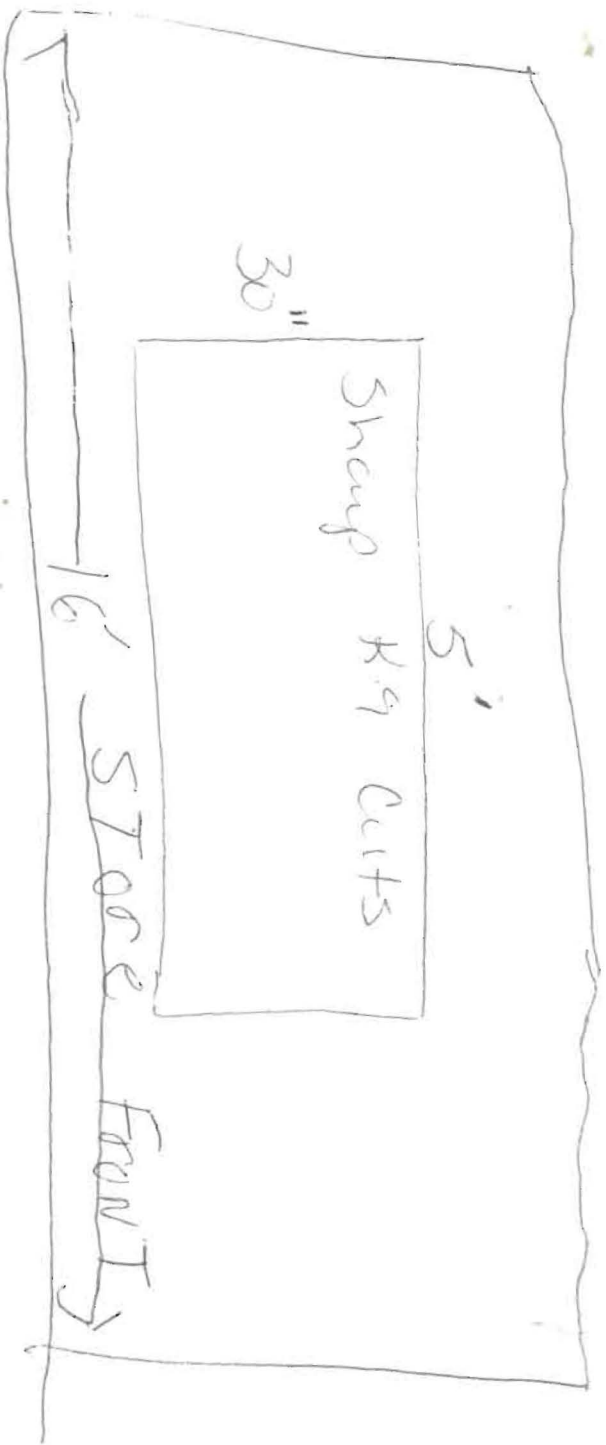
MORTGAGEE ADDITIONAL INSURED
 LOSS PAYEE
 LOAN #
 AUTHORIZED REPRESENTATIVE


Exhibit A

UNION STATION PLAZA LEASING FLOOR PLAN





Jane Smith