

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 021338

This is to certify that Tran Monica R & Don V Jts in Design

has permission to Erect 40" x 121' Wall Sign

AT 269 St John St 064 D001001

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 written permission procured before this building or part thereof is altered 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 _____

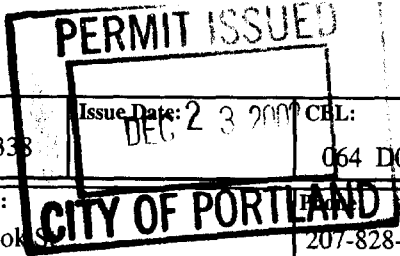
Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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

Permit No: 02-1338
 Issue Date: 23 2002
 CHL: 064 D001001



Location of Construction: 269 St John St	Owner Name: Tran Monica R & Don V Jts	Owner Address: 531 Westbrook St 207-828-4347
Business Name: n/a	Contractor Name: Sign Design	Contractor Address: 306 Warren Ave Portland 2078562600
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Permanent Zone: B-2

Past Use: Commercial / Smoke Shop	Proposed Use: Smoke Shop / Erect 40" x 121" wall sign <i>revised 12/19/02 3' x 9'</i>	Permit Fee: \$43.00	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: Erect 40" x 121" Wall Sign <i>33' x 12.08'</i> <i>12/19/02 revised plan 3' x 9'</i>		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: VA Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: gg	Date Applied For: 12/04/2002	Zoning Approval		
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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..	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"/> <i>OK per revision 12/19/02</i> Date: _____	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 Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</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
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

Sign will be attached w/ Lag shields + Lag screws made of steel

Sign Design Inc.

ATTN Marge

Approved sign manufacturer for Southern Maine Coca-Cola.

The following is the responsibility of the Coca-Cola customer:

- SIGN PERMITS
- LANDLORD APPROVAL
- PRIMARY ELECTRICAL HOOKUPS

Ref 263 ST. John St.

9 Feet

3 Feet



S/F WALL MOUNT, INT. ILLUM. CABINET
LEXAN FACE W/ VINYL GRAPHICS

36" X 20" NEW LOOK COKE LOGO

This is the revised dimensions you requested

Thank Mike Kugman

W 773-4712

H 774-0747

4

Please review, sign & date above layout and fax back to (207) 856-7600, noting any necessary changes.

Customer Signature: _____

Date: 10/30/02

File Name: C-SMOKER comp. 1

Final sign

Sign Design Inc.

Approved sign manufacturer for Southern Maine Coca-Cola.

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- SIGN PERMITS
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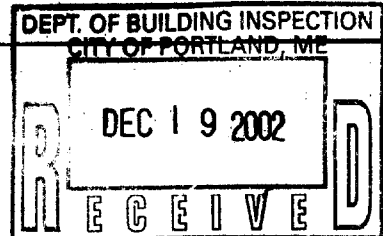
4

Please review, sign & date above layout and fax back to (207) 856-7000, noting any necessary changes.

Customer Signature: _____

Date: 10/30/02

File Name: C-SMOKER comp. 1



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

Signage Application

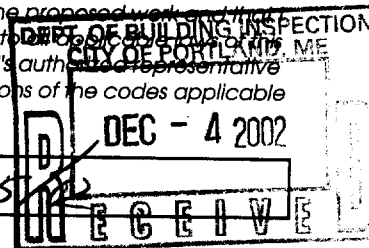
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>263 So John</u>		
Total Square Footage of Proposed Structure <u>1500 Sq Ft</u>	Square Footage of Lot <u>0208 ACVE</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>0640</u> Block# <u>001</u> Lot# <u>001</u>	Owner: <u>Don + Monica Tran</u>	Telephone: <u>828 4347</u>
Lessee/Buyer's Name (If Applicable) <u>Michael Krigman</u>	Applicant name, address & telephone: <u>Mike Krigman</u> <u>58 ROYCE ST</u> <u>PORTLAND ME 04103 774 0747</u>	Total s.f. of signage <u>13</u> x 1.00 per s.f. \$ <u>13</u> , plus \$30.00 base fee Fee: \$ <u>43 -</u>
Current use: <u>Vacant / Prior use smoke shop</u>		
If the location is currently vacant, what was prior use: <u>Smoke shop / Retail</u>		
Approximately how long has it been vacant: <u>11 month</u>		
Proposed use: <u>Smoke shop / Retail</u>		
Project description: <u>Erect 40" x 21" wall sign</u>		
Contractor's name, address & telephone: <u>Sign Design Inc 856-2600 180 Box 207 Westbrook ME 04098</u>		
Who should we contact when the permit is ready: <u>Mike Krigman</u>		
Mailing address:		
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: <u>774 0747</u> <u>773 4712</u>		

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.

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 the regulations of the City of Portland, ME 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: [Signature] Date: 11/25/02



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

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 263 St. John St. Portland ZONE: B-2

OWNER: Monica + Don Tran

APPLICANT: Michael Krigman

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

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 40" by 72" HEIGHT 3.33 x 10.08

MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? Coca Cola revised 12/19/02 3 x 9 = 27 sq ft

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

*** TENANT BLDG. FRONTAGE (IN FEET): 18' 4" x 1.5 =

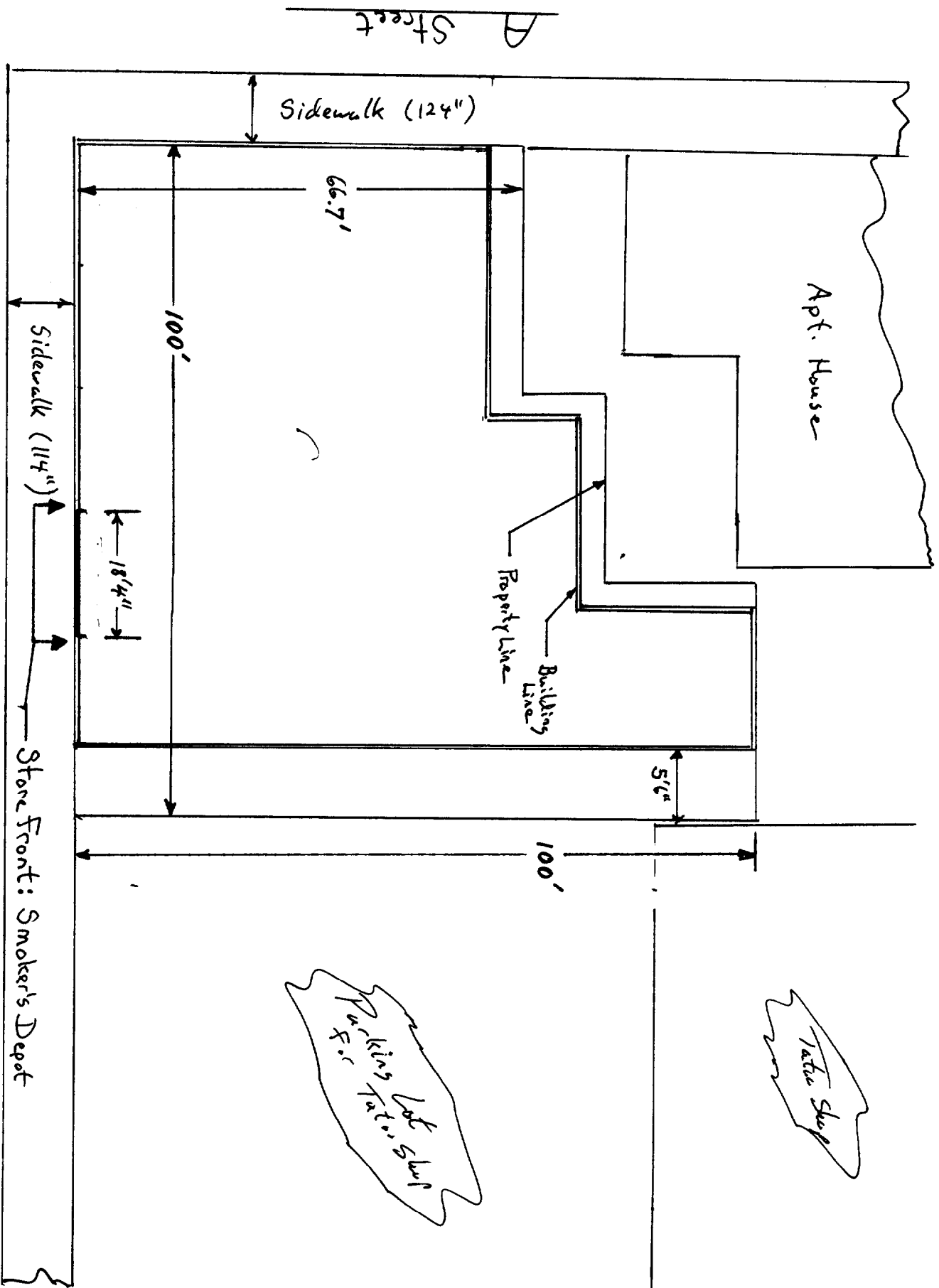
*** REQUIRED INFORMATION

AREA FOR COMPUTATION 18.33 x 1.5 = ~~27.50~~ 27.50 sq ft

12/12/02 talked to Mike Krigman - sign is over - gave fax # so he could fax me a new sign

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: _____ DATE: _____



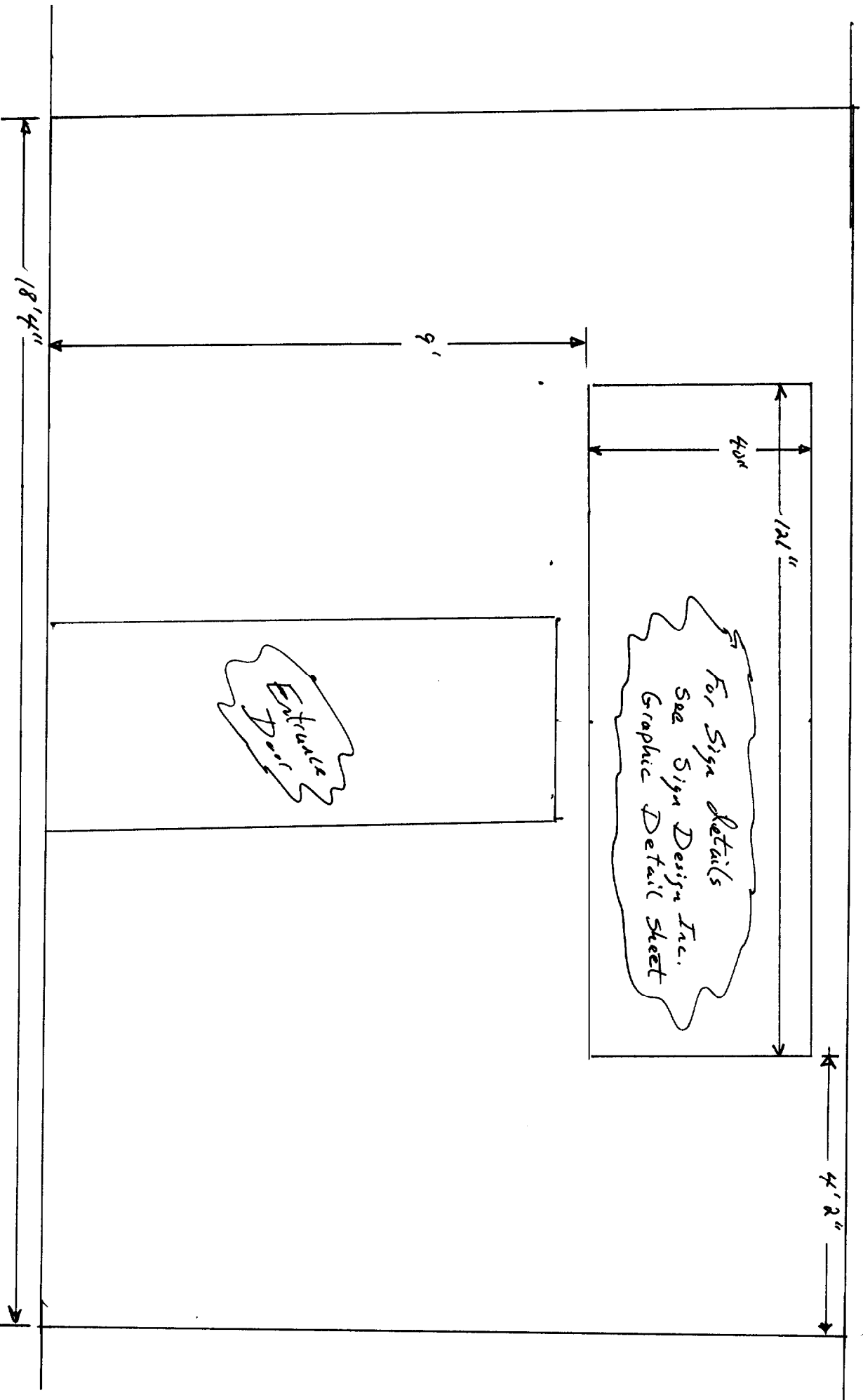
St. John Street

Stone Front: Smoker's Depot

Michael Krigman
 Smoker's Depot
 263 St. John St.
 Portland, Maine

Michael Krigman, Smoke's Depot
263 St. John Street
Portland, Maine

Store Frontage



ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/02/02

PRODUCER

LAKE REGION AGENCY
728 Roosevelt Trail
Windham, ME 04062

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 NATIONAL GRANGE MUTUAL

COMPANY
B

COMPANY
C

COMPANY
D

INSURED

EXPRESSIONS INC.
D/B/A SMOKERS DEPOT
263 ST JOHN STREET
PORTLAND ME

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
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	TBA	12/09/02	12/09/03	GENERAL AGGREGATE \$ 1000000 PRODUCTS-COMP/OP AGG. \$ 1000000 PERSONAL & ADV. INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 50000 MED. EXPENSE (Any one person) \$ 5000
	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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	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 <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
NAMED ADDITIONAL INSURED

CERTIFICATE HOLDER

CITY OF PORTLAND
389 CONGRESS STREET RM 315
CODE ENFORCEMENT
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 21 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




12/3/02

To Whom It May Concern:

We, Don and Monica Tran, owner's of the property located at 263 St. John Street, Portland, give our permission for the Smoker's Depot to attach a sign to our property.

Sincerely,

Don and Monica Tran

A handwritten signature in cursive script that reads "Don Tran". The letters are fluid and connected, with a prominent loop at the start of the first name.A handwritten signature in cursive script that reads "Monica Tran". The signature is more elaborate than the one above, with a large, sweeping initial 'M' and a long, horizontal flourish at the end.

Sign Design Inc.

Approved sign manufacturer for
Southern Maine Coca-Cola.

The following is the responsibility of
the Coca-Cola customer:

**SIGN PERMITS
LANDLORD APPROVAL
PRIMARY ELECTRICAL HOOKUPS**

*See
revised*

121"

40"



S/F WALL MOUNT, INT. ILLUM. CABINET
LEXAN FACE W/ VINYL GRAPHICS

35" X 20" NEW LOOK COKE LOGO

4

Please review, sign & date above layout and
fax back to (207) 856-7600, noting any
necessary changes.

Customer Signature: _____

Date: 10/30/02

File Name: C-SMOKER comp. 1



Sign Contractors

P.O. Box 207
Westbrook, ME 04096
(207) 856-2600 • FAX: (207) 856-7600
1-800-849-9037
signdesi@maine.rr.com

A Full Service Sign Company

Fax Cover Sheet

Send to: <i>Mike</i>	From: Doug Harmon
<i>City Center News</i>	Date: <i>10/30/02</i>
RE:	<input checked="" type="checkbox"/> email: signdesi@maine.rr.com
<input checked="" type="checkbox"/> Fax Number: <i>874-5534</i>	<input type="checkbox"/> Phone Number: 207-856-2600

- Urgent
- Reply ASAP
- Please Comment
- Please Review
- For Your Information
- Fax Back with Signature

Total pages, including cover: *2*

Comments:

gail
code 874
sign 8703

ANY TROUBLE WITH THIS TRANSMISSION PLEASE CALL 207-856-2600

The information contained in this communication is confidential and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution, or copying is strictly prohibited. If you received this communication in error, please notify us by telephone as soon as possible at 207-856-2600 so that we may arrange for the retrieval of the document at no cost to you.