

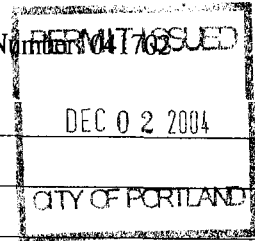
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING DEPARTMENT

## PERMIT

Permit Number 041702



Please Read Application And Notes, If Any, Attached

This is to certify that 235 St John Street Llc /Owner  
has permission to install new 50 sq ft sign at commercial space  
AT 235 St John St 064 D007001

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 loaded or closed-in. **HEAVY 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 \_\_\_\_\_

*Jeannie Bowke* 11/30/04  
City Building Inspector Services

**PENALTY FOR REMOVING THIS CARD**

1 1

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

Permit No: 04-1702	Issue Date:	CBL: 064 D007001
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Location of Construction: 235 St John St	Owner Name: 235 St John Street Llc	Owner Address: 154 Roaring Brook Rd	Phone: 749-7700
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Business Name:	Contractor Name: Owner	Contractor Address! Portland	Phone: 0000000000
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Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: 2
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Past Use: commercial space - Auto repairs	Proposed Use: commercial space whew 50 sq ft sign <i>same use Auto repairs</i>	Permit Fee: \$130.00	Cost of Work: \$0.00	CEO District: 2
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <b>B</b> Type: <b>SKN</b> <b>IBC 2003</b> Signature: <b>JMB 11/30/04</b>
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Proposed Project Description:  
 install new 50 sq ft sign at commercial space *(replacement panels on freestanding sign)*

Signature: \_\_\_\_\_  
 PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  
 Action:  Approved  Approved w/Conditions  Denied  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: jharris	Date Applied For: 11/15/2004	<b>Zoning Approval</b>
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Special Zone or Reviews	Zoning Appeal	Historic Preservation
<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>NO CAR SALES permitted</i> Date: <i>11/23/04</i>	<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: _____	<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: _____

**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

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

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

<b>Permit No:</b> 04-1702	<b>Date Applied For:</b> 11/15/2004	<b>CBL:</b> 064 D007001
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<b>Location of Construction:</b> 235 St John St	<b>Owner Name:</b> 235 St John Street Llc	<b>Owner Address:</b> 154 Roaring Brook Rd	<b>Phone:</b> ( ) 749-7700
<b>Business Name:</b>	<b>Contractor Name:</b> Owner	<b>Contractor Address:</b> Portland	<b>Phone</b> (000) 000-0000
<b>Tenant/Leasee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> commercial auto repair space whew 50 sq ft sign (replacement panels on freestanding sign)	<b>Proposed Project Description:</b> install new 50 sq ft sign at commercial space
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 11/23/2004

**Note:** **Ok to Issue:**

- 1) The approved zoning use for this property is auto repairs & servicing. There shall be no car sales without the required process of approval of a conditional use appeal to the planning board.

**Dept:** Building      **Status:** Approved      **Reviewer:** Jeanine Bourke      **Approval Date:** 11/30/2004

**Note:** **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

# Signage/Awning Permit 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>235 ST. JOHN ST. PORTLAND, ME 04102</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Lessee/Buyer's Name (If Applicable) <u>Robert White</u>	Applicant name, address & telephone: <u>Robert White</u> <u>233 Ludlow ST. 1<sup>st</sup> PORTLAND, ME 04102</u> <u>838 1042</u> <u>772-2471 = Work</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ _____ Awning Fee = Cost Of Work \$ _____ Total Fee: <u>\$150.00</u>
Current use: <u>Auto Repair</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Auto Repair</u>		
Project description: <u>New Lettering on existing Sign / Freestanding Pole Sign</u> <u>5' x 10' x 18' High</u>		
Contractor's name, address & telephone:		
Whom should we contact when the permit is ready: <u>Bob White - South ST. Auto Center</u>		
Mailing address: <u>235 ST. JOHN ST. PORTLAND, ME 04102</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 \$100.00 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.

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>Robert White</u>	Date: <u>11/12/04</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.**

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 235 ST. John ST. Portland ME. ZONE: B2

CBL: 64 D

SINGLE TENANT LOT? YES  NO  MULTI TENANT LOT? YES  NO

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES  NO

## TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: \_\_\_\_\_ Height: \_\_\_\_\_

### INFORMATION ON PROPOSED SIGN(S)

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS PROPOSED: 5' x 10'

BLDG. WALL SIGN? (attached to bldg) YES  NO  DIMENSIONS PROPOSED: \_\_\_\_\_

### INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS: 5' x 10' x 18' Height

BLDG. WALL SIGN(attached to bldg)? YES  NO  DIMENSIONS: \_\_\_\_\_

AWNING? YES  NO  DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): 145 Panel 5' x 10'

AWNING YES  NO  IS AWNING BACKLIT? YES  NO

HEIGHT OF AWNING: \_\_\_\_\_ LENGTH OF AWNING: \_\_\_\_\_ DEPTH: \_\_\_\_\_

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

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

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

SIGNATURE OF APPLICANT: Robert A. White DATE: 11/12/04

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*



11/11/04

City of Portland

Bob white and Robert Greer will be changing the plastic faces on the pole sign located at 235 St. John Street.. The dimensions and location of the pole sign will not change. The pole and sign have certainly been in place since 1994 (when I purchased the building), and likely since it was a Midas Muffler starting in 1960.

These changes meet with my approval.

Should there be any questions about signage that I can address feel free to contact me.

A handwritten signature in black ink, appearing to read "Leonard Kovit".

Leonard Kovit, Manager  
235 ST. John Street LLC

mailing address  
154 Roaring Brook Road  
Portland, Me 04103

207 878 5306 (Office)  
207 7497700 (Cell)

PRODUCER  
**PRATT INSURANCE AGENCY INC**  
P O BOX 439  
WESTBROOK ME 04098  
Phone: 207-854-9745

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.

INSURED  
**SOUTH STREET AUTO SALES**  
346 SOUTH STREET  
GORHAM ME 04038

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **Surplex Underwriters Inc**

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	ADD'L TR	INSRG	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
			<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
			<b>AUTOMOBILE LIABILITY</b> <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  <b>H</b>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>A</b>			<b>GARAGE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> <b>OTHER THAN AUTO</b>	<b>70GH144508</b>	<b>11/19/03</b>	<b>11/19/04</b>	AUTO ONLY - EA ACCIDENT \$ <b>400000</b> OTHER THAN AUTO ONLY EA ACC AGG \$ <b>400000</b> AGG \$ <b>1200000</b>
			<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
			<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - POLICY LIMIT \$
			<b>OTHER</b>				

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

CITY OF PORTLAND IS ADDED AS ADDITIONAL INSURED.

**CERTIFICATE HOLDER**

CITY OF P

**CITY OF PORTLAND**  
389 CONGRESS ST  
PORTLAND ME 04101

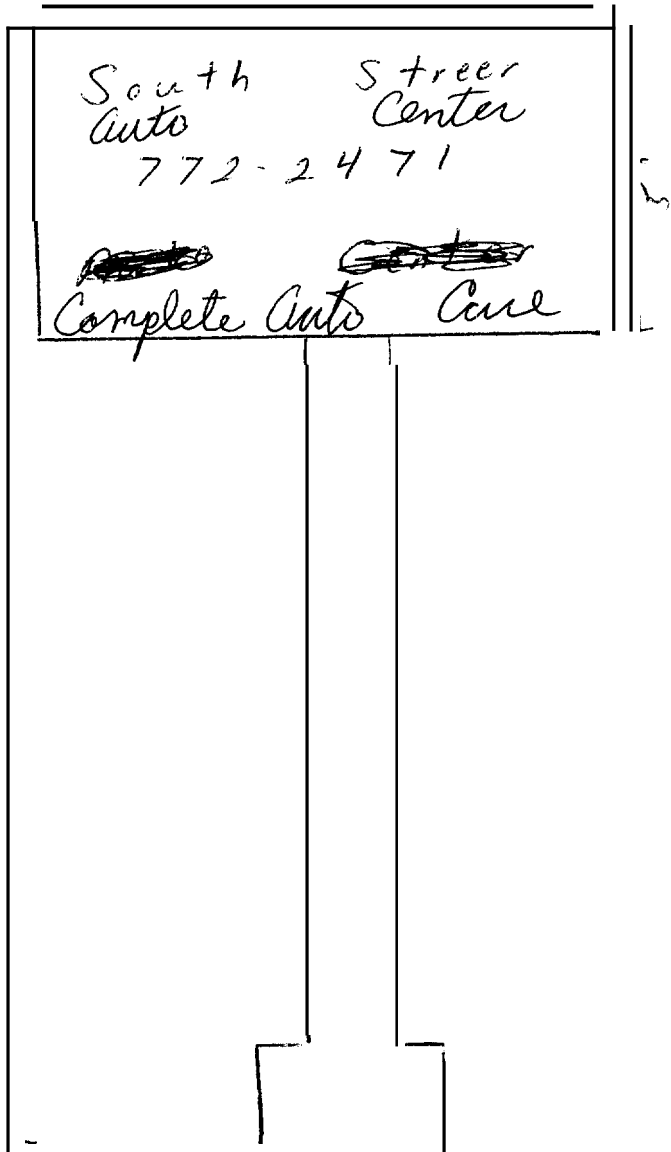
**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **10** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**PRATT SPECIALTY UNDERWRITERS**

275 ST. John St  
Portland, Me.





10'

←

**South Street**

15"

**SOTO CENTER**

9 1/2"

**552-2451**

8 1/2"

**Complete Auto Care**

7.2"

↓

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