

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

Location of Construction: 150 St John St		Owner: Susan Goldberg		Phone:	
Owner Address:		Leasee/Buyer's Name: Wholenheart Yoga Center Pamela Jackson		Phone: 150 St John St 04102	
Contractor Name: Danny's Signs		Address:		Phone: 871-8274	
Past Use: Yoga Center		Proposed Use: same		COST OF WORK: \$	
				PERMIT FEE: \$ 29.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
				Signature: _____	
				Signature: <i>[Signature]</i>	
Proposed Project Description: Erect Signage Approx 20 sq ft				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
				Signature: _____ Date: _____	
Permit Taken By: Mary Greshk		Date Applied For: 24 June 1996			

Permit No. **960607**

**PERMIT ISSUED**

Permit Issued:  
**JUN 28 1996**

**CITY OF PORTLAND**

Zone: **12b** CBL: **068-D-007**

Zoning Approval:  
*[Signature]* 6/26/96

**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: *[Signature]*

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..

**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 *[Signature]* **Pamela Jackson** ADDRESS: \_\_\_\_\_ DATE: **24 June 1996** PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

CEO DISTRICT **3**

*[Signature]*

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Location of Construction: 150 St John St		Owner: Susan Goldberg		Phone:	
Owner Address: 150 St John St		Leasee/Buyer's Name: Wholeheart Yoga Center Pamela Jackson		Phone: 150 st John St 04102	
Contractor Name: Danny's Signs		Address:		Phone: 871-8274	
Past Use: Yoga Center		Proposed Use: /same		<b>COST OF WORK:</b> \$ <del>250.00</del> 29.00 <b>PERMIT FEE:</b> 29.00 <b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group: Type: Signature: _____ Signature: <i>[Signature]</i>	
Proposed Project Description: Erect Signage Approx 20 sq ft		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____			
Permit Taken By: Mary Gresik		Date Applied For: 24 June 1996			

Permit No: **960607**

**PERMIT ISSUED**

**JUN 28 1996**

**CITY OF PORTLAND**

Zone: **I2b** CBL: **068-D-007**

Zoning Approval: *[Signature]* **6/26/96**

**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: **6/29/96**

*[Signature]*

**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

*Pamela J Jackson* 150 St. John St. Portland  
 SIGNATURE OF APPLICANT Pamela Jackson ADDRESS: 04102 DATE: 24 June 1996 PHONE: 871-8274

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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

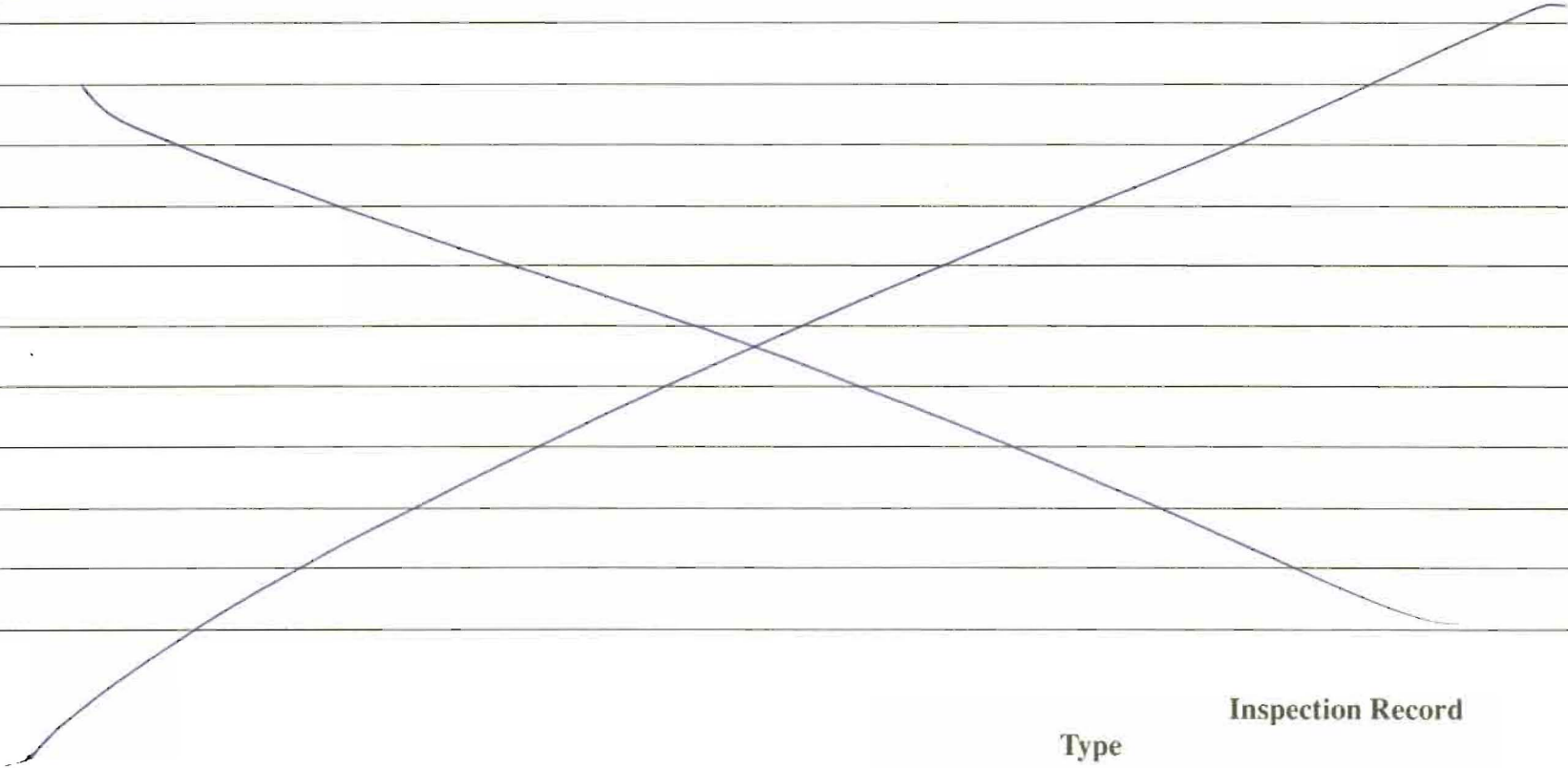
*A. Simpson*

COMMENTS

7/3/90 NO SIGNAGE YET.

7/9/90 NO SIGNAGE YET.

7/17/90 Signage Erected per submitted.



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

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 150 St. John St ZONE: I-2

OWNER: Susan T. Goldberg

APPLICANT: Pamela Jackson

ASSESSOR NO.: 068-0-007

SINGLE TENANT LOT? YES  NO

MULTI TENANT LOT? YES  NO

FREESTANDING SIGN? YES  NO  DIMENSIONS 22" x 79" (2 x 6.5)  
*manages directional signs*

MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_

BLDG. WALL SIGN? YES  NO  DIMENSIONS 27" x 44" (7#)  
*(200 x 3.5)*

MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: \_\_\_\_\_

Directory sign - (same) 22" x 79"

Building sign - 15" x 15"

LOT FRONTAGE (FEET) 210.90'

BLDG FRONTAGE (FEET) 150' *13' high side 8% of facade*

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.**

(over)

*side in to existing parcel*  
*13#*  
*oil*

INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

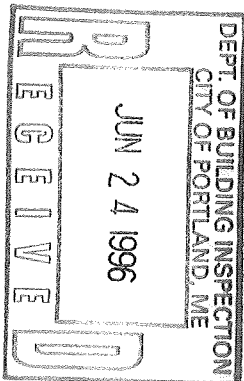
APPLICANTS FOR A SIGN PERMIT WILL BE ASKED TO SUBMIT THE FOLLOWING INFORMATION TO THE CODE ENFORCEMENT OFFICE:

- ✓ 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.



(over)

# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
6/06/96

PRODUCER

GSCO INSURANCE SERVICES INC  
P.O. BOX 889  
WOODLAND HILLS, CA 91365

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 American International Ins Co.

COMPANY

B

COMPANY

C

COMPANY

D

INSURED

Kripalu Yoga Teachers  
Association  
P. O. Box 793  
Lenox MA 01240

## 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				GENERAL AGGREGATE \$2,000,000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$1,000,000
	CLAIMS MADE X OCCUR	FMO -090540	6/01/96	6/01/97	PERSONAL & ADV INJURY \$1,000,000
	OWNER'S & CONT PROT				EACH OCCURRENCE \$1,000,000
	<b>PROFESSIONAL LIABILITY</b>				FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$
					COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE.	INCL			DISEASE - POLICY LIMIT \$
	OTHER	EXCL			DISEASE - EACH EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS HEREBY ADDED AS A NAMED INSURED.  
\$250 Deductible Per Claim.

## CERTIFICATE HOLDER

Pamela J. Jackson  
150 St. John Street  
Portland, ME 04102

## CANCELLATION

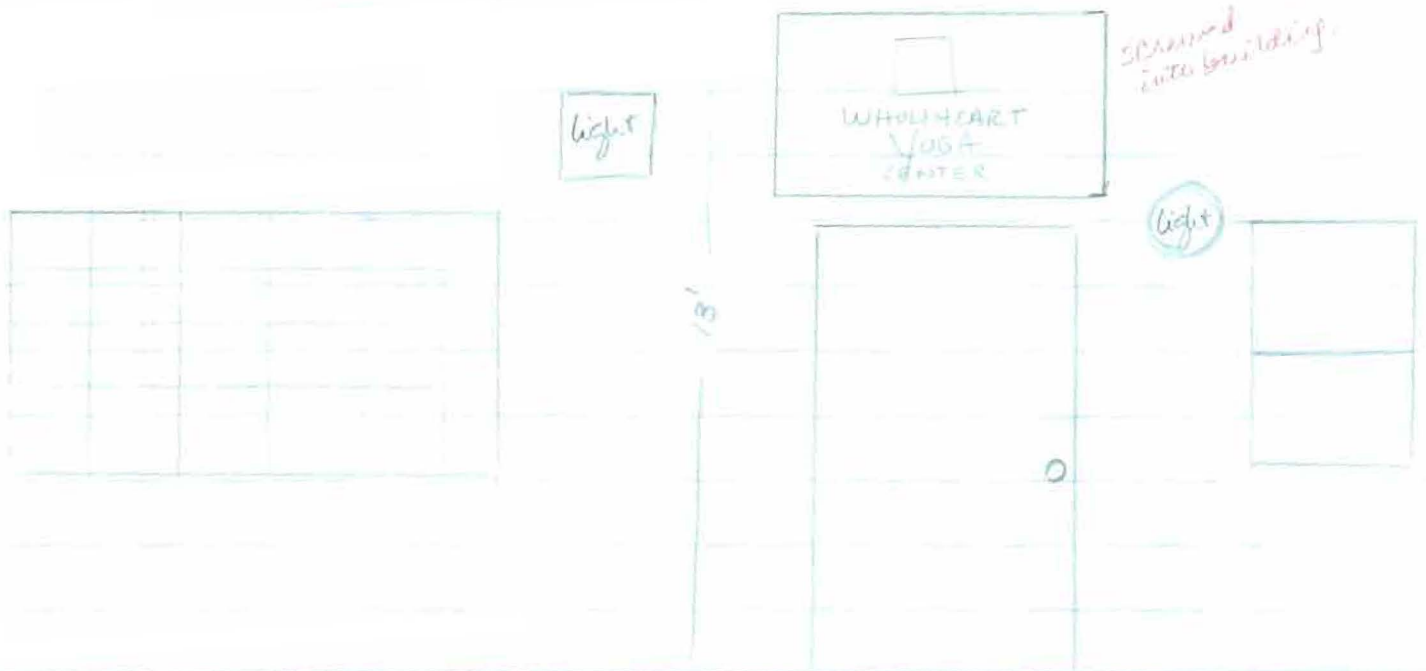
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Glynn A. Simpson*  
GLYNNE A. SIMPSON

150 St. John St.

Building Sign



150'

Directory Sign

