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

Location of Construction: 55 Oak St	Owner: Congress Property Management	Phone:	Permit No: 951190
Owner Address:	Lessee/Buyer's Name: Infinite Ink	Phone:	BusinessName:
Contractor Name: Signery	Address:	Phone:	Permit Issued: NOV 15 1995
Past Use: Tattoo Parlor	Proposed Use: Same	COST OF WORK: $	PERMIT FEE: $ 28.20
		FIRE DEPT. ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group: Type: Signature:

PERMIT ISSUED
CITY OF PORTLAND

Zone: B-3 | CBL:

Zoning Appeal: OK i condition Signage, Sidewalk to be moved

Special Zone or Reviews:
☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site ... maj ☐ minor ☐ mm ☐

Proposed Project Description:
Erect Signage (8 x 2)

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: ☑ Approved ☐ Approved with Conditions: ☐ Denied
Signature: D. Hudson Date: 11/14/95

Permit Taken By: Mary Gresik | Date Applied For: 06 November 1995

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..

PERMIT ISSUED WITH LETTER

Brent Dickson
10 Dow St #2
Portland, ME 04102

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

Brent H. Dickson 55 OAK ST Portland 06 November 1995 874-7949
SIGNATURE OF APPLICANT Brent H. Dickson ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

Zoning Appeal
☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation
☐ Not in District or Landmark
☑ Does Not Require Review
☐ Requires Review

Action:
☐ Appoved
☐ Approved with Conditions
☐ Denied
Date: 11/17/95

CEO DISTRICT 2
T. Munson

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

Construction:

Protection Class | Zone

Number of real estate engineers, architects

Name of primary servicing fire department

Year purchased | Purchase price $

Is there a wood stove or furnace, coal stove or free-standing fireplace anywhere on the property? | Primary heat | Aux heat

This location has one or more of the following: | Boiler (hot water or steam) | Hot water heater or other pressure vessel | Air conditioning or refrigeration unit (if no or more) (describe any optional equipment in Remarks) | Breaker box or switch gear valued at $

Most recent business insurer | Policy number

Has any insurer canceled or refused to issue or renew similar insurance for this named applicant within the past three years?

If yes, give previous insurance company, policy number and details in Remarks

Has the applicant had any losses (other than auto), insured or not, in the past 3 years? | If yes, complete Loss section below

Does this risk comply with all CUM Basic Underwriting and Business Underwriting Guide standards? | If no, explain in Remarks

Has building ever been: converted or remodeled? | If yes, explain in Remarks

List other occupancies of the same building:

Describe any vacant or unoccupied sections in Remarks

How long has the applicant been: In this business? | At this location?

Are there other locations owned or leased by the applicant? | If yes, list in Remarks

Are there other operations conducted by the applicant? | If yes, explain in Remarks

Hours open for business

Is any cooking done on the premises? | If yes, explain in Remarks

Are alcoholic beverages sold and consumed on the premises? | If yes, % of gross sales

GROCERY AND DRUG STORES: Gross sales/receipts $

Does the applicant offer pick-up or delivery service? | If yes, do employees use their own vehicles? | If yes, provide complete information in Remarks on drivers and applicant's selection process

Are any child care services provided on the premises? | If yes, number of children

COASTAL AREAS ONLY: Is risk within 1000 ft. of water or high rise? | If yes, give details in Remarks

Does you personally surveyed premises

COMPLETE ENTIRE SECTION FOR MONEY & SECURITIES. COMPLETE ONLY UNSHADED AREAS FOR BURGLARY

Are daily bank deposits made? | Maximum amount of cash on hand $ | Max amt. of cash kept on premises overnight $

Are checks accepted? | Type of neighborhood (Commercial, Industrial, Residential)

Describe protection on windows and skylights

Type of locks: Front door | Single cylinder dead lock | Double cylinder dead lock | Other

Back or side door | Single cylinder dead lock | Double cylinder dead lock | Other

Does the applicant have a safe? | If yes, complete part 1 below

Does the applicant have a burglar alarm? | If yes, complete part 2 below

1. MANUFACTURER | SMNA OR U.L.C CLASS | BY CA | COMB LOCK | EVER BROKEN INTO?

☐ Yes ☐ No

2. NAME OF ALARM COMPANY | CLASS | INSTALLATION | CLASSIFIED BY UNDERWRITERS LABORATORIES, INC. Certificate Number | Effective | Expires

Check if applicable: ☐ Connected with alarm company central station ☐ Connected with gong on outside of building ☐ Connected with a police station ☐ Key to premises in possession of alarm company

Describe other protection features in Remarks (watchman, special alarms, watchman's clocks, etc.)

OFFICE BUILDING ONLY: DESCRIBE EACH OCCUPANCY IF PART OF BUILDING IS FOR OTHER THAN OFFICE, APARTMENT, BARBER OR BEAUTY SHOP

Floor	Occupancy	Sq. ft.	Occupancy	Sq. ft.
Floor	Occupancy	Sq. ft.	Occupancy	Sq. ft.
Floor	Occupancy	Sq. ft.	Occupancy	Sq. ft.

EXPOSURE

COMPLETE IF EXPOSING PROPERTY IS OTHER THAN DWELLINGS

Exposures Within 60 Ft.	Construction	No. of Stories	Occupancy of Exposing Property	Exposures Within 60 Ft.	Construction	No. of Stories	Occupancy of Exposing Property

Date of Loss	Type of Loss (Property, Liability, Crime, etc.)	Total Amount of Loss	Claim (Policy Number, if Available)
		$	
		$	
		$	

SHOP PROF. LIAB.

Does the applicant operate shops to which this insurance will not apply? | If yes, give name(s) and location(s) in Remarks

Are there any suntanning beds or booths in use at any of the insured locations? | If yes, DO NOT BIND. Applicant is ineligible

If hair straightening is performed by a process other than cold wave, do not bind coverage for that particular exposure. Does the applicant wish to be insured for the additional exposure? | If yes, describe type of products and products used in Remarks

Does applicant sell, rebottle, repackage or manufacture products under (a) own label, or (b) the label of a franchisor under whose name the applicant does business? | If yes, do not bind Products Liability for the exposure. Complete the following only if (b) applies and coverage for the exposure is desired

Name and Use of Products | Date Franchise Commission or Inception | Estimated Annual Sales | Describe in Remarks any new treatment or new service introduced by the applicant which is unique or recently introduced in the hair/beauty shop profession

COMPLETE IF EMPLOYEE DISHONESTY COVERAGE IS TO BE PROVIDED

Number of employees | Largest amount of funds or securities an employee may have at one time $ | How often are bank accounts reconciled?

Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? | If yes, by whom? Give name(s) and position(s)

How frequently and by whom are audits made of cash and accounts?

Is countersignature of checks required?

Give names of persons with check signing authority.

Do outside employees collect money? | If yes, how is control maintained (daily reports, prenumbered sales slips, spot checks, etc.)?

Each employee to be bonded and all employees hired after the policy is issued are to be bonded to complete Employee Dishonesty Application, FB6-9717

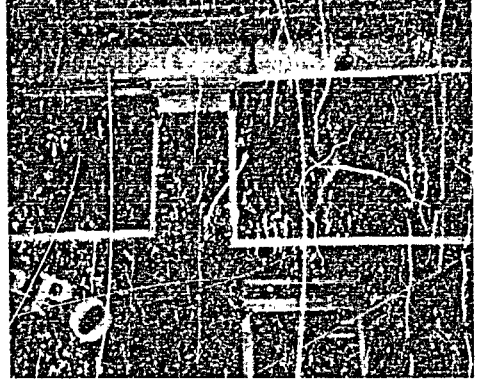
Portland Safe Consulting
&
Design Inc.

YOUR ME.-N.H.-VT.
(HAMILTON SAFE DEALER)

775-3015

42"

3x3
95q. ft
20 sq ft
9x20=1.80
Permit 25.00
Fee 1.50
26.50



Rockwell-Burr
ASSOCIATES

Jeff Rockwell

Display • Design • Signage

435 Cottage Road
South Portland, ME 04106 USA
(207) 767-5006

Rockwell-Burr
ASSOCIATES

July 1, 1988

Mr. Philip Meyer
Portland City Hall
Portland, ME

Dear Mr. Meyer:

Enclosed please find a sketch describing the copy and colors that we are proposing to use for the sign at 49 Oak St. As I mentioned before, this sign is considerably smaller than the existing one at that address, and will be a definite asset to that particular street. The colors will match the existing sign he has on the front of the building, and we always use high grade signage enamels, as well as sealing the substrate very thoroughly.

We are anxious to build and install the sign as soon as possible. Please call us if you have any questions at all. Thank you.

Cordially,

Jeff Rockwell

Enclosures

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South Portland, ME 04106 USA
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