Form # P 04 DISPLAY THIS CAF	RD ON PRINCIPAL FRO	NTAGE OF WORK
Please Read Application And Notes, If Any, Attached		Permit Number: 061788
This is to certify that		PERMIT ISSUED
has permission toadd a new 30 sq ft freestan		DEC 2 0 2006
AT 179 WOODFORD ST		30 F011001
provided that the person or person of the provisions of the Statutes of the construction, maintenance and this department.	r nine and of the chances	ng this permit shall comply with all s of the City of Portland regulating es, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	ificatio of inspecton muse on and vien permition procide bre this ilding or unt there shed or convict losed-in UR NO	A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
OTHER REQUIRED APPROVALS		
Fire Dept	-	
Health Dept		
Appeal Board		I IN MA AN ISLICHER
Other Department Name	<i>}_</i>	Jmas h. Makely 1×/17/06 Director - Building & Inspection Services
	ALTY FOR REMOVING THIS C	ARD

C'te c De de la Meire		Denneid Annelingdio	Permit No:	PERMIT	ISSUED CBL:
City of Portland, Maine 389 Congress Street, 0410	U				0 0000 130 FD11001
Location of Construction:	Owner Name:		Owner Address:	- <u>vcu z</u>	Phone:
179 WOODFORD ST	WOODFORD	S CLUB	179 WOODFOI	RDS ST	
Business Name:	Contractor Name	:	Contractor Address	CITY OF P	ORT A Phone
	Burr Signs		59 DownEast D	rive Yarmouth	
Lessee/Buyer's Name	Phone:		Permit Type: Signs - Perman	ent	Zone: BZ
Past Use:	Proposed Use:		Permit Fee:	Cost of Work	: CEO District:
Commercial - Woodfords Cl		Woodfords Club -	\$90.00	\$90	0.00 4
	add a new 30	sq ft freestanding sign	FIRE DEPT:	Approved Denied	INSPECTION Commercial Use Group: Type: 5B
					IBC 2003 Signature: Jm 12/19/06
Proposed Project Description:					7
add a new 30 sq ft freestand	ing sign		Signature:		
			PEDESTRIAN AC	TIVITIES DISTI	RICT (P.A.D.)
			Action: Appr	roved Appr	oved w/Conditions Denied
			Signature:		Date:
Permit Taken By: Idobson	Date Applied For: 12/12/2006		Zonin	ig Approval	l
1. This permit application	does not preclude the	Special Zone or Revie	ews Zoi	ning Appeal	Historic Preservation
Applicant(s) from meetin Federal Rules.	-	Shoreland	Variance		Mot in District or Landmark
2. Building permits do not septic or electrical work.		Wetland	Miscellaneous		Does Not Require Review
 Building permits are voi within six (6) months of 	d if work is not started	Flood Zone	Conditional Use		Requires Review
False information may in permit and stop all work	validate a building	Subdivision	Interp	retation	Approved
		Site Plan		oved	Approved w/Conditions
		Maj 🗌 Minor 🗌 MM		d	Denied
		OK Date: 12 15 06 Ar	Date:		Jen 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

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:	179 WOODFORDISTREET, Í	Porthand, ME04103
Tax Assessor's Chart, Block & LotChart#Block#Lot#130F11	Owner: WoodFord STREET 179 WoodFord STREET PORTLAND, MEDY103	Telephone: 772-4393 * fleme coll freside of Q 409 -6075
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: BARR SIGNS RAMY BURR SU DOWNEART DRIVE VARAONTA, ME 04056	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$
Who should we contact when the permit is re Tenant/allocated building space frontage Lot Frontage (feet) Current Specific use: If vacant, what was prior use: Proposed Use: Social Club	eady: <u>CHARLER (BL) Kerry</u> phone: e (feet): Length: <u>72'</u> Height <u>32'</u> Single Tenant or Multi Tenant Lot <u>\$</u>	5) ng le Tenert Ir' Marsh H-181 Sing le Tenert Ir' Marsh H-181 Sset buck Cit
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes	Do No Dimensions proposed: <u>6'x</u> No Dimensions proposed:	usle Sided 30 Jg F+
Proposed awning? Yes <u>No</u> Is Height of awning: <u>Length</u> Is there any communication, message, trad If yes, total s.f. of panels w/communication	awning backlit? Yes No of awning: Depth: emark or symbol on it? Yes No ns, message, trademark or symbol: s.f	E BUILDING INSPECTIE
Information on existing and previously performance of the second state of the second s	awning backlif' fes No of awning: Depth: emark or symbol on it? Yes No ns, message, trademark or symbol: s.f crmitted sign(s): No Dimensions: No Dimensions: area of awning w/communication: g exactly where existing and new signage is 1	E BUILDON TUN DEPT-ONYOF DE TA 2005 DEPT-ONYOF DE TA 2005 DEC TA PUEL DEC TA DE TA 2005
Sketches and/or pictures of proposed sig	nage and existing building are also required.	
Please submit all of the information Failure to do so may result in the a	n outlined in the Sign/Awning Applic utomatic denial of your permit.	cation Checklist.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at <u>www.portlandmaine.gov</u>, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

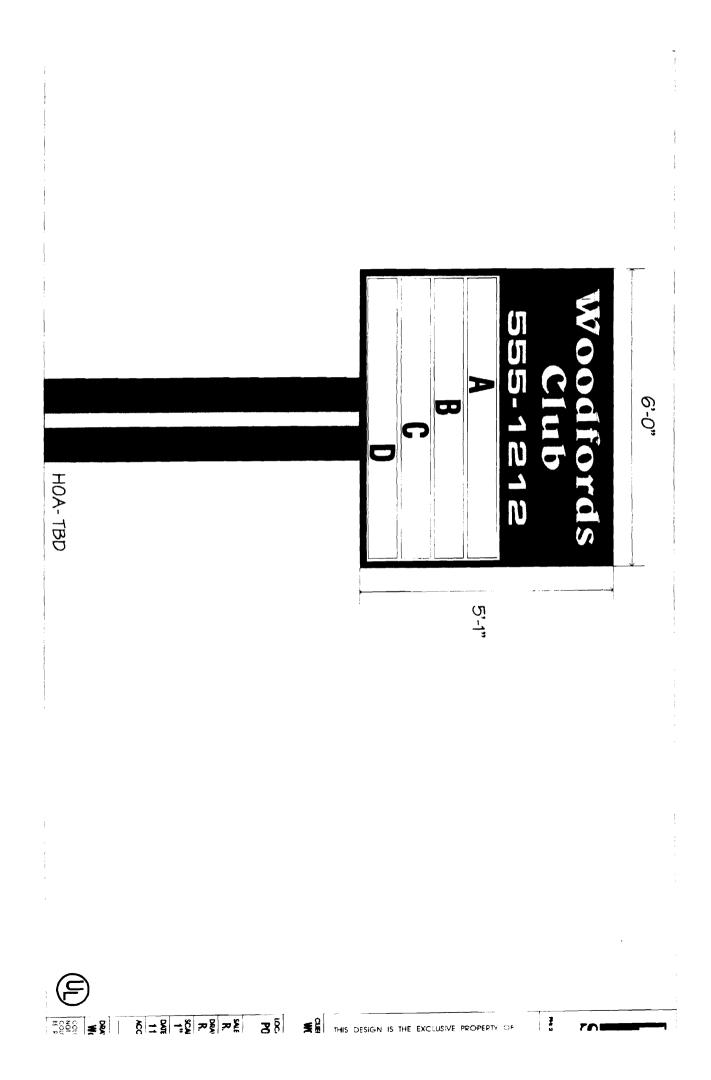
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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:	Date: 12/14/2006	

This is not a permit, you may not commence ANY work until the permit is issued.

City of Portland, Maine - Bu	ilding or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel:	(207) 874-8703, Fax: (20	07) 874-8716	06-1788	12/14/2006	130 F011001
Location of Construction:	Owner Name:		Owner Address:		Phone:
179 WOODFORD ST	WOODFORDS CLUB		179 WOODFORD	S ST	
Business Name:	Contractor Name:		Contractor Address:		Phone
	Burr Signs		59 DownEast Driv	e Yarmouth	(207) 799-1183
Lessee/Buyer's Name	Phone:]	Permit Type:		
			Signs - Permanent	:	
Proposed Use:		Propose	d Project Description:		
sign					
Dept: Zoning Status: Note:	Approved	Reviewer:	Ann Machado	Approval D	ate: 12/15/2006 Ok to Issue: ☑
Note:	Approved with Conditions		Tom Markley	Approval D	Ok to Issue:
 Application approval based upo and approrval prior to work. 	n mormation provided by a	ppheant. Any	ueviation nom app	roved plans requires	separate review
2) Signage Installation to comply w	with Chapter 31 of the IBC 29	003 building o	code.		

City of Portland, Maine - Buil	ding or Use Permit	t	Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: ((207) 874-8716	06-1788	12/14/2006	130 F011001
Location of Construction:	Owner Name:		Owner Address:		Phone:
179 WOODFORD ST	WOODFORDS CLUE	179 WOODFORD			
Business Name:	Contractor Name:		Contractor Address:		Phone
	Burr Signs		59 DownEast Driv	e Yarmouth	(207) 799-1183
Lessee/Buyer's Name	Phone:		Permit Type:		
			Signs - Permanen	t	
Proposed Use:		Propose	d Project Description:		
Commercial - Woodfords Club - add sign	a new 30 sq ft freestand	ling add a	new 30 sq ft freest	anding sign	
Dept: Zoning Status: A	pproved	Reviewer:	Ann Machado	Approval I	Date: 12/15/2006
Note:					Ok to Issue: 🗹
Dept: Building Status: A	pproved with Condition	s Reviewer:	Tom Markley	Approval I	Date: 12/19/2006
Note:					Ok to Issue:
 Application approval based upon and approrval prior to work. 	information provided by	y applicant. Any	deviation from app	proved plans require	s separate review
2) Signage Installation to comply wi	th Chapter 31 of the IBC	2003 building	code.		



This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

	Card Number Parcel ID Location Land Use Owner Address	rmation	1 of 2 130 F011001 179 WOODFORD ST PRIVATE CLUB WOODFORDS CLUB 179 WOODFORDS ST PORTLAND ME 04103	Mulh-footbt	
	Book/Page Legal		130-F-11-12-15-25 WOODFORD ST 179 56526 SQ FT	-26	
	Current Ass	essed Val	uation		
	Land		lding Tota		
	\$432,400	203	1,500 \$1,123	, <i>20</i> 0	
Building In	formation				
Building In	Year Built	# Units	Bldg Sq. Ft.	Identical Units	
1	1913	1	14032	1	
Total Acres 1.298	Total Buildings 14032		acture Type Al/FRATERNAL HALL	Building Name WOODFORDS CLUB	
	terior Informati	••••			
Section 1	Levels B1/B1	Size 1578	Use SOCIAL/FRAT HALL		
1 1	B1/B1 01/01	4071 742	MULTI-USE STORAGE SOCIAL/FRAT HALL		
2	01/01	2173	SOCIAL/FRAT HALL		
3 3	01/01	2734 2734	SOCIAL/FRAT HALL		
	02/02	2/34	SOCIAL/FRAT HALL		
		2/34			
	Height Walls	2734	Heating	A/C NONE	
	Height Walls 10 10	2734	Heating HW/STEAM HW/STEAM	NONE	
	Height Walls	2734	Heating HW/STEAM	NONE NONE NONE	
	Height Walls 10 10 10 FRAME 20 FRAME 10 FRAME	2734	Heating HW/STEAM HW/STEAM HW/STEAM HW/STEAM HW/STEAM	NONE NONE NONE NONE NONE	
	Height Walls 10 10 10 FRAME 20 FRAME	2734	Heating HW/STEAM HW/STEAM HW/STEAM HW/STEAM	NONE NONE NONE NONE	
	Height Walls 10 10 10 FRAME 20 FRAME 10 FRAME	2734	Heating HW/STEAM HW/STEAM HW/STEAM HW/STEAM HW/STEAM HW/STEAM	NONE NONE NONE NONE NONE	
	Height Walls 10 10 10 FRAME 20 FRAME 10 FRAME		Heating HW/STEAM HW/STEAM HW/STEAM HW/STEAM HW/STEAM NONE	NONE NONE NONE NONE NONE NONE NONE	
Building	Height Walls 10 10 10 FRAME 20 FRAME 10 FRAME 10 FRAME 10 FRAME 10 FRAME 10 FRAME	es	Heating HW/STEAM HW/STEAM HW/STEAM HW/STEAM HW/STEAM NONE	NONE NONE NONE NONE NONE NONE NONE Identical Units	
Building	Height Walls 10 10 10 FRAME 20 FRAME 10 FRAME F	es	Heating HW/STEAM HW/STEAM HW/STEAM HW/STEAM HW/STEAM NONE	NONE NONE NONE NONE NONE NONE NONE	
Building Line 2	Height Walls 10 10 10 FRAME 20 FRAME 10 FRAME 10 FRAME 10 FRAME Structure Type PORCH - OPEN	es	Heating HW/STEAM HW/STEAM HW/STEAM HW/STEAM HW/STEAM NONE	NONE NONE NONE NONE NONE NONE NONE Identical Units	
Building Line 2 4 4	Height Walls 10 10 10 FRAME 20 FRAME 10 FRAME POCH - OPEN PORCH - OPEN PORCH - OPEN PORCH - OPEN PORCH - OPEN PORCH - OPEN PORCH - OPEN	es	Heating HW/STEAM HW/STEAM HW/STEAM HW/STEAM HW/STEAM NONE	NONE NONE NONE NONE NONE NONE NONE NONE	
Building Line 2 4 4	Height Walls 10 10 10 FRAME 20 FRAME 10 FRAME POCH - OPEN PORCH - OPEN PORCH - OPEN PORCH - OPEN PORCH - OPEN PORCH - OPEN PORCH - OPEN	es	Heating HW/STEAM HW/STEAM HW/STEAM HW/STEAM HW/STEAM NONE	NONE NONE NONE NONE NONE NONE NONE NONE	
Building Line 2 4 4 4	Height Walls 10 10 10 FRAME PORCH - OPEN PORCH - OPEN PORCH - COVERE ENCLOSED ENTRY	es	Heating HW/STEAM HW/STEAM HW/STEAM HW/STEAM HW/STEAM NONE	NONE NONE NONE NONE NONE NONE NONE NONE	
Building Line 2 4 4	Height Walls 10 10 10 FRAME PORCH - OPEN PORCH - OPEN PORCH - COVERE ENCLOSED ENTRY	es D	HEATTING HW/STEAM HW/STEAM HW/STEAM HW/STEAM HW/STEAM NONE NONE	NONE NONE NONE NONE NONE NONE NONE NONE	

http://www.portlandassessors.com/searchdetailcom.asp?Acct=130 F011001&Card=1

12/15/2006



ACORD CERTIFICATE OF LI	ABILITY INSURANCE	TE (MM/DD/YYYY) 12/14/2006
PRODUCER Phone: 207-856-5500 Fax: 207-856-0004 ANDERSON WATKINS ASSOCIATES, INC 31 CENTRAL STREET WESTBROOK ME 04092	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFO ONLY AND CONFERS NO RIGHTS UPON THE CERTIFI HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXT ALTER THE COVERAGE AFFORDED BY THE POLICIES	CATE END OR
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A: HANOVER INSURANCE CO	22292
WOODFORDS CLUB AND WOMEN'S	INSURER B:	
C/O WOODFORDS CLUB ATIMA	INSURER C:	
179 WOODFORD ST PORTLAND ME 04103	INSURER D:	
	INSURER E:	
COVERAGES		
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHE	HE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANI R DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR D HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SL ND CLAIMS.	

R ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY	ZDP-7240370-02	04/01/06	04/01/07	EACH OCCURRENCE	\$	1,000,00
	X COMMERCIAL GENERAL LIABILITY	l			DAMAGE TO RENTED PREMISES (Ea occurence)	\$	100,00
	CLAIMS MADE X OCCUR				MED. EXP (Any one person)	\$	5,00
					PERSONAL & ADV INJURY	\$	1,000,00
					GENERAL AGGREGATE	\$	2,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- POLICY JECT LOC				PRODUCTS-COMP/OP AGG.	\$	2,000,00
	AUTOMOBILE LIABILITY ANY AUTO	·			COMBINED SINGLE LIMIT (Ea accident)	\$	
)						
	ALL OWNED AUTOS				BODILY INJURY (Per person)	\$	
	SCHEDULED AUTOS						
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
1	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN EA ACC	\$	
					AUTO ONLY: AGG	\$	
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
						s	
	DEDUCTIBLE					\$	
	RETENTION \$					\$	
WOR					WC STATU-	·	
	OYERS' LIABILITY				E.L. EACH ACCIDENT	s	
	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?					s s	
lf yes,	describe under			4	E.L. DISEASE-EA EMPLOYEE	+`	
_	AL PROVISIONS below				E.L. DISEASE-POLICY LIMIT	\$	
отн	EK:						
	IPTION OF OPERATIONS/LOCATIONS/LOCATIONS/LOCATIONS/ CICATE HOLDER IS AN ADDITIONS		SIONS ADDED BY	ENDORSEMENT	/ SPECIAL PROVISIONS		
DTI			CANCELL	ATION			
	OF PORTLAND ONGRESS ST		EXPIRATION D WRITTEN NOT TO DO SO SHA	ATE THEREOF, THE	CRIBED POLICIES BE CANCEL ISSUING INSURER WILL ENDE CATE HOLDER NAMED TO TH ISTION OR LIABILITY OF ANY KINI	AVOR TO E LEFT, B	MAIL 10 DAYS UT FAILURE
	LAND, ME 04112			EDDECENTATIVE			

AUTHORIZED REPRESENTATIVE