

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| Location of Construction: 927 Forest Ave | | Owner: Piccadilly Square Int | | Phone: -974-8252 | | Permit No: 960900 | |
| Owner Address: 927 Forest Ave- Ptld ME 04103 | | Leasee/Buyer's Name: | | Phone: | | Business Name: | |
| Contractor Name: OWNER | | Address: Allen Sebastien | | Phone: | | Permit Issued: SEP 12 1996 CITY OF PORTLAND | |
| Past Use: hair salon | | Proposed Use: hair salon w two signs | | COST OF WORK: \$ | | PERMIT FEE: \$ 23.50 | |
| Proposed Project Description: erect two signs - each 3'x3' | | FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | INSPECTION: Use Group: Type: | | Zone: CBL: 142-F-3 | |
| | | Signature: | | Signature: <i>[Signature]</i> | | Zoning Approval: <i>OK with conditions</i> | |
| Permit Taken By: L Chase | | Date Applied For: 9/6/96 | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | 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"/> | |
| | | | | Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied | | 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 | |
| | | | | Signature: | | Date: | |

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 REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

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 <i>[Signature]</i> | | ADDRESS: | | DATE: | | PHONE: | |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | | | | | | PHONE: | |

CEO DISTRICT 6

COMMENTS

11-5-96 Sign has been put up

Inspection Record

| Type | Date |
|-------------------|-------|
| Foundation: _____ | _____ |
| Framing: _____ | _____ |
| Plumbing: _____ | _____ |
| Final: _____ | _____ |
| Other: _____ | _____ |

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| Location of Construction: 927 Forest Ave | | Owner: Piccadilly Square Inc | | Phone: 878-8252 | | Permit No: 960900 | |
| Owner Address: 927 Forest Ave- Ptld ME 04103 | | Leasee/Buyer's Name: | | Phone: | | Business Name: | |
| Contractor Name: owner | | Address: | | Phone: | | Permit Issued: SEP 12 1996 | |
| Past Use: hair salon | | Proposed Use: hair salon w two signs | | COST OF WORK: \$ | | PERMIT FEE: \$ 28.60 | |
| Proposed Project Description: erect two signs - each 3'x3' | | Signature: | | FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | INSPECTION: Use Group: Type: | |
| Permit Taken By: L Chase | | Date Applied For: 9/6/96 | | Signature: | | Signature: | |
| | | | | PEDESTRIAN ACTIVITIES DISTRICT (P/D) | | Zoning Approval: Special Zone or Reviews: | |
| | | | | Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied | | <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"/> | |

PERMIT ISSUED
SEP 12 1996
CITY OF PORTLAND

Zone: **B2** CBL: **142-F-3**
 Zoning Approval: **OK with conditions**
 Special Zone or Reviews: **WS 9/11/96**

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: 9/9/96

CEO DISTRICT 6
 M.L.

PERMIT ISSUED WITH REQUIREMENTS

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] ADDRESS: _____ DATE: 9-6-96 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

LAND USE - ZONING REPORT

ADDRESS: 927 Forest Ave DATE: 9/11/96

REASON FOR PERMIT: Free Standing Sign

BUILDING OWNER: Stan & Joyce LaCourse-B-L: 142-F-3

PERMIT APPLICANT: owner

APPROVED: with condition DENIED: _____

#9

CONDITION(S) OF APPROVAL

1. During its existence, all aspects of the Home Occupation criteria, Section 14-410, shall be maintained.
2. The footprint of the existing _____ shall not be increased during maintenance reconstruction.
3. All the conditions placed on the original, previously approved, permit issued on _____ are still in effect for this amendment.
4. Your present structure is legally nonconforming as to rear and side setbacks. If you were to demolish the building on your own volition, you will not be able to maintain these same setbacks. Instead you would need to meet the zoning setbacks set forth in today's ordinances. In order to preserve these legally non-conforming setbacks, you may only rebuild the garage in place and in phases.
5. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
6. Our records indicate that this property has a legal use of _____ units. Any change in this approved use shall require a separate permit application for review and approval.
7. Separate permits shall be required for any signage.
8. Separate permits shall be required for future decks and/or garage.

9. Other requirements of condition The farthest distance that the rear ends of the sign can be from each other shall be no more than 42 inches. If it is more than that distance only one sign shall be permitted.

Marge Schmuckal Marge Schmuckal, Zoning Administrator,
Asst. Chief of Code Enforcement

SIGNAGE APPLICATION

B-2
~~B-1~~

ADDRESS: 927 Forest Ave.

OWNER: Stan + Joyce LaCourse

APPLICANT: Stan LaCourse (878-8252)

ASSESSORS NO.: _____

→ SINGLE TENANT LOT? YES: NO: _____

→ MULTI-TENANT LOT? YES: _____ NO:

FREESTANDING SIGN? YES: NO: _____

MORE THAN ONE SIGN? 2

DIMENSIONS: 3' x 3' = 9

DIMENSIONS: 3' x 3' = 9

BLDG. WALL SIGN? YES: _____ NO:

DIMENSIONS: _____

MORE THAN ONE SIGN? _____

DIMENSIONS: _____

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: None

→ LOT FRONTAGE (IN FEET): 50'

→ BLDG FRONTAGE (IN FEET): 26' *free standing can have up to 65'*

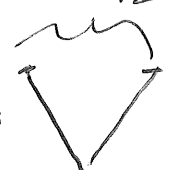
AWNING? YES: _____ NO: IS AWNING BACKLIT? YES: _____ NO: _____

HEIGHT OF AWNING: N/A

IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? N/A

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE ^{MAX 42"} EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.



Condition: The farthest distance that the retreads of the sign can be from each other shall be no more than 42 inches. ^{MAX 42"} If more than that, it shall be parallel.

York Insurance Company

OF MAINE

BUSINESSOWNERS DECLARATION PAGE

Policy No. BUSM905477

Insured

STANLEY R. & JOYCE A. LACOURSE

110 MAIN ST. #131
SACO, ME 04072

Agent

CLARK ASSOCIATES
PO BOX 3543
PORTLAND, ME 04104
3185320000

Policy Period: 07/01/96 to 07/01/97 12:01 a.m. Standard Time

Business Description: HAIR SALON

The Named Insured is: Individual Partnership Corporation Joint Venture Other

IN CONSIDERATION OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY

Described Premises: Loc. 1 927 FOREST AVE., PORTLAND, ME
Loc. 2
Loc. 3
Loc. 4

PROPERTY (SECTION I)

| | Loc. No. | Bldg. No. | Loc. No. | Bldg. No. | Loc. No. | Bldg. No. | Loc. No. | Bldg. No. |
|--|----------|-----------|----------|-----------|----------|-----------|----------|-----------|
| A. Buildings | \$ | 51,630 | \$ | | \$ | | \$ | |
| B. Contents | \$ | | \$ | | \$ | | \$ | |
| C. Loss of Income (Actual Loss Sustained, not Exceeding 12 Consecutive Months) | | | | | | | | |

Deductible \$ 250

Automatic Increase in Building Limit 8 %

LIABILITY (SECTION II)

| Coverage | Liability Limits |
|--------------------|------------------------------|
| Business Liability | \$ 1,000,000 Each Occurrence |

The Limit of Liability with Respect to the Completed Operations & Products Hazards Combined is an Aggregate Limit for all Occurrences During the Policy Period.

| | |
|----------------------|----------------------------|
| Fire Legal Liability | \$ 100,000 Each Occurrence |
|----------------------|----------------------------|

| | |
|------------------|----------------------|
| Medical Payments | \$ 5,000 Each Person |
|------------------|----------------------|

OPTIONAL COVERAGES AND ALL OTHER FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY:

SEE SCHEDULE ATTACHED

MORTGAGEE: (SEE ATTACHED SCHEDULE IF APPLICABLE)

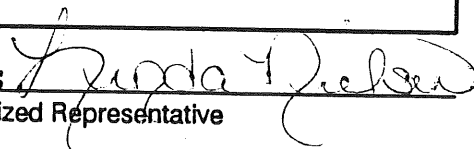
TOTAL ANNUAL PREMIUM \$ 352

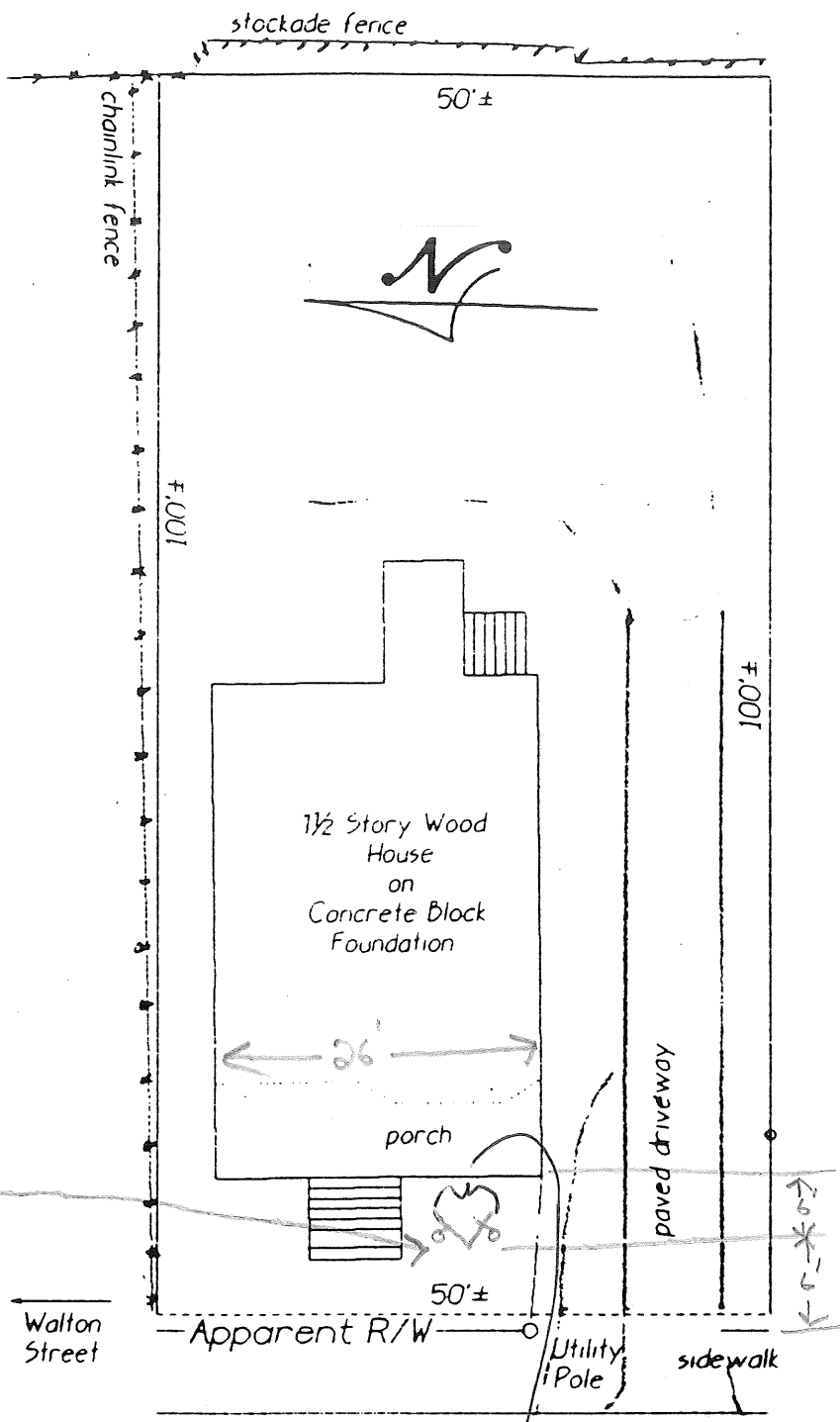
Countersigned: 07/18/96

INSURED'S COPY

By CLARK ASSOCIATES

Authorized Representative





Sign Positions

Walton Street

Apparent R/W

Utility Pole

sidewalk

paved driveway

1 1/2 Story Wood House on Concrete Block Foundation

porch

26'

50'±

100'±

100'±

50'±

stockade fence

chainlink fence

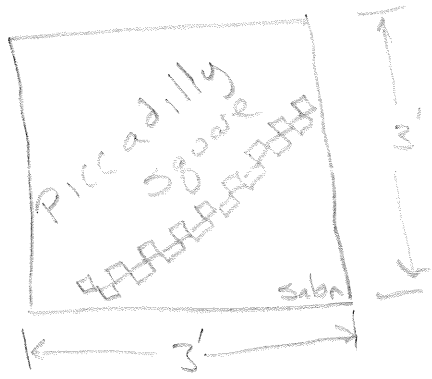
Forest Avenue (bituminous)

can not be more than 42" apart

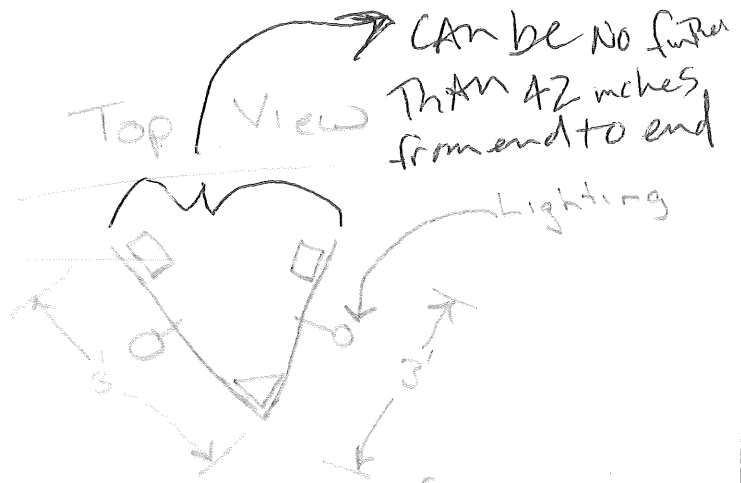
ALL RD. OWN.

PLAN BOOK _____ PAGE _____ LOT _____
 DEED BOOK 8784 PAGE 154 COUNTY Cumberland

THIS PLAN IS NOT FOR RECORDING Drawn by: SLB



2 signs are going to be identical.



- 3' to top of sign
- signs will be lit from above
- constructed with 4x4 posts



— Signs will be placed
behind the pole and in
front of the porch

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical code and the following specification:

Date 29 October 1996

LOCATION: 927 Forest Ave

Permit # 10585

OWNER Stan Lacourse ADDRESS Picadilly Square

142-F-3

| | | | | | | | TOTAL EACH FEE | | | |
|--------------------------|--|-------------------|--|-------------|--|-----------------|-------------------------------------|------|--------------------------|--|
| OUTLETS | | | | | | | | | | |
| | | Receptacles | | Switches | | Smoke Detector | 15 | .20 | 3.00 | |
| FIXTURES | | (number of) | | | | | | | | |
| | | incandescent | | fluorescent | | | 16 | .20 | 3.20 | |
| | | fluorescent strip | | | | Sign Lights | 3 | .20 | .60 | |
| SERVICES | | | | | | | | | | |
| | | Overhead | | | | TTL AMPSTO | 800 | | 15.00 | |
| | | Underground | | | | | 800 | | 15.00 | |
| TEMPORARY SERV. | | | | | | | | | | |
| | | Overhead | | | | AMPS OVER | 800 | | 25.00 | |
| | | Underground | | | | | 800 | | 25.00 | |
| METERS | | (number of) | | | | | | | 1.00 | |
| MOTORS | | (number of) | | | | | | | 2.00 | |
| RESID/COM | | Electric units | | | | | | | 1.00 | |
| HEATING | | oil/gas units | | | | | | | 5.00 | |
| APPLIANCES | | Ranges | | Cook Tops | | Wall Ovens | | | 2.00 | |
| | | Water heaters | | Fans | | Dryers | | | 2.00 | |
| Disposals | | Dishwasher | | Compactors | | Others (denote) | | | 2.00 | |
| MISC. (number of) | | Air Cond/win | | | | | | | 3.00 | |
| | | Air Cond/cent | | | | | | | 10.00 | |
| | | Signs | | | | | | | 5.00 | |
| | | Pools | | | | | | | 10.00 | |
| | | Alarms/res | | | | | | | 5.00 | |
| | | Alarms/com | | | | | | | 15.00 | |
| | | Heavy Duty | | | | | | | 2.00 | |
| | | Outlets | | | | | | | | |
| | | Circus/Carnv | | | | | | | 25.00 | |
| | | Alterations | | | | | XX | 5.00 | 5.00 | |
| | | Fire Repairs | | | | | | | 15.00 | |
| | | E Lights | | | | | | | 1.00 | |
| | | E Generators | | | | | | | 20.00 | |
| | | Panels | | | | | | | 4.00 | |
| TRANSFORMER | | 0-25 Kva | | | | | | | 5.00 | |
| | | 25-200 Kva | | | | | | | 8.00 | |
| | | Over 200 Kva | | | | | | | 10.00 | |
| | | | | | | | TOTAL AMOUNT DUE | | | |
| | | | | | | | MINIMUM FEE/COMMERCIAL 35.00 | | MINIMUM FEE 25.00 | |
| | | | | | | | 25.00 | | | |

INSPECTION: Will be ready 10/30 or will call _____

CONTRACTORS NAME Allphase Craig Girard
 ADDRESS 97 Sunset Ln Ptld, ME 04102
 TELEPHONE 773-8017
 MASTER LICENSE No. 10585
 LIMITED LICENSE No. _____

SIGNATURE OF CONTRACTOR

ELECTRICAL INSTALLATIONS

Permit Number _____

Location _____

Owner _____

Date of Permit _____

Final Inspection 10/30/96

By Inspector [Signature]

INSPECTION: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS:

| | | | |
|-----------------|--------------------|-------|-------|
| <u>10/30/96</u> | <u>[Signature]</u> | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

DATE:

REMARKS:

10/30/96

work done before permit was
fallen out

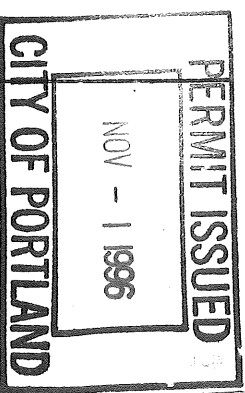
[Signature]

outside portion of service is UNSAFE
notified electrician (to contact owner)



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine,



961091

FILL IN AND SIGN WITH INK

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

XXXXXXXXXXXX

29 October 1996

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 927 Forest Ave Use of Building Salon No. Stories New Building Existing "
Name and address of owner of appliance Lacourse, Stan & Joyce
Installer's name and address Flink's Oil Services Telephone 741-2848
358 Preble St So. Ptld, ME 04106
General Description of Work
To install Oil Fired forced hot water heating system

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? no
If so, how protected? Kind of fuel? #2 oil
Minimum distance to burnable material, from top of appliance or casing top of furnace 4'
From top of smoke pipe XXX 3' From front of appliance 5' From sides or back of appliance 3'
Size of chimney flue 10" Other connections to same flue no
If gas fired, how vented? Rated maximum demand per hour 105,000
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? Yes

IF OIL BURNER

Name and type of burner Burnham Labelled by underwriters' laboratories? Yes
Will operator be always in attendance? no Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner concrete Size of vent pipe XXXXXX 1 1/4"
Location of oil storage basement Number and capacity of tanks 1-275
Low water shut off Yes Make OEM No. 170
Will all tanks be more than five feet from any flame? Yes How many tanks enclosed? none
Total capacity of any existing storage tanks for furnace burners 1-275

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Height of Legs, if any
Skirting at bottom of appliance? Distance to combustible material from top of appliance?
From front of appliance From sides and back From top of smokepipe
Size of chimney flue Other connections to same flue
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Cost of Work: 3,000.00 35.00 Permit Fee:
Eric Flink: Master Oil Burner # 5928
Amount of fee enclosed?

APPROVED:

Signature of Installer Eric Flink

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

INSPECTION FILE APPLICANT'S ASSESSORS COPY Signature of Assessor Eric Flink

NOTES

17-1 Bearings have been installed
CHAIN CHECK OK

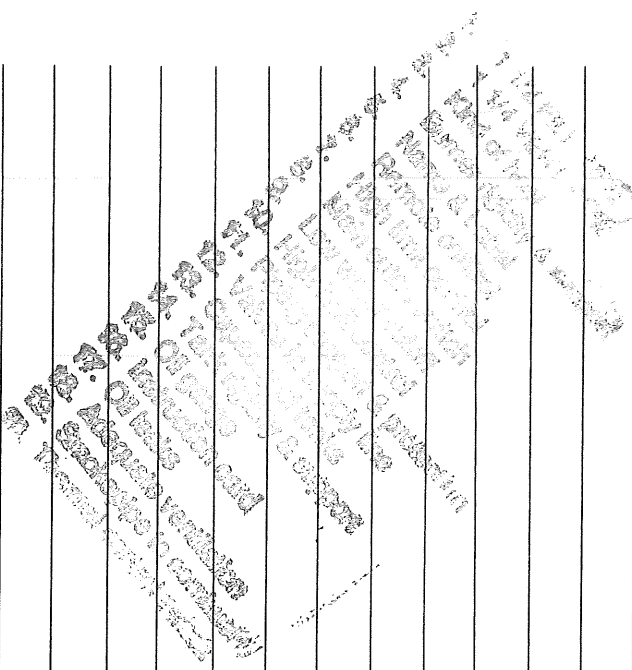
Permit No.

Location

Owner

Date of permit

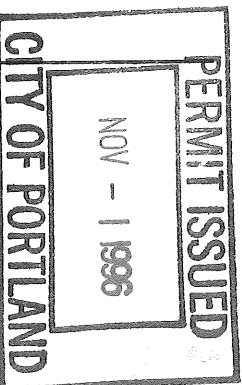
Approved





FILL IN AND SIGN WITH INK

961091



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine,

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

XXXXXXXXXXXX

29 October 1996

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Installer's name and address Flink's Oil Services Telephone 741-2348
358 Preble St So. Portland, ME 04106
General Description of Work
To install Oil Fired forced hot water heating system

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Location of appliance basement Any burnable material in floor surface or beneath? no
If so, how protected? Kind of fuel? #2 oil 4'
Minimum distance to burnable material, from top of appliance or casing top of furnace 5' From sides or back of appliance 3'
From top of smoke pipe 3' From front of appliance
Size of chimney flue 10" Other connections to same flue no
If gas fired, how vented? Rated maximum demand per hour 105,000
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER

Name and type of burner Burnham, Labelled by underwriters' laboratories? yes
Will operator be always in attendance? no Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner concrete Size of vent pipe 1 1/4"
Location of oil storage basement Number and capacity of tanks 1-275
Low water shut off yes Make OEM No. 170
Will all tanks be more than five feet from any flame? yes How many tanks enclosed? none
Total capacity of any existing storage tanks for furnace burners 1-275

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Height of Legs, if any
Skirting at bottom of appliance? Distance to combustible material from top of appliance?
From front of appliance From sides and back From top of smokepipe
Size of chimney flue Other connections to same flue From front of appliance
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Cost of Work: 3,000.00 35.00 Permit Fee:
Eric Flink: Master Oil Burner # 5928

Amount of fee enclosed?

APPROVED:

Signature of Installer

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

CS 306 INSPECTION FILE APPLICANT'S ASSESSOR'S COPY Signature of Installer Eric Flink's Oil Services