

Location of Construction: 578 Brighton Ave		Owner: Don's Sports Cards		Phone:		Permit No: 950164	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Burr Signs 184 Read St Portland, ME 04103 761-3939		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: MAR 2 1995 CITY OF PORTLAND </div>	
Past Use: Retail		Proposed Use: Retail w/sign		COST OF WORK: \$			
Proposed Project Description: UL# E143239 Erect Signage totalling 15 sq ft		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: U. Use Group: B Type: 5B BOCA 93 Signature: <i>Hoffer</i>	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>2/25/95</i> 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"/>	
Permit Taken By: <i>Mary Gresik</i>		Date Applied For: 25 Feb 95		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..

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>Craig Carrier</i>		ADDRESS:		DATE: 24 Feb 95		PHONE: 761-3139	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:			

PERMIT ISSUED WITH LETTER

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *2/27/95*

CEO DISTRICT 4

MA. Carro LL

COMMENTS

10/6/96 Work Completed - New Called

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

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

February 28, 1995

Burr Signs
184 Read Street
Portland, ME 04103

Re: 578 Brighton Avenue

Dear Sir:


Your application to install a projecting sign has been reviewed and a permit is herewith issued subject to the following requirements. This permit does not preclude the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy can be issued until all requirements of this letter are met.

1. Projecting signs shall be constructed entirely of metal or other approved non-combustible material except as provided for in Section 3102.6.4 of the City Building Code.
2. A projecting sign shall not extend beyond a vertical plane that is 2 feet inside the curb line.
3. Project sign structures which will be used to support an individual on a ladder or other serving device, whether or not specifically designed for the servicing device, shall be capable of supporting the anticipated additional load (but not less than a 100 pound concentrated horizontal load) and a 300 point concentrated vertical load applied at the point of assumed or most eccentric loading. The building component to which the projecting sign is attached shall also be designed to support the additional loads.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief of Building Inspection Services

SIGNAGE APPLICATION

ADDRESS: 578 Brighton Ave

B-1 Zone

OWNER: Don's Sportscenter Center

APPLICANT: Burr Signs

ASSESSORS NO.: _____

➤ SINGLE TENANT LOT? YES: NO: _____

➤ MULTI-TENANT LOT? YES: _____ NO: _____

FREESTANDING SIGN? YES: _____ NO: DIMENSIONS: _____

MORE THAN ONE SIGN? _____ DIMENSIONS: _____

BLDG. WALL SIGN? YES: NO: _____ DIMENSIONS: 3' x 5' = 15'

MORE THAN ONE SIGN? NO DIMENSIONS: 2' x 3' = 6'

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: _____

(1) 4' x 6' S/F wallmount = 24' ol

➤ LOT FRONTAGE (IN FEET): 50'

➤ BLDG FRONTAGE (IN FEET): 35' x 1.5' = 52.5' Allowed

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

HEIGHT OF AWNING: _____

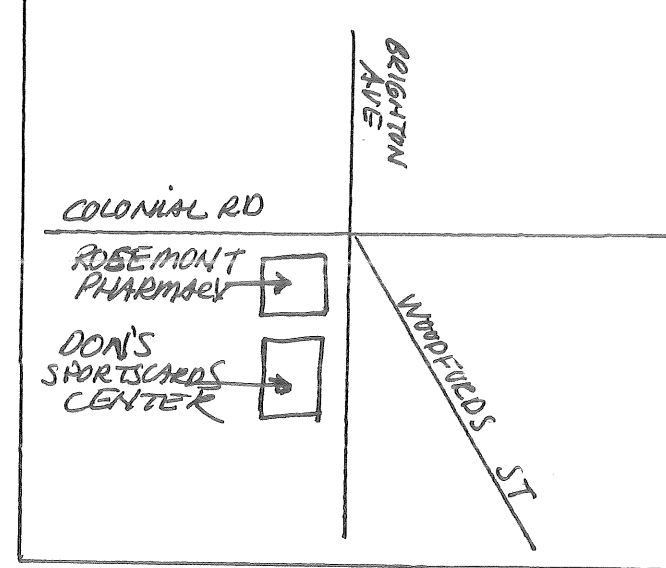
IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? _____

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

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

Don's Sportscards Center

578 Brighton Ave

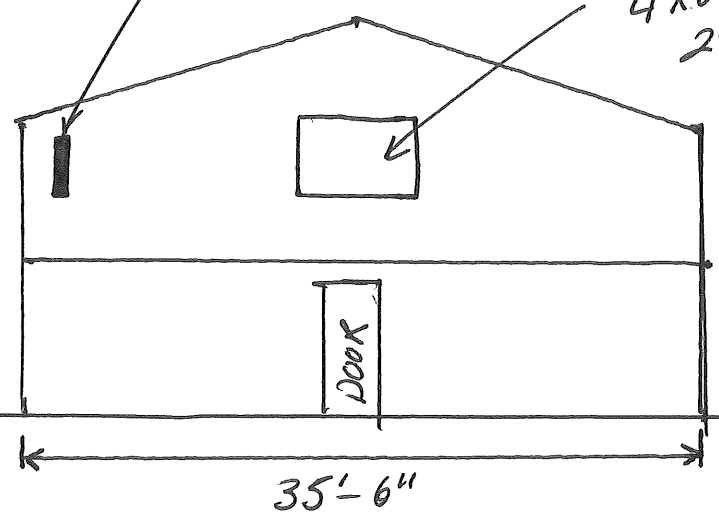


U.L.# E143239

PROPOSED
3'x5' Electric
PROJECTING SIGN

EXISTING
4'x6' Electric
24" Wallmount Sign

11'-6"
to bottom
of sign

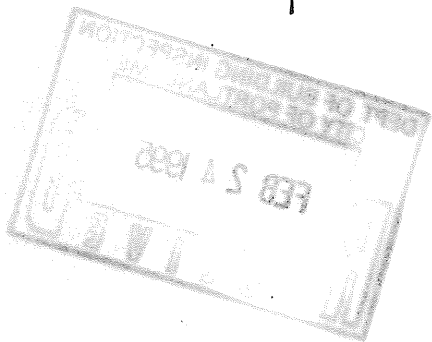


ROSEMONT
PHARMACY

Total 15 ☐

5'-0"

3'-0"



D/F Projecting Sign
U.L. # E143239

ACORD. INSURANCE BINDER

ISSUE DATE (MM/DD/YY)

09/13/94

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Maine Insurance Agency 1250 Congress Street Portland, ME 04102	COMPANY VERMONT MUTUAL INS CO	BINDER NO. BND-9DONS1-0000006																							
	<table border="1"> <tr> <th colspan="2">EFFECTIVE</th> <th colspan="2">TIME</th> <th colspan="2">EXPIRATION</th> <th colspan="2">TIME</th> </tr> <tr> <td>DATE</td> <td></td> <td></td> <td><input checked="" type="checkbox"/> AM</td> <td>DATE</td> <td></td> <td><input checked="" type="checkbox"/> AM</td> <td>12:01 AM</td> </tr> <tr> <td>09/13/94</td> <td>12:0a</td> <td></td> <td>PM</td> <td>10/13/94</td> <td></td> <td></td> <td>NOON</td> </tr> </table>		EFFECTIVE		TIME		EXPIRATION		TIME		DATE			<input checked="" type="checkbox"/> AM	DATE		<input checked="" type="checkbox"/> AM	12:01 AM	09/13/94	12:0a		PM	10/13/94		
EFFECTIVE		TIME		EXPIRATION		TIME																			
DATE			<input checked="" type="checkbox"/> AM	DATE		<input checked="" type="checkbox"/> AM	12:01 AM																		
09/13/94	12:0a		PM	10/13/94			NOON																		
CODE _____	SUB-CODE _____	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:																							
INSURED Don's Baseball Card Center dba Donald W. Hontz 570 Brighton Avenue Portland, ME 04102		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Occupied as Grocery Store 578 Brighton Avenue Portland, ME																							

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC.		75000	250	80
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT.	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE \$ 30000 PRODUCTS - COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE 30000 FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$ 5000		
AUTOMOBILE LIABILITY <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 <input type="checkbox"/> GARAGE LIABILITY		COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT. \$ UNINSURED MOTORIST \$		
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL: _____		ACTUAL CASH VALUE STATED AMOUNT \$ OTHER		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ STATUTORY LIMITS		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$		

SPECIAL CONDITIONS/OTHER COVERAGES
 Store being renovated and will be occupied as Baseball Card Center

NAME & ADDRESS		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/>
		LOAN #	
AUTHORIZED REPRESENTATIVE 