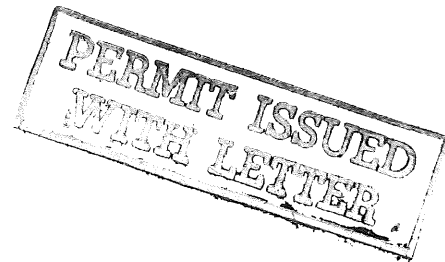


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 570 Brighton Ave		Owner: Howland, Donald		Phone:		Permit 950345	
Owner Address:		Leasee/Buyer's Name: Rose's Etc. 570 Brighton Ave Portland, ME 04103		Phone:		Business Name:	
Contractor Name:		Address:		Phone: 774-7673		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: APR 14 1995 CITY OF PORTLAND </div>	
Past Use: Retail		Proposed Use: Same w/awning		COST OF WORK: \$ 750.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:		PERMIT FEE: \$ 25.00 INSPECTION: Use Group: Type: Signature:	
Proposed Project Description: Erect Awning as per plans <i>Backlot Awning Sign</i>				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) 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: 11 April 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..



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>David McGovern</i>	ADDRESS: <i>570 Brighton Ave</i>	DATE: <i>11 April 1995</i>	PHONE: <i>774 7673</i>
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	PHONE:
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Zone: <i>B1</i>	CBL: <i>185-2-013</i>
Zoning Approval:	
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"/>	
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	
Historic Preservation <input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Date: <i>11/14/95</i>	

CEO DISTRICT 4

COMMENTS

Work Completed - Never Called 10/9/96 JK

Inspection Record

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

SIGNAGE APPLICATION

ADDRESS: 570 Brighton Ave ZONE: B-1

OWNER: Donald Howland

APPLICANT: Roses Etc

ASSESSORS NO.: 185-C-13

SINGLE TENANT LOT? YES: NO: (Business or apt upstairs)

MULTI-TENANT LOT? YES: NO: _____

FREESTANDING SIGN? YES: _____ NO: _____ DIMENSIONS: _____

MORE THAN ONE SIGN? DIMENSIONS: _____

BLDG. WALL SIGN? YES: _____ NO: _____ DIMENSIONS: _____

MORE THAN ONE SIGN? DIMENSIONS: _____

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: _____

Backlit Awning Sign 5' x 12' = (60#)
consider The (engine) Awning

LOT FRONTAGE (IN FEET): _____

BLDG FRONTAGE (IN FEET): 74' per drawing 74 x 1.5 = 111#

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

HEIGHT OF AWNING: _____

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

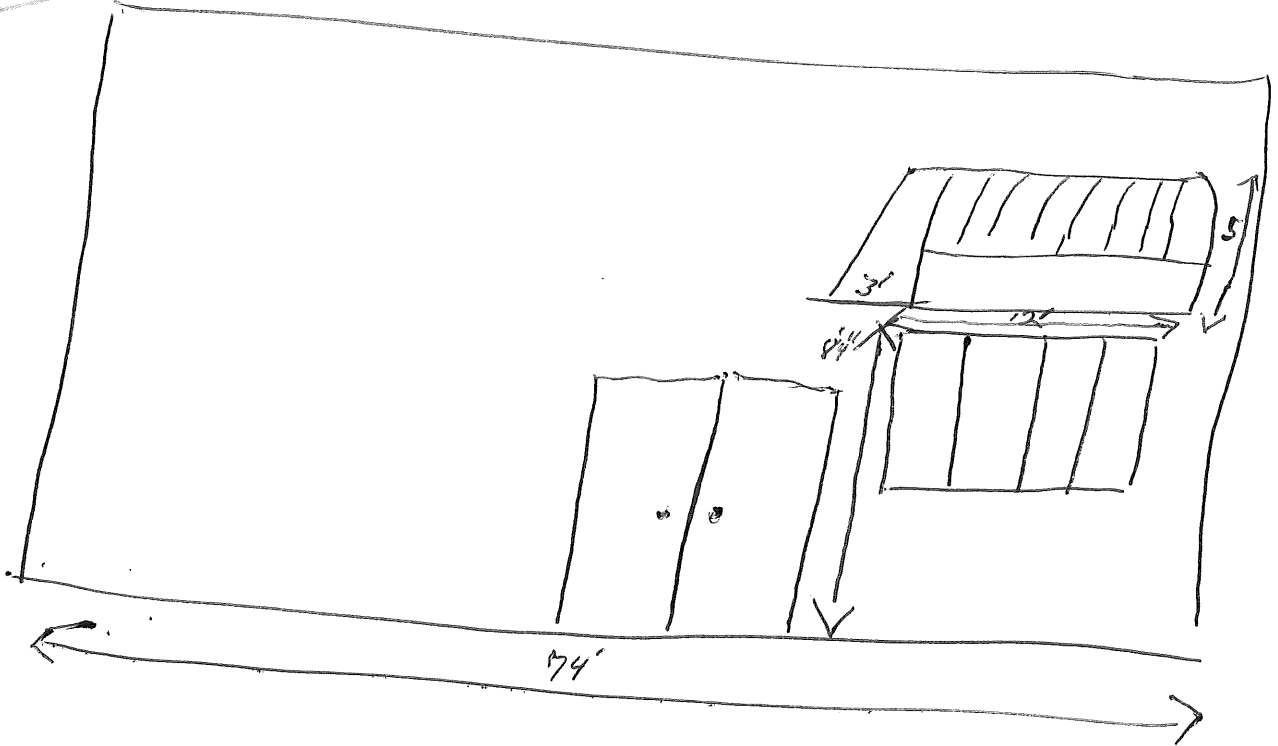
PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

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

only 1 sign Allowed

A: SIGNLIST

DEPT OF BUILDING INSPECTION
CITY OF PHOENIX
MAY 19 1980



DEPT OF BUILDING INSPECTION
CITY OF PORTLAND
3-16-95

TO: CITY OF PORTLAND.
BUILDING INSPECTION DEPT.

PLEASE BE ADVISED THAT ROSES ETC
HAS MY PERMISSION TO INSTALL SIGNS
AND AWNINGS ON MP BUILDING AT

570 BRIGHTON AVE.

PORTLAND, ME. 04103

DONALD M. HOWLAND OWNER

[Signature] agent
for Donald Howland



Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

April 13, 1995

RE: 570 Brighton Ave.

Donald Howland
570 Brighton Ave.
Portland, ME 04103

Dear Sir:

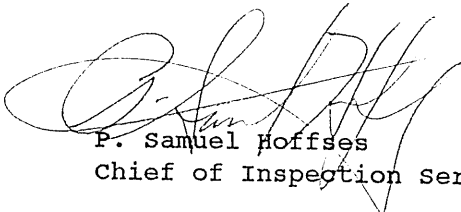
Your application to erect awning sign has been reviewed and a permit is herewith issued subject to the following requirement: This permit does not excuse the applicant from meeting applicable State and Federal laws.

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

Only one sign is allowed per City sign ordinance.

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

Sincerely,



P. Samuel Hoffses
Chief of Inspection Services

/el

cc: Ms. Marge Schmuckal, Asst. Chief of Inspection Services

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

3/20/95

PRODUCER

ANDERSON WATKINS ASSOC
674 BRIGHTON AV
PORTLAND ME 04102-1073

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 POLICES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A ACADIA INSURANCE

COMPANY
B

COMPANY
C

COMPANY
D

INSURED

DAVID MCGOVERN DBA
ROSES ETC
570 BRIGHTON AVE
PORTLAND ME 04102

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	BOA001296310	2/10/95	2/10/96	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT	\$
	OTHER				DISEASE - POLICY LIMIT	\$
					DISEASE - EACH EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ADDITIONAL INSURED - REGARDS TO SIGN: CITY OF PORTLAND

CERTIFICATE HOLDER

CITY OF PORTLAND
CITY HALL 389 CONGRESS ST
PORTLAND ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Stephen P St Angelo

PA