

023574

Permit # _____ City of _____ BUILDING PERMIT APPLICATION Fee _____ Zone _____ Map # 187-D-8 Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: _____ Phone # _____
 Address: _____
 LOCATION OF CONSTRUCTION _____
 Contractor: owner Sub.: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: retail showroom
 Past Use: retail
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion erect two signs - 3x5 each

For Official Use Only
 Date _____
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost _____
 Subdivision: _____
 Name: APR 16 1992
 Ownership: Public _____ Private _____
CITY OF PORTLAND

Zoning:
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) _____

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____ Not in District nor Landmark.
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____ Requires Review.
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: Approved.
 2. Sheathing Type _____ Size _____ Approved with Conditions
 3. Roof Covering Type _____ Denied.
 Date: _____

Chimneys:
 Type: _____ Number of Fire Places _____ Signature: _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant Angus L. Garfield Date _____

CEO's District _____

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO
[4] M M Cam

White - Tax Assessor

PLOT PLAN



Done w/out Insp.

FEES (Breakdown From Front)		Type	Inspection Record	Date
Base Fee \$	<u>31-</u>			/ /
Subdivision Fee \$	_____			/ /
Site Plan Review Fee \$	_____			/ /
Other Fees \$	_____			/ /
(Explain)	_____			/ /
Late Fee \$	_____			/ /

COMMENTS

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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

[Handwritten Signature]
SIGNATURE OF APPLICANT

ADDRESS

207-773-2428
PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

5 FT

ACTION SPORTS
UNLIMITED

"TEAM HEADQUARTERS"

5 FT

THIS
WILL
STICK
OUT/
OVER HANG
OVER
FRONT
DOOR ON
CONGRESS
ST WITH

METAL BRACKET

5 FT

ACTION SPORTS
UNLIMITED

"TEAM HEADQUARTERS"

5 FT

THIS WILL
BE LAG BOLTED
TO EDWARDS
ST. SIDE
OF BLDG.
FLAT ON
TO THE
WALL.

RECEIVED

APR 14 1992

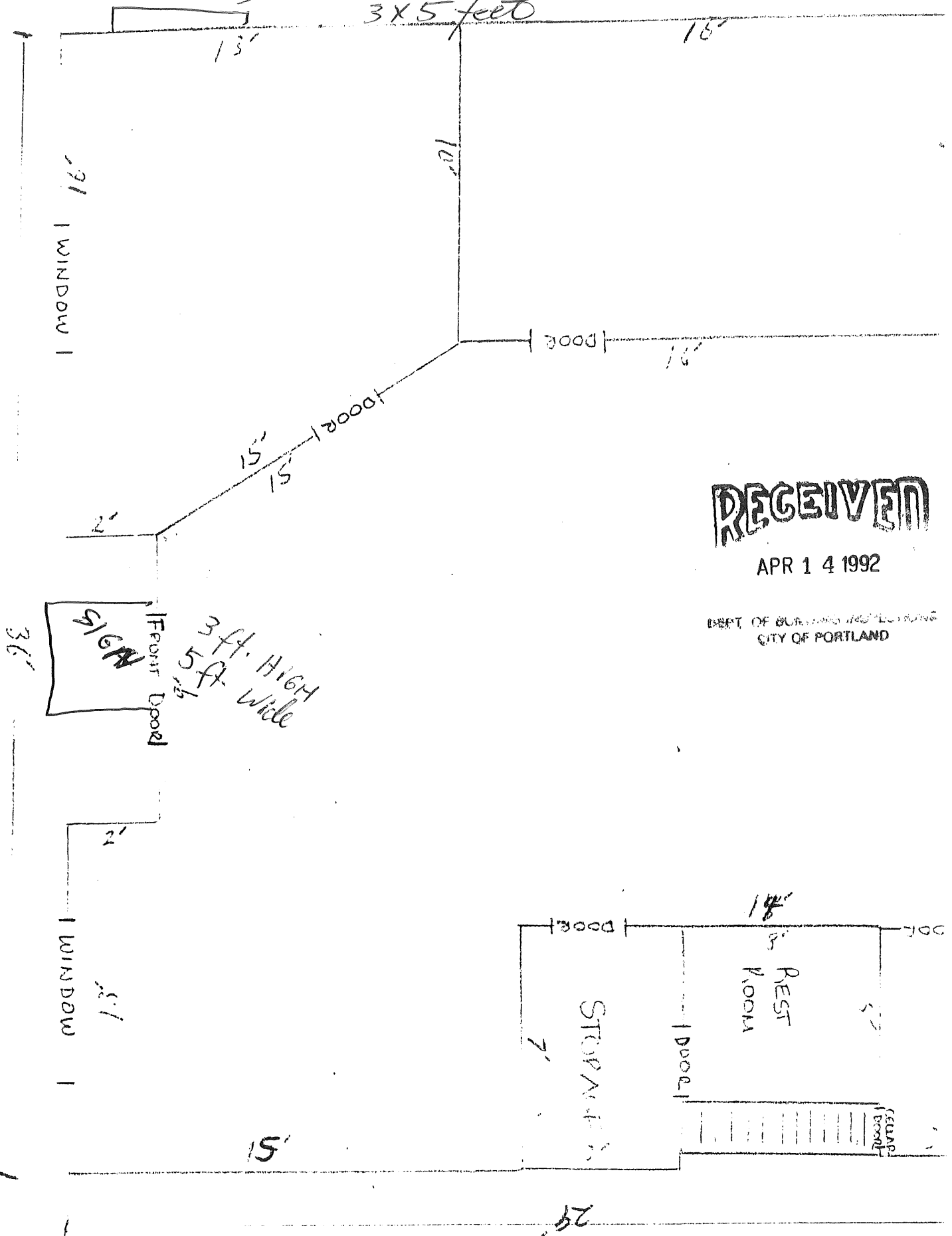
DEPT OF BUILDING
CITY OF PORTLAND

1054 SQ. FEET
1283 CONGRESS

EDWARDS

attached TO
SIDE OF BLDING,
3 X 5 feet

SIGN



RECEIVED

APR 14 1992

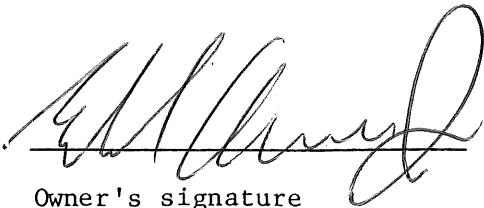
DEPT. OF BUILDINGS AND PERMITS
CITY OF PORTLAND

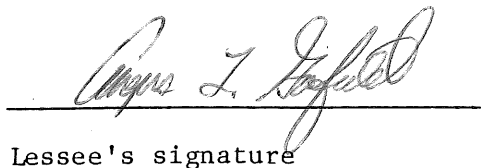
FLOOR PLAN
1283 CONGRESS STREET

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED TO BE ERECTED ON A BUILDING AT 1283 CONGRESS ST. IN PORTLAND, MAINE _____ being the owner of the premises at _____ in Portland, Maine hereby gives consent to the erection of a certain sign owned by ANGUS L GARFIELD over the sidewalk or on the building from said premises as described in application to the Division of Inspection Services of Portland, Maine for a permit to cover the erection of said sign:

And in consideration of the issuance of said permit _____, owner of said premises, in event said sign shall cease to serve the purpose for which it was erected or shall become dangerous and in event the owner of said sign shall fail to remove said sign or make it permanently safe in case the sign still serves the purpose for which it was erected, hereby agrees for himself or itself, for his heirs, its successors, and his or its assigns, to completely remove said sign in such condition and of order from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and agreement this _____ day of _____ 19 ____.


Owner's signature


Lessee's signature

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CERTIFICATE OF INSURANCE

04/07/92

PRODUCER
 Pratt Insurance Agency
 One Post Office Sq. PO Box 439
 Westbrook, ME
 04098-
 PHONE 207-854-9745

THIS CERTIFICATE IS ISSUED AS A MATTER OF COURTESY AND DOES NOT CONFER ANY RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT CHANGE, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED
 ANGUS GARFIELD D/B/A
 ACTION SPORTS UNLIMITED
 1283 CONGRESS STREET
 PORTLAND, ME
 04102

- COMPANY LETTER A Seaco Insurance Co
- COMPANY LETTER B
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

COVERAGES
 THIS IS TO CERTIFY THAT 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 TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. / LTN.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	ALL LIMITS IN THOUSANDS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE <input type="checkbox"/> <input type="checkbox"/>	TO BE ASSIGNED	04/06/92	04/06/93	GENERAL AGGREGATE 1000 PRODS-COMP/OPS ASG. 1000 PERS. & ADVE. INJURY 1000 EACH OCCURRENCE 1000 FIRE DAMAGE (ANY ONE FIRE) 50 MEDICAL EXPENSE (ANY ONE PERSON) 5
	AUTOMOBILE LIAB <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 <input type="checkbox"/>				DSL BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCC. AGGREGATE
	WORKERS' COMP AND EMPLOYERS' LIAB				STATUTORY EACH ACC. DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
	OTHER				

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DEPT OF BUILDING INSPECTIONS
 CITY OF PORTLAND

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 ABOVE TENANT ALSO CARRIES FULL REPLACEMENT COST COVERAGE ON CONTENTS AND EDP EQUIPMENT, AS WELL AS LOSS OF INCOME PROTECTION

CERTIFICATE HOLDER (-----)
 ANANIA'S, INC.
 1227 CONGRESS STREET
 PORTLAND, ME
 04102

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 THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

= AUTHORIZED REPRESENTATIVE *Wiane Mitchell*

ACORD 25-S (3/88)