

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

Location of Construction: 1041 Brighton Ave.		Owner: Joe Soley		Phone:		Permit # 70281	
Owner Address:		Lessee/Buyer's Name: The Tux Shop		Phone: 879-4000		Business Name:	
Contractor Name:		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: APR - 8 1997 CITY OF PORTLAND </div>	
Past Use: Retail/rental shop		Proposed Use: same w/temp signage		COST OF WORK: \$ _____ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		PERMIT FEE: \$ 10.00 20.00 INSPECTION: Use Group: Type:	
Proposed Project Description: Temp sign - (2 mos from date of issue)		Signature:		Signature:		Zoning Approval: Zone: CBL: 274-D-001 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	
Permit Taken By: Vicki Dover		Date Applied For: 4/3/97		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:		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	

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Mail to ~~EMM~~ P.O. Box 656
Portland, 04101

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT <i>Todd Walker</i>		ADDRESS: The Tux Shop		DATE: 4/3/97		PHONE: 879-4000	
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE:	
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White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 4

COMMENTS

1/17 No signage yet.

Signage up.

Removed per approval requirements.

Inspection Record

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

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				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: _____ Type: _____ Signature: _____ Signature: <i>[Signature]</i>		
Proposed Project Description: Temp sign - (2 mos from date of issue)				PEDESTRIAN ACTIVITIES DISTRICT (PAF) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		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 checked="" 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: <u>4/4/97</u> <i>K. Jalvo for D. Andrews</i>
Permit Taken By: Vicki Dover		Date Applied For: 4/3/97				

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[Signature]

SIGNATURE OF APPLICANT: Todd Walker The Tux Shop ADDRESS: DATE: 4/3/97 PHONE: 879-4000

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

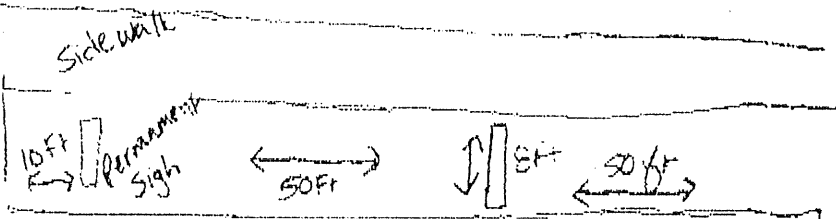
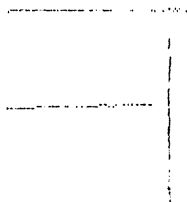
CEO DISTRICT 4
A. Bowers

The TUX Shop™

Relax and leave the formalities to us.

\$10.00 Charge

Brighton Ave



Burger King

PARKING Lot

Temporary Sign

No electrical Current to Sign

The Tux Shop
 Form 3000-10
 1/1/95
 07/11/95
 32-

ISSUE DATE (MM/DD/YY) 05/16/96

COPIES

RILEY INSURANCE AGENCY
139 MAINE STREET
BRUNSWICK MAINE
04011

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 POLICY'S BELOW.

Post-it® Fax Note 7671

Date	3/97	# of pages	3
From	Vicki		
Co.	Co. Dept		
Phone #	Phone #		
Fax #	Fax #		

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COMPANY LETTER E

THE TUX SHOP
1041 BRIGHTON AVE
PORTLAND ME 04102

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	BOA002713-10	04/03/96	04/03/97	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-GI/PROP/AGGR \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
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 \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ STATUTORY LIMITS
WORKERS COMPENSATION AND EMPLOYERS LIABILITY				EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
OTHER				

DESCRIPTION OF OPEN PUBLIC LOCATIONS/VEHICLES/SPECIAL ITEMS

SIGN LOCATED ON PREMISES

CERTIFICATE HOLDER SIGNATURE (PRINT NAME)

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

RILEY INSURANCE AGENCY
BRUNSWICK, MAINE