

823336

Permit # 823336 City of Portland BUILDING PERMIT APPLICATION Fee Zone Map # Lot #

296-F-001

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

Owner: Courtney Aitchison Phone # 783-9161  
 Address: 276 Warren Ave  
 LOCATION OF CONSTRUCTION 276 Warren Ave  
 Contractor: Beokheart Sub:  
 Address: 600 Main St Lewiston, ME 04240 Phone # 782-9654  
 Est. Construction Cost: Proposed Use: Comm w/lighted sign  
 Past Use: Comm  
 # 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 lighted sign 18' X 3'

**PERMIT ISSUED**  
**For Official Use Only**  
 Subdivision: Name Lot  
 Date: JAN - 2 1992  
 City of Portland Public  
 Ownership: Estimated Cost:

**Zoning:** Street Frontage Provided: Front Back Side  
 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) WPA 12-31-91

**Ceiling:**  
 1. Ceiling Joists Size: Not in District not loadmark  
 2. Ceiling Strapping Size Spacing  
 3. Type Ceilings: Size Does not require review.  
 4. Insulation Type Requires Review.  
 5. Ceiling Height: \*\*\*\*\*

**Roof:**  
 1. Truss or Rafter Size Span  
 2. Sheathing Type Size Action: Approved.  
 3. Roof Covering Type Size Approved with Condition  
**Chimneys:** Type: Number of Fire Places Date: ~~Not~~  
 Heating: Type of Heat: Smoke Detector Required Yes No  
 Electrical: Service Entrance Size: Yes No  
 Plumbing: 1. Approval of soil test if required  
 2. No. of Tubs or Showers  
 3. No. of Flushes  
 4. No. of Lavatories  
 5. No. of Other Fixtures  
 Swimming Pools:  
 1. Type: x Square Footage  
 2. Pool Size: x  
 3. Must conform to National Electrical Code and State Law.

Permit Received By: Mary Gresik Date: Dec 23rd 1991  
 Signature of Applicant: Paul Lessard  
 CEO's District: 87

**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: Spacing 16" O.C.  
 4. Joists Size: Size: Size:  
 5. Bridging Type: Size: Size:  
 6. Floor Sheathing Type: Size: 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

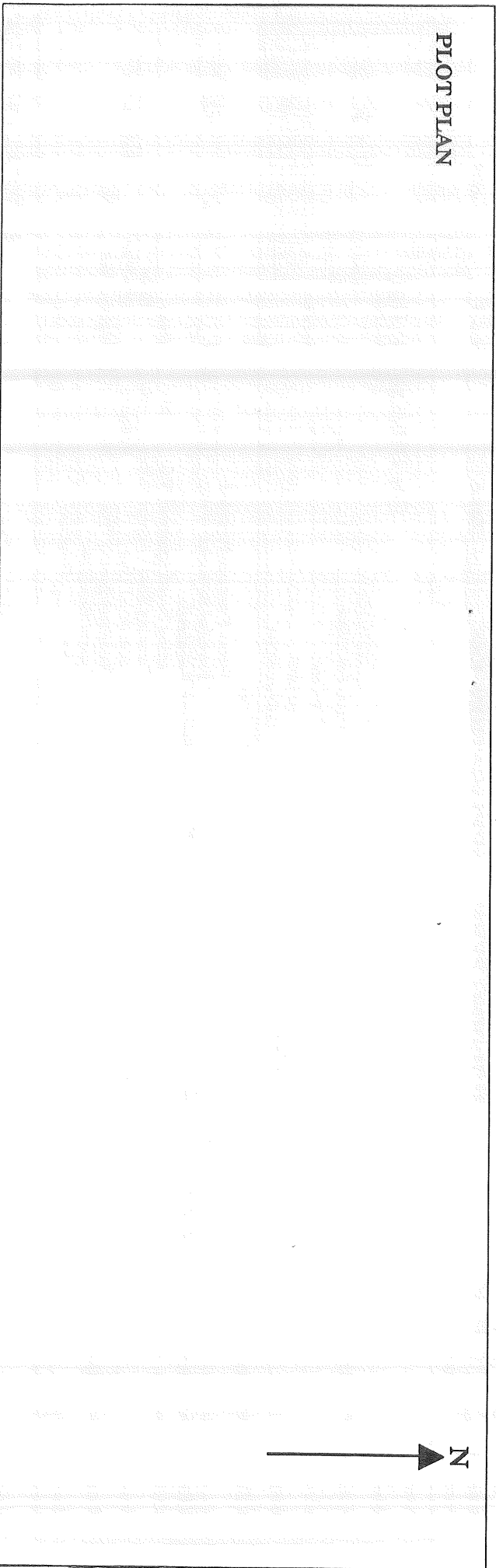
**Interior Walls:**  
 1. Studding Size Spacing  
 2. Header Sizes Span(s)  
 3. Wall Covering Type  
 4. Fire Wall if required  
 5. Other Materials

**HISTORIC PRESERVATION**

CONTINUED TO REVERSE SIDE  
Ivory Tag - CEO  
M.A. Carroll

White - Tax Assessor

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ \_\_\_\_\_  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

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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.

SIGNATURE OF APPLICANT *William Stewart* ADDRESS 1688 MARSH ST. BALLWIN STAN PHONE NO. 782-9652

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

# CERTIFICATE OF INSURANCE

MZG 03362

ISSUE DATE (MM/DD/YY)

12/10/91

**PRODUCER**

THE DUNLAP CORPORATION  
P.O. BOX 40  
AUBURN ME 04212-0040

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 POLICIES BELOW

**COMPANIES AFFORDING COVERAGE**

- COMPANY **A** AETNA LIFE & CAS CO
- LETTER
- COMPANY **B**
- LETTER
- COMPANY **C**
- LETTER
- COMPANY **D**
- LETTER
- COMPANY **E**
- LETTER

**INSURED**

LEPAGE BAKERIES, INC.  
P. O. BOX 1900  
AUBURN, ME 04211-1900

**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 TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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.	077ACM21072835	06/01/91	06/01/92	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ 2,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED.EXP. (Any one person) \$ 5,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	77FJ984234CCS	06/01/91	06/01/92	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OTHER THAN UMBRELLA FORM	077XS21072835WC	06/01/91	06/01/92	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	077C21072835CCA	06/01/91	06/01/92	STATUTORY LIMITS EACH ACCIDENT \$ 500,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 500,000
	OTH.				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

PROOF OF INSURANCE FOR SIGN LOCATED AT LEPAGE BAKERY THRIFT STORE, WARREN AVE, PORTLAND, ME CITY OF PORTLANT IS NAMED ADDITIONAL INSURED AS THEIR INTEREST MAY APPEAR.

**CERTIFICATE HOLDER**

CITY OF PORTLAND  
ATTEN: SAM HOFFSES  
  
CITY HALL  
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.

**AUTHORIZED REPRESENTATIVE**

*Stephen J. Fogg*



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date 12/10/11, 19\_\_  
 Receipt and Permit number \_\_\_\_\_

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 275 Warren Ave.  
 OWNER'S NAME: Country Club Kitchen Thr ADDRESS: Store

	FEES
<b>OUTLETS:</b>	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
<b>FIXTURES: (number of)</b>	
Incandescent _____ Flourescent _____ (not strip) TOTAL _____	
Strip Flourescent _____ ft. _____	
<b>SERVICES:</b>	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
<b>METERS: (number of)</b> _____	
<b>MOTORS: (number of)</b>	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
<b>APPLIANCES: (number of)</b>	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	
<b>MISCELLANEOUS: (number of)</b>	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	10.00
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
	<b>INSTALLATION FEE DUE:</b>
	<b>DOUBLE FEE DUE:</b>
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____	
	<b>TOTAL AMOUNT DUE:</b>

**INSPECTION:**

Will be ready on \_\_\_\_\_, 19\_\_; or Will Call

CONTRACTOR'S NAME: Handkraft Sign

ADDRESS: 5 Main St; Lewiston, ME

TEL.: 132-7554

MASTER LICENSE NO.: Robert D. Gaudin SIGNATURE OF CONTRACTOR: \_\_\_\_\_

LIMITED LICENSE NO.: 2550013979

INSPECTOR'S COPY — WHITE

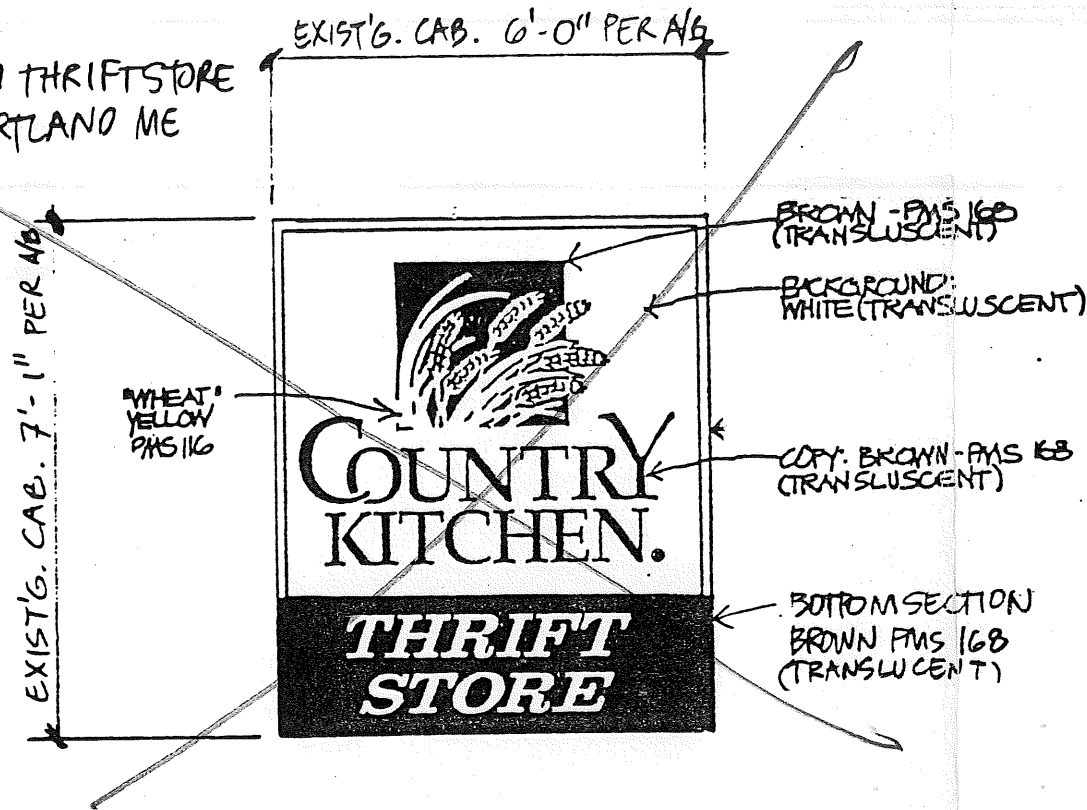
OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

# Shop Drawing

NeoKraft Signs Incorporated, 686 Main Street, Lewiston, Maine 04240  
 Manufacturers, Installers and Designers of Custom Electric, Neon, Plastic and Metal Signs  
 (207) 782-9654, FAX 782-0009

Work Order No. 21983  
 Job Name COUNTRY KITCHEN THRIFTSTORE  
 Job Location 276 WARREN AVE., PORTLAND ME  
 Date 11.21.91  
 Drawing No. of 1 1



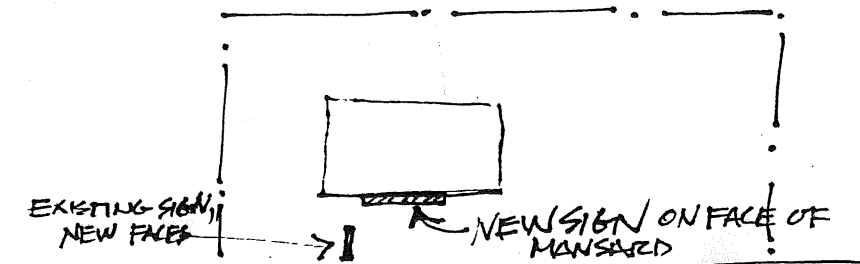
FACES: 3/16" B/S/P POLYCARBONATE

EXIST'G. CAB.: D/F 1/1 ANGLE (RON FRAME, DROP LIP RET.)

HANGING STRIP REQ'D.: 1" x 3/16" ON FACE

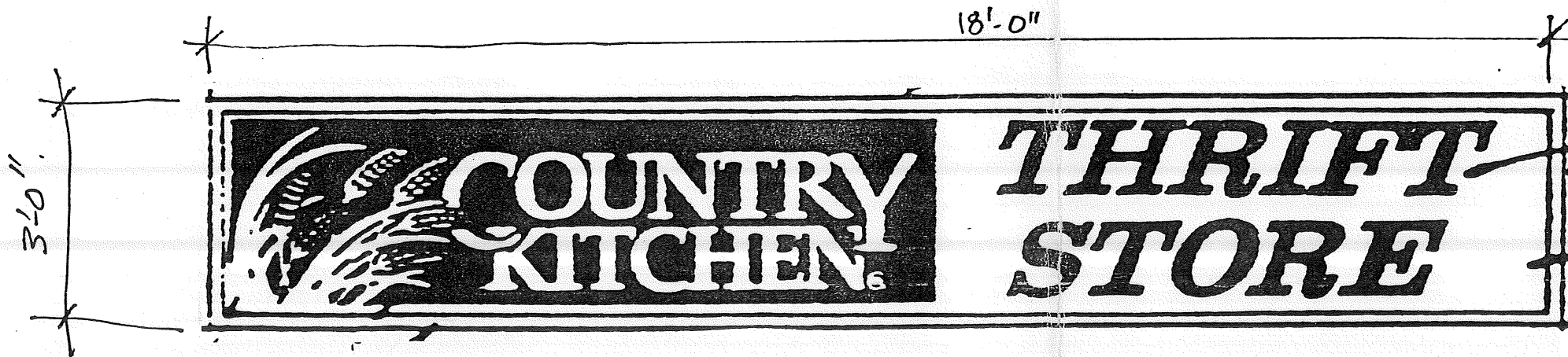
- FAB SPECS PER A/B W/O # 7270

REPL. LEXAN FACES FOR EXIST'G D/F 1/1 SIGN  
 SCALE: 1/2" = 1'-0" (2) TOTAL FACES



WARREN AVE.

SK SIGN LOCATION PLAN  
 NTS



EXTRUDED ALUM. CABINET  
 LEXAN FACE, BACKSPRAYED  
 D/H/O FL. LAMPS,  
 800 MILLIAMPS BALLASTS.

S/F 1/1 WALL SIGN PER A/B SPECS  
 1/2" = 1'-0" (1) REQ'D.