- Approved with Capalitiese HISTORIC PRESERVATION Not in District nor Landmark Does not require review ž Subdivision Requires Review Side 66 Approved Yes O å Lot# Date ž Simafure: Smoke Detector Required Square Footage Side Span Action: Date: 2. Pool Size: x Square Foot 3. Must conform to National Electrical Code and State Law. Site Plan Floodplain Yes\_ Ownership Size Na Size Yes Number of Fire Places Map # Spacing For Official Use Back Variance\_ o'Z Approval of soil test if required Planning Board Approval: Yes\_ CONTINUED TO REVERSE SIDE 00130 Zoning Board Approval: Yes\_ Zone\_ Street Frontage Provided: Provided Setbacks: Front 2. No. of Tubs or Showers 2. Ceiling Strapping Size 5. No. of Other Fixtures Shoreland Zoning Yes. Ivory Tag - CEO Service Entrance Size: 1. Truss or Rafter Size \_(Explain) 3. Roof Covering Type 1. Ceiling Joists Size: 4. No. of Lavatories Special Exception 4. Insulation Type 2. Sheathing Type Conditional Use:\_ Ceiling Height: 3. No. of Flushes 3. Type Čeilings: Heating: Type of Heat: Signature of Applicant 2. Pool Size Permit Received By Review Required: Swimming Pools: Inside Fire Limits Other BUILDING PERMIT APPLICATION Fee Estimated Cost Type: CEO's District Time Limit Bldg Code. Chimneys: Plumbing: Electrical SigZoning Ceiling: Roof: Please fill out any part which applies to job. Proper plans must accompany form. Sills must be anchored. ಗರ *ഗ*ಾ 0.0 White - Tax Assessor Spacing 16" Weather Exposure Side(s) Conversion Phone # Phone # Span(s) Proposed Use: Size: Size: Total Sq. Ft. Lot Size: # of New Res. Units Past Use: Spacing\_Span(s)\_ Spacing Sub.: Condominium Rear Size Size ģ S. GR 0 # Bedrooms ₹ LOCATION OF CONSTRUCTION 0000 924214 Permit # 1214 of 3. Lally Column Spacing: 6. Floor Sheathing Type: 7. Other Material: Yes Wall Covering Type. 4. Fire Wall if required 6. Corner Posts Size 10. Masonry Materials 2. Set Backs - Front Seasonal 4. Foundation Size: 5. Other 00 7. Insulation Type 8. Sheathing Type Other Materials 5. Bridging Type: 11. Metal Materials 1. Studding Size 3. Footings Size: 1. Studding Size Siding Type \_\_ 4. Header Sizes 2. Header Sizes\_3. Wall Covering 2. No. windows Building Dimensions L. Est. Construction Cost: # of Existing Res. Units. Type of Soil: 2. Girder Size: 4. Joists Size: 1. Sills Size: 3. No. Doors Explain Conversion 5. Bracing: Is Proposed Use: Exterior Walls: Interior Walls: Foundation: Contractor: # Stories: Address: Address Owner: Floor:

92421

SIGNATURE OF APPLICANT	I hereby certify that I am the owner of record of the owner to make this application as has authorize application is issued, I certify that the code office reasonable hour to enforce the provisions of the			COMMENTS	Late Fee \$	(Explain)	~	Subdivision Fee \$	FEES (Breakdown From Front) Base Fee \$ 6 , 2 0		man de la companya de				PLOT PLAN	
ADDRESS	I am the owner of record of the named property, or that the proposed work is a application as has authorized agent and I agree to conform to all applicable I d, I certify that the code official or the code official's authorized representative enforce the provisions of the code(s) applicable to such permit.	CERTIFICATION							1 From Front)							
PHONE NO.	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.								Type Inspection Record Date							

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

### ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 9-21-92

PRODUCER

MORRILL & EVERETT INC 2 CAPITAL PLAZA CONCORD N H 03301

AUTOMOTIVE SUPPLY ASSOC INC &

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

THE GLENS FALLS INS CO

COMPANY B LETTER

COMPANY C LETTER

COMPANY D

LETTER

COMPANY E LETTER

#### **COVERAGES**

S A S REALTY

129 MANCHESTER ST

CONCORD N H 03301

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)	LIMIT	rs	
	GENERAL LIABILITY	AND THE PROPERTY OF THE PERSON	The first contract of the selection of t		GENERAL AGGREGATE	\$	0 000 000
A	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	φ	2,000,000
	CLAIMS MADE X OCCUR.	13CBP06071079-92	12-1-91	12-1-92	PERSONAL & ADV. INJURY	Φ	2,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	<b>Þ</b>	1,000,000.
1						\$	1,000,000
1					FIRE DAMAGE (Any one fire)	\$	50,000.
	AUTOMOBILE LIABILITY				MED. EXPENSE (Any one person)	\$	5,000
5	ANY AUTO				COMBINED SINGLE LIMIT	\$	×.
İ	ALL OWNED AUTOS						
	SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
	HIRED AUTOS						⇒
	NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	GARAGE LIABILITY						
					PROPERTY DAMAGE	\$	
	EXCESS LIABILITY		alle et le propue de la commencia de la commen		EACH OCCURRENCE	\$	PRODUCTION OF THE PROPERTY OF
	UMBRELLA FORM				AGGREGATE	\$	
~~~	OTHER THAN UMBRELLA FORM					*	
	WORKER'S COMPENSATION	en e	a the control of the latter of the control of the c		STATUTORY LIMITS	- Sandilate annual	
	AND				EACH ACCIDENT	\$	
	EMPLOYERS' LIABILITY				DISEASE—POLICY LIMIT	\$	
Service delication					DISEASE—EACH EMPLOYEE	\$	
	OTHER	- Communication of the Communi	The second secon	TO SECURE A PROPERTY OF THE PARTY OF THE PAR	COLUMN TO SERVICE SERV	-	ENGINEERING CONTRACTOR

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

LIABILITY ON SIGN - LOCATION: 306 WARREN AVE PORTLAND MAINE

CERTIFICATE HOLDER ADDITIONAL INSURED:

BUILDING INSPECTOR CITY OF PORTLAND CITY HALL ROOM 315 PORTLAND MAINE 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

©ACORD CORPORATION 1990

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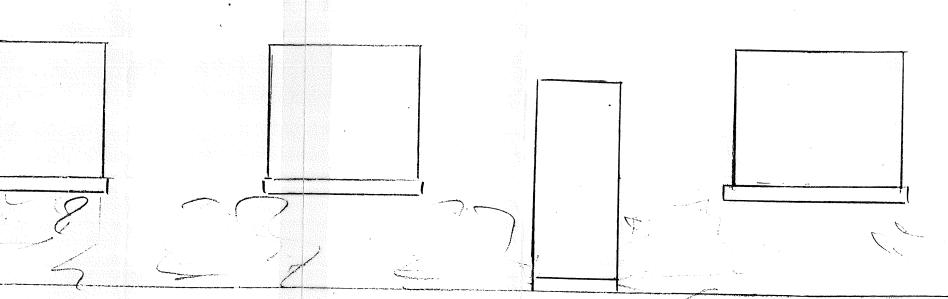
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le store manager can apply to permit - has
to be done in person 2. Need drawing showing sign on building 3. Need Certificate of insurance (Sand leability) H. Room 315 City Hall Building Suspector fill out application with his secretary \$25. fee plus 204/49- ft. -. sign is 48' long - count git as : 2. 2'x5 la. end (bottles) 10x2=20 SF b. remainder of sign 4x44 = 176 SF 196 SF ( ) spoke with Bel (river) ( 20¢ SF = 39,20 25,00 for this information

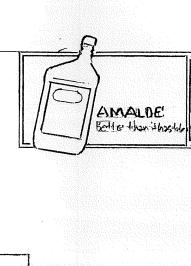
## NEL RUTO PARTS &





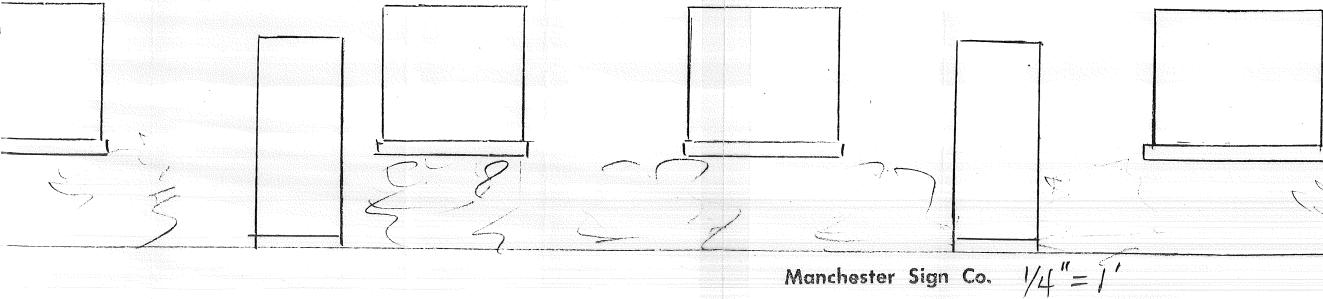
Manchester Sign Co. 
$$1/4''=1'$$

65'



# SANEL AUTO PARTS &





65'

