

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

Location of Construction: <b>260 Riverside St</b>		Owner: <b>Jiffy Lube</b>		Phone:		Permit No: <b>980147</b>	
Owner Address:		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: <b>Sign Design</b>		Address: <b>743 Broadway So. Portland, ME</b>		Phone: <b>04106 799-2000</b>		Permit Issued: <b>FEB 24 1998</b>	
Past Use: <b>Auto Maintenance</b>		Proposed Use: <b>Same</b>		COST OF WORK: <b>\$</b>		PERMIT FEE: <b>\$ 35.10</b>	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: <b>Erect Signage 50.5 Sq Ft</b>				Signature:		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: <b>B-4</b> CBL: <b>316-B-006</b>	
Permit Taken By: <b>Mary Grosik</b>		Date Applied For: <b>19 February 1998</b>		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>[Signature]</i> <b>Special Zone or Reviews:</b> <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"/>	

1. This permit application does not 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..

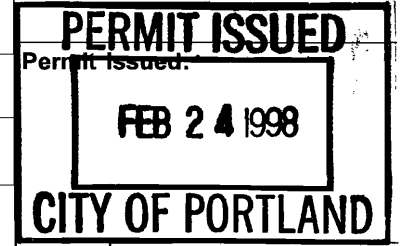
**CERTIFICATION**

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 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 **Don Flannery** ADDRESS: DATE: **19 February 1998** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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



**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  
 Approved  
 Approved with Conditions  
 Denied

Date: *[Signature]*

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Date: *[Signature]*

CEO DISTRICT **4**

COMMENTS

4.23.98 Signage installed per submitted.

*(This section is crossed out with a diagonal line.)*

**Inspection Record**

Type	Date
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Foundation: \_\_\_\_\_

Framing: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Final: \_\_\_\_\_

Other: \_\_\_\_\_

Free Standing < 200' frontage  
MAX Area - 65' <sup>4</sup> ft <sup>2</sup> shown  
MAX height 25'  
Setback - 5'

Bldg face < 150  
1 Per Bldg facade facing an  
Abutting street plus 1 additional  
874-8703  
6% of wall area  
of 2sqft x linear footage

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

Address: 260 RIVERSIDE ST. Zone: B4  
Owner: PRO LUBE Assessors #: 316-B-6  
Applicant: SIGN DESIGN, INC

Single Tenant Lot?: Yes X No     

Multi Tenant Lot?: Yes      No X

Freestanding (Ext pole sign)? Yes      No X Dimensions     

More than (1) one sign?: Yes X No      Dimensions 6'x8' / 30"x30"

Bldg Wall Sign (att to bldg)? Yes X No      Dimensions 6'x8' / 30"x30"

48' <sup>4</sup> ft  
6.25' <sup>4</sup> ft  
54.2' <sup>4</sup> ft

List all existing signage and their dimensions:

8' J WITH READERBOARD - 61 FT<sup>2</sup>, 3'x11' BLDG LTRS/FIXED COPY - 28 FT<sup>2</sup>  
18" x 3' DIRECTIONAL - 4.6 FT<sup>2</sup>, JIFFY LUBE LETTERS - 39 FT<sup>2</sup>

40 x 2 = 80' <sup>4</sup>

Lot Frontage(feet): 60' Tenant Frontage(feet): 60'

AWNINGS

Awning?: Yes      No X Is Awning Backlit?: Yes      No     

Is there any communication, message, trademark or symbol on awning?     

Height of Awning?:     

PLEASE NOTE: Approvals for signs on the Public Sidewalk and temporary signs come under different requirements and regulations.

ALSO: See reverse side for additional information, requirements and materials needed for signage application submittal.

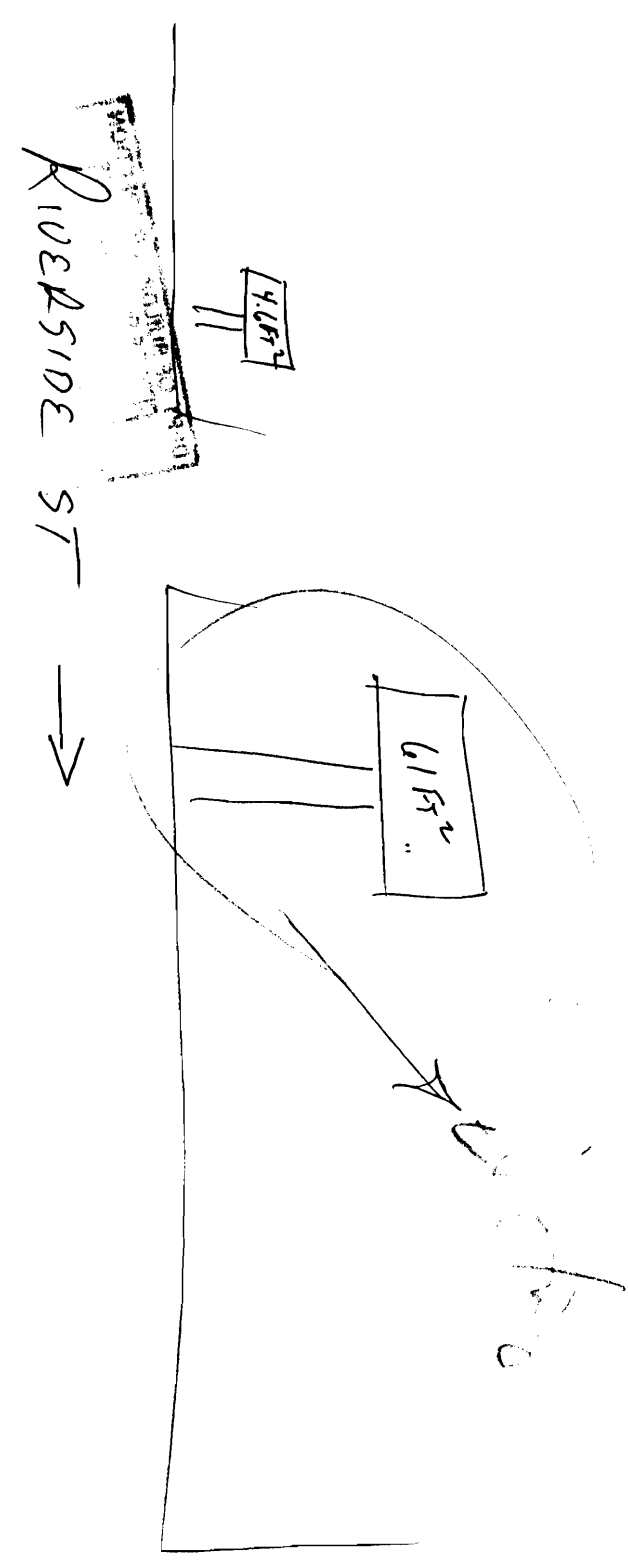
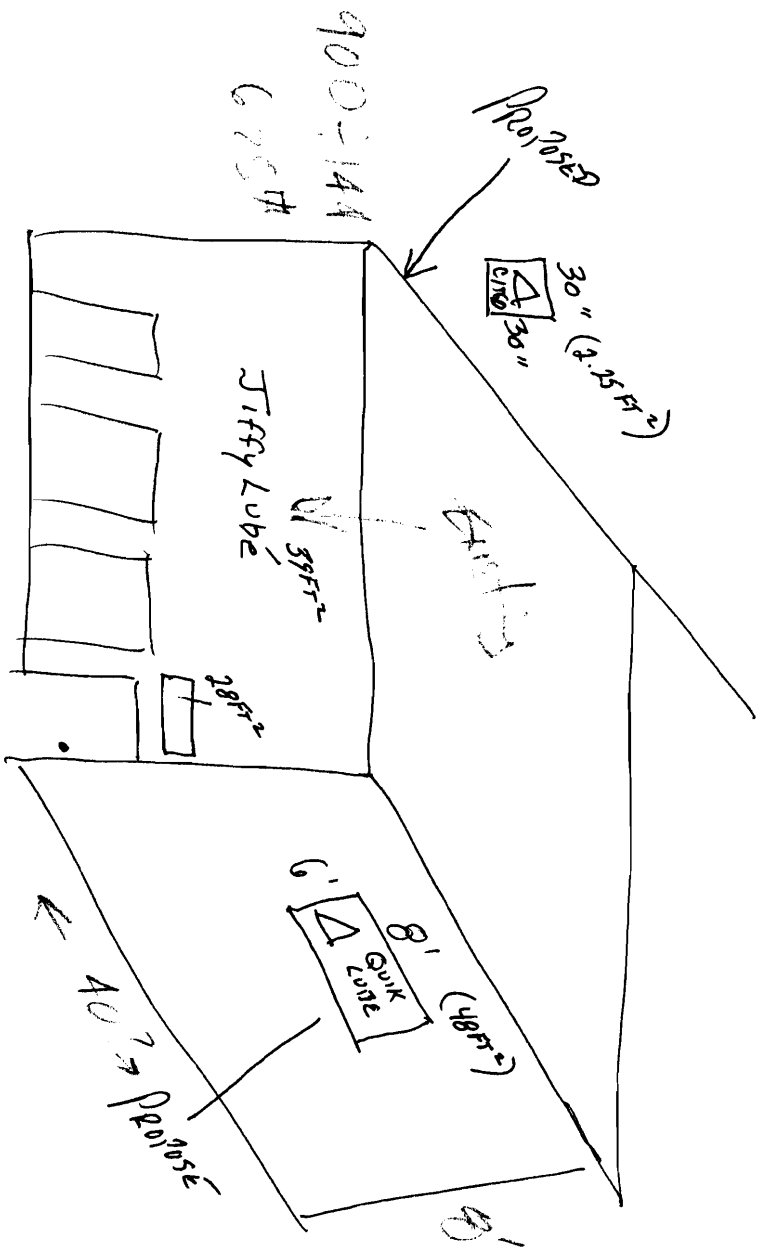
695910

6'x8' - ALUMINUM FRAME  
KERNAL FREE  
INTERNALLY ILLUMINATED

30"x30" ALUMINUM SIGN

6'x8' SIGN DESIGN LESS THAN  
200LBS.

49# WILL BE AFFIXED TO BARS  
WITH 4" LAG BOLTS (4) AND  
'L' SHAPED SHOES.



WARREN AVE

**ACORD® COMMERCIAL POLICY CHANGE REQUEST** DATE (MM/DD/YY) 12/26/1997

PRODUCER  
Desmond & Payne  
366 US Rte. 1  
Falmouth, Maine, 04015  
CODE SUB-CODE

POLICY TYPE: PROPERTY INLAND MARINE CRIME  
GENERAL LIABILITY AUTO/TRUCKERS WORKERS COMP.

COMPANY: Hanover

INSURED'S NAME: Pro-Lube Dba Jiffy Lube and Pro-Lube II dba Jiffy  
POLICY NUMBER: WNP496369503  
EFFECTIVE DATE OF CHANGE: 12/23/1997

INSURED'S MAILING ADDRESS IF CHANGED: Lube, c/o Greg Norton General Manager  
363 Main Street  
South Portland, ME 04106  
POLICY INCEPTION DATE: 08/29/1997  
POLICY EXPIRATION DATE: 08/29/1998

THIS IS AN ACKNOWLEDGEMENT OF YOUR REQUEST. UPON APPROVAL, THE COMPANY'S RECORDS WILL BE ADJUSTED ACCORDINGLY, AND IF A PREMIUM ADJUSTMENT IS REQUIRED, IT WILL BE DONE AT PREMIUM AUDIT OR BY ENDORSEMENT

PREMISES INFORMATION		ADD	CHANGE	DELETE
#	STREET, CITY, COUNTY, STATE, ZIP CODE	INTEREST	TR. BUILT	PART OCCUPIED

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS BY PREMISE(S)		ADD	CHANGE	DELETE
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AUTOMOBILE(S) DESCRIPTIONS		POLICY LIMIT(S) CHANGED		ADD	CHANGE	DELETE				
#	YEAR MAKE MODEL BODY TYPE	SEAT CAP.	VIN/SERIAL NUMBER							
	CITY, STATE, ZIP, WHERE GARAGED	USE	GVW/GCW	CLASS	SIC	FACTOR	SYR/AGE	COST NEW	RADIUS	FARTHEST TERM.
	PLEASURE DRIVE TO W/S UNDER 15	COMM'L	CHECK COVERAGES		UNINS. MOT.	F	LEP	DEDUCTIBLES	ADJ.	
	FARM DRIVE TO W/S OVER 15	RETAIL	LIAB	AUT. MP	UNINS. MOT.	F	LEP	COMP/SPEC'S	ST. INT.	
	LIABILITY	SERVICE	PIP	A PIP	MEDICAL PAYMENTS	UNINSURED MOTORISTS	UNDERINSURED MOTORISTS			
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

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	LIABILITY	SERVICE	PIP	A PIP	MEDICAL PAYMENTS	UNINSURED MOTORISTS	UNDERINSURED MOTORISTS			
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

DRIVER INFORMATION (LIST DRIVER WITH LICENSE AND VEHICLES)		ADD	CHANGE	DELETE			
#	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC.	DRIVERS: LIC & SOC. SEC. #	STATE LIC.	USE VEH. AND %	DIST. TO WORK/SCHOOL

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#	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC.	DRIVERS: LIC & SOC. SEC. #	STATE LIC.	USE VEH. AND %	DIST. TO WORK/SCHOOL

**REMARKS**

PLEASE CHANGE NAMED INSURED AND MAILING ADDRESS TO INCLUDE NEW ENTITY WITH COMMON OWNERSHIP AND NEW MAILING ADDRESS. ADD NEW LOCATION 260 RIVERSIDE STREET, PORTLAND ME 04102. PAYROLL \$200,000 UNDER CLASS CODE 8380, AUTO SERVICE OR REPAIR. CC: INSURED MAM