

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

Location of Construction: 1424 Washington Ave		Owner: Craig Perron & Associates, P.A.	Phone:	Permit No: 770812
Owner Address: SAA Ptld, ME 04103	Lessee/Buyer's Name:	Phone: 797-5056	BusinessName:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED JUL 29 1997 CITY OF PORTLAND </div>
Contractor Name:	Address:	Phone:		
Past Use: Prof Office	Proposed Use: Same w/signage	COST OF WORK: \$	PERMIT FEE: \$ 26.60	Zone: CBL: 344-G-032 Zoning Approval: <i>OK - S 7/25/97</i> 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 <input type="checkbox"/>
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
		Signature:	Signature: <i>[Signature]</i>	
Proposed Project Description: Erect Signage (2 x 8)		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		
Permit Taken By: Mary Gresik		Date Applied For: 22 July 1997		

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

Craig H Perron
 SIGNATURE OF APPLICANT Craig Perron ADDRESS: DATE: 22 July 1997 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: _____

CEO DISTRICT 7
k carroll

Location of Construction: 1424 Washington Ave		Owner: Craig Perron & Associates, P.A.		Phone:		Permit No: 970812	
Owner Address: EAA Pld, ME 04103		Lessee/Buyer's Name:		Phone: 797-5056		Business Name:	
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Permit Taken By: Mary Gresek		Date Applied For: 22 July 1997				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	

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CERTIFICATION

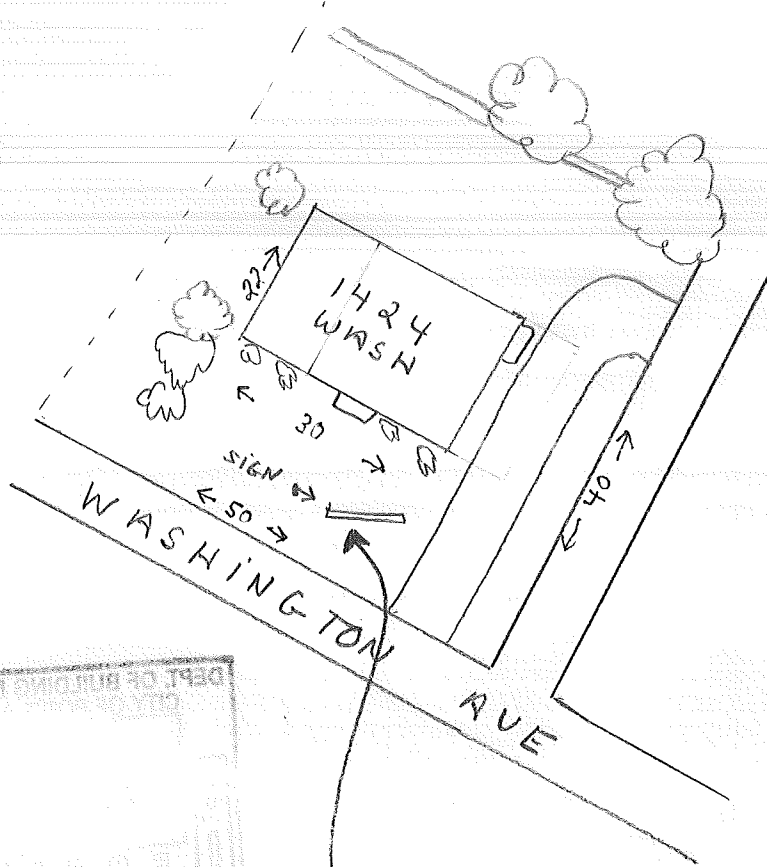
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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: Craig Perron ADDRESS: _____ DATE: 22 July 1997 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT 7

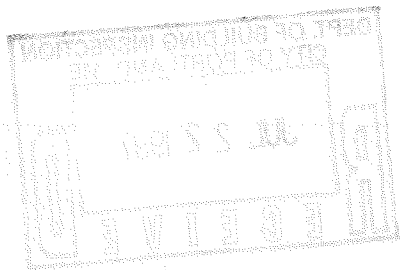
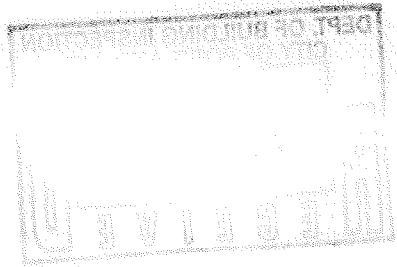
CRAIG PERRON ASSOC



NEW SIGN ONLY,
4' X 2' + 4 X 2'
4" X 4" POSTS

CRAIG PERRON ASSOC.
CERTIFIED PUBLIC ACCOUNTANT
797-5056

HEIGHT = 8' MAX
SETBACK = 10 FROM SIDEWALK



CERTIFICATE OF INSURANCE

is to certify that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

is in force for

Craig Perron
Name of Policyholder
1424 Washington Avenue
Address of Policyholder
Portland, ME 04103-2020

description of operations

-Same-

The following coverages for the periods and limits indicated below.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD (eff./exp.)	LIMITS OF LIABILITY	
	<input type="checkbox"/> Comprehensive General Liability		<input type="checkbox"/> Dual Limits for:	BODILY INJURY
			Each Occurrence	\$ _____
			Aggregate	\$ _____
	<input type="checkbox"/> Manufacturers' and Contractors' Liability			PROPERTY DAMAGE
			Each Occurrence	\$ _____
			Aggregate	\$ _____
	<input type="checkbox"/> Owners', Landlords' and Tenants' Liability		<input checked="" type="checkbox"/> Combined Single Limit for:	BODILY INJURY AND PROPERTY DAMAGE
			Each Occurrence	\$ <u>500,000</u>
			Aggregate	\$ <u>1,000,000</u>
The above insurance includes (applicable if indicated by <input checked="" type="checkbox"/>)			CONTRACTUAL LIABILITY LIMITS (if different than above)	
<input type="checkbox"/> PRODUCTS-COMPLETED OPERATIONS			Each Occurrence	\$ _____
<input type="checkbox"/> OWNERS' OR CONTRACTORS' PROTECTIVE LIABILITY			Aggregate	\$ _____
<input type="checkbox"/> CONTRACTUAL LIABILITY				
<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE				
<input type="checkbox"/> BROAD FORM COMPREHENSIVE GENERAL LIABILITY				
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD (eff./exp.)	BODILY INJURY	
<u>193D97889F</u>	<input checked="" type="checkbox"/> <u>Business Office</u>	<u>5/31/97 - 5/31/98</u>	Each Occurrence	\$ _____
	<input type="checkbox"/>		Aggregate	\$ _____
	<input type="checkbox"/>			
	EXCESS LIABILITY		<input type="checkbox"/> Combined Single Limit for:	BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella		Each Occurrence	\$ _____
	<input type="checkbox"/> Other		Aggregate	\$ _____
	Workers Compensation and Employers Liability		Part 1: STATUTORY	
			Part 2: BODILY INJURY	
			Each Accident	\$ _____
			Disease-Each Employee	\$ _____
			Disease-Policy Limit	\$ _____

*Aggregate not applicable if Owners', Landlords' and Tenants' Liability Insurance excludes structural alterations, new construction or demolition.

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

NAME AND ADDRESS OF PARTY TO WHOM CERTIFICATE IS ISSUED

Date

Signature of Authorized Representative

Title

1/5, 1997
[Signature]
Office Representative

OFFICE USE

BUSINESS APPLICATION

STATE FARM FIRE AND CASUALTY COMPANY
STATE FARM GENERAL INSURANCE COMPANY

BLOOMINGTON, ILLINOIS

MERCANTILE/SERVICE OFFICE

New, Ren., Rev., End., Remov. of Policy Number, Effective Date (5-31-97), Term, Expiration Date, Automatic renewal, Prepaid

NAME (Last Name, First Name, Middle Name or Initial) Please print: Parson, Craig

D/B/A, Telephone Number (751-4469)

Mailing address (1424 Washington Ave, Portland, Me), City or Town, State, ZIP Code, County (CUMS)

Location of property (if different from mailing address), City or Town, State, ZIP Code, County

Is this business located in a shopping center? Yes/No, If yes, provide shopping center name and location

The named applicant is: Individual, Partnership, Corporation, Other (describe), Provide Social Security Numbers of individuals, partners, or corporate officers in Remarks

Type of business* (Accountant), Premium group, Bus. Pers. Prop., Money & Securities, Applicant's Interest in such premises (Auto, Life, None, Fire, Health)

Deductible amount: \$250, Other \$, LIMIT OF INSURANCE, PREMIUM

A. Building(s) - Includes value of all outbuildings, fences, walkways, lights, Form 3, Replacement Cost, Actual Cash Value, Builders Risk, Building, Other Structures, Premium (\$75,000, \$305)

B. Business Personal Property, Form 3 (complete), Crime section on back, Form 1, Replacement Cost, Physicians & Surgeons End., Actual Cash Value, Premium (\$5,000, \$39)

C. Loss of Income (not exceeding 12 consecutive months), Delete Loss of Income, Actual Loss Sustained, Premium (\$, \$)

L. Business Liability, Incidental Gas Pumps, Number of islands, % of receipts, Each Occurrence, Premium (\$500,000, \$17)

M. Medical Payments, Each Person, Premium (\$500, \$)

COVERAGE

COVERAGES AND PREMIUM

Accounts Receivable (AR), Complete section on Commercial Cost Guide page, Premium, Deductible, %

Additional Insureds - Number of each, Franchise (F), Lessor of Leased Equip. (L), All Other (AO), Earthquake, # of Emp., Deductible, %

Advertising Liability, Employee Dishonesty (ED), Complete section on back, # of Emp., Deductible, %

Burglary and Robbery, Value of all signs \$, Exterior Signs (ES)

Condominium Unitowner's End., If rented to others, how many days per year?, Annual cost of hired autos \$, Hired Auto Liability

Condominium Loss Assessment, Mechanical Breakdown (MB), List locations to be covered in Remarks, Loss of Income (cannot be included if deleted in Coverage C)

If increased building and/or loss assessments is requested, is a master policy in force for building?, Yes/No, Trees, Shrubs, Plants (TP), Per occurrence \$

Is master policy written on an all physical loss basis?, Yes/No, If no, explain in Remarks, Valuable Papers (VP), Complete section on Commercial Cost Guide page, \$

Directors and Officers Liability (complete application F7-2539), Other: \$

Barber Shop, Beauty Shop, Professional Liability, Complete section on back, Money and Securities (Complete Crime Section on back)

Number of barbers, No. of beauticians, Hair straightening?, Yes/No, \$10,000/\$2,000, Other: \$

Funeral Director's Professional Liab., Include ambulance service, Annual receipts \$, Personal Property of Others, \$

Hearing Aid Services, Annual receipts \$, Temperature Change, \$

Money and Securities (Complete Crime Section on back), \$1,000/\$1,000, \$4,000/\$2,000, \$8,000/\$2,000, \$2,000/\$1,000, \$6,000/\$2,000, \$10,000/\$2,000, Other (show limits) \$

Optician's/Optomestrist's Professional Liability, Receipts only \$, Other: \$

Premium Subtotal, Surcharge (if applicable), TOTAL PREMIUM \$361

Amount Paid, Balance Due, MPP Account Number

BILL

Renewal bills: Insured, Mortgagee, Servicing agent

Endorse. bills: Insured, Mortgagee, Servicing agent

Loss Mtg., Payee, Named Add'l Insured (Maine Bank & Trust), (Give name and address), ZIP Code

2nd Loss Mtg., Payee, Named Add'l Insured, Svc. Agt., (Give name and address), ZIP Code, Loan number

UNDERWRITING USE ONLY, Approved By, Date, GFU Code, Date

ATTACH PHOTOGRAPH HERE

HEIKKINEN INSURANCE AGENCY, INC. number, AUTO-HOME-LIFE, COMMERCIAL-HEALTH, FALMOUTH SHOPPING CENTER, FALMOUTH, MAINE 04105 781-51

I understand that coverage is: provided by this application, not provided until this application is approved by State Farm's Underwriting Department

I am applying for the insurance indicated, and the information on this application is correct. I understand that the premium shown above must comply with State Farm's rules and rates and may be revised.

Applicant's Signature, Date and Time of Application (5/13/96), Hour (4:00), a.m./p.m.



HEIKKINEN INSURANCE AGENCY, INC.
AUTO-HOME-LIFE
COMMERCIAL-HEALTH
FALMOUTH SHOPPING CENTER
FALMOUTH, MAINE 04105 781 5113

JULY 10, 1997

Fire Policy Status

H Ph. (207)781-4469

PERRON, CRAIG
1424 WASHINGTON AVE
PORTLAND ME 04103-2020

FIRE Policy: 99-00-9768-9 F Yr Issd: 199

Location: 1424 WASHINGTON AVE
PORTLAND ME 04103-2020

Term: CONT

Renew date: MAY-31-98

Type: BUSINESS-OFFICE

Coverage information

Premium: 361.00

A-BUILDING 75000

B-BUSN PROP 5000

C-LOSS INC ACT LOSS

L-BUSN LIAB 500000

Amount paid: 361.00

GEN AGGREG 1000000

Date paid: JUN-03-97

PCO AGGREG 1000000

Bill to: INSD

M-MED/PERSON 5000

Prev premi: 0

Prev risk: 0

Deductibles applied: 250 ALL PER OTHER DED MAY APPLY

Messages:

Year built: 1958

Constr: FRAME

Zone: 01

Prot class: 2

Forms and Endorsements:

FP-6103

BUR - FORM 3

FE-6538.1

GLASS DED DEI

FE-6464

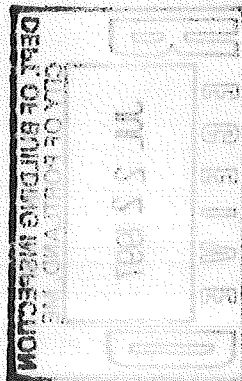
POLICY END

FE-6451

DEBRIS REMOV

FE-6219

AMENDATORY E



SIGNAGE

PLEASE ANSWER ALL QUESTIONS

Allows Free Standing signs only - RP

ADDRESS: 1424 Washington Ave ZONE: RP

OWNER: SAME

APPLICANT: Craig Perron (OWNER)

ASSESSOR NO.: 3440-6-32

SINGLE TENANT LOT? YES NO

MULTI TENANT LOT? YES NO

FREESTANDING SIGN? (ex. pole sign..) YES NO

MAX Area = 30' / shows 16'
MAX height = 8' / shows 8'
min 5' setbacks / shows 10' setback
2x8 = 16'

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

BLDG. WALL SIGN? (attached to bldg) YES NO DIMENSIONS _____

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: _____

NONE

LOT FRONTAGE (FEET) 60'

BLDG FRONTAGE (FEET) 30'

AWNING YES NO IS AWNING BACKLIT? YES NO

HEIGHT OF AWNING: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? NA

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW

SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE

PROPOSED SIGNS ARE ALSO REQUIRED.

