

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

Location of Construction: 145 Presumpscot St		Owner: Garfield, Wyatt		Phone:		Permit No 970501	
Owner Address:		Lessee/Buyer's Name: Casco Bay Imports, Inc.		Phone: 334 Forest Ave		Business Name: Ptld, ME 04101	
Contractor Name:		Address:		Phone: 773-3356		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED MAY 28 1997 CITY OF PORTLAND </div>	
Past Use: Warehouse		Proposed Use: Same		COST OF WORK: \$ PERMIT FEE: \$ 20.00			
Proposed Project Description: Erect Temporary Signage - XXXXXXXXXX one month from date of issuance		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <ul style="list-style-type: none"> Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Signature: <i>[Signature]</i>		Zone: <i>EM</i> CBL: 426-A-003 Zoning Approval: <i>[Signature]</i> 1 month only Special Zone or Reviews: <ul style="list-style-type: none"> <input type="checkbox"/> Shoreland <i>5/27/97</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>to be removed</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> 	
Permit Taken By: Mary Gresik		Date Applied For: 01 April 1997				Zoning Appeal <ul style="list-style-type: none"> <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 	

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 <i>[Signature]</i> Wyatt Garfield		ADDRESS:		DATE: 01 April 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

Historic Preservation

- Not in District or Landmark
- Does Not Require Review
- Requires Review

Action:

- Approved
- Approved with Conditions
- Denied

Date: 4/2/97

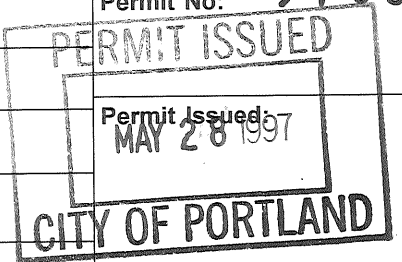
[Signature]

CEO DISTRICT 6

M. GARY

Permit No: **970501**

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Owner Address:		Lessee/Buyer's Name: Casco Bay Imports, Inc.		Phone:		Business Name: Pctd, ME 04101			
Contractor Name:		Address:		Phone: 773-3356		Permit Issued: MAY 28 1997			
Past Use: Warehouse		Proposed Use: Same		COST OF WORK: \$		PERMIT FEE: \$ 20.00			
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:			
				Signature:		Signature:			
Proposed Project Description: Erect Temporary Signage - EXHAUSTIBLE one month from date of issuance				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:				Zone: CBL: 426-A-003	
Permit Taken By: Mary Gresik		Date Applied For: 01 April 1997						Zoning Approval: 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"/>	



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 Approved with Conditions
 Denied

Date: 4/1/97

CEO DISTRICT C



A Place To Discover.™

FAX #
(207) 773-3991

334 Forest Avenue, Portland, Maine 04101

(207) 773-3356

FAX PURCHASE ORDER / MEMO

TO: City of Portland

FROM: W. J. J. J.

RE: 145 Presumpscott DATE: 4-1-97

Hi -

I am the owner of 145
Presumpscott St and give permission
to Pier 1 to set up signage
at the site.

Respectfully -

W. J. J. J.

Authorized Signature _____

Please confirm reception of this FAX

TO JOE

THIS IS NOT A BOUNDARY SURVEY

INSPECTION OF PREMISES

I HEREBY CERTIFY TO CLASSIC TITLE, PLAT AND ITS TITLE INSURER

145 PRESUMPT SCOT ST
PORTLAND, MAINE

Job Number: 149-444

Inspection Date: 06-26-91

Scale: 1" = 60'

The measurement is not in harmony with current deed description. NO MONUMENTATION FOUND

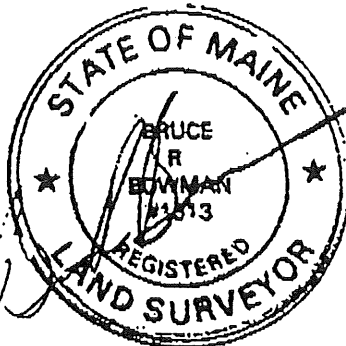
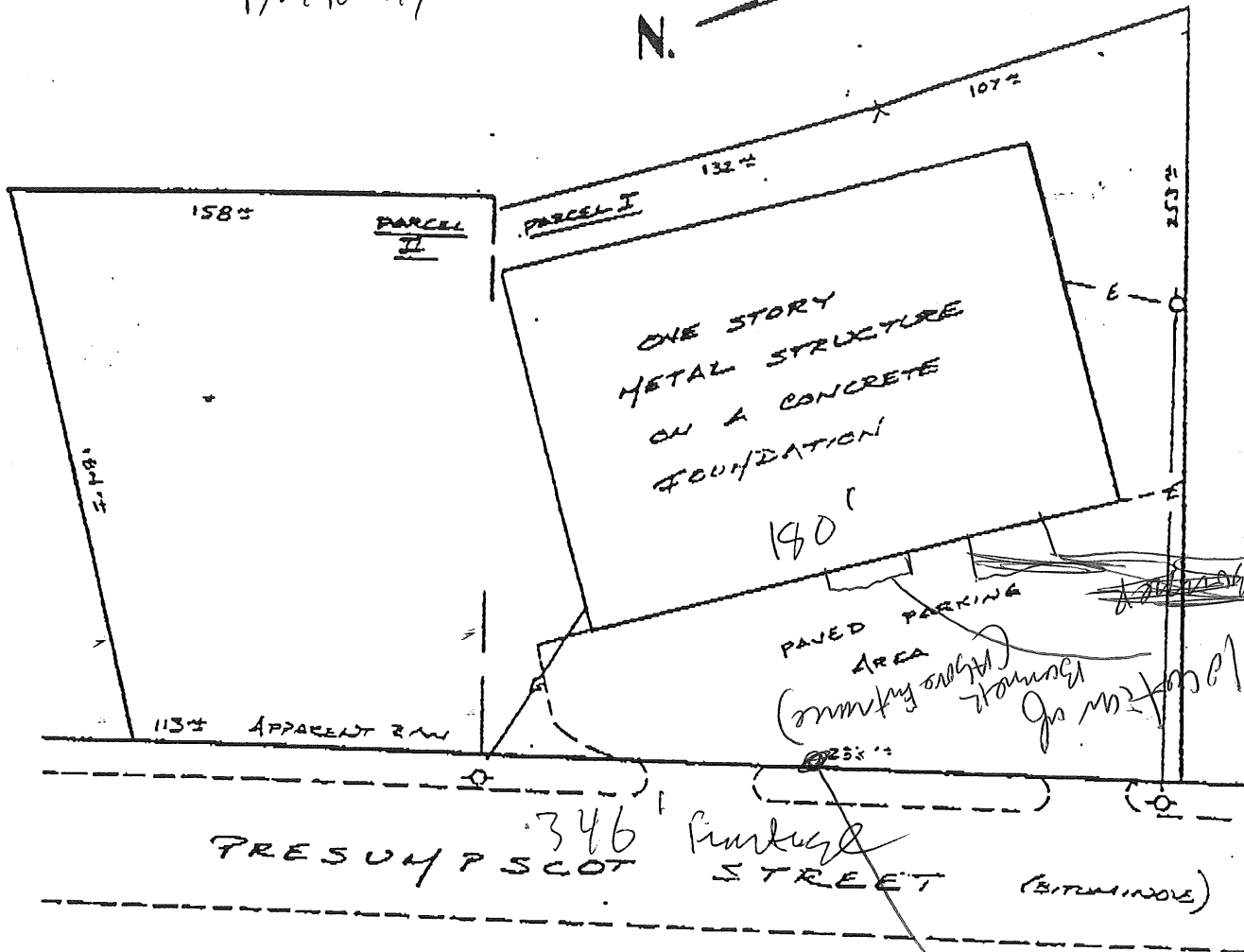
The building setbacks are not in conformity with town zoning requirements.

The land and not the dwelling do not appear to fall within the special flood hazard zone as delineated by the Federal Emergency Management Agency.

BUYER: JOSEPH L SOLEY

SELLER: THE DARTMOUTH CO.

Building 21600



THIS PROPERTY IS SUBJECT TO ALL RIGHTS AND EASEMENTS OF RECORD. THOSE THAT ARE EVIDENT ARE SHOWN. THIS PLAN MIGHT NOT REVEAL CONFLICTS WITHIN ABUTTING DEEDS.

Ext. from Iron pipe to hold plumb line

BRUCE R. BOWMAN, INC.
20 Forest Avenue
Cumberland, Maine
Phone: (207)829-3959

PLAN BOOK _____ PAGE _____ LOT _____
DEED BOOK 4051 PAGE 197 COUNTY CUMBERLAND

THIS PLAN IS NOT FOR RECORDING

Drawn by: JC

We request a temporary permit to put up one Double Faced ~~30" x 48"~~ ^{54"} Pylon (wood pylon) see plot plan and ~~two~~ ^{one} 33" x 96" banner on side of building. Building is steel. banners are now - flammable

The signs will be up from 4-5 thru 6-97

2.75 x 6 = 16.5 #

- ~~5 24" x 48" Pylons~~
- ~~2 33" x 96" Banners~~
- ~~1 Pylon sign 3' x 5'~~

PLEASE ANSWER ALL QUESTIONS

ADDRESS: PIER 1 IMPORTS STORE #975 ZONE: I3

OWNER: Wyatt GARFIELD 334 Forest Ave. Portland, Maine 04101 773-3356

APPLICANT: Wyatt Garfield

ASSESSOR NO.: read book 4051 Page 197

SINGLE TENANT LOT? YES NO

MULTY TENANT LOT? YES NO

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

1 Double Faced Temporary sign (see back) put in existing pipe

DIMENSIONS: 33' x 96" Banners (see back)

MORE THAN ONE SIGN? YES NO

DIMENSIONS: 25 x 4.5 x 12

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

DIMENSIONS: 33'

MORE THAN ONE SIGN? YES NO

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

See 14-370 portable / Temp Signs

4 x 9 MAX = 32 #

LOT FRONTAGE (FEET) 346' on Presumpscot

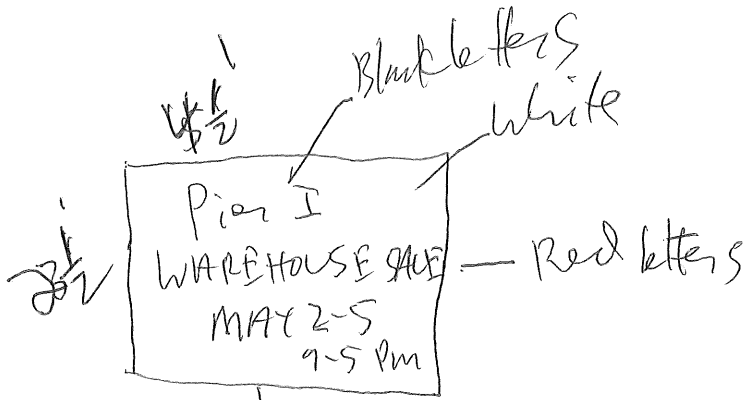
BLDG. FRONTAGE (FEET) 190' 21600 sq. Feet

AWNING YES NO IS AWNING BACKLIT? YES NO

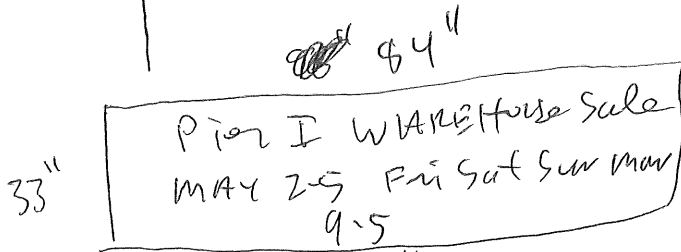
HEIGHT OF AWNING: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? NO

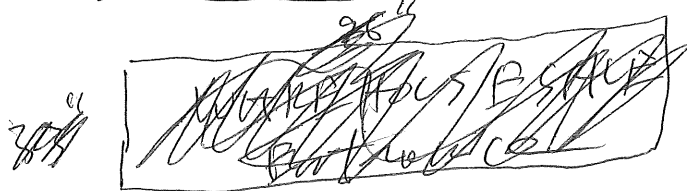
1. SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW



Double Faced Sign
Using Existing
Pipe in Ground
9 1/2' Tall off Ground

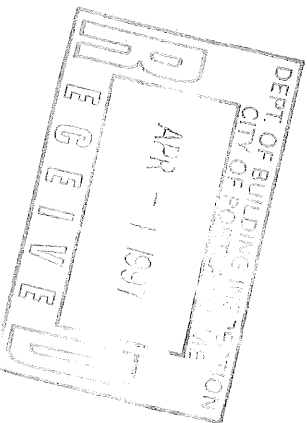


Banners
Now Placards
attached to steel
Building 8' off
Ground



All signage will be taken down
May 6th

No illumination will be used



CERTIFICATE OF INSURANCE: GARFWY2

CSR AP 04/01/97

PRODUCER
 PRATT INSURANCE AGENCY INC
 P O BOX 439
 WESTBROOK ME 04098
 207-854-9745

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.

INSURED
 Wyatt & Rachel Garfield
 15 Farms Edge Rd
 Cape Elizabeth ME 04107

COMPANIES AFFORDING COVERAGE
 COMPANY A Seaco Insurance Co
 COMPANY B
 COMPANY C
 COMPANY D

> 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EX DATE (MM/DD/YY)	LIMITS
X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE (X) OCC. <input type="checkbox"/> OWNERS'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> <input type="checkbox"/>	TO BE ASSIGNED	02/28/97	02/28/98	GENERAL AGGREGATE 2000000 PROD-COMP/OP AGG. 2000000 PERS. & ADV. INJURY 1000000 EACH OCCURENCE 1000000 FIRE DAMAGE (ANY ONE FIRE) 50000 MED. EXPENSE (ANY ONE PERSON) 5000 COMB. SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE AUTO ONLY (EA ACC) OTHER / AUTO ONLY: EACH ACCIDENT AGGREGATE
	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"/> <input type="checkbox"/>				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>				
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURENCE AGGREGATE
	WORKERS COMP. AND EMP. LIAB. THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.				STAT LIM []OTH EL EA ACCIDENT EL DISEASE-POL. LIM EL DISEASE-EA EMP.
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 THIS CERTIFICATE COVERS 195 PRESUMPCOT STREET PORTLAND, MAINE 04013

> CERTIFICATE HOLDER <-----
 CITY OF PORTLAND
 CITY HALL - SIGN PERMIT
 CONGRESS STREET
 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 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
 RUSSELL W GROSS *Russell W Gross*