

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

DEPT. OF BUILDING INSPECTION

Permit No: 02-1169	Issue Date: 10/09/2002	CBL: 057 E008001
Owner Name: Wagabaza David A	Owner Address: 211 Danforth St	Phone: 773-8387
Contractor Name: Applicant	Contractor Address: E I V E	Phone: Portland
Lessee/Buyer's Name:	Permit Type: Signs - Permanent	Zone: B-4

Past Use: Hair Salon	Proposed Use: Hair Salon	Permit Fee: \$40.00	Cost of Work: \$40.00	CEO District: 3
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Signature:	INSPECTION: Use Group: B	Type: NA
Signature:	Signature:	Signature:

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gad	Date Applied For: 10/09/2002	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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.</p>	<p>Special Zone or Reviews</p> <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 checked="" type="checkbox"/> MMT Date: 10/15/02	<p>Zoning Appeal</p> <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	<p>Historic Preservation</p> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 10/15/02
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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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

Permit Number: 021169

This is to certify that Wagabaza David A/ Applicant

has permission to Erect 2' x 5' Sign

AT 211 Danforth St

provided that the person or persons,
of the provisions of the Statutes of
the construction, maintenance and
this department.

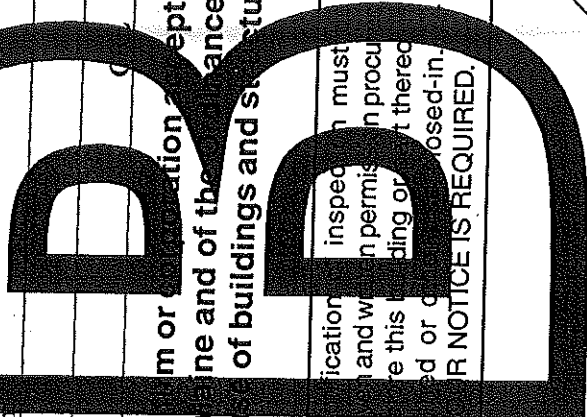
Apply to Public Works for street line
and grade if nature of work requires
such information.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____

Department Name

PERMIT



057 E008001

Inspection must be made in accordance with the provisions of the Statutes of the City of Portland regulating the construction, maintenance and repair of buildings and structures, and of the application on file in

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A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

02-1169

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

Signage Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction:	81 Clark St. / 209-211 Dantona St.
Total Square Footage of Proposed Structure	Square Footage of Lot

Tax Assessor's Chart, Block & Lot Chart# 57 E 008	Owner: Cordell Jones	Telephone: 833-8387
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Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone:	Total s.f. of signage 15 x 1.00 per s.f. \$ 10 plus \$30.00 base fee 30. Fee: \$ 40.00
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Current use: Hair Salon

If the location is currently vacant, what was prior use: _____

Approximately how long has it been vacant: _____

Proposed use: Hair Salon

Project description: erect 2' x 5' sign w/ 1/4" aluminum with reflective color

Contractor's name, address & telephone: _____

Who should we contact when the permit is ready: Cordell Jones

Mailing address: + Cell 773 8387

We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$50.00 fee if any work starts before the permit is picked up. Phone:

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

RECEIVED 10/16/02

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. 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's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: Cordell Jones	Date: 10-2-02
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

T A X R E C E I P T
 City of Portland, Maine
 P O Box 544
 Portland ME 041120544
 207-874-8856

Paid by: WAGABAZA DAVID A
 211 DANFORTH ST
 PORTLAND ME 04102

Receipt#: 26357 / 297902
 Batch: TONYAM 10/04/2002
 Date paid: 10/04/2002 00

Account ID: 9208 Parcel Id
 211 DANFORTH ST
 Owner: WAGABAZA DAVID A
 ACCOUNT # W00460
 WEST END

057 - E-008-001
 REAL ESTATE TAX
 57 E-8 CLARK ST 79-83
 DANFORTH ST 209-211
 3344SF

Year Value Rate
 2003 1 RE TAX 146480 25.72000

Base 1,883.74 Pen & Int 12.21 Coll fee Total paid
 1,895.95

Printed: 10/04/02 11:03:57

Receipt total: 1,895.95

Tender: CHECK

2399 1,895.95

UNPAID BALANCE AS OF: 10/04/02

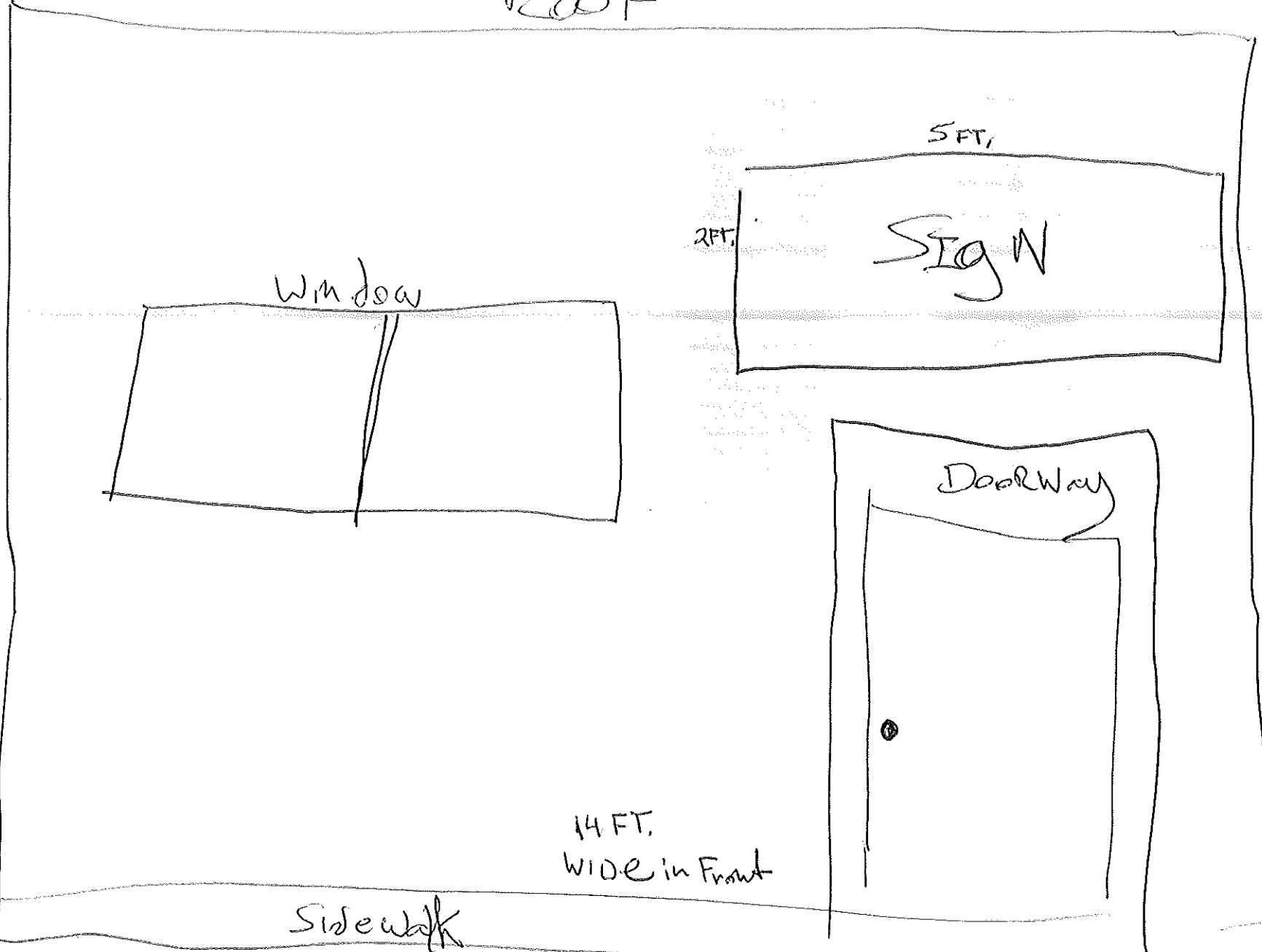
Base 1,883.74

Pen & Int Coll fee Total unpaid
 1,883.74

Additional comments:

Roof

22 FT.



Window

5 FT.

2 FT.

SIGN

Doorway

14 FT.
WIDE in Front

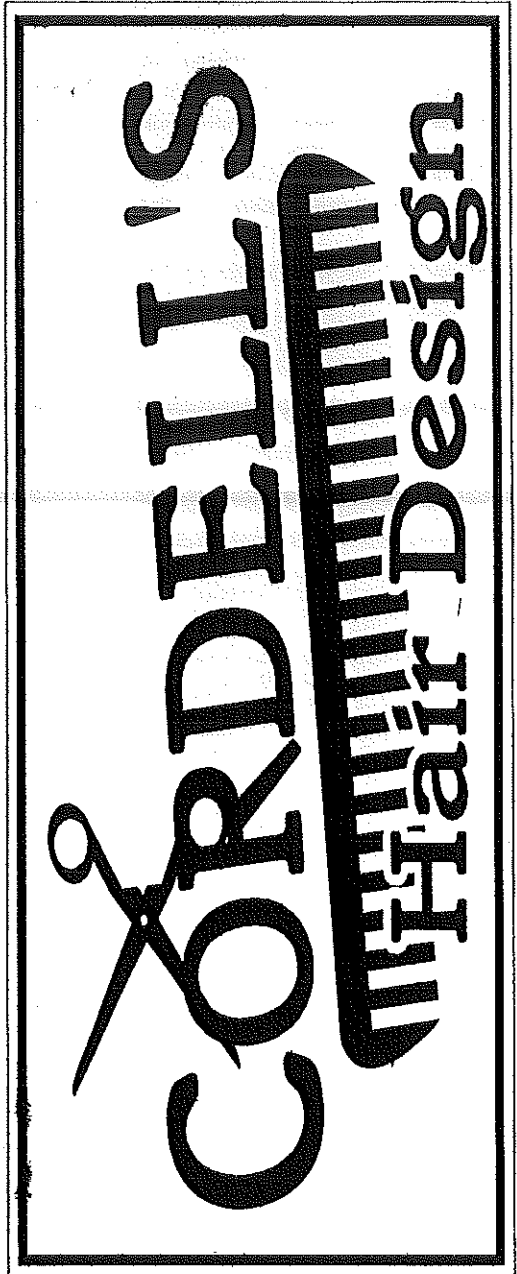
Sidewalk

Street

#10

5'-0"

2'-0"



1/4" Aluminum with Plastic Core
WHT with Basic Graphics

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 81 Clark St. ZONE: B-1

OWNER: Cordell Jones

APPLICANT: Cordell Jones

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

2 units

SINGLE TENANT LOT? YES NO
 FREESTANDING SIGN? (ex. Pole Sign) YES NO -- DIMENSIONS _____ HEIGHT _____
 MORE THAN ONE SIGN? YES NO -- DIMENSIONS _____ HEIGHT _____
 SIGN ATTACHED TO BLDG.? YES NO -- DIMENSIONS 5 x 2 HEIGHT 10 #
 MORE THAN ONE SIGN? YES NO -- DIMENSIONS _____ HEIGHT _____
 AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____
 IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

*** TENANT BLDG. FRONTAGE (IN FEET): 14 FT. X 2 = 28 #

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

YOU SHALL PROVIDE:

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Cordell Jones DATE: _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (207) 774-5653 FAX (207) 871-0236
 C. M. Bowker Co.
 835 Forest Avenue
 Portland, ME 04103

DATE (MM/DD/YYYY)
 09/30/2002

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 Cordell's Hair Design
 81 Clark Street
 Portland, ME 04102

INSURERS AFFORDING COVERAGE
 INSURER A: Middlesex Mutual
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	UNDER BINDER		09/30/2002	09/30/2003	
	GENERAL LIABILITY				
X	COMMERCIAL GENERAL LIABILITY				
	CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>				EACH OCCURRENCE \$ 500,000
A					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 500,000
	POLICY PROJECT LOC				PRODUCTS - COMP/OP AGG \$ 500,000
	AUTOMOBILE LIABILITY				
	ANY AUTO				
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$
	SCHEDULED AUTOS				
	HIRED AUTOS				BODILY INJURY (Per person) \$
	NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				
	ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
	EXCESS LIABILITY				AUTO ONLY: AGG \$
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				EACH OCCURRENCE \$
					AGGREGATE \$
	DEDUCTIBLE				
	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
					WC STATUTORY LIMITS OTHER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Verification of insurance. City of Portland is named as Additional Insured respects to the General Liability only.

CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 Marina Horr CISR <i>Marina Horr</i>		
City of Portland 389 Congress Street Portland, ME 04101		
ACORD 25-S (7/97) ©ACORD CORPORATION 1988		

057-6008