

912539

Permit # City of Portland BUILDING PERMIT APPLICATION Fee 225.00 Zone Map # Lot#
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Zore River Company Phone #
 Address: P. O. Box 7525 Portland, '4112
 LOCATION OF CONSTRUCTION 2 Milk St. (Cor. Milk & Pearl)
 Contractor: Lawrence Grant Sub:
 Address: Phone #
 Est. Construction Cost Proposed Use: Retail store
 Past Use:
 # of Existing Res. Units # of New Res. Units
 Building Dimensions L W Total Sq. Ft.
 # Stories # Bedrooms Lot Size:
 Is Proposed Use: Seasonal Condomin. Conversion
 Explain Conversion to erect 7" by 26 1/2"
wooden LIPN as per plan

PERMIT ISSUED
 For Official Use Only
 Date April 12, 1991 Subdivision:
 Inside Fire Limits Name
 Bldg Code Lot
 Time Limit Ownership Public
 Estimated Cost **CITY OF PORTLAND**
 Zoning:
 Street Frontage Provided:
 Provided Setbacks: Front Back Side Side
 Review Required:
 Zoning Board Approval: Yes No Date:
 Planning Board Approval: Yes No Date:
 Conditional Use: Variance Site Plan Subdivision
 Shoreland Zoning Yes No Floodplain Yes No
 Special Exception
 Other (Explain) 4-19-91

Foundation:
 1. Type of Soil:
 2. Set Backs - Front Rear Side(s)
 3. Footings Size:
 1. Foundation Size:
 5. Other

Floor:
 1. Sills Size: Sills must be anchored.
 2. Girder Size:
 3. Lally Column Spacing: Size:
 4. Joists Size: Spacing 16" O.C.
 5. Bridging Type: Size:
 6. Floor Sheathing Type: Size:
 7. Other Material:

Exterior Walls:
 1. Studding Size Spacing
 2. No. windows
 3. No. Doors
 4. Header Size Spar(s)
 5. Bracing: Yes No
 6. Corner Posts Size
 7. Insulation Type Size
 8. Sheathing Type Size
 9. Siding Type Weather Exposure
 10. Masonry Materials
 11. Metal Materials

Interior Walls:
 1. Studding Size Spacing
 2. Header Size Span(s)
 3. Wall Covering Type
 4. Fire Wall if required
 5. Other Materials

Ceiling:
 1. Ceiling Joists Size:
 2. Ceiling Strapping Size Spacing
 3. Type Ceilings: **HISTORIC PRESERVATION**
 4. Insulation Type Size Does not require review.
 5. Ceiling Height: Requires Review.
 Roof:
 1. Truss or Rafter Size OA 20
 2. Sheathing Type Size Span
 3. Roof Covering Type Approved with conditions.
 Chimneys:
 Type: Number of Fire Places 4 - 1991
 Heating:
 Type of Heat: gas
 Electrical:
 Service Entrance Size: Smoke Detector Required Yes No
 Plumbing:
 1. No. of Tubs or Showers
 2. No. of Flashes
 3. No. of Lavatories
 4. No. of Other Fixtures
 Swimming Pools:
 1. Type:
 2. Pool Size: x Square Footage
 3. Must conform to National Electrical Code and State Law.

Permit Received By Latini
 Signature of Applicant Candice Thornton Date 4/12/91
 Signature of CEO Date
 Inspection Dates

PLOT PLAN



Fees (Breakdown From Front)

Base Fee \$	25.40
Subdivision Fee \$	
Site Plan Review Fee \$	
Other Fees \$	
(Explain)	
Late Fee \$	

Type	Inspection Record	Date
		/ /
		/ /
		/ /
		/ /
		/ /

COMMENTS submitted consent form drawing insurance Hist. Pres. Approp

Signature of Applicant Janice Thut Date April 12, 1991

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

Billing for Legal
Ads for Agenda's

Project Name: Two signs for Fabriganza

Owner's Name: Candace Thornton

Address of Project: 2 Milk Street

Division/Board: Historic Preservation Committee

Number of Residentist Notices Mailed Out: 39

1/2 Amount of Legal Ad: \$14.08

.40 X number of notices: \$15.60

Total Amount Due: \$29.68

Make checks payable to the City of Portland, Attn. D. Marquis, Rm. 315, 389
Congress Street, Portland, Maine 04101.

Bill to: Candace Thornton

Fabriganza

2 Milk Street

Portland, ME 04101

mailed: _____

PAYMENT DUE AT
TIME OF ISSUANCE
OF PERMIT



City of Portland
Department of Planning and Urban Development
Room 211 City Hall, 389 Congress Street
Portland, Maine 04101 207-874-8300

FORM 1.20

HISTORIC PRESERVATION CERTIFICATE OF APPROPRIATENESS

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), the following work on the specified property is hereby:

granted a Certificate of Appropriateness, with conditions as indicated.
 denied a Certificate of Appropriateness.

Historic Resource Inventory Number: _____ Assessor's Chart/Block/Lot: 29-B-2

Property Address: 2 Milk Street

Applicant (name) Candice Thornton, Fabriganza
Address) 2 Milk Street
Portland, ME 04101

Proposed Work (continue on back if necessary): Installation of 2 signs per application.

Conditions of Approval (continue on back if necessary): None.

Reasons for Denial (continue on back if necessary): _____

All improvements shall be carried out as shown on the plans and specifications as submitted by the applicant, except as modified to comply with the conditions of approval described above. Changes to the approved plans and specifications and any additional work which may be undertaken must be reviewed and approved by this office prior to construction, alteration or demolition. If, during the course of completing the approved work, conditions are encountered which prevent completing the approved work or which require additional or alternative work, you must apply for and receive a Certificate of Appropriateness or Non-Applicability PRIOR to undertaking additional or alternative work.

This Certificate is granted upon condition that the work authorized herein is commenced within twelve (12) months after the date of issuance. If the work authorized by this Certificate is not commenced within twelve (12) months after the date of issuance or if such work is suspended in significant part for a period of one year after the time the work is commenced, such Certificate shall expire and be of no further effect; provided that, for cause, one or more extensions of time for periods not exceeding ninety (90) days each may be allowed in writing by the Department.

4/29/91
Date

Joseph E. G. J.
Director of Planning and Urban Development

Staff Recommendation:

Additional information Requested (date: _____ rec'd: _____)
 Approve. Approve w/ conditions. Deny. No Recommendation. Date: 4-19-91
Conditions: _____

Historic Preservation Committee Recommendation/Decision:

Required: Yes No
 Approve. Approve w/ conditions. Deny. Vote: 7-0 (4-24-91)
Conditions: None.

Planning Board Decision:

Required: Yes No
 Approve. Approve w/ conditions. Deny. Vote: _____
Conditions: _____

City Council Decision (Project of Special Merit):

Approve. Approve w/ conditions. Deny. Vote: _____
Conditions: _____

1. Developer demonstrate binding financial commitments, performance guarantees, penal bond.
2. Developer provide full documentation of the resource, provide suitable monument.
3. Other: _____



City of Portland
 Department of Planning and Urban Development
 Room 211 City Hall, 389 Congress Street
 Portland, Maine 04101 207-874-8300

Form 91.20

**HISTORIC PRESERVATION
 APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: 2 MILK ST
 Applicant: (name) CANDICE THORNTON / FABRIGANZA (telephone) 207-761-2711
 (company) FABRIGANZA
 (address) 2 MILK ST. PORTLAND, ME. 04101

Property Owner, if different: (name) PEARL STREET ASSOCIATES
 (address) P.O. Box 7525
PORTLAND 04101
 (telephone) 772 6404

Architect (if any): _____
 Contractor or Builder (if any): N/A

Local Designation: within historic district: (name) WATER FRONT
 Landmark. Contributing. Non-contributing.
 National Register Status: Landmark. District. Not Applicable.

Description of Proposed Work (Use additional sheets as necessary. Submit architectural sketches, plans, scale drawings, photographs, specifications, or other supporting documentation as required. All submission materials will be retained by the City. In the case of demolition or removal of a structure, the following indicates the proposed condition and appearance of the property thereafter):

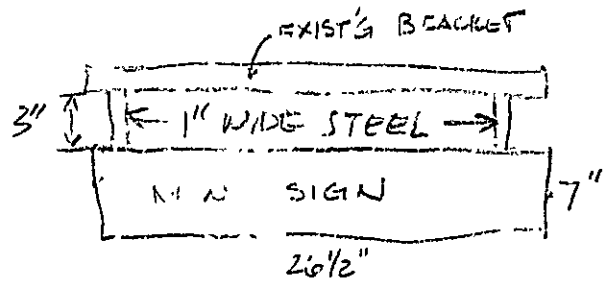
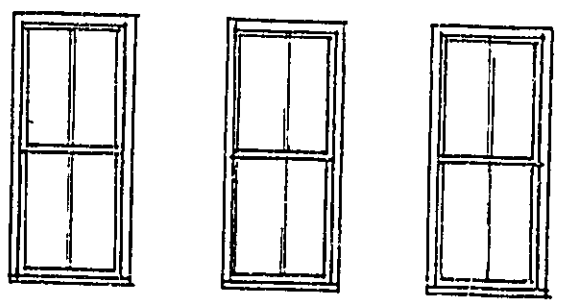
As per attached building permit and drawings!

Work is proposed in conjunction with: Major site plan application. Minor site plan application.
 Building permit application. None of the above.
 Applicant's Signature: Candice Thornton Owner's Signature (if different): F.R. G.P.

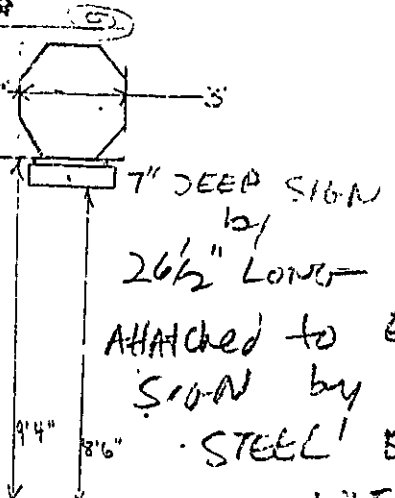
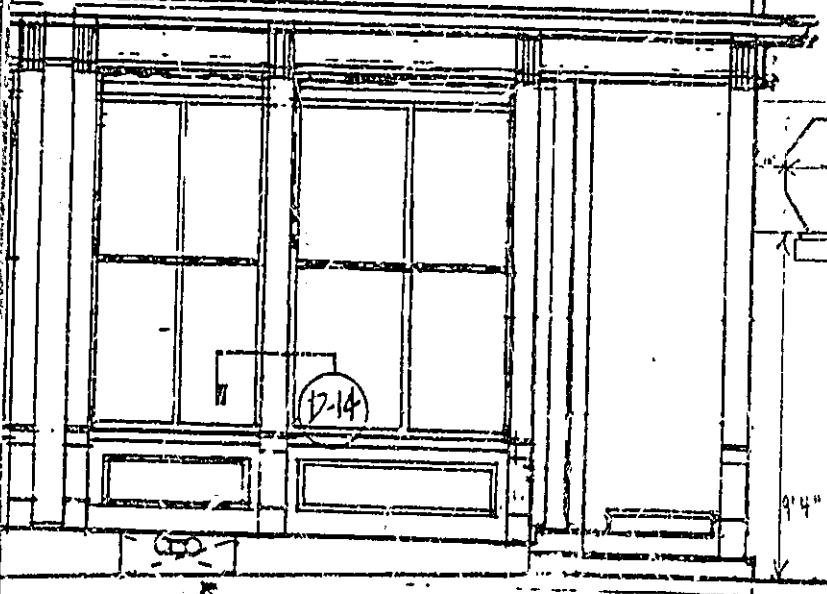
* Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or upon denial of Application.

FOR CITY USE ONLY
 Historic Resource Inventory Number: _____ Assessor's Chart/Block/Lot: _____
 Date Application Submitted: 4/11/91 Date Application Complete: _____

MATERIAL of Sign WOOD - PAINTED
BRACKETS - STEEL - PAINTED

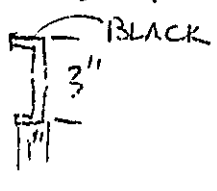


14



7" DEEP SIGN
26 1/2" LONG
ATTACHED TO EXISTING
SIGN by bottom
STEEL BRACKET
WITH BOLTS &
STEEL BRACKETS

EAST ELEVATION 1/4" = 1'-0"



FOUR MILK STREET



PROPOSED NEW SIGN

PEARL STREET ELEVATION 1/4" = 1'-0"

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE
ERECTED ON A BUILDING AT 2 MILK ST.
IN PORTLAND, MAINE PEARL ST. ASSOC. being the owner of the premises
at 2-4 MILK ST. in Portland, Maine hereby gives consent to the
erection of a certain sign owned by _____ over the
public sidewalk or on the building from said premises as described in
application to the Division of Inspection Services of Portland, Maine for a
permit to cover erection of said sign:

And in consideration of the issuance of said permit PSA,
owner of said premises, in event said sign shall cease to serve the purpose
for which it was erected or shall become dangerous and in event the owner of
said sign shall fail to remove said sign or make it permanently safe in case
the sign still serves the purpose for which it was erected, hereby agrees
for himself or itself, his heirs, its successors, and his or its
assigns, to completely remove said sign within ten days of notice from said
Inspector of Buildings that said sign is in such condition and of order from
him to remove it.

In Witness whereof, the owner of said premises has signed this consent and
agreement this 10 day of APRIL 1991.

[Signature] FR-CPD

03/25/88

INSURANCE BINDER

ISSUE DATE (MICROTYPE)

3/14/91

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER

ALLEN AGENCY
11 MAIN ST PO BOX 578
PORTLAND ME 04843

COMPANY

PEERLESS

BINDER NO.

FORRAO-3 C(A)

DATE EFFECTIVE TIME DATE EXPIRATION TIME
3/14/91 12:01 PM 4/14/91** X NOON

CODE

SUB-CODE

THIS BINDER IS ISSUED TO EXTEND COVERAGE ON THE ABOVE NAMED COMPANY PER EXISTING POLICY NO:

INSURID

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)

FORE RIVER COMPANY EFAL
PO BOX 7525
PORTLAND ME 04112

FIRE \$4434560 BNKT BLDGS
LIABILITY OCP
NON-OWNED & HIRED
EXCESS \$10MIL UMBRELLA
WORK COMP

COVERAGES

TYPE OF INSURANCE	COVERAGE FORMS	AMOUNT	DEDUCTIBLE	COSUR.
PROPERTY CAUSES OF LOSS BASIC <input type="checkbox"/> BRO.D. <input checked="" type="checkbox"/> SPEC.	Building	4,434,560	1000	100

GENERAL LIABILITY

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$2,000,000
CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PRODUCTS - COMP. OF AGG.	\$2,000,000
OWNER'S & CONTRACTOR'S PROT.	PERSONAL & ADV. INJURY	\$1,000,000
	EACH OCCURRENCE	\$1,000,000
	FIRE DAMAGE (Any one fire)	\$50,000
	MED. EXPENSE (Any one person)	\$5,000

AUTOMOBILE LIABILITY

RETRO DATE FOR CLAIMS MADE	COMBINED SINGLE LIMIT
ANY AUTO	\$1,000,000
ALL OWNED AUTOS	BODILY INJURY (Per Person)
SCHEDULED AUTOS	BODILY INJURY (Per accident)
<input checked="" type="checkbox"/> HIRED AUTOS	PROPERTY DAMAGE
<input checked="" type="checkbox"/> NON-OWNED AUTOS	MEDICAL PAYMENTS
TRUCK LIABILITY	PERSONAL INJURY PROT.
	UNINSURED MOTORIST

AUTO PHYSICAL DAMAGE DEDUCTIBLE

COLLISION	ALL VEHICLES	SCHEDULED VEHICLES	ACTUAL CASH VALUE
OTHER THAN COLL.			STATED AMOUNT
			OTHER

UMBRELLA LIABILITY

<input checked="" type="checkbox"/> UMBRELLA FORM	EACH OCCURRENCE	\$10,000,000
OTHER THAN UMBRELLA FORM	AGGREGATE	\$
	SELF INSURED RETENTION	\$10,000

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY

ME	<input checked="" type="checkbox"/> STATUTORY LIMITS	
Fore River Mgmt	EACH ACCIDENT	\$100,000
	DISEASE-POLICY LIMIT	\$500,000
	DISEASE-EACH EMPLOYER	\$100,000

SPECIAL CONDITIONS/OTHER COVERAGES

**OR UNTIL POLICY IS RECD; LOSS OF RENTS
FOR CHURCH RD PARKG INCL \$561600; SIGN@
127 MARGINAL WAY \$8000 INCL; 3 BUILDINGS

NAME & ADDRESS

VARIOUS SEE ATTACHED

MORTGAGE

ADDITIONAL INSURED

LOSS PAYER

AUTHORIZED REPRESENTATIVE

ALLEN AGENCY

Paul C. Johnson

© ACORD CORPORATION 1990

ACORD 75-S (7/90)

ACORD.

ISSUE DATE (MM/DD/YY)
4/12/91

PRODUCER
Turner Barker Insurance
157 Fox Street
Portland, Maine 04101

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 LETTER A Peerless Insurance Company
- COMPANY LETTER B
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

INSURED
Candice Thornton Interiors, Inc.
and Fabriganzo, Inc.
2 Milk Street
Portland, Maine 04101

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.

NO. (LTR)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	CPP 800883	3/25	3/25/92	GENERAL AGGREGATE \$ 3,000 PRODUCTS COMP/OP AGG. \$ 1,000 PERSONAL & ADV. INJURY \$ 1,000 EACH OCCURRENCE \$ 1,000 FIRE DAMAGE (Any one fire) \$ 50 MED. EXPENSE (Any one person) \$ 5
	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"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS \$ EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	OTHER Inland Marine	CPP 8900883	3/25/91	3/25/92	Signs - Value each \$700 Replacement Cost

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES/SPECIAL ITEMS
Naming the City of Portland as additional Insured.

CERTIFICATE HOLDER
City of Portland
City Hall
389 Congress Street
Portland, Maine 04

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
Paul J. Welch

919539

Permit # 919539 City of Portland BUILDING PERMIT APPLICATION Fee \$25.40 Zone _____ Map # _____ Lot # _____
 Plans filed out and posted with notices to job. Proper plans must be company form.

Owner: Core River Company Phone # _____
 Address: P. O. Box 7525 Portland, 04112
 LOCATION OF CONSTRUCTION 2 Milk St. (Cor. Milk & Pearl)
 Contractor: Lawrence Grant Sub. _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: Retail store
 Past Use: _____
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories _____ # Bedrooms _____ Lot Size _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion to erect 7" by 26 1/2"
wooden sign as per plan

For Official Use Only

Date April 12, 1991 Subdivision _____
 Inside P. Limits _____ Name _____
 Blot Code _____ Ownership: _____
 Time Limit _____
 Estimated Cost _____

PERMIT ISSUED
 MAY 2 1991
 CITY OF PORTLAND

Zoning: B-3 Zone
 Street Frontage Provided: _____
 Proposed Setbacks: Front _____ Back _____ Side _____
 Review Board Approval: Yes _____ No _____ Date _____
 Planning Board Approval: Yes _____ No _____ Date _____
 Conditional Use _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OK with P 4-19-91

Ceiling: HISTORIC PRESERVATION
 1. Ceiling Joists Size: _____ Spacing _____ Not in District per Landmark
 2. Ceiling Strapping Size: _____ Spacing _____ Does not require review
 3. Type Ceilings: _____ Requires Review
 4. Insulation Type: _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafters Size: _____ Span _____ Action: Approved.
 2. Sheathing Type: _____ Size _____ Approved with Conditions
 3. Roof Covering Type: _____ Sealed

Chimneys:
 Type: _____ Number of Fire Places _____ Date 4-24-91
 Signature P. Meyer

Heating:
 Type of P: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Lattini

Signature of Applicant Candice Thornton Date 4/12/91

Signature of CEO _____ Date _____

Inspection Dates _____

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Spacing _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

White - Tax Assessor

Yellow - GPCOG

White Tag - CEO

10

© Copyright GPCOG 1988

MR. MITCHELL

912538

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$26.10 Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Fore River Company Phone # _____
 Address: P. O. Box 7525 Portland, 04112
 LOCATION OF CONSTRUCTION 2 Milk St. (Cor. Milk & Pearl)
 Contractor: Lawrence Grant Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: Retail store
 Past Use: _____
 # of Existing Res Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion to erect 32" by 37" wooden wall mounted sign
as per plan

PERMIT ISSUED
For Official Use Only
 Date April 12, 1991 Subdivision: _____
 Inside Fire Limits _____ Name: MAY - 2 19C
 Bldg Code _____ Lot: _____
 Time Limit _____ Ownership: _____
 Estimated Cost _____
CITY OF PORTLAND

Zoning: D-3 Zone
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: (Explain) OK WDH 4-19-91

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size: _____
 8. Sheathing Type _____ Size: _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Spacing _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____ NOT IN DISTRICT OR LANDMARK.
 3. Type Ceilings _____ Does not require review.
 4. Insulation Type _____ Size: _____ Requires Review.
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: Approved.
 2. Sheathing Type _____ Size: _____ Approved with Conditions.
 3. Roof Covering Type _____ Denied

Chimneys:
 Type: _____ Number of Fire Places _____ Date: 4-19-91
 Signature: P. Meyer

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Latini

Signature of Applicant Candice Thornton Date 4/12/91

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

10

© Copyright GPCOG 1988

M.M. Mitchell

912538

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$26.10 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Fore River Company Phone # _____
 Address: P. O. Box 7525 Portland, 04112

LOCATION OF CONSTRUCTION 2 Milk St. (Cor. Milk & Pearl)

Contractor: Lawrence Grant Sub: _____
 Address: _____ Phone # _____

Est. Construction Cost: _____ Proposed Use: Retail store
 Past Use: _____

of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion to erect 22" by 37" wooden wall mounted sign
as per plan

PERMIT ISSUED

For Official Use Only

Date: April 12, 1991 Subdivision: _____
 Inside Fire Limits: _____ Name: _____
 Bldg Code: _____ Lot: _____
 Time Limit: _____ Ownership: _____
 Estimated Cost: _____

CITY OF PORTLAND

HISTORIC PRESERVATION

4-19-91

Foundation:

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: _____
- Other: _____

Floor:

- Sills Size: _____ Sills must be anchored.
- Girder Size: _____
- Lally Column Spacing: _____ Size: _____
- Joists Size: _____ Spacing 16" O.C.
- Bracing Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size: _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Sizes _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Weather Exposure _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls:

- Studding Size _____ Spacing _____
- Header Size _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

Ceiling:

- Ceiling Joists Size: _____ Not a District or Landmark
- Ceiling Strapping Size _____ Spacing _____ Does not require review.
- Type Ceilings: _____
- Insulation Type _____ Size _____ Requires Review.
- Ceiling Height: _____

Roof:

- Truss or Rafter Size _____ Span _____ OS Action: Approved
- Sheathing Type _____ Size _____ Approved with conditions.
- Roof Covering Type _____ Denied.

Chimneys: _____
 Type: _____ Number of Fire Places _____ Signature: _____

Heating: _____
 Type of Heat: _____

Electrical: _____
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing: _____
 Approval of soil test required to floor Yes _____ No _____

- No. of Tubs or Showers _____
- No. of Flushes _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

- Type: _____
- Pool Size: _____ x _____ Square Footage _____
- Must conform to National Electrical Code and State Law.

Permit Received By Latini

Signature of Applicant _____ Date 4/12/91

Signature of CEO Candice Thornton Date _____

Inspection Dates _____

PLOT PLAN

N
↑

FEES (Breakdown From Front)
Base Fee \$ 26.10
Subdivisor Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS submitting proof of insurance consent form His. Pres. Appro. drawings.

Sign has been up for weeks before permit rec'd rec'd 5/2/91

Signature of Applicant

Carice Thut

Date April 12, 1991



City of Portland
Department of Planning and Urban Development
Room 211 City Hall, 389 Congress Street
Portland, Maine 04101 207-874-8300

Form 1 11

HISTORIC PRESERVATION CERTIFICATE OF APPROPRIATENESS

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), the following work on the specified property is hereby:

granted a Certificate of Appropriateness, with conditions as indicated.
 denied a Certificate of Appropriateness.

Historic Resource Inventory Number: _____ Assessor's Chart/Block/Lot: 29-B-2

Property Address: 2 Milk Street

Applicant: (name) Candice Thornton, Fabriganza
(address) 2 Milk Street
Portland, ME 04101

Proposed Work (continue on back if necessary): Installation of 2 signs per application.

Conditions of Approval (continue on back if necessary): None.

Reasons for Denial (continue on back if necessary): _____

All improvements shall be carried out as shown on the plans and specifications as submitted by the applicant, except as modified to comply with the conditions of approval described above. Changes to the approved plans and specifications and any additional work which may be undertaken must be reviewed and approved by this office prior to construction, alteration or demolition. If, during the course of completing the approved work, conditions are encountered which prevent completing the approved work or which require additional or alternative work, you must apply for and receive a Certificate of Appropriateness or Non-Applicability PRIOR to undertaking additional or alternative work.

This Certificate is granted upon condition that the work authorized herein is commenced within twelve (12) months after the date of issuance. If the work authorized by this Certificate is not commenced within twelve (12) months after the date of issuance or if such work is suspended in significant part for a period of one year after the time the work is commenced, such Certificate shall expire and be of no further effect; provided that, for cause, one or more extensions of time for periods not exceeding ninety (90) days each may be allowed in writing by the Department.

4/29/91
Date

Joseph E. [Signature]
Director of Planning and Urban Development

.....
Staff Recommendation:

___ Additional Information Requested (date: _____ rec'd: _____)
___ Approve. ___ Approve w/ conditions. ___ Deny. No Recommendation. Date: 4-19-91
Conditions: _____

Historic Preservation Committee Recommendation/Decision:

Required: Yes ___ No
 Approve. ___ Approve w/ conditions. ___ Deny. Vote: 7-0 (4-24-91)
Conditions: None.

Planning Board Decision:

Required: ___ Yes No
___ Approve. ___ Approve w/ conditions. ___ Deny. Vote: _____
Conditions: _____

City Council Decision (Project of Special Merit):

___ Approve. ___ Approve w/ conditions. ___ Deny. Vote: _____
Conditions:
___ 1. Developer demonstrate binding financial commitments, performance guarantees, penal bond.
___ 2. Developer provide full documentation of the resource, provide suitable monument.
___ 3. Other: _____

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

Billing for Legal
Ads for Agenda's

Project Name: Two signs for Fabriganza

Owner's Name: Candace Thornton

Address of Project: 2 Milk Street

Division/Board: Historic Preservation Committee

Number of Residentral Notices Mailed Out: 39

$\frac{7}{100}$ Amount of Legal Ad: \$14.08

.40 X number of notices: \$15.60

Total Amount Due: \$29.68

Make checks payable to the City of Portland, Attn. D. Marquis, Rm. 315, 389
Congress Street, Portland, Maine 04101.

Bill to: Candace Thornton

Fabriganza

2 Milk Street

Portland, ME 04101

mailed: _____

PAYM. DUE AT
TIME OF ISSUANCE
OF PERMIT



City of Portland
 Department of Planning and Urban Development
 Room 211 City Hall, 389 Congress Street
 Portland, Maine 04101 207-874-8300

**HISTORIC PRESERVATION
 APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: 2 MILK ST
 Applicant: (name) CANDICE THORNTON / FABRIGANZA (telephone) 207-761-2711
 (company) FABRIGANZA
 (address) 2 MILK ST. PORTLAND, ME. 04101

Property Owner, if different: (name) PEARL STREET ASSOCIATES
 (address) P.O. Box 7525
PORTLAND 04101
 (telephone) 772 6404

Architect (if any): _____
 Contractor or Builder (if any): N/A

Local Designation: within historic district: (name) WATERFRONT
 Landmark Contributing Non-contributing
 National Register Status: Landmark District Not Applicable

Description of Proposed Work (Use additional sheets as necessary. Submit architectural sketches, plans, scale drawings, photographs, specifications, or other supporting documentation as required. All submission materials will be retained by the City. In the case of demolition or removal of a structure, the following indicates the proposed condition and appearance of the property thereafter):
As per attached building permit and drawings

Work is proposed in conjunction with: Major site plan application. Minor site plan application.
 Building permit application. None of the above.
 Applicant's Signature: Candice Thornton Owner's Signature (if different): [Signature] REC. CO.

* Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or upon denial of Application.
 FOR CITY USE ONLY
 Historic Resource Inventory Number: _____ Assessor's Chart/Block/Lot: _____

Date Application Submitted: 4/11/91 Date Application Complete: _____

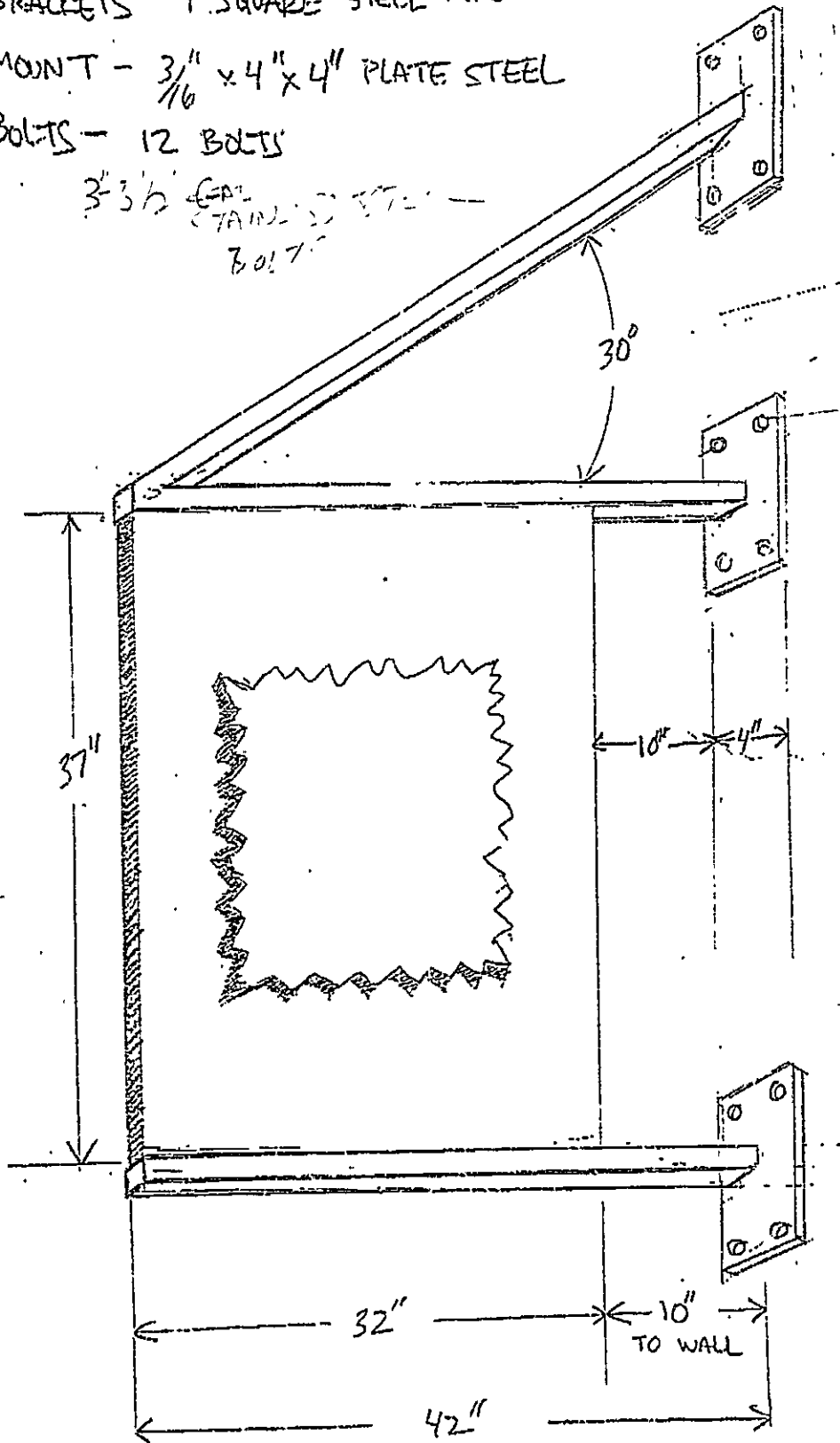
ATTN - CANDICE THORNTON

BRACKETS - 1" SQUARE STEEL PIPE - PAINTED BLACK

MOUNT - 3/16" x 4" x 4" PLATE STEEL

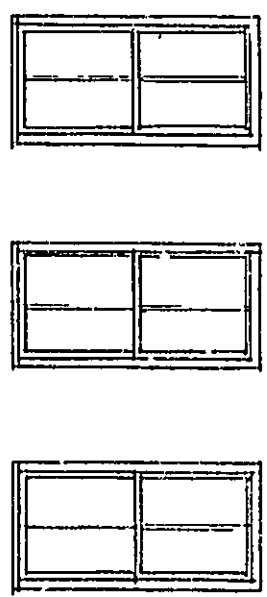
BOLTS - 12 BOLTS

3 3/2 GAL TAINL SS STEEL
BOLTS

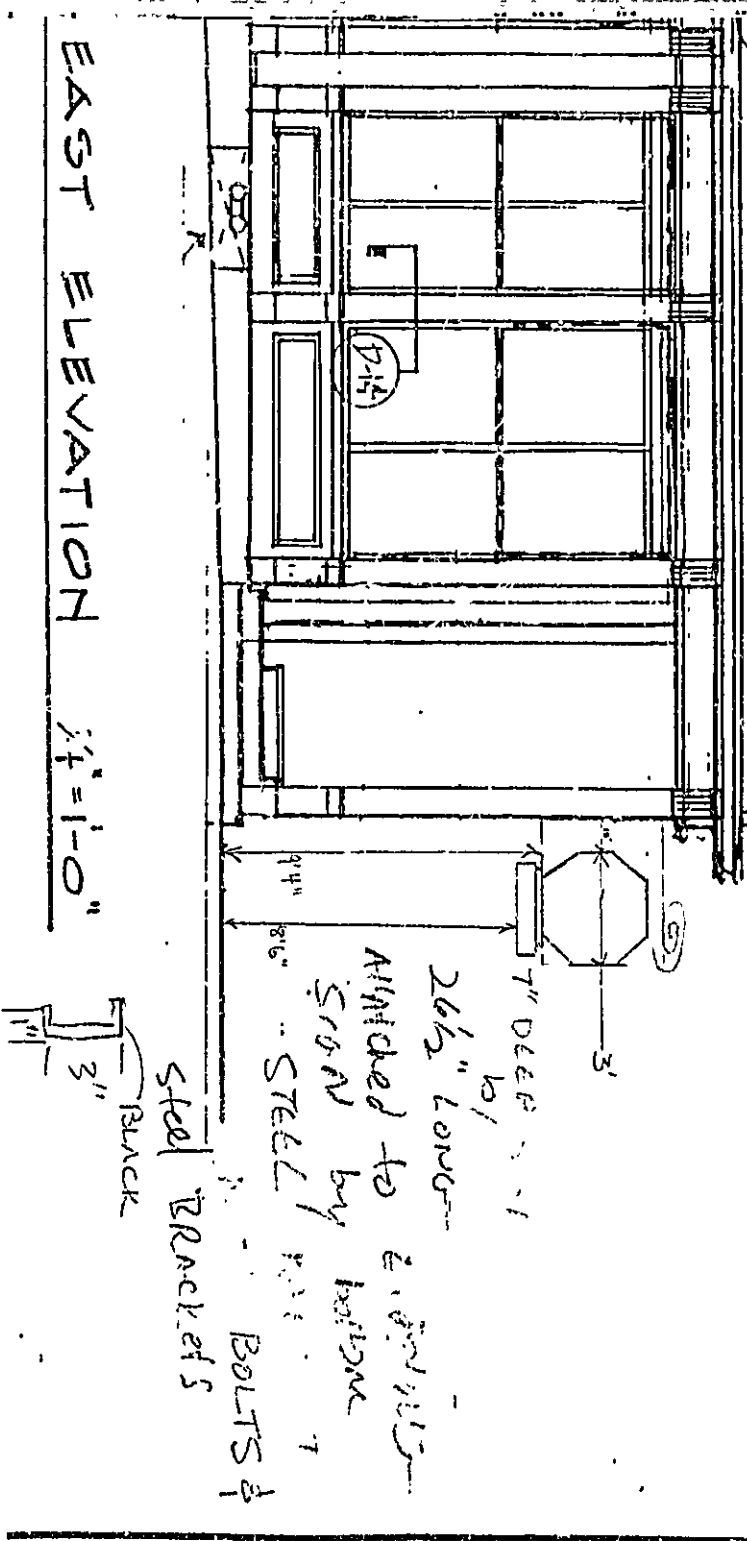


PERSPECTIVE IS OFF AND SO IS PROPORTIONS, LOOK FOR CONCEPT!

MATERIAL of Sign: WOOD - Painted
FRAMES - STEEL - Painted



EAST ELEVATION 24'-10"



FOUR MILK STREET



PEARL STREET ELEVATION $\frac{1}{4}'' = 1'-0''$

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE
ERECTED ON A BUILDING AT 2 MILK ST.
IN PORTLAND, MAINE PEARL ST. ASSOC. being the owner of the premises
at 2-4 MILK ST. in Portland, Maine hereby gives consent to the
erection of a certain sign owned by _____ over the
public sidewalk or on the building from said premises as described in
application to the Division of Inspection Services of Portland, Maine for a
permit to cover erection of said sign:

And in consideration of the issuance of said permit PSA,
owner of said premises, in event said sign shall cease to serve the purpose
for which it was erected or shall become dangerous and in event the owner of
said sign shall fail to remove said sign or make it permanently safe in case
the sign still serves the purpose for which it was erected, hereby agrees
for himself or itself, for his heirs, its successors, and his or its
assigns, to completely remove said sign within ten days of notice from said
Inspector of Buildings that said sign is in such condition and of order from
him to remove it.

In Witness whereof, the owner of said premises has signed this consent and
agreement this 10 day of APRIL 1991.

[Signature] FRS CO.

03/05/87

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/12/91

PRODUCER

Turner Barker Insurance
157 Fox Street
Portland, Maine 04101

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 LETTER **A** Peerless Insurance Company

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

Candice Thornton Interiors, Inc.
and Fabriganzo, Inc.
2 Milk Street
Portland, Maine 04101

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 EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	CPP 8900883	3/25/91	3/25/92	GENERAL AGGREGATE \$ 2,000 PRODUCTS-COMP/CP AGG \$ 1,000 PERSONAL & ADV INJURY \$ 1,000 EACH OCCURRENCE \$ 1,000 FIRE DAMAGE (Any one fire) \$ 50 MED EXPENSE (Any one person) \$ 5
	<input type="checkbox"/> AUT MOBILE 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"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKER'S COMPENSATION AND <input type="checkbox"/> EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	<input type="checkbox"/> OTHER Inland Marine	CPP 8900883	3/25/91	3/25/92	Signs - Value each \$700 Replacement Cost

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Naming the City of Portland as additional Insured.

CERTIFICATE HOLDER

City of Portland
City Hall
389 Congress Street
Portland, Maine 04

CANCELLATION

SHOULD ANY OF THE ABOVE DECLINED 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

Paul J. White

ACORD 25-S (7-89)

ACCORD CORPORATION 1990

INSURANCE BINDER

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

ISSUE DATE (MM/DD/YY)
3/14/91

PRODUCER
ALLEN AGENCY
11 MAIN ST PO BOX 578
CAMDEN ME 04843

COMPANY
PEERLESS

BINDER NO.
FORRA0-3 G(A)

DATE EFFECTIVE TIME DATE EXPIRATION TIME
3/14/91 12:01 X AM 4/14/91** X 12:01 AM NOON

CODE SUB-CODE

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO.

INSURED
FORE RIVER COMPANY ETAL
PO BOX 7525
1. RTLAND ME 04112

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
**FIRE \$443,560 BNKT BLDGS
LIABILITY OCP
NON-OWNED & HIRED
EXCESS \$10MIL UMBRELLA
WORK COMP**

PROPERTY CAUSES OF LOSS	COVERAGE FORMS	LIMITS		
		AMOUNT	DEDUCTIBLE	COINSUR.
BASIC				
BROAD <input checked="" type="checkbox"/>	Building	4,434,560	1000	100
SPEC.				

GENERAL LIABILITY	AMOUNT
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	
CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	
OWNER'S & CONTRACTOR'S PROT.	
GENERAL AGGREGATE	\$2,000,000
PRODUCTS - COMP/OP AGG.	\$2,000,000
PERSONAL & ADV. INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
FIRE DAMAGE (Any one fire)	\$50,000
MED. EXPENSE (Any one person)	\$5,000
COMBINED SINGLE LIMIT	\$1,000,000
BODILY INJURY (Per Person)	\$
BODILY INJURY (Per Accident)	\$
PROPERTY DAMAGE	\$
MEDICAL PAYMENTS	\$
PERSONAL INJURY PROT.	\$
UNINSURED MOTORIST	\$

AUTOMOBILE LIABILITY	RETRO DATE FOR CLAIMS MADE	AMOUNT
ANY AUTO		
ALL OWNED AUTOS		
SCHEDULED AUTOS		
<input checked="" type="checkbox"/> HIRED AUTOS		
<input checked="" type="checkbox"/> NON OWNED AUTOS		
GARAGE LIABILITY		
ACTUAL CASH VALUE		
STATED AMOUNT		
OTHER		

AUTO PHYSICAL DAMAGE DEDUCTIBLE	VEHICLES	SCHEDULED VEHICLES
COLLISION:		
OTHER THAN COLL.		

EXCESS LIABILITY	RETRO DATE FOR CLAIMS MADE	AMOUNT
<input checked="" type="checkbox"/> UMBRELLA FORM		
OTHER THAN UMBRELLA FORM		
EACH OCCURRENCE		\$10,000,000
AGGREGATE		\$
SELF INSURED RETENTION		\$10,000
<input checked="" type="checkbox"/> STATUTORY LIMITS		
EACH ACCIDENT		\$100,000
DISEASE-POLICY LIMIT		\$500,000
DISEASE-EACH EMPLOYER		\$100,000

WORKERS COMPENSATION AND EMPLOYER'S LIABILITY
ME
Fore River Mgmt

SPECIAL CONDITION/OTHER COVERAGES
**OR UNTIL POLICY IS RECD; LOSS OF RENTS FOR CHURCH RD PARKG INCL \$561600; SIGN@ 127 MARGINAL WAY \$8000 INCL; 3 BUILDINGS

NAME & ADDRESS
VARIOUS SEE ATTACHED

MORTGAGE LOSS PAYER
LOAN #
ADDITIONAL INSURED
AUTHORIZED REPRESENTATIVE
Paul C. Johnson
ALLEN AGENCY
© ACORD CORPORATION 1990

ALLEN AGENCY
11 MAIN STREET
CAMDEN, MAINE 04843

FORE RIVER COMPANY, ETAL.
P.O. BOX 7525
PORTLAND, MAINE 04112
MARCH 14, 1991

SCHEDULE OF NAMED INSUREDS

FORE RIVER COMPANY	BACK COVE COMPANY
COTTON STREET ASSOCIATES	CHURCH ROAD REALTY
FORE RIVER MANAGEMENT COMPANY	MILK STREET ASSOCIATES
* PEARL STREET ASSOCIATES	FORE RIVER PARKING COMPANY
FREE STREET ASSOCIATES	T. RICARDO QUESADA
SOUTHERN MAINE PROPERTIES COMPANY	PETER W. QUESADA
SOUTHERN MAINE PROPERTIES	

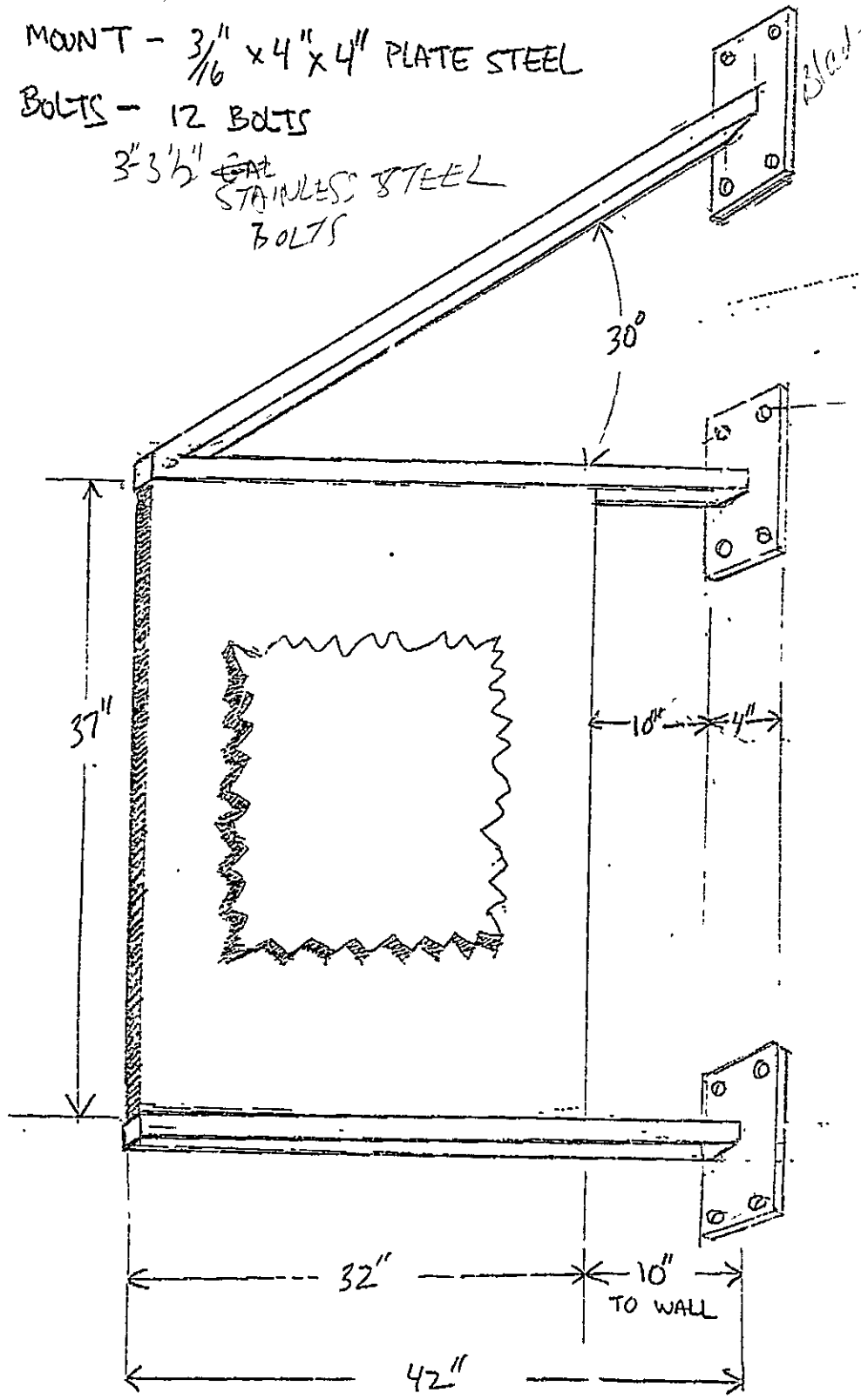
ATTN- CANDICE THORNTON

BRACKETS - 1" SQUARE STEEL PIPE - PAINTED BLACK

MOUNT - 3/16" x 4" x 4" PLATE STEEL

BOLTS - 12 BOLTS

3" 3/8" ~~3/4"~~ STAINLESS STEEL BOLTS



PERSPECTIVE IS OFF AND SO IS PROPORTIONS, OK FOR CONCEPT!

924098

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$26.20 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Bruce Kaminsky DBA Portland Portland Gallery 773-8665

Address: 4 Milk Street Portland, ME 04101

LOCATION OF CONSTRUCTION 4 Milk Street

Contractor: _____ Sub: _____

Address: _____ Phone # _____

Est. Construction Cost: _____ Proposed Use: _____

_____ Past Use: _____

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories _____ Bedrooms _____ Lot Size _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion: to install 28" X 36" sign as per plan.

For Official Use Only

Date: August 3, 1992 Subdivision: _____
 Inside Fire Limits _____ Name: SEP - 41092
 Ddg Code _____ Lot _____
 Time Limit _____ Ownership: _____
 Estimated Cost _____

CITY OF PORTLAND

Zoning: B3
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) DDA 8-6-92

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floors:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type: _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

White - Tax Assessor

Celling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____ Not in District nor Landmark
3. Type Ceilings: _____ Does not require review.
4. Insulation Type _____ Size _____ Require Review.
5. Ceiling Height: _____

Roof:

1. Truss or Raftar Size _____ Span _____ Action: _____ Approved _____
2. Sheathing Type _____ Size _____ Approved with Calculations _____
3. Roof Covering Type _____ Drained _____

Chimneys:

- Type: _____ Number of Fire Places _____ Date: _____
 Signature: _____

Heating:

- Type of Heat: 27000 BTU

Electrical:

- Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Latini

Signature of Applicant Bruce Kaminski Date 8/3/92

CEO's District 2

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

MAITANI

PLOT PLAN

N



FEES (Breakdown From Front)
Basic Fee \$ 26.20 _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
<i>Progress Insp</i>		9/11/92

COMMENTS: to install sign as per plan Historic Preservation Form-Drawing- Consent Form- Insurance Form

Placed as per plan

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 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.

Bruce Kaminski ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.



City of Portland
Department of Planning and Urban Development
Room 211 City Hall, 389 Congress Street
Portland, Maine 04101 207-874-8300

Form 1.1.88

HISTORIC PRESERVATION CERTIFICATE OF APPROPRIATENESS

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), the following work on the specified property is hereby:

granted a Certificate of Appropriateness, with conditions as indicated.
 denied a Certificate of Appropriateness.

Historic Resource Inventory Number: _____ Assessor's Char/Block/Lot: _____

Property Address: 4 Milk Street

Applicant: (name) Bruce Kaminski - Portland Portrait Gallery
(address) 4 Milk Street
Portland, ME 04101

Proposed Work (continue on back if necessary): Installation of a two-sided wood projecting sign measuring 28" wide by 36" long, on an existing bracket per the application and staff memorandum of 8-14-92.

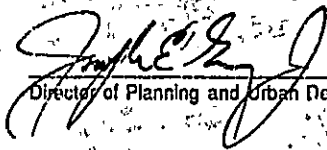
Conditions of Approval (continue on back if necessary): None

Reasons for Denial (continue on back if necessary): _____

All improvements shall be carried out as shown on the plans and specifications as submitted by the applicant, except as modified to comply with the conditions of approval described above. Changes to the approved plans and specifications and any additional work which may be undertaken must be reviewed and approved by this office prior to construction, alteration or demolition. If, during the course of completing the approved work, conditions are encountered which prevent completing the approved work or which require additional or alternative work, you must apply for and receive a Certificate of Appropriateness or Non-Applicability PRIOR to undertaking additional or alternative work.

This Certificate is granted upon condition that the work authorized herein is commenced within twelve (12) months after the date of issuance. If the work authorized by this Certificate is not commenced within twelve (12) months after the date of issuance or if such work is suspended in significant part for a period of one year after the time the work is commenced, such Certificate shall expire and be of no further effect; provided that, for cause, one or more extensions of time for periods not exceeding ninety (90) days each may be allowed in writing by the Department.

8/25/92
Date


Director of Planning and Urban Development

Staff Recommendation:

Additional Information Requested (date: _____ rec'd: _____)
 Approve. Approve w/ conditions. Deny. No Recommendation. Date: 8-14-92
Conditions: None

Historic Preservation Committee Recommendation/Decision:

Required: Yes No
 Approve. Approve w/ conditions. Deny. Vote: 5-0 (Urban and Lapomarda absent)
Conditions: None 8-19-92

Planning Board Decision:

Required: Yes No
 Approve. Approve w/ conditions. Deny. Vote: _____
Conditions: _____

City Council Decision (Project of Special Merit):

Approve. Approve w/ conditions. Deny. Vote: _____
Conditions: _____

1. Developer demonstrate binding financial commitments, performance guarantees, penal bond.
2. Developer provide full documentation of the resource, provide suitable monument.
3. Other: _____

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

**Billing for Legal
Ads for Agenda's**

Project Name: 4 Milk Street

Owner's Name: Bruce Kaminski

Address of Project: 4 Milk St.

Division/Board: Historic Preservation

Number of Residential Notices Mailed Out: 10

$\frac{1}{2}$ Amount of Legal Ad: 21.36

.40 X number of notices: 4.00

Total Amount Due: 25.36

Make checks payable to the City of Portland, Attn. D. Marquis, Rm. 315, 389
Congress Street, Portland, Maine 04101.

Bill to: Bruce Kaminski Portland Portrait Gallery

4 Milk St.

Portland, Maine 04101

mailed: 8/26/92



City of Portland
 Department of Planning and Urban Development
 Room 211 City Hall, 389 Congress Street
 Portland, Maine 04101 207-874-8300

Form 01.00

**HISTORIC PRESERVATION
 APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: _____

Applicant: (name) BRUCE KAMINSKI (telephone) 773-7665
 (company) PORTLAND PORTRAIT GALLERY
 (address) 4 MILK STREET
PORTLAND

Property Owner, if different:(name) PENNER STREET ASSOC.
 (address) PO BOX 7525
PORTLAND, ME 04112
 (telephone) 772-6404

Architect (if any): _____
 Contractor or Builder (if any): _____

Local Designation: _____ within historic district: (name) _____
 Landmark: Contributing. Non-contributing.

National Register Status: Landmark. District. Not Applicable.

Description of Proposed Work (Use additional sheets as necessary. Submit architectural sketches, plans, scale drawings, photographs, specifications, or other supporting documentation as required. All submission materials will be retained by the City. In the case of demolition or removal of a structure, the following indicates the proposed condition and appearance of the property thereafter): REPLACES A SIGN OF THE PREVIOUS TENANT ALREADY ERECTED ON THE BLDG. SIGN HAS BEEN DESIGN TO MATCH THOSE ALREADY IN PLACE ON THE PROPERTY OWNERS BUILDING AT 3 MILK ST. THE SIGN WILL CONFORM IN SIZE AND COLOR WITH OTHERS ON THE

Work is proposed in conjunction with: Major site plan application. Minor site plan application. Building permit application. None of the above. STREET

Bruce Kaminski
 Applicant's Signature
Frank J. Penner
 Owner's Signature (if different)
Penner Street Assoc.

Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or upon denial of Application.

FOR CITY USE ONLY
 Historic Resource Inventory Number: _____ Assessor's Chart/Block/Lot: _____
 Date Application Submitted: 8/4/92 Date Application Complete _____

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED

TO BE ERECTED ON A BUILDING AT 4 1/2 milk St

IN PORTLAND, MAINE Pearl Street ASSOC. being the owner of the premises

at 4 1/2 milk St in Portland, Maine hereby gives consent to the

erection of a certain sign owned by Bruce Kamiński over the

sidewalk or on the building from said premises as described in application

to the Division of Inspection Services of Portland, Maine for a permit to

cover the erection of said sign:

And in consideration of the issuance of said permit Pearl Street Assoc.

owner of said premises, in event said sign shall cease to serve the purpose

for which it was erected or shall become dangerous and in event the owner of

said sign shall fail to remove said sign or make it permanently safe in case

the sign still serves the purpose for which it was erected, hereby agree

for himself or itself, for his heirs, its successors, and his or its

assigns, to completely remove said sign in such condition and of order

from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and

agreement this 31st day of July 19 92

[Signature]

Owner's signature

V.P. Peter Pica G.

[Signature]

Lessee's signature

07/30/92 14:10 ☎207 883 0367

ROWLEY of MAINE →→→ H O PHASE 2

002

ACORD. INSURANCE BINDER

ISSUE DATE (MM/DD/YY)

7/30/92

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER
The Rowley Agency of Maine
A Division of The Rowley Agency, Inc.
P.O. Box 1770
Portland, ME 04104

COMPANY
Peerless Insurance Company
BINDER NO. 92200146
EXPIRATION DATE 09/30/92
EFFECTIVE DATE 07/30/92
TIME 12:01 PM
TIME 12:01 AM
NOON

CODE **SUB-CODE**

INSURED
Bruce Kaminsky
DBA PORTLAND PORTRAIT GALLERY
4 Milk Street
Portland, ME

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
Art Gallery and Offices Situated 4 Milk Street, Portland, Maine

COVERAGES	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
PROPERTY CAUSES OF LOSS BASIC BROAD XXX SPEC. XXX Replacement Cost XXX Exterior Glass	Business Personal Property Contained in Framo Art Gallery and Offices Situated 4 Milk Street, Portland, ME	\$10,000.	\$250.	None
GENERAL LIABILITY XXX COMMERCIAL GENERAL LIABILITY CLAIMS MADE XXX OCCUR; OWNER'S & CONTRACTOR'S PROT.		GENERAL AGGREGATE \$ 2,000,000. PRODUCTS - COMP/OP AGG. \$ 1,000,000. PERSONAL & ADV. INJURY \$ 1,000,000. EACH OCCURRENCE \$ 1,000,000. FIRE DAMAGE (Any one fire) \$ 50,000. MED. EXPENSE (Any one period) \$ 5,000.		
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS XXX Hired AUTOS XXX NON-OWNED AUTO/ GARAGE LIABILITY	Non-owned and Hired Automobile Liability Only			COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT. \$ UNINSURED MOTORIST \$ Non-owned & Hired \$ 1,000,000.
AUTO PHYSICAL DAMAGE DEDUCTIBLE COLLISION OTHER THAN COLL.	ALL VEHICLES SCHEDULED VEHICLES **NO COVERAGE PROVIDED**			ACTUAL CASH VALUE STATED AMOUNT \$ OTHER \$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	**NO COVERAGE PROVIDED** RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	**NO COVERAGE PROVIDED** RETRO DATE FOR CLAIMS MADE:			STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$

SPECIAL CONDITIONS/OTHER COVERAGES Includes the following coverages: Money & Securities Coverage \$10,000. On Premises/\$2,000. Off Premises; Fine Arts Floater \$40,000. Limit Subject to \$250. Deductible "All Risk" Coverage. *Conditions of Coverage: 1) Protective Safeguards - Local Fire Alarm 2) Insured Must Secure Consent Form Stipulating Agreed Value at the Time of Consignment.

NAME & ADDRESS

None

MORTGAGEE
LOAN PAYEE
LOAN #

ADDITIONAL INSURED

AUTHORIZED REPRESENTATIVE OF THE ROWLEY AGENCY OF MAINE

BY *[Signature]*

ACORD 75-S (7/90) CAC H O CORPORATION 1990

28"

36"

PORTLAND

PORTRAIT

GALLERY

HEAD CLEARANCE FROM
SIDEWALK TO SIGN 9'

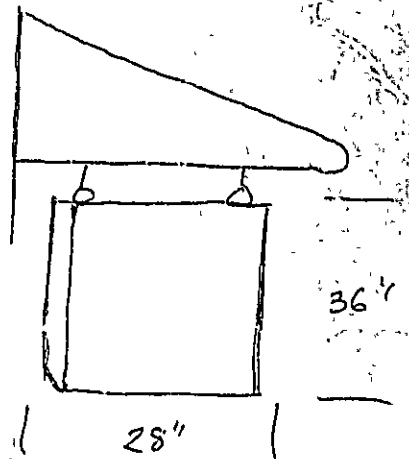
28"

PORTLAND

PORTRAIT

GALLERY

HEAD CLEARANCE FROM
SIDEWALK TO SIGN 9 FT.



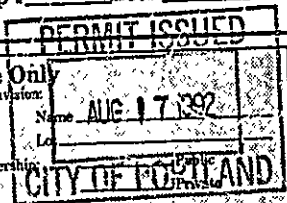
924015 924015
 Permit # 924015 City of Portland

BUILDING PERMIT APPLICATION Fee \$.562 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Mary S. Ingalls Phone # 774-6747
 Address: 3 Milk St; Ptld, ME 04101
 LOCATION OF CONSTRUCTION 8 Milk St. (West Port)
 Contractor: owner Sub: antiques
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: antique store w sign
 Past Use: antique store
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories _____ # Bedrooms _____ Lot Size _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion erect sign - 3' x 2'

For Official Use Only
 Date 7/10/92 Subdivision: _____
 Inside Fire Limits _____ Name AUG 17 1992
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership: _____
 Estimated Cost _____



Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) W.A.P. 7-1 HISTORIC PRESERVATION

Foundations:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floors:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lolly Column Spacing: _____ Size: _____ Spacing 16" O.C.
4. Joist Size: _____
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Cladding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____ Spacing _____ Not in District nor Landmark.
2. Ceiling Strapping Size _____ Spacing _____ Does not require truss.
3. Type Ceilings: _____ Size _____ Requires _____
4. Insulation Type _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____
2. Sheathing Type _____
3. Roof Covering Type _____

Chimneys:

- Type: _____ Number of Fire Places _____

Heating:

- Type of Heat: _____

Electrical:

- Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant Mary S. Ingalls Date 7/10/92

CEO's District 12

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO 12

White - Tax Assessor

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 26.20

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fee \$ _____

(Explain) _____

Late Fee \$ _____

Type	Inspection Record	Date
<u>Progress Insp.</u>		<u>8-17-92</u>
" "		<u>9-12-92</u>
" "		<u>9-18-92</u>
_____		_____
_____		_____
_____		_____

COMMENTS: 8/17/92. Not placed yet. 92

9/12/92. PLACED AS PER PLAN 340

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 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.

SIGNATURE OF APPLICANT: M. J. Bugales ADDRESS: 8 Milk St. Portland, ME (267) PHONE NO.: 774-6747

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO. _____



City of Portland
Department of Planning and Urban Development
Room 211 City Hall, 389 Congress Street
Portland, Maine 04101 207-874-8300

FORM 110

HISTORIC PRESERVATION CERTIFICATE OF APPROPRIATENESS

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), the following work on the specified property is hereby:

granted a Certificate of Appropriateness, with conditions as indicated.
 denied a Certificate of Appropriateness.

Historic Resource Inventory Number: _____ Assessor's Char/Block/Lot: _____

Property Address: 8 MILK STREET

Applicant: (name) Mary Ingalls, Westport Antiques
(address) 8 Milk Street
Portland, ME 04101

Proposed Work (continue on back if necessary): Install new 2' x 3' wood projecting sign on an existing bracket at 8 Milk Street.

Conditions of Approval (continue on back if necessary): None.

Reasons for Denial (continue on back if necessary): _____

All improvements shall be carried out as shown on the plans and specifications as submitted by the applicant, except as modified to comply with the conditions of approval described above. Changes to the approved plans and specifications and any additional work which may be undertaken must be reviewed and approved by this office prior to construction, alteration or demolition. If, during the course of completing the approved work, conditions are encountered which prevent completing the approved work or which require additional or alternative work, you must apply for and receive a Certificate of Appropriateness or Non-Applicability PRIOR to undertaking additional or alternative work.

This Certificate is granted upon condition that the work authorized herein is commenced within twelve (12) months after the date of issuance. If the work authorized by this Certificate is not commenced within twelve (12) months after the date of issuance or if such work is suspended in significant part for a period of one year after the time the work is commenced, such Certificate shall expire and be of no further effect; provided that, for cause, one or more extensions of time for periods not exceeding ninety (90) days each may be allowed in writing by the Department.

4/12/92
Date

Joseph E. [Signature]
Director of Planning and Urban Development

Staff Recommendation:

Additional Information Requested (date: _____ rec'd: _____)
 Approve. Approve w/ conditions. Deny. No Recommendation. Date: 7-31
 Conditions: None.

Historic Preservation Committee Recommendation/Decision:

Required: Yes No
 Approve. Approve w/ conditions. Deny. Vote: 5-0 (Kuniholm an [unclear] ater absent)
 Conditions: None. 8-5-92

Planning Board Decision:

Required: Yes No
 Approve Approve w/ conditions. Deny. Vote: _____
 Conditions: _____

City Council Decision (Project of Special Merit):

Approve. Approve w/ conditions. Deny. Vote: _____

Conditions:

- 1. Developer demonstrate binding financial commitments, performance guarantees, penal bond.
- 2. Developer provide full documentation of the resource, provide suitable monument.
- 3. Other: _____

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

Billing for Legal
Ads for Agenda's

Project Name: Westport Antiques

Owner's Name: Mary Ingalls

Address of Project: 8 Milk St.

Division/Board: Historic Preservation

Number of Residential Notices Mailed Out: 8

% Amount of Legal Ad: 17.50

.40 X number of notices: 3.20

Total Amount Due: 20.70

Make checks payable to the City of Portland, Attn. D. Marquis, Rm. 315, 389
Congress Street, Portland, Maine 04101.

Bill to: Mary Ingalls, Westport Antiques

8 Milk St.

Portland, Maine 04101

ma ed: _____

RECEIVED

JUL 10 1992



City of Portland
Department of Planning and Urban Development
Room 211 City Hall,
Portland, Maine 04101

DEPT OF BUILDING
389 Congress Street
207-874-8300

**HISTORIC PRESERVATION
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: West Port Antiques
Applicant: (name) MARY INGALLS (telephone) 207 774-6747
(company) West Port Antiques
(address) 8 MILK STREET
PORTLAND, ME 04101
Property Owner, if different: (name) Witt Bros Construction
(address) 507 Rye Rd
Boothbay, ME 04534
(telephone) 207 633-6940

Architect (if any): _____
Contractor or Builder (if any): _____

Local Designation: _____ within historic district: (name) WATER FRONT
 Landmark, Contributing, Non-contributing.
National Register Status: Landmark, District, Not Applicable.

Description of Proposed Work (Use additional sheets as necessary. Submit architectural sketches, plans, scale drawings, photographs, specifications, or other supporting documentation as required. All submission materials will be retained by the City. In the case of demolition or removal of a structure, the following indicates the proposed condition and appearance of the property thereafter):
See Attached Plans.

Work is proposed in conjunction with: Major site plan application, Minor site plan application,
 Building permit application, None of the above.
Applicant's Signature: Mary Ingalls Owner's Signature (if different): Thomas B. Witt

Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or upon denial of Application.

FOR CITY USE ONLY
Historic Resource Inventory Number: _____ Assessor's Chart/Block/Lot: _____
Date Application Submitted: _____ Date Application Complete: _____



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JUL 1 0 1992

City of Portland
Department of Planning and Urban Development
Room 211 City Hall,
Portland, Maine 04101

DEPT OF BUILDING
389 Congress Street
207-874-8300

**HISTORIC PRESERVATION
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: West Port Antiques

Applicant: (name) MARY INGALLS (telephone) 207 774-6747
(company) West Port Antiques
(address) 8 Milk Street
Portland, ME 04101

Property Owner, if different: (name) Witt Bros. Construction
(address) 507 Ruel Rd
Brookton, ME 04534
(telephone) 207 633-6940

Architect (if any):
Contractor or Builder (if any):

Local Designation: within historic district: (name) Water Front
 Landmark Contributing Non-contributing
National Register Status: Landmark District Not Applicable

Description of Proposed Work (Use additional sheets as necessary. Submit architectural sketches, plans, scale drawings, photographs, specifications, or other supporting documentation as required. All submission materials will be retained by the City. In the case of demolition or removal of a structure, the following indicates the proposed condition and appearance of the property thereafter):

See Attached Plans

Work is proposed in conjunction with: Major site plan application, Minor site plan application,
 Building permit application, None of the above.

Applicant's Signature: Mary Ingalls

Owner's Signature (if different): Thomas B. Witt

Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or upon denial of Application.

FOR CITY USE ONLY
Historic Resource Inventory Number: _____ Assessor's Char/Block/Lot: _____

Date Application Submitted: _____ Date Application Complete: _____

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED
TO BE ERECTED ON A BUILDING AT 8 MILK ST
IN PORTLAND, MAINE Thomas Witt being the owner of the premises
at C-8 MILK ST. in Portland, Maine hereby gives consent to the
erection of a certain sign owned by Mary Ingalls over the
sidewalk or on the building from said premises as described in application
to the Division of Inspection Services of Portland, Maine for a permit to
cover the erection of said sign:

RECEIVED

JUL 10 1992

DEPT OF PUBLIC WORKS
CITY OF PORTLAND

And in consideration of the issuance of said permit _____
owner of said premises, in event said sign shall cease to serve the purpose
for which it was erected or shall become dangerous and in event the owner of
said sign shall fail to remove said sign or make it permanently safe in case
the sign still serves the purpose for which it was erected, hereby agrees
for himself or itself, for his heirs, its successors, and his or its
assigns, to completely remove said sign in such condition and of order
from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and
agreement this 28th day of NOV 19 91.

Thomas P. Witt
Owner's signature

Mary Ingalls
Lessee's signature

Peerless Insurance

Nationale-Nederlanden North America
Property and Casualty Group

Declarations Page

RENEWAL OF POLICY BOP 8928295
BUSINESSOWNERS

DECLARATION ** EFFECTIVE 06/06/92

Policy number BOP 8928295	From 06/06/92	Policy period To 06/06/93	Coverage is provided in the PEERLESS INSURANCE COMPANY	Agency 3210564
Named insured and address MARY INGALLS DBA WEST PORT ANTIQUES 8 MILK STREET PORTLAND ME 04101			Producer CLARK ASSOCIATES PO BOX 3543, 2331 CONGRESS ST. PORTLAND ME 04104	

COMMERCIAL PROTECTOR DECLARATION PAGE 2

AUTOMATIC INCREASE: BUILDING COVERAGE SHALL AUTOMATICALLY BE INCREASED
4% ANNUALLY.

LIABILITY COVERAGE:

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS/COMPLETED OPERATIONS OR PROFESSIONAL)	LIABILITY LIMITS \$ 1,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 500,000
PROFESSIONAL LIABILITY AGGREGATE LIMIT	\$ EXCLUDED
PERSONAL AND ADVERTISING INJURY LIMIT	\$ 500,000
EACH OCCURRENCE LIMIT	\$ 500,000
TENANTS FIRE LEGAL LIABILITY (ANY ONE FIRE)	\$ 50,000
MEDICAL EXPENSE LIMIT (ANY ONE PERSON)	\$ 5,000

POLICY FORMS AND ENDORSEMENTS: *44-42 0991 *IL0003 0689 *IL0021 1185 *IL0247
0392 *BP0123 0187 *BP0007 0190 *IL0913/H0-306 0182 *44-50 0691

ANNUAL POLICY PREMIUM \$ 306.00

COUNTERSIGNED _____ BY _____ AUTHORIZED REPRESENTATIVE 05/22/92
DATE

RECEIVED

JUL 10 1992

DEPT OF BUILDING
CITY OF PORTLAND

Peerless Insurance

Nationale-Nezelanden North America
Property and Casualty Group

Declarations Page

RENEWAL OF POLICY BOP 8928295
BUSINESSOWNERS

DECLARATION * * EFFECTIVE 06/06/92

Policy number	From	Policy period To	Coverage is provided in the	Agency
BOP 8928295	06/06/92	06/06/93	PEERLESS INSURANCE COMPANY	8210564

Named Insured and address	Producer
MARY INGALLS DBA WEST PORT ANTIQUES 8 MILK STREET PORTLAND ME 04101	CLARK ASSOCIATES PO BOX 3543, 2331 CONGRESS ST. PORTLAND ME 04104

COMMERCIAL PROTECTOR DECLARATION PAGE 1

* SPECIAL STANDARD

POLICY PERIOD: 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

BUSINESS DESCRIPTION: ANTIQUE STORE
FORM OF BUSINESS * INDIVIDUAL PARTNERSHIP OTHER
JOINT VENTURE CORPORATION

IN CONSIDERATION OF THE PREMIUM, INSURANCE IS PROVIDED THE NAMED INSURED WITH RESPECT TO THOSE PREMISES DESCRIBED IN THE SCHEDULE BELOW AND WITH RESPECT TO THOSE COVERAGES AND KINDS OF PROPERTY FOR WHICH A SPECIFIC LIMIT OF LIABILITY IS SHOWN, SUBJECT TO ALL OF THE TERMS OF THIS POLICY INCLUDING FORMS AND ENDORSEMENTS MADE A PART HEREOF.

DESCRIBED PREMISES: *SAME* IF SAME AS MAILING ADDRESS
NO. 1: 8 MILK STREET, PORTLAND, ME 04101
NO. 2:
NO. 3:

PROPERTY COVERAGE	BLE: \$ 250	ON BUILDING AND PERSONAL PROPERTY	LIMITS OF LIABILITY
BUILDING	PREM NO. 01 BLDG NO. 01	PREM NO. 01 BLDG NO. 01	PREM NO. 01 BLDG NO. 01
BUSINESS PERSONAL PROPERTY	\$ 15,000	\$	\$
PERSONAL PROPERTY OF OTHERS	\$ NIL	\$	\$
BUSINESS INCOME	ACTUAL BUSINESS LOSS SUSTAINED NOT EXCEEDING 12 CONSECUTIVE MONTHS.		

ACTUAL CASH VALUE-BLDG OPTION (Y/N)
PROT SAFEGUARD SYM IF APPLICABLE

RECEIVED

JUL 10 1992

DEPT OF BUILDING INSPECTION
CITY OF PORTLAND



(D) 78507
 Inspector/Buick - City of Portland
 RETENTION LIMIT _____
 DATE: _____
 SUBJECT: Plot
 DATE: _____
 MESSAGE: Silver St for Sign - West Port
 ANTIQUES

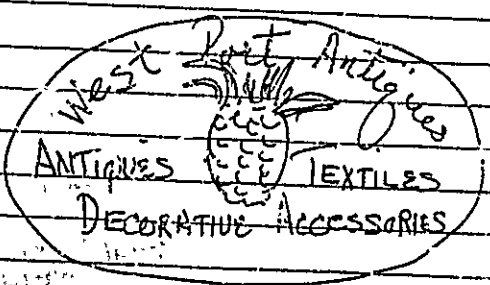
Mark S
 AT Corner Dimensions:
 Vertical 24"
 Horizontal 36"

Approx 12 feet above sidewalk
 " Projection 3'-6"

West Port Antiques
 8 Mill St.
 Portland, ME 04101

(USE REVERSE SIDE IF NEEDED)

(D) 78507
 TO: Inspector/City of Portland
 FROM: Portland
 RETENTION LIMIT _____
 DATE: _____
 SUBJECT: West Port Sign
 DATE: _____
 MESSAGE:



(USE REVERSE SIDE IF NEEDED)

930201

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job Proper plans must accompany form.

For Official Use Only

MAR 24 1993

Owner: Pearl Street Assoc. Phone # 772-6404
Address: Box 752 Ptd, ME 04102
Four Milk St. - 1st floor

Date: 3/18/93
Inside Fire Limits _____
Bidg Code _____
Time Limit _____
Estimated Cost: \$800

Subdivision Name _____
Lot _____
Ownership Public _____ Private _____

LOCATION OF CONSTR: _____ Sub: _____
Contractor: Wright Phone # _____

Zoning: Street Frontage Provided: _____ Back _____ Side _____
Provided Setbacks: Front _____
Review Required: Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Site Plan _____ Subdivision _____
Conditional Use: _____ Variance _____ Floodplain Yes _____ No _____
Shoreland Zoning Yes _____ No _____
Special Exception (Explain) _____
Other: _____

Est. Construction Cost: \$800 Proposed Use: retail w int renov
Address: _____ Past Use: retail

of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq Ft. _____
Stories: _____ # Bedrooms _____ Lot Size _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion: Interior renovations - construct door

Ceiling: 1. Ceiling Joist Size: _____ Spacing _____
2. Ceiling Strapping Size _____ Size _____
3. Type Ceilings _____
4. Insulation Type _____
5. Ceiling Height: _____

Roof: 1. Truss or Rafter Size _____
2. Sheathing Type _____
3. Roof Covering Type _____

Chimneys: Type: _____ Number of Fire Places _____

Heating: Type of Heat: _____ Smoke Detector Required Yes _____ No _____

Electrical: Service Entrance Size: _____ Yes _____ No _____

Plumbing: 1. Approval of soil test if required _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools: _____ Square Footage _____
Pool Size: _____
Must conform to National Building Code and State Law.

Signature of Applicant: Louise _____ Date: 3/18/93
Signature of CEO: _____
Inception Date: _____
White Tag - CEO [2] MR JAVING

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER 3/18/93

Copyright GPCOG 1988

Foundations: 1. Type of Soil: _____ Rear _____ Side(s) _____
2. Set Backs - Front _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____ Sills must be anchored.

Floor: 1. Sills Size: _____ Size: _____ Spacing 16" O.C.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Size _____
b. Bridging Type: _____
6. Floor Sheathing Type: _____
7. Other Material: _____ Spacing _____

Exterior Walls: 1. Studding Size _____
2. No. windows _____ Span(s) _____
3. No. Doors _____
4. Header Sizes _____ No. _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____ Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____
9. Siding Type _____
10. Masonry Materials _____
11. Metal Materials _____ Spacing _____
Span(s) _____

Interior Walls: 1. Studding Size _____
2. Header Size _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

White-Tax Assessor Yellow-GPCOG

930414

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$26.20 Zone _____ Map # _____ Lot # _____

Please fill out any part which applies to job. Proper plans must accompany form.

PERMIT ISSUED

Owner: Maine Color Service Phone # 774-4300
 Address: Four Milk St- Ptd, ME 04101
 LOCATION OF CONSTRUCTION Four Milk St.
 Contractor: _____ Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: photo lab w sign
 Past Use: photo lab
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion erect sign - 3'x2'

For Official Use Only
 Date 5/21/93 Subdivision _____
 Inside Fire Limits _____ Name MAY 24 1993
 Bldg Code _____ Owner _____
 Time Limit _____
 Estimated Cost _____

CITY OF PORTLAND

Zoning: _____
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) _____

Foundations:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Floor:
 1. Sills Size _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: _____ Approved.
 2. Sheathing Type _____ Size _____ Approved with Cond. _____
 3. Roof Covering Type _____ Dealed _____
 Chimneys:
 Type: _____ Number of Fire Places _____ Signature: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Heating:
 Type of Heat: _____
 Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
 Plumbing:
 1. Approval of soil test if required: Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Fixtures _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____
 3. Must conform to National Electrical Code and State Law.
 Permit Received By Louise E. Chase
 Signature of Applicant: H. Terrence O'Rourke Date 5/21/93
 Signature of CEO: _____ Date _____
 Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag -CEO

127 1993

Copyright GPCOG 1988

0201 980201

City of Portland

BUILDING PERMIT APPLICATION

Fee \$25.

Zone

Map #

Lot #

Please fill out any part which is to job. Proper plans must accompany form.

PERMIT ISSUED

Owner: Pearl Street Loc. Phone # 772-6404
Address: Box 7525; S.W. 5th. NE 04112

LOCATION OF CONSTRUCTION: Milk St. 1st floor

Contractor: Wright-Rye Sub:

Address: Phone #

Est. Construction Cost: \$800 Proposed Use: retail w/ int renov

Past Use: retail

of Existing Res. Units # of New Res. Units

Building Dimensions L W Total Sq. Ft.

Storcks # Bedrooms Lot Size:

Is Proposed Use: Seasonal Condominium Conversion

Explain Conversion: Interior renovations - construct door

For Official Use Only	
Date: 3/18/93	Substation: MAR 24 1993
Inside Fire Limits	Name
Blgd Code	Lot
Time Limit	Owner: Public
Estimated Cost: \$800	CITY OF PORTLAND

Zoning: Street Frontage Provided: Provided Setbacks: Front Back Side Side

Review Required: Zoning Board Approval: Yes No Date: Planning Board Approval: Yes No Date: Conditional Use: Variance Site Plan Subdivision Shoreland Zoning Yes No Floodplain Yes No Special Exception Other (Explain)

HISTORIC PRESERVATION

Foundations:

1. Type of Soil:
2. Set Backs - Front Rear Side(s)
3. Footings Size:
4. Foundation Size:
6. Other

Floors:

1. Sills Size: Sills must be anchored.
2. Girder Size:
3. Lally Column Spacing: Size: Spacing 16" O.C.
4. Joists Size: Spacing 16" O.C.
5. Bridging Type: Size:
6. Floor Sheathing Type: Size:
7. Other Material:

Exterior Walls:

1. Studding Size Spacing
2. No. windows
3. No. Doors
4. Header Sizes Span(s)
5. Bracing: Yes No
6. Corner Posts Size
7. Insulation Type Size
8. Sheathing Type Size
9. Siding Type Weather Exposure
10. Masonry Materials
11. Metal Materials

Interior Walls:

1. Studding Size Spacing
2. Header Sizes Span(s)
3. Wall Covering Type
4. Fire Wall if required
5. Other Materials

Ceiling:

1. Ceiling Joists Size: Not in District nor Landmark
2. Ceiling Strapping Size Spacing: Does not require review
3. Type Ceilings: Requires Review
4. Insulation Type Size
5. Ceiling Height: Size

Roof:

1. Trues or Rafter Size Span: Action: Approved, Approved with Comments
2. Sheathing Type Size: Dashed
3. Roof Covering Type Date: 3/18/93

Chimneys:

Type: Number of Fire Places

Heating:

Type of Heat:

Electrical:

Service Entrance Size: Smoke Detector Required Yes No

Plumbing:

1. Approval of soil test if required Yes No
2. No. of Tubs or Showers
3. No. of Flushes
4. No. of Lavatories
5. No. of Other Fixtures

Swimming Pools:

1. Type:
2. Pool Size: x
3. Must conform to National Electrical Code and other

Permit Received By Louise E. Chase

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

Signature of Applicant: Date 3/18/93

Signature of Inspector: Date

White-Tax Assessor Yellow-GPCOG

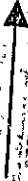
White Tag

© Copyright GPCOG 1988

2 MR JAVING

PLOT PLAN

N



FEES (Breakdown From Front)
 Base Fee \$ 25
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS 6/may/93 will call when work is done, work done &

Signature of Applicant [Signature]

772-6404

Date 3/18/93

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

March 23, 1993

RE: Four Milk St. (1st floor)

Pearl Street Assoc.
Box 7523
Portland, ME 04112

Dear Sir:

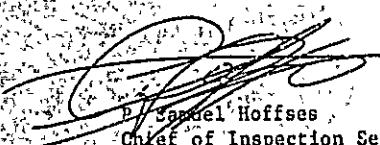
Your application to make interior renovations-construct door at Four Milk Street-first floor, has been reviewed and a permit is herewith issued subject to the following requirements:

No certificate of occupancy can be issued until all requirements of this letter are met.

1. All means of egress lighting shall be done in accordance with Article 8 section 823.0 of the City's building code. The BOCA National Building Code (1990)
2. Exit signs and lights shall be installed as per Article 8 section 822.0 of the City's building code.
3. Portable fire extinguishers shall be provided as per section 26-3.5 of N.F.P.A. 101.
4. Doors shall comply with section 5-2.1 of N.F.P.A.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


Samuel Hoffses
Chief of Inspection Services

/el

cc: T. G. McDougall, Fire Prevention Bureau

930414

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$26.20 Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Color Service Phone # 774-8300
 Address: Four Milk St- Ptld, ME 04101
 LOCATION OF CONSTRUCTION Four Milk St.
 Contractor: _____ Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: photo lab w sign
 Past Use: photo lab
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion erect sign - 3'x2'

PERMIT ISSUED

For Official Use Only

Date: 5/21/93 Subdivision: _____
 Inside Fire Limits: _____
 Bldg Code: _____
 Time Limit: _____
 Estimated Cost: _____
 Owner: _____
CITY OF PORTLAND

Date: MAY 24 1993

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 6. Other _____
prop owner: Pearl St. Assoc.

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Size _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall If required _____
 5. Other Materials _____

Zoning:
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain): _____
5-21-93

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____ Not in District of Landmark
 3. Type Ceilings: _____ Does not require review
 4. Insulation Type _____ Size _____ Requires review
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Spacing: Approved
 2. Sheathing Type _____ Size _____ Approved with Conditions
 3. Roof Covering Type _____ Decked

Chimneys:
 Type: _____ Number of Fire Places _____ Date: _____
 Signature: _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant [Signature] Date _____
U. Terrence O'Rourke

Signature of CEO _____ Date 5/21/93

Inspection Dates _____

PLOT PLAN

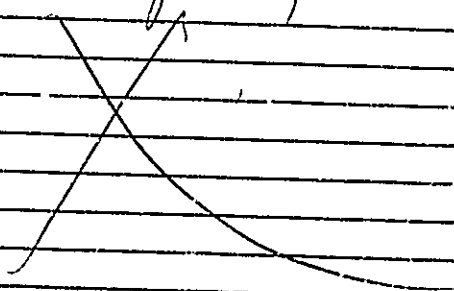


FEES (Breakdown From Front)

Base Fee \$ 26,20
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS 3/June/93 NOT done - 24/June/93 Completed



Signature of Applicant W.D. [unclear]

Date _____



City of Portland
 Department of Planning and Urban Development
 Room 211 City Hall, 389 Congress Street
 Portland, Maine 04101 207-874-8300

Form 31.03

HISTORIC PRESERVATION APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: 4 MILK ST

Applicant: (name) TERRY O'ROURKE (telephone) 774-4300
 (company) MAINE COLOR SERVICE
 (address) 4 MILK ST PORTLAND, ME 04101

Property Owner, if different: (name) PEARL STREET ASSOC.
 (address) P.O. BOX 7525
5 MILK ST PORTLAND, ME 04112
 (telephone) 879-1671

Architect (if any): _____
 Contractor or Builder (if any): _____

Local Designation: within historic district: (name) PORTLAND WATERFRONT HISTORIC DIST.
 Landmark. Contributing. Non-contributing.
 National Register Status: Landmark. District. Not Applicable.

Description of Proposed Work (Use additional sheets as necessary. Submit architectural sketches, plans, scale drawings, photographs, specifications, or other supporting documentation as required. All submission materials will be retained by the City. In the case of demolition or removal of a structure, the following indicates the proposed condition and appearance of the property thereafter):
ADD SIGN (SEE ATTACHED)

Work is proposed in conjunction with: Major site plan application. Minor site plan application.
 Building permit application. None of the above.

T. O'Rourke
 Applicant's Signature

[Signature]
 Owner's Signature (if different)

Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or upon denial of Application.

FOR CITY USE ONLY
 Historic Resource Inventory Number: _____ Assessor's Chart/Block/Lot: _____
 Date Application Submitted: 5/21/95 Date Application Complete: _____

CERTIFICATE OF INSURANCE

PRODUCER

Clark Associates
2331 Congress Street
P O Box 3543
Portland, ME 04104
(207) 774-6237

ISSUE DATE (MM/DD/YY)

12/29/92

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 LETTER A Hannover Ins Company

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

INSURED

Maine Color Service Inc
P.O. Box 7595 DIS
Portland, ME 04101

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	POLICY EXP. DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Premises/Operations <input type="checkbox"/> Underground Explosion & Collapse Hazard <input checked="" type="checkbox"/> Products/Comp. Operations <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> Independent Contractors <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Personal Injury	ODP3817955-02	12/01/92	12/01/93	BODILY INJURY OCC. \$ BODILY INJURY AGG. \$ PROPERTY DAMAGE OCC. \$ PROPERTY DAMAGE AGG. \$ BI & PD COMBINED AGG. \$ 1,000,000 BI & PD COMBINED AGG. \$ 1,000,000 PERSONAL INJURY AGG. \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos (Priv. Pass.) <input type="checkbox"/> All Owned Autos (Other than Priv. Pass.) <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ BODILY INJURY & PROPERTY DAMAGE COMBINED \$
	EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				EACH OCCURRENCE \$ AGGREGATE \$ STATUTORY LIMITS \$ EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				
A	OTHER Contents	ODP3817955-02	12/01/92	12/01/93	\$225,000 \$1,000 Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 CERTIFICATE HOLDER IS HEREBY NAMED AS ADDITIONAL INSURED - BUILDING OWNER
 OF 4 MILK STREET, PORTLAND, ME

CERTIFICATE HOLDER
 PEARL STREET ASSOCIATE
 P.O. BOX 7725
 PORTLAND ME 04112

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

Richard H. [Signature]

CERTIFICATE OF INSURANCE

PRODUCER

GHM Agency Portland Inc.
977 Brighton Avenue
Portland, ME 04102
(207) 774-0030

ISSUE DATE (MM/DD/YY)
 01/27/93

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 LETTER A HANOVER INSURANCE COMPANY
COMPANY LETTER B
COMPANY LETTER C
COMPANY LETTER D
COMPANY LETTER E

INSURED

SIGN SYSTEMS OF MAINE
55 FEDERAL STREET
PORTLAND, ME 04101

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 CONTACT 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	POLICY EXPIRATION DATE	LIMITS												
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [] CLAIMS MADE [X] OCCUR. [] OWNER'S & CONTRACTOR'S PROT. []	VDP41	10/10/92	10/10/93	<table border="1"> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OPS AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PERSONAL & ADVERTISING INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$ 500,000</td></tr> <tr><td>MEDICAL EXPENSE (Any one person)</td><td>\$ 5,000</td></tr> </table>	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS-COMP/OPS AGGREGATE	\$ 2,000,000	PERSONAL & ADVERTISING INJURY	\$ 1,000,000	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any one fire)	\$ 500,000	MEDICAL EXPENSE (Any one person)	\$ 5,000
GENERAL AGGREGATE	\$ 2,000,000																
PRODUCTS-COMP/OPS AGGREGATE	\$ 2,000,000																
PERSONAL & ADVERTISING INJURY	\$ 1,000,000																
EACH OCCURRENCE	\$ 1,000,000																
FIRE DAMAGE (Any one fire)	\$ 500,000																
MEDICAL EXPENSE (Any one person)	\$ 5,000																
A	AUTOMOBILE LIABILITY [X] ANY AUTO [] ALL OWNED AUTOS [X] SCHEDULED AUTOS [] HIRED AUTOS [] NON-OWNED AUTOS [] GARAGE LIABILITY []	ADP 4218691	10/10/92	10/10/93	<table border="1"> <tr><td>COMBINE SINGLE LIMIT</td><td>\$ 500,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> <tr><td>EACH OCCURRENCE AGGREGATE</td><td>\$</td></tr> </table>	COMBINE SINGLE LIMIT	\$ 500,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$	EACH OCCURRENCE AGGREGATE	\$		
COMBINE SINGLE LIMIT	\$ 500,000																
BODILY INJURY (Per person)	\$																
BODILY INJURY (Per accident)	\$																
PROPERTY DAMAGE	\$																
EACH OCCURRENCE AGGREGATE	\$																
	EXCESS LIABILITY [] Umbrella Form [] Other Than Umbrella Form				<table border="1"> <tr><td>STATUTORY LIMITS</td><td></td></tr> <tr><td>EACH ACCIDENT</td><td>\$</td></tr> <tr><td>DISEASE - POLICY LIMIT</td><td>\$</td></tr> <tr><td>DISEASE - EACH EMPLOYEE</td><td>\$</td></tr> </table>	STATUTORY LIMITS		EACH ACCIDENT	\$	DISEASE - POLICY LIMIT	\$	DISEASE - EACH EMPLOYEE	\$				
STATUTORY LIMITS																	
EACH ACCIDENT	\$																
DISEASE - POLICY LIMIT	\$																
DISEASE - EACH EMPLOYEE	\$																
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY																
	OTHER																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
"THIS CERTIFICATE IS FOR INSURED'S RECORD ONLY."

CERTIFICATE HOLDER

INSURED'S COPY

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 OF REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Handwritten Signature]

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED
TO BE ERECTED ON A BUILDING AT 4 MILK STREET
IN PORTLAND, MAINE 04101 being the owner of the premises
at 4 Milk St in Portland, Maine hereby gives consent to the
erection of a certain sign owned by MAINE COLOR SERVICES over the
sidewalk or on the building from said premises as described in application
to the Division of Inspection Services of Portland, Maine for a permit to
cover the erection of said sign:

And in consideration of the issuance of said permit Paul Street Associates,
owner of said premises, in event said sign shall cease to serve the purpose
for which it was erected or shall become dangerous and in event the owner of
said sign shall fail to remove said sign or make it permanently safe in case
the sign still serves the purpose for which it was erected, hereby agrees
for himself or itself, for his heirs, its successors, and his or its
assigns, to completely remove said sign is in such condition and of order
from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and
agreement this 20th day of May 19 93.

John A. [Signature] President of P.S.A.
Said owner of said premises
Owner's signature

[Signature]
Lessee's signature