

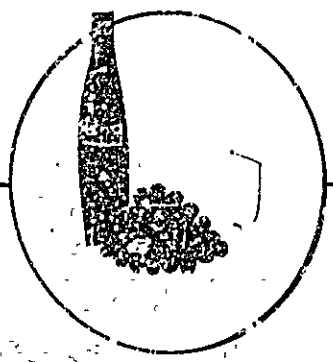
11/21/91

RECEIVED

JUL 1 1 1991

DEPT. OF AGRICULTURE & FORESTRY  
OFFICE OF PORTLAND

**PORTLAND  
WINE & CHEESE  
COMPANY**

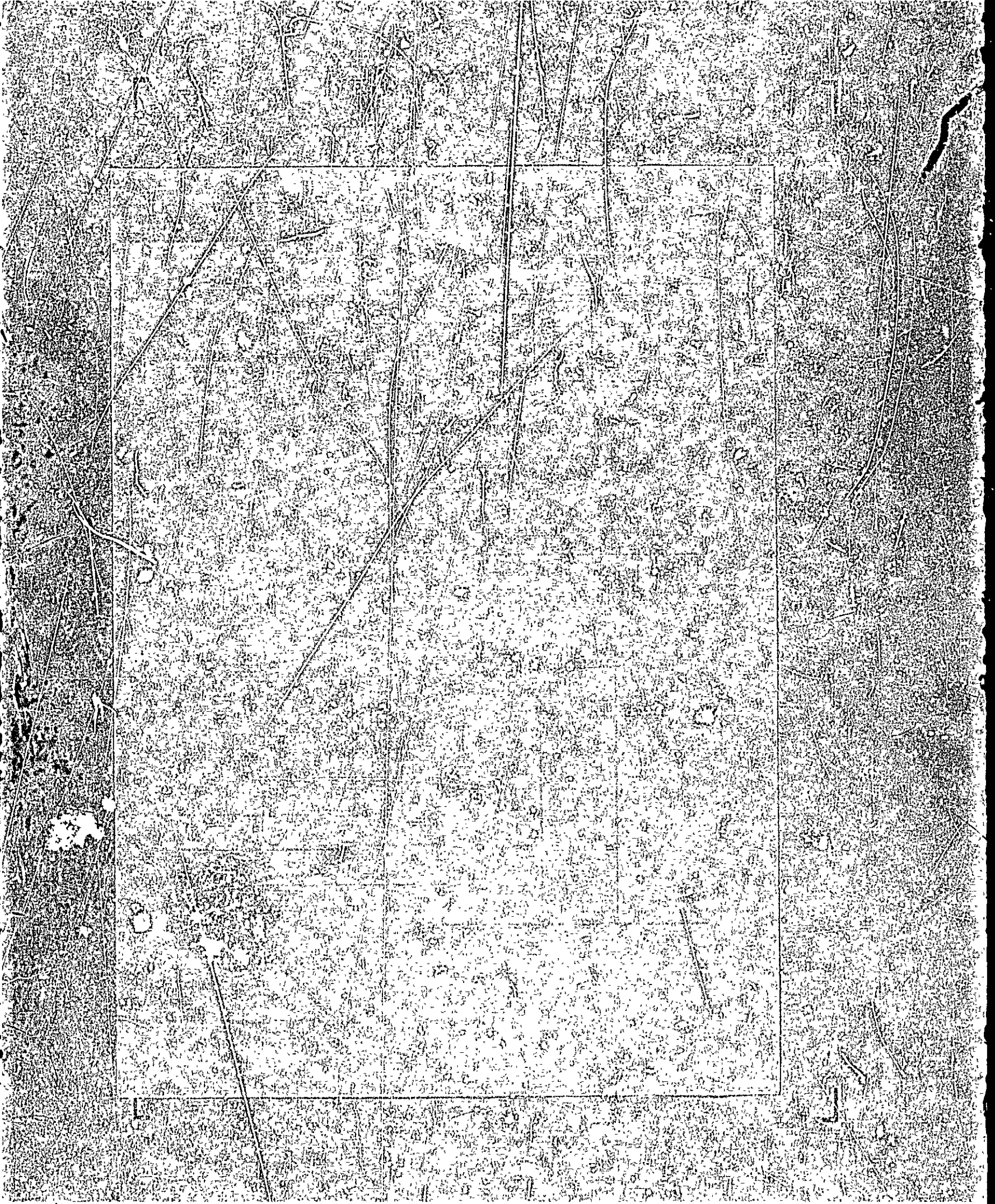


**LUNCHES • GOURMET**

40"  
(30")

3/4" thick ex  
plywood.  
approx. 40" x 50"  
Letters 5" x 3" app.  
colors as you like  
5/7 14

medium  
7" - 2" w/



JUL 11 1991

DEPT OF BUILDING INSPECTIONS  
CITY OF PORTLAND



MIDDLE ST.

0  
A  
0



# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3026

## PROPERTY ADDRESS

Town Or Plantation: Portland  
 Street Subdivision Lot #: 57 Exchange St Portland, ME  
 PROPERTY OWNERS/NAME:  
 Last: McDonald First:  
 Applicant Name: J.H. Calverley Co. Inc.  
 Mailing Address of Owner/Applicant (if Different):  
P.O. Box 170 Westbrook, ME 04098

PORTLAND 04322 TOWN COPY  
 Date Paid: 10-15-91 \$ 0.124  Double Fee Charged  
 Local Plumbing Inspector Signature: [Signature] License # 0124  
 City: Portland, ME

### Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand at any falsification is reason for the Local Plumbing Inspector to deny a Permit.  
 Signature of Owner/Applicant: [Signature] Date: 10-15-91

### Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.  
 Local Plumbing Inspector Signature: [Signature] Date Approved:

## PERMIT INFORMATION

This Application is for:  
 1.  NEW PLUMBING  
 2.  RELOCATED PLUMBING

Type Of Structure To Be Served:  
 1.  SINGLE FAMILY DWELLING  
 2.  MODULAR OR MOBILE HOME  
 3.  MULTIPLE FAMILY DWELLING  
 4.  OTHER - SPECIFY Commercial

Plumbing To Be Installed By:  
 1.  MASTER PLUMBER  
 2.  OIL BURNERMAN  
 3.  MFG'D. HOUSING DEALER/MECHANIC  
 4.  PUBLIC UTILITY EMPLOYEE  
 5.  PROPERTY OWNER  
 LICENSE # 10121179

Hook-Up & Piping Relocation Maximum 21 1/2 Hook-Ups	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP, to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR HOOK-UP, to an existing subsurface wastewater disposal system OR PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures		Hosebibb / Sillcock		Bathtub (and Shower)
		Fl or Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: <u>2</u>		Water Heater
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
Hook-Up & Relocation Fee			Fixtures (Subtotal) Column 2	
			Total Fixtures	
			Fixture Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

9 3138

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.

Owner: Old Port Properties Ltd. Phone # 371-7100  
 Address: One Portland Square; Pkld, 4E 34101  
 LOCATION OF CONSTRUCTION 57 Exchange St (Picture Yourself)  
 Contractor: \_\_\_\_\_ Sub: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: hair salon  
 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 Change of Use - from retail to hair salon

**PERMIT ISSUED**  
 For Official Use Only  
 Date 10/3/91 Subdivision \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name 067 918 193  
 Blgd Code \_\_\_\_\_ Owner \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Estimated Cost \_\_\_\_\_  
**CITY OF PORTLAND**

Zoning: B-3  
 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 \_\_\_\_\_  
 Heretofore Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other: WDA (Explain) \_\_\_\_\_

**Foundations:**  
 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 \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

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

**Roof:**  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_ Approval \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Approval \_\_\_\_\_  
 3. Roof Coverage Type \_\_\_\_\_

**Chimneys:**  
 Type \_\_\_\_\_ Number of Fire Places \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature \_\_\_\_\_

**Heating:**  
 Type of Heat: \_\_\_\_\_

**Electric:**  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_  
 Grounding: \_\_\_\_\_  
 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.

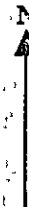
Permit Received By E. Chase  
 Signature of Applicant \_\_\_\_\_ Date 10/3/91  
 CEO's District \_\_\_\_\_  
**PERMIT ISSUED WITH LETTER**

White - Tax Assessor

Ivory Tag - CEO

CONTINUED TO REVERSE SIDE

**PLOT PLAN**



FEES (Breakdown From Front)		Type	Inspection Record	Date
Base Fee \$	25--			
Subdivision Fee \$				
Site Plan Review Fee \$				
Other Fees \$				
(Explain)				
Late Fee \$				

**COMMENTS**

*4/19/91 - Completed 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.

*Van Kemmer*

871-7100

SIGNATURE OF APPLICANT

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

EXHIBIT A

VAULT

Common  
HALL

Common  
HALL

1345 4

VAULT

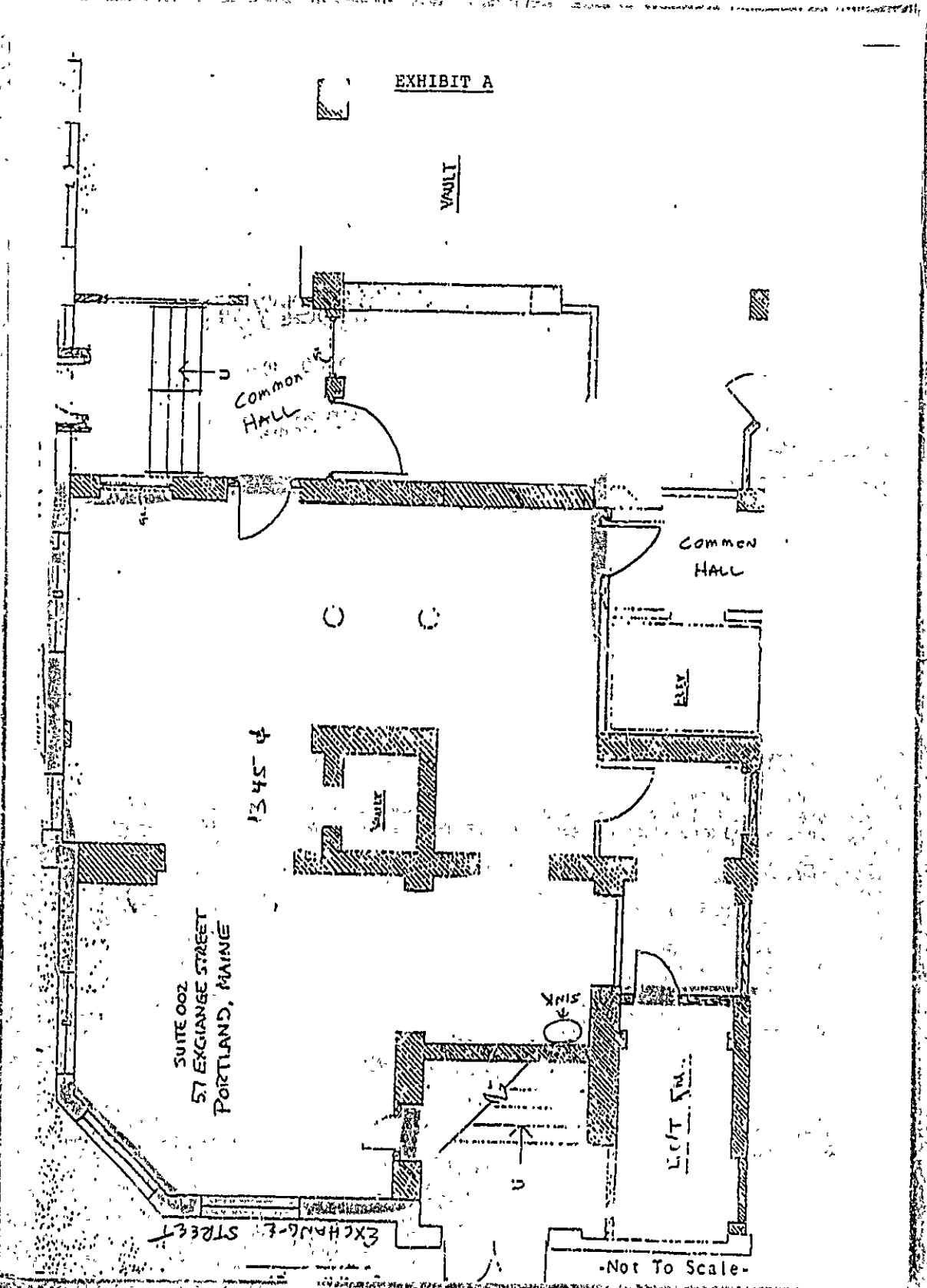
SUITE 002  
57 EXCHANGE STREET  
PORTLAND, MAINE

SINK

LCFT SINK

EXCHANGE STREET

-Not To Scale-



Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

October 11, 1991

Old Port Properties Limited Partnership  
One Portland Square  
Portland, ME 04101

re: 57 Exchange St.

Dear Sir:

Your application to change the use from retail to hair salon has been reviewed, and a permit is herewith issued subject to the following requirements:

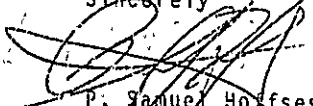
No certificate of occupancy can be issued until all requirements of this letter are met.

1. Exits shall be marked in accordance with Section 5-10 of N.F.P.A. 101 Life Safety Code.

2. Portable extinguishers shall be provided in accordance with N.F.P.A. #10.

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

Sincerely

  
P. Samuel Hoffses  
Chief of Inspection Services

cc: Lt. Garroway, PFD

lec



984143

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$26.80 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Country Noel (Jean Wright) Phone # 773-7217  
 Address: 57 Exchange St; Ptld, ME 04101  
 LOCATION OF CONSTRUCTION: 57 Exchange St.  
 Contractor: Scarboro Signs Sub: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: retail w sign  
 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: erect sign 3'x3'

**PERMIT ISSUED**  
 For Official Use Only  
 Date: 9/1/92 Subdivision: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Lot: \_\_\_\_\_  
 Ownership: \_\_\_\_\_  
 Public: \_\_\_\_\_  
**CITY OF PORTLAND**  
 Zoning: B3 PAV  
 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: \_\_\_\_\_  
 (her) (Explanation) 9-8-92

Foundation: & put a banner over railing  
 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: \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type: \_\_\_\_\_  
 4. Fire Wall if required: \_\_\_\_\_  
 5. Other materials: \_\_\_\_\_

Ceiling: **HISTORIC PRESERVATION**  
 1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Ceiling Strapping Size: \_\_\_\_\_  
 3. Type of Ceiling: \_\_\_\_\_  
 4. Subsoil type: \_\_\_\_\_ Size: \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

Roof:  
 1. Truss or Post & Beam: \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing: \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type: \_\_\_\_\_

Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places: \_\_\_\_\_ Date: 9-1-92

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 Flushers: \_\_\_\_\_  
 4. No. of Lavatories: \_\_\_\_\_  
 5. No. of Other Fixtures: \_\_\_\_\_

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

**PERMIT ISSUED WITH LETTER**

Reviewed by Louise E. Chase  
 Signed by Jean M. Wright Date 9-1-92  
 City of Portland  
 District \_\_\_\_\_

CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO Mr. Irving

White - Tax Assessor

**PLOT PLAN**



**FEES (Breakdown From Front)**

Base Fee \$ 26.00

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_  
(Explain)

Late Fee \$ \_\_\_\_\_

Type	Inspection Record	Date
<i>Installation</i>	<i>Inspected</i>	<i>9/28/96</i>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

**COMMENTS**

*Placed copy per plan* \_\_\_\_\_ *JH*

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in 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.

*Jean M. Knight* \_\_\_\_\_ *773-2217*

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK TITLE PHONE NO.

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

September 8, 1992

RE: 57 Exchange Street

Country Noel  
57 Exchange Street  
Portland, Maine 04101

Dear Sir:

Your application to erect sign 3' X 3' and put banner over \_\_\_\_\_ ing has been reviewed and a permit is herewith issued subject to the following requirement:

All banners shall follow the rules of Article 29, section 2913 of the BOCA National Building Code.

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

Sincerely,

A handwritten signature in dark ink, appearing to read 'S. Hoffses', written over a horizontal line.

P. Samuel Hoffses  
Chief of Inspection Services

/el



City of Portland  
Department of Planning and Urban Development  
Room 211 City Hall, 389 Congress Street  
Portland, Maine 04101 207-874-6300

Form 1.00

## 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: 57 Exchange Street

Applicant: (name) Jean Wright d/b/a Country Noel  
(address) 57 Exchange Street  
Portland, ME 04101

Proposed Work (continue on back if necessary): Installation of one projecting wood sign measuring 36" x 36", utilizing existing holes, per application and staff memo of 8-23-92.

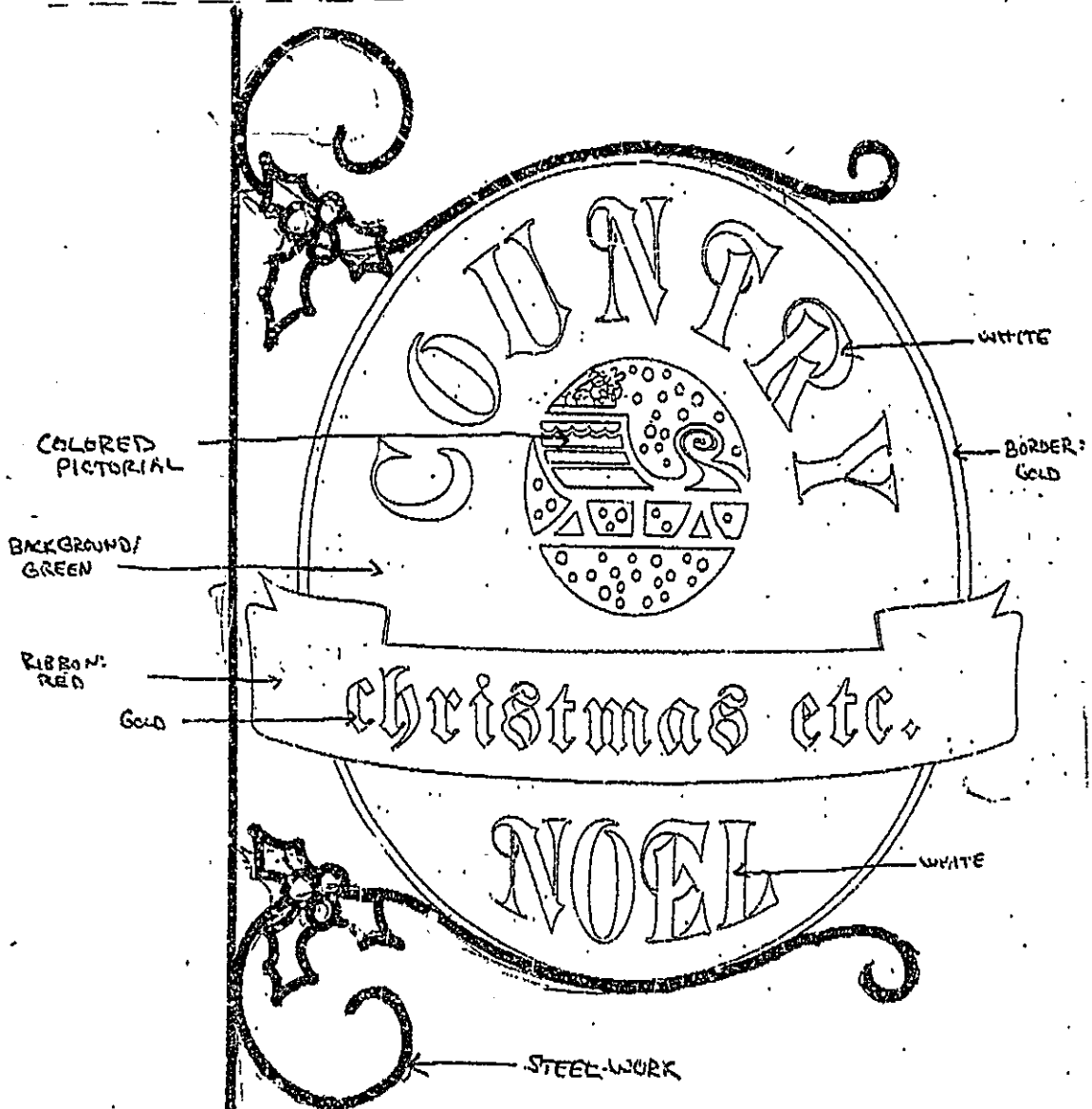
Conditions of Approval (continue on back if necessary): Applicant shall work with staff to balance concern over molded brick course work being covered by bracket and guidewires. Objective is to not cover brickwork while minimizing guidewires.

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.

to: Jean Wright

From: Joe - Scarborough Signs



Sign = 36" x 36"

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

TO BE ERECTED ON A BUILDING AT 57 Exchange St.

IN PORTLAND, MAINE \_\_\_\_\_ being the owner of the premises

at \_\_\_\_\_ in Portland, Maine hereby gives consent to the

erection of a certain sign owned by Jean Wright 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

SEP - 1 1992

DEPT. OF BUILDINGS INSPECTIONS  
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, or 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 15<sup>th</sup> day of Sept. 19 92.

David Clement property manager  
136 Northland management Corp.  
owner's signature  
for Shawmut Insurance Co.

Jean M. Wright  
Lessee's signature

ELECTRICAL INSTALLATIONS

INSPECTIONS: Service 100 Amp by R...  
 Service called in 9/3/88  
 Closing-in \_\_\_\_\_ by \_\_\_\_\_

Permit Number 2-9517  
 Location Spokane Falls  
 Owner Spokane Falls  
 Date of Permit 8/21/88  
 Final Inspection J. P. [Signature]  
 By Inspector J. P. [Signature]  
 Permit Application Register Page No. 42

PROGRESS INSPECTIONS:


DATE:	REMARKS:

CODE COMPLIANCE COMPLETED  
 DATE 9/1/88



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date August 31, 1988  
 Receipt and Permit number 29517

To the **CHIEF ELECTRICAL INSPECTOR**, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 55 Exchange Street  
 OWNER'S NAME: dirigo Management ADDRESS: 178 Middle Street

OUTLETS:	FEE
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
<b>FIXTURES:</b> (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
<b>SERVICES:</b>	
Overhead _____ Underground <input checked="" type="checkbox"/> Temporary _____ TOTAL amperes 100 _____	3.00
<b>METERS:</b> (number of) <u>1</u>	.50
<b>MOTORS:</b> (number of)	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
<b>APPLIANCES:</b> (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	
<b>MISCELLANEOUS</b> (number of)	
Branch Panels <u>1</u>	
Transformers _____	1.00
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq ft and under _____	
Over 20 sq ft _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE
FOR REMOVAL OF A "STOP ORDER" (304-16 b)	DOUBLE FEE DUE
	TOTAL AMOUNT DUE: <u>5.00</u>

**INSPECTION.**  
 Will be ready on done, 19  , or Will Call \_\_\_\_\_  
 CONTRACTOR'S NAME Michael Laplante  
 ADDRESS: 2 Evergreen Drive  
 TEL. 878-2868  
 MASTER LICENSE NO. 03714 SIGNATURE OF CONTRACTOR. Michael Laplante  
 LIMITED LICENSE NO. \_\_\_\_\_

INSPECTOR'S COPY — WHITE  
 OFFICE COPY — CANARY  
 CONTRACTOR'S COPY — GREEN



040181

Permit # 040181 City of Portland BUILDING PERMIT APPLICATION Fee \$26.60 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Dezina Nails Phone # 775-2429  
 Address: 57 Exchange St- Ptlid, ME 04101  
 LOCATION OF CONSTRUCTION 57 Exchange St.  
 Contractor: \_\_\_\_\_ Sub: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: nail salon w sign  
 Past Use: clothing 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 erect double-sided sign - XXXXX

**For Official Use Only**

Date: 2/28/94 Subdivision: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_

City of Portland

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

Floor: owner; J J Goldy Trust  
 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 \_\_\_\_\_ Wea \_\_\_\_\_  
 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 \_\_\_\_\_

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) WDA-723-2-94

Ceiling: HISTORIC-PRESERVATION  
 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: \_\_\_\_\_ Requires Review.  
 5. Ceiling Height: \_\_\_\_\_

Roof: \_\_\_\_\_  
 1. Truss or Rafter Size \_\_\_\_\_ Spar Action: \_\_\_\_\_ Approved \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Approved with conditions  
 3. Roof Covering Type \_\_\_\_\_

Chimneys: \_\_\_\_\_  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_ Explain

Heating: \_\_\_\_\_  
 Type of He \_\_\_\_\_

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.

Received By Louise E. Chase  
 Signature of Applicant Ina T. Lawson Date 2-28-94  
 CEO's District Ina T. Lawson

CONTINUED TO REVERSE SIDE  
Ivory Tag - CEO

2 T. Manson White - Tax Assessor

ISSUED  
FOURTEENTH

040072

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$35. Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form:

Owner: Northland Phone # 871-7100  
 Address: One Portland Square - Ptd, ME 04101  
 LOCATION OF CONSTRUCTION: 57 Exchange St - 3rd fl  
 Contractor: M. Roussos Const Sub. 1800 444 9163 PIN 1055  
 Address: 30 Elmwood St - Ptd, ME Phone # 04103  
 Est. Construction Cost: 2800 Proposed Use: office space w  
 Past Use: office  
 # 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

**For Official Use Only**

Date: 1/25/94 Subdivision: \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name: \_\_\_\_\_  
 Blg. Code \_\_\_\_\_ Lot: \_\_\_\_\_  
 Fire Limit \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_  
 Estimated Cost: 2800 Private \_\_\_\_\_  
 Zoning: \_\_\_\_\_  
 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) \_\_\_\_\_  
WDA - 1-26-94

Foundation: 032-E-001

- 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.
- Bridging 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 Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
- Wall Covering Type \_\_\_\_\_
- Fire Wall if required \_\_\_\_\_
- Other Materials \_\_\_\_\_

Ceiling:

- Ceiling Joists Size: \_\_\_\_\_ Not in District nor Landmark
- Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Does not require review
- Type Ceilings \_\_\_\_\_
- Insulation Type \_\_\_\_\_ Size \_\_\_\_\_ Requires Review
- Ceiling Height: \_\_\_\_\_

Roof:

- Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_ Leveled: \_\_\_\_\_ Approved \_\_\_\_\_
- Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Approved with conditions
- Roof Covering Type \_\_\_\_\_ Is it \_\_\_\_\_

Chimneys:

Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating:

Type of Heat: Oil Mansour

Electrical:

Service Entrance Size \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing:

- Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_
- No. of Tubs or Showers \_\_\_\_\_
- No. of Flushes \_\_\_\_\_
- No. of Lavatories \_\_\_\_\_
- No. of Other Fixtures \_\_\_\_\_

Swimming Pools:

- Type: \_\_\_\_\_
- Pool Size: \_\_\_\_\_ Square Footage \_\_\_\_\_
- Must conform to National, State and State Law.

**PERMIT ISSUED WITH LETTER**

Permit Received By Michael A. Roussos No. ISSUE  
 Signature of Applicant Michael A. Roussos Date 25 Jan 94  
 CEO's District 2

White - Tax Assessor

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

12 Ms Mansour

**PLOT PLAN**



**FEES (Breakdown From Front)**

Base Fee \$ 35  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

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

**COMMENTS** *2-16-94 Work complete - no structural changes - sprinkler heads appear to  
 and adequate coverage*

**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.

*Michael Russo*  
 SIGNATURE OF APPLICANT

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph F. Gray Jr.  
Director

CITY OF PORTLAND

February 1, 1994

RE: 57 Exchange St.-3rd floor

M. Russe Construction  
30 Elmwood St.  
Portland, ME 04103

Dear Sir:

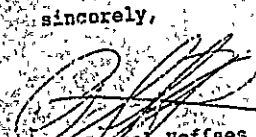
Your application to make interior renovations has been reviewed and a permit is herewith issued subject to the following requirements:

No Certificate of Occupancy can be issued until all requirements of this letter are met.

1. No exterior work is to be done without prior approval from historical preservation.
2. All exit signs, lights and means of egress lighting shall be done in accordance with Chapter 10, section & subsections 1023. & 1024.0 of the city's building code. (The BOCA National Building Code/1993)

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 Mr. Gary Hamilton, Historic Preservation Officer

Permit # 940378 City of Portland BUILDING PERMIT APPLICATION Fee 25.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: \_\_\_\_\_ Phone # 772-4041  
~~XXXX~~ Portland Wine & Cheese 57 Exchange St Portland, ME 04101

LOCATION OF CONSTRUCTION 57 Exchange St

Contractor \_\_\_\_\_ Sub: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Est. Construction Cost: \_\_\_\_\_ Proposed Use: Retail w/outside dining

\_\_\_\_\_ 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 Outside Dining

For Official Use Only		Subdivision
Date <u>29 April '94</u>	Name of _____	_____
Inside Fire Limits _____	Ownership: _____	Public _____ Private _____
Bldg Code _____	Estimated Cost _____	_____
Time Limit _____	_____	_____

Foundation

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

Floor

1. Sill 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 \_\_\_\_\_

Cellar

1. Ceiling Joists Size \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Not in District nor Landmark
3. Type Ceiling: \_\_\_\_\_ 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 \_\_\_\_\_

Chimneys

- Type \_\_\_\_\_ Number of Fire Places \_\_\_\_\_ Date 5/2/94 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 Fixtures \_\_\_\_\_
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 Mary Grask

Signature of Applicant Vincent Micilaccio Date 29 Apr '94

CEO's District \_\_\_\_\_

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

White - Tax Assessor

2 Timmy Munson

940378

Permit # 940378 City of Portland BUILDING PERMIT APPLICATION Fee 25.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: \_\_\_\_\_ Phone # 727-4947  
 Address: Portland Ware & Cheese 57 Exchange St Portland, ME 04101

LOCATION OF CONSTRUCTION 57 Exchange St

Contractor: \_\_\_\_\_ Sub: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Est. Construction Cost: \_\_\_\_\_ Proposed Use: Retail w/outside in Zoning: \_\_\_\_\_

Past Use: Retail

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stairs \_\_\_\_\_ # Bedrooms \_\_\_\_\_ # Bathrooms \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion: Outside Dining

**For Official Use Only**

Date: 29 April '94 Subdivision: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_ Name: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_ Lot: MAY 6 1994  
 Time Limit: \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_

**CITY OF PORTLAND**

Street Frontage provided: \_\_\_\_\_  
 Provided Setback: 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)

**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 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: \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
3. Type Ceiling: \_\_\_\_\_
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
5. Ceiling Height: \_\_\_\_\_

**Roof:**

1. Truss or Rafter Size \_\_\_\_\_ Span Action: Approved
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
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:** Mary Grasiak

Signature of Applicant: Vincent Migliaccio Date 29 April '94

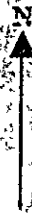
CEO's District: \_\_\_\_\_

CONTINUED TO REVERSE SIDE

2 Tammy Munson White - Tax Assessor

Ivory Tag - CEO

**PLOT PLAN**



**FEES (Breakdown From Front)**

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

**Type**

**Inspection Record**

**Date**

Type	Inspection Record	Date
_____	_____	11/15/94
_____	_____	11/15/94
_____	_____	11/15/94
_____	_____	11/15/94

**COMMENTS**

*10/94 - Outside dining has ended - asked them to remove tables*

**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

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

**ADDITIONAL CERTIFICATE OF INSURANCE** ISSUE DATE (MM/DD/YY) 01/22/98

**PRODUCER**  
 Maine Insurance Agency  
 1250 Congress Street  
 Portland, ME 04102

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** VERMONT MUTUAL INS CO
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**INSURED**  
 Portland Wine & Cheese  
 57 Exchange Street  
 Portland, ME 04104

**CERTIFICATION**  
 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 LID	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<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"/> OWNERS & CONTRACTORS PROT <input checked="" type="checkbox"/> PRENTISE/OPERATIONS	8DP6534065	10/21/93	10/21/96	GENERAL AGGREGATE \$ 100,000 PRODUCTS-COMP/OP AGG \$ 500,000 PERSONAL & AUTO LIABILITY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXPENSE (Any one person) \$ 5,000
	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 \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 \*City of Portland\* are named as additional insureds

**AGENT/DATE HOLDER**  
 City of Portland  
 389 Congress St.  
 Portland, ME

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 REPS.

AUTHORIZED REPRESENTATIVE  
*Patty Sullivan*



RECEIVED  
 DEPT. OF BUILDINGS INSPECTION  
 CITY OF PORTLAND, ME  
 APR 29 1994

[Faint, illegible text and markings on the main document page]

**RECEIVED**  
 APR 29 1994  
 DEPT. OF BUILDINGS INSPECTION  
 CITY OF PORTLAND, ME

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

## CITY OF PORTLAND

### OUTSIDE DINING ON PRIVATE AND/OR CITY PROPERTY

Permits are required for expanding eating facilities (tables and chairs) to the outside whether it is on private and/or City property. The fee is based on the cost of work (which in most cases would be less than \$1,000 or a \$25.00 fee). The time period covered is from April 15th thru September 30th. This is a yearly renewable permit.

1. In order to apply the applicant must submit plans showing where the tables and chairs would be located (showing footage distances from the establishment; other chairs, existing, curbing, how much sidewalk footage is available; etc). The tables and chairs shall be placed on the sidewalk in such a manner as to allow the free and safe passage of pedestrian traffic. If in the sole opinion of the Traffic Engineer, the placement of the tables and chairs creates a public safety hazard, the establishment shall comply with the Traffic Engineer's request to relocate the tables and chairs to a more suitable location. The establishment shall keep the sidewalk area where the tables and chairs are located neat and free from litter and debris.
2. The establishment shall procure and maintain public liability insurance coverage in an amount of not less than three hundred thousand (\$300,000) combined single limit for bodily injury, death and property damage. And if the tables and chairs are on City property, the City of Portland shall be named as an additional insured thereon.
3. If the establishment is to be on City Property an indemnifying statement shall be signed by the establishment owner (see attached).
4. No food shall be prepared outside. If alcohol is to be served, we need to be notified. State law requires that the area be segregated from the rest of the public. We need to know how that is to be accomplished.

CONDITIONS FOR SIDEWALK OCCUPANCY PERMIT

Written consent and agreement relating to occupancy of the City of Portland sidewalk in the front, side, and/or rear of the building at:

57 Exchange St

in Portland, Maine, by the owner of the establishment being:

Portland Wine & Cheese

Doing business as: Same as Above

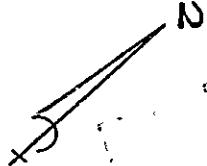
hereby, to the fullest extent permitted by law, shall defend, indemnify and hold harmless the City, its officers and employees, from and against all claims, damages, losses and expenses, just or unjust, including, but not limited to costs of defense and attorney's fees, arising out of the establishment's occupancy of the sidewalk, provided that any such claims, damage, loss or expense (1) is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property including the loss of use therefrom, and (2) is caused in whole or in part by any negligent act or omission of the establishment, anyone directly or indirectly employed by it, or anyone for whose act it may be liable.

Signed and Acknowledged:

Vincent M. [Signature]  
Establishment Owner

Dated: 5-5-94

# SIDEWALK IN FRONT OF STORE



MIDDLE ST

PARKING METERS

FIRE HYDRANT

5' PLACARD

STAIRWELL

DOWN

14 FT  
7 FT  
5 FT

9 FT

5 FT

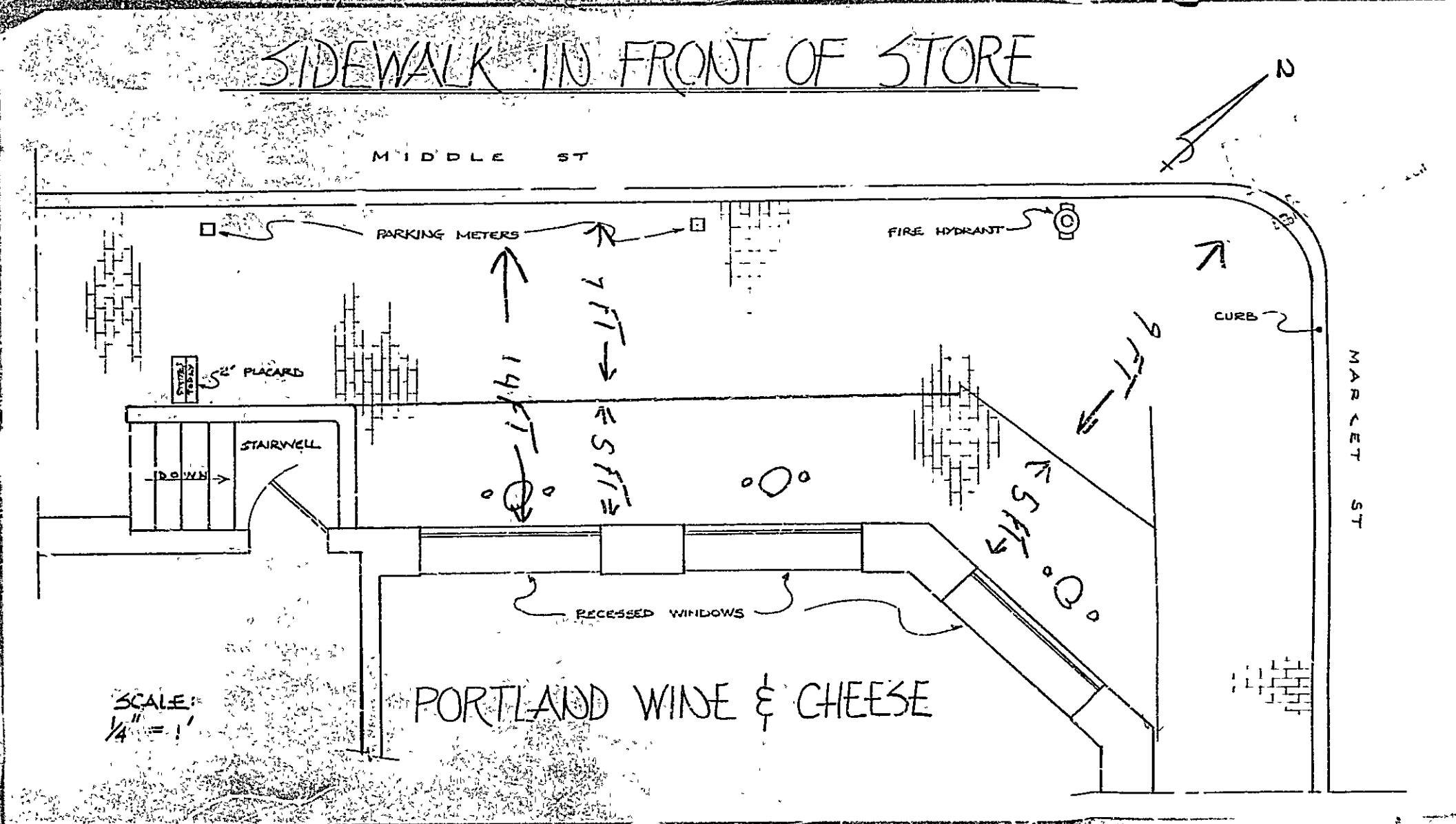
CURB

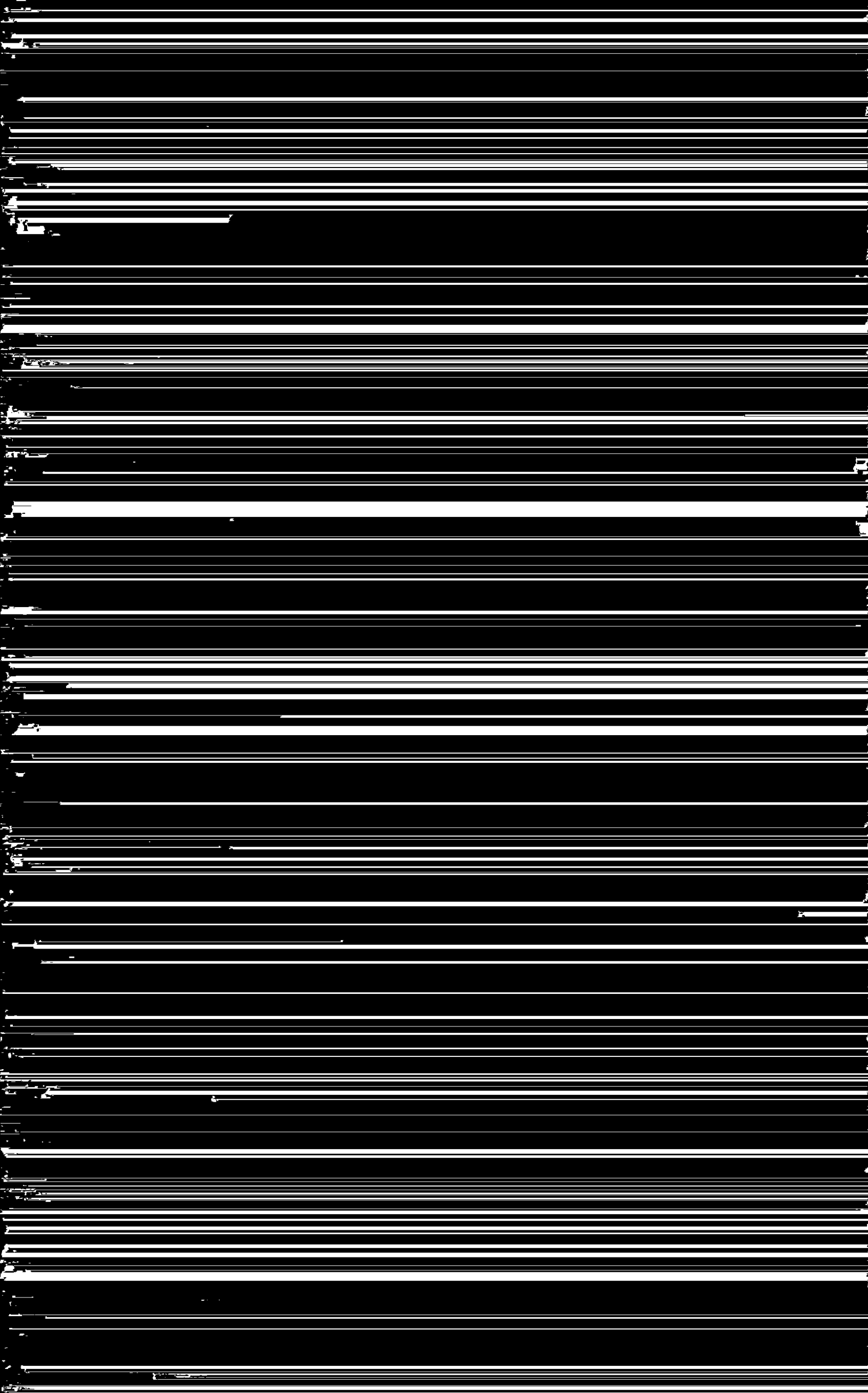
MARLET ST

RECESSED WINDOWS

PORTLAND WINE & CHEESE

SCALE:  
1/4" = 1'







**CITY OF PORTLAND**  
Planning and Urban Development Department

**MEMORANDUM**

TO: Mary Teriault - Traffic Engineer

FROM: Marge Schmuckal - Asst. Chief of Inspection Services

SUBJECT: Outside Dining at 57 Exchange Street

DATE: May 5, 1994

We are issuing a permit for outside dining on a City Sidewalk, per regulations we are passing on the submitted information to you. Feel free to review the site.

If you have any other questions, don't hesitate to contact me at ext. 8711. Thank you

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

Location of Construction: 57 Exchange St.		Owner: Vincent Migliaccio	Phone: 772-4647	Permit No: <b>950575</b>
Owner Address: 57 Exchange St.		Leasee/Buyer's Name: same	Phone:	Business Name: Portland Wine & Cheese
Contractor Name:		Address:	Phone:	<b>PERMIT ISSUED</b> JUN - 6 1995 <b>CITY OF PORTLAND</b>
Past Use: Deli	Proposed Use: Deli	COST OF WORK: \$ ---	PERMIT FEE: \$, 25.00	
Proposed Project Description:  two outside tables for dining		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	Zoning: <b>B-3</b> CBL: Zoning Approval: <b>OK 6/6/95</b> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> Date: <i>6/6/95</i>	
Permit Taken By: Latini	Date Applied For: 6/5/95			

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

submitted plan and info.

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

<i>Vincent Migliaccio</i>	65 907 REEPORT RD FREEPORT ME 04931	8654234
SIGNATURE OF APPLICANT	ADDRESS:	PHONE:
<i>Portland Wine &amp; Cheese</i>	<i>Marg Migliaccio</i>	772 4247
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE:

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  
 Approved  
 Approved with Conditions  
 Denied

Date: *6/5/95*

*[Signature]*

CEO DISTRICT **2**

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

*T. Munson*

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

Location of Construction: <b>57 Exchange St.</b>		Owner: <b>Vincent Migliaccio</b>	Phone: <b>772-4647</b>	Permit No: <b>950575</b>
Owner Address: <b>57 Exchange St.</b>		Lease/Buyer's Name: <b>same</b>	Phone:	Business Name: <b>Portland Wine &amp; Cheese</b>
Contractor Name:		Address:	Phone:	<b>PERMIT ISSUED</b> <b>JUN - 6 1995</b> <b>CITY OF PORTLAND</b>
Past Use: <b>Deli</b>	Proposed Use: <b>Deli</b>	COST OF WORK: \$ <b>—</b>	PERMIT FEE: \$ <b>25.00</b>	
Proposed Project Description:  <b>two outside tables for dining</b>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: <b>D</b>	Zone: <b>B-3</b> CBL:
Permit Taken By: <b>Latini</b>		Date Applied For: <b>6/5/95</b>		Zoning Approval: <b>OK 6/6/95</b> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
<ol style="list-style-type: none"> <li>This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.</li> </ol>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: <b>6/5/95</b>		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied
submitted plan and info.		Historic Preservation: <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review		Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.		Signature of Applicant: <b>Vincent Migliaccio</b> ADDRESS: <b>65 SOUTH PORTLAND STREET, PORTLAND, ME 04101</b> PHONE: <b>865-4236</b> Signature of Responsible Person: <b>Mary Migliaccio</b> ADDRESS: <b>Portland Wine &amp; Cheese</b> PHONE: <b>772-4247</b>		Date: <b>6/5/95</b> <b>S. [Signature]</b>
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		CEO DISTRICT <b>2</b>		

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

T. [Signature]



COMMENTS

June 95 - Tables in place - appear to be done  
per plans

	Type	Inspection Record	Date
Foundation:			
Framing:	N/A		
Plumbing:			
Final:	O.K.		June 95
Other:			

CONDITIONS FOR SIDEWALK OCCUPANCY PERMIT

Written consent and agreement relating to occupancy of the City of Portland sidewalk in the front, side, a corner of the building at:

57 EXCHANGE ST. (MIDDLE ST. SIDE)

in Portland, Maine, by the owner of the establishment being:

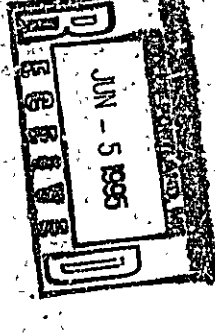
VINCENT NUBNACCO

doing business as: PORTLAND WINE & CHEESE

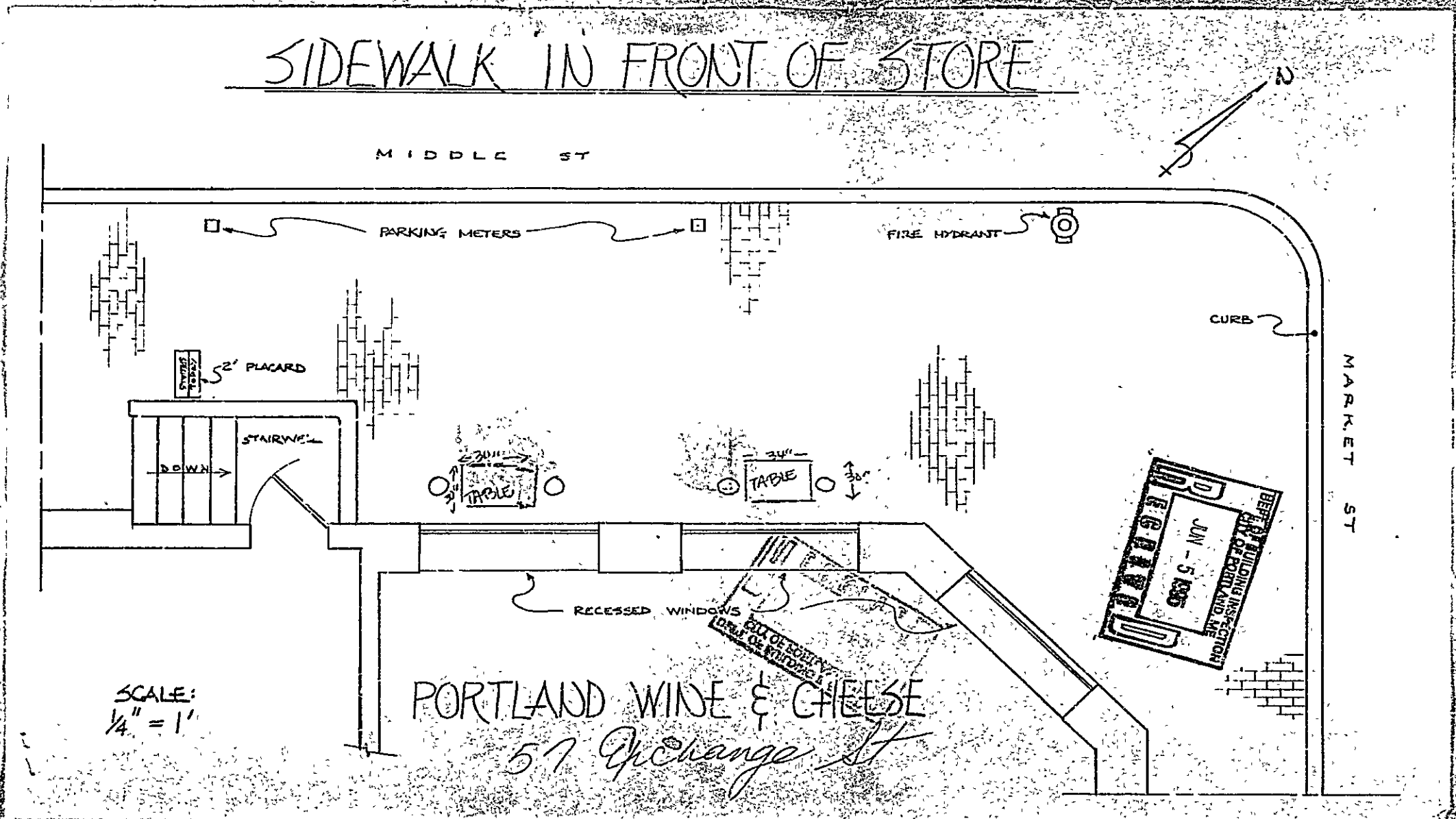
hereby, to the fullest extent permitted by law, shall defend, indemnify and hold harmless the City, its officers and employees, from and against all claims, damages, losses and expenses, just or unjust, including, but not limited to costs of defense and attorney's fees, arising out of the establishment's occupancy of the sidewalk, provided that any such claims, damage, loss or expense (1) is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property including the loss of use therefrom, and (2) is caused in whole or in part by any negligent act or omission of the establishment, anyone directly or indirectly employed by it, or anyone for whose act it may be liable.

Signed and Acknowledged: \_\_\_\_\_  
Establishment Owner

Dated: 10/5/95



# SIDEWALK IN FRONT OF STORE



**VERMONT MUTUAL INSURANCE CO.**  
**MONTPELIER, VERMONT**  
 BUSINESSOWNERS POLICY DAILY REPORT

Form Applicable  
 Standard  Special

REGISTER	INDEX	DATE OF ISSUE	RENEW OR CANCELS NO	APPROVED
11.23.93	V	11/1/93	NEW	

No. **SBP 6 53 40 65**

Named Insured and Mailing Address (No. Street, Town or City, County, State, Zip Code)

• PORTLAND WINE & CHEESE  
 VINCENT & MARGORIE MIGLIACCLO  
 RR 2 BOX 40A  
 FREEPORT, ME 04032

Agent  
 MAINE INSURANCE AGENCY  
 PORTLAND  
 ME 04104

Policy Period: From 10/21/93 to 10/21/96 at 12:01 A.M.\* Standard Time at your mailing address shown above. \*Exceptions: 12:00 noon in Maine, Michigan, New Hampshire, North Carolina, Puerto Rico and Virginia

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**BUSINESS DESCRIPTION**

Form of Business:  Individual  Joint Venture  Partnership  Organization (Any Other)  
 Business Description: DELI

**DESCRIBED PREMISES**

PREM. NO.	BLDG. NO.	LOCATION	MORTGAGE HOLDER NAME AND ADDRESS
1	1	57 EXCHANGE STREET, PORTLAND, ME	

**PROPERTY**

Limits of Insurance for Buildings

- Actual Cash Value—Buildings Option (Y/N)
- Automatic Increase—Building Limit (Percent)
- Business Personal Property

PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.
1	1				
\$		\$		\$	
	%		%		%
\$ 25,000.		\$		\$	

Deductible \$ 250.

Optional Coverages—Applicable only if an "X" is shown in the boxes below:

1.  Outdoor Signs
2.  Exterior Grade Floor Glass
3.  Burglary and Robbery (Standard Form only) or
4.  Money and Securities (Special Form only)
5.  Employee Dishonesty
6.  Mechanical Breakdown
7.  Other (specify)

**Limits of Insurance**

\$ 300. per occurrence  
 Included  
 \$ Inside the Premises  
 \$ Outside the Premises  
 \$ per occurrence  
 Included

HE INS. AGY  
 NOV-5-1993

**LIABILITY AND MEDICAL PAYMENTS**

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form.

	Limits of Insurance
Liability and Medical Expenses	\$ 500,000.
Medical Expenses	\$ 5,000. per person
Fire Legal Liability	\$ 50,000. any one fire or explosion

**FORMS AND ENDORSEMENTS**

Forms and Endorsements made part of this policy at time of issue: BP0002(6-89)BP0006(6-89)BP0009(6-89) IL0021(11-85)BP0203(6-89)BP0123(1-87)IL0913(1-82)BP0007(1-90)

**PREMIUM**

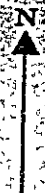
The Total Advance Premium is \$ \_\_\_\_\_ and is payable \$ 250. at inception, and \$ 250. at each anniversary.

Countersigned:

By \_\_\_\_\_  
 Authorized Representative

NOV - 5 1993

PLOT PLAN



**FEES (Breakdown From Front)**

Base Fee \$ \_\_\_\_\_

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

Type	Inspection Record	Date
<i>Progress</i>		5/5/94
"		10/17/94
<i>Sign in Place</i>		1/1/95
		2/14/95
		1/1
		1/1

**COMMENTS** *5-5-94 Sign not in place yet 10-17-94 Sign not in place yet 2-14-95 - Sign installed - appears to be done per plans.*

**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]*  
 SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ F. H. COUNTY \_\_\_\_\_

840131

Permit # 840131 City of Portland BUILDING PERMIT APPLICATION Fee \$26.60 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_

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

Owner: Dezina Natis Phone # 775-2429  
 Address: 57 Exchange St- Ptd, ME 04101  
 LOCATION OF CONSTRUCTION 57 Exchange St.  
 Contractor: \_\_\_\_\_ Sub: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: nail salon w sign  
 \_\_\_\_\_ Past Use: clothing retail  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Staircases: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion erect double-sided sign - 2x2x

**PERMIT ISSUED**  
 For Official Use Only  
 Date: 2/28/94 Subdivision \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_  
 Bldg Code \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 CITY OF PORTLAND

Foundation: 2'x2'  
 1. Type of Soil: \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings Size: \_\_\_\_\_  
 4. Foundation Size: \_\_\_\_\_  
 5. Other \_\_\_\_\_

Floor: owner; J J Goldy Trust  
 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 \_\_\_\_\_ 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) WNA-73-2-94

Ceiling: **HISTORIC PRESERVATION**  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Not in District or Landmark  
 3. Type Ceiling: \_\_\_\_\_ 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 \_\_\_\_\_  
 Date: \_\_\_\_\_

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 Ina T. Lawson Date 2-28-94

CFO's District Ina T. Lawson

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

2 T. Manson White - Tax Assessor

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

March 4, 1994

RE: 5 Exchange Street

Dezma Nails  
57 Exchange Street  
Portland, ME 04101

Dear Ina Lawson,

Your application to erect a double-sided sign 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.) A vertical clearance of not less than 8 feet shall be provided below parts of projecting signs.

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

Sincerely,

  
Marge Schmuckal  
Asst. Chief of Inspection Services



City of Portland  
 Department of Planning and Urban Development  
 Room 211 City Hall, 359 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: \_\_\_\_\_

Applicant: (name) MAI LAWSON (telephone) 207-795-2429  
 (company) DEZUO NAILS  
 (address) 118 MIDDLE ST  
PORTLAND ME 04101

Property Owner, if different (name) J. C. Gilman / Portland  
 (address) One Portland Square  
Portland, Me. 04101  
 (telephone) 875-7100

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):

Placement of signage to Building. See Drawing.

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

Applicant's Signature [Signature] Owner's Signature (if different) \_\_\_\_\_

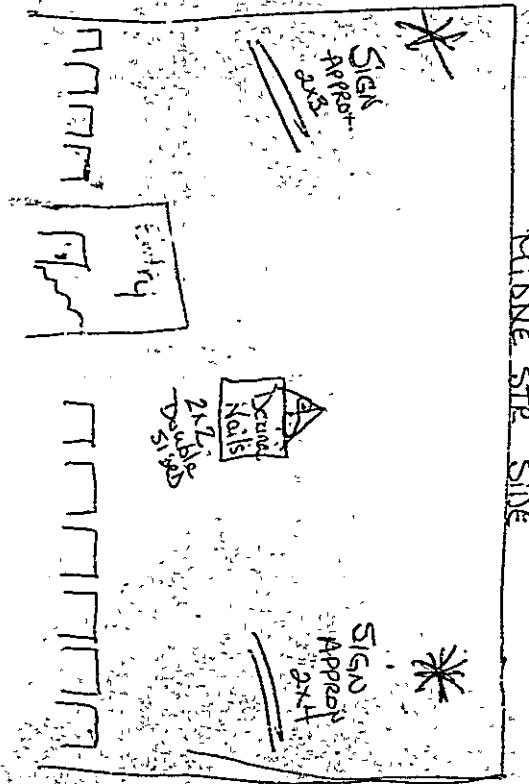
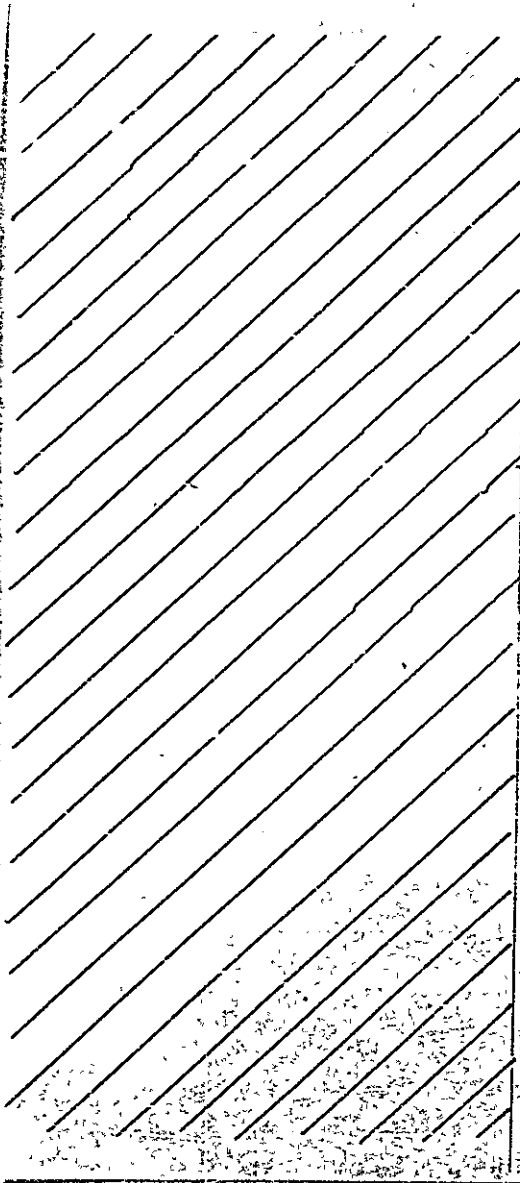
\* Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or, upon denial of Application.

FOR CITY USE ONLY  
 Historic Resource Inventory Number: \_\_\_\_\_ Assessor's Chart/Block/Lot: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_ Date Application Complete: \_\_\_\_\_



PROPOSED SIGN FOR (WOOD) ST Exchange  
2x2 DOUBLE-FACED SIGN w/ bracket



885-6288  
Fax

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

CUSTOMER # 17318 02/15/94

**PRODUCER**  
 DANIEL T. HALEY AGENCY  
 21 1/2 EASTERN PROMENADE  
 PORTLAND, ME  
 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 A  
LETTER A CONCORD GROUP
- COMPANY B  
LETTER B
- COMPANY C  
LETTER C
- COMPANY D  
LETTER D
- COMPANY E  
LETTER E

**INSURED**  
 INA T. LAWSON DBA  
 DEZINA NAILS  
 PO BOX 8586  
 PORTLAND, MAINE  
 04104-8586

**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.	Z041711-7	07/10/93	07/10/94	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG \$ 1,000,000 PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ 2,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b> <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 \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS \$ EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIFIC ITEMS**  
 THIS CERTIFICATE ISSUED SHOWING LIMITS AT POLICY INCEPTION DATE.

**CERTIFICATE HOLDER**  
 CITY OF PORTLAND, MAINE  
 389 CONGRESS STREET  
 PORTLAND, MAINE  
 04101

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  


WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING  
PROPOSED TO BE ERECTED ON A BUILDING AT 168 Middle St  
(57 Exchange St.)

IN PORTLAND, MAINE J.J. Gandy Trust / Merchants as Agent being the owner of the  
premises at 168 Middle St. in Portland, Maine hereby gives  
consent to the erection of a certain sign owned by DEZINA NAILS  
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 J.J. Gandy Trust  
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 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 17<sup>th</sup> day of February, 1994.

[Signature]  
Owners Signature

Property Manager  
Northland

[Signature]  
Lessee's Signature

7

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

Location of Construction: 55 Exchange Street		Owner: Albert Palacci		Permit No: <b>061122</b>	
Owner Address: 190 Dyckman St., NY		Lease/Buyer's Name: Ingrid Kachmar		Phone: 774-1435	
Contractor Name:		Address:		Business Name: Wild Ginger	
Past Use: Retail		Proposed Use: Same w/signage		COST OF WORK: \$	
				PERMIT FEE: \$ 26.60	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
Proposed Project Description: Erect signage as per plans (3-1/2' x 2-1/2')		Signature:		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Permit Taken By: Vicki Dover		Date Applied For: 11/6/96			

**PERMIT ISSUED**

NOV 13 1996

**CITY OF PORTLAND**

Zone: B-3 - 32-E-1

Zoning Approval: *[Signature]* 11/8/96

Special Zone or Reviews

Shoreland

Wetland

Flood Zone

Subdivision

Site Plan  major  minor  mm

**Zoning Appeal**

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

**Historic Preservation**

Not in District or Landmark

Does Not Require Review

Requires Review

*Any return signature of sign submitted to separate*

Action:  Approved  
 Approved with Conditions  
 Denied

Date: 11/6/96

*[Signature]*

**CEO DISTRICT**

*[Signature]*

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Mail to business address

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

*[Signature]*  
SIGNATURE OF APPLICANT

Ingrid Kachmar P.O. Box 6534, Scarborough 04074, 11/6/96  
ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

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

Location of Construction: <b>55 Exchange Street</b>		Owner: <b>Albert Palacci</b>	Phone: <b>961122</b>	Permit No:
Owner Address: <b>190 Dyckman St., NY</b>	Lessee/Buyer's Name: <b>Ingrid Kachmar</b>	Phone: <b>774-1435</b>	Business Name: <b>Wild Ginger</b>	
Contractor Name:	Address:	Phone:		
Past Use: <b>Retail</b>	Proposed Use: <b>Same w/signage</b>	COST OF WORK: \$	PERMIT FEE: \$ 26.60	<b>PERMIT ISSUED</b> <b>NOV 13 1996</b> <b>CITY OF PORTLAND</b>
Proposed Project Description: <b>Direct signage as per plans (3-1/2' x 2-1/2')</b>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
		Signature:	Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Zoning Approval: <b>10/96</b>
Permit Taken By: <b>Vicki Dover</b>		Date Applied For: <b>11/6/96</b>	Action: Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/>	<input type="checkbox"/> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> minor

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

**Mail to business address**

**CERTIFICATION**

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*Ingrid Kachmar*  
 SIGNATURE OF APPLICANT **Ingrid Kachmar** ADDRESS: **P.O. Box 6534, Scarborough 04074,** DATE: **11/6/96** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:  
**White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector**

**PERMIT ISSUED**  
**NOV 13 1996**  
**CITY OF PORTLAND**

Zoning Approval: **10/96**

Special Zone or Reviews:  
 Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan major  minor  minor

Zoning Appeal:  
 Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

Historic Preservation:  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  
 Approved  
 Approved with Conditions  
 Denied

Date: **11/6/96**

CEO DISTRICT

COMMENTS

OK Allow

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

NOTICE TO APPLICANT: THIS IS A PRELIMINARY REVIEW OF YOUR APPLICATION. THE CITY ENGINEER'S OFFICE WILL CONDUCT A VISUAL SURVEY OF THE PROPOSED SIGNAGE AND THE APPLICANT WILL BE NOTIFIED OF ANY COMMENTS OR REQUIRED CHANGES.

### SIGNAGE

#### PLEASE ANSWER ALL QUESTIONS

ADDRESS: 55 Exchange St. ZONE: B-3

OWNER: \_\_\_\_\_

APPLICANT: Ingrid Kashmar / Wild Ginger

ASSESSOR NO.: 32-E-1

SINGLE TENANT LOT? YES \_\_\_\_\_ NO X

MULTI-TENANT LOT? YES X NO \_\_\_\_\_ (2nd floor units)

FREESTANDING SIGN? YES \_\_\_\_\_ NO X DIMENSIONS \_\_\_\_\_  
(ex. pole sign..)

MORE THAN ONE SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS \_\_\_\_\_

BLDG. WALL SIGN? YES X NO \_\_\_\_\_ DIMENSIONS ovals roughly 2 1/2' x 3 1/2'  
(attached to bldg)

MORE THAN ONE SIGN? YES \_\_\_\_\_ NO X DIMENSIONS \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOT FRONTAGE (FEET)                     

BLDG FRONTAGE (FEET) approx 31' across the front X 2 = 74'

AWNING YES \_\_\_\_\_ NO X IS AWNING BACKLIT? YES \_\_\_\_\_ NO \_\_\_\_\_

HEIGHT OF AWNING: \_\_\_\_\_

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

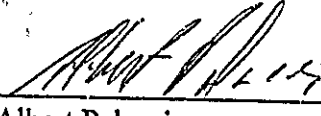
A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS ARE ALSO REQUIRED.

over-

November 4, 1996

To Whom it May Concern:

I Albert Palacci give Ingrid Kachmar permission to place a sign at 55 Exchange Street. See attached design.

  
\_\_\_\_\_  
Albert Palacci

11-4-96  
Date



INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

★ APPLICANTS FOR A SIGN PERMIT WILL BE ASKED TO SUBMIT THE FOLLOWING INFORMATION TO THE CODE ENFORCEMENT OFFICE:

- ✓ 1. PROOF OF INSURANCE
- ✓ 2. LETTER OF PERMISSION FROM THE OWNER
- ✓ 3. A SKETCH PLAN OF THE LOT, INDICATING LOCATION OF BUILDINGS, DRIVEWAYS AND ANY ABUTTING STREETS OR RIGHT OF WAYS. LENGTHS OF BUILDING FRONTAGES AND STREET FRONTAGES SHOULD BE NOTED (SEE ATTACHED)

✓ 4. INDICATE ON THE PLAN ALL EXISTING AND PROPOSED SIGNS

*proposed sign to replace TCBY yogurt sign in photo*

5. COMPUTATION OF THE FOLLOWING:

A) SIGN AREA OF EACH EXISTING AND PROPOSED BUILDING SIGN

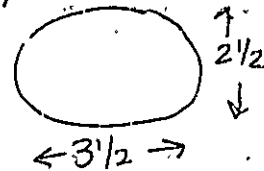
*2 1/2 x 3 1/2*

*8.75 sq ft.*

B) SIGN AREA HEIGHT AND SETBACK OF EACH EXISTING AND PROPOSED FREESTANDING SIGN

A SKETCH OF ANY PROPOSED SIGN(S), INDICATING DIMENSIONS, MATERIALS, SOURCE OF ILLUMINATION AND CONSTRUCTION METHOD (SEE ATTACHED)

*wood sign  
no outside illumination*

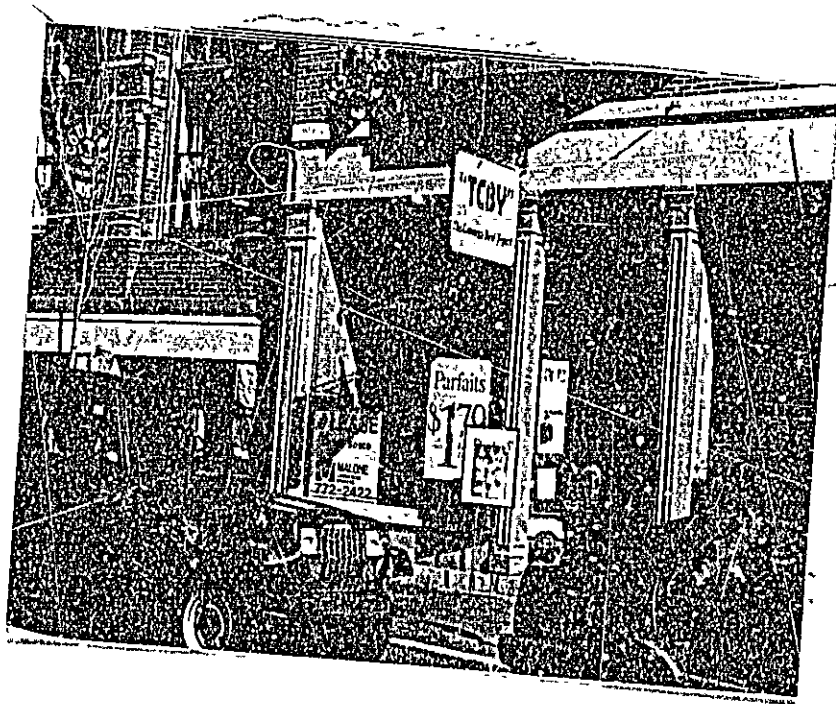


★ FEE FOR PERMIT - \$25.00 PLUS \$0.20 PER SQUARE FOOT

NOTE: ONCE A SKETCH PLAN HAS BEEN FILED FOR A PROPERTY, THE CODE ENFORCEMENT OFFICE WILL KEEP A RECORD OF THE PLAN SO THAT A NEW SKETCH PLAN WILL NOT BE REQUIRED FOR LATER CHANGES TO SIGNAGE ON THE PROPERTY. IN SUCH AN INSTANCE, APPLICANTS WILL ONLY BE REQUIRED TO SUBMIT INFORMATION APPLICABLE TO THE NEW SIGNS.

55 Exchange St.

Replacing "TCBY" sign  
Using same hardware



ACORD CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YY) 11/01/96	
<b>PRODUCER</b> The Swan Agency P.O. Box 63 43 Cottage Street Bar Harbor ME 04609-0063  Phone No. 207-288-5818 Fax No. _____  <b>INSURED</b>  Wild Ginger Ingrid H. W. Kachmar 55 Exchange Street Portland ME 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.			
<b>COMPANIES AFFORDING COVERAGE</b>					
COMPANY A		Acadia Insurance Co.			
COMPANY B					
COMPANY C					
COMPANY D					
<b>COVERAGES:</b> 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"/> OWNERS & CONTRACTOR'S PROT	PENDING	11/01/96	11/01/97	GENERAL AGGREGATE \$ 1000000 PRODUCTS - COM/CP AGG \$ 1000000 PERSONAL & ADV INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 5000 MED EXP (Any one person) \$ 5000
	<input type="checkbox"/> 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				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WITH STATE/OTHER LIMITS EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				
DESCRIPTION OF OPERATIONS & LOCATION OF VEHICLE(S) SPECIAL ITEMS Retail Store located at 55 Exchange Street					
CERTIFICATE HOLDER SELF---			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
			AUTHORIZED REPRESENTATIVE 