

930320

Permit # 930320 City of Portland BUILDING PERMIT APPLICATION Fee \$27.40 Zone _____ Map # _____ Lot# _____

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

Owner: Richard J. Vassallo Phone # 774-7950
 Address: 67 Exchange St. Apt. NE 04111
 LOCATION OF CONSTRUCTION: Market St. (The Head Shed)
 Contractor: Sign Systems, Inc. Sub. 775-7110
 Address: 55 Federal St. Portland, ME 04101
 Est. Construction _____ Proposed Use hair styling w sign Zoning _____
 Past Use res. garage
 # 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: tract double-sign 3'x2'

For Official Use Only

Date: 3/29/93 Subdivision: _____
 Name: MAY 8 1993
 Lot: _____
 Ownership: _____ Public _____
 City of Portland

Street Frontage Provided: _____
 Provided Setbacks: Front _____ Side _____
 Review Required
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use _____ Variance _____ Site Plan _____ Subdivisor _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: (Explain) 12-31-93

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

Floors:
 1. Sills Size: _____ Sills must be anchored.
 2. Header 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 _____ Spacing(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(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

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

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

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

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 Robert Verreca Date 3-29-93
 Signature of CEO _____ Date _____
 Inspection Dates _____

HISTORIC PRESERVATION

White-Tax Assessor Yellow-GPCOG White Tag -CEO © Copyright GPCOG 1988

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 27,40
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

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

COMMENTS

17/may/07 installed

Signature of Applicant _____

Date _____



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

**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: _____

Property Address: 38 Market Street

Applicant: (name) Richard Vassallo
 (address) d/b/a The Head Shed

Proposed Work (continue on back if necessary): Install one projecting sign on existing bracket screen.

Conditions of Approval (continue on back if necessary): _____

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.

5/3/93
Date

[Signature]
Director of Planning and Urban Development

[Signature] Historic Preservation Officer

.....
Staff Recommendation:

___ Additional information Requested (date: _____ rec'd: _____)
 Approve. ___ Approve w/ conditions. ___ Deny. ___ No Recommendation. Date: 4-16-93
Conditions: _____

Historic Preservation Committee Recommendation/Decision:

Required: ___ Yes ___ No
 Approve. ___ Approve w/ conditions. ___ Deny. Vote: 5-0 (Urban, Fink absent)
Conditions: _____
4-21-93

Planning Board Decision

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

City Council Decision (Project of Special Maint):

___ 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: 58 Market St. The Head Shed

Owner's Name: Richard Vassallo

Address of Project: 58 Market St.

Division/Board: Historic Preservation

Number of Residential Notices Mailed Out: 9

$\frac{1}{2}$ Amount of Legal Ad: 19.22

.40 X number of notices: 3.60

Total Amount Due: 22.82

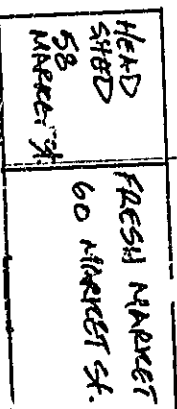
Make checks payable to the City of Portland, Attn. D. Marquis, Rm. 315, 389
Congress Street, Portland, Maine 04101.

Bill to: Richard Vassallo

58 Market St.

Portland, ME 04101

mailed: 4/28/93



SIDE WALK

NEW LOCATION OF HEAD SALED SIGN, ON SIDE OF DOOR WHERE FRESH MARKET WKS.

MARKET STREET >

PLANT PLAN : NOT TO SCALE

SIGN SYSTEMS OF MAINE, INC
37 FEDERAL ST
PORTLAND, ME 04101

488/775 7110

left



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

FORM 31-88

**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: 59 Market St. - The Dancing Block

Applicant: (name) Richard J Vassallo (telephone) 774-795
 (company) The HEAD SHED - sign systems
 (address) old 57 Exchange St - New - 59 Market St

Property Owner, if different: (name) John J. Gaddy Trust
 (address) 10 Pennsylvania Trust Co
5 Radnor Corp Center - Suite 452, Rainier, N. 19087
 (telephone) 215 975-4200

Architect (if any): N/A - For Sign - Sign Systems of Maine
 Contractor or Builder (if any): CREW

Local Designation: within historic district: (no other part - the Deering School's adjacent
 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):

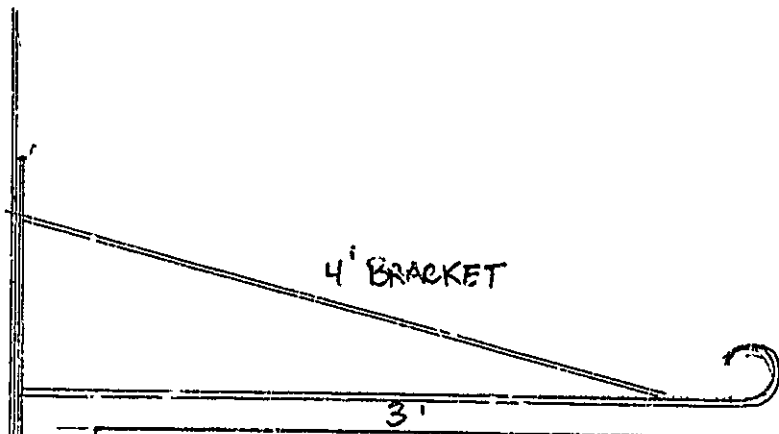
Sign creating sidewalk in size

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): [Signature]
 Authorize Agent

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: _____



SCALE: 1 1/2" 1.0" 3/4" MDO - 2' X 3'

SIGN SYSTEMS OF MAINE, INC.
57 FEDERAL STREET
PORTLAND, ME 04101

POB / 775 7110

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED
TO BE ERECTED ON A BUILDING AT 58 Market St - Portland
IN PORTLAND, MAINE John J. Goidy Trust being the owner of the premises
at 58 Market St in Portland, Maine hereby gives consent to the
erection of a certain sign owned by Richard J. Lussier ^{bba} SAEP 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 John J. Goidy 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 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 10 day of March 19 73.

[Signature]
Owner's signature
Authorized Best

[Signature]
Lessee's signature

**PAWTUCKET MUTUAL INSURANCE
COMPANY**

49 MAPLE STREET • PAWTUCKET RHODE ISLAND 02862

CUP 10107

COMMERCIAL UMBRELLA LIABILITY POLICY DECLARATIONS

CUP 10107

COMMON POLICY DECLARATIONS		POLICY NUMBER		RENEWAL NEW	
<p><i>Named Insured</i> JOHN J. GOLDY TRUST 33-45 EXCHANGE STREET and PO Address RYDLAND, ME 04101 (Number, Street, Town, County, State & Zip No.)</p>					
POLICY PERIOD From 12/10/92 To 12/10/93 12 01 A.M. Standard Time at your Mailing Address above					
REPRESENTATIVE: Agent or Broker BERNARD MICHALS INS AGENCY, INC. Agent's Code Number 159 Office Address 607 BOYLSTON STREET Town and State BOSTON, MA 02117-0778					
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					
FORM OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other TRUST					
LIMITS OF INSURANCE					
EACH OCCURRENCE LIMIT		\$ 1,000,000.			
PERSONAL and ADVERTISING INJURY LIMIT		\$ 1,000,000.			
PRODUCTS—COMPLETED OPERATIONS AGGREGATE LIMIT		\$ 1,000,000.			
GENERAL AGGREGATE LIMIT		\$ 1,000,000.			
RETAINED LIMIT \$10,000					
SCHEDULE OF UNDERLYING INSURANCE					
Insurer	Policy Number	Policy Period	COVERAGES	LIMITS OF INSURANCE	
Insurance Company	N/A		<input type="checkbox"/> AUTOMOBILE LIABILITY	EACH PERSON	EACH ACCIDENT
			<input type="checkbox"/> GARAGE LIABILITY	\$	\$
			<input type="checkbox"/> Bodily Injury Liability Property Damage Liability	\$	\$
			<input type="checkbox"/> Bodily Injury and Property Damage Liability Combined	EACH OCCURRENCE LIMIT	
PAWTUCKET MUTUAL Insurance Company	SBP 55562-00	12/10/92-93	<input type="checkbox"/> GENERAL LIABILITY	EACH OCCURRENCE LIMIT	GENERAL AGGREGATE LIMIT
			<input type="checkbox"/> Commercial General Liability	\$ 1,000,000.	\$
			<input type="checkbox"/> Commercial Package Policy	Personal Injury—	\$
			<input type="checkbox"/> Businessowner's	Advertising Limit	\$
	N/A		<input type="checkbox"/> PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	EACH OCCURRENCE LIMIT	AGGREGATE LIMITS
			<input type="checkbox"/> EMPLOYER'S LIABILITY	EACH ACCIDENT	DISEASE—EACH EMPLOYEE
				\$	DISEASE—POLICY LIMIT
			<input type="checkbox"/> OTHER	EACH OCCURRENCE LIMIT	AGGREGATE
MINIMUM EARNED PREMIUM \$ 500.00 Total Advance Premium \$ 500.00					

12/01/92 EM
 Forms and endorsements make a part of this policy at time of issue
 CUP 1(7/91) #16, #24, #61 & #127
 These Declarations together with the Common Policy Conditions, Coverage Part Declarations, Conditions, Forms and Endorsements, if any, issued to form a part thereof, completes the above numbered policy

Countersigned Bernard Michals Date 12/14/92 By: Bernard Michals
Authorized Representative

IN WITNESS WHEREOF the Company has caused this policy to be signed by its president and secretary. But, this policy shall not be valid unless countersigned on this Declaration page by a duly authorized representative of the Company

INSURED

CERTIFICATE OF INSURANCE				ISSUE DATE (MM/DD/YY)	
				01/27/93	
PRODUCER GHN Agency Portland Inc. 977 Brighton Avenue Portland, ME 04102 (207) 774-0030		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	BY EXPIRATION DATE	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 EXPT.	VOP411383000	10/10/92	10/10/93	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) \$ 5,000 MEDICAL EXPENSE (any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	4210691	10/10/92	10/10/93	COMBINED SINGLE LIMIT \$ 500,000 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 \$
	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 _____		

30320

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$27.40 Zone _____ Map # _____ Lot# _____

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

Owner: Richard J. Vassallo Phone # 774-7955
 Address: 87 Exchange St- Portland, ME 04111
 LOCATION OF CONSTRUCTION 58 Market St. (The Head Shed)
 Contractor: Sign Systems Inc Sub: 775-7110
 Address: 55 Federal St- Portland, ME Phone # 04101
 Est Construction Cost: _____ Proposed Use: hair styling w sign Zoning: _____
 Past Use: restaurant
 # 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-sign 3'x2'

For Official Use Only

Date 3/29/93 Subdivision _____
 Inside Fire Limits _____
 Bid Code _____
 Time Limit _____
 Estimated Cost _____

Parcel # 01993
 Lot # _____
 Public _____
 Private _____

Street Fronts to Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required: _____
 Zoning Board Approval: Yes _____ Date _____
 Planning Board Approval: _____ Date _____
 Conditional Use: _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) WPA 3-31-93

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

Floors:
 1. Sills Size: _____
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size _____
 4. Joists Size: _____ Spacing: _____
 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 _____

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

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

Chimneys:
 Type _____ Number of Fire Places _____
 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 3-29-93

Signature of CEO [Signature] Date _____

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag -CEO 103 Copyright GPCOG 1988



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION - 58 Market St.

Issued to J. J. Goldy Trust

Date of Issue 5/4/93

This is to certify that the building, premises, or part thereof, at the above location, built - altered - changed as to use under Building Permit No. 93/0230, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

first floor

hair salon

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

4/19/93

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies the use of building or premises, and copies to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

930230

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$30 Zone Map # Lot #

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

Owner: J.J. Goldy Jr - c/o Dirigo Phone #
 Address: 15 Exchange St - Portland, ME 04111
 LOCATION OF CONSTRUCTION: 58 Market St. - 1st fl
 Contractor: C.R.E.W. Sub: 829-55552
 Address: Box 759A - Portland, ME 04112 Phone #
 Est. Construction Cost: 2000 Proposed Use: hair salon w intr
 Past Use: restaurant
 # 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 - partition for room

For Official Use Only
 Date: 3/31/93 Subdivision Name: APR - 6 1993
 Inside Fire Limits:
 Bldg Code: Time Limit:
 Estimated Cost: 2000 Estimated Cost: 2000
 City of Portland

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):

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 S: Spacing
 2. No. windows
 3. No. Doors
 4. Header Sizes Span(s)
 5. Bracing: ea 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: Not in District or landmark.
 2. Ceiling Strapping Size Spacing Does not require review.
 3. Type Ceilings: Size Requires Review.
 4. Insulation Type
 5. Ceiling Height:

Roof:
 1. Truss or Rafter Size Span Action:
 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

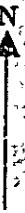
Swimming Pools:
 1. Type:
 2. Pool Size: x Square Footage
 3. Must conform to National Electrical Code and State Law.

Permit Received by: Louise E. Chase
 Date: 3/31/93
 Signature: Earle Reggan
 Date:

PERMIT ISSUED WITH LETTER

White-Tax Assessor Yellow-GPCOG White Trg-CEO [2] MA. 12/11/93 © Copyright GPCOG 1988

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 50
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type

Inspection Record

Date

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

COMMENTS

4/1/93 Cert. of Occupancy Plumbing done.

Signature of Applicant

Earle C. ...

Date

3/31/93

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

April 5, 1993

RE: 58 Market St. - First floor

C.R.E.W.
Box 7584
Portland, Maine 04112

Dear Sir:

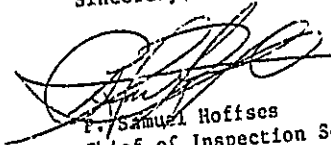
Your application to make interior renovations-partition for room, has been reviewed and a permit is herewith issued subject to the following requirements:

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

1. No exterior work is to be done. (Historic Preservation)
2. The fire alarm system must be extended to the newly created area.
3. Portable fire extinguishers shall be provided as per Section 26-3.4.1 of N.F.P.A. 101 Life Safety Code.
4. All exit signs, lights and means of egress lighting shall be done in accordance with Article 8 section and subsection of 22.0 and 823.0 of the City's building code. (The EOCA 1990)

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

Sincerely,


S. Samuel Hoffses
Chief of Inspection Services

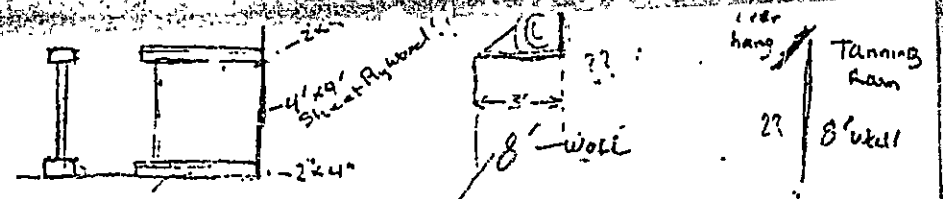
/el

cc: LT. Gaylen McDougall, Fire Prevention Bureau
Mr. Garv Hamilton, Historic Preservation Officer

389 Congress Street • Portland, Maine 04101 • (207) 874-8704

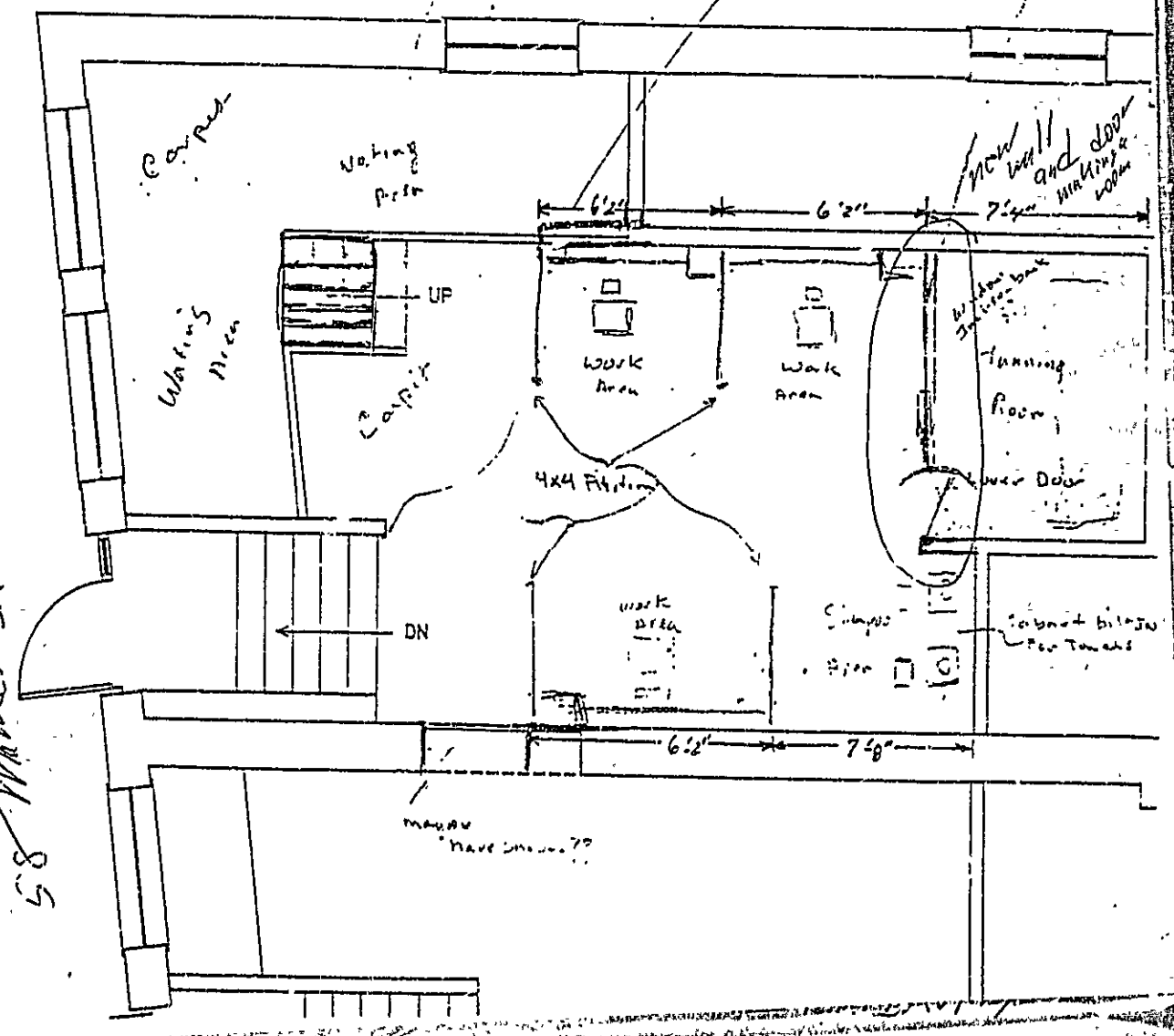
*ok

Track Lighting??



MARKET STREET

58 Market St.



030230

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$30 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: J.J. Goldy Tr- c/o Dirigo Phone # _____
Address: 45 Exchange St- Ptd, ME 04111
LOCATION OF CONSTRUCTION 58 Market St.- 1st fl
Contractor: C.R.E.W. Sub: 829-55552
Address: Box 7584- Ptd, ME 04112 Phone # _____
Est. Construction Cost: 2000 Proposed Use: hair salon w intr
Past Use: restaurant
of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq. Ft. _____
Stories: _____ # Bedrooms _____ Lot Size _____
Is Proposed Use: Seasonal _____ Conversion _____
Explain Conversion: interior renovations - partition for room

For Official Use Only
Date: 3/31/93 Subdivision: APR - 6 1993
Inside Fire Limits _____
Bldg Code _____
Tree Limit _____
Estimated Cost: 2000

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.D. # 24-2-93

Foundations:
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____
Floors:
1. Joist 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: _____ Size _____
4. Insulation Type _____
5. Ceiling Height: _____
Roof:
1. Truss or Rafter Size _____ Span _____
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:
_____ x _____ Square Footage _____
_____ conform to National Electrical Code and State Law.
Permit Received By: Louise F. Chase
Signature of Applicant: Earle Reagan Date: 3/31/93
Signature of CEO: _____ Date: _____
Inspection Dates: _____

PERMIT ISSUED WITH FEES

White-Tax Assesor Yellow-GPCOG White Tag - CEO 12 © Copyright GPCOG 1988 MR. IRVING



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date 4/8/93, 19__
 Receipt and Permit number 3014

To the CLERK 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: 58 Mark St.
 OWNER'S NAME: Dirigo Mgt. ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>4</u> Switches _____ Plugmold _____ ft. TOTAL <u>4</u>	<u>.80</u>
FIXTURES: (number of)	
Incandescent <u>7</u> Fluorescent _____ (not strip) TOTAL <u>7</u>	<u>1.40</u>
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of)	
MOTORS: (number of)	
Fractional	
1 HP or over	
RESIDENTIAL HEATING:	
Oil or Gas (number of units)	
Electric (number of rooms)	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler)	
Oil or Gas (by separate units)	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryer _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panels	
Transformers	
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 <u>1</u>	<u>1.00</u>
Emergency Generators	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	<u>15.00</u>
	minimum fee

INSPECTION:
 Will be ready on _____, 19__; or Will Call _____
CONTRACTOR'S NAME: Seabee Elect
ADDRESS: Anderson S- Ptd
TEL: 774-4880
MASTER LICENSE NO. Wm Gagnon #3014 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 10 May 1994
 Receipt and Permit number 13649

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: 58 Market St
 OWNER'S NAME: Fresh Market Pasta ADDRESS: _____

FEES

OUTLETS: Receptacles 2 Switches _____ Plugmold _____ ft. TOTAL _____ .40

FIXTURES: (number of) Incandescent _____ Fluorescent 2 (not strip) TOTAL _____ .40

Strip Fluorescent _____ ft. _____

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____

MOTORS: (number of) Fractional _____

1 HP or over _____

RESIDENTIAL HEATING: Oil or Gas (number of units) _____

Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____

Oil or Gas (by separate units) _____

Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of) Ranges _____ Water Heaters _____

Cook Tops _____ Disposals 2

Wall Ovens x Dishwashers _____

Dryers _____ Compactors _____

Fans _____ Others (denote) _____

TOTAL _____ 4.00

MISCELLANEOUS: (number of) Branch Panels _____

Transformers _____

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 _____

INSTALLATION FEE DUE: _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____

FOR REMOVAL OF A "STOP ORDER" (304-16.b) TOTAL AMOUNT DUE: 15.00

INSPECTION: Will be ready on _____, 19__; or Will Call XXX

CONTRACTOR'S NAME: Steve Rickett

ADDRESS: 1234 Forest Ave

TEL.: 797-0500

MASTER LICENSE NO.: 13649 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

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

