



STATE OF MAINE

Department of Environmental Protection

MAIN OFFICE RAY BUILDING HOSPITAL STREET AUGUSTA
MAIL ADDRESS State House Station 17 Augusta, 04333
207 289-7168

JOHN R. MCKERNAN JR.
GOVERNOR

DEAN C. MARRIOTT
COMMISSIONER

DATE: 20 July 1990

TO: PAMELA GROSS
J.G. Realty TRUST
210 BOYLSTON ST.
CHESTNUT HILL, MA. 02167

Dear Mrs. GROSS:

This letter is to acknowledge that on 19 July, 1990 this Department received your completed registration materials for a new or replacement under-ground oil storage facility or ancillary equipment located at Forest Ave. INTERSTATE. Maine statute dictates that the installation may take place five (5) business days after notification (38 M.R.S.A.) Section 563(a)(1), this installation may begin on 26 July 1990. I have assigned your registration the following interim number INT 90-259. Have a copy of your registration and display this letter in a prominent place during construction.

NOTE: Check with your tank installer to insure that your installation is in conformance with all Federal Regulations that are in effect as of December 22, 1988. For questions concerning the Federal Regulations, call the E.P.A. Hot Line at 1-800-424-9346.

Sincerely,

William V. Valentine

WILLIAM V. VALENTINE
Division of Licensing & Enforcement
Bureau of Oil & Hazardous Materials Control

WVW:

WVFORMLET

REGIONAL OFFICES
• Bangor •

• Portland •

• Presque Isle •

Maine Department of Environmental Protection
Bureau of Oil & Hazardous Materials Control
State House Station #17
Augusta, Maine 04333
Telephone: 207-289-2651
Attn: Tank Removal Notice

NOTICE OF INTENT
TO ABANDON (REMOVE) AN
UNDERGROUND OIL STORAGE FACILITY

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: J. G. DENTY TRUST Telephone No.: _____
Mailing Address: 210 BOY STONEST State: MASS Zip Code: 02167
City: WESTHILL
Contact Person (name, address & telephone no.): KEVIN MOORE
MAIN ST EXT. 80 PARIS ME 04261 749-9212 Registration No.: 1197
Name of Facility: 45 GAS
Facility Location: MRS. FOREST AVE PORTLAND

1. Identify the tanks at this location which are to be removed:

Tank Number	Age of Tank (Years)	Tank Size (Gallon)	Type of Product Most Recently Stored
A. <u>1</u>		<u>6280</u>	<u>NL</u>
B. <u>2</u>		<u>6280</u>	<u>SNL</u>
C.			
D.			

2. Directions to Facility (be specific):

FOREST AVE PORTLAND, ME

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes No (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: STEWART

Certified Tank Installer Certification Number & Name (if applicable):
TODD LAVALEY 251

Professional Firefighter Yes No (Affiliation: _____)

5. Expected date of removal: 8/27/90

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: 7/16/90

Kevin Moore
Signature of Tank Owner or Operator
KEVIN MOORE MAINT. SUPERVISOR
Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 10 DAYS PRIOR TO REMOVAL

Mail original and yellow copy to DEP; pink copy to fire dept.; retain gold copy

DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL
AND HAZARDOUS SUBSTANCES (CHEMICAL)
STORAGE TANKS
(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)

STATE USE ONLY
DATE OF REGISTRATION: _____

1. REGISTRATION NUMBER: 11991
(Complete only if a registration has
been previously assigned by the Department
of Environmental Protection.)

2. FACILITY
INFORMATION

- A. Name of Facility: KLEEN GAS
- B. Street Address of Facility: 785 FOREST AVE
- C. Town/City where facility is located: PORTLAND, ME
- D. Mailing address: SAME
- E. Zip Code: 04101 F. Telephone: () CLOSED
- G. Directions to Facility: FOREST AVE PORTLAND ME
- H. Are any planned or existing tank(s) (including piping and pumps) within 1000 feet of a public water supply source? Yes No
- I. Are any planned or existing tank(s) (including piping and pumps) within 300 feet of a private water supply source? Yes No
- J. (Complete if the answer to (I) above is YES.) Is the water supply which is located within 300 feet of the tank(s) owned by someone other than the facility owner or operator? Yes No
- K. Is the facility located on a sand and gravel aquifer or recharge area as mapped by the Maine Geological Survey? Yes No

(If you wish assistance in answering item (K), please call the Department at (207)289-2651. Sand and gravel aquifer maps can be reviewed at any of the Department's offices or purchased at a nominal fee from the Maine Geological Survey, State House Station #22, Augusta, Maine 04333, (207)289-2801.)

If the answer to item (H), (I) or (K) above is yes, the facility is in a sensitive geologic area requiring certain conditions for tank installation. A new or replacement tank used for marketing and distribution of oil in such an area requires secondary containment or ground water monitoring.

NOTE: The installation of 21,000 gallons or greater combined tank capacity, on a significant sand and gravel aquifer requires the installation of 360° double containment tanks and piping with interstitial monitoring.

STATE USE ONLY		
Reviewer:	Date:	Map Number: Comment:

L. Facility is now or will be used for (check one):

- Wholesale Distribution of Oil
- Retail Distribution of Oil
- Oil storage at a Commercial Establishment for on-site consumption
- Oil storage at an Industrial Establishment for on-site consumption
- Oil storage at a single family residence
- Oil storage at a multi-family residence
- Oil storage/farm
- Oil storage/Public Facility (state or local)
- Oil storage/Federal Facility
- Chemical (hazardous substance) storage

3. TANK OWNER: A. Name: J. G. REALTY - TRUST
(last) (first) (middle initial)
 B. Mail Address: 210 BOSTON ST
 C. Town/City: CHESTNUT HILL D. State: MASS
 E. Zip Code: 02167 F. Phone: _____

4. TANK OPERATOR: (if different from owner)
 A. Name: _____
 B. Mail Address: _____
 C. Town/City: _____ D. State: _____
 E. Zip Code: _____ F. Phone: _____

5. CONTACT PERSON: A. Name: KEVIN MOORE B. Phone: 743-9212

6. Attach a check for the applicable registration fee made payable to the State of Maine Groundwater Fund and return with this form to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials Control—State House Station #17, Augusta, Maine 04333).

Registration fees are applicable ONLY to active, new, or replacement tanks used for the MARKETING AND DISTRIBUTION OF OIL. Registration fees are due upon registration and annually thereafter, prior to the FIRST DAY OF JANUARY. Fees are as follows:

Number of Tanks 0 6,000 gallons or under in size at \$25.00 per tank = \$ _____

Number of Tanks 2 over 6,000 gallons in size at \$50.00 per tank = \$ 100

Fee Computation Worksheet:

a. 0 # tanks 6,000 gallons or under in size at \$25.00 per tank = \$ _____

b. 2 # tanks over 6,000 gallons at \$50.00 per tank = \$ 100

c. Total Annual Fee due — add a & b = \$ 100

7. MAKE TWO (2) COPIES OF THIS FORM. Submit the original to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials Control—State House Station #17, Augusta, Maine 04333). SEND ONE (1) COPY TO THE LOCAL FIRE DEPARTMENT having jurisdiction. RETAIN THE THIRD COPY FOR YOUR RECORDS. For new and replacement tanks, registrations are due at least five (5) business days prior to installation.

8. Complete the next two (2) pages of this form and include each tank currently at the facility and each new or replacement tank planned for the facility.

9. CERTIFY THIS FORM BY SIGNING. By signing this form, I, the tank registrant, certify that all information is accurate and complete to the best of my knowledge, and that I will comply with all applicable federal, state, and local laws and regulations concerning the underground storage of petroleum or other hazardous materials. The owner or operator is required by Maine statutes to file an amendment to this registration with the Department of Environmental Protection immediately upon any change of information contained in this form.

Date: 7/17/90 KEVIN MOORE MAINT SUPERVISOR
Owner or Authorized Employee of the Operator Title
(Please print or type)

Signature: Kevin Moore _____
Title

10. IF NEW OR REPLACEMENT TANKS ARE INCLUDED WITH THIS REGISTRATION, PROVIDE:

(3)

A. Name of Installer: TCSD - LAUREL
 B. Installer ID Number: 251

11. INDIVIDUAL TANK DATA (Complete one [L] line for each tank at the facility, including tanks planned for installation or replacement).

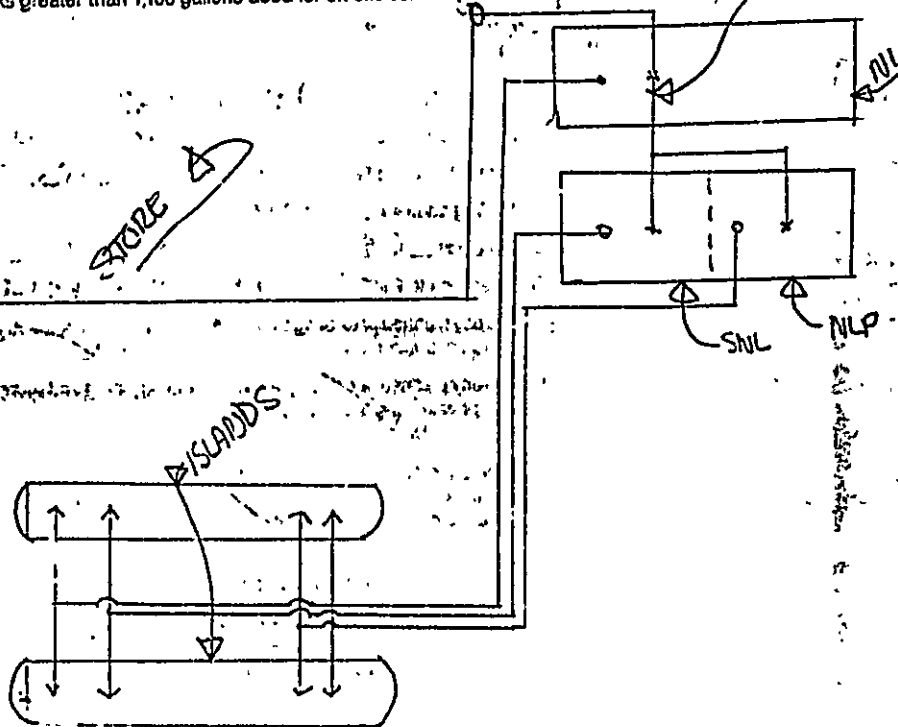
Date of Planned Installation 8/90

A. Tank Number	B. Tank Type	C. Piping Type	D. Tank Size	E. Form of Additional Protection for New and Replacement Wholesale or Retail Tanks in Sensitive Geologic Areas (Tanks and Piping)	F. Product Stored	G. Tank (G)	H. Status	I. Date removed from active service (if applicable)	J. System Type
1	Cathodically Protected Steel Double Walled <input checked="" type="checkbox"/> Bare or Asphalt-coated Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Single Walled <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Single Walled <input type="checkbox"/> Other (Specify)	8,000 Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input checked="" type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input checked="" type="checkbox"/> Unleaded <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel Chemical (Specify) Other (Specify)	700 Gallons	<input checked="" type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input checked="" type="checkbox"/> Suction <input type="checkbox"/> Pressurized
2	Cathodically Protected Steel Double Walled <input checked="" type="checkbox"/> Bare or Asphalt-coated Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Single Walled <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Single Walled <input type="checkbox"/> Other (Specify)	8,000 Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input checked="" type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input checked="" type="checkbox"/> Unleaded <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel Chemical (Specify) Other (Specify)	1190 Gallons	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input checked="" type="checkbox"/> Suction <input type="checkbox"/> Pressurized
	Cathodically Protected Steel Double Walled <input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Single Walled <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Single Walled <input type="checkbox"/> Other (Specify)	Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel Chemical (Specify) Other (Specify)	Mo/Yr	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input type="checkbox"/> Suction <input type="checkbox"/> Pressurized
	Cathodically Protected Steel Double Walled <input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Single Walled <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Single Walled <input type="checkbox"/> Other (Specify)	Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel Chemical (Specify) Other (Specify)	Mo/Yr	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input type="checkbox"/> Suction <input type="checkbox"/> Pressurized
	Cathodically Protected Steel Double Walled <input type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Single Walled <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Single Walled <input type="checkbox"/> Other (Specify)	Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Premium <input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel Chemical (Specify) Other (Specify)	Mo/Yr	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input type="checkbox"/> Suction <input type="checkbox"/> Pressurized

(4)

12. If this registration involves the replacing or installing of tanks or piping, the following information must be attached:

- (a) A map, plotted on the most current 1:24,000 scale (7½ minute) USGS topographical quadrangle, showing the location of the facility. If a 7½ minute map is not available, a 1:62,500 scale (15 minute) map may be used.
- (b) Attach a drawing of the facility showing the location of TANKS AND PIPING to be installed and any existing tanks. THE FORM OF ADDITIONAL PROTECTION for tanks used for marketing and distribution of oil in sensitive areas MUST BE DETAILED ON THE DRAWING. Monitoring well locations must be provided for all tanks greater than 1,100 gallons used for on-site consumption of oil.



FOREST AVE

000750

Permit City of Portland BUILDING PERMIT APPLICATION Fee \$170.00 Zone _____ Map # _____ Lot# _____

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

Owner: Red. G. Realty Trust Phone # _____
 Address: 210 Weston St., Chestnut Hill, MA 02167
 LOCATION OF CONSTRUCTION 785 Forest Avenue
 Contractor: C. N. BLOWN CO. Sub: _____, ME 04881 Charles Sheehan
 Address: 164 Main St., Ext., So. Barrington Phone # 795-6155
 Est. Construction Cost: \$30,000.00 Proposed Use: Gas/Convenience store
 Past Use: same
 # 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 _____
 Explan. Converting to construct canopy over exist. gasoline island,
as per two (2) sets of plans.

For Official Use Only
 Date June 21, 1990 Subdivision _____
 Inside Fire Limits _____ PERMIT ISSUED
 Bldg Code _____ Lot _____
 Zoning Limit _____ Ownership: JUL 10 1990
 Estimated Cost: \$30,000.00 Private
 City of Portland
 Zoning: B-2
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OK WA 7-10-90

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

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

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

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

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

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

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

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

Plumbing:
 1. Approval of septic 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 Joyce M. Vinal

Signature of Applicant _____ Date _____

Signature of CBS John P. Sheehan Date 7-6-90

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

Copyright GPCOG 1988

19 W.M. ROWE

PLOT PLAN



EIS (Breakdown From Front)

Base Fee 70.00

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

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

COMMENTS

10/9/90 Done NR

Signature of Applicant

[Handwritten Signature]

Date

6/21/90

000750
 Permit # 000750 City of Portland **BUILDING PERMIT APPLICATION Fee \$170.00** Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job Proper plans must accompany form.

Owner: J. G. Realty Trust Phone # _____
 Address: 210 Boylston St., Chestnut Hill, MA 02167
 LOCATION OF CONSTRUCTION 785 Forest Avenue

Contractor: C. N. Brown Co. Sub.: _____
 Address: 164 Main St., Ext. So. Parr Phone # 795-6156 Charles Shephard
 Est. Construction Cost: \$30,000.00 Proposed Use: Gas/Convenience store

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

Explain Conversion To construct canopy over exist. gasoline islands,
as per two (2) sets of plans.

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: _____
 6. Floor Sheathing Type: _____ Size: _____
 7 Other Material: _____

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

For Official Use Only PERMIT ISSUED

Date June 21, 1990 Subdivision: _____
 Inside Fire Dept. Use _____ Name _____
 Blg Code _____ Lot 011-10-290
 Estimated Cost \$30,000.00 Owner: _____ Public _____
 City of Portland

Zoning: B-2
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required: _____
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OK WCH 7-10-90

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

Roof:
 1. Truss or Rafters 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 _____
 2. No. of Tubs or Showers _____ Yes _____ No _____
 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 Joyce M. Binaldi
 Signature of Applicant [Signature] Date 6/21/90
 Signature of CEC [Signature] Date 7-6-90
 Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag - CEO [9] Copyright GPCOG 1988

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 259-3826

PROPERTY ADDRESS

Town or Plantation	DUNELAND
Street	167 FOREST AVE
PROPERTY OWNERS NAME	
Last: LEE	First: CARL
Applicant Name	CARL LEE
Mailing Address of Owner/Applicant (if different)	117 JAMES ST

PORTLAND PERMIT # 2123 TOWN COPY #

71-17187

FEE

L.P.I. #

Owner/Applicant Statement
I hereby state, as a permit applicant, that I am a resident of the State of Maine and I understand that any violation of the Local Plumbing Inspection Code is a crime.

Date: 1-17-87

Signature of Owner/Applicant: *[Signature]*

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

JAN 8 - 1987

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

This Application is for: 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY: <i>2nd floor</i>	Plumbing To Be Installed By: 1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <i>1121</i>
--	--	---

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	HOOK-UP to public sewer (those cases where the connection is not regulated and inspected by the local Sanitary District.		Hose/bb / Sillcock		Bathrooms (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
	HOOK-UP to an existing subsewer-wastewater disposal system.		Drinking Fountain		Wash Basin
			Indirect Waste		Wash Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
			Grease/Oil Separator		Dish Washer
	PIPING RELOCATION of sanitary lines, traps, and piping without new fixtures.		Dental Cuspidor		Gasge Dispenser
			Bidet		Laundry Tub
			Other: _____		Water Heater
	Hook-Up (pr. total)		Fixtures (Subtotal Column 2)	2	Fixtures (Subtotal Column 1)
	Hook-Up Fee				Fixtures (Subtotal Column 1) (see fee schedule)
					Total Permit Fee
				\$	
				\$	
				\$	

SEE PERMIT FEE SCHEDULE FOR CALCULATING

934543 934542

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$30.20/Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Jean T. Lee Phone # 799-1907
Address: 767 Forest Ave. Ptld, ME 04103
LOCATION OF CONSTRUCTION 767 Forest Ave. (Gift Basket & Candle Shop)
Contractor: _____ Sub: _____
Address: _____ Phone # _____
Est. Construction Cost: _____ Proposed Use: retail w 3 signs
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 erect three signs - 4'x2.5' 4'x2.5'

137 C 16 6'x1'
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 _____

White - Tax Assessor

For Official Use Only
Date: 2/5/93 Subdivision: FEB - 8 1993
Inside Fire Limits _____
Bldg Code _____
Fire Limit _____
Estimate Cost _____
Name _____
Address _____
City _____
State _____
Zip _____
Owner/Builder _____
Contractor _____
Architect _____
Engineer _____
Inspector _____
Permit # _____

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 - 8-93

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

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

Chimneys:
Type: _____ Number of Fire Places 2 PK 11/2/93

Heating:
Type of Heat: _____
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 F. Chase

Signature of Applicant _____ Date _____

CEO's District Jean T. Lee

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO 5 2/5/93 MR. ROWE

034542

Permit # City of Portland BUILDING PERMIT APPLICATION Fee 530.20 Zone Map # Lot #
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Jean T. Lee Phone # 799-1907
 Address: 767 Forest Ave. Ptld, ME 04107
 LOCATION OF CONSTRUCTION 767 Forest Ave. (Gift Basket
 Contractor: Sub: 3 Cardle Shop
 Address: Phone #
 Est. Construction Cost: Proposed Use: retail w 3 signs
 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 erect three signs - 4'x2.5' 4'x2.5'

For Official Use Only

Date: 2/5/93 Subdivision: F25 - E 1933
 Inside Fire Limit: Lot:
 Bldg Code: Owner: CITY OF PORTLAND
 Time Limit: Estimated Cost:

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 - 7-2-8-93

137 C 16 6'x1'
 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. Joist 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

Ceiling:
 1. Ceiling Joist Size: Not in District Use
 2. Ceiling Strapping Size Spacing
 3. Type Ceilings: Does not require review
 4. Insulation Type Size Requires Review
 5. Ceiling Height: 0.5' to 8.0'

Roof:
 1. Truss or Rafter Size Spacing Approved
 2. Sheathing Type Size Approved with Conditions
 3. Roof Covering Type Denied
 Date: 2-5-93

Chimneys:
 Type: Number of Fireplaces: Power

Heating:
 Type of Heat:

Electrical:
 Service Entrance Size: Smoke Detector Required Yes No

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

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

Permit Received By Louise E. Chase

Signature of Applicant Jean T. Lee Date
 CEO's District
 CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO 6 MR. ROUE
2/5/93

White - Tax Assessor

PLUMBING APPLICATION

PROPERTY ADDRESS
Town Or Plantation: Portland
Street Subdivision Lot #: 775 Forest Ave

PROPERTY OWNERS NAME
Last: Brown First: C.N.

Applicant Name: Paul Cullen, Plumbing
Mailing Address of Owner/Applicant (if Different): 85 ST. JAMES STREET STANBURY, ME 04084

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a permit.
Signature of Owner/Applicant: [Signature] Date: 9/2/99

PORTLAND 3989 TOWN COPY

DATE: 9/12/1999 FEE: 111/105

[Signature] L.P.L. # 1123

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] Date Applied: 9/2/99

PERMIT INFORMATION

This Application is for:
1. NEW PLUMBING
2. RELOCATED PLUMBING
- 2 - 199

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

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 # 10,2,1,2,6

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Items	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> OK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. <input type="checkbox"/> OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	/	Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	/	Sink
		Drinking Fountain	/	Wash Basin
		Indirect Waste	/	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<input type="checkbox"/> Number of Hook-Ups & Relocations		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
<input type="checkbox"/> Hook-Up & Relocation Fee		Bidet		Laundry Tub
		Other _____	/	Water Heater
		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
			5	Fixtures (Subtotal) Column 2
				Total Fixtures
			\$ 15.	Fixture Fee
			\$.	Hook-Up & Relocation Fee
			\$ 15.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 27, 1988
 Receipt and Permit number 29174

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: 777 Forest Avenue
 OWNER'S NAME: Wesley Wright ADDRESS: 8 Hemlock Ridge Rd. No. Yarmouth

	FEES
OUTLETS: Receptacles <u>60</u> Switches <u>14</u> Plugmold _____ ft. TOTAL <u>74</u>	6.40
FIXTURES: (number of) Incandescent <u>6</u> Fluorescent <u>28</u> (not strip) TOTAL <u>34</u>	5.40
Strip Fluorescent _____ ft.	
SERVICES: Overhead <u>X</u> Underground _____ Temporary _____ TOTAL amperes <u>2 200</u> Amp ..	6.00
METERS: (number of) <u>2</u>	1.00
MOTORS: (number of) Fractional <u>2</u>	1.00
1 HP or over <u>2</u>	2.00
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 _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL	
MISCELLANEOUS: (number of) Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit <u>2</u>	10.00
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Gro nd _____	
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>31.80</u>

INSPECTION:

Will be ready on _____, 19__; or Will Call X

CONTRACTOR'S NAME: Ronald S. Bohinett

ADDRESS: 218 Virginia Street Portland, Maine 04103

TEL: 797-9026

MASTER LICENSE NO.: 09886 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

ELECTRICAL INSTALLATIONS —

INSPECTIONS: Service 100 amp by R. Jones
Service called in 6/28/88
Closing-in 6/25/88 by R. Jones

PROGRESS INSPECTIONS:
_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____

Permit Number 29177
Location 777 face of
Owner Chas. E. Long
Date of Permit 5/12/88
Final Inspection 3/1/89
By Inspector R. Jones
Permit Application Register Page No. 83

CODE
COMPLIANCE
COMPLETED
DATE

DATE:	REMARKS:
3/3/89	outside fluorescent fixtures under canopy sign are required to be labeled (UL) for wet or damp locations

CODE
COMPLIANCE
COMPLETED.
DATE 3/1/89



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date March 15, 1990
 Receipt and Permit number 01161

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: 777 Forest Avenue
 OWNER'S NAME: Waley Wright ADDRESS: same

	FEES
OUTLETS:	
Receptacles <u>16</u> Switches _____ Plugmold _____ ft. TOTAL <u>130</u>	3.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL	
Strip Fluorescent <u>16</u> ft.	3.00
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 _____	
Dryers _____ <u>1</u> _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL <u>1</u>	1.50
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:	7.50

INSPECTION:
 Will be ready on March 22, 1990 or Will Call _____
 CONTRACTOR'S NAME: G & M Electric (Frederick R. Greenier)
 ADDRESS: P.O. Box 1487, Portland, ME 04104
 TEL.: 878-2917
 MASTER LICENSE NO.: #14948 SIGNATURE OF CONTRACTOR: Frederick R. Greenier
 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 Sept. 24, 19 90
 Receipt and Permit number 01610

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: 785 Forest Ave.
 OWNER'S NAME: C. N. Brown ADDRESS: So. Paris, Maine

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1-30</u>	<u>3.00</u>
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>X</u> (not strip) TOTAL <u>1-10</u>	<u>3.00</u>
Strip Fluorescent <u>40</u> ft.	<u>3.00</u>
SERVICES:	
Overhead <u>X</u> Underground _____ Temporary _____ TOTAL amperes <u>200</u> ..	<u>3.00</u>
METERS: (number of) <u>1</u>	<u>.50</u>
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) _____	<u>5.00</u>
Electric Under 20 kws <u>X</u> Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwasher _____
Dryers _____	Compoactors _____
Fans _____	Others (denote) _____
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) <u>1</u>	<u>2.00</u>
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarm Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under <u>X</u>	<u>1.00</u>
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-...)	DOUBLE FEE DUE: _____
	TOTAL AMOUNT DUE: <u>20.50</u>

INSPECTION:

Will be ready on Now, 19 90; or Will Call _____
 CONTRACTOR'S NAME: Kirk Ordway
 ADDRESS: 122 Elm St. So. Portland, Maine 04106
 TEL: 799-6104
 MASTER LICENSE NO.: 8657 SIGNATURE OF CONTRACTOR: Kirk Ordway
 LIMITED LICENSE NO.: _____

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

Permit # **912449** City of Portland **BUILDING PERMIT APPLICATION** Fee \$11. Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Michael's Quick Stop Phone # 871-1377
 Address: 735 Forest Ave. Ptld, ME 04102 (Lloyd I. Smith)
 LOCATION OF CONSTRUCTION: 735 Forest Ave.
 Contractor: Bailey Sign Sub: _____
 Address: Westbrook, ME Phone # _____
 Est. Construction Cost: _____ Proposed Use: gas conv. store
 Past Use: gas conv store
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories _____ # Bedrooms _____ Lot Size _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion: Erect sign - 5'x3'

PERMIT ISSUED
CITY OF PORTLAND
 For Official Use Only
 Date: 4/2/91 Subdivision: _____
 Inside Fire Limits: _____
 Bldg Code: _____
 Time Limit: _____
 Estimated Cost: _____
 Zoning: R-2
 Street Frontage: Provided _____
 Provided Setbacks: Fr at _____ 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): Historic Preservation

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____
 Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____
 Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(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 Ceiling: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
 Roof:
 1. Truss or Lafter Size _____
 2. Sheathing Type _____
 3. Roof Covering Type _____
 Chimneys:
 Type: _____ Number of Fire Places _____
 Heating:
 Type of Heat: _____
 Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
 Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tub. 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 Lloyd I. Smith Date 4-2-91
 Signature of CEO _____ Date _____
 Inspection Dates _____

PLOT PLAN

N
↑

FEE'S (Breakdown From Front)
Bas. Fee \$ 312
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type

Inspection Record

Date

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

COMMENTS

60/24/91 OK AR

Signature of Applicant

Lloyd M. Smith

Date

4-2-91



A Division of
Mid-West Mutual Assurance Company

**SMALL BUSINESS
OWNERS POLICY
DECLARATIONS**

POLICY NO. 3497562

RENEWAL OF NUMBER NEW	AGENCY GHM Agency, Inc. #610	CODE NO.
---------------------------------	--	----------

Item 1. Named Insured and Mailing Address (No., Street, Town, County, State, Zip No.)

Lloyd M. Smith dba Michael's Quick Stop
785 Forest Avenue

Portland, Maine 04102

Item 2. Policy Period: 12:01 A.M. Standard Time at location of designated premises. 11/23/90 11/23/91
FROM TO

Item 3. The Named Insured is: Individual Partnership Office Condominium Assoc
 Corporation Joint Venture Other _____

Item 4. Described Premises: SAME Business of Insured: Convenience Store

In Consideration of the premium, insurance is provided to the named insured with respect to those premises described in the schedule below and with respect to those coverages and kinds of property for which a specific limit of liability is shown, subject to all of the terms of this policy including forms and endorsements made a part hereof

Item 5. SCHEDULE OF INSURANCE

COVERAGE	LIMIT OF LIABILITY					
	LOC NO. 1	BLDG NO	LOC NO	BLDG NO	LOC NO	BLDG NO
A. Buildings	\$		\$		\$	
B. Business Personal Property	\$ 10,000		\$		\$	
SECTION C1. Loss of Income - Business Interruption: Actual loss sustained; not exceeding 12 consecutive months.						
C2. Loss of Income - Rents: Actual loss sustained; not exceeding 12 consecutive months						
PROPERTY D. Money & Securities: as specified in this policy						
COVERAGE E. Exterior Building Glass: as specified in this policy						
DEDUCTIBLE: \$ 250.00	Coverage A, B, D, E as specified in this policy.					
INFLATION GUARD:	% increase applicable each three month period.					
SECTION F. Broad Form Commercial General Liability: \$ 1,000,000 each occurrence.						
LIABILITY The limit of liability with respect to the Completed Operations and Products hazards combined is an aggregate limit for all occurrences during the policy period.						
COVERAGE FIRE LEGAL LIABILITY: \$50,000 each occurrence.						
G. Medical Payments: \$1,000 each person; \$10,000 each accident.						

Item 6. Optional Coverages: The following optional coverages are afforded under this policy only when designated by an "X" in the box(es) shown below,

Employer's Non-Ownership Automobile Liability Insurance Employee Dishonesty \$10,000 each occurrence Tenant Exterior Building Glass Tot. Linear Ft. _____

Loss of Refrigeration Endorsement, MMA-BP-10(18-89), _____
Item 7. Forms and Endorsements attached at inception, if any. CG2026(11-85), MMA-BP-10(07-81), MMA-BP-11(01-90), 0753(07-88), 0174(06-87), 0196(08-89), 0728(01-87), IL0018(10/84), IL0913(1/82), IL0247(4-86),
Item 8. Mortgage (Name & Address):

Item 9. Annual Premium: \$ 473.00 Agency Bill Company Bill

RATE INFORMATION	CONSTRUCTION	PROTECTION CLASS	TERRITORY	BUILDING AREA	TENANT'S AREA	BUILDING CLASS CODE	CONTENTS CLASS CODE	BUILDING BASE RATE	CONTENTS BASE RATE	SCHED CREDIT
Loc. 1	J-Masonry	02	01		500 SF		402	Incl.	Incl.	Incl.

11-DEC-90 JY/rjb

Countersigned by Michael Stewart
Agent

0153 (7/86)

ORIGINAL

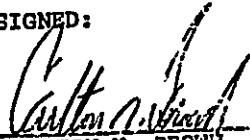
C. N. BROWN CO.

MARCH 11, 1991

TO WHOM IT MAY CONCERN

THE PURPOSE OF THIS LETTER IS TO GIVE MICHAEL SMITH AND PEPSI (SELTZER & RYDHOLM) PERMISSION TO ERECT A SIGN ON OUR LOCATION, LOCATED AT 785 FOREST AVENUE, PORTLAND, MAINE.

SIGNED:


CARLTON N. BROWN
VICE PRESIDENT

C. N. BROWN COMPANY

CNB/mlp.

RECEIVED

APR 02 1991

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

POST OFFICE BOX 200 • SOUTH PARIS, MAINE 04281 • (207) 743-9212

Michael's Quick Stop
785 Forest Ave
Portland Maine 04103

Harley St.

Appx 125'

Forest Ave

ENTRANCE

ENTRANCE

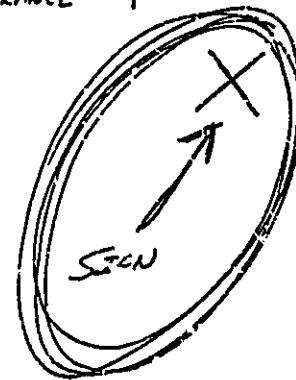


City Sign
5x6
30 sq ft

FUEL ISLAND

FUEL ISLAND

STORE



RECEIVE

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Sublot/Lot #: 775 Forest Ave

PROPERTY OWNER'S NAME

Last: ROWN First: C. N.

Applicant No. / no: Paul Cullen Plumbing

Mailing address of Owner/Applicant (if different):
8 STREET STREET RD
STANDISH, ME 04084

PORTLAND 3989 TOWN COPY

19 12 1990

11/16/90

L.P.L. # 1123

Paul Cullen

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: Paul Cullen Date: 9/2/90

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: _____ Date Approved: 9/28/90

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING <u>2 199</u>	Type Of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY <u>Stores Gas Station</u>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>10,7,1,2,6</u>
---	---	---

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	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.	1	Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
Number of Hook-Ups & Relocations		Other:	1	Water Heater
Hook-Up & Relocation Fee	1	Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			5	Fixtures (Subtotal) Column 1
			\$ 15.	Hook-Up & Relocation Fee
			\$	Permit Fee (Total)
			\$ 15.	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

Rev. 8/88



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 27 1988
 Receipt and Permit number 29174

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: 777 Forest Avenue
 OWNER'S NAME: Wesley Wright ADDRESS: 8 Hemlock Ridge Rd. (to. Yawmouth

	FEES
OUTLETS:	
Receptacles <u>60</u> Switches <u>14</u> Plugmold _____ # TOTAL <u>74</u>	6.40
FIXTURES: (number of)	5.40
Incaandescent <u>6</u> Fluorescent <u>28</u> (not strip) TOTAL <u>34</u>	
Strip Fluorescent _____ ft.	
SERVICES:	2 200 Amp
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>400</u> ..	6.00
METERS: (number of) <u>2</u>	1.00
MOTORS: (number of)	1.00
Fractional <u>2</u>	2.00
1 HP or over <u>2</u>	
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 _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	10.00
Air Conditioners Central Unit <u>2</u>	
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: _____	31.80

INSPECTION:

Will be ready on _____, 19__; or Will Call

CONTRACTOR'S NAME: Ronald S. Robinett
 ADDRESS: 218 Virginia Street Portland, Maine 04103
 TEL: 797-9026
 MASTER LICENSE NO.: 09886 SIGNATURE OF CONTRACTOR: Ronald S. Robinett
 LIMITED LICENSE NO.: _____

ELECTRICAL INSTALLATIONS—

Permit Number

29175

Location

777 Fairfield

Owner

Chas. E. & Joseph J.

Date of Permit

5/23/89

Final Inspection

3/1/89

By Inspector

[Signature]

Permit Application Register Page No. 3

INSPECTIONS: Service vac amp by Reese

Service called in 6/28/89

Closing-in 6/28/89 by Reese

PROGRESS INSPECTIONS: _____

CODE COMPLIANCE COMPLETED DATE _____

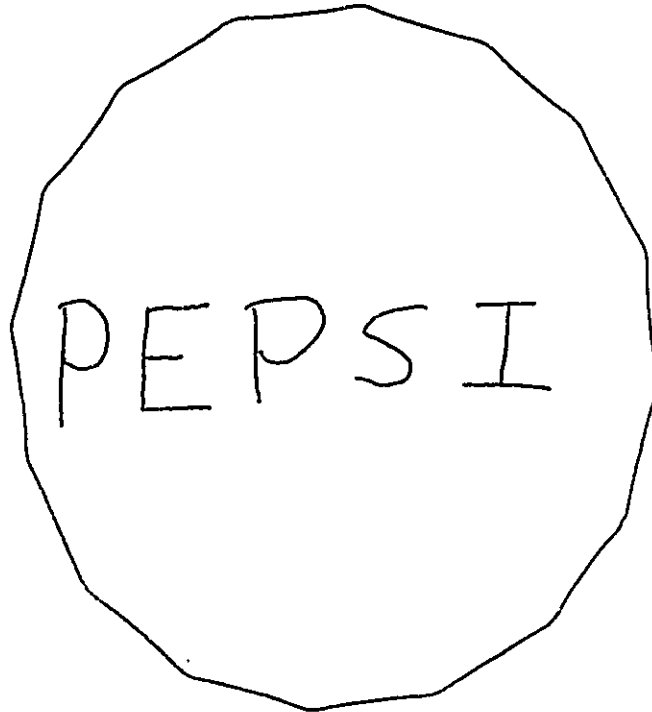
DATE:	REMARKS:
3/3/89	outside fluorescent fixtures under canopy sign are required to be listed (UL) for wet or damp locations

CODE COMPLIANCE COMPLETED DATE 3/1/89

6'

30 Sq Ft

2/1/90
Sim



RECEIVED

APR 0 2 1991

DEPT OF BUILDING INS.
CITY OF PORTLAND

MICHAEL'S QUICK STOP

GAS - CONVENIENCE STORE

PLOT PLAN

N
↑

FEES (Breakdown From Front)
Base Fee \$ 30,20
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Inspection Record

Type	Date
<u>Done</u>	<u>2/19/93</u>

COMMENTS

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.

Jean T. Lee 7107 Greenview Parkway, NW 772-0451
SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

LEE AUTO & HOME UPHOLSTERY

767 FOREST AVENUE
PORTLAND, MAINE 04103

(207) 772-0751

4 ft

GIFT BASKET +

GIFTS THAT
MAKE
SCENTS

2 1/2 ft
CARDONE SHOP

76"

GIFT BASKET

1 1/2 ft
CARDONE SHOP

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

02/04/93

PRODUCER

The Rowley Agency of Maine
P.O. Box 1770
Portland, ME 04104

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 Co.

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

Gift Basket & Candle Shop
767 Forest Avenue
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 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
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 1,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	TBD	02/04/93	02/04/94	PRODUCTS-COMP/OP AGG. \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 500,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 500,000
	AUTOMOBILE LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> ANY AUTO				MED. EXPENSE (Any one person) \$ 5,000
	<input type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS \$
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Proof of Insurance

CERTIFICATE HOLDER

City of Portland
Portland, Maine

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

John P. Hughes

ACORD 25-S (7/90)

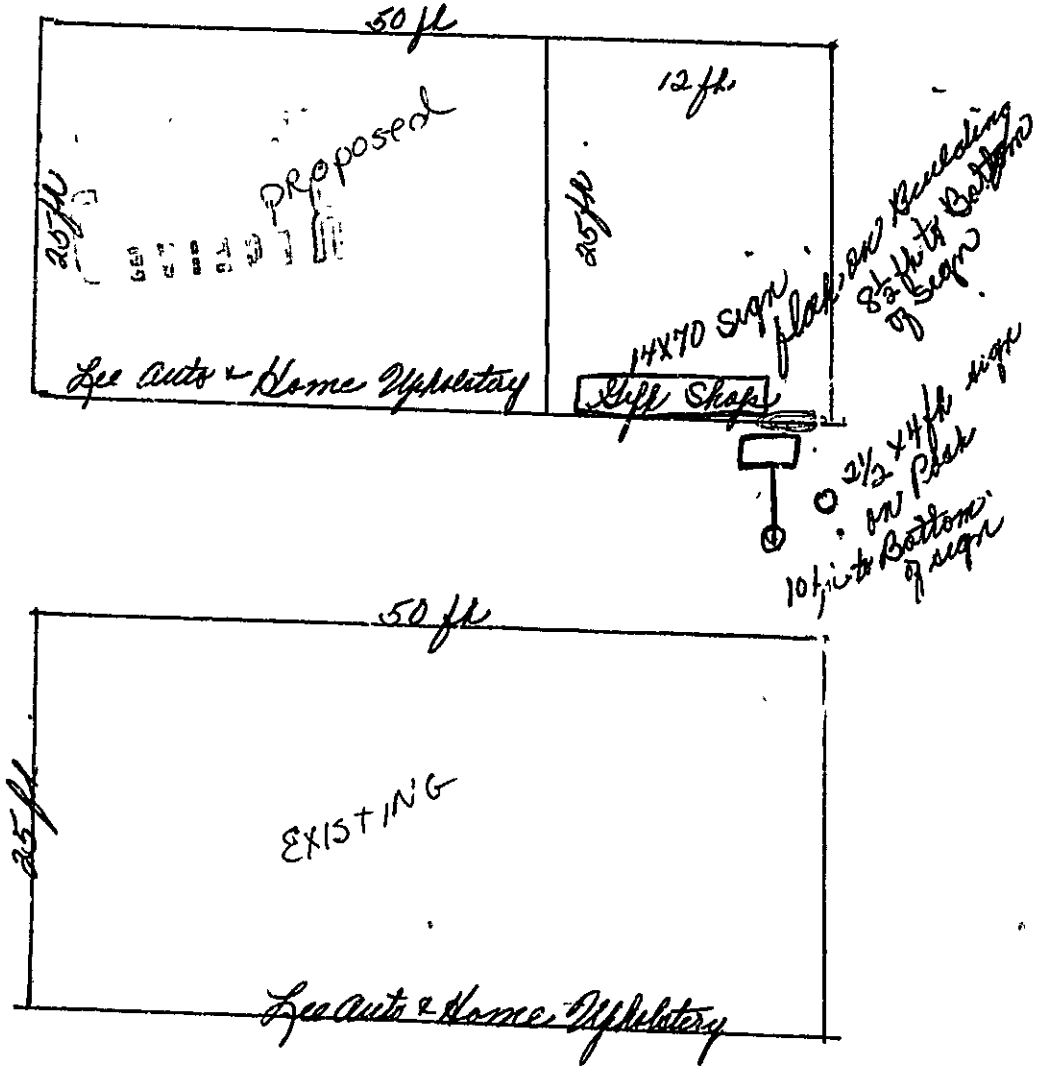
ACORD CORPORATION 1590

LEE AUTO & HOME UPHOLSTERY

767 FOREST AVENUE
PORTLAND, MAINE 04103

(207) 772-0751

Site Sketch



940381

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 42.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: BSVP Phone # 773-8806
 Address: Peter Welch-RSVP 887 Forest Ave 04103
 LOCATION OF CONSTRUCTION 887 Forest Ave
 Contractor: Sign Design. Inc. Sub: _____
743 Broadway So. Portland, ME 04106 Phone # 799-2000
 Est. Construction Cost: _____ Proposed Use: Redemption w/sign
UL# 450774 Part Use: Redemption Ctr
 # 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 lighted sign as per plans

For Official Use Only
 Date 3 May 94 Subdivision _____
 Inside Fire Limits _____ Name _____
 Edg Code _____ Lx MAY - 6 1994
 Time Limit _____ Ownership: _____
 Estimated Cost _____
CITY OF PORTLAND

Zoning: Street Frontage Provided: _____
 Provided Setbacks Front _____ Back _____ Side _____ Side _____
 Review Required: Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) WDA - 2256-94

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

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

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

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

Celling: **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 _____

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 USF Group - U

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

Permit Received By Mary Gresik

Signature of Applicant Eric Moynihan Date 3 May '94

CEO's District 6 Eric Moynihan

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO [Signature]

White - Tax Assessor

PLOT PLAN



OK
As Plow

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

COMMENTS

CERTIFICATION

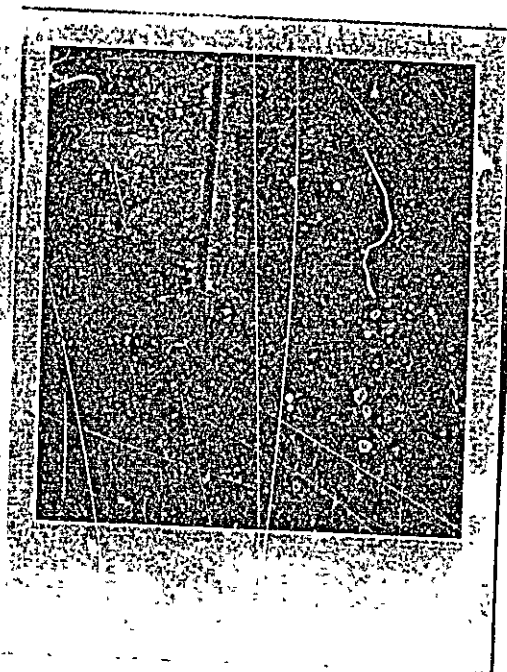
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as has authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition,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

Eric A. Thompson Syn Design Inc. 799-2000
SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

THIS SIGN TO BE REMOVED

6071-



DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

MAY 3 1994

R
E
C
E
I
V
E
D

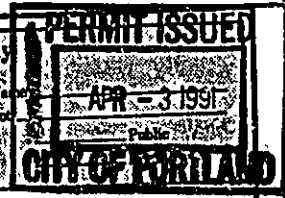
912449

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$31. Zone _____ Map # _____ Lot# _____

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

Owner: Michael's Quick Stop Phone # 871-1329
 Address: 785 Forest Ave; Ptld, ME 04102 (Lloyd M. Smith)
 LOCATION OF CONSTRUCTION 785 Forest Ave.
 Contractor: Bailey Sign Sub: _____
 Address: Westbrook, ME Phone # _____
 Est. Construction Cost: _____ Proposed Use: gas conv. store
 Past Use: gas conv store
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Erect sign - 5'x6'

For Official Use Only
 Date: 4/2/91
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost _____
 Zoning: B-2
 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) OK with #3-91
HISTORIC PRESERVATION
 Not in District nor Landmark
 Does not require review
 Requires review
 Action: _____ Approved _____
 Approved with conditions
 Date: _____
 Signature: _____



Foundations:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____
Floors:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. 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 Ceilings: _____
 4. Insulation Type _____ Size _____
 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:
 1. Type: _____
 2. Pool Size _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code _____
 Permit Received By LOUISE E. CHASE
 Signature of Applicant Lloyd M. Smith Date 4-2-91
 Signature of CEO Lloyd M. Smith Date _____
 Inspection Dates _____

← 8' →

Enjoy *Coca-Cola* CLASSIC

RSTOP discount
beverage
and
redemption
center inc.

Coca-Cola

Coca-Cola

↑ 6' ↓
*
4'

AGENCY LIQUOR STORE

REMOVING EXISTING SIGN 60 SQ. FT. -
SEE PICTURE

REQUESTING PERMIT ~~ON THIS~~ ON
THIS SIGN 88 SQ. FT. (11x8)
INTERUALLY ILLUMINATED SIGN - UL# E50774

EXISTING BLDG SIGNAGE IS 144
NO V SIGNS ARE PROPOSED FOR
NEW

THE Building

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

R MAY 3 1994
RECEIVED

887 FOREST AVE.

LOCATION OF EXISTING SIGN
to be replaced w/ PROPOSED
SIGN.

RSVP BLDG

← WEST FOREST AVE EAST →

APPROVED FOR THE CITY OF
LOS ANGELES
1983

DEPT. OF BUILDINGS INSPECTION
CITY OF PORTLAND, ME

P **MAY 3 1994** **D**
PL **U** **S** **I** **V** **E**

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

Location of Construction: 767 Forest Ave		Owner Lee, Gary		Phone		Permit No. 60890	
Owner Address:		Leasee/Buyer Name Bettina's 767 Forest Ave Portland, ME 04103		Phone 773-1666		Business Name	
Contractor Name: The Signery		Address		Phone		PERMIT ISSUED SEP 10 1996 CITY OF PORTLAND	
Past Use: Retail		Proposed Use: Same		COST OF WORK: \$		PERMIT FEE: \$ 27.00	
Proposed Project Description: Erect Signage 2.5 x 4 feet 10 Sq ft		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group. Type <i>DOCA96</i>		Zoning CBL: 137-C-016	
		Signature		Signature <i>[Signature]</i>		Zoning Approval: <i>ok with condition that remains A retail use as 9/9/96</i>	
Permit Taken By: Mary Gresik		Date Applied For 04 September 1996		Signature		Date	

- 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

PERMIT ISSUED WITH REQUIREMENTS

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 9/9/96

[Signature]

CERTIFICATION

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

Arthur Maria
 SIGNATURE OF APPLICANT Arthur Maria ADDRESS 160 Ocean Ave DATE 04 September 1996 PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE _____

White-Permit Desk Green-Assessor's Canary-DPW Pink-Public File Ivory Card-Inspector

CEO DISTRICT *[Signature]*
 M.L.

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

Location of Construction 767 Forest Ave		Owner Lee, Gary		Phone		Permit # 60890 PERMIT ISSUED SEP 10 1996 CITY OF PORTLAND
Owner Address:		Licensee/Buyer's Name Bettina's		Business Name		
Contractor Name: The Signery		Address 767 Forest Ave Portland, ME 04103		Phone 773-1666		Zoning: B-2 CBL: 137-C-016 Zoning Approval: ok with conditions <input type="checkbox"/> Special Zone or Reviews <input type="checkbox"/> Shoreland Thru use <input type="checkbox"/> Wetland remains A <input type="checkbox"/> Flood Zone retail use <input type="checkbox"/> Subdivision 2/19/96 <input type="checkbox"/> Site Plan major
Past Use: Retail		Proposed Use: Same		COST OF WORK: \$ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature:		
Proposed Project Description: Street Signage 2.5 x 4 feet 10 Sq ft		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		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 Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date:
Permit Taken By: Mary Grealk		Date Applied For: 04 September 1996				

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

REQUIREMENTS

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 OF APPLICANT **Arthur Maria** ADDRESS _____ DATE **04 September 1996** 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

CEO DISTRICT 

COMMENTS

9-25-96 Sign has been put up according to plan,

Type	Inspection Record	Date
Foundation	_____	_____
Framing	_____	_____
Plumbing	_____	_____
Final	_____	_____
Other	_____	_____

LAND USE - ZONING REPORT

ADDRESS: 767 Forest Ave DATE: 9/9/96

REASON FOR PERMIT: Elect Signage 2.5' x 4'

BUILDING OWNER: Gary Lee C-B-L: 137-C-16

PERMIT APPLICANT: Arthur Maria

APPROVED: With conditions DENIED: _____

#9

CONDITION(S) OF APPROVAL

1. During its existence, all aspects of the Home Occupation criteria, Section 14-410, shall be maintained.
2. The footprint of the existing _____ shall not be increased during maintenance reconstruction.
3. All the conditions placed on the original, previously approved, permit issued on _____ are still in effect for this amendment.
4. Your present structure is legally nonconforming as to rear and side setbacks. If you were to demolish the building on your own volition, you will not be able to maintain these same setbacks. Instead you would need to meet the zoning setbacks set forth in today's ordinances. In order to preserve these legally non-conforming setbacks, you may only rebuild the garage in place and in phases.
5. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
6. Our records indicate that this property has a legal use of _____ units. Any change in this approved use shall require a separate permit application for review and approval.
7. Separate permits shall be required for any signage.
8. Separate permits shall be required for future decks and/or garage.
9. Other requirements of condition That this use remains a strictly

retail sales use. As denoted on the permit.
Any change of use requires a separate permit
application for review and approval.

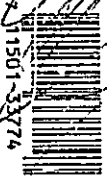
Marge Schmuckal Marge Schmuckal, Zoning Administrator,
Asst. Chief of Code Enforcement

TAKE OUT

Ingredients: Crushed Tomatoes, Onions, Braised Garlic, Tomato Paste, Oregano, Parsley, Cracked Black Pepper, Olive Oil, Salt.

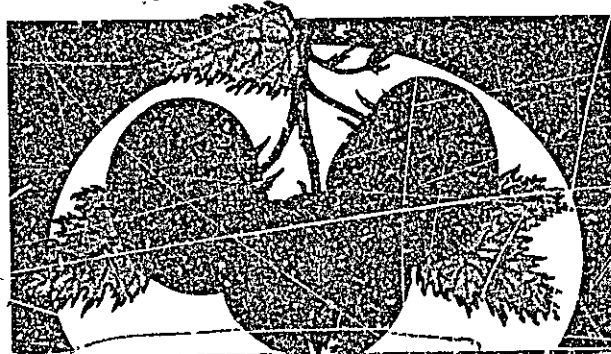
Delicious over Fresh Pasta, Eggplant, Seafood, Chicken, or Veal. Simmer and Serve. Refrigerate after opening.

BETTINA'S
160 OCEAN AVE
FRENCH LICK, KY 40301
1-800-377-1103



1501 377

The Original Third-Generation Recipe

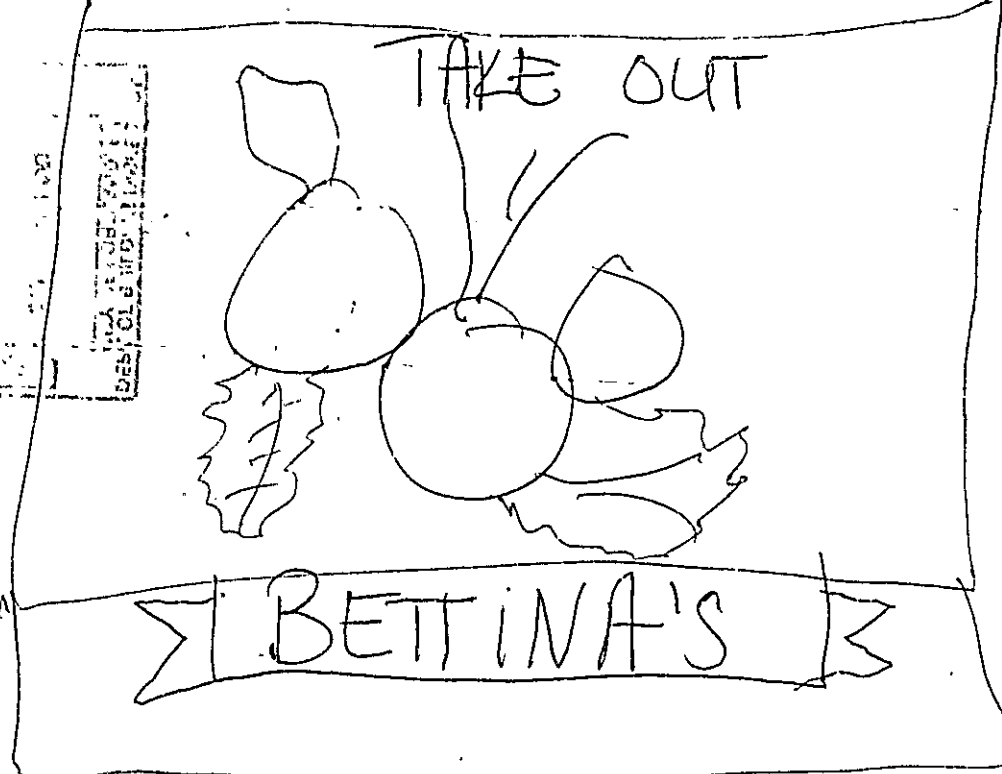


BETTINA'S
The Versatile Sauce

Net Wt. 20 oz (567 ml)

Nutrition Facts Serv. Size 1/2 cup (124 g) Servings 8
Amount Per Serving Calories 60 Total Fat 3.5g (6% DV) Saturated Fat 0g (0% DV) Cholesterol 0mg (0% DV) Sodium 44mg (10% DV) Total Crap 1g (2% DV) Carbohydrate 7g (12% DV) Dietary Fiber 0g (0% DV) Protein 1g (2% DV) Vitamin C 15% DV Vitamin A 20% DV
Percent Daily Values (DV) are based on a diet of 2,000 Calories per day.

Note: The Only wording on sign will BE



TAKE OUT

BETTINA'S

TAKE OUT

BETTINA'S

LEE AUTO & HOME UPHOLSTERY

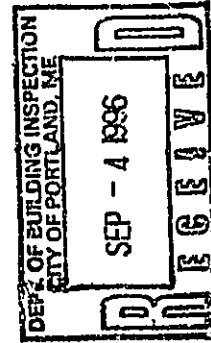
767 FOREST AVENUE
PORTLAND, MAINE 04103

(207) 772-0751

To Whom it may concern,

Arthur Maria D.B.A. Bettinas at
767 Forest Ave. Portland, has the
use of one pole sign on my
property, same as above.

Sincerely
Gary Lee



SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 767 FOREST AVE BETHESDA, MD. ZONE: _____

OWNER: GARY LEE

APPLICANT: ARTHUR D MARIA

ASSESSOR NO.: _____

SINGLE TENANT LOT? YES _____ NO

MULTI TENANT LOT? YES NO _____

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

DIMENSIONS 30" x 48"
~~24" x 4'~~

MORE THAN ONE SIGN? YES _____ NO DIMENSIONS _____

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

MORE THAN ONE SIGN? YES _____ NO DIMENSIONS _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: _____

LOT FRONTAGE (FEET) 130'

BLDG FRONTAGE (FEET) 19'

AWNING YES NO _____ IS AWNING BACKLIT? YES _____ NO

HEIGHT OF AWNING: 7' 4"

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

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.

INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

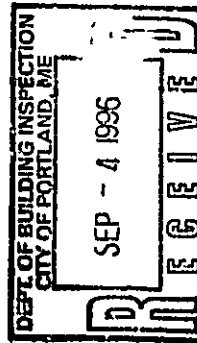
APPLICANTS FOR A SIGN PERMIT WILL BE ASKED TO SUBMIT THE FOLLOWING INFORMATION TO THE CODE ENFORCEMENT OFFICE:

1. PROOF OF INSURANCE (Pen Hall Noyes (CARRIER) YORK INS)
2. LETTER OF PERMISSION FROM THE OWNER (Additional insured - City of PORTLAND)
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
5. COMPUTATION OF THE FOLLOWING:
 - A) SIGN AREA OF EACH EXISTING AND PROPOSED BUILDING SIGN
 - B) SIGN AREA HEIGHT AND SETBACK OF EACH EXISTING AND PROPOSED FREESTANDING SIGN

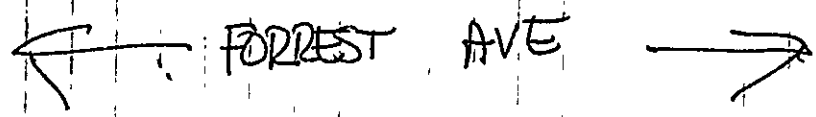
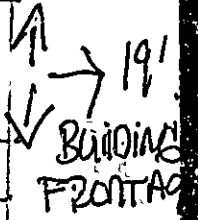
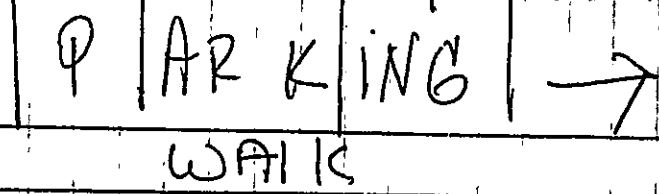
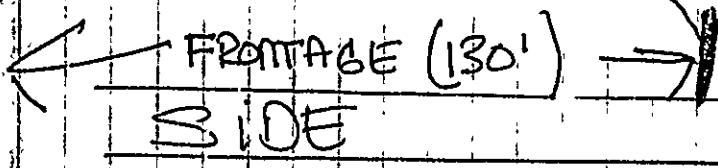
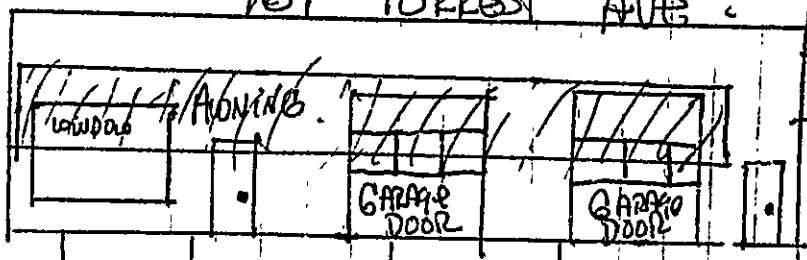
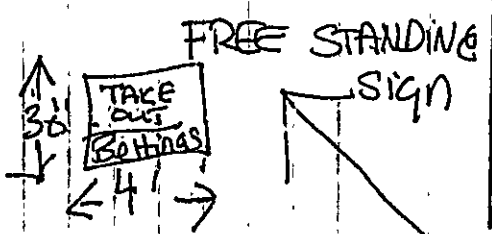
A SKETCH OF ANY PROPOSED SIGN(S), INDICATING DIMENSIONS, MATERIALS, SOURCE OF ILLUMINATION AND CONSTRUCTION METHOD (SEE ATTACHED)

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

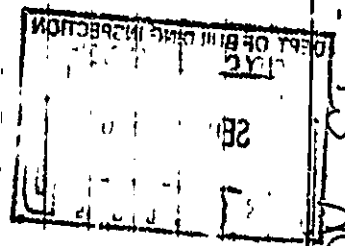
NOTE: ONCE A SKETCH PLAN HAS BEEN FILED FOR A PROPERTY, THE CODE ENFORCEMENT OFFICE WILL KEEP A RECORD OF THE PLAN. SO THAT A NEW SKETCH PLAN WILL NOT BE REQUIRED FOR LATER CHANGES TO SIGNAGE ON THE PROPERTY. IN SUCH AN INSTANCE, APPLICANTS WILL ONLY BE REQUIRED TO SUBMIT INFORMATION APPLICABLE TO THE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



767 FORREST AVE.



HARTLEY ST



CLINTON ST

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

9/3/96

PRODUCER

Hoyes & Chapman Inc
1039 Washington Avenue
Portland ME 04103

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** York Insurance Group

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

Marie C & Arthur D Marfa
DBA Bettina's
160 Ocean Avenue
Portland ME 04103

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
	GENERAL LIABILITY				GENERAL AGGREGATE \$600,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/PROP A&G \$600,000
<input checked="" type="checkbox"/>	CLAIMS MADE OCCUR	T.B.A.	9/3/96	9/3/97	PERSONAL & ADV INJURY \$300,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$300,000
					FIRE DAMAGE (Any one fire) \$50,000
					MED EXPENSE (Any one person) \$5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Exterior sign located at 767 Forest Avenue, Portland ME
City of Portland is listed as an additional insured

CERTIFICATE HOLDER

City of Portland
389 Congress Street
Portland ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 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 REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

