

Inspection Services  
Samuel P. Hoiffes  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

August 25, 1994

HOWLAND DONALD M  
32 ROUTE 35 #1  
WINDHAM ME 04062

Re: 572 Brighton Ave  
CBL: 185- - C-013-001-01  
DU: 4

Dear Mr. Howland:

You are hereby notified, as owner or agent, that an inspection was made of the above referenced property. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspections Report".


In accordance with the provisions of the above mentioned Code, you are hereby ordered to correct those defects within sixty (60) days. If you are unable to make such repairs within the specified time, you may contact this office to arrange a satisfactory repair schedule. If we do not hear from you within ten (10) days from this date, we will assume the repairs to be in progress and, on re-inspection within the time set forth above, will anticipate that the repairs have been brought into compliance with the Housing Code Standards.

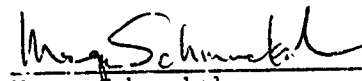
Please Note: You should consult this department to insure that any corrective action you should undertake complies with the building, plumbing, electrical, zoning and other Articles of the City Code.

Please contact this office if you have any questions regarding this order.

Your cooperation will aid this department in it's goal to maintain decent, safe, and sanitary housing for all of Portland's residents.

Sincerely,

  
Kevin Carroll  
Code Enforcement Officer

  
Marge Schmuckal  
Asst. Chief of Inspection Services

### HOUSING INSPECTION REPORT

Location: 572 Brighton Ave  
Housing Conditions Date: August 25, 1994  
Expiration Date: October 24, 1994

Items listed below are in violation of Article V of the Municipal Codes, "Housing Codes", and must be corrected before the expiration date:

- |    |   |        |
|----|---|--------|
| 1. | INT - 1ST FLOOR -<br>RIGHT REAR HALL HAS ILLEGAL WIRING                                 | 113.50 |
| 2. | INT - CELLAR - RIGHT & LEFT REAR<br>STAIRS HAVE LOOSE & BROKEN TREADS                   | 108.40 |
| 3. | INT - CELLAR - ENTIRE<br>NO ILLUMINATION  | 113.30 |
| 4. | INT - CELLAR - ENTIRE<br>ILLEGAL ELECTRIC EXTENSION CORDS                               | 113.40 |
| 5. | INT - CELLAR - ENTIRE<br>JUNK AND DEBRIS  | 109.40 |
| 6. | INT - CELLAR -<br>PIPE APPEARS TO HAVE FRIABLE ASBESTOS LAGGING                         | 116.60 |
| 7. | INT - APT # 2-W - KITCHEN, BATHROOM<br>& RIGHT REAR BEDROOM - ALL HAVE LEAKING CEILINGS | 108.20 |
| 8. | INT - APT #2-W -<br>BATHROOM WALLS HAVE EXPOSED WIRING                                  | 113.50 |

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

August 24, 1994

HOWLAND DONALD M  
32 ROUTE 35 #1  
WINDHAM ME 04062

Re: 572 Brighton Ave  
CBL: 185- - C-013-001-01  
DU: 4

Dear Mr. Howland:

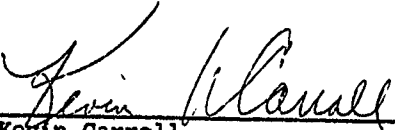
During a recent inspection of the property owned by you at the above referred property, it was noted that smoke detectors were missing/inoperable in some locations.

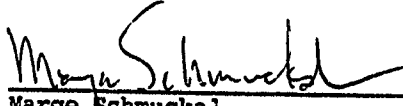
25 MRSA 2464 required that approved smoke detectors be installed in each apartment in the immediate vicinity of the bedrooms. When activated, the detector shall provide an alarm suitable to warn the occupants within the individual unit. Failure to comply with this statute may result in a fine of up to \$500 for each violation.

Re-inspection of your property will be made in 24 hours. Lack of compliance will result in referral of the matter for legal action.

Loss control is a responsibility of your management. Our observations are intended to assist you. Recommendations are a result of conditions observed at the time of our visits. They do not necessarily include every possible loss potential code violation, or exception to good practice.

Sincerely,

  
Kevin Carroll  
Code Enforcement Officer

  
Marge Schmuckal  
Asst. Chief of Inspection Services





924412

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

PERMIT ISSUED

Owner: Marsh Agency Inc. Phone # 772-2818  
 Address: 570 Brighton Ave- Ptld, ME 04102  
 LOCATION OF CONSTRUCTION 570 Brighton Ave.  
 Construction: SMW Suburban Sub. P, propane Co 774-0387  
 Address: Thompson's Pt- Ptld Phone # ME 04102  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: office bld w tank  
 \_\_\_\_\_ Past Use: \_\_\_\_\_  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion install one 100-gln a/g propane tank

**For Official Use Only**  
 Date: 12/8/92 Subdivision: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_ Name: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_ Ownership: CITY OF PORTLAND  
 Estimated Cost: \_\_\_\_\_

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

HISTORIC PRESERVATION

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

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

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

**Roof:** Acted:  Approved.  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  Approved with Conditions.  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 Chimneys: Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
 Signature: [Signature]

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

**Heating:** Type of Heat: \_\_\_\_\_  
**Electrical:** Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_  
**Plumbing:** 1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of 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.

**Inte for Walls:**  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

Permit Received By Louise F. [Signature] PERMIT ISSUED WITH REQUIREMENTS Date 12/8/92  
 Signature of Applicant [Signature]  
 CEO's District 4 Clarnee Soucy

PERMIT ISSUED WITH REQUIREMENTS

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

[4] M. Carro

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

Location of Construction: 570 Brighton Ave		Owner: Howland, Donald		Phone:		Permit No: <b>950345</b>	
Owner Address:		Leasee/Buyer's Name: Rose's Etc.		Phone: 570 Brighton Ave Ptd, ME 04103		Business Name: PERMIT ISSUED	
Contractor Name:		Address:		Phone: 774-7673		Permit Issued: APR 14 1995	
Past Use: Retail		Proposed Use: Same w/awning		COST OF WORK: \$ 750.00		PERMIT FEE: \$ 25.00	
Proposed Project Description: Erect Awning as per plans <i>Backlit Awning Sign</i>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>D</i> Type: <i>BOCA93</i>		CITY OF PORTLAND	
Signature:		Signature:		Signature: <i>Neffan</i>		Zoning: <i>B1</i> CBL: 185-C-013	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions. <input type="checkbox"/> Denied		Signature:		Zoning Approval: <i>OK 4/13/95</i>	
Date:		Date:		Date:		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Gresik		Date Applied: 11 April 1995					

- 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 LETTER**

- 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: *4/14/95*

**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: *David McGovern* ADDRESS: *570 Brighton Ave* DATE: *11 April 1995* PHONE: *774-7623*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

GEO DISTRICT **4**  
*K. Carroll*

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

924132

Permit # 924132 City of Portland BUILDING PERMIT APPLICATION Fee 32.50 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Marsh Agency Phone # 772-2915

Address: 570 Brighton Ave - hold, ME 04102

LOCATION OF CONSTRUCTION 570 Brighton Ave.

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

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

Est. Construction Cost: \_\_\_\_\_ Proposed Use: insurance co w sign

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 sign - 11.5'

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 \_\_\_\_\_

White - Tax Assessor

**For Official Use Only**

Date 9/14/92 Subdivision: \_\_\_\_\_

Inside Fire Limits \_\_\_\_\_ Name: SEP 18 1992

Bldg Code \_\_\_\_\_ Ownership: \_\_\_\_\_

Time Limit \_\_\_\_\_

Estimated Cost \_\_\_\_\_

**CITY OF PORTLAND**

Zoning: B2

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 W02-9-17-92 (Explain) \_\_\_\_\_

Ceiling:

1. Ceiling Joists Size: \_\_\_\_\_

2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  Hot in District per Law

3. Type Ceilings: \_\_\_\_\_  Does not require review.

4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  Requires review.

5. Ceiling Height: \_\_\_\_\_

Roof:

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_ Action: Approved

2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  Approved for Code

3. Roof Covering Type \_\_\_\_\_

Chimneys:

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

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 \_\_\_\_\_ Date 9/14/92

CEO's District 4 Melissa Baker

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

14 11/19 Carroll



**PLOT PLAN**



**FEES (Breakdown From Front)**  
 Base Fee \$ 32150  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

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

**COMMENTS** *10/9/96 Work Completed*

**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 the 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 a reasonable hour to enforce the provisions of the code(s) applicable to such permit.

*Melissa A. Baker* \_\_\_\_\_ *772-2818*  
 SIGNATURE OF APPLICANT ADDRESS PHONE NO.

\_\_\_\_\_  
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

# MARSH AGENCY Insurance

570



561 Brighton Avenue • Portland, Maine 04102  
Telephone (207) 772-2818/1-800-564-2818



Sign to be flush mounted using wood screws from sign  
(3/4" plywood) mounted directly to face of building.

sign in the window will be placed where X is.

**RECEIVED**  
SEP 14 1992

DEPT OF BUILDING  
CITY OF PORTLAND

**MARSH AGENCY**  
*Insurance*

**RECEIVED**

SEP 14 1992

DEPT OF BUILDING INSPECTIONS  
CITY OF PORTLAND



561 Brighton Avenue • Portland, Maine 04102  
Telephone (207) 772-2818/1-800-564-2818

City of Portland

9-3-92

Approval of Sign

Location: 570 Brighton Ave.  
Portland, ME 04102

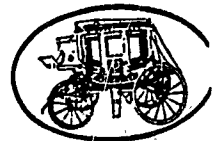
Marsh Agency Insurance requests permission to place a 18" by 60" sign on the building replacing same size sign previously occupied by "Hair Connection".

Attached: Permission of Owner of Property

Picture of building  
Placement of Sign  
Liability Insurance



# THE CONCORD GROUP INSURANCE COMPANIES



STRENGTH AND STABILITY

Issued By: **CONCORD GENERAL MUTUAL INS CO**  
 Agent: **CONCORD, NEW HAMPSHIRE 03301**  
**MARSH AGENCY**      207-772-2918      18-708-6

NAMED INSURED AND ADDRESS		DECLARATIONS	LOSS PAYEE / MORTGAGEE
<b>STEPHEN MARSH</b> <b>561 BRIGHTON AVE.</b> <b>PORTLAND</b> <b>ME 04102</b>		This Declaration Supercedes all Previous Declarations  Effective Date	
POLICY NUMBER	POLICY PERIOD (see other Side)	POLICY TYPE	
2379225-8 18-6-1190	FROM 11/01/91 TO 11/01/92 12:01 AM STD TIME PAYMENT MODE: ANNUALLY	BUSINESS OWNERS POLICY	

**POLICY INFORMATION PAGE**

COMPLETE NAMED INSURED: **DBI MARSH AGENCY**

FORM OF BUSINESS: **INDIVIDUAL**

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

LOCATION NO. 1 **561 BRIGHTON AVE. PORTLAND ME**

**LIABILITY COVERAGES**

- LIABILITY AND MEDICAL EXPENSES
- MEDICAL EXPENSES
- FIRE LEGAL LIABILITY
- AGGREGATE LIMITS

**LIMIT OF INSURANCE**  
 \$50,000 EACH OCCURRENCE  
 \$5,000 PER PERSON  
 \$50,000 ANY ONE FIRE

- A) PRODUCTS-COMPLETED OPERATIONS
- B) OTHER THAN PRODUCTS-COMPLETED OPERATIONS

\$500,000 PER POLICY PERIOD  
 \$1,000,000 PER POLICY PERIOD

OPTIONAL COVERAGES: APPLICABLE ONLY WHEN AN ADDITIONAL PREMIUM IS LISTED.

- HIRED AUTOS
- NONOWNED AUTOS
- PROFESSIONAL LIABILITY
- ADDITIONAL INSUREDS
- INCREASED LIABILITY
- SWIMMING POOLS / GAS PUMPS

**RECEIVED**

SEP 14 1992

DEPT OF BUILDING PERMITS  
 CITY OF PORTLAND

\$ 46.00  
 NONE  
 NONE  
 NONE  
 \$ 1.00  
 NONE

ANNUAL PREMIUM RECAP  
 LOCATION NO. 1 - \$ 153.00

PAYMENT MODE - ANNUAL  
 PRIOR DUE \$ .00  
 INSTALLMENT DUE \$ .00  
 ENDORSEMENT DUE \$ .00  
 SERVICE CHARGE

SPT COV PREM - \$ 47.00  
 \* TOTAL PREMIUM \* - \$ 200.00

TOTAL DUE \$ .00

POLICY FORMS AND ENDORSEMENTS: PP0002-06/89 PP0006-06/89 PP0009-06/89  
 PP0123-01/87 IL0913-01/82 PP0203-06/89 PP0617-06/89 PP0619-06/89  
 BP0404-01/87

\*\*\* SEE POLICYHOLDER NOTICE ON NEXT PAGE \*\*\*

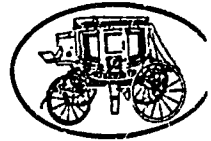
AGENT'S

TRANSFER EFFECTIVE DATE

AGENT'S SIGNATURE

AGENT'S PROCESS DATE

# CONCORD GROUP INSURANCE COMPANIES



CONCORD GENERAL MUTUAL INS CO  
 CONCORD, NEW HAMPSHIRE 03301  
 MARSH AGENCY

207-772-2818

18-708-0

NAMED INSURED AND ADDRESS	DECLARATIONS	LOSS PAYEE / MORTGAGEE
STEPHEN MARSH 561 BRIGHTON AVE. PORTLAND ME 04102	This Declaration Supercedes all Previous Declarations  Effective Date	

POLICY NUMBER	POLICY PERIOD (see other side)	POLICY TYPE
2379225-8 18-6-1190	FROM 11/01/91 TO 11/01/92 12:01 AM STD TIME PAYMENT MODE: ANNUALLY	BUSINESS OWNERS POLICY SPECIAL FORM

### LOCATION INFORMATION PAGE

LOCATION NO.1 561 BRIGHTON AVE. PORTLAND ME

DESCRIPTION OF BUSINESS: INSURANCE AGENCY

PROPERTY COVERAGES	LIMIT OF INSURANCE	PREMIUM
BUILDING(S)	NONE	NONE
APPURTENANT BUILDINGS	NONE	NONE
VALUATION: ACTUAL CASH VALUE		
AUTOMATIC INCREASE: % ANNUALLY		
BUSINESS PERSONAL PROPERTY	\$6,000	\$ 153.00
VALUATION: REPLACEMENT COST		
SEASONAL INCREASE: %		
BUSINESS INCOME / EXPENSE	ACTUAL LOSS FOR 12 MONTHS	INCLUDED

OPTIONAL COVERAGES APPLICABLE ONLY WHEN A LIMIT OF INSURANCE IS INDICATED.  
 LIMITS APPLY ON A PER OCCURRENCE BASIS.

OUTDOOR SIGNS	NONE	NONE
ACCOUNTS RECEIVABLE	NONE	NONE
EDP EQUIPMENT	NONE	NONE
VALUABLE PAPERS	NONE	NONE
EXTERIOR GLASS	NONE	NONE
ADDITIONAL FIRE LEGAL	NONE	NONE
EMPLOYEE DISHONESTY	NONE	NONE
MONEY AND SECURITIES	NONE	NONE
EARTHQUAKE	NONE	NONE
CONDO LOSS ASSESSMENT	NONE	NONE
CONDO MISC REAL PROPERTY	NONE	NONE
LOSS OF REFRIGERATION	NONE	NONE

**RECEIVED**  
 SEP 14 1992

DEPT OF BUSINESS  
 CITY OF PORTLAND

DEDUCTIBLE: \$250 TOTAL \$ 153.00

\* RENEWAL DECLARATION \*

\* POLICYHOLDER NOTICE \* THESE ARE YOUR RENEWAL DECLARATION PAGES. IF NEW OR REVISED ENDORSEMENTS APPLY, THEY ARE ATTACHED. REVIEW THIS INFORMATION AND RETAIN IT WITH YOUR POLICY. CONTACT YOUR AGENT WITH ANY QUESTIONS.

RATING BASIS: CONST 2 PROT 71 PATENC DATEGRP 379225 80901101

AGENT'S	TRANSFER EFFECTIVE DATE	AGENT'S SIGNATURE	AGENT'S PROCESS DATE
---------	-------------------------	-------------------	----------------------

**HOWLAND HOMES**



**THE FLYING REALTOR**  
Complete Real Estate Services

**THE HOWLAND CORPORATION**

Builder/Developer  
Custom Homes  
Commercial Structures

August 31, 1992

Marsh Insurance Agency  
570 Brighton Avenue  
Portland, Maine 04102

Dear Mr. Marsh:

As owner of the property at 570 Brighton Ave., Portland, Maine, I give permission to Marsh Insurance Agency to hang a sign on said building.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Howland'. The signature is fluid and cursive, with a large loop at the end.

Donald M. Howland

DMH/ee

**RECEIVED**

SEP 14 1992

DEPT OF BUS  
CITY OF PORTLAND

924412

Permit # \_\_\_\_\_ City of \_\_\_\_\_ and \_\_\_\_\_ BUILDING PERMIT APPLICATION Fee \$25. Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

Please fill out any part which applies to job. Proper plans must accompany form.  
Owner: Marsa Agency Inc. Phone # 772-2818  
Address: 570 Brighton Ave - Ptld, ME 04102  
LOCATION OF CONSTRUCTION: 570 Brighton Ave.  
Contractor: SWHR Suburban Sub: Propane Co 774-0387  
Address: Thompson's Pt - Ptld Phone # ME 04102  
Est. Construction Cost: \_\_\_\_\_ Proposed Use: office bid w tank  
# 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: install one 100-gln a/g propane tank

For Official Use Only  
Date: 12/8/92  
Subdivision: \_\_\_\_\_  
Name: \_\_\_\_\_  
Lot: \_\_\_\_\_  
Ownership: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
CITY OF PORTLAND  
DEC 11 1992

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

HISTORIC PRESERVATION  
Not in District nor Landmark  
Does not require review  
Requires Review

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

Ceiling:  
1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_  
3. Type Ceilings: \_\_\_\_\_ Size: \*\*\*\*\*  
4. Insulation Type \_\_\_\_\_ Action: \_\_\_\_\_ Approved \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_  
Roof:  
1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
2. Sheathing Type \_\_\_\_\_ Size: \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_

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

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

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 \_\_\_\_\_ Size \_\_\_\_\_  
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
10. Masonry Materials \_\_\_\_\_  
11. Metal Materials \_\_\_\_\_

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

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

Permit Received By: Louise E. \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_  
CEO's District: 4  
DATE: 12/8/92  
CLARENCE SQUARE

PERMIT ISSUED WITH REQUIREMENTS

CONTINUED TO REVERSE SIDE  
Ivory Tag - CEO

White - Tax Assessor



**FEES (Breakdown From Front)**

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

**Inspection Record**

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

**COMMENTS**

*11/9/96 W/C @*

**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.

*Cherene W. [Signature]*  
SIGNATURE OF APPLICANT

ADDRESS

*774 0387*  
PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.



BUILDING PERMIT REPORT

DATE: 12/10/92

ADDRESS: 570 Brighton Ave

REASON FOR PERMIT: install ABOVE GROUND L/P TANKS

BUILDING OWNER: Marob Agency

CONTRACTOR: Suburban Piping

PERMIT APPLICANT Clarence Seusey

APPROVED:  DENIED

CONDITION OF APPROVAL OR DENIAL:

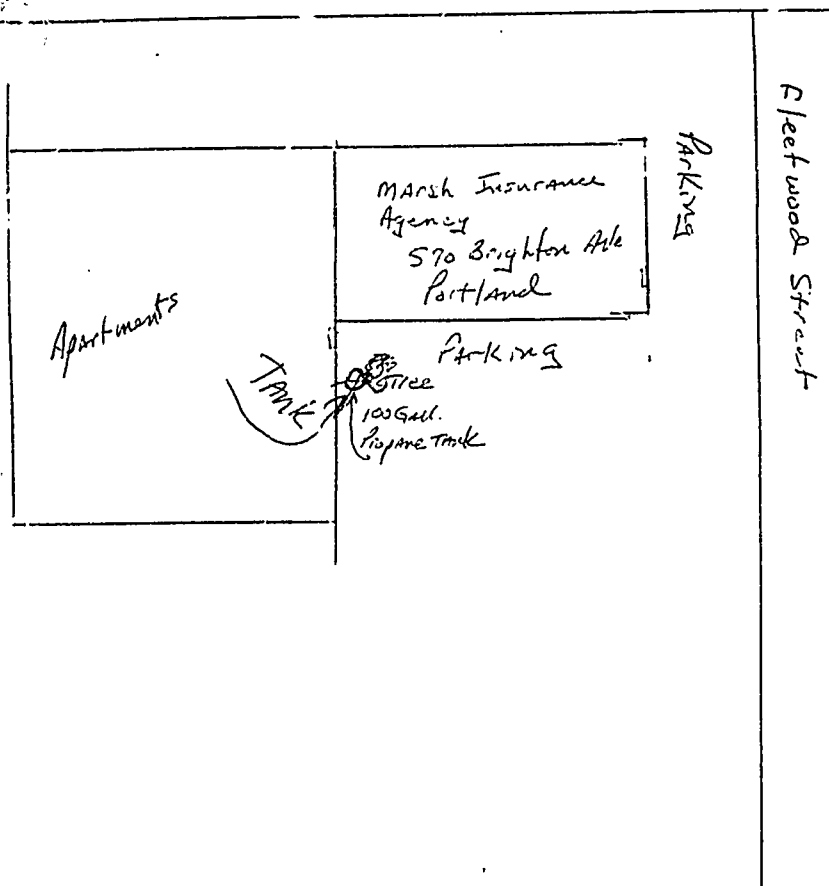
- 1.) All above ground L/P storage tanks shall be located in accordance with NFPA #58 standards.
- 2.) Any tank located near the path of vehicle movement shall be protected with appropriate permanent barricades.
- 3.) All piping shall be protected from possible mechanical damage and vandalism.

Cumberland  
Fire

Marsh Agency Insurance.

Permit for Suburban Propane To Install 100 Gallon  
Propane Tank

Brighton Ave



PERMIT

DEC 08 1992

DEPT OF PERMITS  
CITY OF PORTLAND

COMMENTS

Work Completed - Never Called 10/9/96 (D)

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

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

April 13, 1995

RE: 570 Brighton Ave.

Donald Howland  
570 Brighton Ave.  
Portland, ME 04103

Dear Sir:

Your application to erect awning sign has been reviewed and a permit is herewith issued subject to the following requirement: This permit does not excuse the applicant from meeting applicable State and Federal laws.

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

Only one sign is allowed per City sign ordinance.

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

Sincerely,

P. Samuel Hoffses  
Chief of Inspection Services

/el

cc: Ms. Marge Schmuckal, Asst. Chief of Inspection Services

# CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
**3/20/95**

INSURER

**ANDERS WALKINS ASSOC**  
674 BRIDGE AV  
PORTLAND ME 04102-1073

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 POLICES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY A	<b>ACADIA INSURANCE</b>
COMPANY B	
COMPANY C	
COMPANY D	

INSURED

**DAVID MCGOVERN DBA ROSES ETC**  
520 BRIDGE AV  
PORTLAND ME 04102

**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. WITHOUT BINDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE BE ISSUED OR MAY BE OBTAINED. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	BOA001296310	2/10/95	2/10/96	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td style="text-align: right;">\$ 50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> </table>	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000	PERSONAL & ADV INJURY	\$ 1,000,000	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any one fire)	\$ 50,000	MED EXP (Any one person)	\$ 5,000
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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> AN. AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<table style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$				
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BODILY INJURY (Per accident)	\$																
PROPERTY DAMAGE	\$																
	<b>Garage Liability</b> <input type="checkbox"/> ANY AUTO				<table style="width: 100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER THAN AUTO ONLY:</td><td></td></tr> <tr><td style="padding-left: 20px;">EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td style="padding-left: 20px;">AGGREGATE</td><td style="text-align: right;">\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY:		EACH ACCIDENT	\$	AGGREGATE	\$				
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	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td>STATUTORY LIMITS</td><td></td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$	STATUTORY LIMITS							
EACH OCCURRENCE	\$																
AGGREGATE	\$																
STATUTORY LIMITS																	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> <tr><td>DISEASE - EACH EMPLOYEE</td><td style="text-align: right;">\$</td></tr> </table>	EACH ACCIDENT	\$	DISEASE - POLICY LIMIT	\$	DISEASE - EACH EMPLOYEE	\$						
EACH ACCIDENT	\$																
DISEASE - POLICY LIMIT	\$																
DISEASE - EACH EMPLOYEE	\$																
	OTHER																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**ADDITIONAL INSURED - REGARDS TO SIGN: CITY OF PORTLAND**

**CERTIFICATE HOLDER**

**CITY OF PORTLAND**  
CITY HALL 389 CONGRESS ST  
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 **10** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**Stephen P St Angelo**

**PA**

SIGNAGE APPLICATION

ADDRESS: 570 Brighton Ave ZONE: B-1

OWNER: Donald Howland

APPLICANT: Roses Etc

ASSESSORS NO.: 185-C-13

SINGLE TENANT LOT? YES:  NO:  (Business Apt upstairs)

MULTI-TENANT LOT? YES:  NO:

FREESTANDING SIGN? YES:  NO:  DIMENSIONS: \_\_\_\_\_

MORE THAN ONE SIGN? DIMENSIONS: \_\_\_\_\_

BLDG. WALL SIGN? YES:  NO:  DIMENSIONS: \_\_\_\_\_

MORE THAN ONE SIGN? DIMENSIONS: \_\_\_\_\_

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: \_\_\_\_\_

Backlit Awning Sign 5' x 12' = (60#)  
consider the (entire) Awning OK

LOT FRONTAGE (IN FEET): \_\_\_\_\_

BLDG FRONTAGE (IN FEET): 74' porchway 74 x 1.5 = 111#

AWNING? YES:  NO:  IS AWNING BACKLIT? YES:  NO:

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

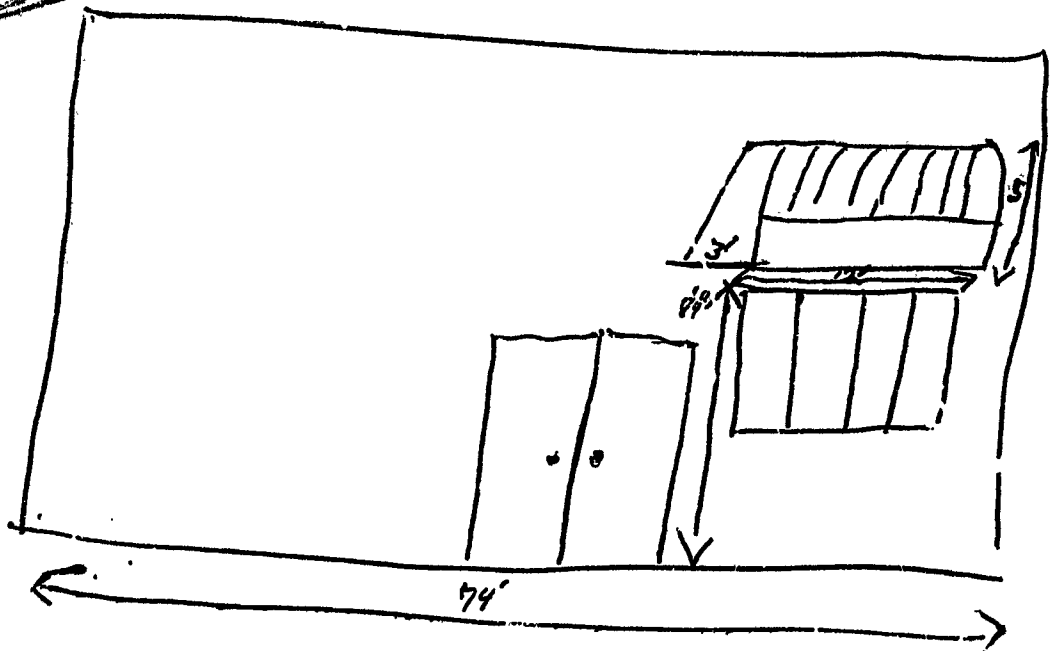
IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? \_\_\_\_\_

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.

only 1 Sign Allowed

DEPT. OF BUILDING INSPECTION  
CITY OF PHOENIX  
APR 11 1930  
P. V. I. a.



DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND  
3-16-75

TO: CITY OF PORTLAND.  
BUILDING INSPECTION DEPT.

PLEASE BE ADVISED THAT ROSES ETC  
HAS MY PERMISSION TO INSTALL SIGNS  
AND FIXINGS ON MP BUILDING AT

570 BRIGITTON AVE.

PORTLAND, ME. 04103

DOANCO. M. HOWLAND owner

*[Signature]* agent  
for Doanco. Howland

