

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 030529

Please Read Application And Notes, If Any, Attached

This is to certify that Helping Hand Enterprises LLC paramour
has permission to Install 58" x 67" overhang sign
AT 223 Congress St 013 G010001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

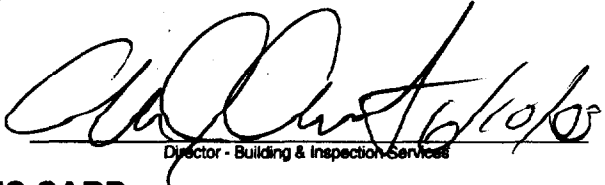
Notification inspection must
given and when permission procured
before this building or part thereof
leased or closed-in.
NOTICE IS REQUIRED.

Apply to Public Works for street line and grade if nature of work requires such information.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name


Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0529	Issue Date:	CBL: 013 G010001 <i>64</i>
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Location of Construction: 223 Congress St	Owner Name: Helping Hand Enterprises Llc	Owner Address: 223 Congress St	Phone:
Business Name:	Contractor Name: Paramount Signs	Contractor Address: P.O. Box 8497 Portland	Phone 2077975356
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2b

Past Use: Bottomz Up Restaurant/Bar	Proposed Use: Bottomz Up Restaurant/Bar with 58" x 67" overhang sign	Permit Fee: \$66.00	Cost of Work: \$0.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>U</i> Type: <i>3</i> <i>6/10/03</i>	

Proposed Project Description: Install 58" x 67" overhang sign	Signature:	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:	Date:	

Permit Taken By: kwd	Date Applied For: 05/16/2003	Zoning Approval	
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<ol style="list-style-type: none"> This permit application does not 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.. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>5/27/03</i>	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 Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>
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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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____

03-0529

[Handwritten signature]

[Handwritten signature]

Signage/Awning Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>223-227 Congress St.</u>		
Total Square Footage of Proposed Structure <u>36 # FT</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>013</u> Block# <u>G</u> Lot# <u>1011</u>	Owner: <u>Helping Hand Ent.</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Bottomz U UP</u> <u>34 Green Leaf St</u> <u>Portland me 04101</u>	Applicant name, address & telephone: <u>Bottomz U UP</u> <u>223-227 Congress</u> <u>Portland me</u>	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: \$ <u>66</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ <u>66.00</u>
Current use: <u>Rest. Bar</u>		
If the location is currently vacant, what was prior use: <u>SAME</u>		
Approximately how long has it been vacant: _____		
Proposed use: <u>Rest. Bar</u>		
Project description: <u>install 67" x 58" overhang sign</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>PARAMOUNT SIGN'S</u>		
Mailing address: <u>P.O. BOX 8497</u> <u>Portland me 04104</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: _____		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

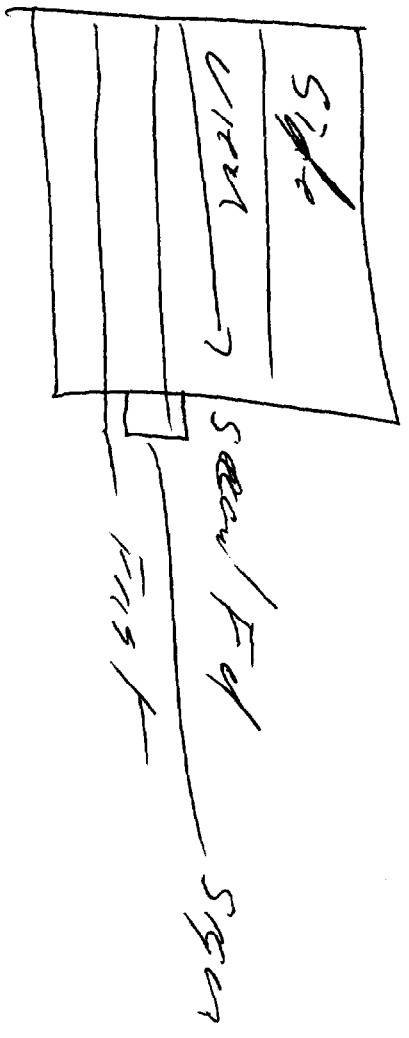
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition,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

Signature of applicant: <u>Edward Blend Fur</u>	Date: <u>4/30/05</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.



Congress ST



DeLois, Nate

From: GERRY HAND [jonjoe1963@yahoo.com]
Sent: Wednesday, April 16, 2003 4:40 AM
To: ndelois@boulos.com

Dear Nathan,

I have reviewed and I approve of the signage and its format.
Please convey my approval to the respective authorities.

Yours Sincerely

Gerry Hand

p.s. Could you forward the full name and address for Mr Lee, to enable me to send him an approval for the usage of the second floor .Maybe you could suggest how I should formulate said letter.

thanks

gerry

100-7025

4/16/2003

ACORD CERTIFICATE OF LIABILITY INSURANCE


PRODUCER O'Hearn Insurance Agency 1087 Forest Avenue Portland, Me 04103 207-797-9400	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.	
	INSURERS AFFORDING COVERAGE	NAICS
INSURED BOTTOMZ UP 34 GREENLEAF STREET PORTLAND, ME 04101	INSURER A: SCOTTSDALE INSURANCE	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

FORM NO.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	CES0573815	02/21/03	02/21/04	EACH OCCURRENCE \$500,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL ADV INJURY \$500,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP/AGG \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER OR SCHEDULED OFFICER IS NOT BEING COVERED (Note description of SPECIAL PROVISIONS below)				<input type="checkbox"/> WC STAT TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ EXCLUSIONS/ ADDRESSES BY ENDORSEMENT/ SPECIAL PROVISIONS
 LOCATION: 225-227 CONGRESS ST, PORTLAND, ME 04101

CERTIFICATE HOLDER CITY OF PORTLAND PORTLAND, MAINE	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 

CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way. Amount must equal \$400,000.00.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. Indicate on the plan all existing and proposed signs with their dimensions and specific locations.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.
- Certificate of Flammability required for awning or canopy at time of application.
- UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**Permit Fee for signage or awning-with-signage:
\$30.00 plus \$1.00 per square foot of sign.**

**Permit Fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, plus \$7.00 for each additional \$1,000.00.**

U-L Number of sign mark
E64010

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 223-227-Congress St ZONE: B2b

CBL: 013-6-010

SINGLE TENANT LOT? YES _____ NO X MULTI TENANT LOT? YES X NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES _____ NO X

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS PROPOSED: 51' ish
BLDG. WALL SIGN? (attached to bldg) YES X NO _____ DIMENSIONS PROPOSED: 48" x 67" = 3217 sq ft

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS: 67" x 51"
BLDG. WALL SIGN(attached to bldg) ? YES X NO _____ DIMENSIONS: _____
AWNING? YES _____ NO _____ DIMENSIONS: _____

NO EXISTING SIGNS

23.73 sq ft
102 sq ft

LOT FRONTAGE (FEET): 250' 150'
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 150' 150' ~ 68' per assessors x 1.5 = 102 sq ft

AWNING YES _____ NO X IS AWNING BACKLIT? YES _____ NO _____

HEIGHT OF AWNING: _____ LENGTH OF AWNING: _____ DEPTH: _____

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

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ s.f.

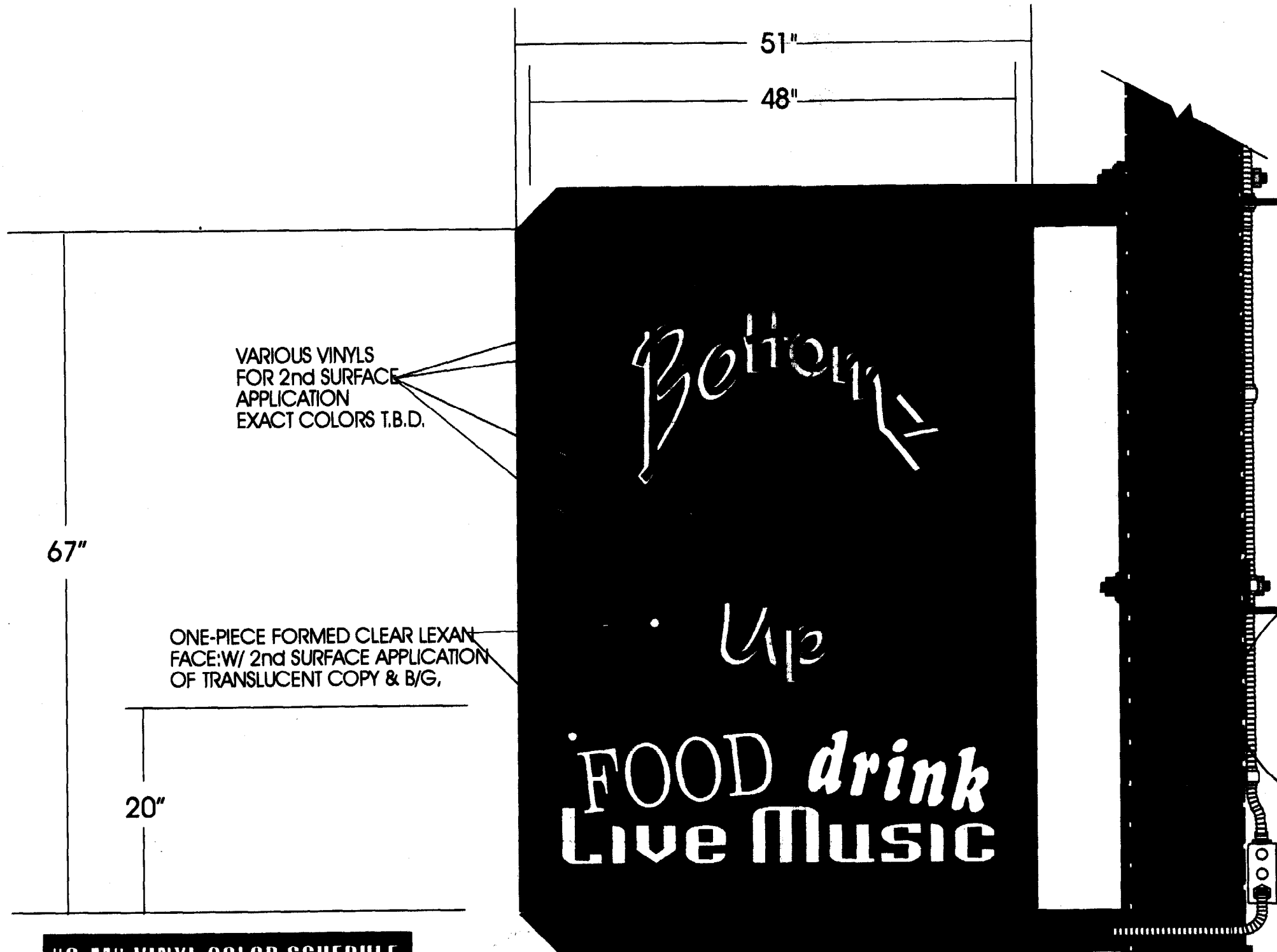
A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED SIGNAGE ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: _____ DATE: _____

***** FOR OFFICE USE ONLY *****



END VIEW



TYP. MTG. SHOWN
ACTUAL MTG. TENTATIVE
UPON ACCURATE FIELD SURVEY

NOTE: 1/2" STEEL MTG. PLATE CINCHED
TO WALL W/ 3/4" THREADED STEEL ROD,
W/ 2 1/2"x 2 1/2"x 1/4" STEEL ANGLE
BLOCKING. ALL TO BE PTD. S.G. BLACK.

03 0529
013 G 010
2E: 223 Congress

"3 M" VINYL COLOR SCHEDULE

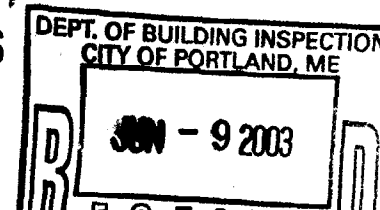
ALL BELOW APPLIED 2nd SURFACE
TO FORMED CLEAR LEXAN FACE/S

RED=	3630-143 POPPY RED
BLUE=	3630-167 BRIGHT BLUE
YELLOW=	3630-015 YELLOW
WHITE=	3630-20
BLACK=	SPRAYED SemiGloss (After Masking Graphics)

ITEM B

SCALE: 1"=1'-0"

PRODUCTION DRAWING
TWO-FLAT, 3/16" WHITE LEXAN FACES
GRAPHICS: '3-M' TRANSLUCENT VINYLs



PARAMOUNT SIGN CORPORATION
(207) 787-6358
P.O. BOX 8497 Portland, ME 04104

Job Name: **BOTTOMZ UP**

Location:	Drawn By: GARY
Client:	Sales Rep: ED
Landlord:	Date: 3-17-03
	Page: 2 of 3

Design Specifications Accepted By: **TWO-4-23**



ITEMS A

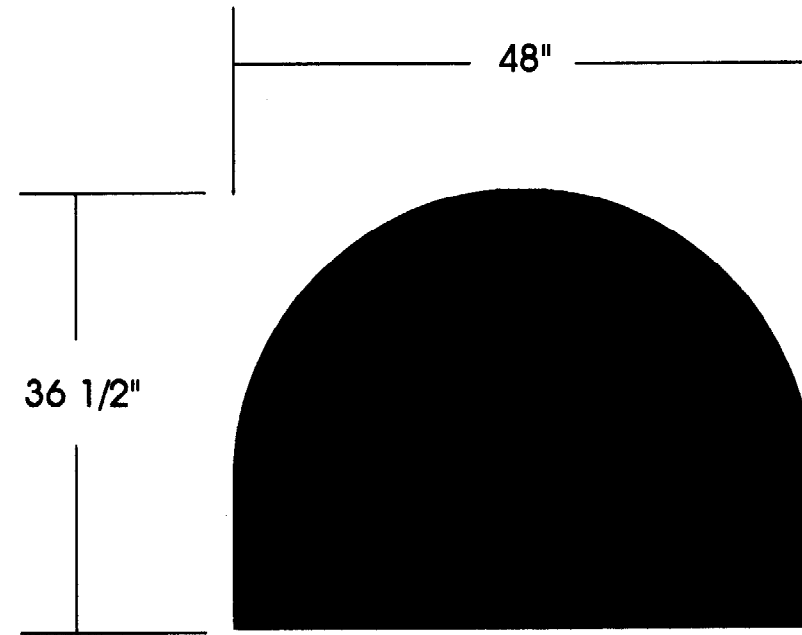
ITEM B

ITEMS C

16'

CONTEXT ELEVATION

Not to Scale



ITEMS A SCALE: 3/4" = 1'-0"

MANUFACTURE & INSTALL: TWO INT-ILLUM. HALF-BARREL STYLE WINDOW AWNINGS, FOR INSTALLATION ABOVE THE TWO 2nd STORY WINDOWS.

PARAMOUNT	
SIGN CORPORATION	
(207) 787-5358	
P.O. BOX 8497 Portland, ME 04104	
Job Name: BOTTOMZ UP	
Location:	Drawn By: GARY
	Sales Rep: ED
Design Specifications Accepted By:	Rev. #/Date
Client:	R-3 / 3-17
	Date: 3-17
Landlord:	Page: 1 of 1