

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number: 101480

05 22

Please Read Application And Notes, If Any, Attached

This is to certify that MAJE IN MAINE LLC /Otto's

has permission to install a new hanging sign for Otto's 30" x 40"

AT 223 CONGRESS ST CBL 013 G010001 City of Portland

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.

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

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

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: 10-1480	Issue Date:	CBL: 013 G010001
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Location of Construction: 223 CONGRESS ST (225)	Owner Name: MAJE IN MAINE LLC	Owner Address: 223 CONGRESS ST # 1	Phone:
Business Name:	Contractor Name: Otto's	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2b

Past Use: Commercial Restaurant - "Otto's"	Proposed Use: Commercial Restaurant - "Otto's" - install a new hanging sign for Otto's 30" x 40"	Permit Fee: \$47.50	Cost of Work: \$47.50	CEO District: 1
Proposed Project Description: install a new hanging sign for Otto's 30" x 40"		FIRE DEPT: N/A <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: Sign IBC, 2003	
		Signature:	Signature:	
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: ldobson	Date Applied For: 11/30/2010	Zoning Approval		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p align="center">Special Zone or Reviews</p> <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"/>	<p align="center">Zoning Appeal</p> <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	<p align="center">Historic Preservation</p> <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
	<p>OK Date: 12/11/10 ABM</p>	Date:	Date:

PERMIT ISSUED

DEC 22 2010

City of Portland

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
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_____ RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	_____ DATE	_____ PHONE
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City of Portland, Maine - Building or Use Permit

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

Permit No: 10-1480	Date Applied For: 11/30/2010	CBL: 013 G010001
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Location of Construction: 223 CONGRESS ST (225)	Owner Name: MAJE IN MAINE LLC	Owner Address: 223 CONGRESS ST # 1	Phone:
Business Name:	Contractor Name: Ottos	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial Restaurant - "Otto's" - install a new hanging sign for Otto's 30" x 40"	Proposed Project Description: install a new hanging sign for Otto's 30" x 40"
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 12/01/2010
Note: Tenant fit up permit for Otto's #10-1263.			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Jonathan Rioux	Approval Date: 12/22/2010
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Fastener schedule per the IBC 2003.			
2) Signage and Awning Installation to comply with Chapters 16, 31 & 32 of the IBC 2003 Building Code.			
3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			

PERMIT ISSUED

DEC 22 2010

City of Portland



CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

_____ 11.30 2010 _____

Received from _____ O'Hara's _____

Location of Work _____ 225 Congress St _____

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 47.50

Building (IL) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 13.6.10

Check #: CC Total Collected \$ 47.50

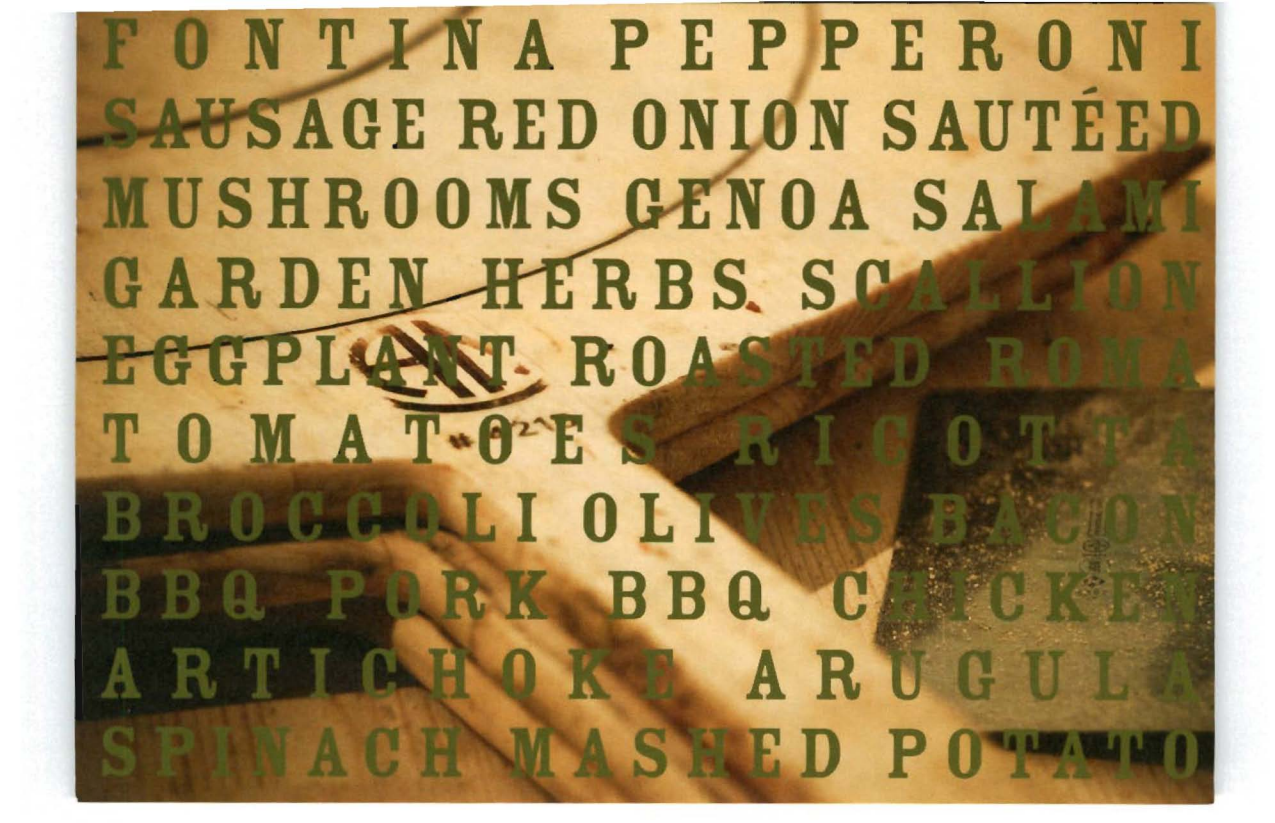
**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: J.P.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy





A wooden cutting board with various vegetables and a knife, serving as a background for a list of ingredients. The text is overlaid in a dark, serif font. The ingredients listed are: FONTINA PEPPERONI, SAUSAGE RED ONION SAUTÉED, MUSHROOMS GENOA SALAMI, GARDEN HERBS, SCALLION, EGGPLANT ROASTED ROMA, TOMATOES RICOTTA, BROCCOLI OLIVES BACON, BBQ PORK BBQ CHICKEN, ARTICHOKE ARUGULA, SPINACH MASHED POTATO.

F O N T I N A P E P P E R O N I
S A U S A G E R E D O N I O N S A U T É E D
M U S H R O O M S G E N O A S A L A M I
G A R D E N H E R B S S C A L L I O N
E G G P L A N T R O A S T E D R O M A
T O M A T O E S R I C O T T A
B R O C C O L I O L I V E S B A C O N
B B Q P O R K B B Q C H I C K E N
A R T I C H O K E A R U G U L A
S P I N A C H M A S H E D P O T A T O

SIGN



207 773 7099

SUNDAY ☞ THURSDAY 11:30AM-9PM
FRIDAY ☞ SATURDAY 11:30AM-2AM

 ottoportland.com

576 CONGRESS STREET PORTLAND MAINE



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>225 CONGRESS ST.</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>13- 6 10</u>	Owner: <u>MAJE IN MAINE INC.</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>OTTO PIZZA</u>	Contractor name, address & telephone: <u>MIKE KEON</u> <u>978-886 8178</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>100.</u> Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>MIKE KEON</u> phone: <u>978-886-8178</u>		
Tenant/allocated building space frontage (feet): Length: <u>36.</u> Height: <u>15'</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: _____ If vacant, what was prior use: <u>RETAIL - RESTAURANT</u> Proposed Use: <u>RESTAURANT</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: <u>10'</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: _____		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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 w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: <u>30" x 40"</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions: _____ Awning? Yes _____ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____		
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 and existing building are also required.		

8.75 + 3.5 = 12.25
2.5 + 3.5 = 6.0

RECEIVED
NOV 30 2010
Dept. of Building Inspections
City of Portland, Maine

Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

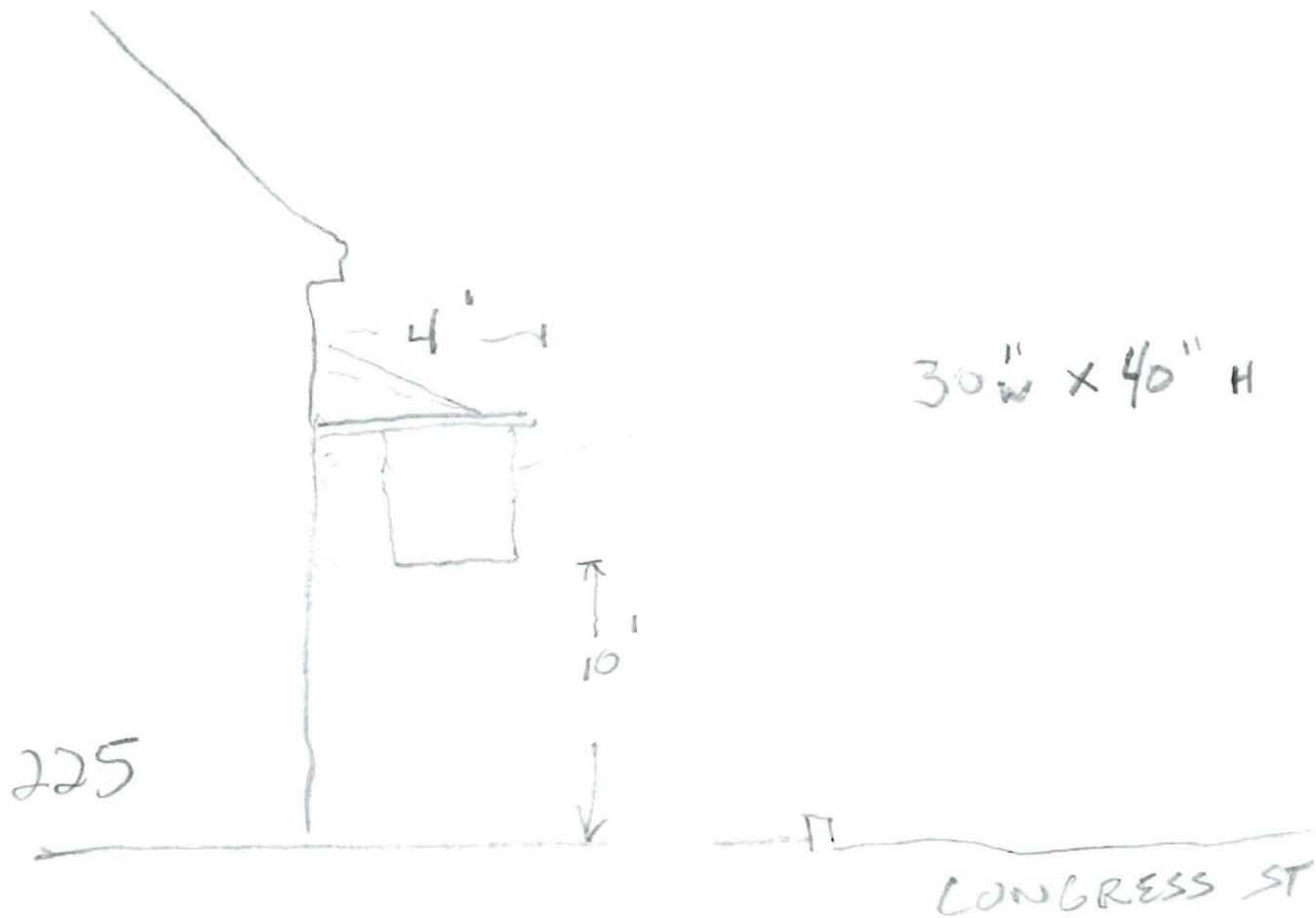
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: [Signature] Date: 11-29-10

This is not a permit; you may not commence ANY work until the permit is issued.

B-26 multi-tenant

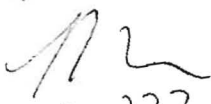
proposed 30" x 40" = 1200 sq ft = 600 #



- WE WILL USE EXISTING SIGN
- EXISTING MOUNTING HARDWARE - LAG BOLTS/CABLES
- WE WILL PAINT SIGN BLACK AND PRINT LOGO IN WHITE

To whom it may concern,
Mike Keough and Anthony Allen
of Utros Pizza have my
permission to redo the
existing sign for their
business, as discussed.
Any questions, please feel
free to call me.

Sincerely,
Michael Salisbury


owner
223-227 Congress

Nov 29, 2010
2:30 PM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/15/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER T. Edmund Garrity & Co., Inc. 545 Concord Ave. Cambridge MA 02138		CONTACT NAME: Kathleen McCurdy PHONE (A/C, No, Ext): (617) 354-4640 FAX (A/C, No): (617) 354-5828 E-MAIL ADDRESS: kathy@garrity-insurance.com PRODUCER CUSTOMER ID #: 00007218	
INSURED ABDUL SADIK DBA OTTO PIZZA 576 CONGRESS ST PORTLAND ME 04101		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Casu Ins Co of Ameri NAIC # 19046 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER Master Cert 2010

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		6805205P004	1/1/2010	1/1/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	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) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property, Special form, Replacement cost		6805205P004	1/1/2010	1/1/2011	Building: location 1 300,000 Business Pers Prop: loc 2 30,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Location 1: 576 Congress St, Portland ME 04101. Location 2: 225 Congress St, Portland ME 04101. City of Portland is named additional insured as required by written contract as it relates to named insured's operations. 30 day cancellation notice except 10 days for non payment.

CERTIFICATE HOLDER**CANCELLATION**

gg@portlandmaine.gov City of Portland 389 Congress St Portland, ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE William Garrity/ANNIE
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