

Portland, Maine



Yes. Life's good here.

Permitting and Inspections Department Michael A. Russell, MS, Director

Signage / Awning Permit Application

Project Address: 22	5 Congress Street, Portla	and Maine	04' Tax Assessor's C	BL: 013	G	010	
				Chart #	Bioci		
	in Maine-Michael Salisb			Phone: (609) 517 _ 4924			
	an Ave Brightine, NJ 082	203	Email: msalisbury69@yahoo.com				
Lessee (if applicable): _	Oscar LLC dba Otto						
	ress Street, Portland Ma		Email: <u>robing</u>				
Contractor Name: $\underline{^{N}}$	18H Signs BUYY Sign	ıS	P			0 51 9_396-611	
Address: 4 Warren	Avenue, suite 2, westbro	ook, ME 0	4092 Email: Michae	i@madheris	igns:	:on	
40 A Mans Building Information:	ion Libby Rd Scarb	ioruph	roba) burrsig	ins ·	om	
	çade of tenant space (ft):		Height of exter	ior façade (ft); 2		
	et (ft): <u>15</u> Thi		ct one): OSingle 1	enant Lot	Mu	lti-Tenant Lot	
J	If multi-tenant, thi			floor unit	OUp	per story unit	
Current specific use:	Restaurant		If vacant, prior use	: na			
	e restaurant - just new si	gn (Ne	con) Replacem	ant siyi	^	10.11111/14	
Information on FXIST	ING signs that will rema	in:					
	For awnings only		Dimensions of awning	Height of awning or sign above the ground to its highest point		For freestanding signs - setback of closest point of sign to the nearest property line(s)	
Type (i.e. awning, freestanding sign, attached	Is there any symbol/lettering	ls awning	or sign (include length,				
building sign)	on awning? (Y/N – If Y, list the dimensions of the messaging)	backlit? (Y/N)	width, and helght, as applicable)				
attached building sign			3' x 4'	13'		only bracket stay - attar	
					·		
Information on PROP	, <u> </u>		T		. 1		
Type (i.e. awning,	For awnings only Is there any symbol/lettering	y: Is awning	Dimensions of awning or sign (Include length,	Height of awning or sign above the ground to its highest point		For freestanding signs - setback of closest point of sign to the nearest	
freestanding sign, attached building sign)	on awning? (Y/N – if Y, list the	backlit?	width, and height, as				
	dimensions of the messaging)	(Y/N)	applicable)			property line(s)	
attached building sign			3' wide 3' height	13			
*							
			,				
I hereby certify the followin I am the Owner of record to	g: of the named property, or the ow	vner of record	l authorizes the proposed v	vork and I have :	been au	thorized by the owner to	
make this application as his,	/her authorized agent,						
I assume responsibility for I understand that this app.	compliance with all applicable s lication will not be reviewed for a	tatutes, cade cade complia	s, ordinances, rules and re ace, and I certify that the r	gulations. Ironased sian wi	ll he inst	talled in accordance with	
the IBC 2009.				+			
	e Official determines that the sign	n has been in	stalled in violation of any s	tatute, code, or	ordinan	ce, that I am responsible	
for remedying the violation. • If a permit for work descri	bed in this application is issued, i	i certify that t	the Code Official's authoriz	ed representativ	e shall i	have the authority to	
enter all areas covered by th	nis permit at any reasonable hou	r to enforce t	he provisions of the codes	applicable to thi	s permit	.	
Signature of Applicant:	Michael Benaventure	a Kob	Mainville			4-11-2018	
This is	a legal document and your elect	tronic signatu	re is considered a legal sig	nature per Maii	ne state	law.	
				,			



Rob Mainville

From:

Mike Salisbury <msalisbury69@yahoo.com>

Sent:

Tuesday, April 17, 2018 9:08 AM

To:

Rob Mainville

Subject:

Re: permission

Hi Rob,

Please consider this my acceptance of your plans and permission to proceed with the 3x3 sign for Otto at 225 Congress St. Thank you....

Mike Salisbury

Sent from my iPad

On Apr 13, 2018, at 10:49 AM, Rob Mainville < rob@burrsigns.com > wrote:

Hi Mike.

Please confirm that you approve of us applying on behalf of Otto Pizza for a sign permit application for the (attached) 3' x 3' neon sign to replace the existing 3' x 4' sign currently in place.

Thanks!

Rob Mainville

Burr Signs 40A Manson Libby Rd Scarborough ME 04074 M: 207-576-4204 (207) 396-6111 www.burrsigns.com

"A sign of a good business since 1987."

<image001.jpg>



CERTIFICATE OF LIABILITY INSURANCE



DATE (MM/DD/YYYY)

5/3/2018

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).

PRO	DUCE	R				CONTACT Ben Stallman																
Cr	oss	Insurance-Portland				PHONE (A/C, No, Ext): (207) 780-1677 FAX (A/C, No): (207) 780-6377																
2331 Congress Street						E-MAIL ADDRESS: bstallman@crossagency.com																
2331 001191030 001000					INSURER(S) AFFORDING COVERAGE NAIC #																	
Portland ME 04102						INSURER A Ohio Security Ins Co				24082												
INS	JRED					INSURER B Ohio Casualty Insurance Company				24074												
Glidden Signs Inc, DBA: Burr Signs					INSURER C Maine Employers Mutual Ins Co				11149													
40A Manson Libby Road					INSURER D:																	
	-					INSURE	† <u> </u>															
Sc	arbo	orough ME 04	074																			
			TIFI	TIFICATE NUMBER:CL1831542			insurer F: 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,																						
		IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUC								. THE TERMS,												
INSR		TYPE OF INSURANCE	ADDL	ADDL SUBR			POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS															
LTR	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		[MNUDDITTT]	(MINERDITTTT)	EACH OCCURRENCE \$	1,000,000												
_	1	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	300,000												
A		CLAIMS-MADE X OCCOR	x		BKS57799151		3/25/2018	3/25/2019	PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	15,000												
			**		BRUSTIST		3,23,232	3,23,2023		1,000,000												
										2,000,000												
	GEN	N'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC							GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	2,000,000												
									Contractors Errors and \$	1,000,000												
	A167	OTHER: TOMOBILE LIABILITY	+-	-					COMBINED SINGLE LIMIT e	1,000,000												
	AU	1							(Ea accident) \$ BODILY INJURY (Per person) \$	1,000,000												
A		ANY AUTO ALL OWNED X SCHEDULED			BAS57799151		3/25/2018	2/25/2010	BODILY INJURY (Per accident) \$													
	x	AUTOS AUTOS NON-OWNED	X				3/25/2018	3/25/2019	PROPERTY DAMAGE													
	HIRED AUTOS AUTOS								(Per accident)	1,000,000												
	х	UMBRELLA LIAB OCCUP	-						Oridernisdred Motorist													
		- CCOOK							EACH OCCURRENCE \$	3,000,000												
В		Tob dato-tar to	7				3/25/2018	0 /05 /0010	AGGREGATE \$	3,000,000												
DED X RETENTION\$ 10,000 USO577991			US057799151	51		3/25/2019	PER OTH- STATUTE ER															
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			ı				2 /25 /2018	2/25/2010														
			N/A		1010110001				E.L. EACH ACCIDENT \$	500,000												
C	If ve	ndatory in NH) s, describe under	1		1810110281		3/25/2018	3/25/2019	E.L. DISEASE - EA EMPLOYEE \$	500,000												
DESCRIPTION OF OPERATIONS below			-	 					E.L. DISEASE - POLICY LIMIT \$	500,000												
			1						and the second s													
Ci	CRIP!	TION OF OPERATIONS / LOCATIONS / VEH of Portland is named as	CLES Ada	(ACOR 1i t.i	onal Insured with	aule, may resp	pe attached if m	eneral Li	_{lared)} ability and Auto Liab	ilitv when												
		red by written contract																				
		tomatically named as Ad																				
CE	RTIF	FICATE HOLDER				CAN	CELLATION															
						euc	MILD ANV OF	THE ABOVE F	SESCRIBED DOLLCIES BE CANCE	I ED BEEORE												
City of Portland 389 Congress Street 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					
											Pon								Ben Stallman/BST			
ı						DCII :	o carridail/	LUI														