

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number: 060657

JUN 30 2006

This is to certify that FIXED GEAR LLC /Portland Cover, LLChas **permission** to Install awning w/ sinage =18AT 100 CONGRESS ST

016-D001001

CITY OF PORTLAND

provided that the person or persons performing or supervising this permit shall comply with all of the provisions of the Statutes of the City 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 when permission is procured before this building or part thereof is altered or closed-in. 4 HOURS 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: 06-0657		Issue Date: 		CBL: 016 D001001	
Location of Construction: 100 CONGRESS ST		Owner Name: FIXED GEAR LLC		Owner Address: 12 ATLANTIC ST	
Business Name:		Contractor Name: Portland Cover, LLC		Contractor Address: P.O. Box 814 Portland	
Lessee/Buyer's Name		Phone:		Permit Type: Signs - Permanent	
Past Use: Commercial - Bar/Lola		Proposed Use: Commercial install awning w/ signage = 1sf		Permit Fee: \$32.00	
Proposed Project Description: Install awning w/ signage = 1sf Signage		Cost of Work: \$32.00		CEO District: 1	
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>U Awning</i> Type: <i>6/29/06</i> 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: dmartin		Date Applied For: 05/03/2006		Zoning Approval	
1. This permit application does not 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..		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"/> <i>OK w/condition</i> Date: <i>5/22/06</i> <i>ABN</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 <i>ABN</i> Date: _____			

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



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>100 Congress Street, Portland</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>16</u> Block# <u>D</u> Lot# <u>1</u>	Owner: <u>Fixed Gear LLC</u>	Telephone: <u>207 232.2904</u>
Lessee/Buyer's Name (If Applicable) <u>Bar Lola, LLC</u>	Contractor name, address & telephone: <u>Portland Cover LLC</u> <u>P.O. Box 814</u> <u>Portland, ME 04104</u> <u>207-774-7465</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>1 sf</u> For H.D. signage= Total Fee: \$ <u> </u> Awning Fee= cost of work <u> </u> Total Fee: \$ <u>32</u>

Who should we contact when the permit is ready: Stella Hernandez phone: 207 232.2904

Tenant/allocated building space frontage (feet): Length: 24' Height: 10' - 6"
Lot Frontage (feet) 8 Single Tenant or Multi Tenant Lot multi

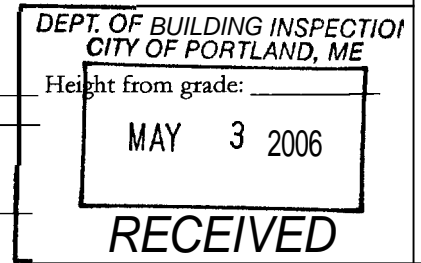
Current Specific use: vacant
If vacant, what was prior use: restaurant
Proposed Use: restaurant

Information on proposed sign(s):
Freestanding (e.g., pole) sign? Yes ☐ No ☐ Dimensions proposed Height from grade:
Bldg. wall sign? (attached to bldg) Yes ☐ No ☐ Dimensions proposed

Proposed awning? Yes ☒ No ☐ Is awning backlit? Yes ☐ No ☐
Height of awning: 30" Length of awning: 48" Depth: 24"
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: .5 s.f.

Information on existing and previously permitted sign(s):
Freestanding (e.g., pole) sign? Yes ☐ No ☒ Dimensions:
Bldg. wall sign? (attached to bldg) Yes ☒ No ☐ Dimensions: 24" x 36" (removed) app 4/21/06
Awning? Yes ☐ No ☒ 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.



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: <u>[Signature]</u>	Date: <u>5.3.06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

1.5 x 24 = 36 sq ft

permit 06-0582 24 x 36" = 6.33 sq ft
awning .5

bldg 6.33 sq ft

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0657	Date Applied For: 05/03/2006	CBL: 016 D001001
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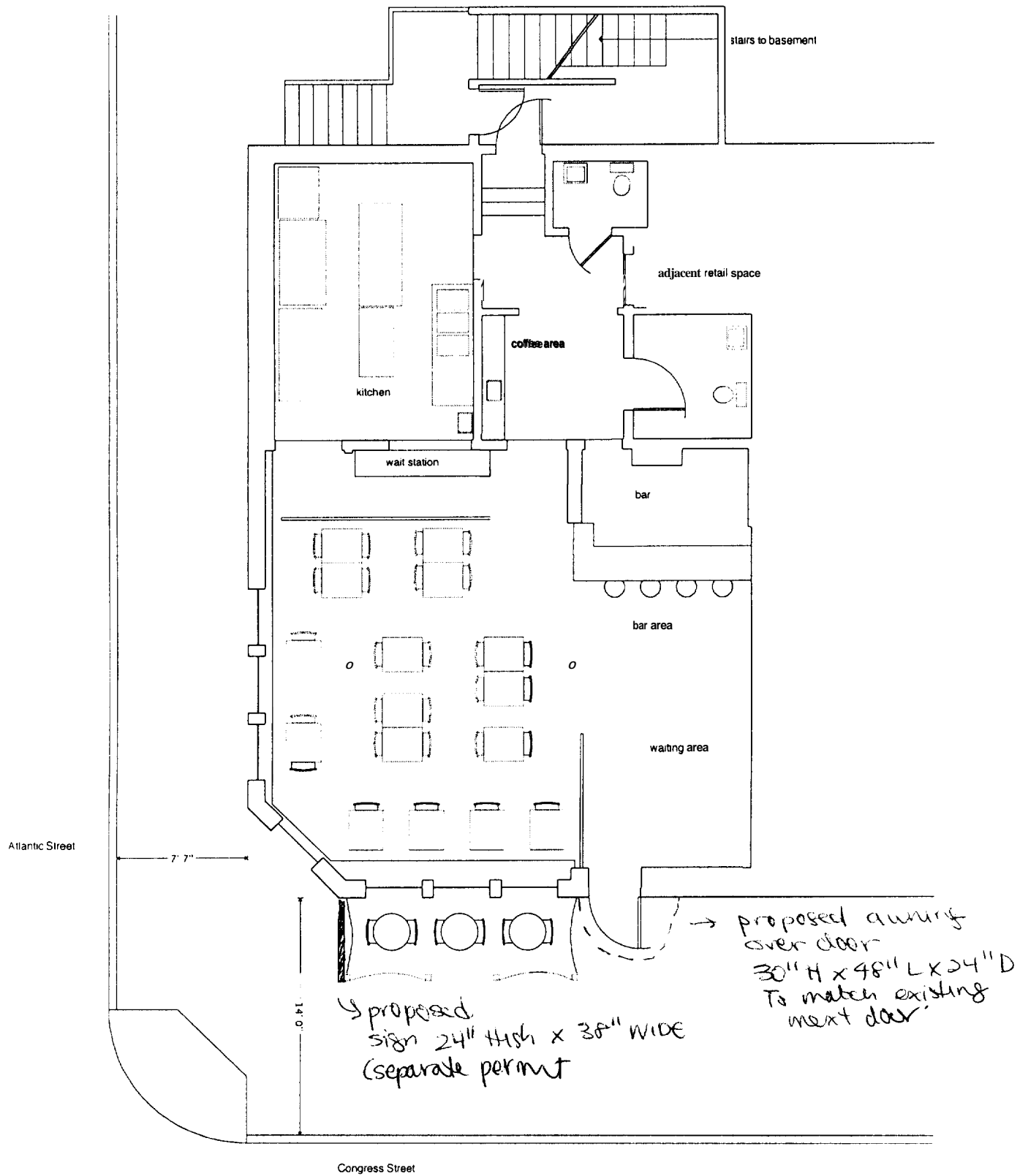
Location of Construction: 100 CONGRESS ST	Owner Name: FIXED GEAR LLC	Owner Address: 12 ATLANTIC ST	Phone:
Business Name:	Contractor Name: Portland Cover, LLC	Contractor Address: P.O. Box 814 Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

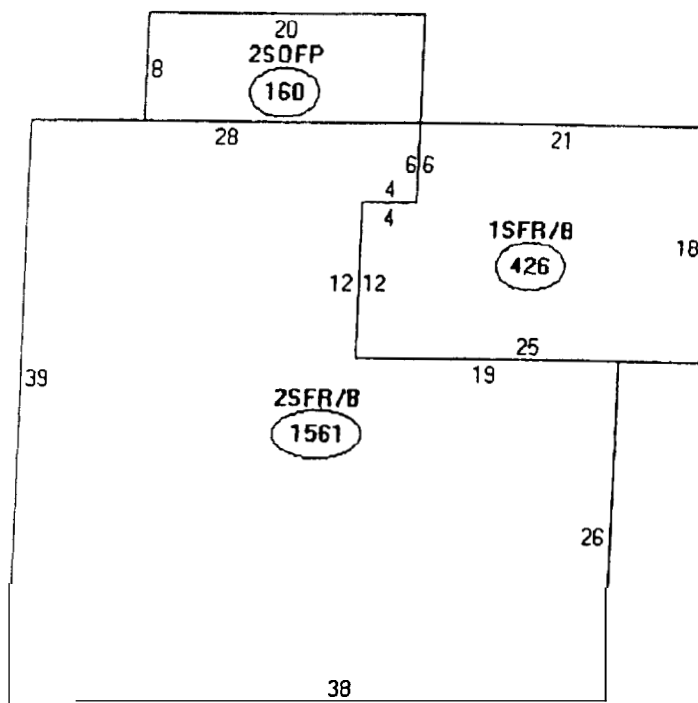
Proposed Use: Commercial install awning w/ sinage = 1sf	Proposed Project Description: Install awning w/ sinage = 1sf
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Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 06/29/2006**Note:** **Ok to Issue:** ☒

1) Must be 7 feet above the sidewalk.



Descriptor/Area

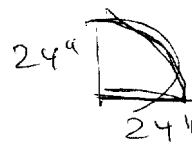
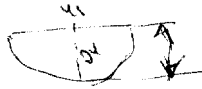
A: 2SFR/B
1561 sqft

B: 2SOFB
160 sqft

C: 1SFR/B
426 sqft

D: 1SFR
17 sqft





→ sawing over clean
to match existing →

Sign mounted to face
of building
Same location
as previously existing
sign
(separate permit)

Portland Cover

Post Office Box 814, Portland, ME 04104

*David Cairns
Portland Cover LLC
Post Office Box 814
Portland, ME 04104-0814*

*M. Mike Nugent
City of Portland
Department of Public Engineering
389 Congress Street
Portland, ME 04101*

April 27, 2006

Dear Mike,

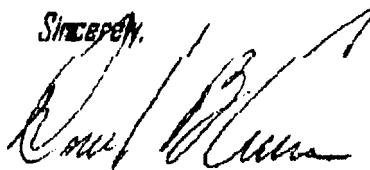
I am writing in response to our recent conversations regarding Fire retardant certificates for awning permits.

After speaking with you I took the liberty of calling other manufacturers/ fabricators and have found the following information to be of great interest. A fire retardant certificate will not be produced until the goods are shipped to the manufacturer/ fabricator for production. This does create a problem for a permit applicant (Barfala) requiring fire retardant certification. This action to start manufacturing by purchasing could in due hardship if the permit were not issued.

For this reason we would like to suggest a submittal as conditions of approval that product documentation accompany the application for which a certificate is required. These documents certificate for the jobs be presented prior to installation. This should not slow the permitting process and would insure that the proper documents are on file for future reference.

If you further information please feel free to call me directly @ (207) 774-7465.

Sincerely,



David B. Cairns

April 26, 2006

City of Portland
Planning and Development Department
Portland City Hall
389 Congress Street
Portland, ME 04101

To Whom It May Concern:

Fixed Gear LLC is the owner of the property at 100 Congress on Munjoy Hill in Portland. The four partners of Fixed Gear LLC are Guy Hernandez, Stella Hernandez, Chessell McGee, and Robert Smith. Chessell McGee and Rob Smith operate their business – Midcoast Multisport - in one of the two commercial spaces in the building. Stella and Guy Hernandez will open their business – Bar Lola – in the other of the two commercial spaces in May.

Fixed Gear LLC gives permission, therefore, for both businesses to apply for the signage they are requesting. The entire frontage of the building on Congress Street is 38', divided with 24' for Bar Lola and 16' for Midcoast Multisport.

If you require any additional information, please contact me at 207.232.2904.

Sincerely,



Stella Hernandez
Member, Fixed Gear LLC

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/01/2006

PRODUCER (207)774-6257

FAX (207)774-2994

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.

Clark Associates
2385 Congress Street
P O Box 3543
Portland, ME 04104

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Bar Lola, LLC
100 Congress Street
Portland, ME 04101

INSURER A Travelers Insurance Co.

39357

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

NSR ADD'L TR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TO BE DETERMINED	03/01/2006	03/01/2007	EACH OCCURRENCE \$ 1,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50.00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5.00
	GEN'L AGGREGATE LIMIT APPLIES PER				PERSONAL & AOV INJURY \$ 1,000.00
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 2,000.00
					PRODUCTS. COMP/OP AGG \$ 2,000.00
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTH-ER \$
	If yes describe under SPECIAL PROVISIONS below				E L EACH ACCIDENT \$
	OTHER				E L DISEASE - EA EMPLOYEE \$
					E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS LOCATIONS / VEHICLES EXCLUSIONS ADDED BY ENDORSER NT SPECIAL PROVISIONS

Location of Property: 100 Congress Street, Portland, ME.

City of Portland, ME. is listed as Additional Insured on General Liability Policy for sign and outside lining permit.

CERTIFICATE HOLDER

City of Portland, ME.
389 Congress Street
Portland, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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 INSURER, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Christine Clark Williams/BS. *Christine Clark Williams*

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.