Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And	6		NERECTI	ON	_	PERMIT ISSUED	
Notes, If Any, Attached This is to certify that	SUNENBLICK STEPHEN	PER MARY BETH		S/Be	Pern	nit Number: 051676 NOV 2 9 2005	
has permission to					—C	CITY OF PORTLAND	
AT 93 INDIA ST			-	. 020 A0	0600	1	

ine and or the

rm or

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and the of buildings and this department.

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

fication f inspe on mus n and w en perm on proc lding or t there re this sed-in ed or JR NO EQUIRED.

lion a

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

OTHER	REQUIRED	APPROVALS
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• • • • • • • • • • • • • • • • • • • •	
Fire Dept	
Health Dept	
Appeal Board	
Other	
	Denartment Name

epting this permit shall comply with all

ances of the City of Portland regulating

uctures, and of the application on file in

					[B.	rmit No:	PERMIT:	ISSUE	CRL:	
•	y of Portland, Maine - Buil	_			4		1 ISSUE Date:		1-1 1	006001
	Congress Street, 04101 Tel: (3, Fax: (207) 874-871	_ ==	05-1676	11017-0	n nak		000001
1	tion of Construction:	Owner Name:	II GEED	TIENTE C MAN	1	r Address:	NOA S	9 2005	Phone:	ļ
	NDIA ST	SUNENBLIC		HEN P & MA		NE ST			Dhara	
Busii	ness Name:	Contractor Name Benchmark	:		24 T	homas Dr. V	CITEY-OF F	ORTL	AND 5012	2 600
Lesse	ee/Buyer's Name	Phone:			Permi	it Type:	Cepitoroux.			Zone:
Desse	Cobuyer s Name	i none.				ns - Permane	nt			1326
Past	Use:	Proposed Use:			Perm	it Fee:	Cost of Work	: CI	EO District:	
Con	nmercial	Commercial/ i	nstall a	1'x 2.5 Sign		\$36.00	\$30	5.00	1	
					FIRE	DEPT:	Approved	INSPECT	ION:	<i>((1)</i> 3
						[Denied	Use Group	p: 55	Type: 519"
								_	A	2
Duran	and Duning Depositutions				4			I	BC-26	
I -	osed Project Description: all a 1'x 2.5 Sign				Signa	itura		Signatura	Sach	Type:Sign
11130	an a 1 x 2.3 Sign				Signa	iluic		Signature.	AILA	111-103
					Actio	on: Appro	wod Man	oved w/Co	anditions [Denied
					Acuo	ni Appro	veu Appi	Oved w/Co	mattions	Defiled
					Signa	nture:		D	Date:	
1		pplied For:				Zoning	g Approval	l		
ldo	bson 11/1:	5/2005							III'	
1.	This permit application does not		Spec	cial Zone or Revie	ews	Zoni	ing Appeal		Historic Pro	
	Applicant(s) from meeting application Federal Rules.	cable State and	Sh	oreland		☐ Variano	ce	·	Not in Dist	rict or Landmark
_								-] D N D	na maria
2.	Building permits do not include permits or electrical work.	plumbing,	_ w	etland		Miscell	aneous	<u> </u>] Does Not R	Require Review
3.	Building permits are void if work	z is not started		ood Zone		Conditi	onal Use	1 _	Requires R	eview
Э.	within six (6) months of the date								2 .1	
	False information may invalidate		Subdivision			Interpretation			Approved	
	permit and stop all work									
			☐ Sit	e Plan		Approv	ed		Approved w	v/Conditions
									7	
			_	Minor MM		Denied			∫ Denied	
			6,1	118/05 AB	1.1				1m	
			Date: [IIRIA VIA	<u> </u>	Date:		late	:	

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 AFFLICANT	ADDRESS	DATE	FIONE
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE

City of Portland, Maine - Bu 389 Congress Street, 04101 Tel:	· ·		Permit No: 05-1676	Date Applied For: 11/15/2005	EBL: 838 \(\text{\tint{\text{\tin}\text{\tex{\tex
Location of Construction:	Owner Name:	C	Owner Address:	•	Phone:
93 INDIA ST	SUNENBLICK STEP	HEN P & MA	6 PINE ST		
3usiness Name:	Contractor Name:	0	Contractor Address:		Phone
	Benchmark		34 Thomas Dr. We	estbrook	(207) 591-7600
zessee/Buyer's Name	Phone:	P	Permit Type:		•
			Signs - Permanent	i .	
		Proposed	Project Description:		
		install a	a 1'x 2.5 Sign		
Dept: Zoning Status: Note:	Approved	Reviewer:	Ann Machado	Approval D	Oate: 11/18/2005 Ok to Issue:
Dept: Building Status: Note: 1) Signage Installation to comply v	Approved with Conditions		Jeanine Bourke	Approval D	Oate: 11/21/2005 Okto Issue:

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: 93	195 India	a she	o+	
Total Square Footage of Proposed Structure	Squa	re Footage o	f Lot 1/8	1
	1 .	تر ۱۱ ٪	,	74(16)
	1.	Smiany	7992 S.	1 ++-
Tax Assessor's Chart, Block & Lot	Owner: STEVEN	Suren	Wick	Telephone:
Chart# Block# Lot#			Į	714-7700
20 A 6	6 Pre	street Su	-JL 1740.	
Lessee/Buyer's Name (If Applicable)	Applicant name, addr	ess & telepho		of signage x \$2.00
	7			lus \$30.00/\$65.00
	Benchmark		For H.D.	signage= Total
	Kesidertan t	threstre	Fee: \$ <u>\$</u>	
	Real Estate 95 India	2 > Fl. /	Awning	Ge= cost of work
Comment Specific years P-5/F D	70 1000	11 Ta	1 Otal Fee	
Current Specific use:	a lang mi	alti Itu	-Anac	
If vacant, what was prior use: How long has it been vacant?	NA			3 8 141
Tiow long has it been vacant.			177	5 5
Proposed Use: Stuff			1	
•			B	NOV 15 202
Project Description: By. W.	مريد حي	/>		F 2 2
13/47	3.70	Bonc	ranny	قلا
		*	DEI	
Contractor's name, address & telephone:	HE SIGNERY	299 T	Forest AVE	
XXXI 1 11	1 •	./ > -		עספרר־אנצ
Who should we contact when the permit is r				/
Mailing address:	Phone: 207 -			
		4 TLOS	ich Dry	6410
	Man. Vol.	. [, , , ,	5-21~	651 &-
Di i i ii di ca i c			231	631 G
Please submit all of the information of	itlined in the Sign/	'Awning Ap	pplication Che	ecklist.

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 enterall areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit

				/
Signature & applicant:	N/5	Date: 11	14/	05
This is not	a permit; you may not commence ANY w	ork until the permit	is issu	ed.



Signage/Awning Pre-Application Questionnaire

Please complete all of the following information. Address: 93-95 India = a- Zone: B 3 CBL Single Tenant Lot? Yes ____ No ___ Multi Tenant Lot? Yes ___ No ____ Tenant/allocated building space frontage (feet): Length: _____ Height ____ **Information on proposed sign(s):** Freestanding (e.g., pole) sign? Yes ____ No ____ Dimensions proposed: _ Dimensions **proposed:** 30"x 12" Bldg. wall sign? (attached to bldg) Yes ____ No ____ **Information on already existing and permitted sign(s):** Freestanding (e.g., pole) sign? Yes ____ No ___ Dimensions proposed: _____ Bldg. wall sign? (attached to bldg) Yes ____ No ___ Dimensions proposed _____ Awning? Yes ___ No __ Dimensions: ____ Lot frontage (feet): 40 - 6 Feet Approximaty Awning? Yes ____ No ___ Is awning backlit? Yes ____ No ___ Height of awning: ____ I length of awning: ____ I 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. A site sketch and budding 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: -For office use onlymult-turnt intivided Siever sun (62)

404)=71 xCH 30" × 10" = 360



Subject:	395	Benchmark
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Daily Notes

Side view 3 11 Sign
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93-45 Tubin
Top view
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The Sheet
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SUNENBLICK LAW OFFICES

97 India Street Portland. ME 04101

From the desk of Stephen P. Sunenblick, Esq.

11/11/05

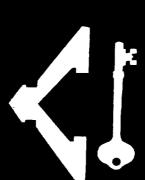
Nathan Kimble Renchmarks 93 India st. Pollend, Me.04/01

personession to install an outside Drign on 93-95 India street, which the dimension of 30" x 12", The front width dimension, is Approximately 40 feet. Hyon need anything further, let me know

Stens

<u> </u>	AC	0;	RD CERTIFIC	CATE OF LIABI	LITY INS	SURANC	E I	11/10/2005	
		•	-	FAX (207)873-5784	THIS CER	TIFICATE IS ISS	UEDAS A MATTER OF	INFORMATION	
		_	cy, Inc.		ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR				
5	1 Ma	ain	Street				FFORDED BY THE POL		
i - '			649						
			lle, ME 04903-0649			AFFORDING CO		NAIC#	
INS			I GRAIVER &			assachusetts		22306	
			ICHMARK RESIDENTIAL &	NVESTMENT REAL	INSURER B U	nited States	Liabiliity Compan		
		-	TATE		INSURER C:				
		-	L GRAY ROAD		INSURER D:				
		FAL	MOUTH, ME 04105		INSURER E:				
	VER		_						
A N P	NY RI IAY PI OLICI	EQUI ERT <i>I</i> ES.	REMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORDE	LOW HAVE BEEN ISSUED TO THE II N OF ANY CONTRACTOR OTHER D ED BY THE POLICIES DESCRIBED H AY HAVE BEEN REDUCED BY PAID	OCUMENTWITH F IEREINIS SUBJEC CWMS.	RESPECTTO WHIC TTO ALL THE TER	H THIS CERTIFICATEMAY MS, EXCLUSIONSAND COI	BE ISSUED OR	
INSR LTR	ADD'L INSRE		TYPE OF INSURANCE	POLICY NUMBER	POLICYEFFECTIVE DATE (MM/DDMM)	POLICY EXPIRATION DATE (MM/DDYYY)	LIMIT	8	
		GEN	NERAL LIABILITY	ODP5714923	07/20/2005	07/20/2006	EACH OCCURRENCE	\$ 2,000,00	
		X	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 300,000	
			CLAIMS MADE X OCCUR				MED EXP (Any one person)	s 5,000	
A	l	Ш					PERSONAL & ADV INJURY	\$	
				ł .	l		GENERAL AGGREGATE	\$ 4,000,000	
		GEN	NL AGGREGATE LIMIT APPLIES PER.]			PRODUCTS - COMP/OP AGG	\$	
			POLICY PRO- LOC						
		AUT	OMOBILE LIABILITY ANY AUTO				COMBINEDSINGLE LIMIT (Ea accident)	i	
			ALL O WED AUTOS SCHEDULEDAUTOS			}	BODILY INJURY (Per person)	\$	
			HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						} 	PROPERTY DAMAGE (Per accident)	\$	
_		GAR	RAGELIABILITY				AUTO ONLY - EA ACCIDENT	\$	
			ANY AUTO				OTHERTHAN	\$	
							ALITO ONLY.	\$	
		EXC	ESS/UMBRELLA LIABILITY	CUP1102228B	10/04/2005	10/04/2006	EACH OCCURRENCE	1 2,000,000	
			OCCUR CLAIMS MADE				AGGREGATE	\$ 2,000,000	
В								\$	
			DEDUCTIBLE					\$	
			RETENTION \$					\$	
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	ANY	PROP	RSLIABILITY RIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
	OFFK	CERA	MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$	
	SPEC	IAL P	ROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
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)ESC	RIPTIC	ON OF	OPERATIONS / LOCATIONS / VEHICL	LES /EXCLUSIONS ADDED BY ENDORSEM	IENT/ SPECIAL PROVI	ONS	L		
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UC	at IU	W .	95 Illula St - Politia	and, ME					
CEF	RTIFI	CAT	E HOLDER		CANCELLAT	ION			
					SHOULDANY	OF THE ABOVE DESC	RIBEDPOLICIES BE CANCELLE	D BEFORE THE	
							SSUING IN SURE R WILL ENDEAV		
						SWRITTEN NOTICE TO	THE CERTIFICATE HOLDER NA	MEDTO THE LEFT,	
					BUT FAILURE	TO MAIL SUCHNOTIC	E SHALL IMPOSE NO OBLIGATI	ON OR LIABILITY	
			of Portland				TS AGENTS OR REPRESENTAT	IVES.	
	F	or	tland, ME 04101		AUTHORED REP	RESENTATIVE			
		•			James Sanborn				

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Residential & Investment Real Estate

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2nd Floor

207-775-0248

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to notice Broker the Atrochment

