



2012-11-5468

# Signage / Awning Permit Application

If you or the property owner owes real estate or personal property taxes or any other charges on any property within the City, payment arrangement **MUST** be made before permits are accepted.

Location/Address: <u>101 Fox Street Portland Me</u>		Telephone: _____
Tax Assessor's Chart/Block/Lot (CBL)	OWNER Name/Address	
Chart: <u>23</u>	Block: <u>A</u> Lot: <u>8</u>	<u>Fox Street Realty</u>
LEASEE/BUYER Name (if Applicable)	CONTRACTOR name, address/phone	Total S.F. signage \$
<u>Maine Craft Distilling</u>	<u>Luke Davidson</u>	SF= ___ x \$2.00
	<u>24 Marquis Rd</u>	SF + \$30 Fee: \$ <u>30</u>
	<u>Freeport Me 04032</u>	Historic (\$75): \$ _____
		Awning Fee: \$ _____
Awning Fee = Cost of Work: \$ _____ (\$30/first \$1000; \$10 every other \$1000)		<b>TOTAL FEE: \$ _____</b>

Who should we contact when the permit is ready: Name: Luke Davidson Phone: 798-2528  
 Address: 24 Marquis Rd Freeport

Tenant/allocated building space frontage (in feet): Length: 48' Height: 20'  
 Lot frontage (in feet): \_\_\_\_\_ Single Tenant or Multi-Tenant Lot: multi tenant

Current Specific Use: Distillery  
 If vacant, what was prior use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_

### Information on proposed sign(s)

Freestanding (e.g. pole) sign? YES \_\_\_ NO \_\_\_ Dimensions proposed: \_\_\_\_\_ (sf); Height from grade: \_\_\_\_\_ sf  
 BLDG Wall Sign (attached to bldg.)? YES  NO \_\_\_ Dimensions proposed: 16 sf

Proposed Awning: YES \_\_\_ NO  If yes, is awning backlit? YES \_\_\_ NO \_\_\_  
 Height of awning: \_\_\_\_\_ Length of awning \_\_\_\_\_ Depth of awning \_\_\_\_\_  
 Is there any communication, message, trademark or symbol on it? YES \_\_\_ NO \_\_\_  
 If yes, total square footage of panels with communication, message, trademark or symbol on it: \_\_\_\_\_ sf

### Information on existing and previously permitted signage:

Freestanding (e.g. pole) sign? YES \_\_\_ NO  Dimensions proposed: \_\_\_\_\_ ft X \_\_\_\_\_ ft; Height from grade: \_\_\_\_\_  
 BLDG Wall Sign (attached to bldg.)? YES \_\_\_ NO  Dimensions proposed: \_\_\_\_\_ ft X \_\_\_\_\_ ft  
 Awning? YES \_\_\_ NO  total sq ft of panels with communication on it: \_\_\_\_\_ sf

A site sketch and building sketch showing exactly where existing and proposed signage is located **MUST** be provided.  
 Sketches and/or pictures of proposed signage and existing building are also required.

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

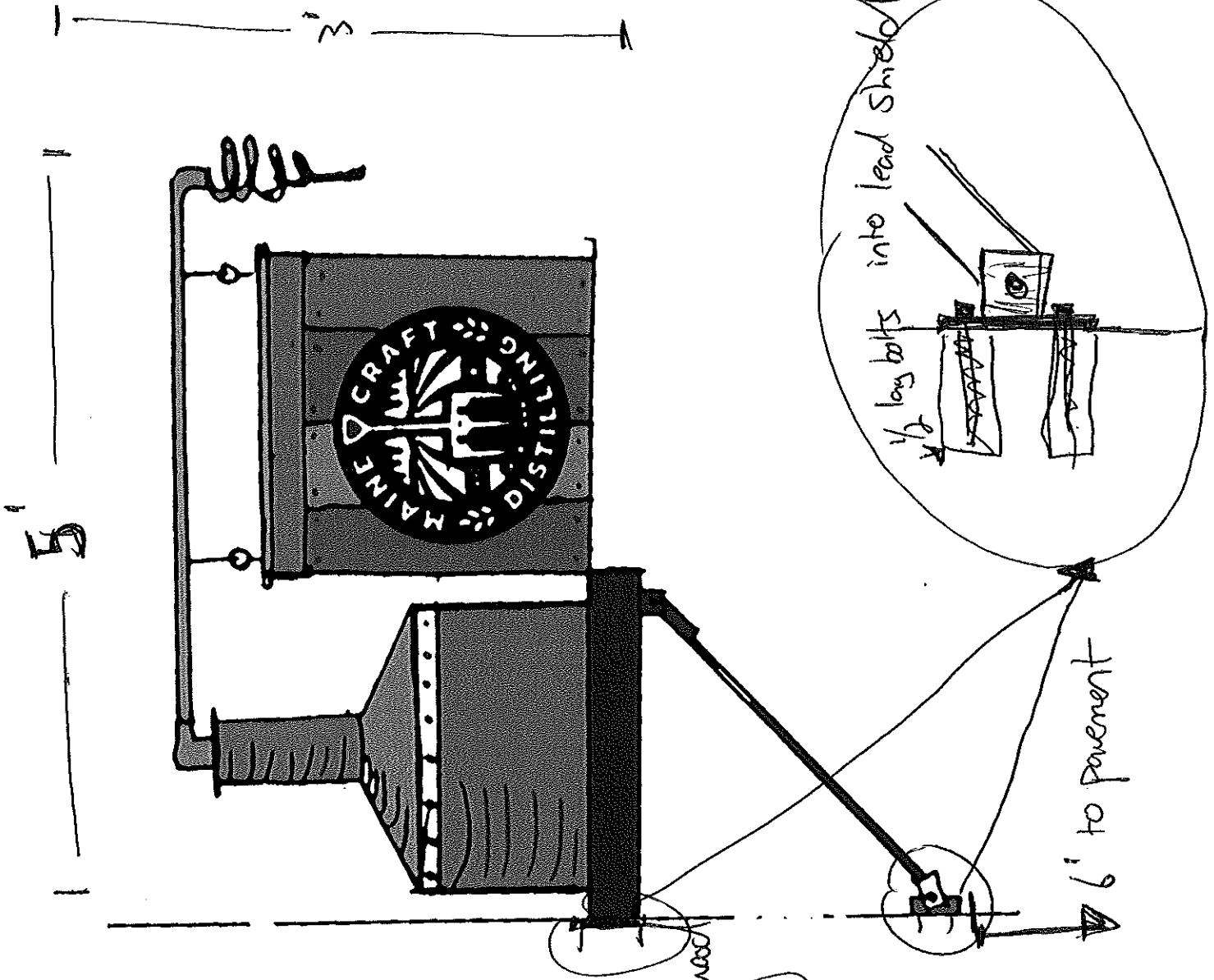
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information, visit us on-line at [WWW.PORTLANDMAINE.GOV](http://WWW.PORTLANDMAINE.GOV), stop by the Building Inspections Office, room 315 City Hall, or call 207-874-8703.

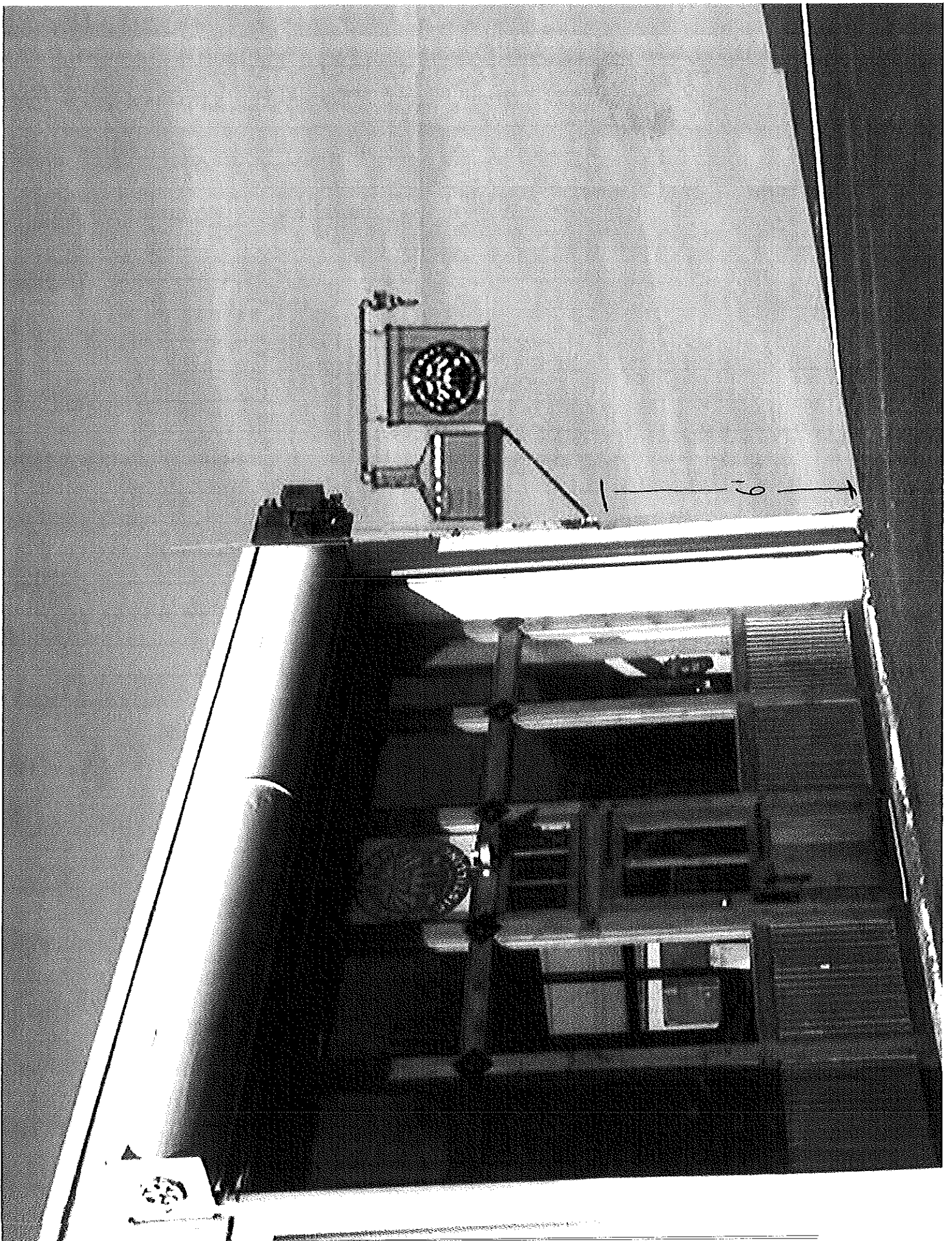
I hereby certify I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if 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: Nov 26, 2012

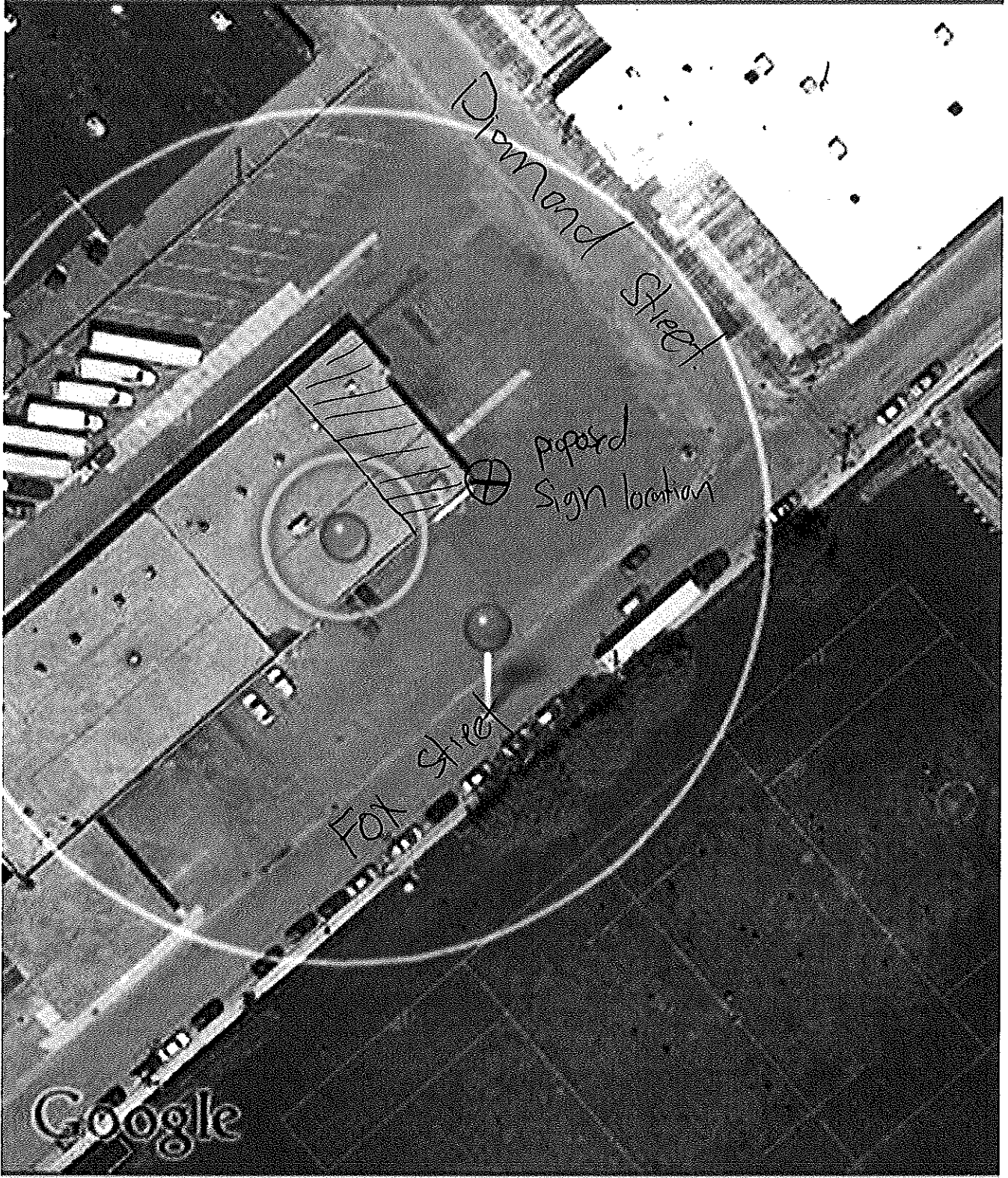
Bracket

- sign ~~to be~~ to be of mild steel "I" Beam
- rock still to be painted sheet metal with steel pipe Arm
- sign backing to be Rough Pine.
- sign medallion to be painted MDO plywood with vinyl lettering





101 fox street portland me



Google



Search

Directions



Re: 101 Fox Street

**Subject:** Re: 101 Fox Street  
**From:** Michael Cardente <mike@cardente.com>  
**Date:** 11/27/2012 12:15 PM  
**To:** Luke Davidson <woodsmithluke@gmail.com>

Luke-I have reviewed your sign design and we have approved it. If the city has any questions or concerns please let them know that they can contact me. I think the sign will look great!

Best,

Mike

On Nov 27, 2012, at 11:10 AM, Luke Davidson wrote:

just in case

On 11/27/2012 10:47 AM, Michael Cardente wrote:

Luke-Received your voice mail and have not seen the plans that you sent. Did you mail or email them?

Thanks,

Mike

<signsketchfinal.jpg><101 sign.jpg>

Michael Cardente  
Broker, Cardente Real Estate  
(207)775-7363  
[mike@cardente.com](mailto:mike@cardente.com)  
[www.Cardente.com](http://www.Cardente.com)



DAVIAND-01

RNEGUS

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/26/2012

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).

<b>PRODUCER</b> Clark Insurance P O BOX 3543 Portland, ME 04104	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (207) 774-6257		FAX (A/C, No): (207) 774-2994	
	<b>E-MAIL ADDRESS:</b>			
<b>INSURED</b>  Davidson and Farber Distillates, LLC 24 Marquis Road Freeport, ME 04032	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	<b>INSURER A : Scottsdale Insuranc Co</b>		<b>41297</b>	
	<b>INSURER B :</b>			
	<b>INSURER C :</b>			
	<b>INSURER D :</b>			
	<b>INSURER E :</b>			

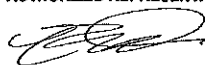
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>			CPS1514528	4/30/2012	4/30/2013	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (PER ACCIDENT)	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						\$
	DED	RETENTION \$					EACH OCCURRENCE	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						AGGREGATE	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				WC STATUTORY LIMITS	OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 City of Portland listed as an additional insured on insured's general liability.

**CERTIFICATE HOLDER****CANCELLATION**

City of Portland Maine	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 

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