

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 060110
CITY OF PORTLAND

This is to certify that METROPOLITAN APARTMENTS, LLC

has permission to install a 13 x 2' 4" sign "Guided Grave"

AT 439 CONGRESS ST

027 B004001

provided that the person or persons who perform or supervise the work in accepting this permit shall comply with all of the provisions of the Statutes of the State 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 leased or 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

Jamie Burke 2/6/06
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: 06-0110	Issue Date: <b>PERMIT ISSUED</b>	CBL: 027 B004001
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Location of Construction: 439 CONGRESS ST	Owner Name: METROPOLITAN APARTMENTS	Owner Address: 429 ELMWOOD RD	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: commercial	Proposed Use: Commercial/ install a 13 x 2' 4" sign "Guitar Grave"	Permit Fee: \$82.00	Cost of Work \$82.00	CEO District: I
Proposed Project Description: install a 13 x 2' 4" sign "Guitar Grave"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: Sign Signature: JMB 2/6/06	
		EDESTRIAN 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: Idobson	Date Applied For: 01/23/2006	<b>Zoning Approval</b>		
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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"/> OK w/conditions. Date: 1/30/06 ABM	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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 Date: _____
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## 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

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 06-0110	<b>Date Applied For:</b> 01/23/2006	<b>CBL:</b> 027 B004001
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<b>Location of Construction:</b> 439 CONGRESS ST	<b>Owner Name:</b> METROPOLITAN APARTMENTS	<b>Owner Address:</b> 429 ELMWOOD RD	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	
<b>Proposed Use:</b> Commercial/ install a 13 x 2' 4" sign "Guitar Grave"		<b>Proposed Project Description:</b> install a 13 x 2' 4" sign "Guitar Grave"	

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 01/30/2006**Note:** Change of use permit #05-1417 to retail.**Ok to Issue:** 

- 1) This permit is for the building sign only. When the awning is changed, the signage cannot be any bigger than what is there now and it must be under 17.7 square feet.

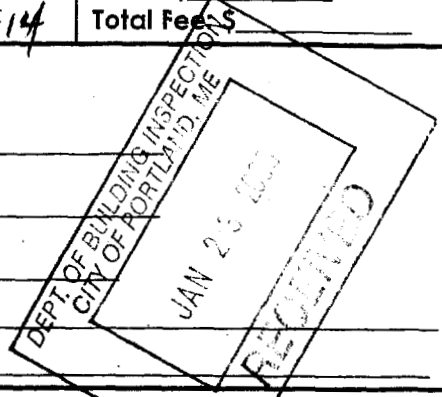
**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 02/06/2006**Note:** **Ok to Issue:**

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

# 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>439 Congress</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot <u>13,300</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>27</u> Block# <u>B</u> Lot# <u>4</u>	Owner:	Telephone:
Lessee/Buyer's Name (If Applicable) <u>MICHAEL G FINE</u>	Applicant name, address & telephone: <u>Michael G Fine</u> <u>441 Congress St</u> <u>Portland Me 04101</u> <u>203 775 4414</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>524.30</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: <u>RETAIL</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>RETAIL</u>		
Project description: <u>REPLACE SIGN 13 x 2.13</u>		
Contractor's name, address & telephone: <u>Burr Sign = 846-7622</u>		
Whom should we contact when the permit is ready: <u>MIKE FINE 441 Congress St</u> <u>Portland Me 04101</u> <u>775-4414</u>		
Mailing address: _____		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up. <b>PHONE: 775 4414</b>		



IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: 1/19/06

**This is NOT a permit, you may not commence ANY work until the permit is issued.**

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 441 Congress St ZONE: B3

CBL: \_\_\_\_\_

SINGLE TENANT LOT? YES \_\_\_\_\_ NO  MULTI TENANT LOT? YES  NO \_\_\_\_\_

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES  NO \_\_\_\_\_

## TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 24' Height: \_\_\_\_\_

### INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO  DIMENSIONS PROPOSED: \_\_\_\_\_  
BLDG. WALL SIGN? (attached to bldg) YES  NO \_\_\_\_\_ DIMENSIONS PROPOSED: 13' x 2'4'

### INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO  DIMENSIONS: \_\_\_\_\_  
BLDG. WALL SIGN (attached to bldg)? YES  NO \_\_\_\_\_ DIMENSIONS: removed  
AWNING? YES  NO \_\_\_\_\_ DIMENSIONS: To BE CHANGED LATER  
LOT FRONTAGE (FEET): 97' total building / 24' storefront

AWNING YES  NO \_\_\_\_\_ IS AWNING BACKLIT? YES \_\_\_\_\_ NO \_\_\_\_\_

HEIGHT OF AWNING: LATER LENGTH OF AWNING LATER DEPTH: LATER

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES  NO \_\_\_\_\_

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: [Signature] DATE: \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

24' per front footage  
24 x 2 = (48'²)

OK

13 x 2.33 = 30.29'²



The Resource Hub

BUSINESS HUB & CENTER

KANSAS AVIATION & TOURISM CENTER

VASH CENTER

VASH CENTER

13'-0"

2'-4"

# GUITAR GRAVE

<http://www.guitargrave.com>

35 lbs Aluminum

Loops 3/8" x 1 1/2" or 2"

&

Sheilds

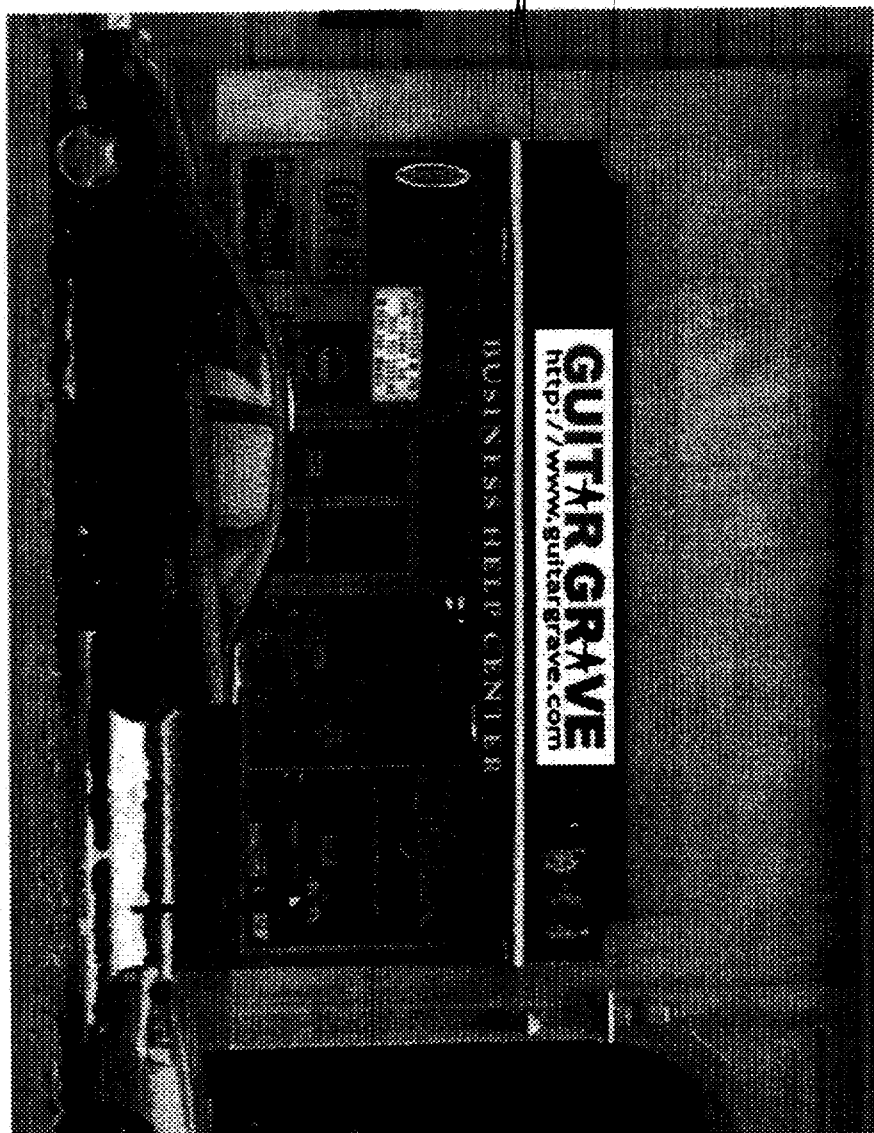
Anchor w/ sign  
Frame channel 1/3" 1/8"

2-1/8"

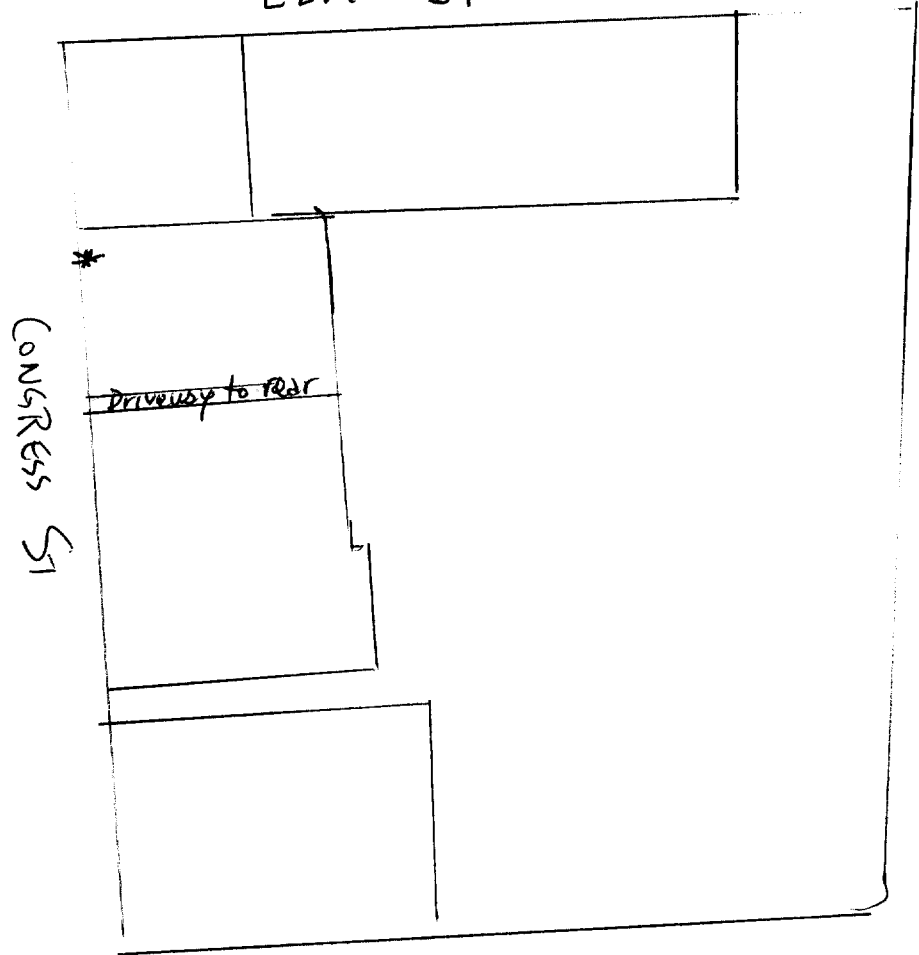
Sign

2/6/06

11'6"



ELM ST



CONGRESS ST

CHESTNUT ST



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/03/2005

PRODUCER (207) 282-5139  
RUBEN-FORTIER & LACOURSE  
289 Main Street

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.

Biddeford, ME 04005-

INSURERS AFFORDING COVERAGE NAIC#

INSURER  
Fink, Michael G  
441 Congress St

INSURER A: Western World

INSURER B

INSURER C

INSURER D:

Portland ME 04010-

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.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC.	NPP8196472	02/10/2001	02/10/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
add'l Ins'd

## CERTIFICATE HOLDER

## CANCELLATION

City of Portland  
city Hall

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

Portland ME 04101-

AUTHORIZED REPRESENTATIVE

CORD 25 (2001/08)

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INS025 (0108).05

ELECTRONIC LASER FORMS, INC. • (800) 327-0545

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# Port Property Management

Lynn Moore, Controller

Ext. 1101

October 7, 2005

City of Portland  
389 Congress Street, Room 315  
Portland, Maine 04101

To Whom It May Concern:

I Lynn Moore, Property Manager for **441** Congress Street, Portland Maine gives Michael G. Fink permission to have signage put up on the building.

If you have any questions in this matter please feel free to call.

Sincerely,



Lynn Moore  
Controller