Form # P 04	DISPLAY				PRINCIPAL			WORK
Please Read	-1	C			F POR		D	
Application And Notes, If Any,	1		BU	2015 - C	IG INSTO			
Attached					ERMIT	- 1 - 1	Permit Nur	nber: 100732
This is to certify	thatMccurta	uin Bradley (	/n/a			\ 	<b>PE</b> RN	AIT ISSUED
has permission	to Erect-7.	5 sq. ft. attac	hed buildin	g wall	sign	, <del>}</del>	·····	
AT -16-Monum	ient Sq					<b>- CHL</b> / 027	- <del>F006001</del> <b>JU</b>	JL - 1 2010
provided t	hat the perso	on or per	sons, fi	n or	corporation	accepting	this permit	shall comply with a
of the prov	visions of th	e Statute	es of Ma	ine a	nd of the Ord	i <b>nin</b> ces o	of the City of	f Portland regulatir of Portland application on file
the construction this depart		tenance	and use	of b	uildings and :	strüctures	, and of the	application on file
	iblic Works for s f nature of work ation.		give befo lath	nd w this or	n of inspectio vritten permissi building or pro- otherwide se TICE IS REQUIRI	rocured hereof is d-in. 24	procured b	e of occupancy must be y owner before this build- thereof is occupied.
+ · · · ·	R REQUIRED APPR							
						A.		
						$\sim$	$\mathcal{A}$	
	Department Name					<u></u>	1/VA	g & Inspection Services
	עמוויזסאנגעענייניטאנעיינישעטייניעסייני		PENALT	Y FOI	R REMOVING	THIS CAR	X	y and techon Services

n**h** 

مستاهمه مستهام ماجاد الاستهامية الاحاريات المحاصيات والمارية والمارية والمارية والمارية والمارية والمارية والمارية

City of Portland, Maine - Buildi	ing or Use i	rermit Applicat	tion }**	rmit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: (20	-			10-0732	·	027 F0	06001
Location of Construction; 0	Jwner Name:	Owner Address:			Phone:		
16 Monument Sq $(5)$	Mccurtain Bra	dley C 15		Aonument Sq		207-874-	7411
Business Name: Contractor Name		:	Contr	actor Address:		Phone	
Others n/a			n/a I	Portland		_{	
Lessee/Buyer's Name	'hone:		1	it Type: ns - Permanent			Zone: 13-3
Past Use: Proposed Use:			Perm	it Fee:	Cost of Work:	CEO District:	<u></u>
Commercial / Restaurant ("Others") Restaurant ("		Others") / Erect 7.5	{	\$80.00	\$0.00	1	}
		l building wall sign.			ECTION: iroup: U Type: Sig TBC 2003		
Proposed Project Description:		· · · ·	7,	N/I	{	1	
Erect 7.5 sq. ft. attached building wall s	sign.		Signa	iture:	Sign	ature:	
			Actio	а: 📋 Арргоче	ITIES DISTRICT	w/Conditions	Denied
			Signa			Date:	• <b></b>
Permit Taken By: Date Appli gg 06/23/2				Zoning A	Approval		
		Special Zone or R	eviews	Zoning	Appeal	Historic Pres	ervation
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>		Shoreiand				YCF Not in Distric	
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>		Wetland		Miscellaneous		🗍 Does Not Re	quire Review
3. Building permits are void if work is not started within six (6) months of the date of issuance.		🗍 Flood Zone		Conditional Use		[] Requires Review	
False information may invalidate a building permit and stop all work.		Subdivision		Interpretation		Approved	
		📋 Site Plan		Approved	}	Approved w/	Conditions
	L			Denied	}	Denied	
PERMIT ISSUED	)	Maj [] Minor [] <u>1</u>	-		}	1	1
JUL - 1 2010	)	Maj [] Minor [] <u>1</u> OK wi Cond. Datc: <u>(] 34</u> ] 10 -	-	Date:		Date: 624	2011

#### 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

Department of Building Inspections
Original Receipt
June 33 2010
Received from Brain MCutture
Location of Work 15 Monument Epi
Cost of Construction \$ Building Fee:
Permit Fee: Site Fee:
Certificate of Occupancy Fee:
Total: 7:00
Building (IL) Plumbing (IS) Electrical (I2) Site Plan (U2) Other C,
281: <u>27' F006</u>
Check #: Master Cand Total Collected \$ 60.00
sheek # idial ounected \$
4
No work is to be started until permit issued. Please keep original receipt for your records.
No work is to be started until permit issued. Please keep original receipt for your records.
No work is to be started until permit issued.
No work is to be started until permit issued. Please keep original receipt for your records. Taken by:
No work is to be started until permit issued. Please keep original receipt for your records.

City of Portland, Maine - Buil	ding or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (2	-		10-0732	06/23/2010	027 F006001
Location of Construction:	Owner Name:		wner Address:		Phone:
16 Monument Sq	Mccurtain Bradley C	{ 1	15 Monument Sq		207-874-7411
Business Name:	Contractor Name:	fo	Contractor Address:	Phone	
Others	n/a	) (	n/a Portland		{
Lessee/Buyer's Name	Phone:	P	ermit Type:		
 			Signs - Permanent		
Proposed Use:		Proposed	Project Description:		
Restaurant ("Others") / Erect 7.5 sq.	ft. attached building wall	sign. Erect 7	.5 sq. ft. attached b	ouilding wall sign.	
		{			
		{			
		{			
		{			
Dept: Historic Status: A	pproved	Reviewer:	Deborah Andrew	s Approval Da	ite: 06/24/2010
Note:					Ok to Issue: 🗸
Dept: Zoning Status: A	pproved with Conditions	Reviewer:	Ann Machado	Approval Da	ite: 06/24/2010
Note:					Ok to Issue: 🗸
1) ANY exterior work requires a sep	arate review and approv	al thru Historic I	Preservation This		
District.	drate settlew and approve			property is roouted w	
Dept: Building Status: A	pproved with Conditions	s Reviewer:	Tammy Munson	Approval Da	ite: 07/01/2010
Note:					Ok to Issue: 💉
1) Signage Installation to comply wi	th Chapters 31 & 32 of t	he IBC 2003 hui	ilding code.		

#### Comments:

6/24/2010-amachado: Wasiting fro Certificate of Liability to be faxed - GG

6/25/2010-gg: receivedf from historic on 06-24-10. Gg

6/28/2010-amachado: Received certificate of liability. Put with permit.

# PERMIT ISSUED

JUL - 1 2010

I.

City of Portland

### BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.

**X** Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

## PERMIT ISSUED

JUL - 1 2010

City of Portland

	nsurance, Inc. (RP)		ONLY AND HOLDER. T	CONFERS NO RIG	OTHER-1	FICATE TEND OR	
	ox 406 land ME 04112-0406		ALTER THE	LOVERAGE AF	ORDED BY THE POLICI	ES BELOW.	
	e:207-594-2111 Fax:20	07-594-9147	INSURERS A	FORDING COVE	RAGE	NAIC #	
SURED	<u>,</u>			Travelers Indeanit		25658	
					SURANCE GROUP		
	Others! Brad McCurtin		INSURER C				
	15 Monument Sq Portland ME 04101		INSURER D				
	FOILIANG ME 04101		INSURER E				
OVER	RAGES						
any re May Pe	OLICIES OF INSURANCE LISTED BELOW HAVE IEQUIREMENT, TERM OR CONDITION OF ANY C PER'AIN, THE INSURANCE AFFORDED BY THE I IES AGGREGATE LIMITS SHOWN MAY HAVE B	ONTRACT OR OTHER DOCUMENT WIT POLICIES DESCRIBED HEREIN IS SU	TH RESPECT TO WHICH THIS (	CERTIFICATE MAY BE I	SSUED OR		
R ADD	bt	POLICY NUMBER	DATE (MWDD/YYY)	POLICY EXPIRATION	LIMIT:	 \$	
	GENERAL LIABILITY	+		wore (machine)	EACH OCCURRENCE	\$1,000,000	
X		I6808976B196	07/07/10	07/07/11	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 300,000	
					MED EXP (Any one person)	\$5,000	
{	X Business Owners	I6808976B196	07/07/09	07/07/10	PERSONAL & ADV INJURY	\$1,000,000	
1				[	GENERAL AGGREGATE	\$ 2,000,000	
ł	GENL AGGREGATE LIMIT APPLIES PER		) 1		PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	X POLICY PRO-				1		
	AUTOMOBILE LIABILITY			{	COMBINED SINGLE LIMIT	\$	
}	ANY AUTO	1		Į	(Ea accident)	ļ	
}	ALL OWNED AUTOS		)	{	BODILY INJURY (Per person)	j \$	
{	SCHEDULED AUTOS		1			+	
ļ		Į	1		BODILY INJURY (Per accidenti)	\$	
	X NON-OWNED AUTOS	ł	ł	{	<u> </u>	<u> </u>	
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<u>-†</u> -	GARAGE LIABILITY	<u>+</u>		<u> </u>	AUTO ONLY - EA ACCIDENT	\$	
Ì	ANY AUTO	ł	l	}	OTHER THAN EA ACC	\$	
1					AUTC ONLY AGG	\$	
	EXCESS / UMBRELLA LIABILITY	{		}	EACH OCCURRENCE	\$	
		{			AGGREGATE	\$	
	}	, Y				<u> </u> \$	
	DEDUCTIBLE	ł		1		\$	
w	ORKERS COMPENSATION	<b></b>		<b>├</b>	WCSTATLE T TOTHE	<u> </u> ≉	
AN	VY PROPRIETOR/PARTNER/EXECUTIVE (	040000000000	AR /AR /AA	07/07/10	ITORY LIMITS   ER	. 100 000	
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] Ity	yes describe under PECIAL PROVISIONS below	}	ł	1	EL DISEASE - POLICY LIMIT	100,000	
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				1			
		}		1	HEL	CEIVEI	
	PTION OF OPERATIONS / LOCATIONS / VEHICI						
d I(	equired for sign loca	rea 6 15 Woldweyr	square fortia	ng, me		<b>1 2 2</b> 2010	
					បប	N 28 2010	
EP TH			CANCELLAT	<u></u>	Dept. of B	uilding Inspec	
	FICATE HOLDER				SED POLICIES BE CHILDRE	Portland Mai	
				DATE THEREOF, THE ISSUINC INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL			
			1		OF ANY KIND UPON THE INSUR		
	City of Portland		REPRESENTATI	-			
	389 Congress St, Bortland MR 04101		AUTHORIZED REF	AUTHORIZED REPRESENTATIVE			
	Portland ME 04101		TD Insur:	ance, Inc.			
	D 25 (2009/01)	· · · · · · · · · · · · · · · · · · ·			ORPORATION. All rights	recoved	

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# 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 This Certificate of Insurance 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.

## 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: 15	Monument SQ				
Tax Assessor's Chart, Block & LotChart#Block#Lot#27F006	Bredley C. McCart	Giù 874.7411			
Lessee/Buyer's Name (If Applicable)	Contractor name, address & relephone: Self	Total s.f. of signage \$2:00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$			
Who should we contact when the permit is reac	1				
Tenant/allocated building space frontage (i Lot Frontage (feet)	feet): Length: <u>20</u> Height Single Tenant or Multi Tenant Lot <u>M</u>	- Thi			
Current Specific use: If vacant, what was prior use: Proposed Use:		Restaurant "others"			
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes		Height from grade:			
Is there any communication, message, traden	awning: Depth:				
Information on existing and previously per Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes	No Dimensions:	65			
Awning? Yes No Sq. ft. area of awning w/communication:					
Please submit all of the information	outlined in the Sign/Awning Appli	cation 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 <u>www.portlandmaine.gov</u>, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

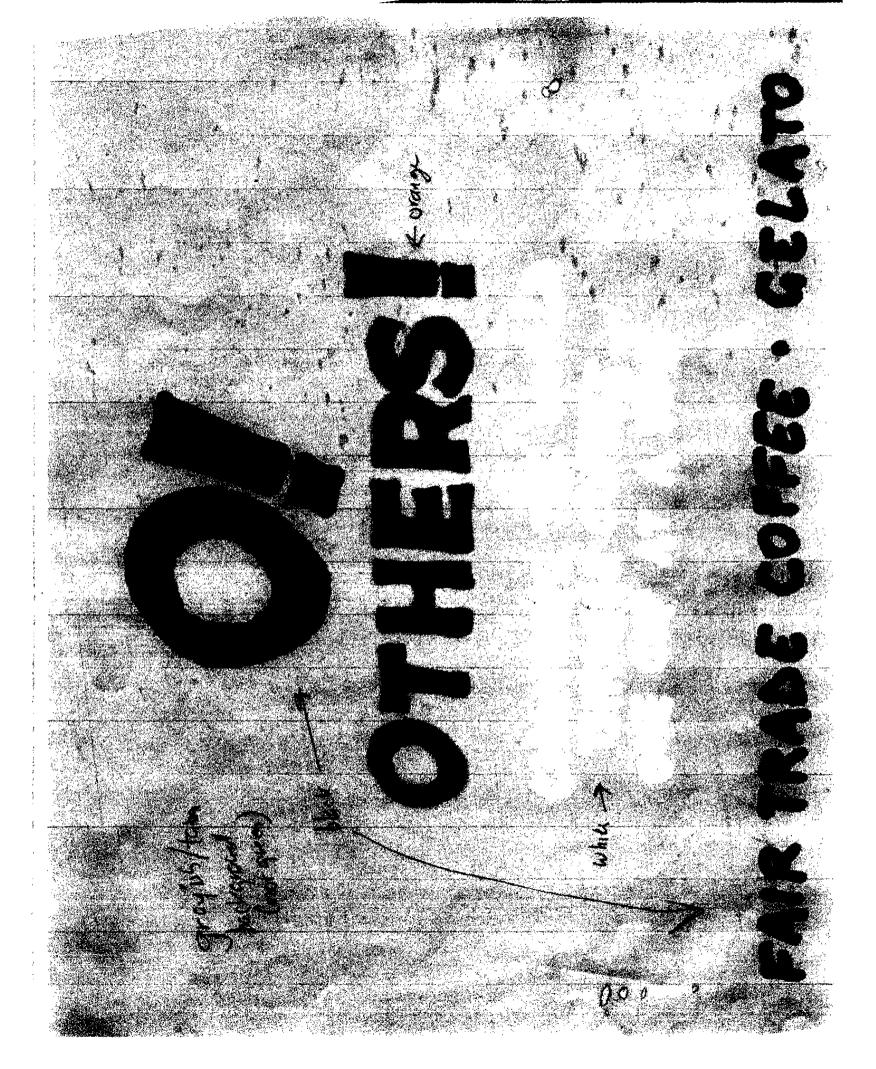
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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:	BCMcCitar	Date:	6	23	110
			,		/

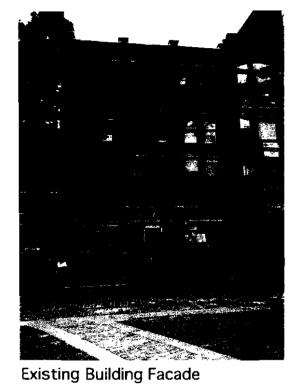
This is not a permit; you may not commence ANY work until the permit is issued.

B-3 - Grown floor nu lite trad 20 x2 = 400 proposed 30 "x55" = 1000 = 7.290 (2)

Revised	10/19/09
	10112102

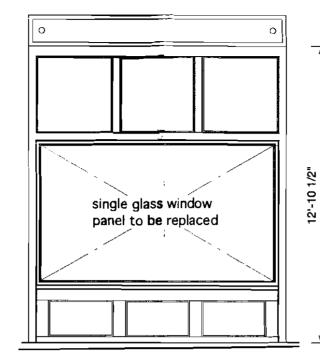


no other existing sign on bldg.





**Building Facade** After Proposed Changes



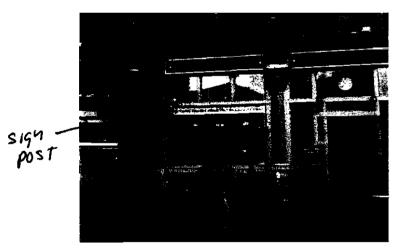
**Existing Storefront Elevation** (similar both sides) scale 1/4"=1'0"

¦2 9.-3

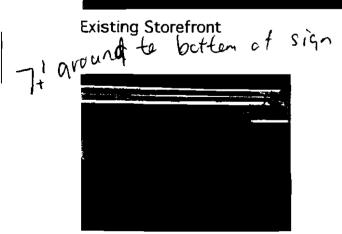
4

6'-3 1/2"

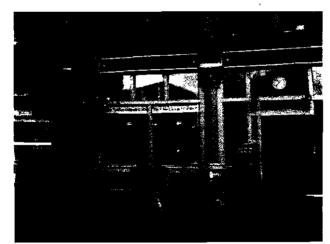
2'-0 3/4 2



S.W. Viewsfrom Monument



**Existing Trim Detail** 

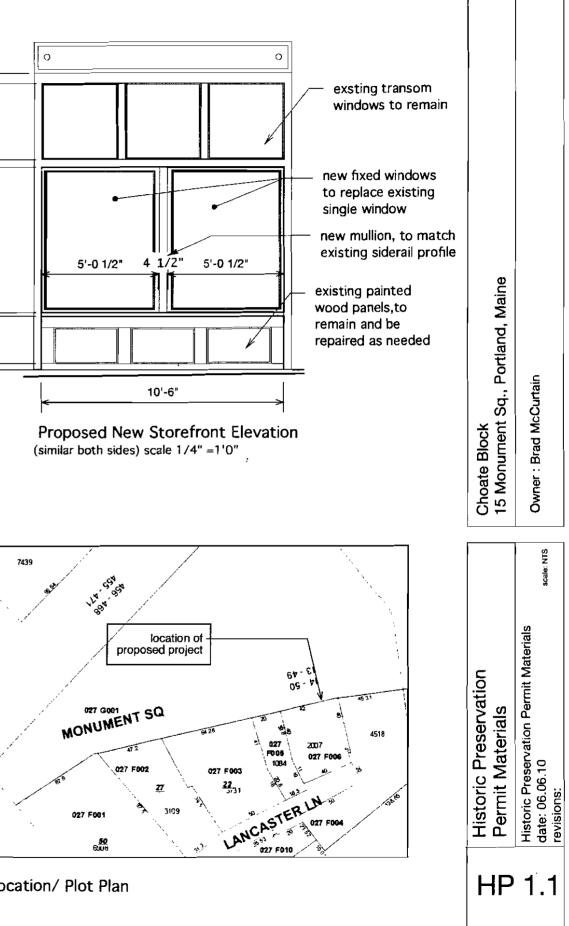


**Proposed Storefront** 

#### Scope of Work:

To replace each large single panel fixed glass window in each existing ground level storefront with two fixed glass windows of equal size.

Sigh te be fastened via eye hoeks to sign post" attached te building



Location/ Plot Plan