

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 121 Center St		Owner: Second Century Blues		Phone:		Permit No: 970670	
Owner Address:		Lessee/Buyer's Name: Asylum		Phone:		Business Name:	
Contractor Name: Burr Signs		Address: 10 Buttonwood So. Portland, ME 04106		Phone: 799-1183		Permit Issued: JUN 26 1997 CITY OF PORTLAND	
Past Use: Restaurant		Proposed Use: Same		COST OF WORK: \$		PERMIT FEE: \$ 39.70	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Erect Signage				Signature:		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: 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"/>	
Permit Taken By: Mary Gresik		Date Applied For: 23 June 1997				Zone: CBL: 027-F-009	

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..

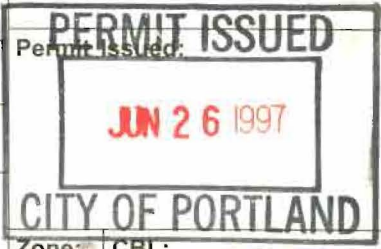
CERTIFICATION

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT Craig Currier ADDRESS: _____ DATE: 23 June 1997 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector



Zone: CBL: 027-F-009

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

CEO DISTRICT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/19/97

<p>PRODUCER</p> <p>Clark Associates 2331 Congress Street P O Box 3643 Portland ME 04104</p>	<p>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.</p> <p style="text-align: center;">COMPANIES AFFORDING COVERAGE</p> <p>COMPANY A Hanover Ins Company</p> <p>COMPANY B</p> <p>COMPANY C</p> <p>COMPANY D</p>
<p>INSURED</p> <p>Valerie J. Levy 121 Center Street Portland ME 04101</p>	

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	EPB0039120	04/18/97	07/18/97	GENERAL AGGREGATE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COM/CP AGG	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTOR'S FRCT				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					WED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<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	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	\$
						\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR PARTNER/EXECUTIVE OFFICERS ARE <input type="checkbox"/> NCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$
	OTHER				EL DISEASE - POLICY LIMIT	\$
					EL DISEASE - EA EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

<p>CERTIFICATE HOLDER</p> <p>City of Portland 389 Congress Street Portland ME 04101</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE Christine D. Clark</p>
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SIGNAGE

PLEASE ANSWER ALL QUESTIONS

Address: 121 Center St. Zone: B-3
 Owner: Asylum Inc. Assessors #: _____
 Applicant: Barr Signs

Single Tenant Lot?: Yes No _____

Multi Tenant Lot?: Yes _____ No _____

Freestanding (Ext pole sign)? Yes _____ No Dimensions _____

More than (1) one sign?: Yes No _____ Dimensions (6) 42" x 42"

Bldg Wall Sign (att to bldg)? Yes No _____ Dimensions 3.5 x 3.5 (6) = 73.5'

List all existing signage and their dimensions:

none

Lot Frontage(feet): 153' Tenant Frontage(feet): same

AWNINGS

Awning?: Yes _____ No _____ Is Awning Backlit?: Yes _____ No _____

Is there any communication, message, trademark or symbol on awning? _____

Height of Awning?: _____

PLEASE NOTE: Approvals for signs on the Public Sidewalk and temporary signs come under different requirements and regulations.

ALSO: See reverse side for additional information, requirements and materials needed for signage application submittal.

INFORMATIONAL REQUIREMENTS



1. Proof of Insurance: Current, single page certificate showing a minimum of \$300,000.00 liability coverage of owner of sign.
2. Letter of permission from owner. Exemption: If applicant and property owner are one and the same.
3. A sketch plan of the lot, indicating location of buildings, driveways, and any abutting streets or right of ways. Lengths of building and street frontages should be noted.
4. Indicate on the plan all existing and proposed signs.
5. Computation of the following:
 - a) Sign area of each existing and proposed building sign.
 - b) Sign area height and setback of each existing and proposed freestanding sign.
6. A sketch of any proposed sign(s), indicating dimensions, materials, source of illumination and construction method.

PERMIT FEES

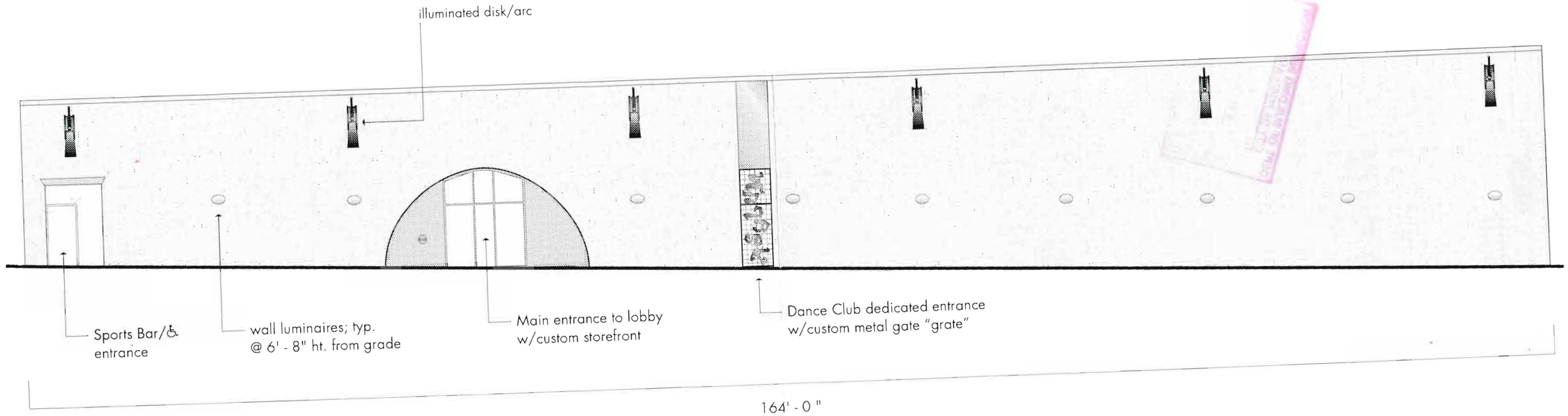
Signage: \$25.00 + .20 per square foot of signage.

Awning: Based on cost of work - labor/materials
\$25.00 1st \$1,000.00 worth of work
\$5.00 each additional 1,000.00 worth of work

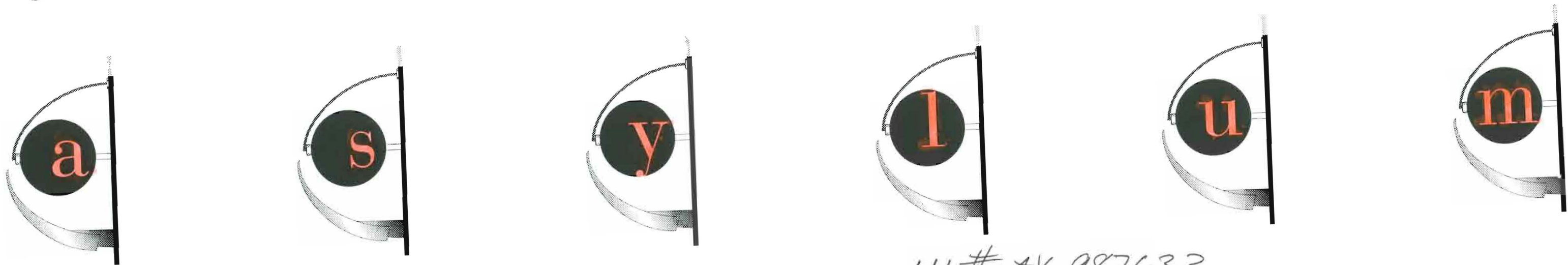
Note: Once a sketch plan has been filed for a property, the Code Enforcement Office will keep a record of the plan so that a new sketch plan will not be required for later changes to signage on the property. In such an instance, applicants will only be required to submit information applicable to the new signs.

C Building Elevation Study
not to scale
5.23.97

Gamble Design
210 Broad Street
Portsmouth NH 03801
tel 603.427 1300



1 Center Street Elevation



U.L.# AX-987633
thru 987638

2 Exterior ID Sign (qty: 6)
w/light fixture

A.1 3D Main Identification Graphics

Exterior ID Sign (qty: 6) w/B-K light fixture

6.2.97 rev. bp

6.3.97 rev. wgbm3

General notes:

Graphics: Stencil-cut letterforms
MAP painted surfaces
Satin aluminum finishes

Fabrication: Aluminum sheet, plate & tube, welded construction

Power & lighting: Provide all fixtures and hardware as noted. Determine extent of existing power connections and electrical work req'd. prior to beginning work. All work to be UL approved.

Finishes: BLUE - to match MAP#
RED - to match MAP#
YELLOW - 3M Scotchlite 580-71

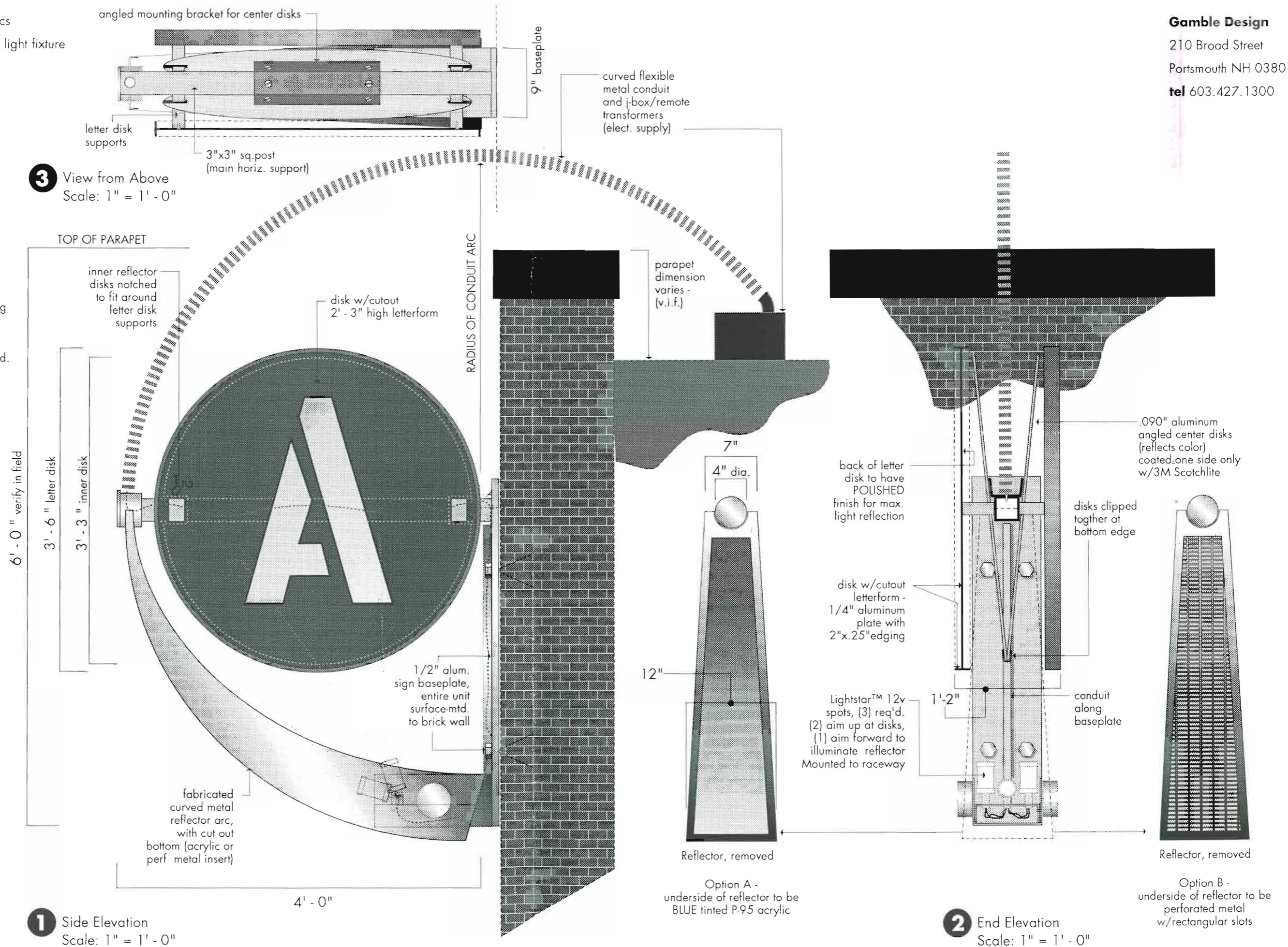
Installation: Field inspect all existing building conditions and installation locations prior to beginning work

Gamble Design

210 Broad Street

Portsmouth NH 03801

tel 603.427.1300



3 View from Above
Scale: 1" = 1' - 0"

1 Side Elevation
Scale: 1" = 1' - 0"

2 End Elevation
Scale: 1" = 1' - 0"

Option A -
underside of reflector to be
BLUE tinted P-95 acrylic

Option B -
underside of reflector to be
perforated metal
w/rectangular slots