



CERTIFICATE OF LIABILITY INSURANCE

D.
9.



Reviewed for Code Compliance
Inspections Division
Approved with Conditions

Date: 12/11/14

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 BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), 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).

PRODUCER Kasprzak Insurance Associates, Inc. 787 Sokokis Trail PO Box 23 No. Waterboro ME 04061-0023	CONTACT NAME: Wendy Leach PHONE (A/C No. Ext): (207) 247-4959 FAX (A/C No): (207) 247-3007 E-MAIL ADDRESS: Wendy@Kasprzakinsurance.com																					
INSURED Bailey Pickle LLC, DBA: Rosie's Restaurant & 330 Fore St Portland ME 04101	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Swett Insurance Managers</td> <td>0008</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Swett Insurance Managers	0008	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER: CL1491926848** **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	GENERAL LIABILITY			WS226994	8/1/2014	8/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000
	ANY AUTO						PRODUCTS - COMP/OP AGG \$
	ALL OWNED AUTOS						
	HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB						
	CLAIMS-MADE						
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input checked="checked" type="checkbox"/> Y / N	N / A			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)

CERTIFICATE HOLDER **CANCELLATION**

mgagne@ccnne.com City of Portland 389 Congress St Portland, ME 04101	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 Stephen Kasprzak/JDJ
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COMMENTS/REMARKS



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City of Portland is added as additional insured.



Awning to
end at edge
of window
opening.



Awning to end at edge of window opening.

DAVIS

1902

Proudly Serving **GEARY'S** Rosie's Restaurant & Pub Proudly Serving **GEARY'S**



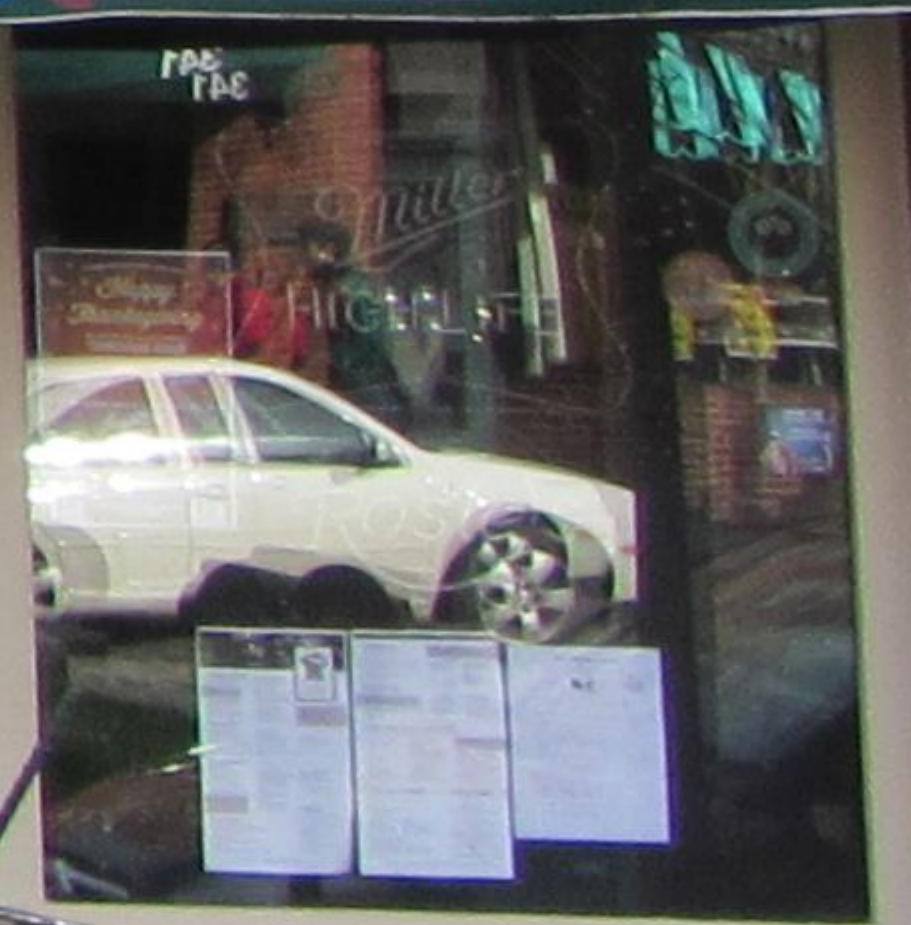
Rosie's
GREAT FOOD & DRINKS



330



CHILI-NACHO
Rosie's
RESTAURANT & PUB
WE'RE GOOD
AND SO FINE
TOGETHER
AIR CONDITIONED





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Date: 12/11/14

From: Mark Deane [mailto:mark.deane@comcast.net]
Sent: Wednesday, October 08, 2014 6:34 PM
To: Mike Gagne
Subject: Permission for Rosie's

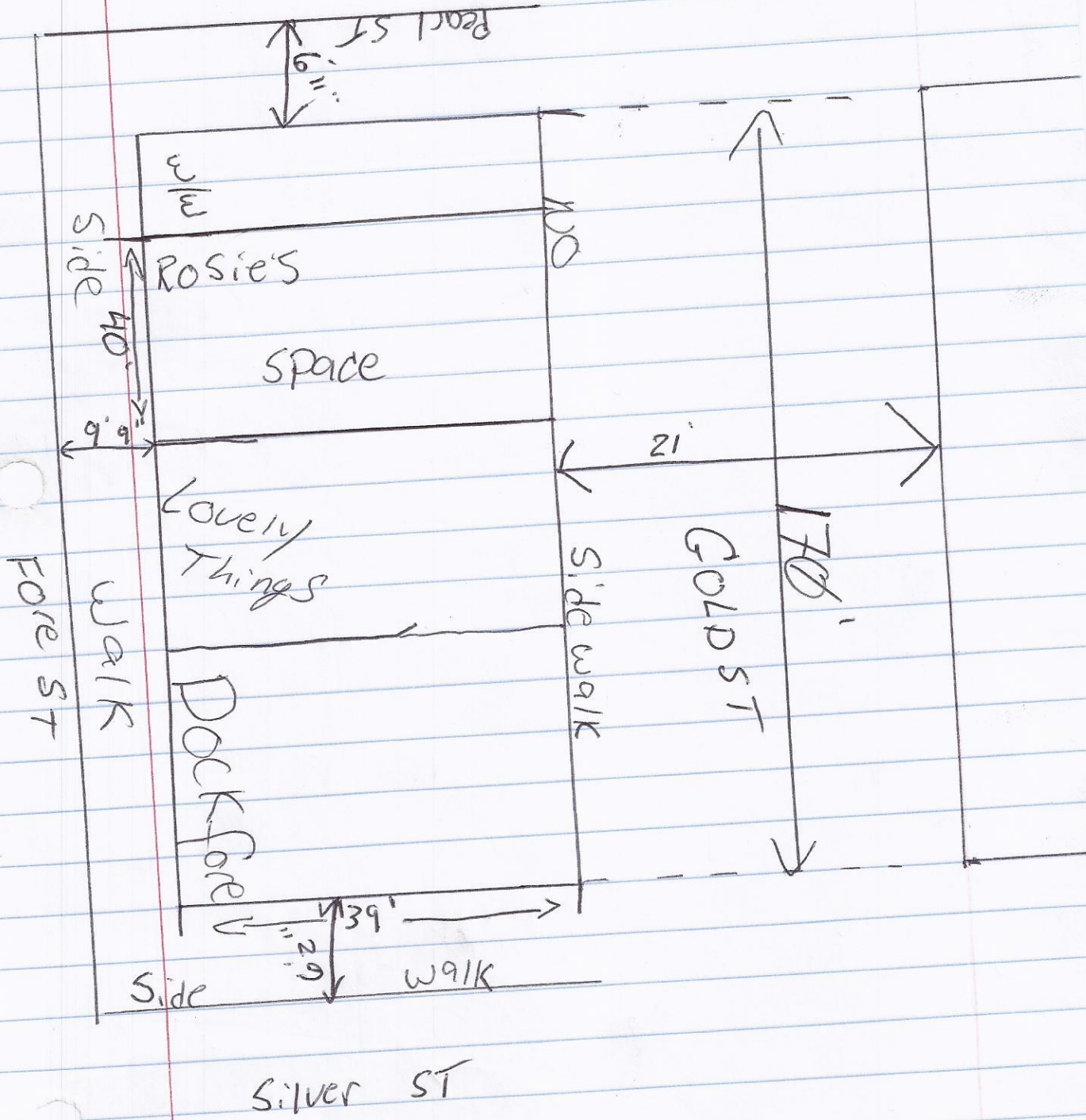
I, Mark Deane give permission to Burr sign to install an awning over my business.

My businesses name is Rosies Restaurant & Pub at 330 Fore St in Portland Maine.
If you need to contact me my number is 207 653-3612

Thank You
Mark Deane



Building 40' tall

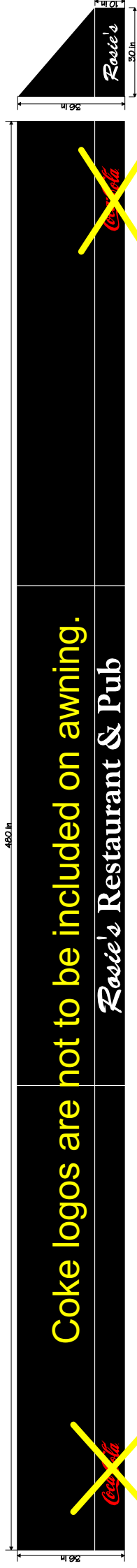


ROSIE'S - New Awning

Scale: 1" = 45"

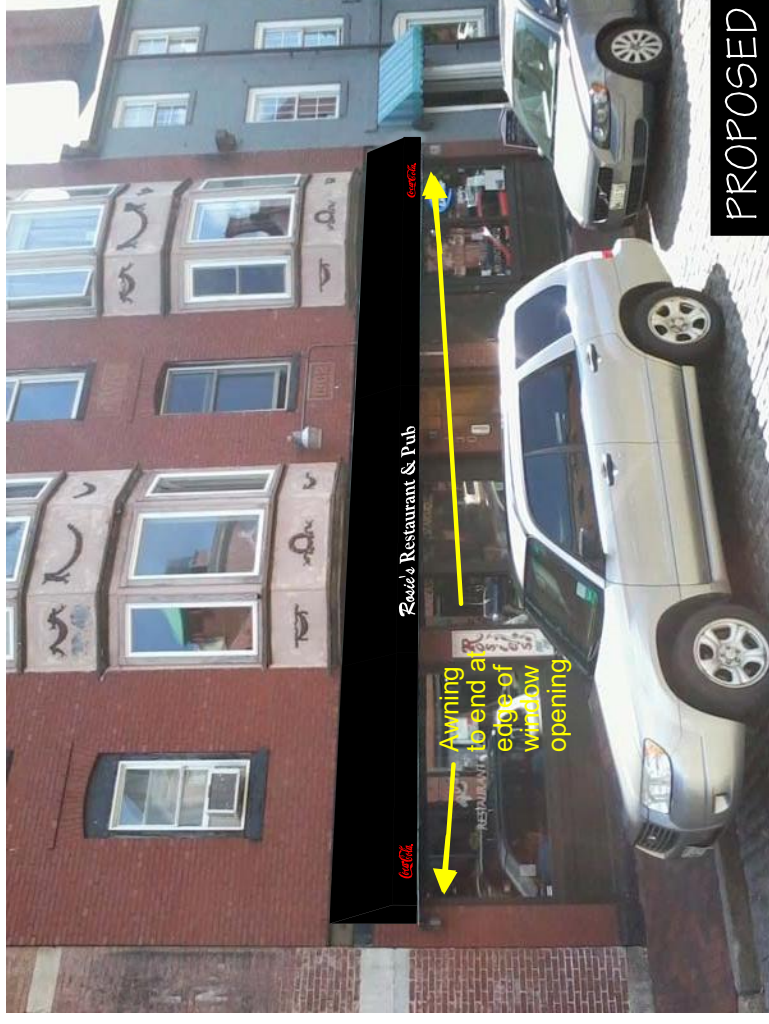
Square Footage: 120

480 in



Coke logos are not to be included on awning.

Rosie's Restaurant & Pub



BURR SIGNS
 40A Mansori Libby Road
 Scarborough, ME 04074
 Phone: 207-396-6111
 Fax: 207-396-6435

CLIENT: _____
 ADDRESS: _____
 CONTACT: _____

DRAWING NAME: Rosie's New Awning's
 SALES PERSON: _____
 CLIENT SIGNATURE & APPROVAL DATE: _____

DATE: 10/29/2013
 DESIGNER: Kristi

DATE	REVISION HISTORY

THIS DESIGN IS THE EXCLUSIVE PROPERTY OF BURR SIGNS. ALL PRODUCTS, LOGOS, AND REPRODUCTION RIGHTS ARE RESERVED.
 THIS PRINT HAS BEEN DESIGNER'S PERSONAL USE. IT MAY NOT BE USED OR EXHIBITED OUTSIDE OF THE COMPANY OR ORGANIZATION WITHOUT EXPRESS WRITTEN PERMISSION FROM BURR SIGNS.

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2014-1



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>330 Fore St</u>	
Tax Assessor's Chart/Block/Lot (CBL) Chart: <u>029 - C005001</u>	OWNER Name/Address: Name: <u>Mark Dean</u> Address: _____ Telephone: <u>N/A</u> E-Mail: <u>mark.deane@net</u>
LEASEE/BUYER Info (if Applicable) Name: <u>Rosie's Rest + Pub</u> Address: <u>330 Fore St, Portland, ME</u> Phone: _____ E-Mail: _____	CONTRACTOR Name: <u>Burr Signs</u> Address: <u>40A Manson Libby Rd Scarborough ME 04074</u> Phone: <u>396-6111</u> E-Mail: <u>Mason@BurrSigns.com</u>
Total S.F. signage \$ <u>22</u> CG <u>cont.</u> (Sq Ft = <u>11</u> x \$2.00) SE + \$30 Fee: <u>\$30</u> Historic (\$75): <u>\$75</u> 50.00 Awning Fee: <u>\$69</u>	
Awning Fee = Cost of Work: \$ <u>5000</u> (\$25/first \$1000; \$11 each additional \$1000) TOTAL FEE: \$ <u>141.00</u>	

Who should we contact when the permit is ready: Name: Burr Signs Phone: 396-6111
Address: 40A Manson Libby Rd, Scarborough ME 04074 E-Mail: Mason@BurrSigns.com

Tenant/allocated building space frontage (in feet): Length: 40' Height: 40'
Lot frontage (in feet): 145' Single Tenant or Multi-Tenant Lot: Multi

Current Specific Use: Rosies
If vacant, what was prior use: _____
Proposed Use: Seal

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: _____ sf

Proposed Awning: YES NO If yes, is awning backlit? YES NO
Height of awning 36" Length of awning 480" Width of awning 30"
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: 11 sf

3' x 40' = 120 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: 11 sf ✓ (Awning w/ Signage)

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, 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: 10-10-14