

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 061463

PERMIT ISSUED

OCT 27 2006

This is to certify that MAD COW LLC / Monaghan Woodworks Inc.has permission to Install a 4 sf sign attached to bldgAT 121 COMMERCIAL ST

CITY OF PORTLAND 029 D00200

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of Maine 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 altered or service is closed-in. 4 HOUR NOTICE 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

Director - Building & Inspection Services

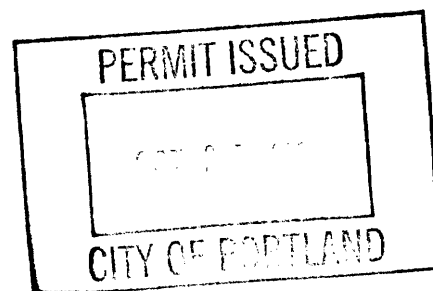
PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1463		Issue Date:		CBL: 029 D002001	
Location of Construction: 121 COMMERCIAL ST		Owner Name: MAD COW LLC		Owner Address: 100 COMMERCIAL ST	
Business Name:		Contractor Name: Monaghan Woodworks Inc.		Contractor Address: 111 Commercial St. Portland	
Lessee/Buyer's Name		Phone:		Phone: 2077752683	
Permit Type: Seasonal Conversion		Zone: B3			
Past Use: Commercial - retail change of use permit 06-1163		Proposed Use: Commercial Install 4 sf sign attached to bldg (see bldg)		Permit Fee:	
				Cost of Work: \$73.00	
				CEO District: 1	
Proposed Project Description: Install a 4 sf sign attached to bldg - retail "Company C"		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: 1.1 Type: Sign	
		Signature: <i>M. Hutt</i> 10/18/06		Signature: <i>IBC 2003</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
Permit Taken By: dmartin		Date Applied For: 10/04/2006		Zoning Approval	

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..



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"/> Date: 10/13/06 <i>AM</i>	Zoning Appeal <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:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 10/17/06 <i>D. Andrews</i>
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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			Permit No: 06-1463	Date Applied For: 10/04/2006	CBL: 029 D002001
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716					
Location of Construction: 121 COMMERCIAL ST		Owner Name: MAD COW LLC		Owner Address: 100 COMMERCIAL ST	
Business Name:		Contractor Name: Monaghan Woodworks Inc.		Phone: (207) 775-2683	
Lessee/Buyer's Name		Phone:		Permit Type: Seasonal Conversion	
Proposed Use: Commercial Install 4 sf sign attached to bldg			Proposed Project Description: Install a 4 sf sign attached to bldg		

Dept: Fire Status: Approved Reviewer: Cptn Greg Cass Approval Date: 10/18/2006
Note: Ok to Issue: ☒



Sign 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: 123 Commercial Street

Zone: B3

Total square footage of proposed structure: 2,470 Existing

Square footage of lot: N/A

Lot frontage: N/A

Tenant frontage: 45' off permit on 1163

Tax Assessor's Chart, Block & Lot

Chart# 029 Block# 1002 Lot# 001

Owner: Mad Cow LLC

100 Commercial St. Suite 305, Portland, ME

Telephone: 775.2252

Lessee/buyer's name (If applicable)

Company C 603.226.4460

102 Old Turnpike Rd. Concord, NH

Applicant name, address & telephone:

Mark Mueller Architects

100 Commercial Street Suite 205

Portland, ME 04101

P: 774.9057

Current use: Vacant

Proposed use: Retail

If vacant, prior use: Restaurant

How long has it been vacant? 1 Year

Project description:

Number of tenants in lot? One

Total s.f. of signage 4,000

\$2.00 per s.f. \$8,000, plus

\$65.00 base fee

Fee: \$73,000

Awning-without signage:

\$30.00 for first \$1,000

plus \$9.00 each addict.

\$1,000

Fee: \$ N/A

Freestanding sign? Yes ☐ No ☒

More than one sign? Yes ☐ No ☒

Sign Attached to Building? Yes ☒ No ☐

Dimensions _____ Height _____

Dimensions _____ Height _____

Dimensions 18" x 30" Height 9'9" T.O.S. / 6'8" B.O.F.

5540# = 375# OK 2x45 = 90#

Awning Yes ☐ No ☒ Is awning backlit? Yes ☐ No ☒ Height off sidewalk? _____

Awning Height: _____ Length: _____ Depth: _____

Is there any message, trademark or symbol on it? Yes ☒ No ☐ If Yes, total s.f. of panels/graphics: 175 SF

Please describe: Message is the company's motto/ phrase while the symbol is the company logo. no awning

List ALL existing signage and their dimensions: No existing signage on building.

Contractor's name, address & telephone: Monaghan Woodworks - 100 Commercial St. - Portland, ME 04101 - 775.2683

Who should we contact when the permit is ready: Brad Finlay - Monaghan Woodworks

Mailing address: 100 Commercial St. Suite 311 - Portland, ME 04101 Phone: 775.2683

Once your permit is approved, we will notify you to come in and pick up your permit and review the requirements with our plan reviewer. Beginning work prior to receiving your permit will result in a violation fee of \$50.00.

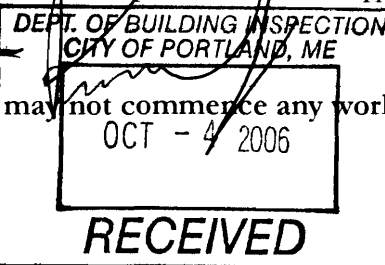
Please submit all of the information outlined in the Signage Application Checklist including a building sketch showing exactly where existing is and proposed signage will be located. Please include sketches/pictures of proposed signage. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information 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:

This is not a Permit; you may not commence any work until the Permit is issued.



Date: OCTOBER 03, 2006

29 Δ 002

MAD COW LLC
100 Commercial Street
Portland, ME 04101

October 4, 2006

City of Portland
Portland, ME

RE: Company C, 123 Commercial Street, Portland, ME 04101

Sir/Madam:

This letter shall serve as permission from Mad Cow LLC (Landlord) to Company C for an exterior sign described in the attached application.

Yours truly,

J. Tim Soley

ACORD CERTIFICATE OF LIABILITY INSURANCECSR AO
COMPA-1DATE (MM/DD/YYYY)
10/05/06**PRODUCER**

Colby Insurance Agency, Inc.
The Gallery Suite 211
46 Newport Road
New London NH 03257
Phone: 603-526-2451 Fax: 603-526-2903

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.

INSURED

Company C, Inc.
102 Old Turnpike Road
Concord NH 03301

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Hartford Insurance Company

INSURER B:

INSURER C:

INSURER D:

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	GENERAL LIABILITY	TO BE ISSUED	10/01/06	10/01/07	EACH OCCURRENCE \$ 1000000
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10000
	X Business Owners				PERSONAL & ADV INJURY \$ 1000000
	GENL AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2000000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2000000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<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 (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY	TO BE ISSUED	10/01/06	10/01/07	EACH OCCURRENCE \$ 2000000
	X OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 2000000
	<input type="checkbox"/> DEDUCTIBLE				\$
	X RETENTION \$10000				\$
					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	04WEQRH0025	08/02/06	08/02/07	WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 500000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Retail Store- Certificate Holder is listed as an additional insured.

CERTIFICATE HOLDER

City of Portland is listed as
an additional insured
City Hall, Room 315
389 Congress Street
Portland ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL NA 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.

AUTHORIZED REPRESENTATIVE

Annette M. Oakes

ACORD 25 (2001/06)

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