

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080768

PERMIT ISSUED

JUL 23 2008

CITY OF PORTLAND

This is to certify that BMC INC /The Signery
has permission to Install 4'x5' Hanging Sign.

AT 94 COMMERCIAL ST 030 A005001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of this 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 procedure is complete this building or part thereof shall be closed 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

[Handwritten Signature]
7/22/08
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: 08-0768	Issue Date:	CBL: 030 A005001
-----------------------	-------------	---------------------

Location of Construction: 94 COMMERCIAL ST	Owner Name: BMC INC	Owner Address: 94 COMMERCIAL ST	Phone: 207-874-2639
Business Name:	Contractor Name: The Signery	Contractor Address: 7 Lincoln Dr Scarborough	Phone 2078797700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial/Andy's Old Port Pub	Proposed Use: Commercial/Andy's Old Port Pub - Install 4'x5' Hanging Sign.	Permit Fee: \$105.00	Cost of Work: \$0.00	CEO District: 1
---------------------------------------------	----------------------------------------------------------------------------------	-------------------------	-------------------------	--------------------

Proposed Project Description: Install 4'x5' Hanging Sign.	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i> Signature: <i>[Signature]</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>TBC 2003</i> Signature: <i>[Signature]</i>
--------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____

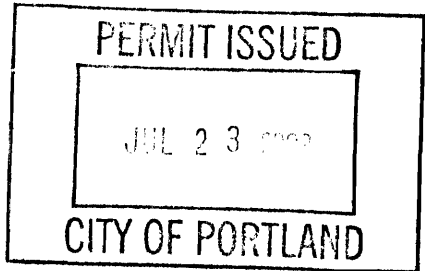
Permit Taken By: lmd	Date Applied For: 06/27/2008	Zoning Approval
-------------------------	---------------------------------	------------------------

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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: <i>7/1/08</i> <i>ABH</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 YES <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>7/17/08</i> <i>D. Andrews</i>



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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a “Stop Work Order” and “Stop Work Order Release” will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

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

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-0768	Date Applied For: 06/25/2008	CBL: 030 A005001
------------------------------	----------------------------------------	----------------------------

Location of Construction: 94 COMMERCIAL ST	Owner Name: BMC INC	Owner Address: 94 COMMERCIAL ST	Phone: 207-874-2639
Business Name:	Contractor Name: The Signery	Contractor Address: 7 Lincoln Dr Scarborough	Phone: (207) 879-7700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial/Andy's Old Port Pub - Install 4'x5' Hanging Sign.	Proposed Project Description: Install 4'x5' Hanging Sign.
--------------------------------------------------------------------------------------	---------------------------------------------------------------------

Dept: Historic	Status: Approved with Conditions	Reviewer: Deborah Andrews	Approval Date: 07/17/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) * Sign to be reduced proportionally in size to measure (approximately) 40" x 47".			
Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 07/09/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 07/22/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) 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>94 COMMERCIAL STREET, PORTLAND</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>030 A 003</u>	Owner: <u>BMC, Inc. - (Margaret Dawson)</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Richard Frantz JENNIFER FOX</u>	Contractor name, address & telephone: <u>THE SIGNERY 7 LINCOLN AVE SCARBOROUGH, ME 04074 207 879-7700</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>RICHARD FRANTZ</u> phone: <u>207 874-2639</u>		
Tenant/allocated building space frontage (feet): Length: <u>23'</u> Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>multi</u>		
Current Specific use: <u>Andy's Old Port Pub</u>		
If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>4' x 6'</u> Height from grade: _____ <u>4 x 5 = 20 = 40</u> <u>65</u> <u>105</u> <u>24 x 2 + 65</u>		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> Is awning backlit? Yes _____ No _____ Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes _____ No _____ If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions: <u>UNKNOWN - removed</u> Awning? Yes _____ No _____ Sq. ft. area of awning w/communication: _____		
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 and existing building are also required.		

60' x 52' =
3120 sq ft =
21.66

JUN 25 2008
24 x 2 + 65
105

Please submit all of the information outlined in the Sign/Awning Application 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 www.portlandmaine.gov, 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: [Signature] Date: 6-24-08

B-3 multi tenant. This is not a permit; you may not commence ANY work until the permit is issued.
23x2 = 46 sq ft
sign is 21.66 sq ft
ok.

2/19/16



Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- Certificate of flammability required for awning or canopy. *N/A*
- A UL# is required for lighted signs at the time of final inspection. *N/A*
- Pre-application questionnaire completed and attached.
- Photos of existing signage *NONE KNOWN - PHOTO c/ BRACKET*
- Details for sign fastening, attachment or mounting in the ground. *SEE ESTIMATE*

Permit fee for signage or awning-with-signage: ~~\$50.00~~⁴⁰ plus \$2.00 per square foot of sign. ~~\$70.00~~

Permit fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, \$10.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.

135

From: Jennifer Fox <jenniferfox@verizon.net>
To: <sth@portlandmaine.gov>
Date: 7/15/2008 3:46:11 PM
Subject: signage for Andy's Old Port Pub

Scott, thanks for speaking with me today concerning the status of Andy's signage.

We understand your concern with the size and are willing to comply with your suggestion of a reduction closer to 40" x 47" (a proportional reduction).

Thanks for your assistance with this situation.

Rick

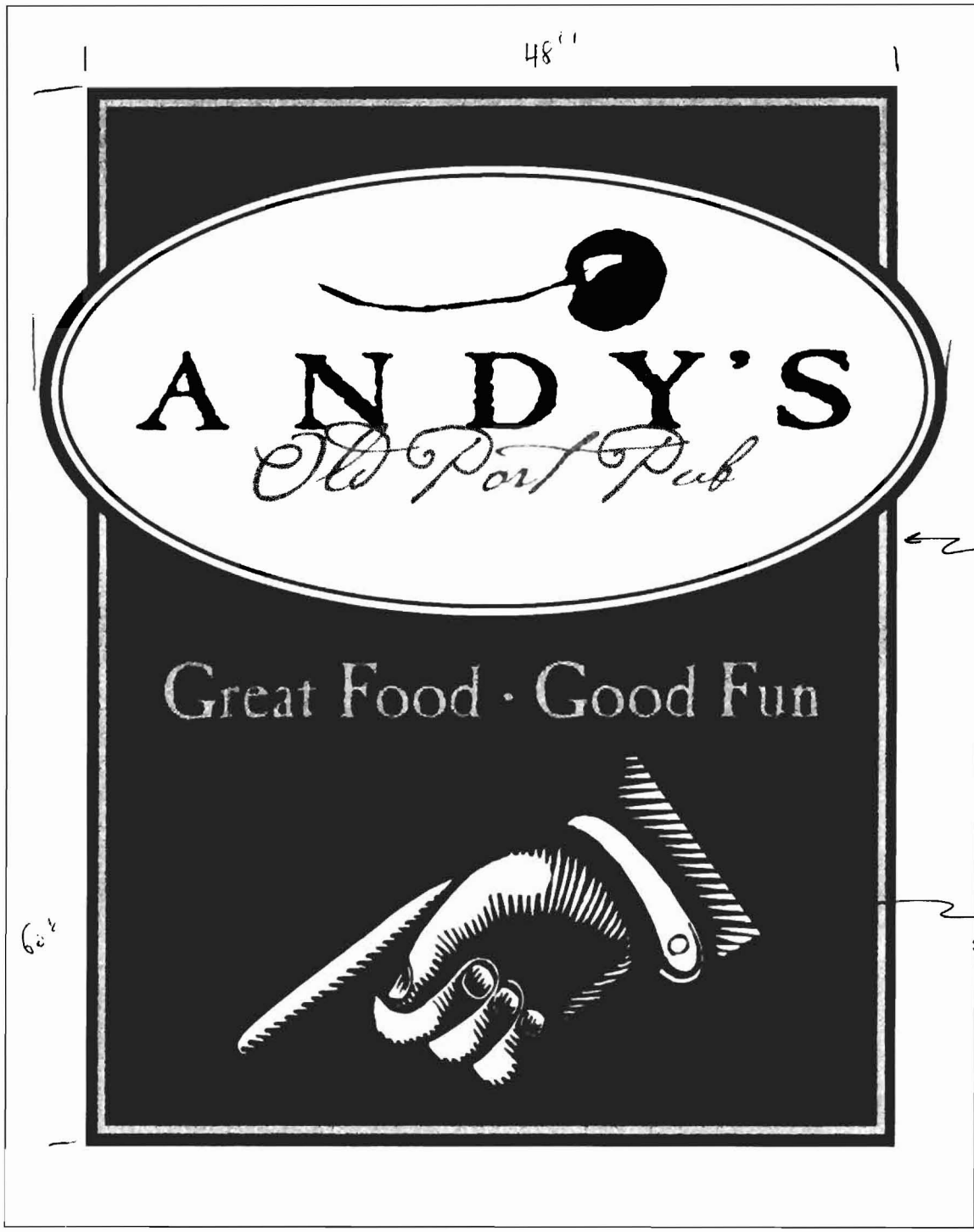
Richard Frantz
Andy's Old Port Pub
94 Commercial Street
Portland, ME 04101

207 874-2639

48" x 60"

52"

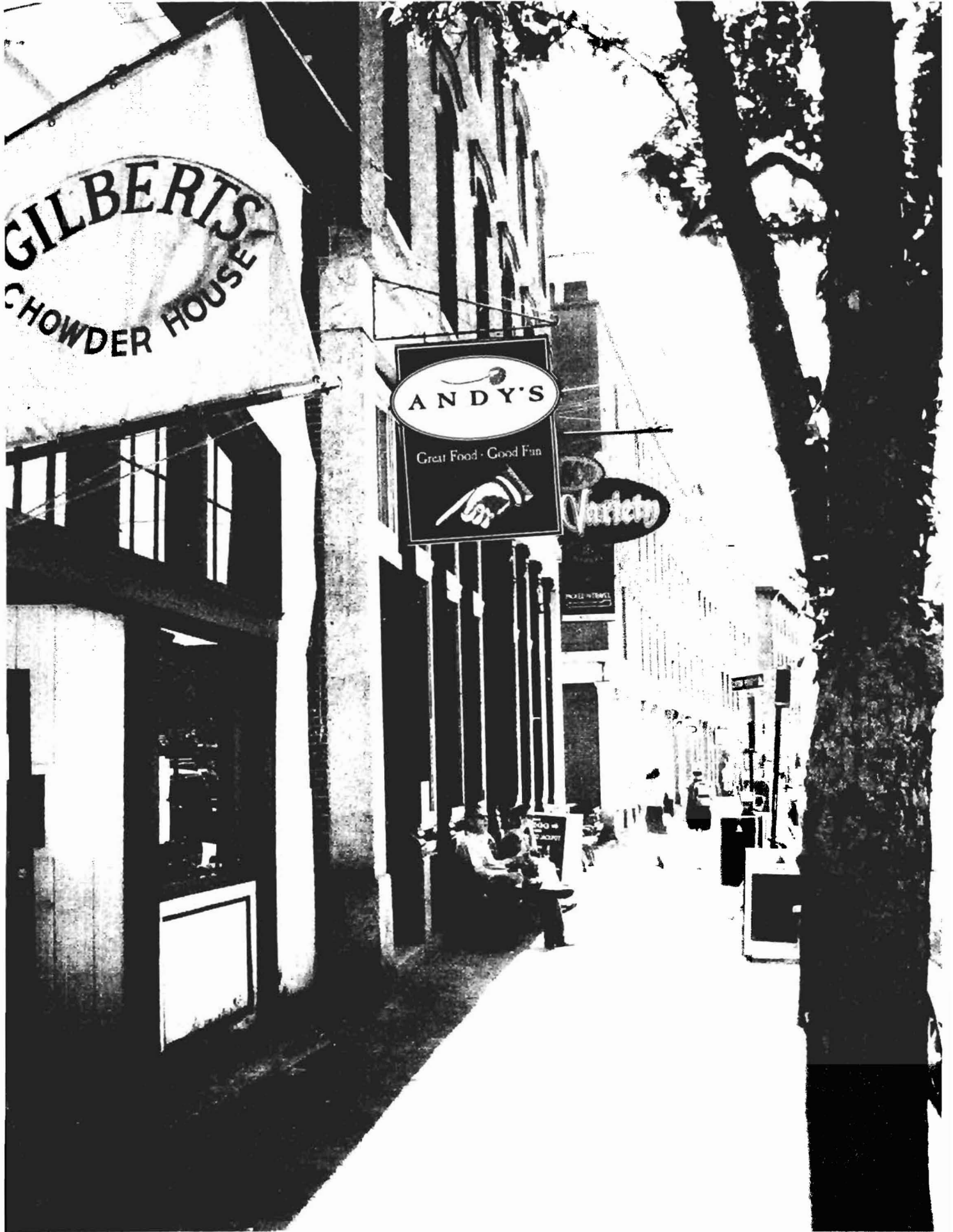
48"



← oval is overlay

← RAISED FRAME

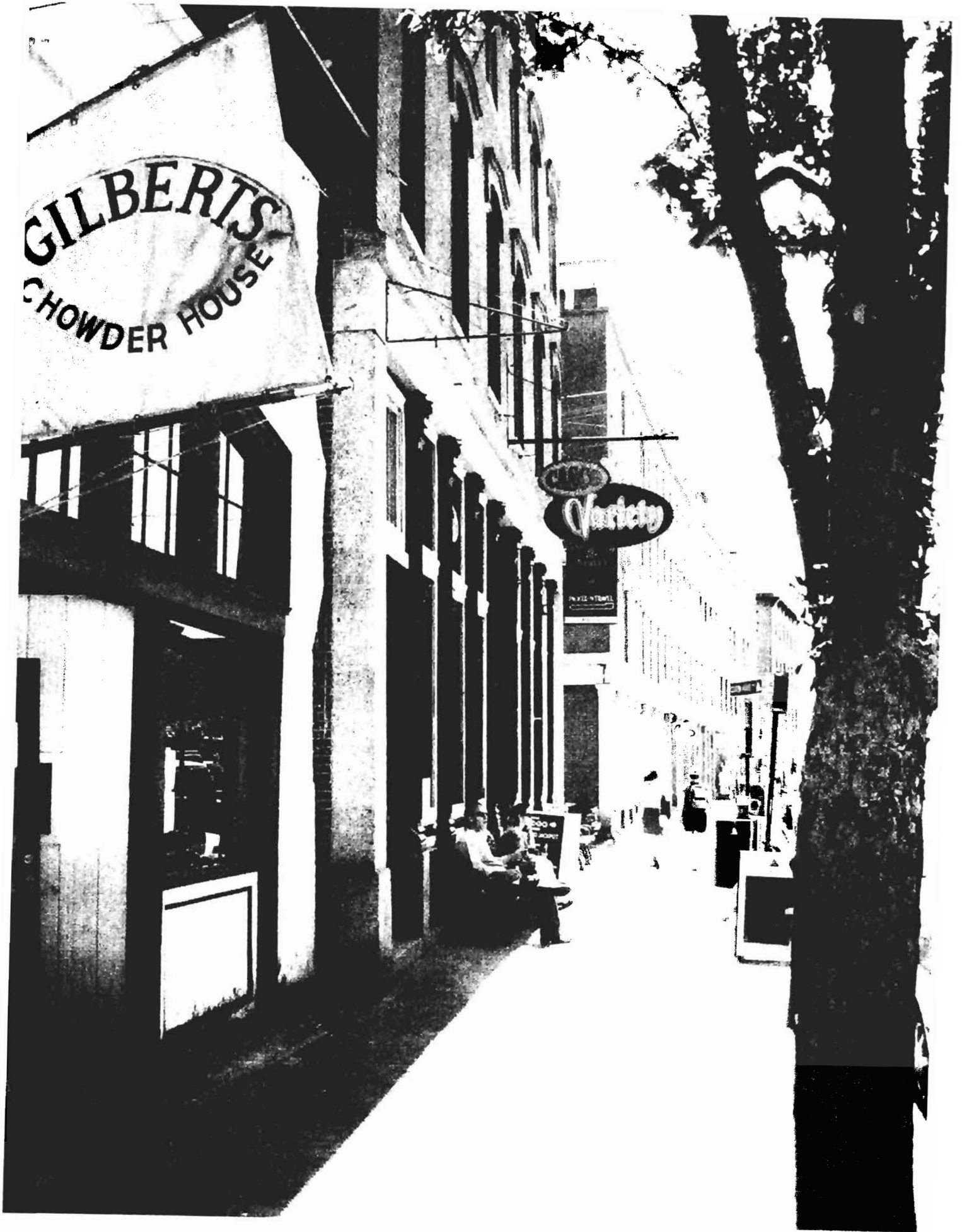
← 3-D struct. form



GILBERT'S
CHOWDER HOUSE

ANDY'S
Great Food · Good Fun

Variety





The Signery
 7 Lincoln Avenue
 Scarborough, ME 04074
 Ph: (207) 879-7700
 FAX: (207) 510-0043
 Email: signery@signerymaine.com

Estimate #: 08-12657

Created Date: 5/19/2008 11:47:06AM	Prepared For: Andy's Old Port Pub
Salesperson: Jared Galvin	Contact: Jennifer Fox
Email: jared@signerymaine.com	Office Phone: (207) 874- 2639
Not Specified: (207) 879- 7700 x14	Office Fax: (207) -
Not Specified: (207) 510- 0043	Email: jenniferfox@verizon.net
Entered by: Jared Galvin	Address: 94 Commercial Street Portland, ME 04101

Description: Exterior Sign

		Quantity	Unit Price	Subtotal
1	Product: SignFoam3, 15#, 1.5" x 4' x 8' Description: SignFoam3, 15#, 1.5" x 4' x 8'. Two Coats of Primer and Two Coats of One Color Finish. Quantity: 1 Side(s): Double Sided Product Code: SMS-15#, 1.5" x 4' x 8'. Height: 60 in Width: 48 in Background Color: Dark Green Text: BACKER	1	\$1,358.76	\$1,358.76
2	Product: SignFoam3, 15#, 1" x 4' x 8' Description: SignFoam3, 15#, .5" x 4' x 8'. Two Coats of Primer and Two Coats of One Color Finish. Quantity: 2 Side(s): Single Sided Product Code: SMS-15#, 1" x 4' x 8'. Height: 24 in Width: 52 in Background Color: White Text: 1/2" THICK OVAL	2	\$450.06	\$900.12
3	Product: SignFoam3, 15#, 1" x 4' x 8' Description: SignFoam3, 15#, .5" x 4' x 8'. Two Coats of Primer and Two Coats of One Color Finish. Quantity: 2 Side(s): Single Sided Product Code: SMS-15#, 1" x 4' x 8'. Height: 15 in Width: 24 in Background Color: black Foreground Color: Red Text: 1/2" Letters & Cherry	2	\$129.83	\$259.65
4	Product: SignFoam3, 15#, 1" x 4' x 8' Description: SignFoam3, 15#, .5" x 4' x 8'. Two Coats of Primer and Two Coats of One Color Finish. Quantity: 2 Side(s): Single Sided Product Code: SMS-15#, 1" x 4' x 8'. Height: 30 in Width: 48 in Background Color: black Text: ARROW	2	\$319.00	\$638.00



The Signery
 7 Lincoln Avenue
 Scarborough, ME 04074
 Ph: (207) 879-7700
 FAX: (207) 510-0043
 Email: signery@signerymaine.com

Estimate #: 08-12657

		Quantity	Unit Price	Subtotal
5	Product: Hardware, Miscellaneous	1	\$325.00	\$325.00
	Description: Miscellaneous Hardware. Quantity: 1 Side(s): Single Sided Product Code: SMS-Hardware, Miscellaneo. Height: 1 in Width: 1 in Background Color: White Text: CAST IRON FRAME			
6	Product: Bucket Truck, 1 Person, Per Hour	1	\$250.00	\$250.00
	Description: Professional Installation, Bucket Truck, Single Person Quantity: 1 Side(s): Single Sided Product Code: SMS-Bucket Truck, 1 Perso. Height: 1 hr Width: 1 hr Background Color: White			

Subtotal \$3,731.53
Taxes: \$174.08
Total: \$3,905.61
Deposit Required: \$1,952.81

Client Reply Request

Estimate Accepted "As Is". Please proceed with Order.

Other: _____

Changes required, please contact me.

SIGN: _____ **Date:** / /

Margaret Donovan
B.M.C., Inc.
94 Commercial Street
Portland, ME 04101

June 18, 2008

Being the owner of the building located at the corner of Commercial and Custom House Wharf, this letter grants permission to Andy's Old Port Pub (Jennifer Fox and Richard Frantz) permission to professionally hang an out door sign on the existing bracket over the entrance of their establishment.

Margaret Donovan

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2008

PRODUCER (207)783-2246 FAX (207)782-7881
 Champoux Insurance Agency
 416 Sabattus St
 PO Box 220
 Lewiston, ME 04243-0220

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 Andy's Pub, Inc
 94 Commercial Street
 Portland, ME 04101

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Great American E&S Ins. Co.	
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	PAC3139588-01	05/18/2008	05/18/2009	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAVAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				VED EXP (Any one person) \$ 1,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COV/PROP AGG \$ 1,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LMT (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				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. D SEASE - EA EMPLOYEE \$
	OTHER				E.L. D SEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

City of Portland
 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 10 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Matthew Ellis/MRE 