JUL 1 0 2003

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND Please Read WCRECTION Application And Notes, If Any, Permit Number: 030743 Attached This is to certify that Baker Ruth S & /The Signer has permission to _____ Erect 2 Signs- 48' x 32" and x 26" 032 E009001 AT 31 Exchange St provided that the person or persons, arm or persons are pling this permit shall comply with all of the provisions of the Statutes of I line and of the Companies of the City of Portland regulating the construction, maintenance and up of buildings and courses, and of the application on file in this department. ication inspe n mus Apply to Public Works for street line n and w n permi n procu A certificate of occupancy must be and grade if nature of work requires re this procured by owner before this buildding or t thered such information. ed or sed-in. ing or part thereof is occupied. JR NOT QUIRED. OTHER REQUIRED APPROVALS Fire Dept. Health Dept.

Form # P 04

Appeal Board Other _

Department Name

PENALTY FOR REMOVING THIS CARD

•	•	Building or Use		1	03-0743	lan a	<i>ര</i> ഉദ്ദേശ	032 E0	ากอกกา	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 8			-	3/10		0 2003				
	cation of Construction: Owner Name:		1	ner Address:			Phone:	n		
31 Exchange St Business Name:			Baker Ruth S &		32 Pya Rd					
		Contractor Name:			Contractor Address:			Phone 2078797700		
Lessee/Buyer's Name		The Signery Phone:			299 Forest Avenue Portland				Zone:	
Dessee Duyer's Name	5	none.	rnone:		Permit Type: Signs - Permanent				B3	
Past Use:		Drawayad Vasa			mit Fee:	Cost of Wor	J., [C	EO District:	100	
rast Use: Fuji Restaurant/C	Commercial	1 -	Proposed Use: Fuji Restaurant/Commercial		s42.00	1	30.00	eo bistrici: 1		
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								516	~	
Proposed Project Des	scription:							7/	10/03	
Erect 2 Signs- 48	-	s' x 26"		Sign	nature:		Signature		Yua	
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				Sign	nature:			Date:		
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Permit Taken By: gad	•	ate Applied For: 06/24/2003			Zoning					
gad			Special Zone		Zoning	Approva		Oate: Historic Pres	servation	
gad 1. This permit a Applicant(s):	application does	06/24/2003	Special Zone		Zoning	ng Appeal		Historic Pres		
gad 1. This permit a	application does	06/24/2003 s not preclude the			Zoning	ng Appeal		Historic Pres		
gad 1. This permit a Applicant(s) Federal Rules 2. Building perm	application does from meeting a s. mits do not incl	06/24/2003 s not preclude the applicable State and			Zoning	ng Appeal		Historic Pres	servation ct or Landmar equire Review	
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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	

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 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

Pre-construction Meeting: Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations. Footing/Building Location Inspection: Prior to pouring concrete Re-Bar Schedule Inspection: Prior to pouring concrete Foundation Inspection: Prior to placing ANY backfill Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling

Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee perinspection at this point.

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,

Certificate of Occupancy is not required for certain projects. Your inspector can advise

BEFORE THE SPACE MAY BE OCCUPIED Signature of applicant/designee

Signature of Inspections Official Date 009 Building Permit#:

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS ADDRESS: 29 EXCUALGE ST ZONE: CBL: 032 C 009 SINGLE TENANT LOT? YES ____ NO ____ MULTI TENANT LOT? YES ____ NO ____ MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES ____ NO ____ INFORMATION ON PROPOSED SIGN(S): FREESTANDING (e.g., pole) SIGN? YES _____ NO ____ DIMENSIONS PROPOSED:___ BLDG. WALL SIGN? (attached to bldg) YES _ NO _ DIMENSIONS PROPOSED: SEE ATTACHES INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S): TO BE REMOVED T FREESTANDING (e.g., pole) SIGN? YES _____ NO ____ DIMENSIONS:_____ BLDG. WALL SIGN(attached to bldg) ? YES _____ NO ____ DIMENSIONS:_ AWNING? YES _____ NO ____ DIMENSIONS:____ AWNING YES ____ NO _K IS AWNING BACKLIT? YES _____ NO ___ IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES _____ NO ____ IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____s.f. 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 ARE ALSO REQUIRED. SIGNATURE OF APPLICANT: _ _DATE: __ ***** FOR OFFICE USE ONLY *****

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.

	C 1	
Location/Address of Construction: 9 Ex	CHANGE ST, PORTL	ALJ
Total Square Footage of Proposed Structure 1 = 27.4 Sq Fr 1 = 12.1 Sq Fr	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Owner Chart# Block# Lot#	: B & C Limites	Telephone: 773-2900
teleph Su	ant name, address & one: per k, Inc Excuenge St ercans ME 04101	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: \$ /2.00 Awning Fee = Cost Of Work: \$ Total Fee: \$
If the location is currently vacant, what was prior to Approximately how long has it been vacant: Proposed use: Project description: New Bracketes	se: <u>N/A</u> **/A	
Contractor's name, address & telephone: THE Who should we contact when the permit is ready: Mailing address: Je Excuance ST PORTLAND, ME 04 We will contact you by phone when the permit is review the requirements before starting any work, and a \$100.00 fee if any work starts before the permits in the permit is and a \$100.00 fee if any work starts before the permits in the permits in the permits in the permits before the permits in the permits before the permits	Signery, 299 Foros KENNY Kim Oli eady. You must come in and position and position of the po	- 6/30 to 7/7 per phare

DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT. I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the property in that I have been authorized by the owner to make this application as his/her authorized agent. Lagres, a partially it is applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued (septify) that is a considered representative shall have the authority to enter all areas covered by this permit at any reasonable been to enforce the provisions of the codes applicable to this permit.

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY

Signature of applicant: This is NOT a permit, you may not commence ANY work until the

permit is issued.

ross Insurance -CL/Bnds-P Formerly D&P/ARI)	VAIL OF LI	THIS CER ONLY AN HOLDER.	TIFICATE IS ISSI D CONFERS NO THIS CIERTIFICA	JED AS A MATTER OF INF RIGHTS UPON THE CERT ITE DOES NOT AMEND, EJ FFORDED BY THE POLIC	FICATE CTEND OR	
.O.Box 567 ortland, ME 04112		INCHIDEDO	AEEODDING CO	/EDAGE	NAIC#	
INSURED			INSURERS AFFORDING COVERAGE INSURER A: Peerless Ins. Co.			
Super K, Inc. DBA Fuji Restuarant			TALIFOR ING. U		24198	
29 Exchange Street		INSURER B: INSURER C:				
Portland, ME 04101		INSURER D:				
		INSURER E:	***************************************			
OVERAGES THE POLICIES OF INSURANCE LISTED BELC ANY REQUIREMENT, TERM OR CONDITION I MAY PERTAIN, THE INSURANCE AFFORDED POLICIES. AGGREGATE LIMITS SHOWN MAY	OF ANY CONTRACT OR OTHE BY THE POLICIES DESCRIBE	ER DOCUMENT WITH RE D HEREIN IS SUBJECT T AID CLAIMS.	SPECT TO WHICH	THIS CERTIFICATE MAY BE IS , EXCLUSIONS AND CONDITION	SUED OR	
R ADD'U NSRC TYPE OF INSURANCE	POLICY NUMBER	DATE (NIM/DD/YY)	DATE (MM/DD/YY	T LIMIT	1	
GENERAL LIABILITY	CBP9581674	03/16/03	03/16/04	EACH OCCURRENCE	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$5,000	
				PERSONAL & ADV INJURY	\$1,000,000	
OPANIA ACCORDANTA MARIE				GENERAL AGGREGATE	\$2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$2,000,000	
AUTOMOBILE LIABILITY ANY AUTO	2,000			COMBINED SINGLE LIMIT (Ea accident)	s	
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s	
HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	s	
				PROPERTY DAMAGE (Per accident)	s	
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
ANY AUTO				OTHER THAN EA ACC	\$	
EXCESS/AMBRELLA LIABILITY				EACH OCCURRENCE	s	
OCCUR CLAIMS MADE				AGGREGATE	s	
					s	
DEDUCTIBLE					\$	
RETENTION \$					\$	
WORKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER		
EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			1	E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	s	
OTHER SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Prtificate Holder is named as addit						
			- •			
RTIFICATE HOLDER		CANCELLA	TION			
		SHOULD ANY OF	THE ABOVE DESCRI	BED POLICIES BE CANCELLED B	EFORE THE EXP	
City of Portland		DATE THEREOF,	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL. 10 DAYS WE			
Portland, ME 04101		NOTICE TO THE IMPOSE NO OBL	CERTIFICATE HOLDE IGATION OR LIABILIT	R NAMED TO THE LEFT, BUT FAIL Y OF ANY KIND UPON THE INSUR	URE TO DO SO S	
		REPRESENTATI	ves.			

(MELANIE)



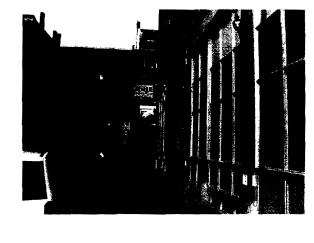




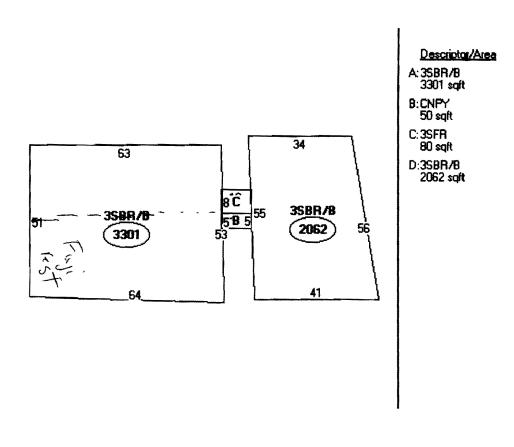








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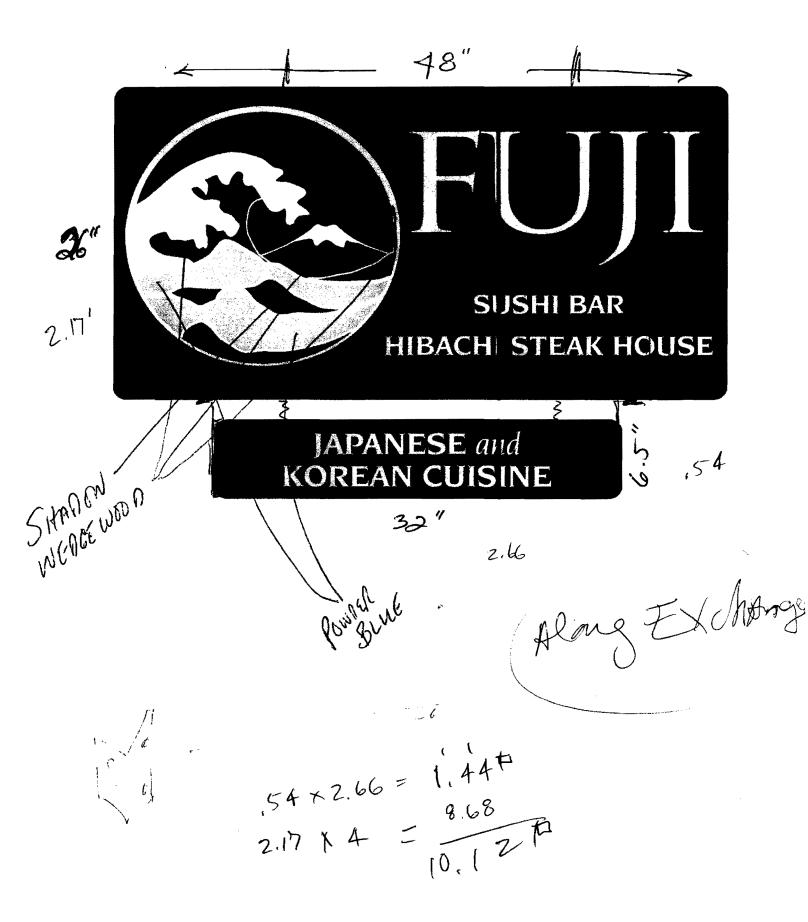
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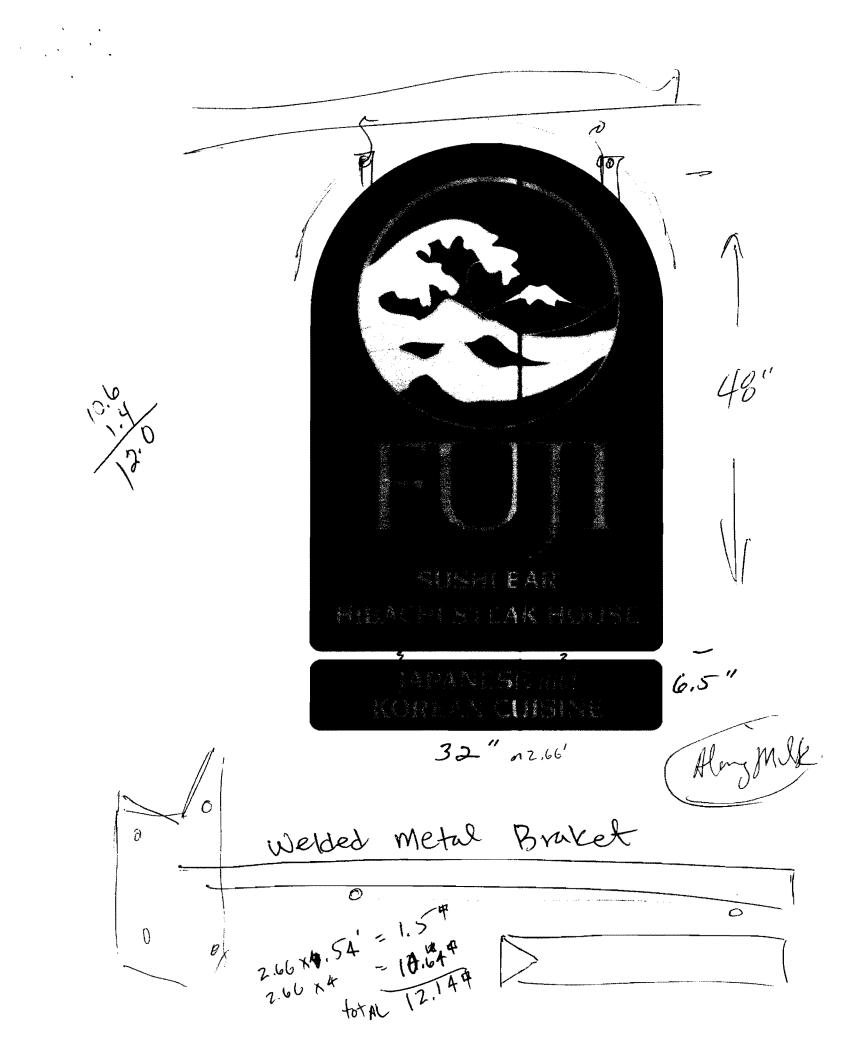


http://www.portlandassessor.com/images/pictures/02572201.jpg

07/01/2003

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May 6, 2003

Fuji, Inc. 29 Exchange Street Portland, ME 04101

Attn: Kenneth Kim

Dear Mr. Kim,

On behalf of my client, B & C Limited, please consider this written permission to install a new hanging sign for your restaurant to be attached to the property located at 29-33 Exchange Street in Portland, Maine.

Sincerely, Andrew P Juris Property Manager

