

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-0410	Issue Date: MAY 16 2002	CBL: 032 F007001
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Location of Construction: 375 Fore St	Owner Name: Soley Joseph	Owner Address: Po Box 439	Phone:
Business Name: Bull Fenney's	Contractor Name: Prostyle Design	Contractor Address: 142 High St. #510 Portland	Phone: 2077753269
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: restaurant	Proposed Use: erect 13.5 s.f. Hanging sign over public way	Permit Fee: \$43.50	Cost of Work: \$0.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A Type: 30 5/15/02	

Proposed Project Description: erect 13.5 s.f. Hanging sign over public way	Signature:	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) w/cond.		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:	Date:	

Permit Taken By: jodinea	Date Applied For: 04/23/2002	Zoning Approval
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<ol style="list-style-type: none"> 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 checked="" type="checkbox"/> MM Date: 5/15/02	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 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 <i>see attached to D.A. 5/16/02</i> <input type="checkbox"/> Denied Date:
	IDA 5/14/02		

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

ADDRESS: 375 Fair St.
 PERMIT APPLICATION FOR: Sign
 BUILDING OWNER: Joe Sled
 PERMIT APPLICANT: Prostate Design
 REVIEWER: J. V. Andrews
 DATE OF DECISION: 5/14/02

HISTORIC PRESERVATION REVIEW

Note: Your property is an individually designated landmark structure or is located within a designated historic district. As such, alterations to the building exterior or site which are visible from a public way are subject to review and approval under Article IX (Historic Preservation) of the Land Use Code. Your building or sign permit application has been reviewed to determine whether the nature or scope of the project requires review, and if so, whether it meets the standards of the historic preservation ordinance.

ACTION

Does not Require Review (e.g. Interior work only / alteration is not readily visible from a public way)

Note: this finding is based on the understanding that the application entails interior work only or that the proposed exterior alteration(s) will not be readily visible from a public way. If your project entails exterior or site alterations (including the installation of sign(s), awnings, or exterior lighting for such) these alterations must be reviewed and approved prior to commencing with the work. Contact 874-8726 for more information.

Denied Reason for Denial: _____

Approved as submitted

Approved with conditions (see below)

Conditions of Approval:

Contact Historic Preservation Staff (874-8726 or 874-8728) prior to installation of sign(s) to confirm approved location.

Your sign permit includes no reference to exterior lighting; if lighting is included, please submit information on fixtures and specifications on installation.

Other conditions:

1. _____
2. _____
3. _____

02-0412

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

Signage 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>375 Fore St</u>		
Total Square Footage of Proposed Structure <u>13.5</u>	Square Footage of Lot <u>1800</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>112</u> Block# <u>3</u> Lot# <u>876</u>	Owner: <u>Lincoln Management</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Hand and Foot LLC</u> <u>DBA Bull Feeneys</u> <u>Po Box 531</u> <u>Portland, ME 04112-0531</u>	Applicant name, address & telephone: <u>Anthony Taylor</u> <u>Prostyle Design</u> <u>Rm 510, 142 High St</u> <u>Portland ME 04101</u>	Total s.f. of signage <u>13.5</u> 1.00 per s.f. \$ _____, plus \$30.00 base fee Fee: \$ <u>43.50</u>
Current use: <u>Restaurant</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Hanging Sign, 1 1/2" High Density Foam on tubular Iron Bracket</u> Project description:		
Contractor's name, address & telephone: <u>Prostyle Design, 142 High St Rm 510</u> <u>Portland, Me. 04101</u>		
Who should we contact when the permit is ready: _____		
Mailing address: <u>Prostyle Design, Rm 510, 142 High St</u> xx <u>Portland Me 04101</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$50.00 fee if any work starts before the permit is picked up. Phone: <u>775 3269</u> xx		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: <u>Anthony Taylor</u>	Date: <u>April 23 2002</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 375 Fore St ZONE: B-3

OWNER: Lincoln Management

APPLICANT: Prostyle Design

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES NO --- DIMENSIONS _____ HEIGHT _____

MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____

SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 36" W X 54" H = 1944 sq. ft.

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK 13.5'

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

2 - 14' x 14"

*** TENANT BLDG. FRONTAGE (IN FEET): 35' x 2 = 70'

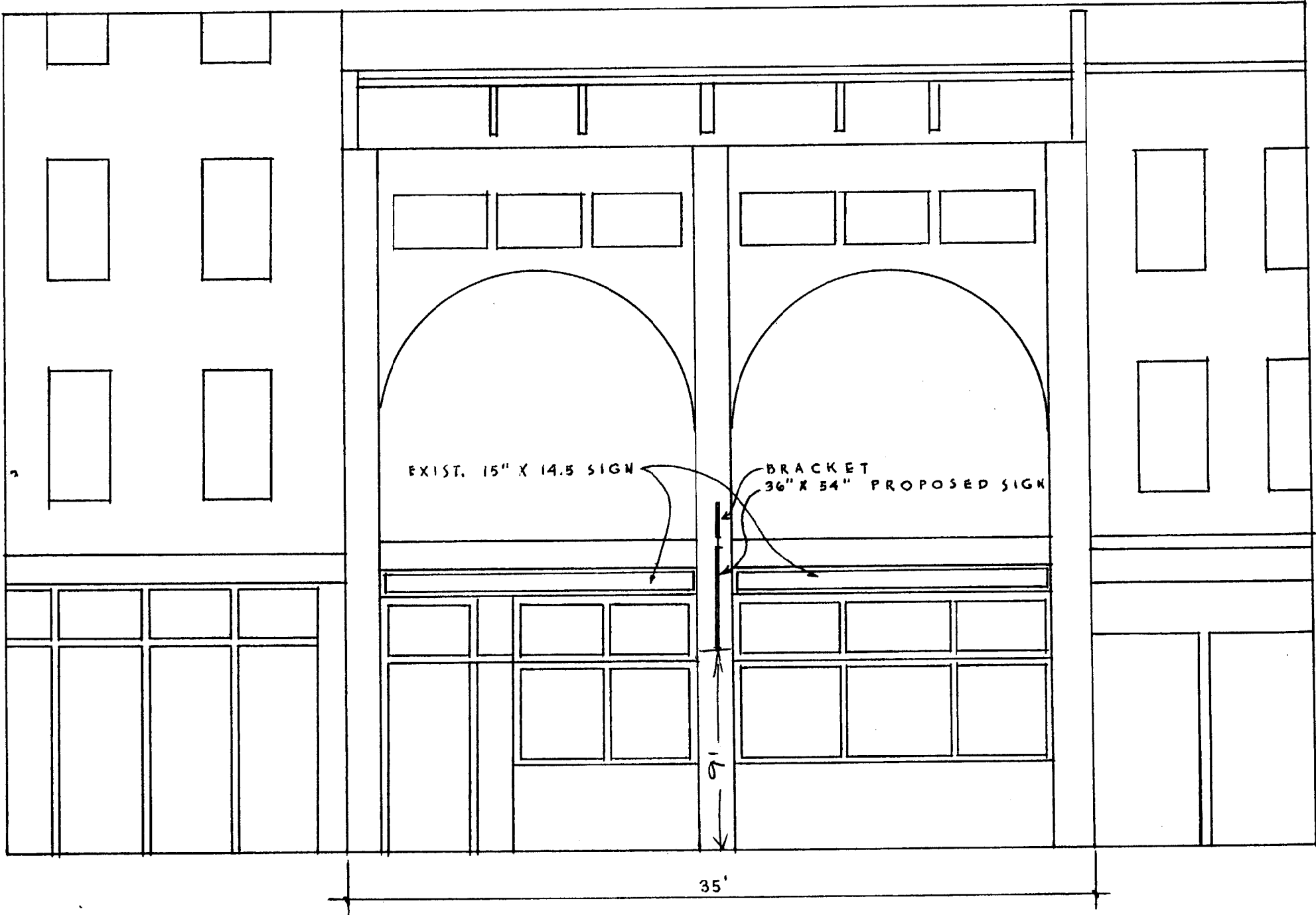
*** REQUIRED INFORMATION

AREA FOR COMPUTATION

YOU SHALL PROVIDE:

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Anthony T. Corliss DATE: May 7, 2002
Prostyle Design



EXIST. 15" X 14.5 SIGN

BRACKET
36" X 54" PROPOSED SIGN

35'

375 FORE ST.

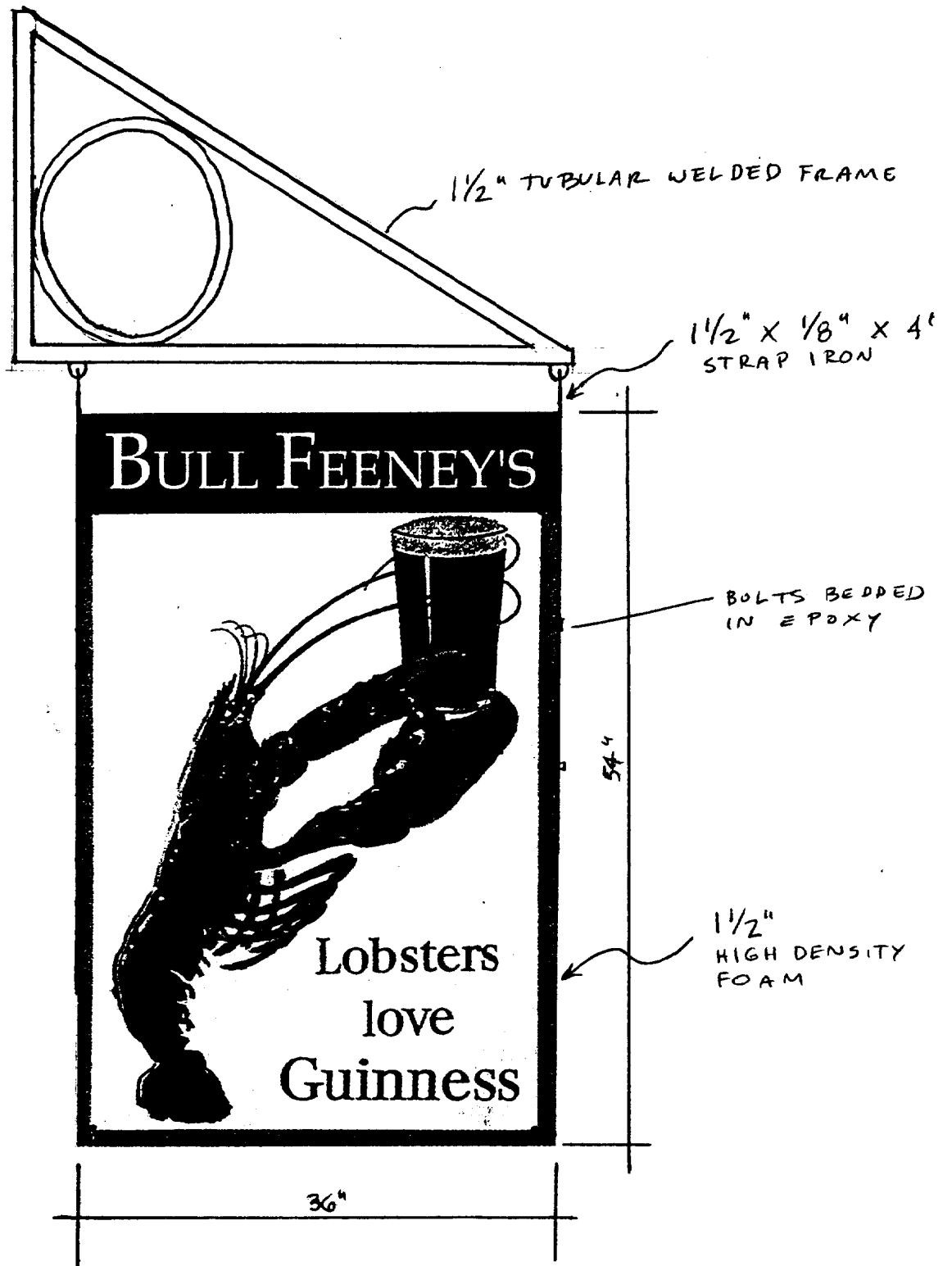
EXCHANGE ST.

375

FORE ST.







To whom it may concern!

4/10/02

Hand & Foot DEA Bull Finney
has permission from land lord
Joe Slay to hang signage at
375 Fore St.

manager P. J. Lewis
Lincoln Monogram

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/03/02

PRODUCER
O'HEARN INSURANCE AGENCY
1087 Forest Avenue
Portland, ME 04103

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
Hand & Foot LLC
DBA Bull Feneys
P.O. Box 531
Portland, ME 04112-0531

INSURERS AFFORDING COVERAGE

INSURER:	Pawtucket Mutual Ins. Co.	NAIC #
INSURER:		
INSURER:		
INSURER:		

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	POLICY EXPIRES (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> OCC. <input type="checkbox"/> LOC.	CPP000211224-00	3/08/02	3/08/03	EACH OCCURRENCE \$ 1,000,000 MEDICAL EXPENSE (Per person) \$ 100,000 MED EXP (Per occurrence) \$ 5,000 PERSONAL AND FAMILY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AND \$ 1,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - BODILY INJURY \$ OTHER THAN SA ACC \$ AUTO ONLY AGG \$
UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POLICY OR CONTRACT WHICH EXCLUSIVE OFFICER/EMERGENCY EXCLUDED (If yes, describe under SPECIAL PROVISIONS below) OTHER				<input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> TORT LIMITS EL EACH ACCIDENT \$ EL DISEASE - SA EMPLOYEES \$ EL DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

City Of Portland
Congress St.
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 60 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 ISSUER, ITS AGENTS OR

[Signature]
AUTHORIZED REPRESENTATIVE