

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0938	Issue Date:	CBL: 032 H006001
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Location of Construction: 92 EXCHANGE ST	Owner Name: MAINESCAPE PROPERTIES LLC	Owner Address: 217 COMMERCIAL ST	Phone:
Business Name:	Contractor Name: New England Tent and Awning	Contractor Address: 178 Pleasant Street Brunswick	Phone 2077252322
Lessee/Buyer's Name	Phone:	Permit Type: Awning, no signage	Zone: B3

Past Use: Commercial/ "Greek Corner" Restaurant	Proposed Use: "Greek Corner" Restaurant- install awning w/ signage	Permit Fee: \$107.00	Cost of Work: \$107.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	

Proposed Project Description: "Greek Corner" Restaurant- install awning w/ signage	Signature:	Signature:
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: ldobson	Date Applied For: 06/23/2006	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 type="checkbox"/> MM <input type="checkbox"/> OK w/ conditions Date: 7/13/06 <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 Yes <input 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: <i>D. Andrews</i> 7/31/06
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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.

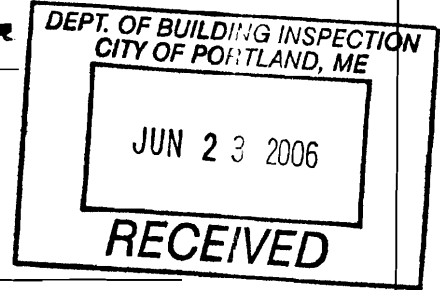
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



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>Greek Corner</u> <u>90 Exchange St. Portland ME 04101</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>32</u> <u>H</u> <u>006</u>	Owner: <u>GUAWAI INC</u> <u>Prakash Guwai</u>	Telephone: <u>617-759 1006</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>New England Tentaw Awning</u> <u>178 Pleasant St.</u> <u>BROOKLINE ME 04011</u> <u>PH# 207-725-2322</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>21st</u> For H.D. signage= Total Fee: \$ <u>200</u> Awning Fee= cost of work _____ Total Fee: \$ <u>107</u>
Who should we contact when the permit is ready: <u>Prakash Guwai</u> phone: <u>617-591(617) 759 1006</u>		
Tenant/allocated building space frontage (feet): Length: <u>16'</u> Height: <u>14'</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot: <u>(multi)</u>		
Current Specific use: _____ If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions proposed: _____		
Proposed awning? Yes <input checked="" type="checkbox"/> No ___ Is awning backlit? Yes ___ No <input checked="" type="checkbox"/> Height of awning: <u>48"</u> Length of awning: <u>14' 2 1/2"</u> Depth: <u>4' 1"</u> Is there any communication, message, trademark or symbol on it? Yes <input checked="" type="checkbox"/> No ___ If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>14</u> s.f. <u>12" x 14'</u>		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions: _____ 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.		



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: JUN - 20 - 2006

This is not a permit; you may not commence ANY work until the permit is issued.

B3 multi tenant.
2 x 16 = 32# allowed.

Signage 1' x 14' = 14#

[Signature]

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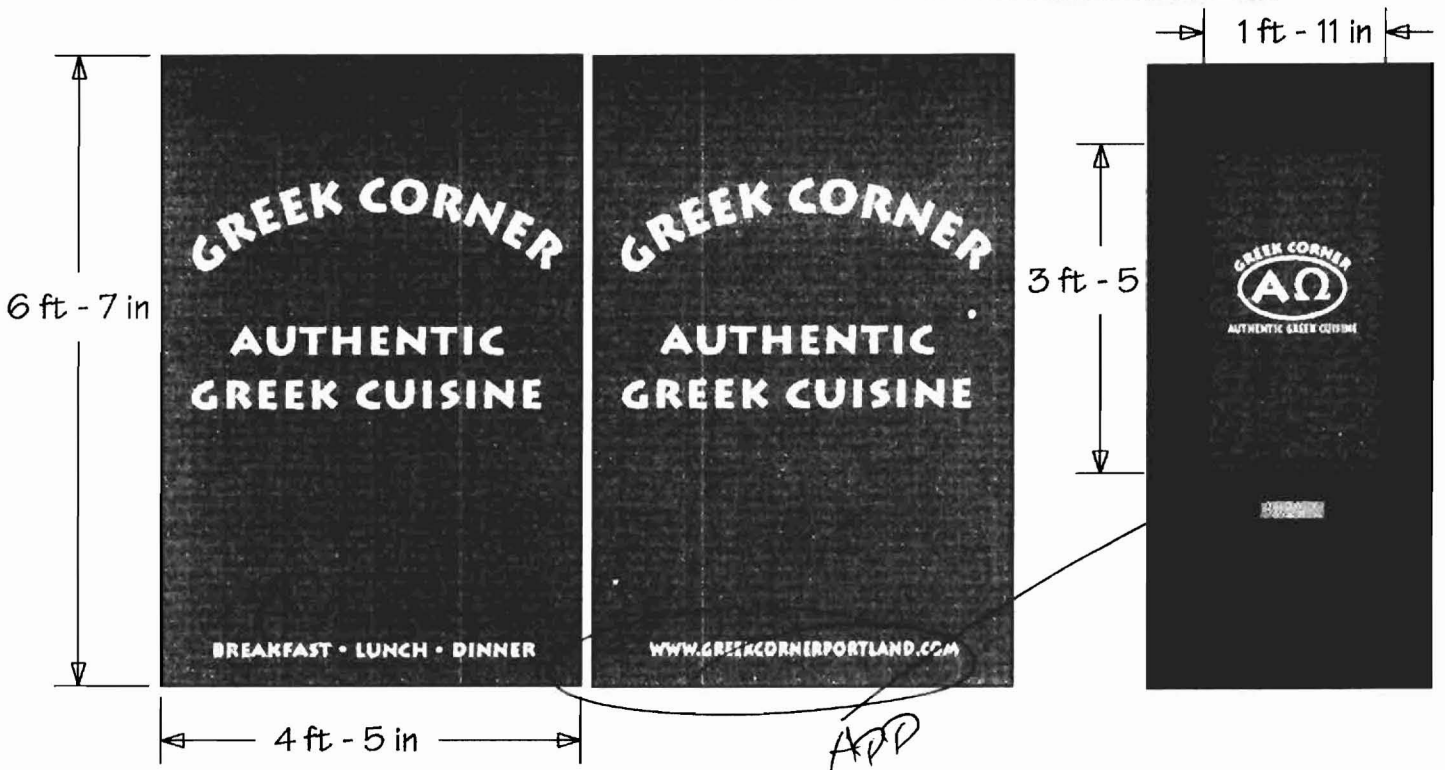
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Business Name:	Contractor Name: New England Tent and Awning	Contractor Address: 178 Pleasant Street Brunswick	Phone: (207) 725-2322
Lessee/Buyer's Name	Phone:	Permit Type: Awning, no signage	

Proposed Use: "Greek Corner" Restaurant- install awning w/ signage	Proposed Project Description: "Greek Corner" Restaurant- install awning w/ signage <i>expired + abandoned permit application 1/14/08</i>
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Dept: Historical	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 07/31/2006	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 07/13/2006	Ok to Issue: <input checked="" type="checkbox"/>
Note: 1) ANY exterior work requires a separate review and approval thru Historic Preservation				
Dept: Building	Status: Pending	Reviewer: Mike Nugent	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				

Comments:
 7/7/2006-amachado: Spoke to Prakash Gyawali. Need to know what material the awning will be made out of. Inspectors will need to know how it is being attached & a certificate of flamibility.
 7/12/2006-amachado: Received fabric information by fax.
 8/2/2006-mjn: NEED fastener schedule and height above sidewalk



MANUFACTURE AND INSTALL:
 WHITE VINYL COPY FOR TWO WINDOWS AND ONE DOOR ON 2ND
 SURFACE OF GLASS.

This design created in conjunction with this project being planned for you is the exclusive property of SIGN SOLUTIONS,
 and can not be copied, exhibited or shown to anyone outside of your organization with consent of SIGN SOLUTIONS

	DATE: 6/15/06	SCALE: 1/4" = 1'
	WORK ORDER NO: 5343	DESIGNER: BOB PHILLIPS
DWG NO:	JOB NAME: GREEK CORNER	
REVISION:	LOCATION: 90 EXCHANGE PORTLAND, ME	
APPROVED:	© COPYRIGHT 2006	

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) **6/22/2006**

PRODUCER (207) 729-3321 FAX (207) 729-4056
Riley Insurance Agency, LLC
 139 Maine Street
 P. O. Box 659
Brunswick ME 04011

INSURED
Perley E. gowell DbA
 178 Pleasant Street
Brunswick ME 04011

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A OneBeacon Insurance	31267
INSURER B Maine Employers' Mutual	11149
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	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> YEAR <input type="checkbox"/> YEAR <input type="checkbox"/> YEAR <input type="checkbox"/> YEAR	YMB772012	7/28/2005	7/28/2006	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MEDICAL AD. AND DEFENSE \$ 5,000 PERSONAL AND AD. INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMPLETED \$ 1,000,000
A		AUTOVMOBILE LIABILITY <input checked="" type="checkbox"/> AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> HIRE-AUTOS <input type="checkbox"/> NON-OWNED AUTOS	YMAH41418	7/28/2005	7/28/2006	COMBINED SINGLE LIMIT (Per accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per family) \$ PROPERTY DAMAGE (Per accident) \$ AUTO-ONLY EXCLUSIONS \$ OTHER THAN AUTO-ONLY \$ EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> SOLE <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER OR OFFICER OF MEMBER IS EXCLUDED (Must be reported to Special Representative)	1810090352	3/28/2006	3/28/2007	TAYLOR'S RFA \$1 EACH ACCIDENT \$ 100,000 \$1 DISEASE PER EMPLOYEE \$ 100,000 \$1 DISEASE-FAMILY LIMIT \$ 500,000
		OTHER				

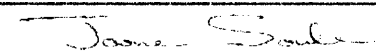
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Tent & Avring Erection.

CERTIFICATE HOLDER

CANCELLATION

Blank space for Certificate Holder information.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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
 Jane Scobie 318 

WHALEBACK ASSOCIATES, LLC

ROBYN PAIGE CALLOW

P.O. Box

822 Seashore Avenue
Peaks Island, Maine 04108
(207) 766-2957

To: Mr. Prakash Gawali 6/27/06

From: Robyn P. Callow

Awning is permitted in
a fashionable and safe
manner outside of
90 Exchange Street.

Robyn P. Callow

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME

JUL 12 2006

RECEIVED

07/11/2006 21:32 2073731406

CUSTOM FABRICS

Fax: 3362294039

JUL 10 2006 03:20PM

PAGE 02

ATTN: ~~XXXXXXXXXX~~
KMM

Glen Raven Custom Fabrics



**FLAME SPREAD RATING ON
 SUNBRELLA FIRESIST® FABRIC**

Achieved Class A Rating at Commercial Testing Company

Flame Spread	15
Smoke Density	70

TEST PROCEDURE ASTM E 84-96a
 CONDUCTED BY COMMERCIAL TESTING COMPANY
 TEST NUMBER 2812-5036

07/11/2006 21:32 2073731406

CUSTOM FABRICS

Fax: 3387294039

JUL 10 2006 03:20PM PAGE 04
 FDUZ/003

	"Technical Data Sheet" Revision Date: 6/18/03
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Sunbrella® Firesist
100% Solution Dyed Acrylic

Fabric Construction: Ends	ASTM D3775-98	Each	76
Fabric Construction: Picks	ASTM D3775-98	Each	36
Fabric Weight	ASTM D3776-96	Ounces/Square Yard	9.25
Finished Fabric Width	ASTM D3774-96	Inches	60.0
Hydrostatic Test	AAECC 127-1998	cm.	36.0
Oil Repellency	AAECC 118-1997	Grade	5
Spray (Large)	AAECC 22-2001 (Modified)	Rating	100 Front 100 Back
Break Strength	ASTM D5034-95	Lbs. of Force	220 Warp 160 Filling
Tear Strength	ASTM D5034-95	Lbs. of Force	12 Warp 8 Filling
Taber Stiffness	ASTM D1388-96	Taber Unit	12.0
Wyzenbeek Abrasion	ASTM D4157-92	Cycle	40,000 Warp 40,000 Filling
701 Burn Test	NFPA 701-Test Method 2	Pass/Fail	Pass
California Technical Bulletin #117	TB 117	Pass/Fail	CS 191-53 Class I Pass
Test for Flame-Propagation of Fabrics	UL 214	Pass/Fail	Pass
No. 302 Burn Test	NVSS 302	Inches/Minute	2" Warp 2" Filling
Flame Spread Test			

Flame Spread Test	ASTM E-84-00	Pass/Fail	Pass
Fire Retardant for Aviation	FAA 25.853	Pass/Fail	Pass

Substrate: Firestat-Urcoated SEF (AND-QA-TD-005)

