

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 030611

This is to certify that Whaleback Associates Llc / E Desjarla

has permission to Install 3 s.f. Sign

AT 88 Exchange St 032 H007001

provided that the person or persons, firm or corporation accepting 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 occupied or closed-in. **48 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]
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: 03-0611	Issue Date:	CBL: 032 H007001
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Location of Construction: 88 Exchange St	Owner Name: Whaleback Associates Llc	Owner Address: 822 Seashore Ave	Phone: 207-766-2957
Business Name:	Contractor Name: Eric Desjarlais	Contractor Address: Portland	Phone 2074504474
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Restaurant	Proposed Use: Restaurant with sign	Permit Fee: \$33.00	Cost of Work: \$0.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: SIGN Type: NA	

Proposed Project Description: Install 3 s.f. Sign	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: kwd	Date Applied For: 06/02/2003	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>ok 6/10/03</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input checked="" type="checkbox"/> Approved</p> <p><input checked="" type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><i>to D.A 6/10/03</i></p> <p>Date:</p>
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D. Anderson
6/6/03

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

390 Fore Street
Portland, ME 04101
Telephone: 207.791.2002
Fax: 207.791.2006

The Cookie Gallery

Fax - Permit Application Info -

To: ~~Mary~~ Michael
From: Pam Hall
Fax: 874-8716
Pages: 1
Phone: 8
Date: 6/5/03
Re: Structural Info per The Signery (Don Wright)

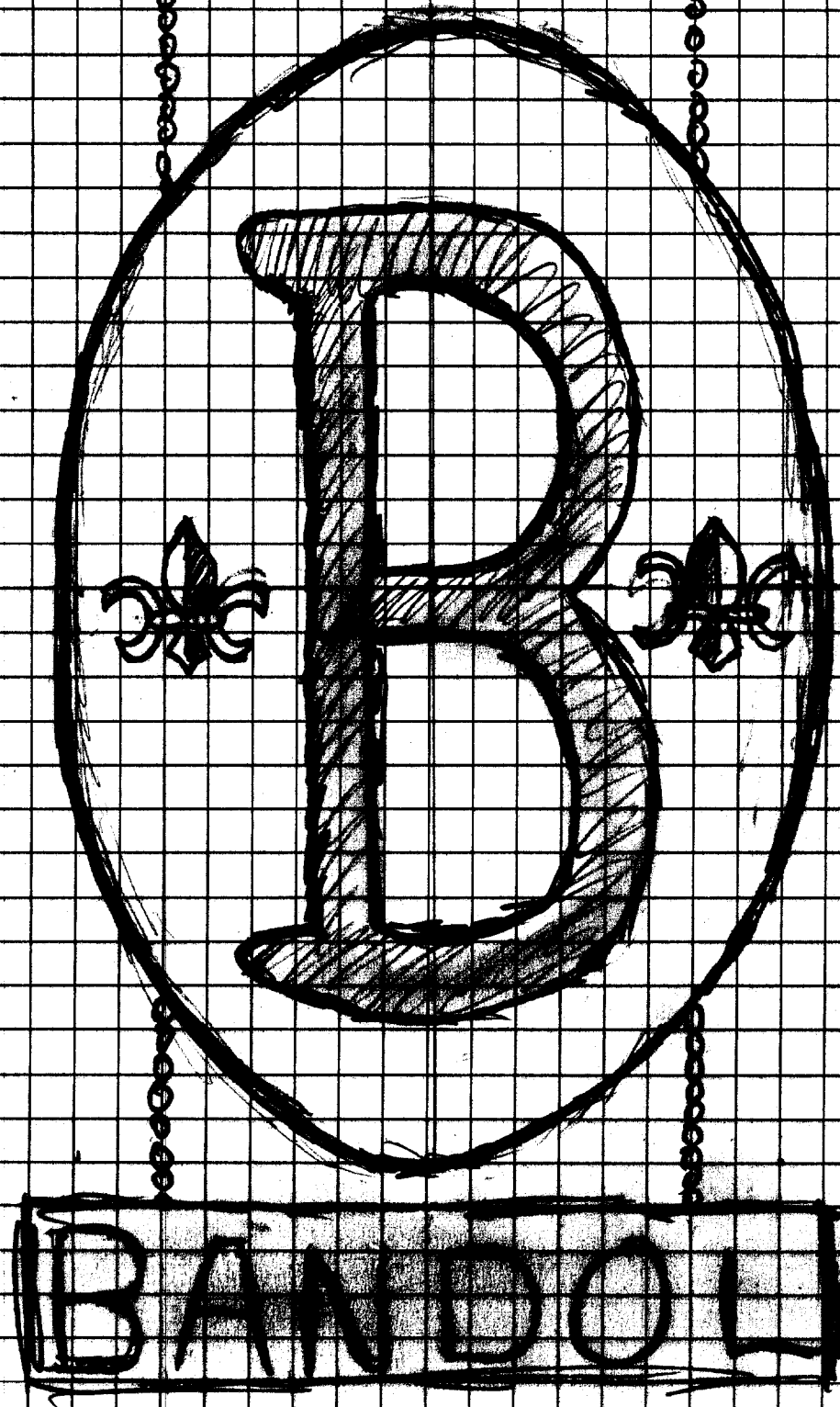
Structural Information for the sign for the Cookie Gallery

- * Bracket will hold over 150 lbs. - Sign weight 30 lbs.
- * Holes will be drilled in the ^{mortar} ~~mortar~~ between the bricks
- * Masonry shields will go in the mortar. 3/8" bolts of galvanized steel will be going into the shields.
- * Bottom of the sign will be no less than 9 feet off the sidewalk.

Please call with any questions! Thank-you-

- 791-2666 -
Please call when permit is ready to be picked up -
our sign is ready to hang!!

It's always the right time for a fresh baked cookie!!



12

16''

CARVED WOOD SIGN
METAL CHAIN
IRON RACK
SAME DESIGN ON BOTH
SIDES

5/23/03

I, Robyn P. O'Reilly do
give permission for Eric Desjarlais,
to hang a 2' x 1' sign, hung
properly, on the front of my
building at 90 Exchange St.

Whaleback Assoc. LLC

Robyn P. O'Reilly

03-0611

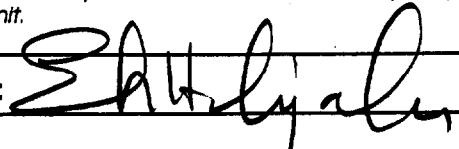
Signage/Awning Permit Application

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: 90 EXCHANGE ST		
Total Square Footage of Proposed Structure 1800 ±	Square Footage of Lot SAME	
Tax Assessor's Chart, Block & Lot Chart# 032 Block# H Lot# 007	Owner: WHALEBACK ASSOC 822 SEASHORE AVE	Telephone: 207-766-2957
Lessee/Buyer's Name (If Applicable) RESTAURANT BANDOL ERIK H. DESJARLAYS (OWNER)	Applicant name, address & telephone: 90 EXCHANGE ST 207-450-4474	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: 31.50 \$ 1.5 SF 33.- Awning Fee = Cost Of Work: \$ 30 Total Fee: \$ 33.00
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>RESTAURANT</u>		
Project description: <u>SMALL SIGN HANGING OVER DOOR</u> <u>1.5 x 2 SF attached to small chair</u>		
Contractor's name, address & telephone: <u>ERIC</u>		
Who should we contact when the permit is ready: <u>E. DESJARLAYS</u>		
Mailing address: <u>SAME</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 \$100.00 fee if any work starts before the permit is picked up. PHONE: 207-450-4474		

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: 	Date: 5-27-03
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This is NOT a permit, you may not commence ANY work until the permit is issued.

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 90 EXCHANGE ST ZONE: B-3

CBL: _____

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: 1.5 x 2 = 3

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS: _____
BLDG. WALL SIGN(attached to bldg) ? YES _____ NO DIMENSIONS: _____
AWNING? YES _____ NO DIMENSIONS: _____

LOT FRONTAGE (FEET): _____
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 14'8" = 14.66 x 2 = 29.32

AWNING YES _____ NO _____ 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 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: [Signature] DATE: _____

***** FOR OFFICE USE ONLY *****

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID BA
RESTA-2

DATE (MM/DD/YY)
05/19/03

PRODUCER
Morse, Payson & Noyes
P.O. Box 406
Portland ME 04112-0406
Phone: 207-775-6000 Fax: 207-775-0339

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

INSURED
Restaurant Bandol, LLC
90 Exchange Street
Portland ME 04101

INSURER A: TRAVELERS 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	I6803380A828	10/02/02	10/02/03	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	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	\$
	EXCESS 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 LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	OTHER Business Owners	I6803380A828	10/02/02	10/02/03	PROPERTY Deduct	50,000 1,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Certificate Holder is Additional Insured for General Liability.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: CITYPOR

CANCELLATION

City of Portland
City Hall
Attn: Karen Martson
389 Congress Street
Portland ME 04101

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Morse, Payson & Noyes Insurance

CHECKLIST FOR SIGN/AWNING APPLICATION

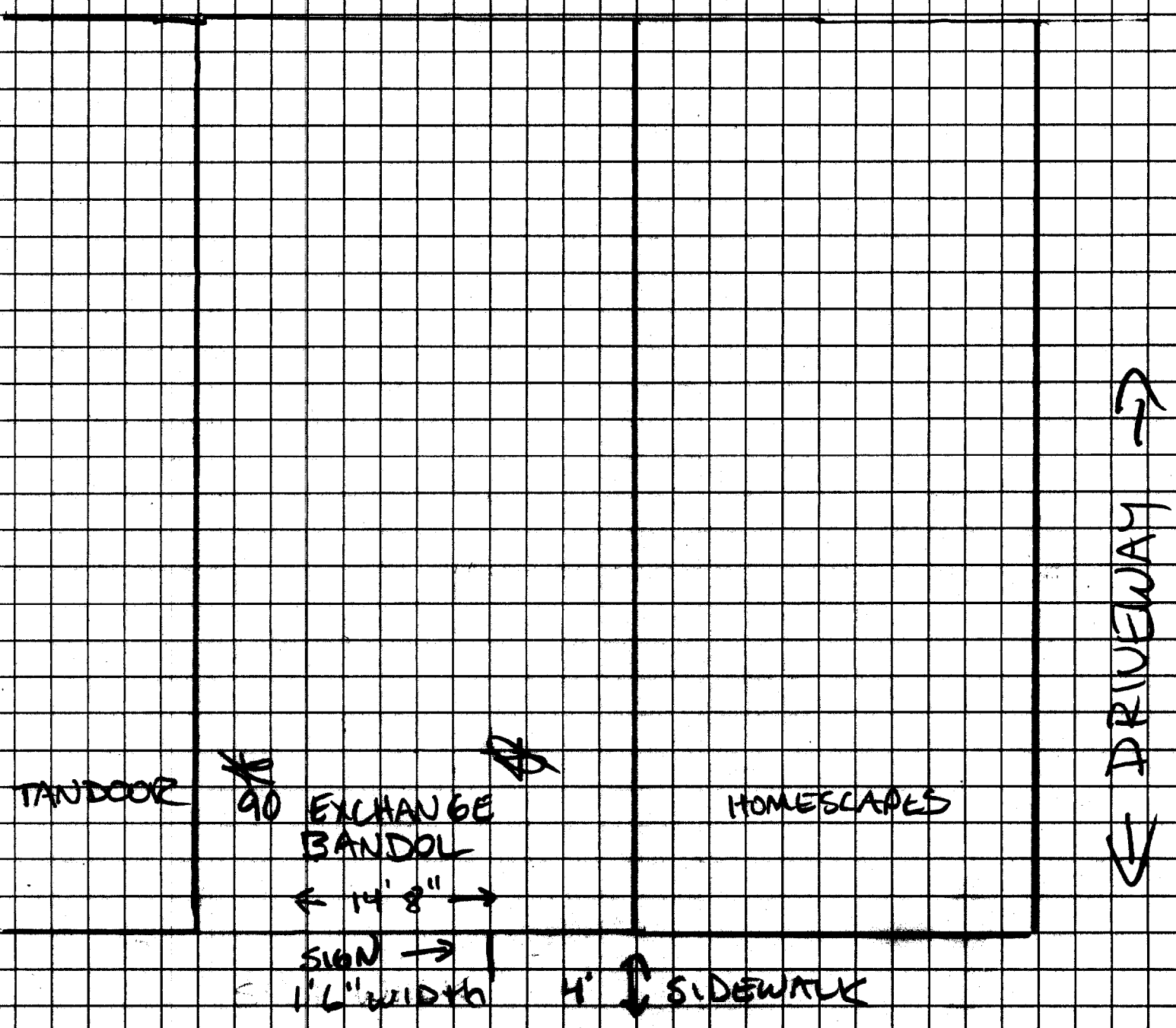
Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

- 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. Amount must equal \$400,000.00.
- 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. Indicate on the plan all existing and proposed signs with their dimensions and specific locations.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.
- Certificate of Flammability required for awning or canopy at time of application.
- UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**Permit Fee for signage or awning-with-signage:
\$30.00 plus \$1.00 per square foot of sign.**

**Permit Fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, plus \$7.00 for each additional \$1,000.000.**

PARKING



EXCHANGE ST

BANDOL SIGN = DIMENSIONS 1.5' x 2'
RACK FOR SIGN 1.5' L

HEIGHT TO BOTTOM
OF SIGN 9'