

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 080160

This is to certify that MURAL ASSOCIATES / Le... & Parris Inc

has permission to Replace awning

AT 80 EXCHANGE ST

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the 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 is procured before this building or part thereof is leased or otherwise closed-in. 24 HOUR NOTICE 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

Thomas R. Malley 3/10/08
 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: 08-0160	Issue Date:	CBL: 032 H008001
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Location of Construction: 80 EXCHANGE ST	Owner Name: MURAL ASSOCIATES	Owner Address: PO BOX 10189	Phone: 319-4368
Business Name:	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St. Portland	Phone: 2077970100
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

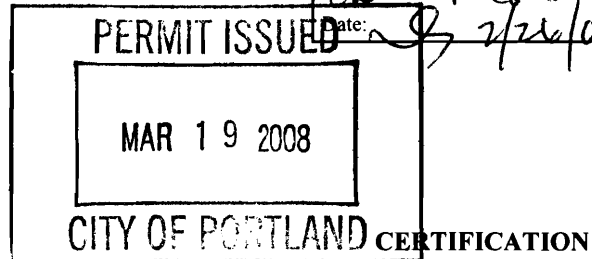
Past Use: Commercial Restaurant	Proposed Use: Commercial Restaurant - Awning replacement	Permit Fee: \$138.00	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description: Replace awning (facing Tommy's Park)	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A2 Type: SP IBC 2003
	Signature:	Signature: <i>[Signature]</i> 3/10/08

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: 02/22/2008	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"/>	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	Historic Preservation To D.A. 2/26/08 <input type="checkbox"/> Not in District of 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>[Signature]</i> 2/26/08	Date: <i>[Signature]</i> 3/5/08	



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

City of Portland, Maine - Building or Use Permit

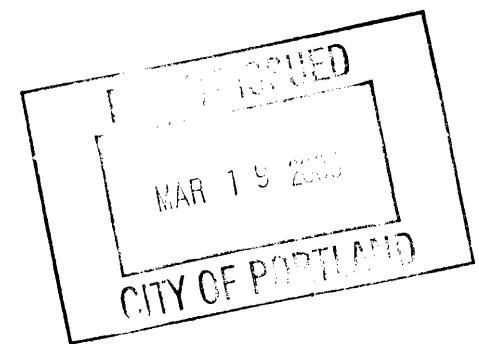
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-0160	Date Applied For: 02/22/2008	CBL: 032 H008001
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Business Name:	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St. Portland	Phone: (207) 797-0100
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial Restaurant - Awning replacement with signage for "The Grill Room"	Proposed Project Description: Replace awning with signage for "The Grill Room"
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Dept: Historic	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 03/05/2008	Note:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 02/26/2008	Note: 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District. 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 03/10/2008	Note: 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code. 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.	Ok to Issue: <input checked="" type="checkbox"/>

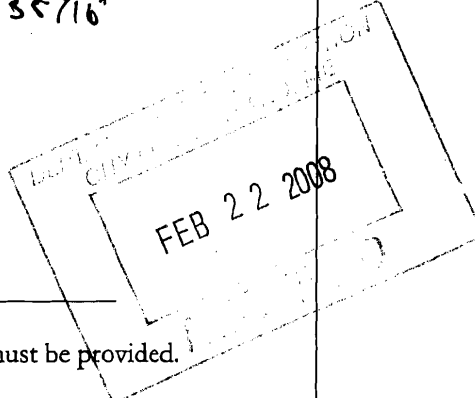




Signage/Awning Permit Application

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>84 Exchange St</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>32</u> <u>#</u> <u>008</u>	Owner: <u>Munal Associates, LLC</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>HARDING SMITH</u>	Contractor name, address & telephone:	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>HARDING SMITH</u> phone: <u>319 4368</u>		
Tenant/allocated building space frontage (feet): Length: <u>59.2 x 2</u> Height: <u>118.4 ft max</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>restaurant</u> 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: <u>96"</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>57 3/8" x 55 1/16"</u>		
Proposed awning? Yes <input checked="" type="checkbox"/> No _____ Is awning backlit? Yes _____ No <input checked="" type="checkbox"/> Height of awning: <u>7' 2"</u> Length of awning: <u>8' 6"</u> Depth: <u>4' 3"</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: _____ 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 _____ No _____ Dimensions: _____ Awning? Yes <input checked="" type="checkbox"/> No _____ Sq. ft. area of awning w/communication: <u>SAME</u>		
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:	Date: <u>2/22/08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

cc

2/26/03

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

FA-36801

ISSUED BY

Glen Raven Mills, Inc.
1831 N. Park Avenue
Glen Raven, NC 27217

(Phone) 336/227-6211 (Fax) 336/229-4039

Date treated or
manufactured

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR _____ ADDRESS _____
CITY _____ STATE _____

Certification is hereby made that: (Check "a" or "b")

- (a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used _____ Chem. Reg. No. _____
Method of application _____

- (b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used FR Sunbrella® Reg. No. FA-36801

The Flame Retardant Process Used will not **Be Removed By Washing**
(will or will not)

Glen Raven Mills, Inc.

Name of Applicator or Production Superintendent

GLEN RAVEN MILLS, INC.

By

Jesse J. Ellington

Title



INSURANCE BINDER

OP ID CL DATE (MM/DD/YYYY)
11/30/2007**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY Turner Barker Insurance 53 Marginal Way, Suite 101 Portland ME 04101 William Exley PHONE (A/C, No, Ext): 207-773-8156 FAX (A/C, No): 207-773-6647 MODE: XK971 SUB CODE:		COMPANY Travelers Insurance BINDER # 8160										
AGENCY CUSTOMER ID: GRILROO INSURED The Grill Room LLC 73 Congress St Portland ME 04101		<table border="1"> <tr> <th>DATE</th> <th>EFFECTIVE TIME</th> <th>TIME</th> <th>EXPIRATION DATE</th> <th>TIME</th> </tr> <tr> <td>12/01/07</td> <td>12:01</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> <td>12/31/07</td> <td><input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON</td> </tr> </table> <p>THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: BOUND</p>	DATE	EFFECTIVE TIME	TIME	EXPIRATION DATE	TIME	12/01/07	12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	12/31/07	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
DATE	EFFECTIVE TIME	TIME	EXPIRATION DATE	TIME								
12/01/07	12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	12/31/07	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON								
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) Restaurant - Family Style										

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	CONTENTS POWER PAC END EQUIP BRKDOWN BII W/EE	1000 1000 1000		75000 100000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$1,000,000 \$300,000 \$5,000 \$1,000,000 \$2,000,000 \$2,000,000
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 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$ \$ \$ \$ \$ \$ \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER		\$ \$ \$
DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS		\$ \$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ \$
SPECIAL CONDITIONS/OTHER COVERAGES This will serve as coverage until the policy is produced.		FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$

NAME & ADDRESS CITYOFF City Of Portland 389 Congress Street Portland ME 04104		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> ADDITIONAL INSURED LOAN # AUTHORIZED REPRESENTATIVE <i>Maureen Jabbe</i>
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L&P**LEAVITT & PARRIS, INC.**

W.O. 754 — A

(207) 797-0100 • 1-800-833-6679

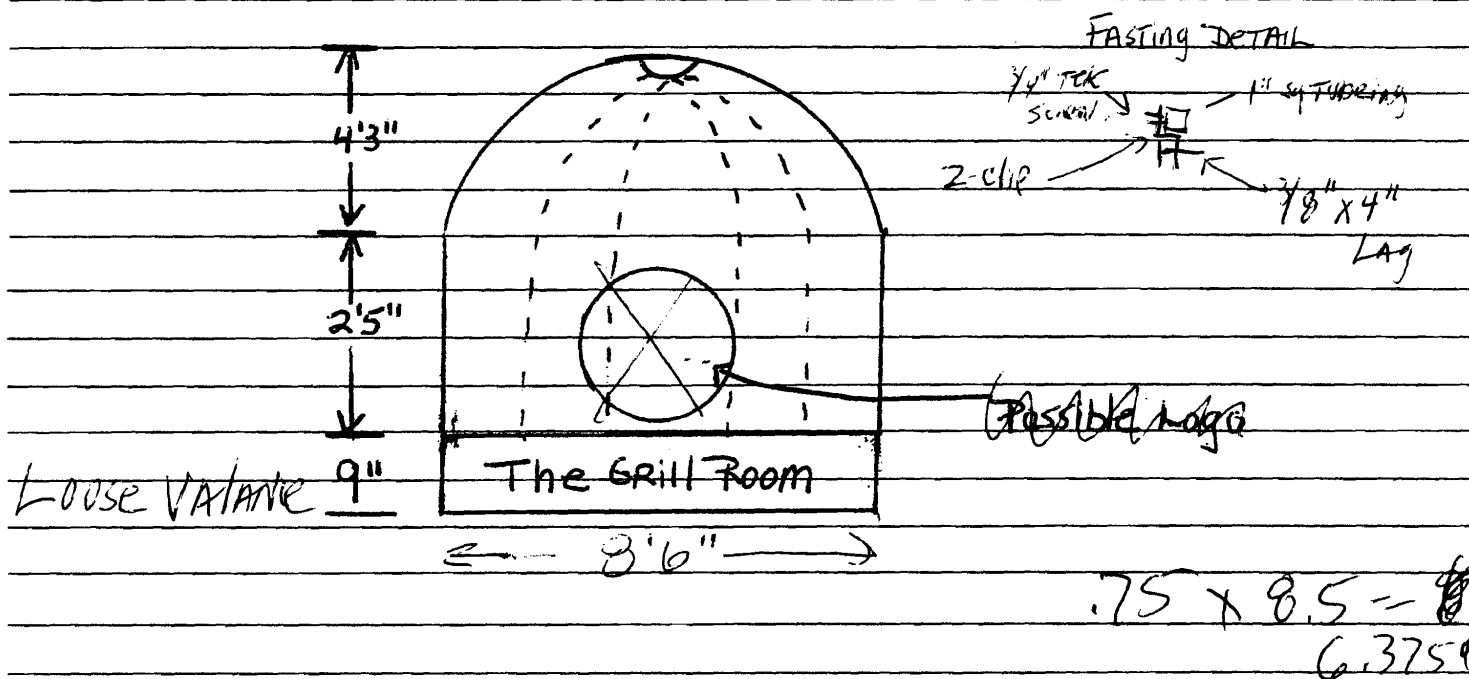
JOB PHONE	ORDER TAKEN BY CARL	DATE 1-18-08	PURCHASE ORDER NO.	PHONE 319-4368
CELL #	SITE PERSON	CONTRACT PERSON Harding Smith	FAX 773-3362	
INSTALL LOCATION	BILL TO The Grill Room			
ADDRESS	ADDRESS 84 Exchange STREET			
CITY	STATE	ZIP	CITY	STATE ZIP
			Portland	ME 04101

LOCATION WHERE TO INSTALL

DIRECTIONS TO SITE - SPECIAL INSTRUCTIONS & MISC.

- OLD NATASHA'S RESTURANT -

DESCRIPTION OF WORK

1 - CUSTOM entry dome Recover - COMPLETE

JACK ROD <input checked="" type="checkbox"/>	ROPETRACK <input type="checkbox"/>	EGGCRATE <input type="checkbox"/>	LIGHTS 4' _____ OR 8' _____
STEP LADDER <input checked="" type="checkbox"/>	EXT. LADDER <input type="checkbox"/>	POST PINS <input type="checkbox"/>	SURFACE _____ GRAPHICS <input checked="" type="checkbox"/> COLOR <input type="checkbox"/>
TAKE DOWN DAY AND DATE WK 1-21-08	INSTALL DAY AND DATE WK 2-4-08	CUSTOMER PICK-UP YES <input type="radio"/> NO <input checked="" type="radio"/>	
PATTERN NO. #88003 Crimson Red	YARDAGE	COMPANY Boyle	TOTAL MATERIALS
DATE ORDERED	COMPANY CONTACT PERSON		TOTAL LABOR
SHIPPED VIA & DATE	DATE RECEIVED/YDGR RECEIVED		TAX
CUSTOMER NAME	DATE	TO	
CUSTOMER SIGNATURE	DATE		

the grill room

awning: 9" h x 6' w
text: 7 3/4" h x 56" w

January 8, 2008

To Whom It May Concern:

This letter serves to grant permission to The Grill Room, LLC to recover the existing awning facing Tommy's Park at the building of 82-84 Exchange St. In addition he may hang a sign from the building on the Exchange Street side.

NOT PART of this application

Sincerely,



Stev Parker
Mural Associates, LLC



MEMOGENDA ©

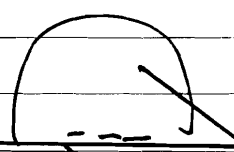
X = Completed T = Transferred O = Abandoned

	REF	ITEM—ONE LINE TO EACH	DUE	X T O	DATE
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Sign hackett

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431



9.2"

awning

TOMMY'S PARK

MIDDLE STREET

