

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 080207

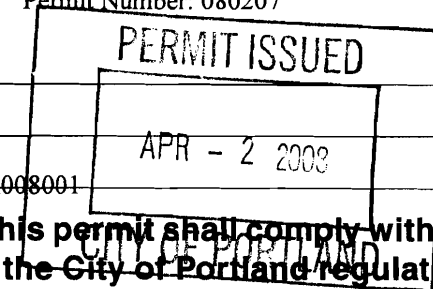
This is to certify that MURAL ASSOCIATES / GEORGE Design

has permission to New hanging sign on existing brackets

AT 80 EXCHANGE ST

032 H008001

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 occupied or services are provided. 24 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

4/2/08 *Christy A. O'Neil*
 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: 08-0207	Issue Date: 4/2/08	CBL: 032 H008001
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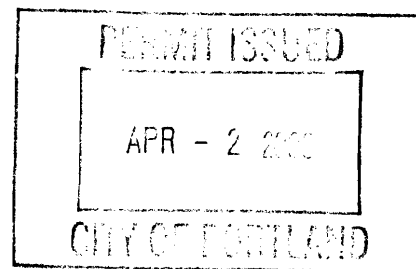
Location of Construction: 80 EXCHANGE ST	Owner Name: MURAL ASSOCIATES	Owner Address: PO BOX 10189	Phone:
Business Name: The Grill Room	Contractor Name: GHD Design	Contractor Address:	Phone:
Lessee/Buyer's Name Harding Smith	Phone: 207-319-4368	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Restaurant "The Grill Room" (was Nakahis)	Proposed Use: Restaurant "The Grill Room" - New hanging sign on existing brackets	Permit Fee: \$95.00	Cost of Work: \$95.00	CEO District: 1
Proposed Project Description: New hanging sign on existing brackets		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A-2 Type: SB IBC 2003	
		Signature: 4/2/08 [Signature]		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: Idobson	Date Applied For: 03/07/2008	Zoning Approval		
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- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input checked="" type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
OK Date: 3/21/08 [Signature]	Date: _____	Date: 3/21/08 [Signature]



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>84 Exchange St.</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>32 H 008</u>	Owner: <u>Mural Associates, LLC</u>	Telephone: <u>317-4368</u>
Lessee/Buyer's Name (If Applicable) <u>The Grill Room, LLC</u> <u>AWNING SIGN</u>	Contractor name, address & telephone: <u>GHD Design</u>	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>319-4369</u>		
Tenant/allocated building space frontage (feet) Length: <u>57.2 x 22 = 118.4 Max</u> Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>restaurant The Grill Room</u> 8002 9 - 2771		
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 x 35/16" W x 35/16" H</u>	
Proposed awning? Yes _____ No _____ Is awning backlit? Yes _____ No _____		
Height of awning: _____	Length of awning: <u>58</u>	Depth: <u>36"</u>
Is there any communication, message, trademark or symbol on it? Yes _____ 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: _____	<u>yard sign only</u> 95
Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> 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: <u>[Signature]</u>	Date: <u>3/6/08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

B3 multi-tenant
2 x 43 = 86 ft

57, 63 x 35.56 = 2049.32 ft = 1423 ft

MEMOGENDA.

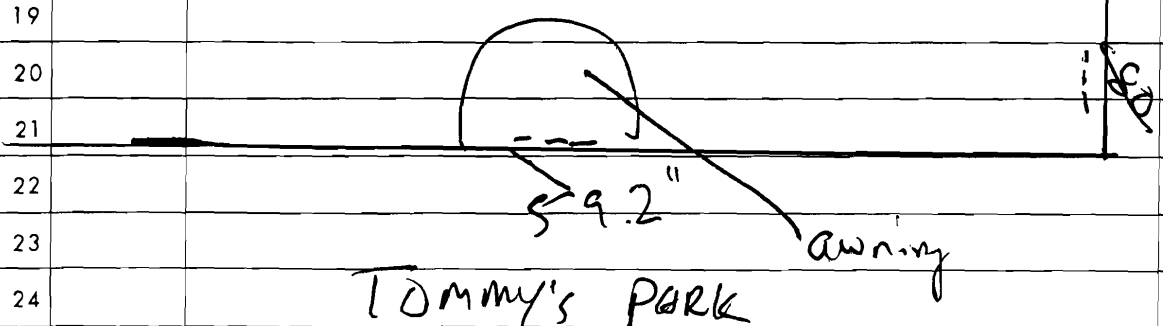
PAGE 5

X = Completed T = Transferred O = Abandoned

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

43' H A N D L E S T



Tommy's Park

MIDDLE STREET



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 CODE: XK971 AGENCY CUSTOMER ID: GRILROO INSURED The Grill Room LLC 73 Congress St Portland ME 04101	COMPANY Travelers Insurance BINDER # 8160
DATE EFFECTIVE TIME 12/01/07 12:01	EXPIRATION DATE TIME 12/31/07 12:01 AM
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: BOUND	
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Restaurant - Family Style	

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	CONTENTS POWER PAC END EQUIP BRKDN 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 - COM/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		\$ \$ \$
GARAGE 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		\$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS 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 04104MORTGAGEE ADDITIONAL INSURED
LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE

Maureen Jabbe

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,



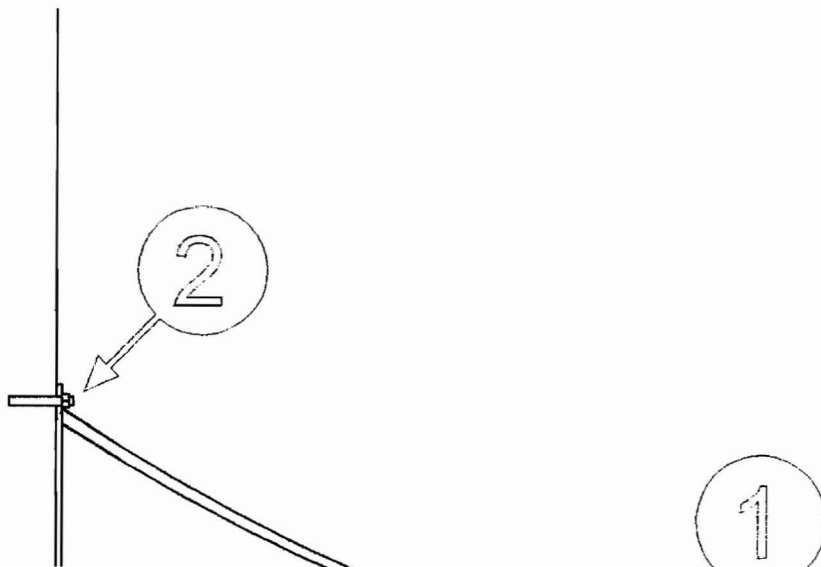
Stev Parker
Mural Associates, LLC

R U F

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- 2 New 3/8
- 3 Cold forg
- 4 Forged &
- 5 1/4 x 4 s.

Note:

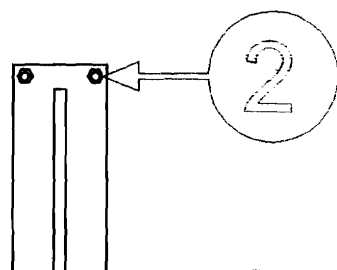
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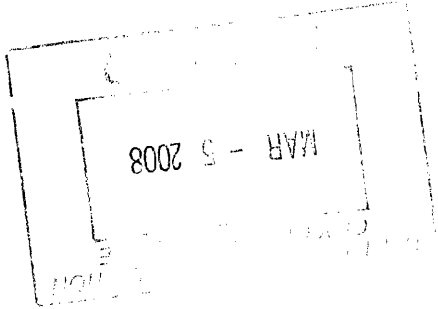
1
s.s. wedge anchors
s.s. hanger
ed aluminum "Bull"

S/H G.

2) 75#
3 X actual wgt.







Geoff Henguth
6 Howard St., Portland, Maine, 04101
(207)-653-1565

Project: Signage @ 84 Exchange St.
Date: March 4th, 2008

Geoff Henguth
6 Howard St.
Portland, ME 04101
geoff@hnguth.com

