

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: <b>**399 Fore St Portland 04101</b>		Owner: <b>MI Savper Realty</b>		Phone:	Permit No: <b>990795</b>
Owner Address:		Lessee/Buyer's Name: <b>House of India</b>		Phone:	BusinessName:
Contractor Name: <b>None</b>		Address:		Phone:	<div style="border: 1px solid black; padding: 5px;"> <b>PERMIT ISSUED</b>  <b>JUL 28 1999</b>  <b>CITY OF PORTLAND</b> </div>
Past Use: <b>Restaurant</b>		Proposed Use: <b>Same</b>		<b>COST OF WORK:</b> \$ <b>8 sq ft</b> <b>PERMIT FEE:</b> \$ <b>26.60</b>	
Proposed Project Description: <b>Sidewalk Sign</b>		<b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____ <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		INSPECTION: Use Group: _____ Type: _____ Signature: _____	
Permit Taken By: <b>SP</b>		Date Applied For: <b>SP July 27, 1999</b>			

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

**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 provisions of the code(s) applicable to such permit

**July 27, 1999**

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

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

**CEO DISTRICT**



**THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED**

**Sign Permit Pre-Application  
Attached Single Family Dwellings/Two-Family Dwelling  
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

**NOTE\*\*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 (include Portion of Building): <i>Home of Father</i>		
<i>399 Fore Street Portland Maine 04101</i>		
Total Square Footage of Proposed Structure	<i>700 S.F.</i>	Square Footage of Lot
Tax Assessor's Chart, Block & Lot Number	Owner: <i>H.A. Sawyer Rev.</i>	Telephone#:
Chart# <i>032</i> Block# <i>I</i> Lot# <i>018</i>		
Owner's Address:	Lessee/Buyer's Name (If Applicable)	Total Sq. Ft. of Sign Fee
<i>399 Fore Street Portland Maine</i>	<i>Mary S Charlton</i>	<i>8</i> <i>\$26.60</i>
Proposed Project Description: (Please be as specific as possible)		
<i>2x4 Sidewalk Signs</i>		
Contractor's Name, Address & Telephone		Rec'd By <i>SP</i>
Current Use: <i>Restaurant</i>	Proposed Use: <i>Same</i>	

Signature of applicant: <i>Mary S Charlton</i>	Date: <i>7/24/99</i>
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Signage Permit Fee: \$30.00 plus .20 per square foot of signage



SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 399 Fox Street Portland Me ZONE:

OWNER: H H Sawyer's Realty

APPLICANT: Mary S Chubert

ASSESSOR NO. 032-7-018

SINGLE TENANT LOT? YES \_\_\_ NO \_\_\_

MULTI TENANT LOT? YES \_\_\_ NO \_\_\_

FREESTANDING SIGN? YES \_\_\_ NO \_\_\_ DIMENSIONS \_\_\_

(ex. pole sign. . .)

MORE THAN ONE SIGN? YES \_\_\_ NO \_\_\_ DIMENSIONS \_\_\_

BLDG. WALL SIGN? YES \_\_\_ NO \_\_\_ DIMENSIONS \_\_\_

(attached to bldg)

MORE THAN ONE SIGN? YES \_\_\_ NO \_\_\_ DIMENSIONS \_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

LOT FRONTAGE (FEET):

BLDG FRONTAGE (FEET):

AWNING YES \_\_\_ NO \_\_\_ IS AWNING BACKLIT? YES \_\_\_ NO \_\_\_

HEIGHT OF AWNING:

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? \_\_\_

\*\*\* TENANT BLDG. FRONTAGE (IN FEET) \_\_\_

\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION

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: Mary S Chubert DATE: 7/19/99

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYY)  
07/26/1999

PRODUCER (7)774-6257 FAX (207)774-2994

Clark Associates  
2331 Congress Street  
P O Box 43  
Portland ME 04104  
Attn: Heather Halstead

Ext: 234

INSURED  
Hie Of India  
Mr Chulani Dha  
3 Fore Street  
Portland, ME 04101

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.

### COMPANIES AFFORDING COVERAGE

- COMPANY A Maryland Insurance Group
- COMPANY B
- COMPANY C
- COMPANY D

### COVERAGES

THIS I CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICED. 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MMDDYY)	POLICY EXPIRATION DATE (MMDDYY)	LIMITS
A	GEN'L LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X PRODUCTS & COMPLETED OPERATIONS	PPS029758811	09/26/1996	09/26/1999	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - LIMIT OF AGG. \$ 1,000,000 PERSONAL & ADV. INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 500,000 MED. EXP. (Any one person) \$ 10,000
	AUTO LIABILITY PASSENGER OWNED AUTOS RENTED AUTOS OTHER AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	AUTO LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	UMBRELLA LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	EMPLOYERS COMPENSATION AND EMPLOYERS' LIABILITY THE EMPLOYER(S) NO PARTNER(S) EXECUTIVE EXT OFFICER(S) ARE: EXT				WORKERS COMPENSATION LIMITS \$ EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

### DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, SPECIAL ITEMS

The certificate holder is named as additional insured with regards to the sidewalk sign.  
Fax to Sherry @ 874-8716

### CERTIFICATE HOLDER

City of Portland  
Attn: Sherry  
389 Congress Street  
Portland, ME 04101

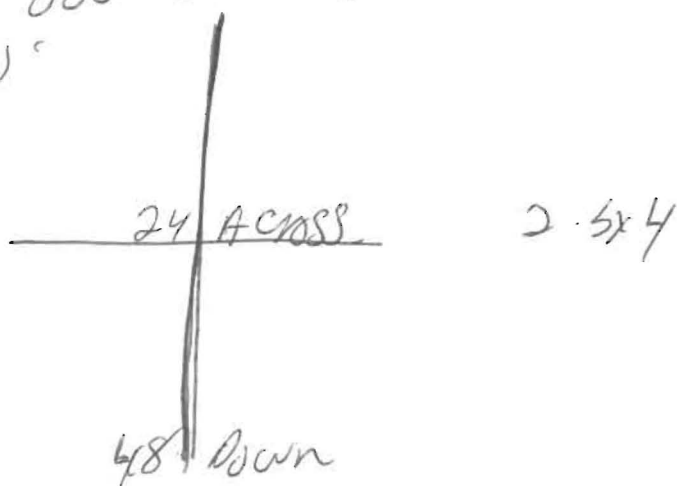
### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Lee Ramsdell

cover  
\$ 3,000 Insurance  
\$ 80,000 stocks



The Maryland Insurance  
acc 0005001615001

Regan the Sign