

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



This is to certify that

420 FORE LLC /Maine Bay Canvas

Located at

416 FORE ST - 29 WHARF ST

PERMIT ID: 2012-50678

CBL: 032 N010001

has permission to **replace existing awning - 14.5' long with 12' x 8" of signage**
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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

N/A

Fire Prevention Officer

[Signature]

12/14/12

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
THERE IS A PENALTY FOR REMOVING THIS CARD**

City of Portland, Maine - Building or Use Permit

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

Permit No: 201250678	Date Applied For: 11/30/2012	CBL: 032 N010001
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Location of Construction: 416 FORE ST - 29 WHARF ST	Owner Name: 420 FORE LLC	Owner Address: PO BOX 4894	Phone:
Business Name: Dancing Elephant II	Contractor Name: Maine Bay Canvas	Contractor Address: 53 Industrial Way Portland	Phone (207) 878-8888
Lessee/Buyer's Name Iqbal Hossain	Phone: 2076419170	Permit Type: Signs - Permanent	

Proposed Use: same - restaurant - Dancing Elephant II	Proposed Project Description: replace existing awning - 14.5' long with 12' x 8" of signage
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Dept: Historic	Status: Approved	Reviewer: Deb Andrews	Approval Date: 12/13/2012
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Zoning	Status: Approved w/Conditions	Reviewer: Ann Machado	Approval Date: 12/04/2012
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.			
Dept: Building	Status: Approved w/Conditions	Reviewer: Ann Machado	Approval Date: 12/14/2012
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Signage and Awning Installation to comply with Chapters 16, 31 & 32 of the IBC 2009 building code.			

BUILDING PERMIT INSPECTION PROCEDURES
Please call 874-8703 (ONLY)
or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

REQUIRED INSPECTIONS:

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit Application

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

Permit No: <i>(2012-11-548)</i> 2012-50678	Issue Date: <i>12/14/12</i>	CBL: 032 N010001
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Location of Construction: 416 FORE ST - 29 WHARF ST	Owner Name: 420 FORE LLC	Owner Address: PO BOX 4894	Phone:
Business Name: Dancing Elephant II	Contractor Name: Maine Bay Canvas	Contractor Address: 53 Industrial Way Portland	Phone (207) 878-8888
Lessee/Buyer's Name Iqbal Hossain	Phone: (207) 641-9170	Permit Type: Signs - Permanent	Zone: B3
Past Use: Restaurant - Passage to India	Proposed Use: same - restaurant - Dancing Elephant II	Permit Fee:	Cost of Work:
Proposed Project Description: replace existing awning - 14.5' long with 12' x 8" of signage		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	INSPECTION: Use Group: <i>awning.</i> Type:
		Signature:	Signature: <i>ABU 12/14/12</i>
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: Service_User	Date Applied For: 11/30/2012	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"/> <i>OK w/condition</i> Date: <i>12/14/12</i> <i>ABU</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 <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 <i>12/17/12</i> Date: <i>D. Andrews</i>
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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

B-3, historic

Urban Insight 2012-50478
2012 11 5495 66



Signage / Awning Permit Application

Ⓞ

If you or the property owner owes real estate or personal property taxes or any other charges on any property within the City, payment arrangement MUST be made before permits are accepted.

416 Fore St

Location/Address:		OWNER Name/Address:	Telephone:
Tax Assessor's Chart/Block/Lot (CBL)	Chart:	Block:	Lot:
037	N	010	
LEASEE/BUYER Name (if Applicable)		CONTRACTOR name, address/phone	Total S.F. signage \$
IQBAL HOSSAIN		Maine Bay Canvas	SF= x \$2.00
29 Wharf St		53 Industrial way	SF + \$30 Fee: \$30
Portland - ME		Portland ME 04103	Historic (\$75): \$
04101			Awning Fee: \$
Awning Fee = Cost of Work: \$ _____ (\$30/first \$1000, \$10 every other \$1000)			TOTAL FEE: \$

29 Wharf

Who should we contact when the permit is ready: Name: IQBAL Phone: 207-641-9170
Address: 29 Wharf St - Portland - ME 04101 Call first

Tenant/allocated building space frontage (in feet): Length: 12 Height: 8
Lot frontage (in feet): 30 Single Tenant or Multi-Tenant Lot: _____

Current Specific Use: Passag - to India
If vacant, what was prior use: Dancing - Elephant - II Indian - Restaurant
Proposed Use: Restaurant 24.60 SF

Information on proposed sign(s)
Freestanding (e.g. pole) sign? YES ___ NO Dimensions proposed: _____ (sf); Height from grade: _____ sf
BLDG Wall Sign (attached to bldg.)? YES ___ NO Dimensions proposed: _____ sf

Proposed Awning: YES ___ NO ___ If yes, is awning backlit? YES ___ NO ___
Height of awning 2' Length of awning 14' Depth of awning 12"
Is there any communication, message, trademark or symbol on it? YES ___ NO
If yes, total square footage of panels with communication, message, trademark or symbol on it: _____ sf

RECEIVED 75.00 NIST
NOV 30 2012
Dept. of Building Inspections
City of Portland Maine

Information on existing and previously permitted signage:
Freestanding (e.g. pole) sign? YES ___ NO ___ Dimensions proposed: ___ ft X ___ ft; Height from grade: ___
BLDG Wall Sign (attached to bldg.)? YES ___ NO ___ Dimensions proposed: ___ ft X ___ ft
Awning? YES NO ___ total sq ft of panels with communication on it: 7.888 sf

A site sketch and building sketch showing exactly where existing and proposed signage is located MUST be provided.
Sketches and/or pictures of proposed signage and existing building are also required.

Please submit all information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the 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 207-874-8703.

I hereby certify 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: 11/30/12



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Receipts Details:

Tender Information: Check , BusinessName: mastercard, Check Number: 30328\$156.20

Tender Amount: 156.20

Receipt Header:

Cashier Id: gguertin

Receipt Date: 11/30/2012

Receipt Number: 50679

Receipt Details:

Reference ID:	8913	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	81.20	Charge Amount:	81.20
Job ID: Job ID: 2012-11-5495-SIGN - Awning with signage, 12' x 8"			
Additional Comments: 416 Fore St			

Reference ID:	8914	Fee Type:	BP-SignsHist
Receipt Number:	0	Payment Date:	
Transaction Amount:	75.00	Charge Amount:	75.00
Job ID: Job ID: 2012-11-5495-SIGN - Awning with signage, 12' x 8"			
Additional Comments:			

Thank You for your Payment!



Current existing awning

Dancing Elephant II
29 wharf st.

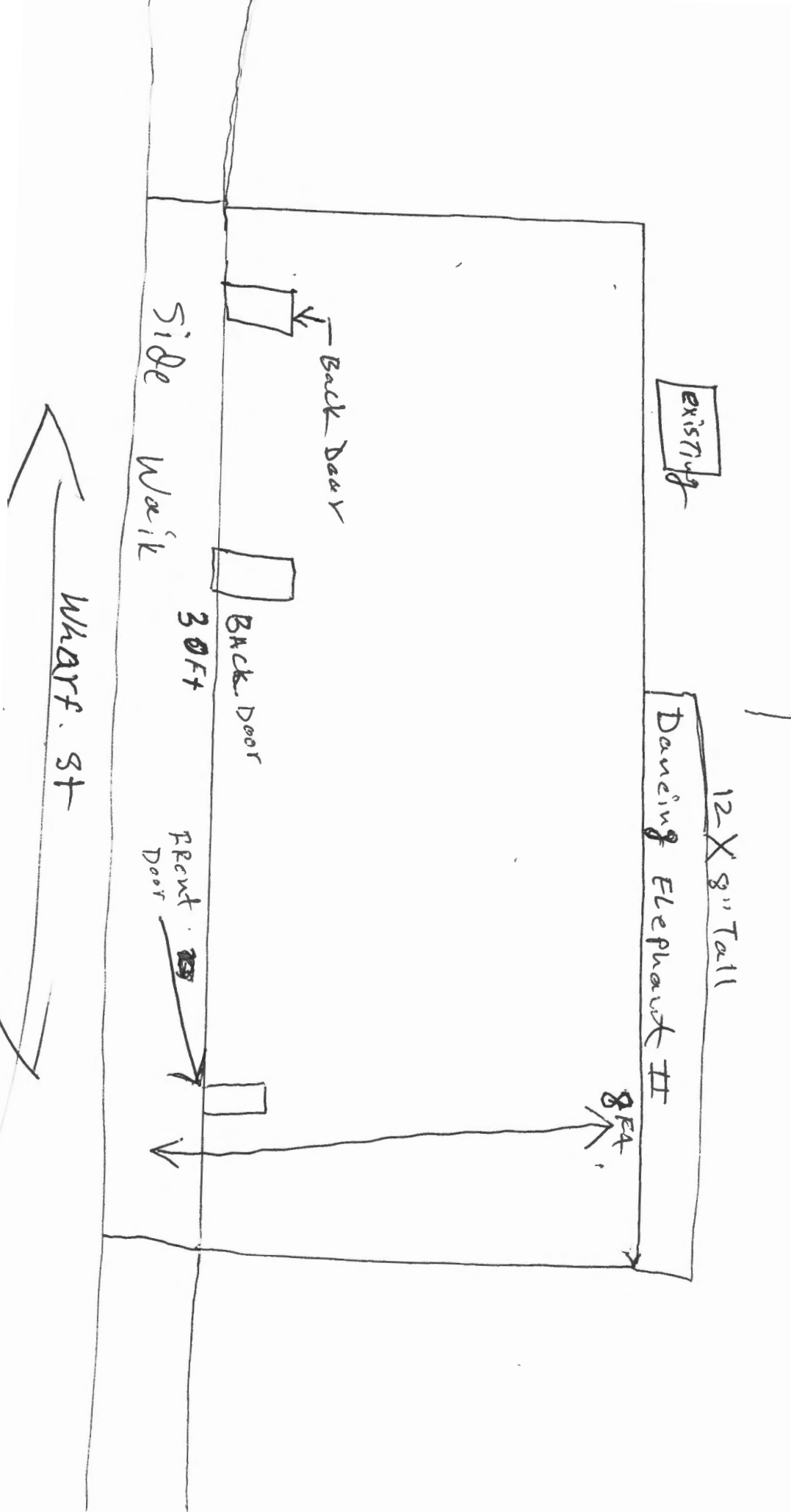


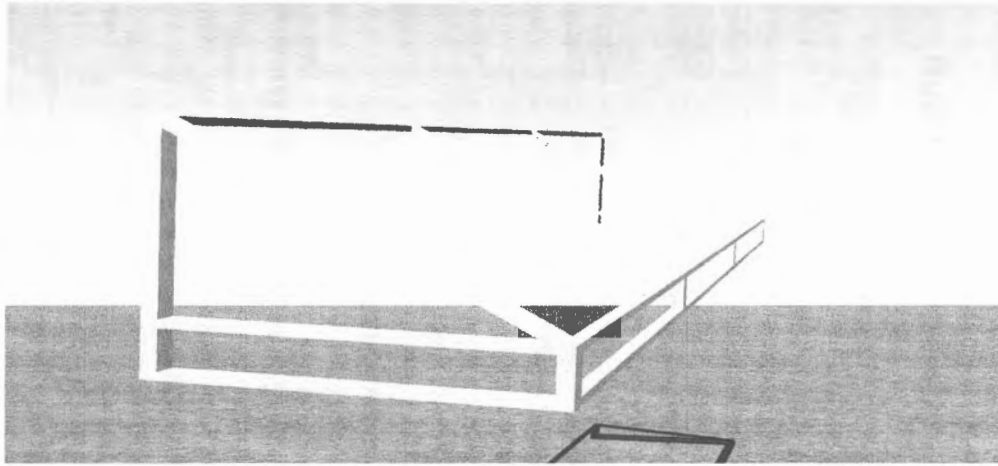
Awning Dimensions: 14'6" wide x 24" Tall x 12" projection

Lettering Dimensions: 12' wide x 8" Tall = 8 sqft

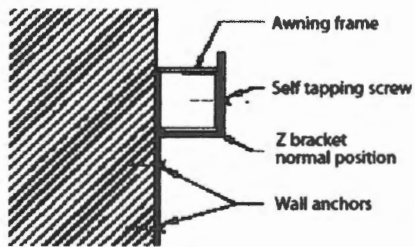
Fabric: Sunbrella "Orange 4609" Will be FR Treated

Jason Lehr
Maine Bay Canvas
878-8888





z-bracket wall attachment



1" square galvanized steel tubing. Welded construction.

Masonry fastening



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: 207-856-5500 Fax: 207-856-0004
ANDERSON WATKINS ASSOCIATES, INC
 31 CENTRAL STREET
 WESTBROOK ME 04092

CONTACT NAME: **Daniel Donatelli**
 PHONE (A/C, No, Ext): **207-856-5500** FAX (A/C, No): **207-856-0004**
 E-MAIL ADDRESS: **ddonatelli@andersonwatkinsinsurance.com**

INSURED
ONIKA, INC
 DBA DANCING ELEPHANT II
 29 WHARF ST
 PORTLAND ME 04101

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Travelers Indemnity Company	25666
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 32434

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			TBA	11/29/12	11/29/13	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED. EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (per accident)	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						\$
	DED	RETENTION \$					EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						AGGREGATE	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A					WC STATUTORY LIMITS	\$
							OTHER	\$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE-POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

LIQUOR 100000

CERTIFICATE HOLDER**CANCELLATION**

City of Portland
 389 Congress St
 Portland ME 04101

Attention:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Viet Ly
 Viet Ly, Producer

Payment Plan Options

Lump Sum	For new business, the insured pays 25 percent down and receives one bill for balance of premium due, approximately one month after the policy is issued. For renewals, a single bill is issued for the total amount.
Two Payment	For new business, the insured pays 25 percent down and receives up to two installment bills.
Four Payment	For new business, the insured pays 25 percent down and receives up to three installment bills.
Six Payment	For new business, the insured pays 25 percent down and receives up to five monthly installments. Total premium is paid in full by the end of the sixth month.
Ten Payment	For new business, the insured pays 25 percent down and receives up to nine monthly bills. Total premium is paid in full by the end of the tenth month.
Ten Equal Pay	For new business the total premium is divided by 10 and each installment is for 10 percent of the total premium. Down payments collected will reduce the number of installments billed. Total premium is paid in full by the end of the tenth month. (This payment option is typically available for renewals).

Payment Remittance Slip

Customer Name: ONKA INC
Account/SAI Number: 4166P6168
Policy #: 680-006C160712
Total Premium \$1,977.00

Agency Name: ANDERSON-WATKINS INC

Down payment amount:

Mail payment to : Travelers
P.O. Box 26208
Richmond, VA 23260-6208

Created on 11/29/2012 by ANDERSON-WATKINS INC

Refer to your Policy for Actual Terms and Conditions

* The Limit includes any additionally requested limits.

**Subject to and not in addition to the applicable limit of insurance.