

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

Location of Construction: 420 Fore Street Portland 04101		Owner: Joe Soley		Phone:		Permit No: 990765	
Owner Address: 1 Exchange Street		Lessee/Buyer's Name: Granny's Burritos Christopher Godin		Phone: 772-7777		BusinessName: 772-7777	
Contractor Name:		Address:		Phone:		PERMIT ISSUED Permit Issued: JUL 20 1999 CITY OF PORTLAND	
Past Use: Commercial		Proposed Use: same		COST OF WORK: \$		PERMIT FEE: \$ 28.20	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Side walk sign				Signature:		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: 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"/>	
Permit Taken By: SP		Date Applied For: July 16, 1999 E.				Zone: CBL: 032-B-010	

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..

*** Granny's Burritos 772-7777 ***

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

SIGNATURE OF APPLICANT	ADDRESS:	DATE: July 16, 1999	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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

1

**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.

NOTEIf 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): 420 Fore St, 04101		
Total Square Footage of Proposed Structure 16 sq ft	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Number Chart# 032 Block# 17 Lot# 010	Owner: Joe Soley	Telephone#: 772 7777
Owner's Address: 1 Exchange St	Lessee/Buyer's Name (If Applicable)	Total Sq. Ft. of Sign Fee 16 sq ft \$ 2.20
Proposed Project Description:(Please be as specific as possible) Side walk sign		
Contractor's Name, Address & Telephone N/A		Rec'd By SP
Current Use:	Proposed Use:	

Signature of applicant: [Signature]	Date: 7/16/99
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Signage Permit Fee: \$30.00 plus .20 per square foot of signage



SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 420 Fore St ZONE: _____

OWNER: Christopher Godin

APPLICANT: Granny's Buns

ASSESSOR NO. _____

SINGLE TENANT LOT? YES ___ NO X

MULTI TENANT LOT? YES X NO ___

FREESTANDING SIGN? YES X NO ___ DIMENSIONS _____

(ex. pole sign. . .)

MORE THAN ONE SIGN? YES ___ NO X DIMENSIONS 2'x4' (2-Sides)

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) 20

*** 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: [Signature] DATE: 7/16/09

ACCORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

07/02/1999

PRODUCER (207)774-6257

FAX (207)774-2994

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.

Clark Associates
2331 Congress Street
P O Box 3543
Portland, ME 04104

Attn: Heather Halstead

Ext: 234

COMPANIES AFFORDING COVERAGE

- COMPANY A Peerless Ins Co
- COMPANY B Maire Employers Mutual
- COMPANY C
- COMPANY D

INSURED
Granny's Burritos
Christopher Godin Dba
420 Fore Street
Portland, ME 04101

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 2,000,000
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGU \$ 1,000,000
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
A	OWNERS & CONTRACTOR'S EXCL	BOP9085544	05/28/1999	05/28/2000	EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any amt \$) \$ 50,000
					MED EXP (Any amt person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WORK STATUS OTHER \$
B	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE	INCL 1810050399	05/04/1999	05/04/2000	EL EACH ACCIDENT \$ 100,000
	OTHER	EXCL			EL DISEASE - POLICY LIMIT \$ 500,000
					EL DISEASE - EA EMPLOYEE \$ 100,000

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, SPECIAL ITEMS

RE: Sidewalk Sign. The City of Portland is named as additional insured on the general liability.

Fax to: 874 8716

Copy of Policy Previously Mailed

CERTIFICATE HOLDER

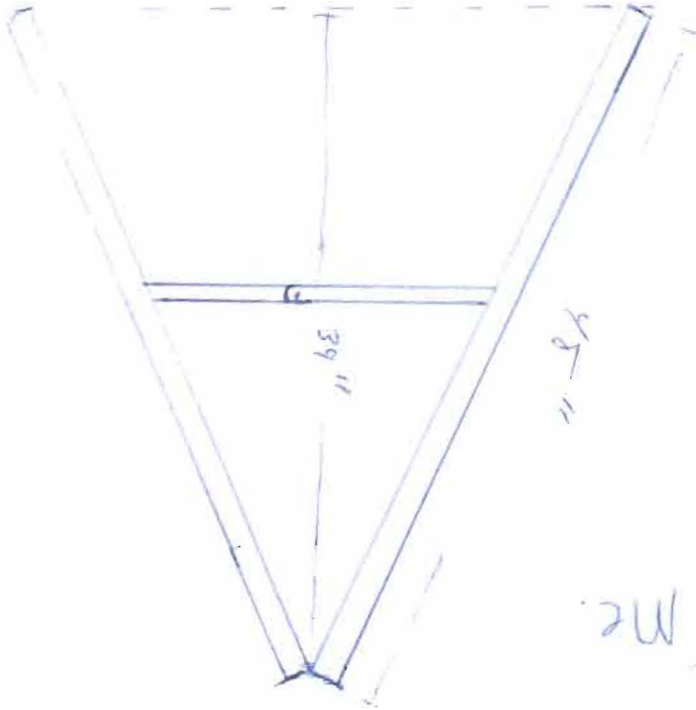
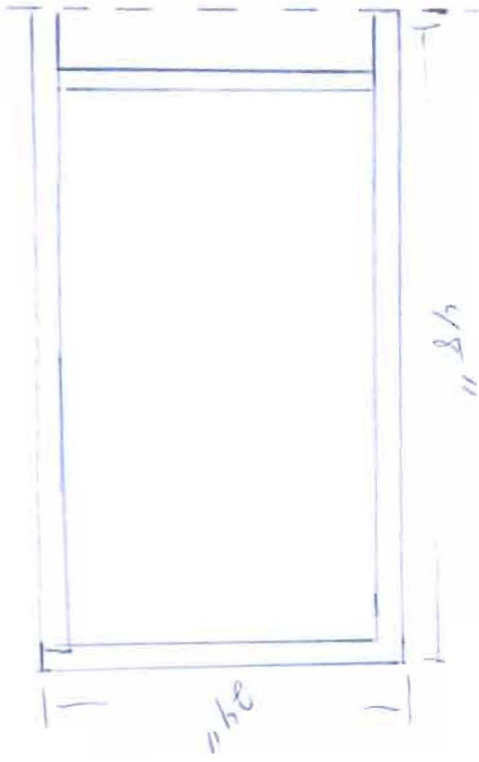
City of Portland
Attn: Arthur Rowe
389 Congress Street
Room 315
Portland, ME 04101

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 R. HASETT



Granny's Butterflos
400 Fore
PTLD, Me.