

# City of Portland, Maine - Building or Use Permit Application

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

<b>Permit No:</b> 04-1035		<b>Issue Date:</b>		<b>CBL:</b> 032 P004001	
<b>Location of Construction:</b> 6 City Ctr		<b>Dwner Name:</b> City Center Properties Llc		<b>Owner Address:</b> 6 City Center Ste 201	
<b>Business Name:</b> n/a		<b>Contractor Name:</b> n/a		<b>Contractor Address:</b> n/a Portland	
<b>Lessee/Buyer's Name</b> n/a		<b>Phone:</b> n/a		<b>Permit Type:</b> Signs - Permanent	
<b>Past Use:</b> Commercial / Lounge		<b>Proposed Use:</b> Lounge / Repaint two signs and one double sided sign.		<b>Zone:</b> B-3	
<b>Proposed Project Description:</b> Repaint two signs and one double sided sign.		<b>Permit Fee:</b> \$160.00		<b>Cost of Work:</b> \$0.00	
		<b>CEO District:</b> 1			
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>		<b>INSPECTION:</b> Use Group: <i>V</i> Type: <i>Sign</i> <i>BOLA 1999</i> Signature: <i>[Signature]</i>	
		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied			
		Signature: _____ Date: _____			
<b>Permit Taken By:</b> gg		<b>Date Applied For:</b> 07/26/2004		<b>Zoning Approval</b>	
<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>		<b>Special Zone or Reviews</b>		<b>Zoning Appeal</b>	
		<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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>08/12/04</i>		<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: _____	

## 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

**City of Portland, Maine - Building or Use Permit**

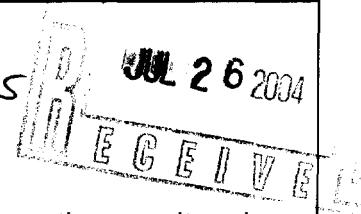
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<b>Permit No:</b> 04- 1035		<b>Date Applied For:</b> 07/26/2004	<b>CBL:</b> 032 P004001
<b>Location of Construction:</b> 6 City Ctr	<b>Owner Name:</b> City Center Properties Llc	<b>Owner Address:</b> 6 City Center Ste 201	<b>Phone:</b> 207-828-0822
<b>Business Name:</b> n/a	<b>Contractor Name:</b> n/a	<b>Contractor Address:</b> n/a Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Signs - Permanent	
Lounge / Repaint two signs and one double sided sign.		Repaint two signs and one double sided sign.	
<b>Dept:</b> Zoning <b>Status:</b> Approved <b>Reviewer:</b> Marge Schmuckal <b>Approval Date:</b> 08/12/2004 <b>Note:</b> <b>Ok to Issue:</b> <input checked="" type="checkbox"/>			
<b>Dept:</b> Building <b>Status:</b> Approved with Conditions <b>Reviewer:</b> Tammy Munson <b>Approval Date:</b> 08/16/2004 <b>Note:</b> <b>Ok to Issue:</b> <input checked="" type="checkbox"/> 1) Signage Installation to comply with Chapter 31 BOCA 1999 2) Separate Permits shall be required for any new signage.			

# Signage/Awning Permit Application

If you or the properly 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.

<u>PORTLAND</u>		
Total Square Footage of Proposed Structure $33' \times 17' = 26.85\text{SF} + 21' \times 20' = 17.5\text{SF} + 18' \times 24' = 3\text{SF}$	Square Footage of Lot $\rightarrow 2 \text{ sides} = 65\text{SF}$ $\text{To TAC} = 26.8 + 17.5 + 3 = 47.3 = 48\text{SF}$	
Tax Assessor's Chart, Block & Lot <sup>(x2)</sup>	Owner:	Telephone:
Lessee/Buyer's Name (If Applicable) <u>NORM MARGULIS</u>	Applicant name, address & telephone: <u>STYXX</u> <u>NORM MARGULIS</u> <u>3 SPRING ST.</u> <u>828-0822</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>160</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: <u>EXISTING SIGNS TO BE PAINTED</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>DRINKING ESTABLISHMENT</u>		
Project description: <u>REPAINT 2 EXISTING SIGNS + STENCIL/PRINT NAME ON DOOR</u> <u>- REPAINT BLACK SIGN W NEW LOGO / REPAINT "UNDERGROUND" SIGN / NAME ON DOOR</u>		
Contractor's name, address & telephone: <u>828-0822</u> <u>STYXX - 3 SPRING ST.</u>		
Whom should we contact when the permit is ready: <u>NORM MARGULIS</u>		
Mailing address: <u>Box 15353</u> <u>PORTLAND ME 04112</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>828-0822</u>		



IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>[Signature]</u>	Date: <u>7/26/04</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.**

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 3 SPRING ST. ZONE: B-3

CBL: 032 P

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

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES ☒ NO \_\_\_\_\_

## TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: \_\_\_\_\_ Height: \_\_\_\_\_

### INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS PROPOSED: \_\_\_\_\_

BLDG. WALL SIGN? (attached to bldg) YES ☒ NO \_\_\_\_\_ DIMENSIONS PROPOSED: 33' x 117'

21' x 120'  
18' x 24'

### INFORMATION ON **ALREADY** EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

BLDG. WALL SIGN (attached to bldg)? YES ☒ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

AWNING? YES \_\_\_\_\_ NO ☒ DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): \_\_\_\_\_

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

HEIGHT OF AWNING: \_\_\_\_\_ LENGTH OF AWNING: \_\_\_\_\_ DEPTH: \_\_\_\_\_

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

**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 ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: [Signature] DATE: 7/26/04

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

# *City Center Properties, LLC*

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6 City Center, Suite 201 • Portland, ME • 04101  
202 261-0195 voice • 207 261-0196 fax  
*mbirms@maine.rr.com*

June 30, 2004

Neal Margulis  
Styxx, Inc.  
3 Spring St.  
Portland, ME 04101

Dear Neal,

I'm very pleased that you will be a new tenant in ~~this~~ excellent building ~~and~~ part of town. You asked about signage, ~~and~~ I want you to ~~know~~ you may do anything you want within the code guidelines, subject to my approval. I've seen the current signage plan, ~~and~~ it will look appropriate, ~~and~~ finishes ~~off~~ the facade ~~of~~ the building. Therefore, ~~you~~ have my permission to install the sign, using the current ~~sign~~ plan.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Birmingham", with a long horizontal flourish extending to the right.

Mark Birmingham  
Manager

PRODUCER (207) 646-8388 FAX (207) 646-6935

Sevigney-Lyons Insurance  
Abenaki Professional Park  
PO Box 1249  
Wells, ME 04090-1249

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Styxx, Inc.

PO Box 9715-PMB334

INSURER A: Gresham &amp; Associates

103

INSURER B:

INSURER C:

COPY

## COVERAGES

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

POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TBA	06/25/2004	06/25/2005	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ ex
	<u>1</u>				PERSONAL & ADV INJURY \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUS: ITS OTH-FR
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED?				E.L. EACH ACCIDENT 5
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE 5
	OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

Sign located at: 3 Spring Street, Portland, Maine

Certificate holder is additional insured

## CERTIFICATE HOLDER

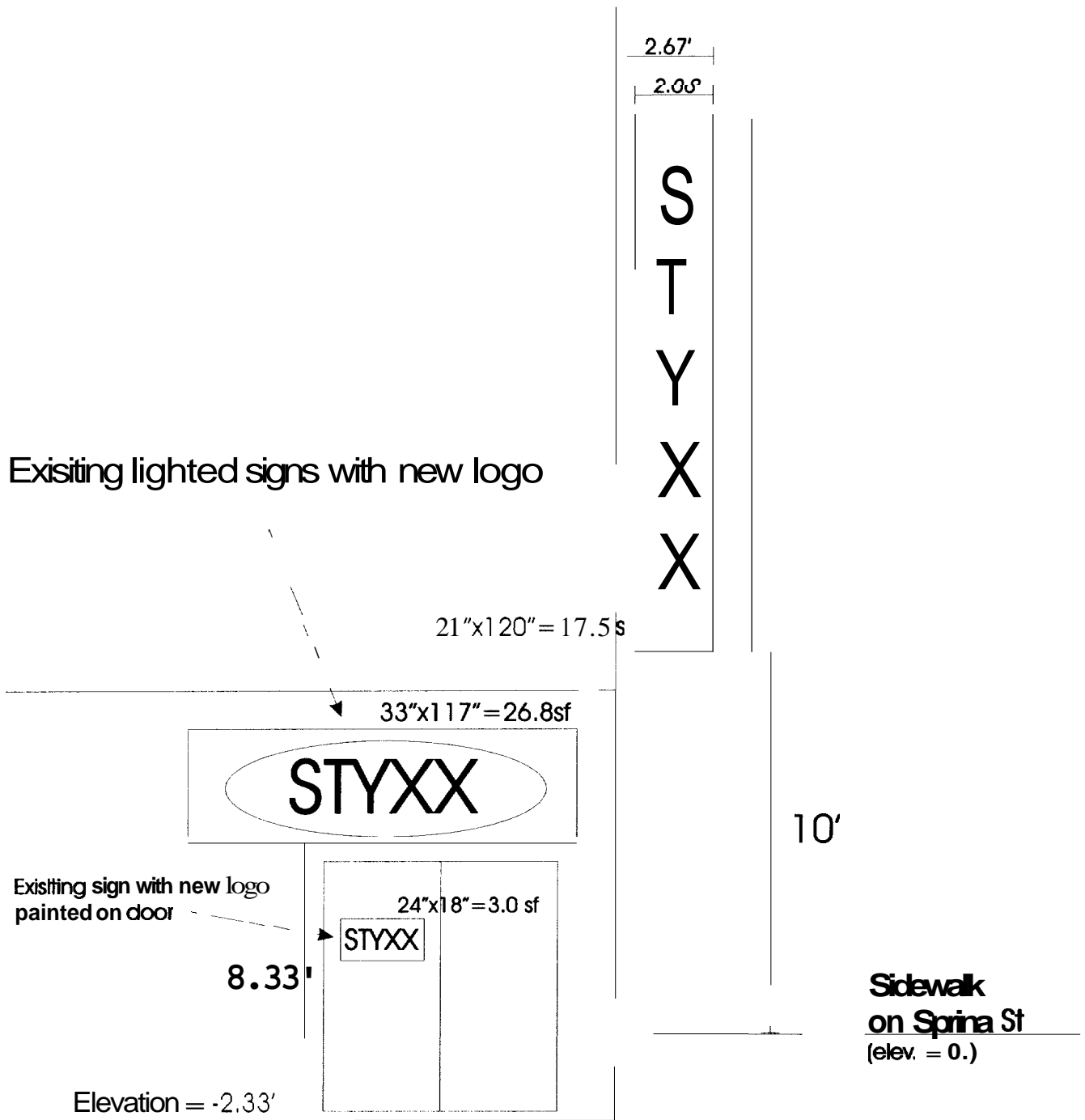
City of Portland, Maine  
City Hall  
389 Congress Street  
Portland, ME 04101

## CANCELLATION

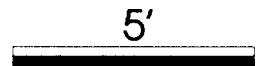
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER,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

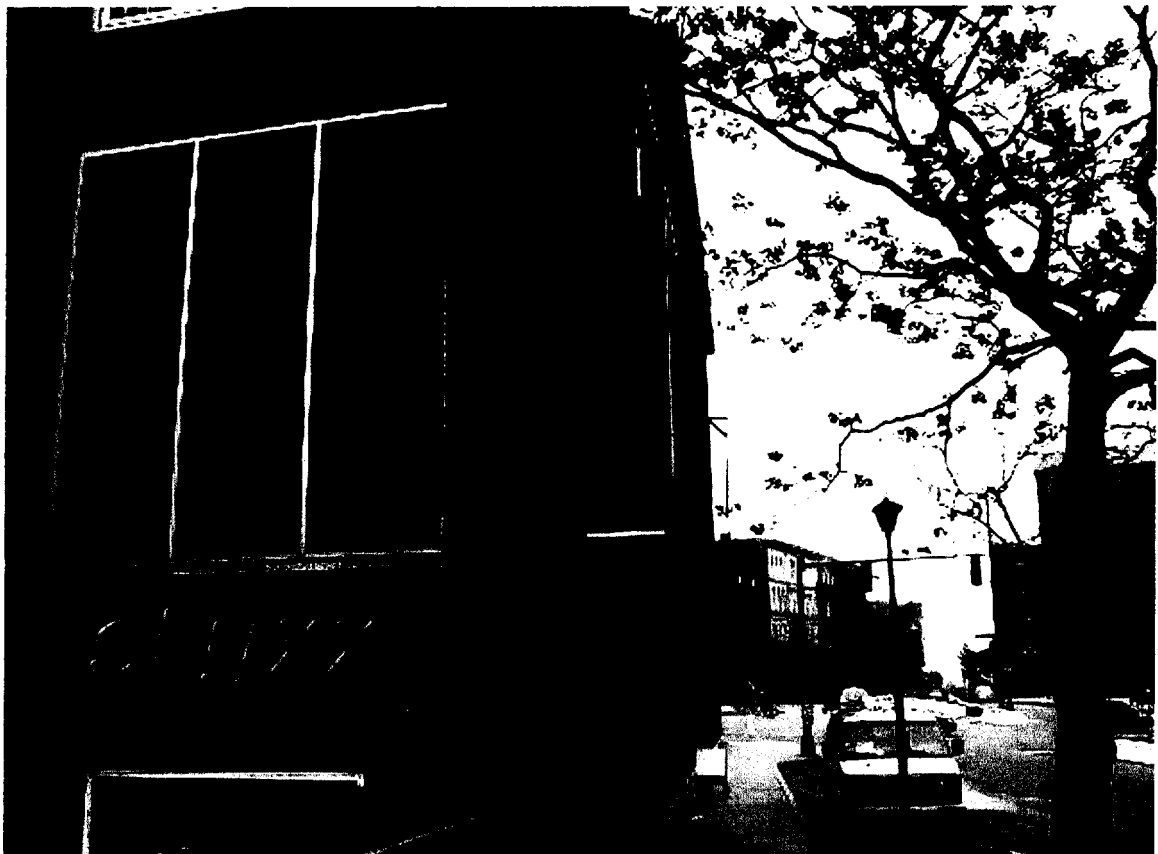
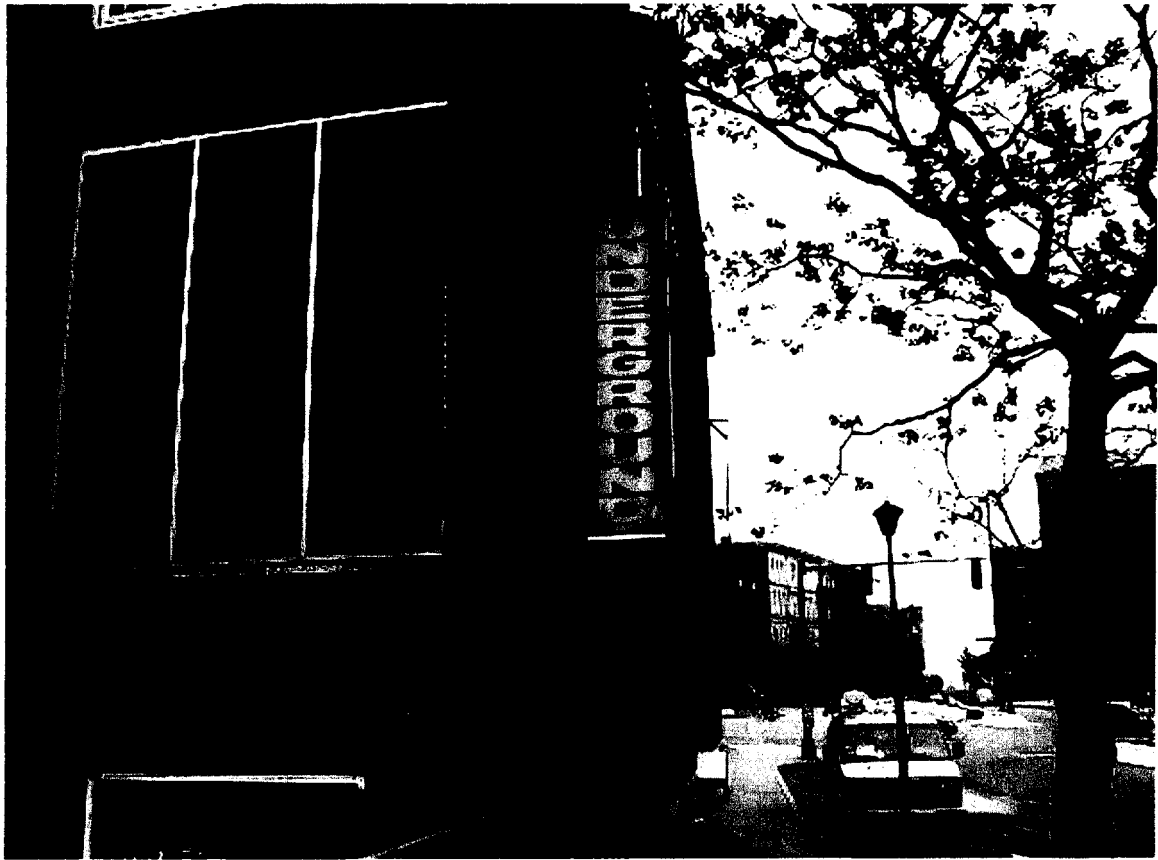
AUTHORIZED REPRESENTATIVE

Leonard Sevigney

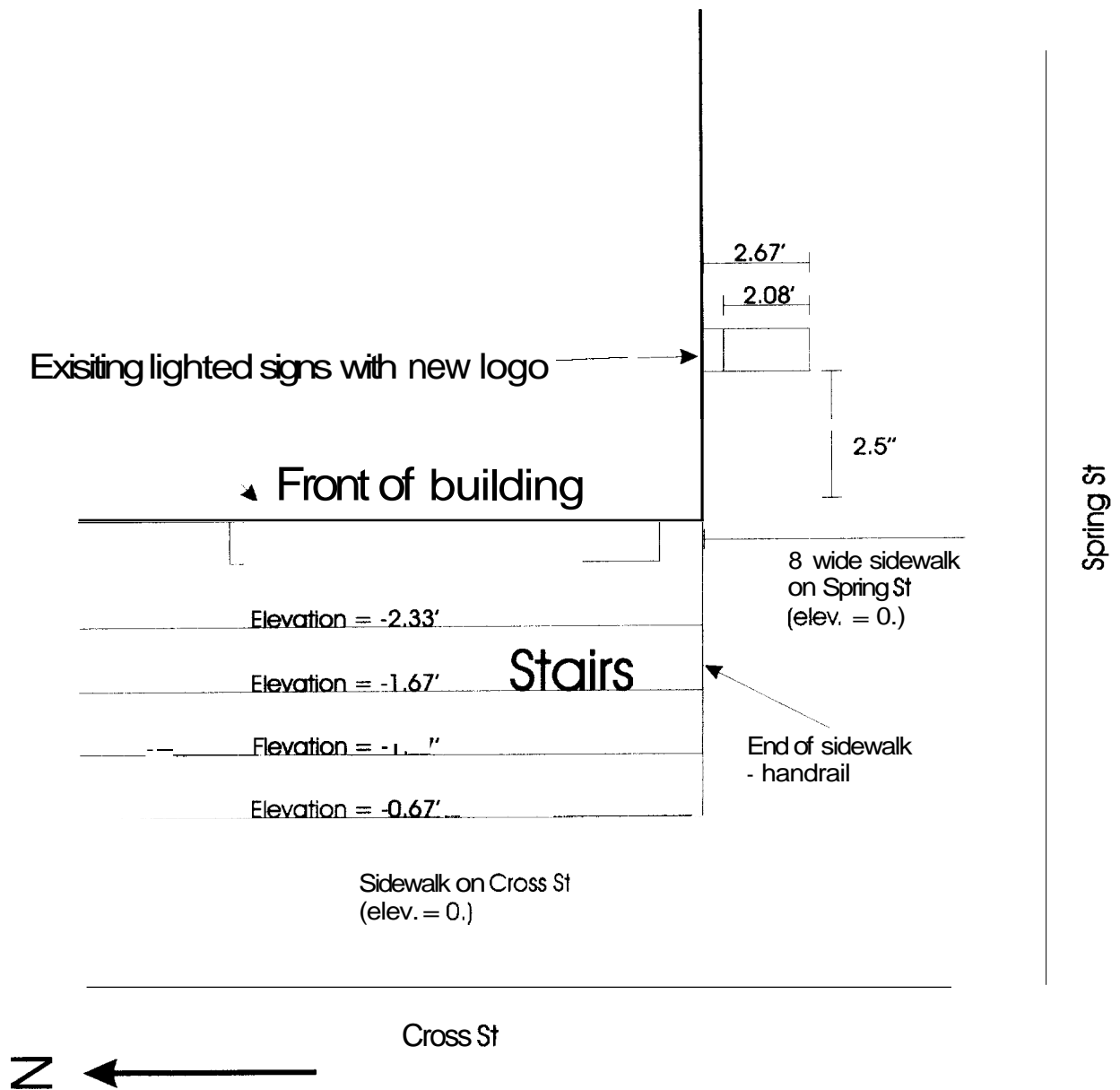


Elevation looking East









Plan - STYXX

# ST 'XX NIGHT CLUB

3 SPING STREET  
PORT AND, ME 04101

## FLOOR PLAN

AREA OF  
DETAIL

