City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: Soley: Josef Location of Construction: Phone: 432 Fore St Leasee/Buyer's Name: Owner Address: Phone: _ -BusinessName: Peaguln AXX Permit Issued: Contractor Name: Address: Phone: Bark Chiemerk COST OF WORK: PERMIT FEE: Past Use: Proposed Use: AUG 2 0 1985 \$ 27.40 Bar Same FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: CBL: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: Erect Signage (3 x 4) ☐ Shoreland Denied ☐ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: Hery Greatk 09 August 1996 Zoning Appeal □ Variance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... ☐ Denied Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved □ Approved with Conditions 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 ☐ Denied 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 issued, I certify that the code official's authorized representative shall have the authority to enter all Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITL

7 mark

CEO DISTRICT

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: Location of Construction: Phone: Permit No: 432 Fore St Solev. Joseph Leasee/Buyer's Name: Owner Address: Phone: BusinessName: Penguin XXX Permit Issued: Contractor Name: Address: Phone: Mark Chizmar AUG 2 0 1996 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 27.40 Rar Same FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: w/sign CBL: 032-R-003 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved Approved with Conditions: Erect Signage (3 x 4) ☐ Shoreland Denied □ Wetland ☐ Flood Zone Signature: Date: ☐ Subdivision ☐ Site Plan mai ☐ minor ☐ mm ☐ Date Applied For: Permit Taken By: Mary Gresik 09 August 1996 Zoning Appeal ☐ Variance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation ☐ Not in District or Landmark ☐ Des Not Require Review Requires Review Action: to VWIE CERTIFICATION ☐ Appoved Approved with Conditions 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 ☐ Denied 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 issued, I certify that the code official's authorized representative shall have the authority to enter all Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Mark Chizmar ADDRESS: CEO DISTRICT

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

T, Muson

Mary Kong 63 Marker

SIGNAGE APPLICATION

ADDRESS: 432	FORE ST.			
OWNER: DAN ROE	3enrs			
APPLICANT: MARK				
ASSESSORS NO.:	032-R-	003		
SINGLE TENANT LOT?	YE5:	NO:		
MULTI-TENANT LOT?	YES:	NO:	_	
FREESTANDING SIGN?	YES:	NO:	DIMENSIONS: 3	416AX 9 10
	MORE THAN ONE	SIGN? NO	DIMENSIONS:	Ŧ
BLDG. WALL SIGN?	YES:	NO:	DIMENSIONS:	
	MORE THAN ONE	SIGN?	DIMENSIONS:	
LIST ALL EXISTING S	SIENAGE, INCLUD:	ING THEIR DIM	ENSIONS: NONE	11
			~0	
LOT FRONTAGE (IN FE	ET):			
7 BLDG FRONTAGE (IN F	EET): 42	FEET X 2	- (84 PNAX)	
AWNING? YES:	NO:/	15 AWNI	NG BACKLIT? YES:	NO:
HEIGHT OF	AWNING:			
IS THERE A	NY COMM. MESSAG	SE, TRADEMAKK	, OR SYMBOL ON 1TP	NO
PLEASE PROVIDE A SI	TE SKETCH AND A	A BUILDING SK	ETCH, SHOWING EXACTL	Y WHERE
EXISTING AN	ID NEW SIGNAGE	IS LOCATED.		
WE WILL NEED SKETCH	IES AND/OR PICTU	URES OF THE P	ROPOSED SIGNS INCLUD	ING
STRUCTURAL	COMPONENTS.			

61515N₂51

OWNERS CONSENT AND AGREEMENT

I, being	g the owner of the premises located at
(print property owners name)	
432 in Port	cland, Maine, hereby give consent to the
(print property address)	
erection of a certain sign/awning/bar	
	(print lessee's name)
over the sidewalk or on building from	n said premises as described in
application to the Division of Inspec	tion Services.
in event said sign shall bease to ser or shall become dangerous and in even remove said sign or make it permanent the purpose for which it was erected,	of said permit, owner of said premises, we the purpose for which it was erected at the owner of said sign shall fail to say safe in case the sign still serves hereby agrees for himself or itself, s or its assigns, to completely remove
	Daniel Roberts
Signature of Property Owner	Signature of Lessee
Date	Date



PENN-AMERICA INSURANCE COMPANY

Hatboro, Pennsylvania 19040

Stock Company

COMMERCIAL LINES COMMON POLICY DECLARATIONS

	NEW						
	newal of Number	3.					
PO	LICY NUMBER: PAC 1026132		THIS INSURANCE	F COA TRACE			
1.	NAMED INSURED: THE PENGUIN C/O Daniel E. Ro	berts	LAMEST MY AND DELICION.	E CONTRACT IS ISLUED HE MAINE ILLEADORS			
	MAILING ADDRESS: 286 Front St. # South Portland,		BY NOR UNDER	Fire Just Halling			
2.	POLICY PERIOD: From 7/13/95 Standard Time at your mailing address show	To n above.	7/13/96	at 12:01 A.M.			
3.	FORM OF BUSINESS:						
	x Individual Joint Venture Partners	ship Org	anization (other than p	partnership or joint venture)			
4.	BUSINESS DESCRIPTION: Restaurant						
	RETURN FOR THE PAYMENT OF THE PREMIUI LICY WE AGREE WITH YOU TO PROVIDE THE THIS POLICY CONSISTS OF THE FOLLO	WING COVE	AS STATED IN THIS FOR	POLICY.			
	INDICATED. THIS PREMIUM MAY BE SUBJECT	CT TO ADJUS	TMENT.				
		PREMI	JM				
	Commercial General Liability Coverage Part	\$ 2,546	00				
	Commercial Property Coverage Part	\$ 250.	00				
	Commercial Crime Coverage Part	\$ Not Co					
	Commercial Inland Marine Coverage Part Professional Liability Coverage Part	\$ Not Co \$ Not Co					
	Coverage Part	\$ Not Co					
0				3 7			
6.	TOTAL PREMIUM PAYABLE AT INCEPTION	\$ 2,796	00				
	Other Charges	\$					
	TOTAL	\$ <u>2,796</u>	00	M			
7.	FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE:*						
	IL 00 17 11 85, \$2000(8/91)\$3000(2/93)\$1003(8/91)\$1001(5/94)IL0913/H0306IL0018(10/84)						
	* Omits applicable Forms and Endorsements if	shown in spe	cific Coverage Part/Co	verage Form Declarations.			
	untersigned:8/9/95 rmv		on to by A	affer of			
	rplex Underwriters, Inc.		No. 1 della A	p. 68			

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



PENN-AMERICA INSURANCE COMPANY Hatboro, Pennsylvania 19040

Stock Company

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

POLICY NUMBER: PAC 1026132

NAMED INSURED:

THE PENGUIN

C/O Daniel E. Roberts

DESCRIPTION OF PREMISES:

PREM.NO.\BLDG.NO.

LOCATION, CONSTRUCTION AND OCCUPANCY

Restaurant contents while contained within one Story Brick Building

COVERAGES PROVIDED: INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGE FOR WHICH A LIMIT OF INSURANCE IS

ms. Inc.

do

111

ect:

117

ind

1D

110

the

VOLIT

mer

ghts

PREM.NO.\BLDG.NO.

COVERAGE

LIMIT OF INSURANCE

COVERED CAUSES OF LOSS

COLNSURANCE

RATES

PREMIUM

Contents

20,000.

Basic

80%

.25

250. MP

OPTIONAL COVERAGES: APPLICABLE ONLY WHEN X APPEARS IN THE SCHEDULE BELOW. AGREED VALUE

PREM. NO IBLDG. NO.

BUILDING

REPLACEMENT COST PERSONAL PROPERTY

INCLUDING "STOCK"

MORTGAGE HOLDERS:

PREM.NO.\BLDG.NO.

MORTGAGE HOLDER NAME AND MAILING ADDRESS

DEDUCTIBLE:

\$500.00

FORMS APPLICABLE:

TO ALL PROPERTY COVERAGES: CP 00 90 07 88, CP0010(10/91)CP1010(10/91)CP0320(10/92)

TO SPECIFIC PREMISES\COVERAGES:

PREM.NO.\BLDG.NO. COVERAGES

FORM NUMBER

This page alone does not provide coverage and must be attached to a Commercial Lines Common Policy Declarations Common Policy Conditions, Leverage Part Coverage Form(s) and any other applicable forms and endorsements.

\$3000(2/93)

INSURED

PENN-AMERICA INSURANCE COMPANY

Stock Hatboro, Pennsylvania 19040 Company



COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER: PAC 1026132

NAMED INSURED:

THE PENGUIN

LIMITS OF INSURANCE - INSURANCE APPLIES ONLY FOR COVERAGE FOR WHICH A LIMIT OF INSURANCE IS SHOWN.

\$ 300,000. General Aggregate Limit (Other than Products/Completed Operations) \$ 300,000. Products/Completed Operations Aggregate Limit

\$ 300,000. Each Occurrence Limit

Personal & Advertising Injury Limit \$ excluded

Fire Damage Limit \$ 50,000 any one fire

5,000. any one person Medical Expense Limit

LOCATIONS of all premises you Own, Rent, or Occupy

4	CLASSIFICATION	CODE # PREM.	RATES		ADVANCE PREMIUM		
			BASIS	Prod/CO	All Other	Prod/CO	All Other
	Restaurant - Alcohol more than 75% with Dance Floor	16817	s)193000	.806	12.382	156.	2390.

TOTAL GL PREMIUM

(u) units

\$2,546.00

(s) gross sales - per \$1000 (c) total cost - per \$1000

(a) area - per 1000 sq.ft.

(m) admissions - per 1000

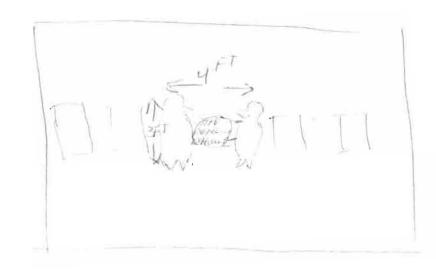
(e) each

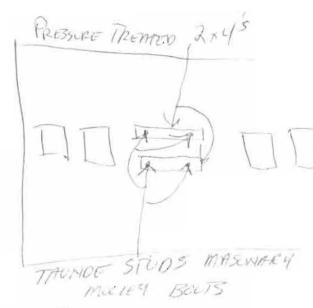
(p) payroll - per \$1000 Policy may be AUDITABLE 5.

SPECIFIC GENERAL LIABILITY FORMS/ENDORSEMENTS

IL 00 21 11 85, \$2002(2/94)\$2005(2/94)\$2026(4/92)\$2033(2/93)\$2040(2/94) CG0001(10/93)CG0300(10/93)CG2147(10/93)CG2149(10/93)CG2407(11785)

This page alone does not provide coverage and must-be attached to a Commercial Lines Common Policy Declarations Page, Common Policy Conditions, Coverage Part Coverage Form(s) and any other applicable forms and endorsements.





SIGN TO BE ATTATCHED TO BRICK FACE (PRESSURE TREMED)

OF BUILDING. 2 (TWO) 2×4 5 3 FT. LONG TO

BE ATTACHED TO BRICK WALL USING MASONARY

MOLLEY BOLTS TRADE HAME (THUMPER STUDS)

THE SIGN ITSELF TO BE MOUNTED TO PRESSURE

TREATED 2×4'S BY 4 OR 6 21/2 INCHARMENTED

EXTENDED 5CREWS

