

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BU **INSPECTION**

PERMIT

Permit Number: 090624

Please Read Application And Notes, If Any, Attached

This is to certify that OLD PORT RETAIL HOLDING LLC / S Inc

has permission to install a 36" x 30" hanging sign Pearl

AT 436 Fore St CB 032 R007001

provided that the person or persons, firm or corporation acquiring 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 buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lath or other work is done-in. 24 HOURS NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____
Department Name

CITY OF PORTLAND
James Bonta 6/26/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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

Permit No: 09-0624	Issue Date:	CBL: 032 R007001
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Location of Construction: 436 Fore St	Owner Name: OLD PORT RETAIL HOLDINGS	Owner Address: 101 RICHARDSON ST	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone: 2078562600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3
Past Use: Commercial - bar - "Onyx"	Proposed Use: Commercial - bar - install a 36" x 30" hanging sign - "Pearl"	Permit Fee: \$80.00	Cost of Work: \$80.00
Proposed Project Description: install a 36" x 30" hanging sign - "Pearl"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A Type: sign IBC-2003 Signature: JMB 6/26/09
		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: Ldobson	Date Applied For: 06/16/2009	Zoning Approval		
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..	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"/> Date: 6/19/09 <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 ye <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 6/23/09 <i>D. Andrews</i>	



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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

<u>Spokato Diana Sign Design</u>	<u>6/26/09</u>
Signature of Applicant/Designee	Date
<u>Seamus Burke</u>	<u>6/26/09</u>
Signature of Inspections Official	Date



Signage/Awning Permit Application

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: <u>444-446 Fore St.</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>32</u> Block# <u>R</u> Lot# <u>78</u>	Owner: <u>Old Port Retail Holdings, LLC.</u> <u>101 Richardson St.</u> <u>Brooklyn, NY 11211</u>	Telephone: <u>450-7030</u>
Lessee/Buyer's Name (If Applicable) <u>Todd Miranda</u> <u>450-7030</u>	Contractor name, address & telephone: <u>Sign Design, Inc.</u> <u>P.O. Box 207</u> <u>Westbrook, ME 04098</u> <u>856-2600</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Roger/Diana</u> phone: <u>856-2600</u>		
Tenant/allocated building space frontage (feet): Length: <u>60</u> Height: <u>18'</u> Lot Frontage (feet) <u>30</u> Single Tenant of <u>Multi</u> Tenant Lot _____		
Current Specific use: <u>retail bar</u> If vacant, what was prior use: <u>bar - "Oxy"</u> Proposed Use: <u>bar</u>		
Information on proposed sign(s): <u>see attached</u> Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <u>X</u> No ___ Dimensions proposed: <u>36" X 30"</u>		
Proposed awning? Yes ___ No <u>X</u> 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 w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions: _____ Awning? Yes ___ No ___ Sq. ft. area of awning w/communication: _____		
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 and existing building are also required.		

B-3 multi-tenant individual ground floor
2 x 35 = 70 sq ft
proposed 30' x 30' = 7.5'P
7.5 x 2 + 6.5

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

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

Signature of applicant: <u>[Signature]</u>	Date: <u>15 June 2009</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

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

Permit No: 09-0624	Date Applied For: 06/16/2009	CBL: 032 R007001
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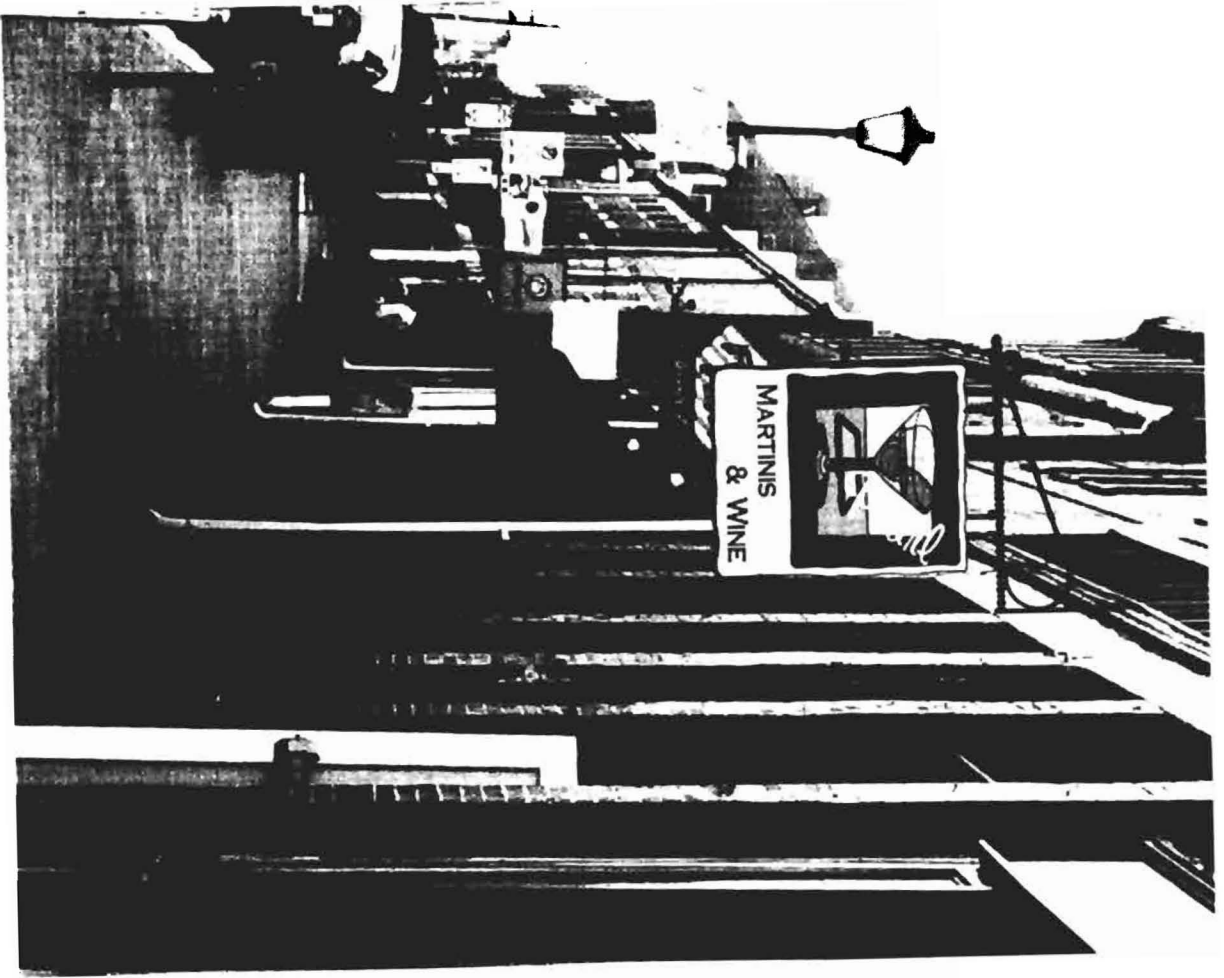
Location of Construction: 436 Fore St	Owner Name: OLD PORT RETAIL HOLDINGS	Owner Address: 101 RICHARDSON ST	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone: (207) 856-2600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - bar - install a 36" x 30" hanging sign - "Pearl"	Proposed Project Description: install a 36" x 30" hanging sign - "Pearl"
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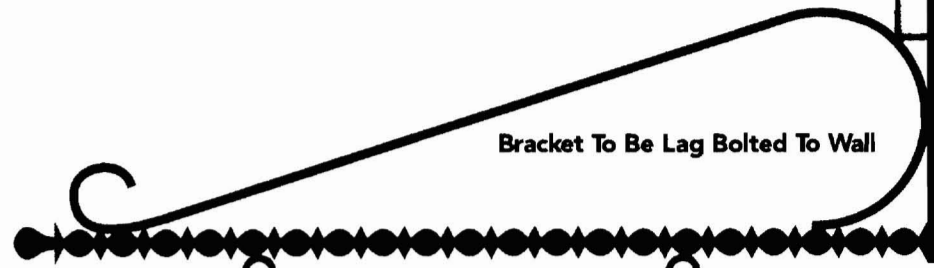
Dept: Historic	Status: Approved with Conditions	Reviewer: Deborah Andrews	Approval Date: 06/23/2009	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) * Any exterior lighting of sign subject to separate review and approval.				
Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 06/19/2009	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
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 with Conditions	Reviewer: Jeanine Bourke	Approval Date: 06/26/2009	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.				
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.				

Comments:
6/23/2009-gg: received from historic as of 6/23/09. /gg
6/26/2009-jmb: Spoke with Diana at Sign D. Sign will be minimum 10' off grade, ok to issue



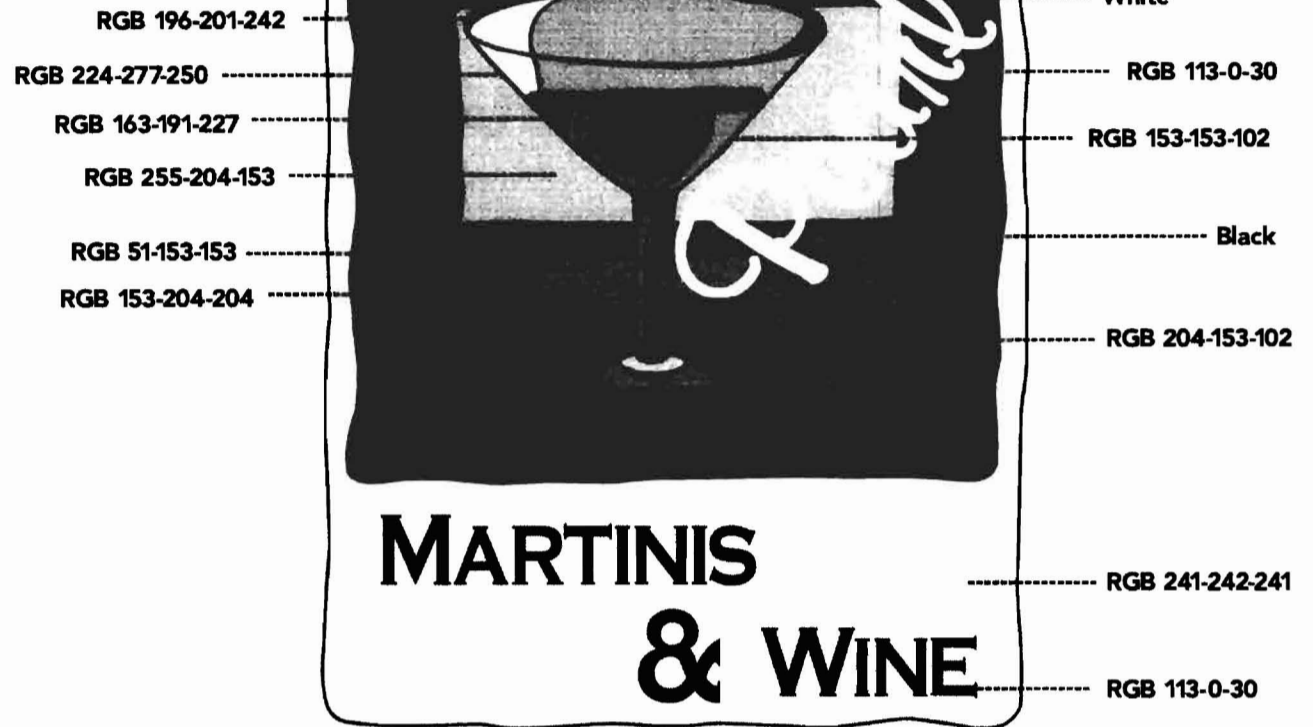


E-MAILED
 6/10/09



Bracket To Be Lag Bolted To Wall

All Colors As Listed



36" X 30" Double Sided, Bracket Mounted, Hardwood Sign
 Grey Painted Background W/ Cut Vinyl & Vinyl Print Graphics

This proof may reflect color shifts due to the color conversion from ink to paint and or vinyl. Also, PMS colors will be approximated to the best of our ability.
 Customer supplied artwork files (300 dpi required) will be used as is, and Sign Design Inc. is not responsible for any faults in the design.
 Any black outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, retainers, faces and reveals. Unless otherwise specified, they are not considered as part of the sign graphics.
 Customer approval is a signed confirmation that dimensions, colors, spelling, graphics and all other job specifics are correct.
 Sign Design Inc. is not responsible for errors occurring due to improper review of this submitted proof.

Client: Pearl rev. 4
 File: pearl comp. 3
 Date: 6.10.09
 Approval: *6/10* *DMW*

440-446 Fore St.
Portland Me.



6/8/09

Joshua Dolgin a/a/r Old Port Retail Holdings LLC

ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) 6/10/2009
PRODUCER (207) 780-1677 FAX: (207) 780-6377 Cross Insurance-Portland 2931 Congress Street PO Box 567 Portland ME 04112			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.			
INSURED Pearl LLC 1124 Brighton Ave P O Box 10811 Portland ME 04104			INSURERS AFFORDING COVERAGE INSURER A: Nautilus Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:		NAIC #	
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 MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INR/ADP/LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NC868199	2/13/2009	2/13/2010	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (EA OCC/TRANS) \$ 100,000 MED EXP (ANY ONE PERSON) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS This certificate has been produced with the expressed permission granted by New England Excess Exchange, broker for Nautilus Insurance.						

CERTIFICATE HOLDER (207) 856-7600 City of Portland 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Michelle Mitchell/MAM <i>Michelle A Mitchell</i>
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