

### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# **CITY OF PORTLAND**

# BUILDING PERMITSSIFT

This is to certify that

Located At 205 COMMERCIAL

7 2011

has permission to install a 10' x 4' Bldg wall sign

provided that the person or persons, firm or corporation accepting this permit shall comply with the person of the Statues 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.

**Fire Prevention Officer** 

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY.

PENALTY FOR REMOVING THIS CARD.

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

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

Job No: 2011-01-246-SIGN	Date Applied: 1/11/2011		CBL: 032 V - 002 - 00	F	ERMIT IS	SSUED		
Location of Construction: 205 COMMERCIAL	Owner Name: LLC LANDFALL		Owner Address: 207 COMMERCIA PORTLAND, ME	AL ST	FEB 7	Phone:		
Business Name:	Business Name: Contractor Name:			Contractor Address:				
Lessee/Buyer's Name:	essee/Buyer's Name: Phone:			Permit Type: SIGN - PERM - Signage - Permanent				
Past Use:	Proposed Use:		Cost of Work:			CEO District:		
Restaurant (The Farmer's Table)	Same: Restaurant (t Farmer's Table)	he	Fire Dept:	Approved Denied N/A		Inspection: Use Group: Type:		
			Signature:			Signature:		
Proposed Project Description	install a 10' x 4' Bldg wal	l sign	Pedestrian Activ	ities District (P.A	.D.)	Frakus		
Permit Taken By:				Zoning Appr	oval			
<ol> <li>This permit application d Applicant(s) from meetin Federal Rules.</li> <li>Building Permits do not it septic or electrial work.</li> <li>Building permits are void within six (6) months of the False informatin may inverse permit and stop all work.</li> </ol>	g applicable State and neclude plumbing,  I if work is not started the date of issuance. alidate a building ecord of the named property, s authorized agent and I agree ecode official's authorized re	Shoreland Wetland Flood Zo Subdivis Site Plan Maj Date: OV CERTIF or that the prope to conform to	one  ion  MinMM  CATION  cosed work is authorize all applicable laws of t	his jurisdiction. In ad	Not in Dis  Not in Dis  Does not I  Requires I  Approved  Approved  Denied  Date: L  Tord and that I have been a dition, if a permit for wor	at or Landmark Require Review Review  W/Conditions  L// L  Authorized by the described in		
SIGNATURE OF APPLICANT	AI	DDRESS		DA	TE	PHONE		

#### **BUILDING PERMIT INSPECTION PROCEDURES**

Please call 874-8703 or 874-8693 (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.
- 1. Close-In (Electrical, Framing, Plumbing)
- 2. 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.

PERMIT ISSUED

FEB 7 2011

City of Portland



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

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.

Director of Planning and Urban Development Penny St. Louis Littell

Job ID: 2011-01-246-SIGN Located At: 205 COMMERCIAL CBL032 - - V - 002 - 001 - - - - -

#### **Conditions of Approval:**

#### Historic

- Sign panel to have clean edges—not jagged as depicted in drawing.
- Conduit to be painted out to match color of brick exterior.

#### **Building**

- 1. Signage Installation to comply with Chapters 31 & 32 of the IBC 2009 building code.
- Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process

PERMIT ISSUED

City of Porlland

Report generated on Jan 11, 2011 1:50:58 PM

Page 1

Job Type:

Signs

Job Description:

205 Commercial "The Farmer'sTable"

Job Year:

2010

**Building Job Status Code:** 

Initiate Plan Review

Pin Value:

426

**Tenant Name:** 

The Farmer's Table

**Job Application Date:** 

Public Building Flag: N

**Tenant Number:** 

**Estimated Value:** 

**Square Footage:** 

40

**Related Parties:** 

LLC LANDFALL

Property Owner

Job Charges										
Fee Code Description	Charge Amount	Permit Charge Adjustment	Net Charge Amount	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Net Payment Amount	Outstanding Balance	
Signs - Historic	\$75.00		\$75.00						\$75.00	

#### Location ID: 4856

		Location Details								
Alternate Id	Parcel Number	Census Tract GIS X	GISY GISZ	GIS Reference	Longitude	Latitude				
L03703	032 V 002 001		_	<del></del>	-70.253581	43.655661				

Location Type Subdivision Code Subdivision Sub Code Related Persons Address(es) 205 COMMERCIAL STREET WEST

Location Use Code	Variance Code	Use Zone Code	Fire Zone Code	Inside Outside Code	District Code	General Location Code	Inspection Area Code	Jurisdiction Code
RETAIL & PERSONAL SERVICE		APPRICABLE V	3-3		Historic District		DISTRICT 2	CENTRAL BUSINESS DISTRICT

#### **Structure Details**

#### Structure: Loc id 000004855 Alt id 003271

# **Occupancy Type Code:**

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address
Stores & Customer Services (Mercantile)	6	3789,72		205 COMMERCIAL STREET WEST

Longitude Latitude GIS X GIS Y GIS Z GIS Reference М

**User Defined Property Value** 

Permit #: SIGN - PERM-692

recurred

### Job Summary Report Job ID: 2011-01-246-SIGN

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Permit Data									
Location Id	Structure Descrip	otion Per	rmit Status	Permit Description	Issue Date	Reissue Date	<b>Expiration Date</b>		
4856	Loc id 000004855 Alt id	003271 Initi	tialized	install a 10' x 4' Bldg wall sign	1				
				Inspect	ion Details				
					<u> </u>				_
Inspection I	d Inspection Type	Inspection R	lesuit Status	Inspection Status Date			Result Status Date	Final Inspection Flag	-
Inspection I	d Inspection Type	Inspection R	lesuit Status	Inspection Status Date			Result Status Date	Final Inspection Flag	- - 
Inspection I Fee Cod	e Charge	Inspection R Permit ( Adjust	Charge	Inspection Status Date Fees	Scheduled Sta			Final Inspection Flag  yment Adjustment Amount	Payment Adj

Signage/Awning Permit Application

If you are the property could over real estate or personal property taxes or user charges or

Property within the City, payment arrangements must be made before permits of any long are accepted.
Self Sandy man
Location/Address of Construction: 205 Commercial St
Tax Assessor's Chart, Block & Jot Owner: Carl Call La Telephone:
Chart# Block# Lot# Land face Tanding mmers 349-1717
Lessee/Buyer's Name (If Applicable)   Contractor name, address & telephone:   Total s.f. of signage x \$2.00
TEPF LANDRY  TY PARR SKA Per s.f. plus \$30.00 /\$65.00 For H.D. signage = Total Fee: \$
Farm to Table LLC 400-2945 Awning Fee = cost of work Total Fee: \$ Avning Fee = cost of work Total Fee: \$
Who should we contact when the permit is ready: TEDE LANDRY phone: \$841-9114 Call 75, his To-
Tenant/allocated building space frontage (feet): Length Length Lot Frontage (feet) Length Tenant Lot
Current Specific use: Costavant 32 x2 = 64 MAX
If vacant, what was prior use:  Proposed Use:
Information on proposed sign(s):
Freestanding (e.g., pole) sign? Yes No Dimensions proposed:  Bldg. wall sign? (attached to bldg) Yes No Dimensions proposed:  Dimensions proposed:  O X4  Height from grade:  10 X4  10 X2 7
Proposed awning? Yes No Is awning backlit? Yes No
Height of awning: Length of awning: Depth:
Information on existing and previously permitted sign(s):  Freestanding (e.g., pole) sign? YesNo Dimensions:
Freestanding (e.g., pole) sign? YesNo Dimensions:No Dimensions:NoNoNo
Awning: Yes No Sq. ft. area of awning w/communication: City of Portland Maine
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.
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 <a href="www.portlandinaine.gov">www.portlandinaine.gov</a> , 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 ecasomable four to enforce the provisions of the codes applicable to this permit.
Signature of applicant: Date: 12/11/15
This is not a permit; you may not commence ANY work until the permit is issued.
If frats on more than I street A Zo Sign
is Allowed

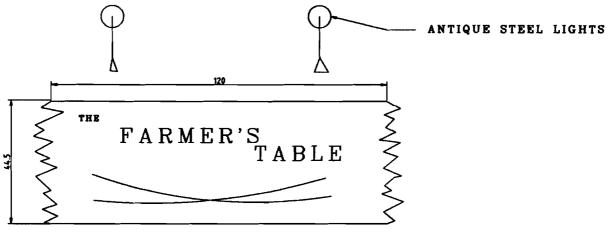
# Landfall LLC

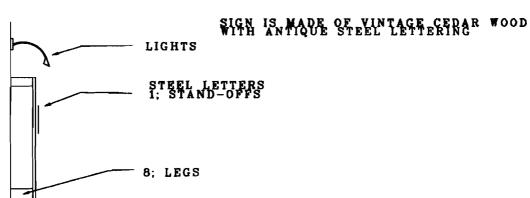
207 Commercial St. Portland, ME 04101

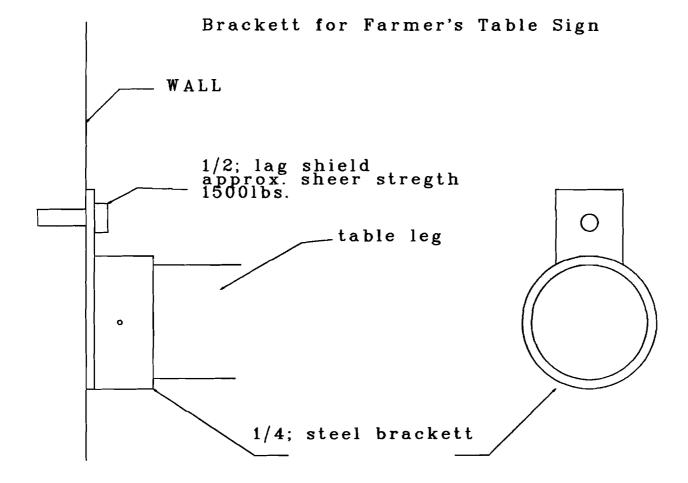
Landfall LLC has seen and given written approval of the design for the new sign for The Farmers Table. We at Landfall LLC now give permission to install a new sign at 205 Commercial St. Portland Maine 04101 under the discretion of the renters.

Brewster Harding

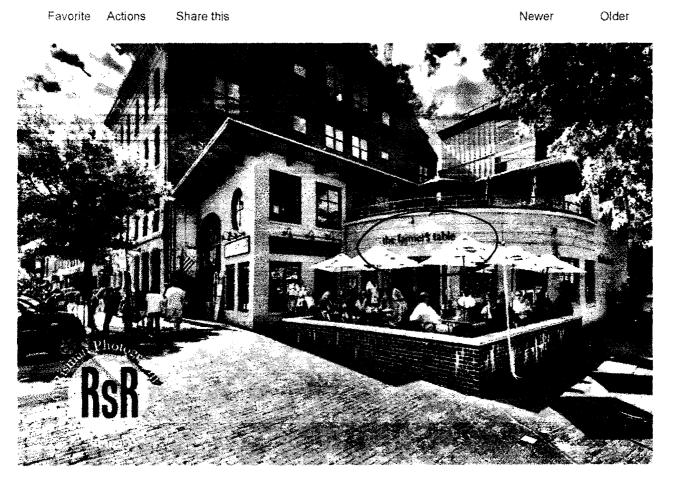
President





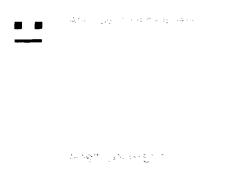




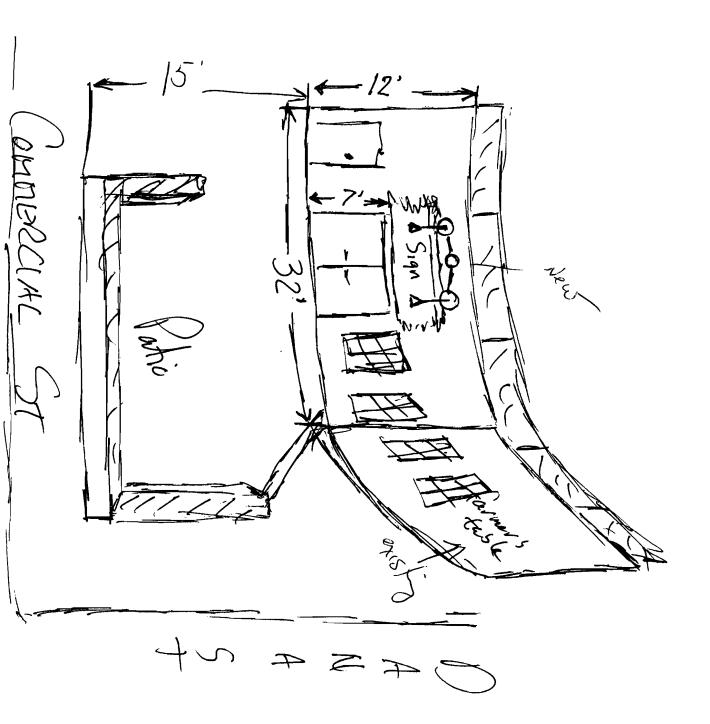


The Farmer's Table - Portland Maine

## Comments and faves



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01-07-'11 12:58 FROM-	•		2077	<b>7</b> 53691		T-640 P00	01/00	<b>01 F-17</b> 5
ACORD CERTI	FICA'	TE OF LI	ABIL	.ITY	INSUR	ANCE	_	(MM/00////) 1/07/2011
THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	ELY OR RANCE I D THE CE	NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	, exten te a co	DOR ALT	ER THE CO	VERAGE AFFORDER HE ISSUING INSURE	BY THER(S), A	IE POLICIES
IMPORTANT: If the certificate holder is an the terms and conditions of the policy, cert certificate holder in lieu of such endorsement(s	un policies							
PRODUCER Phone: (207) 775-3793 Fax: (207) 775-36	<b>6</b> 1	<u></u>	CONTACT NAME:	Benjamin	T. Holden			
HOLDEN AGENCY INSURANCE			PHONE MAG. No. E	xt: (207) 77	5-3793	FAX (A/C, Not:	(207) 7	75-3691
PO BOX 10610			E-MAIL ADDREAS		<u>@holdenager</u>			
1085 BRIGHTON AVE			PRODUCE	R 7460				
PORTLAND ME 04104		Agency Licil: AGR 1995			JRER(S) AFFOR	DING COVERAGE		NAIC#
NSURED			INSURER	A A	merican E&S			1
FARM TO TABLE, LLC			INSURER					
DBA THE FARMER'S TABLE 463 BROWN RD			INSURER					-
DURHAM ME 04222			INSURER					
DORTAM ME 04222			INSURER		· · · · · · · · · · · · · · · · · · ·			
			INSURER					<del>                                     </del>
COVERAGES CERT	TEICATE	NUMBER: 23778	INSURER	<u>r :                                   </u>		REVISION NUMBER:		<u> </u>
THIS IS TO CERTIFY THAT THE POLICIES			/E BEEN	ISSUED TO I			HE POLI	Y PERIOD
INDICATED. NOTWITHSTANDING ANY REQ								
CERTIFICATE MAY BE ISSUED OR MAY P						HEREIN IS SUBJECT T	O ALL TH	ie terms.
EXCLUSIONS AND CONDITIONS OF SUCH PO	ADD'L BUBR		EEN RED	POLICY EFF	POLICY EXP			
TR TTE OF INSURANCE	INSR WVD	POLICY NUMBER	. +	(MM(DD(YYYY)	(MM/DD/YYY)		MITS	1,000,000
^ <u></u>	A	PAC 8222493-01		02/09/10	02/09/11	EACH OCCURRENCE	- \$	
X COMMERCIAL GENERAL LIABILITY					1	PREMISES (Ea occurence)	- \$	50,000
CLAIMS-MADE X OCCUR			İ			MED. EXP (Any one person)	3	1,000
			)			PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	- \$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPIOP AG	G \$	1,000,000
X POLICY PRO- LOC								
		ı	I			COMPINED SINCE STRAIT		

JJR.	20MMIOEM 10 2111	INSR	WVD	POLICY NUMBER	IMM/IND/YYYY)	_(MMVDDA/YYY)	Frith) 1:	
A	GENERAL LIABILITY	Α		PAC 8222493-01	02/09/10	02/09/11	EACH OCCURRENCE	\$ 1,000,000
[	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (6a occurence)	\$ 50,000
	CLAIMS-MADE X OCCUR						MED. EXP (Any one person)	1,000
					}		PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
{	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPIOP AGG	\$ 1,000,000
	X POLICY PRO-					\		*
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ex accident)	\$
) }	ANY AUTO		}		1		BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS		]				BODILY INJURY (Per accident)	\$
Ιİ	SCHEDULED AUTOS	Ì	į				PROPERTY DAMAGE	<u> </u>
	HIRED AUTOS				ļ		(Per accident)	
[	NON-OWNED AUTOS							
								\$
	UMBRELLA LIAB OCCUR		[				EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE			•			AGGREGATE	\$
	DEDUCTIBLE	]						8
	RETENTION \$							\$
	WORKERS COMPENSATION				1		WC STATU- OTM	\$
	AND EMPLOYERS LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	,		,		1	E.L. EACH ACCIDENT	8
	OFFICERMEMBER EXCLUDED? (Mandatory in NH)	N/A	<b>!</b>				E.L. DISEASE-FA EMPLOYEE	5
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	s
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (	Attach	ACORD 101, Additional Remarks Schodu	ile, if more space	s is required)		

CERTIFICATE HOLDER

Re: Sign

CANCELLATION

City of Portland 389 Congress Street Portland ME 04101

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

AUTHORIZED REPRESENTATIVE

Attention:

ACORD 25 (2009/09)

Building and Inspections Office

As required for operations. Certificate holder below is named as additional insured per written contract.

874-8716

ACORD'

# CERTIFICATE OF LIABILITY INSURANCE

01/07/2011

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(les) 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). CONTACT Phone: (207) 775-3793 Fax. (207) 775-3691 Benjamin T. Holden NAME: PHONE (A/C, No, Ext): **HOLDEN AGENCY INSURANCE** (207) 775-3793 (207) 775-3691 PO BOX 10610 bhoiden@hoidenagency.com ADDRESS: 1085 BRIGHTON AVE PRODUCER CUSTOMER ID: PORTLAND ME 04104 Agency Lic# AGR 1995 INSURER(S) AFFORDING COVERAGE NAIC # Great American E&S ins. Co. INSURER A FARM TO TABLE, LLC INSURER B **DBA THE FARMER'S TABLE 463 BROWN RD** INSURER C **DURHAM ME 04222** INSURFR D INSURER E INSURER F **COVERAGES CERTIFICATE NUMBER: 23778** 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. ADD'L SUBR INSR WYD POLICY EFF (MM/DO/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER LTR GENERAL LIABILITY 1.000.000 PAC 8222493-01 02/09/10 02/09/11 Δ EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) X COMMERCIAL GENERAL LIABILITY 50,000 CLAIMS-MADE X OCCUR 1,000 MED, EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE 1,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY Loc JEC1 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) \$ NON-OWNED AUTOS \$ UMBRELLA LIAD EACH OCCURRENCE OCCUR AGGREGATE EXCERS LIAB CLAIMS-MADE \$ DEDUCTIBLE RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY \$ E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A E.L. DISEASE-EA EMPLOYEE (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE-POLICY LIMIT ¢ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) As required for operations. Certificate holder below is named as additional insured per writien contract. Re: Sign

CERTIFICATE HOLDER

CANCELLATION

City of Portland 389 Congress Street Portland ME 04101

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

Attention:

**Building and Inspections Office** 



# Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

₩/	Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
4	Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
	A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
	A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination construction method as well as specifics of installation/attachment.
	Certificate of flammability required for awning, canopy or banner.
	A UL# is required for lighted signs at the time of final inspection.
	Photos of existing signage
	Details for sign fastening, attachment or mounting in the ground.

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

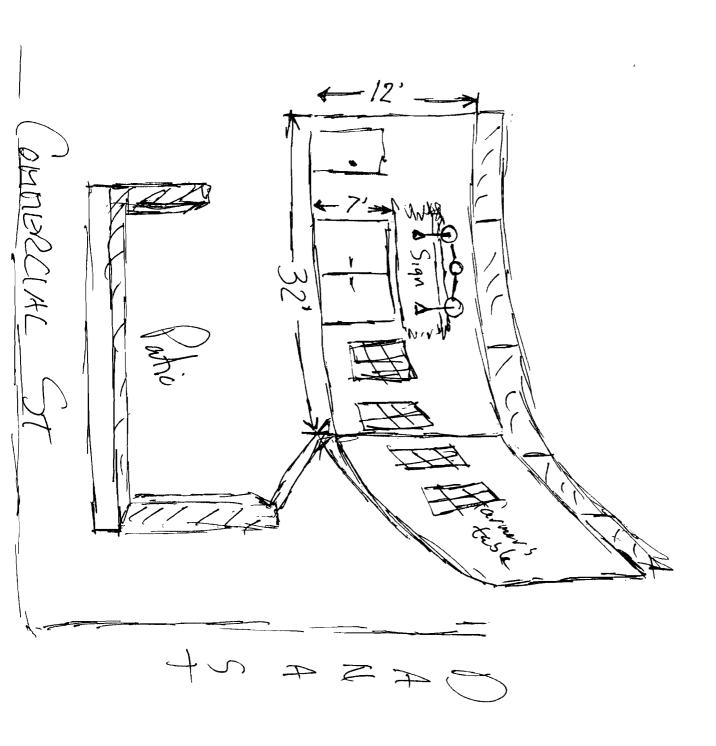
Permit fee for awning-without-signage is based on cost of work: \$30.00 for the first \$1,000.00, \$10.00 per additional \$1,000.00 of cost.

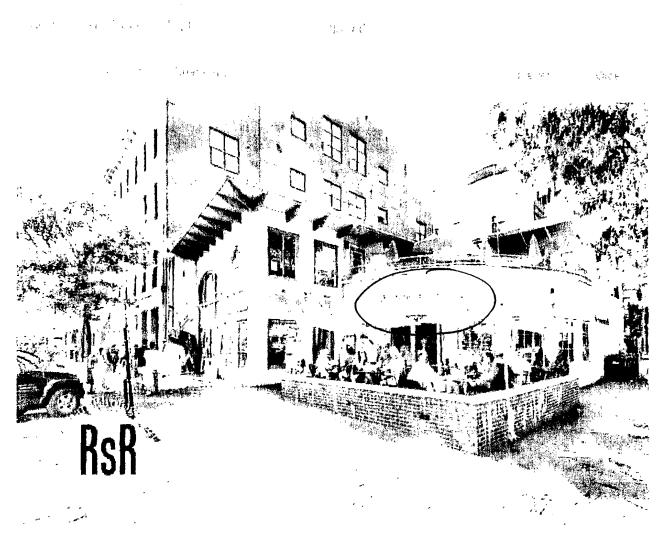
Base application fee for any Historic District signage is \$65.00.



# Signege/America Permit Application

; :: cation/Address of Construction: 20	5 Commercial St		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: Landfall Le Brewster Harding	10	Telephone: 7491717
Lessee/Buyer's Name (If Applicable)  TEFFE LANDRY  Farm to Table LLC	Contractor name, address & telephone  APR  ACO -2945	For H.D. s Fee: \$_ Awning	f signage x \$2.00 s \$30.00 \$65.00 signage= Total  Fee= cost of work e: \$
Who should we contact when the permit is ready Tenant/allocated building space frontage (feet) Lot Frontage (feet) Current Specific use: If vacant, what was prior use: Proposed Use:	Single Tenant or Multi Tenant Lot		3 <i>U</i> 4
Information on proposed sign(s):  Freestanding (e.g., pole) sign? Yes  Bldg. wall sign? (attached to bldg) Yes  Proposed awning? Yes No Is aw  Height of awning: Length of  Is there any communication, message, tradem  If yes, total s.f. of panels w/communications,	ning backlit? Yes No awning: Depth: ark or symbol on it? Yes No		at from grade:
Information on existing and previously perm.  Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Awning? Yes No Sq. ft. are  A site sketch and building sketch showing e.	No Dimensions:	located mu	st be provided.
Sketches and/or pictures of proposed signa			st be provided.
In order to be sure the City fully understands the additional information prior to the issuance of a Building Inspections office, room 315 City Hall	permit. For further information visit us on-l		
I hereby certify that I am the Owner of record of the authorized by the owner to make this application as he permit for work described in this application is seen areas covered by this permit at any reasonable four to Signature of applicant:  This is not a permit	is 'het authorized agent. I agree to conform to al	ll applicable la presentative slot this pennit.	ws of this jurisdiction. In addition, if its large the authority to enter all





The Farmer's Table - Portland Maine

Comments and faves



