



Yes. Life's good here.



Jeff Levine, AICP, Director Planning & Urban Development Department Tammy Munson, Director **Inspections** Division

Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a legal signature per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are paid in full to the Inspections Office, City of Portland Maine by method noted below:

> Within 24-48 hours, once my complete permit application and corresponding paperwork has been electronically delivered, I intend to call the Inspections Office at 207-874-8703 and speak to an administrative representative and provide a credit/debit card over the phone.

Within 24-48 hours, once my permit application and corresponding paperwork has been electronically delivered, I intend to hand deliver a payment method to the Inspections Office, Room 315, Portland City Hall.

I intend to deliver a payment method through the U.S. Postal Service mail once my permit paperwork has been electronically delivered.

Applicant Signature: SMM ST. Reve

Date: 12/10/14

I have provided digital copies and sent them on:

Date:

NOTE: All electronic paperwork must be delivered to buildinginspections@portlandmaine.gov or by physical means ie; a thumb drive or CD to the office.

389 Congress Street * Portland Maine 04101-3509 * Phone: (207) 874-8703 * Fax: (207) 874-8716 http://www.portlandmaine.gov/planning/buildinsp.asp * E-Mail: buildinginspections@portlandmaine.gov



From:Suzie St.Pierre <suziep66@hotmail.com>To:<buildinginspections@portlandmaine.gov>CC:Martin B Dassa <mdassa@maine.rr.com>, Jack St Pierre <jackstpierre62@yah...</th>Date:12/17/2014 3:10 PMSubject:sign permit for isa -79 portland stAttachments:Isa_Sign_Key_Permit.pdf; IsaCertificateofLiabilitySign.pdf;IandlordpermissionSIGN.jpeg; Part.004; Sign permit isa -79 portland st 1.jpeg; Sign permit isa -79

portland st 2.jpeg; Part.007; isa sign permit.pdf

To whom it may concern,

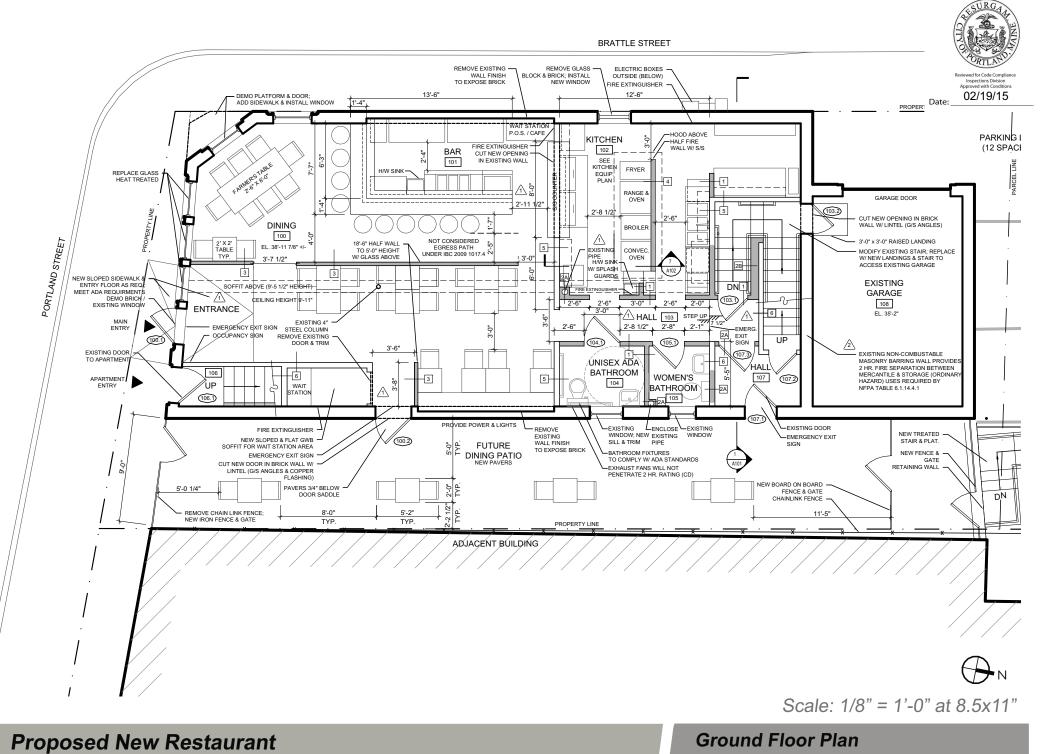
I am opening a new restaurant called isa at 79 portland st and would like to reuse the existing sign on the building. I have attached all requested documents on your checklist and the last PDF document has several drawings that should cover all the questions.

Grade level to the bottom of the sign is 10', which is not illustrated on the photos.

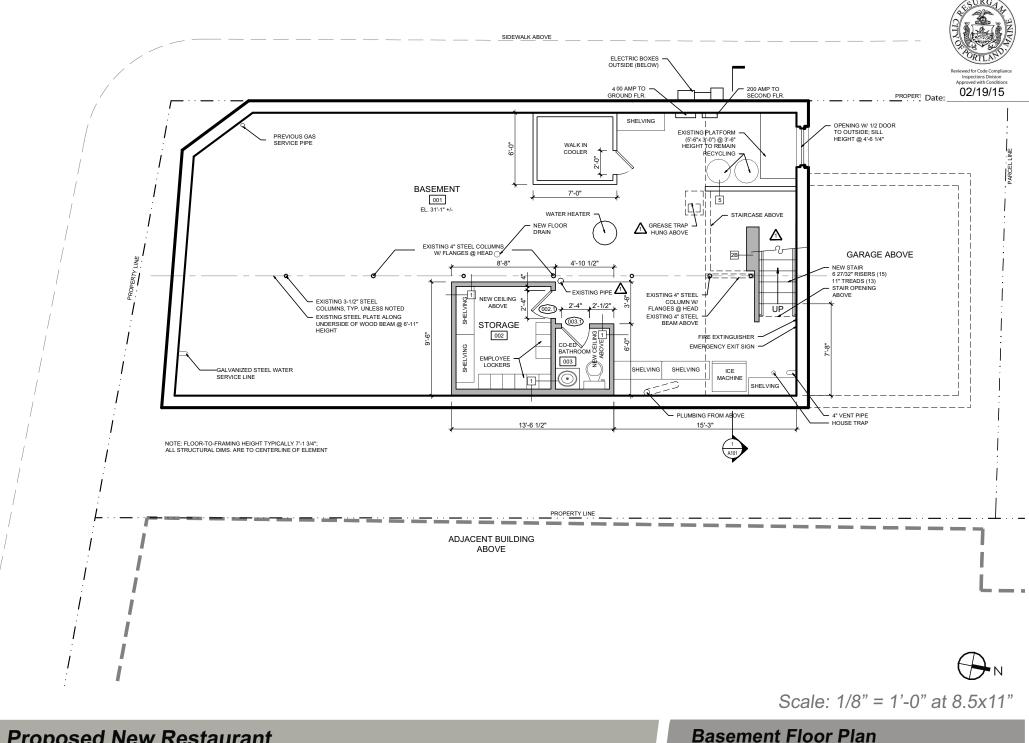
Also the light fixture shown is a new fixture that says it is UL rated for wet conditions (Rab QB2A), but there is no UL number.

Please contact me with any further questions.

Thank you kindly for your time. Suzie St. Pierre owner 207 590 9388

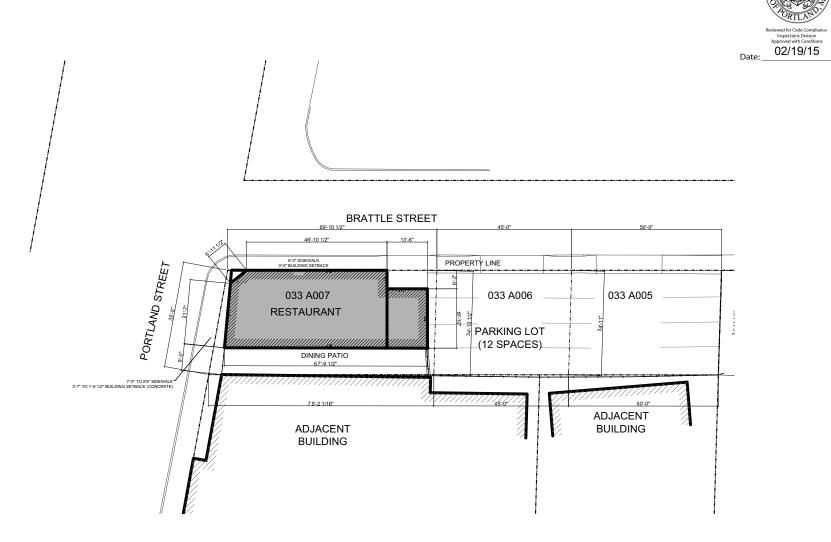


79 Portland, St, Portland, ME 04101 | Suzie St. Pierre



Proposed New Restaurant

79 Portland, St, Portland, ME 04101 | Suzie St. Pierre

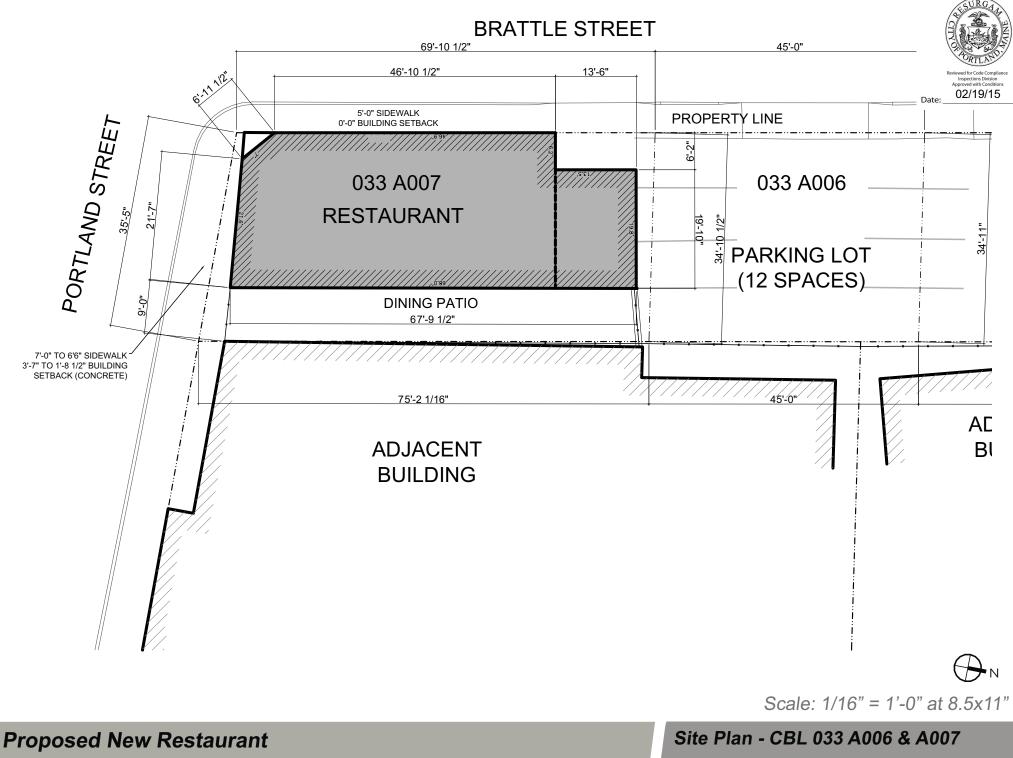


Scale: 1/32" = 1'-0" at 8.5x11"

Proposed New Restaurant

79 Portland, St, Portland, ME 04101 | Suzie St. Pierre

Site Plan - CBL 033 A005, A006, A007



79 Portland, St, Portland, ME 04101 | Suzie St. Pierre



Existing sign

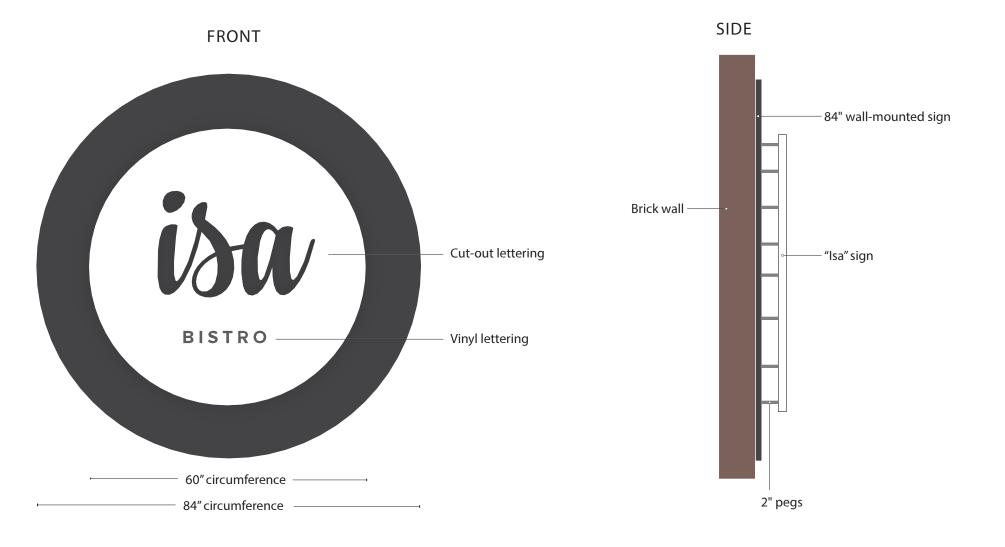
Proposed sign





Signmaker's description:

Dimensional Sign – all Dibond Qty: 1 1st Panel Size: 84" circumference 6MM DiBond painted PMS 179-14 2nd Panel Size: 60" circumference 6MM DiBond painted white with "ISA" logo cut out and vinyl letters applied Stud Mounted Fabrication and Install cost: \$2,085.85





TO-SCALE MOCK-UP







CERTIFICATE OF LIABILITY INSURANCE

ISALLC0-02



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE I CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), Date: 02/19/15

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.				
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) 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).				
PRODUCER	CONTACT NAME: Johanna Kerry			
Clark Insurance 2385 Congress Street Portland, ME 04104		FAX (A/C, No): (207) 774-2994		
	E-MAIL ADDRESS: jkerry@clarkinsurance.com			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A : Ohio Security Insurance Co	24082		
INSURED ISA, LLC 77 Portland Street Portland, ME 04101	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
	INSURER F :			
COVERAGES CERTIFICATE NUMBER:	REVISION NUME	BER:		
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.				

RENCE	\$ 1,000,000
RENTED a occurrence)	\$ 300,000
one person)	\$ 15,000
ADV INJURY	\$ 1,000,000
GREGATE	\$ 2,000,000
COMP/OP AGG	\$ 2,000,000
	\$
NGLE LIMIT	\$
Y (Per person)	\$
Y (Per accident)	\$
AMAGE	\$
	\$
RENCE	\$
	\$
	\$
E OTH- ER	
CIDENT	\$
- EA EMPLOYEE	\$
- POLICY LIMIT	\$
	A OCCURRENCE) / one person) ADV INJURY GREGATE COMP/OP AGG NGLE LIMIT RY (Per person) RY (Per accident) AMAGE RENCE CIDENT - EA EMPLOYEE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Insured's policy is endorsed to name the City of Portland as an additional insured

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 UCHANNAU C KUNY

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CG 20 13

POLICY NUMBER:

COMMERCIAL GENERAL LIAB



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION - PERMITS OR AUTHORIZATIONS RELATING TO PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following additional provision:

This insurance applies only with respect to the following hazards for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization in connection with premises you own, rent or control and to which this insurance applies:

1. The existence, maintenance, repair, construction, erection or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or

2. The construction, erection or removal of elevators; or

3. The ownership, maintenance or use of any elevators covered by this insurance.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section I/I - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

© Insurance Services Office, Inc.



Seventy Nine Portland Street LLC 165 Klinger Drive Sugarloaf, PA 18249 570-401-1158

December 9, 2014

City of Portland 389 Congress Street Portland, ME 04101

To Whom It May Concern:

As the owner of a property at 77-79 Portland Street, I hereby give permission to ISA LLC and Suzie St.Pierre, to attach all appropriate signage on both the Portland Street and Brattle Street sides of the building for their restaurant business. Signage will be compliant with Portland City codes.

Very Truky Your

Jack St. Pierre Owner



Signage / Awning Permit Application



If you or the property owner owes real estate or personal property taxes or any other charges on any property within payment arrangement MUST be made before permits are accepted.

Location/Address: 79 BeHA	nd St.	×		
Tax Assessor's Chart/Block/Lot (CBL)	OWNER Name/Address:	Telephone: TAUK		
Chart: Block: Lot:	Name: Seventy Ning BEHand Still	570 401 1158		
633 A007 A006	Address: 1105 KINACE DR	570 0 0 0 0 0		
33 ADDA ADDE	Sugarioat PA 18249	E-Mail: jackst Dievre 62 Oyahoo		
LEASEE/BUYER Info (if Applicable)	CONTRACTOR	Total S.F. signage \$ 78 . CON		
Isa LLC	Name: Scwall Associates The	(Sq Ft = 49 x \$2.00)		
Suzic St. Picro	Address: 23 Occan Ave	SF + \$30 Fee: \$ 30		
207 590 9388	BRHand ME 04103	Historic (\$75): \$		
	Phone: E-Mail: Sewallamaine.rr.			
Awning Fee = Cost of	of Work: \$ (\$30/first \$1000; \$10 each additional \$1000)			
	is ready: Name: SUZIC ST. PCVrc	Phone: 207 590 9388		
Address 77 Berland St k	betland ME 04101	E-Mail: <u>Suzi cpldo@hotmail.</u> com		
	Portland St. Brattle St			
Tenant/allocated building space frontage	(in feet): Length: 355 46 10 /2	1		
Lot frontage (in feet): 355" 14 10.55 FORHAND & BRATTE ST	Single Tenant or Multi-Tenant Lot: Restaurant 4 1 0	upt above		
Current Specific Use:				
If vacant, what was prior use:	eld kitchens			
Proposed Use: Reuse existing s		int		
	J. Jene Con (the prostance			
Information on proposed sign(s)				
Freestanding (e.g. pole) sign?	YES Dimensions proposed:	Height from grade:		
BLDG Wall Sign (attached to bldg.)?	YES NO Dimensions proposed: $7' \times 7'$			
Proposed Awning:	YES NO If yes, is awning backlit? YES			
Height of awning Length o				
Is there any communication, message, trademark		_		
	inication, message, trademark or symbol on it:	sf		
Information on <u>existing and previously per</u>				
Freestanding (e.g. pole) sign? YES NO Dimensions existing: X Height from grade:				
BLDG Wall Sign (attached to bldg.)? YES X NO Dimensions existing: $\frac{7}{4}$ X $\frac{7}{4}$				
Awning? YES NOX total sq ft of par	nels with communication on it: sf			
A site sketch and huilding sketch showing eye	rtly where existing and proposed signage is located MUS	T he provided		
A site sketch and building sketch showing exactly where existing and proposed signage is located MUST be provided. Sketches and/or pictures of proposed signage and existing building are also required.				
and or produces or proposed signage	and oarbeing building are also required.			
Please submit all information outlined in the S	ign/Awning Application Checklist. Failure to do so may	result in the denial of your permit.		
The sector to be sure the City City of the sector of the City				
in order to be sure the City jully understands the full so issuance of a permit For further information visit us	ope of the project, the Planning and Development Department may on-line at <u>WWW.PORTLANDMAINE.GOV</u> , stop by the Building Ins	request additional information prior to the		
207-874-8703.	n-une ut <u>m n n 2 OKTEANDWAINE.007</u> , stop by the Duttaing Ins	pections Office, room 515 City Hall, or call		
I hereby certify 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 t		cover ca by this permit at any reasonable		
Signature of Applicant:	MATTIMA Date:	12/11/14		

Revised 06/2012

This is NOT a permit; you may not commence ANY work until the permit is issued