

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that 347 CUMBERLAND AVENUE ASSOCIATES, LLC

Located At 347 CUMBERLAND AVE

CBL: 033 - - K - 011 - 001 - - - -

Job ID: 2011-08-1904-SIGN

has permission to install a 30" x 120" wall sign provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions 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

N/A

[Signature] 8/12/11

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**



PORTLAND MAINE

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

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-08-1904-SIGN

Located At: 347 CUMBERLAND
AVE

CBL: 033 - - K - 011 - 001 - - - - -

Conditions of Approval:

Building

Signage Installation to comply with Chapters 31 & 32 of the IBC 2009 building code.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-08-1904-SIGN	Date Applied: 8/4/2011	CBL: 033 - - K - 011 - 001 - - - - -	
Location of Construction: 349 CUMBERLAND AVE	Owner Name: 347 CUMBERLAND AVENUE ASSOCIATES, LLC	Owner Address: 782 FOREST AVE PORTLAND, ME - MAINE 04102	Phone: 914-255-8499
Business Name: Schulte & Herr	Contractor Name: Fast Signs	Contractor Address: 43 Western Ave., South Portland, ME 04106	Phone: 207-773-5499
Lessee/Buyer's Name: Stephanie Davin	Phone: 413-588-72233	Permit Type: Sign	Zone: B-3
Past Use: Restaurant	Proposed Use: Same - Restaurant - "Schulte & Herr" - install wall sign - 30" x 120"	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A Signature.	Inspection: Use Group: Type: <i>Sisa</i> Signature: <i>ABM</i>
Proposed Project Description: install 30" x 120" building wall sign		Pedestrian Activities District (P.A.D.)	
Permit Taken By:	Zoning Approval		

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK, 8/11/11 ABM</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:	<input checked="" type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>ABM</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



B-3

Signage/Awning Permit Application

2011 08 19 04

Contract updated 8/19/11

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>349 CUMBERLAND AVE, PORTLAND ME 04101</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>33 K 11</u>	Owner: <u>349 CUMBERLAND AVE Associates LLC</u>	Telephone: <u>914-255-8499</u>
Lessee/Buyer's Name (If Applicable) <u>SCHULTE & HERR</u>	Contractor name, address & telephone: <u>FAST SIGNS 413 Western Ave Jetport S. Portland, ME 04106 Plaza Phone 207-773-5499</u>	Total s.f. of signage x \$2.00 <u>114.00</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total <u>30.00</u> Fee: \$ _____ Awning Fee = cost of work <u>144.00</u> Total Fee: \$ _____
Who should we contact when the permit is ready: <u>BRIAN DAVIN</u> phone: <u>856-673-8859</u>		
Tenant/allocated building space frontage (feet): Length: <u>38 x 15'</u> Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot: <u>mult.</u>		
Current Specific use: _____ If vacant, what was prior use: <u>RESTAURANT</u> Proposed Use: <u>RESTAURANT</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>70" high 9'10" deep 20" deep wide</u>		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> Is awning backlit? Yes <input checked="" type="checkbox"/> No _____ Height of awning: <u>2 Feet</u> Length of awning: <u>15 feet 11 inches</u> Depth: <u>1 foot 2 inches</u> Is there any communication, message, trademark or symbol on it? Yes _____ No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions: <u>30" high 9'10" wide 20" deep</u> Awning? Yes <input checked="" type="checkbox"/> 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.		

RECEIVED

AUG - 4 2011

Dept. of Building Inspections
City of Portland Maine

IT'S AN EXISTING AWNING
WE TAKE OVER

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.

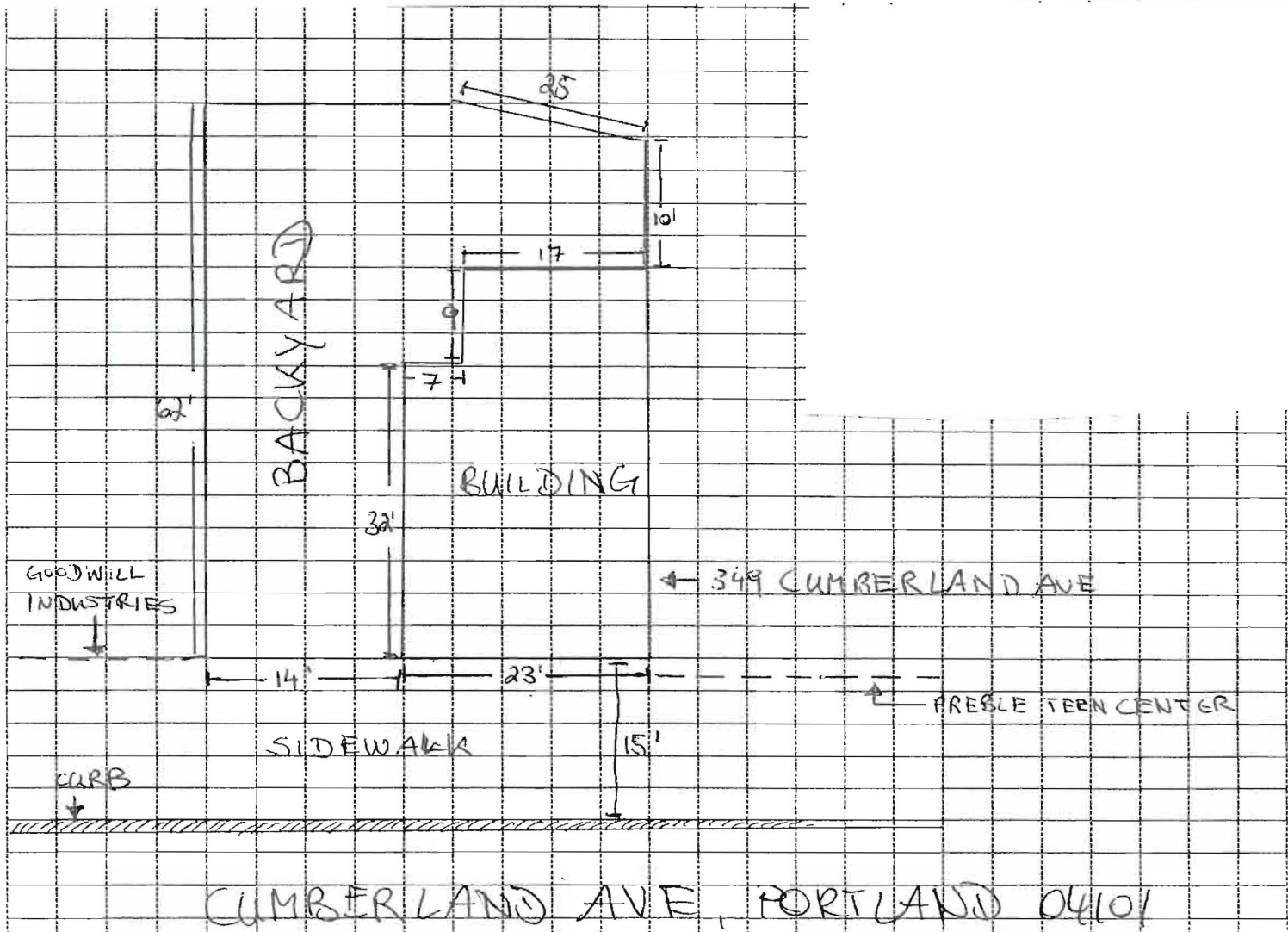
Signature of applicant: <u>[Signature]</u>	Date: <u>08/04/2011</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

~~15 x 2 = 36 sq ft~~
~~21 x 1 = 42 sq ft~~

15 x 2 = 38 sq ft

proposed 30" x 120" = 3600" = 25 sq ft

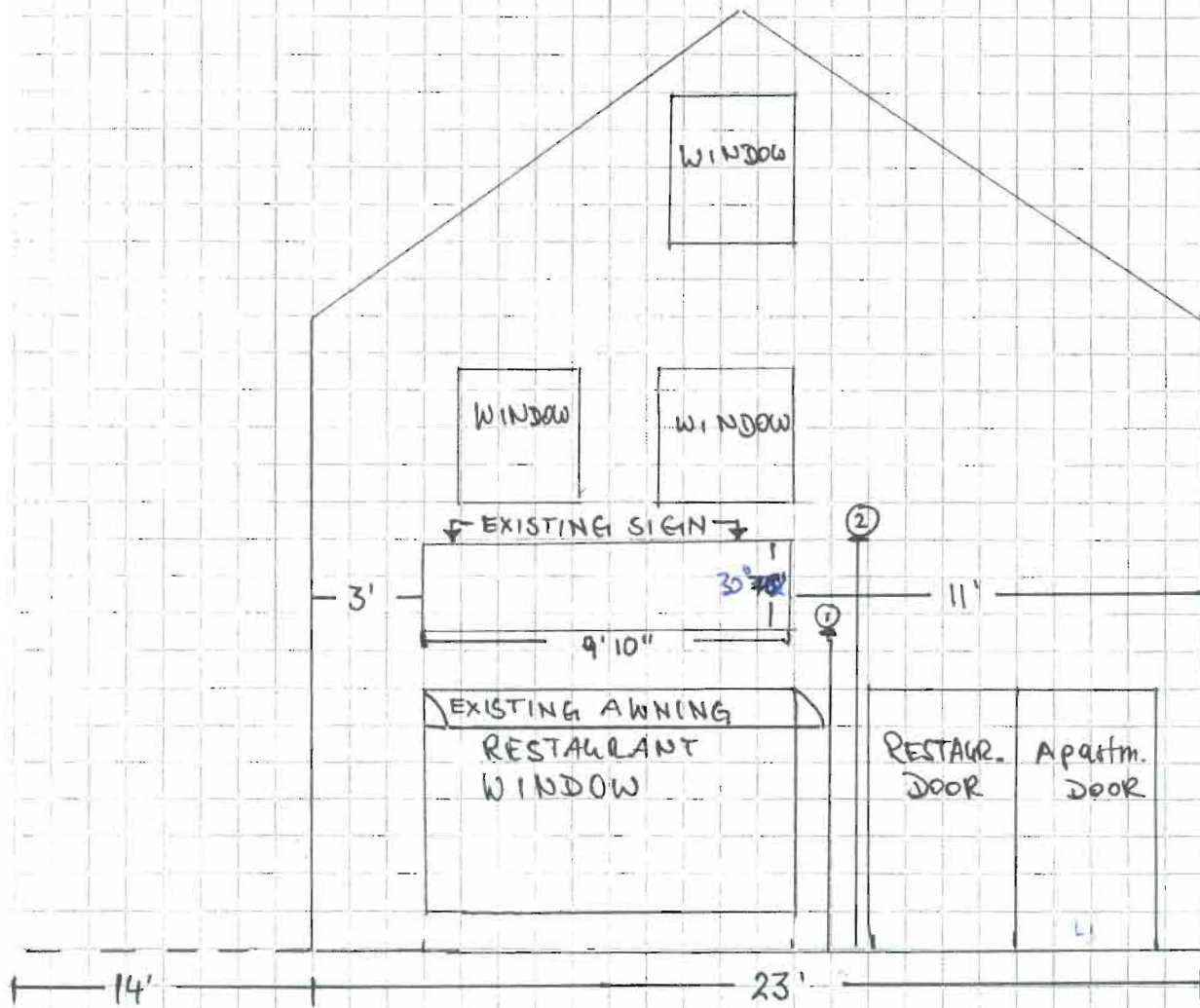


Schulte & Herr

349 Cumberland Ave
 PORTLAND, ME 04101

Contact: Stefanie Davin ~~2021~~

Cell: 413-588-7223



- ① 280"
- ② 350"

SCHULTE & HERR
 349 CUMBERLAND AVE
 PORTLAND, MAINE 04101

CONTACT: STEFANIE DAVIN 413-588-7223

DINE-IN
OR
TAKE-OUT
899-1220

RESTAURANT
Apsara
FINE CAMBODIAN CUISINE

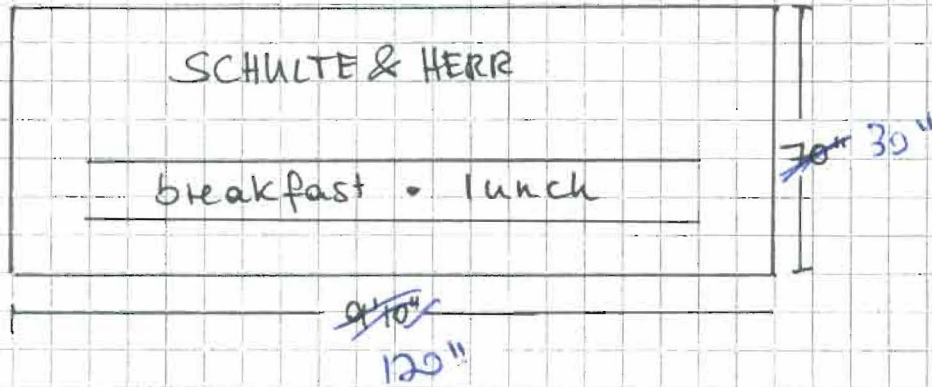
349



OPEN

OPEN

NEW SIGN



Material: Aluminum w./ STICKER

NO illumination

Will get screwed on existing construction

Andrew Juris
Property manager
408 Fore St
Portland, ME 04101

08.04.2011

Letter of permission

This letter gives permission to "Schulte & Herr", tenants of 349 Cumberland Ave, Portland 04101, to install a new signage on the property of 349 Cumberland Ave, Portland 04101.



Andrew Juris
Property manager

ACORD**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

07/21/2011

PRODUCER 207.774.2617 FAX 207.774.2869
 United Insurance
 Haley Agency
 21 1/2 Eastern Promenade
 Portland, ME 04101

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
 STEFANIE AND BRIAN DAVIN
 DBA SHULTE & HERR
 128 PARK AVE APT 6
 PORTLAND, ME 04101-2127

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: MMG Insurance Company
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

15997

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.

INSR RCD/LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BP 0441044	07/14/2011	07/14/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	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 EA ACC \$ AUTO ONLY: 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? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY 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

The City of Portland shall be named as Additional Insured.

CERTIFICATE HOLDER

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 _____ 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



ACORD 25 (2009/01) FAX: 207.874.8716

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

August 4 2011

Received from Stephanie Davone

Location of Work 349 Commercial Ave

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

Building (IL) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 033 K011

114.00
+ 30.00

Check #: MasterCard Total Collected \$ 144.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: Mayb

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy