

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

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

Permit No: 02-0443	Issue Date: MAY 10 2002	CBL: 033 J001001
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Location of Construction: 40 Portland St	Owner Name: Bintliff's Restaurant Corporation	Owner Address: 98 Portland St	Phone:
Business Name: n/a	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 2078797700
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B2b

Past Use: Commercial / Restaurant	Proposed Use: Commercial / Restaurant; Erect 30 sq. ft. Plastic Dimensional lettered Sign to be mounted to the building.	Permit Fee: \$60.00	Cost of Work: \$0.00	CEO District: 2
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Proposed Project Description: Erect 30 sq. ft. Lettered Sign.	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A	INSPECTION: Use Group: U Type: Sign BOCA 1999
	Signature: [Signature]	Signature: [Signature]
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: [Signature] Date:		

Permit Taken By: gg	Date Applied For: 04/30/2002	<b>Zoning Approval</b>	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: [Signature] 5/9/02	<p><b>Zoning Appeal</b></p> <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:	<p><b>Historic Preservation</b></p> <input checked="" type="checkbox"/> Not in District 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: [Signature]
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**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 \_\_\_\_\_

5/17/02 sign and place & appears to be within  
city guidelines for zoning & building code. THANKS

Close out

CBL # 33-5-1  
Permit # 02-0443

5068  
**THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED**

# Signage 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>40 PORTLAND STREET</u>		
Total Square Footage of Proposed Structure <u>30 SQ. FT.</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>033</u> Block# <u>5</u> Lot# <u>001</u>	Owner: <u>ROGER BINTLIFF</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>MUOI CHIEM 195 LANE AVE PORTLAND, ME</u>	Total s.f. of signage <u>30</u> x 1.00 per s.f. \$ _____, plus \$30.00 base fee Fee: \$ <u>60.00</u>
Current use: <u>RESTAURANT</u>	<u>878-0552</u>	
If the location is currently vacant, what was prior use: <u>RESTAURANT</u>		
Approximately how long has it been vacant: <u>6 MONTHS ±</u>		
Proposed use: <u>RESTAURANT</u>		
Project description: <u>30 SQ FT SIGN</u>		
Contractor's name, address & telephone: <u>THE SIGNERY 299 FOREST AVE PORTLAND 879-1770</u>		
Who should we contact when the permit is ready: <u>MUOI CHIEM xx or Benny</u>		
Mailing address: <u>Call x 318 2349</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$50.00 fee if any work starts before the permit is picked up. <b>Phone:</b>		

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

**IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.**

APR 30 2002

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>4.17.02</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall**

**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 40 PORTLAND STREET ZONE: B-2b

OWNER: ROGER BINTLIFF

APPLICANT: MUOI CHIEM

ASSESSOR NO. \_\_\_\_\_

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT?  YES NO

MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES  NO

DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_

MORE THAN ONE SIGN? YES  NO

DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_

SIGN ATTACHED TO BLDG.?  YES NO

DIMENSIONS 36" x 120" 3 x 10 = 30ft

MORE THAN ONE SIGN? YES  NO

DIMENSIONS \_\_\_\_\_

AWNING: YES  NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK  
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

NO EXISTING SIGNAGE

SIGN TO BE CONSTRUCTED FROM YELLOW ALUMALITE PANEL WITH PLASTIC DIMENSIONAL LETTERS AND VINYL LETTERS. PANEL TO BE MOUNTED TO BUILDING FACE W/ STAINLESS STEEL SCREWS

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): \_\_\_\_\_

80' (15' = 120ft) frontage per tenant

\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION 5/8/02 318 - 2349 cell

**YOU SHALL PROVIDE:**

**A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: Muoi Chiem DATE: \_\_\_\_\_

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

OP ID BA  
BINTL-1

DATE (MM/DD/YY)  
04/16/02

<b>PRODUCER</b>  Morse, Payson & Noyes Ins. P.O. Box 406 Portland ME 04112-0406 Phone: 207-775-6000 Fax: 207-775-0339	<b>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.</b>
	<b>INSURERS AFFORDING COVERAGE</b>
<b>INSURED</b>  Bintliff Restaurant Corp. Roger Bintliff 98 Portland St Portland ME 04101	INSURER A: <b>TRAVELERS INS. CO.</b>
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

### 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	I6801820W563	11/17/01	11/17/02	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COM/POP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AGG	\$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS	
					OTH-ER	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	<b>OTHER</b>					
	<b>Business Owners</b>	I680530H6052	11/17/01	11/17/02	<b>Building</b>	\$250,000
					<b>Conts</b>	100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

As required for 40 Portland St., Portland, ME

<b>CERTIFICATE HOLDER</b>	<b>N</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
City of Portland 389 Congress St. Portland ME 04101		CITY OF	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 Morse, Payson & Noyes Insurance

*3 FT*

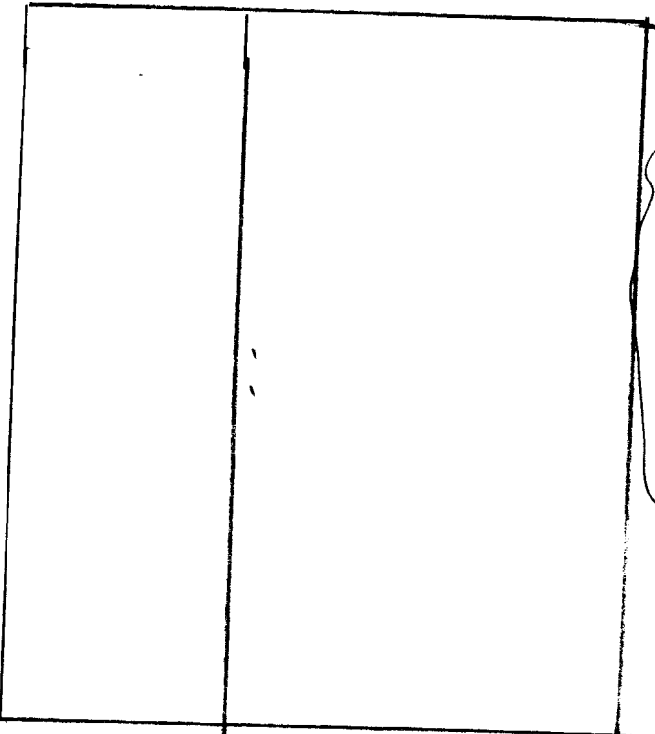
# **FAR EAST**

**CHINESE & ASIAN CUISINE**

*10 FT*

Far east

Sign is UP  
against wall, NO  
Brackets.



Lagged into face of  
building w/ stainless steel  
bolts - 2" bolts -  
at least 10

~~300~~ ~~24~~ 2000 Sq ft

← 80' long → per tenant on 5/8/02

Sidewalk

To whom it may concern,  
City of PORTLAND

W-16-02

Please accept this letter as authorization to allow  
Signage applications & installations on 40 PORTLAND ST.

As owner of this property permission is given for  
whatever regulatory purposes & applications that need to be  
considered, if there are any questions, please feel free  
to contact me @ cell 332-33778 or @ work 774-0005

Thank you,

Sincerely  
Roger Bintliff



# BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or ~~874-8693~~ 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.

\_\_\_\_\_ **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

\_\_\_\_\_ **Footing/Building Location Inspection:** Prior to pouring concrete

\_\_\_\_\_ **Re-Bar Schedule Inspection:** Prior to pouring concrete

\_\_\_\_\_ **Foundation Inspection:** Prior to placing ANY backfill

\_\_\_\_\_ **Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

**Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

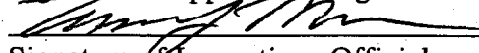
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

\_\_\_\_\_ **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**

  
Signature of applicant/designee

5/23/02  
Date

  
Signature of Inspections Official

5/13/02  
Date

CBL: 033 5001 Building Permit #: \_\_\_\_\_