

Form # P 04

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING DEPARTMENT

## PERMIT

Permit Number: 040344

This is to certify that Bintliff's Restaurant Corporation /Rocheleau Custom Homes  
has permission to Install a 24" x 40" sign to side of building and 36" x 48" sign to side of Building.  
AT 40 Portland St City of Portland 033 J001001

provided that the person or persons, firm or corporation accepting 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 when permission procured before this building or part thereof is started or closed-in. 24 HOUR 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 \_\_\_\_\_

*Jeannie Bourke* 4/7/04  
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: 04-0344	Issue Date:	CBL: 033 J001001
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Location of Construction: 40 Portland St	Owner Name: Bintliff's Restaurant Corporation	Owner Address: 255 Main St	Phone:
Business Name:	Contractor Name: Rocheleau Custom Homes	Contractor Address: PO Box 1010 York Harbor	Phone: 2073633857
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2b

Past Use: Restaurant	Proposed Use: Restaurant/ install a 24"x 40" hanging sign to side of building & 36" x 48" sign to Face of Building.	Permit Fee: \$66.00	Cost of Work: \$66.00	CEO District: 1
Proposed Project Description: Install a 24"x 40" sign to side of building & 36" x 48" sign to Face of Building.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: B Sign BOLA 1999 Signature: JMB 4/7/04	
		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: Idobson	Date Applied For: 04/02/2004	<b>Zoning Approval</b>		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: 4/2/04	Date:	Date:

**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

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

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

<b>Permit No:</b> 04-0344	<b>Date Applied For:</b> 04/02/2004	<b>CBL:</b> 033 J001001
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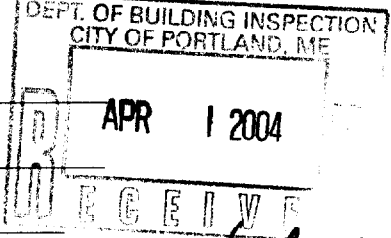
<b>Location of Construction:</b> 40 Portland St	<b>Owner Name:</b> Bintliff's Restaurant Corporation	<b>Owner Address:</b> 255 Main St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Rocheleau Custom Homes	<b>Contractor Address:</b> PO Box 1010 York Harbor	<b>Phone</b> (207) 363-3857
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Restaurant/ install a 24"x 40" hanging sign to side of building & 36" x 48" sign to Face of Building.	<b>Proposed Project Description:</b> Install a 24"x 40" sign to side of building & 36" x 48" sign to Face of Building.
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 04/02/2004
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 04/07/2004
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
1) Sign contractor will submit to this office details of fastening prior to installation			


# 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>40 Portland St.</u>		
Total Square Footage of Proposed Structure <u>2600 sq'</u>	Square Footage of Lot <u>3,000</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>33</u> Block# <u>J</u> Lot# <u>1</u>	Owner: <u>Portland St. Properties</u>	Telephone: <u>761-1811</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Portland St. Properties</u> <u>P.O. Box 903</u> <u>York Harbor, ME, 03911</u> <u>363-3857, 761-1811</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>67.32</u> Awning Fee = Cost Of Work: \$ <u>N/A</u> Total Fee: \$ <u>67.32</u>
Current use: <u>RESTAURANT</u>		
If the location is currently vacant, what was prior use: <u>SAME</u>		
Approximately how long has it been vacant: <u>2 Months</u>		
Proposed use: <u>Family Style Diner</u>	Project description: <u>Add 24"x40" hanging sign attached to building with 2" Metal Bracket. Add 36"x48" sign to face of building.</u>	
Contractor's name, address & telephone: <u>Rocheleau Custom Homes</u>	Whom should we contact when the permit is ready: <u>P.O. Box 1010, York Harbor, Me. 03911</u>	
Mailing address: <u>SAME</u>	<u>PAT Rocheleau</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. <b>A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up.</b> PHONE: <u>761-1811 or 363-3857</u>		

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.

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: 	Date: <u>4/1/04</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.**

Handwritten calculation:  

$$\begin{array}{r} 18 \text{ SF} \\ \times 2 \\ \hline 36 \end{array}$$
 36  
 + 30  
 -----  
 66  
 Patrick 498-4166

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 40 PORTLAND ST. ZONE: B26

CBL: 3351

SINGLE TENANT LOT? YES  NO  MULTI TENANT LOT? YES  NO   
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES  NO

## TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 80' x 1.5 = 120' Height: 14'

## INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS PROPOSED: 2 x 3.33 = 6.66

BLDG. WALL SIGN? (attached to bldg) YES  NO  DIMENSIONS PROPOSED: 24" x 40"

## INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS: 3 x 4 = 12

BLDG. WALL SIGN(attached to bldg) ? YES  NO  DIMENSIONS: 24 x 36 1/2 16" x 72" 18.66

AWNING? YES  NO  DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): 80'

AWNING YES  NO  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 WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

**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 ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: [Signature] DATE: 4/1/04

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

# ACORD CERTIFICATE OF LIABILITY INSURANCE

PORTST4

**PRODUCER**  
Morse, Payson & Noyes  
P.O. Box 406  
Portland ME 04112-0406  
Phone: 207-775-6000 Fax: 207-775-0339

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**  
Portland Street Properties LLC  
& Portland Street Diner, LLC  
Pat Rocheleau  
P. O. Box 903  
York Harbor ME 03911

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: TRAVELERS INSURANCE COMPANY	87726
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.

INSTR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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	I6801465B326	03/09/04	03/09/05	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WE STATE- 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  
 As required, City of Portland is added as Additional Insured with Co-Owner of premises endorsement.

**CERTIFICATE HOLDER**

CITYPOR  
  
 City of Portland  
 Code Enforcement  
 389 Congress Street Rm 315  
 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  
 Morse Payson & Noyes Inc. *[Signature]*