

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

| | | |
|-----------------------|------------------------|---------------------|
| Permit No: 02-0295 | Issue Date: 16 2002 | CBL: 037 A038001 |
|-----------------------|------------------------|---------------------|

| | | | |
|--|------------------------------------|---|--------------------|
| Location of Construction: 565 Congress St | Owner Name: Carson, Penelope | Owner Address: PORTLAND | Phone: 774-5541 |
| Business Name: | Contractor Name: Singh, Armajit | Contractor Address: 563 Congress Street Portland | Phone: 773 1411 |
| Lessee/Buyer's Name | Phone: | Permit Type: Signs - Permanent | Zone: B-3 |

| | | | | |
|--|-----------------------------|--|--|--------------------|
| Past Use: Restaurant | Proposed Use: Restaurant | Permit Fee: | Cost of Work: \$65.20 | CEO District: 2 |
| <i>Change</i> Proposed Project Description: Erect Signage/One 8'x3', One 3'6"x2" and One 24'x24" | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: A-3 Type: N/A 5/15/02 | |
| | | Signature: | Signature: | |

| | |
|---|------------------------------------|
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | |
| Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied | Signature: <i>DA</i> Date: 5/15/02 |

| | | | |
|-------------------------|---------------------------------|------------------------|--|
| Permit Taken By: gad | Date Applied For: 04/02/2002 | Zoning Approval | |
|-------------------------|---------------------------------|------------------------|--|

- 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 <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 type="checkbox"/> MM <input type="checkbox"/> Date: <i>5/13/02</i> | Zoning Appeal <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: | Historic Preservation <input type="checkbox"/> Not in District or Landmark <input checked="" 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>DA 5/15/02</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.

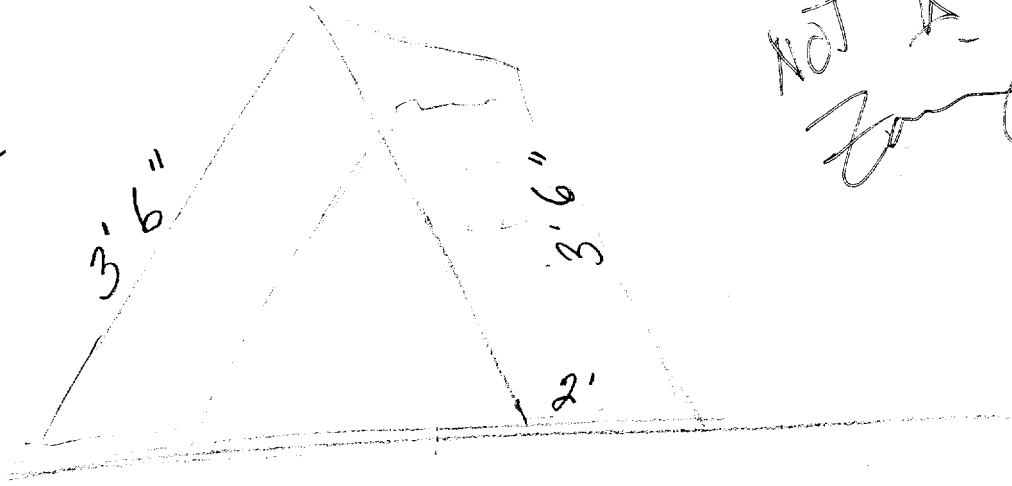
| | | | |
|---|---------|------|-------|
| SIGNATURE OF APPLICANT | ADDRESS | DATE | PHONE |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | | DATE | PHONE |

9/13/80
J. L. Jones
of the
Dept of the Interior

INDIA PALACE 563 Congress St.

Request for SANDWICH BOARD
Sidewalk PERMIT

2 Boards
w white letter



Not a
Zoning Issue

April 2, 2002

I am the owner of the
STRAND Building 561-571 Congress St.
India Palace has my permission
to obtain a sign permit from
The City of Portland, for the front
of their new restaurant located
in this building.

Revelo, P Carson
owner/manager

ACORD™ INSURANCE BINDER

DATE
04/02/2002

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT. SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

PRODUCER
SOUTHERN MAINE INSURANCE
432 US RTE 1
P.O. Box 6803
SCARBOROUGH ME 04070-6803

PHONE
(A/C, No Ext) (207) 883-8229

COMPANY
PAWTUCKET MUTUAL
BINDER #
DATE EFFECTIVE TIME EXPIRATION TIME
04/02/2002 12:01 PM 05/02/2002 12:01 AM

CODE:
AGENCY
CUSTOMER ID: **INDIAPAL001**

SUB CODE:

INSURED
INDIA PALACE
563 CONGRESS ST

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY
PER EXPIRING POLICY #: **PENDING**

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
FAMILY STYLE RESTAURANT LOCATED AT 565 CONGRESS STREET, PORTLAND, ME 04101

COVERAGES

LIMITS

| PROPERTY | CAUSES OF LOSS | COVERAGE/FORMS | DEDUCTIBLE | COINS % | AMOUNT |
|--|----------------|---|------------------------------|---------|--------------|
| <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC | | BPP | 1,000 | | 45,000 |
| GENERAL LIABILITY | | | EACH OCCURRENCE | | \$ 1,000,000 |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | FIRE DAMAGE (Any one fire) | | \$ 50,000 |
| <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | MED EXP (Any one person) | | \$ 5,000 |
| | | RETRODATE FOR CLAIMS MADE / / | PERSONAL & ADV INJURY | | \$ 1,000,000 |
| | | | GENERAL AGGREGATE | | \$ 2,000,000 |
| | | | PRODUCTS - COMP/OP AGG | | \$ 2,000,000 |
| AUTOMOBILE LIABILITY | | | COMBINED SINGLE LIMIT | | \$ |
| <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 | | \$ |
| <input type="checkbox"/> HIRED AUTOS | | | MEDICAL PAYMENTS | | \$ |
| <input type="checkbox"/> NON-OWNED AUTOS | | | PERSONAL INJURY PHOT | | \$ |
| | | | UNINSURED MOTORIST | | \$ |
| AUTO PHYSICAL DAMAGE DEDUCTIBLE | | <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES | ACTUAL CASH VALUE | | \$ |
| <input type="checkbox"/> COLLISION | | | STATED AMOUNT | | \$ |
| <input type="checkbox"/> OTHER THAN COL | | | OTHER | | \$ |
| GARAGE LIABILITY | | | AUTO ONLY - EA ACCIDENT | | \$ |
| <input type="checkbox"/> ANVAUTO | | | OTHER THAN AUTO ONLY | | \$ |
| | | | EACH ACCIDENT | | \$ |
| | | | AGGREGATE | | \$ |
| EXCESS LIABILITY | | | EACH OCCURRENCE | | \$ |
| <input type="checkbox"/> UMBRELLA FORM | | | AGGREGATE | | \$ |
| <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | RETRO DATE FOR CLAIMS MADE / / | SELF-INSURE RETENTION | | \$ |
| WORKER'S COMPENSATION AND EMPLOYERS LIABILITY | | | WC STATUTORY LIMITS | | \$ |
| | | | EL EACH ACCIDENT | | \$ |
| | | | EL DISEASE - EA EMPLOYEE | | \$ |
| | | | EL DISEASE POLICY LIMIT | | \$ |
| SPECIAL AS REQUIRED FOR OPERATIONS | | | FEES | | \$ |
| OTHER COVERAGES | | | TAXES | | \$ |
| | | | ESTIMATED TOTAL PREMIUM | | \$ |

NAME & ADDRESS

LOAN #

AUTHORIZED REPRESENTATIVE

Julia M. D...

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 563 Congress St Portland ZONE: B3

OWNER: Penelope P Carson

APPLICANT: _____

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO

MORE THAN ONE SIGN? YES NO

SIGN ATTACHED TO BLDG.? YES NO

MORE THAN ONE SIGN? YES NO

AWNING: YES NO IS AWNING BACKLIT? YES NO

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

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

*** TENANT BLDG. FRONTAGE (IN FEET): 12' x 2'
*** REQUIRED INFORMATION

12 feet 3 inches
 $12.25 \times 2 = 24.5$

AREA FOR COMPUTATION

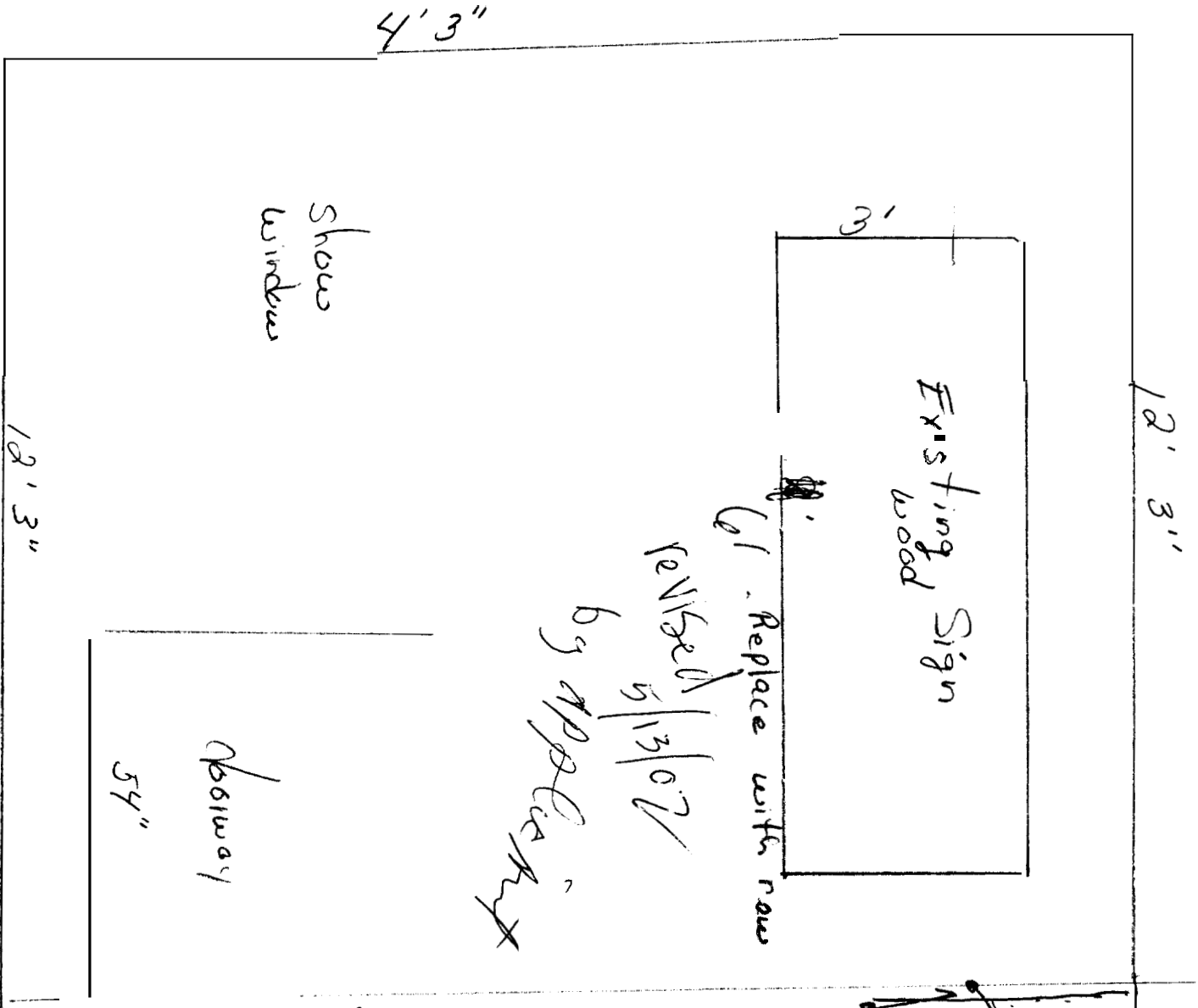
*revised by
applicant
5/13/02*

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: AMARJUL SINGH DATE: 4-2-02

Red Board
with white
letters

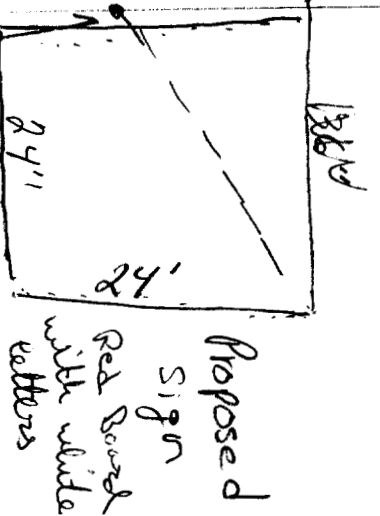


101 # PALACE 563 Congress St.

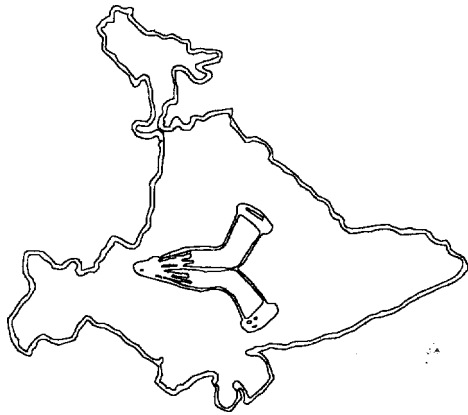
$$3' \times 8' = 24$$

$$2' \times 3.5' \text{ per ft} = 7$$

$$31 \#$$



6



India Palace Restaurant

3

Authentic Indian Cuisine

1



India
Palace
Restaurant

Take Out • Catering
773-1444

INDIA PALACE 563 Congress St.

Request for SANDWICH BOARD
SIDEWALK PERMIT

Red Boards
with white letters

