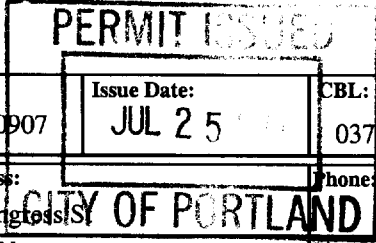


City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716



Permit No: 01-0907	Issue Date: JUL 25	CBL: 037 E002001
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Location of Construction: 585 Congress St	Owner Name: Trusiani Annamarie & Paul J	Owner Address: 585 1/2 Congress St	Phone:
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Temporary	Zone:

Past Use: Commercial / Food Service	Proposed Use: Commercial / Food Service; 2' x 3'5" freestanding sign.	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
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Proposed Project Description: 2'x 3' 5" Free Standing Sign	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Sidewalk Sign Type: Signature: N/A Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: N/A Date:	

Permit Taken By: gg	Date Applied For: 07/24/2001	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	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: 7/25/01	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 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:
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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

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

SIGNAGE APPLICATION

THIS IS NOT A PERMIT
CONSTRUCTION CANNOT NOT COMMENCE UNTIL THE PERMIT IS ISSUED

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

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: 593 Congress St Portland ME

Total Square Footage of Proposed Structure	Square Footage of Lot
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Tax Assessor's Chart, Block & Lot Number Chart# <u>037</u> Block# <u>E</u> Lot# <u>002</u>	Owner: <u>CLARIC House</u> <u>c/o Annamarie Trusiani</u> <u>4 Brown st</u> <u>Falmouth ME 04105</u>	Telephone #:
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Lessee/Buyer's Name (If Applicable)	Owner's/Purchaser/Lessee Address:	Total s.f of signs <u>11</u> x .20 \$ <u>2.20</u> plus \$30.00 TOTAL \$ <u>32.20</u>
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Current use: Food Service Proposed use: Free Standing
A Frame 8 X 3.5

Project description:

Applicants Name, Address & Telephone:	<u>CHRIS ZOLLAMIS</u> <u>79 Bramhall St</u> <u>Portland ME 04102</u> <u>772-2538</u>
Contractor's Name, Address & Telephone:	<u>HA</u> <u>775-0833</u>
Who shall we contact when the permit is ready: Telephone:	<u>775-0833</u>
If you would like it mailed, what mailing address should we use:	

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
JUL 24 2001
RECEIVED

7/24
Rec'd By: [Signature]

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

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

Certification

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: 7/23/01
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Sign Permit Fee: \$30.00 plus \$0.20 per square foot.

A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00

BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU ARE APPLYING FOR

IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 593 Congress St ZONE: _____

OWNER: Clark House Apts

APPLICANT: The Kitchen Restaurant

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 _____
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:

*** TENANT BLDG. FRONTAGE (IN FEET): _____

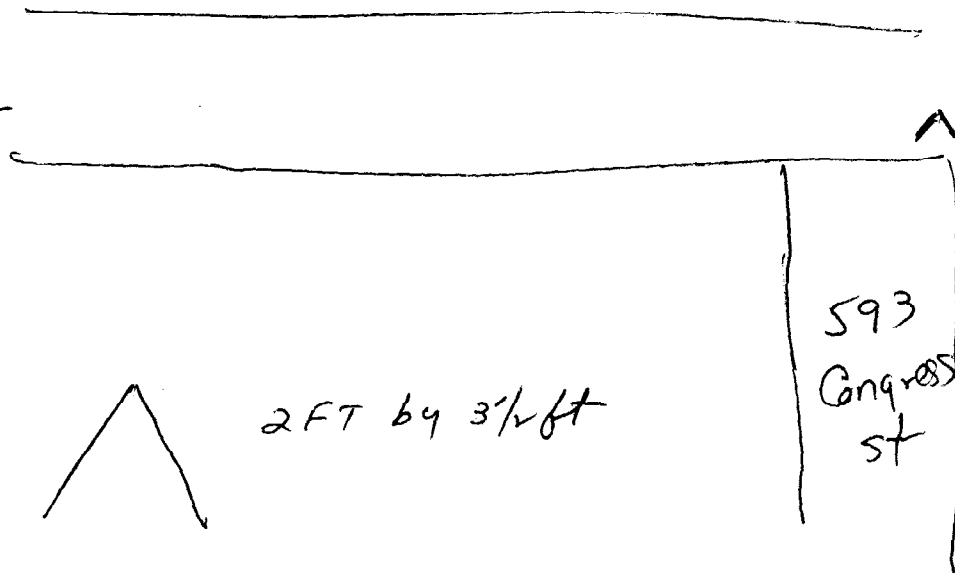
*** REQUIRED INFORMATION

AREA FOR COMPUTATION

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:  7/24/01 DATE:

Side walk



Sign

Congress
Sq
Park

2 FT by 3 1/2 ft

593
Congress
st

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JH
RITCH-3
DATE (MM/DD/YY)
07/23/01

PRODUCER
Turner Barker Insurance
One India Street
Portland ME 04101
Phone: 207-773-8156 Fax: 207-773-6647

INSURED
The Kitchen
Brunswick House Of Pizza Inc
4 Pleasant Street
Brunswick ME 04011

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.

INSURERS AFFORDING COVERAGE

INSURER A: **Maine Mutual Fire**
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	GENERAL LIABILITY	BP0416506	08/01/00	08/01/01	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 1000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				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				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
					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
City of Portland shall be named as "additional insured" with respect to sidewalk sign

CERTIFICATE HOLDER	Y	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
City of Portland Attn: Business License Dept 389 Congress St Portland ME 04101		CITYOP1	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 Turner Barker Insurance