

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

Please Read Application And Notes, If Any, Attached

Permit Number: 070536

PERMIT ISSUED

JUN 11 2007

039 A031001

CITY OF PORTLAND

This is to certify that SIMAS GEORGE L III & JAMES L SIMAS ITS/Scarboro S
 has permission to install a new 18" x 31" sign
 AT 129 SPRING ST
 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 placed 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 _____

6/8/07 *[Signature]*

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

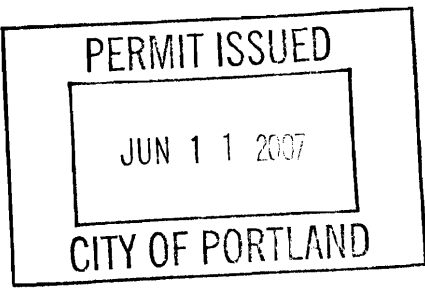
Permit No: 07-0536	Issue Date: <i>6/8/07</i>	CBL: 039 A031001
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Location of Construction: 129 SPRING ST	Owner Name: SIMAS GEORGE L III & JAMES L	Owner Address: 70 ALDERBROOK DR	Phone:
Business Name: Miyake - Food Factory	Contractor Name: Scarboro Signs	Contractor Address: Rt. 1 Scarborough	Phone 2078836796
Lessee/Buyer's Name George Simas	Phone: 207-637-2150	Permit Type: Signs - Permanent	Zone: <i>B3</i>

Past Use: Commercial - Restaurant -Miyake - Food Factory	Proposed Use: Miyake - Food Factory- install a new 18" x 31" sign	Permit Fee: \$40.00	Cost of Work: \$40.00	CEO District: 1
Proposed Project Description: install a new 18" x 31" sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> <i>SPRINT</i> <i>IRC-2003</i> Signature: <i>6/1/07</i> <i>CRM</i>	
		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: 05/11/2007	Zoning Approval	
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<ol style="list-style-type: none"> 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"/> <i>OK</i> Date: <i>5/25/07 ABM</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 <i>yes</i> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>5/25/07</i> <i>Dr. Andrews</i>
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-0536	Date Applied For: 05/11/2007	CBL: 039 A031001
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Location of Construction: 129 SPRING ST	Owner Name: SIMAS GEORGE L III & JAMES L	Owner Address: 70 ALDERBROOK DR	Phone:
Business Name: Miyake - Food Factory	Contractor Name: Scarboro Signs	Contractor Address: Rt. 1 Scarborough	Phone (207) 883-6796
Lessee/Buyer's Name George Simas	Phone: 207-637-2150	Permit Type: Signs - Permanent	

Proposed Use: Miyake - Food Factory- install a new 18" x 31" sign	Proposed Project Description: install a new 18" x 31" sign
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Dept: Historic	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 05/25/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 05/25/2007
Note: No change of use. Previous tenant was West End Pizza Gallery.			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 06/08/2007
Note: Waiting for cert. Of liability CSH ----- Sent 06/07/2007			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			

Comments:
5/25/2007-amachado: Spoke to Masa Miyake. Told him we needed a certificate of liability for the sign.
6/7/2007-amachado: Received certificate of liability.

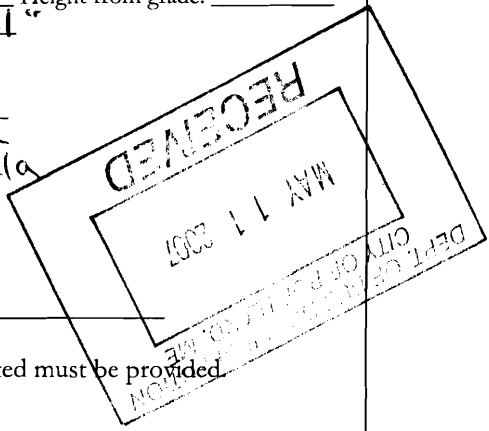
3rd floor



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>129 Spring St. Portland</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>39-A-31</u> Block# Lot#	Owner: <u>George Simas + James Simas</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>Scarboro Sign</u> <u>883-6796</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ Awning Fee= cost of work <u>n/a</u> Total Fee: \$
Who should we contact when the permit is ready: <u>Masa Miyake</u> phone: <u>637-2150</u> <i>call cell phone 917-750-7266</i>		
Tenant/allocated building space frontage (feet): Length: <u>17'10"</u> Height: <u>9'8"</u> Lot Frontage (feet) <u>17'10"</u> Single Tenant or Multi Tenant Lot <u>Single</u>		
Current Specific use: <u>Restaurant - was West End Pizza Gallery #04-1737</u> If vacant, what was prior use: Proposed Use:		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions proposed: <u>18" x 31"</u> Height from grade: ___ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: <u>18" x 31"</u>		
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> Is awning backlit? Yes ___ No <u>n/a</u> Height of awning: <u>n/a</u> Length of awning: <u>n/a</u> Depth: <u>n/a</u> Is there any communication, message, trademark or symbol on it? Yes ___ No <u>n/a</u> If yes, total s.f. of panels w/communications, message, trademark or symbol: ___ s.f. <u>n/a</u>		
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>18" x 31"</u> Awning? Yes ___ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: <u>n/a</u>		
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.		



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: [Signature] Date: 5/10/07

This is not a permit; you may not commence ANY work until the permit is issued.

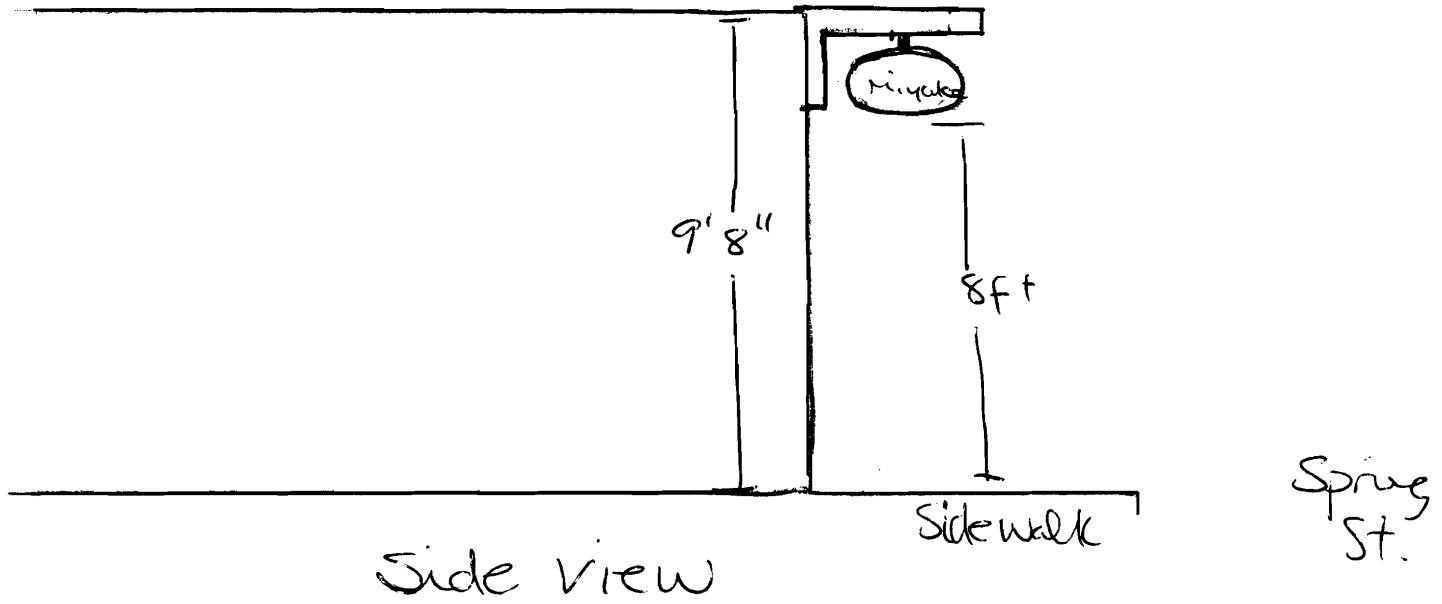
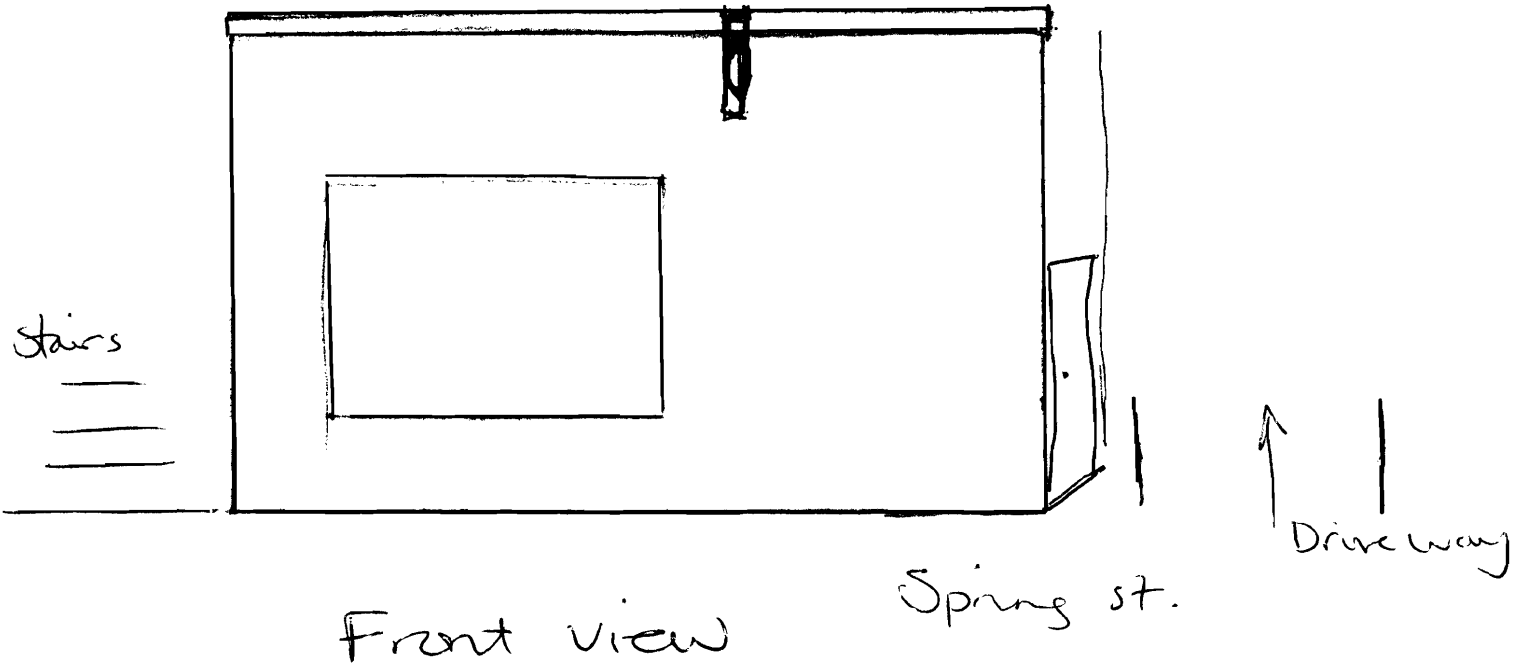
B3 mult-tenant
 $2 \times 17.83 = 35.66$

$18" \times 31" = 558 \# = 3.88 \phi$

DK

Wood Sign
2 Sided





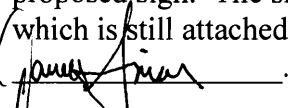
129 Spring Street

158 = 1ft

March 30, 2007

To the City of Portland Planning Office:

Mr. Masahiko Miyake is renting a retail space in my property located at 129 Spring Street. He has asked me to draft this letter as an indication of my approval for his proposed sign. The sign will be a painted sign in the exact location of the previous sign, which is still attached to the building. If you have any question please contact me at

. 4/4/07

Sincerely,



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/1/2007

PRODUCER (207) 774-6257 FAX: (207) 774-2994
Clark Associates
 2385 Congress Street
 P O Box 3543
 Portland ME 04104

INSURED
FOOD FACTORY MIYAKE MASAHIKO MIYAKE
 129 SPRING STREET
 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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A	Charter Oak Fire Ins. Co.	25615
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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. <input type="checkbox"/> LOC	I 6803032L978COF07	5/24/2007	5/24/2008	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPIOP AGG \$ 4,000,000
		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 DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY 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

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 JUN - 7 2007
 RECEIVED

CERTIFICATE HOLDER
 874-8949
 City of Portland
 Attn: Anne
 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 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
 Jeffrey Lind/BVLP *[Signature]*

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

The Certificate of Insurance on the reverse side of this form 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.