

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

Please Read Application And Notes, If Any, Attached

## BUILDING DEPARTMENT PERMIT

Permit Number: 030149

This is to certify that Bristol Seafood Inc/The Sign  
has permission to Erect 60 sq. Ft. Backlit sign.  
AT 5 Portland Fish Pier 041 A005001

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 is procured before this building or part thereof is occupied or closed-in. **48 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

*[Signature]* 3/17/03  
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: 03-0149	Issue Date:	CBL: 041 A005001
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Location of Construction: 5 Portland Fish Pier	Owner Name: Bristol Seafood Inc	Owner Address: 5 Portland Fish Pier	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: WC2

Past Use: Commercial / Fish Processing; Bristol Seafood, Inc.	Proposed Use: Fish Processing / Removing existing sign and replacing with 60 sq. Ft. Backlit cabinet in same location.	Permit Fee: \$90.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Erect 60 sq. Ft. Backlit sign.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>N/A</i> Type: <i>N/A</i> <i>3/17/03</i> <i>[Signature]</i>	
		Signature:	Signature:	
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: gg	Date Applied For: 02/26/2003	<b>Zoning Approval</b>		
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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 May <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> D Date: <i>3/5/03</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 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:
	<i>to remove all existing signs for these 2 proposed signs</i>		<i>[Signature]</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

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

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

<b>Permit No:</b> 03-0149	<b>Date Applied For:</b> 02/26/2003	<b>CBL:</b> 041 A005001
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<b>Location of Construction:</b> 5 Portland Fish Pier	<b>Owner Name:</b> Bristol Seafood Inc	<b>Owner Address:</b> 5 Portland Fish Pier	<b>Phone:</b>
<b>Business Name:</b> n/a	<b>Contractor Name:</b> The Signery	<b>Contractor Address:</b> 299 Forest Avenue Portland	<b>Phone:</b> (207) 879-7700
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Fish Processing / Removing existing sign and replacing with 60 sq. Ft. Backlit cabinet in same location.	<b>Proposed Project Description:</b> Erect 60 sq. Ft. Backlit sign.
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 03/05/2003	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b> 1) It is understood that all existing signs shall be removed and only the two (2) signs shown on this permit shall be installed.				
<b>Dept:</b> Building	<b>Status:</b> Pending	<b>Reviewer:</b>	<b>Approval Date:</b>	<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Note:</b>				

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>5 PORTLAND Fish Pier</u>		
Total Square Footage of Proposed Structure <u>60</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>041</u> Block# <u>A</u> Lot# <u>005</u>	Owner: <u>Bristol Seafood, Inc</u>	Telephone:
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>Bristol Seafood, Inc.</u> <u>5 PORTLAND Fish Pier</u> <u>PORTLAND, ME 04101</u>	Total s.f. of signage <u>60x</u> 1.00 per s.f. \$ <u>60.00</u> plus \$30.00 base fee Fee: \$ <u>90.00</u>
Current use: <u>Fish Processing</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Fish Processing</u>		
Project description: <u>Removing existing signage, and replacing with Backlit Cabinet in same location.</u>		
Contractor's name, address & telephone: <u>THE SIGNERY, 299 Forest Avenue, PORTLAND, ME 04101</u>		
Who should we contact when the permit is ready: <u>Dan Wright, the Signery</u>		
Mailing address: <u>Same as above</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. Phone: <u>879-7700</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.

DEPT. OF BUILDING INSPECTION  
RECEIVED  
FEB 26 2003

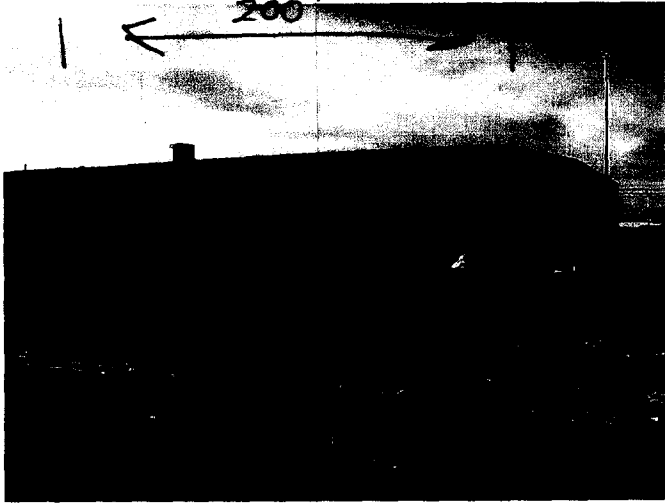
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorized me to make this application as his/her authorized agent. I agree to pay for all applicable fees of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Enforcement Department 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.

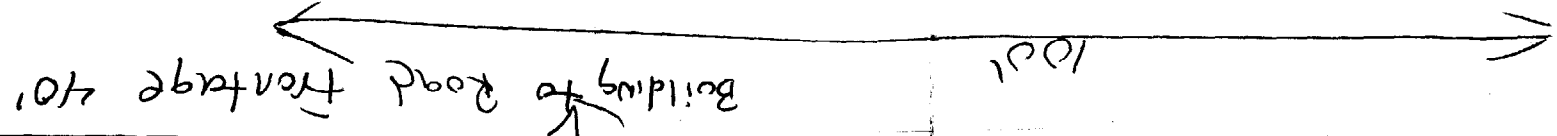
Signature of applicant: Dan Wright Date: 2/24/03

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.

Building to ROAD frontage 200'

← 200'





Elavado  
Total 60 Sq. Ft

# Pre-application

## SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: B 5 PORTLAND FISH PIER ZONE: WCT

OWNER: BRISTOL SEAFOOD INC

APPLICANT: BRISTOL SEAFOOD INC

ASSESSOR NO.:

SINGLE TENANT LOT? YES  NO

MULTI TENANT LOT? YES  NO

FREESTANDING SIGN? YES  NO  DIMENSIONS \_\_\_\_\_

MORE THAN ONE SIGN? YES  NO  DIMENSIONS ~~36" x 120"~~ EACH

BLDG. WALL SIGN? YES  NO  DIMENSIONS 36" x 120"

MORE THAN ONE SIGN? YES  NO  DIMENSIONS Both 36" x 120"

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: 3' x 10' = 30"  
ALL EXISTING SIGNAGE WILL BE REMOVED

LOT FRONTAGE (FEET) \_\_\_\_\_

BLDG FRONTAGE (FEET) 100' x 2 = 200'

AWNING YES  NO  IS AWNING BACKLIT? YES  NO

HEIGHT OF AWNING: N/A

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? N/A

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

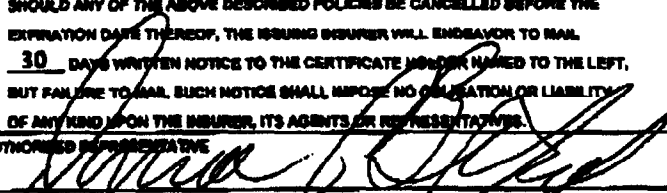
PRODUCER (603)224-2562 FAX (603)224-8012 The Rowley Agency, Inc. 139 Loudon Road P.O. Box 511 Concord, NH 03302-0511	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
Insured Bristol Seafood, Inc. 5 Portland Fish Pier Portland, ME 04112	INSURERS AFFORDING COVERAGE NAIC # INSURER A: Peerless Insurance Co. INSURER B: Maine Employers Mutual Ins Co 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.

TYPE OF COVERAGE	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CBP9382927	01/01/2003	01/01/2004	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 1,000,000 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
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA9383227	01/01/2003	01/01/2004	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 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 AUTO ONLY: EA ACC \$ AGG \$
	UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	CU9383427	01/01/2003	01/01/2004	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810053338	01/01/2003	01/01/2004	<input checked="" type="checkbox"/> WC STATE-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Covering operations of the insured during the policy period.

Fax: Jennifer

<b>CERTIFICATE HOLDER</b>  The Signery Attn: Don Wright 299 Forest Avenue Portland, ME 04101	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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