

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

CITY OF PORTLAND

Permit Number: 100359

MAY 10 2010

PERMIT ISSUED

This is to certify that BAYSIDE MAINE LLC / Local Sprouts / Bomb Diggity Bakery

has permission to Local Sprouts / Bomb Diggity Bakery" - install a 4' x 2'6" sign

AT 649 CONGRESS ST

CBL 046 D022001

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 written permission procured before this building or part thereof is lathed or otherwise 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

Deanne Bank 5/4/10
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

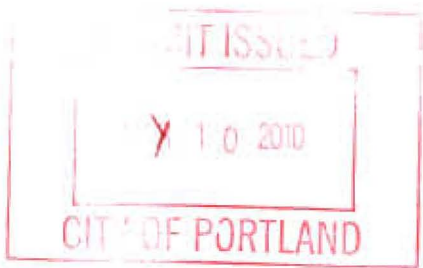
Permit No: 10-0359	Issue Date:	CBL: 046 D022001
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Location of Construction: 649 CONGRESS ST (L45)	Owner Name: BAYSIDE MAINE LLC	Owner Address: 477 CONGRESS ST STE 1012	Phone:
Business Name:	Contractor Name: Local Sprouts /Bomb Diggity Baker	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3/R-L

Past Use: Commercial - "Local Sprouts /Bomb Diggity Bakery"	Proposed Use: Commercial - "Local Sprouts /Bomb Diggity Bakery" - install a 4' x 2'6" sign	Permit Fee: \$85.00	Cost of Work: \$85.00	CEO District: 2
Proposed Project Description: Local Sprouts /Bomb Diggity Bakery" - install a 4' x 2'6" sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A Type: Sign IBL-2003 Signature: [Signature] 5/4/10	
		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: 04/12/2010	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"/> Date: 4/13/10 [Signature]	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 y4 <input 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: 4/27/10 [Signature]
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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

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

This Certificate of Insurance 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.

RECEIVED
APR 12 2010

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-0359	Date Applied For: 04/12/2010	CBL: 046 D022001
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Location of Construction: 649 CONGRESS ST (645)	Owner Name: BAYSIDE MAINE LLC	Owner Address: 477 CONGRESS ST STE 1012	Phone:
Business Name:	Contractor Name: Local Sprouts /Bomb Diggity Baker	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial -"Local Sprouts /Bomb Diggity Bakery" - install a 4' x 2'6" sign	Proposed Project Description: Local Sprouts /Bomb Diggity Bakery" - install a 4' x 2'6" sign
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Dept: Historic	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 04/27/2010	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 04/13/2010	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.				
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 05/04/2010	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Encroachments into public ways must be a minimum of 8' above grade per section 3202 of IBC 2003.				
2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.				
3) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.				
4) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.				

Comments:

4/28/2010-gg: received from historic as of 04/28/10. /gg

BUILDING PERMIT INSPECTION PROCEDURES

**Please call 874-8703 or 874-8693 (ONLY)
or email: buildinginspections@portlandmaine.gov**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months, if the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.**

 X **Electrical: Prior to Any Insulating or drywalling**

 X **Final inspection required at completion of work.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/05/2010

PRODUCER 207.783.2246 FAX 207.782.7881
 Champoux Insurance Agency
 416 Sabattus St
 PO Box 220
 Lewiston, ME 04243-0220

INSURED Momentum Inc.
 DBA: Bomb Diggity's Bakery
 1059 Meadow Rd
 Casco, ME 04015

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 Philadelphia Ins. Co.	
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	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	PHPK376656	02/09/2010	02/09/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000								
		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 AGG \$								
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <thead> <tr> <th>WC STATUTORY LIMITS</th> <th>OTH-ER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </tbody> </table>	WC STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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
 The City of Portland is included as an additional insured with respect to the insured's operations as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Portland 389 Congress St Portland, ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 Mark zCatapano

ACORD 25 (2009/01)

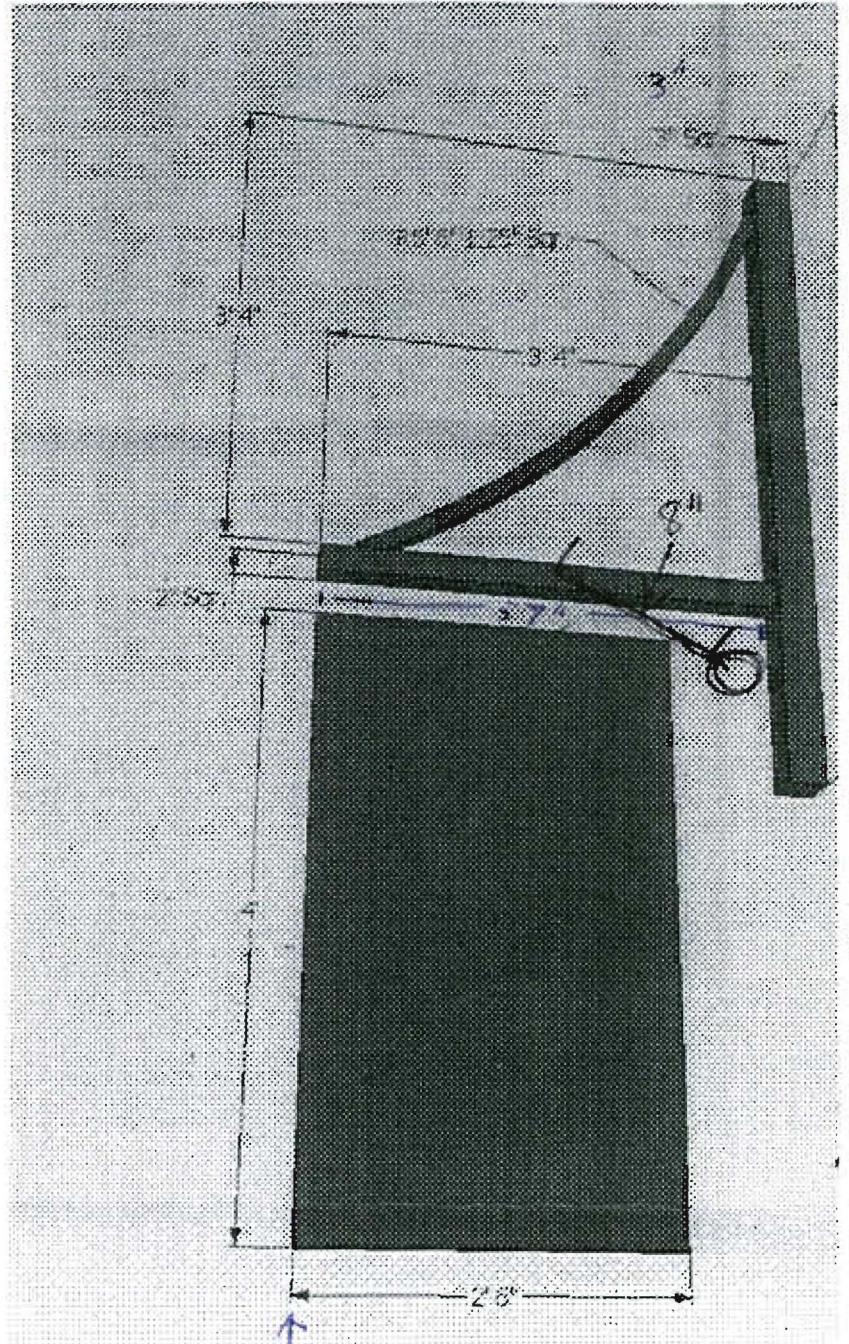
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RECEIVED
 APR 12 2010
 Dept. of Building Inspections
 City of Portland, Maine

Attached to building with
led anchors + lab bolts.

Sign thickness is 3"



8'4"

From bottom of sign
To side walk

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APR 12 2010

Dept. of Building Inspections
City of Portland Maine



477 Congress Street, Suite 1012
Portland, Maine 04101
Ph: 207.772.7070
F:207.772.7080

April 12, 2010

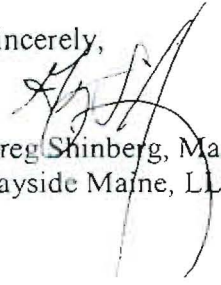
City of Portland
389 Congress Street
Portland, Maine 04101

RE: 649 Congress Street, Portland Maine Exterior Signage

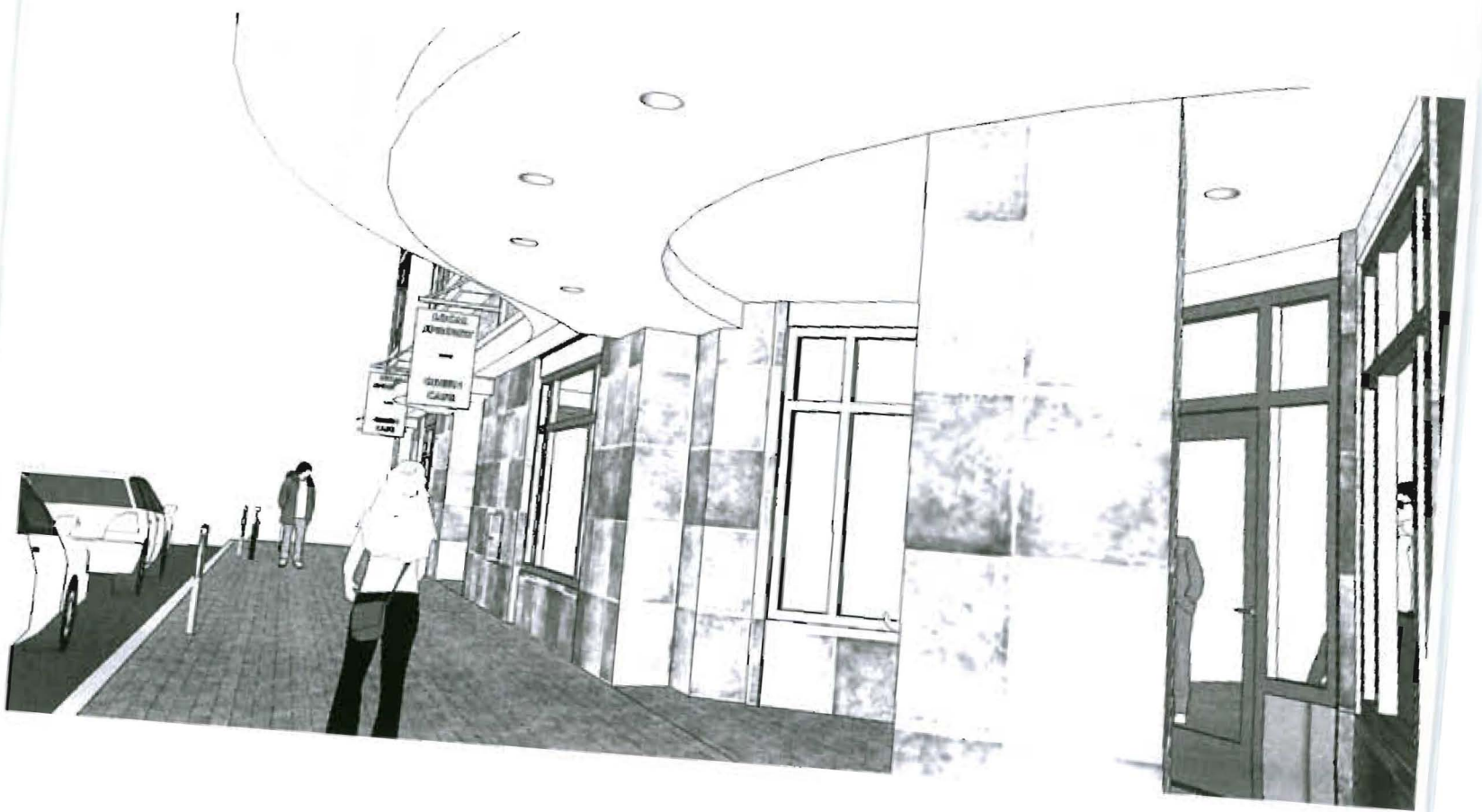
To Whom This Concerns:

I hereby authorize Local Sprouts Cooperative to submit an application for one exterior sign that is 4'0" x 2'6" to be installed at the outside of 649 Congress Street as per the attached application.

Sincerely,


Greg Shinberg, Manager
Bayside Maine, LLC

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Dept. of Building Inspections
City of Portland Maine





RECEIVED

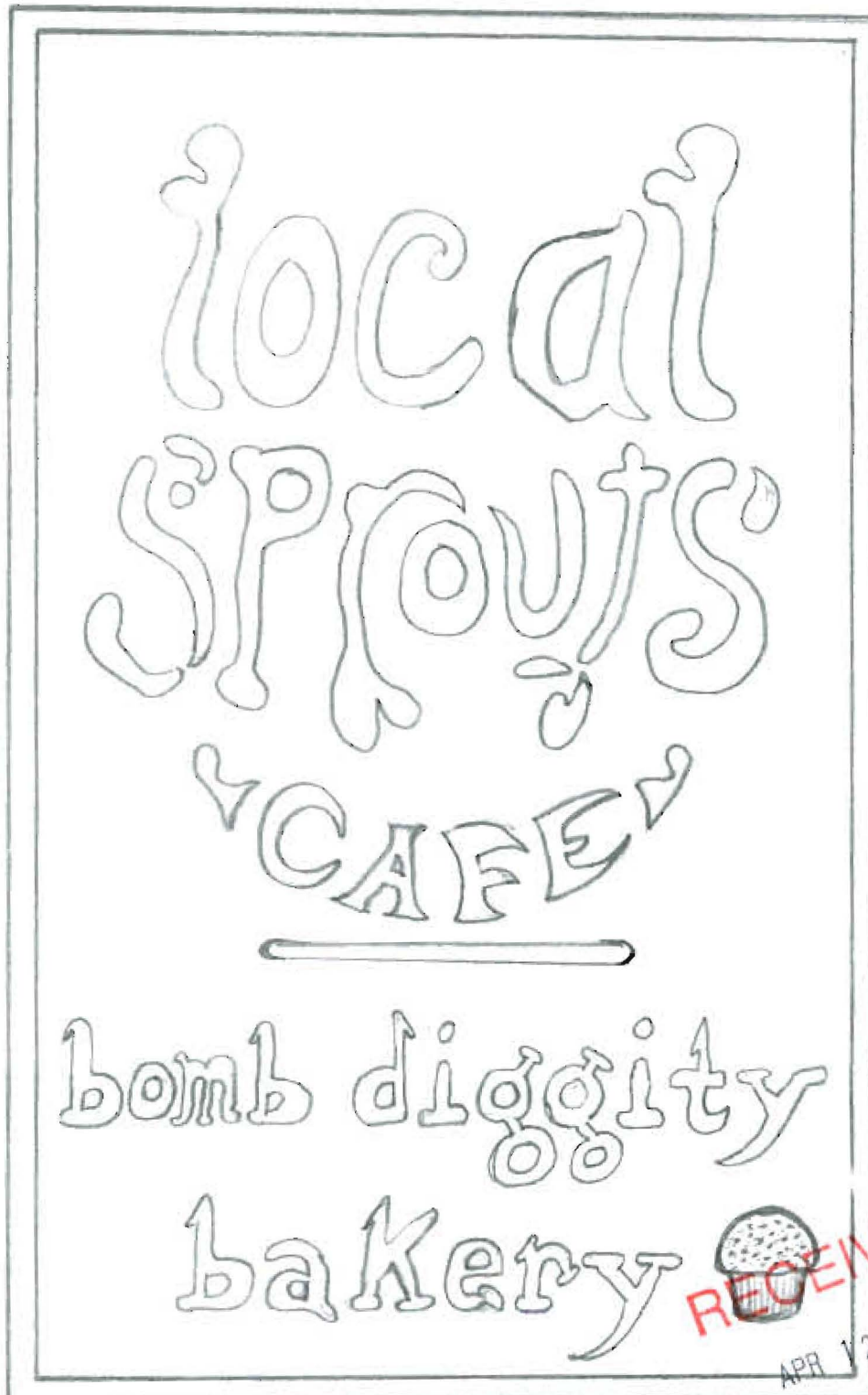
APR 12 2010

Dept. of Building Inspections
City of Portland Maine

light will
be attached
to bracket w/
8" extension
+ hood to
prevent glare



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City of Portland Maine



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APR 12 2010

Dept. of Building Inspections
City of Portland Maine

material - pine
thickness - 3"
color - natural pine, lettering (Local Sprouts - green + white,
Bomb Diggity - orange + black) (border - darker wood stain)



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>649 Congress Street</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>46</u> Block# <u>D</u> Lot# <u>22</u>	Owner: <u>Bayside ME LLC</u>	Telephone:
Lessee/Buyer's Name (If Applicable): <u>280 Brackett St #2</u> <u>Portland 04102</u>	Contractor name, address & telephone: <u>mail</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For I.D. signage= Total Fee: \$ <u>85.00</u> Awning Fee= cost of work Total Fee: \$ <u>85.00</u>
Who should we contact when the permit is ready: <u>Lindsay deCaires</u> phone: <u>484 947 8172</u>		
Tenant/allocated building space frontage (feet). Length: <u>27'</u> Height: <u>8'4"</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>construction/building renovations</u> permit # <u>10-0110</u> change of use If vacant, what was prior use: <u>usm cafeteria</u> + <u>12-0114</u>		
Proposed Use: <u>Cafe + bakery</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: <u>8'4"</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>4' x 2'6"</u>		
Proposed 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 w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions: _____ Awning? Yes _____ No _____ Sq. ft. area of awning w/communication: _____		
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.		

10 x 2 + 65 = 85

5 x 2.5

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.portlandme.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 the areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

RECEIVED
APR 12 2010
Dept. of Building Inspections
City of Portland Maine

Signature of applicant: [Signature] Date: 3/18/10

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

83 individual ground floor front.
27 x 2 = 44 + 1/2 barrel

4' x 2.5' = 10 sq ft (OE)

BUILDING PERMIT INSPECTION PROCEDURES

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