



Permitting and Inspections Department  
Michael A. Russell, MS, Director

## Signage /Awning Permit Application

### Building Information:

Exterior Length of façade of tenant space (ft): <u>17</u>	Height of exterior façade (ft): <u>10'10"</u>
Lot frontage on street (ft): <u>50</u>	This is a (select one): <input type="radio"/> Single Tenant Lot <input checked="" type="radio"/> Multi-Tenant Lot
	If multi-tenant, this is a (select one): <input type="radio"/> Ground floor unit <input type="radio"/> Upper story unit
Current specific use: _____	If vacant, prior use: <u>COFFEE SHOP</u>
Proposed use: <u>COFFEE SHOP, BEER + WINE STORES</u>	

### Information on EXISTING signs that will remain:

Type (i.e. awning, freestanding sign, attached building sign)	For awnings only:		Dimensions of awning or sign (include length, width, and height, as applicable)	Height of awning or sign above the ground to its highest point	For freestanding signs - setback of closest point of sign to the nearest property line(s)
	Is there any symbol/lettering on awning? (Y/N - if Y, list the dimensions of the messaging)	Is awning backlit? (Y/N)			

### Information on PROPOSED signs:

Type (i.e. awning, freestanding sign, attached building sign)	For awnings only:		Dimensions of awning or sign (include length, width, and height, as applicable)	Height of awning or sign above the ground to its highest point	For freestanding signs - setback of closest point of sign to the nearest property line(s)
	Is there any symbol/lettering on awning? (Y/N - if Y, list the dimensions of the messaging)	Is awning backlit? (Y/N)			
<u>SECURED</u>			<u>L 2'</u>	<u>8'10"</u>	
<u>TO</u>			<u>W .5"</u>		
<u>BRACKET</u>			<u>H 3'</u>		

#### I hereby certify the following:

- I am the Owner of record of the named property, or the owner of record authorizes the proposed work and I have been authorized by the owner to make this application as his/her authorized agent.
- I assume responsibility for compliance with all applicable statutes, codes, ordinances, rules and regulations.
- I understand that this application will not be reviewed for code compliance, and I certify that the proposed sign will be installed in accordance with the IBC 2009.
- I understand that if a Code Official determines that the sign has been installed in violation of any statute, code, or ordinance, that I am responsible for remedying the violation.
- 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: Michael Russell Date: 6/11/18

*This is a legal document and your electronic signature is considered a legal signature per Maine state law.*



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## Sign information 26 brackett st

2 messages

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**Michael V** <mbvassa71@gmail.com>  
To: cstacey <cstacey@portlandmaine.gov>

Mon, Jul 30, 2018 at 3:36 PM

Thanks, please let me know if you need more.

On Fri, Jul 6, 2018, 1:34 PM Michael V <mbvassa71@gmail.com> wrote:

----- Forwarded message -----

From: Michael Bonaventura <michael@madhensigns.com>  
Date: Thu, Jul 5, 2018, 9:29 PM  
Subject: Re: estimate for sign  
To: Michael V <mbvassa71@gmail.com>

here is a picture of how we will do that. it will be with metal carabiners through the sign and through the eye hooks on the bracket. I included a picture of the carabiner as well.  
I attached a pdf of the sign graphics.





**NOTICE: WE WILL BE CLOSED JULY 2ND THROUGH JULY 6TH AND BACK IN THE OFFICE JULY 9TH.**

*thanks,*  
michael bonaventura

## **M&H Signs**

4 Warren Avenue - Suite 2  
Westbrook, ME 04092  
**207-591-0519**

[www.MandHsigns.com](http://www.MandHsigns.com)

On Tue, Jul 3, 2018 at 3:32 PM, Michael V <[mbvassa71@gmail.com](mailto:mbvassa71@gmail.com)> wrote:

Hi Michael,

The city wants to know how the sign will be attached to the bracket and they want a drawing of what the finished sign will look like...

On Jun 14, 2018 9:57 PM, "Michael Bonaventura" <[michael@madhensigns.com](mailto:michael@madhensigns.com)> wrote:

ok sounds good.

*thanks,*  
michael bonaventura

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On Thu, Jun 14, 2018 at 1:13 PM, Michael V <[mbvassa71@gmail.com](mailto:mbvassa71@gmail.com)> wrote:

Sounds good. Permit pending.

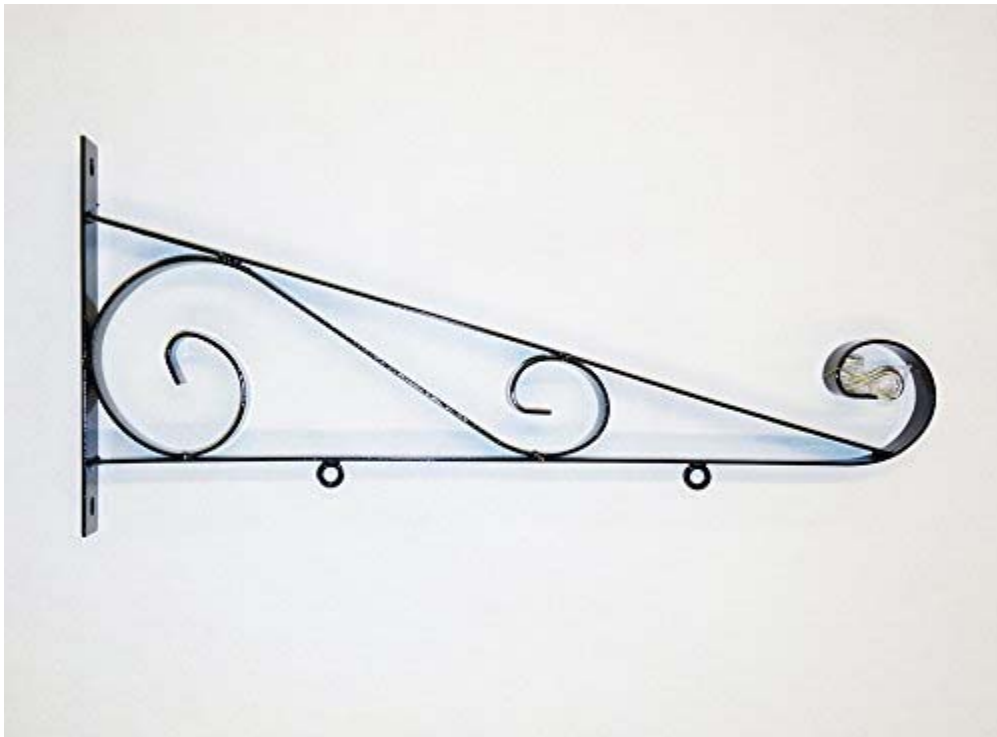
On Wed, Jun 13, 2018, 10:30 PM Michael Bonaventura <[michael@madhensigns.com](mailto:michael@madhensigns.com)> wrote:  
mike,



07/31/2018

sorry for the delay - here is the final estimate for the signage.

24" x 36" - lusterboard sign - double sided - \$186 + \$54 bracket  
stencil on wall - \$50  
install - \$75



*thanks,*  
michael bonaventura

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**Michael V** <mbvassa71@gmail.com>  
To: cstacey <cstacey@portlandmaine.gov>

Mon, Jul 30, 2018 at 3:54 PM

[Quoted text hidden]




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/07/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. 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).

<b>PRODUCER</b> Lofey Dennett Ins Brokers PO Box 15010  Portland ME 04112	 Permitting and Inspections Department Approved with Conditions <b>07/31/2018</b>	<b>CONTACT NAME:</b> Nick Lofey <b>PHONE (A/C, No, Ext):</b> 2073706773 <b>E-MAIL ADDRESS:</b> nick@lofeydennett.com	<b>FAX (A/C, No):</b>
		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Good News Coffee And Package 28 Brackett St  Portland ME 04102		<b>INSURER A:</b> Liberty Mutual Insurance	24082
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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-JECT <input type="checkbox"/> LOC OTHER:		BZS58756402	04/15/2018	04/15/2019	EACH OCCURRENCE	\$ 1000000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					MED EXP (Any one person)	\$ 15000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMPIOP AGG	\$
						COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
						PER STATUTE	
						OTH-ER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Retail coffee, beer, wine store.

**CERTIFICATE HOLDER**

City of Portland

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

Nicholas Lofey

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