

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

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

Job No: 2011-06-1442-SIGN	Date Applied: 6/15/2011	CBL: 064- D-001-001	
Location of Construction: 269 ST JOHN ST (267)	Owner Name: PHUONG TRANG PORTLAND LLC	Owner Address: 2455 Sedgwick Ave., Apt 2K  BRONX, NY 10468	Phone:  917-435-5751
Business Name:	Contractor Name: Mr. Signs, Inc. – Ashley Smith	Contractor Address: 500 Forest Unit A AVE PORTLAND MAINE 04101	Phone:  (207) 878-1100
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN	Zone:  B-2
Past Use:  Restaurant	Proposed Use:  Same – Restaurant – erect 4' x 3' sign	Cost of Work:	CEO District:
		Fire Dept:  ___ Approved ___ Denied ___ N/A	Inspection: Use Group: Type:  Signature:
Proposed Project Description: Sign for Top Thai		Pedestrian Activities District (P.A.D.)	

EXPIRED

Permit Taken By:	<b>Zoning Approval</b>		
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 informatin may invalidate a building permit and stop all work.	<b>Special Zone or Reviews</b> ___ Shoreland ___ Wetlands ___ Flood Zone ___ Subdivision ___ Site Plan ___ Maj ___Min ___MM Date:	<b>Zoning Appeal</b> ___ Variance ___ Miscellaneous ___ Conditional Use ___ Interpretation ___ Approved ___ Denied Date:	<b>Historic Preservation</b> ___ Not in Dist or Landmark ___ Does not Require Review ___ Requires Review ___ Approved ___ Approved w/Conditions ___ Denied Date:

**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

6-20-11 Permit is on hold. Spoke to Ashley at Mr. Signs. Panel in existing wall cabinet was replaced without a permit. The size is 15' x 3'. Maximum square footage the ordinance allows is 1.5 x tenant frontage. Ashley will check the tenant frontage to see if they will be able to add the proposed hanging sign. There is a question about the size of the proposed sign too. -amachado

12-23-11 Never heard back from Ashley at Mr. Signs. Permit has expired. -amachado

**EXPIRED**

# Signage/Awning Permit Application

2011-06-1442

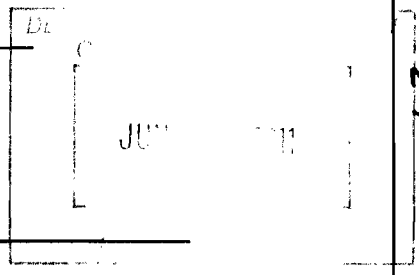
267 St John

B2

check on

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>TOP Thai Restaurant</u>			<u>267 St John St.</u> <u>Portland, ME 04102</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>64</u> Block# <u>D</u> Lot# <u>1</u>	Owner: <u>Phuong Le</u> <u>Phuong Trang Portland, LLC</u> <u>2455 Sedgwick Ave Apt. 2K Bronx, NY 10469</u>			Telephone: <u>(917) 435-5751</u>	
Lessee/Buyer's Name (If Applicable) <u>Rattana-phorn Boob-phachati</u> <u>(POM)</u>	Contractor name, address & telephone: <u>Mr. Signs, Inc.</u> <u>500 Forest Ave, Ste. A</u> <u>Portland, ME 04101</u> <u>(207) 878-1100</u>		Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>54.00</u> Awning Fee= cost of work _____ Total Fee: \$ _____		
Who should we contact when the permit is ready: <u>Ashley Smith</u> phone: <u>207-878-1100</u>					
Tenant/allocated building space frontage (feet): Length: <u>24'</u> Height: <u>16'</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____					
Current Specific use: <u>Thai Restaurant</u>			<b>EXPIRED</b>		
If vacant, what was prior use: _____ Proposed Use: _____					
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: <u>4'x3'</u> <u>10.5' above sidewalk</u>					
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> 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.					



B2 + 30

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](http://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: Ashley Smith Date: 6/13/11

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

B-2 multi-tenant.  
1.5 x 24 = 36 sq ft allowed

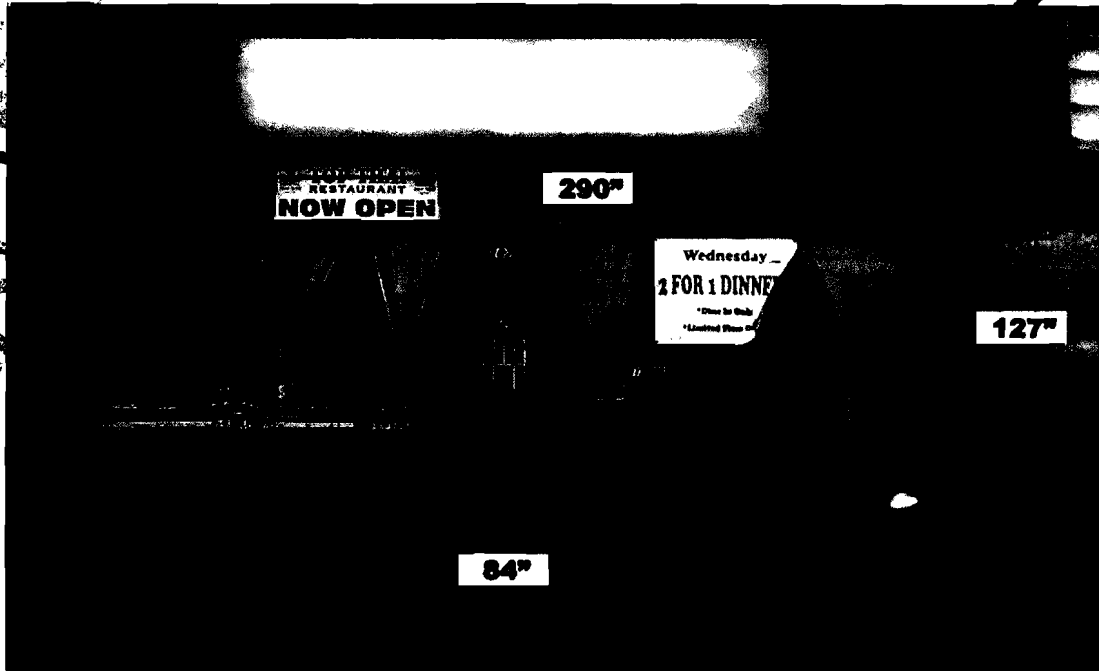
4x3 = 12 sq ft proposed

JUN 15 2011

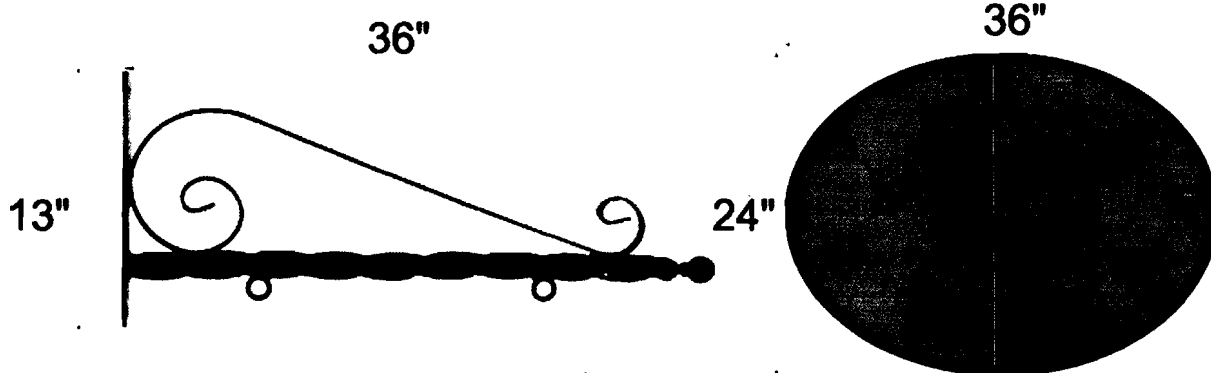
# ARTWORK APPROVAL FORM

500 Forest Avenue Portland Maine 04101  
tel 207.878.1100 fax 207.878.1110 www.mrsignsinc.com

Proposed Sign



EXPIRED



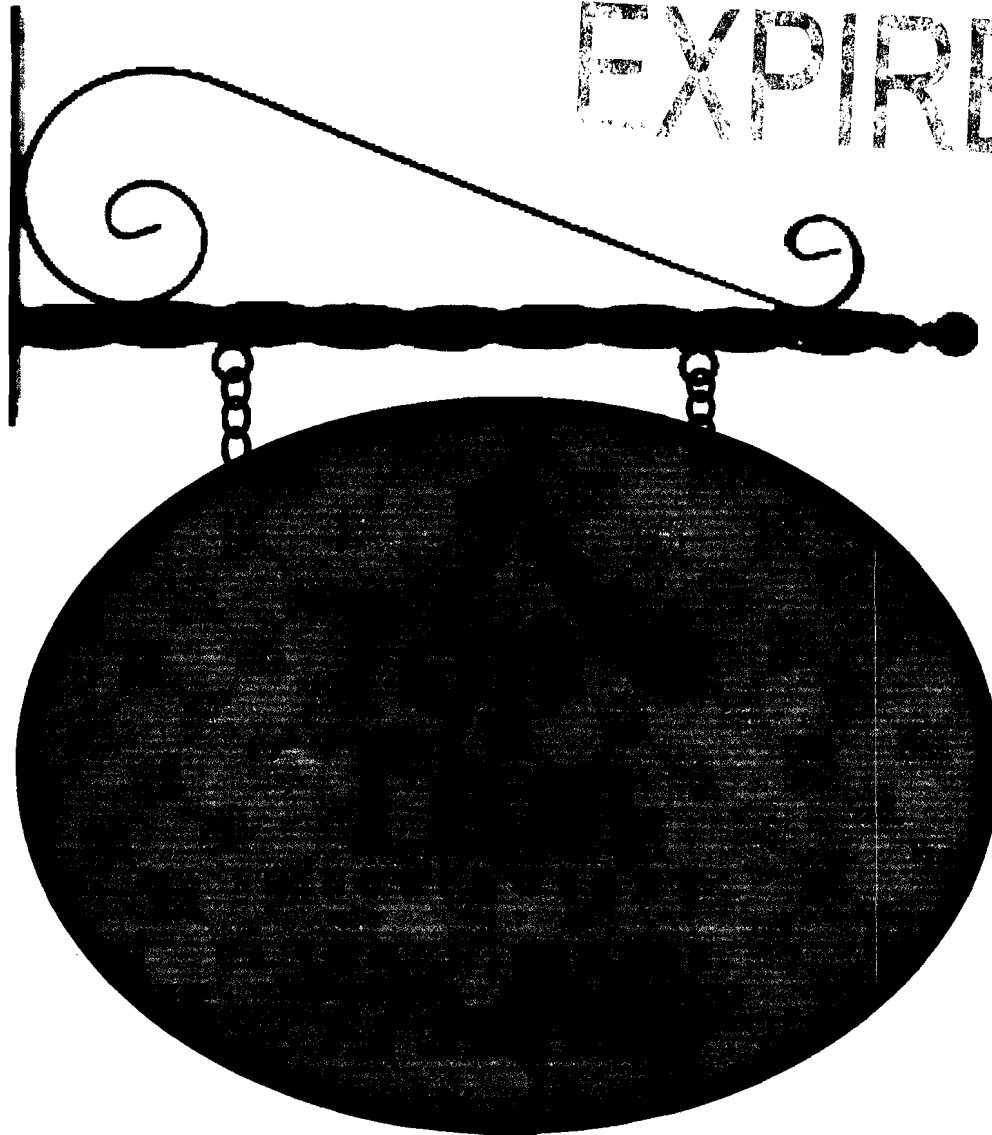
EXPIRED

It is your responsibility to proof your design *carefully*. Please look closely for spelling and content errors. Any post-production errors will be corrected at your cost.

Reference No. 23106	Scale: n/a	Prepared by: ES	Sales Rep: AS	Approved by:	Page <u>1</u> of <u>1</u>
Date: June 14, 2011	Notes: Sign: 48" x 36". Substrate: MDO, Painted. Vinyl Graphic overlay on both sides. Bracket: Heavy duty steel painted black. Bracket to be mounted with concrete anchors. Sign Elevation: 127"			© 2011 Mr. Signs, Inc. This design is the property of Mr. Signs, Inc. All production and duplication rights are reserved by Mr. Signs, Inc. This printout has been designed for your personal use and is not to be used outside your organization or exhibited in any fashion.	
Prepared for: Top Thai by pom					

# ARTWORK APPROVAL FORM

500 Forest Avenue Portland Maine 04101  
tel 207.878.1100 fax 207.878.1110 www.mrsignsinc.com



It is your responsibility to proof your design *carefully*. Please look closely for spelling and content errors. Any post-production errors will be corrected at your cost.

Reference No. <b>23106</b>	Scale: n/a	Prepared by: <b>ES</b>	Sales Rep: <b>AS</b>	Approved by:	Page <u>1</u> of <u>1</u>
Date: <b>June 14, 2011</b>	Notes: <b>Sign: 48" x 36". Substrate: MDO, Painted. Vinyl Graphic overlay on both sides. Bracket: 36" x 13" Heavy duty steel painted black. Bracket to be mounted with concrete anchors. Sign Elevation: 127"</b>		© 2011 Mr. Signs, Inc. This design is the property of Mr. Signs, Inc. All production and duplication rights are reserved by Mr. Signs, Inc. This printout has been designed for your personal use and is not to be used outside your organization or exhibited in any fashion.		
Prepared for: <b>Top Thai by pom</b>					

**Phuong Trang Portland, LLC  
2455 Sedgwick Ave Apt 2K  
Bronx, NY 10468  
Tel.: (917) 435-5751**

**To Whom It May Concern:**

**I, Phuong Le owner/ Manager of the property at 267 St. John Street, Portland, Maine, 04102 have granted Top Thai Restaurant for installation of the hanging sign on the building with permits present at time of install. With all of the requirements of the City and code enforcements have been met.**

**If you have any further questions regarding to this issue, please do not hesitate to contact me at the above number.**

**Sincerely**

**Phuong Le**

---



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/10/11

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 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).

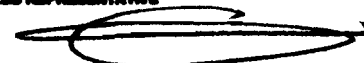
<b>PRODUCER</b> Otisam Insurance Agency Inc 1007 Forest Ave Portland, ME 04103	207-737-0400 207-737-0000	<b>CONTACT</b> Name: _____ Title: _____ Phone: _____ Fax: _____ E-Mail: _____	<b>INSURER(S) AFFORDED COVERAGE</b> INSURER A: Travelers <span style="float:right">NAIC # 19038</span> INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
	<b>INSURED</b> Jimmy 2011 Llc Top Thin Restaurant 267 St John St Portland, ME 04102		

**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.

TYPE	TYPE OF INSURANCE	INSURANCE PERIOD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. 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-JECT <input type="checkbox"/> LOC		888-7882X18-A	04/07/11	04/07/12	EACH OCCURRENCE \$ 500,000 DAMAGES TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPOP AGG \$ 1,000,000
	AFFORDABLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRE AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE COV    RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERS/OWNER EXCLUDED? (Secondary to WA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	UB-7882X08-0	04/07/11	04/07/12	<input checked="" type="checkbox"/> WC STATUTORY 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
A	Property Section		888-7882X18-A	04/07/11	04/07/12	

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

<b>CERTIFICATE HOLDER</b>  City of Portland Congress Street Portland, ME 04101	<b>CANCELLATION</b>  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  



# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

6-15 20 11

Received from Carl Anderson

Location of Work 269-51 John

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: 57

Building (IL) \_\_\_\_\_ Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other sign

CBL: 6101

Check #: CC

Total Collected \$ 57.00

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy