

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 01-1301	Issue Date:	CBL: 064 D006001
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Location of Construction: 249 St John St	Owner Name: Ho Duc N &	Owner Address: 17 Allen Rd	Phone: 207-775-5190
Business Name: n/a	Contractor Name: Burr Signs	Contractor Address: 10 Buttonwood St. So. Portland	Phone: 2077991183
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial	Proposed Use: lounge/eating establishment is legal use (permit #020898) / Install 3' x 4' internally lit sign	Permit Fee: \$42.00	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: Install 3' x 4' internally lite sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>U</i> Type: <i>NA</i> <i>12/2/02</i>	
		Signature:	Signature: <i>[Signature]</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: gg	Date Applied For: 11/19/2002	<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 Maj <input type="checkbox"/> Min <input type="checkbox"/> MM <input type="checkbox"/>	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	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>11/22/02</i>	Date: _____	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

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

WAIT TO START BUSINESS FIRST

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# Signage Application

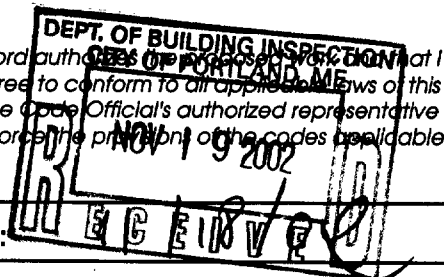
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>249 ST JOHN ST</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>011</u> Block# <u>0</u> Lot# <u>001</u>	Owner: <u>DK HO</u>	Telephone: <u>775-5190</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Yem Tle</u> <u>17 Alameda</u> <u>S. Portland</u>	Total s.f. of signage <u>12'</u> x 1.00 per s.f. \$ <u>12</u> , plus \$30.00 base fee Fee: \$ <u>42.00</u>
Current use: <u>Vacant</u>		
If the location is currently vacant, what was prior use: <u>Office space</u>		
Approximately how long has it been vacant: <u>April 2000</u>		
Proposed use: <u> Lounge 11 tables 44 chairs</u>		
Project description: <u>INSTALL 3'x4' internally lit sign</u>		
Contractor's name, address & telephone: <u>BURR SIGNS</u> <u>10 BUTTON WOOD</u> <u>SOUTH PORTLAND, ME 04106</u>		
Who should we contact when the permit is ready: _____		
Mailing address: _____ <u>799-1103</u> <u>Joe 773-8373</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: _____		

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.

I hereby certify that I am the Owner of record of the named property, or that the owner of record has authorized me 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: <u>[Signature]</u>	Date: <u>NOV 19 2002</u>
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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 with the Planning Department on the 4th floor of City Hall

**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 249 ST JOHN STREET ZONE: B2

OWNER: DUC HO

APPLICANT: SAME AS ABOVE

ASSESSOR NO. \_\_\_\_\_

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES  NO  MULTI-TENANT LOT?  YES  NO  
FREESTANDING SIGN? (ex. Pole Sign) YES  NO  DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_  
MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_  
SIGN ATTACHED TO BLDG.?  YES  NO DIMENSIONS 3'x4"  12.8  
MORE THAN ONE SIGN? YES  NO  DIMENSIONS \_\_\_\_\_  
AWNING: YES  NO  IS AWNING BACKLIT? YES  NO  HEIGHT OFF SIDEWALK \_\_\_\_\_  
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

25' x 1.5' = 37.5'

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): \_\_\_\_\_  
\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION

nobody else has signage  
const. documents will be faxed over

**YOU SHALL PROVIDE:**

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

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

2-1301

Zoning

Approved with Conditions

Marge Schmuckal

249 St John St

11/22/2002

11/20/2002

Marge Schmuckal

11/22/2002

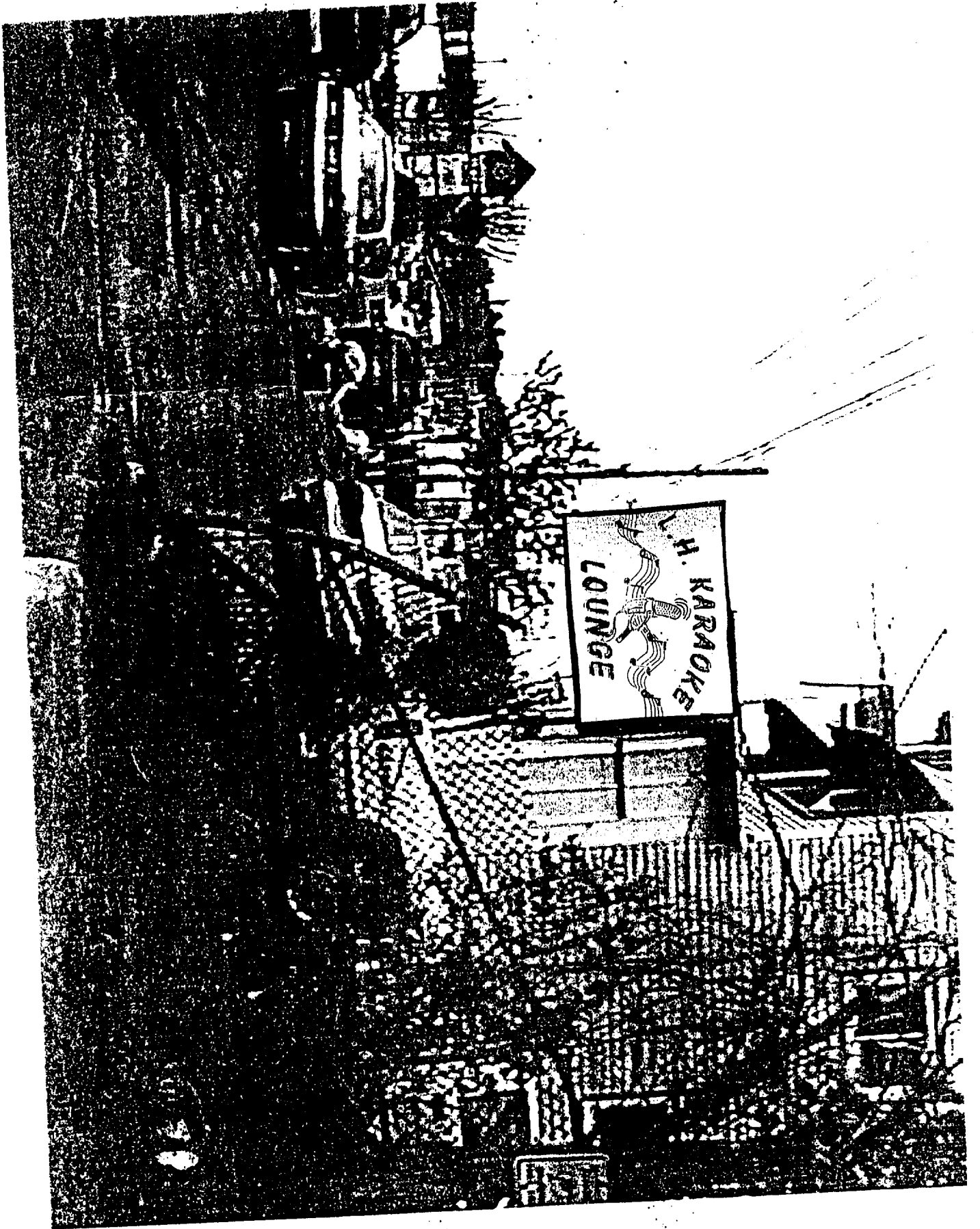
11/20/2002

gg

11/22/2002

mes

11/20/02 Duc Ho



ACORD 25 (2001/08)  
 Mark E. Harrington Associates  
 P.O. Box 769  
 87 High Street  
 South Portland ME 04106  
 Phone: 207-412-7399 Fax: 207-412-7399

APPLI-1 11/08/02  
 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

ENDORSEMENT: BONDING COVERAGE  
 Naic #: 14532  
 Surety: Surex Mutual Assurance

100 T. Le Duc N. E.  
 17 Miller Road  
 South Portland ME 04106

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE ASSURED 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.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	CB0100000130	11/09/02	11/09/03	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COM/POP AGG \$ 1,000,000
					Liquor EXCLUDED
	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 AUTO ONLY EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability	NONE			Liquor EXCLUDED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Property Located at 249 St. John St. Portland, ME 04102  
 Certificate only Applicable as respect to installation of Street Sign for permit Purposes. City of Portland Named as additional insured.

CERTIFICATE HOLDER	CANCELLATION
CITYPOR  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 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 <i>Mark E. Harrington</i> Mark E. Harrington, CIC



10 Buffonwood Street  
 South Portland, ME 04106

# Estimate

DATE	ESTIMATE NO.
11/1/2002	212526

NAME / ADDRESS
L.H. Karaoke Lounge 249 St. John St. Portland, ME 04102

P.O. NO.	TERMS	REP
	50% Down/Bal. on Delivery	RB

ITEM	DESCRIPTION	QTY	COST	TOTAL													
Sign	3'x4'-1"x9" D/F aluminum extruded, internally illuminated sign cabinet with GE Lexan faces and 3M translucent vinyl graphics per submitted drawing. Design, set-up & installation  Cost includes fabrication, transportation and installation. Cost does not include permit fees or staff time for permit secured.	1	720.00	720.00													
Installation		1	480.00	480.00													
<table border="1"> <tr> <th>Phone #</th> <th>Fax #</th> <th>E-mail</th> <th>Web Site</th> </tr> <tr> <td>207-799-1183</td> <td>207-799-1324</td> <td>info@burrsigns.com</td> <td>www.burrsigns.com</td> </tr> </table>		Phone #	Fax #	E-mail	Web Site	207-799-1183	207-799-1324	info@burrsigns.com	www.burrsigns.com	<table border="1"> <tr> <td><b>Subtotal</b></td> <td>\$1,200.00</td> </tr> <tr> <td><b>Sales Tax (5.0%)</b></td> <td>\$36.00</td> </tr> <tr> <td><b>TOTAL</b></td> <td>\$1,236.00</td> </tr> </table>		<b>Subtotal</b>	\$1,200.00	<b>Sales Tax (5.0%)</b>	\$36.00	<b>TOTAL</b>	\$1,236.00
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<b>TOTAL</b>	\$1,236.00																

I accept these prices, terms & specifications.

249 ST JOHN STREET

