

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

PERMIT ISSUED		CBL:
Permit No: 01-1259	Issue Date: OCT 26 2001	064 F001001

Location of Construction: 229 St John St	Owner Name: Makot Pech Market Llc	Owner Address: 11 Georgia St	Phone: 772- 8780
Business Name:	Contractor Name: Scarboro Signs	Contractor Address: Rt. 1 Scarborough	Phone: 2078836796
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Grocery Store	Proposed Use: Grocery Store	Permit Fee:	Cost of Work: \$36.40	CEO District: 3
Proposed Project Description: Erect two 3' x 10' signs		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: M Type: N/A	
		Signature: _____ Signature: _____ 10/20/01		
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: gad	Date Applied For: 10/12/2001	Zoning Approval
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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"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>OK S</i> <i>10/24/01</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>S</i>
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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

01-1259

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

CBL 064 F001001

SIGNAGE APPLICATION

THIS IS NOT A PERMIT
CONSTRUCTION CANNOT NOT COMMENCE UNTIL THE PERMIT IS ISSUED

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

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: 229 st. John st.

Total Square Footage of Proposed Structure	Square Footage of Lot
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Tax Assessor's Chart, Block & Lot Number Chart# <u>064</u> Block# <u>F</u> Lot# <u>001</u>	Owner: <u>VISITH PHEAN</u> <u>Same</u>	Telephone #: <u>772-8780</u>
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Lessee/Buyer's Name (If Applicable)	Owner's/Purchaser/Lessee Address: <u>31 Kenilworth st.</u>	Total s.f of signs <u>32^{sq}</u> x .20 <u>\$6.40</u> , plus \$30.00 TOTAL\$ <u>36.40</u>
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Current use: Grocery store Proposed use: MARKET PLACE
Market

Project description:
2 sign 3' x 10' each

Applicants Name, Address & Telephone:

Contractor's Name, Address & Telephone: Scarborough sign Joe Tuft.
883-6796

Who shall we contact when the permit is ready: Josh 608 US Route 1
Telephone: 856-8292 fax 6000 Scarborough ME
04074

If you would like it mailed, what mailing address should we use:
31 Kenilworth st.
Portland ME 04102 Rec'd By:

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If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

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Signature of applicant: 	Date: 10-11-01
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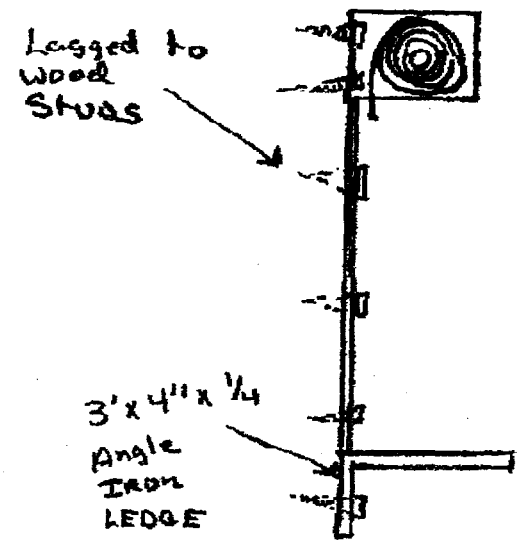
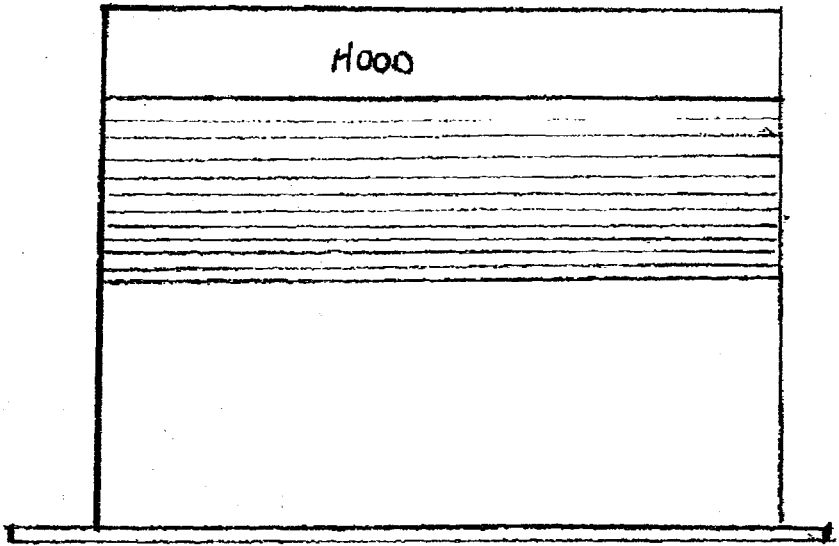
Sign Permit Fee: \$30.00 plus \$0.20 per square foot.

A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00

BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU ARE APPLYING FOR

IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE

MAKOT PECH MKT
229 St. John St.
Portland ME 04101

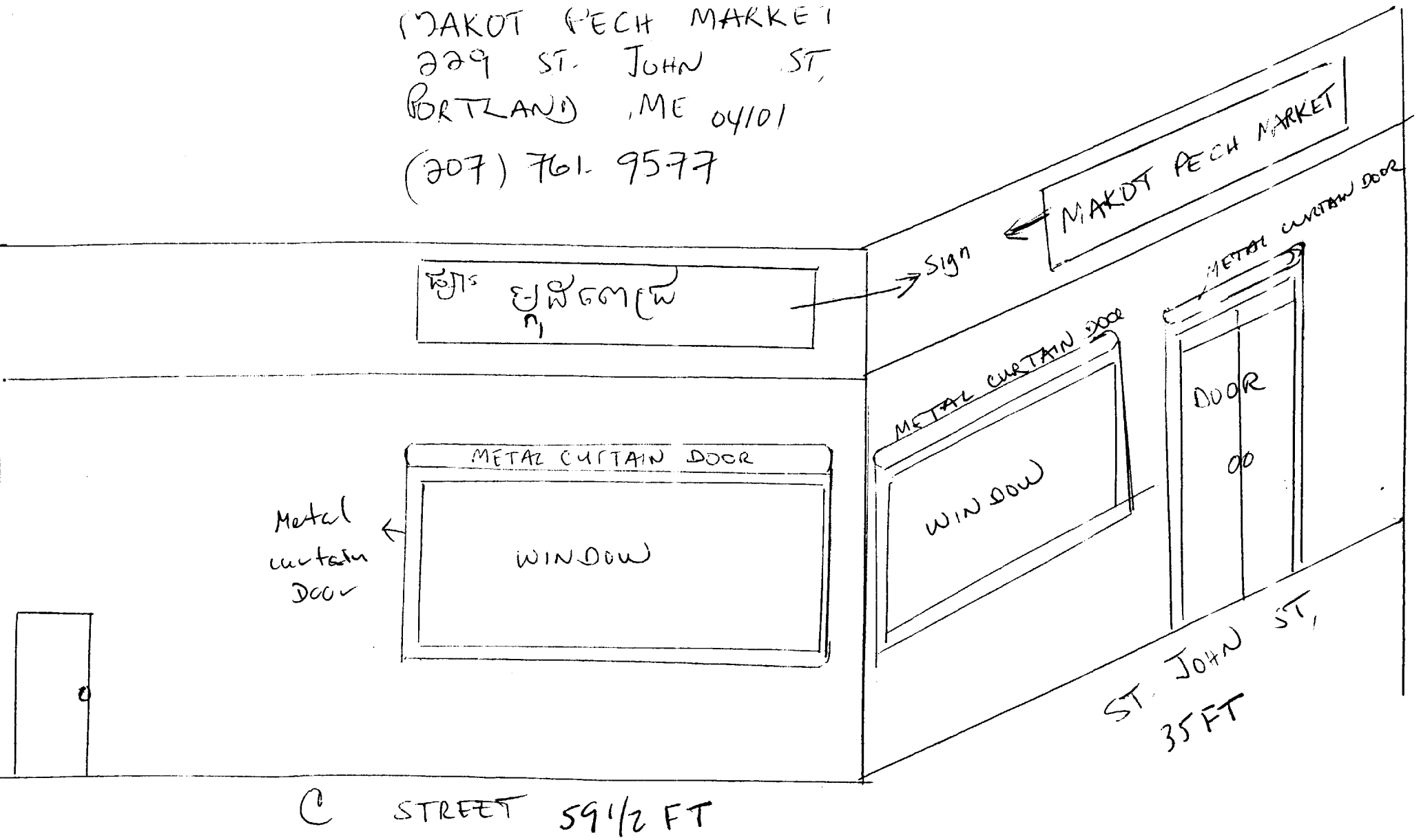


- A = 18' wide x 5' Tall 1200 LB
- B = 13' wide x 5' Tall 875 LB
- C = 6' wide x 8' Tall 600 LB

Door C - sits on ground and
Lagged in

ATTN: JOSH PHEAN
FAX 874-8473

MAKOT PECH MARKET
229 ST. JOHN ST,
PORTLAND, ME 04101
(207) 761-9577



SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: _____ ZONE: _____

OWNER: _____

APPLICANT: _____

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 3x10 30ft

MORE THAN ONE SIGN? YES NO DIMENSIONS 3x10 30ft

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: NONE

"C" street: $59.5' \times 1.5 = 89.25'$

*** TENANT BLDG. FRONTAGE (IN FEET): St John St: $35' \times 1.5 = 52.5'$

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

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: _____

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:
 CITY OF PORTLAND
 389 CONGRESS ST
 PORTLAND, ME 04101

INSURED:
 VISITH PHEAN
 DBA=MAKOT PECH MARKET
 229 206 ST JOHN ST
 PORTLAND, ME 04102

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> LIABILITY and Medical Expense Personal and Advertising Injury <input checked="" type="checkbox"/> Medical Expenses <input checked="" type="checkbox"/> Fire Legal Liability <input type="checkbox"/> Other Liability	51-80-276263-3001 NATIONWIDE MUTUAL FIRE INSURANCE CO.	05-02-01	05-02-02	Any One Occurrence..... \$ 1,000,000 Included in Above - Any One Person or Organization ANY ONE PERSON \$ 5,000 Any One Fire or Explosion \$ 50,000 General Aggregate* \$ 2,000,000 Prod/Comp Ops Aggregate* . \$ 1,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> Owned <input type="checkbox"/> Hired <input type="checkbox"/> Non-Owned				Bodily Injury (Each Person) \$ (Each Accident) \$ Property Damage (Each Accident) \$ Combined Single Limit \$
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form				Each Occurrence \$ Prod/Comp Ops/Disease Aggregate* \$
<input type="checkbox"/> Workers' Compensation and <input type="checkbox"/> Employers' Liability				STATUTORY LIMITS BODILY INJURY/ACCIDENT ... \$ Bodily Injury by Disease EACH EMPLOYEE \$ Bodily Injury by Disease POLICY LIMIT \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS
 VEHICLES/RESTRICTIONS/SPECIAL ITEMS
 SIGN LIABILITY FOR MEKOT PECH MARKET

Effective Date of Certificate: 05-02-2001
 Date Certificate Issued: 09-26-2001

Authorized Representative: PHILIP M. O'HEARN
 Countersigned at: NATIONWIDE INSURANCE
 1067 FOREST AVE PORTLAND

