Form #P 04 DISDLAY THIS CARE	O ON PRINCIPAL FRONT	AGE OF WORK
	OF PORTLANI PERMIT	_ I DEDMII INNIELI
This is to certify that <u>DOMINIC REALI REALTY</u>	C /Scarboro Signs	CITY OF PORTLAND
has permission to replace 2 96" x 72" panels c	ee stand	
AT 312 ST JOHN ST	065 A	011G01
provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.	ine and or the Contances of	his permit shall comply with al the City of Portland regulating and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	ification of inspection must be en and voten permoon proceed or the inspection of th	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUIRED APPROVALS Fire Dept.		
Health Dept.		11/
Appeal Board		₩.N
Other	LTY FOR REMOVING THIS CARD	Ofrector - Building & Inspection Services

•	<b>Maine - Building or Use</b> 04101 Tel: (207)874-870		I DED.	CBL: 065 A011001
<b>Location of Construction:</b>	Owner Name:	2, (- 2 / ) 2 / 1 2 / 1	Owner Address:	Phone:
312 ST JOHN ST	DOMINIC R	EALI REALTY LLC	312 ST JOHN ST 2ND FL	
Business Name:	Contractor Nan	ne:	Contractor Address:	2006 Phone
	Scarboro Sig	ns	Rt. 1 Scarborough	2078836796
Lessee/Buyer's Name	Phone:		Permit Type: CITY OF POF Signs - Permanent	RTLAND B2
Past Use:	Proposed Use:		Permit Fee: Cost of Work:	CEO District:
Commercial/ Amato's	Amato's/ repl on free stand	ace 2 96" x 72" panels ing sign	\$294.00 \$294  FIRE DEPT: Approved Denied	.00 2 NSPECTION:  Jse Group: U Type: 518  TBC 2003
Duran and Durainst December			1 <i>N/K</i> 1	IBC 2003
Proposed Project Description	nels on free standing sign			Signature:
replace 2 70 x 72 pa	nicis on free standing sign		PEDESTRIANACTIVITIES DISTR	
				ved w/Conditions Denied
	L	7	Signature:	Date:
Permit Taken By: ldobson	Date Applied For: 01/04/2006		Zoning Approval	
		Special Zone or Revi	ews Zoning Appeal	Historic Preservation
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>		Shoreland	Variance	Not in District or Landman
		Wetland	Miscellaneous	Does Not Require Review
3. Building permits are void if work is not started within six (6) months of the date of issuance.		Flood Zone	Conditional Use	Requires Review
False information may invalidate a building permit and stop all work	Subdivision	Interpretation	Approved	
		Site Plan	_ Approved	Approved w/Conditions
		Maj Minor MM	Denied	Denied
		Date: 1/17/01/01/01/01/01/01/01/01/01/01/01/01/01/	late:	Date:
I have been authorized by jurisdiction. In addition	by the owner to make this app a, if a permit for work describe	lication as his authorized at in the application is i	ON  the proposed work is authorized by a gent and I agree to conform to ssued, I certify that the code office the provisionable hour to enforce the provisions.	<b>all</b> applicable laws of this ial's authorized representative
SIGNATURE OF APPLICA	NT	ADDRES	S DATE	PHONE
RESPONSIBLE PERSON IN	N CHARGE OF WORK, TITLE		DATE	PHONE

### Signage/Awning Permit Application

If you or the properly 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

the <b>C</b> hy, payment analigeme	iilo iilusi	l De IIIa	ie belole Pellims	C ally killu a	are accepted.
Total Square Footage of Proposed Str	ucture		Square Footage	e of Lot	
Tax Assessor's Chart, Block & Lot		Owner:	Dominic 212 Stack	Real: nind FI ME 0410:	Telephone:
Lesseė/Buyer's Name (If Applicable)	Applica telepho		e, address &	Total personal person	Il s.f. of slgnage x \$2.00 s.f. plus \$30.00/\$65.00 H.D. slgnage = Total \$ \( \frac{132 \times 2}{150} \) Fee = Cost Of the cos
Approximately how long has It been vacant:  Proposed use: SAWE  Project description: 25:50s 96x72 Replacement Puels-					
Confractor's name, address & telephone:  Whom should we contact when the permit is ready:   SCARBORD SISNS  Wailing address:  608 US Rte one 15 CARBORD SISNS  207-883-6796					
We will contact you by phone when the eview the requirements before starting a \$100.00 fee!f any work starts before the start of the st	ne permi g any wo	it is read ork, with	y. You must com a Plan Reviewer.	e in and <b>pick</b> A STOP WOR	up the permit and K ORDER will be Issued
THE REQUIRED INFORMATION IS NOT INDENIED AT THE DISCRETION OF THE BUILD NFORMATION IN ORDER TO APROVE THE	ING/PLA	NNING			

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 enforcethe provisions of the codes applicable to this permit.

	C	
Signature of applicant:	Trade	Date: 0//9/05
79//	· · · /	/ / / /

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

### INTER 9:22:41 AM

## Attention Ann,

# -hanks



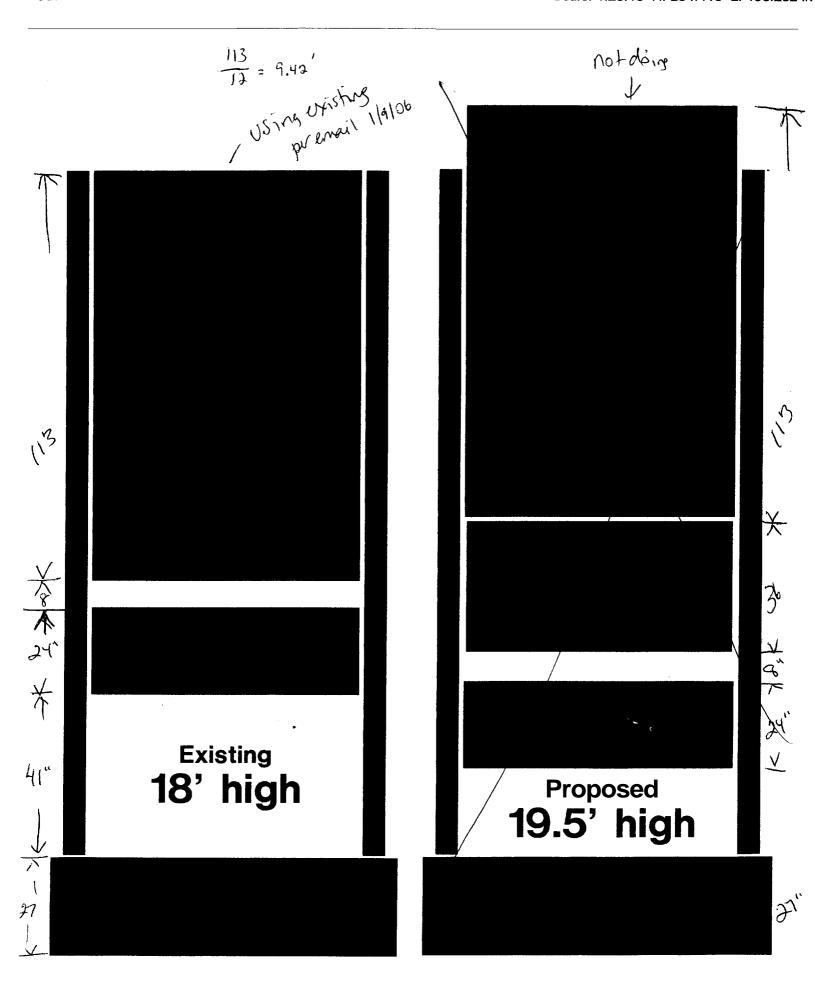
- This is the new replacement parel.



### SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

### PLEASE COMPLETE ALL INFORMATION

ADDRESS: 312 5	Sohn	ZONE:
CBL: 65 A11		
SJNGLE TENANT LOT? YES		YES NO NO
MORE THAN ONE SIGN TOTAL WITH PRO	POSED SIGN? YES	
TENANT/ALLOCATED BUILI	DING SPACE FRONTAG	E (FEET):
Length: 57	Height: 20'	
INFORMATION ON PROPOSED SIGN(S): FREESTANDING (e.g., pole) SIGN? YES/ BLDG. WALL SIGN? (attached to bldg) YES	NO DIMENSIONS PR NO DIMENSION	oposed: XH High
INFORMATION ON ALREADY EXISTING FREESTANDING (e.g., pole) SIGN? YES	DIMENSIONS:	S:
AWNING YES NO	IS AWNING BACKLIT? YE	
HEIGHT OF AWNING:		
IS THERE ANY COMMUNICATION, MESSA		
IF YES, TOTAL S.F. OF <b>PANELS</b> WITH <b>COM</b>	MUNICATIONS/MESSAGE/TRADE	MARK/SYMBOL?s.f.
A SITE SKETCH AND BUILDING SESIGNAGE IS LOCATED MUST BE IS SIGNAGE ARE ALSO REQUIRED.		
SIGNATURE OF APPLICANT:		DATE: 19/19/05
65th John replace	96 x72 = 9x6 - 514	wishing 2×6= 12#
18 high selback 2	3×6- 18th	
1 allowed	77 WX (301 = 7	78 to 66 Ot
		- CKIO, "I





Amato's

It's Real Italian

Pizza · Pasta · Salad

rew Sign constitution both



Bldg. is 70' x 100' x 20' High Amatos uses 4000sf of bottom section 57' of frontage & 3000sf of top floor.

Sign is 51 ft. from the Bldg. 63' from the MacDonalds line and 12' from the curbing.

### CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

	Certificate of Liability listing the City as additional insured if any portion of the sign abuts on encroaches on any public right of way, or can fall into any public right of way.  Amount must equal \$400,000.00.
NA	Letter of permission from the owner indicating the permissions granted and the tenant/space buildin frontage.
<del>`</del>	A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights c way, lengths of building frontages, street frontages, and all existing setbacks. <u>Indicate on the pla all existing and proposed signs with their dimensions and specific locations. Be sure to includ distance from the ground and building facade dimensions for any signage attached to building.</u>
	A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source c illumination, and construction method, as well as specifics of installation/attachment.
MA	Certificate of Flammability required for awning or canopy at time of application.
	UL# required for lighted signs at the time of Final Inspection. Failure to provide this informatio will invalidate the Sign Permit.
	Pre-Application Questionnaire completed and attached. Photos of <b>existing</b> signage attached.
	Permit Fee for signage or awning-with-signage:

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\$30.00 plus \$2.00 per square foot of sign.

Permit Fee for awning-without-signage is based on cost of work: \$30.00 for the first \$1,000.00, plus \$9.00 for each additional \$1,000.00.

Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00

### DATE(MM/DD/YYY) **ACORD.** CERTIFICATE OF LIABILITY INSURANCE 12/20/2005 PRODUCER (207)729-0102 FAX (207)729-4071 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE Norton insurance Agency Inc HOLDER. THIS CERTIFICATE DOES IOT AMEND, EXTEND OR 181 Park Row ALTER THE COVERAGE AFFORDED BY THE POLICIES BE OV PO Box 655 INSURERS AFFORDING COVERAGE NAIC# unswick, ME 04011 RED Joseph A. Tufts dba Scarboro Signs ISURFRA Netherlands 24171 508 U S Route 1 п Scarborough, FIE 04074 INCURER D INGURER É - COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUREDNAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TI-IS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY ME POLICIES DESCRIBED HEREIN IS SUBJECTTO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS POLICYEFFECTIVE POLICYEXPIRATION DATE (MM/DD/YY) TYPE OF INSURANCE POLICY NUMBER CBP9670769 01/15/2005 13/4 GENERAL LIABILITY FACH OCCURRENCE 500,000 DAMAGE TO RENTED X COMPANDA NO SEMBLES COMPANDA C 100,000 PREMISES (Ea occurence) ANG MOLEX OCCUR. MED EXP (Any one person) \$ 5,000 PERSONAL & ADVINUIRY A 500,000 GENERAL AGGREGATE 1,000,000 GUND AGGREGATE UM CAPPLILS PER PRODUCTS - COMP/OP AGG 1,000,000 POLICE FINE COLOR BA9676868 01/15/2005 01/15/2006 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) \$ MEAUG 500,000 ALCOMONE CONTRACTOR SODILY INJURY \$ X SC: COULED ALTO: В X HISED 4: TOS \$ (Per accident) X Fingh, WASE AGREG PROPERTY DAMAGE (Per accident) AUTO ONLY - EA ACCIDENT GARAGE LIABILITY \$ \_\_\_ 1 ,11 EA ACC \$ OTHER THAN AUTO ONLY AGG \$ CU9672881 01/15/2005 01/15/2006 EACH OCCURRENCE 1,000,000 EXCESSIUMBRELLALIABILITY \$ 1,000,000 13. 4 1 AGGREGATE \$ В \$ DECHOTELE \$ FETE OF \$ WC9670865 01/15/2005 01/15/2006 WORKERS COMPENSATIONAND TORY LIMITS EMPLOYERS'LIABILITY ET FACE ACCIDENT 100,000 ANT PROPRIETOR/PARTNER/EXPORTINE OFFICER/MEMBER EXCLUDEDTY \$ E L. DISEASE - EA EMPLOYEE \$ 100,000 ri est, describe under SELLIAE PROVISIENS bedw EL DISEASE - POLICY LIMIT | \$ 500,000 OTHER DESCRIPTIONOF OPERATIONS I LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORS MENT / SPECIAL PROVISIONS roject: Amato's Sandwich Shop, St. John Street, ortland, ME CERTIFICATE HOLDER CANCEL I ATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED REFORE THE EXPIRATION OATE THEREOF, THEISSUING INSURER WILL ENDEAVOR TO MAIL

City of Portland
Portland, ME 04101

ACORD 25 (2001108) FAX: (207)874-8716

OF ANY KINO UPON THE INSURER. ITS AGENTS OR REPRESENTATIVE
AUTHORIZED REPRESENTATIVE
Hichelle Cardner CIC, AAI, CPIW

OACORD CORI

10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO M E LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY

