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

Location of Construction:	Owner:	100 No.	none:	Permit No:
Owner Address: 911 Congress St.	Leasee/Buyer's Name:	Phone: B	usinessName:	940854
Contractor Name:	Address:	Phone:	9-7700	Permit Issued:
Past Use:	Proposed Use:	COST OF WORK: \$	PERMIT FEE: \$ 26.60	AUG 1 8 1994
acal.	Rest.	FIRE DEPT.  Appr		HUOTO
	*	Signature:	Signature:	Zone: CBL: CBL:
Proposed Project Description:			VITIES DISTRICT (P.U.D.)	Zoning Approval:
Frect sign 2 x 4 8 sq.ft. Approved with Conditions: Denied		oved with Conditions:	□ Shoreland	
		Signature:	Date:	□ Subdivision □ Site Plan maj□ minor □ mm □
<ol> <li>This permit application doesn't preclu</li> <li>Building permits do not include plum</li> </ol>	ide the Applicant(s) from meeting applica	ble State and Federal rules.		Zoning Appeal
<ol> <li>Building permits are void if work is not tion may invalidate a building permit</li> </ol>	ot started within six (6) months of the date and stop all work	of issuance, raise informa-		<ul> <li>Miscellaneous</li> <li>Conditional Use</li> <li>Interpretation</li> <li>Approved</li> <li>Denied</li> </ul>
				Historic Preservation <ul> <li>Not in District or Landmark</li> <li>Does Not Require Review</li> <li>Requires Review</li> </ul>
	CERTIFICATION			Action:
I have the second second second	Approved with Conditions			
authorized by the owner to make this appl if a permit for work described in the appli	ord of the named property, or that the properties of the named property, or that the properties is a state of the provisions of the state of the provisions of the state of th	to conform to all applicable law ial's authorized representative sha	s of this jurisdiction. In addition, all have the authority to enter all	Denied
. h. am		12 11 24		Stond
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	9 1 comes
RESPONSIBLE PERSON IN CHARGE O	F WORK, TITLE		PHONE:	
w	hite-Permit Desk Green-Assessor's	Canary–D.P.W. Pink–Public	File Ivory Card-Inspector	m. W

	COMMENTS	
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AM/ Checked	sign installed as per of	stans of
		-000
the factor of th		
<u>an an a</u>		

Inspection Record						
Туре	Date					
Foundation:						
Framing:						
Plumbing:						
Final:						
Other:						

# The Signery®

MainStreet Management • 449 Forest Avenue • Portland, Maine 04101 • (207) 879-7700 • FAX (207) 879-1570

August 9, 1994

Bill Giroux
Zoning Administrator
City of Portland
389 Congress Street
Portland, ME 04101
Request for signage for:

Seng Thai Food 2
921 Congress Street
Portland, ME 04103

This request is for signage for Seng Thai Food 2. Customer has requested an Identification sign on the Congress Street side of the building.
Type of sign:

Building mounted.

Sign specifications are:

Dimensions: 48" wide by 24' high;

Colors: blue background with white lettering;

Material: 3/4" MDO

# Installation:

Sign will be hung perpendicular to Congress Street to give exposure to traffic traveling both directions.

Hanging procedure will be an iron bracket attached to the building secured left and right with guy wires.

#### Location:

Left side of main entrance with the bottom of the sign at least 8' ill Sec 3107.10.3 from the sidewalk.

Lighting:

Sign is not lighted.

Other signage:

No free-standing signage exists; No other building signage exists.

# Attachment #1

Property owner consent form.

# Attachment #2

Copy of owners liability insurance

#### Attachment #3

Representation of requested sign.

#### Attachment #4

Representation of the installed location.

# Attachment #5

Pictures of the building with respect to other buildings and streets.

The Right Sign . . . At the Right Price . . . Right Away . . . GUARANTEED!"

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED TO BE ERECTED ON A BUILDING AT <u>921-923</u> <u>Completes</u> <u>37</u> in Portland, Maine <u>Mark Simclain</u> being the owner of the premises at <u>921-923</u> <u>Completes</u> <u>57</u> in Portland, Maine hereby gives consent to the erection of a certain sign owned by <u>Stand Than Food</u> over the sidewalk or on the building from said premises as described in application to the Division of Inspection Services of Portland, Maine for a permit to cover the erection of said sign:

And in consideration of the issuance of said permit  $\underline{MANE}$  Since  $\underline{Since LAin}$ , owner of said premises, in event said sign shall cease to serve the purpose for which it was erected or shall become dangerous and in event the owner of said sign shall fail to remove said sign or make it permanently safe in case the sign still serves the purposes for which it was erected, hereby agrees for himself or itself, for his heirs, its successors, and his or its assigns, to completely remove said sign is in such condition and of order from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and agreement this 30/4 day of 25 195

Owner's signature

Lessee's signature

CUSTOMER # 16001

THIS BINDER IS A	TEMPORARY INSURANCE CONTRACT, SUBJECT TO T		DWN BELOU.	ene bask hal den gen imme enek kom ben den den die die S			
PRODUCER UN M PRINDLE AGENCY A MIDDLE STREET PO BOX 537 EPFEPOPT ME	COMPANY <u>AETNA LIFE &amp; CAS_CO</u> EFFECTIVE: DATE TIME 07/26/94 : M	BINDER ND: 0 EXPIRATION: DATE 08/26/94	726307 TIME X 12:01 AM	NOON			
ZIP CODE 04032 CODE 3490 SUB CODE	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO.:						
INSURED	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (INCLUDING LOCATION) AE2000 MERCANTILE PACKAGE DELI TAKE-OUT LOCATED: 921 CONGRESS ST PORTLAND ME 04102						
COVERAGES			LIMITS				
TYPE OF INSURANCE	COVERAGES/FORMS	AMOUNT	DEDUCTIBLE	COINSURANCE			
PROPERTY CAUSES OF LOSS ( ) BASIC ( ) BROAD (X) SPECIAL ( ) ( )	BUSINESS PERSONAL PROPERTY BUSINESS INCOME SIGN GLASS	12,000 ACTUAL 4,000 INCLUDE	0250	NON			
GENERAL LIABILITY (X) COMMERCIAL GENERAL LIABILITY () CLAIMS MADE (X) OCCUR, () OWNER'S & CONTRACTOR'S PROT, ()	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREG PRODUCTS-COMP/ PERSONAL & ADV EACH OCCURRENCI FIRE DAMAGE (A) MED. EXPENSE (	ATE \$ DP AGG. \$ , INJURY \$	2,000,000 2,000,000 1,000,000			
AUTOMOBILE LIABILITY ( ) ANY AUTO ( ) ALL OWNED AUTOS ( ) SCHEDULED AUTOS ( ) HIRED AUTOS ( ) NON-OWNED AUTOS ( ) GARAGE LIABILITY ( )		COMBINED SINGLI BODILY INJURY   BODILY INJURY   PROPERTY DAMAGI   MEDICAL PAYMEN   PERSONAL INJUR'   UNINSURED MOTO	(PER PERSON) \$ (PER ACC) \$ E \$ TS \$ Y PROT. \$				
AUTO PHYSICAL DAMAGE DEDUCTIBLE ( ) COLLISION; ( ) OTHER THAN COL;	( ) ALL VEHICLES ( ) SCHEDULED VEHICLES	( ) ACTUAL CASI   ( ) STATED AMO   ( ) OTHER	+ VALUE JNT ≸				
EXCESS LIABILITY ( ) UMBRELLA FORM ( ) OTHER THAN UM5RELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCI   AGGREGATE   SELF-INSURED RI	4				
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		( ) STATUTORY   EACH ACCIDENT   DISEASE-POLICY   DISEASE-EACH EP	\$ LIMIT \$				
SPECIAL CONDITIONS/OTHER COVERAGES INCLUDED: MONEY/SECURITIES ON PREMISES 10,000/OFF PREMISES 2,000							
NAME & ADDRESS		( ) MORTGAGEE   ( ) LOSS PAYEE 	( ) ADDITI	ONAL INSURED			
ZIP CODE		LOAN≇   AUTHORIZED REP    LAVRENCE J DI		<			
CONDITIONS	SURANCE STIPULATED AS ABOVE. THIS INSURA	Xan	J. Vel	DNDITIONS			
WHEN CANCELLATION WILL BE EFFECTIVE ACCORDANCE WITH THE POLICY CONDITION	INSURED BY SURRENDER OF THIS BINDER OR BY , THIS BINDER MAY BE CANCELLED BY THE COM NS. THIS BINDER IS CANCELLED WHEN REPLACE S ENTITLED TO CHARGE A PREMIUM FOR THE BIN	PANY BY NOTICE TO D BY A POLICY.	) THE INSURED IF THIS BINDER	IN IS NOT			
APPLICABLE IN NEVADA; ANY PERSON W WFEN PROOF IS REQUIRED: (A) SHALL BINDER AS PROOF OF INSURANCE FOR AC	HO REFUSES TO ACCEPT A BINDER WHICH PROVID BE FINED NOT MORE THAN \$500.00, AND (8) IS FUAL DAMAGES SUSTAINED THEREFROM.	ES COVERAGE OF LE LIABLE TO THE P/	E <mark>SS THAN \$1,00</mark> PRTY PRESENTIN	0,000.00 G THE			



(207) 879-7700 Fax: (207) 879-1570



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