

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 065-D-017

Location of Construction: 201 Congress St		Owner: The City of Portland		Phone: 207-874-8703		Permit No: 940854	
Owner Address: 201 Congress St		Leasee/Buyer's Name: The City of Portland		Phone: 207-874-8703			
Contractor Name: A. J. ...		Address: 349 ...		Phone: 207-874-8703		Permit Issued: AUG 18 1999	
Past Use: ...		Proposed Use: ...		COST OF WORK: \$... PERMIT FEE: \$...			
Proposed Project Description: ... 4 ...				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature: _____	
				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: _____ Date: _____	

1. This permit application doesn't 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..

Zone: **CBL:**

Zoning Approval:

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

Action:

Approved
 Approved with Conditions
 Denied

Date: 8/11/99



COMMENTS

2/10/95 Checked sign installed as per plans OK
MWA

Inspection Record

Type	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' *rk sec 3102.10.3* 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 921-923 CONGRESS ST in Portland, Maine MARK SINCLAIR being the owner of the premises at 921-923 CONGRESS ST in Portland, Maine hereby gives consent to the erection of a certain sign owned by SENG THAI FOOD 2 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 MARK SINCLAIR, 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 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 July day of 25 1994

Mark A. Sinclair

Owner's signature

Seng Thai Food 2

Lessee's signature

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN BELOW.

AGENCY J & FRIDDLE AGENCY 3 MIDDLE STREET PO BOX 887 FREEPORT ME ZIP CODE 04932 CDE 8997 SUB CODE	COMPANY <u>ACTIVA LIFE & CAS CO</u> EFFECTIVE DATE: 07/26/94 TIME: N EXPIRATION DATE: 08/26/94 TIME: X 12:01 AM NOON	BINDER NO: 0728307 EXPIRATION:
---------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY BY EXPIRING POLICY NO.:

(Insured) BENG THAI FOODS 2 & BENG TAKE-OUT & MORAMULEE DBA 921 CONGRESS ST PORTLAND ME ZIP CODE 04102	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (INCLUDING LOCATION) AE2000 MERCANTILE PACKAGE BELT TAKE-OUT LOCATED: 921 CONGRESS ST PORTLAND ME 04102
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------

COVERAGES

TYPE OF INSURANCE	COVERAGES/FORMS	AMOUNT	DEDUCTIBLE	COINSURANCE
-------------------	-----------------	--------	------------	-------------

PROPERTY - CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> ENHANCED <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> <input type="checkbox"/>	BUSINESS PERSONAL PROPERTY BUSINESS INCOME SIGN EQUIP	12,000 ACTUAL 4,000 INCLUDE		NONE
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------	--	------

GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> PRODUCTS & CONTRACTORS PROT <input type="checkbox"/> <input type="checkbox"/>	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (ANY ONE FIRE) \$ 300,000 REG. EXPENSE (ANY ONE PER) \$ 5,000
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

AUTOMOBILE LIABILITY <input checked="" 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 <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT \$ BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACC) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT. \$ UNINSURED MOTORIST \$
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION <input type="checkbox"/> OTHER THAN COLL	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	<input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> STATED AMOUNT \$ <input type="checkbox"/> OTHER
-------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

EXCESS LIABILITY <input type="checkbox"/> DARELL'S FORM <input type="checkbox"/> OTHER THAN DARELL'S FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
-----------------------------------------------------------------------------------------------------------------	-----------------------------	-----------------------------------------------------------------

WORKERS COMPENSATION <i>etc</i> EMPLOYER'S LIABILITY	RETRO DATE FOR CLAIMS MADE:	<input type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
------------------------------------------------------------	-----------------------------	----------------------------------------------------------------------------------------------------------------------

SPECIAL CONDITIONS/OTHER COVERAGES INCLUDED: MONEY/SECURITIES ON PREMISES 10,000/OFF PREMISES 2,000

NAME & ADDRESS ZIP CODE	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LOAN# AUTHORIZED REPRESENTATIVE LAWRENCE J. DEBETTES
----------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Conditions: THIS COMPANY BONDING THE RISK(S) OF INSURANCE STIPULATED AS ABOVE. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY.

NOT APPLICABLE IN MASSACHUSETTS: ANY PERSON WHO REFUSES TO ACCEPT A BINDER WHICH PROVIDES COVERAGE OF LESS THAN \$1,000,000.00 UNDER F-00P IS NEGLIGENT; (1) SHALL BE FINED NOT MORE THAN \$500.00 AND (2) IS LIABLE TO THE PARTY PRESENTING THE BINDER AS PROOF OF INSURANCE FOR ACTUAL DAMAGES SUSTAINED THEREFROM.

The Signery®

449 Forest Ave. Portland, ME

[207] 879-7700

Fax: [207] 879-1570



This design is the exclusive property of The Signery.
All production and reproduction rights are reserved by us.
This print has been designed for your personal use.
It may not be submitted, used or exhibited outside
of your company or organization without the express
permission of The Signery.

