

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

Location of Construction: 921 Congress St		Owner: Santiago Morales	Phone: 179-2577	Permit No: 960914
Owner Address: 921 Congress St - 2014 ME 04101		Leasee/Buyer's Name:	Phone:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> SEP 18 1996 10 </div> </div>
Contractor Name:		Address:	Phone:	
Past Use: restaurant	Proposed Use: Restaurant & bar	COST OF WORK: \$ 2000	PERMIT FEE: \$ 30	CITY OF PORTLAND Zone: CBL: 65-1-17 Zoning Approval: [Signature] 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 <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
Proposed Project Description: erect awning		Signature: [Signature]	Signature: [Signature]	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:		
Permit Taken By: L Chsao	Date Applied For: 9/17/96			

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..

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:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED WITH REQUIREMENTS

CEO DISTRICT



SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 921 Congress St ZONE: B-2

OWNER: Saengtong Woramakee

APPLICANT: Seng IHA. Food 2

ASSESSOR NO.: _____

SINGLE TENANT LOT? YES NO

was residential above

MULTI TENANT LOT? YES NO

FREESTANDING SIGN? YES _____ NO _____ DIMENSIONS _____
(ex. pole sign..)

MORE THAN ONE SIGN? YES _____ NO _____ DIMENSIONS _____

BLDG. WALL SIGN? YES _____ NO _____ DIMENSIONS _____
(attached to bldg)

MORE THAN ONE SIGN? YES _____ NO _____ DIMENSIONS _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: _____

LOT FRONTAGE (FEET) _____

BLDG FRONTAGE (FEET) 23 1/2' x 1.5 = 35.25' A

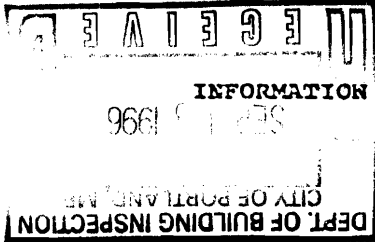
AWNING YES NO IS AWNING BACKLIT? YES NO

(per assessment)

HEIGHT OF AWNING: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? NO

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



INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

APPLICANTS FOR A SIGN PERMIT WILL BE ASKED TO SUBMIT THE FOLLOWING INFORMATION TO THE CODE ENFORCEMENT OFFICE:

1. PROOF OF INSURANCE
2. LETTER OF PERMISSION FROM THE OWNER
3. A SKETCH PLAN OF THE LOT, INDICATING LOCATION OF BUILDINGS, DRIVEWAYS AND ANY ABUTTING STREETS OR RIGHT OF WAYS. LENGTHS OF BUILDING FRONTAGES AND STREET FRONTAGES SHOULD BE NOTED (SEE ATTACHED)
4. INDICATE ON THE PLAN ALL EXISTING AND PROPOSED SIGNS
5. COMPUTATION OF THE FOLLOWING:
 - A) SIGN AREA OF EACH EXISTING AND PROPOSED BUILDING SIGN
 - B) SIGN AREA HEIGHT AND SETBACK OF EACH EXISTING AND PROPOSED FREESTANDING SIGN

A SKETCH OF ANY PROPOSED SIGN(S), INDICATING DIMENSIONS, MATERIALS, SOURCE OF ILLUMINATION AND CONSTRUCTION METHOD (SEE ATTACHED)

FEE FOR PERMIT - \$25.00 PLUS \$0.20 PER SQUARE FOOT

NOTE: ONCE A SKETCH PLAN HAS BEEN FILED FOR A PROPERTY, THE CODE ENFORCEMENT OFFICE WILL KEEP A RECORD OF THE PLAN SO THAT A NEW SKETCH PLAN WILL NOT BE REQUIRED FOR LATER CHANGES TO SIGNAGE ON THE PROPERTY. IN SUCH AN INSTANCE, APPLICANTS WILL ONLY BE REQUIRED TO SUBMIT INFORMATION APPLICABLE TO THE NEW SIGNS.

LAND USE - ZONING REPORT

ADDRESS: 921 Congress St DATE: 1/16/96

REASON FOR PERMIT: erect Awning

BUILDING OWNER: Saengtong Woramalee B.L.: 65-D-17

PERMIT APPLICANT: owner

APPROVED: with conditions DENIED: _____

#9

CONDITION(S) OF APPROVAL

1. During its existence, all aspects of the Home Occupation criteria, Section 14-410, shall be maintained.
2. The footprint of the existing _____ shall not be increased during maintenance reconstruction.
3. All the conditions placed on the original, previously approved, permit issued on _____ are still in effect for this amendment.
4. Your present structure is legally nonconforming as to rear and side setbacks. If you were to demolish the building on your own volition, you will not be able to maintain these same setbacks. Instead you would need to meet the zoning setbacks set forth in today's ordinances. In order to preserve these legally non-conforming setbacks, you may only rebuild the garage in place and in phases.
5. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
6. Our records indicate that this property has a legal use of _____ units. Any change in this approved use shall require a separate permit application for review and approval.
7. Separate permits shall be required for any signage.

8. Separate permits shall be required for future decks and/or garage.

9. Other requirements of condition The existing overhanging sign shall be removed. No advertising was shown on the submitted plans. If there is to be signage, a separate permit is required.

Marge Schmuckal Marge Schmuckal, Zoning Administrator,
Asst. Chief of Code Enforcement

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

F-368

ISSUED BY

UNITED TEXTILE & SUPPLY - EAST
311 ROOSEVELT AVENUE
PAWTUCKET, RI 02860

Date work performed

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR LEAVITT & PARRIS AT P.O. BOX 3926

CITY PORTLAND STATE MAINE 04104

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used _____ Chem. Reg. No. _____

Method of application _____

(b) The articles described on the reverse side hereof are made from a flame-resistant fabric registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric used 46" FIRESIST SUNBRELLA Reg. No. F-368

The Flame Retardant Process Used COLOR # _____ WILL NOT Be Removed By Washing
(will or will not)

Name of Applicator

By

Robert H. Attacker
Title

We hereby certify this to be a true copy of the original "CERTIFICATE OF FLAME RESISTANCE" issued to us, "original copy" of which has been filed with the California State Fire Marshal.

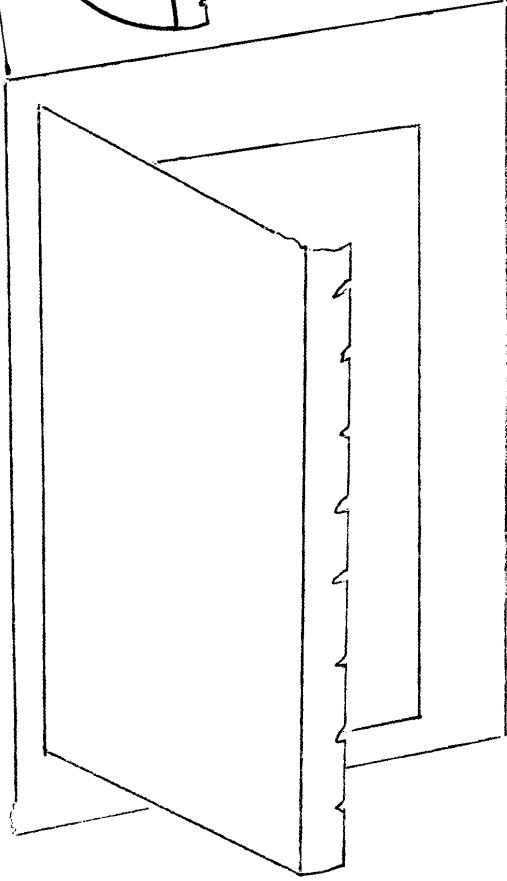
Signed

LEAVITT & PARRIS Inc

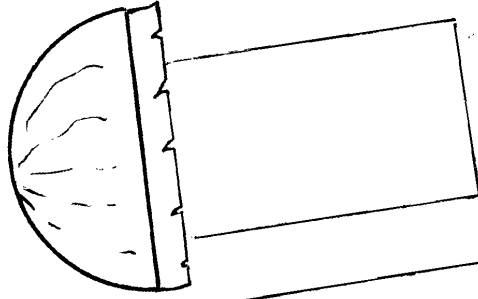
By

Paul G. Toland

Retractable Awning



Door Canopy



congresso St.

Leavitt & Parris, Inc. Sales Agreement

L&P LEAVITT & PARRIS, INC.

Est. 1919



AWNINGS & SIGNAGE
FLAGS & BANNERS

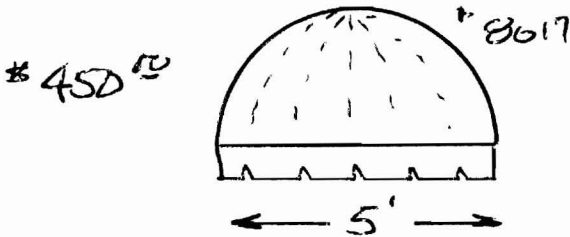
256 Read Street • Portland, Maine 04103
Phone (207) 797-0100 • FAX 797-4194
1-800-833-6679 in Maine



BILL TO <i>SEN, Tai Food</i>	PHONE (H) <i>780-6726</i>	DATE <i>9-5-96</i>
STREET <i>921 Congress St.</i>	PHONE (B) <i>756-4641</i>	JOB NAME
CITY, STATE AND ZIP <i>Portland, Me. 04102</i>	JOB LOCATION <i>SAME</i>	
CONTACT PERSON <i>ALEX</i>	SITE PERSON	FABRIC SELECTION <i>F.R.</i>
		PATTERN # <i>CHOICE</i>

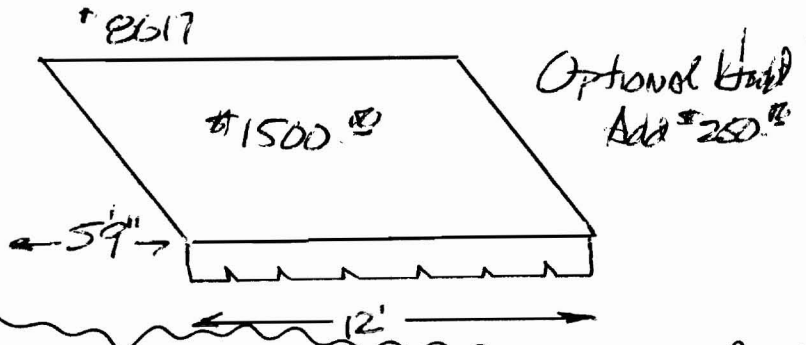
We hereby submit specifications and estimates for:

1-DOME ENTRANCE CANOPY



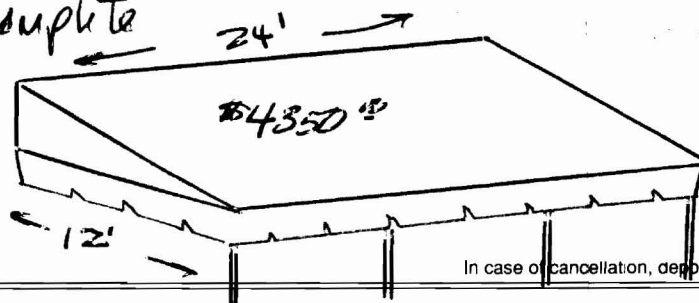
MOUNT 2' FROM WALK

1-RETRACTABLE AWNING



1 STATIONARY AWNING - LAUNDRY

100% GALV. WELDED FRAME



In case of cancellation, deposit will be forfeited.

We propose to furnish material and labor — complete in accordance with the specifications above and conditions set forth on the reverse side of this Proposal, for the sum of: SIX THOUSAND dollars (\$ 6000.00).

Payment to be made as follows: Deposit of 50% upon acceptance 3000.00 ;
\$ 3000.00 BALANCE DUE ON INSTALLATION.

ATTENTION: CUSTOMERS' RESPONSIBILITY TO CHECK WITH LOCAL MUNICIPALITY CONCERNING PERMITS REQUIRED FOR INSTALLATION.
ALL ELECTRICAL WORK IS CUSTOMER'S RESPONSIBILITY.

LEAVITT & PARRIS, INC.

By Neil Latour
Authorized Representative

NOTE: The proposal is withdrawn if not accepted within five business days.

Acceptance of Proposal

The prices, specifications and conditions as set forth above and on the reverse side of this proposal are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined herein.

Date of Acceptance: _____

X EM _____
Signature
Signature

ACORD. CERTIFICATE OF INSURANCE

CSR VG
SENGT-1

DATE (MM/DD/YY)
09/11/96

PRODUCER

Wm. M. Prindle Agency Inc.
31 Mallett Drive, P.O. Box 537
Freeport ME 04032

Lawrence J. Detweiler
207-865-3131

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A Aetna Life & Casualty Co

COMPANY
B

COMPANY
C

COMPANY
D

INSURED

Seng Thai Food 2
Somsak Waramalee DBA
921 Congress St
Portland ME 04102

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	077BQ25610069TWF	07/26/96	07/26/97	GENERAL AGGREGATE	\$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1000000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1000000
					FIRE DAMAGE (Any one fire)	\$ 300000
					MED EXP (Any one person)	\$ 5000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
	EXCESS LIABILITY				AGGREGATE	\$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
	<input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT	\$
					DISEASE - POLICY LIMIT	\$
					DISEASE - EACH EMPLOYEE	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Delicatessen & Sandwich Shop

CERTIFICATE HOLDER

CITYOFFP

The City of Portland
389 Congress St
Portland ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Lawrence J. Detweiler