



Signage / Awning Permit Application



If you or the property owner owes real estate or personal property taxes or any other charges on any payment arrangement **MUST** be made before permits are accepted.

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

Location/Address:		Date: 10/21/14
Tax Assessor's Chart/Block/Lot (CBL) Chart: 116 Block: D Lot: 1	OWNER Name/Address: Name: <u>Stephen Harrea</u> Address: <u>460 Baxter Blvd Portland Me</u>	Telephone: <u>772-5555</u> E-Mail: <u>Jay.wise@wnebrokers.com</u>
LEASEE/BUYER Info (if Applicable) Name: <u>C.Fic Fried chicken</u> Address: <u>408 Forest Av.</u> Phone: <u>508 488-8791</u> E-Mail: <u>Jack.Naghaf@yahoo.com</u>	CONTRACTOR Name: <u>sign master usa inc.</u> Address: <u>1250 metropolitan ave Brooklyn, NY 11237</u> Phone: <u>718 218 6999</u> E-Mail: <u>signmasterusa@gmail.com</u>	Total S.F. signage \$ _____ (Sq Ft = ___ x \$2.00) SF + \$30 Fee: \$ <u>30</u> Historic (\$75): \$ _____ Awning Fee: \$ <u>5000</u>
Awning Fee = Cost of Work: \$ _____ (\$25/first \$1000; \$11 each additional \$1000)		TOTAL FEE: \$ 5000

Who should we contact when the permit is ready: Name: Kabir Mohamuel Phone: 508 488-8791
Address: 408 Forest Ave Portland Me E-Mail: Jack.Naghaf@yahoo.com

Tenant/allocated building space frontage (in feet): Length: _____ Height: _____
Lot frontage (in feet): _____ Single Tenant or Multi-Tenant Lot: _____

Current Specific Use: _____
If vacant, what was prior use: _____
Proposed Use: Restaurant Pizza shop

Information on proposed sign(s)

Freestanding (e.g. pole) sign?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Dimensions proposed: _____ (sf); Height from grade: _____ sf
BLDG Wall Sign (attached to bldg.)?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Dimensions proposed: <u>27.2</u> sf

Proposed Awning: YES NO If yes, is awning backlit? YES NO

Height of awning _____ Length of awning _____ Depth of awning _____
Is there any communication, message, trademark or symbol on it? YES ___ NO ___
If yes, total square footage of panels with communication, message, trademark or symbol on it: _____ sf

Information on existing and previously permitted signage:

Freestanding (e.g. pole) sign?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Dimensions proposed: _____ ft X _____ ft; Height from grade: _____
BLDG Wall Sign (attached to bldg.)?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Dimensions proposed: _____ ft X _____ ft

Awning? YES NO total sq ft of panels with communication on it: _____ sf

A site sketch and building sketch showing exactly where existing and proposed signage is located **MUST** be provided. Sketches and/or pictures of proposed signage and existing building are also required.

Please submit all information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information, visit us on-line at WWW.PORTLANDMAINE.GOV, stop by the Building Inspections Office, room 315 City Hall, or call 207-874-8703.

I hereby certify 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 enforce the provisions of the codes applicable to this permit.

Signature of Applicant: [Signature] Date: 10-9-14



CERTIFICATE OF LIABILITY INSURANCE



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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not constitute an endorsement in lieu of such endorsement(s).

Date: 10/21/14

PRODUCER SZS Insurance Brokerage 5225 Utrecht Ave. Brooklyn, Ny 11219	CONTACT NAME: Samuel Srulowitz	
	PHONE (A/C No, Ext): 718-977-5151	
INSURED Sign Master USA Inc. 1250 Metropolitan Avenue Brooklyn, NY 11237 718-218-6999	E-MAIL ADDRESS: sales@szsbrokerage.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: CNA	20508
	INSURER B: New York State Insurance Fund	
	INSURER C: First Rehabilitation Life Ins	
	INSURER D: INSURER E: INSURER F:	

COVERAGES: **GL, UM, WC, DBL** CERTIFICATE NUMBER: _____ REVISION NUMBER: _____

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		B5094294727	8/23/2014	8/23/2015	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS			6011313645	8/23/2014	8/23/2015	COMBINED SINGLE LIMIT (Ea accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB EXCESS LIAB			6011313645	8/23/2014	8/23/2015	EACH OCCURRENCE \$ 1,000,000
	DED RETENTION \$						AGGREGATE \$ 1,000,000
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	K22777015	6/2/2014	6/2/2015	WC STATUTORY LIMITS
	OTHER						E.L. EACH ACCIDENT \$ 100,000
							E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
c	DISABILITY			DBL445182	6/2/2014	6/2/2015	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED.

CERTIFICATE HOLDER City of Portland, Maine 389 congress street Portland, Maine 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Samuel Srulowitz</i>
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Stephen E. Mardigan

460 Baxter Boulevard

Portland, Maine 04103

Date: 10/21/14

October 15, 2014

To: City of Portland
From: Stephen E. Mardigan
Re: 408 Forest Ave

Please be advised that I give permission to Crown Fried Chicken and Sign master to install a sign on my building at 408 Forest Ave.

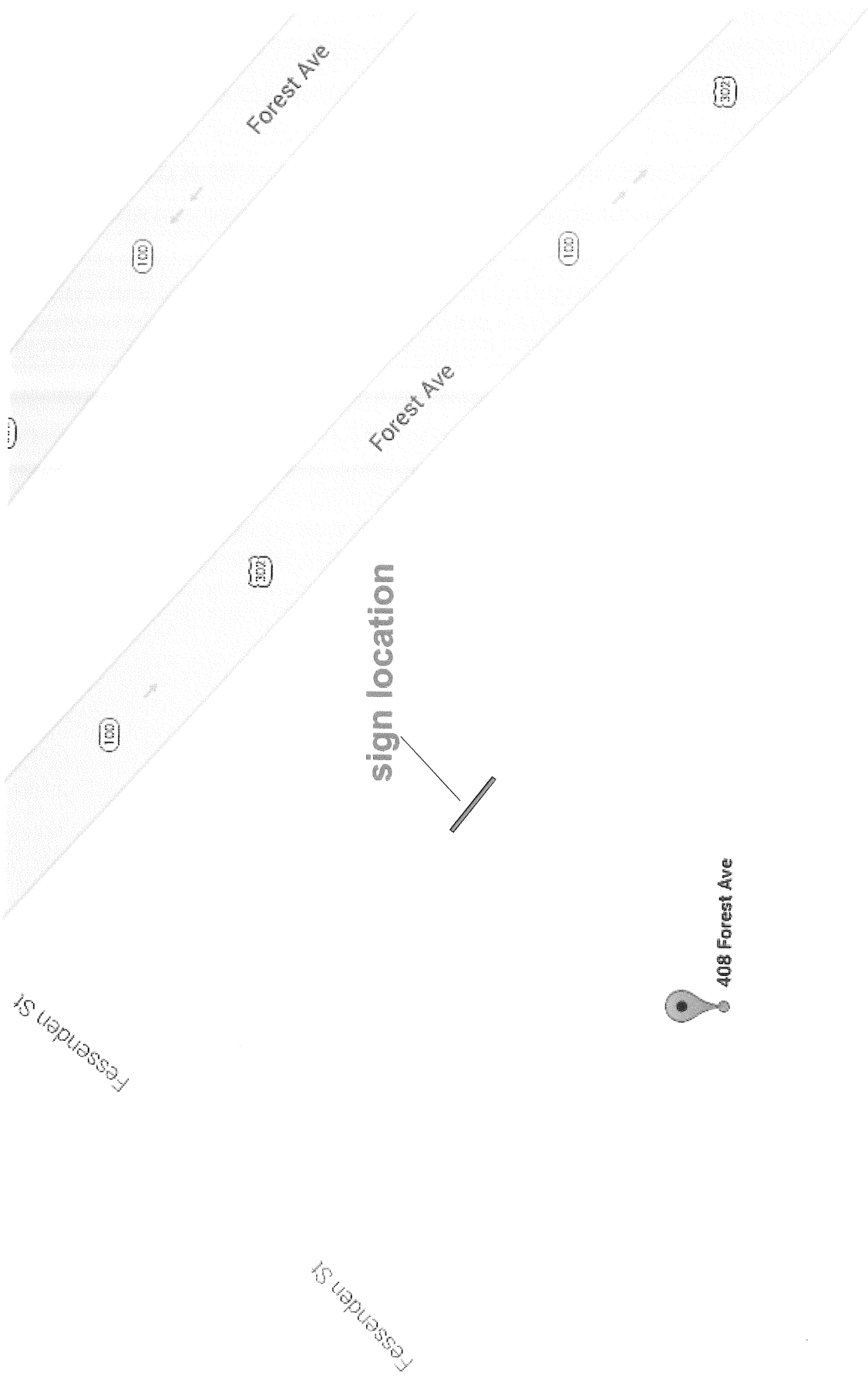
If there are any questions or concerns please feel free to contact me 207-772-5555.

Thank you.



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Crown Fried Chicken

408 Forest Ave.

w7842

Server\GIWork2014\young\crown fried chicken\408 forest ave portland\permit drawing



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1'-7 1/2"



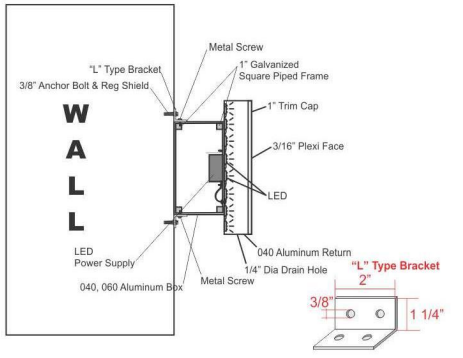
1'-3"

11'-8"

CROWN FRIED CHICKEN

0'

CHANNEL LETTER SIGN w/ RACEWAY INSTALLATION VIEW



- Channel Letters w/ Ivory Raceway
- Red, White Plexi Face
- Black Trim, Black Return
- LED Inside

Signage: 27.2sqft.

After



Before



Client : Jack	E-Mail : jacknaghat@yahoo.com
Tel : 508-488-8791	Date : 09 / 03 / 2014
Address : 408 Forest Ave. Portland, Mane	Sales Rep. : Lee
Directory :	Designed By : Young

1250 Metropolitan Ave., Brooklyn, NY 11237
 E-Mail : signmasterusa@gmail.com
 Tel : 718-218-6999 / Fax : 718-218-6911



Disclaimer : We have made an effort to provide fabric images that closely represent the fabric colors. However, Due to all the possible variants lights source, monitor quality, etc. We cannot guarantee that the fabric images accurately represent the true fabric colors. Please, Take this into consideration, if you are attempting to color match materials.