

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 071412

Please Read
Application And
Notes, If Any,
Attached

This is to certify that SM & A PROPERTIES LLC d/b/a Fine Bar

has permission to install 2 awnings w/ signage

AT 646 FOREST AVE 125 M003001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

PERMIT ISSUED
DEC 12 2007
CITY OF PORTLAND

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and work on permit on procedure before this building or part thereof is altered or closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
12/4/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-1412	Issue Date:	CBL: 125 M003001
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Location of Construction: 646 FOREST AVE	Owner Name: SM & A PRPOERTIES LLC	Owner Address: PO BOX 6752	Phone:
Business Name:	Contractor Name: Maine Bay Canvas	Contractor Address: 53 Industrial Way Portland	Phone 2078788888
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-26

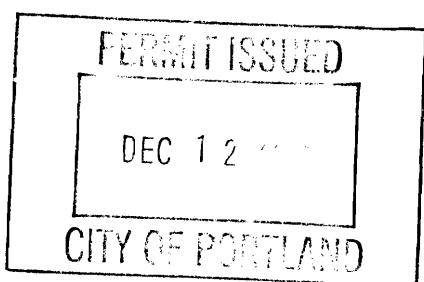
Past Use: Cafe - Connected w/ permit# 070589 - "Star Cafe"	Proposed Use: Cafe - install 2 awnings w/ signage 41' awning on Forest Ave 36' awning on Deering Ave.	Permit Fee: \$42.00	Cost of Work: \$60.00	CEO District: 3
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Proposed Project Description:
install 2 awnings w/ signage

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i> Signature:	INSPECTION: Use Group: U Type: Sign <i>IBC 2003</i> Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:	

Permit Taken By: Idobson	Date Applied For: 11/16/2007	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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.. 	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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 11/20/07 <i>ASB</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>ASB</i>
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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 is 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 provision of the code(s) applicable to such permit.

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

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-1412	Date Applied For: 11/16/2007	CBL: 125 M003001
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Location of Construction: 646 FOREST AVE	Owner Name: SM & A PRPOERTIES LLC	Owner Address: PO BOX 6752	Phone:
Business Name:	Contractor Name: Maine Bay Canvas	Contractor Address: 53 Industrial Way Portland	Phone (207) 878-8888
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Cafe - install 2 awnings w/ signage - 41' awning on Forest Avenue & 36' awning on Deering Avenue	Proposed Project Description: install 2 awnings w/ signage - 41' awning on Forest Avenue & 36' awning on Deering Avenue
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 11/20/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 12/04/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			



Signage/Awning Permit Application

If you or the property 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.

Location/Address of Construction: <u>646 forest ave</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>125</u> Block# <u>M</u> Lot# <u>3</u>	Owner: <u>Saad Albeshir</u>	Telephone: <u>615-7165</u>
Lessee/Buyer's Name (If Applicable) <u>Saad Albeshir</u>	Contractor name, address & telephone: <u>Maine Bay Canvas</u> <u>53 Industrial way</u> <u>Portland, ME 04103</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____

Who should we contact when the permit is ready: Owner phone: 615-7165

Tenant/allocated building space frontage (feet): Length: 42 Height: 12
 Lot Frontage (feet) 47 Single Tenant or Multi Tenant Lot Single

Current Specific use: Cafe
 If vacant, what was prior use: _____
 Proposed Use: Cafe

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: _____
 Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions proposed: _____

Proposed awning? Yes No ___ Is awning backlit? Yes ___ No
 Height of awning: 3 Feet Length of awning: 41' - And 36' Depth: 3 Feet
 Is there any communication, message, trademark or symbol on it? Yes No ___
 If yes, total s.f. of panels w/communications, message, trademark or symbol: 12.0 s.f. for Both
train

Information on existing and previously permitted sign(s):
 Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions: _____
 Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions: _____
 Awning? Yes ___ No ___ Sq. ft. area of awning w/communication: _____

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

699 x 2 x 30

Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic 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 874-8703.

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 enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Saad Albeshir</u>	Date: <u>11/13/07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

826 - milk-trait
15 x 42 = 320 634
if front or more than one sheet - half size allowed (31.5) ceiling height ~ 7' ok.
Forest ave. ~ 8' ok.
OK

NOV 16 2007

Work Order

Name: The STAR Cafe

Phone: _____

Project: 2 welded Frame Awnings

Due Date: Sept 27

Fabric: BLACK Umbrella

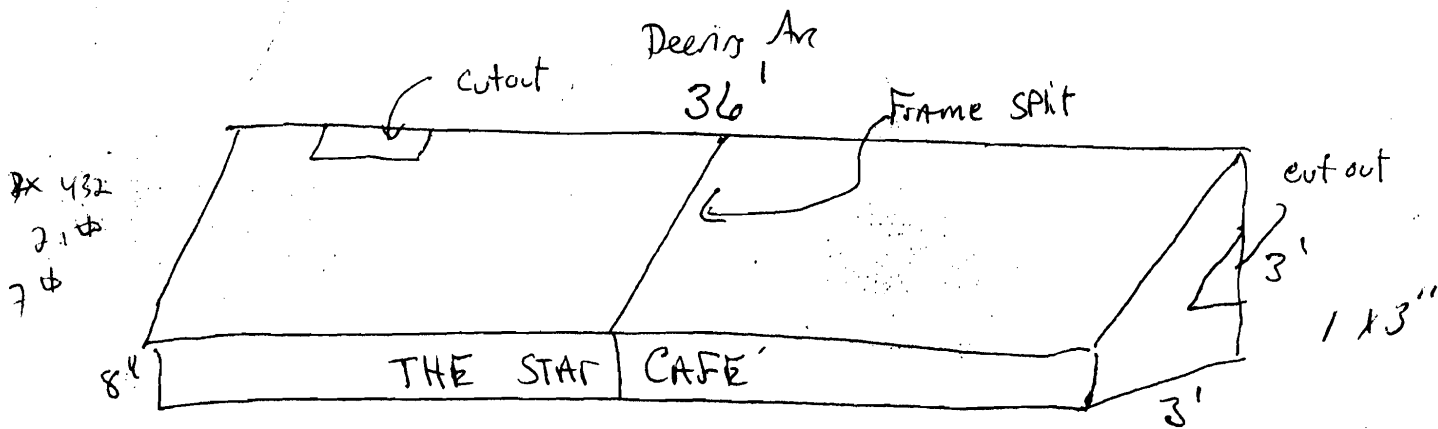
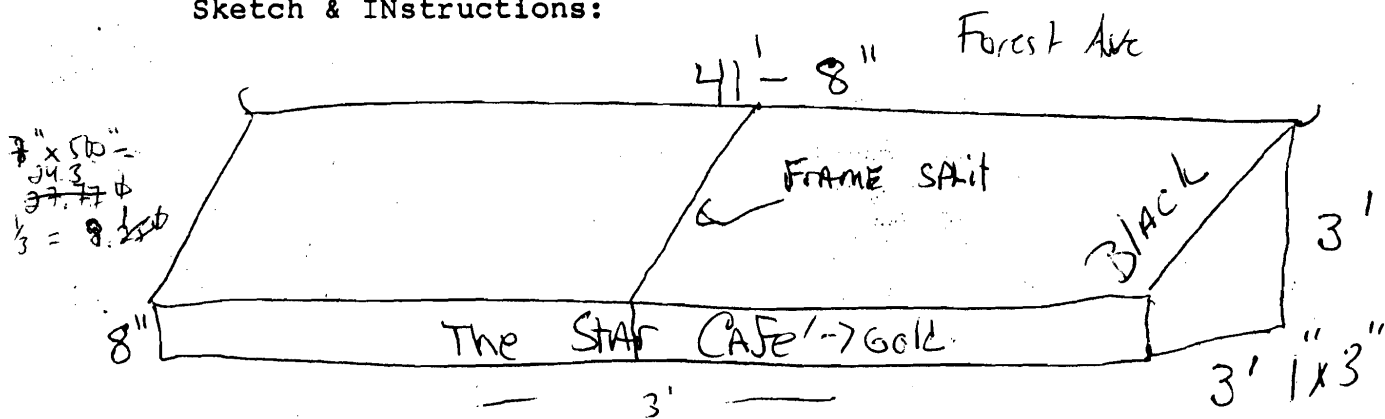
Frame: 1" sq/welded

* BLACK Thread

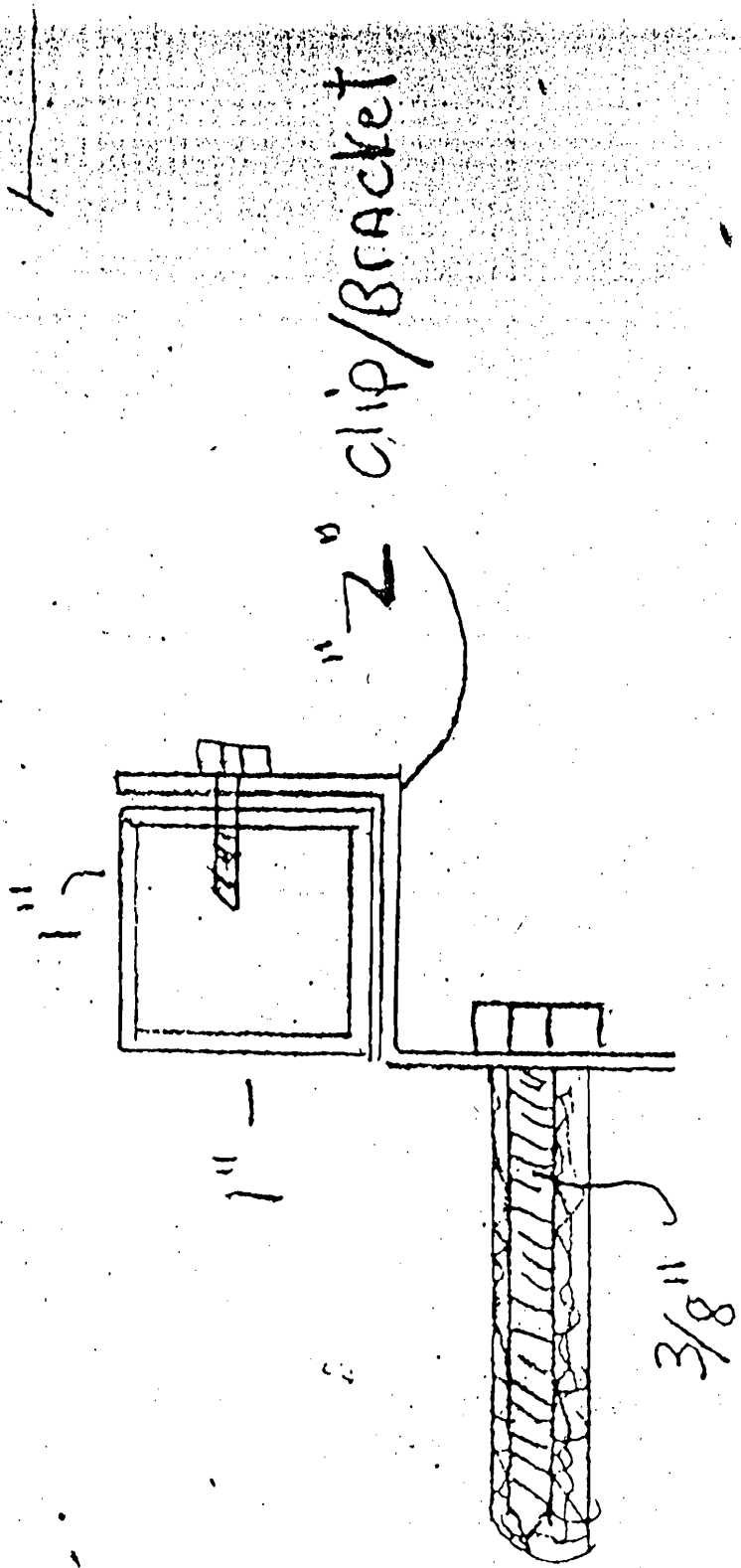
* Rope the Head + Bottom on.

* Check for Dimension of split. might be able to Railroad Fabric.

Sketch & INSTRUCTIONS:

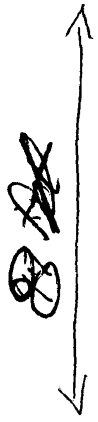


* Check Finish Frame for cutouts.



FASTENER

Deering ave



39

Awnia Back (36')

97

63

(41') front

Awnia front

5 ft

42



forest ave

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

FA-36801

ISSUED BY
Glen Raven Custom Fabrics, LLC
1831 North Park Avenue
Glen Raven, NC 27217

(Phone) 336/227-6211 (Fax) 336/229-4039

Date treated or
manufactured

1-17-2006

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

FOR

MAINE BAY CANVAS INC
53 INDUSTRIAL WAY
PORTLAND
ME 041030000

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



(a) The articles described below 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 below are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used

8608/60
SUNBRELLA FR BLACK

FR Sunbrella Reg. No. F-368.01

The Flame-Retardant Process Used WILL NOT Be Removed By Washing

Glen Raven Custom Fabrics, LLC

Name of Applicator or Production Superintendent

By

Steven L. Ellington

General Manager/Steven L. Ellington

Control Number 09728

Order Number 35950

Invoice Number 1186812

Quantity 15.00

CERTIFICATE OF INSURANCE



This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder Saad Albeshir
 Address of policyholder PO Box 6752 Portland, ME 04103
 Location of operations 646 Forest Ave Portland, ME 04106
 Description of operations Restaurant

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
19-BU-4400-2	Comprehensive Business Liability	07-09-2007	05-11-2008	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Each Occurrence \$ 500,000 General Aggregate \$ 1,000,000 Products - Completed Operations Aggregate \$ 1,000,000
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	Each Occurrence \$ Aggregate \$
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory
		Effective Date	Expiration Date	Part II - Employers Liability Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

City of Portland
 c/o Signs Permits
 City Hall Room 315
 Portland, ME 04101

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Robert Boylen
 Signature of Authorized Representative
 CSR _____ Date 11-16/2007
 Title Robert Boylen
 Agent Name _____
 Telephone Number 207-767-3223

Agent's Code Stamp
 Agent Code 19-1074
 AFO Code f874