

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 071299

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that MARDIGAN STEPHEN E. Inset Signer

has permission to "Mexico Lindo" - New Sign in existing bracket

AT 865 FOREST AVE 137 C011001

|                  |  |
|------------------|--|
| PERMIT ISSUED    |  |
| OCT 26           |  |
| CITY OF PORTLAND |  |

provided that the person or persons firm or person 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.

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

Notification of inspection must be given and when permission procured before this building or part thereof is leased or service closed-in. 24 HOUR NOTICE 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

*Thomas R. Mackley* 10/26/07  
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:<br>07-1299 | Issue Date: | CBL:<br>137 C011001 |
|-----------------------|-------------|---------------------|

|   |                                       |   |                     |
|---|---------------------------------------|---|---------------------|
| Location of Construction:<br>865 FOREST AVE | Owner Name:<br>MARDIGAN STEPHEN E     | Owner Address:<br>460 BAXTER BLVD                 | Phone:              |
| Business Name:                              | Contractor Name:<br>Sunset Signs Inc. | Contractor Address:<br>184 Pleasant St. Brunswick | Phone<br>2077218604 |
| Lessee/Buyer's Name                         | Phone:                                | Permit Type:<br>Signs - Permanent                 | Zone:<br>B-2        |

|  |   |  |   |                    |
|--|---|--|---|--------------------|
| Past Use:<br>Commercial - Restaurant "Flirto"  | Proposed Use:<br>Commercial - Restaurant "Mexico Lindo" - New Signage in existing bracket | Permit Fee:<br>\$164.00  | Cost of Work:<br>\$164.00                           | CEO District:<br>4 |
| Proposed Project Description:<br>"Mexico Lindo" - New Signage in existing bracket  |   | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION:<br>Use Group: A2 Type: Sign<br>IBC 2003 |                    |
|  |   | Signature:   | Signature: <i>Jm 10/26/07</i>                       |                    |
| 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:<br>Idobson | Date Applied For:<br>10/16/2007 | <b>Zoning Approval</b> |  |  |
|-----------------------------|---------------------------------|------------------------|--|--|

- 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..

|   |   |  |
|---|---|--|
| <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br>Date: <i>10/26/07</i> | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: _____ | <b>Historic Preservation</b><br><input checked="" type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>Date: _____ |
|---|---|--|

**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 |

#7

137 COM



# 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: <b>865 FOREST AVE, PORTLAND ME</b>   |  |  |
| Tax Assessor's Chart, Block & Lot<br>Chart# <b>142</b> Block# <b>C</b> Lot# <b>1</b>   | Owner:<br><b>STEPHEN MARDIGAN</b><br>REPRESENTATIVE<br><b>JOHN WISE</b> ← →  | Telephone:<br><b>775-3499</b>  |
| Lessee/Buyer's Name (If Applicable)<br><b>FELIPE MORENO</b>  | Contractor name, address & telephone:<br><b>SUNSET SIGNS, INC.</b><br>134 Pleasant St.<br>Brunswick, Maine 04011<br>207-721-8604 | Total s.f. of signage x \$2.00<br>Per s.f. plus \$30.00/\$65.00<br>For H.D. signage= Total<br>Fee: \$ _____<br>Awning Fee= cost of work _____<br>Total Fee: \$ <b>164.00</b> |
| Who should we contact when the permit is ready: <b>CHRIS JOHNS</b> phone: <b>721-8604</b>  |  |  |
| Tenant/allocated building space frontage (feet): Length: <b>106'</b> Height: <b>50'</b><br>Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____   |  |  |
| Current Specific use: <b>FAMILY RESTAURANT</b>   |  |  |
| If vacant, what was prior use:<br>Proposed Use: <b>FAMILY RESTAURANT</b>   |  |  |
| Information on proposed sign(s): <b>EXISTING</b><br>Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <b>84" X 115"</b> Height from grade: <b>6'</b><br>Bldg. wall sign? (attached to bldg) Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____                              |  |  |
| Proposed awning? Yes _____ No <input checked="" type="checkbox"/> Is awning backlit? Yes _____ No _____<br>Height of awning: _____ Length of awning: _____ Depth: _____<br>Is there any communication, message, trademark or symbol on it? Yes _____ No _____<br>If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f. |  |  |
| Information on existing and previously permitted sign(s):<br>Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions: <b>84" W X 115" T - 67 #'</b><br>Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions: _____<br>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.<br>Sketches and/or pictures of proposed signage and existing building are also required.   |  |  |

EXISTING = 4660# X 11A = 67.00#

OCT 15 2007

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](http://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: <b>Christopher B. Jones</b> | Date: <b>10/15/07</b> |
|---|-----------------------|

This is not a permit; you may not commence ANY work until the permit is issued.

CK# 3044

**City of Portland, Maine - Building or Use Permit**

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

|                              |  |                            |
|------------------------------|--|----------------------------|
| <b>Permit No:</b><br>07-1299 | <b>Date Applied For:</b><br>10/16/2007 | <b>CBL:</b><br>137 C011001 |
|------------------------------|--|----------------------------|

|  |  |  |                                |
|--|--|--|--------------------------------|
| <b>Location of Construction:</b><br>865 FOREST AVE | <b>Owner Name:</b><br>MARDIGAN STEPHEN E     | <b>Owner Address:</b><br>460 BAXTER BLVD                 | <b>Phone:</b>                  |
| <b>Business Name:</b>                              | <b>Contractor Name:</b><br>Sunset Signs Inc. | <b>Contractor Address:</b><br>184 Pleasant St. Brunswick | <b>Phone</b><br>(207) 721-8604 |
| <b>Lessee/Buyer's Name</b>                         | <b>Phone:</b>                                | <b>Permit Type:</b><br>Signs - Permanent                 |                                |

|  |  |
|--|--|
| <b>Proposed Use:</b><br>Commercial - Restaurant "Mexico Lindo" - New Signage in existing bracket | <b>Proposed Project Description:</b><br>"Mexico Lindo" - New Signage in existing bracket |
|--|--|

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 10/26/2007  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tom Markley      **Approval Date:** 10/26/2007  
**Note:**      **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

#1

### IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

### DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s) authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

**PRODUCER** (207)633-4423 FAX (207)633-7151  
 J Edward Knight & Co.  
 P. O. Box 447  
 Boothbay Harbor, ME 04538

**INSURED** Tula Inc & Barra de Navidad  
 DBA: Mi Mexicc Lindo  
 449 Main St  
 Melrose, MA 02176

**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.**

| INSURERS AFFORDING COVERAGE | NAIC # |
|-----------------------------|--------|
| INSURER A OneBeacon         | 31267  |
| INSURER B                   |        |
| INSURER C                   |        |
| INSURER D                   |        |
| INSURER E                   |        |

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L TR. INSRD | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|----------------------|---|---------------|----------------------------------|-----------------------------------|---|
| A                    | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> POLICY <input type="checkbox"/> PER CLAIM <input type="checkbox"/> LOC | FM1U35684     | 05/09/2007                       | 05/09/2008                        | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (EA. OCCURRENCE) \$ 300,000<br>MED. EXP. (Any one person) \$ 5,000<br>PERSONAL AND ADJ. INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP. OF AGG \$ 2,000,000 |
|                      | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |               |                                  |                                   | COMBINED SINGLE LIMIT (EA. OCCUR) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|                      | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> OWNED AUTOS   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY EA ACC \$<br>AUTO ONLY ACC \$  |
|                      | <b>EXCESS UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> SECURITIZABLE<br>RETENTION \$   |               |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$  |
|                      | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>(OWN PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBERS & COLLECTIVE)<br>Type of Business<br>SPECIAL PROVISIONS below   |               |                                  |                                   | (WC STAT) (FUTA) (LTD) (SUTA) (EMP)<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|                      | OTHER   |               |                                  |                                   |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

| CERTIFICATE HOLDER   | CANCELLATION   |
|--|--|
| Christopher Johns<br>Sunset Signs<br>134 Pleasant St.<br>Brunswick, ME | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 INSURER, ITS AGENTS OR REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>Jennifer Mercier |

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**Additional Coverages and Factors****10/11/2007**

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## Line of Business Coverages for General Liability

| Coverage               | Limits    | Ded/Ded Type | Rate | Premium | Factor |
|------------------------|-----------|--------------|------|---------|--------|
| General Aggregate      | 2,000,000 |              |      |         |        |
| Products/Completed Ops | 2,000,000 |              |      |         |        |
| Aggregate              |           |              |      |         |        |
| Personal & Advertising | 1,000,000 |              |      |         |        |
| Injury                 |           |              |      |         |        |
| Each Occurrence        | 1,000,000 |              |      |         |        |
| Fire Damage            | 300,000   |              |      |         |        |
| Medical Expense        | 5,000     |              |      |         |        |

#41

4.01 in .8 in

LOGO 50 in

6.19 in

# MEXICO LINDO

Authentic Mexican Food



## FAMILY RESTAURANT & CANTINA

84 in

115 in

Substraight: White Lexan Polycarbonate Face Replacement  
 Copy: Avery Translucent Red and Green vinyl  
 Logo: Eco-Solvent digital print onto translucent vinyl

### PLEASE NOTE

THIS IS A PROGRESS PRINT - FIELD MEASUREMENTS MAY OR MAY NOT NEED TO BE VERIFIED AND COULD REFLECT A CHANGE IN PRICING.

THIS DESIGN IS THE EXCLUSIVE PROPERTY OF SUNSET SIGNS INC. AND ALL RIGHTS TO ITS USES OR PRODUCTION ARE RESERVED.



721-8604

FAX: 721-8604

MON - FRI 8:00 AM TO 5:30 PM

CUSTOMER: Felipe Moreno  
 Mexico Lindo 617-840-2984

LOCATION: <sup>865</sup> Forest Ave.  
 Portland, Me

SALES PERSON: Chris Johns

DRAWN BY: Chris Johns

REVISIONS:

MANUFACTURING  
 PRINT APPROVAL  
 AND COST AGREEMENT

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AUTHORIZED SIGNATURE

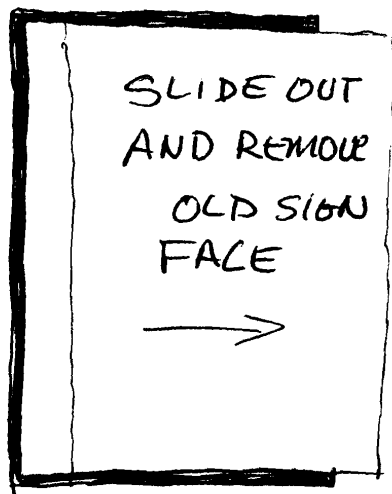


# #9 SIGN INSTALL AND FASTENING, ATTACHMENT OR MOUNT

## ONLY SIGN FACE CHANGE

- A) REMOVAL OF OLD "FLIRTS" SIGNAGE FROM EXISTING SIGN CABINET RETAINER SYSTEM BY SCREWS
- B) SLIDE IN NEW SIGN FACE "MEXICO LINDO" AND CLOSE SIGN CABINET RETAINER SYSTEM BY SCREWS.

A)



SCREWS  
RETAINER REMOVED  
TO SLIDE OUT OLD FACE

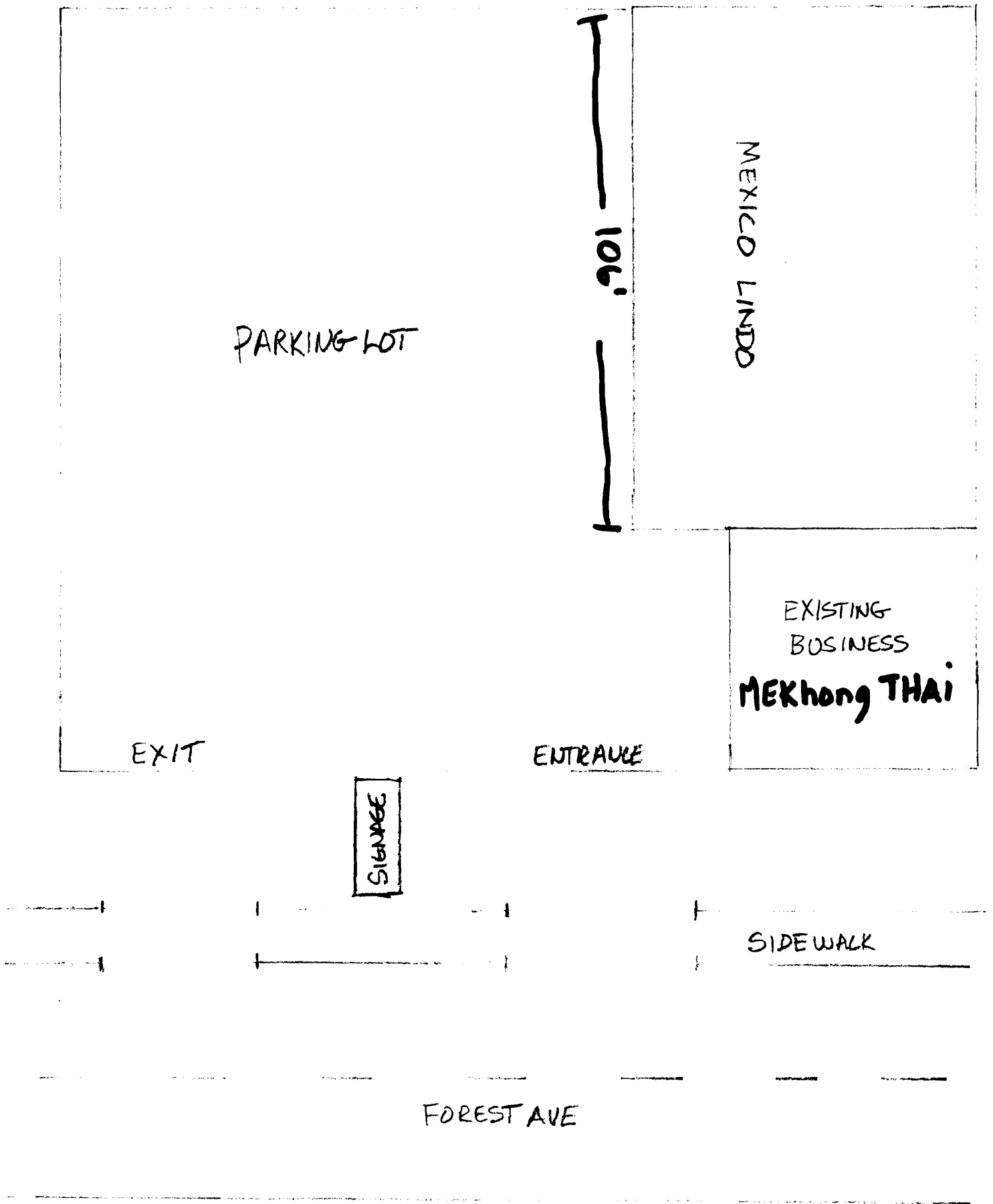
B



RETAINER CLOSED BACK  
W/SCREWS TO HOLD  
FACE IN CABINET  
"AS A PICTURE FRAME"

NO FOOTPRINT CHANGE FROM EXISTING STRUCTURE  
ONLY A FACE REPLACEMENT WITH NEW IDENTITY.

#3 SKETCH PLAN OF LOT @ 841 FOREST AVE PORTLAND  
OLD - RAOUL'S - AMERICAN PIE, FLIRTS



#2

October 11, 2007

To: City of Portland

From: Stephen Mardigan

Re: Exterior Signage at 865 Forest Avenue

This letter from me is giving my Tenant, Barra Dc Navidad Inc., d/b/a Mexico Lindo #2 permission to install their signage on the existing pylon and the front of their Premises located at 865 Forest Avenue, Portland.

If you have any questions, please call my representative, John Wise, at 207-775-3499.

Thank you,

  
Stephen Mardigan

|                   |                  |         |              |
|-------------------|------------------|---------|--------------|
| Post-It® Fax Note | 7671             | Date    | # of pages 1 |
| To                | Christopher John | From    | WRE          |
| Co./Dept.         |                  | Co.     |              |
| Phone #           |                  | Phone # | 775-3499     |
| Fax #             | 721-8604         | Fax #   |              |

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DATE (MM/DD/YYYY)  
10/11/2007

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INSURED **Tula Inc & Barra de Navidad**  
 DBA: Mi Mexico Lindo  
 449 Main St  
 Melrose, MA 02176

| INSURERS AFFORDING COVERAGE |                  | NAIC #       |
|-----------------------------|------------------|--------------|
| INSURER A:                  | <b>OneBeacon</b> | <b>31267</b> |
| INSURER B:                  |                  |              |
| INSURER C:                  |                  |              |
| INSURER D:                  |                  |              |
| INSURER E:                  |                  |              |

## COVERAGES

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| INSR LTR | ADD'L INSRD                         | TYPE OF INSURANCE  | POLICY NUMBER    | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                    |                     |
|----------|-------------------------------------|--|------------------|----------------------------------|-----------------------------------|---|---------------------|
| A        |                                     | <b>GENERAL LIABILITY</b>   | <b>FM1U35684</b> | <b>05/09/2007</b>                | <b>05/09/2008</b>                 | EACH OCCURRENCE                           | \$ <b>1,000,000</b> |
|          | <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY   |                  |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ <b>300,000</b>   |
|          | <input type="checkbox"/>            | CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  |                  |                                  |                                   | MED EXP (Any one person)                  | \$ <b>5,000</b>     |
|          |                                     |  |                  |                                  |                                   | PERSONAL & ADV INJURY                     | \$ <b>1,000,000</b> |
|          |                                     | GEN'L AGGREGATE LIMIT APPLIES PER:   |                  |                                  |                                   | GENERAL AGGREGATE                         | \$ <b>2,000,000</b> |
|          |                                     | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                  |                                  |                                   | PRODUCTS - COMP/OP AGG                    | \$ <b>2,000,000</b> |
|          |                                     | <b>AUTOMOBILE LIABILITY</b>  |                  |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident)       | \$                  |
|          |                                     | <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 (Per accident)            | \$                  |
|          |                                     | <input type="checkbox"/> HIRED AUTOS   |                  |                                  |                                   |   |                     |
|          |                                     | <input type="checkbox"/> NON-OWNED AUTOS   |                  |                                  |                                   |   |                     |
|          |                                     | <b>GARAGE LIABILITY</b>  |                  |                                  |                                   | AUTO ONLY - EA ACCIDENT                   | \$                  |
|          |                                     | <input type="checkbox"/> ANY AUTO  |                  |                                  |                                   | OTHER THAN EA ACC                         | \$                  |
|          |                                     |  |                  |                                  |                                   | AUTO ONLY: AGG                            | \$                  |
|          |                                     | <b>EXCESS/UMBRELLA LIABILITY</b>   |                  |                                  |                                   | EACH OCCURRENCE                           | \$                  |
|          |                                     | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                            |                  |                                  |                                   | AGGREGATE                                 | \$                  |
|          |                                     | <input type="checkbox"/> DEDUCTIBLE  |                  |                                  |                                   |   | \$                  |
|          |                                     | <input type="checkbox"/> RETENTION \$  |                  |                                  |                                   |   | \$                  |
|          |                                     | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |                  |                                  |                                   | WC STATUTORY LIMITS                       | OT-HER              |
|          |                                     | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                                      |                  |                                  |                                   | E.L. EACH ACCIDENT                        | \$                  |
|          |                                     | If yes, describe under SPECIAL PROVISIONS below  |                  |                                  |                                   | E.L. DISEASE - EA EMPLOYEE                | \$                  |
|          |                                     | <b>OTHER</b>   |                  |                                  |                                   | E.L. DISEASE - POLICY LIMIT               | \$                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

| CERTIFICATE HOLDER  | CANCELLATION   |
|---|--|
| <p><b>Christopher Johns</b><br/> <b>Sunset Signs</b><br/> <b>134 Pleasant St.</b><br/> <b>Brunswick, ME</b></p> | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE<br/> <b>Jennifer Mercier</b></p> |

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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



## Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- 1  Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- 2  Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- 3  A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- 4  A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- 5  Certificate of flammability required for awning or canopy.
- 6  A UL# is required for lighted signs at the time of final inspection.
- 7  Pre-application questionnaire completed and attached.
- 8  Photos of existing signage
- 9  Details for sign fastening, attachment or mounting in the ground.

CLASS. CTL

ISSUED B-9986

ENCLOSED PANEL BOARD

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work:  
\$30.00 for the first \$1,000.00, \$10.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.

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# Sidewalk Signs

Design, Location and Construction Standards

## Quantity

One sign per establishment for each street frontage having a public entrance, provided that all dimension and location standards are met. When standards would not otherwise permit a sign, a sign may consist of multiple listings.

## Sign Dimensions

**Single Listing:** Maximum width is 24 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

**Multiple Listings:** Maximum width is 30 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

## Location

Minimum distance between signs is 20 feet. Maximum distance of sign from public entrance of advertiser is 20 feet. The City may vary these distances for exceptional physical circumstances where public safety and streetscape aesthetics will be maintained. However, under no circumstances shall signs obstruct vehicular stops, benches, fire hydrants or other street visual amenities. Signs shall be located near the curb rather than the building face.

## Materials and Graphics

All signs shall be of an A-frame type design, shall be constructed of durable, weather-resistant materials and finish, shall have no moving parts and shall be non-electrified. All signs shall be maintained in a clean and original appearance. Sign materials, graphics and finish shall be of a unified design and shall be compatible with the local streetscape. All signs shall have horizontal braces spanning each side of the sign to assure rigid support. Lettering shall be legible and consistent.

## Sign Removal

All signs shall be removed when the business is closed or while any snow or ice exists on the walk within eight feet of the sign in any direction.

## Insurance

No permit shall be issued unless the applicant has posted in advance with the City a Certificate of Liability listing the City as additional insured in the amount of \$400,000.00.

## Enforcement

If the sign does not conform to the standards outlined, the permit may be revoked and once the owner has been notified, the sign could be removed.

To apply for a sign permit, stop by the Inspections Division, Portland City Hall, 389 Congress Street, room 315 with:

- Certificate of liability insurance
- Drawing of sign showing dimensions and design work
- Payment of fees: \$30.00 plus \$2.00 per s.f. of signage
- Complete application with pre-application questionnaire and checklist complete

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EXISTING UL# TAKEN FROM EXISTING LIGHTED SIGN

UL# CLASS CTL

UL ISSUE# B-8986

ENCLOSED PANNEL BOARD