| Form # P 04 DISPLAY THIS (| CARD ON | PRINCIPAL | FRONTAGE | OF WORK | |
|--|--|---------------------------------|----------------------------------|---|-------------|
| Please Read Application And Notes, If Any, | E | PORT | ΓΙΟΝ | · N. 1. 051500 | |
| Attached AMBA LLC /Applica | | ERMIT | Permi | t Number: 051522 PERMIT ISSUED | |
| has permission to install new 34.5 x 84. | | | . 137 C0 3001 | NOV 2 9 2005 | |
| AT 887 FOREST AVE provided that the person or per- of the provisions of the Statute | | ation at the | | rmit shall (Rmp | With all |
| the construction, maintenance this department. | | ildings and s | ctures, and o | f the application | on file in |
| Apply to Public Works for street line and grade if nature of work requires such information. | N fication g h and w b re this la ed or d H IR NOT | n permit on pr ding or t the | ocu A cer procu in, ing or | rtificate of occupancy ired by owner before r part thereof is occup | this build- |
| OTHER REQUIRED APPROVALS | | | | | 105 |
| Health Dept. Appeal Board Other Department Name | | | | or - Building & Inspection Services | |
| | PENALTY FOF | REMOVINGT | | | |

| | | | | t <u>n.</u> | | RERIVE | | | |
|--|---|-------------------|---------------------------------------|---|----------------------------------|---------------|---------------------|-----------------------|--|
| Cit | y of Portland, Maine | - Building or Use | Permit Application | on Per | mit No _: | 155 | 137 C |)13 0 01 | |
| Loca | tion of Construction: | Owner Name: | Owner Name: | | Address: | NOV 2 | 2 9 Phone: | | |
| 887 | FOREST AVE | AMBA LLC | AMBA LLC | | OREST AVE | ino - | | | |
| Busi | ness Name: | Contractor Name | 2: | Contra | ctor Addreis: | | Phone | | |
| | | Applicant | | Port | and | CITY OF | PORTLAND | | |
| Lesse | ee/Buyer's Name | Phone: | | Sign | s - Permanent | | | Zone: BU | |
| Past Use: Proposed Use: | | | Permi | t Fee: | Cost of Work: | CEO District: | 1 | | |
| | nmercial | - | Bottle Redemption/ | | \$72.00 | \$72.00 | 1 | | |
| install new 34. | | * | | FIRE DEPT: Approved INSPECTION: Denied Use Group: T TBC 200 | | | Type: Sigt DAC 3 | | |
| Prop | osed Project Description: | | | | $\mathcal{N} \mathcal{N}$ | · (_ | -71 | | |
| install new 34.5 x 84.5 Sign | | Sign | | Signature: Signature: | | | \sim | | |
| | | | PEDES | STRIAN ACTIVI | IAN ACTIVITIES DISTRICT (P.A.D.) | | | | |
| | | | | Action | : Approved | Approved | d w/Conditions | Denied | |
| | | | | Signat | ure: | | Date: | | |
| Permit Taken By:Date Applied For:ldobson10/ 12/2005 | | | Zoning Approval | | | | | | |
| 1 | 1. This permit application does not preclude the | | Special Zone or Reviews | | Zoning Appeal | | Historic Pre | Historic Preservation | |
| Applicant(s) from meeting applicable State and Federal Rules. | | Shoreland | | Variance | | Not in Distr | ict or Landmark | | |
| 2. | Building permits do not in septic or electrical work. | nclude plumbing, | Wetland | | Miscellane | ous | Does Not Re | equire Review | |
| 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 | | Flood Zone | | Conditional Use Requ | | Requires Re | view | | |
| | | Subdivision | | Interpretati | erpretation Approved | | | | |
| | | | Site Plan | | Approved | | Approved w | /Conditions | |
| | | | Maj Minor MN | 1 | Denied | | Denied A | şn | |
| | | | alut Curdinhans Date: 11/17/05 ARM | | late: | | 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 |

- - -

- -

| Owner Name: AMBA LLC Contractor Name: Applicant Phone: | | Owner Address: 887 FOREST AVI Contractor Address: Portland Permit Type: | | Phone: Phone |
|--|-------------------------|---|--|---|
| Contractor Name: Applicant | | Contractor Address: Portland Permit Type: | | Phone |
| Applicant | | Portland Permit Type: | | Phone |
| ** | | Permit Type: | | |
| Phone: | | • • | | |
| | | C' D | | |
| | | Signs - Permanent | t | |
| | Propose | d Project Description: | | |
| tall new 34.5 x 84.5 Sig | n install | new 34.5 x 84.5 Si | ign | |
| | | | | |
| t | all new 34.5 x 84.5 Sig | all new 34.5 x 84.5 Sign install | all new 34.5 x 84.5 Sign install new 34.5 x 84.5 S | all new 34.5 x 84.5 Sign install new 34.5 x 84.5 Sign |

Note: 10/27/05 Talked w/ Catherine Sullivan's assistant. She needs a sketch plan of lot and building showing where Ok to Issue: all the existing signs are located and the height of the freestanding signs.

Comments:

11/17/05-amachado: met with Chris Gaudet. He will get Catherine Sullivan to fax **a** letter stating that one sign will be coming down in order to put up entrance sign.



Sign Permit Application

you or the ptopetty owner owes teal estate of personal ptopetty taxes of user charges on any ptopetty within the City, payment attangements must be made befote permits of any kind ate accepted.

Location/Address of construction: RSVP 887-891 Friest Avenue Zone: BD ⁴Total square footage of proposed structure: Square footage of lot: $\cancel{2}, 5, 5, 9$ Lot frontage: 157.17 Tenant frontage_ 11,492 Tax Assessor's Chart, Block & Lot Owner: Telephone: Chart# Block# Lot# AMBA LLC 775-4422 137-0-013-001 Lessee/buyer's name (If applicable) Current use: Berlecane Descound Total s.f. of signage 21 \$2.00 per s.f. $\frac{72}{72}$, plus \$65.00 base fee 30. Fee: $\frac{72}{72}$. Proposed use: Sume If vacant, prior use: Applicant name, address & telephone: Awning-without signage: Cathleen Sollivan How long has it been vacant? Project description: New Entrance \$30.00 for first \$1,000 RSVP 887-891 Forest Aur plus \$9.00 each addict. Number of tenants in lot? _____ \$1,000 Portland, ME 173-8808 Fee: \$_ Y e s 🗡 No Freestanding sign? SPECTION More than one sign? ___Yes X No Sign Attached to Building? χ Yes ____No Dimensions Heig t Awning __Yes __No Is awning backlit? __Yes __No Height off sidewalk? __ Awning Height: _____ Length: _____ Depth: ____ Is there any message, trademark or symbol on it? Yes No If Yes REGENSED graphics: 2 Please describe: See Attuched List ALL existing signage and their dimensions: Contract bilds Freestunding - 5/10 1-2/x8 4-2'10' Contractor's name, address & telephone: ____ Who should we contact when the permit is ready: Christopher baudet 615-3143XXX Mailing address: 887-891 Forest Ave. Phone: 775 4422 PUast Once your permit is approved, we will notify you to come in and pick up your permit and review the requirements with our plan reviewer. Beginning work prior to receiving your permit will result in a violation fee of \$50.00. Please submit all of the information outlined in the Signage Application Checklist including a building sketch showing exactly where existing is and proposed signage will be located. Please include sketches/pictures of proposed signage. Failure to do so will result in the automatic denial of your permit. At the discretion of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Department, additional information may be required of the Planning and Development Depa I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the propo d 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 this unisdiction, In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative sh have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit. RECEIVED Signature of applicant: Cathleen & Mullwa Date: 1723/05 This is not a Permit; you may not commence any work until the Permit is issued. 4 stagnes 3 × 105 ism = 30 # ×4 = 120 # newsish 345"×84.5"= 2915.21=12=20.24 #

hontze 91 - 150 th max Brallsisns - 1 per building theader theirs ability st. plvs i



November 17,2005

Ann Machado, Zoning Specialist City of Portland 389 Congress Street Portland, ME 04101

Cathleen Sullivan, President RSVP 887 Forest Avenue Portland, ME 04203

Dear Ms. Machado:

Pursuant to the conversation you had with Christopher Gaudet from RSVP today. It is agreed that RSVP will remove an existing 8'1/2" X 6' aluminum sign that is on the front side of the building. This sign faces TD Banknorth located at 883 Forest Avenue. Additionally, a 4'X4' Redemption sign that also faces TD Banknorth will also be removed. This sign can be replaced as a direction sign (only) provided that there are no logos. Additionally, all banners existing for the new entrance will be removed.

RSVP will then be allowed to hang a new illuminated entrance sign on the left side of the building (facing front of property) pursuant to the final permitting process. Robert Lax Construction will be hanging the new sign with 4 - 3/8"X4" concrete wedge anchors.

I want to thank you for the time that you took with Christopher to help us resolve this *most* important matter.

Sincerely, Cothleen & Auto

Cathleen Sullivan President

887 Forest Avenue • Portland, Maine 04103 .Telephone: (207) 773-8808 • Fax: (207) 773-5188



Proposed Sign

October 11,2005

City of Portland Inspection Services Division 389 Congress Street, RM 315 Portland, ME 04101

Peter E. Welch AMBA, LLC **897** Forest Avenue Portland, ME **04**103

To Whom It May Concern:

I,Peter E. Welch **as** the Managing Partner of AMBA, LLC give my permission to Cathleen Sullivan, President **of** RSVP Discount Beverage & Redemption Centers to have a new lighted entrance sign installed on the building at **885** Forest Avenue, Portland, ME **04103.** Please feel free to call me with any questions at **207-775-4422.**

Sincerely A. Win Peter E. Welch

Peter E. Welch President

| ACORD CERTIFIC | CATE OF LIABI | LITY INS | | E İ | DATE (MM/DD/YYYY) 10/11/2005 |
|---|--|--|--------------------------------------|---|---------------------------------|
| PRODUCER (207) 781-3519 | FAX (207)781-3907 | THIS CER | TIFICATE IS ISSU | JED AS A MATTER OF | NFORMATION |
| Bradish-Young Insurance | | | | RIGHTS UPON THE CEN TEDOES NOT AMEND, | |
| 202 U.S. Route One, Box 360 | | ALTER TH | E COVERAGE A | FFORDED BY THE POL | ICIES BELOW. |
| Foreside Place | | | | | |
| Falmouth, ME 04105 | | | AFFORDING CO | | NAIC # |
| INSURED Discount Beverage & Rei | demption Center Inc. | | adia Insurar | ice Company | 31325 |
| DBA: RSVP | | INSURER B | | | |
| Cathleen Sullivan 887 Forest Ave | | INSURER C | | | |
| Portland. ME 04103 | | INSURER E | | | |
| | | | | | |
| COVERAGES THE POLICIES OF INSURANCE LISTED BE | OW HAVE BEEN ISSUED TO THE | | BOVE FOR THE PO | | NOTWITHSTANDIN |
| ANY REQUIREMENT, TERM OR CONDITIO MAY PERTAIN, THE INSURANCE AFFORDE POLICIES. AGGREGATE LIMITS SHOWN M | N OF ANY CONTRACT OR OTHER I ED BY THE POLICIES DESCRIBED H | DOCUMENT WITH I HEREIN IS SUBJEC | RESPECT TO WHIC | H THIS CERTIFICATE MAY | BE ISSUED OR |
| TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMIT | |
| GENERALLIABILITY | CPP0104187-11 | 01/01/2005 | 01/01/2006 | EACH OCCURRENCE | \$ 1,000,000 |
| X COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurence) | \$ 250,000 |
| | | | | MED EXP (Any one person) | \$ 5,000 |
| A | | | | PERSONAL & ADV INJURY | <u>\$ 1,000,000</u> |
| | | | | GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | \$ 2,000,000 \$ 2,000,000 |
| GENL AGGREGATE LIMIT APPLIES PER POLICY PRO- JECT LOC | | | | PRODUCTS - COMPIOP AGG | \$ 2,000,000 |
| | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| ANT ACTO ALL OWNED AUTOS SCHEDULED AUTOS | | | | BODILY INJURY (Per person) | \$ |
| HIRED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | | | | PROPERTY DAMAGE (Per accident) | \$ |
| GAR AGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | AUTO ONLY: AGG | \$ |
| EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ |
| | | | | AGGREGATE | \$ |
| DEDUCTIBLE RETENTION \$ | | | | | \$ |
| WORKERS COMPENSATION AND | | | | WC STATU- OTH- | |
| EMPLOYERS LIABILITY ANY PROPRIETOWPARTNEWEXECUTNE | | | | | \$ |
| OFFICEWMEMBER EXCLUDED? | | | | E L DISEASE - EA EMPLOYEE | \$ |
| If yes, describe under SPECIAL PROVISIONS below | | | | E.L DISEASE - POLICY LIMIT | \$ |
| OTHER | | | | | |
| ESCRIPTION OF OPERATIONS ILOCATIONS IVEHICL | ES JEXCLUSIONS ADDED BY ENDORSEN | MENT SPECIAL PROV | IONS | | |
| DESCRIPTION OF OPERATIONS ILOCATIONS IVEHICL ertificate Holder is named A | dditional Insured as re | egards sign | at 887 Fores | st Avenue, Portl an | d, Maine |
| | | | | | |
| | | | | | |
| CERTIFICATE HOLDER | | | | | |
| | | | | RIBED POLICIES BE CANCELLE | DBEFORE THE |
| | | EXPIRATION | DATE THEREOF, THE I | SSUING INSURER WILL ENDEA | ORTO MAIL |
| | | <u>10</u> DAYS | SWRITTEN NOTICETO | THE CERTIFICATE HOLDER NA | MED TO THE LEFT, |
| City of Portland | | BUT FAILURE | TO MAIL SUCH NOTIC | E SHALL IMPOSE NO OBLIGATI | ONOR LIABILITY |
| 389 Congress Street | | OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. | | | |
| Portland, ME 04101 | | AUTHORIZED REF | | Mandra of | وسأن |
| | | Sandra Wir | ng/RJD | | G |

RSVP Pole Som

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| Bev Disc Phone # 773-8808 | |
|--|--|
| st Ave- Ptld, ME 04103 | For Official Use Only |
| CTION 887 Forest Ave States and a state | For Official Use Only Date 12/17/93 |
| | DateName DEC 2 0 1000000000000000000000000000000000 |
| Sign Co Sub.: 282-2400 | |
| rial Park Rd Phone Sacc, ME 04072 | Time Limit Estimated Cost |
| Proposed Use: retail w sign | Zoring: |
| Past Usc: | Street Frontage Provided: |
| f of New Res. Units | Street Frontage Provided:BackSideSide |
| W Total Sq. Ft | Review Required: Zoning Board Approval: Yes No Date: |
| ledroomsLt Size: | Planning Board Approval: Yes No Date: |
| Condominium Conversion | Conditional Use: Variance Site Plan Subdivisions Shoreland Zoning Yes No Floodplain Yes No |
| erectisign - 15'x 6 | Special Exception |
| < CICCLISTING CONTO A DECIMARY GARAGE | Other (Explain) 12-20-93 |
| | Ceiling: |
| | 1. Ceiling Joists Size: |
| tRearSide(s) | 2. Ceiling Strapping Size Specing Does not require retrieve. |
| | 4. Insulation Type Size Requires Review. |
| n da Alaman an Angalan br>Angalan an Angalan an An | 5. Ceiling Height: |
| | 1. Truss or Rafter Size Soan Action: Approved. |
| Sills must be anchored. | 2. Sheathing Type / Size |
| a di na si su | 3. Roof Covering Type 27.111 - 1 175 - 275 |
| scing:Size: Spacing 16" O.C. | Type: Number of Mire Places Signature |
| Size: | Heating: Type of Heat: 11- 1110 Gover Pl |
| Size: | LICCUTCEL A |
| | Service Entrance Size: Smake Detector Required YesNo |
| | 1. Approval of soil test if required Yes No |
| Spacing | 2. No. of Tubs or Showers 3. No. of Flushes |
| | 4. No. of Lavatories |
| Yes No | 5. No. of Other Fixtures |
| | 1. Type: |
| Size | 2. Pool Size : x Square Footage |
| Weather Exposure | S. Must conform to National Electrical Code and State Law. |
| | Permit Received By Louise E. Chase |
| | Signature of Applicant Educal Elunate To Stan Date 12/17/ |
| Spacing | |
| Spen(s) | CEO' District Pland Proved Standing |
| red | CONTINUED TO REVERSE SIDE COMA Roca |

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