

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

**BUILDING INSPECTION**

**PERMIT**

Permit Number: 070031

Please Read Application And Notes, If Any, Attached

This is to certify that NEPTUNE PROPERTIES INC / Sign Solutions

has permission to Vintner's Winery Cellar - Renovation existing sign

AT 1025 FOREST AVE 142 C001001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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  
JAN 22 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 when permission is procured before this building or part thereof is occupied or service is provided. YOUR NOTICES ARE 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 M. Kelly* 01/19/07  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

Scanned

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

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

Permit No: 07-0031	Issue Date:	CBL: 142 C001001
-----------------------	-------------	---------------------

Location of Construction: 1025 FOREST AVE	Owner Name: NEPTUNE PROPERTIES INC	Owner Address: 120 EXCHANGE ST	Phone:
Business Name: Vintner's Winery Cellar	Contractor Name: Sign Solutions	Contractor Address: 55 Bishop St. Portland	Phone 2078788000
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2/IL

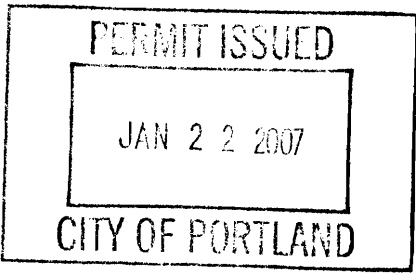
Past Use: Commercial- Salon Essentials	Proposed Use: Commercial - Vintner's Winery Cellar -Reface existing Sign	Permit Fee: \$172.00	Cost of Work: \$172.00	CEO District: 4	Ux B2
Proposed Project Description: Vintner's Winery Cellar -Reface existing Sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Commercial</i> type: <i>S03</i>  <i>IBC 2003</i>		
		Signature:	Signature: <i>Jm 01/19/07</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: Idobson	Date Applied For: 01/10/2007	<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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>01/18/07 ABM</i>	Date:	Date: <i>ABM</i>



**CERTIFICATION**

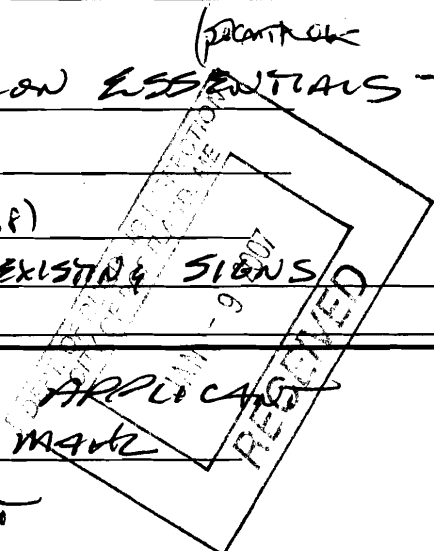
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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

# 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>1037 Forest Ave</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot <u>4 ACRES</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>142</u> Block# <u>C</u> Lot# <u>1</u>	Owner: <u>1037 PARTNERS INC</u> <del>NEEDLE</del>	Telephone: <u>874-6959</u>
Lessee/Buyer's Name (If Applicable) <u>VINTUERS WINELY CELLAR</u>	Applicant name, address & telephone: <u>SIGN SOLUTIONS</u> <u>55 BISHOP ST</u> <u>PORTLAND, ME</u> <u>699-2262</u>	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: <u>\$ 172.00</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: <u>RETAIL/VACANT</u>		
If the location is currently vacant, what was prior use: <u>SALON ESSENTIALS - retail hair products</u>		
Approximately how long has it been vacant: _____		
Proposed use: <u>RETAIL - Winery Shop (06-1568)</u>		
Project description: <u>REPLACE SIGN FACES IN EXISTING SIGNS</u>		
Contractor's name, address & telephone: <u>SAME AS APPLICANT</u>		
Who should we contact when the permit is ready: <u>BILL MAZUR</u>		
Mailing address: <u>SAME AS APPLICANT</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>699-2262</u>		



IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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>[Signature]</u>	Date: <u>11/19/07</u>
--	-----------------------

**This is NOT a permit, you may not commence ANY work until the permit is issued.**

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

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

<b>Permit No:</b> 07-0031	<b>Date Applied For:</b> 01/10/2007	<b>CBL:</b> 142 C001001
------------------------------	--	----------------------------

<b>Location of Construction:</b> 1025 FOREST AVE	<b>Owner Name:</b> NEPTUNE PROPERTIES INC	<b>Owner Address:</b> 120 EXCHANGE ST	<b>Phone:</b>
<b>Business Name:</b> Vintner's Winery Cellar	<b>Contractor Name:</b> Sign Solutions	<b>Contractor Address:</b> 55 Bishop St. Portland	<b>Phone</b> (207) 878-8000
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial - Vintner's Winery Cellar - (#06-1568) Reface existing Signs - one 4' x 12' building sign & 18" x 92" panel in free standing sign.	<b>Proposed Project Description:</b> Vintner's Winery Cellar -Reface existing Signs - one 4' x 12' building sign & 18" x 92" panel in free standing sign.
---	--

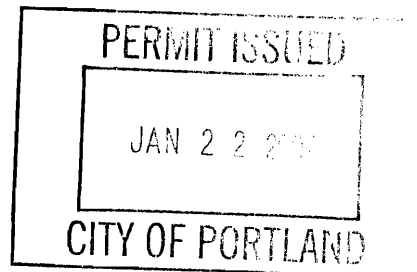
**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 01/18/2007  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tom Markley      **Approval Date:** 01/19/2007  
**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.

**Comments:**

1/11/2007-amachado: Spoke to Bill Mahl at Sign Solutions. Need to know tenant frontage to figure out allowable signage on the building.



SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 1037 FOREST AVE ZONE: B2/JL

CBL: 142-C-001

SINGLE TENANT LOT? YES  NO  MULTI TENANT LOT? YES  NO   
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES  NO

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS PROPOSED: 18" x 92" 850  
BLDG. WALL SIGN? (attached to bldg) YES  NO  DIMENSIONS PROPOSED: 48" x 144" 48

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS: 18" x 92" (repl. awng) 5e  
BLDG. WALL SIGN(attached to bldg) ? YES  NO  DIMENSIONS: 48" x 144" (repl. awng)  
AWNING? YES  NO  DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): \_\_\_\_\_

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 35' per voicemail from Bill Muhl

AWNING YES  NO  IS AWNING BACKLIT? YES  NO

HEIGHT OF AWNING: \_\_\_\_\_ LENGTH OF AWNING: \_\_\_\_\_ DEPTH: \_\_\_\_\_

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

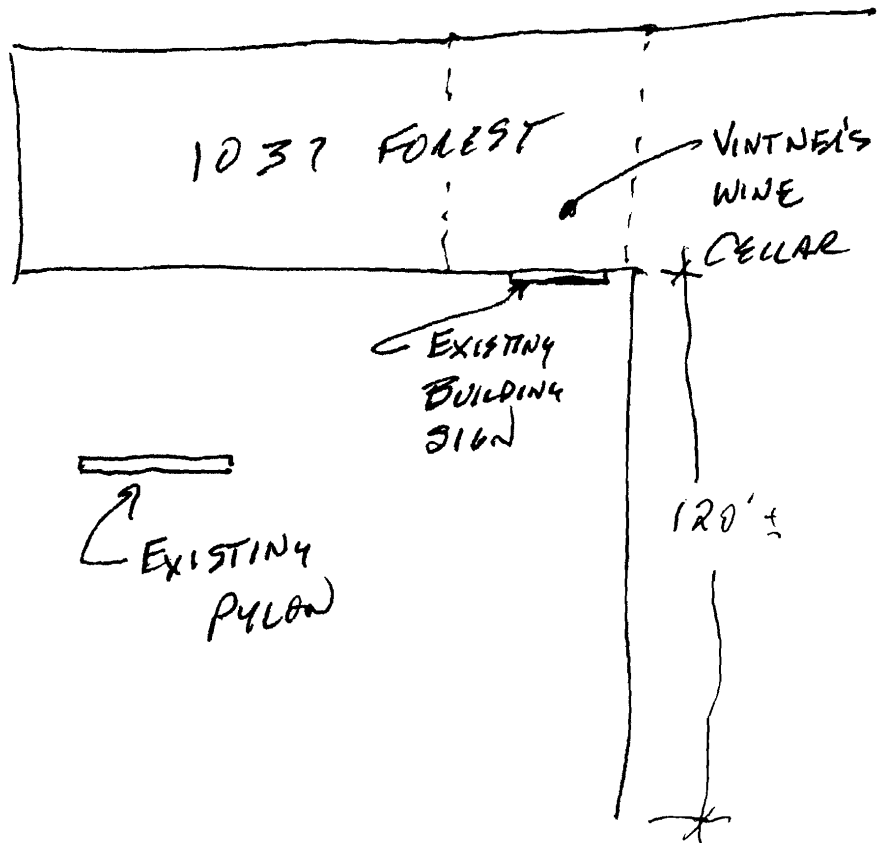
IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: William Muhl DATE: 1/09/07

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*  
B-2 mult-tenant  
<150' front height.  
1.5 x 35 = 52.5  
OIC  
\* replacing panels in freestanding sign  
proposed 48"

FOREST AVE



VINTNER'S CELLAR  
WINERY




878-1119  
mainevintners.com

*new sign  
same size*

Tenant panel face 144"

VINTNER'S CELLAR  
WINERY



48"

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

FEB 22 2007

RECEIVED

Building sign face

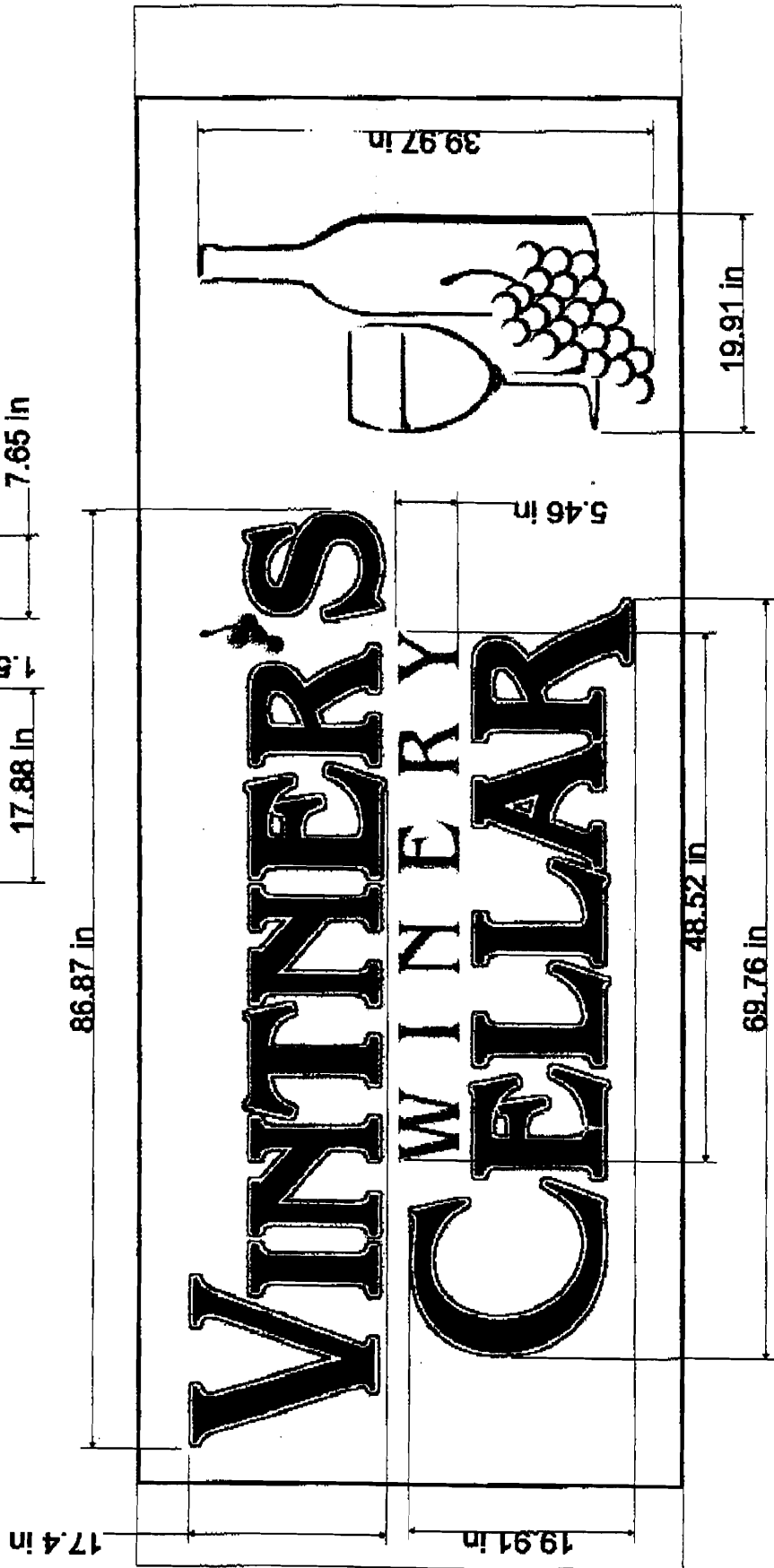
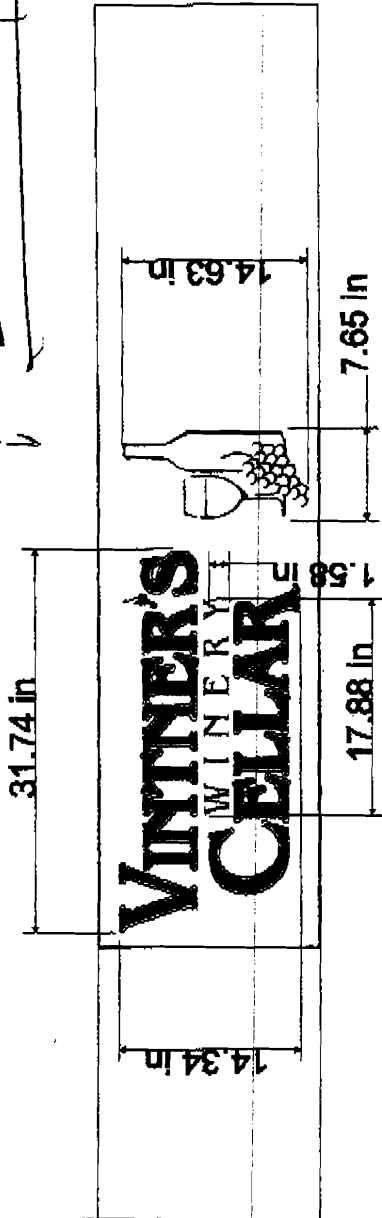
SIGN SOLUTIONS	DATE: 02/13/07	SCALE: N.T.S.
	WORK ORDER NO.: 0000	CAD BY: WLM
DWG NO.: 1	JOB NAME: VINTNER'S CELLAR	
REVISION:	LOCATION: 1037 FOREST AVE PORTLAND, ME	
APPROVED:	© Copyright 2006	

PROPOSED NEW SIGN FACES FOR VINTNER'S CELLAR

This design created in conjunction with this project being planned for you is the exclusive property of SIGN SOLUTIONS, INC., and cannot be copied.

ORIGINAL SUBMISSION

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME  
FEB 22 2007  
RECEIVED





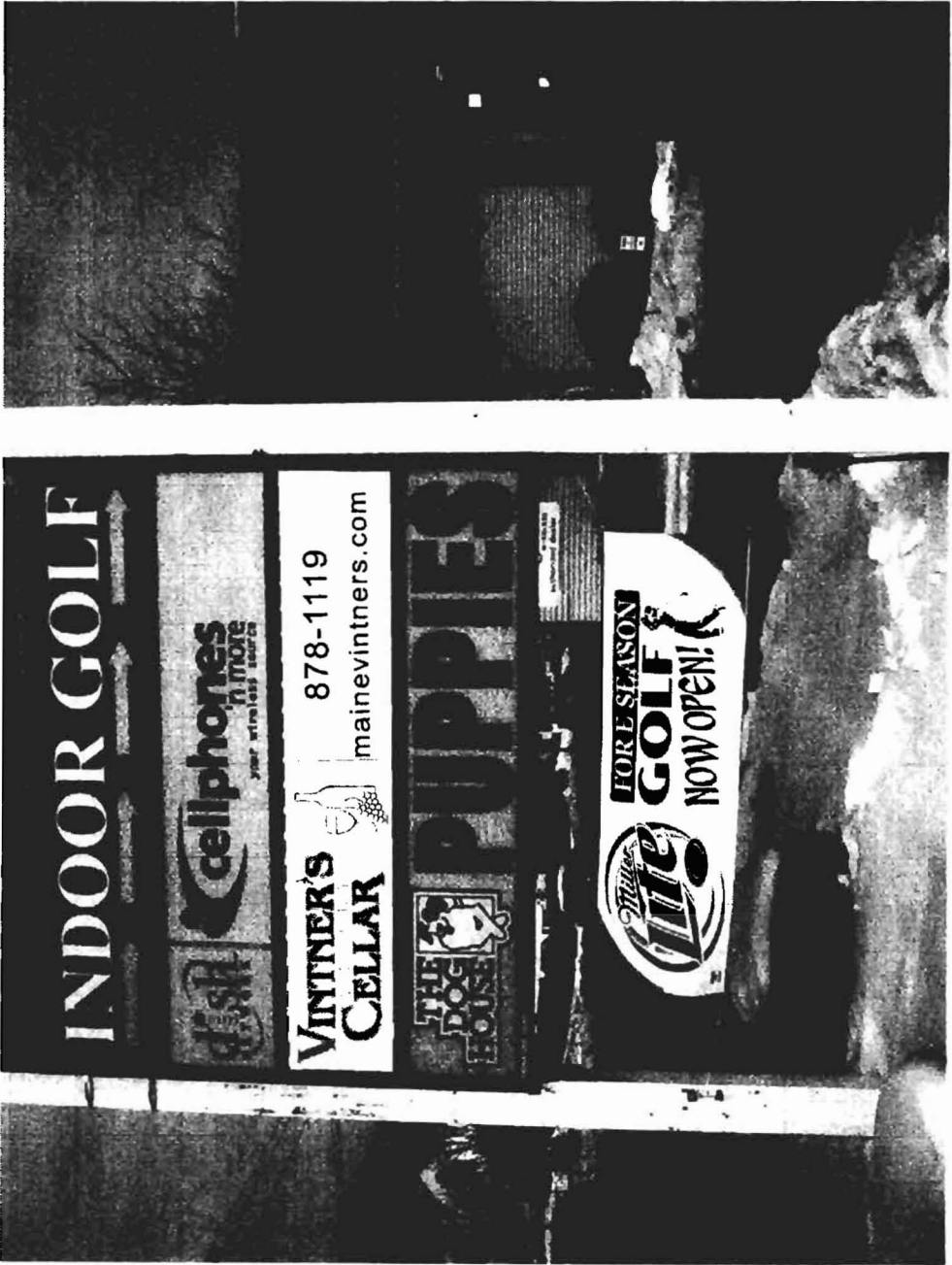
old is proposed  
see new.



48" x 144"

48 SQ FT

LEXAN FACES WITH VINYL COPY



18" x 92"

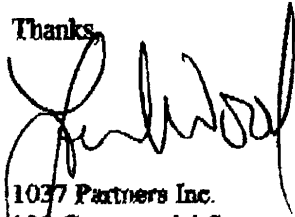
11.5 SQ FT

LEAK FACES w/ VINYL COPY

Sign Code Dept.  
City of Portland  
Portland, Me.

To whom it may concern. We have approved the replacement of one building sign face and two tenant faces in the roadside pylon. The new faces are for Vintner's Winery Cellar.

Thanks,



1037 Partners Inc.  
120 Commercial St  
Portland, ME

Phone 874-6959

---

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/09/07

<b>PRODUCER</b> Cross Insurance -CL/Bnds-P P. O. Box 567 Portland, ME 04112 800 286-5352	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.												
<b>INSURED</b> Sign Solutions Mahl Enterprises LLC dba 55 Bishop Street Portland, ME 04103	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Peerless Ins. Co.</td> <td>24198</td> </tr> <tr> <td>INSURER B: Mains Employers Mutual Insurance Co.</td> <td>11149</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Peerless Ins. Co.	24198	INSURER B: Mains Employers Mutual Insurance Co.	11149	INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Peerless Ins. Co.	24198												
INSURER B: Mains Employers Mutual Insurance Co.	11149												
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 LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS									
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. JECT <input type="checkbox"/> LOC	CBP9913570	09/15/06	09/15/07	EACH OCCURRENCE	\$1,000,000								
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000								
						MED EXP (Any one person)	\$5,000								
						PERSONAL & ADV INJURY	\$1,000,000								
						GENERAL AGGREGATE	\$2,000,000								
						PRODUCTS - COMP/OP AOC	\$2,000,000								
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA9914370	09/15/06	09/15/07	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000								
						BODILY INJURY (Per person)	\$								
						BODILY INJURY (Per accident)	\$								
						PROPERTY DAMAGE (Per accident)	\$								
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$								
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$								
						AUTO ONLY: AGG	\$								
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	CU9914870	09/15/06	09/15/07	EACH OCCURRENCE	\$1,000,000								
						AGGREGATE	\$1,000,000								
							\$								
							\$								
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810070852	09/15/06	09/15/07	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$100,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$100,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$500,000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$100,000	E.L. DISEASE - EA EMPLOYEE	\$100,000	E.L. DISEASE - POLICY LIMIT	\$500,000	
WC STATUTORY LIMITS	OTHER														
E.L. EACH ACCIDENT	\$100,000														
E.L. DISEASE - EA EMPLOYEE	\$100,000														
E.L. DISEASE - POLICY LIMIT	\$500,000														

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

To verify coverage.

Job: Vintners Winery Cellar, 1037 Forest Ave., Portland Maine

Certificate holder is listed as an additional insured regarding liability only.

**CERTIFICATE HOLDER**

City of Portland  
 389 Congress Street  
 Portland, ME 04101  
 Attn: Bill

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

*Karen Peterson*