

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

## BUILDING DEPARTMENT

# PERMIT

Permit Number: 081423

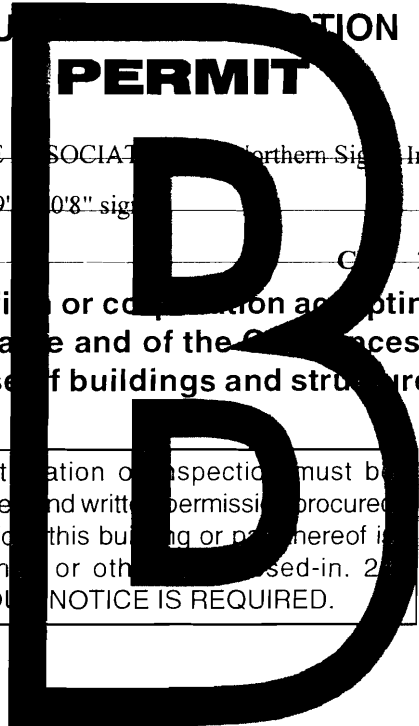
Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that 1140 BRIGHTON AVENUE SOCIETY Northern Sign In

has permission to Replace existing signage w/ 9' x 10'8" sign

AT 1140 BRIGHTON AVE C 265 B004001

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.



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

Notification of inspection must be given and written permission procured before this building or part thereof is lath or other work is used-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

11/13/08 *Cheryl M*  
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: 08-1423	Issue Date: 11/13/08	CBL: 265 B004001
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Location of Construction: 1140 BRIGHTON AVE	Owner Name: 1140 BRIGHTON AVENUE ASSO	Owner Address: 1140 BRIGHTON AVE	Phone:
Business Name:	Contractor Name: Northern Signs, Inc. / Mark Atwood	Contractor Address: P.O. Box 1475 Waterville	Phone 2074652399
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial - Restaurant	Proposed Use: Commercial - Restaurant - Replace existing signage w/ 9' x 10'8" sign - 3 panels - free standing sign.	Permit Fee: \$228.00	Cost of Work: \$228.00	CEO District: 3
Proposed Project Description: Replace existing signage w/ 9' x 10'8" sign (3 panels) - free standing sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A-2 Type: Signage IBC-2003 Signature: 11/13/08 CA	
		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: 11/06/2008	<b>Zoning Approval</b>
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- 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: 11/13/08 <i>AM</i>	Date: _____	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

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

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

<b>Permit No:</b> 08-1423	<b>Date Applied For:</b> 11/06/2008	<b>CBL:</b> 265 B004001
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<b>Location of Construction:</b> 1140 BRIGHTON AVE	<b>Owner Name:</b> 1140 BRIGHTON AVENUE ASSO	<b>Owner Address:</b> 1140 BRIGHTON AVE	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Northern Signs, Inc. / Mark Atwood	<b>Contractor Address:</b> P.O. Box 1475 Waterville	<b>Phone</b> (207) 465-2399
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial - Restaurant - Replace existing signage in freestanding sign w/ 9' x 10'8" sign area w/ three panels	<b>Proposed Project Description:</b> Replace existing signage (freestanding sign) w/ 9' x 10'8" sign area w/ three panels.
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 11/06/2008	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Chris Hanson	<b>Approval Date:</b> 11/13/2008	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans. 2) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process. 3) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.					

<b>Comments:</b> 11/6/2008-amachado: Spoke to Mark at the counter. Need certificate of liability. Need picture of actual sign face that is going in the 4' x10'8" panel.
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**BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY )**

**to schedule your inspections as agreed upon**

**Permits expire in 6 months, if the project is not started or ceases for 6 months.**

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

**By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.**

**A Pre-construction Meeting will take place upon receipt of your building permit.**

  X   **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

\_\_\_\_\_  
Signature of Applicant/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date



# 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>1140 BRIGHTON AVE.</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>265</u> Block# <u>B</u> Lot# <u>4</u>	Owner: <u>1140 BRIGHTON AVE. LLC</u>	Telephone: <u>917-671-8298</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>NORTHERN SIGNS, INC.</u> <u>P.O. BOX 1475</u> <u>WATERVILLE, ME 04903</u> <u>465-2394</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: \$ <u>228.00</u> Awning Fee = cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>NORTHERN SIGNS INC</u> phone: <u>465-2394</u>		
Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) <u>244 FT.</u> Single Tenant or Multi Tenant Lot <u>X</u>		
Current Specific use: _____ If vacant, what was prior use: <u>CHINESE RESTAURANT</u> Proposed Use: <u>SAME</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <u>X</u> No _____ Dimensions proposed: <u>9'x10'8"</u> Height from grade: <u>18 FT.</u> Bldg. wall sign? (attached to bldg) Yes _____ No <u>X</u> Dimensions proposed: _____		
Proposed 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 w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes <u>X</u> No _____ Dimensions: <u>4'x18'??</u> <del>BEING</del> <u>BEING REPLACED</u> 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.		

9x11=99x2x30

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.

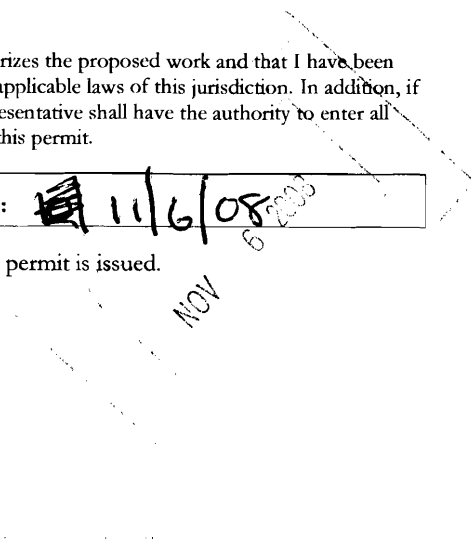
Signature of applicant: <u>Mull Stewart</u>	Date: <u>11/6/08</u>
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B-2 multi-tenant

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

freestanding sign 1-2.5 acres  
100' max height 18'  
Setback.

- proposed 9x10.67 = 96.03 sq ft.  
- height - 18' ok  
- using existing base poles.



9' to BASE  
7' to POLE  
FROM SIDEWALK

5' to BASE  
7' to POLE  
FROM CURBLINE

EXISTING POLES  
2-8"x8"x1/4" STEEL POLES

BRIGHTON AVE.

BUILDING

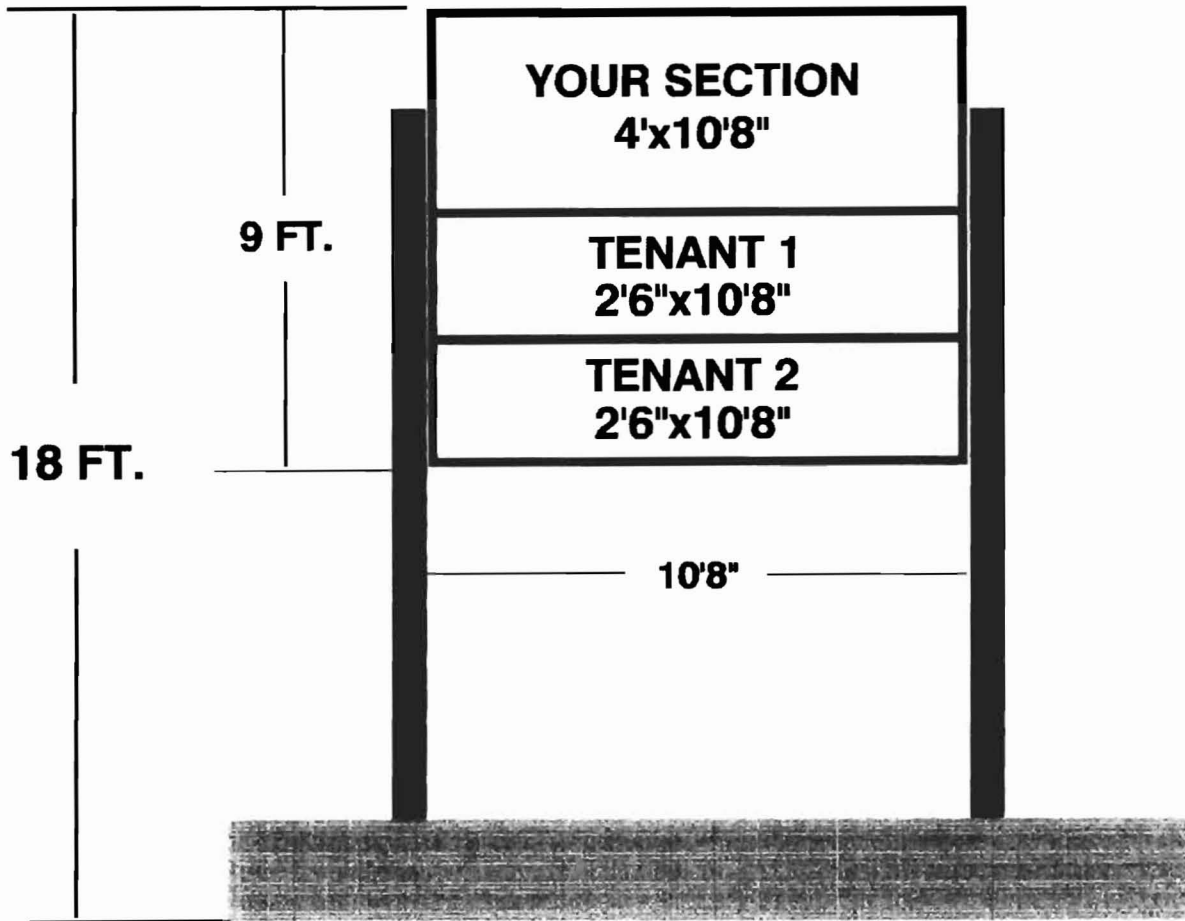
I-95

**NORTHERN SIGNS**  
Waterville, Maine  
1-800-570-7402  
northernsigns@adelphia.net

CUSTOMER:  
SPECIFICATIONS:


DATE:  
CUSTOMER APPROVAL  
DATE

  
ALL SIGNS AND  
BLANKS ARE  
PROPERTY OF  
NORTHERN SIGNS, INC.  
UNAUTHORIZED USE  
PROHIBITED



11/2"x11/2"x3/16" DOUBLE ALUMINUM ANGLE FRAME  
 .040 ALUMINUM CABINETS  
 LEXAN FACES  
 HIGH OUTPUT BALLAST AND LAMPS  
 UL LISTED(WILL PROVIDE UL # PRIOR TO FABRICATION)  
 ATTACHED TO EXISTING POLES  
 PRIMARY ELECTRICAL BY OTHERS

*CK @ final*  
*11/13*

<b>NORTHERN SIGNS</b> <small>Westerville, Ohio</small> <b>1-800-570-7402</b> <small>northsigns@adelphia.net</small>	CUSTOMER:	DATE:	 <b>LISTED</b> <small>ALL SIGNS AND          RELEASED AS PER          PROPERTY OF          NORTH-SIGN SIGNS, INC.          OR AUTHORIZED USER          NOT BE REPRODUCED</small>
	SPECIFICATIONS:	CUSTOMER APPROVAL	

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 11/06/2008
PRODUCER (207)873-5101 FAX (207)873-5784 GHM Agency, Inc. 51 Main Street P.O. Box 649 Waterville, ME 04903-0649	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.	
INSURED 350 Kennedy Memorial Drive, Inc C/O Atty, Michael Levin 1500 Providence Hwy, Su. 36 Norwood, MA 02062	<b>INSURERS AFFORDING COVERAGE</b>	
	INSURER A <b>OneBeacon Insurance Company</b>	NAIC # 21970
	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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	710019544	05/01/2008	05/01/2009	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
		<b>OTHER</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Location : 1140 Brighton Ave, Portland ME  
 City of Portland is listed as additional insured in regards to general liability.

<b>CERTIFICATE HOLDER</b>  City of Portland 315 City Hall Congress Street Portland, ME 04101	<b>CANCELLATION</b>  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.  AUTHORIZED REPRESENTATIVE <b>Melissa Mitchell</b>
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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.