

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 061015

PERMIT ISSUED
JUL 20 2006

This is to certify that Portland Inn Inc/Burr Signs

has permission to Erect 10' x 24' lighted pole

AT 1150 Brighton Ave

265 B005001

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.

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 altered or closed-in. 4 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]
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:	06-1015	BL:	205 B005001
------------	---------	-----	-------------

Location of Construction: 1150 Brighton Ave	Owner Name: Portland Inn Inc	Owner Address: 1150 Brighton Ave	Phone: 207-846-7622
Business Name:	Contractor Name: Burr Signs	Contractor Address: 59 DownEast Dr (off Yarmouth)	Phone: 207-7991183
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Current Use: Commercial / Inn	Proposed Use: sign. repanel existing sign	Permit Fee:	Cost of Work:	CEO District:
----------------------------------	--	-------------	---------------	---------------

Proposed Project Description: Erect 10' x 24' lighted pole sign. repanel existing sign	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:	INSPECTION: Use Group: U Type: N/A Signature: [Signature] Date: 7/19/06
--	---	--

Permit Taken By: gg	Date Applied For: 07/11/2006	Zoning Approval	
------------------------	---------------------------------	------------------------	--

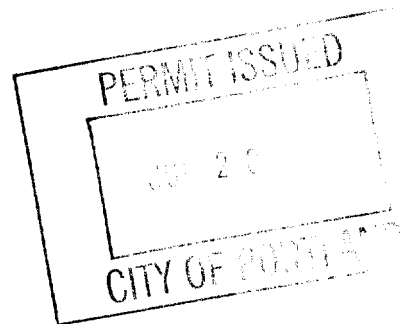
Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 7/13/06	Zoning Appeal <input checked="" type="checkbox"/> Sign <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date: 7/13/06 D. Andrews	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: [Signature]
---	--	--

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

		Permit No: 06-1015	Date Applied For: 07/11/2006	CBL: 265 B005001
Location of Construction: 1150 Brighton Ave	Owner Name: Portland Inn Inc	Owner Address: 1150 Brighton Ave		Phone: 207-846-7622
Business Name:	Contractor Name: Burr Signs	Contractor Address: 59 DownEast Drive Yarmouth		Phone: (207) 799-1183
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent		
Proposed Use: Inn /repanel existing sign 10' x 24' lighted pole sign (smaller square footage).		Proposed Project Description: repanel existing sign 10' x 24' lighted pole sign (smaller square footage).		
<p>Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 07/13/2006</p> <p>Note: top part of the old sign had to be removed because Ramada Inn considered it a patened logo. Ok to Issue: <input checked="" type="checkbox"/></p> <p>1) Separate permits shall be required for any new signage. Separate permits are required for signs attached to buildings. As of this date no new signs for Rodeway Inn have been approved.</p> <p>2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.</p> <p>3) The removal of portions the old sign can not be replaced other than what is being approved with this permit. This sign is legally nonconforming as to size and height and can not be increased in the future for size or height.</p>				
<p>Dept: Building Status: Approved Reviewer: Residential Plan Revie Approval Date: 07/19/2006</p> <p>Note: Ok to Issue: <input type="checkbox"/></p>				
<p>Dept: Planning Status: Approved Reviewer: Deborah Andrews Approval Date: 07/13/2006</p> <p>Note: Ok to Issue: <input type="checkbox"/></p>				





061015

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: 1150 Brighton Ave. Portland

Tax Assessor's Chart, Block & Lot Chart# <u>265</u> Block# <u>3</u> Lot# <u>005</u>	Owner: <u>Kamlesh Batel</u>	Telephone: <u>(207) 775-3711</u>
Lessee/Buyer's Name (If Applicable?)	Contractor name, address & telephone: <u>BURR SIGNS</u> <u>50 DOWNSTON DR. YARMOUTH</u> <u>ME 04086</u> <u>R 846-7622</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= <u>cost of work</u> Total Fee: \$ <u>510.00</u>

Who should we contact when the permit is read: Kamlesh Batel phone: (207) 318-1465

Tenant/allocated building space frontage (feet): Length: 60' Height: 20'

Lot Frontage (feet) 60' Single Tenant or Multi Tenant Lot with tenant

Current Specific use: motel

If vacant, what was prior use: _____

Proposed Use: motel

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes No _____ Dimensions proposed 10x24 Height from grade: 34
 Bldg. wall sign? (attached to bldg) Yes _____ No _____ 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 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.

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:	Date: <u>7/10/06</u>
-------------------------	----------------------

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 07/11/06
PRODUCER CROSS INSURANCE - BANGOR 74 Gilman Road P.O. Box 1388 Bangor, ME 04401	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UNDER THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED The Portland Inn, Inc. C/O Ramada Limited Portland, Inc. 1150 Brighton Ave. Portland, ME 04104	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A Middlesex Mutual Assurance	14532
	INSURER B Maine 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	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"/> COI <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CB0100021556	03/23/06	03/23/07	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COM/OP AGG \$4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> HIRED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	CU0100021557	03/23/06	03/23/07	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810068199	04/04/06	04/04/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 The certificate holder is named as additional insured but only with respect to liability caused by the operation of the named insured.

CERTIFICATE HOLDER City of Portland 549 Congress Street Portland, ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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
--	--

