

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

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, if Any, Attached

Permit Number: 060263

PERMIT ISSUED

MAR 21 2006  
CITY OF PORTLAND

This is to certify that MORIN STEPHEN L & DAVID S MORIN JTS/The Signery

has permission to install new 2' x 24' Sign

AT 188 WARREN AVE

295 G00600

provided that the person or persons who perform or supervise the work accepting 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 is procured before this building or part thereof is occupied or permitted to be occupied. FOUR NOTICES 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]*  
3/21/06  
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: 06-0263	Issue Date: 02/24/06	PERMIT ISSUED: 295 G006001
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Location of Construction: 188 WARREN AVE	Owner Name: MORIN STEPHEN L & DALE S M	Owner Address: 332B GRAY RD	Phone: 295 97700
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 295 97700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: 84

Past Use: Commercial/ Austin's Boot Buckle Saloon	Proposed Use: Commercial/ Austin's Boot Buckle Saloon/ install new 2' x 24' Sign	Permit Fee: \$126.00	Cost of Work: \$126.00	CEO District: 5
Proposed Project Description: install new 2' x 24' Sign		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>NA</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature: <i>[Signature]</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: 02/24/2006	<b>Zoning Approval</b>		
<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>		<b>Special Zone or Reviews</b> <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"/> <i>OK w/ conditions</i> Date: <i>3/1/06</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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: <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

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

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

<b>Permit No:</b> 06-0263	<b>Date Applied For:</b> 0212412006	<b>CBL:</b> 295 G006001
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<b>Location of Construction:</b> 188 WARREN AVE	<b>Owner Name:</b> MORIN STEPHEN L & DALE S M	<b>Owner Address:</b> 332B GRAY RD	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> The Signery	<b>Contractor Address:</b> 299 Forest Avenue Portland	<b>Phone:</b> (207) 879-7700
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial Austin's Boot Buckle Saloon/ install new 2' x 24' Sign	<b>Proposed Project Description:</b> install new 2' x 24' Sign
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 03/09/2006

**Note:** **Ok to Issue:**

- 1) This permit is being issued with the understanding that the temporary banner will be taken down when the permanent sign is installed.

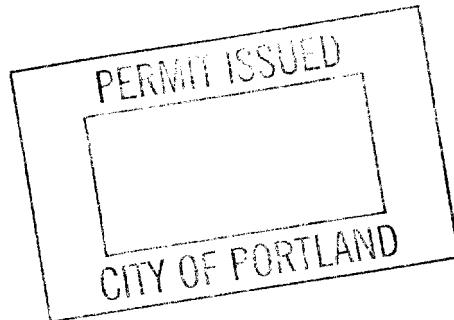
**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 03/21/2006

**Note:** **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

**Comments:**

3/7/06-amachado: Left message with Deb DiLuiso. I need to know the frontage of the building where the sign is and if it is the only



# 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>188 Warren Ave</u>		
Total Square Footage of Proposed Structure <u>48 sq ft</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>295</u> Block# <u>6</u> Lot# <u>6</u>	Owner: <u>Movin Properties</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>AUSTINS INC</u>	Applicant name, address & telephone: <u>Austins Inc</u> <u>28 Fairway Dr</u> <u>Scarborough ME 04074</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>48x2 + 30</u> Awning Fee = Cost Of Work: \$ <u>126</u> Total Fee: \$
Current use: <u>Boat &amp; Buckle / Bar</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>new signage</u>		
Project description: _____		
Contractor's name, address & telephone: _____		
Whom should we contact when the permit is ready: <u>Deb DiLusso</u>		
Mailing address: <u>Fairway Dr</u> <u>Scarborough ME 04074</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. <b>A STOP WORK ORDER</b> will be issued and a \$100.00 fee if any work starts before the permit is picked up. <b>PHONE: 332-8807</b>		

*20x2 + 30 = 48  
48 x 2 = 96  
96 + 30 = 126*

**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 [Signature] | Date: 2/9/06

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

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 188 Green Ave. ZONE: 84  
CBL: 295-8 006

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

**TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):**  
Length: 123 <sup>building 150'</sup> Height: 20'

**INFORMATION ON PROPOSED SIGN(S):**

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS PROPOSED: \_\_\_\_\_  
BLDG. WALL SIGN? (attached to bldg) YES  NO  DIMENSIONS PROPOSED: ~~\_\_\_\_\_~~

**INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):**

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS: 2' x 24'  
BLDG. WALL SIGN (attached to bldg)? YES  NO  DIMENSIONS: 2' x 10'  
AWNING? YES  NO  DIMENSIONS: \_\_\_\_\_  
LOT FRONTAGE (FEET): \_\_\_\_\_

**AWNING** YES  NO  IS AWNING BACKLIT? YES  NO

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

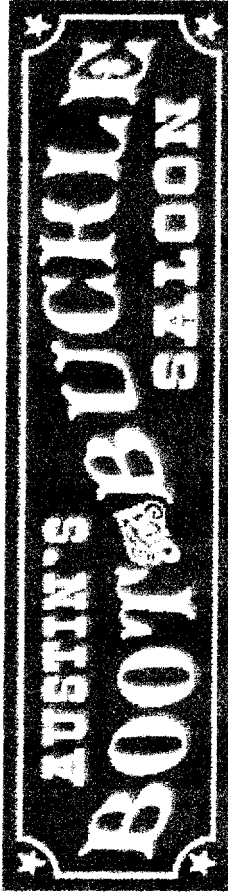
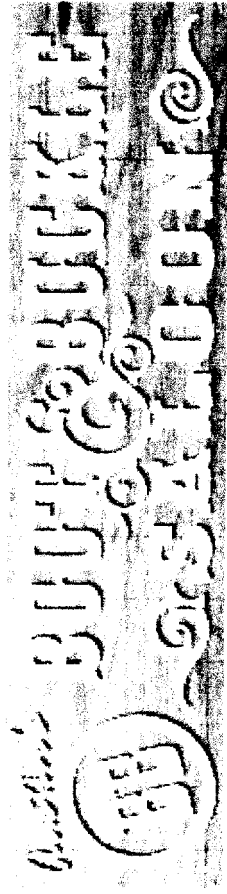
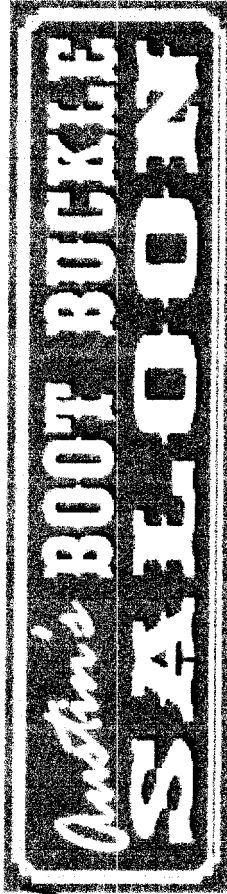
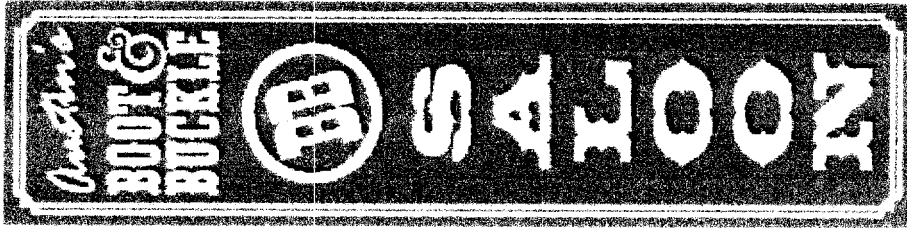
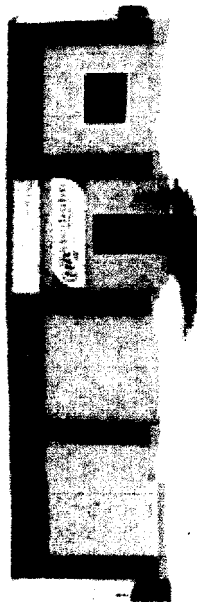
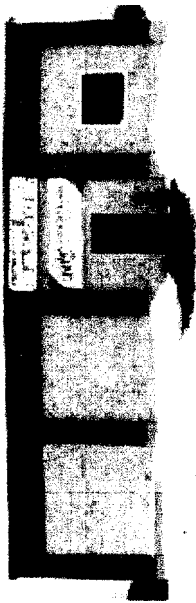
IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES  NO

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: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*  
① 2 x 150 = 100 sq ft  
6 or 6% wall area  
50 x 20 = 1000 x .06 = 60 sq ft  
could have 2 - one has to face sheet  
sign 2' x 24' = 48 sq ft  
sign 2' x 10' = 20 sq ft



1/2" MDO  
 28" X 120"  
 1 1/2"  
 DESIGNED BY  
 DH


Available in  
 120" x 28"  
 120" x 48"  
 120" x 60"  
 120" x 72"  
 120" x 84"  
 120" x 96"  
 120" x 108"  
 120" x 120"

INSTALL  
 " V B

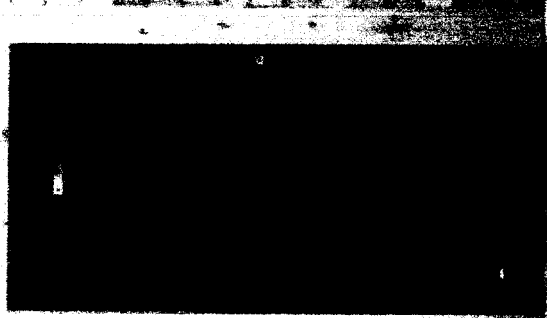
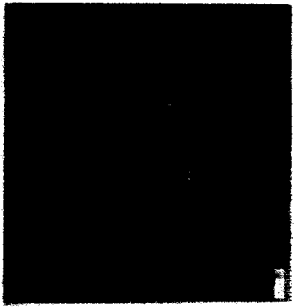
Austin's  
 BOOT & BUCKLE

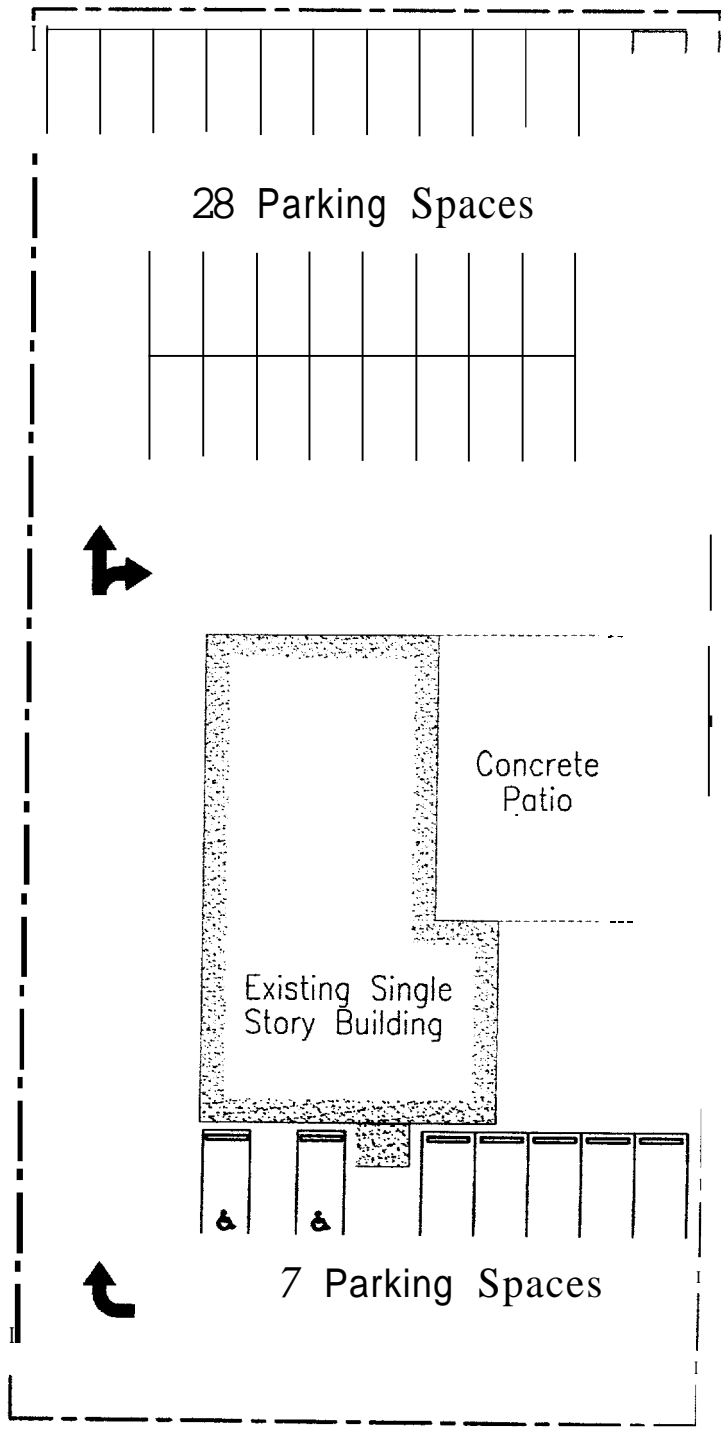
~~SAT MAR 12~~  
~~SHANIA TWIN~~  
~~HAPPY HOUR~~

BOOP MUCKS  
BAND



**Austin's Boot & Buckle**  
188 Warren Ave  
[www.bootandbuckle.com](http://www.bootandbuckle.com)





Caution: Drawing will change scale when copied or faxed

October 17, 2004

# Portland Bar

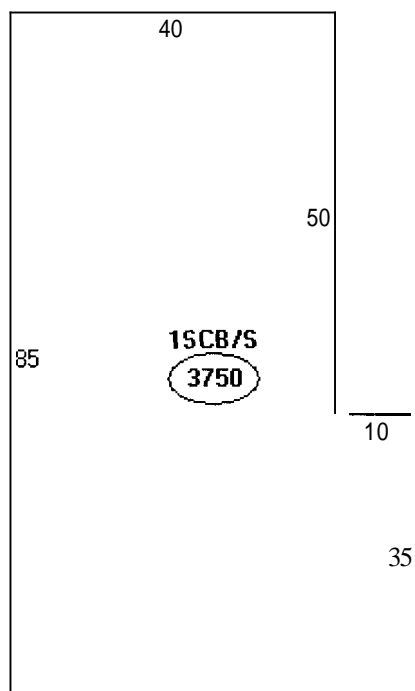
Preliminary Site Plan

1" = 20'-0"

WINTER STREET ARCHITECTS, INC.

Project #:





Descriptor/Area

A: 15CB/S  
3750 sqft

**To: All Those Concerned**

**From: Steve Morin, Morin Properties**

**Date: October 19, 2004**

**Re: 188 Warren Avenue**

I hereby authorize Eric Flynn, Debra DiLuiso, **and**, or, Diversity, Inc. to **do** the following:

Apply for **any** necessary city, county, state permits for conversion of this building to Austin's Boot & Buckle Saloon with city or state agencies.

Retain **and** employ contractors to **perform** the various aspects of this conversion project providing that work done is done to appropriate state, county, **and** city codes.

Perform **any** of the work in this conversion project themselves providing that work is done to appropriate state, county, **and** city codes.

Steve Morin, Owner  
332B Gray Road  
Falmouth, Maine **04105**

A handwritten signature in black ink that reads "Stephen Morin". The signature is written in a cursive, flowing style.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/16/2006

(207) 797-2203 FAX (207) 797-2791

Delano Associates  
4 Newton Street  
Portland, ME 04103  
Susan Chard

**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#

INSURED **Austin's Inc**  
DBA: Austin's Boot & Buckle Salone  
28 Fairway  
Scarborough, ME 04074

INSURER A: **Maine Underwriters Ins Agy**

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   NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CP1118920	12/29/2005	12/29/2006	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CWM/MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY MJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	EA ACC \$ AGG 6
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					6
	<input type="checkbox"/> RETENTION \$					IS
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				EL. DISEAS - EA EMPLOYEE	\$
	OTHER				EL. DISEASE - POLICY LIMIT	\$

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

City of Portland  
Code Enforcement Office  
389 Congress St  
Portland, ME 04101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ 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

Susan Chard