form #P 04

### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

### CITY OF PORTLAND

Please Read Application And No

Notes, If Any, Attached	ŭ	PEI	3M	•	· [	-Pern	PERMIT ISSUED	
This is to certify that	DELTA REALTY CORP /S	Design				[		L
has permission to	Install new sign 5'x10'						MAY 2 3 2005	
AT 342 WARREN A	VE				_ 303 H	00100		

provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

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

ne and of the same nees of the City of Portland regulating of buildings and structures, and of the application on file in

epting this permit shall comply

Ν cation inspec must gi and wr n permis n procu dina or be e this b thereo la d or o losed-in. Н R 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

PENALTY FOR REMOVING 144S CARD

856-2600 Regal

								PER	MIT IS	SSUED		]
<b>City of Portland, Maine 389</b> Congress Street, 04101		0			1 (	rmit No: 05-0545	Iss	ue Date:	V 2 2	303	H0010	01
<b>Location of Construction:</b>		Owner Name:			Owne	er Address:		141 1-4	1 -2 -3	Phone:	ţ	(
342 WARREN AVE DELTA REALT			LTY CO	)RP	120	EXCHANGE	E STL				<u> </u>	<u> </u>
Business Name: Contractor Name:			:		Contractor Address: CTV ()			IF PO	PHhopAll	Ŋ		
		Sign Design In	ıc	_	PO Box 207 Westbrook 2078562600						<u>i</u>	
Lessee/Buyer's Name		Phone:				it Type: ins - Permane	nt		-		3	one:
Past Use:		Proposed Use:		<del></del>	Perm	nit Fee:	Cost	of Work	: (	CEO Distric	t:	
Commercial/ Poker Chip Show	wroom	1 ^	Chip Showroom/ Install new		\$132.00 \$132			2.00	5			
		sign 5'x10'			FIRE	E DEPT:	1 Ans		INCRECTION.			
					Appro		Use Groups		Ту	petygn		
Proposed Project Description:									I	L-20	53	i
Install new sign 5'x10'					Signa	nture:			Signatur	MA	51,	8/15
								IVITIES DISTRICT (P.A.D.)			1	15
					Action: Approved Approved Approve			roved w/C	ed w/Conditions Denied			
		_			Signa	ature:				Date:		
Permit Taken By: Idobson	_	oplied For: 4/2005				Zoning	g Ap	prova	ıl	1		
1.	ı		Spe	cial Zone or Revie	ws	Zoni	ng Ap	peal		Historic I	Preserv	ation
			☐ SI	setbacks	Au	☐ Variano	ce		[	Not in Di	istrict or	r Landmark
2. Building permits do not in septic or electrical work.	nclude p	plumbing,		etland by C			Conditional Use  Interpretation		[	Does Not Require Review Requires Review Approved		e Review
3. Building permits are void within six (6) months of t			Flood Zone Not Street Subdivision		Ukc	Conditi						,
False information may inversely permit and stop all work	validate					Interpre						
			☐ Si	te Plan		Approv	ed			Approved	1 w/Con	ditions
			Majı [	Minor MM	oor	Denied				Denied		
			Date: C	ingutu	2	Ilate:			Da	te:		·
			5/	18/05						/		
			(	CERTIFICATIO	ON							
*1 1 20 1		1 0.1								c		

I hereby certify that !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	d, Maine <mark>-</mark> Buil	ding or Use Permit		Permit No:	Date Applied For:	CBL:				
389 Congress Str	eet, 04101 Tel: (	207) 874-8703, Fax: (	4-8716	05-0545	05/04/2005	303 H001001				
Location of Construction: Owner Name:					Owner Address:	Phone:				
342 WARREN AV	'E	DELTAREALTYCORP			120 EXCHANGE					
Business Name:		Contractor Name:		(	Contractor Address:		Phone			
		Sign Design Inc			PO Box 207 West	(207) 856-2600				
Lessee/Buyer's Name Phone:					Permit Type: Signs - Permanent					
Poker Chip Showro	oom/ Install new sig	gn 5'x10'		Install	new sign 5'x10'					
Dept: Zoning Note:	Status: A	pproved with Condition	s Rev	iewer:	Marge Schmucka	d Approval D	oate: 05/18/2005 Ok to Issue:			
1) The five (5) foo be be checking Code Enforcem	the setbacks PRIO nent Officer PRIOR	is from actual property R to the placement of control to the placement of control to the basis of plans submit	oncrete for	or this s	ign. It is the responack inspection.	sibility of the contra	ment Officer will actor to call the			
Dept: Building Note:  1) Separate permit	Status: A	pproved		iewer:	Jeanine Bourke	Approval D	ate: 05/18/2005 Ok to Issue:			



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



# Signage/Awning Permit Application

the Clty, payment arrangeme				
Location/Address of Construction:	42 was	ren A	ve	
Total Square Footage of Proposed Str	ucture		otage of Lot	
Tax Assessor's Chart, Block & Lot Chart# / リグチBlock# Lot#	Owner $oldsymbol{eta}_{oldsymbol{c}}$	eker lh		Telephone:
Lessee/Buyer's Name (If Applicable)  Poxer Chips  342 warren Ave.  Portland ME 04/03	Po Bo	cs,gn Z x 207	آ ا ا	Totals.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Tofai stopers.f. Pee:\$102 + 30 Awning Fee = Cost Of Work: \$
Current use: <u>New Building</u> If the location is currently vacant, what	was prior use:	N/A	/ × / \(\alpha\)	
Approximately how long has it been va				
Proposed use: Manufa Ctur	- Poke	- (Gip	<u>5</u>	_
Project description: New 5,3	<u>ر</u>			
Contractor's name, address & telephon	ie: 5 igw	esign	No. Box	Zo7 weifsman
Whom should we contact when the pe Mailing address:	rmit is ready:	Move	856 26	200
We will contact you by phone when the review the requirements before starting and a \$100.00 fee If any work starts before	any work, with	a Plan Revie		
F THE REQUIRED INFORMATION IS NOT INC DENIED AT THE DISCRETION OF THE BUILDIE NFORMATION IN ORDER TO APROVE THIS	NG/PLANNING			
hereby certify that I am the Owner of record of the nat I have been authorized by the owner to make lows of this jurisdiction. In addition, if a permit for we appresentative shall have the authority to enter all a	this application <i>as</i> ork described in this	his/her authorize applicationis is	edagent. I agree sued, I certify that	to conform to all applicable the Code Official's authorized
	4/		~ /	/-/-
Signature of applicant:			Date: 3/0	3/05

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

### PLEASE COMPLETE ALL INFORMATION

c 1
ADDRESS: 342 warrer nue. ZONE: 6-4
CBL:
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: 31/7/- Height: 16/1/-
INFORMATION ON PROPOSED SIGN(S):  FREESTANDING(e.g., pole) SIGN? YES NO DIMENSIONS PROPOSED:
INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):  FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS:  BLDG. WALL SIGN(attached to bldg)? YES NO DIMENSIONS:  AWNING? YES NO DIMENSIONS:
AWNING YES NO
IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YESNO
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:
L 200' fac The Street  654 max permetted — 50.8348hor  25' max height — 13.10 8 b  5' may Set back — 5' show

## CHECKLIST FOR SIGN/AWNING APPLICATION

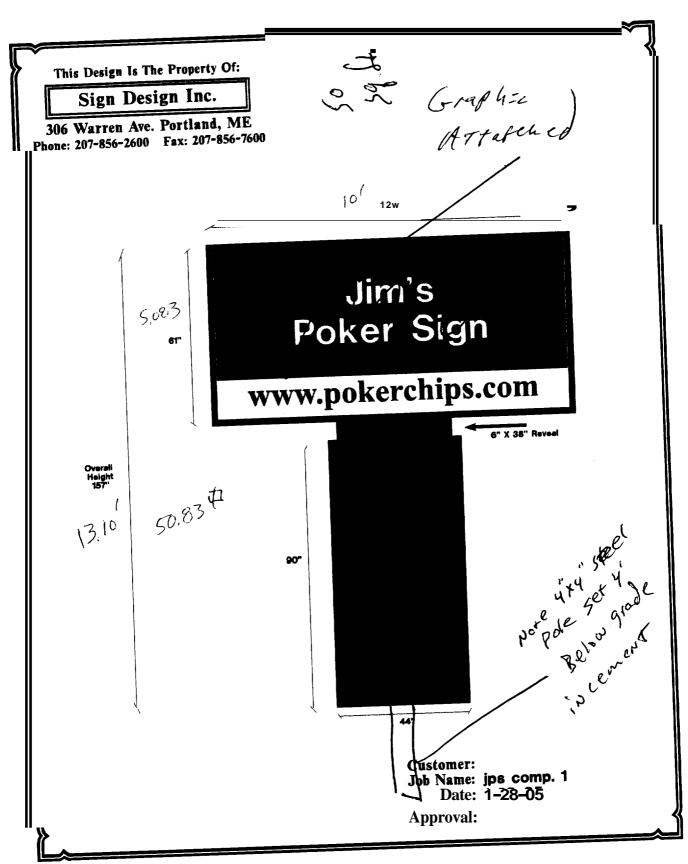
Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way. Amount must equal \$400,000.00.
Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. Indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the mound and building facade dimensions for any signage attached to a building.
A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.
Certificate of Flammability required for awning or canopy at time of application.
UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate <b>the</b> Sign Permit.
Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

Permit Fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit Fee for awning-without-signage is based on cost of work: \$30.00 for the first \$1,000.00, plus \$9.00 for each additional \$1,000.00.

Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00



Se Enclosed Graphic For reparing



4	ACORD CERTIFIC	ATE OF LIABI	LITY INS	<u>SURANC</u>	E		te(mm/dd/yyyy) 4/21/2005
	` /	X (207)729-4071			UEDAS A MATTER OF		
	rton Insurance Agency, Inc.				RIGHTS U W NTHE CE ATEDOES NOTAMEND		
	31 Park Row		ALTER TH	IE COVERAGE A	FFORDED BY THE PO	ĹICIE	S BELOW.
	Box 655		INCLIDED	AFFORDING CO	/EDACE	١.	NAIC #
_	unswick, ME 04011						
INSL	RED Atlantic Standard Moldin	g and Poker Chips on		ass Bay			22306
	342 Warren Ave			anover Insura	ance Company	2	22292
	Portland, ME 04103		INSURER C				
			INSURER D			_	
			INSURER E				
T A P	VERAGES  HI, POLICIES OF INSURANCE LISTED BELO  YOU'' REQUIREMENT, TERM OR CONDITION OF PERTAIN, THE INSURANCE AFFORD OLICIES. AGGREGATE LIMITS SHOWN MAY	OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED H	DOCUMENT WITH HEREIN IS SUBJEC OCLAIMS.	RESPECT TO WHICH TO ALL THE TER	CHILINIS CERTIFICATE MAY	r B⊫ i	220FD OK
INSR	NSRL TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MIN/ADD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	-	
	GENERALLIABILITY	ZDP5841319 07	09/10/2004	09/10/2005	EACH OCCURRENCE	\$	500,000
	X COMMERCIAL GENERALLIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS MADE X OCCUR		1	]	MED EXP (Any one person)	\$	5,000
Α	<b>B-8</b>			J	PERSONAL & ADV INJURY	\$	500,000
					GENERAL AGGREGATE	\$	1,000,000
	GENLAGGREGATE LIMIT APPLIES PER POLICY PRO-				PROBUETS - COMP/OP AGG	<del>  \$</del>	1,000,000
	AUTOMOBILE LIABILITY  X ANY AUTO	ADP5841318 06	09/10/2004	09/10/2005	COMBINED SINGLE LIMIT (Ea accident)		500,000
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY NJURY (Perperson)	\$	
Α	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Peraccident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
_	GARAGELIABILITY	UHP5841321-07	09/10/2004	09/10/2005	AUTO ONLY - EA ACCIDENT	<b>, \$</b>	
В	ANY AUTO				ALITO ONLY:	ا	
	-				AGG	<u>\$</u>	
	OCCUR CLAIMS MADE			1	EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
	<u> </u>					\$	
	DEDUCTIBLE					\$	
	RETENTION \$	WHP5841322 07		02 (10 /2006	TWC STATU- IOTH	\$	
	VIORKERS COMPENSATION AND EMPLOYERS'LIABILITY	MUL 3041377 OL	V,,	02/10/2006	TORYLIMITS <u>ER</u>		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
	If yes, describe under				E.L. DISEASE - EA EMPLOYES		
	SPECIAL PROVISIONS below OTHER	<u> </u>			E.L. DISEASE - POLICY LIMIT	•	
		;		ļ			
Œ!	PTION OF OPERATIONS / LOCATIONS / VEHICLES	/EXCLUSIONS AWED BY ENDORSEMI	ENT / SPECIAL PROV	ONS			-
CEF	TIFICATE HOLDER		CANCELLAT	ION			
			SHOULD ANY	OFTHE ABOVE DESCR	RIBED POLICIES BE CANCELLE	D BEF	ORETHE
			EXPIRATION (	ATE THEREOF, THE IS	SSUING INSURER WILL ENDEAY	VOR TO	D MAIL
				WRITTEN NOTICE TO	THE CERTIFICATE HOLDER NA	WIED 1	OTHE LEFT,
			BUT FAILURE	TO MUSUCH NOTICE	E SHALL IMPOSE NO OBLIGATI	ON OF	LLIABILITY
	6.33				TS AGENTS OR REPRESENTAT	NES.	
	VIIe2		AUTHORED BED				

Maryann Griffin

ACORD 25 (2001108)



P.O. 80x 207
Westbrook, ME 04098
{207) 856-2600 \* FAX: (207) 856-7600
1-800-949-9037
signdesi@maine.rr.com
A Full Service Sign Company

RE:

To Whom It May Concern:

As the owner (crowner representative) of the property located at:

40 Mans Ilic

I authorize Sign Design Inc. to install signs/sign face replacements as detailed on attached paperwork.

Signature

Print Name

