

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that RAYMOND PECOR JR

Located At 867 RIVERSIDE ST

Job ID: 2011-11-2775-SIGN

CBL: 326-B-002-001

has permission to install new 70 sf pylon sign replacing old one
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

N/A

11/29/11

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-11-2775-SIGN

Located At: 867 RIVERSIDE ST

CBL: 326- B-002-001

Conditions of Approval:

Building

1. Signage Installation to comply with Chapters 31 & 32 of the IBC 2009 building code.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-11-2775-SIGN	Date Applied: 11/15/2011	CBL: 326-B-002-001	
Location of Construction: 867 RIVERSIDE ST	Owner Name: RAYMOND PECOR JR & JAN ROSENTHAL TRUSTEE	Owner Address: 17 MOUNTAIN VIEW DR COLCHESTER, VT 05446	Phone: 802-655-3492
Business Name:	Contractor Name: Sign Design, Inc, Roger	Contractor Address: 207 P.O. Box WESTBROOK ME 04098	Phone: (207) -856-2600
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: I-M
Past Use: Bowling Alley	Proposed Use: Same - Bowling Alley - replace existing pylon sign with new 70 sf pylon sign	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: Signature: ARU
Proposed Project Description: install new 70 sf pylon sign replacing old one		Pedestrian Activities District (P.A.D.) 11/29/11	

Permit Taken By:	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: DK # 11/29/11 ARU	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in Dist 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: ARU

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

J-M

2011-112775

J-M



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>867 Riverside St.</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>326</u> Block# <u>B</u> Lot# <u>2</u>	Owner: <u>Bowl New England, Inc.</u> <u>Tim Corley</u>	Telephone: <u>(800) 343-655-3492</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>SIGN DESIGN, INC.</u> <u>P.O. Box 207</u> <u>WESTBROOK, ME 04098</u>	Total s.f. of signage \leq \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____

Who should we contact when the permit is ready: DIANA/ROGER phone: 856-2600

Tenant/allocated building space frontage (feet): Length: 190 Height: 20'
 Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot Sign

Current Specific use: bowling alley & restaurant
 If vacant, what was prior use: N/A
 Proposed Use: _____

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes No _____ Dimensions proposed: 10" x 91" Height from grade: 13'
 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: 5x8'
 Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions: 2x3'
 Awning? Yes _____ No _____ Sq. ft. area of awning w/communication: 69.51 SF

69.51 x 2 + 30 = 169

RECEIVED
NOV 15 2011
Dept. of Building Inspections
City of Portland, Maine

1182.11

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.

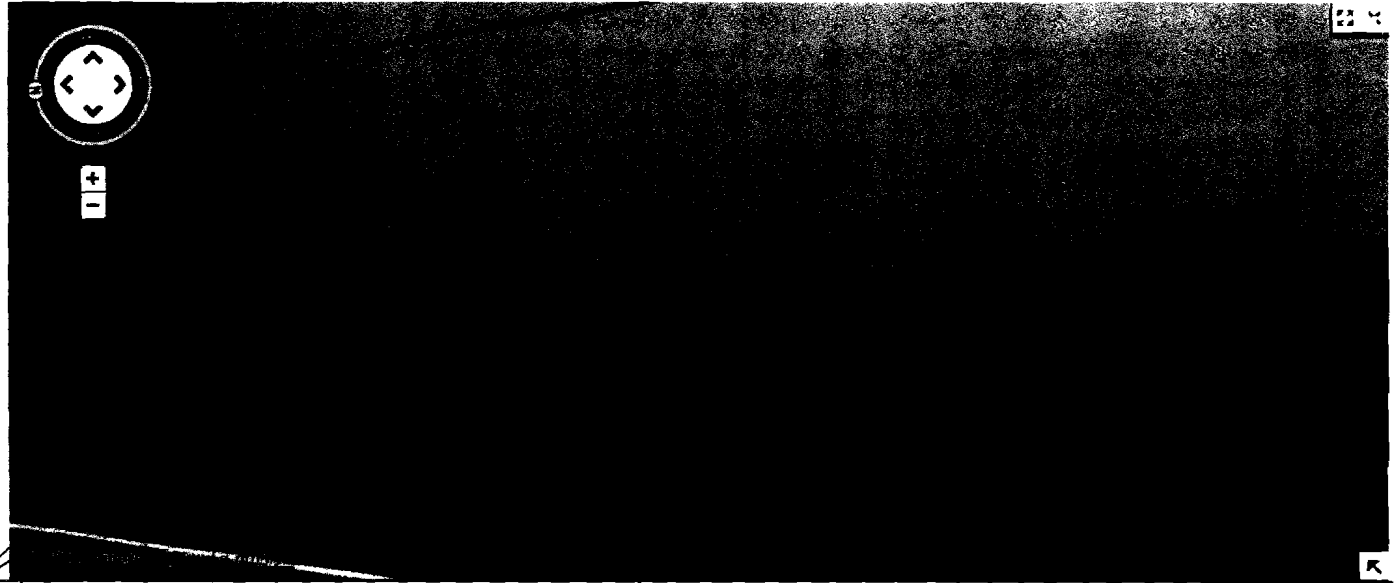
Signature of applicant: <u>Diana Olmstead</u>	Date: <u>11/10/11</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

IM - multi-tenant. 700 max sf was 86' - new 700
15' max height 11.5 - 14.4' (OT)
5' setback - existing sign



To see all the details that are visible on the screen, use the "Print" link next to the map.



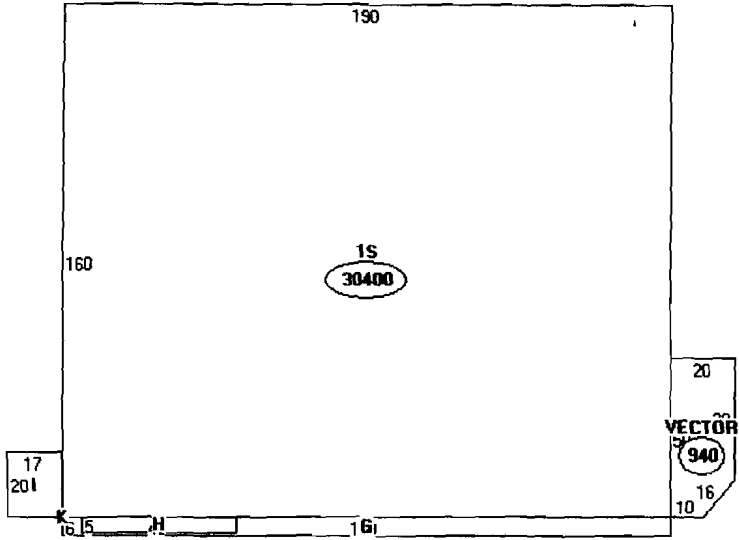
Riverside
Bldg Frontage 190

sign being replaced

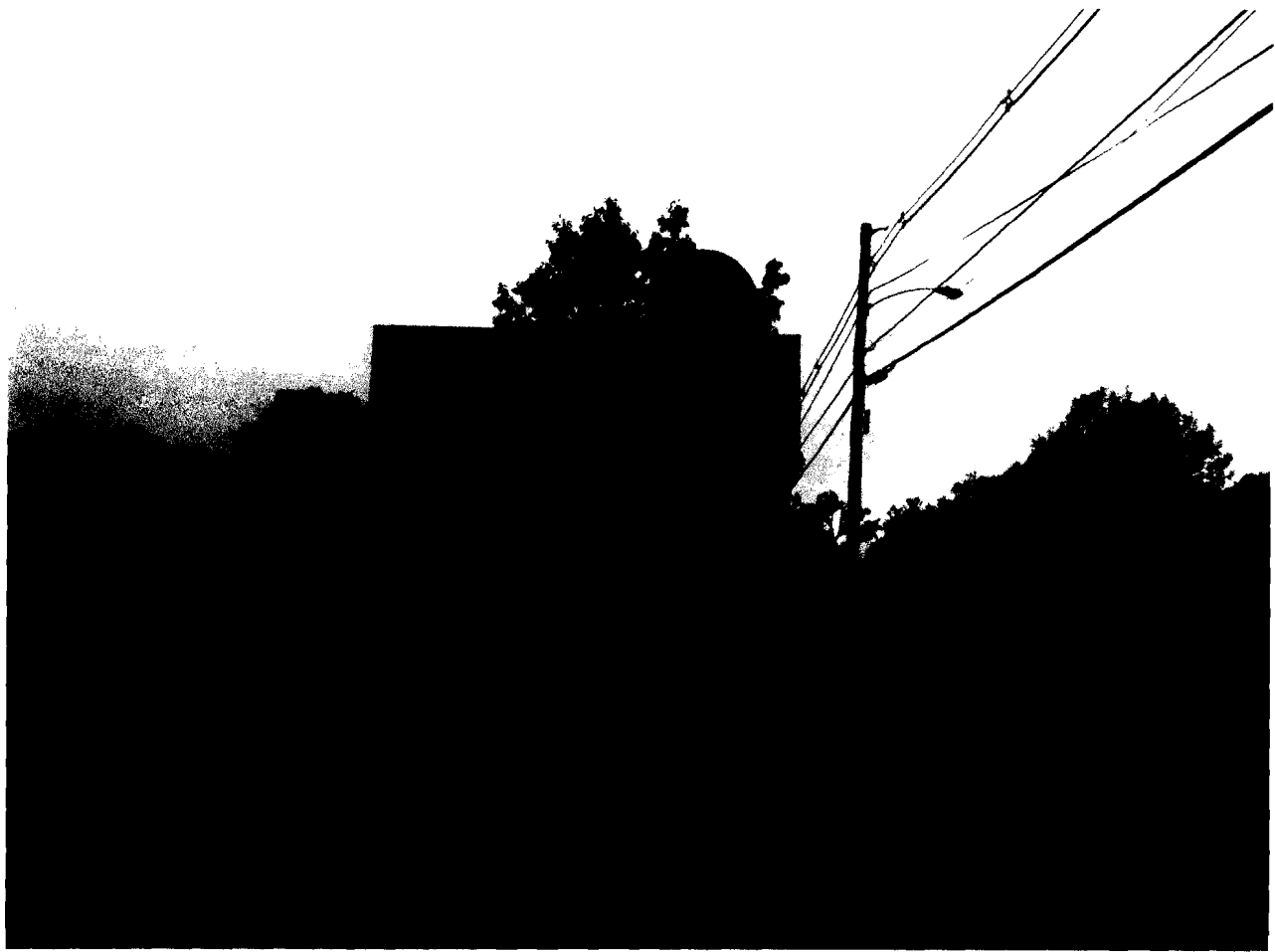
SF of existing
86

3x2 6
4x10 40
5x8 40
86 SF

11/1/2011



- Descriptor/Area**
- A: 083
30400 sqft
 - B: UTILITY BLDG-BRK/STN
940 sqft
 - C: UTILITY BLDG-BRK/STN
320 sqft
 - D: CANOPY ONLY
1140 sqft
 - E: UTILITY BLDG-BRK/STN
240 sqft
 - F: 1S
30400 sqft
 - G: CANOPY
1140 sqft
 - H: VECTOR
240 sqft
 - I: VECTOR
340 sqft
 - J: VECTOR
940 sqft
 - K: PA1
50000 sqft



GALACTIC BOWLING
FRI & SAT NIGHTS
CALL AND RESERVE
YOUR LANE TODAY

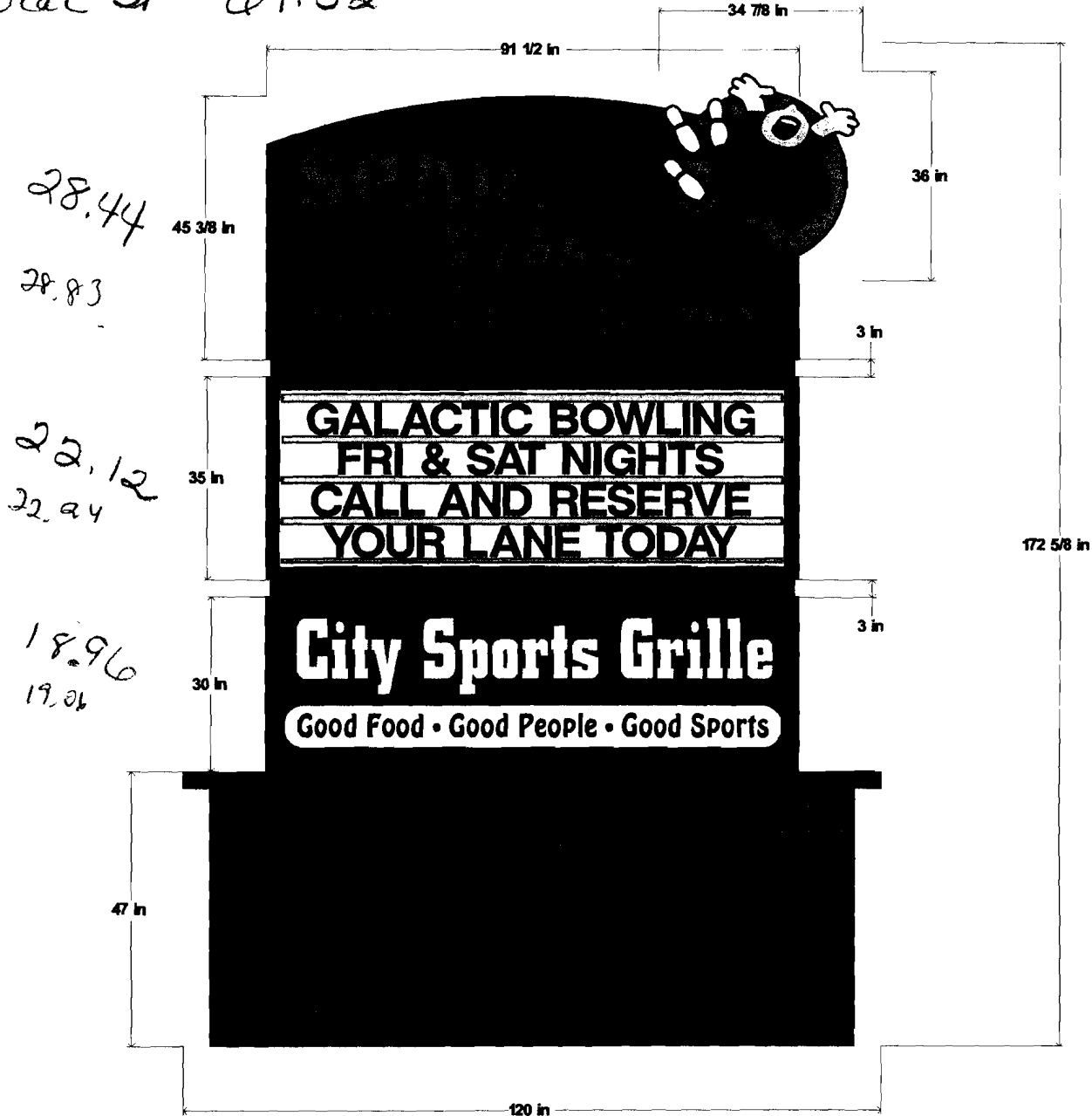
City Sports Grille
Good Food • Good People • Good Sports

This Design Is Provided By
Sign Design Inc.

306 Warren Ave. Portland, ME
 Phone: 207.856.2600 Fax: 207.856.7600
 signdesi@maine.rr.com

Double Sided, Interior Illuminated Sign Cabinet, Lexan Faces With Vinyl Graphic And 4 Line 6" Text Readerboard

Total SF 69.52 SF



This proof may reflect color shifts due to the color conversion from ink to paint and or vinyl. Also, PMS colors will be approximated to the best of our ability.

Customer supplied artwork files (300 dpi required) will be used as is, and Sign Design Inc. is not responsible for any faults in the design.

Any black outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, retainers, faces and reveals. Unless otherwise specified, they are not considered as part of the sign graphics.

Customer approval is a signed confirmation that dimensions, colors, spelling, graphics and all other job specifics are correct.

Sign Design Inc. is not responsible for errors occurring due to improper review of this submitted proof.

Client: Bowl New England Rev. 1

File: spare time

Date: 11.8.11

Approval:

Design By: E.F.C. Comp. 2



Sign Contractors

P.O. Box 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 (or owner representative) of the property located at:

867 Riverside St
Portland ME 04103

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

[Signature] 11.7.11
Signature Date

TIM CORLEY
Print Name



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/2/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER Winooski Insurance Agency 476 Main Street P.O. Box 185 Winooski VT 05404		CONTACT NAME: Connie S. Reed PHONE (A/C, No, Ext): (802) 655-9000 FAX (A/C, No): (802) 655-5321 E-MAIL ADDRESS: connier@winooskiinsurance.com PRODUCER CUSTOMER ID #: 00011587	
INSURED Bowl New England, Inc & 506 Hercules Drive Colchester VT 05446		INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Company INSURER B: PMC Insurance Agency INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 31325

COVERAGES

CERTIFICATE NUMBER: CL1011204055

REVISION NUMBER:


THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CPA0352062-12	7/8/2011	7/8/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						Liquor Liability \$ 1,000,000
A	AUTOMOBILE LIABILITY			CAA0352065-12	7/8/2011	7/8/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						Uninsured motorist combined \$ 1,000,000
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						Medical payments \$ 5,000
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC009777211	7/8/2011	7/8/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ 100,000
							E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Automobile Physical Damage			CAA0352065-12	7/8/2011	7/8/2012	Comprehensive Deductible \$500
							Collision Deductible \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

"Bowling Centers"
 RE: Sign Installation
 City of Portland, Me is listed as an additional insured

CERTIFICATE HOLDER**CANCELLATION**

City of Portland 389 Congress Street Portland, ME 04112	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Connie Reed/CSR 
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ACORD 25 (2009/09)
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