

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND BUILDING PERMIT

This is to certify that GABRIEL J ZAPPIA

Located At 1844 FOREST AVE

Job ID: 2012-02-3249-SIGN

CBL: 327- B-004-001

has permission to install a 96" x 97.75" pylon sign  
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.

N/A

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

*[Signature]* 2/10/12

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

## BUILDING PERMIT INSPECTION PROCEDURES

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

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

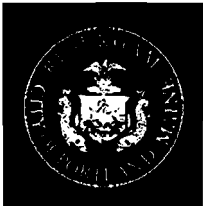
With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

### Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2012-02-3249-SIGN

Located At: 1844 FOREST AVE

CBL: 327- B-004-001

## **Conditions of Approval:**

### **Zoning**

1. With the issuance of permit #2011-06-1396 and the certificate of occupancy, this property shall remain as a karate Studio in the basement and first floor and the second floor vacant. Any change of use shall require a separate permit application for review and approval.
2. The sign must be located a minimum of five feet from any property line.

### **Building**

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) 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: 2012-02-3249-SIGN	Date Applied: 2/9/2012	CBL: 327- B-004-001	
Location of Construction: 1844 FOREST AVE	Owner Name: GABRIEL J ZAPPIA	Owner Address: 18 COTTAGE LN CAPE ELIZABETH, ME 04107	Phone: 207-615-1399
Business Name:	Contractor Name: Burr Signs	Contractor Address: 50 DOWNEAST DR YARMOUTH ME 04096	Phone: (207) 846-7622
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-2
Past Use: Basement & 1 <sup>st</sup> floor Karate Studio, 2 <sup>nd</sup> floor vacant (Permit #2011-06-1396)	Proposed Use: Same - Basement & 1 <sup>st</sup> floor Karate Studio, 2 <sup>nd</sup> floor vacant - install <del>8'x8'</del> pylon sign 96" x 97.75"	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: Sign Signature: APM 2/10/12
Proposed Project Description: 64 sq ft freestanding sign		Pedestrian Activities District (P.A.D.)	
Permit Taken By:	<b>Zoning Approval</b>		

- 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 informatin may invalidate a building permit and stop all work.

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<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: 02/10/12	<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:	<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: APM

**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



# Signage/Awning Permit Application

# 2012 02 3249 66  
39  
Mar 1

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>1844 FOREST AVE</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>327    3004001</u>	Owner: <u>GABRIEL ZAPPIA</u>	Telephone: <u>615-1399</u>
Lessee/Buyer's Name (If Applicable) <u>CLASSIC SHOTOKAN KARATE (GABRIEL ZAPPIA)</u>	Contractor name, address & telephone: <u>BURR SIGNS 50 DOWNEAST DR YARMOUTH, ME 04096</u>	Total s.f. of signage x \$2.00 <u>11.0</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: <u>\$158.00</u> Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>RAUDY BURR</u> phone: <u>946-7622</u>		
Tenant/allocated building space frontage (feet): Length: <u>0</u> Height: <u>25</u> Lot Frontage (feet) <u>700 200</u> Single Tenant or Multi Tenant Lot <u>11 - single tenant at this time</u>		
Current Specific use: <u>NONE</u> If vacant, what was prior use: <u>MEETING HALL</u> Proposed Use: <u>STUDIO <del>FRONT</del> <del>WORK</del> studio permit # 2011-06-1376</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>8'x8'</u> Height from grade: <u>18'</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: _____		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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.		

RECEIVED  
FEB 09 2012

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:

Date:

02-03-2012

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

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 1844 FOREST AVE ZONE: \_\_\_\_\_

CBL: 327 B004001

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

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES  NO \_\_\_\_\_ DIMENSIONS PROPOSED: 8' x 8'  
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: \_\_\_\_\_  
BLDG. WALL SIGN(attached to bldg) ? YES \_\_\_\_\_ NO  DIMENSIONS: \_\_\_\_\_  
AWNING? YES \_\_\_\_\_ NO  DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): 100 200  
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 60

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: [Signature] DATE: 02-03-2012

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

B-2 single tenant

street frontage ≥ 200'

max area - 100 φ

max - 18'

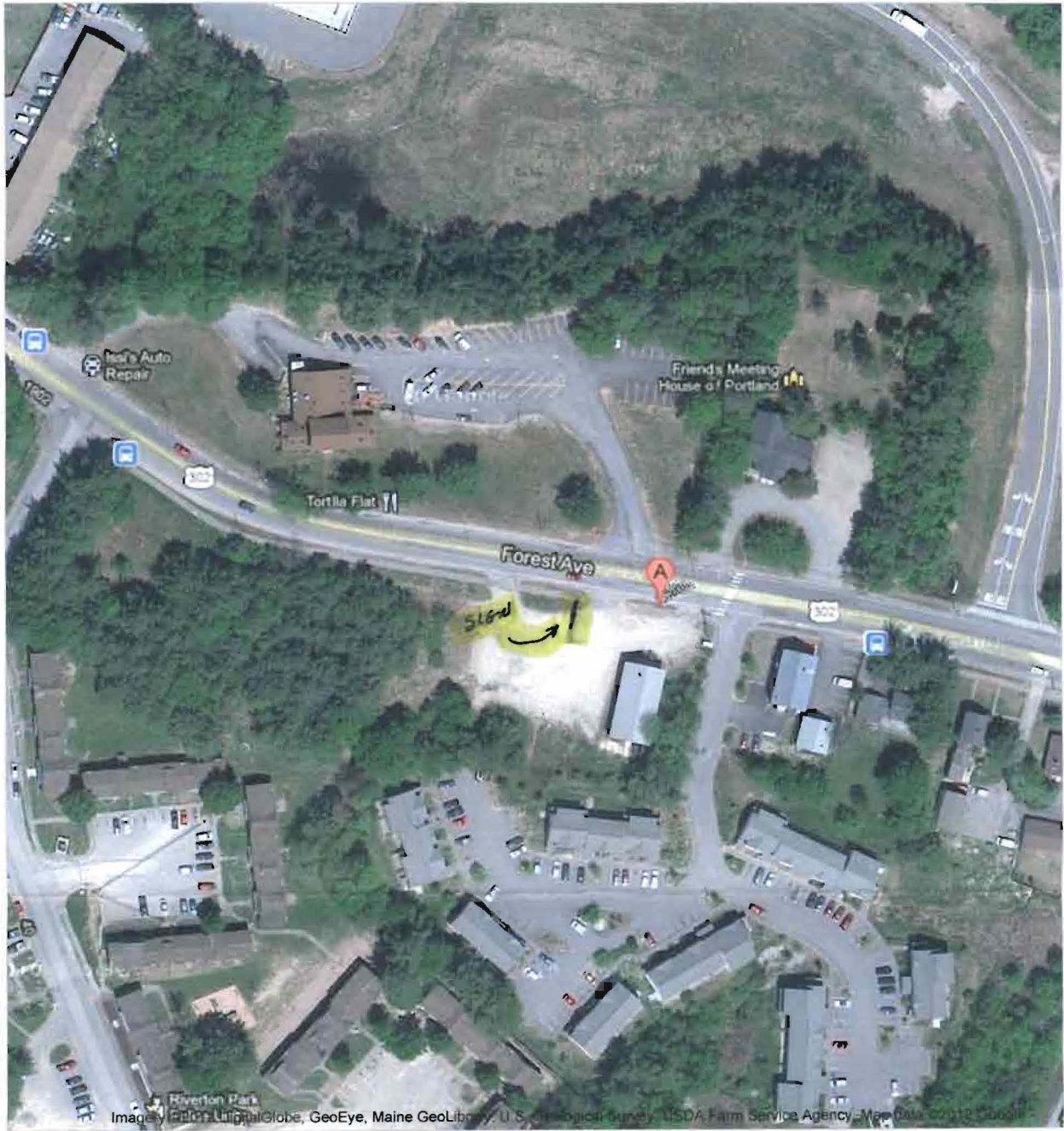
set back 5'

65 φ proposed (65)

18' proposed

We're changing our privacy policy and terms. This stuff matters. [Learn more](#) [Dismiss](#)

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





GABRIEL ZAPPIA - Karate Pylon

Scale: 1" = 50"

Square Footage: 64

See sign plan received 2/10/12



Classic Shotokan  
**Karate Dojo**  
ClassicShotokan.com  
 (207) 774-KATA (5282)  
 • First Month Free • No Fees to Test  
 • No Contract • Train Every Day  
 Kids Mon-Fri @ 5:30  
 Beginners Sun-Th @ 6:30  
 Advanced Sun-Th @ 7:30  
**Tenant 2 Tenant 3**



150 Downeast Drive  
 Yarmouth, ME 04096  
 Phone: 207-846-7622  
 Fax: 207-846-7623

CLIENT	
ADDRESS	1844 Forest Ave Portland ME
CONTACT:	Gabriel Zappia 615-1399

DRAWING NAME	DATE
Pylon.FS	2/2/2012
SALES PERSON	DESIGNER
Kristl Brill	Kristl
CLIENT SIGNATURE & APPROVAL DATE	
	LL

REVISION HISTORY	
DATE	REVISION HISTORY

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THIS PRINT HAS BEEN DESIGNED FOR YOUR PERSONAL USE. IT MAY NOT BE SUBMITTED, USED OR EXHIBITED OUTSIDE OF YOUR COMPANY OR ORGANIZATION WITHOUT THE EXPRESSED WRITTEN PERMISSION OF BURR SIGNS.





PRODUCER **207.774.2617** FAX **207.774.2869**  
**United Insurance**  
**Haley Agency**  
**21 1/2 Eastern Promenade**  
**Portland, ME 04101**

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 **Zappia, Gabriel**  
**18 Cottage Lane**  
**Cape Elizabeth, ME 04107**

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	<b>Acadia Insurance Company</b>	<b>31325</b>
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	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
<b>A</b>		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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.	<b>CLA0350336-10</b>	<b>12/23/2011</b>	<b>12/23/2012</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>125,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>1,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</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 DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		<b>OTHER</b>				<b>RECEIVED</b>

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

**CITY OF PORTLAND HAS BEEN LISTED AS ADDITIONAL INSURED.**

FEB - 6 2012

Dept. of Building Inspections  
 City of Portland Maine

**CERTIFICATE HOLDER**

**CANCELLATION**

**City of Portland**  
**389 Congress Street**  
**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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**LIZA LIBBY**

## **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**

This Certificate of Insurance 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.



# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

Feb. 9 2012

Received from Bancroft

Location of Work 1714 Franklin St.

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: \_\_\_\_\_

Building (IL)  Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: 397 B 004001

Check #: 11561 Total Collected \$ 157.00

**No work is to be started until permit issued.  
Please keep original receipt for your records.**

Taken by: Heyle

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy

Permit # 2012-02-3999