

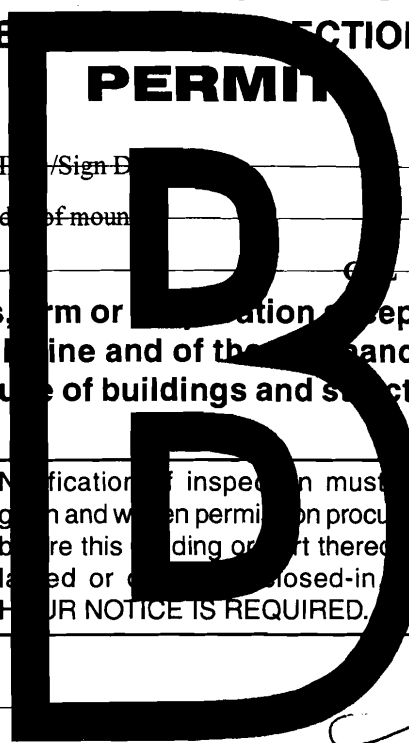
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 080011



This is to certify that AMATO'S ENTERPRISES INC / Sign D

has permission to Install new sign with standard of mount

AT 1379 WASHINGTON AVE 401 A001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 loaded or closed-in. 24 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] 1/7/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

JAN - 7 2008

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-0011	Issue Date:	CBL: 401 A001001
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Location of Construction: 1379 WASHINGTON AVE	Owner Name: AMATO'S ENTERPRISES INC	Owner Address: 312 ST JOHN ST 2ND FL	Phone: 828-5981 115
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone: 2078562600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial Store-Amato's	Proposed Use: Commercial Store-Amato's - with new roof mounted sign	Permit Fee: \$62.00	Cost of Work: \$0.00	CEO District: 4
Proposed Project Description: Install new sign with standard roof mount		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>	
		Signature: _____ Signature: _____		
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: lmd	Date Applied For: 12/28/2007	Zoning Approval		
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- 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 information may invalidate a building permit and stop all work..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied <i>AM</i>
Date: <i>ok</i> 1/4/07 <i>AM</i>	Date: _____	Date: _____

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

3-31-09

Sign not installed SMH

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-0011	Date Applied For: 12/28/2007	CBL: 401 A001001
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Location of Construction: 1379 WASHINGTON AVE	Owner Name: AMATO'S ENTERPRISES INC	Owner Address: 312 ST JOHN ST 2ND FL	Phone: 828-5981 115
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone (207) 856-2600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial Store-Amato's - with new building sign sign	Proposed Project Description: Install new sign with standard roof mount (but part of facade of wall)
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Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 01/04/2008
Note: Area where sign is going is not part of roof. Part of the facade. **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 01/07/2008
Note: **Ok to Issue:**
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.



Signage/Awning Permit Application

Notice: The City of Portland levies real estate or personal property taxes or user charges on any property within its City. Payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 1379 Washington Ave. Portland, ME

Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>401</u> <u>A</u> <u>001</u>	Owner: <u>Amato's</u> <u>312 St John St.</u> <u>Portland, ME 04102</u>	Telephone: <u>825-5981</u> <u>Patsy Troiano</u>
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Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>Sign Design, Inc.</u> <u>P.O. Box 200</u> <u>Westbrook, ME 04092</u> <u>856-2600</u>	Total s.f. of signage \times \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: \$ _____ Awning Fee = cost of work _____ Total Fee: \$ _____
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Who should we contact when the permit is ready: Diana/Roger phone: 856-2600

Tenant/allocated building space frontage (feet): Length: 60' Height: 48"
Lot Frontage (feet): 60' Single Tenant or Multi Tenant Lot Single

Current Specific use: _____
If vacant, what was prior use: _____
Proposed Use: _____

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: _____
 Bldg. wall sign? (attached to bldg) Yes No ___ Dimensions proposed: 2' x 3' illuminated sign cabinet - bolted to wall
 Proposed awning? Yes ___ No ___ Is awning backlit? Yes ___ No ___ 3.5' x 8' See drawing
 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. 462 sq ft

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.

DEC 28 2007

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: Diana M. Olmstead Date: 12/7/07

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

Wall sign.
60 x 2 = 120 sq ft
1 perforated awning plus 1

Ok

proposed sign 3.5 x 8 = 28 sq ft
existing amato's 30" x 170" = 510 sq ft
total = 538 sq ft

28 sq ft

Existing sign 1

Type: pylon monument building mount door glass window glass

Height _____ Width _____ Depth _____ grade to top _____

**All dimensions must be H x W x D (when applicable)*

Illuminated non-illuminated Single face Double face *Face material _____

PMS Colors _____

V/O _____ O/S _____ Radius Corners _____

Retainers _____ H dividers _____

Mounting devices _____

Building structure: wood Concrete metal other

Electrical: 120V 240V Other

SITE INFO

Power lines other obstacles _____

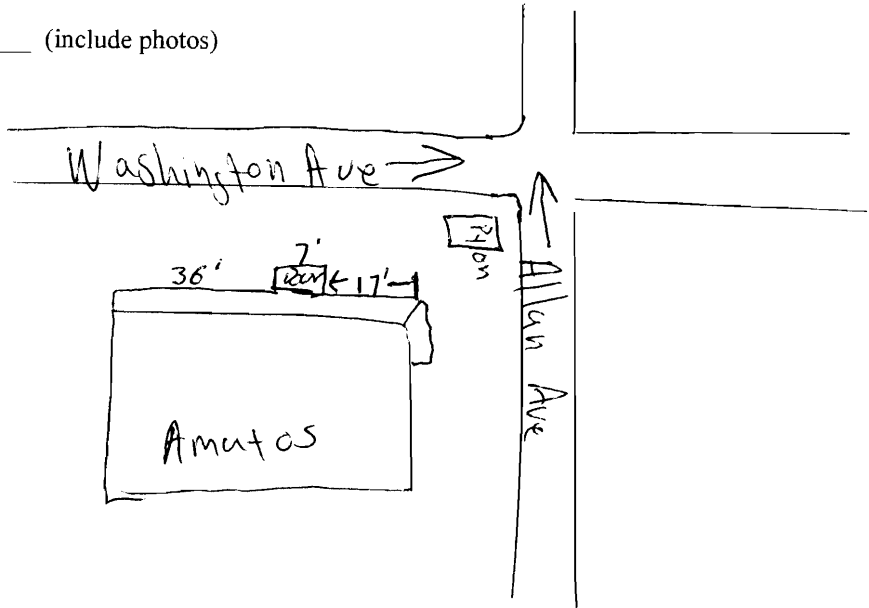
Intersecting roads: Washington Ave + Allan Ave

Building measurements: Grade to roof: 9'- Total width 60' Elevation _____

Sign Band 48' X 60' Other Tenants _____ (include photos)

Allan Ave 48' X 30'

Lot lines/Set back info:



Date: 12-18-07
 Customer: Amatos
 Location: Washington Ave
 Surveyed By: (Signature)

(All Dimensions To Be, Height x Width x Depth/When Applicable)

From: "Sign Design" <signdesi@maine.rr.com>
To: <amachado@portlandmaine.gov>
Date: 1/4/2008 8:22:40 AM
Subject: Meineke and Amato's

Good morning, Ann!

Meineke-1155 Forest Ave: The top portion of the sign is 6'H x 12' long. The sign is 21' from the top to grade.

Amato's-1379 Washington Ave: the existing set of channel letters are 30" h x 170" long.

Thanks for all of your help! Let me know if you need anything else.

Diana

Sign Design, Inc.
P.o. Box 207
Westbrook, ME 04098
207-856-2600
207-856-7600 (fax)
www.signsinmaine.com

JAN 4 2008

New sign.

1379 Washington Ave
Facade measurements

48" H x 60" L

30" x 170"



12-11-07

This Design Is The Property Of

Sign Design Inc.

306 Warren Ave. Portland, ME

Phone: 207-856-2600 Fax: 207-856-7600

Approved sign manufacturer for Southern Maine Coca-Cola.

8'
96"

10" Amatos & Coke Logos W/ Appx. 4" Text



2 Line, 8" Text
Readerboard
(Existing Letters)

Black, Single Sided, Interior Illuminated, Building Mounted Sign Cabinet.
Lexan Face W/ Vinyl Graphics In 230 Red, 230 Yellow, 230 Green & 220 Black

The following is the responsibility of the Coca-Cola customer: sign permits, landlord approval & primary electrical hook ups.

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.

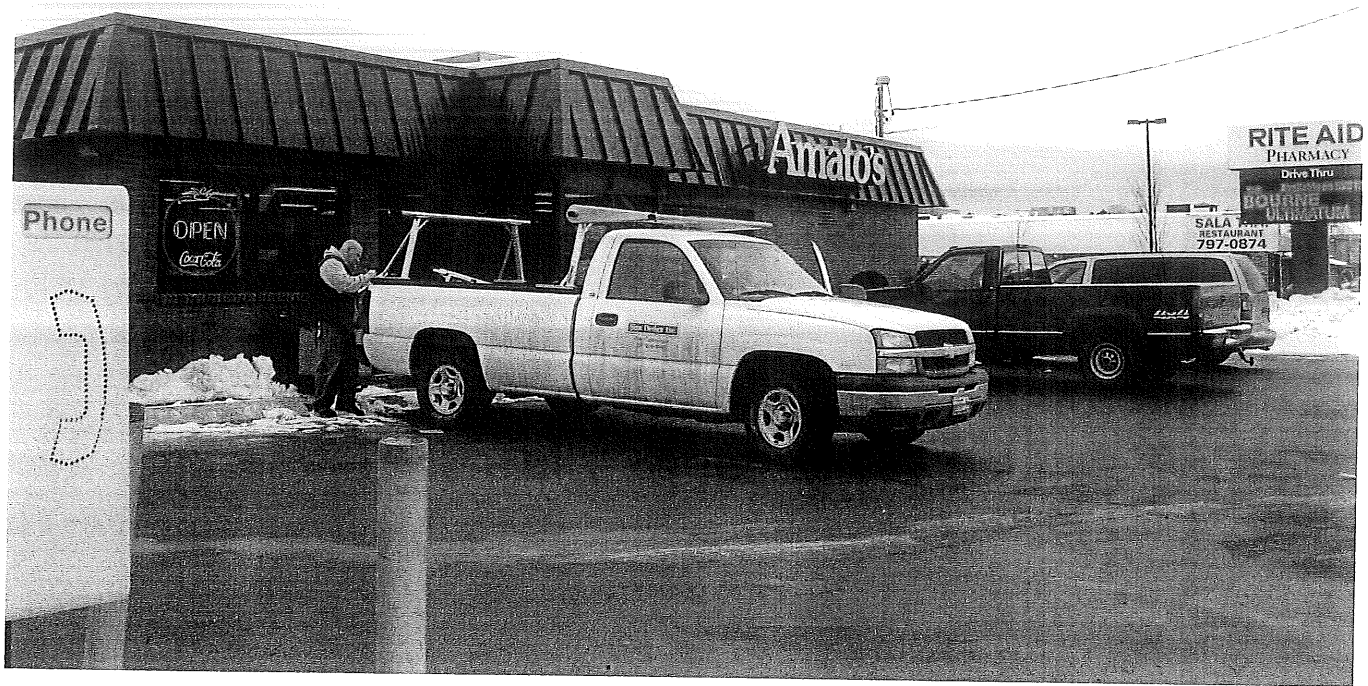
Client: Amatos

File: amatos/washington ave. comp. 1

Date: 11-27-07

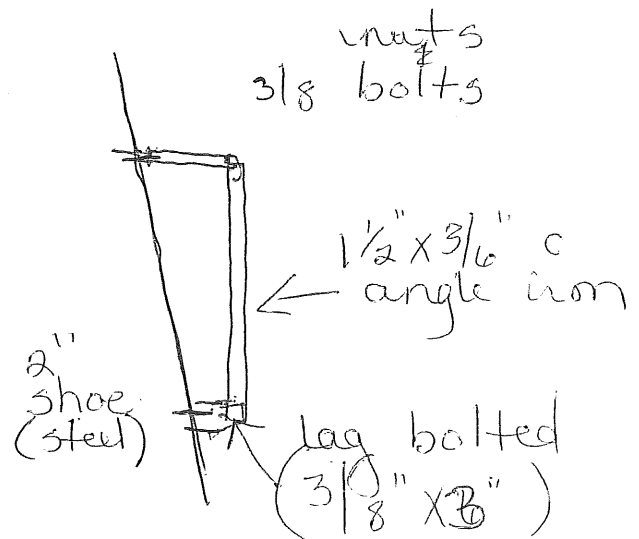
Approval:

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



~~one~~

standard roof mount



ACORD CERTIFICATE OF LIABILITY INSURANCE

12/06/07

PRODUCER Cross Insurance -CL/Bnds-P P. O. Box 567 Portland, ME 04112 800 286-5352	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 Amato's Sandwich Shop Inc 312 St. John Street Portland, ME 04101	INSURER A: Acadia Insurance Company	31325
	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 LTR	ADDL INSR	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"/> 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	CPA004301519	07/01/07	07/01/08	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ex. occ. / non-occ.) \$250,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CAA004301320	07/01/07	07/01/08	COMBINED SINGLE LIMIT (Ex. accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		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 <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	CJA004301019	07/01/07	07/01/08	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

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

*10 days notice for nonpayment of premium.

Re: Sign at 1379 Washington Ave.

(See Attached Descriptions)

CERTIFICATE HOLDER

City of Portland
 365 Congress St.
 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 30 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

Anna A. Cote