

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-1743
 Issuance Date: [Stamp]
 CBL: 344 E040001

Location of Construction: 320 Allen Ave	Owner Name: New Kendall Properties	Owner Address: 318 Allen Ave	Phone: [Stamp]
Business Name:	Contractor Name: Jeff Gray	Contractor Address: 8 Front Street Brunswick	Phone: 2075198268
Lessee/Buyer's Name:	Phone:	Permit Type: Signs - Permanent	Zone: B-7

Permit Fee: \$286.00 Cost of Works: \$286.00 CEO District: 5

FIRE DEPT: Approved Denied INSPECTION: Use Group: [Stamp] Type: [Stamp]

Signature: [Stamp] Signature: [Stamp]

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: dmartin Date Applied For: 11/23/2004

Zoning Approval

Special Zone or Reviews <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"/> Date: 11/24/04	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	Historic Preservation <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
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- Proposed Project Description:**
 4 replacement signs to existing pole sign frame and 2 new building signs to side of bldg.
- 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..

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 _____

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

BUILDING INSPECTION PERMIT

Permit Number **04174553**
NOV 29 2004
CITY OF PORTLAND

This is to certify that New Kendall Properties/Jeff
has permission to 4 replacement signs to existing
AT 320 Allen Ave

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 inspection must be given and work in permit must be completed before this building or structure is occupied or closed-in. **YOUR 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

William J. Taylor
Director - Building Inspection Services

PENALTY FOR REMOVING THIS CARD

Signage/Awning Permit Application

If you or the property owner owns 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>318 Allen Ave. Portland</u>		Square Footage of Lot	
Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>344</u> Block# <u>E</u> Lot# <u>40</u>	Owner: <u>Bob Esposito</u>	Telephone: <u>653-9531</u>	
Lessee/Buyer's Name (if Applicable) <u>Bob Esposito</u> <u>Mike Diphillippo</u>	Applicant name, address & telephone: <u>Jeff Gray</u> <u>8 Front St.</u> <u>Brunswick, Me. 04111</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>256.00</u> Awning Fee = Cost Of Work: \$ <u>286.00</u> Total Fee: \$ <u>542.00</u>	

Current use: _____

If the location is currently vacant, what was prior use: Restaurant - (former burger kind)

Approximately how long has it been vacant: 6+ months

Proposed use: Restaurant

Project description: Espo's Trattoria

Contractor's name, address & telephone: Jeff Gray 8 Front st, Brunswick, Me.
319-8268

Whom should we contact when the permit is ready: ~~Bob Esposito~~
Mike Diphillippo 615-3802

Mailing address: _____

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. A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: _____

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 Officials 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: 11-23-04

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: 318 Allen Ave. Portland ZONE: B2

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: 51' x 27' Height: 11'

INFORMATION ON PROPOSED SIGN(S):
FREESTANDING (e.g., pole) SIGN? YES NO ATTACHED TO BLDG 26.64'
BLDG. WALL SIGN? (attached to bldg) YES NO DIMENSIONS PROPOSED: 4'x40", 4'x40"

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS: Same as existing 8'x8', 8'x3 1/2', 8'x20"
BLDG. WALL SIGN(attached to bldg)? YES NO DIMENSIONS: Existing Frames - Replacement Panels.
AWNING? YES _____ NO _____ DIMENSIONS: _____
LOT FRONTAGE (FEET): 183'

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: 11-23-04

FOR OFFICE USE ONLY

64 sq 24 sq. 16 sq. 24 sq. 128 sq ft.

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Business Name:	Contractor Name: Jeff Gray	Contractor Address: 8 Front Street Brunswick	Phone: (207) 319-8268
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use:
Commercial 4 replacement signs and 2 new building signs

Proposed Project Description:
4 replacement signs to existing pole sign frame and 2 new building signs to side of bldg.

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 11/24/2004

Note: 11/23/04 called Jeff Gray to ask him to explain his very poor drawing to me - no insurance attached - no **Ok to Issue:**
information on how the signs are attached.
11/24/04 Jeff Gray stated that the two signs shown on the "plan" are attached to the bldg on the right & left side to the brick with "fasteners". They are not free standing signs

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 11/24/2004

Note: **Ok to Issue:**
1) Recover of existing

Curley Associates
1087 Main Street
Sanford, ME 04073
Phone - 207-324-8800
Fax - 207-324-8822

Facsimile Transmittal

To: Lani Dobson Fax: 874-8716

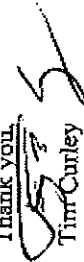
From: Tim Curley Date: 11/23/04

Re: Garielle, Inc. & Allen Ave Ext Pages: 2

CC:

Notes: Hi Lani,

Attached is a certificate of insurance for the above naming City of Portland as additional named insured. Please call me if you need further information.

Thank you,

Tim Curley

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID TO DATE (MM/DD/YYYY)
GABRI-1 11/23/04

PRODUCER

Curley Associates
1087 Main Street
Sanford ME 04073

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
Phone: 207-324-8800 Fax: 207-324-8822

INSURERS AFFORDING COVERAGE
NAIC #

INSURER A: San Group
INSURER B:
INSURER C:
INSURER D:
INSURER E:

Gabrielle Inc & Alien Ave Ext
DBA Espos Trattoria
DBA Espos Trattoria
1335 Congress Street
Portland ME 04102

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	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	TBD	11/23/04	11/23/05	EACH OCCURRENCE \$ 100000 DAMAGE TO RENTED PREMISES (EA OCCUR) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 20000000
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJ SECT LOC				
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ SOBILY INJURY (Per person) \$ SOBILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ \$ \$ \$ \$ \$ \$ \$ \$
A		Commercial Applic	TBD	11/23/04	11/23/05	
A		Property Section	TBD	11/23/04	11/23/05	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
RESTAURANT -- NO DANCE FLOOR *****Restaurant located at 318-320 Allen Ave Ext
Portland, Me 04102

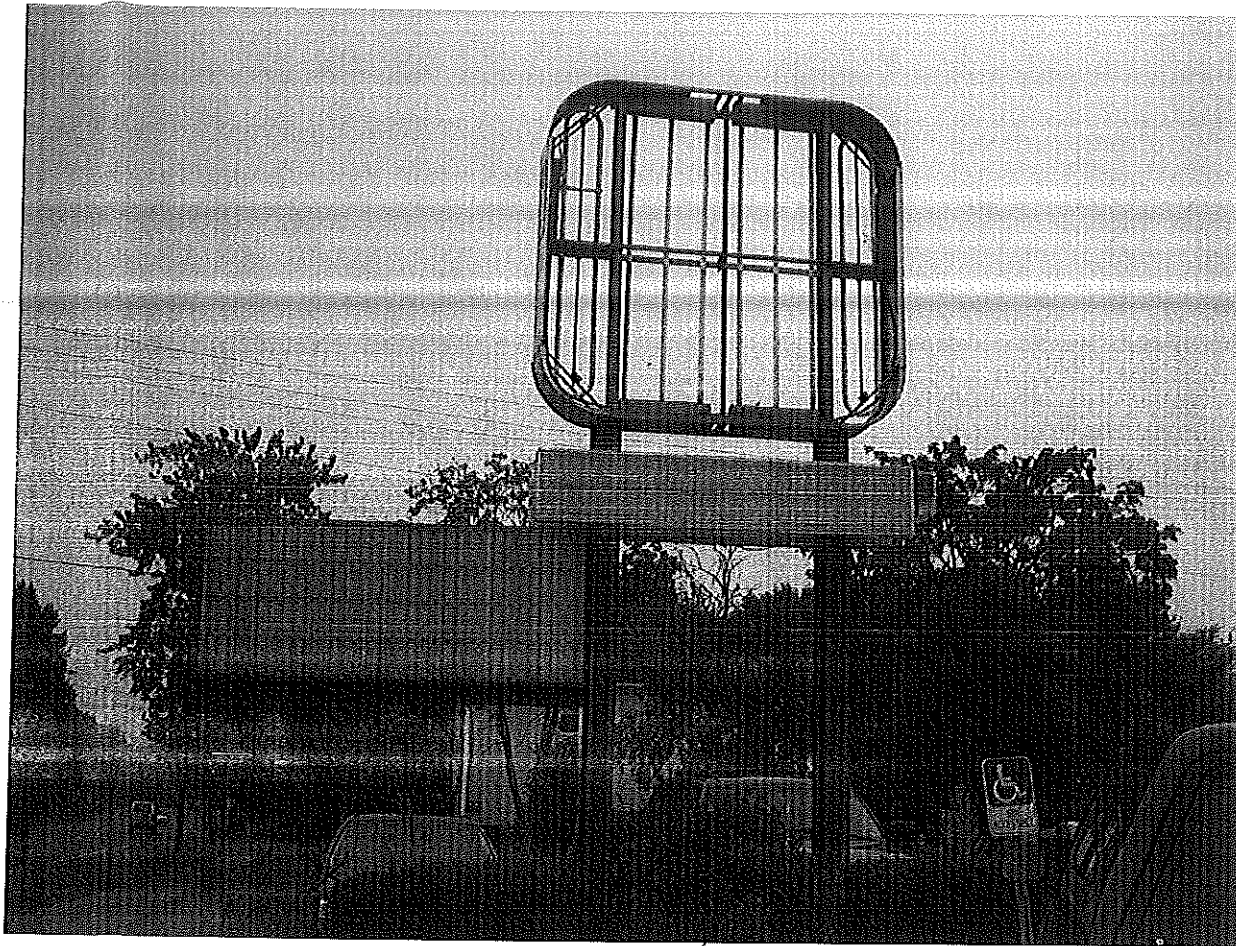
CERTIFICATE HOLDER

CITYTOPP
City of Portland
389 Congress Street
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 _____ 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
Timothy S. Carley



New 8' x 8' sign cabinet



8'

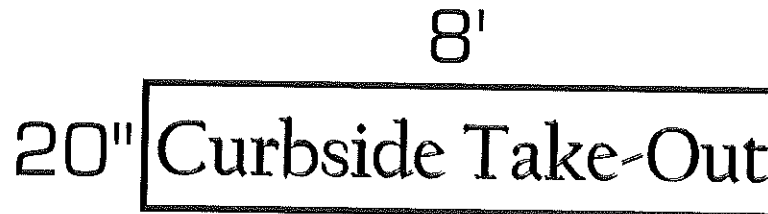
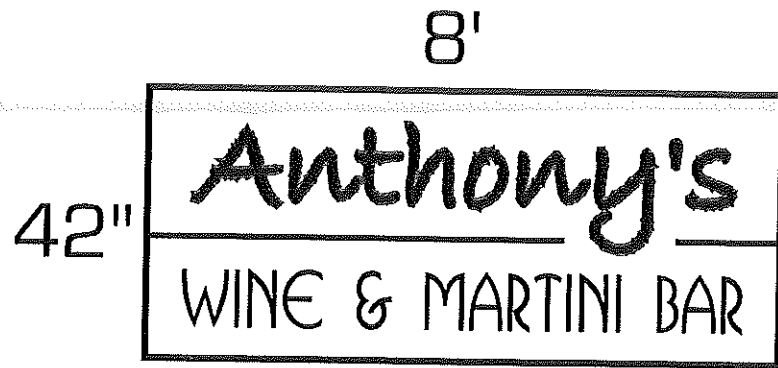
Esposito's
Trattoria

8'

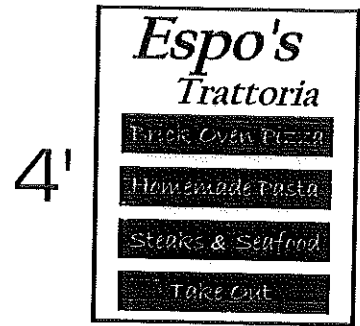
Fresh Dough Pizza
Homemade Pasta
Steaks & Seafood

Curbside Take-Out

Anthony's
WINE & MARTINI BAR



Sign A
3.33 40"



x2
Aluminum
plated MDO signs
w/ vinyl graphics
and matte black
aluminum panels

3/16" GE lexan sign faces w/ high performance vinyl

$$3.33' \times 4' = 13.32' \square$$