DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



TY OF PORTLAN BUILDING PERMI



This is to certify that

FOX STREET REALTY LLC /self

Located at

109 FOX ST

PERMIT ID: 2012-50562

CBL: 023 A008001

has permission to Install wall sign perpendicular to the building - 5' x 3'

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 clsoed-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 procured prior to occupancy.

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

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

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 (ONLY)

or email: 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.

REQUIRED INSPECTIONS:

Framing Only
Final - Commercial

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.

ordy of a drawing manner	or esertimit		201250562	11/07/0010					
389 Congress Street, 04101 To	el: (207) 874-8703, Fax: (207)	201250562	11/27/2012	023 A008001					
Location of Construction:	0	wner Address:	Phone:						
109 FOX ST	FOX STREET REALTY LI	LC 3	322 FORE ST THIRD FLOOR						
Business Name:	Contractor Name:	C	ontractor Address:		Phone				
Maine Craft Distillery	Portland								
Lessee/Buyer's Name	Phone:	Permit Type:							
Luke Davidson	2077982528		Signs - Permanent						
Proposed Use:		Proposed	Project Description:						
Same - Distillery		Install v	vall sign perpendic	ular to the building	3 - 5' x 3'				
Dept: Zoning Status Note:	: Approved	Reviewer:	Ann Machado	Approval D	Oate: 12/03/2012 Ok to Issue: ✓				
Dept: Building Status	: Approved w/Conditions	Reviewer:		Approval D					
	be installed per 2009 IBC Sec. 23				Ok to issue:				
2) Encroachments into public wa	ys must be a minimum of 8' above	e grade for s	igns and 7' for aw	nings per section 32	202 of IBC 2009.				
Encroachments) of the IBC 20	ion to comply with Chapters 16 (S 009 building code. The Sign shall this code without exceeding the ap	be designed	and constructed to	support safely the	factored loads in				
	for any electrical: plumbing, sprin may need to be submitted for app	-		ns, commercial hoo	d exhaust systems				

Permit No:

Date Applied For:

CBL:

City of Portland, Maine - Building or Use Permit

City of Portland, Maine 389 Congress Street, 04101		0		10010	1 Issue Date	*	023 A0	08001	
Location of Construction:		Owner Name:	, ()	Owner Address:			Phone:		
/ >			REALTY LLC	322 FORE ST	THIRD FLOO	OR			
Business Name: Contractor Nam				Contractor Addres	ss:		Phone		
Maine Craft Distillery self				Portland					
Lessee/Buyer's Name	Phone:		Permit Type:				Zone:		
Luke Davidson 207798252				Signs - Permai	nent				
Past Use:	Proposed Use:		Permit Fee:	Cost of Wor	rk:	CEO Distr	ict:		
Change of use permit (2012-07- Same - D			ery		\$2	50,000.00			
4559) to distillery			FIRE DEPT:	Approved	INSPECTI				
					Denied	Use Group		Type:	
					N/A			Sign	
D ID. i . ID i . i'.						IBS	(SEC)/	10	
Proposed Project Description: Install wall sign perpendicular	r to the l	huilding - 5! v 3!					0320		
instait wan sign perpendicular	to the	building - 5 x 5		PEDESTRIAN AC		Signature:			
						•		Dominal	
				Action: App	roved Ap	proved w/Cor	ditions	Denied	
				Signature:		Da	te:		
Permit Taken By:	Date Ap	plied For:		Zonii	ng Approv	al			
Service_User - Lannic	11/27	7/2012							
1. This permit application d	oes not	preclude the	Special Zone or Revie	ews Zoning Appeal			Historic Preservation		
Applicant(s) from meetin Federal Rules.	cable State and	Shoreland	☐ Varia	riance [Not in District or Landmark			
 Building permits do not is septic or electrical work. 	01			☐ Misc	Miscellaneous		☐ Does Not Require Review ☐ Requires Review		
3. 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			Flood Zone	Conditional Use					
			Subdivision	☐ Inter	☐ Interpretation			Approved	
			Site Plan	Appr	oved		Approved w/	Conditions (
			Maj Minor MM	Denie	ed		Denied		
			OK L	211		Date	Agu		
			Date: [2]3]12	Date:		Date:			
I hereby certify that I am the o I have been authorized by the o jurisdiction. In addition, if a p shall have the authority to ente such permit.	owner to ermit fo	o make this appl or work describe	ication as his authorized in the application is is	he proposed wor d agent and I agr ssued, I certify th	ree to conform nat the code of	n to all appl fficial's aut	licable laws horized rep	s of this resentative	
SIGNATURE OF APPLICANT			ADDRESS	}	DATE	Ξ	PHC	ONE	

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE

DATE



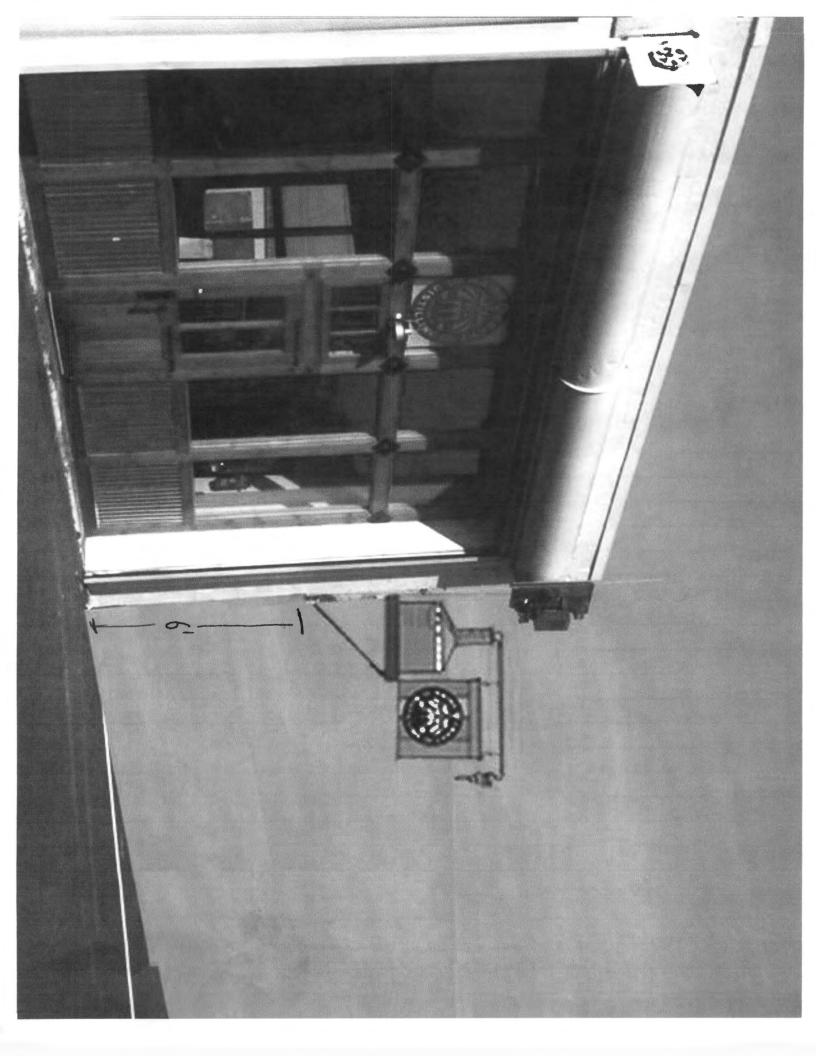
Changed UR- 2012-07-4777

2012-11-5468

Signage / Awning Permit Application Lance

If you or the property owner owes real estate or personal property taxes or any other charges on any property within the City, payment arrangement MUST be made before permits are accepted.

payment are accepted							
Location/Address: O Fox Steet Atthorn Me (109 Lox Street) Tax Assessor's Chart/Block/Lot (CBL) Chart: Block: Lot: Fox Steet Regity OWNER Name/Address: Fox Steet Regity	Telephone:						
LEASEE/BUYER Name (if Applicable) CONTRACTOR name, address/phone Life Day Contractor name, address/phone Life Day Contractor name, address/phone Awning Fee = Cost of Work: \$ (\$30/first \$1000; \$10 every other \$1000)	Total S.F. signage \$ x \$2.00 SF + \$30 Fee: \$ 30 Historic (\$75): \$ Awning Fee: \$ FEE: \$						
Who should we contact when the permit is ready: Name: Lut Dand SM Phone: Address Jt Man S Rd Infelt Tenant/allocated building space frontage (in feet): Length: 48 Height: C Lot frontage (in feet): Single Tenant or Multi-Tenant Lot: Multi-Tenan	798-2528						
Current Specific Use: Distillers If vacant, what was prior use: Proposed Use:							
Information on proposed sign(s) Freestanding (e.g. pole) sign? BLDG Wall Sign (attached to bldg.)? YESNO Dimensions proposed: (sf); Height NO Dimensions proposed: sf	from grade: sf						
Proposed Awning: YES NO X If yes, is awning backlit? YES NO Heigth of awning							
Information on existing and previously permitted signage: Freestanding (e.g. pole) sign? YES NO Dimensions proposed: ft X ft; BLDG Wall Sign (attached to bldg.)? YES NO Dimensions proposed: ft X ft Awning? YES NO total sq ft of panels with communication on it: sf	deight for grade:						
A site sketch and building sketch showing exactly where existing and proposed signage is located MUST be provided. Sketches and/or pictures of proposed signage and existing building are also required.							
Please submit all information outlined in the Sign/Awning Application Checklist. Failure to do so may result in	the 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 adissuance of a permit. For further information, visit us on-line at <u>WWW.PORTLANDMAINE.GOV</u> , stop by the Building Inspections Oj 207-874-8703.							
I hereby certify I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a pe application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by hour to enforce the provisions of the codes applicable to this jurmit.	rmit for work described in this						
Signature of Applicant: Date: / Date:	126,201)						
Revised 06/2012 This is NOT a permit; you may not commence ANY work until the permit is issued	60						
800 WM are - 385 x 20 - 576 8062460,5- 5x3 150							



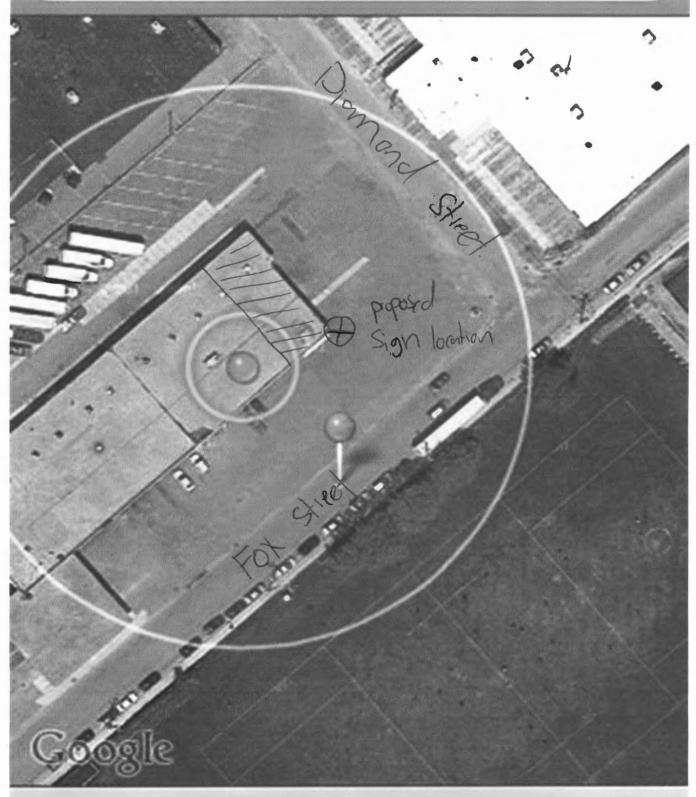


1:00 PM











Search

Directions



Subject: Re: 101 Fox Street

From: Michael Cardente <mike@cardente.com>

Date: 11/27/2012 12:15 PM

To: Luke Davidson < woodsmithluke@gmail.com >

Luke-I have reviewed your sign design and we have approved it. If the city has any questions or concerns please let them know that they can contact me. I think the sign will look great!

Best,

Mike

On Nov 27, 2012, at 11:10 AM, Luke Davidson wrote:

just in case

On 11/27/2012 10:47 AM, Michael Cardente wrote:

Luke-Received your voice mail and have not seen the plans that you sent. Did you mail or email them?

Thanks,

Mike

<signsketchfinal.jpg><101 sign.jpg>

Michael Cardente Broker, Cardente Real Estate (207)775-7363 mike@cardente.com www.Cardente.com

DAVIAND-01

RNEGUS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/26/2012

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

	ertificate holder in lieu of such endor	seme	nt(s)	•	CONTA	CT				
PRODUCER Clark Insurance P O BOX 3543 Portland, ME 04104					NAME:					774 0004
					PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994 E-MAIL ADDRESS:					
							URER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	RA : Scotts	iale insurai	nc Co		41297
INSURED				INSURER B:						
	Davidson and Farber Distilla	ites.	LLC		INSURER C:					
24 Marquis Road						INSURER D :				
	Freeport, ME 04032				INSURER E :					
					INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT 1	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	X		CPS1514528		4/30/2012	4/30/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X 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 - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT LOC								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS				Ì			BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$	
									\$	wa
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							VAIC STATE OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL of Portland listed as an additional insur				Schedule	, if more space is	required)			
CE	RTIFICATE HOLDER				CANC	ELLATION				
City of Portland Maine					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					

