

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 050706
JUL 18 2005
CITY OF PORTLAND

This is to certify that Mccurtain Bradley C/Applic

has permission to install a 2' x 30" sign

AT 16 Monument Sq

027 F006001

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 written permission procured before this building or part thereof is laid or closed-in. HEAVY 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

Handwritten signature and date 7/15/05

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

PERMIT ISSUED

Permit No: <i>05-006</i>	Issue Date: <i>JUL 1 2005</i>	CDL: <i>027 F006001</i>
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Location of Construction: 16 Monument Sq	Owner Name: Mccurtain Bradley C	Owner Address: 15 Monument Sq	Phone:
Business Name:	Contractor Name: Applicant	Contractor Address: CITY OF PORTLAND	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial / Maine Securities Corp	Proposed Use: Maine Securities Corp/ install a 2' x 30" sign	Permit Fee: \$34.00	Cost of Work: \$40.00	CEO District: 1
Proposed Project Description: install a 2' x 30" sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>TBC 2003</i>	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: <i>Dr. Andrew B</i> Date: <i>7/13/05</i>

Permit Taken By: Idobson	Date Applied For: 06/03/2005	Zoning Approval
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<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 sin (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	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: <i>6/13/05</i>	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 type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>to D.A</i> Date:
	Signature: <i>Dr. Andrew B</i> Date: <i>7/13/05</i>		

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-0706	Date Applied For: 06/03/2005	CBL: 027 F006001
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Location of Construction: 16 Monument Sq	Owner Name: Mccurtain Bradley C	Owner Address: 15 Monument Sq	Phone:
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Maine Securities Corp/ install a 2' x 30" sign	Proposed Project Description: install a 2' x 30" sign
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Dept: Historical **Status:** Approved with Conditions **Reviewer:** Deborah Andrews **Approval Date:** 07/13/2005**Note:** **Ok to Issue:**

1) * Sign bracken must not be attached to round columns flanking front door. Bracken should be attached to flat window frame.

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 06/13/2005**Note:** **Ok to Issue:** **Dept:** Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 07/15/2005**Note:** **Ok to Issue:**

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.



Sign 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: 15 Monument Square, Portland Zone: _____

Total square footage of proposed structure: _____ Square footage of lot: _____
Lot frontage: _____ Tenant frontage: _____

Tax Assessor's Chart, Block & Lot
Chart# 27 Block# F Lot# 6
Owner: Bredley C McCURTAIN Telephone: 775 0800

Lessee/buyer's name (If applicable) _____ Current use: _____ Total s.f. of signage _____
Proposed use: _____ \$2.00 per s.f. \$ 5, plus
\$65.00 base fee
If vacant, prior use: _____ Fee: \$ 30 + 10 = 40
Applicant name, address & telephone: _____
Maine Securities Corporation
15 Monument Square
775.0800
How long has it been vacant? _____ Awning-without signage:
Project description: _____ \$30.00 for first \$1,000
plus \$9.00 each addict.
Number of tenants in lot? _____ \$1,000
Fee: \$ _____

Freestanding sign? ___ Yes ___ No Dimensions _____ Height _____
More than one sign? ___ Yes ___ No Dimensions _____ Height _____
Sign Attached to Building? Yes ___ No Dimensions _____ Height _____

Awning ___ Yes No Is awning backlit? ___ Yes ___ No Height off sidewalk? _____
Awning Height: _____ Length: _____ Depth: _____

Is there any message, trademark or symbol on it? ___ Yes No If Yes, total s.f. of panels/graphics: _____
Please describe: _____

List ALL existing signage and their dimensions: none

Contractor's name, address & telephone: self
Who should we contact when the permit is ready: Bred McCURTAIN
Mailing address: 15 Monument Square 04101 Phone: 775 0800

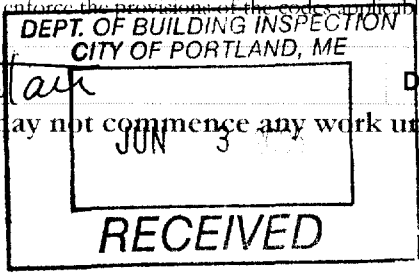
Once your permit is approved, we will notify you to come in and pick up your permit and review the requirements with our plan reviewer. Beginning work prior to receiving your permit will result in a violation fee of \$50.00.

Please submit all of the information outlined in the Signage Application Checklist including a building sketch showing exactly where existing is and proposed signage will be located. Please include sketches/pictures of proposed signage. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information 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 code applicable to this permit.

Signature of applicant: B McCurtain Date: 5/26/05
This is not a Permit; you may not commence any work until the Permit is issued.



1354



← 10' ± →

- None given by
The Applicant



Transaction Type	Issue Date	Effective Date	Rex Plumber	Policy Number	File Number
RENEWAL	08/12/2004	09/18/2004	3D2FAG	YM 1U75324	2853518 1

BRADLEY C. MCCURTAIN &
 MAINE SECURITIES CORP
 15 MONUMENT SQ
 PORTLAND, ME 04101-4023

1816638
 CROSS INSURANCE - FREEPORT
 P O BOX 537
 FREEPORT, ME 04032-0537

Cross Insurance /

SEP 30 2004

Prindle Agency

Business: Leased Building - Office
 Form Of Ownership: Individual

Policy Period: From: 09/18/2004 to 09/18/2005 at 12:01 AM Standard Time at the mailing address stated above.

SPECIAL INFORMATION

In return for the payment of all premiums, taxes, surcharges, recouplements and fees, and subject to all of the terms of this policy, we agree with you to provide the Insurance stated in this policy.

Prem. No.	Bldg. No.	Address	Occupancy



Authorized Representative: _____ Date: _____



COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Company: YORK INSURANCE COMPANY OF MAINE				Office: PORTLAND, MAINE	
Transaction Type	Issue Date	Effective Date	Rex Number	Policy Number	file Number
RENEWAL	08/12/2004	09/18/2004	3D2FAG	YM 1U75324	2853518 1
COMMERCIAL GENERAL LIABILITY COVERAGE PART					
Liability Coverage					Limit Of Insurance

Personal and Advertising Injury (any one person or organization): \$1,000,000
 Medical Expenses (any one person): \$5,000

Code	Products	Basis	Amount	Final Rate	Premium
	PRODUCTS				Included

Description Of Classification	Advance Premium





C-O-N-C-E-P-T

Check Eligibility Before Completing Application.
A Separate Application is Required For Each Location.

DISK NBR.

GENERAL INFORMATION

TRANSACTION INFORMATION	<input type="checkbox"/> Quote	<input type="checkbox"/> New Business	<input checked="" type="checkbox"/> Renewal	Company	<input type="checkbox"/> GUIC	<input type="checkbox"/> AGIC	<input type="checkbox"/> GUMIC	<input type="checkbox"/> OTHER
	<input type="checkbox"/> Issue	<input type="checkbox"/> Endorsement - Eff. Date			<input type="checkbox"/> EFC	<input type="checkbox"/> NOAC	<input type="checkbox"/> RATE PLAN	
	<input type="checkbox"/> PAOS Program	<input type="checkbox"/> MAPS Program		Policy Number	YMLH99637		Rev Number	Pror Policy Number
	Effective Date	Expiration Date	Payment Plan	<input type="checkbox"/> Agency Bill			<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Quarterly
	9-13-00	9-13-01	Instalment			Deposit \$		
AGENCY INFORMATION	Agent Code	Agency Name	Street	City or Town	State	Zip Code		
	18116138	Prudential Insurance Agency	P.O. Box 537	Freetown	ME	04101		
APPLICANT INFORMATION	Applicant Name							
	Bradley C McCurtain + Maine Securities Corp							
	Street Address							
15 Monument Square				Portland		ME		04101
Legal Entity:								
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other								
Billing Address if Different								
Name Street City or Town State Zip Code								
PREMISES INFORMATION	Loc. #	Blq. #	Street	City or Town	County	State	Zip Code	
	1	1	15 Monument Square	Portland		ME	04101	
	Description of Operations (If Lessee's use or office, describe operations)					Applicant Interest		
Office - LRD/Main Company					<input type="checkbox"/> Owner-Occupant <input type="checkbox"/> Tenant <input checked="" type="checkbox"/> Lessor			
Inspection (Contact / Telephone)					Building Year of Construction			
Drcd McClinton 775-0800					1891			
ADDITIONAL INTERESTS	Mortgage	Loss Payee	Additional Insured	Name	Address	Exposure	Cause	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
PROPERTY INFORMATION	Program	<input type="checkbox"/> Apartment (2) <input type="checkbox"/> Contractors (3) <input type="checkbox"/> Industrial-Processing (4)		<input type="checkbox"/> Institutional (5) <input type="checkbox"/> Mercantile (6)				
		<input type="checkbox"/> Motel - Hotel (7) <input checked="" type="checkbox"/> Office (8) <input type="checkbox"/> Service (9)		<input type="checkbox"/> Restaurant (10) <input type="checkbox"/> Condominium (11)				
		<input type="checkbox"/> Wholesale (12)						
	Co. Terr.	Prop. Class	Construction	<input type="checkbox"/> Wind/Hail Exclusion				
	1	2	<input type="checkbox"/> Frame <input checked="" type="checkbox"/> Loaded Mas. <input type="checkbox"/> Non-Comb.					
	Rating:	<input checked="" type="checkbox"/> Class <input type="checkbox"/> Specific Group I - Group II Rates - Blq:		Para. Prod.:	Kentucky Tax % (CU Use Only)		Frst:	Cost:
PROPERTY COVERAGE INFORMATION - SECTION I								
<input checked="" type="checkbox"/> BUILDING	Valuation	Conformance	Prop. Class Code	Deductible	Limit of Ins.	Sq. Ft. Area		
	<input type="checkbox"/> ACV <input checked="" type="checkbox"/> RC	<input type="checkbox"/> 20% <input checked="" type="checkbox"/> No		\$ 500	975,340	7,040		
<input checked="" type="checkbox"/> PERSONAL PROPERTY	Valuation		Prop. Class Code	Deductible	Para. Prod. Limit of Insurance	Proc. of Others		
	<input type="checkbox"/> ACV <input checked="" type="checkbox"/> RC			\$ 500	15,000	10,000		
	Thrift Excluded	Thrift Group	Deductible	Alarm Code	UL Certificate Number (if applicable)			
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ 500					
	Real. Cost of Stock		Real. Cost of Equipment					
<input checked="" type="checkbox"/> LOSS OF INCOME	Prop. Class Code	Limit of Ins.	Ann. Bus. Income excl. Rents	Ann. Rental Income	Est. Extra Expenses	Max. Intermitt. Time		
		<input type="checkbox"/> \$ <input checked="" type="checkbox"/> Actual Loss Sustained (if applicable)				NO limit		
<input checked="" type="checkbox"/> SIGNS	Limit	Real. Cost of All Signs		Description				
	10,000							
<input checked="" type="checkbox"/> VAL. PAPERS & RECORDS	Prop. Class Code	Limit	Description; Container	Carr. Risks - Nbr. of Stages; EQ Const. Code				
		10,000						
<input type="checkbox"/> ACCOUNTS RECEIVABLE	Prop. Class Code	Deductible	Limit of Ins.					
<input checked="" type="checkbox"/> GLASS	<input checked="" type="checkbox"/> Grade Fr. Only <input type="checkbox"/> All Ext. Glass	Deductible	Sq. Ft. Glass Area	Describe Any Cracked Glass				
		100						
<input type="checkbox"/> MONEY & SECURITIES - IN	Safe Code	M & S Class Code	Deductible	Limit of Ins.	Max. - Prior Year			
	<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> ER							
<input type="checkbox"/> MONEY & SECURITIES - OUT (All Locations)	Deductible	Limit of Ins.	Describe Transit Protection		Max. - Prior Year			

PROPERTY COVERAGE INFORMATION - CONTINUED

<input type="checkbox"/> EMPLOYEE DISHONESTY (All Locations)	Emo. Dis. Class Code	Co deductible	Limit of Ins.	Audit Frequency	Segregation of Duties: <input type="checkbox"/> Y <input type="checkbox"/> N Dual Control: <input type="checkbox"/> Y <input type="checkbox"/> N Check CounterSignature: <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> FORGERY OR ALTERATION (All Locations)	Emo. Dis. Class Code	Co deductible	Limit of Ins.		
<input type="checkbox"/> OTHER PROPERTY COVERAGES <input type="checkbox"/> OTHER CONTRACTOR COVERAGES - Attach Supplemental Application(s)					

LIABILITY COVERAGE INFORMATION - (All Locations) SECTION II

Limits of Insurance Occurrence/General Aggregate \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Non Owned Auto Exclusion Y N SIC Code

Classification Information:

Item	Class Code	Classification Description	Program	State	Ct. Terr.	Co. Terr.	Premises	Products	(a) - Rate	Exposure Amt.
1	65198	B/D/Prm - LESSORS					<input checked="" type="checkbox"/>	<input type="checkbox"/>		5600
2	65121	OFFICE OCCUPANCY					<input checked="" type="checkbox"/>	<input type="checkbox"/>		11570
3							<input type="checkbox"/>	<input type="checkbox"/>		
4							<input type="checkbox"/>	<input type="checkbox"/>		
5							<input type="checkbox"/>	<input type="checkbox"/>		
6							<input type="checkbox"/>	<input type="checkbox"/>		

OTHER LIABILITY COVERAGES - Attach Supplemental Application(s)

UMBRELLA - SECTION III

ACORD Umbrella Section Attached

BOILER & MACHINERY - SECTION IV

BROAD BASIC

POLICY FORM NUMBERS AND RMF INFORMATION

Policy Form Numbers: *101/OT UNW 101---*

RMF	SECTION I	SECTION II	SECTION IV
ARM/SCHED			1.00
EXPENSE			
OTHER			

UNDERWRITING INFORMATION (Attach Explanation)

1. Is the nearest distance to a fire hydrant 1000 ft or less? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	15. If the risk is a motel, hotel, apartment or condominium, are there smoke alarms in every unit? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Battery <input type="checkbox"/> Hardwired <input type="checkbox"/>
2. Is the nearest distance to a fire station less than 5 miles? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	16. Is there a swimming pool on the premises? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
3. Is there a sprinkler system? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, is there an alarm? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	17. Installation, service or repair (% of sales or receipts) _____
4. Is there a burglar alarm? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Local <input type="checkbox"/> Central Station <input type="checkbox"/>	18. Retail (% of sales or receipts) <i>??</i>
5. Is there a fire alarm? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Local <input type="checkbox"/> Central Station <input type="checkbox"/>	19. Delivery Vehicles (#) <i>0</i>
6. Was the business profitable for the past 3 years? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	20. Years in business (#) <i>Since 1983</i>
7. Are there any cooking exposures within or adjacent to the property? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	21. Years at location (#) <i>" "</i>
8. Are there any day care services provided? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	22. If updated, year of updating for: Plumbing Systems _____ Heating Systems <i>2000</i> Cooling Systems <i>1998</i> Roof <i>1996</i>
9. Is the applicant an importer, distributor or manufacturer's representative? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	23. Type of roof covering <i>membrane</i>
10. Are there any off premises sales or service operations? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	24. Stones in building (#) <i>4</i>
11. Has the property ever been used as a landfill or waste disposal site? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	25. Employees (#) <i>0</i>
12. Are there any recreational activities conducted or permitted on the property? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	26. Were there any losses in the past 3 years? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
13. Is the applicant a parent of or subsidiary of another entity? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	27. Was the applicant ever cancelled or nonrenewed for any reason in the last 3 years? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
14. Are there any premises owned, occupied or controlled by applicant, or business operations conducted by applicant which are not described in this application? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	28. Prior owner and premium _____ 29. List other CU insurance <i>home auto</i>

G66860

The following warning statement for risks located in New York is required by Regulation No. 95 of the Insurance Department of the State of New York: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

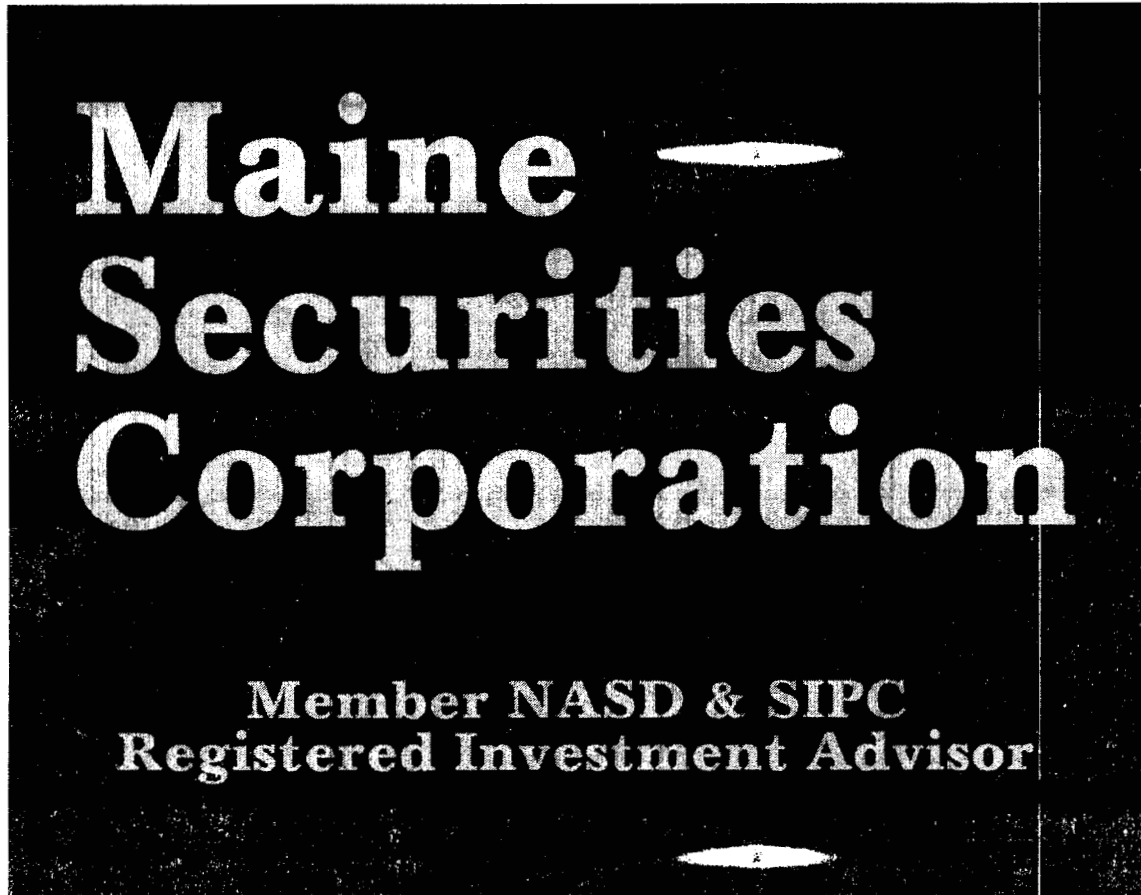
The following warning statement for risks located in Ohio is required by Ohio Revised Law, Section 3999.21: Any person who, with intent to defraud or knowing he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

AGENT *Sharon L. Capen*

APPLICANT'S SIGNATURE *DCMcGowan*



proof:



**Maine
Securities
Corporation**

**Member NASD & SIPC
Registered Investment Advisor**

Small Copy is 11"
Smaller Copy is 11"

notes: please remember this is just a proof. any changes could be made.
artwork is not to scale

Routed Extra,
W/Satin 23k Signgold For
Smaller Copy, Gold Leaf for Lg. Copy.
This Will Be Designed to be Hung On A Scroll
Bracket. Pre Installed Eyehooks, secured by epoxy.

**\$732.00+Tax
Includes, Sign,
Brackett &
Closeable Links**

office: 207-655-6622 fax: 207-655-7074 e-mail: info@sebagosignworks.com
sebagosignworks.com

Thank You!

CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

- _____ Certificate of Liability listing the City as additional insured if **any** portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way. Amount must equal \$400,000.00.
- _____ //Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- _____ A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. **Indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building facade dimensions for any signage attached to a building.**
- _____ A sketch or photo of any proposed sign(s) indicating *content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.*
- _____ Certificate of Flammability required for awning or canopy at time of application.
- _____ UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- _____ Pre-Application Questionnaire completed **and** attached. Photos of existing signage attached.

**Permit Fee for signage or awning-with-signage:
\$30.00 plus \$2.00 per square foot of sign.**

**Permit Fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, plus \$9.00 for each additional \$1,000.00.**

Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00

6/2/05
I, Brady McCutcheon, hereby
give permission to Maine Securities
Corporation to hang a sign
on the exterior premises at
15 Monument Square.
Brady McCutcheon

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 15 Monument Square ZONE: _____

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: ^{None Given by Appl.} 10' guess 10 x 2 = Height: 20' max

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS PROPOSED: _____

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: 2' x 2.5' = 5'²

BLDG. WALL SIGN (attached to bldg)? YES _____ NO _____ DIMENSIONS: _____

AWNING? YES _____ NO _____ DIMENSIONS: _____

LOT FRONTAGE (FEET): _____

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: BC McCutcheon DATE: 4-14-05

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