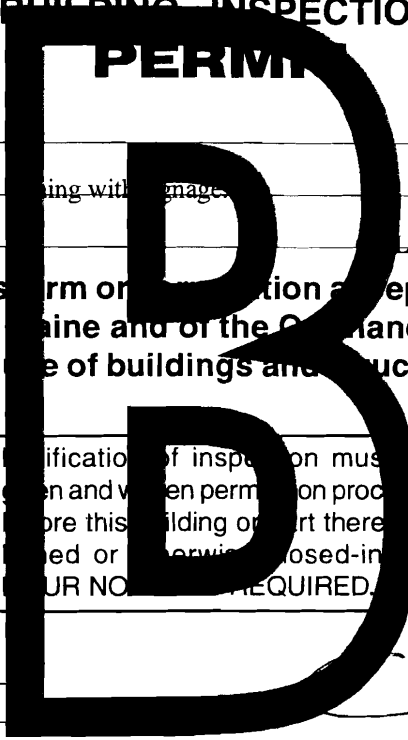
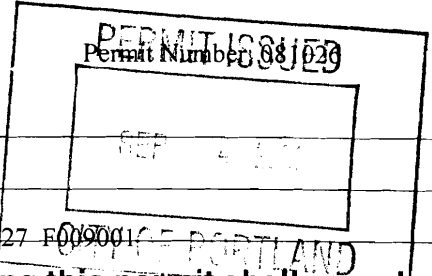


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached



This is to certify that Levy Valerie J/Sign Design

has permission to New thirty (30) square foot signing with signage

AT 121 Center St

provided that the person or persons firm or person 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.

Classification of inspection must be given and when permission procured before this building or part thereof is started or service closed-in. 4 HOUR NOTICE 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]
9/3/08
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

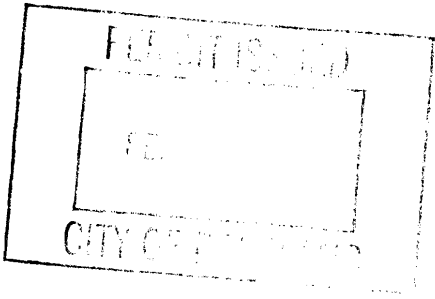
Permit No: 08-1026	Issue Date:	CBL: 027 F009001
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Location of Construction: 121 Center St	Owner Name: Levy Valerie J	Owner Address: 62 Twin Brooks Dr	Phone:
Business Name: n/a	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone 2078562600
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Awning, with signage	Zone: B-3

Past Use: Restaurant / Asylum B	Proposed Use: Restaurant / ^{1/2 Br} New thirty (30) square foot awning with signage. New awning - 8'6" x 42" w/ 30sf of signage replacing existing awning	Permit Fee: \$90.00	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: New thirty (30) square foot awning with signage. New awning - 8'6" x 42" w/ 30sf of signage.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature: <i>[Signature]</i>	
		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: gg	Date Applied For: 08/18/2008	Zoning Approval	
------------------------	---------------------------------	------------------------	--

<ol style="list-style-type: none"> 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 <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: 8/26/08 <i>ABM</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 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 Date: <i>ABM</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: 08-1026	Date Applied For: 08/19/2008	CBL: 027 F009001
------------------------------	--	----------------------------

Location of Construction: 121 Center St	Owner Name: Levy Valerie J	Owner Address: 62 Twin Brooks Dr	Phone:
Business Name: n/a	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone (207) 856-2600
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Awning, with signage	

Proposed Use: Restaurant/ Bar / New awning - 8'6" x 42" with 30 sf of signage (replacing existing one)	Proposed Project Description: New awning - 8'6" x 42" with 30 sf of signage (replacing existing one)
--	--

Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 08/26/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 09/03/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			

off flexibility



Signage/Awning 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: <u>11 Center St, Portland, ME 04101</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>027</u> Block# <u>F</u> Lot# <u>009</u>	Owner: <u>Asylum Inc.</u> <u>Valerie Jery</u> <u>62 Twin Brooks Drive, Buxton, ME 04093</u>	Telephone: <u>773-5374</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>Knudsen + Knudsen Construction</u> <u>27 Job Rd</u> <u>Stadium ME 04084</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ Awning Fee= cost of work 3000 Total Fee: \$
Who should we contact when the permit is ready: <u>Keith Knudsen</u> phone: <u>671-6557</u> XX call		
Tenant/allocated building space frontage (feet): Length: <u>164'</u> Height: <u>23'</u>		<u>30 x 2 = 60</u>
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot: <u>single tenant</u>		<u>+ 30</u>
Current Specific use: <u>restaurant/bar/lounge</u>		<u>\$90.00</u>
If vacant, what was prior use: _____		
Proposed Use: <u>same</u>		
Information on proposed sign(s):		
Freestanding (e.g., pole) sign? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Dimensions proposed: _____ Height from grade: <u>92"</u>
Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Dimensions proposed: _____
Proposed awning? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Is awning backlit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Height of awning: <u>42"</u> Length of awning: <u>8'6"</u> Depth: <u>42"</u>		
Is there any communication, message, trademark or symbol on it? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>304</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/>		Dimensions: <u>8'6" x 42"</u>
Awning? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Sq. ft. area of awning w/communication: <u>30 sq ft</u>
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.		

AUG 18 2008

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.

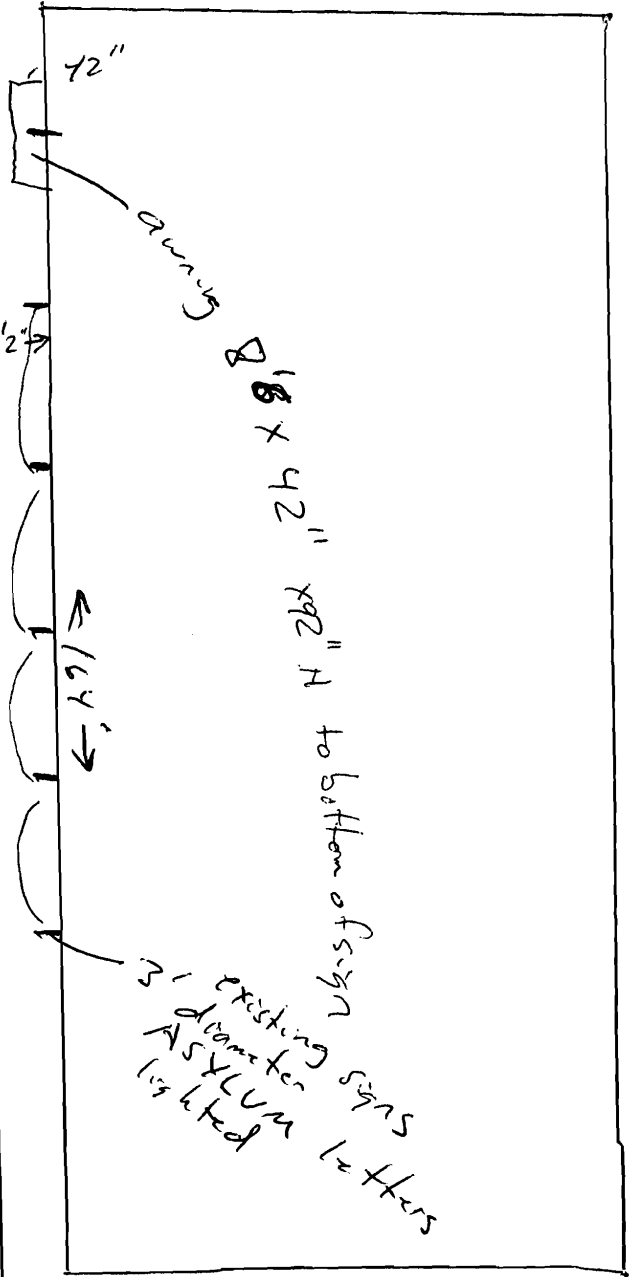
Signature of applicant: Valerie Jery Date: 8/18/08

$2\phi \times 164 = 328\phi$ This is not a permit; you may not commence ANY work until the permit is issued.

Awning $102 \times 42 = 4284\phi = 29.75\phi$
(1 per front + 1)

$7.065 \times 6 = 42.4\phi$
3' diameter
 $\pi r^2 = (3.14)(1.5)^2 = 7.065$
 $(3.14)(2.25) = 7.065$

← 15' → Alley

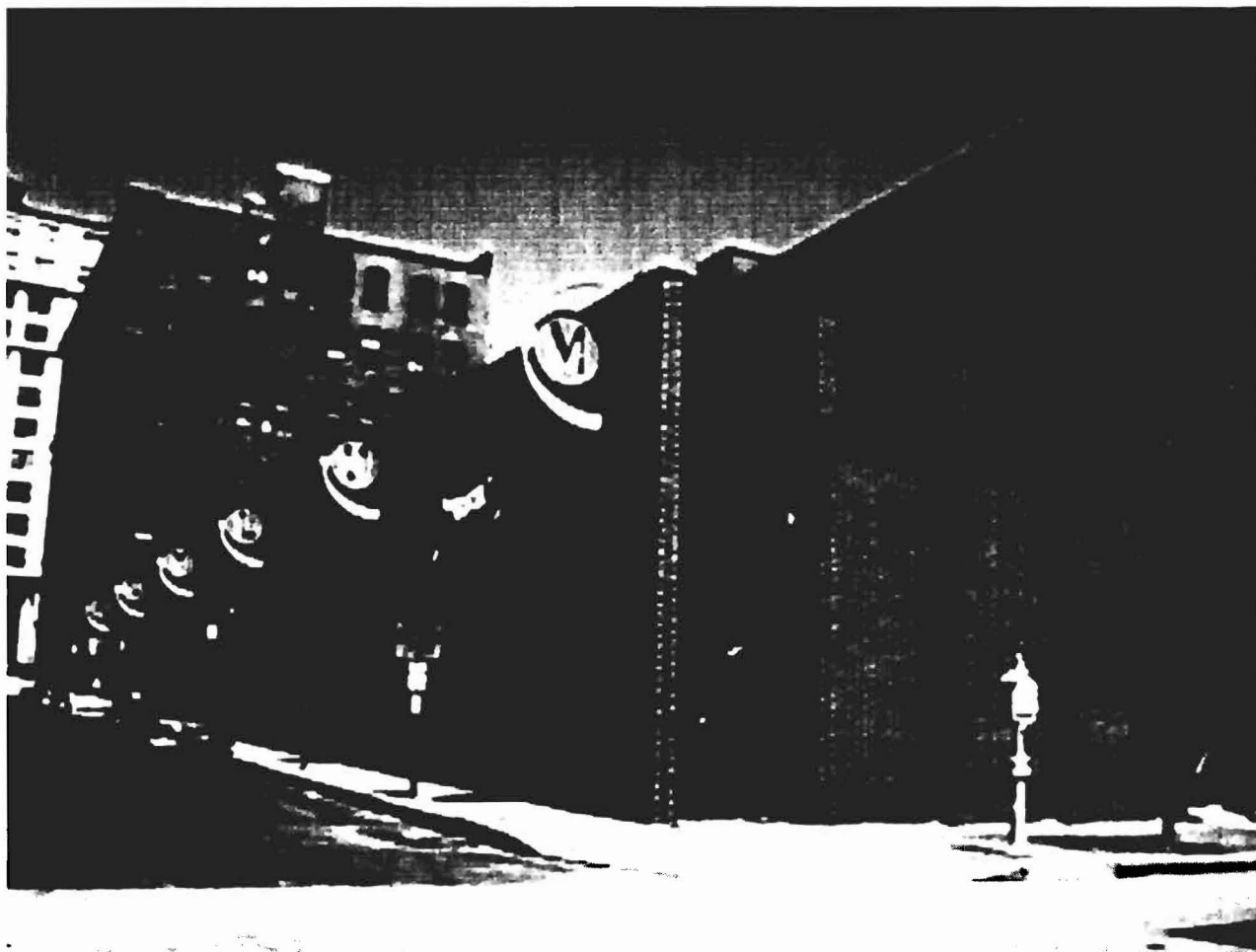


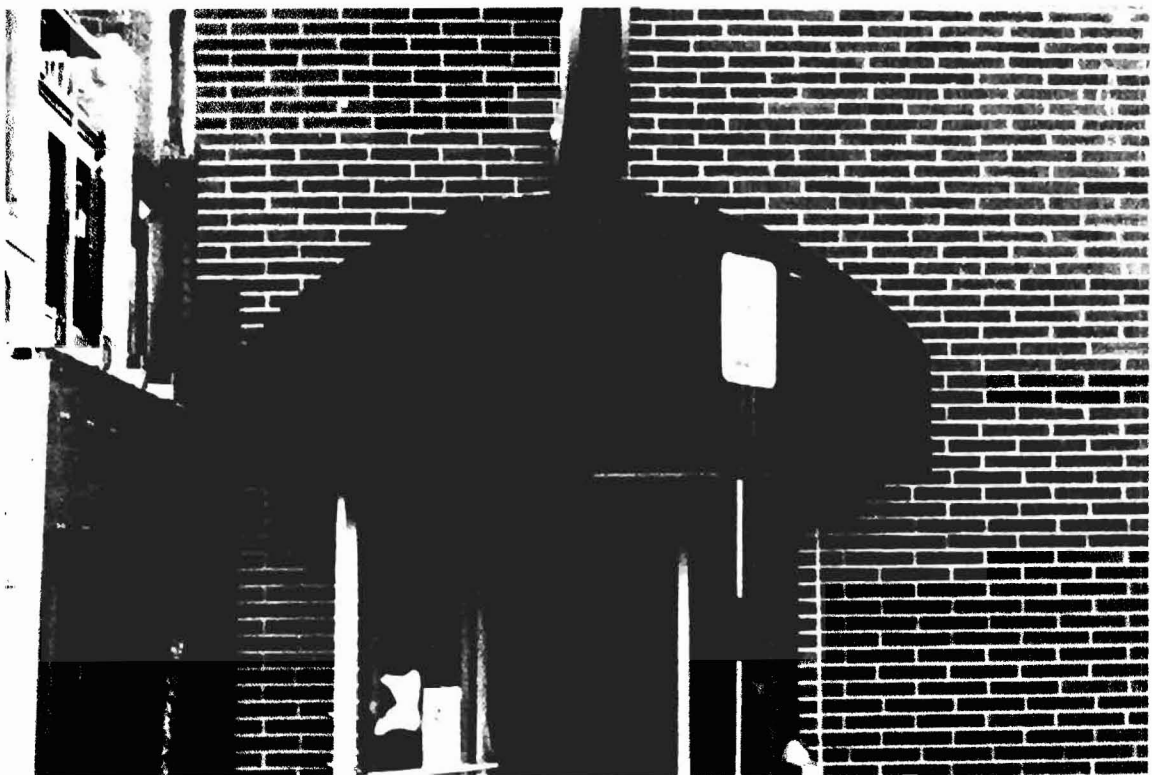
← 16' →

Center St.

Free St.

3' existing signs
18' diameter
ASYLUM
lighted letters





This Design Is The Property Of

Sign Design Inc.

306 Warren Ave. Portland, ME

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

Interior Illuminated Green Awning W/ White Translucent, Eradicated Text & 2 Down Lights

ASYLUM

**SPORTS BAR
& GRILL**

18" X 102" Sign Band W/ 12" Text

ASYLUM

**SPORTS BAR
& GRILL**

Sides - 42" Height W/ 42" Projection &
Appx. 4 1/2" Text Height

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.

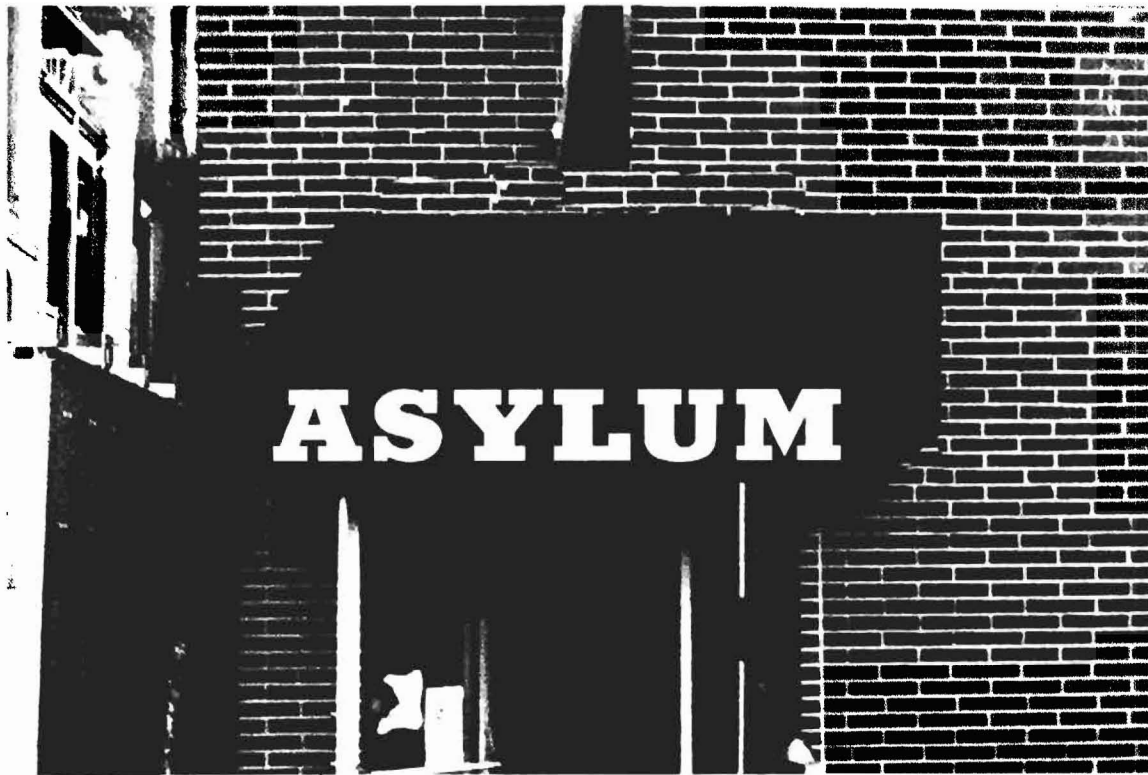
Client: Asylum

File: asylum comp 2

Date: 8-15-08

Approval:

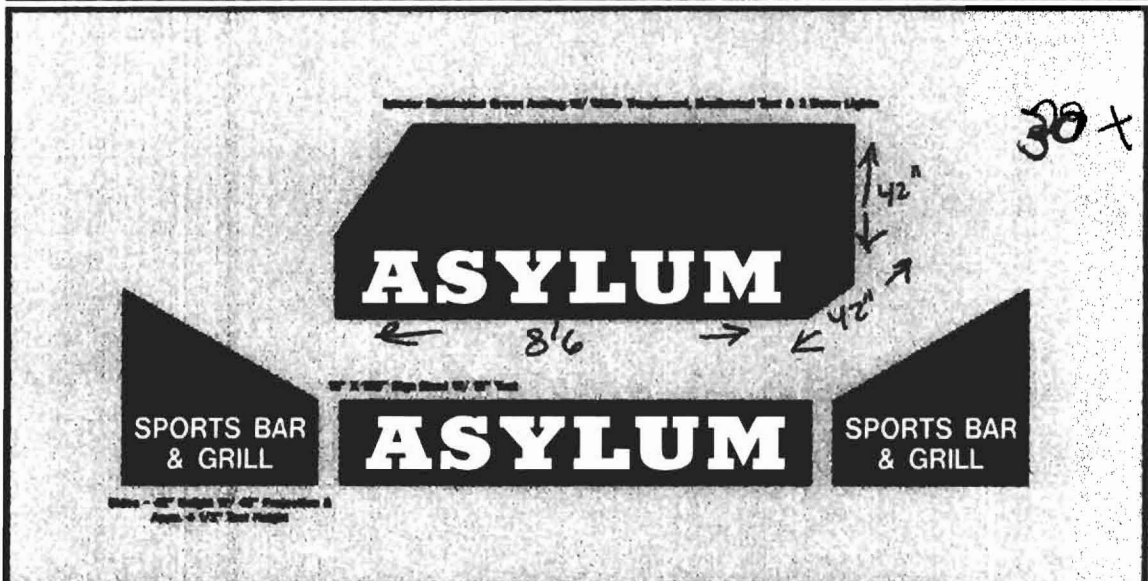
Customer approval is a signed confirmation that dimensions, colors, spelling, graphics and all other job specifics are correct.



This Design Is The Property Of

Sign Design Inc.

JAN VYSEKAL PISC. & GALLERIE, AVAL
Phone: 207-656-2600 Fax: 207-656-7600



This proof may reflect color errors due to the color conversion from ink to point and or vinyl. Also, fill 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 blank outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, retainers, faces and reveals. Unless

Client: Asylum
File: asylum comp 2
Date: 8-15-08
Approval:
Customer approval is a signed confirmation that dimensions, colors, spelling, graphics and all other



ASYLUM

Certificate of Flame Resistance



**REGISTERED
APPLICATION
CONCERN No.**

F-10218

ISSUED BY
COOLEY, INCORPORATED
50 Esten Avenue
Pawtucket, Rhode Island
724-9000

Date treated or
manufactured

See Back

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR TR Sign Design **ADDRESS** 30 Warren Ave
CITY Portland **STATE** Maine

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used _____ Chem. Reg. No. _____

Method of application _____

X (b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used Weathertyte Reg. No. F-10218

The Flame Retardant Process Used Will NOT Be Removed By Washing
(will or will not)

William P. Kuhn

By Technical Manager

Name of Applicator or Production Superintendent

Title

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 8/18/2008
PRODUCER (207) 774-6257 FAX: (207) 774-2994 Clark Associates 2385 Congress Street P O Box 3543 Portland ME 04104	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 Valerie J. Levy 62 Twin Brooks Drive Buxton ME 04093	INSURERS AFFORDING COVERAGE INSURER A: Massachusetts Bay INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 22306

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	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ZDP5852239	1/13/2008	1/13/2009	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000				
	AUTOMOBILE LIABILITY <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) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> 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				WC STATUTORY LIMITS <input type="checkbox"/> DTH-ER <input type="checkbox"/> 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
 Re: 121 Center Street, Portland, ME. City of Portland is an additional insured with respect to the general liability for operations of the named insured, if required by written contract.

CERTIFICATE HOLDER (207) 874-8716 City of Portland Gail 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 <u>10</u> 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 Robin Carlson/CSES
--	--

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

The Certificate of Insurance on the reverse side of this form 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.