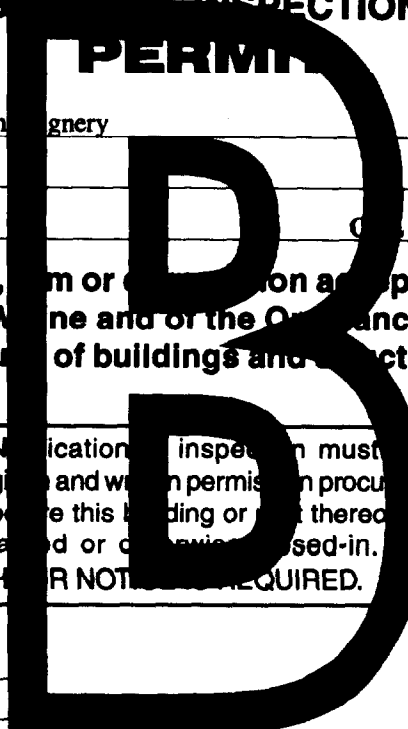


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Permit Number: 030804

Please Read Application And Notes, If Any, Attached



This is to certify that One Monument Way Llc /Th gnery

has permission to 2' x 3' sign

AT 34 City Ctr /17 Free St 027 F011001

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 work on permit must be completed before this building or part thereof is occupied or otherwise used-in. **HEAR NOTICES 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

W. Rump
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: 03-0804	Issue Date:	CBL: 027 F011001
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Location of Construction: 34 City Ctr / 17 Free St	Owner Name: One Monument Way Llc	Owner Address: One Monument Way	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 2078797700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: private fitness gym	Proposed Use: private fitness gym with 2' x 3' sign	Permit Fee: \$42.00	Cost of Work: \$0.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Sign Type: WA Signature: [Signature] Date: 7/16/03	

Proposed Project Description: 2 x 3' sign 30" x 36" with 5" x 34"	Signature: [Signature]	Signature: [Signature]
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: D. Andrews Date: 7/16/03		

Permit Taken By: gg	Date Applied For: 07/14/2003	Zoning Approval
------------------------	---------------------------------	------------------------

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	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 checked="" type="checkbox"/> MIM <input type="checkbox"/> Date: [Signature] 7/16/03	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 checked="" 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: D.A 7/16/03 D.A 7/16/03
	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

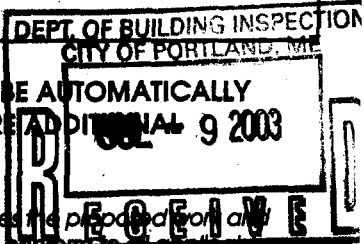
03-0804

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>17 Free St. Portland / 34 City Tr</u>		
Total Square Footage of Proposed Structure <u>659 Feet</u>	Square Footage of Lot <u>14181 +/-</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>0277011001</u> Block# <u>1</u> Lot# <u>1</u>	Owner: <u>One Movement Way LLC</u>	Telephone: <u>207-773-0225</u>
Lessee/Buyer's Name (if Applicable) <u>Mark Holmes</u> <u>Health Coaches Inc</u> <u>17 Free</u>	Applicant name, address & telephone: <u>17 Free St</u> <u>Portland Maine</u> <u>207-774-4333</u>	Total s.f. of signage x <u>280</u> \$1.50 per s.f. plus \$30.00 = Total Fee: <u>\$ 12 42.00</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: <u>Storage gym</u>		
If the location is currently vacant, what was prior use: <u>Storage</u>		
Approximately how long has it been vacant: <u>2 years</u>		
Proposed use: <u>wellness services Private Gym</u>		
Project description: <u>Provide wellness and training services 600 FT</u> <u>existing brackets 2' x 3' long</u>		
Contractor's name, address & telephone: <u>Donna The Signery</u> <u>299 Forest Ave Portland, Maine</u>		
Who should we contact when the permit is ready: <u>Mark Holmes</u> <u>207-874-7700</u>		
Mailing address: <u>17 Free St</u> <u>Portland, Maine 207-774-4333</u>		
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 authorized me to make this application as his/her authorized agent. I agree to comply with 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:	Date: <u>07-7-03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.

THE Signery

229 FOREST AVENUE
PORTLAND, ME 04101
TEL: 879-7700
FAX: 879-1570

TO: CITY OF PORTLAND CODE ENFORCEMENT
ATTN: KAREN
FROM: DON WRIGHT
DATE: 7/15
FAX: 879-8716
PHONE REGARDING: HEALTH COACHES SIGN PERMIT

NOW OFFERING:

CALL TO FIND OUT ABOUT OUR NEW CAPABILITIES...

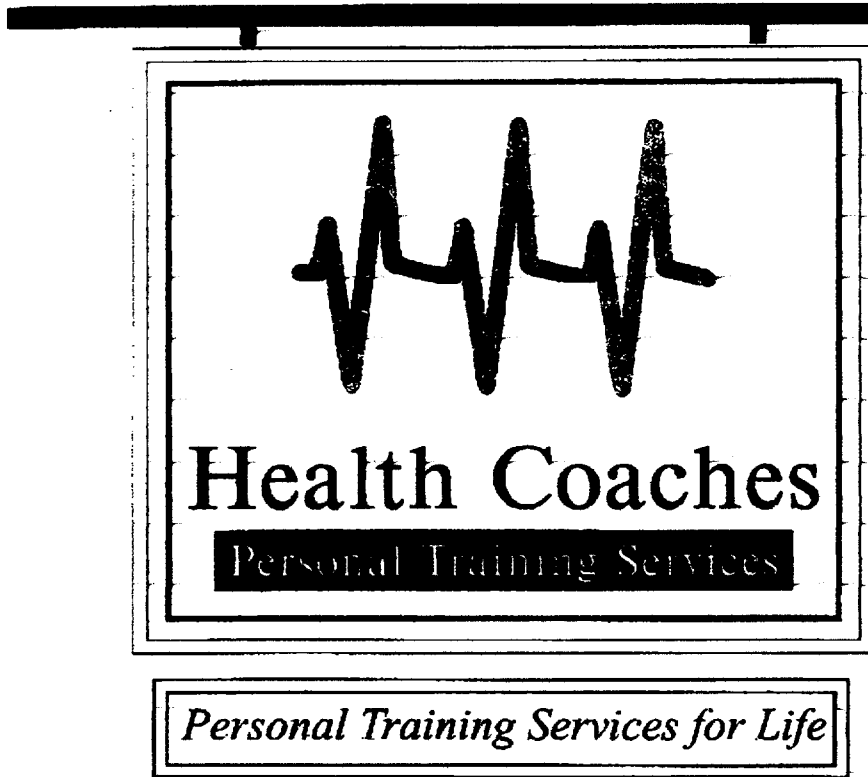
UNIQUE DIMENSIONAL SIGNS

ELECTRIFIED SIGNAGE

**LARGE FORMAT PRINTING
CARVING AND GOLD LEAFING**

ARCHITECTURAL LETTERS

Hi KAREN -
MARK HOLMES OF HEALTH COACHES ASKED THAT I ADVISE YOU THAT HIS SIGN WILL BE A 30"x36" x 3/4" MDO (WOOD) SIGN FRAMED IN CEDAR. THE SIGN WILL BE PLANED + PAINTED AND ONCE COMPLETE WILL WEIGH 32# INCLUSIVE OF THE 5"x34" x 3/4" MDO SUBORDINATE SIGN. THIS SIGN WILL BE FASTENED TO THE EXISTING BRACKET AT THIS LOCATION. IT WILL SUPPORT A 75# SIGN.
THANK YOU.



5" x 34" = 170[#]
 30" x 36" = 1080[#]

 1250[#] ÷ 144
 8.68[#]

3/4" Framed White MDO
 30 x 36
 HP Sapphire Blue Copy
 1/2" White PVC Routed & Painted for
 Dimensional Element
 Double Sided
 Subordinate 3/4" White MDO Panel
 5 x 33.75
 HP Sapphire Blue Copy
 Double Sided

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.
- 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 \$1.00 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 \$7.00 for each additional \$1,000.000.**

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 17 Free Street, Portland Maine ZONE: B3

CBL: 027F011001

SINGLE TENANT LOT? YES _____ NO _____ MULTI TENANT LOT? YES X NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES _____ NO X

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS PROPOSED: _____
BLDG. WALL SIGN? (attached to bldg) YES X NO _____ DIMENSIONS PROPOSED: 6 SQ FT

30" X 36" = 1080 #
54" X 34" = 170 #

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS: 1250 #
BLDG. WALL SIGN(attached to bldg) ? YES X NO _____ DIMENSIONS: 6 SQ FT
AWNING? YES _____ NO X DIMENSIONS: _____

8.60 #

LOT FRONTAGE (FEET): 110 FT +-
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 26 FT X 21 - 52 # MAX

AWNING YES _____ NO X IS AWNING BACKLIT? YES N/A NO _____

HEIGHT OF AWNING: N/A LENGTH OF AWNING: N/A DEPTH: N/A

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES N/A NO N/A

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? N/A 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: 07-7-03

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

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 7/3/2003
PRODUCER Sports & Fitness Insurance Cor. 212 Key Dr., Suite A Madison, MS 39110 P:601-898-8464 F:601-853-6141	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		
INSURED HEALTH COACHES INC 17 FREE ST PORTLAND ME 04101	INSURER A GULF INSURANCE GROUP 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	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 CLAIMS MADE <input checked="" type="checkbox"/> OCCUR AGGREGATE LIMIT APPLIES PER POLICY PRO <input checked="" type="checkbox"/> LO	CLP-7751298	7/1/2003	7/1/2004	EACH OCCURRENCE \$ 1,000,000 PROPERTY DAMAGE (Any one fire) \$ 100,000 MEDICAL EXP (Any one person) \$ Excluded PERSONAL ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP OF AG \$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				CONTINUED SINGLE LIMIT (E & H Acc. Ident) \$ BODILY INJURY (P & H Person) \$ BODILY INJURY (P & H Accident) \$ PROPERTY DAMAGE (P & H Accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AUTO ONLY AGG \$
	EXCESS LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WORKERS STATUTORY OTHER \$ ELIMINATE - EA ACCIDENT \$ ELIMINATE - EA EMPLOYEE \$ ELIMINATE - POLICY LIMIT \$
A	OTHER SPCL FRM RCV THEFT	CLP-7751298	7/1/2003	7/1/2004	Contents \$50,000 Bus Inc \$37,500 Goods \$2,000 Sign \$500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 17 FREE ST PORTLAND, ME 04101
 City of Portland is named additional insured as their interest may appear.

CERTIFICATE HOLDER <input checked="" type="checkbox"/> ADDITIONAL INSURED: INSURER LETTER <input checked="" type="checkbox"/> A	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 90 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.
City of Portland Code Enforcement Office/Signs 389 Congress PORTLAND ME 04101	AUTHORIZED REPRESENTATIVE

ONE MONUMENT WAY, LLC

ONE MONUMENT WAY
SECOND FLOOR
PORTLAND, MAINE 04101
207/773-0225
TELEFAX 207/773-8832

June 19, 2003

City of Portland
389 Congress Street
Portland, ME 04101

Dear Sir or Madam,

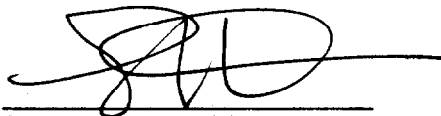
This letter is to confirm that Kim Volk of One Monument Way, LLC ("Lessor"), the owner of the building located at 6-15 Monument Square and 9-17 Free Street and referred to as One Monument Way (CBL 027-F-011-001), does hereby give permission to Mark Holmes of Health Coaches, Inc. ("Lessee"), to use the existing sign holder already attached to the building above his location at 17 Free Street (see attached), in a manner consistent with existing signs on that block of Free Street.

Lessor reserves the right to approve sign design before installation.

Sincerely,



Kim Volk



Seen & Agreed by Lessee

By: Mark Holmes
Health Coaches, Inc.
Its: President