

Form # P 04

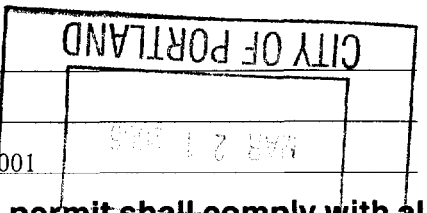
# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## INSPECTION PERMIT

Permit Number: 060270

This is to certify that ONE MONUMENT WAY  
has permission to Quizonos- 48" x 136" green lining w/  
AT 34 CITY CTR 027 F011001



provided that the person or persons who apply for and accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission proceeds before this building or part thereof is started or closed-in. 24 HOUR 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 \_\_\_\_\_

*[Signature]*  
3/21/06  
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

**CITY OF PORTLAND**

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 06-0270	Issue Date: MAR 21 2006	CBI: 027 F0 1001
Owner Address: ONE MONUMENT WAY	Phone:	
Contractor Address:	Phone:	
Permit Type:	Zone: B3	

Location of Construction: 34 CITY CTR	Owner Name: ONE MONUMENT WAY LLC
Business Name:	Contractor Name:
Lessee/Buyer's Name	Phone:

Past Use: Restaurant "Quiznos"	Proposed Use: Quiznos- 48" x 136" green awning w/ signage
-----------------------------------	--

Permit Fee: \$97.00	Cost of Work: \$97.00	CEO District: 1
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<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>N/A</i>	<b>INSPECTION:</b> Use Group: <i>L</i> Type: <i>Sign</i> Signature: <i>[Signature]</i>
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Proposed Project Description:  
Quiznos- 48" x 136" green awning w/ signage

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action  Approved  Approved w/Conditions  Denied

Signature: *[Signature]* Date: *031006*

Permit Taken By: Idobson	Date Applied For: 0212712006
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**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..	<b>Special Zone or Reviews</b> <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>2/13/06</i> <i>ASU</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
	Signature: <i>[Signature]</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

<b>Permit No:</b> 06-0270	<b>Date Applied For:</b> 0212712006	<b>CBL:</b> 027 F011001
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<b>Location of Construction:</b> 34 CITY CTR	<b>Owner Name:</b> ONE MONUMENT WAY LLC	<b>Owner Address:</b> ONE MONUMENT WAY	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Tenant/Buyer's Name:</b>	<b>Phone:</b>	<b>Permit Type:</b> Awnings	

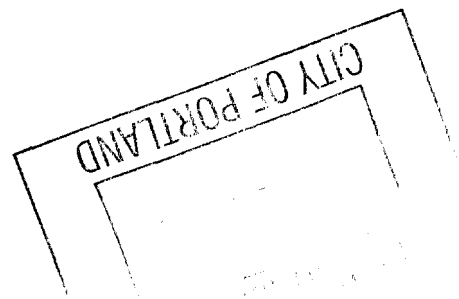
<b>Proposed Use:</b> Quiznos- 48" x 136" green awning w/ signage	<b>Proposed Project Description:</b> Quiznos- 48" x 136" green awning w/ signage
---	---

**Dept:** PAD      **Status:** Pending      **Reviewer:** Carrie Marsh      **Approval Date:** 03/10/2006  
**Note:**      **Ok to Issue:**

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 03/08/2006  
**Note:** Quiznos has already installed the awning on the existing frame from the previous tenant, Binga's.      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 03/12/2006  
**Note:**      **Ok to Issue:**

1) Separate Permits shall be required for any new signage.





# 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: 34 CITY CENTER

Tax Assessor's Chart, Block & Lot Chart# <u>27</u> Block# <u>F</u> Lot# <u>11</u>			Owner: <u>1 MONUMENT WAY LLC</u>	Telephone: <u>207-831-8700</u>
Lessee/Buyer's Name (If Applicable) <u>QUIZNOS</u>		Applicant name, address & telephone: <u>EDWARD R WOODBURY</u> <u>RIVER ROAD COMMONS</u> <u>355 TABATAH LN.</u> <u>WINNHAM ME 04092</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 _____ Total Fee: \$ _____

Who should we contact when the permit is ready: Ed Woodbury phone: 207-831-0

Tenant/allocated building space frontage (feet): Length: 22'8" = 3' Height: 14'  
Lot Frontage (feet) \_\_\_\_\_ Single Tenant or Multi Tenant Lot M.

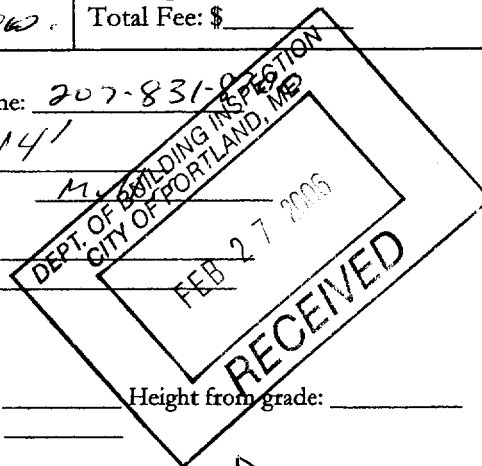
Current Specific use: Restaurant  
If vacant, what was prior use: \_\_\_\_\_  
Proposed Use: SANDWICH SHOP

Information on proposed sign(s):  
Freestanding (e.g., pole) sign? Yes \_\_\_\_\_ No  Dimensions proposed: \_\_\_\_\_ Height from grade: \_\_\_\_\_  
Bldg. wall sign? (attached to bldg) Yes \_\_\_\_\_ No  Dimensions proposed: \_\_\_\_\_

Proposed awning? Yes  No \_\_\_\_\_ Is awning backlit? Yes \_\_\_\_\_ No   
Height of awning: 9' Length of awning: 11'4" Depth: 48" 48" 130"  
Is there any communication, message, trademark or symbol on it? Yes  No \_\_\_\_\_  
If yes, total s.f. of panels w/communications, message, trademark or symbol: 14.03 s.f. QUIZNOS / USING SAT 9  
FRONT AT 5  
BLIND AT 5

Information on existing and previously permitted sign(s):  
Freestanding (e.g., pole) sign? Yes \_\_\_\_\_ No  Dimensions proposed: \_\_\_\_\_  
Bldg. wall sign? (attached to bldg) Yes \_\_\_\_\_ No  Dimensions proposed: \_\_\_\_\_  
Awning? Yes  No \_\_\_\_\_ Sq. ft. area of awning w/communication: \_\_\_\_\_  
Existing FRAME / NEW CANVAS

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.



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.

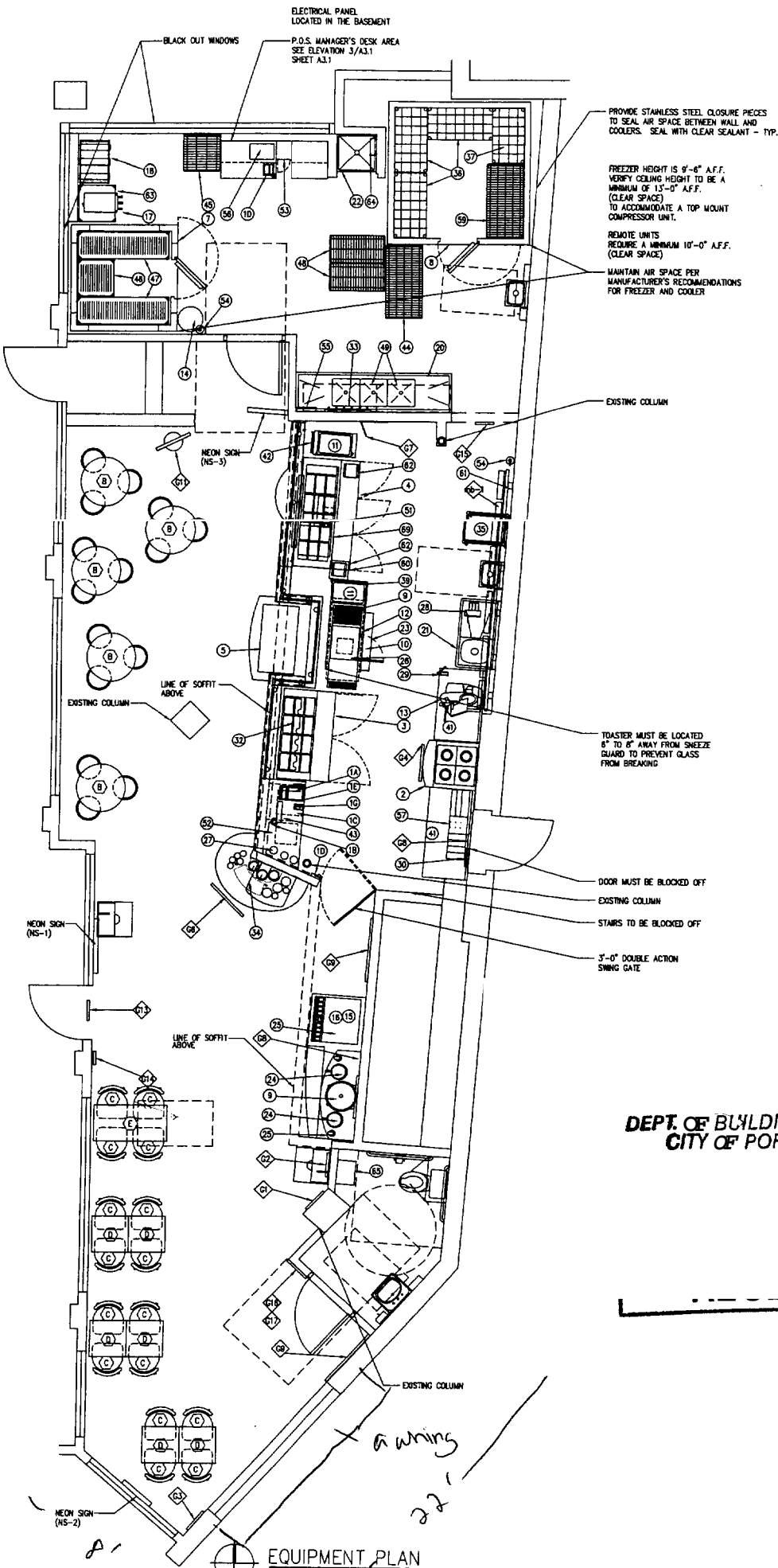
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building 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: [Signature] Date: 2/21/06

This is not a permit; you may not commence ANY work until the permit is issued.

Handwritten notes:  $2\# \times 30 = 60 \#$ ,  $45 \# \times 33 \#$ , translucent opaque awning - internally lit - 48" x 136" = 6528 sq", OK

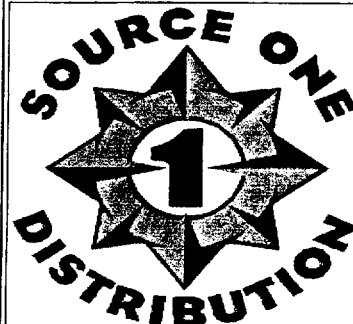


location: Q2002B

# Quiznos SUB

RETAIL CENTER  
MONUMENT WAY  
ONE MONUMENT WAY  
PORTLAND, ME 04101

store no. 9905



architect:

consultants:

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

1 2006  
Submittals:

**RECEIVED**

hasse

NOT FOR CONSTRUCTION  
11/21/05

project no.

date

file

sheet title

EQUIPMENT PLAN  
SCHEDULES

02/22/2006 13:58 FAX 207 7741193  
02/22/2006 13:07 FAX

COOLEY GROUP Bailey Sign

ATTN: Bruce  
207-774-1193

From Judi @  
Cooley

**STETSON LAB, INC.**

BLACENTON-BATHFIELD INDUSTRIAL PARK  
ONE TURPENE DRIVE - SUITE 11  
NORTH BATHFIELD, BRIDGE ISLAND 02865  
TELEPHONE (401) 766-7872

19 March 1993

**COOLEY, INCORPORATED**  
P.O. Box 939  
50 Esten Avenue  
Pawtucket, RI 02862

**LABORATORY REPORT**

**ATTENTION: ROBERT VENICE**

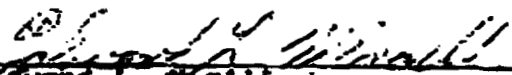
**SUBJECT:** Flame Resistant Tests according to  
NFPA-701 Large Scale on Samples  
identified as "COOLEY BRITE"  
sign face materials.  
401-7280910

**TESTING COMPLETED:** 18 March 1993

<u>TEST, UNIT OF MEASURE</u>	<u>RESULTS</u>		<u>REQUIREMENTS</u>
Flame Resistance (NFPA-701 Para. 3-2)	<u>WARP</u>	<u>FILL</u>	
AFTER FLAME, SECONDS	0.0 0.0 0.0 0.0 0.0	0.0 0.0 1.5 0.7 0.0	
Average:	0.9	0.4	2.0 MAXIMUM
CHAR LENGTH, INCHES	2.3 1.1 1.3 3.3 1.7	1.6 1.3 21 2.0 2.0	
Average:	1.9	1.8	10 MAXIMUM

THE SAMPLES TESTED ABOVE MEET THE REQUIREMENTS FOR THE LARGE SCALE TEST OUTLINED IN PARAGRAPH 5-2 OF NFPA-701.

I certify that the above tests were performed under my supervision in accordance with the specification test requirements and that the reported results are true, valid and applicable to the samples tested. I further certify that these samples are the only samples tested from the lot of components identified above.

Signed:   
Edward L. McGill  
President

ELM:um

This report is for the exclusive use of the client to whom it is addressed and its communication to any other party without the name Stetson Lab must receive our prior written approval. This report is confidential and its contents are not to be disseminated outside the client's organization.

*The Cooley Group*

New Revision Date: 4/13/2004

Replaces: 4/11/2002

By: J.B.

**PRODUCT SPECIFICATION**

*John  
Ann  
207-874-8716*

**1.0 STYLE#** 80-0042

<b>2.0 BASE FABRIC</b>	<b>ENGLISH</b>	<b>METRIC</b>
2.1 Weight	3.50 oz/yd <sup>2</sup>	118.6 g/m <sup>2</sup>
2.2 Fiber	Polyester	
2.3 Fabric Style	Knit	

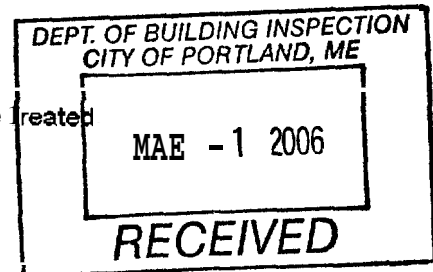
<b>3.0 COATED FABRIC</b>		
3.1 Total Weight	20.5 ± 1.5 oz/yd <sup>2</sup>	694.9 ± 50.85 g/m <sup>2</sup>
3.2 Gauge	0.0225 ± 0.0015 in.	0.057 ± 0.004 cm.
3.3 Type of Coating	PVC	
3.4 Coating Distribution	65 / 35	
3.5 Width	± 0.25 in.	± 0.64 cm.
3.6 Sealing Properties	Dielectric X	Thermal X

**4.0 MECHANICAL PROPERTIES**

TEST METHODS  
Fed.Std/191    ASTM

<b>4.1 Tensile Strength</b>						
Grab Warp	275	lbs.		122	daN	0751-A Mod
Fill	230	lbs.		102	daN	
1" Strip Warp	150	lbs./in.		133	daN/5cm	D751-B Mod
Fill	125	lbs./in.		111	daN/5cm	
4.2 Adhesion R.F.	10.0	lbs./in.		8.9	daN/5cm	D751 Mod
4.3 Adhesion Thermal	7.3	lbs./in.		6.4	daN/5cm	
4.4 Tear Strength, Butterfly	65	lbs.		23.9	daN	D1004 Mod
Warp	55	lbs.		24.4	daN	
4.5 Low Temperature	-30	° F		-34	° C	D2136
4.6 High Temperature, Cont/Interm.	180 / 200	° F		82 / 93.33	° C	D1204
4.7 Abrasion Resistance (Taber)	Wheel H18		Load	1000	g.	
To Exposed Fabric (Face)	Cycles 1500		wgt. loss	0.00020	g/cy	5306 D3884
4.8 Puncture						
Screwdriver	50	lbs.		22.2	daN	5120 D751 Mod
Ball	250	lbs.		111.1	daN	5120 D751
4.9 Hydro Resistance	350	psi.		2.4 X 10 <sup>6</sup>	Pa	5512 D751-A
4.10 Flame Resistance						
Time of Afterflame	2	sec. Max.		2	sec. Max.	NFPA-701 Large Scale
Length of Char	10	in. Max.		25.4	cm. Max.	

COMMENTS: Light transmission 16 - 22 % ANSI ISO 5/1,5/2,5/3  
 Fungus resistance No growth ASTM G-21-90  
 Weathering Resistance 4000 hrs. ASTM G53  
 Dimensional Stability 7% (Max.) ASTM D1204. Wick resistance treated  
 Available in multiple widths.



*The information contained herein or that is supplied by us, or on our behalf, is based upon data obtained through our own research and is considered accurate. However, No Warranty is expressed or implied regarding the accuracy of this data, the results obtained from the use thereof, or that any such use will not infringe upon any patent. This information is furnished upon the condition that the person receiving it shall evaluate its suitability for the specific application.*

Attn: Ann  
207-874-8716

3 pages

From your  
401-721-6204  
not opaque

# Material Safety Data Sheet

QUICK IDENTIFIER: COOLEYBRITE

Common Name (used on label and list)

1. correct this

May be used to comply with OSHA's Hazard Communication Standard, 29CFR 1910. 1200. Standard must be consulted for specific requirements

## SECTION 2 - HAZARDOUS INGREDIENTS/IDENTITY

Hazardous Component(s) (chemical & common name(s))	OSHA PEL	ACGIH TLV	Other Exposure Limits	% (optional)	CAS NO.
Antimony Oxide as SB )	0.5mg/m <sup>3</sup> (				

DEPT. OF BUILDING INSPECTION  
City of PORTLAND, ME

10,10 Oxybisphenoxarsine arsenic	0.5 mg/m <sup>3</sup> as				
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FEB 27 2006

RECEIVED

## SECTION 3 - PHYSICAL & CHEMICAL CHARACTERISTICS

Boiling Point	N/A	Specific Gravity (H <sub>2</sub> O=1)	N/A	Vapor Pressure (mm Hg)	N/A
Vapor Density (Air=1)	N/A				
Solubility in Water	Insoluble	Reactivity in Water	Unreactive		
Appearance and Odor	Characteristic vinyl odor	Melting Point	>160°		

## SECTION 4 - FIRE & EXPLOSION DATA

Flash Point >300°	Method Used	Flammable Limits E L Lower: LEL Upper:
Auto-Ignition Temp >400°	Extinguisher Media CO <sub>2</sub> , Water spray, dry chemical	
Special Fire Fighting Procedures: Self contained breathing apparatus		



Unusual Fire and Explosion Hazards:

None known

**SECTION 5 - PHYSICAL HAZARDS (REACTIVITY DATA)**

Stability:

Conditions to Avoid:

High Temperature

Incompatibility (Materials to Avoid)

Not known

Hazardous Decomposition Products

Carbon Monoxide, Hydrogen Chloride

Hazardous Polymerization:

Conditions to Avoid:

**SECTION 6 - HEALTH HAZARDS**

Acute

None known

Chronic

None known

Signs & Symptoms of Exposure

N/A

Medical Conditions Generally Aggravated by Exposure

Not known

Chemical Listed as Carcinogen or Potential Carcinogen

National Toxicology Program

I.A.R.C. Monographs

National Toxicology Program

Emergency First Aid Procedures:

Routes of Entry

1. Inhalation

Not normally hazardous unless material at elevated temp. Remove to fresh air.

2. Eyes

Irrigate with water for 15 minutes. Consult medical personnel

3. Skin

Not normally hazardous

4. Ingestion

Induce vomiting, consult medical personnel.

federal, state, and local

**SECTION 8 - SPECIAL PROTECTION INFORMATION/CONTROL MEASURES**

<b>Respiratory Protection</b> (Specify Type)	<b>Not required unless product submitted to elevated temp.</b>			
<b>Ventilation:</b> Do not exceed TLV's	Local Exhaust:	Mechanical (General)	Special	Other:

**Protective Gloves**  
Not Required

**Eye Protection;**  
Standard safety glasses

**Other protective Clothing or Equipment**  
Not Required

**Work/Hygenic Practices**

**IMPORTANT**

Do not leave any blank spaces. **If required information is unavailable, unknown, or does not apply, so indicate.**

FEB 28 2006 8:57 AM FR

TO 97757005

P.02

# CERTIFICATE OF LIABILITY INSURANCE

02/28/2006

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 COREITH INC  
 226 Falmouth Road  
 Falmouth, ME 04105

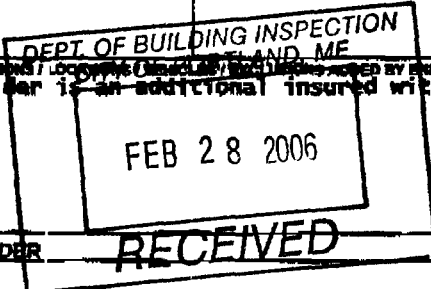
INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Peerless Ins Co	24198
INSURER B: Maine Employers Mutual	11149
INSURER C:	
INSURER D:	
INSURER E:	

### 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC	808086154	10/28/2005	10/28/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<b>AUTOMOBILE LIABILITY</b> <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) \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810079743	11/29/2005	11/29/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS (INCLUDES / DOES NOT INCLUDES COVERED BY ENDORSEMENT / SPECIAL PROVISIONS)  
 Certificate holder is an additional insured with respects to general liability



### CERTIFICATE HOLDER

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 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
 Gregg Ritter/BNEL

ACORD 25 (2001/08)

©ACORD CORPORATION 1988

\*\* TOTAL PAGE.02 \*\*

**ONE MONUMENTWAY, LLC**  
One Monument Way  
Portland, Maine 04101  
Telephone (207)773-0225  
Facsimile (207)773-8832

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 (CBL027-F-011-001), does hereby give permission to Coreith, Inc. dba Quiznos (“Lessee”), to continue usage of the existing awning with its existing placement attached to the building and above the windows at its location at One Monument Way on the First Floor.

Lessor approved the recovering of the existing awning structure and its associated sign design.

Sincerely,

**Kim Volk**

**ONE MONUMENT WAY, LLC**  
One Monument Way  
Portland, Maine 04101  
Telephone (207)773-0225  
Facsimile (207)773-8832

**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 **Coreith, Inc. dba Quiznos ("Lessee")**, to continue usage of the existing awning with its existing placement attached to the building and above the windows at its location at One Monument Way on the First Floor.

Lessor approved the recovering of the existing awning structure and its associated sign design.

Sincerely,



Kim Volk

