City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit NO 810 Owner: Location of Construction: Phone: 115 Middle St Brothers Three Lift 775-225 Lessee/Buver's Name: BusinessName: Owner Address Phone: Ill Commercial St Sweeter Children's Service Permit Issued Contractor Name: Address: Phone: Bon Wright, The Signery, 199 P Greet Ave Frid, RE 879-7700 1 0 1998 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 26.20 FIRE DEPT. Approved INSPECTION: Office (7) ☐ Denied Use Group: Type: CBL: 028-N-009 Zone: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews Approved with Conditions: □ Shoreland Erect Signage Denied П □ Wetland □ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 02 September 1998 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation □ Not in District or Landmark □ Does Not Require Review □ Requires Review Action: CERTIFICATION ☐ Appoved 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 ☐ Approved with Conditions ☐ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit U) September 1998 PHONE: SIGNATURE OF APPLICANT ADDRESS: DATE RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEO DISTRICT

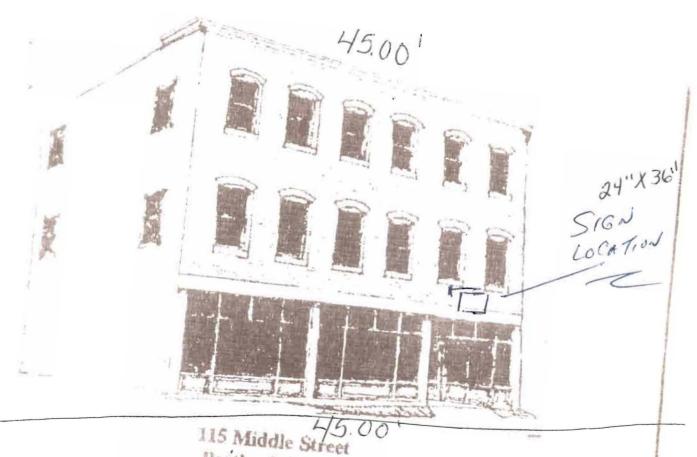
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Portland, Maine

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Building or Use Permit Pre-Application Attached Single Family Unellings Two-Pamily Owelling Mutil-Family or Commercial Structures and Additions Thereto

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SHE ... If the property owner over rest estate or personal property tures or user charges on ANY PROPERTY within the City, payment as rangements must be made before permits of any kind are accepted.

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CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY) 08/31/1998 PRODUCER (207)283-1486 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION FAX (207)283-4258 ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE Paquin & Carroll Insurance HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR 260 Main St. ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. P.O. Box 356 COMPANIES AFFORDING COVERAGE Biddeford, ME 04005 Medical Mutual Insurance Co COMPANY Attn: Ext: Α INSURED Commercial Union York Ins Co COMPANY Sweetser Children's Services B 50 Moody Street COMPANY Saco, ME 04072 C COMPANY D COVERAGES THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFFECTIVE POLICY EXPIRATION TYPE OF INSURANCE POLICY NUMBER LIMITS DATE (MM/DD/YY) DATE (MM/DD/YY) GENERAL LIABILITY GENERAL AGGREGATE \$ 3.000.000 X COMMERCIAL GENERAL LIABILITY PRODUCTS - COMP/OP AGG \$ 3,000,000 CLAIMS MADE X OCCUR PERSONAL & ADV INJURY \$ 1,000,000 Α HPL01194 04/20/1998 04/20/1999 OWNER'S & CONTRACTOR'S PROT EACH OCCURRENCE 1,000,000 X Professional Liabi FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) 8 5,000 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ X ANY AUTO 1,000,000 ALL OWNED AUTOS BODILY INJURY (Per person) \$ SCHEDULED AUTOS В AN80232 04/20/1998 04/20/1999 HIRED AUTOS BODILY INJURY (Per accident) NON-OWNED AUTOS PROPERTY DAMAGE \$ AUTO ONLY - EA ACCIDENT GARAGE LIABILITY \$ ANY AUTO OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$ **EXCESS LIABILITY EACH OCCURRENCE** \$ 5,000,000 X UMBRELLA FORM UMB01196 04/20/1998 04/20/1999 AGGREGATE OTHER THAN UMBRELLA FORM \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY EL EACH ACCIDENT \$ 500,000 04/20/1998 04/20/1999 H1699214 THE PROPRIETOR/ INCL 500,000 EL DISEASE - POLICY LIMIT PARTNERS/EXECUTIVE EL DISEASE - EA EMPLOYEE OFFICERS ARE EXCL 500,000 OTHER DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE

City of Portland City Hall 389 Congress St. Portland, ME 04101

ACORD 25-S (1/95)

EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Thomas E. Wells

©ACORD CORPORATION 1988

EAST BROWN COW ASSOCIATES

DATE 4 11 1808

TO Swe or Children's Scrence

FROM Tim Soley Brothers Have LLC

BJECT | External Superfor 115 Middle Street

By means of the mome, the Landlord gives its consent to Sweetser Children's Services for a 24" X 36 sign to be placed on the exterior of the building

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EAST BROWN COW ASSOCIATES

111 Commercial Street Portland MI: (410)

Fax Cover Sheet

DATE: 9/2 A

TO: 3, 3117

FROM: PA. E.

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PHONE: 205-271.7

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