

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT PERMIT

PERMIT ISSUED
Permit Number: 050421
MAY - 5 2005
CITY OF PORTLAND

This is to certify that 4 MILK MHR LLC /Scarboro Signs
has permission to install a 3' x 3' sign
AT 4 MILK ST

029 B002001

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 when permission is procured before this building or part thereof is altered 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] 05/03/05
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 No:	05-042	Issue Date:	MAY - 5 2005	Phone:	0297 B002001
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Location of Construction: 4 MILK ST	Owner Name: 4 MILK MHR LLC	Owner Address: 1660 SOLDIER FIELD RD	Phone:
Business Name:	Contractor Name: Scarboro Signs	Contractor Address: Rt. 1 Scarborough	Phone: 2078636796
Lessee/Buyer's Name	Phone:	Permit Type:	Zone: B-3

Past Use: Commercial	Proposed Use: Commercial / install a 3' x 3' sign	Permit Fee: \$83.00	Cost of Work: \$83.00	CEO District: 1
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Proposed Project Description: install a 3' x 3' sign	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group U Type Sign
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Signature: <i>[Handwritten Signature]</i>		Signature: <i>[Handwritten 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: Idobson	Date Applied For: 0411412005	Zoning Approval
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Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input checked="" type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MMD <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied to D.A.
Date: <i>OK 4/20/05</i>	Date:	Date: <i>4/25/05</i>

D. Andrews

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: 05-0421	Date Applied For: 04/14/2005	CBL: 029 B002001
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Location of Construction: 4 MILK ST	Owner Name: 4 MILK MHR LLC	Owner Address: 1660 SOLDIER FIELD RD	Phone:
Business Name:	Contractor Name: Scarboro Signs	Contractor Address: Rt. 1 Scarborough	Phone: (207) 883-6796
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial / install... Proposed Project Description:



CITY OF PORTLAND, MAINE
Department of Building Inspections

ews Approval Date: 04/25/2005

Ok to Issue:

kal Approval Date: 04/20/2005

Ok to Issue:

Received from Taylor, McCormick, Frank

Approval Date: 05/03/200

Ok to Issue:

Location of Work 4 Milk St

cost of Construction \$ _____

Permit Fee \$ 82.00

Building (IL) ___ Plumbing (I5) ___ Electrical (12) ___ Site Plan (U2) ___

Other Sign

CBL: 01 P. 002

Check #: 177 Total Collected \$ 83.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

- WHITE - Applicant's Copy
- YELLOW - Office Copy
- PINK - Permit Copy



ME

Total square footage of proposed structure:

Square footage of lot: 16 Acres

Lot frontage: 105.6 Tenant frontage: 7'

Tax Assessor's Chart, Block & Lot
Chart# 029/8002004 Block# Lot#

Owner:
4 Milk MHR, LLC

Telephone:
772-1471

Lessee/buyer's name (If applicable)
Taylor, McCormack + Frame, LLC

Current use: _____
Proposed use: _____

Total s.f. of signage 9
\$2.00 per s.f. \$ 18.00 plus
\$65.00 base fee
Fee: \$ 83.00

Applicant name, address & telephone:
Taylor, McCormack + Frame, LLC
P.O. Box 570
Portland, ME 04112
Tel: (207) 828-2005
email contact: ATaylor@TMFAttorney.com

If vacant, prior use: _____

How long has it been vacant? _____

Project description: _____

Number of tenants in lot? _____

Awning-without signage:
\$30.00 for first \$1,000
plus \$9.00 each addit.
\$1,000
Fee: \$ _____

Freestanding sign? Yes No
More than one sign? Yes No
Sign Attached to Building? Yes No

Dimensions _____ Height _____
Dimensions _____ Height _____
Dimensions 36" x 34" Height 34"

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:

"Calypso" - estimate 36" x 36" ; "Dathan Hunter" - estimate 36" x 36"

Contractor's name, address & telephone: Joe Tufts, Scarboro Signs 883-6796

Who should we contact when the permit is ready: Adam J. Taylor Direct Dial: (207) 347-4265

Mailing address: Taylor, McCormack + Frame 40, Box 570 Phone: Tel: (207) 828-2005
Portland, ME 04112

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.

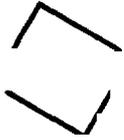
At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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 codes applicable to this permit.

[nature of applicant: _____]

Date: 4/10/09

This is not a Permit, you may not commence any work until the Permit is issued.



TAYLOR
McCORMACK &
FRAME
ATTORNEYS AT LAW

Gregg R. Frame, Esq.
GFrame@TMFAttorneys.com
Direct Dial: (207) 347-4264

MEMORANDUM

TO: Portland Planning and Development Department
FROM: Gregg R. Frame, Esq.
DATE: April 14, 2005
RE: Sign Permit Application

Attached please find a completed sign application permit for a sign to be attached to 4 Milk Street.

Included in this packet are:

- A Certificate of liability naming the City of Portland as an additional insured
- A letter of permission from the building owner
- Photos of the property from all angles
- The City of Portland Assessors Plan showing frontage, etc.
- A computer design of the sign, with dimensions of the sign included.

Taylor, McCormack & Frame LLC will be moving into the 4 Milk Street space on May 1, 2005, and wishes to have the sign approved by that time to announce our arrival. We appreciate your prompt consideration of this application, and please feel free to call me at any time to discuss.

Thank you.

Lawyers office is on the 3rd floor

INVESTMENT
MANAGEMENT
BROKERAGE
DEVELOPMENT

THE HAUGHEY COMPANY, INC.

1660 SOLDIERS FIELD ROAD
BOSTON, MASSACHUSETTS 02135
617-782-0012
FAX 783-0684

April 14, 2005

Gregg Frame, Esq.
Taylor, McCormack & Frame, LLC
P.O. Box 570
Portland, Maine 04112

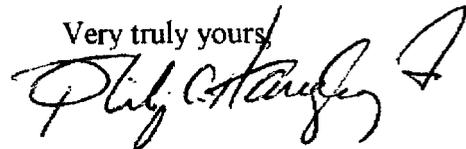
Re: 4 Milk Street
Portland, Maine

Dear Mr. Frame,

Taylor, McCormack and Frame, LLC hereby has the Landlord's permission to seek the appropriate consent of the City of Portland to install a perpendicular hanging sign on the exterior of the above-captioned building; said sign to be similar in size and in keeping with the present "Dathan Hunter" and "Calypso" signs.

Please note that the design of said sign still remains to be approved by Landlord.

Very truly yours,



Philip C. Haughey, Jr.
Manager
P2 Management, LLC

Cc: Geoffrey E. Norman, Esq.

OPID MM TAYLO-1													
PRODUCER Turner Barker Insurance One India Street Portland ME 04101 Phone: 207-773-8156 Fax: 207-773-6647	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 Taylor, McCormack & Frame LLC Gregg Frame PO Box 570 Portland ME 04112	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC.#</td> </tr> <tr> <td>INSURER A: Hanover Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC.#	INSURER A: Hanover Insurance Co		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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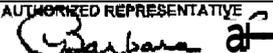
COVERAGES

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	OHP-7778034-00	01/24/05	01/24/06	EACH OCCURRENCE \$ 2000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 2000000 GENERAL AGGREGATE \$ 4000000 PRODUCTS - COMP/OP AGG \$ 2000000
		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 AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> 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 OTHER 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

The City of Portland is named as an additional insured in regards to sign at 4 Milk Street, Portland

CERTIFICATE HOLDER CITY OF PF City of Portland City Hall 389 Congress St 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 DAY 3 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 
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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;~~

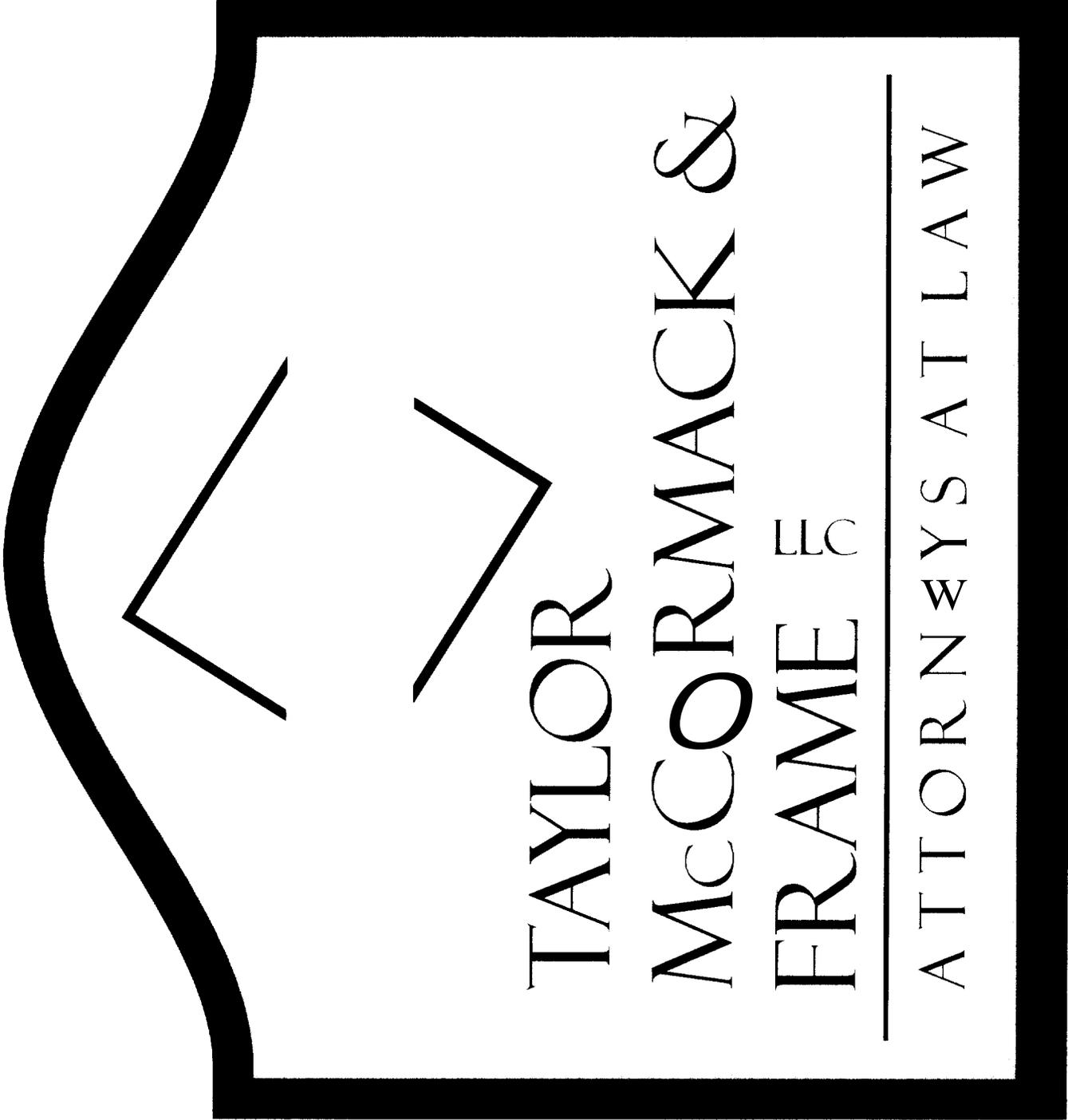
Proposed TME
Sign

2 ft high
3 ft wide

3 ft x
3 ft



(X) Door Width 4ft 8 in
Door Height 12ft



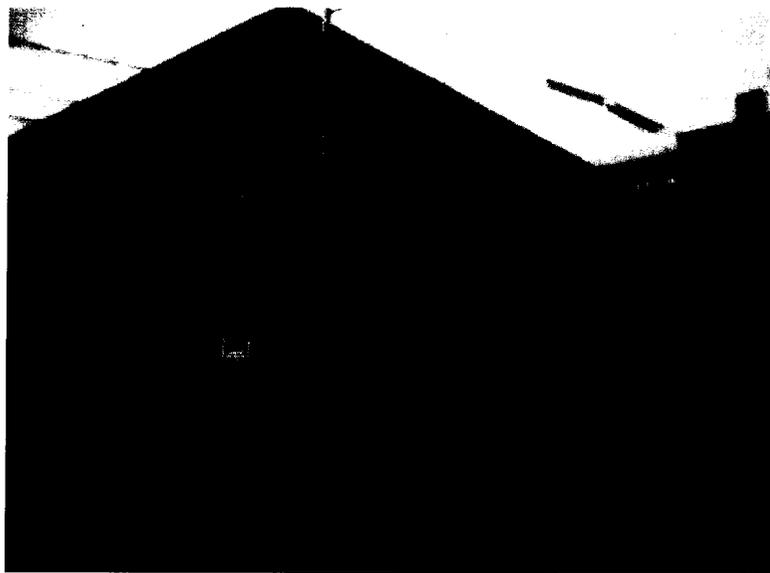
TAYLOR
MCCORMACK &
FRAME E.C.

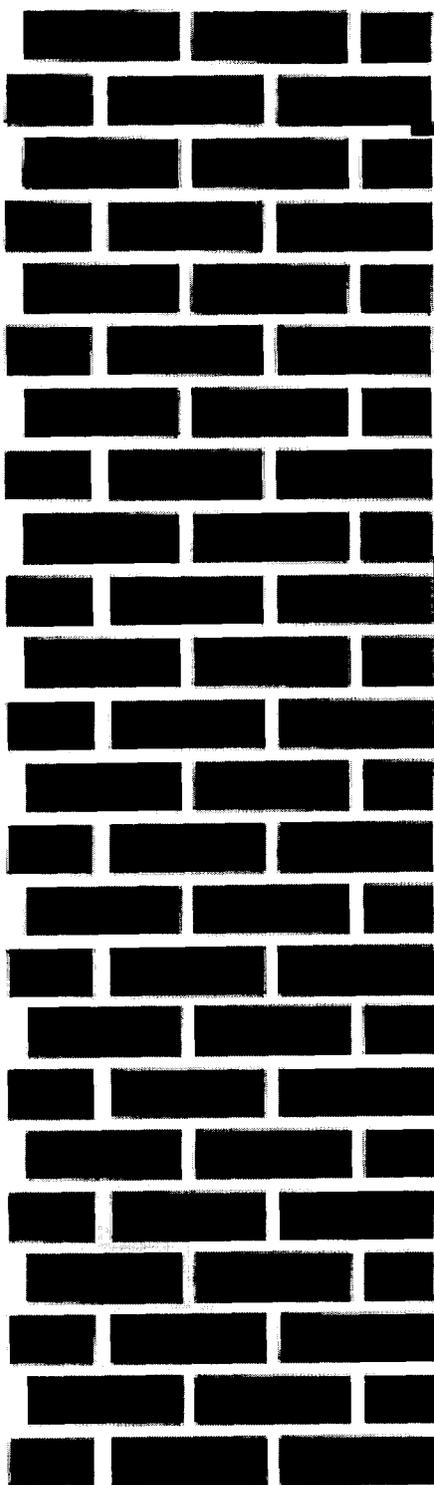
ATTORNEYS AT LAW





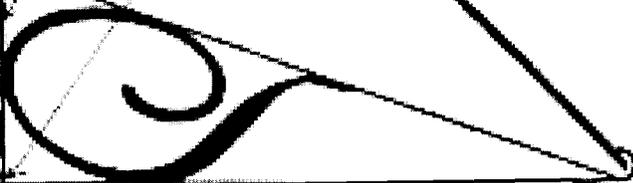






3" SH-100 7/8" x 3/4" L.P.C.

12 - 3/4" Galvanized
CABLE



Rec'd
5/3/05