

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED

DEC 14 2004

Permit Number: 04192

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that Bibeau & Grondin Llc /Owner

has permission to Install 4 sq ft sign

AT 340 Fore St

029 C001001

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 written permission procured before this building or part thereof is altered or closed-in. HEAVY 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

DepartmentName

Signature: [Handwritten Signature] 12/13/04
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 ISSUED		
Permit No: 04-1793	Issue Date: DEC 14 2004	CBL: 029 C001001

Location of Construction: 340 Fore St	Owner Name: Bibeau & Grondin Llc	Owner Address: 340 Fore St CITY OF PORTLAND	Phone: 772-5161
Business Name:	Contractor Name: Owner	Contractor Address: Portland	Phone: 0000000000
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: commercial space commercial space	Proposed Use: commercial ice w/ 4 sq ft sign	Permit Fee: \$3.00 \$73.00	Cost of Work: \$0.00	CEO District: 1
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Use Group: N/A Type: L-ENTER-WC Signature: [Signature]				

Proposed Project Description:
Install 4 sq ft sign
Install 4 sq ft sign

Signature: **[Signature]** Date: **12/10/04**

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: **[Signature]** Date: **12/10/04**

Permit Taken By: **jharris** Date Applied For: **12/06/2004**

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 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: 12/6/04	Zoning Appeal Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landmark Does Not Require Review <input checked="" type="checkbox"/> Requires Review <input type="checkbox"/> Approved w/Conditions Date: D. Andrews 12/10/04
	Zoning Approval		

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: 04-1793	Date Applied For: 12/06/2004	CBL: 029 C001001
340 Fore St	Bibeau & Grondin Llc	340 Fore St
Business Name:	Contractor Name: Owner	Contractor Address: Portland
Lessee/Buyer's Name		Phone () 772-5161 (000) 000-0000
Proposed Use: commercial space w/ 2- 2 sq ft sign		

Note:**Ok to Issue:**

Dept: Zoning **Status:** Approved
Note:

Reviewer: Marge Schmuckal **Approval Date:** 12/06/2004
Ok to Issue:

Dept: Building **Status:** Approved
Note:

Reviewer: Mike Nugent **Approval Date:** 12/13/2004
Ok to Issue:

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.

Square Footage of Lot FRONTAGE 16' x 10' WINDOWS 4' x 5'		
L	Owner: ARTHUR BIBEAL	
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: G. ANDERSON 340 FORE ST PORTLAND, ME.	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ 130.00 130.00 Awning Fee = Cost of Work: \$ 73.00 Total Fee: \$ 130.00 203.00
_____ _____ _____		
Approximately how long has it been vacant: _____ Proposed use: _____ Project description: _____		

Contractor's name, address & telephone:	978-546-1008
Whom should we contact when the permit is ready:	G. Anderson 546-1008
Mailing address:	11 MAIN ST ROCHESTER, MA. 01966
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: 978-546-1008	

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 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:	Date:
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This is NOT a permit, you may not commence ANY work until the permit is issued.

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 340 Fore St ZONE: B-2

CBL: _____

SINGLE TENANT LOT? YES _____ NO _____ MULTI TENANT LOT? YES NO _____

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES _____ NO _____

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 10' x 2' = 20' Height: _____

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS PROPOSED: _____

BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: 2 Signs Showing

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS: 11' x 2' = 22' x 2' = 44'

BLDG. WALL SIGN (attached to bldg)? YES _____ NO _____ DIMENSIONS: _____

AWNING? YES _____ NO _____ DIMENSIONS: _____

LOT FRONTAGE (FEET): _____

AWNING YES _____ NO IS AWNING BACKLIT? YES _____ NO _____

HEIGHT OF AWNING: _____ LENGTH OF AWNING: _____ DEPTH: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES _____ NO _____

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ 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: _____ DATE: _____

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

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. Be sure to include distance from the ground and building facade dimensions for any signage attached to a building.**
- 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 \$2.00 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 \$9.00 for each additional \$1,000.00.**

Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00

City of PORTLAND

#34-

BIBEAU & COMPANY

340 FORE STREET ♦ PORTLAND, MAINE 04101 ♦ WWW.BIBEAUANDCOMPANY.COM

November 30,2004

George Anderson
Hanna Wingate
340 Fore Street
Portland, Maine 04101

Dear Mr. Anderson:

We have reviewed your signage proposal for 340 Fore Street. It is our understanding that white window lettering will appear in the lower portion of the storefront windows in two locations; facing west and facing south. The signage proposal, as presented to the Landlord, meets with our approval. Please do not hesitate to contact me if you need further assistance.

Respectfully,


Arthur D. Bibeau

Bibeu & Grondin, LLC

DEC 2

DEC 2 2004

ON FRONT WINDOW AND SIDE.
VINYL LETTERING WHITE
2 WINDOWS
3 RE 1' X 2'



11/16/04

11/16/04



ANDERSON-WATKINS INSURANCE

31 Central Street, Westbrook, Maine 04092

FAX TRANSMISSION

Date: December 02,2004
To: LEE DONNA
Company:
From: Terry Maietta
Pages: 2 (including this sheet)

HANNA WINGATE HOUSE
CERTIFICATE OF INSURANCE

ACORD™ **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
12/02/2004

PRODUCER ANDERSON WATKINS ASSOCIATES, INC 31 CENTRAL STREET	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 GEORGE & JEAN ANDERSON DBA HANNA WINGATE HOUSE 11 MAIN ST. ROCKPORT MA 01966	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A PEERLESS INSURANCE CO</td> <td style="text-align: center;">24198</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 PEERLESS INSURANCE CO	24198	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.

LTR	ADDL INSRD	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	BINDER	12/02/04	12/02/05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>(DAMAGE TO RENTED PREMISES (Ea occurrence))</td> <td style="text-align: right;">\$ 50,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$ 5,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>PRODUCTS-COMP/OP AGG</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> </table>	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-COMP/OP AGG	\$ 2,000,000
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		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>WC STATUTORY LIMITS</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>OTHER</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E L EACH ACCIDENT</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E L DISEASE EA EMPLOYEE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E L DISEASE POLICY LIMIT</td> <td style="text-align: right;">\$</td> </tr> </table>	WC STATUTORY LIMITS	\$	OTHER	\$	E L EACH ACCIDENT	\$	E L DISEASE EA EMPLOYEE	\$	E L DISEASE POLICY LIMIT	\$		
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 CERTIFICATE HOLDER IS AN ADDITIONAL INSURED IN REGARDS TO SIGN

CERTIFICATE HOLDER CITY OF PORTLAND 389 CONGRESS ST PORTLAND, ME 04101 Attention:	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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE <p style="text-align: right;">Stephen P. St Angelo</p>
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