				PERMIT I	SSUED	
City of Portland, Mai 389 Congress Street, 041	•		1 001057	Issue Date:	il i	003001
Location of Construction:	Owner Name:	· · · · · · · · · · · · · · · · · · ·	Owner Address:		Phone:	
334 Fore St	Port City Apar	tments	Po Box 105 (3)	TY OF PO	RTLAND	
Business Name:	Contractor Name	:	Contractor Audre	ss:	Phone	
Old Port Retail	no contractor /	self	Portland			
Lessee/Buyer's Name	Phone:		Permit Type: Signs - Perman	nent		Zone:
Past Use:	Proposed Use:		Permit Fee:	Cost of Worl	k: CEO District:	
retail	retail/ erect 8'	x 1' sign on front	\$38.00 FIRE DEPT:	Approved	60.00 1 INSPECTION:	
				Denied	Use Group: USE Group: WSFECTION: BOCA Signature: M	Type: 53
Proposed Project Description:				1	M	
erect 8' x 1' sign			Signature/		Signature:	
			PEDESTRIAN AC	CTIVITIES DIST	RICT (P.A.D.)	
			Action: App	proved App	proved w/Conditions Date:	Denied
Permit Taken By:	Date Applied For:	T				
jodinea	05/30/2002		Zoni	ng Approva	ı l	
L		Special Zone or Rev	iews Ze	oning Appeal	Historic Pre	servation
	n does not preclude the eting applicable State and	Shoreland	☐ Varia			ict or Landmark
2. Building permits do no septic or electrical wo		☐ Wetland	Misc	ellaneous	Does Not Re	equire Review
within six (6) months	oid if work is not started of the date of issuance.	☐ Flood Zone		litional Use	Requires Re	view
False information may permit and stop all wo		Subdivision	Inter	pretation	Approved	
		Site Plan	Appr	roved	Approved w	/Conditions
		Maj Minor M	1 Deni	ed	Denied	. ditto
		Date:	O Date:		Date:	1
		्रिम्	,		TAA 6/19	102
		CERTIFICAT	ION			
I hereby certify that I am th I have been authorized by th jurisdiction. In addition, if shall have the authority to e such permit.	he owner to make this appli a permit for work described	med property, or that to cation as his authorized in the application is	the proposed worked agent and I agre issued, I certify th	ee to conform t at the code offi	to all applicable laws icial's authorized rep	of this
SIGNATURE OF APPLICANT		ADDRES	SS	DATE	PHO	ONE
RESPONSIBLE PERSON IN CH	IARGE OF WORK, TITLE			DATE	PHO	ONE

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

Signage 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:	A Fore 2	street		
Total Square Footage of Proposed Structu SH4	re	Square Footage of Lot		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# Da9-C-003	Owner: (ekr Coles washy apps.		Telephone:
Lessee/Buyer's Name (If Applicable) SILE HARRINGTM	telephone	name, address & 2012535433 CSheet Pulland M. 0401	1.0 \$3	tal s.f. of signage 8 x 00 per s.f. \$ 8 29 , plus 00.00 base fee ee: \$ 38,00
Current use: Retail / women's a lift the location is currently vacant, what was Approximately how long has it been vacant. Proposed use: Style Name Project description: Erect Style	as prior use: $8n$,	he	- - d
Contractor's name, address & telephone: Who should we contact when the permit Mailing address: 332 FM SWEE We will contact you by phone when the preview the requirements before starting an and a \$50.00 fee if any work starts before	is ready:	Elle Harrington Maine 04181 dy. You must come in and p in a Plan Reviewer. A stop w	ork/	•
IF THE REQUIRED INFORMATION IS NOT INCL	UDED IN THE	SUBMISSIONS THE PERMIT W	ILL E	BE AUTOMATICALLY

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 APROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner have been authorized by the owner to make this application as his/her authorized age jurisdiction. In addition, if a permit for work described in this application is issued, I certify shall have the authority to enter all areas covered by this permit at any reasonable hout to this permit.	ent. Lagree to fy that the Co	o c onform to ode Officials the provision	Palifable authorized rel	lbws of resented	this tive
Signature of applicant:	Date:	Mus at	RAUGA IP		

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall $\sum_{k=1}^{\infty} \frac{1}{4} \leq 874 - 8726$

SIGNAGE PRE-APPLICATION

PLEASE AINS WER ALL QUESTIONS
ADDRESS: 332 Fore Street zone: 5-7
OWNER: Port City apartments
APPLICANT: LUUUS
ASSESSOR NO
PLEASE CIRCLE APPROPRIATE ANSWER
SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO
FREESTANDING SIGN? (ex. Pole Sign) YES (NO) DIMENSIONS HEIGHT
MORE THAN ONE SIGN? DIMENSIONS $\frac{1}{3}$ HEIGHT $\frac{1}{3}$ = $\frac{1}{3}$
SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 344 254
MORE THAN ONE SIGN? (KES) NO DIMENSIONS 841×151
AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?
LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:
SH x ISt.
*** TENANT BLDG. FRONTAGE (IN FEET): 25 Soun X Z 7 504)
*** REQUIRED INFORMATION
A DE A FOR COMPLETATION

YOU SHALL PROVIDE:

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT:	DATE:	May 20,2002

PORT CITY APARTMENTS P.O. Box 10563 Portland, ME 04104

April 20, 2002

Ms. Eleanor Harrington Lucia's 332 Fore Street Portland, ME 04101

RE: Authorizations for Signage

Dear Elle:

As the owner of the building at 332-334 Fore Street, we hereby authorize you to remove, redecorate, and reinstall the existing "AMADEUS MUSIC" sign on the front of the building. Further, you are authorized to install additional signage as you deem necessary to promote your business. Please note that all sign work is at your expense. You are also responsible for obtaining municipal approvals and permits as required to comply with local ordinances. If you have any questions, please call me at 846-6594.

Good luck on your upcoming opening!

Sincerely,

Peter Colesworthy

Vote Colemnaticy

President

	ACORD CERTI	FICATE OF LIABI	LITY INS	SURANC	E	DATE 04/25/2002
Sm	DUCER ithwick & Clarke Ins O Commercial Street	urance, Inc.	ONLY AN HOLDER.	D CONFERS N THIS CERTIFICA	UED AS A MATTER O O RIGHTS UPON TH ATE DOES NOT AMEN FORDED BY THE POLI	IE CERTIFICATE
Po	rtland ME	04101-			AFFORDING COVERAG	
	RED		INSURER A: MI	DDLESEX MUT	UAL ASSURANCE CO	o.
	le Hetherington dba	Lucia's Inc.	INSURER B:			
40	1 Cumberland Ave., A	pt #402	INSURER C:			
		_	INSURER D:			
Po	rtland ME	04102-	INSURER E:			
CO	VERAGES					
RE TH	QUIREMENT, TERM OR CONDITION E INSURANCE AFFORDED BY THI	BELOW HAVE BEEN ISSUED TO THE INS OF ANY CONTRACT OR OTHER DOCUME E POLICIES DESCRIBED HEREIN IS SUI E BEEN REDUCED BY PAID CLAIMS.	NT WITH RESPECT	T TO WHICH THIS C	ERTIFICATE MAY BE ISSUE	D OR MAY PERTAIN,
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s
A	GENERAL LIABILITY	TBD		04/25/2003	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	s 100,000
	CLAIMS MADE X OCCUR		/ /	//	MED EXP (Any one person)	s 5,000
			ĺ		PERSONAL & ADV INJURY	\$ 1,000,000
			/ /	1 / /	GENERAL AGGREGATE	s 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	:			PRODUCTS - COMP/OP AGG	s 1,000,000
	POLICY PRO- JECT LOC		/ /	/ /		
	AUTOMOBILE LIABILITY ANY AUTO		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	\$
	ALL OWNED AUTOS		/ /	/ /	BODILY INJURY	1
	SCHEDULED AUTOS				(Per person)	\$
	HIRED AUTOS	}	/ /	/ /	BODILY INJURY	
	NON-OWNED AUTOS				(Per accident)	\$
			/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	ANY AUTO		/ /	/ /	OTHER THAN EA ACC	\$
			<u> </u>	<u> </u>	AUTO ONLY: AGG	\$
	EXCESS LIABILITY		/ /	/ /		\$
	OCCUR CLAIMS MADE				AGGREGATE	\$
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	DEDUCTIBLE		/ /	/ /		\$
	RETENTION \$ WORKERS COMPENSATION AND		, ,	 	WC STATU- I TOTH-I	\$
	EMPLOYERS' LIABILITY		/ /	/ /	WC STATU- OTH- TORY LIMITS ER	
			, ,	//	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$
			, ,	ļ ''		
	OTHER				E.L. DISEASE - POLICY LIMIT	3
			/ /	/ /		
DESC	RIPTION OF OPERATIONS/LOCATIONS/V	EHICLES/EXCLUSIONS ADDED BY ENDORSEME	NT/SPECIAL PROVISIO	ons		
CER AT :		AS ADDITIONAL INSURED AS RESP ND, ME.	ECTS TO THE I	NSURED'S BUSIN	iess sign on the but	LDING LOCATED
CEF	TIFICATE HOLDER X ADD	ITIONAL INSURED; INSURER LETTER:	CANCELLATI	ON		
			SHOULD ANY	OF THE ABOVE DE	SCRIBED POLICIES BE CAN	CELLED BEFORE THE
			EXPIRATION D	ATE THEREOF, THE	ISSUING INSURER WILL	ENDEAVOR TO MAIL
	#= mas		10 DAYS V	VRITTEN NOTICE TO T	HE CERTIFICATE HOLDER NAM	IED TO THE LEFT, BUT
	CITY HALL		FAILURE TO DO	SO SHALL IMPOSE N	O OBLIGATION OR LIABILITY O	F ANY KIND UPON THE
	389 CONGRESS STRE	EET, ROOM 315	INSURER, ITS AGENTS OR REPRESENTATIVES.			
			AUTHORIZED REF	PRESENTATIVE	ad rin	7
	PORTLAND ME 04101-					

ACORD 25-S (7/97)

ELECTRONIC LASER FORMS, INC. - (800)327-0545

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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).

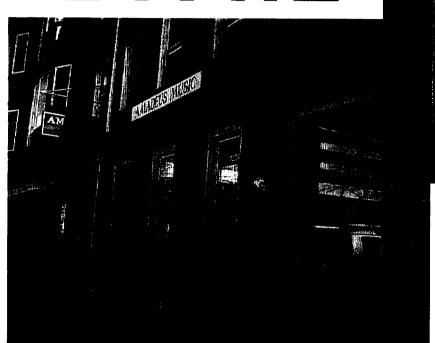
DISCLAIMER

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.

Tel (207) 772-2422 Fax (207) 774-5114 www.malonecb.com

Portland, Maine 04101





ADDRESS:	332 Fore Street, Portland, Maine (formerly Amadeus Music)		
SPACE:	800± SF retail space with 427± SF of storage in basement		
AVAILABILITY:	Immediate		
LANDLORD:	Port City Apartments Corp.		
HVAC:	Included in base rent		
TERM:	Flexible		
LEASE RATE:	\$19.75 Modified Gross (MG) Tenant to pay increases over base year.		



BROKER: Pete Harrington peter@malonecb.com (207) 772-2422

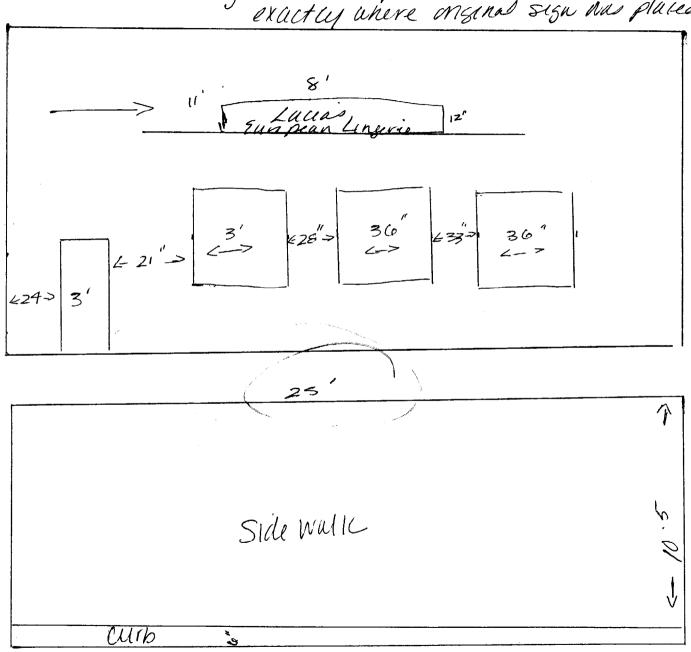
Malone Commercial Brokers, Inc., is representing the Seller in the marketing, negotiation, and sale and/or lease of this property. While information furnished is from sources deemed reliable, no warranty or representation, express or implied, is made as to the accuracy of information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions imposed by our principals.

Orig. 10/2001





Sign size and placement .
exactly where original sign was placed same dimensions



Wooden sign.