

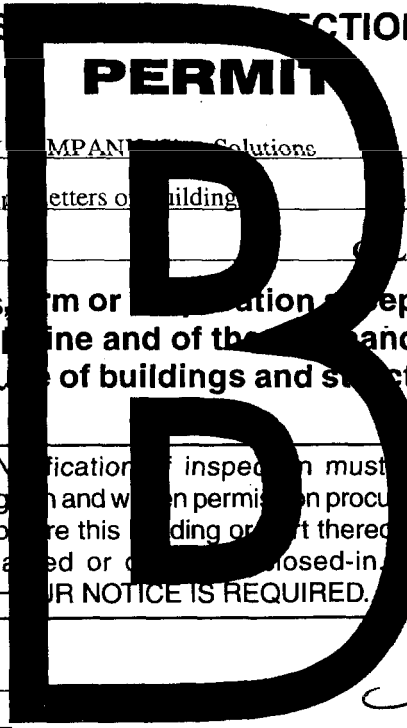
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

BUILDING DEPARTMENT

PERMIT ISSUED
Permit Number: 050780
AUG - 1 2005
CITY OF PORTLAND



PERMIT

This is to certify that ELC LIMITED LIABILITY COMPANY Solutions

has permission to install non-illuminated change letters on building

AT 130 MIDDLE ST 029 E001001

provided that the person or persons, firm or corporation accepting 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 is procured before this building or part thereof is altered or closed-in. **FOUR 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] 7/29/05
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 05-0780	Issue Date PERMIT ISSUED AUG - 1 2005	CBL: 029 E001001
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Location of Construction: 130 MIDDLE ST	Owner Name: ELC LIMITED LIABILITY COMP	Owner Address: 20 MILK ST	Phone:
Business Name:	Contractor Name: Sign Solutions	Contractor Address: 55 Bishop St. Portland	Phone: 207 8788000
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Current Use: Commercial	Proposed Use: Commercial / install non - illuminated channel letters on building	Permit Fee: \$84.00	Cost of Work: \$84.00	CEO District: 1
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Proposed Project Description:
install non -illuminated channel letters on building

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: U Type: Sign TBC 2003 Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
Signature: <i>D. Andrews</i> Date: 7/21/05	

Permit Taken By: Idobson	Date Applied For: 0611412005	Zoning Approval
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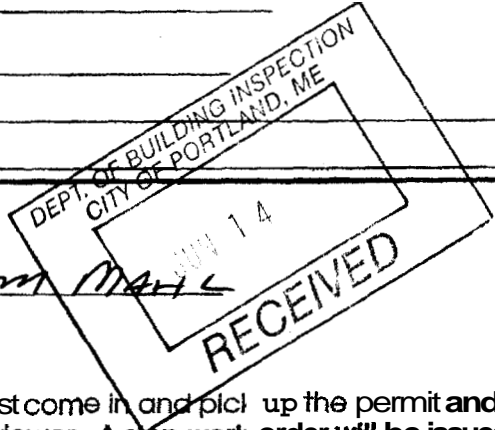
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>OK 6/30/05</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input checked="" type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>D. Andrews 7/21/05</i></p>
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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

Location/Address of Construction: <u>130 MIDDLE STREET</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>29</u> Block# <u>7</u> Lot#	Owner: <u>130 LIMITED LIABILITY CO.</u>	Telephone: <u>774-1000</u>
Lessee/Buyer's Name (If Applicable) <u>ALBIN, RANDALL & BENNETT</u>	Applicant name, address & telephone: <u>SIGN SOLUTIONS</u> <u>55 BISHOP STREET</u> <u>PORTLAND, ME 04103</u>	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: <u>\$ 84.00</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: <u>OFFICE BUILDING</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: _____		
Project description: _____		
Contractor's name, address & telephone: <u>699-2262</u>		
Who should we contact when the permit is ready: <u>WILLIAM MAHL</u>		
Mailing address: <u>55 BISHOP STREET</u> <u>PORTLAND, ME 04103</u>		
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: _____		



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: <u>William Mahl</u>	Date: <u>5/24/05</u>
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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 ANSWER ALL QUESTIONS

ADDRESS: 130 MIDDLE STREET ZONE: B-3

CBL _____

SINGLE TENANT LOT? YES _____ NO X MULTI TENANT LOT? YES X NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES X NO _____

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO X DIMENSIONS PROPOSED: _____
BLDG. WALL SIGN? (attached to bldg) YES X NO _____ DIMENSIONS PROPOSED: 1' x 24' 6"

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO X DIMENSIONS: _____
BLDG. WALL SIGN (attached to bldg)? YES X NO _____ DIMENSIONS: 1'-1" x 20'-0"
AWNING? YES X NO _____ DIMENSIONS: 4' HIGH x 26' WIDE x 4' DEEP

LOT FRONTAGE (FEET): 280' (140' ON MIDDLE, 140' ON PEARL)
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 280'

AWNING YES _____ NO X 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: [Signature] DATE: 5/24/05

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

140' x 2 = 280 #

26.46 # - NEW

20.00 # exist

46.46 # total

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.
- 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.
- N/A Certificate of Flammability required for awning or canopy at time of application.
- N/A 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 \$1.00 per square foot of sign.**

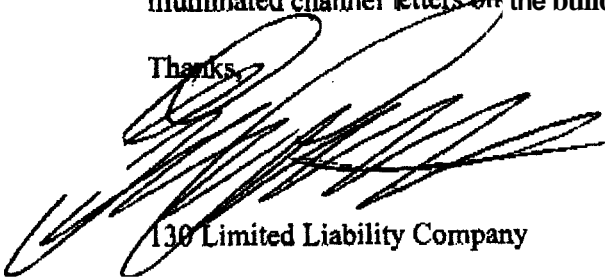
**Permit Fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, plus \$7.00 for each additional \$1,000.000.**

May 16,2005

Sign Code Dept.
City of Portland
Portland, Me.

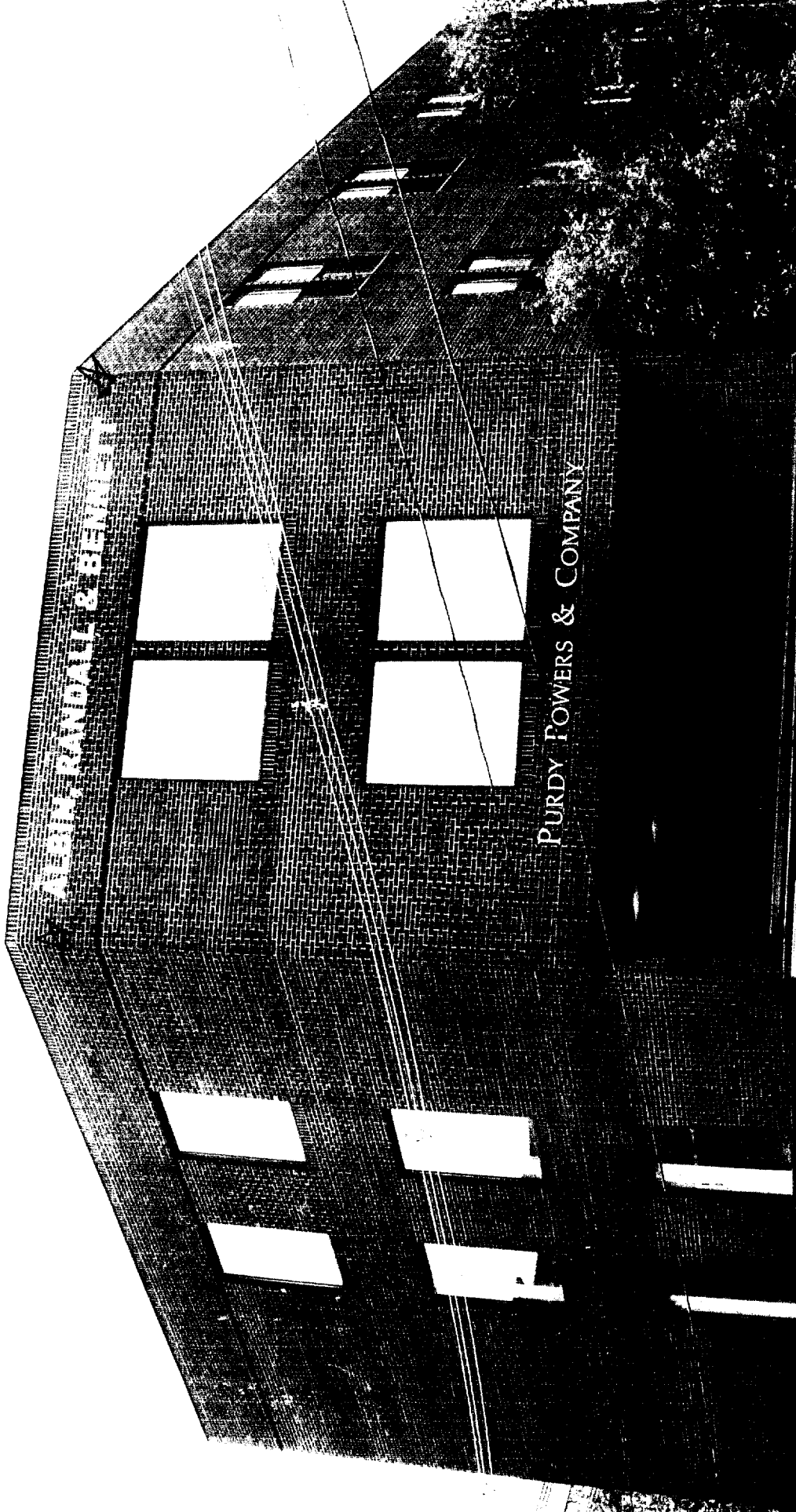
To whom it may concern. We have approved Sign Solutions proposal to install non-illuminated channel letters on the building at 130 Middle Street.

Thanks,

A large, stylized handwritten signature in black ink, appearing to be written with a pen or marker. The signature is highly cursive and somewhat illegible, but it is positioned over the typed name of the sender.

130 Limited Liability Company

Portland, Me 04 103



ALBION RANDALL & BENNETT

PURDY POWERS & COMPANY

LEASE
8-10/7 SF
MALONE
772-2422

120 MIDDLE STREET

130

NO
PARKING
ANY
TIME



FedEx

NO
PARKING
ANY
TIME

1.08 x 245' 26.46¢

1-1"

24'-6 1/4"

NON-ILLUMINATED STAINLESS STEEL LETTERS WITH A NATURAL SATIN FINISH,
LETTERS SHALL BE MOUNTED TO BUILDING WITH 3/16 X 4 ANCHORS AT THE
ENDS OF EACH LETTER STROKE.

140 ✓

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID # ALBIR-1	DATE (MM/DD/YYYY) 06/10/05
PRODUCER TD Banknorth Ins Agency Inc (SP) P.O. Box 406 Portland ME 04112-0406 Phone: 207-775-6000 Fax: 207-775-0339		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 Albin, Randall & Bennett One Portland Square P.O. Box 445 Portland ME 04112		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Travelers Insurance Company	
		INSURER B:	
		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.

FORM NO./LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	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"/> PER-JECT <input type="checkbox"/> LOC	I680344X3192	07/14/04	07/14/05	EACH OCCURRENCE \$1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - CON/PROP AGG				\$1,000,000 \$5,000. \$1,000,000 \$2,000,000 \$2,000,000	
	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 DEDUCTIBLE RETENTION \$				EACH OCCURRENCE AGGREGATE	\$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				INC STATUTORY LIMITS OFF-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Portland is listed as additional insured with respect to the sign.

CERTIFICATE HOLDER CITYOFF City of Portland 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 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 TD Banknorth Ins. Agency, Inc.
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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/07/05

PRODUCER Cross Insurance -CL/Bnds-P P. O. Box 567 Portland, ME 04112 800 286-5352	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Sign solutions Mahl Enterprises LLC dba 55 Bishop Street Portland, ME 04103	INSURER A: Peerless Ins. Co.	24198
	INSURER B:	
	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.

INSURER LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CBP9913570	09/15/04	09/15/05	EACH OCCURRENCE	\$1,000,000
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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
					GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
	AUTOMOBILE LIABILITY	BA9914370	09/15/04	09/15/05	COMBINED SINGLE LIMIT (EA ACCIDENT)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY - EA AGG	\$
					AGG	\$
						\$
						\$
						\$
	GARAGE LIABILITY	CU9914870	09/15/04	09/15/05	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> ANY AUTO				AGGREGATE	\$1,000,000
						\$
						\$
						\$
						\$
	EXCESS/UMBRELLA LIABILITY				<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	
					DEDUCTIBLE	
					<input checked="" type="checkbox"/> RETENTION \$ 10000	
					WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	
	(ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
					EL. EACH ACCIDENT	5
					EL. DISEASE - EA EMPLOYEE	\$
					EL. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is named as Additional Insured with respects to the General Liability only.

re: Aldin Randall & Bennett, 130 Middle Street, Portland ME

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER. ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Karen Peterson

CROSS INSURANCE - PORT/WIND/NC

P. O. Box 567, Portland, ME 04112-0567

800-286-5352

SagiFAX Cover Sheet

FAX TO

Bill

Sign Solutions

12076992264

FAX FROM:

David G. Infinger

CROSS INSURANCE - PORT/WIND/NC

800-286-5352

FAX DATE: June 7, 2005

FAX TIME: 3:44pm

NUMBER OF PAGES(INCLUDING COVER): 2

COMMENTS:

Please see attached Certificate of Insurance.