

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 25 Pearl St		Owner: Custom House Limited		Phone: 772-8896		Permit No: 981249	
Owner Address:		Lessee/Buyer's Name: Allenbrook, Inc. 25 Pearl St Ptd, ME 04101		Phone:		Business Name:	
Contractor Name: Maine Bay Canvas		Address: 53 Industrial Way Ptd, ME		Phone: 676-8888		Permit Issued: NOV 2 1998	
Past Use: Office		Proposed Use: Same		COST OF WORK: \$		PERMIT FEE: \$ 60.00	
Proposed Project Description: Replace Awnings Erect Wooden Sign				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: <i>HM</i>		Signature:	
Permit Taken By: SP				Date Applied For: 19 IN October 1998			

PERMIT ISSUED
NOV 2 1998
CITY OF PORTLAND

Zone: CBL: 029-E-009
 Zoning Approval: *PLM/ED*
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
 Date: *10/20/98*

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

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 provisions of the code(s) applicable to such permit

20 October 1998

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

KR/DO
CEO DISTRICT 1

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 25 Pearl Street ZONE: B-3

OWNER: Custom House Limited Partnership

APPLICANT: Allenbrook Inc.

ASSESSOR NO. 29-E-9

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES NO X DIMENSIONS _____ HEIGHT _____

MORE THAN ONE SIGN? YES NO X DIMENSIONS _____ HEIGHT _____

SIGN ATTACHED TO BLDG.? YES NO X DIMENSIONS _____

MORE THAN ONE SIGN? YES NO X DIMENSIONS _____

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____

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

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: Handcarved wooden sign over 25 Pearl entrance - been there for 5 years
5' x 2' = 10 sq ft

No message & Not backlit - Not considered signage

*** TENANT BLDG. FRONTAGE (IN FEET): 275'
*** REQUIRED INFORMATION

AREA FOR COMPUTATION

see attached sketch

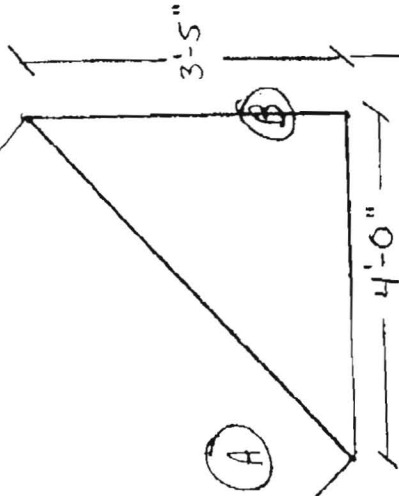


YOU SHALL PROVIDE:

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.

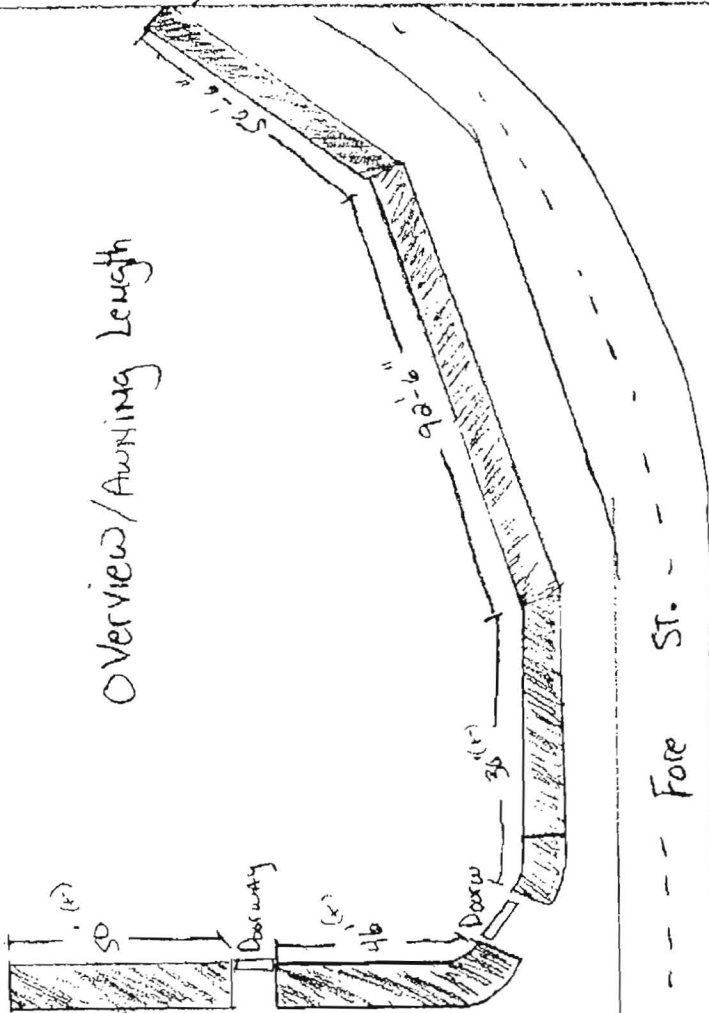
SIGNATURE OF APPLICANT: Deborah Merrill DATE: 10-9-98
Allenbrook Inc.

Page 4



- ① Forest Green Sunbrella Fireseat 8' (+)
- ② Same Height + Projection AS existing TGIF AwningS

Overview/Awning Length



Rear St.

Fore St.

EVIDENCE OF INSURANCE		ISSUE DATE 10-08-98															
PRODUCER J&H Marsh & McLennan 500 W. Monroe Chicago, IL 60661		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. COMPANIES AFFORDING COVERAGE															
INSURED CNA Financial Corporation and Subsidiaries including AMS SERVICES, INC. CNA Plaza Chicago, IL 60685		COMPANY LETTER A		Continental Casualty Company													
		COMPANY LETTER B		Transportation Insurance Company													
		COMPANY LETTER C															
		COMPANY LETTER D															
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.																	
CO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS												
A	<input checked="" type="checkbox"/> GENERAL LIABILITY (GL) <input checked="" type="checkbox"/> COMM'L GL <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S CONTR PROT	GL161788124	01/01/97	01/01/2000	<table style="width: 100%; font-size: x-small;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PRODUCT—COMPONS AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PERSONAL & ADVERTISING INJURY</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>FIRE DAMAGE (ANY ONE FIRE)</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>MEDICAL EXPENSE (ANY ONE PERSON)</td><td style="text-align: right;">\$ 5,000</td></tr> </table>	GENERAL AGGREGATE	\$2,000,000	PRODUCT—COMPONS AGGREGATE	\$2,000,000	PERSONAL & ADVERTISING INJURY	\$2,000,000	EACH OCCURRENCE	\$2,000,000	FIRE DAMAGE (ANY ONE FIRE)	\$2,000,000	MEDICAL EXPENSE (ANY ONE PERSON)	\$ 5,000
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B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY (AL) <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BUA161788107 (AOS) BUA161788110 (TX)	01/01/97	01/01/2000	<table style="width: 100%; font-size: x-small;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>BODILY INJURY (PER PERSON)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (PER ACCIDENT)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$2,000,000	BODILY INJURY (PER PERSON)	\$	BODILY INJURY (PER ACCIDENT)	\$	PROPERTY DAMAGE	\$				
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A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> OTHER	WC161788088 WC161788091	01/01/97	01/01/2000	<table style="width: 100%; font-size: x-small;"> <tr><td colspan="2">STATUTORY LIMITS</td></tr> <tr><td>\$2,000,000</td><td>(EACH ACCIDENT)</td></tr> <tr><td>\$2,000,000</td><td>(DISEASE—POLICY LIMIT)</td></tr> <tr><td>\$2,000,000</td><td>(DISEASE—EACH EMPLOYEE)</td></tr> </table>	STATUTORY LIMITS		\$2,000,000	(EACH ACCIDENT)	\$2,000,000	(DISEASE—POLICY LIMIT)	\$2,000,000	(DISEASE—EACH EMPLOYEE)				
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\$2,000,000	(DISEASE—EACH EMPLOYEE)																
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS																	
CERTIFICATE HOLDER <p style="text-align: center; font-weight: bold;">SPECIMEN COPY</p>			CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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. <p style="text-align: center; font-family: cursive; font-size: 1.2em;">E. Brian Wolover</p> AUTHORIZED REPRESENTATIVE														

Landlord Release Form

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE
ERECTED ON A BUILDING AT 25 PEARL STREET

IN PORTLAND, MAINE C.H.L.P. being the owner of the premises
at 25 PEARL ST. in Portland, Maine hereby gives consent to the
erection of a certain sign owned by ALLENBROOK, INC over the
public sidewalk or on the building from said premises as described in
application to the Division of Inspection Services of Portland, Maine for a
permit to cover erection of said sign:

And in consideration of the issuance of said permit CUSTOM HOUSE LIMITED PARTNERSHIP
C.H.L.P.
owner of said premises, in event said sign shall cease to serve the purpose
for which it was erected or shall become dangerous and in event the owner of
said sign shall fail to remove said sign or make it permanently safe in case
the sign still serves the purpose for which it was erected, hereby agrees
for himself or itself, for his heirs, its successors, and his or its
assigns, to completely remove said sign within ten days of notice from said
Inspector of Buildings that said sign is in such condition and of order from
him to remove it.

In Witness whereof, the owner of said premises has signed this consent and
agreement this 16TH day of SEPTEMBER 1998.

William J. McNeil
AGENT FOR C.H.L.P.

04B P02 SEP 14 '98 11:13

MAINE BAY CANVAS

207-878-5119

Certificate of Flame Resistance



REGISTERED APPLICATION CONCERN No.

FA-36801

ISSUED BY

Glen Raven Mills, Inc.
1831 N. Park Avenue
Glen Raven, NC 27217

(Phone) 910/227-6211 (Fax) 910/229-4039

Date treated or manufactured

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR Maine Bay Canvas ADDRESS 53 Industrial Way
CITY Portland STATE Maine

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used _____ Chem. Reg. No. _____

Method of application _____

(b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used FR Sunbrella® Reg. No. FA-36801

The Flame Retardant Process Used will not **Be Removed By Washing**
(will or will not)

* Sunbrella FR # 8637
Forest Green

Glen Raven Mills, Inc.

Name of Applicator or Production Superintendent

GLEN RAVEN MILLS, INC.

By David A. Edgerton
Title DIV. MGR.

Received Event (Event Succeeded)

Date: 8/31/98
 Pages: 1
 Sender: 207 878 5119
 Fax Number:
 Type: Fax

Time: 1:38 PM
 Duration: 1 min 11 sec
 Company:
 Subject:

207-878-5119

MAINE BAY CANVAS

027 P01 AUG 31 '98 13:00

ESTIMATE - CONTRACT

SOLD TO: ALLENBROOK Inc.
 DEL ADDRESS 25 Pearl St.
Portland, ME 04101
 MAIL ADDRESS _____
same

W.O.#	<u>AB9298</u>
JOB#	_____
DATE	<u>8/31/98</u>
EST. DEL DATE	<u>3 wks from order</u>
HOME PHONE	<u>fax# 772-5401</u>
BUS. PHONE	<u>772-5400</u>
FRAME STYLE	<u>welded shedroof</u>
FABRIC & COLOR	<u>Sunbrella Firesist</u>
FABRIC STYLE #	<u>Forest Green</u>

Manufacture and install awning frames and fabric to cover the entire length of building, down Pearl St. and down Fore St. to corner of building. Approximately 275' in total length.

Dimensions: 3'-5" tall x 4'-0" projection and one continuous run of 275' except over the two main doorways.

Frame: 1" square galvanized steel tubing. All welded construction. The existing frames (TGI Fridays) will be used in the make up of the 275' of total awning.

Fabric: Sunbrella Firesist woven acrylic awning fabric with a 5 year manufacturers warranty.

Scope: The areas where there are no awnings will have new ones constructed, the existing frames will be incorporated into the long runs of framework. The existing frames will have to come down and have the fabric stripped off and remounted. Sunbrella fabric will be then laced on tight with no gathering or puckers.

Graphics: None at this time.

FAX TRANSMITTAL # of Pages 1
 TO: Deb Merrill FROM: DAN GAUVIN
 CO: ALLENBROOK MAINE BAY CANVAS INC.
 DEPT. _____ PHONE: (207) 878-8888
 FAX # _____ FAX # (207) 878-5119
 COMMENTS: Please review and call me.

ITEM:	ESTIMATE
as above	\$7,500.00
tax.....	\$375.00
ESTIMATE TOTAL	\$7,875.00
LESS DEPOSIT	50%
DUE UPON INSTALLATION	net

CONTRACT AGREEMENT
 Maine Bay Canvas, Inc. agrees to sell, deliver and install to the Buyer, and the Buyer agrees to purchase and accept from Maine Bay Canvas, Inc. the above described goods or property, subject to and upon the terms and conditions hereof expressed. Any alteration or deviation from specifications involving extra costs will become an additional charge over and above the quote.
 Until the said total balance is paid in full and all of the conditions hereof are fully performed title to and ownership of the property purchased under this contract shall be and remain the property of Maine Bay Canvas, Inc.
 No cancellations will be accepted after work has started, or on special order merchandise. Delivery dates shown are approximate unless otherwise stated.
 Estimates do not include applicable taxes.

BUYER: Deb Merrill
 SELLER: Dan Gauvin

Maine Bay Canvas
 53 Industrial Way
 Portland, Maine 04103
 207-878-8888