

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 051279

PERMIT ISSUED
 OCT 3 2004
 CITY OF PORTLAND

Please Read
 Application And
 Notes, If Any,
 Attached

This is to certify that 130 Limited Liability Company/Burr St
 has permission to Replace 5x12 sign w/ 4x10
 AT 31 Pearl St 029 E016001

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 work on permit must be completed before this building or part thereof is opened or closed-in. **48 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] 9/23/05
 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: 05-1273	Issue Date: PERMIT ISSUED 08/20/05	CBL: E016001
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Location of Construction: 31 Pearl St	Owner Name: 130 Limited Liability Company	Owner Address: 42 Market St	Phone: 207
Business Name:	Contractor Name: Burr Signs	Contractor Address: 59 DownEast Drive CITY OF PORTLAND	Phone: 2077991188
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial	Proposed Use: Commercial replace 5x12 sign w/ 4x10	Permit Fee:	Cost of Work: \$110.00	CEO District: 1
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FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>5B</i> <i>IBC 2003</i>
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>

Proposed Project Description:
Replace 5x12 sign w/ 4x10

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: *D. Andrews* Date: *9/14/05*

Permit Taken By: dmartin	Date Applied For: 08/31/2005	Zoning Approval
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<ol style="list-style-type: none"> 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.. 	Special Zone or Reviews <input type="checkbox"/> 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: <i>9/13/05</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>to DA</i> Date:
	D. Andrews <i>9/14/05</i>		

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: 05-1273	Date Applied For: 08/31/2005	CBL: 029 E016001
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Location of Construction: 31 Pearl St	Owner Name: 130 Limited Liability Company	Owner Address: 42 Market St	Phone:
Business Name:	Contractor Name: Burr Signs	Contractor Address: 59 DownEast Drive Yarmouth	Phone (207) 799-1183
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial replace 5x12 sign w/ 4x10	Proposed Project Description: Replace 5x12 sign w/ 4x10
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Dept: Historical **Status:** Not Applicable **Reviewer:** Deborah Andrews **Approval Date:** 09/14/2005
Note: Does Not Require Review. **Ok to Issue:**

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 09/13/2005
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 09/23/2005
Note: **Ok to Issue:**

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

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.

Location/Address of Construction: <u>27 PEARL ST</u>		
Total Square Footage of Proposed Structure <u>40</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>29</u> Block# <u>E</u> Lot# <u>016</u>	Owner: <u>130 LIMITED LIABILITY CO.</u>	Telephone: <u>779-1000</u>
Lessee/Buyer's Name (If Applicable) <u>HANOVER INSURANCE</u>	Applicant name, address & telephone: <u>BURR SIGNS</u> <u>50 DOWNEAST DR.</u> <u>YARMOUTH, ME 04096</u> <u>846-7629</u>	Total s.f. of signage x <u>\$1.00</u> per s.f. plus \$30.00 = Total Fee: <u>\$110.00</u> Awning Fee = Cost Of Work: \$
Current use: <u>OFFICE</u>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME <div style="border: 1px solid black; padding: 5px; display: inline-block;"> AUG 3 2005 RECEIVED </div> </div>	
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>OFFICE</u>		
Project description: <u>REMOVE & REPLACE EXISTING SIGN W/ SMALLER</u>		
Contractor's name, address & telephone: <u>BURR SIGNS, 50 DOWNEAST DR. YARMOUTH, ME 04096</u>		
Who should we contact when the permit is ready: <u>RAUDY BURR</u>		
Mailing address: <u>SAME</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: <u>846-7629</u>		

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: [Signature] Date: 08/29/05

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: 27 PEARL ST 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 _____ NO X

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS PROPOSED: _____
BLDG. WALL SIGN? (attached to bldg) YES X NO _____ DIMENSIONS PROPOSED: 4'x10' 40

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO X DIMENSIONS: OK
BLDG. WALL SIGN(attached to bldg) ? YES X NO _____ DIMENSIONS: 5'x18' TO BE REMOVED
AWNING? YES _____ NO X DIMENSIONS: = 60 FT

LOT FRONTAGE (FEET): 7750
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 60

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: 08/29/05

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

130 Limited Liability Company

42 Market Street x Portland, ME 04101-5022 x Phone (207) 774-1000

August 19, 2005

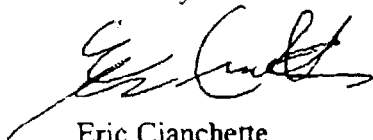
City of Portland and
The Historic Preservation Committee
Portland, Maine

Dear Sirs:

I have reviewed the attached signage plans for the building at 27 Pearl Street and give permission for Hanover Insurance to attach the sign to building as indicated.

I can be reached at the above number if necessary. Thank you for your assistance.

Sincerely,



Eric Cianchette
Member

ACORD. CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT ALTER OR CHANGE IN ANY MANNER THE POLICIES AND COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER: OneBeacon Insurance Group
 INSURER: American International Group
 INSURER: C
 INSURER: D
 INSURER: E

INSURANCE COMPANY: OneBeacon Insurance Group
 ADDRESS: One Beacon Drive
 Hartford, CT 06183
 Phone: 860-606-0005 Fax: 860-606-0017

COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	ISSUE DATE	EXPIRES	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN. AGGREGATED LIMIT APPLIES PER POLICY <input type="checkbox"/> AUTOMOBILE LIABILITY	710-00-8645	05/09/05	05/09/06	EACH OCCURRENCE \$1,000,000 AGGREGATED \$300,000 MED. EXP. (per person) \$5,000 PERSONAL & AUTO INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPLETE \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SO-CALLED "HOST" VEHICLES <input type="checkbox"/> HIRED VEHICLES <input type="checkbox"/> NON-OWNED AUTOS	710-00-8645	05/09/05	05/09/06	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per household) PROPERTY DAMAGE (Per occurrence)
A	UMBRELLA LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SUBSIDIARY LIABILITY	710-00-8645	05/09/05	05/09/06	AGGREGATE \$5,000,000 EACH OCCURRENCE \$5,000,000
B	EMPLOYERS LIABILITY <input checked="" type="checkbox"/> EMPLOYERS LIABILITY <input type="checkbox"/> CONTRACTOR'S LIABILITY <input type="checkbox"/> OTHERS (Specify in Remarks) <input type="checkbox"/> OTHER (Specify in Remarks)	WC 036700160	05/09/05	03/09/06	EACH OCCURRENCE \$100,000 AGGREGATE \$500,000 E.L. EMPLOYEE \$100,000 E.L. EMPLOYEE POLICY LIMIT \$100,000
A	Property	710-00-8645	05/09/05	05/09/06	Each Adding \$1,200,000 Each Party \$600,000

CANCELLATION

THIS POLICY OF INSURANCE LISTED BELOW WAS ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. WITHOUT AFFECTING THE CANCELLATION OF THIS POLICY OR OTHER POLICIES ISSUED TO THE SAME INSURED, THIS CERTIFICATE MAY BE CANCELLED OR REVOKED BY THE ISSUING INSURER AT ANY TIME. THE INSURED AGREES TO WAIVE ALL RIGHTS OF RECOVERY UNDER THIS CERTIFICATE AND TO WAIVE ALL RIGHTS OF RECOVERY UNDER ANY OTHER POLICIES OF INSURANCE WHICH MAY BE MAINTAINED BY THE INSURED. THE INSURED AGREES TO WAIVE ALL RIGHTS OF RECOVERY UNDER ANY OTHER POLICIES OF INSURANCE WHICH MAY BE MAINTAINED BY THE INSURED. THE INSURED AGREES TO WAIVE ALL RIGHTS OF RECOVERY UNDER ANY OTHER POLICIES OF INSURANCE WHICH MAY BE MAINTAINED BY THE INSURED.

CERTIFICATE HOLDER

FORTRAN
 City of Fortland
 Inspection Dept. 3rd. Floor
 989 Congress Street
 Portland ME 04101

AUTHORIZED REPRESENTATIVE
 THOMAS A. DEWEES
 OneBeacon Insurance Group

ACORD 25 (08/04)



WORLDWIDE

AUTHORIZATION TO INSTALL SIGNAGE

I/WE GIVE LAURETANO SIGN GROUP AND OR THEIR AGENTS PERMISSION
TO FURNISH AND/OR INSTALL

SIGN(S) AT:

Allmerica/Hanover Insurance Group
27 Pearl Street
Portland, ME 04101

SIGNATURE OF OWNER/OWNER REPRESENTATIVE

NAME 
(Signature)

NAME Eric L Conchette
(Please Print)

ADDRESS 42 Market St
Portland Me 04101

TELEPHONE 207 774-1000

TITLE Managing Member

NOTE: Please provide a site plan for the installation of any exterior signage
That will be required when obtaining permits.

Please fax this form back to 860-583-0949