

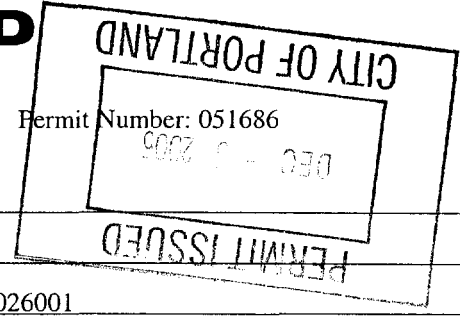
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached



This is to certify that Middle Street Office Tower Currr Signs

has permission to Illuminated channel letters mounted on

AT 100 Middle St 029 E026001

provided that the person or persons who accept 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 when permission is procured before this building or part thereof is occupied or service is closed-in. FOUR NOTICES 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 and date 12/1/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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.

| | | |
|---|--|--|
| MIDDLE | | |
| Total Square Footage of Proposed Structure 75 | Square Footage of Lot SEE ATTACHED | |
| Tax Assessor's Chart, Block & Lot Chart# 29 Block# E Lot# 006 | Owner: MIDDLE ST. OFFICE TOWER B ASSOC LP | Telephone: 780-1680 |
| Lessee/Buyer's Name (If Applicable) BANK OF AMERICA | Applicant name, address & telephone: BURR SIGNS 207-846-7622 1000 YARMOUTH, ME 04096 | Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: \$ 180.00 Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____ |
| Current use: OFFICE | | |
| If the location is currently vacant, what was prior use: _____ | | |
| Approximately how long has it been vacant: _____ | | |
| Proposed use: OFFICE | | |
| Project description: INSTALL (1) EXTERIOR SIGN | | |
| Contractor's name, address & telephone: BURR SIGNS See above 207-846-7622 | | <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME</p> <div style="border: 1px solid black; padding: 5px; width: 80%; margin: 5px auto;"> <p>NOV 14 2005</p> </div> <p style="font-size: 1.5em; font-weight: bold; margin: 5px auto;">RECEIVED</p> </div> |
| Who should we contact when the permit is ready: _____ | | |
| Mailing address: _____ | | |
| <p>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: _____</p> | | |

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: 11/09/05 |
|---|-----------------------|

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

#10509

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 100 MIDDLE ST ZONE: B3

CBL: 029-E-026

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: 35" x 302 1/2"

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO [X] DIMENSIONS: BLDG. WALL SIGN(attached to bldg) ? YES NO [X] DIMENSIONS: AWNING? YES NO [X] DIMENSIONS:

LOT FRONTAGE (FEET): 7500, 2nd floor front - multi tenant. TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 75, 3J. linear feet

AWNING YES NO [X] IS AWNING BACKLIT? YES NO 11' per story 7 floors 77' high

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.

ST BE PROVIDED SO REQUIRED

SIGNANT: [Signature] DATE: 11/09/05

****FOR OFFICE USE ONLY**** multi tenant - upper floor front max # 5% of wall area. 220 x 77 = 16,940 # 5% 847 # Bank of America letters 35 96 # logo 8 51 # 44.47 #

REQUEST FOR PERMIT

Building Dept. Jurisdiction CITY OF PORTLAND ME. Phone #: 207-874-8726

TO: PAUDY BURR FROM: MORGAN ABERNATHY DATE: 11/3/05

SA Number: 65564

CUSTOMER: BANK OF AMERICA PARCEL ID #: _____
 JOB NAME: BOA - PORTLAND PROPERTY ^{MGR.} OWNER: WILLIAM F. MCHUGH, JR.
 ADDRESS: 100 MIDDLE STREET ADDRESS: 100 MIDDLE STREET
 CITY/STATE/ZIP: _____ CITY/STATE/ZIP: PORTLAND, ME. 04101

ATTACHMENTS:

- | | |
|--|---|
| <p><u>N/A</u> COPY OF CONTRACT (if required)</p> <p><u>YES</u> LETTER OF AUTHORIZATION</p> <p>SITE PLAN (WITH DIMENSIONS) (3 required for each permit)</p> <p><u>@</u> NOTARIZED NOTICE OF COMMENCEMENT (NOC is required if total cost is over \$2500)</p> | <p><u>N/A</u> ENGINEERED DRAWINGS (3 required for each sign permit)</p> <p><u>N/A</u> (1) LEGAL DESCRIPTION</p> <p><u>N/A</u> FLAME SPREAD SHEET (3 Required for each awning permit)</p> <p><u>N/A</u> COPY OF CODE CHECK</p> |
|--|---|

SIGNS:

| Sq. Ft. | Type of Sign | Elevation | Value of Sign | Comments |
|---------|--------------------|-----------|---------------|-----------------------|
| 52.97 | CHL LTRS / RACEWAY | | \$10000.00 | 24" CHL. LTRS. & LOGO |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ELECTRICAL INSPECTION REQUIRED Y N

SPECIAL INSTRUCTIONS OR DIRECTIONS:

24" CHANNEL LETTERS & LOGO MOUNTED TO A RACEWAY

* ALL FACES WILL BE WHITE.

* 120 VOLT 60 MA LED ILLUMINATION


| | DATE | | COST | CHECK # |
|-----------------|------|--------------|------|---------|
| Filed | | NOC | | |
| Permits secured | | Plan Review | | |
| | | Permit Costs | | |
| | | Misc. | | |
| | | TOTAL | | |

| | | | |
|--|--|---|--------------------------------------|
| ACORD CERTIFICATE OF LIABILITY INSURANCE | | ID THOMAS | DATE (MM/DD/YYYY) 11/01/05 |
| PRODUCER Brown & Brown Insurance 17757 US Highway 19 N, Ste 660 P.O. Box 2456 Clearwater FL 33757-2456 Phone: 727-461-6044 Fax: 727-442-7695 | | 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 Thomas Sign & Awning Co., Inc. 4590 118th Avenue North Clearwater FL 33762 | | INSURER A Hartford Ins. Co. of the S.E. | 38261 |
| | | INSURER B Federal Insurance Company | 20281 |
| | | INSURER C Amerisure Insurance | 19488 |
| | | INSURER D | |
| | | INSURER E | |

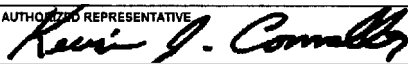
| INSR | ADD'L SRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | COVY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|-----------|---|--------------------|----------------------------------|---------------------------------|--|---------------|
| X | X | GENERAL LIABILITY | 21UUNUU9594 | 12/31/04 | 12/31/05 | BAGGAGE OR RENTED | \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO. JECT LOC | | | | PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP/OP AGG \$ 2,000,000 Emp Ben. 1MM/2MM | |
| X | X | AUTO LIABILITY | 21UUNUU9594 | 12/31/04 | 12/31/05 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1000000 |
| | | ALL OWNED AUTOS | | | | | |
| | | SCHEDULED AUTOS | | | | | |
| | | UNOWNED AUTOS | | | | | |
| B | X | GARAGE LIABILITY | 79818379 | 12/31/04 | 12/31/05 | AUTO ONLY - EA ACCIDENT | \$ |
| | | ANY AUTO | | | | | |
| C | X | EXCESS/UMBRELLA LIABILITY | WC2016416 | 12/31/04 | 12/31/05 | EACH OCCURRENCE | \$ 10,000,000 |
| | | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | AGGREGATE \$ 10,000,000 | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? yes describe under SPECIAL PROVISIONS below OTHER | | | | WC STATUTORY LIMITS E L EACH ACCIDENT \$ 850000 E L DISEASE - EA EMPLOYEE \$ 50000 E L DISEASE - POLICY LIMIT \$ 50000 | |

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

Bank of America as additional insured with respect to general liability for work performed by the named insured.

| | |
|---|---|
| CERTIFICATE HOLDER <p style="text-align: center;">BANK-06</p> <p>Bank of America 100 Middle St Portland ME 04101</p> | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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  |
|---|---|

| ACORD | | CERTIFICATE OF LIABILITY INSURANCE | | | THOMAS 11/01/05 | DATE(MM/DD/YYYY) 11/01/05 |
|--|-------------|--|---------------|---------------------------------|----------------------------------|--|
| PRODUCER Brown & Brown Insurance 17757 US Highway 19 N, Ste 660 P.O. Box 2456 | | 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 James G. Thomas: Priscilla G. Thomas; Charles B. Copp; Matthew W. Thomas and Thomas Si & Awning Company, Inc. 45% 118th Avenue North Clearwater FL 33762 | | INSURERS AFFORDING COVERAGE | | | NAIC # | |
| | | INSURER A Hartford Ins. Co. of the S.E. | | | 38261 | |
| | | INSURER B Federal Insurance Company | | | 20281 | |
| | | INSURER C Amerisure Insurance | | | 19488 | |
| | | 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. | | | | | | |
| NSR LTR | ADD'L 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 <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 21UUNUU9594 | 12/31/04 | 12/31/05 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 |
| A | | AUTOMOBILE LIABILITY <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 <input checked="" type="checkbox"/> Comp ded: \$500 <input checked="" type="checkbox"/> Coll ded: \$500 | 21UUNUU9594 | 12/31/04 | 12/31/05 | COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 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 \$ |
| B | | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000 | 79818379 | 12/31/04 | 12/31/05 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$ \$ |
| C | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Yes, describe under SPECIAL PROVISIONS below) | WC2016416 | 12/31/04 | 12/31/05 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 500000 E L DISEASE - EA EMPLOYEE \$ 500000 E L DISEASE - POLICY LIMIT \$ 500000 |
| OTHER | | | | | | |
| DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Additional Insureds includes: Charles B. Copp, Priscilla G. Thomas, and Matthew W. Thomas. | | | | | | |

| | |
|---|---|
| CITYP28 City of Portland Maine 389 Congress St., Rm #315 Portland ME 04101 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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  |
|---|---|