

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

DEPARTMENT OF BUILDING INSPECTION

PERMIT

Permit Number: 040962

This is to certify that Dimillo Arlene Etals Trustee Bailey Sign Company Inc.

has permission to Install 41 sq. Ft. Sign

AT 144 Commercial St

City of Portland 030 H001001

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 occupied or closed-in. 24 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

[Handwritten Signature]
8/3/04
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: 04-0962	Issue Date:	CBL: 030 H001001
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Location of Construction: 144 Commercial St	Owner Name: Dimillo Arlene Etals Trustees	Owner Address: Long Wharf	Phone: 207-773-7632
Business Name: n/a	Contractor Name: Bailey Sign Company Inc.	Contractor Address: 9 Thomas Drive Westbrook	Phone: 2077742843
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: WCZ

Past Use: Commercial / Bank	Proposed Use: Bank / Install 41 sq. Ft. Sign	Permit Fee: \$112.00	Cost of Work: \$0.00	CEO District: 1
Proposed Project Description: Install 41 sq. Ft. Sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>BOCA 1999</i>	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: *D. Andrews* Date: *7/26/04*

Permit Taken By: gg	Date Applied For: 07/12/2004	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> <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 checked="" type="checkbox"/> MMJ <i>OK</i> Date: <i>7/20/04</i>	<p>Zoning Appeal</p> <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:	<p>Historic Preservation</p> <input checked="" type="checkbox"/> Not in District or Landmark <input 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 Date:
	<i>D. Andrews</i> <i>7/26/04</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

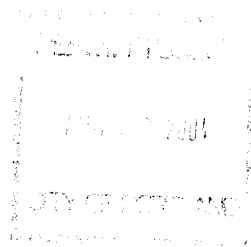
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-0962	Date Applied For: 07/12/2004	CBL: 030 H001001
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Location of Construction: 144 Commercial St	Owner Name: Dimillo Arlene Etals Trustees	Owner Address: Long Wharf	Phone: 207-773-7632
Business Name: n/a	Contractor Name: Bailey Sign Company Inc.	Contractor Address: 9 Thomas Drive Westbrook	Phone: (207) 774-2843
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Permanent	

Proposed Use: Bank / Install 41 sq. Ft. Sign	Proposed Project Description: Install 41 sq. Ft. Sign
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Dept: Historical	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 07/26/2004	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 07/20/2004	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 08/03/2004	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Signage Installation to comply with Chapter 31 BOCA 1999				



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>172 Commercial Street</u>		
Total Square Footage of Proposed Structure <u>2-B 20.18 P = 40.36 P (41 SF)</u>	Square Footage of Lot <u>19,314</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>30</u> Block# <u>H</u> Lot# <u>001</u>	Owner: <u>Di Mullo Family Trust</u>	Telephone: <u>773-7632</u>
Lessee/Buyer's Name (If Applicable) <u>Corham Savings Bank</u>	Applicant name, address & telephone: <u>Bailey Sign Company</u> <u>9 Thomas Drive</u> <u>Westbrook, ME 04092</u> <u>774 2943</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>82</u> Awning Fee = Cost Of Work: \$ <u>30</u> Total Fee: \$ <u>112.00</u>
Current use: <u>Bank</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>same as current</u>		
Project description: <u>To install signage on front & right elevations per attached print</u> <u>lite</u> <u>LAD Signs</u>		
Contractor's name, address & telephone: <u>Bailey Sign Company, Inc. (H200)</u>		
Whom should we contact when the permit is ready: <u>Judy Trainor - 774 2943 ext. 103</u>		
Mailing address: <u>9 Thomas Drive</u> <u>Westbrook, ME 04092</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>774 2943 ext. 103</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: <u>Judy Trainor / Bailey Sign</u>	Date: <u>7/2/04</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.

RECEIVED
BUILDING DEPARTMENT
JUL 12 2004

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 172 Commercial Street ZONE: B-3

CBL: _____

SINGLE TENANT LOT? YES NO _____ MULTI TENANT LOT? YES _____ NO

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO _____
(2 - Bldg signs)

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):
 Length: 48' Height: 30'

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS PROPOSED: _____
 BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: front - 1.33 x 15.177
right - 1.33 x 15.177

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S): - NO existing signs 20.18 sq each set

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS: _____
 BLDG. WALL SIGN(attached to bldg) ? YES _____ NO _____ DIMENSIONS: _____
 AWNING? YES _____ NO _____ DIMENSIONS: _____
 LOT FRONTAGE (FEET): 111'

AWNING YES _____ NO 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: Judy Trainer/Bailey Sign DATE: 7-12-04


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

max size: 2 times linear facade commercial
 # of ~~panels~~ ^{signs} per lot 1 per facade plus 1
 $40' \times 2 = 76' \text{ MAX} = 20.18 \text{ sq}$
 $63' \times 2 = 126' \text{ MAX} = 20.18 \text{ sq}$

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN PROPOSED TO BE
 ERECTED ON A BUILDING AT Long Wharf
 IN PORTLAND, MAINE DiMillo Family Trust being the owner of the premises
 at Long Wharf in Portland, Maine hereby gives consent to the
 erection of a certain sign owned by Gorham Savings Bank 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 DiMillo Family Trust
 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 17th day of June 2004


Steven DiMillo

DiMillo Family Trust

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID # GORHA-4	DATE (MM/DD/YYYY) 06/15/04
PRODUCER Turner Barker Insurance One India Street Portland ME 04101 Phone: 207-773-8156 Fax: 207-773-6647	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 Gorham Savings Bank Alden Joy 10 Wentworth Drive Gorham ME 04038	INSURERS AFFORDING COVERAGE INSURER A: Peerless Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 	

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.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CBP9614240	07/15/03	07/15/04	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> 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
					Emp Ben.	1/3000000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input 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 type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
	OTHER				E.L. DISEASE - POLICY LIMIT	\$

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

Buildings or premises-bank and other financial institutions. The certificate holder is named as an additional insured on the general liability policy as respects to property located at 172 Commercial Street, Long Wharf, Portland, Maine.

Attr: Michelle Nappi

CERTIFICATE HOLDER City of Portland City Hall 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 <u>10</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 Maureen Jabbe
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