

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 090177

This is to certify that TOP OF EXCHANGE LLC / GUY X SIGNhas permission to Install 72"x16" Building Sign.AT 107 EXCHANGE ST

CB 0032 D001001

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 written permission procured before this building or part thereof is lathed or otherwise worked-in. 24 HOURS 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

Chita Lill 3/13/07
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: 09-0177		Issue Date: 3/13/09		CBL: 032 D001001	
Location of Construction: 107 EXCHANGE ST		Owner Name: TOP OF EXCHANGE LLC		Owner Address: 42 MARKET ST	
Business Name:		Contractor Name: Graph X Signs, Inc		Phone: 207-761-8367	
Lessee/Buyer's Name		Phone:		Contractor Address: P.O. Box 805 Yarmouth	
				Phone 2078295063	
		Permit Type: Signs - Permanent		Zone: B-3	
Past Use: Commercial/Springborn Staffing		Proposed Use: Commercial/Springborn Staffing - Install 72"x16" Building Sign.		Permit Fee: \$81.00	
				Cost of Work: \$0.00	
				CEO District: 1	
Proposed Project Description: Install 72"x16" Building Sign.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: Signage IBI-2003 Signature: CL 3/13/09	
		Signature:		Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		Signature:		Date:	
Permit Taken By: lmd		Date Applied For: 03/06/2009		Zoning Approval	
<ol style="list-style-type: none">1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.2. Building permits do not include plumbing, septic or electrical work.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..		Special Zone or Reviews		Zoning Appeal	
		<input type="checkbox"/> Shoreland		<input type="checkbox"/> Variance	
		<input type="checkbox"/> Wetland		<input type="checkbox"/> Miscellaneous	
		<input type="checkbox"/> Flood Zone		<input type="checkbox"/> Conditional Use	
		<input type="checkbox"/> Subdivision		<input type="checkbox"/> Interpretation	
		<input type="checkbox"/> Site Plan		<input type="checkbox"/> Approved	
		Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>		<input type="checkbox"/> Denied	
		Date: 3/10/09 [Signature]		Date:	
				Historic Preservation y6 <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 3/12/09 [Signature]	

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: 09-0177	Date Applied For: 03/06/2009	CBL: 032 D001001
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Location of Construction: 107 EXCHANGE ST	Owner Name: TOP OF EXCHANGE LLC	Owner Address: 42 MARKET ST	Phone: 207-761-8367
Business Name:	Contractor Name: Graph X Signs, Inc	Contractor Address: P.O. Box 805 Yarmouth	Phone (207) 829-5063
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial/Springborn Staffing - Install 72"x16" Building Sign.	Proposed Project Description: Install 72"x16" Building Sign.
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Dept: Historic **Status:** Approved **Reviewer:** Deborah Andrews **Approval Date:** 03/12/2009
Note: **Ok to Issue:** ☒

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 03/10/2009
Note: **Ok to Issue:** ☒

1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 03/13/2009
Note: **Ok to Issue:** ☒

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

Comments:

3/13/2009-gg: received permit from historic as of 3/12/09. /gg



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>107 Exchange Street</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>032-0-001-001</u>	Owner: <u>TOP of Exchange LLC</u>	Telephone: <u>761-8367</u>
Lessee/Buyer's Name (If Applicable) <u>LOT Enterprise</u> <u>0BB Springborn Striking</u>	Contractor name, address & telephone: <u>Joe Loring</u> <u>Graph X Signs, Inc</u> <u>P.O. Box 805</u> <u>Yamouth, me 04096</u> <u>207-824-5063</u>	Total s.f. of signage x \$2.00 <u>8</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>81.00</u> Awning Fee= cost of work _____ Total Fee: \$ <u>81.00</u>

Who should we contact when the permit is ready: Lisa Ellis phone: 761-8367

Tenant/allocated building space frontage (feet): Length: 16' Height: 10'
Lot Frontage (feet) 54' Single Tenant or Multi Tenant Lot Multi

Current Specific use: OFFICE SPACE AT 107
If vacant, what was prior use: Stafford Associates previous tenant
Proposed Use: temporary service

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____
 Bldg. wall sign? (attached to bldg) Yes X No _____ Dimensions proposed: 72" x 16"

Proposed 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 w/communications, message, trademark or symbol: _____ s.f.

Information on existing and previously permitted sign(s): MAR - 6 2009
 Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____
 Bldg. wall sign? (attached to bldg) Yes X No _____ Dimensions: _____
 Awning? Yes _____ No _____ Sq. ft. area of awning w/communication: _____

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 and existing building are also required.

Please submit all of the information outlined in the Sign/Awning Application Checklist.

Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: Laura L. Loring

Date: 3-6-09

individual
B-3 - ground floor
2x16 = 32 sf

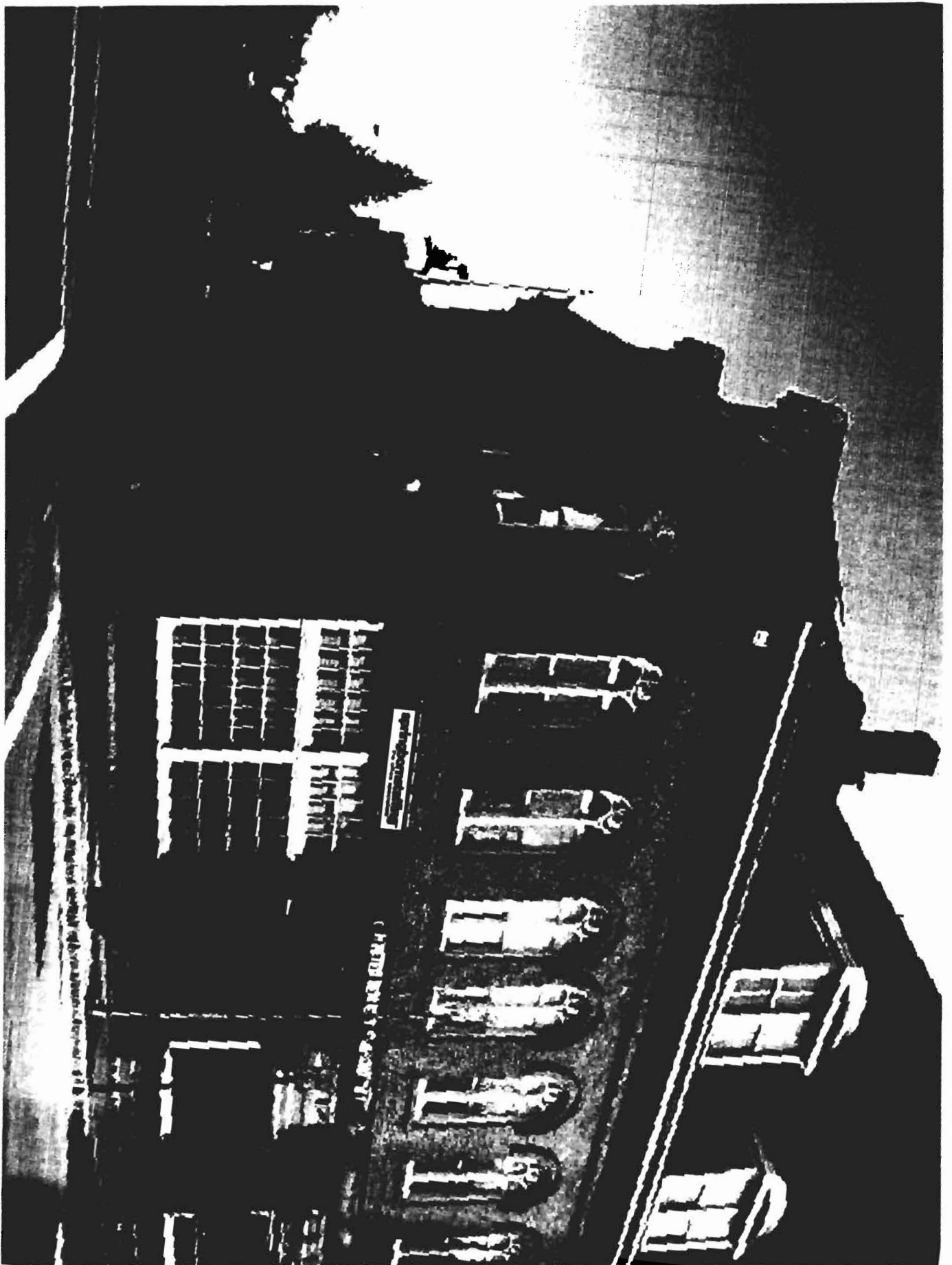
This is not a permit; you may not commence ANY work until the permit is issued.

s. 2 is 72" x 16" = 8 sf

OK.

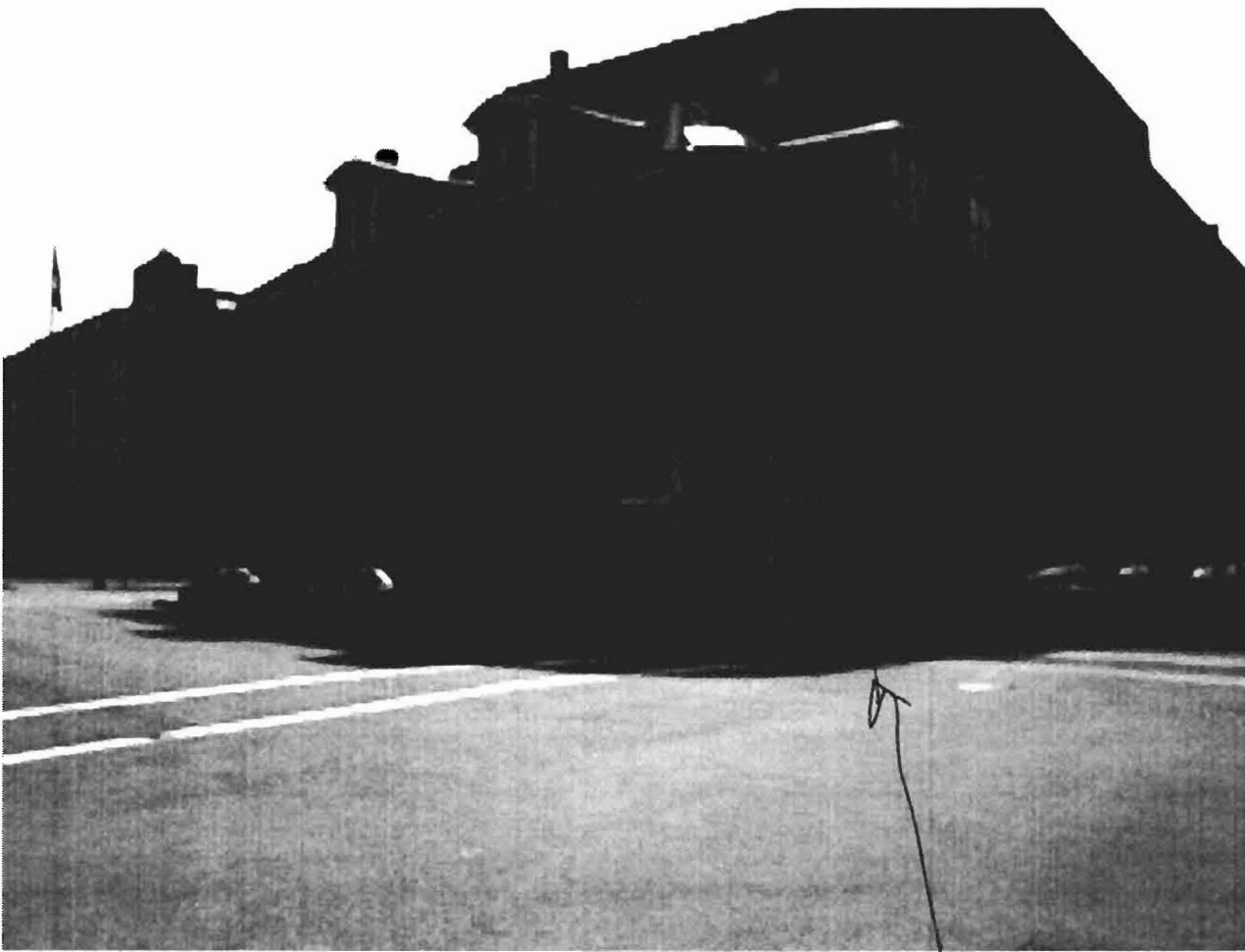


The Springborn Staffing sign (attached picture) will be cut down to 72 x 16 and installed at 107 Exchange Street in the same location as Stafford Group sign (attached picture). The Springborn Staffing sign is made out of aluminum. The Springborn Staffing sign will be 11 feet and 9 inches from bottom of sign to ground. Will be attached with aluminum brackets to a steel I Beam and will attach sign to brackets using stainless steel sheet metal screws.

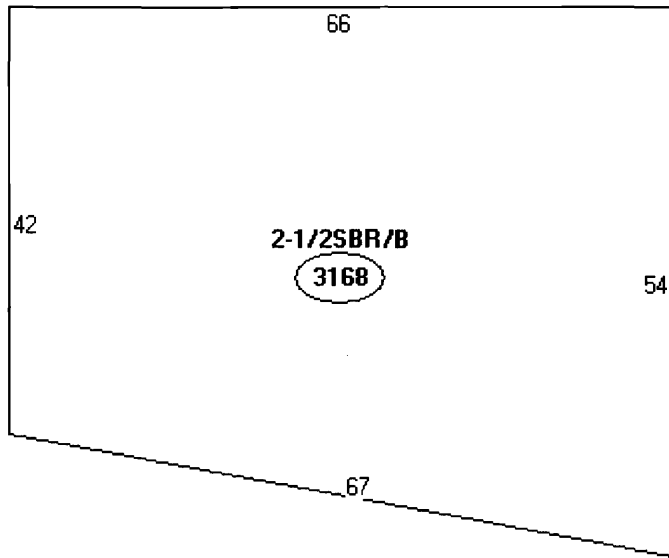


The background of the entire image is a black and white photograph of a brick wall. The bricks are arranged in a standard running bond pattern. In the center of the image, there is a white rectangular sign with a thin black border. On this sign, the company name 'springbornstaffing' is written in a bold, lowercase, sans-serif font. A small 'TM' trademark symbol is located at the top right of the word 'staffing'. Below the company name, the tagline 'the office specialists' is written in a smaller, lowercase, sans-serif font. At the bottom of the image, there is a white, irregular shape that resembles a torn piece of paper or a stylized wave, partially obscuring the brick wall.

springbornstaffingTM
the office specialists







Descriptor

A: 2-1/2SBR
3168 sqft

Top of Exchange, LLC
42 Market Street
Portland, ME 04101-5022
(207) 774-1000

March 6, 2009

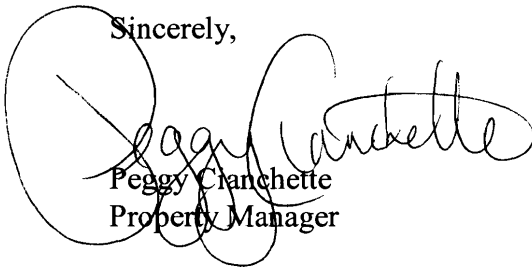
City of Portland and
The Historic Preservation Committee
Portland, Maine

Dear Sirs:

I have reviewed sidewalk and building sign plans for the LDT ENTERPRISE d/b/a SPRINGBORN STAFFING and give permission for a sign to be hung where the existing signage is now located at 107 Exchange Street.

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

Sincerely,



Peggy Clanchette
Property Manager

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 3/4/2009												
PRODUCER (207) 774-6257 FAX: (207) 774-2994 Clark Associates 2385 Congress Street P O Box 3543 Portland ME 04104		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 LDT Enterprises, DBA: Springborn Staffing 130 Middle Street Portland ME 04101														
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: National Union Fire Ins</td> <td></td> </tr> <tr> <td>INSURER B: One Beacon Insurance</td> <td>20621</td> </tr> <tr> <td>INSURER C: Maine Employers Mutual</td> <td>11149</td> </tr> <tr> <td>INSURER D: Peerless Insurance</td> <td>24198</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: National Union Fire Ins		INSURER B: One Beacon Insurance	20621	INSURER C: Maine Employers Mutual	11149	INSURER D: Peerless Insurance	24198	INSURER E:	
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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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	SSL1937727	6/18/2008	6/18/2009	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	FM1E12959	6/18/2008	6/18/2009	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 type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY	5474765	6/18/2008	6/18/2009	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1810088814	6/18/2008	6/18/2009	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 RE: Sign Permit for 107 Exchange Street, Portland, ME 04101 - Certificate holder is an additional insured by contract with reference to general liability arising out of the operations of the insured.

CERTIFICATE HOLDER City of Portland Planning Division 389 Congress Street 4th Floor 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 Gregg Ritter/BMEL
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.