

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK **CITY OF PORTLAND**

Please Read  
Application And  
Notes, If Any,  
Attached

## **BUILDING INSPECTION**

## **PERMIT**

Permit Number: 070647

**PERMIT ISSUED**

JUL 9 2007

This is to certify that TOP OF EXCHANGE LLC etch Stencil

has permission to New 10" x 16" use of existing poles

AT 93 EXCHANGE ST

032 D003001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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. 4 HOUR NOTICE 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]* 7/9/07  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

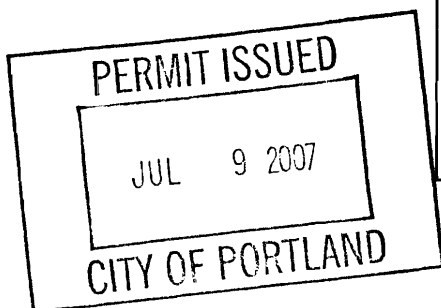
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-0647	Issue Date:	CBL: 032 D003001
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Location of Construction: 93 EXCHANGE ST (95)	Owner Name: TOP OF EXCHANGE LLC	Owner Address: 42 MARKET ST	Phone:
Business Name:	Contractor Name: Welch Stencil	Contractor Address: 7 Glasgow Road Scarbrough	Phone: 2078836200
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Commercial Office	Proposed Use: Commercial Office - New 10" x 16" <sup>sign</sup> (use of existing holes)	Permit Fee: \$67.00	Cost of Work: \$67.00	CEO District: 1
Proposed Project Description: New 10" x 16" <del>use of existing holes</del> sign - in empty space previously occupied by a sign. Baxter Title Co.		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>		INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>
		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: ldobson	Date Applied For: 06/04/2007	<b>Zoning Approval</b>		
<ol style="list-style-type: none"><li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li><li>Building permits do not include plumbing, septic or electrical work.</li><li>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..</li></ol>		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"/> <i>OK w/condition</i> Date: <i>6/8/07</i> <i>Am</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 <i>yes</i> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>6/18/07</i> <i>D. Andrews</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

<b>Permit No:</b> 07-0647	<b>Date Applied For:</b> 06/04/2007	<b>CBL:</b> 032 D003001
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<b>Location of Construction:</b> 93 EXCHANGE ST	<b>Owner Name:</b> TOP OF EXCHANGE LLC	<b>Owner Address:</b> 42 MARKET ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Welch Stencil	<b>Contractor Address:</b> 7 Glasgow Road Scarbrough	<b>Phone</b> (207) 883-6200
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial Office - Baxter Title Company -New 10" x 16" sign	<b>Proposed Project Description:</b> New 10" x 16" sign - in empty space previously occupied by a sign
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**Dept:** Historic      **Status:** Approved with Conditions      **Reviewer:** Deborah Andrews      **Approval Date:** 06/18/2007**Note:**      **Ok to Issue:** ☒

- 1) \* Sign to be sized and installed in such a way to use existing holes in masonry. No new holes in masonry.

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 06/08/2007**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:** Tammy Munson      **Approval Date:** 07/09/2007**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: <b>95 Exchange Street</b>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <b>032      D      3</b>	Owner: <b>Top of Exchange LLC 42 Market St Portland ME 04101-5022</b>	Telephone: <b>207 774-1000</b>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <b>Welch Stencil 7 Glasgow Road Scarborough Me 04074 201-883-6200</b>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work <b>0</b> Total Fee: \$ <b>67</b>
Who should we contact when the permit is ready: <b>Deb VARGO</b> phone: <b>774-1000 x115</b>		
Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <b>Multi</b>		
Current Specific use: <b>OFFICE BUILDING</b> If vacant, what was prior use: _____ Proposed Use: _____		
<b>Information on proposed sign(s):</b> Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <b>X</b> No _____ Dimensions proposed: <b>10' x 16'</b>		
<b>Proposed awning?</b> Yes _____ No <b>X</b> 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.		
<b>Information on existing and previously permitted sign(s):</b> Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <b>X</b> No _____ Dimensions: <b>10' x 16'</b> - 3 others on building - this fills an empty space Awning? Yes _____ No <b>X</b> 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](http://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:	Date: <b>5.30.07</b>
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This is not a permit; you may not commence ANY work until the permit is issued.

upper floor front

5% of volume

57 x 40 = 2280 sq ft

102 ft

11 ft x 16 ft  
OK

10' x 16' = 160' = 1.11 ft

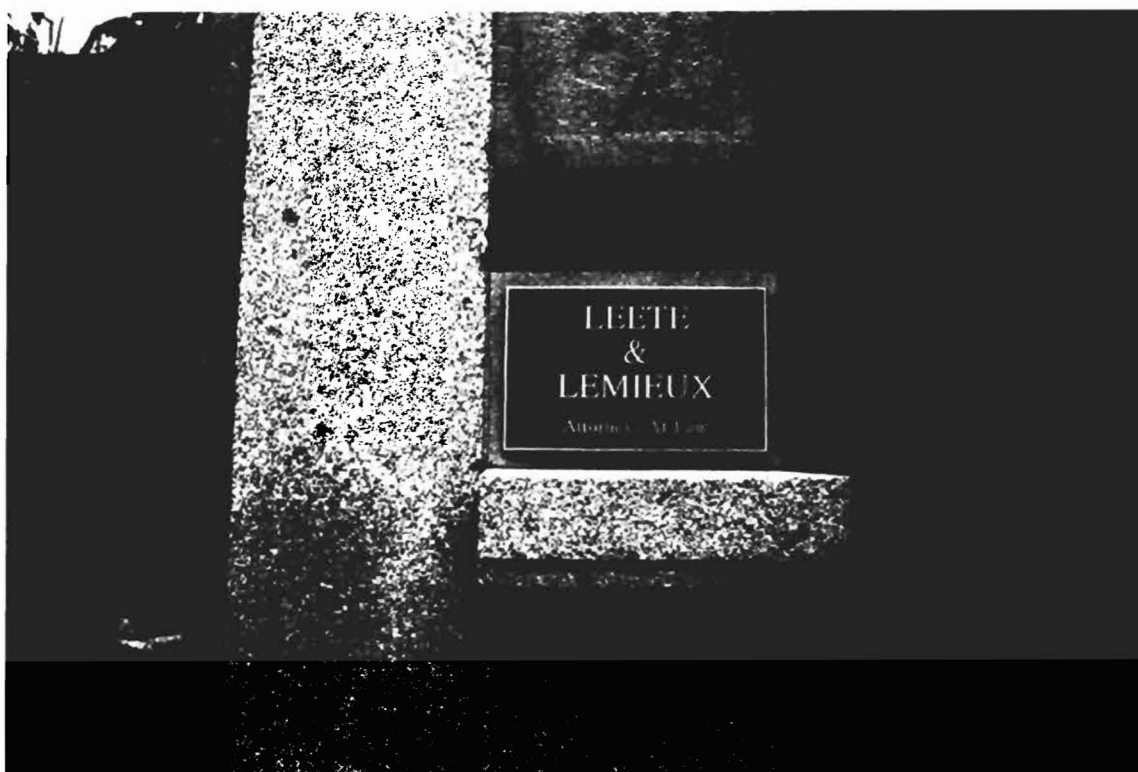


New  
Sign

Barter  
Title  
Company

Same  
Design  
As Above  
Sign  
10" x 16"

Existing  
Holes





**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
06/04/07

PRODUCER  
HRH Northern New England  
959 Congress St  
Portland, ME 04102-2175  
207 553-2131

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  
E.L.C., Inc., Etal  
42 Market Street  
Portland, ME 04101

INSURER A: One Beacon Insurance

INSURER B: Maine Employers Mutual Insurance Com

INSURER C: Continental Casualty Co.

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.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	7100147680000	10/22/06	10/22/07	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
						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
A		<b>AUTOMOBILE LIABILITY</b> <input 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	7100147680000	10/22/06	10/22/07	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC AGG	\$
C		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$	CUA2090859333	10/22/06	10/22/07	EACH OCCURRENCE	\$15,000,000
						AGGREGATE	\$15,000,000
							\$
							\$
							\$
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810049599	01/14/07	01/14/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$500,000
						E.L. DISEASE - EA EMPLOYEE	\$500,000
						E.L. DISEASE - POLICY LIMIT	\$500,000

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

For Top of Exchange LL - 95 Exchange Street - Signage.  
(See Attached Descriptions)

## CERTIFICATE HOLDER

The City Of Portland  
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 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

*André M. Sadeh*

## **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.



## DESCRIPTIONS (Continued from Page 1)

The City of Portland is named as additional insured with respect to the General Liability.