

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that TOP OF EXCHANGE, LLC

Located At 85 EXCHANGE ST

Job ID: 2011-12-2884-SIGN

CBL: 032- D-004-001

has permission to install 15.5" x 13.5" wall sign

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

N/A  
Fire Prevention Officer

[Signature]  
Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD**

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

### Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2011-12-2884-SIGN

Located At: 85 EXCHANGE ST

CBL: 032- D-004-001

## **Conditions of Approval:**

### **Zoning**

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

### **Building**

1. Signage Installation to comply with Chapters 31 & 32 of the IBC 2009 building code.

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

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

Job No: 2011-12-2884-SIGN	Date Applied: 12/8/2011	CBL: 032- D-004-001	
Location of Construction: 85 EXCHANGE ST	Owner Name: TOP OF EXCHANGE LLC	Owner Address: 42 MARKET ST PORTLAND, ME 04101	Phone: 207-774-1000
Business Name: Berman & Simmons	Contractor Name: Fast Signs	Contractor Address: 413 Western Av., South Portland, ME 04106	Phone:
Lessee/Buyer's Name: Audrey Fillion	Phone: 207-784-3576	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-3
Past Use: Office	Proposed Use: Same - office - install 15.5" x 13.5" wall sign	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: SISA Signature: TBA
Proposed Project Description: 1.5 sq ft building wall sign		Pedestrian Activities District (P.A.D.)	
Permit Taken By:		<b>Zoning Approval</b>	

<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 informatin may invalidate a building permit and stop all work.</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM</p> <p>Date: 08/13/11 12/13/11 TBA</p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p><b>Historic Preservation</b></p> <p><input type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input checked="" type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: 12/18/11 D. Andrew B</p>
	<b>CERTIFICATION</b>		

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



0011-12 0884 66

# 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>85 Exchange Street, Portland ME</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>32</u> Block# <u>D</u> Lot# <u>4</u>	Owner: <u>Top of Exchange LLC</u> <u>42 Market St</u> <u>Portland ME 04101</u>	Telephone: <u>774-1000</u>
Lessee/Buyer's Name (If Applicable) <u>Beeman &amp; Simmons, PA</u> <u>129 Lisbon Street</u> <u>Lewiston, ME 04240</u>	Contractor name, address & telephone: <u>FAST Signs MAINE</u> <u>413 Western Ave</u> <u>50 PORTLAND, ME</u> <u>04106</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$ <u>107.90</u> Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Audrey Fillion</u> phone: <u>734-3576</u>		
<b>Tenant/allocated building space frontage</b> (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <input checked="" type="checkbox"/>		
<b>Current Specific use:</b> <u>Legal Services</u> If vacant, what was prior use: _____ Proposed Use: <u>None</u>		
<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 <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>15.5" x 13.5" x 42"</u>		
<b>Proposed awning?</b> Yes _____ No <input checked="" type="checkbox"/> 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> <u>None</u> Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes _____ 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.		

City of Portland Maine  
Dept. of Building Inspections

DEC - 8 2011

RECEIVED

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: <u>Audrey Fillion</u>	Date: <u>12/5/11</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

Revised 10/19/09

8' B-3 upper floor front  
5% of wall area - 88' x 10' = 1056 sq ft  
5% = 52.8 sq ft - 128.15 sq ft proposed (circled)

December 5, 2011

Inspections Division  
City of Portland  
Portland City Hall  
389 Congress Street, Room 315  
Portland, ME 04101

**Re: Application for Sign Permit  
85 Exchange Street, Portland, Maine Property**

Dear Madam or Sir:

Enclosed please find the Signage Permit Application for property at 85 Exchange Street in Portland. We have included the Certificate of Liability, letter of permission from the landlord, sketch plans of the existing property, photo of proposed sign, photos of existing signage, and details from the contractor regarding mounting. Also enclosed is our firm's check in the amount of \$107.90 to cover the fees for this application.

If you require any further information, please do not hesitate to contact me at my office.

Very truly yours,



Audrey J. Fillion,  
Personnel Manager

Enclosures

RECEIVED

DEC - 7 2011

Dept. of Building Inspections  
City of Portland Maine



BERMAN & SIMMONS

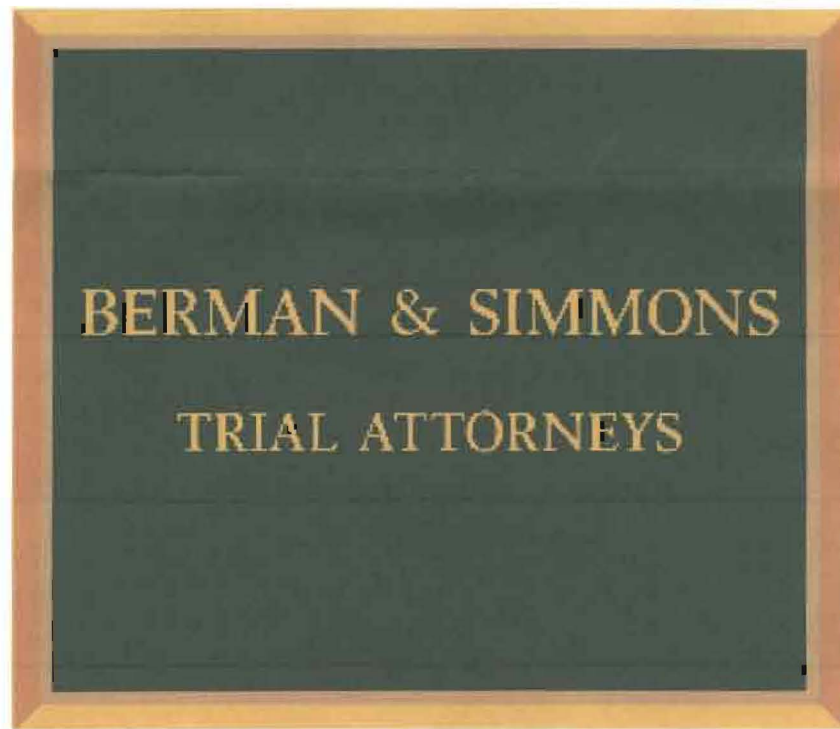
TRIAL ATTORNEYS



Proposed Sign  
Location







Cast Bronze Plaque

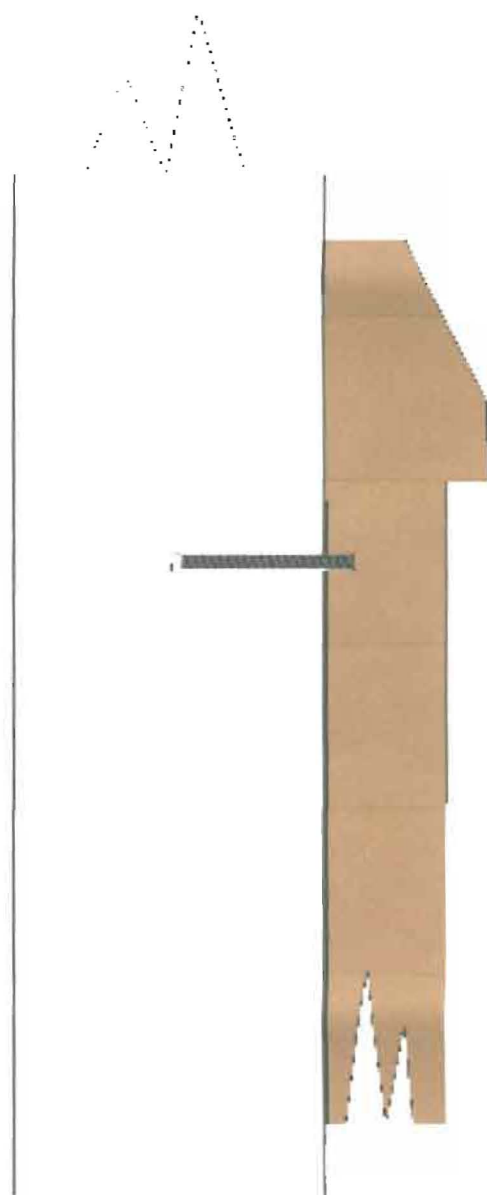
13.5" X 15.5" X 1/2"

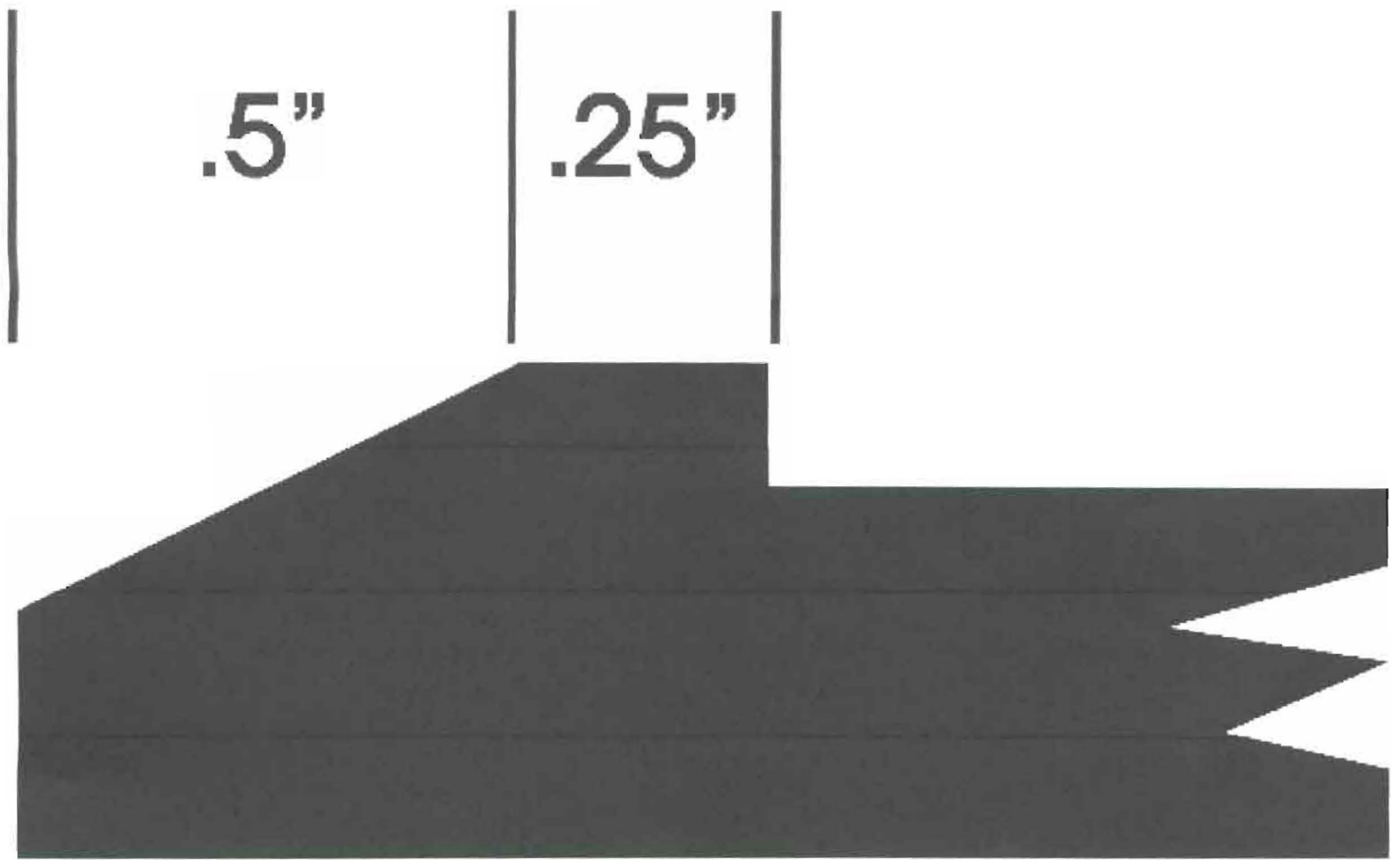
Background- Duranotic Bronze Leatherette

### MOUNTING- Blind Mount

#### 3/16" X 2" Threaded Aluminum Studs

Stud is threaded into plaque and plaque is then mounted to building using drilled holes and adhesive





**PROFILE**

Top of Exchange, LLC

42 Market Street

Portland, ME 04101


207-774-1000

November 16, 2011

Re: Signage at 85 Exchange Street

Top of Exchange, LLC has approved the sign design submitted by Berman & Simmons and the request to install signage in the existing holes on the polished granite at 85 Exchange Street. We only request that the sign be similar in materials and color to the existing historic plaque already installed on the building. Please feel free to call with any questions.

Sincerely,

  
Peggy A. Cianchette

Top of Exchange, LLC



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: 3A

DATE (MM/DD/YYYY)

12/01/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER TD Insurance, Inc. (ME) PO Box 406 Portland, ME 04112-0406 TD Insurance, Inc.	207-239-3500 207-775-0339	CONTACT NAME: <b>Amanda LaBelle</b> PHONE (A/C, No, Ext): <b>207-239-3661</b> E-MAIL ADDRESS: <b>Amanda.LaBelle@TDInsure.com</b> PRODUCER CUSTOMER ID #: <b>BERMA-1</b>	FAX (A/C, No): <b>207-775-0339</b>
INSURED <b>Berman &amp; Simmons, P. A.</b> <b>P.O. Box 961</b> <b>Lewiston, ME 04243</b>	INSURER(S) AFFORDING COVERAGE <b>Assurance Company of America</b>		NAIC # <b>19305</b>
INSURER A :		INSURER B :	
INSURER C :		INSURER D :	
INSURER E :		INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		PPS31209589	04/01/11	04/01/12	EACH OCCURRENCE \$ <b>1,000,000</b>
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>10,000</b>
	X <b>Business Owners</b>						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	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						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y / N				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Location: **85 Exchange Street, Portland**

Additional insured status applies per written contract and is subject to policy terms and conditions.

**CERTIFICATE HOLDER**

CITYP00

City of Portland  
389 Congress St.  
Portland, ME 04101

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
TD Insurance, Inc.

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