

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



This is to certify that

PALACCI ALBERT /Eclipse Remodeling

Located at

39 EXCHANGE ST

PERMIT ID: 2012-65590

CBL: 032 E008001

has permission to **sidewalk sign 24" x 40"**

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 cloed-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 procured prior to occupancy.

N/A

Fire Prevention Officer

[Signature]

1/10/13

Code Enforcement Officer / Plan Reviewer

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

BUILDING PERMIT INSPECTION PROCEDURES
Please call 874-8703 (ONLY)
or email: 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.**

REQUIRED INSPECTIONS:

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.

City of Portland, Maine - Building or Use Permit

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

Permit No: 201265590	Date Applied For: 12/11/2012	CBL: 032 E008001
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Location of Construction: 39 EXCHANGE ST	Owner Name: PALACCI ALBERT	Owner Address: 4761 BROADWAY	Phone:
Business Name: Olde Port Massage	Contractor Name: Eclipse Remodeling	Contractor Address: 190 US Route 1 Falmouth	Phone (207) 615-2980
Lessee/Buyer's Name Qingmei Zheng	Phone:	Permit Type: Signs - Side Walk	

Proposed Use: Unit 201 - Personal Service permit #2012-65595	Proposed Project Description: sidewalk sign 24" x 40"
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Dept: Zoning	Status: Approved w/Conditions	Reviewer: Ann Machado	Approval Date: 12/13/2012
Note:	Ok to Issue: <input type="checkbox"/>		
1) .All sidewalk signs shall be removed when the business is closed or while any snow or ice exists on the walkway within eight feet of the sign in any direction. All sidewalk signs shall be located near the curb rather than the building face. The sidewalk shall maintain a width of no less than 4 1/2 feet of unobstructed sidewalk width perpendicular to major flows. For a single tenant listing, the maximum width is 24 inches or less if needed for the 4.5 feet of unobstructed sidewalk width. The maximum height of a sidewalk sign is 40 inches to the top of the sign in place. The minimum height of a sidewalk sign is 30 inches to the top of the sign in place.			

Dept: Building	Status: Approved w/Conditions	Reviewer: Ann Machado	Approval Date: 01/10/2013
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) The sidewalk sandwich sign shall not infringe on the City Right of Way			

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 2012-65590	Issue Date:	CBL: 032 E008001
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Location of Construction: 39 EXCHANGE ST	Owner Name: PALACCI ALBERT	Owner Address: 4761 BROADWAY	Phone:
Business Name: Olde Port Massage	Contractor Name: Eclipse Remodeling	Contractor Address: 190 US Route 1 Falmouth	Phone: (207) 615-2980
Lessee/Buyer's Name: Qingmei Zheng	Phone:	Permit Type: Signs - Side Walk	Zone: B3
Past Use: Office	Proposed Use: Unit 201 - Personal Service permit #2012-65595	Permit Fee: \$106.50	Cost of Work: \$1,000.00
Proposed Project Description: sidewalk sign 24" x 40"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	INSPECTION: Use Group: Type: sidewalk sign
		Signature: <i>ABM 1/10/13</i>	
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: Idobson	Date Applied For: 12/11/2012	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 align="center">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 type="checkbox"/> MM <input type="checkbox"/> <i>Okulcaid</i> Date: 12/13/12	<p align="center">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 align="center">Historic Preservation</p> <input type="checkbox"/> Not in District or Landmark <input checked="" 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>ABM</i>
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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	



2012-6-55 90

Signage / Awning Permit Application

If you or the property owner owes real estate or personal property taxes or any other charges on any property within the City, payment arrangement MUST be made before permits are accepted.

Location/Address:			OWNER Name/Address:		Telephone:
Tax Assessor's Chart/Block/Lot (CBL)	Chart: 32 Block: E Lot: 8		4761 Broadway Block # Apt 6P		
		MANHATTAN, N.Y. 10034			
LEASEE/BUYER Name (if Applicable)	CONTRACTOR name, address/phone		Total S.F. signage \$		
Qingmei Zheng	Eclipse Renovation		SF= ___ x \$2.00		
977 Forest Ave	190 US RT 1 BOX 134		SF + \$30 Fee: \$ 30		
Portland ME 04103	Falmouth ME 04103		Historic (\$75): \$		
				Awning Fee: \$	
Awning Fee = Cost of Work: \$ _____ (\$30/first \$1000; \$10 every other \$1000)			TOTAL FEE: \$ _____		

Who should we contact when the permit is ready: Name: MARK ALEXANDER Phone: 605-2980
Address: 190 US RT 1 BOX 134 FALMOUTH ME

Tenant/allocated building space frontage (in feet): Length: 42' Height: 15'
Lot frontage (in feet): 42' Single Tenant or Multi-Tenant Lot: _____

Current Specific Use: UNKNOWN
If vacant, what was prior use: GENERAL OFFICE
Proposed Use: SPA - permit 2012-65595

Information on proposed sign(s)

Freestanding (e.g. pole) sign? Sign is YES NO Dimensions proposed: _____ (sf); Height from grade: _____ sf
BLDG Wall Sign (attached to bldg.)? STREET YES NO Dimensions proposed: 7.5 sf 3x2 sidewalk

Proposed Awning:

YES NO If yes, is awning backlit? YES NO
Height of awning _____ Length of awning _____ Depth of awning _____
Is there any communication, message, trademark or symbol on it? YES NO
If yes, total square footage of panels with communication, message, trademark or symbol on it: _____ sf

Information on existing and previously permitted signage:

Freestanding (e.g. pole) sign? YES NO Dimensions proposed: _____ ft X _____ ft; Height from grade: _____
BLDG Wall Sign (attached to bldg.)? YES NO Dimensions proposed: _____ ft X _____ ft
Awning? YES NO total sq ft of panels with communication on it: _____ sf

A site sketch and building sketch showing exactly where existing and proposed signage is located MUST be provided. Sketches and/or pictures of proposed signage and existing building are also required.

Please submit all information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the 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 207-874-8703.

I hereby certify 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: Qingmei Zheng Date: 12/11/12

RECEIVED
DEC 11 2012
Dept. of Building Inspections
City of Portland
Maine
SIDWALK

*Massage &
Reflexology*



Blackboard area

40"

Second Floor



24"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/03/2012

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 Phone: (207) 775-3793 Fax: (207) 775-3691

HOLDEN AGENCY INSURANCE
PO BOX 10610
1085 BRIGHTON AVE
PORTLAND ME 04104

Agency Lic#: AGR 1995

CONTACT NAME: **Ben Holden**PHONE (A/C, No, Ext): **(207) 775-3793**FAX (A/C, No): **(207) 775-3691**E-MAIL ADDRESS: **bholden@holdenagency.com**

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	The Hartford	
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

QINGMEI ZHENG
DBA MEI WELLNESS CENTER
39 EXCHANGE ST. STE #201
PORTLAND ME 04101

COVERAGES

CERTIFICATE NUMBER: 32191

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	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			04 SBA JZ6878	05/29/12	05/29/13	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							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
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTH ER \$
							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)

City of Portland is listed as an Additional Insured as it relates to General Liability

Location : 39 Exchange St. Ste #201 Portland, ME 04101

CERTIFICATE HOLDER**CANCELLATION**

City of Portland
389 Congress Street
Portland ME 04101

Attention:

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

Thomas W. Holden

COMMERCIAL LEASE (GROSS/MODIFIED GROSS)

1. PARTIES (fill in) Albert Palacci, with a mailing address of 4761 Broadway Block IV, Apt 6P, Manhattan, NY 10034, ("LANDLORD"), hereby leases to Qingmei Zheng, dba Old Port Massage, with a mailing address of 977 Forest Avenue, Portland, ME 04103, ("TENANT"), and TENANT hereby leases from LANDLORD the following described premises.

2. LEASED PREMISES (fill in and include, if applicable, suite number, floor number and square feet) The leased premises are deemed to contain 1,200 square feet. The leased premises are located at 39 Exchange Street 2nd Floor, Portland, Me 04101 together with the right to use, in common, with others entitled thereto, the hallways, stairways, and elevators, necessary for access to said leased premises, and lavatories nearest thereto. During the term of this Lease and for payment of additional monthly rent to LANDLORD in the amount of _____ (\$ _____) per parking space, which additional rent shall be due each month along with payment of base rent, TENANT also shall have the right, in common with LANDLORD and others, to use up to _____ (_____) [NONE IF LEFT BLANK] undesignated parking spaces in the parking lot located at _____. The leased premises are accepted in "as is" condition except if specifically set forth to the contrary in this Lease. TENANT acknowledges that: a) LANDLORD has made no representations and TENANT is not relying on any representations about the leased premises, their suitability for any particular use and/or the physical condition thereof; and b) that TENANT has conducted its own due diligence inquiries with respect to the leased premises and is satisfied with the results thereof.

3. TERM (fill in) The term of this Lease shall be for Three (3) years One (1) month, unless sooner terminated as herein provided, commencing on December 1, 2012 (the "Commencement Date") and ending on December 31, 2015. LANDLORD shall deliver possession of the leased premises to TENANT on _____ (prior to the Commencement Date); provided, however, that all of TENANT'S obligations under this Lease shall apply from the possession date notwithstanding that the term and rent may commence after the possession date.

4. RENT (fill in) Commencing on the Commencement Date, TENANT shall pay to LANDLORD the following base rent:

Lease Year	Annual Base Rent	Monthly Rent
1	\$ 14,400.00	\$ 1,200.00
2	\$ 15,000.00	\$ 1,250.00
3	\$ 15,600.00	\$ 1,300.00
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

payable in advance in equal monthly installments on the first day of each month during the term of this Lease without deduction or setoff, said rent to be prorated for portions of a calendar month at the beginning or end of said term, all payments to be made to LANDLORD or to such agent and at such place as LANDLORD shall from time to time in writing designate, the following being now so designated _____.

If TENANT does not pay base rent, supplemental and additional rents, or other fees and charges when due pursuant to the term of this Lease, then LANDLORD, in its sole discretion, may charge, in addition to any other remedies it may have, a late charge for each month or part thereof that TENANT fails to pay the amount due after the due date. The late charge shall be equal to four percent (4%) of the amount due LANDLORD each month in addition to the rent then due.

DISCLAIMER: THIS IS A LEGAL DOCUMENT. IF NOT FULLY UNDERSTOOD, CONSULT AN ATTORNEY.

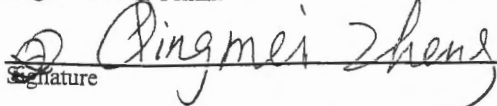
IN WITNESS WHEREOF, the said parties hereunto set their hands and seals this 30th day of November, 2012.

TENANT:

LANDLORD:

Qingmei Zheng, dba Old Port Massage
Legal Name of Tenant

Albert Palacchi
Legal Name of Landlord


Signature

Signature

Qingmei Zheng/Owner Manager
NAME/TITLE

NAME/TITLE

Witness to Tenant

Witness to Landlord

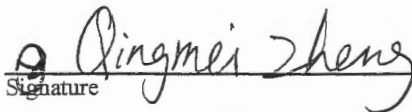
GUARANTY (fill in or delete) For value received, and in consideration for, and as an inducement to LANDLORD to enter into the foregoing Lease with Qingmei Zheng, dba Old Port Massage TENANT,

Qingmei Zheng ("GUARANTOR") does hereby unconditionally guaranty to LANDLORD the complete and due performance of each and every agreement, covenant, term and condition of the Lease to be performed by TENANT, including without limitation the payment of all sums of money stated in the Lease to be payable by TENANT. The validity of this guaranty and the obligations of the GUARANTOR hereunder shall not be terminated, affected, or impaired by reason of the granting by LANDLORD of any indulgences to TENANT. This guaranty shall remain and continue in full force and effect as to any renewal, modification, assignment, subletting or extension of the Lease, whether or not GUARANTOR shall have received any notice of or consented to such renewal, modification, assignment, subletting or extension. GUARANTOR hereby waives notice of acceptance of this Guaranty by LANDLORD, notice of default by TENANT under the Lease, and all suretyship and guarantorship defenses generally. The liability of GUARANTOR under this guaranty shall be primary, and in any right of action which shall accrue to LANDLORD under the Lease, LANDLORD may proceed against GUARANTOR and TENANT, jointly and severally, and may proceed against GUARANTOR without having commenced any action against or having obtained any judgment against TENANT. All of the terms and provisions of this guaranty shall inure to the benefit of the successors and assigns of LANDLORD and shall be binding upon the successors and assigns of GUARANTOR.

IN WITNESS WHEREOF, GUARANTOR has executed this Guaranty this 30th day of November, 2012.

GUARANTOR:

Qingmei Zheng
Legal Name of Guarantor


Signature

Witness to Guarantor

Qingmei Zheng/Owner Manager
NAME/TITLE