

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 071021

Please Read Application And Notes, If Any, Attached

This is to certify that MURAL ASSOCIATES /Lea & Parr

has permission to New awning no signage

AT 80 EXCHANGE ST

032 H008001

SEP - 6 2007

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.

PERMIT ISSUED
CITY OF PORTLAND

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 altered or closed-in. FOUR 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

[Signature]
9/6/07
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: 07-1021	Issue Date:	CBL: 032 H008001
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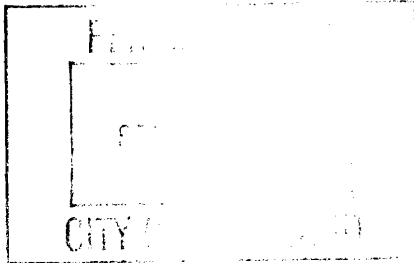
Location of Construction: 80 EXCHANGE ST	Owner Name: MURAL ASSOCIATES	Owner Address: PO BOX 10189	Phone:
Business Name:	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St. Portland	Phone: 2077970100
Lessee/Buyer's Name	Phone:	Permit Type: Awning, no signage	Zone: B-3

Past Use: Commercial	Proposed Use: Commercial - New awning no signage	Permit Fee: \$30.00	Cost of Work: \$850.00	CEO District: 1
Proposed Project Description: New awning no signage		FIRE DEPT: Approved Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>	
		Signature: <i>[Signature]</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: 08/21/2007	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<i>to D.A</i> <input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input checked="" type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input checked="" type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>9/24/07</i>	Date: _____	Date: <i>9/21/07</i>



D. Andrew B

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: 07-1021	Date Applied For: 08/21/2007	CBL: 032 H008001
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Location of Construction: 80 EXCHANGE ST	Owner Name: MURAL ASSOCIATES	Owner Address: PO BOX 10189	Phone:
Business Name:	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St. Portland	Phone (207) 797-0100
Lessee/Buyer's Name	Phone:	Permit Type: Awning, no signage	

Proposed Use: Commercial - New awning no signage	Proposed Project Description: New awning no signage
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Dept: Historic	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 08/27/2007
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 08/24/2007
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. It is understood that this awning has NO SIGNAGE and NO LOGOS. It is understood that only the street address number will be displayed.			
2) Separate permits shall be required for any new signage.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 09/06/2007
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			



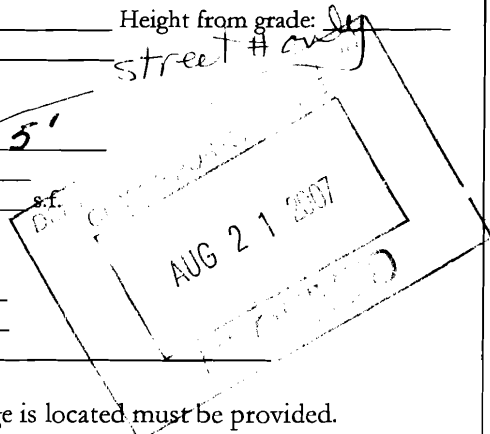


Signage/Awning Permit Application

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: 80 EXCHANGE STREET		
Tax Assessor's Chart, Block & Lot Chart# Block# MAP 32 Lot# 8	Owner: MURAL ASSOCIATES, A MAINE GENERAL PARTNERSHIP	Telephone: 773-8084
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: LEAVITT & PARRIS INC 256 READ STREET PORTLAND ME 04103 797-0100	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 _____ Total Fee: \$ _____
Who should we contact when the permit is ready: CARL RICKETT phone: 797-0100 850 -		
Tenant/allocated building space frontage (feet): Length: 62 Height: 59 Lot Frontage (feet) 62 Single Tenant or Multi Tenant Lot 30		
Current Specific use: RENTAL PROPERTY (COMMERCIAL) If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions proposed: _____ street # only		
Proposed awning? Yes <input checked="" type="checkbox"/> No ___ Is awning backlit? Yes ___ No <input checked="" type="checkbox"/> Height of awning: 5' Length of awning: 5' Depth: 5' Is there any communication, message, trademark or symbol on it? Yes <input checked="" type="checkbox"/> No ___ If yes, total s.f. of panels w/communications, message, trademark or symbol: 1 s.f.		
Information on existing and previously permitted sign(s): - E 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.		

Awning no signage



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:	Date: 8/17/07
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This is not a permit; you may not commence ANY work until the permit is issued.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/17/07

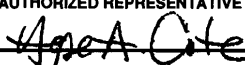
PRODUCER Cross Insurance -CL/Bnds-P P. O. Box 567 Portland, ME 04112 800 286-5352	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Leavitt & Parris, Inc. 256 Read Street Portland, ME 04103	INSURER A: One Beacon Insurance Company	20621
	INSURER B: Maine Employers Mutual Insurance Co.	11149
	INSURER C:	
	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		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR PD Ded:1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	7100110630001	04/30/07	04/30/08	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		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Other Car	7100110630001	04/30/07	04/30/08	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	7100110630001	04/30/07	04/30/08	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810063708	04/30/07	04/30/08	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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
RE: Awning at 80 Exchange St., Portland, ME.
The City of Portland is an Additional Insured with respect to General Liability only.

CERTIFICATE HOLDER Daggett & Parker P.O. Box 10189 Portland, ME 04104	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 
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TO: CARL AT LEAVITT & PARRIS

**FROM: ED DAGGETT, GENERAL PARTNER IN
THE INFIRM GROUP, GENERAL PARTNER IN
MURAL ASSOCIATES**

AUGUST 20, 2007

TAX MAP AND LOT # Map 32, Lot 8

**PROPERTY IS OWNED BY MURAL
ASSOCIATES, A MAINE GENERAL
PARTNERSHIP**

**FRONTAGE ON EXCHANGE STREET IS 62
FEET, BUILDING IS 62 BY 59**

CONSENT LETTER ATTACHED

LET ME KNOW IF YOU NEED MORE

ED

**MURAL ASSOCIATES
PROPERTY ADDRESS 80 EXCHANGE STREET
MAILING ADDRESS, C/O DAGGETT & PARKER
P.O. BOX 10189
PORTLAND, ME 04104**

August 20, 2007

To Whom It May Concern:

Mural Associates has retained Leavitt & Paris to install an awning over its front entryway to the office suites at 80 Exchange Street. We have authorized them to act as our agent in applying for any necessary permits and consents from any and all parties required to install said awning.

We are happy to answer any questions you may have, 207-773-8084.

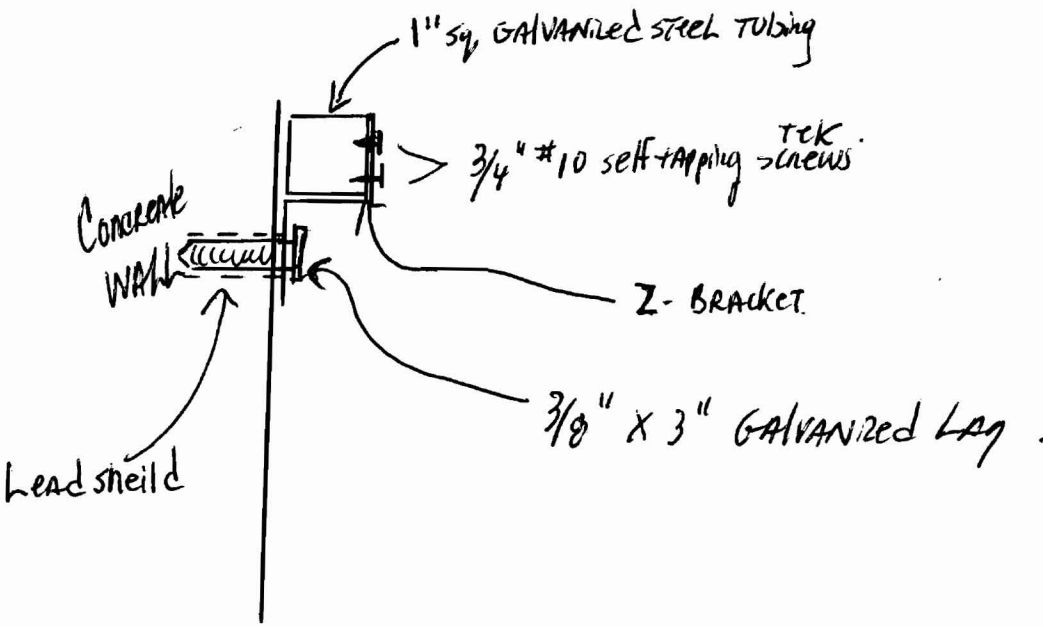
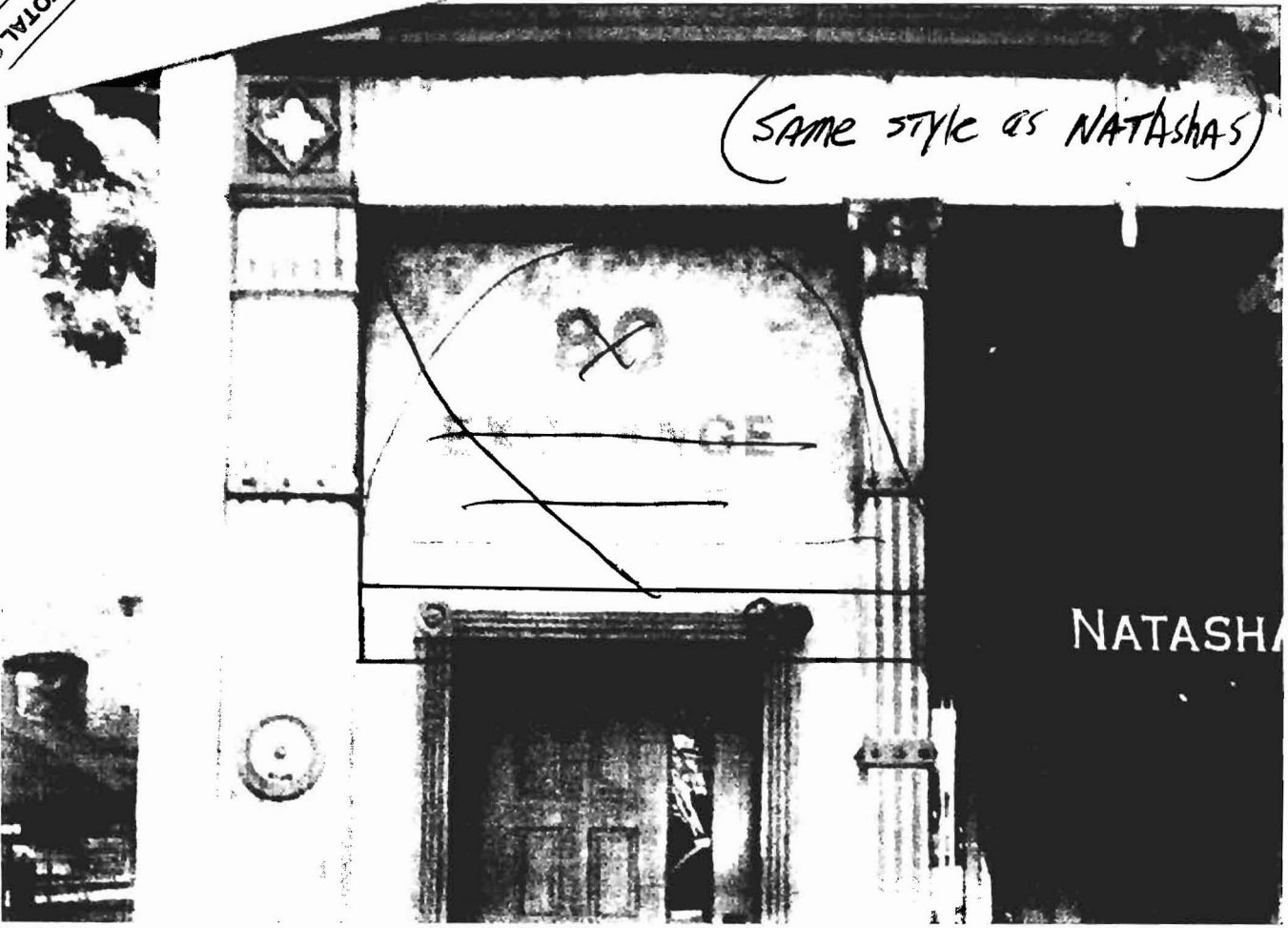
Sincerely,



Edwin Daggett, Partner of The Infirm Group
General Partner of Mural Associates

TOTAL \$

(SAME STYLE AS NATASHAS)



ATTACHMENT DETAIL



LEAVITT & PARRIS, INC.

W.O. 9643

A

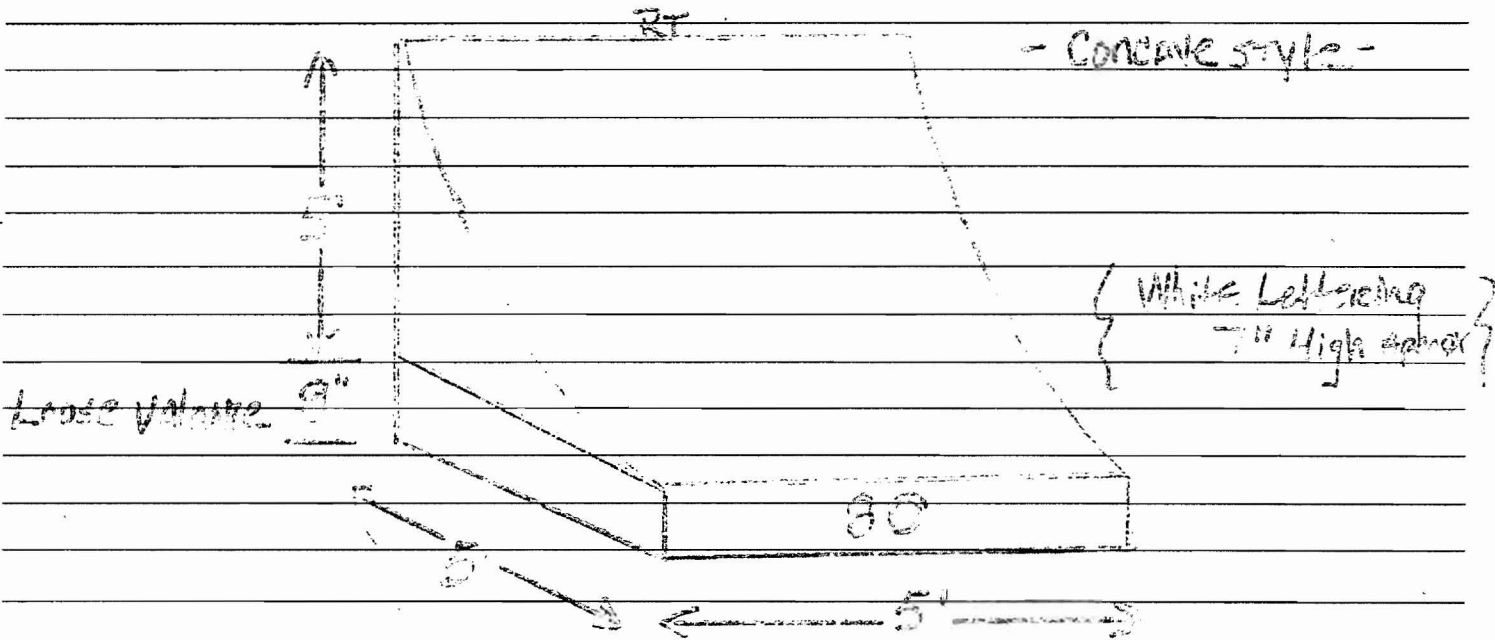
(207) 797-0100 • 1-800-833-6679

JOB PHONE	ORDER TAKEN BY Carl	DATE July 31, 07	PURCHASE ORDER NO.	PHONE 773-8084
CELL #	SITE PERSON	CONTRACT PERSON STEVE & ED	FAX 773-4209	
INSTALL LOCATION Front Entry	BILL TO Diagell & Parker			
ADDRESS 80 Exchange Street	ADDRESS 148 Middle Street P.O. Box 10150			
CITY Portland	STATE ME	ZIP	CITY Portland	STATE ME
LOCATION WHERE TO INSTALL			ZIP 04104	

DIRECTIONS TO SITE - SPECIAL INSTRUCTIONS & MISC.

DESCRIPTION OF WORK

1- Stationary Arming of Graphics - complete.



JACKROD <input type="checkbox"/>	ROPE TRACK <input type="checkbox"/>	EGG CRATE <input type="checkbox"/>	LIGHTS 4' OR 8' <input type="checkbox"/>	GRAPHICS <input type="checkbox"/>	COLOR <input type="checkbox"/>
STEPLADDER <input checked="" type="checkbox"/>	EXT. LADDER <input type="checkbox"/>	POST PINS <input type="checkbox"/>	SURFACE Concrete		
TAKE DOWN DAY AND DATE	INSTALL DAY AND DATE WK 8-27-07	CUSTOMER PICK-UP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PATTERN NO.	YARDAGE	COMPANY	TOTAL MATERIALS <i>...</i>		
DATE ORDERED	COMPANY CONTACT PERSON		TOTAL LABOR		