

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 031387

This is to certify that Buckstar Llc /The Signery

has permission to Replace existing 3 sq. Ft. Pedestals Sign with Bath Buildings Sign

AT 178 Middle St 032 I001001

provided that the person or persons, firm or corporation accepting 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 closed-in. **24 HOUR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

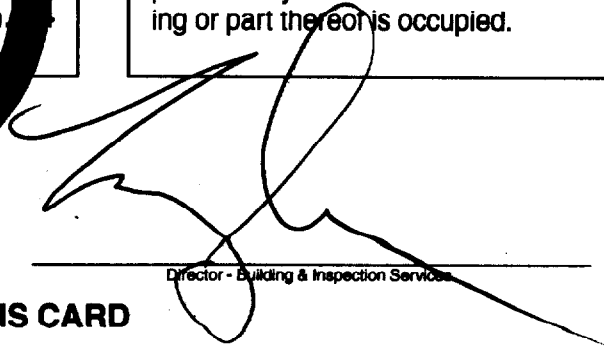
Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name



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: 03-1387	Issue Date:	CBL: 032 1001001
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Location of Construction: 178 Middle St	Owner Name: Buckstar Llc	Owner Address: 100 Silver St	Phone: 207-774-1885
Business Name: n/a	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone 2078797700
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B3

Past Use: Peoples Bank ATM	Proposed Use: Bath Saving s Institution ATM / Replace existing 3 sq. Ft. Peoples Sign with sign with Bath Savings Sign.	Permit Fee: \$36.00	Cost of Work: \$0.00	CEO District: 1
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: sig BOCA 99
Signature:	Signature:

Proposed Project Description: Replace existing 3 sq. Ft. Peoples Sign with Bath Savings Sign.
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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: gg	Date Applied For: 11/06/2003	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>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 <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/></p> <p>Date: 11/17/03</p>	<p>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 <p>Date:</p>	<p>Historic Preservation</p> <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 <p>Date: 11/17/03</p>
	<p><i>to D.A. 11/17/03</i></p> <p><i>D. Andrew 11/18/03</i></p>		

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: 03-1387	Date Applied For: 11/06/2003	CBL: 032 I001001
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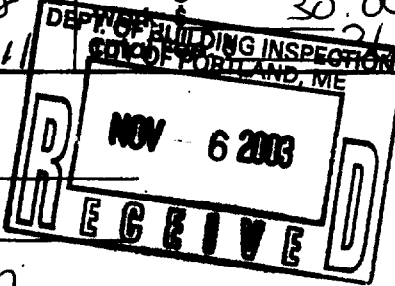
Location of Construction: 178 Middle St	Owner Name: Buckstar Llc	Owner Address: 100 Silver St	Phone: 207-774-1885
Business Name: n/a	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: (207) 879-7700
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Permanent	

Proposed Use: Bath Saving s Institution ATM / Replace existing 3 sq. Ft. Peoples Sign with sign with Bath Savings Sign.	Proposed Project Description: Replace existing 3 sq. Ft. Peoples Sign with Bath Savings Sign.
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Dept: Historical	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 01/11/8200
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 11/17/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 11/18/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 BOCA 1999			

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>178 Middle St, Portland -</u>		
Total Square Footage of Proposed Structure <u>3 SQ FT</u>	Square Footage of Lot <u>91 sq ft</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>032</u> Block# <u>L</u> Lot# <u>001</u>	Owner: <u>Buckstart II LLC</u> <u>Karen Twohig</u>	Telephone: <u>774-1885</u>
Lessee/Buyer's Name (If Applicable) <u>Bath Savings Institution</u>	Applicant name, address & telephone: <u>Barbara Gaul</u> <u>Bath Savings Institution</u> <u>105 Front St, PO Box 548</u> <u>Bath ME 04530-442-7711</u>	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: \$ <u>6.00</u> Awning Fee = Cost Of <u>30.00</u>
Current use: <u>Peoples Bank ATM</u>		
If the location is currently vacant, what was prior use: <u>n/a</u>		
Approximately how long has it been vacant: <u>n/a</u>		
Proposed use: <u>Bath Savings Institution ATM</u>	Project description: <u>replace existing Peoples sign with a Bath Savings sign of the same dimension</u>	
Contractor's name, address & telephone: <u>THE SIGNERY</u> <u>299 FOREST AVE. PORTLAND, ME. 04101</u>		
Who should we contact when the permit is ready: <u>The Signery, attn: Don Wright</u>		
Mailing address: <u>same as contractor address, above</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>879-7700</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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>Barbara Gaul</u>	Date: <u>10/27/03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.

PMS 2945



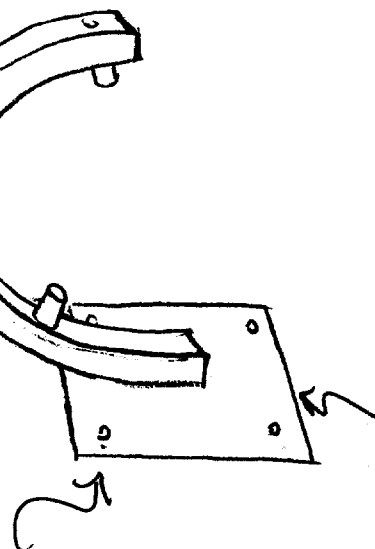
EXCHANGE →

SHRIMP

MIDDLE ST

MOUNTING

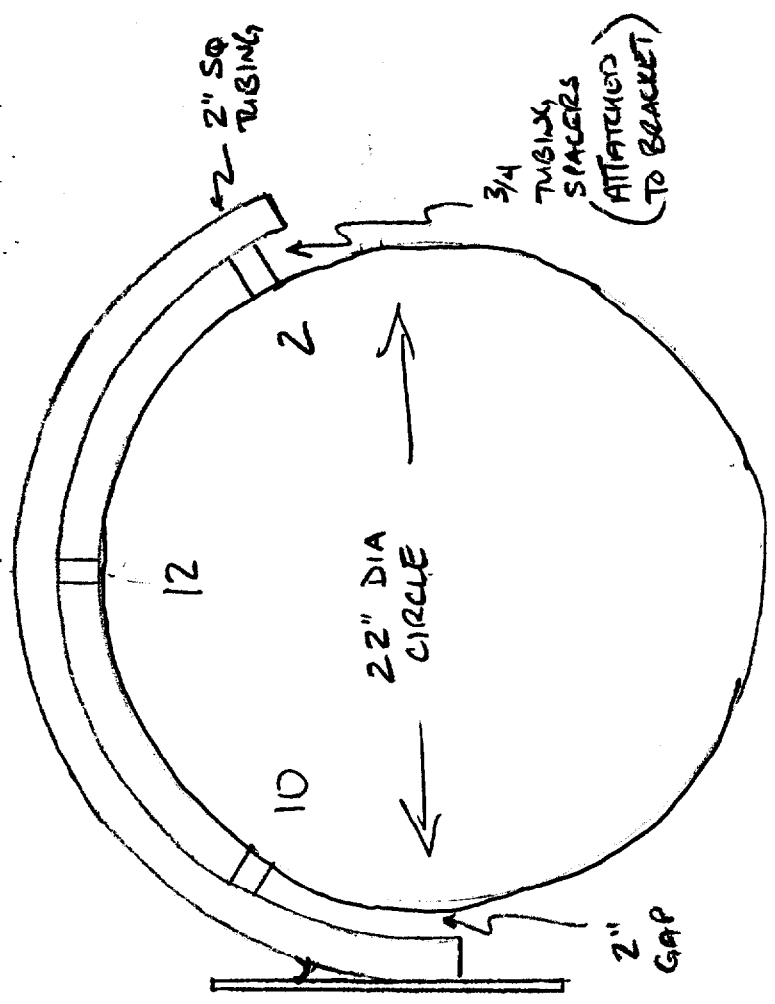
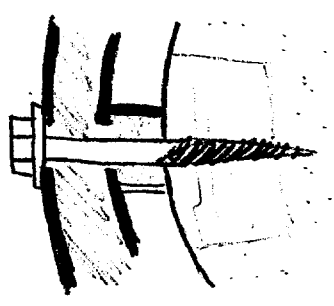
NEW BRACKET IS IDENTICAL IN SIZE, SHAPE, MATERIALS & MOUNTING METHOD TO OLD BRACKET - MOUNTED WITH 3/8" LAGS IN EXISTING HOLES



MATCH CURRENT BASE PLATE

QTY 1
PTD BLACK

5/16 HOLE ALIGNED WITH SPACER



3/4 TUBING SPACERS (ATTACHED TO BRACKET)
2\"/>

$$A = \pi R^2$$

$$A = 3.14 \times 11^2 = 379.94 \div 144 = 2.64$$

(121) = 379.94 \approx 144 = 2.64

BATH SAUNAS
THE STUNNING
Tom 10.7.03

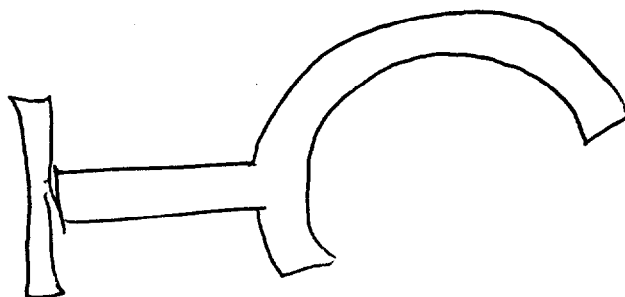


2" Urethane Foam
22" Diameter
Routed & Painted
Installed on Middle Street Entrance

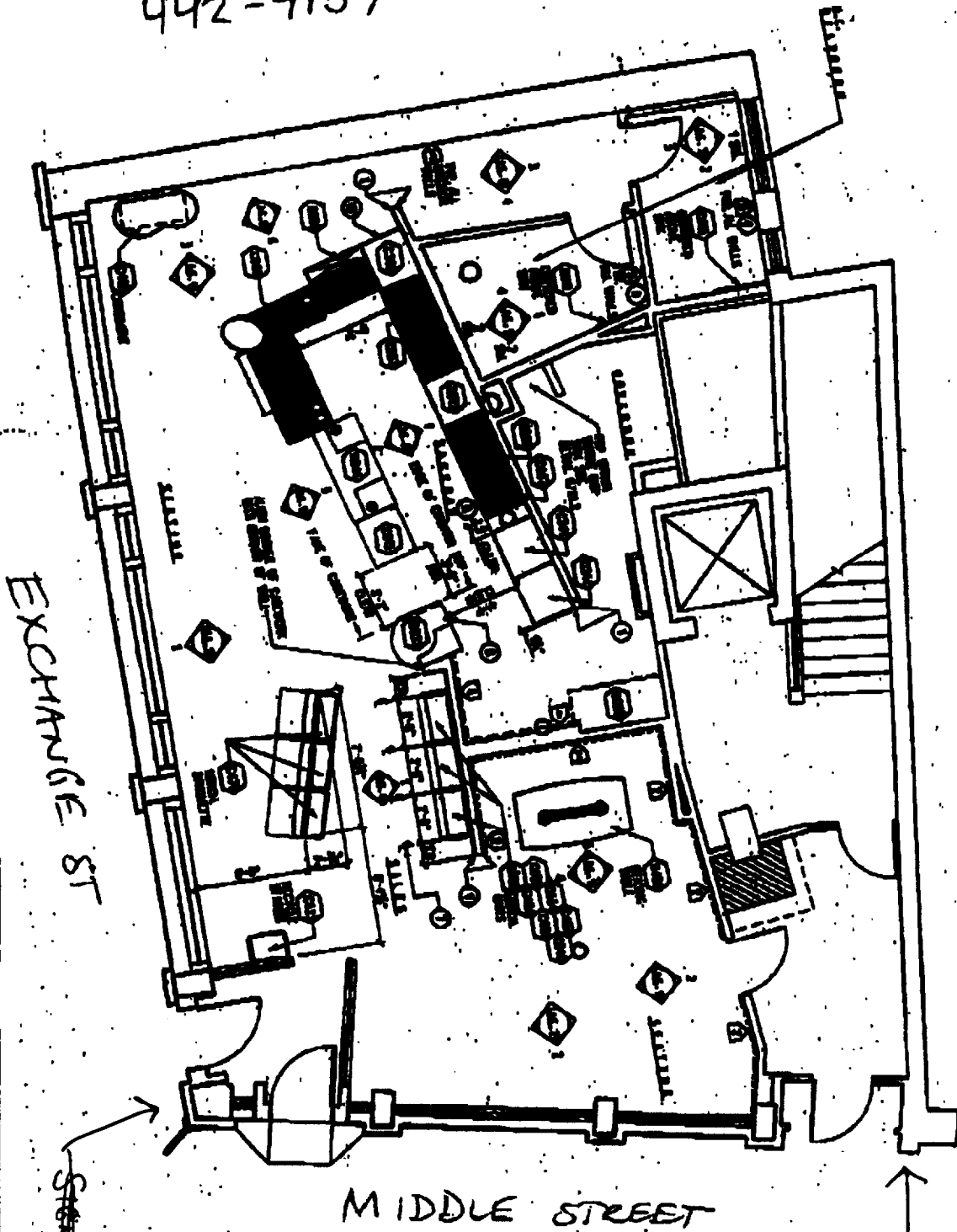
OLD SIGN



NEW SIGN



Tom Whalen
442-9137



EXCHANGE ST

MIDDLE STREET

BATH SAUNING'S ATM

SIGN POSITIONED HERE

~~Street~~
Hill

CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way. Amount must equal \$400,000.00. BSI
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage. BSI
- A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. Indicate on the plan all existing and proposed signs with their dimensions and specific locations. *We can do.*
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment. *we have*
- N/A Certificate of Flammability required for awning or canopy at time of application.
- N/A UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**Permit Fee for signage or awning-with-signage:
\$30.00 plus \$1.00 per square foot of sign.**

**Permit Fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, plus \$7.00 for each additional \$1,000.000.**

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/20/03

PRODUCER CROSS INSURANCE - BATH 99 Commercial Street Bath, ME 04530 800 696-6055	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 Bath Savings Institution Bath Savings Trust Company 105 Front St Bath, ME 04530	INSURERS AFFORDING COVERAGE INSURER A: Peerless Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 24198

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CBP9641037	10/24/02	10/24/03	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$15,000 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WC STATU-TORY LIMITS</td> <td style="width:50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate Holder is also an Additional Insured as respects to the General Liability Policy only. For ATM located at 42 Auburn Street in the Old Port.
 Loc# 18 - 42 Auburn Street; Portland, ME

CERTIFICATE HOLDER City of Portland City Clerks Office Portland, ME 04102	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 <i>Jim M Eames</i>
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**BUCKSTAR II LLC
100 SILVER STREET
PORTLAND, MAINE 04101
(207) 774-1885
FAX: (207) 774-8397**

October 16, 2003

Tom Whelan
Bath Savings Institution
105 Front Street
P.O. Box 548
Bath, Maine 04530

VIA : Fax 442-9137

Re: ATM - 178 Middle Street, Portland, Maine

Dear Tom:

This letter serves as confirmation that Bath Savings Institute will be taking over the ATM space currently occupied by Peoples at the above referenced location as of November 1, 2003.

Bath Savings has our permission to install new signage. The new signage shall be in the same size and style as the existing signage.

If you have any questions or concerns, please call me at the number above.

Sincerely,



Karen Twohig
Lease Administrator
Commercial Properties Management LLC