

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED		CBL:
Permit No: 02-0652	Issue Date: JUN 19 2002	032 I033001

Location of Construction: 2 Canal Plaza	Owner Name: October Corporation	Owner Address: One Canal Plaza 5th Floor	Phone: 207-874-0397
Business Name: n/a	Contractor Name: Burr Signs	Contractor Address: 10 Buttonwood St. So. Portland	Phone: 2077991183
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial / Office	Proposed Use: Commercial / Office; Reface 3 existing signs, each 1'-5" x 14', total of 63 sq. ft.	Permit Fee: \$93.00	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description: Reface 3 existing signs, 63 sq. ft.	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: U Type: Sign BOCA 1999 Signature: <i>[Signature]</i>
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: <i>D. Andrews</i> Date: <i>6/17/02</i>

Permit Taken By: gg	Date Applied For: 06/13/2002	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	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"/> Date: <i>6/17/02</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 <input checked="" 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 TO D.A. <i>6/17/02</i> Date: <i>6/17/02</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 _____

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

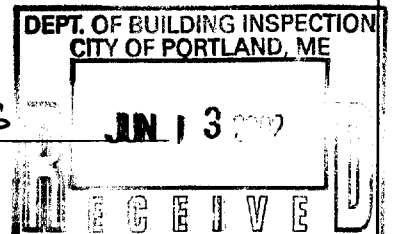
SIGNAGE APPLICATION

THIS IS NOT A PERMIT
CONSTRUCTION CANNOT NOT COMMENCE UNTIL THE PERMIT IS ISSUED

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

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>2 CANAL PLAZA</u>		
Total Square Footage of Proposed Structure <u>63</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Number Chart# <u>032</u> Block# <u>I</u> Lot# <u>033</u>	Owner: <u>BOULOS PROPERTY MGT.</u> <u>1 CANAL PLAZA 5TH FL</u> <u>PORTLAND, ME 04101</u>	Telephone #: <u>874-0397</u>
Lessee/Buyer's Name (If Applicable) <u>WACHOVIA SECURITIES</u>	Owner's/Purchaser/Lessee Address: <u>2 CANAL PLAZA</u> <u>PORTLAND, ME 04101</u>	Total s.f of signs <u>63</u> x .20 \$ <u>30</u> , plus \$30.00 TOTALS \$ <u>23.00</u>
Current use: <u>OFFICE</u> Proposed use: <u>OFFICE</u>		
Project description: <u>REFACE (3) EXISTING SIGNS</u>		
Applicants Name, Address & Telephone: <u>BURR SIGNS</u> <u>10 BUTTUNWOOD ST.</u> <u>SO. PORTLAND, ME 04106</u> <u>799-1183</u>		
Contractor's Name, Address & Telephone: <u>SAME</u>		
Who shall we contact when the permit is ready: <u>FRANK @ BURRSIGNS</u>		
Telephone: <u>799-1183</u>		
If you would like it mailed, what mailing address should we use:		
Rec'd By:		




THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

Certification

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: 06/13/02
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Sign Permit Fee: \$30.00 plus \$0.20 per square foot.

A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00

BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU ARE APPLYING FOR

IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 2 CANAL PLAZA ZONE: B-3

OWNER: BOVICOS PROP. MST

APPLICANT: BURR SIGNS

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES NO DIMENSIONS _____ HEIGHT _____

MORE THAN ONE SIGN? YES NO DIMENSIONS PA HEIGHT ALONG

SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS _____

MORE THAN ONE SIGN? YES NO (3) DIMENSIONS 1'-5" x 14'

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

*** TENANT BLDG. FRONTAGE (IN FEET): 600

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

YOU SHALL PROVIDE:
A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT:  DATE: 06/13/02

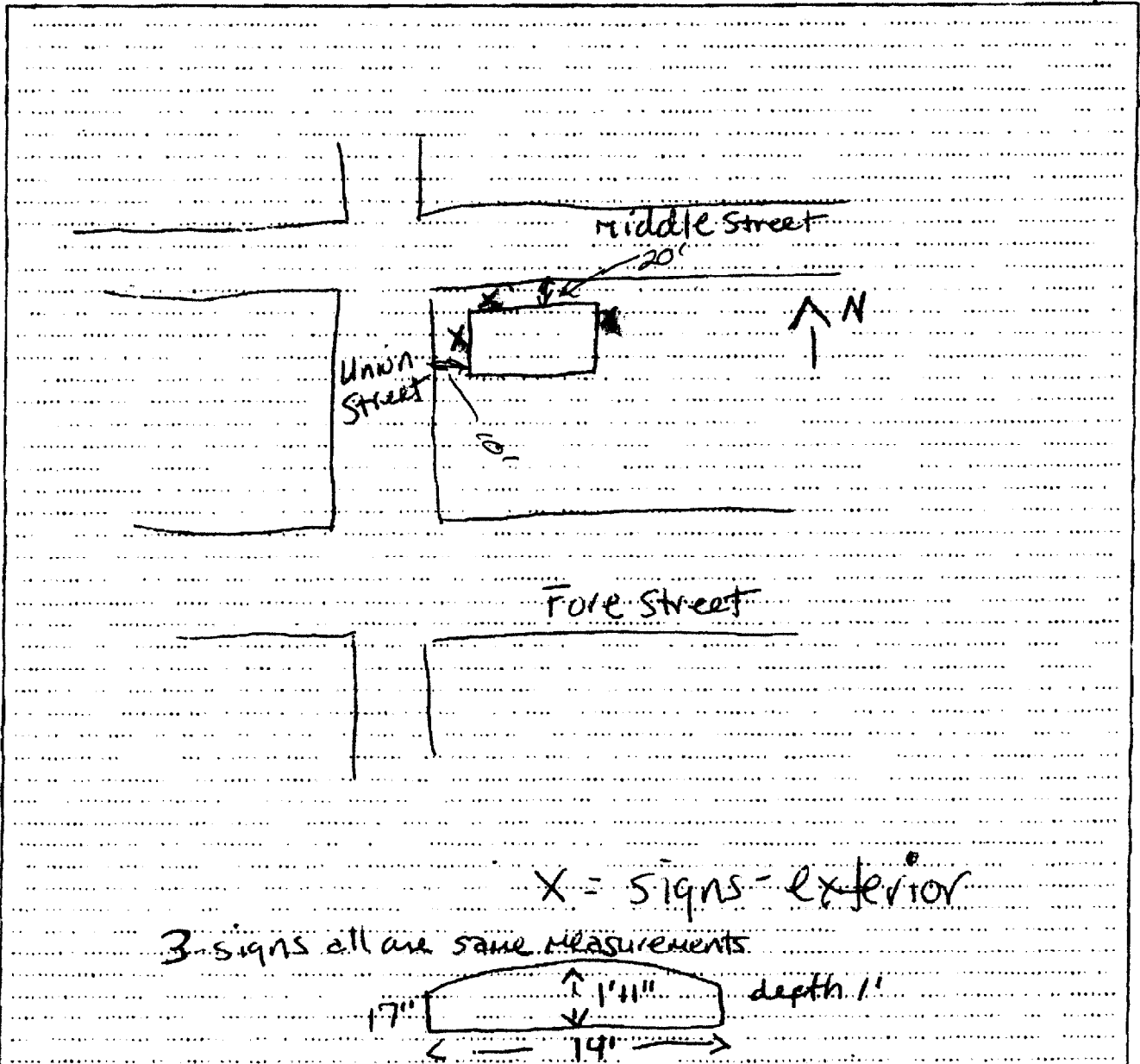
EXTERIOR PLOT PLAN

S05484
Portland, ME - New FUSI
Two Canal Plaza
Suite 102
Portland ME



DATE: 3-14-02

SURVEYOR: BB *Balley Sign*



non-illuminated signs - Bronze metal cabinets with 1/2" laminated brushed brass letters



Project Management Specialists

Boulos Property Mgmt
Michael McDonald
1 Canal Plaza 5th Floor
Portland, ME 04101
PH: 207-874-0397
FX: 207-871-9037

RE: Portland, ME - New FUSI
Two Canal Plaza
Suite 102
Portland, ME

Dear Michael McDonald:

Wachovia Securities, Inc. and First Union Securities, Inc. intend to merge on June 15, 2002. The merged company will be named Wachovia Securities, Inc. The name of the tenant under the lease for the above-referenced premises following the merger will, therefore, be Wachovia Securities, Inc.

In connection with this merger, Signage Solutions will be assisting Wachovia Securities, Inc. to replace all interior and any exterior signage at the above-referenced Premises. Attached for your review is a drawing showing the location and specifications for the proposed replacement signage and the new logo for the company. A representative of Signage Solutions will be contacting you with regard to the proposed installation schedule for the signage replacement at the Premises. In the meantime, if you should have any questions or comments regarding the proposed replacement signage, please contact Cindy Helton at Signage Solutions, telephone number 877-374-7446. If we do not hear from you within 30 days of the date of this letter, we will proceed with the installation.

If you have mandated vendors for your signage and the cost of changing the signage is the tenant's responsibility, Signage Solutions will contract directly with the vendor or you will pass the cost through Signage Solutions. Signage Solutions will control the artwork for the customer's logo where allowed.

If you do not have mandated vendors for your signage and you have specific sign requirements, please provide the sign requirements or a contact name and phone number with your approval letter.

We appreciate your assistance with regard to this sign change process, and Wachovia Securities, Inc. looks forward to your continued leasing relationship with them at the above-referenced location.

The signs being changed and the proposed replacements are attached with this letter.

Sincerely,
Signage Solutions

CH
505484

Fax

*LMH
5/9/02*

*Verbal approval
C/L
Michael McDonald*

Signage Solutions

7675 Oak Ridge Hwy.
Knoxville, Tennessee 37931
(865) 342-8200
(865) 539-6311 Fax
www.signagesolutions.com

Posi-It [®] Fax Note	7671	Date	# of pages
To	<i>Randy Burr</i>	From	
Co./Dept.	<i>Burr Signs</i>	Co.	
Phone #		Phone #	
Fax #		Fax #	

ACORD™ CERTIFICATE OF LIABILITY INSURANCE Page 1 of 2		DATE 06/10/2002
PRODUCER Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	877-945-7378	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		
INSURED Wachovia Corporation Two Wachovia Center 301 South Tryon Street Charlotte, NC 28288-1132	INSURER A: St. Paul Fire & Marine Insurance Company 24767-002 INSURER B: INSURER C: INSURER D: INSURER E:	

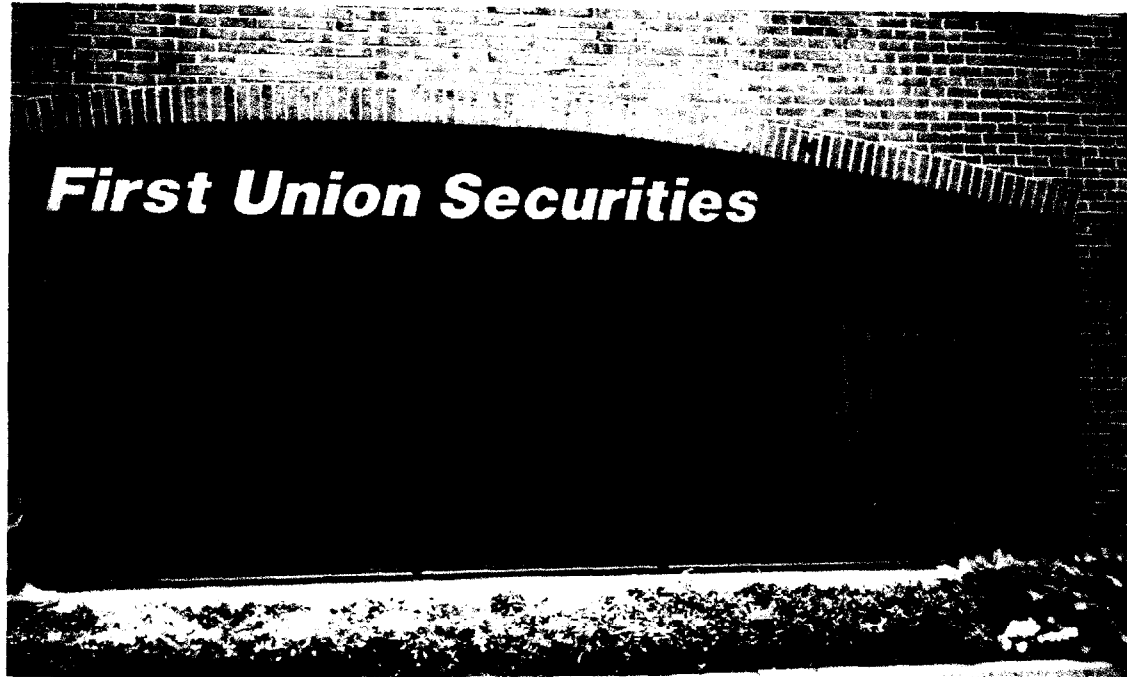
COVERAGES

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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CK00605669	3/1/2002	3/1/2003	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 5,000,000
					PRODUCTS - COM/PROP AGG \$ 5,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC
	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				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY - AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY 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
Named Insured Includes: First Union Corporation
RE: Wachovia Securities, Two Canal Plaza, Suite 102, Portland, ME 04101

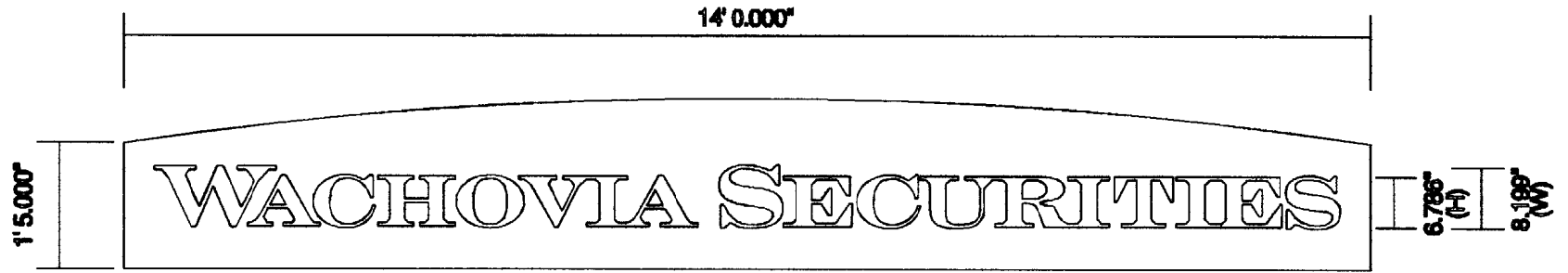
CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
City of Portland Code Enforcement Office 389 Congress Street Portland, ME 04101		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN 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>Julia Ann Lilly</i>



Existing



Proposed



Proposed