

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

Permit Number: 060068
FEB - 3 2006

RECEIVED

Please Read
Application And
Notes, If Any,
Attached

This is to certify that OCTOBER CORPORATION Sign Solutions

has permission to Replace existing letters to sign all four sides of building

AT LCANAL PLAZA 032 1036001

provided that the person or persons who apply for and accept 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.

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 procedure is complete this building or part thereof is closed or serving closed-in 4
OUR NOTICE 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 _____
DepartmentName

[Signature] 2/2/06
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: 06-0068	DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME Issue Date: FEB - 3 2006	082 1086001
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Location of Construction: 1 CANAL PLAZA	Owner Name: OCTOBER CORPORATION	Owner Address: ONE CANAL PLAZA 5TH FLOOR	Phone:
Business Name:	Contractor Name: Sign Solutions	Contractor Address: 55 Bishop St. Portland	Phone: 2078788000
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: 33

Past Use: Commercial	Proposed Use: Commercial/ Replace existing letters to sign all four sides of building	Permit Fee: \$1,422.00	Cost of Work: \$1,422.00	CEO District: 1	
Proposed Project Description: Replace existing letters to sign all four sides of building		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <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: 01/13/2006	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>AGM 1/24/06</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 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>AGM</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

04/06/09 Closed JMB

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: ONE CANAL PLAZA ZONE: B-3

CBL: _____

SINGLE TENANT LOT? YES _____ MULTI TENANT LOT? YES NO _____

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO _____

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 150' / SIDE 100' Height: 90' +

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS PROPOSED: (VIEW)

BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: 4'-6" X 38'-5"

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS: (TO BE REMOVED)

BLDG. WALL SIGN(attached to bldg)? YES NO _____ DIMENSIONS: 6'-0" X 38'-6"

AWNING? YES _____ NO _____ DIMENSIONS: _____

LOT FRONTAGE (FEET): _____

AWNING YES _____ NO 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 WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Bob Miller DATE: 1/13/06

***** FOR OFFICE USE ONLY *****

sq. wall area:

$$150 \times 90 = 13500$$

$$100 \times 90 = 9000$$

$$= 6750 \text{ sq. ft.}$$

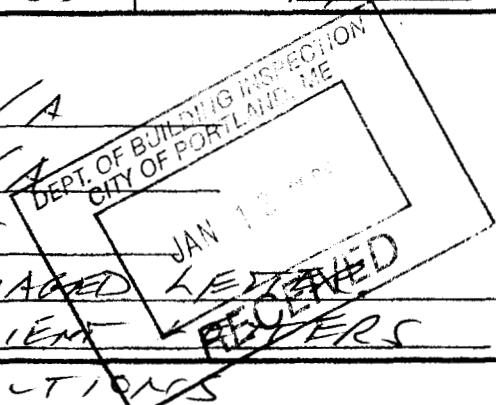
$$= 4500 \text{ sq. ft.}$$

$$4.5' \times 38.42 = 172.89 \text{ sq. ft. each sign.}$$

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>ONE CANAL PLAZA</u>		
Total Square Footage of Proposed Structure <u>BLDG. - 15,000 / SIGNS 696</u>	Square Footage of Lot <u>?</u>	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>KEY BANK</u>	Telephone: <u>207-874-7295</u>
Lessee/Buyer's Name (If Applicable) <u>KEY CORP.</u> <u>ROBERT W. COTE</u> <u>REGIONAL FACILITIES MGR.</u> <u>KEY BANK</u>	Applicant name, address & telephone: <u>BOB PHILLIPS</u> <u>55 BISHOP ST.</u> <u>PORTLAND, ME 04103</u> <u>207-699-2263</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>1422</u> Awning Fee = Cost of Work: \$ <u>0</u> Total Fee: \$ <u>1422</u>
Current use: <u>BANK / OFFICES</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>BANK / OFFICES</u>		
Project description: <u>REMOVE OLD & DAMAGED LETTERS</u> <u>INSTALL NEW & MORE EFFICIENT LETTERS</u>		
Contractor's name, address & telephone: <u>SIGN SOLUTIONS</u> <u>55 BISHOP ST., PORTLAND, ME</u>		
Whom should we contact when the permit is ready: <u>BOB PHILLIPS</u>		
Mailing address: <u>55 BISHOP ST</u> <u>PORTLAND, ME 04103</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>207-699-2263</u>		



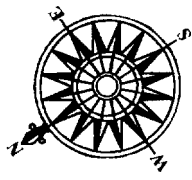
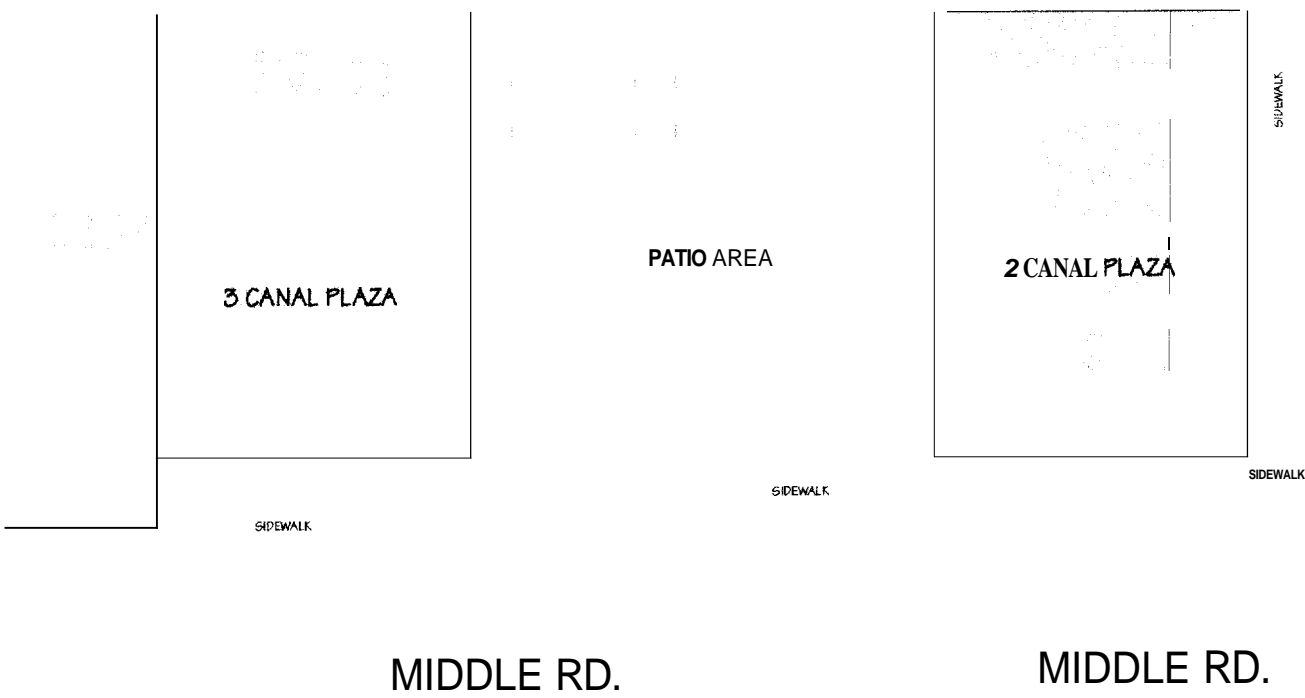
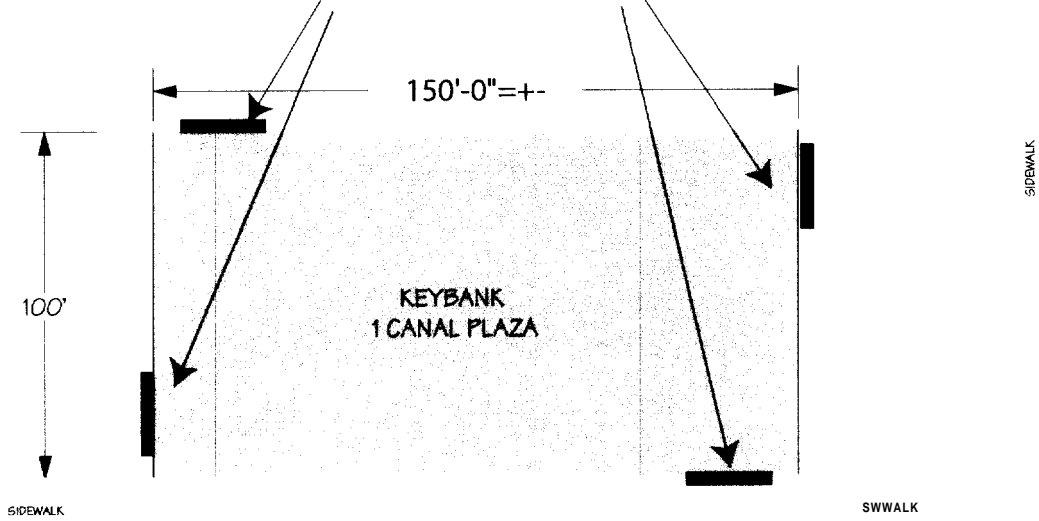
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: Bob Phillips | Date: 1/13/06

This is NOT a permit, you may not commence ANY work until the permit is Issued.

EXISTING SIGNS TO BE REPLACED



PLOT PLAN AND LOCATION OF EXISTING SIGNS

This design created in conjunction with this project being planned for you is the exclusive property of SIGN SOLUTIONS, and can not be copied, exhibited or shown to anyone outside of your organization with consent of SIGN SOLUTIONS

	DATE: 1/12/06	SCALE: 1/4"=1"
	WORK ORDER NO: 5176	DESIGNER: BOB PHILLIPS
DWG NO:	JOB NAME: KEYBANK	
REVISION:	LOCATION: 1 CANAL PLAZA, PORTLAND, ME.	
APPROVED:		

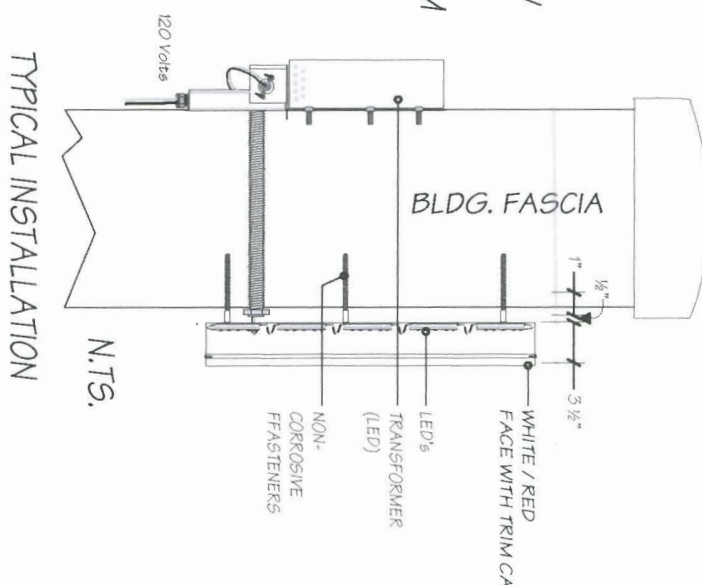
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LOGO/LETTER LAYOUT (TYPICAL OF 4) : .14" = 1'-0"

174 SQ. FT. IN SIGNAGE

REMOVE OLD STYLE CHANNEL LETTERS WITH NEON ILLUMINATION AND DAMAGED FACES. INSTALL FOUR NEW SETS OF NEW STYLE LOGOS AND LETTERS WITH LEXAN FACES, LED ILLUMINATION AND ALUMINUM RETURNS.



NOTES:
 MANUFACTURE AND INSTALL FOUR (4) SETS - INDIVIDUAL SELF-CONTAINED L.E.D. LOGO & LED LETTERS WITH PLASTIC FACES AND FABRICATED ALUMINUM TRIM. LOGO FACE TO BE WHITE #2447 PLEXIGLAS WITH FIRST SURFACE APPLIED RED TRANSLUCENT VINYL # 3630-33. TRIM AND RETURNS TO BE RED TO MATCH RED PMS #032. LOGO ILLUMINATION BY GELCORE TETRA RED L.E.D.'s. LETTER FACES TO BE WHITE #7328 PLEXIGLAS. TRIM AND RETURNS TO BE BLACK. ALL LETTER ILLUMINATION BY GELCORE TETRA WHITE LED's.

RATED 120 VOLTS



EAST



NORTH



WEST



SOUTH

PHOTO RENDERINGS SHOWING INSTALLATIONS NOT TO SCALE

NOTE: THIS IS AN ORIGINAL UNPUBLISHED DRAWING, CREATED BY BRILLIANT SIGNS. IT IS SUBMITTED FOR YOUR PERSONAL USE, IN CONJUNCTION WITH A PROJECT BEING PLANNED FOR YOU. IT IS NOT TO BE USED, REPRODUCED, COPIED OR EXHIBITED IN ANY FASHION.



Brilliant Electric Sign Co., Ltd.

4811 VAN EPPS RD., CLEVELAND, OHIO 44131 (216)741-3800

COMPANY NAME	KeyBank	SALESMAN	H	DATE	2-9-04	REVISION	11-3-05	DESIGN NO.	B04-230
LOCATION	1 Canal Plaza, Portland, Maine	DESIGNER	DM	SCALE	SHOWN			COPYRIGHT ©	2004

Client#: 121484

15SIGNSQL

ACORDTM CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 01-12-06
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.	
INSURED Sign Solutions Mahl Enterprises LLC dba 55 Bishop Street Portland, ME 04103	INSURERS AFFORDING COVERAGE	
	INSURER A: Peerless Ins. Co.	NAIC # 24198
	INSURER B: Maine Employers Mutual Insurance Co.	11149
	INSURER C:	
	INSURER D:	

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.						
INSURANCE LTR. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	CBP9913570	09/16/05	09/15/06	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Per occurrence)	\$100,000
					MED EXP (Any one person)	\$5,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY	BA9914370	09/15/05	09/15/06	COMBINED SINGLE LIMIT (Per accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OTHER THAN AUTO ONLY:				EA ACC	\$
					AGG	\$
A	EXCESS/UMBRELLA LIABILITY	CU9914670	09/15/05	09/15/06	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$1,000,000
						\$
						\$
	DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1810070852	09/15/05	09/15/06	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				E.L. EACH ACCIDENT	\$100,000
					E.L. DISEASE - EA EMPLOYEE	\$100,000
					E.L. DISEASE - POLICY LIMIT	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Portland is named as additional insured regarding this project.

CERTIFICATE HOLDER	CANCELLATION
KeyCorp/Key Bank Robert Core Regional Facility Manager One Canal Plaza 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>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>Karen Peterson</i>

ACORD 25 (2001/08) 1 of 1

#S122875/M108300

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