

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

Location of Construction: 180 Middle St		Owner: Matt Orne	Phone:	Permit No: 991221
Owner Address: 44 Elm St Camden		Lessee/Buyer's Name: Andrea Irvine 967-0101***	Phone:	Business Name:
Contractor Name: Gepetto Signs		Address:		Phone: 283-9229
Past Use: Retail	Proposed Use: Same	COST OF WORK: \$ 10 sq. ft.	PERMIT FEE: \$ 32.00	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED NOV - 5 1999 CITY OF PORTLAND </div>
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Use Group: Type:	
Proposed Project Description: Erect Signage		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		
Permit Taken By: JKR KA		Date Applied For: September 10, 1999		

- 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..

Zone: _____ **CBL:** **032-T-038**

Zoning Approval: _____

Special Zone or Reviews:

- Shoreland
- Wetland
- Flood Zone
- Subdivision
- Site Plan maj minor mm

Zoning Appeal

- Variance
- Miscellaneous
- Conditional Use
- Interpretation
- Approved
- Denied

Historic Preservation

- Not in District or Landmark
- Does Not Require Review
- Requires Review

Action:

- Approved
- Approved with Conditions
- Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

September 13, 1999

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

PERMIT ISSUED WITH REQUIREMENTS
CEO DISTRICT

1

PERMIT IS ISSUED

Sign Permit Pre-Application
Attached Single Family Dwellings/Two-Family Dwelling
Multi-Family or Commercial Structures and Additions Thereto

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

NOTE**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 (include Portion of Building):
180 MIDDLE ST.

Total Square Footage of Proposed Structure 1059 Ft. Square Footage of Lot

Tax Assessor's Chart, Block & Lot Number
Chart# 032 Block# J Lot# 038
Owner: Matt Orne
Telephone#:

Owner's Address: 44 Elm St. Cambridge
Lessee/Buyer's Name (If Applicable): Andrea Irvine 961-0101
Total Sq. Ft. of Sign: 1059 FT. Fee: \$32.00

Proposed Project Description:(Please be as specific as possible)
Hanging Sign to be mounted on scroll Bracket similar to Stokemall Kitchen which is next door.

Contractor's Name, Address & Telephone: Gopetto Signs 293-9229
Rec'd By:

Current Use: Vacant
Proposed Use: Carvats & Co. Knick Knack store.

Signature of applicant: James McMahon Gopetto Signs
Date: 9/10/99

Signage Permit Fee: \$30.00 plus .20 per square foot of signage

Sign will be 1 1/2" Redwood w/ Gilded & Gold leafed lettering & Gold leafed Raised Border.

BOYD PROPERTIES
MATT ORNE
44 ELM ST.
CAMDEN, ME. 04843

9/1/99

Re: 180 Middle St - Carrots & Co.

I hereby grant permission to Carrots & Co. to hang/attach signage to the property I own @ 180 Middle St. If you have any questions please contact me at 207 236-0909

Thank you,

Matt Orne

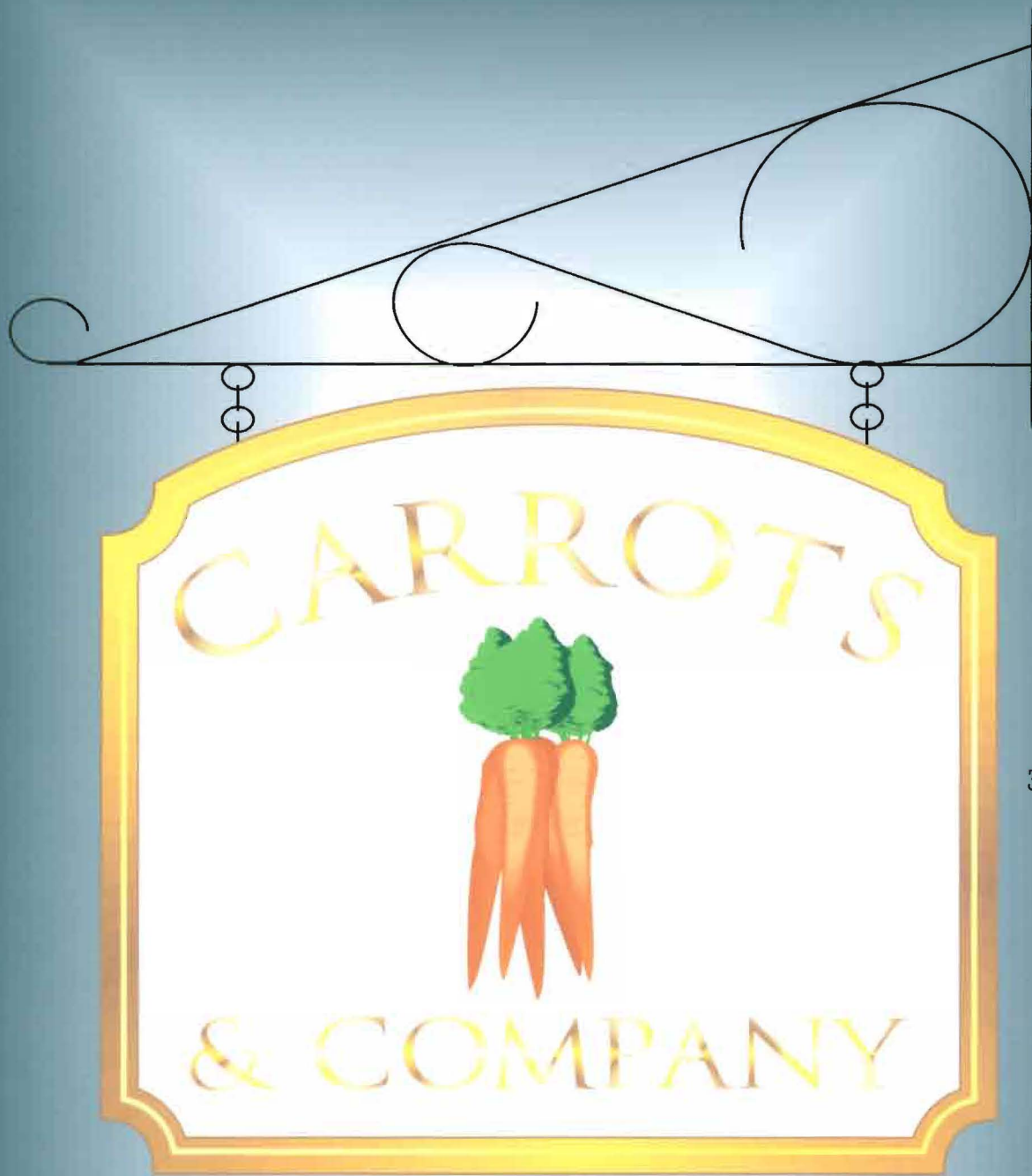


35 1/4"

40"

ALL ARTWORK IS THE PROPERTY OF GEPETTO SIGNS & GRAPHICS





35 1/4"

40"

LETTERS & 1.5" BORDER WILL BE CARVED & GOLD LEAFED

ALL ARTWORK IS THE PROPERTY OF GEPETTO SIGNS & GRAPHICS



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/08/99

PRODUCER
OTIS BROWN INSURANCE AGENCY
P.O. BOX 369
LEXINGTON MA 02420-0369

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.

COMPANIES AFFORDING COVERAGE

INSURED
OLD BARNEY CORP. LLC DBA:
CARROTS & CO.
P.O. BOX 3114
KENNEBUNKPORT ME 04046-3114

COMPANY A MERRIMACK MUTUAL
COMPANY B
COMPANY C
COMPANY D

COVERAGES

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.

CO LTR	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 OWNER'S & CONTRACTOR'S PRCT	SBP1800853	07/01/99	06/05/00	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMM/CP AGG \$2,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
	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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$
A	OTHER SIGN	SBP1800853	07/01/99	06/05/00	LI 2,500/REPL COST

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SIGN COVERAGE IS AUTOMATICALLY INCLUDED ON THIS PACKAGE POLICY.

CERTIFICATE HOLDER

CITY OF PORTLAND
TOWN HALL
PORTLAND ME

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Kathleen A. C Gray CIC KG A

OTIS BROWN INSURANCE AGENCY, INC
P.O. BOX 369
LEXINGTON, MA 02420-0369

TELEPHONE: (781) 862-7700
TELECOPIER: (781) 862-7479

TO: NAME: Andrew Irvine
COMPANY: Old Barney Corp LLC
FAX #: 207-967-3009
TOTAL # OF PAGES SENT: 6
DATE OF TRANSMITTAL: 8-10-99
RE: NAME OF INSURED: Old Barney Corp LLC
POLICY NUMBER: LRP 1800F52
FROM: NAME: Kathy Gray

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL

MESSAGE:

Attached is a copy of the policy
and 2 pages from the policy
forms that provide outside sign
coverage.

If you need anything else please
call.

BUSINESSOWNERS

SBP 1800853-001 A



MERRIMACK MUTUAL FIRE INS. CO.
ANDOVER, MASSACHUSETTS 01810

DECLARATIONS PAGE

AMENDED DECLARATION ++ * * EFFECTIVE 07/01/99
SUPERSEDES ANY PREVIOUS DECLARATION BEARING
THE SAME NUMBER FOR THIS POLICY PERIOD RENEWAL OF POLICY SBP 180085
REASON FOR AMENDMENT-MULTIPLE CHANGES

POLICY NUMBER	FROM	POLICY PERIOD TO	AGENT NO	AGENT
SBP 1800853	06/05/99	06/05/00	0006289	TELEPHONE: (781) 862-7700
NAMED INSURED AND ADDRESS				
OLD BARNEY CORP LLC DBA CARROTS & CO PO BOX 265 KENNEBUNKPORT ME 04046-0285				OTIS BROWN INS AGENCY INC THE HERITAGE BLDG 1 MILITIA DRIVE PO BOX 369 LEXINGTON MA 02420-0901

S. P. 10/90

LOC 02: 180 MIDDLE ST PORTLAND ME 04101.
BUSINESS OF NAMED INSURED TO WHICH THIS INSURANCE APPLIES:
GIFT SHOP
COVERAGE:SPC, DEC00500. RATE:BRK, T01, PC02, CR04, G02.

BUSINESS PERSONAL PROPERTY	LIMIT OF INSURANCE	PREMIUMS
	\$10,000	\$128

ADDITIONAL COVERAGES - - - - -

ENHANCEMENT ENDORSEMENT - FORM 5039
COVERAGE APPLIES TO LOCATION 1. \$81.00

COVERAGE APPLIES TO LOCATION 2. \$81.00

HIRED CAR
COVERAGE APPLIES TO ALL LOCATIONS. \$23.00

NON-OWNED AUTO LIABILITY
COVERAGE APPLIES TO ALL LOCATIONS. \$46.00

EQUIPMENT BREAKDOWN FORM 6001 \$500 DEDUCTIBLE APPLIES
COVERAGE APPLIES TO ALL LOCATIONS.

COMPUTER SYSTEMS COVERAGE FORM 6002 \$500 DEDUCTIBLE APPLIES
COVERAGE APPLIES TO ALL LOCATIONS.

FORMS AND ENDORSEMENTS- BP0006 01/97, BP0009 06/89, 1L0913 01/82, BP0439 01/96,
BP0123 01/87, 1L0247 03/92, 5021 06/92, BP0002 01/97, B0135NE 06/98,
BP0007 01/90, BP0417 01/96, 5038 03/98, 5041 03/99, BP0148 01/97, BP1004 04/98,
B0-139 04/98, 5039 01/99*, BP0404 01/96*, 6001 07/97, 6002 07/97.

TOTAL BASE PREMIUM LOC 01	\$2,704.00
TOTAL BASE PREMIUM LOC 02	\$128.00

TOTAL BASE PREMIUM - - - - -	\$2,832.00
TOTAL ADDITIONAL COVERAGES - - - - -	\$231.00

CONTINUED ON NEXT PAGE

LEGEND: ACO=CONDO APARTMENT,ACV=ACTUAL CASH VALUE BUILDING OPTION,AIB=AUTOMATIC INCREASE BUILDING,APT=APARTMENT,BO=BUILDING OFFICE,BR=BUILDING RATE NUMBER,BRK=BRICK,CO=CONTENTS OFFICE,CR=CONTENTS RATE NUMBER,DEC=DEDUCTIBLE AMOUNT,FRM=FRAME,FRS=FIRE RESISTIVE,G=RATE GROUP,LOC=LOCATION,MNC=MASONRY NON-COMBUSTIBLE,NC=NON-COMBUSTIBLE,OCO=OFFICE CONDOMINIUM,PC=PROTECTION CLASS,SPC=SPECIAL POLICY,STD=STANDARD POLICY,T=TERRITORY.

AGENT COPY

858412049 KC-LP

M10.12 (8/93)

BUSINESSOWNERS

SBP 1800853-03-A



MERRIMACK MUTUAL FIRE INS. CO.

DECLARATIONS PAGE

ANDOVER, MASSACHUSETTS 01810

AMENDED DECLARATION ++ * * EFFECTIVE 07/01/99 *OLD ISA -*
 SUPERSEDES ANY PREVIOUS DECLARATION BEARING
 THE SAME NUMBER FOR THIS POLICY PERIOD RENEWAL OF POLICY SBP 180085
 REASON FOR AMENDMENT-MULTIPLE CHANGES

POLICY NUMBER	FROM POLICY PERIOD TO	AGENT NO	AGENT
SBP 1800853	06/05/99 06/05/00	0006289	TELEPHONE: (781) 862-7700
NAMED INSURED AND ADDRESS			
OLD BARNEY CORP LLC DBA CARROTS & CO PO BOX 265 KENNEBUNKPORT ME 04046-0265		OTIS BROWN INS AGENCY INC THE HERITAGE BLDG 1 MILITIA DRIVE PO BOX 369 LEXINGTON MA 02420-0901	

THE NAMED INSURED IS INDIVIDUAL.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIABILITY AND MEDICAL PAYMENTS

EXCEPT FOR FIRE LEGAL LIABILITY. EACH PAID CLAIM FOR THE FOLLOWING COVERAGES REDUCES THE AMOUNT OF INSURANCE WE PROVIDE DURING THE APPLICABLE ANNUAL PERIOD. PLEASE REFER TO PARAGRAPH D.4. OF THE BUSINESSOWNERS LIABILITY COVERAGE FORM.

LIABILITY AND MEDICAL EXPENSES	\$1,000,000
MEDICAL EXPENSES	\$ 5,000 PER PERSON
FIRE LEGAL LIABILITY	\$ 50,000 ANY ONE FIRE OR EXPLOSION

PROPERTY

COVERAGE AT THE BELOW DESCRIBED LOCATIONS IS PROVIDED ONLY WHERE A LIMIT OF INSURANCE IS SHOWN OR A PREMIUM IS STATED. BUSINESS INCOME AND EXTRA EXPENSE INCLUDED. PLEASE REFER TO PROPERTY COVERAGE FORM.

LOC 01: 19 OCEAN AVE KENNEBUNKPORT ME 04046.
 BUSINESS OF NAMED INSURED TO WHICH THIS INSURANCE APPLIES:
 MERCANTILE BLDG OWNER
 COVERAGE:SPC, DED00500, AIB=08%, RATE:FRM, T01, PC05, BR04, CR04, G02.

	LIMIT OF INSURANCE	PREMIUMS
BUILDING	\$201,500	\$593
BUSINESS PERSONAL PROPERTY	\$185,000	\$2,111

CONTINUED ON NEXT PAGE

PLEASE NOTE :

ALL POLICY CHANGES SHOULD BE PROCESSED THROUGH YOUR AGENT.

LEGEND: ACD=CONDO APARTMENT, ACV=ACTUAL CASH VALUE BUILDING OPTION, AIB=AUTOMATIC INCREASE BUILDING, APT=APARTMENT, BO=BUILDING OFFICE, BR=BUILDING RATE NUMBER, BRK=BRICK, CC=CONTENTS OFFICE, CR=CONTENTS RATE NUMBER, DED=DEDUCTIBLE AMOUNT, FRM=FRAME, FRF=FRS=FRAME RESISTIVE, G=RATE GROUP, LOC=LOCATION, MNC=MASONRY NON-COMBUSTIBLE, NC=NON-COMBUSTIBLE, OCO=OFFICE CONDOMINIUM, PC=PROTECTION CLASS, SPC=SPECIAL POLICY, STD=STANDARD POLICY, T=TERRITORY.

AGENT COPY

RESV12148 KC-1 P

AND 22 10853

BUSINESSOWNERS

SBP 1800853-03-A



MERRIMACK MUTUAL FIRE INS. CO.
ANDOVER, MASSACHUSETTS 01810

DECLARATIONS PAGE

AMENDED DECLARATION ++ * * EFFECTIVE 07/01/99
SUPERSEDES ANY PREVIOUS DECLARATION BEARING
THE SAME NUMBER FOR THIS POLICY PERIOD RENEWAL OF POLICY SBP 180085
REASON FOR AMENDMENT-MULTIPLE CHANGES

POLICY NUMBER		FROM POLICY PERIOD	TO	AGENT NO	AGENT
SBP 1800853		06/05/99	06/05/00	0006289	TELEPHONE: (781) 862-7700
NAMED INSURED AND ADDRESS					
OLD BARNEY CORP LLC DBA CARROTS & CO PO BOX 265 KENNEBUNKPORT ME 04046-0265				OTIS BROWN INS AGENCY INC THE HERITAGE BLDG 1 MILITIA DRIVE PO BOX 369 LEXINGTON MA 02420-0901	

TOTAL ANNUAL PREMIUM - - - - - \$3,063.00
PREV ANNUAL PREM \$2,704.00 PREM CHANGE DUE EFF DATE OF AMENDMENT \$333.00

POLICY PERIOD -12:00 NOON STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

AUTHORIZED SIGNATURE DATE 06/30/99

8658M(12/98) KC-LP

AND-02 (6-96)

LEGEND: ACC=CONDO APARTMENT,ACV=ACTUAL CASH VALUE BUILDING OPTION,AIB=AUTOMATIC INCREASE BUILDING,APT=APARTMENT,BO=BUILDING OFFICE,BR=BUILDING RATE NUMBER,BRK=BRICK,CO=CONTENTS OFFICE,CR=CONTENTS RATE NUMBER,DEI=DEDUCTIBLE AMOUNT,FRM=FRAME,FRS=FIRE RESISTIVE,G=RATE GROUP,LOC=LOCATION,MNC=MASONRY NON-COMBUSTIBLE,NC=NON-COMBUSTIBLE,OCO=OFFICE CONDOMINIUM,PC=PROTECTION CLASS,SPO=SPECIAL POLICY,STD=STANDARD POLICY,T=TERRITORY.

AGENT COPY

BUSINESSOWNERS ENHANCEMENT ENDORSEMENT

In consideration of the premium charged this endorsement modifies insurance provided under the Businessowners Property Coverage Form. If there is other coverage under the Businessowners Property Coverage Form or any other endorsement not specified herein, the coverage under this endorsement will apply only to the covered loss in excess of the amount due from that other coverage.

I. MONEY AND SECURITIES

A. We will pay for loss of "money" and "securities" used in your business while at a bank or savings institution, within your living quarters or the living quarters of your partners or any employee having use and custody of the property, at the described premises, or in transit between any of these places, resulting directly from:

- (1) Theft, meaning any act of stealing;
- (2) Disappearance; or
- (3) Destruction.

B. In addition to the Limitations and Exclusions applicable to property coverage, we will not pay for loss:

- (1) Resulting from accounting or arithmetical errors or omissions;
- (2) Due to the giving or surrendering of property in any exchange or purchase; or
- (3) Of property contained in any "money"-operated device unless the amount of "money" deposited in it is recorded by a continuous recording instrument in the device.

C. The most we will pay for loss in any one occurrence is:

- (1) \$10,000 for Inside the Premises for "money" and "securities" while:
 - (a) In or on the described premises; or
 - (b) Within a bank or savings institution; and
- (2) \$5,000 for Outside the Premises for "money" and "securities" while anywhere else.

D. All loss:

- (1) Caused by one or more persons; or

(2) Involving a single act or series of related acts;

is considered one occurrence.

E. You must keep records of all "money" and "securities" so we can verify the amount of any loss or damage.

II. OUTDOOR SIGNS

A. We will pay for direct physical loss of or damage to all outdoor signs at the described premises:

- (1) Owned by you; or
- (2) Owned by others but in your care, custody or control.

B. We will not pay for loss or damage caused by or resulting from:

- (1) Wear and tear;
- (2) Hidden or latent defect;
- (3) Rust;
- (4) Corrosion; or
- (5) Mechanical breakdown.

C. The most we will pay for loss or damage in any one occurrence is \$2,500.

III. BROAD FORM WATER DAMAGE

A. The following are added to COVERED CAUSES OF LOSS in the Businessowners Property Coverage Form:

1. **Broad Form Water Damage**, meaning loss or damage to building caused by:

- a. Water which backs up through sewers or drains;
- b. Water below the surface of the ground including water that exerts pressure on or flows, seeps or leaks into a building, foundation or other opening.

- (1) You may extend the insurance that applies to Property to apply to that property at any premises you acquire.

The most we will pay for loss or damage under this Extension is \$150,000 for Business Personal Property and \$250,000 for Buildings at each premises.

- (2) Insurance under this Extension for each newly acquired premises will end when any of the following first occurs:

- (a) This policy expires;
 (b) 30 days expire after you acquire or begin construction at the new premises; or
 (c) You report values to us.

We will charge you additional premium for values reported from the date you acquire the premises.

b. Outdoor Property

You may extend the insurance provided by this policy to apply to your outdoor fences, radio and television antennas (including satellite dishes), signs (other than signs attached to buildings), trees, shrubs and plants, including debris removal expense, caused by or resulting from any of the following causes of loss:

- (1) Fire;
 (2) Lightning;
 (3) Explosion;
 (4) Riot or Civil Commotion; or
 (5) Aircraft.

The most we will pay for loss or damage under this Extension is \$10,000, but not more than \$1,000 for any one tree, shrub or plant.

c. Personal Effects

You may extend the insurance that applies to Business Personal Property to apply to personal effects owned by you, your officers, your partners or your employees. This extension does not apply to:

- (1) Tools or equipment used in your business; or
 (2) Loss or damage by theft.

The most we will pay for loss or damage under this Extension is \$2,500 at each described premises.

d. Valuable Papers And Records

- (1) You may extend the insurance that applies to Business Personal Property to apply to direct physical loss or damage to "valuable papers and records" that you own, or that are in your care, custody or control caused by or resulting from a Covered Cause of Loss. This Coverage Extension includes the cost to research lost information on "valuable papers and records" for which duplicates do not exist.

- (2) This Coverage Extension does not apply to:

- (a) Property held as samples or for delivery after sale;
 (b) Property in storage away from the premises shown in the Declarations.

- (3) The most we will pay under this Coverage Extension for loss or damage to "valuable papers and records" in any one occurrence at the described premises is \$15,000, unless a higher Limit of Insurance for "valuable papers and records" is shown in the Declarations.

For "valuable papers and records" not at the described premises, the most we will pay is \$2,500.

- (4) Exclusions of the Property Coverage Form does not apply to this Coverage Extension except for Exclusions referenced as follows:

- (a) Governmental Action;
 (b) Nuclear Hazard;
 (c) War And Military
 (d) Dishonesty;
 (e) False Pretense;
 (f) The Accounts Receivable and "Valuable Papers And Records" Exclusions; and
 (g) We will not pay for loss or damage caused by or resulting from any of the following i through iii. But if an excluded cause of loss that is



CITY OF PORTLAND, MAINE

Department of Building Inspection

Sept 10 19 99

Received from James J. a fee

of thirty two /100 Dollars \$ 32.00

for permit to install
erect
alter Signage

at move
demolish 180 Middle St Est. Cost \$

(K)

Inspector of buildings

Cash

Per _____

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$5.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Auditors Copy