

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 061042
AUG 11 2006
CITY OF PORTLAND

This is to certify that SOLETSKY LIMITED LIABILITY CO /Scarboro Signs

has permission to 36" x 43" Sign to replace existing sign

AT 424 FORE ST

032 N012001

provided that the person or persons who perform or supervise the work in 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.

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 proceeds before this building or part thereof is started or work is closed-in. 4 HOUR 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

Department Name

Handwritten signature and date 8/3/06
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: 06-1042	Issue Date: PERMIT ISSUED	CBL: 032 N012001
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Location of Construction: 324 FORE ST	Owner Name: SOLETSKY LIMITED LIABILITY	Owner Address: 100 COMMERCIAL ST	Phone:
Business Name:	Contractor Name: Scarboro Signs	Contractor Address: Rt. 1 Scarborough,	Phone: 2078836796
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: SS

Past Use: Commercial - <i>Condam Sense (retail)</i>	Proposed Use: Commercial- 36" x 43" Sign to replace existing signage <i>"Condam Sense"</i>	Permit Fee:	Cost of Work:	CEO District:
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>U</i> Type: <i>NA</i> <i>Sign</i> <i>8/3/06</i> <i>[Signature]</i>	
		Signature	Signature	
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Idobson	Date Applied For: 07/17/2006	Zoning Approval		
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<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 align="center">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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>OK</i> <i>7/26/06</i> <i>ABN</i>	<p align="center">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 Date: _____	<p align="center">Historic Preservation</p> Not in District or Landmark <input type="checkbox"/> Does Not Require Review Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>8/2/06</i> <i>D. Andrews</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



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.

424 Fore St.

Tax Assessor's Chart, Block & Lot			Owner: East Brown Cow, LLC	Telephone: 775.2252
Chart# 32	Block# N	Lot# 12		
Lessee/Buyer's Name (If Applicable) Condom Sense, Inc		Contractor name, address & telephone: Scarboro Sign Us. Rt 1 Scarborough, ME 883-6794		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: Nelly Hall phone: 632-1 2 24

Tenant/allocated building space frontage (feet): Length: 41' 9" Height: 10'
 Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot: multi tenant + 6
- 89

Current Specific use: Retail
 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: 36" x 43"

Proposed 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 w/communications, message, trademark or symbol: _____ s.f.

Information on existing and previously permitted sign(s):
 Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions: _____
 Bldg. wall sign? (attached to bldg) Yes No ___ Dimensions: 36" x 24" Old sign
 Awning? Yes ___ No ___ Sq. ft. area of awning w/communication: _____

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 JUL 14 2006
 RECEIVED

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.

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: 7 14 06
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This is not a permit; you may not commence ANY work until the permit is issued.

1 per front
 2 x 21.5 = 43 ϕ OK sign 36" x 43" = 1548 ϕ (10.75 ϕ)

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1042	Date Applied For: 07/17/2006	CBL: 032 N012001
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Location of Construction: 424 FORE ST	Owner Name: SOLETSKY LIMITED LIABILITY	Owner Address: 100 COMMERCIAL ST	Phone:
Business Name:	Contractor Name: Scarboro Signs	Contractor Address: Rt. 1 Scarborough	Phone (207) 883-6796
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial- 36" x 43" Sign to replace existing signage "Condom Sense"	Proposed Project Description: 36" x 43" Sign to replace existing signage
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Dept: Historical **Status:** Approved with Conditions **Reviewer:** Deborah Andrews **Approval Date:** 08/02/2006
Note: **Ok to Issue:**

1) * Overall vertical dimension of sign not to exceed 32 inches.

Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 07/26/2006
Note: **Ok to Issue:**

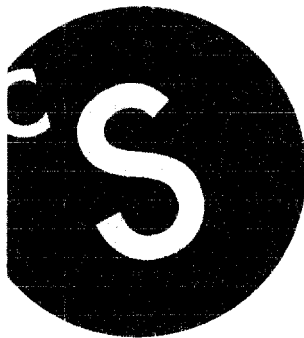
Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 08/03/2006
Note: **Ok to Issue:**

Comments:

7/24/2006-amachado: Spoke to Nelly Hall. She will measure her tenant frontage because 44' seems to long.

7/26/2006-amachado: Nelly left a message stating that her tenant frontage is 21.5'.

36"



condom
sense inc.

36"

43"

established 1992

2"

5"

www.qualitycondoms.com

SOLETSKY LLC
100 Commercial Street
Portland, ME 04101

July 13,2006

City of Portland
Portland, ME

RE: Condom Sense, 424 Fore Street Street Portland, ME 04101

Sir/Madam:

This letter shall serve as permission from Soletsky LLC (Landlord) to Condom Sense for an exterior sign described in the attached application. The tenant allocated building space frontage is approximately **44** Feet.

Yours truly,

J. Tim Soley

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/23/2006

PRODUCER (207)781-5553 FAX (207)781-5571
Smithwick & Mariners Insurance, Inc.
366 US Route One
Falmouth, ME 04105

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 Condom Sense, Inc.
424 Fore Street

INSURERS AFFORDING COVERAGE | **NAIC #**

INSURER A: Hanover Insurance Cos.	
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.

SR ADD'L OR INSRD	DESCRIPTION	ODP-7157063-02	POLICY EFFECTIVE DATE (MM/DD/YY) 03/21/2006	POLICY EXPIRATION DATE (MM/DD/YY) 03/21/2007	LIMITS	
A	GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/>				
	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					
					AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
						\$
					WC STATU- RY LIMITS	OTH- FR
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	If yes, describe under SPECIAL PROVISIONS below					
	OTHER					

DESCRIPTION OF OPERATIONS ■ LOCATIONS ■ VEHICLES ■ EXCLUSIONS ADDED BY ENWRSEMENT / SPECIAL PROVISIONS

Certificate holder (landlord) is named as additional insured atima
Location: 424 Fore Street, Portland, ME

CERTIFICATE HOLDER

Sokesy, LLC
100 Commercial 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 **010** 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



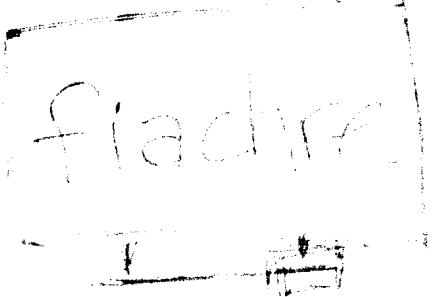


OLD SIGN

45'

NEW SIGN

24"



SLIGHTLY SMALLER
AND PREVIOUS SIGN

SIMPLE SIGN ABOVE
PICTURE