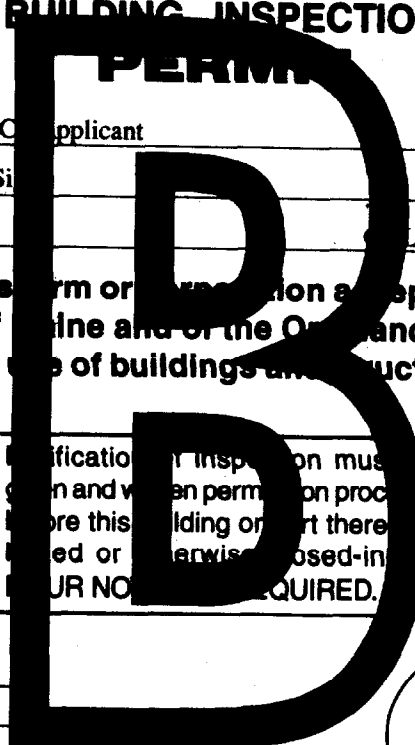


# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

Permit Number: 030171

Please Read  
Application And  
Notes, If Any,  
Attached



This is to certify that Soletsky Limited Liability Company Applicant

has permission to Erect 24" x 40" Sidewalk Sign

AT 424 Fore St 032 N012001

provided that the person or persons who accept 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 otherwise used-in-accordance with the permit. YOUR 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

*[Signature]*  
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: 03-0171	Issue Date:	CBL: 032 N012001
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Location of Construction: 424 Fore St	Owner Name: Soletsky Limited Liability Co	Owner Address: 100 Commercial St	Phone: 874-0302 *202
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: 03

Past Use: Retail	Proposed Use: Advertising Gallery	Permit Fee: \$43.00	Cost of Work: \$43.00	CEO District: 1
Proposed Project Description: Erect 24" x 40" Sidewalk Sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 0 Type: NA 3/11/03 <i>[Signature]</i>	

Signature:		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: gad	Date Applied For: 03/06/2003	<b>Zoning Approval</b>	
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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>[Signature]</i> 3/11/03	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 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:
--	---	--	--

**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

03-0171

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

### Signage 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>424 FORE ST. Portland ME. 04101</u>		
Total Square Footage of Proposed Structure <u>1358 sq. ft.</u>	Square Footage of Lot <u>3000 sq. ft.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>032</u> Block# <u>N 012</u> Lot#	Owner: <u>Tim Soley + Soletsky LLC</u>	Telephone:
Lessee/Buyer's Name (if Applicable) <u>Victoria Morrill</u>	Applicant name, address & telephone: <u>Tori Morrill 424 FOREST. Portland, ME. 207 874 0302 X 202</u>	Total s.f. of signage <u>13x</u> 1.00 per s.f. \$ <u>13.00</u> plus \$30.00 base fee Fee: \$ <u>43.00</u>
Current use: <u>Commercial</u>		
If the location is currently vacant, what was prior use: <u>commercial</u>		
Approximately how long has it been vacant: _____		
Proposed use: <u>Sign for advertising Gallery</u>		
Project description: <u>The Mind's Eye Gallery / a division of Virtual Design Ink,</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Tori Morrill</u> <u>X</u>		
Mailing address: <u>The Mind's Eye Gallery 424 FORE ST. PORTLAND ME. 04101</u> <u>X</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 \$50.00 fee if any work starts before the permit is picked up. Phone: <u>(207) 874-0302 X202</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>Tori Morrill</u>	Date: <u>2/21/03</u>
---	----------------------

**This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall**

# ACORD INSURANCE BINDER

OP ID JH

DATE  
12/02/02

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

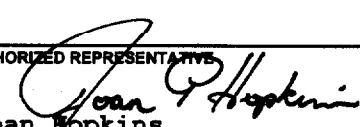
PRODUCER <b>Turner Barker Insurance</b> One India Street Portland ME 04101 Joan Hopkins	PHONE (AC. No. Ext): 207-773-8156 207-773-6647	COMPANY <b>Merrimack Mutual</b>	BINDER # 3404
CODE:	SUB CODE:	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
AGENCY CUSTOMER ID: VIRTU-1 INSURED  Virtual Design, Ink. 424 Fore Street Portland ME 04101	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Location: 1 Building: 1 424 Fore Street Office ~ Graphic Design		

**COVERAGES**

**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	<b>CONTENTS</b> EDP/LAPTOPS DATA & MEDIA BUS INCOME-Actual Loss Sust.	500 500 500		25000 50000 10000
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$1000000
		FIRE DAMAGE (Any one fire)		\$50000
		MED EXP (Any one person)		\$5000
		PERSONAL & ADV INJURY		\$1000000
		GENERAL AGGREGATE		\$2000000
		PRODUCTS - COMP/OP AGG		\$1000000
<b>AUTOMOBILE LIABILITY</b> <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		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL: _____		ACTUAL CASH VALUE		
		STATED AMOUNT		\$
		OTHER		
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b> Temporary binder shall serve as evidence of coverage until policy is issued		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

**NAME & ADDRESS**

<b>EASTB03</b> East Brown Cow Management Co. Attn: Andrew Robertson 111 Commercial Street Portland ME 04101	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #		
AUTHORIZED REPRESENTATIVE  Joan Hopkins			

<b>PRODUCER</b> Turner Barker Insurance One India Street Portland ME 04101 Phone: 207-773-8156 Fax: 207-773-6647	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.
<b>INSURED</b>  Virtual Design, Ink. 424 Fore Street Portland ME 04101	<b>INSURERS AFFORDING COVERAGE</b>
	INSURER A: <b>Merrimack Mutual</b>
	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	<b>GENERAL LIABILITY</b>	BOUND-TBA	12/02/02	12/02/03	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	<b>AUTOMOBILE LIABILITY</b>				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				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

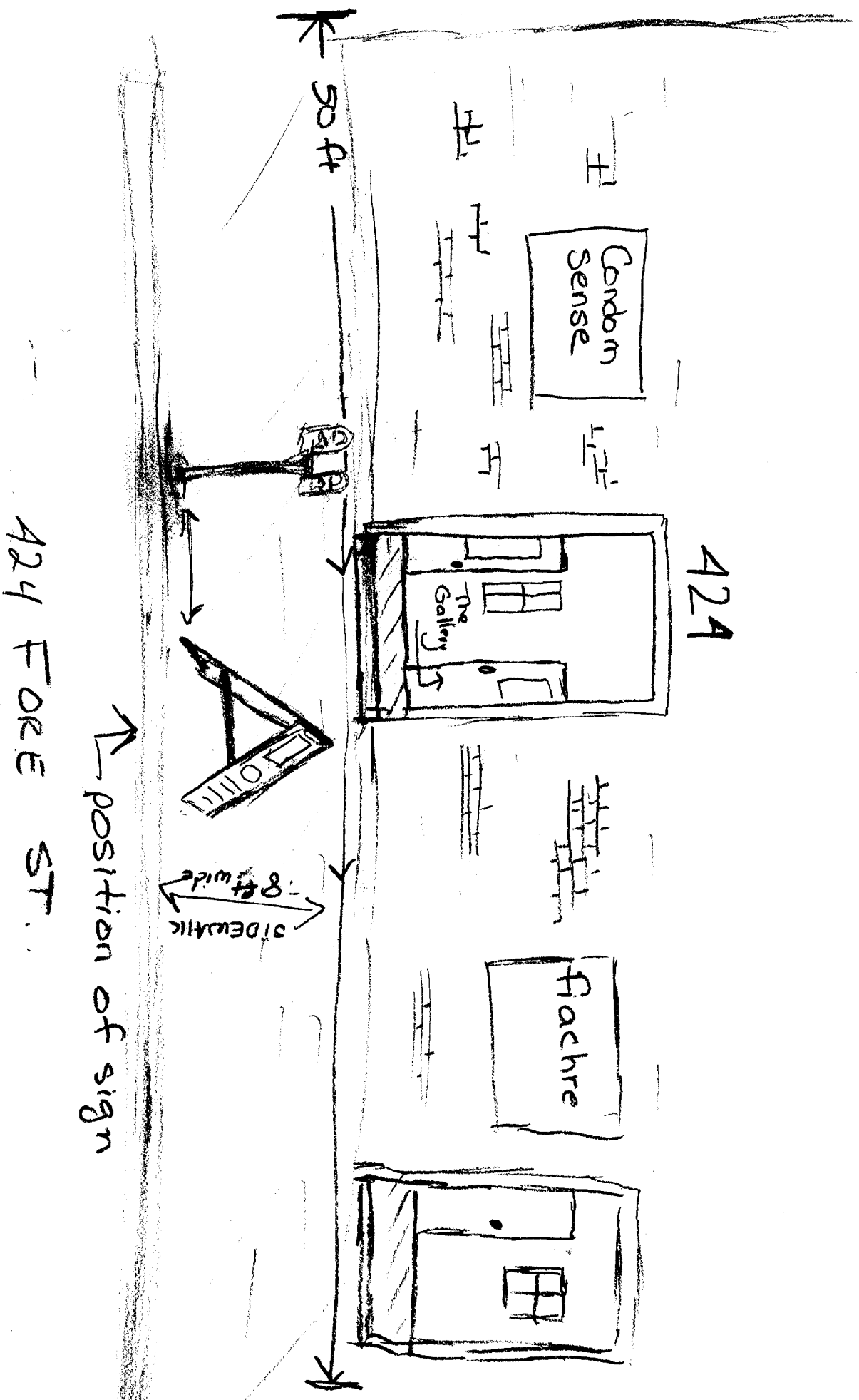
COPY

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 Certificate holder named as "additional insured"

<b>CERTIFICATE HOLDER</b>	Y	ADDITIONAL INSURED; INSURER LETTER: <u>          </u>	<b>CANCELLATION</b>
EASTBRO  East Brown Cow, Inc. Soletsky LLC 111 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 <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
			Joan Hopkins

A SKETCH PLAN

The Mind's Eye Gallery



Soletsky LLC  
100 Commercial Street  
Portland, ME 04101

March 6, 2003

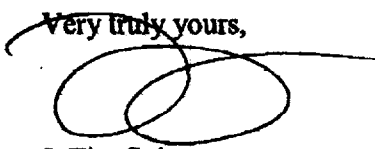
City of Portland  
Portland  
Maine 04101

Att: Gail

Dear Gail:

This letter will serve as Landlord's consent to Victoria Morrill of the Mind's Eye Gallery for a sidewalk sign at 424 Fore Street.

Very truly yours,



J. Tim Soley

**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 424 FORE ST Portland ME 04101 ZONE: \_\_\_\_\_

OWNER: Victoria Morrill

APPLICANT: Victoria Morrill

ASSESSOR NO. \_\_\_\_\_

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT?  YES  NO      MULTI-TENANT LOT?    YES    NO  
FREESTANDING SIGN? (ex. Pole Sign)  YES  NO -- DIMENSIONS 24"    HEIGHT 40"  
    MORE THAN ONE SIGN?            YES  NO    DIMENSIONS \_\_\_\_\_    HEIGHT \_\_\_\_\_  
SIGN ATTACHED TO BLDG.?    YES  NO    DIMENSIONS \_\_\_\_\_  
    MORE THAN ONE SIGN?    YES  NO    DIMENSIONS \_\_\_\_\_  
AWNING: YES  NO    IS AWNING BACKLIT?    YES  NO    HEIGHT OFF SIDEWALK - 36"  
    IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

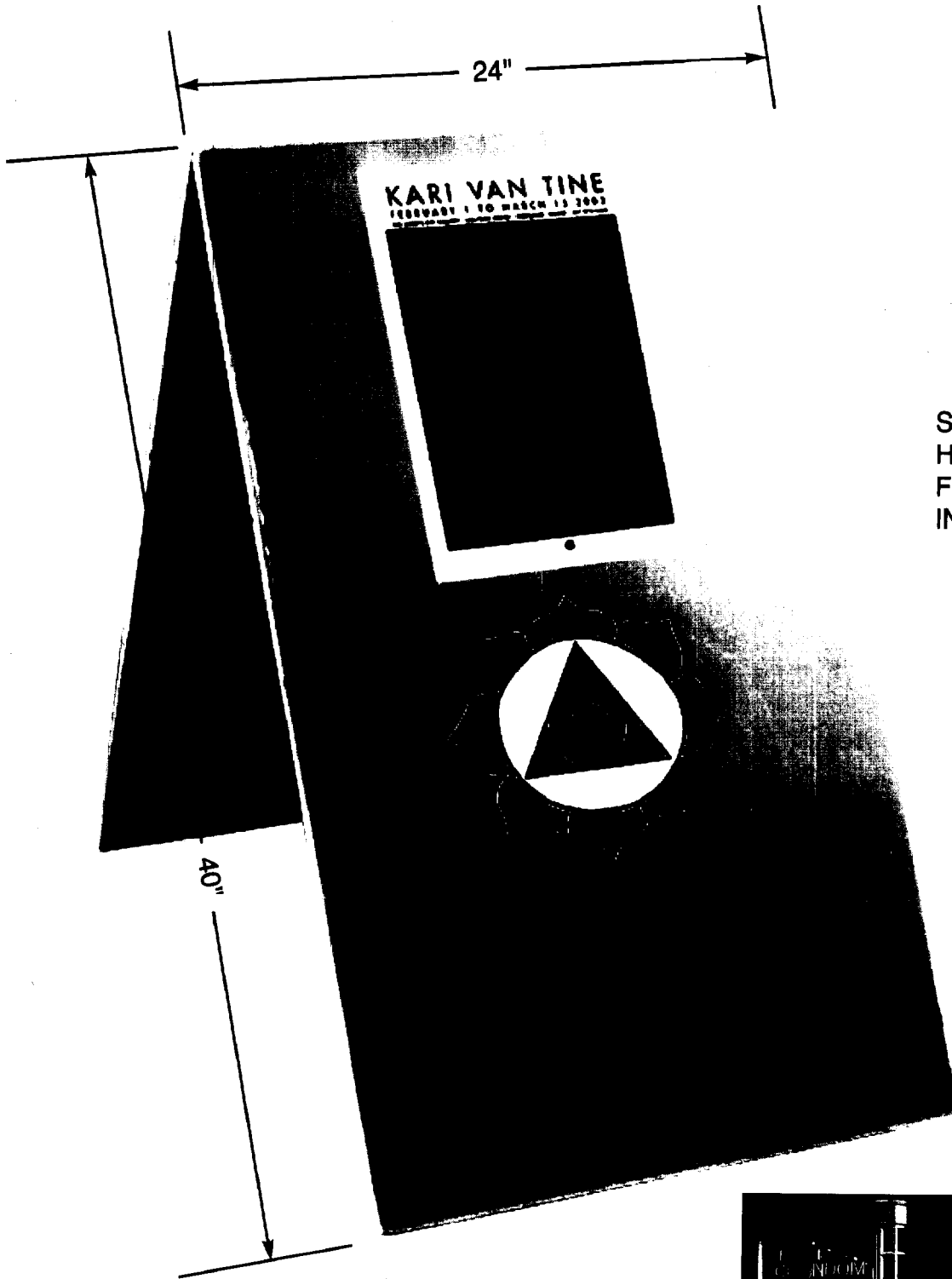
\*\*\* TENANT BLDG. FRONTAGE (IN FEET): 3000SF.  
\*\*\* REQUIRED INFORMATION

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: Victoria Morrill      DATE: 2/28/63





SIGN IS 36"  
HIGH WHEN  
FOLDED OUT  
IN PLACE

**PHOTO SIMULATION:**

VIRTUAL DESIGN, INK  
124 FORE STREET  
PORTLAND, ME 04101

207.874.0302

