

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 091296

This is to certify that SOLETSKY LIMITED LIABILITY COMPANY Inc
has permission to Reface existing sign 36" x 27"
AT 424 FORE ST City of Portland
C - 032 N012001

provided that the person or persons, firm or corporation 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.

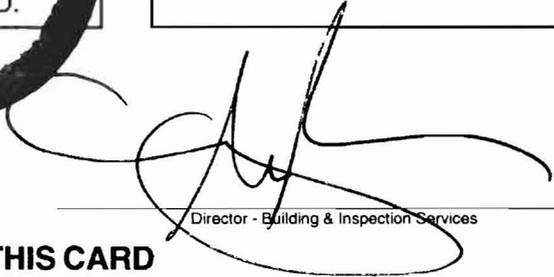
Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lath or other work is set-in. 24 HOUR 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



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: 09-1296	Issue Date:	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: Condom Sense Inc	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial "Condom Sense" - <i>retail</i>	Proposed Use: Commercial "Condom Sense" - Reface existing sign 36" x 27" } 4" x 36" <i>rdw</i>	Permit Fee: \$80.00	Cost of Work: \$80.00	CEO District: 1
Proposed Project Description: Reface existing sign 36" x 27" } 4" x 36" <i>rdw</i>		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>	
		Signature: <i>[Signature]</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: Ldobson	Date Applied For: 11/13/2009	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <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>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"/> <i>OK w/condition</i> Date: <i>11/18/09</i> <i>ASB</i>	<p>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>Historic Preservation</p> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>11/19/09</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.

PERMIT ISSUED

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE **DEC 1 2009** PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ **City of Portland** PHONE _____

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-1296	Date Applied For: 11/13/2009	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: Condom Sense Inc	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial "Condom Sense" - Reface existing sign 36" x 27" & 4" x 36" rider	Proposed Project Description: Reface existing sign 36" x 27" & 4" x 36" rider
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Dept: Historic	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 11/19/2009	Note:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 11/18/2009	Note: 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 12/01/2009	Note: 1) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.	Ok to Issue: <input checked="" type="checkbox"/>

PERMIT ISSUED

DEC 1

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

PERMIT ISSUED

DEC 1

City of Portland



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: 424 Fore Street		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: Solets B.V., LLC	Telephone: 775.2252
Lessee/Buyer's Name (If Applicable) Condom Sense, Inc	Contractor name, address & telephone:	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: 632.1062		
Tenant/allocated building space frontage (feet): Length: 44' Height _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot multi-tenant		
Current Specific use: Retail Contact Keith If vacant, what was prior use: _____ Proposed Use: _____ 632-1061		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: 36 x 27		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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. NOV 13 2009		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions: 36 x 27 Awning? Yes _____ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____		
Dept. of Building Inspections City of Portland Maine		
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.		

0.5 x 2.5 = 1.25 x 2 + 6.5 = 8.0

RECEIVED

NOV 13 2009

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: 11.4.09
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This is not a permit; you may not commence ANY work until the permit is issued.

Revised 10/19/09

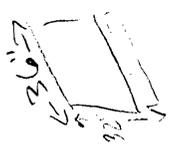
B-3
ground floor front 2 x 44 = 88 sq

36" x 27" = 972 sq = 6.75 sq
4" x 36" = 1 sq
7.75 sq total



Ally

Frische



CS Boutique

Office

old Port + Candy

2008 P. 22A

spds

green cup

ceder's

Panel A



Sign to be refaced (current sign)

36 in



27 in

enhancing relationships since 1992



LOVE • LAUGH • LEARN

4 in

Proposed Sign:

wood sign

vinyl coating

existing building mounted lighting units

existing building mounted bracket

* please note: the sign is simply a refacing of our current sign *

Soletsky LLC
100 Commercial Street
Portland, ME 04101

November 12, 2009

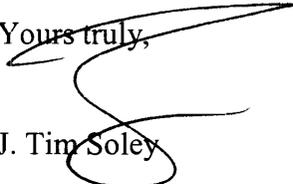
City of Portland
Portland, ME

RE: Condom Sense, 424 Fore 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 frontage is approximately 44 feet.

Yours truly,


J. Tim Soley

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/4/2009

PRODUCER (207)781-5553 FAX: (207)781-5571
Smithwick & Mariners Ins. Inc.
366 US Route One

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.

Falmouth ME 04105

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
Condom Sense, Inc.
c/o Keith Hall
424 Fore Street
Portland ME 04101-4027

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

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
LTR	INSRD					
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	ODP 7157063 05	3/21/2009	3/21/2010	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"/> PRO-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/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE \$
		OTHER				E L DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

City of Portland
389 Congress Street
Portland, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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