

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

BU **PERMIT** ION

Permit Number: 090973

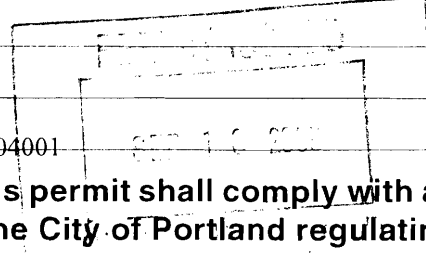
Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that CITY-CENTER PROPERTIES INC

has permission to install a 12" x 18" sign for 2nd floor suite 2

AT 6 CITY CTR

CP 032-P004001



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 used-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

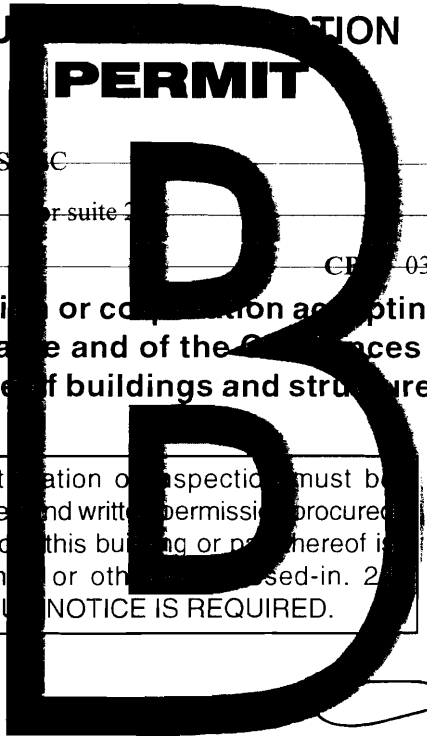
OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name



*[Handwritten Signature]*  
9/17/09  
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: 09-0973	Issue Date:	CBL: 032 P004001
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Location of Construction: 6 CITY CTR	Owner Name: CITY CENTER PROPERTIES LLC	Owner Address: 10 INDIAN WAY	Phone:
Business Name: PORTAMEDIC	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

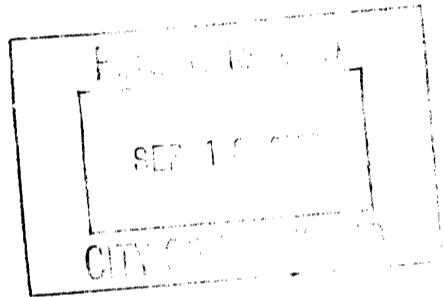
Past Use: Commercial	Proposed Use: Commercial - install a 12" x 18" sign for 2nd floor suite 201	Permit Fee: \$69.00	Cost of Work: \$69.00	CEO District: 1
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Proposed Project Description: install a 12" x 18" sign for 2nd floor suite 201	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>IBC 2003</i>
	Signature: <i>[Signature]</i>	

Permit Taken By: Ldobson	Date Applied For: 09/04/2009	<b>Zoning Approval</b>
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- 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..

<b>Special Zone or Reviews</b> <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>9/9/09</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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>D. Andrews 9/9/09</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

**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.**

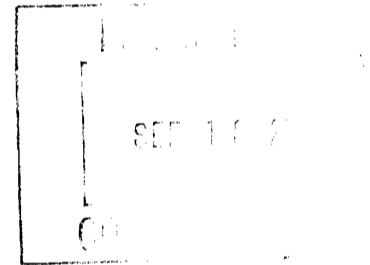
**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

Burly J. Rice  
Signature of Applicant/Designee

9-25-09  
Date

\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date



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

<b>Permit No:</b> 09-0973	<b>Date Applied For:</b> 09/04/2009	<b>CBL:</b> 032 P004001
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<b>Location of Construction:</b> 6 CITY CTR	<b>Owner Name:</b> CITY CENTER PROPERTIES LLC	<b>Owner Address:</b> 10 INDIAN WAY	<b>Phone:</b>
<b>Business Name:</b> PORTAMEDIC	<b>Contractor Name:</b>	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial - install a 12" x 18" sign for 2nd floor suite 201	<b>Proposed Project Description:</b> install a 12" x 18" sign for 2nd floor suite 201
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<b>Dept:</b> Historic	<b>Status:</b> Approved	<b>Reviewer:</b> Deborah Andrews	<b>Approval Date:</b> 09/09/2009	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 09/08/2009	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 09/17/2009	<b>Note:</b> 1) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>

<b>Comments:</b> 9/8/2009-mes: this property is in both PAD and Historic Districts. 9/11/2009-gg: received from historic on 9/11/09. /gg
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# 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>7 Dix City Center - Portland - ME 04101</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner: <u>MARK Birmingham</u>	Telephone: <u>232-0196</u>
Lessee/Buyer's Name (If Applicable) <u>Proetamatic Beverly J. Nixon</u>	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: <u>Beverly J. Nixon</u> phone: <u>761-1514</u>		
Tenant/allocated building space frontage (feet) (Length) <u>43 feet</u> (Height) <u>50 feet</u>	Lot Frontage (feet) _____	Single Tenant or Multi Tenant Lot <u>MULTI</u>
Current Specific use: <u>Office 2nd floor STE 201</u>	If vacant, what was prior use: _____	
Proposed Use: <u>office</u>		
<b>Information on proposed sign(s):</b>		
Freestanding (e.g., pole) sign? Yes ___ No <u>X</u>	Dimensions proposed: _____	Height from grade: _____
Bldg. wall sign? (attached to bldg) Yes <u>X</u> No ___	Dimensions proposed: <u>12 IN X 18 IN</u>	<u>1.5 ft</u>
Proposed awning? Yes ___ No <u>X</u>	Is awning backlit? Yes ___ No <u>X</u>	Height of awning: _____
Length of awning: _____	Depth: _____	Is there any communication, message, trademark or symbol on it? Yes ___ No <u>X</u>
If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>2 x 2 + 6.5</u> s.f.		
<b>Information on existing and previously permitted sign(s):</b>		
Freestanding (e.g., pole) sign? Yes ___ No <u>X</u>	Dimensions: _____	
Bldg. wall sign? (attached to bldg) Yes <u>X</u> No ___	Dimensions: <u>12 IN X 18 IN</u>	<u>lawyers office</u>
Awning? Yes ___ No <u>X</u>	Sq. ft. area of awning w/communication: _____	<u>(on picket)</u>
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](http://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: <u>Beverly J. Nixon</u>	Date: <u>9-2-09</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

new wide 43ft  
Blg. Hunt + Alcott

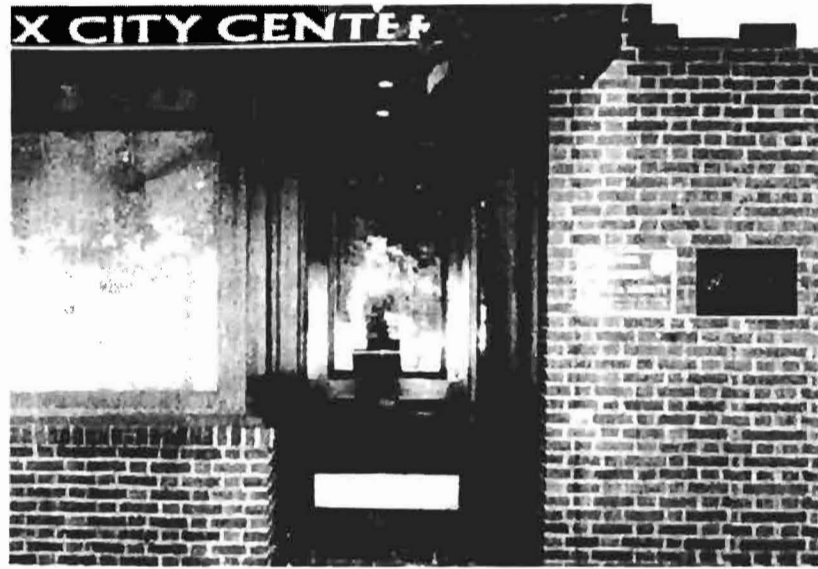
Client: Portamedic  
Invoice: 16578

Please SIGN this form, if approved, and fax to (207) 510.0043 to continue the job progress.

\*By signing below, you are confirming that you have checked and approved of all details of this project, as represented on this proof.



1.5 ft



(1) 1/2" MDO panel  
12 in x 18 in

All painted gloss black with molded frame

Graphics Rendered in HP MET GOLD vinyl

Mounted to Historic brick wall - anchor into mortar only not brick itself

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

*Birmingham*  
Management Corporation

27 School St. #2  
Freeport, ME 04032  
207 232-0196  
mbirms@gmail.com

September 2, 2009

Beverly Nixon  
PortaMedic  
6 City Center  
Suite 201  
Portland, ME 04032

Dear Beverly;

Let this letter serve as permission to place a sign on the exterior of the building at 6 City Center in Portland, Maine. The sign is to be of similar design compatible with the existing sign for Freidman Gaythwaite Wolfe & Leavitt. All required permits must be file with the City of Portland, and the signage must be in full compliance with city codes.

Sincerely,



Mark Birmingham, Manager  
City Center Properties LLC

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE** 8/1/2010 DATE (MM/DD/YYYY) 8/28/2009

**PRODUCER** Lockton Companies, LLC-U Hartford  
195 Scott Swamp Road  
Suite 201  
Farmington CT 06032  
860-678-4000

**INSURED** Hooper Holmes, Inc.  
1307524 d/b/a Portamedic  
170 Mt. Airy Road  
Basking Ridge NJ 07920

**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.**

**INSURERS AFFORDING COVERAGE**

INSURER A: Landmark American Insurance Company NAIC # 33138  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**COVERAGES** HOOH001 9Q THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

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	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> POLICY AGG. \$7MIL GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	LHC718511 Combined Aggregate with Professional Liability	8/1/2009	8/1/2010	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 7,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
		<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	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXX OTHER THAN AUTO ONLY: EA ACC \$ XXXXXXXX AGG \$ XXXXXXXX
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM RETENTION \$	NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX \$ XXXXXXXX
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	NOT APPLICABLE			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
		<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
RE: Sign Permit Application @ 6 City Center, Suite 201, Portland, ME 04101. City of Portland, Maine is included as additional insured under the general liability policy as required by written contract.

**CERTIFICATE HOLDER** 10641122  
City of Portland, Maine  
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 30 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