



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: 434 FORE STREET PORTLAND		
Tax Assessor's Chart, Block & Lot Chart# 32 Block# B Lot# 4	Owner: Old Port Retail Holdings, LLC	Telephone: (207) 871.1290
Lessee/Buyer's Name (If Applicable): GORGEOUS GELATO, LLC	Contractor name, address & telephone: SEACOAST SIGNS 715 US Route One Scarborough TIM (207)590 8080	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: DONATO phone: (207) 329 7960		
Tenant/allocated building space frontage (feet): Length: 25' Height: 8' (end of the window)		
Lot Frontage (feet) _____ Single Tenant or <u>Multi Tenant Lot</u>		
Current Specific use: RETAIL		
If vacant, what was prior use: _____		
Proposed Use: RETAIL		
Information on proposed sign(s):		
Freestanding (e.g., pole) sign? Yes <input checked="" type="radio"/> No <input type="radio"/> Dimensions proposed: 5 Height from grade: 2		
Bldg. wall sign? (attached to bldg) Yes <input checked="" type="radio"/> No <input type="radio"/> Dimensions proposed: 11.5 sqft Hanging -		
Proposed awning? Yes <input type="checkbox"/> No <input type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Height of awning: _____ Length of awning: _____ Depth: _____		
Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/> Dimensions: _____		
Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input type="checkbox"/> Dimensions: _____		
Awning? Yes <input type="checkbox"/> No <input type="checkbox"/> Sq. ft. area of awning w/communication: _____		
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.		

6 x 2 + 30 + 75 =

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: 11/30/2010
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This is not a permit; you may not commence ANY work until the permit is issued.

One Canal Plaza, Suite 500
Portland, ME 04101

T 207.871.1290
F 207.772.2647

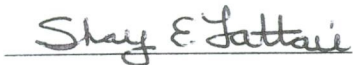
www.boulos.com

November 16, 2010

To Whom It May Concern:

Please be advised that our tenant Gorgeous Gelato, LLC has the permission of the Landlord - Old Port Retail Holdings, LLC - to install signage at the 434 Fore Street location in accordance with the plans previously submitted and agreed to. All costs associated with this installation shall be the responsibility of Gorgeous Gelato, LLC.

If you need anything further please do not hesitate to contact us. I can be reached at (207) 772-0688 or slattari@boulos.com.



Shay Lattari
Assistant Property Manager
CBRE/Boulos Property Management
as Managing Agent for the Landlord



GORGEOUS
GELATO



For Lease
207 772 1333
RETAIL SPACE
CBRE The Boulos Company
www.boulos.com

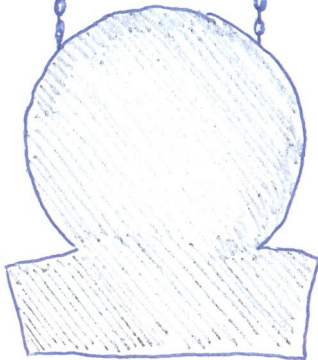
Available
207 772 1333
CBRE The Boulos Company
www.boulos.com



DIBOND (ALUMINUM/PVC) WITH RAISED LETTERS, PAINTED

existing bracket & chains

434



4'



3'

13'

9'



CERTIFICATE OF INSURANCE

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder: Gorgeous Gelato LLC
 Address of policyholder: 434 Fore St, Portland, Maine 04101
 Location of operations: same
 Description of operations: Business-Merchantile

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
99-BA-N977-0 F	Comprehensive Business Liability	6-22-10	6-22-11	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> Explosion Hazard Coverage <input checked="" type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input checked="" type="checkbox"/> Business Property \$100,000				Each Occurrence \$ 1,000,000 General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

Additional Insured:
 City of Portland
 389 Congress Street
 Portland, ME 04101

Attn: Lannie Dobson
 Fax: 207-874-8716

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 10 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

JOHN GRILLO

Signature of Authorized Representative
 AGENT 11-18-2010
 Title Date

Agent's Code Stamp

AFO Code 5874
 JOHN N. GRILLO
 State Farm Insurance
 64 Auburn Street
 Portland, ME 04103
 (207) 797-7004