

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK**CITY OF PORTLAND****BUILDING INSPECTION****PERMIT**

Permit Number: 031089

Please Read
Application And
Notes, If Any,
Attached

This is to certify that Dirigo Management Co./Blair Bear Signhas permission to Replace Existing Sign with 3' SignAT 4 Moulton St

032 T004001

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 altered or otherwise closed-in. A FOUR NOT 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] 10/3/03
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: 03-1089	Issue Date:	CBL: 032 T004001
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Location of Construction: 4 Moulton St	Owner Name: Dirigo Management Co.	Owner Address: One City Center	Phone: 871-1080
Business Name:	Contractor Name: Black Bear Sign	Contractor Address: 137 Rt 1 Scarborough	Phone: 2072868004
Lessee/Buyer's Name	Phone:	Permit Type:	Zone: B3

Past Use: Retail- Casco Bay Wool Works/Commercial	Proposed Use: Retail- Casco Bay Wool Works/Commercial	Permit Fee: \$48.00	Cost of Work: \$0.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: N/A SIGN	

Proposed Project Description: Replace Existing Sign with a 3'x3' Sign	Signature:	Signature:
	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: 09/03/2003	Zoning Approval
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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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input checked="" type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input checked="" type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: 9/11/03	Date:	Date: 9/14/03

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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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City of Portland, Maine - Building or Use Permit

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

Permit No:	Date Applied For:	CBL:
03-1089	09/03/2003	032 T004001

Location of Construction: 4 Moulton St	Owner Name: Dirigo Management Co.	Owner Address: One City Center	Phone: () 871-1080
Business Name:	Contractor Name: Black Bear Sign	Contractor Address: 137 Rt 1 Scarborough	Phone (207) 286-8004
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Retail- Casco Bay Wool Works/Commercial	Proposed Project Description: Replace Existing Sign with a 3'x3' Sign
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Dept: Historical	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 09/14/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/11/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 10/03/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>

Comments: 09/16/2003-mjn: Exisiting Brackett, same size and weight sign, 9'3 above the sidewalk/
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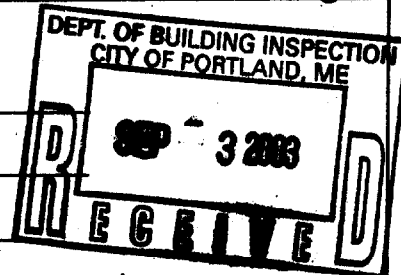
03-1089

**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>10 MOULTON STREET</u>		
Total Square Footage of Proposed Structure <u>9 SF</u>	Square Footage of Lot <u>530 SF</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>32</u> Block# <u>1</u> Lot# <u>4</u>	Owner: <u>DIRIGO MANAGEMENT CO.</u>	Telephone: <u>(207)-871-1080</u>
Lessee/Buyer's Name (If Applicable) <u>CASCO BAY WOOL WORKS</u>	Applicant name, address & telephone: <u>BLACK BEAR SIGNWORKS</u> <u>19 CND. PARK RD SACONNEO 04071</u>	Total s.f. of signage <u>9</u> x 1.00 per s.f. \$ <u>18</u> , plus \$30.00 base fee <u>30</u> . Fee: \$ <u>48.00</u>
Current use: <u>RETAIL</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>SAME/RETAIL</u>		
Project description: <u>REMOVE EXISTING SIGN + INSTALL NEW SIGN UPDATED GRAPHIC</u>		
Contractor's name, address & telephone: <u>BLACK BEAR SIGNWORKS</u> <u>286-8004</u>		
Who should we contact when the permit is ready: <u>MICHAEL THOMES</u> ↑		
Mailing address: _____		
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)-286-8004</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>[Signature]</u>	Date: <u>9-3-03</u>
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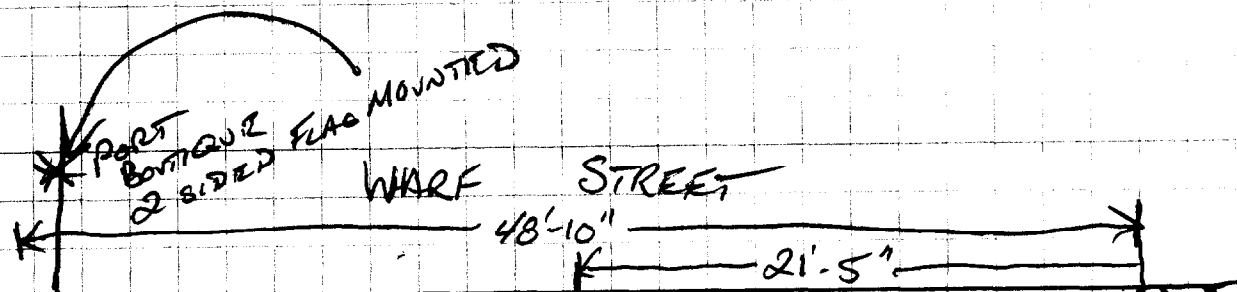
This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the
 Planning Department on the 4th floor of City Hall

3'-0"



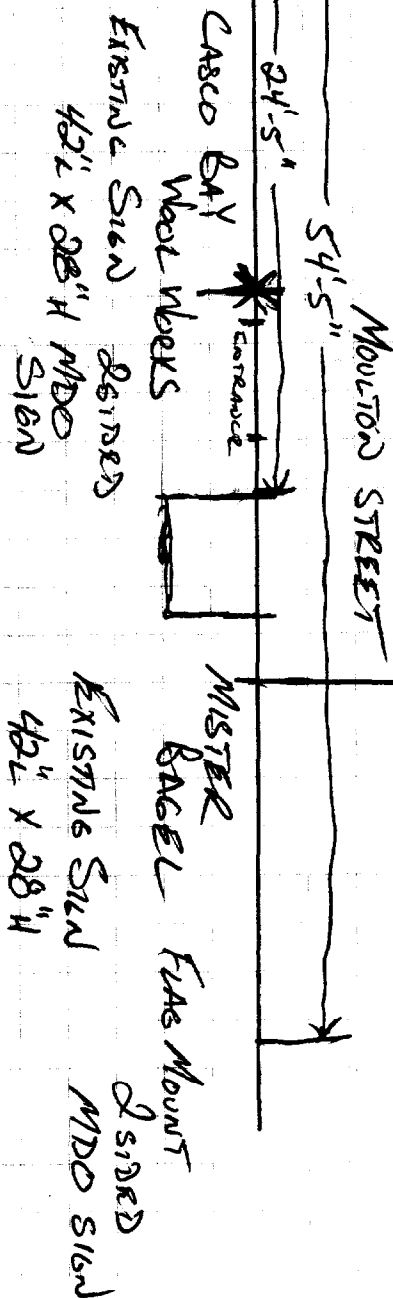
3'-0"

10 MOULTON STREET



PORT BOUTIQUE
EXISTING SIGN

~~40" x 10"~~
36" x 18"H"



SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 10 MONTGOMERY STREET APT 2D ZONE: B-3

OWNER: _____

APPLICANT: BLACK BEAR SIGNWORKS

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES ☒ NO

MULTI-TENANT LOT? ☒ YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES ☒ NO

DIMENSIONS _____ HEIGHT _____

MORE THAN ONE SIGN? YES NO

DIMENSIONS _____ HEIGHT _____

SIGN ATTACHED TO BLDG.? ☒ YES NO

DIMENSIONS 3' x 3' = 9 ft

MORE THAN ONE SIGN? YES ☒ NO

DIMENSIONS _____

AWNING: YES ☒ NO IS AWNING BACKLIT? YES NO

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

SEE ATTACHED

*** TENANT BLDG. FRONTAGE (IN FEET): CORNER LOT TOTAL FRONTAGE 45'-10"

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

24.5' x 2 = 49 ft
along front where
the sign will be

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: M. J. [Signature] DATE: 9-30-03

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE 08/29/2003
PRODUCER SOUTHERN MAINE INSURANCE 432 US RTE 1 P.O. Box 6803 SCARBOROUGH ME 04070-6803		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
INSURED BLACK BEAR SIGNWORKS 19 INDUSTRIAL PARK ROAD SACO ME 04072-		
		INSURER A ZURICH
		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	GENERAL LIABILITY	PPS34634130	03/15/2003	03/15/2004	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY		03/15/2003	03/15/2004	COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SO-LEASED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY		03/15/2003	03/15/2004	AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY	PPS34634130	03/15/2003	03/15/2004	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	PPS34634130	03/15/2003	03/15/2004	WC STATUTORY LIMITS OTHER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER CPKGE	PPS34634130	03/15/2003	03/15/2004	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 As Job Requires

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION
TOWN OF SCARBOROUGH RTE 1 SCARBOROUGH ME 04074-		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

ACORD 25-S (7/97)

INS0258 (9910)01

ELECTRONIC LASER FORMS, INC. - (800)327-0545

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Page 1 of 2

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

ADDITIONAL INSURED
CITY OF PORTLAND
CONGRESS ST
PORTLAND, ME 04101

INSURED:

CASCO BAY WOOL WORKS LLC
34 DANFORTH ST
PORTLAND, ME 04101

TYPE OF INSURANCE LIABILITY	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> Liability and Medical Expense Personal and Advertising Injury	51-80-101793-3001 NATIONWIDE MUTUAL INSURANCE CO.	07-11-03	07-11-04	Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				Included in Above - Any One Person or Organization
<input checked="" type="checkbox"/> Fire Legal Liability				ANY ONE PERSON \$ 5,000
				Any One Fire or Explosion \$ 250,000
				General Aggregate* \$ 2,000,000
<input type="checkbox"/> Other Liability				Prod/Comp Ops Aggregate* \$ 1,000,000
AUTOMOBILE LIABILITY				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) \$
<input type="checkbox"/> Owned				(Each Accident) \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) \$
<input type="checkbox"/> Non-Owned				Combined Single Limit \$
EXCESS LIABILITY				
<input type="checkbox"/> Umbrella Form				Each Occurrence \$
				Prod/Comp Ops/Disease Aggregate* \$
<input type="checkbox"/> Workers' Compensation and				STATUTORY LIMITS
<input type="checkbox"/> Employers' Liability				BODILY INJURY/ACCIDENT \$
				Bodily Injury by Disease
				EACH EMPLOYEE \$
				Bodily Injury by Disease
				POLICY LIMIT \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS
VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Effective Date of Certificate: 07-11-2003
Date Certificate Issued: 08-29-2003

Authorized Representative: PHILIP M. O'HEARN
Countersigned at: NATIONWIDE INSURANCE
1087 FOREST AVE PORTLAND

TOTAL P.01

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**DIRIGO MANAGEMENT COMPANY**

ONE CITY CENTER, PORTLAND ME 04101-4009

PHONE (207) 871-1080 FAX (207) 871-7189

Leading the way in professional property management

TO: *Michael* FROM: Kathi Nickerson, ARM
COMPANY: *Blackbear Sign* NUMBER OF PAGES
PHONE: INCLUDING THE COVER: *2*
FAX: *286-8102* DATE: *8/28/03*

COMMENTS:

*Mike - Here is a memo of
approval for the proposed
sign change at Casco Bay
Wool Works.*

Kathi

PLEASE NOTE: If you need any pages re-transmitted, please call our office at 207-871-1080. If you do not call we will assume you received all pages satisfactorily.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW.

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IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THIS ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

Memo

To: Michael Thomes, Blackbear Sign

From: Kathi Nickerson, Property Manager

Date: 8/28/2003

Subject: Signage – Casco Bay Wool Works

Provided the City of Portland and the Old Port District allow the attached specifications for an exterior sign to be located at 10 Moulton St., Casco Bay Wool Works, the Landlord approves the request for signage. It is our understanding that the sign will be attached to the existing bracket and the background is blue with white lettering.