

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that BAYSIDE I LLC

Located At 95 PREBLE ST

Job ID: 2012-02-3235-SIGN

CBL: 033-G-003-001

has permission to install 3' x 10' wall sign

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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

N/A

ALM

2/8/2012

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY

PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

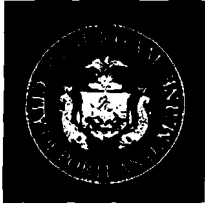
With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2012-02-3235-SIGN

Located At: 95 PREBLE ST

CBL: 033- G-003-001

Conditions of Approval:

Building

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-02-3235-SIGN	Date Applied: 2/8/2012	CBL: 033- G-003-001	
Location of Construction: 95 PREBLE ST	Owner Name: BAYSIDE I LLC	Owner Address: ONE CANAL PLAZA PORTLAND, ME 04101	Phone: 207-553-1772
Business Name: Complete Labor & Staffing	Contractor Name: Mr. Signs	Contractor Address: 494 Forest Ave. Portland, ME 04101	Phone: 207-878-1100
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-3
Past Use: Office - Staffing Agency	Proposed Use: Same - office - Complete Labor & Staffing - install 3' x 10' wall sign	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: Signature: <i>ABM 2/8/12</i>
Proposed Project Description: 30 sf building wall sign		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	Zoning Approval		
<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 informatin may invalidate a building permit and stop all work.</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK 2/8/12 ABM</i>	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 checked="" type="checkbox"/> Not in Dist 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: <i>ABM</i>
	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



B-3

2012 02 3035

66

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>97 Preble St. (95 Prob.)</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>033 G003001</u>	Owner: <u>Bayside I LLC</u> <u>202 Canal Plaza</u> <u>Portland, ME 04101</u>	Telephone: <u>553-1712</u> <u>Greg McKeller</u>
Lessee/Buyer's Name (If Applicable) <u>Complete Labor and Staffing</u> <u>97 Preble St.</u> <u>Portland, ME 04101</u>	Contractor name, address & telephone: <u>Mr. Sigous, Inc</u> <u>494 Forest Ave</u> <u>(207) 878-1100</u>	Total s.f. of signage x \$2.00 <u>30</u> Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$ <u>90</u> Awning Fee = cost of work _____ Total Fee: \$ <u>90</u>
Who should we contact when the permit is ready: <u>Ashley Smith</u> phone: <u>207-878-1100</u>		
Tenant/allocated building space frontage (feet): Length: <u>52</u> Height: <u>14</u> Lot Frontage (feet) <u>87</u> Single Tenant or Multi Tenant Lot <u>Multi</u>		
Current Specific use: <u>Staffing Agency</u> If vacant, what was prior use: <u>Office Space</u> Proposed Use: <u>Office Space</u>		
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: <u>120" x 36"</u> <u>See attached</u>		
Proposed awning? Yes ___ No ___ 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.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions: _____ Awning? Yes ___ No ___ 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. <u>See attached</u>		

30 SF
RECEIVED
FEB 08 2012

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.

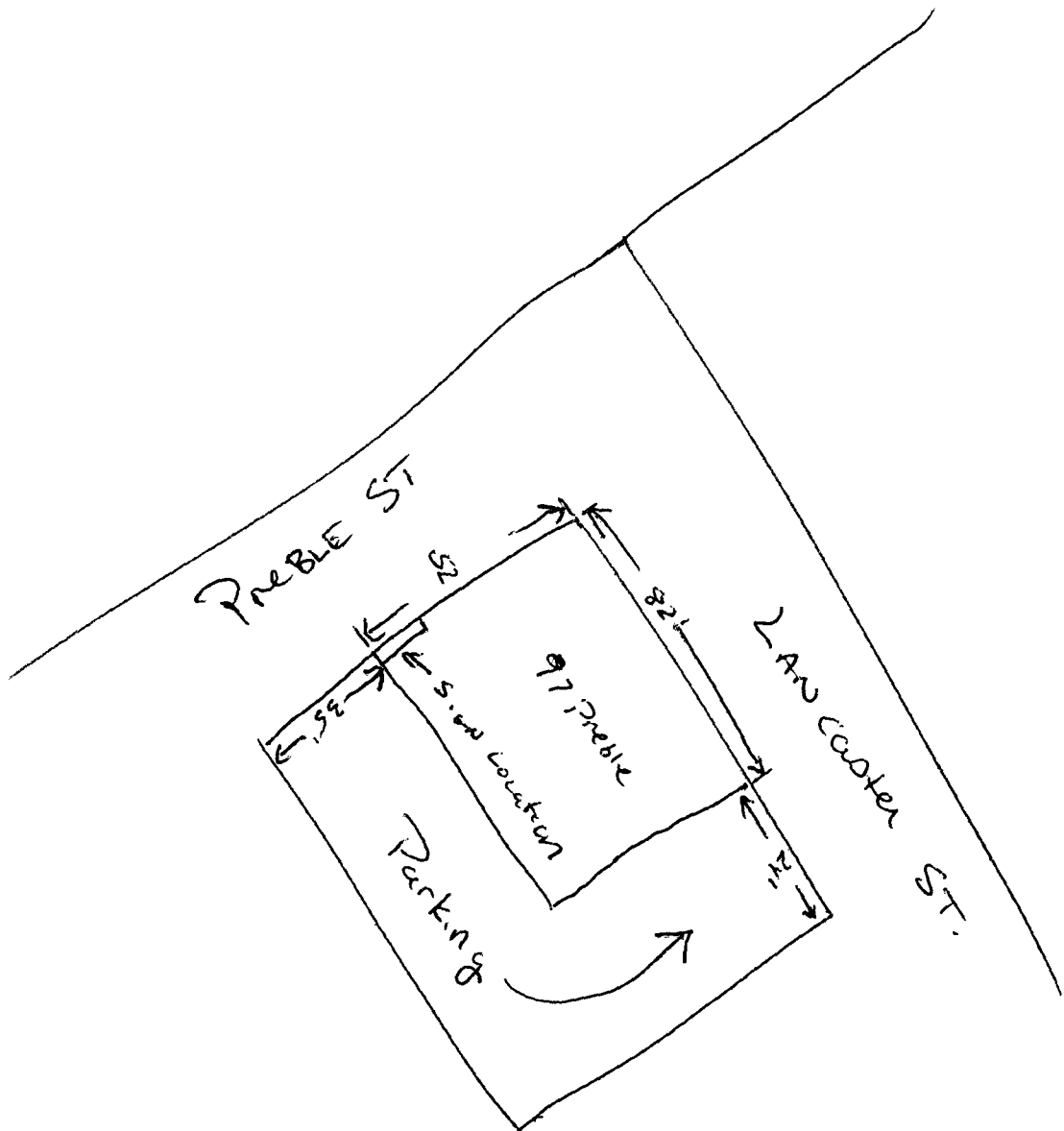
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: Cecil Anderson of MR. SIGOUS Date: 2/8/11

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

Revised 10/19/09

B-3 - individual tenant
52' x 2 = 104 sq ft - 30 SF (circled)



ARTWORK APPROVAL FORM

494 Forest Avenue Portland Maine 04101
tel 207.878.1100 fax 207.878.1110 www.mrsignsinc.com



It is your responsibility to proof your design *carefully*. Please look closely for spelling and content errors. Any post-production errors will be corrected at your cost.

Reference No. 23933	Scale n/a	Prepared by BW	Sales Rep	Approved by:	Page 1 of 1
Date 1.31.12	Notes 120" x 36" Alupalite installed with industrial screws through face of sign.			© 2012 Mr. Signs, Inc. This design is the property of Mr. Signs, Inc. All production and duplication rights are reserved by Mr. Signs, Inc. This printout has been designed for your personal use and is not to be used outside your organization or exhibited in any fashion.	
Prepared for:					

One Canal Plaza, Suite 500
Portland, ME 04101

T 207.871.1290
F 207.772.2647

www.boulos.com

33-6-003

February 1, 2012

City of Portland
Inspections Division
389 Congress Street, Room 315
Portland, Maine 04101

**RE: Authorization for Signage
Complete Labor & Staffing 97 Preble Street, Portland, Maine**

To Whom It May Concern:

CBRE/Boulos Property Management, authorized agent for Bayside I LLC, (Owner), hereby authorizes the proposed signage submitted by Complete Labor & Staffing, (Tenant), located at the above referenced property.

In accordance with Article 10 of the Lease Agreement dated January 1st, 2012, as part of this authorization prior to departure tenant shall also remove signage and apply a similar paint to the side panels to match the rest of the building.

Please feel free to contact me at 207-553-1772 or via email at gmckellar@boulos.com if I may be of further assistance with this matter.

Sincerely,


Gregory McKellar
Property Manager

Cc: Derek Heath Complete Labor & Staffing

RECEIVED

FEB 06 2012

Dept. of Public Works



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/07/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).


PRODUCER Fortified Insurance Agency 911 Candia Road Manchester, NH 03109	CONTACT NAME: Keith Beausoleil PHONE (A/C, No, Ext): 603-644-3700 FAX (A/C, No): 603-644-0001 E-MAIL ADDRESS: keith@fortifiedins.com PRODUCER CUSTOMER ID #:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Riverport Ins Co C/O Berkley Risk Admin Co</td> <td></td> </tr> <tr> <td>INSURER B : Nautilus Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C : Essex Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D : United Financial Casualty Company</td> <td></td> </tr> <tr> <td>INSURER E : Liberty Mutual Insurance Co</td> <td></td> </tr> <tr> <td>INSURER F : MEMIC</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Riverport Ins Co C/O Berkley Risk Admin Co		INSURER B : Nautilus Insurance Company		INSURER C : Essex Insurance Company		INSURER D : United Financial Casualty Company		INSURER E : Liberty Mutual Insurance Co		INSURER F : MEMIC
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INSURER E : Liberty Mutual Insurance Co														
INSURER F : MEMIC														
INSURED Complete Labor and Staffing, LLC 20 Bridge Street Manchester, NH 03101														

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		NN163848	8/20/2011	8/20/2012	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$INCLUDED \$
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			07752961-0	12/13/2011	12/13/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000			CUBW3583411	8/20/2011	8/20/2012	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$
A F E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			WC-28-83-003300-01 - NH 1810097255 - ME WC-131S-377199-011 - MA	4/29/2011 7/18/2011 4/29/2011	4/29/2012 7/18/2012 4/29/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
Section 3A: NH, VT							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Temporary Labor Contractor, LLC members Derek Heath and Michael Trogler are included in NH WC coverage and they are excluded from the coverage under the WC policies for MA and ME.

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

15 20

Received from _____

Location of Work _____

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

Building (IL) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: _____

Check #: _____ **Total Collected \$** _____

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: Luigi

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

#2012 02 3235