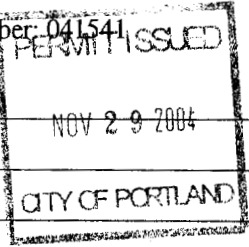


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 041541



Please Read Application And Notes, If Any, Attached

This is to certify that Congress Square Associates Inc Signery
has permission to replace existing sign with new name, attached to building perpendicular to facade
AT 10 Congress Sq Plz 037 E003001

provided that the person or persons who apply for and receive 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 procedure is complete this building or part thereof shall not be occupied or otherwise used in any way until the inspection is completed. YOUR 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]
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: 04-1541	Issue Date: 11/23/04	CBL: \$37 E003001
-----------------------	-------------------------	----------------------

Location of Construction: 10 Congress Sq Plz	Owner Name: Congress Square Associates	Owner Address: 10 Congress Square Plz	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 2078797700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3C

Past Use: commercial space	Proposed Use: commercial space w/ new sign	Permit Fee: \$125.00	Cost of Work: \$0.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group:) Type: NVO SIGN 11/23/04	

Proposed Project Description: replace existing sign with new name, attach 2nd sign perpendicular to facade	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: dmm	Date Applied For: 10/13/2004	Zoning Approval		
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	Special Zone or Reviews	Zoning Appeal	Historic Preservation
	<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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date:	<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:	<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:

D. Anderson
11/15/04

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-1541	Date Applied For: 10/13/2004	CBL: 037 E003001
------------------------------	--	----------------------------

Location of Construction: 10 Congress Sq Plz	Owner Name: Congress Square Associates	Owner Address: 10 Congress Square Plz	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: (207) 879-7700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: commercial space w/ new sign	Proposed Project Description: replace existing sign with new name, attach 2nd sign perpendicular to facade
--	--

Dept: Historical **Status:** Approved **Reviewer :** Deborah Andrews **Approval Date:** 11/10/2004
Note: **Ok to Issue:**

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 11/04/2004
Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 11/24/2004
Note: **Ok to Issue:**

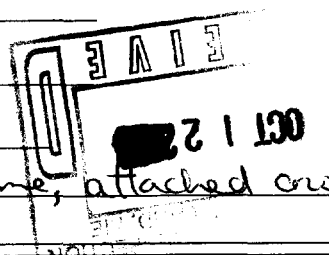
Comments:

11/12/2004-mjn: need structurals, left message w/ applicant

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.

9 gress		
Total Square Footage of Proposed Structure 21 sq ft	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# 037 Block# E Lot# 003	Owner: Congress St. Assoc.	Telephone:
Lessee/Buyer's Name (If Applicable) Same	Applicant name, address & telephone: Song Qi Zhong 12 Elm St. Apt 2 Freeport, ME 04032 837-9598	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$30.00 Awning Fee = Cost Of Work \$ Total Fee: \$125.00
Restaurant		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: Restaurant		
Project description: Replace existing sign w/ new name, attached on building facade. Sign perpendicular to building facade.		
Contractor's name, address & telephone: The Signery		
Whom should we contact when the permit is ready: Jennifer Sporzynski 775-1984 mailing address: 579 Congress St. Portland, ME 04101 Song Qi Zhong 837-9598		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and view the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 775-1984		



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.

Signature of applicant: <i>[Handwritten Signature]</i>	Date: 9/27/04
--	---------------

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

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 579 Congress St. ZONE: B3c

CBL: 037 E 003

SINGLE TENANT LOT? YES _____ NO MULTITENANT LOT? YES NO _____

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO _____

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 26 8" x 2 3/4 Height: 16'

6.66 x 2 = 13.32

X

PROPOSED: 138" x 20" 24 sq ft
20" x 36" 6 sq ft

X

CP

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 WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: [Signature] DATE: 9/27/04

***** FOR OFFICE USE ONLY *****

[Empty box for office use only]

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/08/2004

PRODUCER (207) 774-6257 FAX (207) 774-2994

Clark Associates
2385 Congress Street
P O Box 3543
Portland, ME 04104

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

NAIC #

INSURED **Stir Crazy**
DBA: **Song Qi Zhong**
579 Congress Street
Portland, ME 04101

INSURER A **Travelers Insurance Co.**

39357

INSURER B

INSURER C

INSURER D

INSURER E

COVERAGES

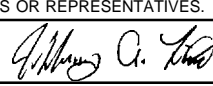
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES 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	ADD'L INSRD		POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS	
A	X	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			EACH OCCURRENCE	1,000,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
					MED EXP (Any one person)	\$ 5,000
		GENL AGGREGATE LIMIT APPLIES PER			PERSONAL & ADV INJURY	\$ 1,000,000
		<input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
		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	5
		<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	5
						\$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY			WC STATUTORY LIMITS	OTH-FR
		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
he certificate holder is an additional insured with regard to general liability.

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
Jeffrey Lind/JALIND 

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.

**FOREST AVENUE ASSOCIATES
491 HUMPHREY STREET
SWAMPSCOTT, MA 01907
781-5954665 FAX: 781-592-0770**

October 1, 2004

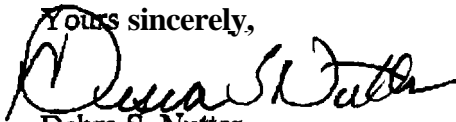
**Ms. Jennifer Sporzynski
CEI, Inc.
2 Portland Pier, Suite 201
Portland, ME 04101**

Re: Song Qi Zhong

Dear Jennifer:

As requested I reviewed the sign designs with *the* owners for both signs that you faxed to me for Song Zhong's Chinese restaurant. Please accept this as approval of the signs from the Owner.

Yours sincerely,



**Debra S. Nutter
Forest Avenue Associates**

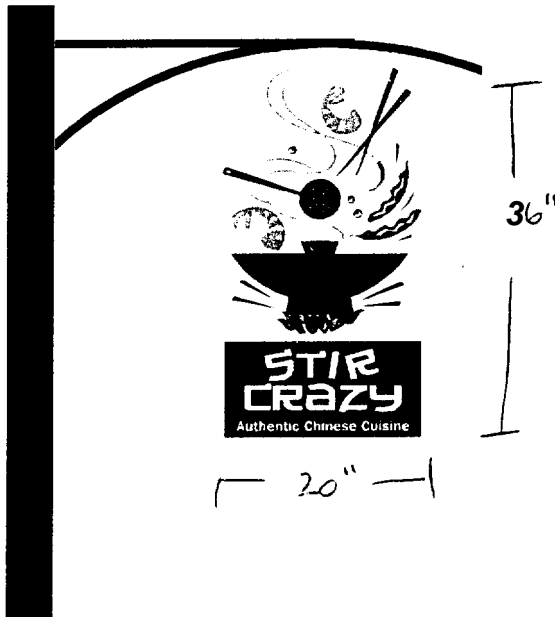
Via Facsimile: 207-772-5503



$139 = 2780 \div 14 = 198.57$

Decal on existing red space

~139"



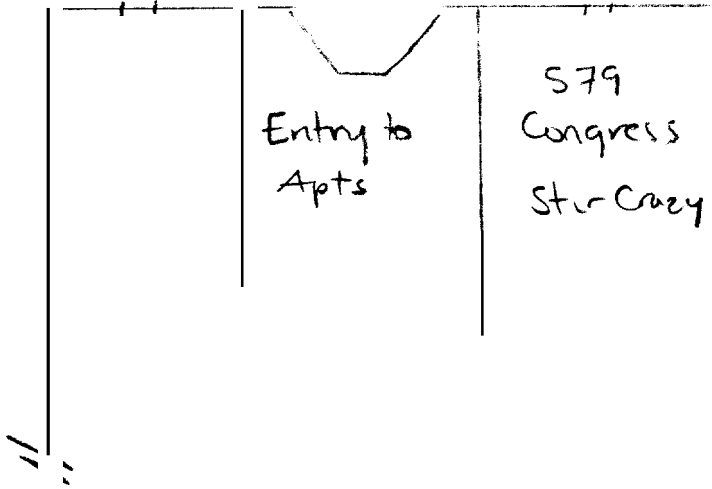
Wood sign

$20 \times 36 = 720 \div 144 = 5$

①

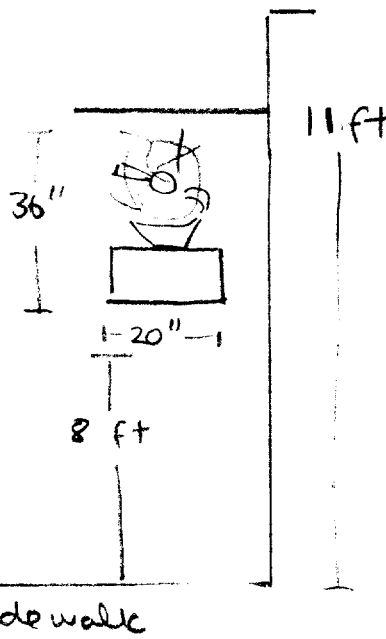
Congress St

Forest Ave



Pauls Grocery

②



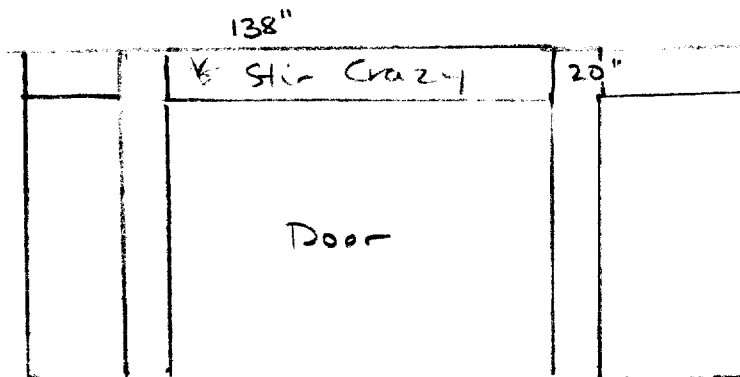
Wood sign
36" x 20"

Attached into mortar
by a bracket

Congress St.

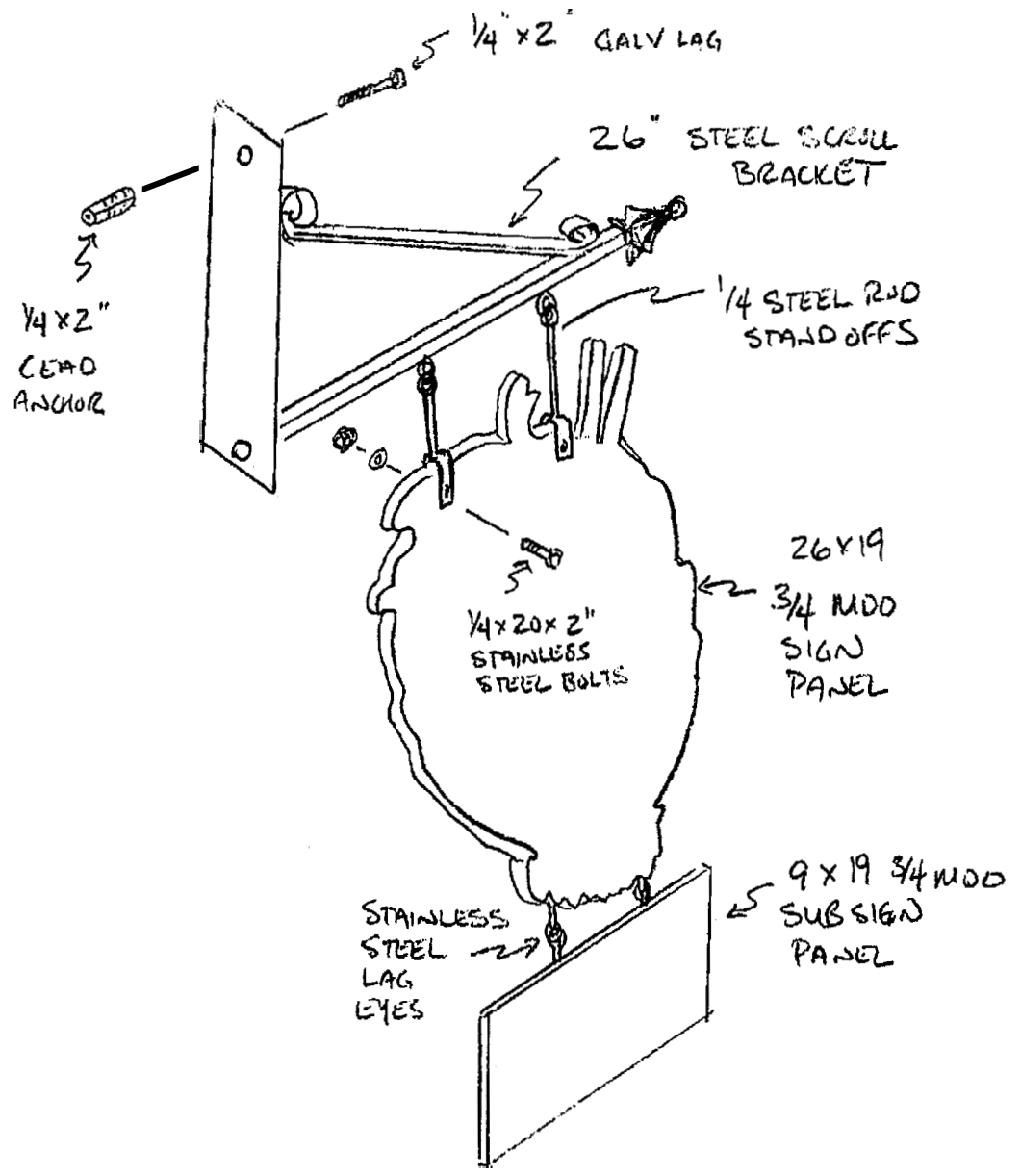
③

New sign to
replace existing
sign,
(see photo)



Decal sign to
go over existing
sign

* MOUNTING HOLES
TYPICALLY DRILLED
INTO MORTAR
SEAMS ON BRICK
WALLS.



SITE CONG...
THE SIGN...
Tom 11-23-04



CITY OF PORTLAND, MAINE

Department of Building Inspections

20

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

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

Other _____

CBL: _____

Check #: _____

Total Collected \$ _____

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

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