

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

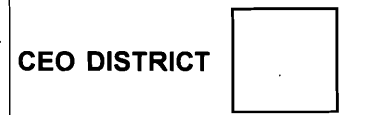
Location of Construction: 487 Congress St		Owner: Maine Historical Society		Phone:		Permit No: 971337	
Owner Address:		Lessee/Buyer's Name:		BusinessName:			
Contractor Name: Taylor Signs		Address: 147 High St Apt 501 Portland, ME 04101		Phone: 770-3765		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> DEC 30 1997 </div> CITY OF PORTLAND Zone: CBL: 337-F-114 </div>	
Past Use: Office		Proposed Use: Sign		COST OF WORK: \$ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:			PERMIT FEE: \$ 51.00 INSPECTION: Use Group: Type: Signature:
Proposed Project Description: Erect Signs 140 sq Ft				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:			Zoning Approval: Special Zone or Reviews: <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"/>
Permit Taken By: Gary Smith		Date Applied For: 16 December 1997					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 Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: _____

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..

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT Gary Smith	ADDRESS:	DATE: 16 December 1997	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:





CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/09/97

PRODUCER

Morse, Payson & Noyes
100 Middle Street Plaza
Portland, ME 04101

BAA

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.

COMPANIES AFFORDING COVERAGECOMPANY LETTER **A**

Commercial Union

COMPANY LETTER **B**COMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E****INSURED**

Maine Historical Society and
MHS, Inc.
487 Congress St.
Portland, Me 04101

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY	AMR173050	7/15/97	7/15/98	GENERAL AGGREGATE \$2,000,000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<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 \$
	<input type="checkbox"/> HIRED AUTOS				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

As required

CERTIFICATE HOLDER 00001

City of Portland
Inspections & Permits
389 Congress Street
Portland, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Barbara A. Alborano

Never Submitted

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 407 Congress St ZONE: B-3

OWNER: _____

APPLICANT: _____

ASSESSOR NO.: _____

SINGLE TENANT LOT? YES _____ NO _____

MULTI TENANT LOT? YES _____ NO _____

FREESTANDING SIGN? YES _____ NO _____ DIMENSIONS _____
(ex. pole sign..)

MORE THAN ONE SIGN? YES _____ NO _____ DIMENSIONS _____

BLDG. WALL SIGN? YES _____ NO _____ DIMENSIONS _____
(attached to bldg)

MORE THAN ONE SIGN? YES _____ NO _____ DIMENSIONS _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: _____

This is guesstimate
only - proper stuff not submitted

140 ft

LOT FRONTAGE (FEET) _____

BLDG FRONTAGE (FEET) ≈ 80' x 2 = 160 ft

AWNING YES _____ NO _____ IS AWNING BACKLIT? YES _____ NO _____

HEIGHT OF AWNING: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW

SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE

PROPOSED SIGNS ARE ALSO REQUIRED.

**QUITCLAIM DEED
(With Covenant)**

KNOW ALL PERSONS BY THESE PRESENTS, that Sun Life Assurance Company of Canada (U.S.), a Delaware corporation, with a place of business at One Sun Life Executive Park, Wellesley Hills, Massachusetts, in consideration of One Dollar (\$1.00) and other valuable consideration paid by MHS, Inc. a Maine corporation, whose mailing address is 485 Congress Street, Portland, Maine, 04101, the receipt whereof is hereby acknowledged, does hereby **REMISE, RELEASE, BARGAIN, SELL AND CONVEY** and forever **QUIT-CLAIM** unto the said MHS, Inc., its successors and assigns forever, all of its right, title and interest, if any, in and to the following described real estate:

Certain real property situated at 489 Congress Street, Portland, Maine, and being more particularly described in Exhibit A hereto.

TO HAVE AND TO HOLD, the same, together with all the privileges and appurtenances thereunto belonging, to the said MHS, Inc., its successors and assigns forever, to their use and behoof forever.

AND Sun Life Assurance Company of Canada (U.S.) does **COVENANT** with the said MHS, Inc., its successors and assigns forever, that Sun Life Assurance Company of Canada (U.S.) will **WARRANT AND FOREVER DEFEND** the premises to the said MHS, Inc., its successors and assigns forever, against the lawful claims and demands of all persons claiming by, through or under Sun Life Assurance Company of Canada (U.S.).

IN WITNESS WHEREOF, said Sun Life Assurance Company of Canada (U.S.) has caused this instrument to be executed and delivered in its name by William Q. Kathrop and John G. Mulvihill, its *Assistant Vice President and Property Investments Officer respectively* hereunto duly authorized, this 17th day of December, in the year of our Lord one thousand nine hundred and ninety-two.

WITNESS:

Leslie W. Carr
Leslie W. Carr

SUN LIFE ASSURANCE COMPANY
OF CANADA (U.S.)

By: William Q. Kathrop
Its Assistance Vice President
William Q. Kathrop

John G. Mulvihill
John G. Mulvihill,
Property Investments Officer