

City of Portland, Maine - Building or Use Permit Application

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

PERMIT ISSUED		CBL:
Permit No: 02-0261	Issue Date: 4-2002	037 G007001

Location of Construction: 576 Congress St	Owner Name: Martin Marlene &	Owner Address: Po Box 4067	Phone:
Business Name: n/a	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 2078797700
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Side Walk	Zone: B-3

Past Use: Commercial; Vacant / Prior use was a restaurant (Inca Roots)	Proposed Use: Commercial / Tea's Pastery Shop; Erect 3' x 2' A-Framed sidewalk sign.	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
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Proposed Project Description: Erect 3' x 2' A-Framed Sidewalk Sign	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>Sign</i> Type: <i>BOLCA 1999</i>
	Signature:	Signature: <i>Mins</i>
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: gg	Date Applied For: 03/26/2002	Zoning Approval
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<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 information may invalidate a building permit and stop all work..</p>	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"/> Date: <i>3/29/02</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 District 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:
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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

020061

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>576 CONGRESS STREET</u>		
Total Square Footage of Proposed Structure <u>3 FEET X 2 FEET = 6 SQ. FT.</u>	Square Footage of Lot <u>APPROX. 500 SQ. FEET</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>037</u> Block# <u>G</u> Lot# <u>007</u>	Owner: <u>ANNETTE HOGLUND</u> <u>SANTE FE EXPRESS</u>	Telephone: <u>207/797-8898</u>
Lessee/Buyer's Name (If Applicable) <u>STACY M. TROUBH</u>	Applicant name, address & telephone: <u>48 STATE ST. #34</u> <u>PORTLAND 04101</u> <u>207/774-8980</u>	Total s.f. of signage <u>6</u> x 1.00 per s.f. \$ <u>6</u> , plus \$30.00 base fee Fee: \$ <u>36.00</u>
Current use: <u>UNOCCUPIED</u> <u>RESTAURANT / Inca ROOTS</u>		
If the location is currently vacant, what was prior use: <u>RESTAURANT</u>		
Approximately how long has it been vacant: <u>2 MONTHS</u>		
Proposed use: <u>TEA & PASTRY SHOP</u>		
Project description: <u>3' x 0' A framed Sidewalk sign</u>		
Contractor's name, address & telephone: <u>THE SIGNERY - 299 FOREST AVENUE - PORTLAND</u> <u>879-SIGN</u>		
Who should we contact when the permit is ready: <u>STACY TROUBH</u>		
Mailing address: <u>207/774-8980 Fx call</u>		
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>207/774-8980</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.

DEPT. 26 2002

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 in 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>Stacy Troubh</u>	Date: <u>3/26/02</u>
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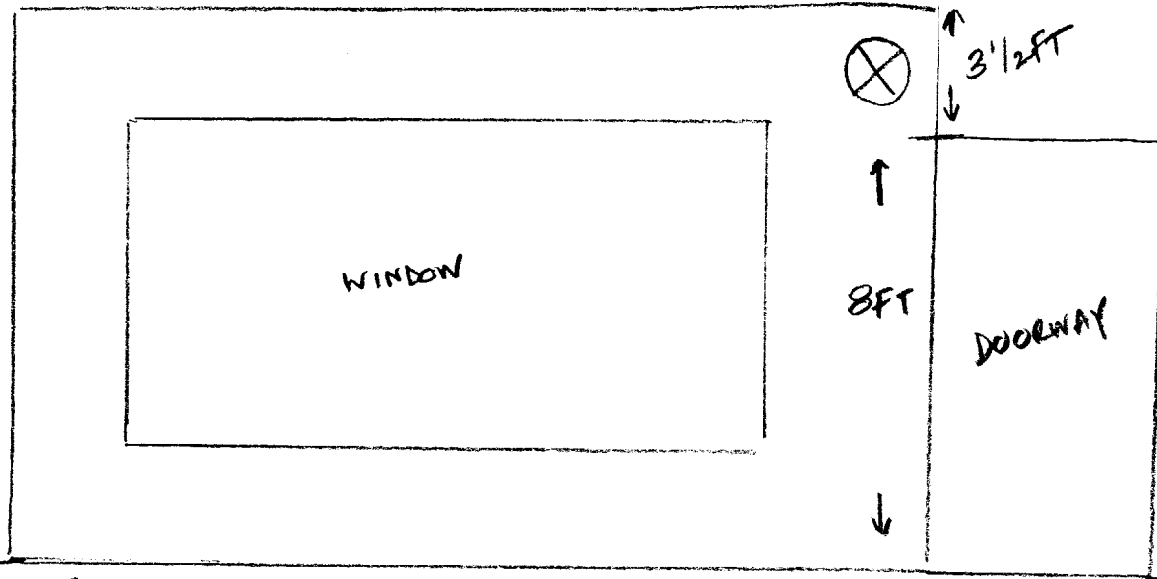
This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

576 CONGRESS

STORE FRONT DIMENSIONS

⊗ = Proposed wooden hanging sign
(Permit pending)

△ = Proposed sidewalk sign
placement (3 FT x 2 FT)



← 8 FT →

17 FT = FROM STORE FRONT TO STREET



CONGRESS STREET

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
03/19/2002

PRODUCER (207)774-6257 FAX (207)774-2994
 Clark Associates
 2331 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

INSURED **Stp**
 DBA: Stacy Troubh dba
 576 Congress Street
 Portland, ME 04101

INSURER A: **Maine Mutual Fire Ins Co**
 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	TBD	03/15/2002	03/15/2003	EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/DP AGG	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ee accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				W/C STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 City of Portland is named as additional insured.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

City of Portland
 389 Congress Street
 Portland, ME 04101

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

Teri Maloney-Kelly/TMK

Theresa Maloney-Kelly

Sante-fe Express
56 Lane Ave.
Portland, Maine 04103

March 18, 2002

Stacy M. Troube
48 State Street
Apt. 34
Portland, Maine 04011

Dear Ms. Troube:

As owner of 576 Congress Street, I give you permission to place a sign in front of your space. Design of such sign is subject to City approval. If I can be of further assistance do not hesitate to call.

Sante-fe Express
Annette M. Hoglund

Annette M. Hoglund



Tea & Sweets

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

_____ **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

_____ **Footing/Building Location Inspection:** Prior to pouring concrete

_____ **Re-Bar Schedule Inspection:** Prior to pouring concrete

_____ **Foundation Inspection:** Prior to placing ANY backfill

_____ **Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

X _____ **Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

_____ **If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

_____ **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

Jay Probst
Signature of applicant/designee

4/8/02
Date

[Signature]
Signature of Inspections Official

4/8/02
Date

CBL: 037 6007 Building Permit #: 02 0261

PERMIT ISSUED

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

Permit No: 02-02500	Issue Date: A 2002	CBL: 037 G007001
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Location of Construction: 576 Congress St	Owner Name: Hoglund, Annette M.	Owner Address: 56 Lane Ave. F PORTLAND	Phone:
Business Name: n/a	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 2078797700
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial / Vacant; Prior use was INCA ROOTS, Peruvian Restaurant.	Proposed Use: Commercial / Erect 9 sq. ft. bracket sign for a proposed use of Tea & Sweet Shop.	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Erect 9 sq. ft. Bracket sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Sign</i> Type: BOCA 1999	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
		Signature: <i>DJA</i>	Date: <i>8/27/02</i>	

Permit Taken By: gg	Date Applied For: 03/22/2002	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 <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"/> Date: <i>OK 3/25/02</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 District or Landmark <input checked="" 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 <i>to D.A. 3/25/02</i> Date: <i>DJA 8/27/02</i>
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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

Left message - IKEA TO KNOW HOW SIGNS WILL BE MADE.

Bolted - $3/8''$ - 4 - will be into solid wood.

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>576 CONGRESS ST., PORTLAND</u>		
Total Square Footage of Proposed Structure <u>36' x 36" = 9 square feet</u>	Square Footage of Lot <u>APPROX. 500</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>037</u> Block# <u>6</u> Lot# <u>007</u>	Owner: <u>SANTE-FE EXPRESS/ ANNETTE M. HOELUND</u>	Telephone: <u>(207) 797-8898</u>
Lessee/Buyer's Name (If Applicable) <u>STACY M. TROUBIT</u>	Applicant name, address & telephone: <u>(207) 774-8980 48 STATE STREET, #31 PORTLAND, ME 04101</u>	Total s.f. of signage <u>9</u> x <u>1.00</u> per s.f. \$ <u>9.00</u> , plus <u>\$30.00</u> base fee Fee: \$ <u>39.00</u>
Current use: <u>UNOCCUPIED</u>		
If the location is currently vacant, what was prior use: <u>INCA ROOTS - PERUVIAN RESTAURANT</u>		
Approximately how long has it been vacant: <u>2 MONTHS</u>		
Proposed use: <u>TEA & SWEET SHOP</u>		
Project description:		
Contractor's name, address & telephone: <u>THE SIGNERY 299 FOREST AVE. PORTLAND 879-7100</u>		
Who should we contact when the permit is ready: <u>DON WRIGHT</u>		
Mailing address: <u>SAME AS ABOVE</u>		
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) 774-8980</u> <u>Call Stacy</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>Stacy Troubit</u>	Date: <u>3/20/02</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

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 576 CONGRESS ST. ZONE: B-3

OWNER: ANNETTE M. HOGLUND / SANTE FE. EXPRESS

APPLICANT: STACY TROUGH - SIP TEA & SWEETS

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 36" x 30" HEIGHT _____

SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 36" x 36" = 9#

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____

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

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: NONE

*** TENANT BLDG. FRONTAGE (IN FEET): 7 FEET (SEE PICTURE)
*** REQUIRED INFORMATION

AREA FOR COMPUTATION

BRACKET SIGN WILL BE FABRICATED FROM 3/4" MDO: SEALED, PRIMED & FINISHED TWO COATS GRAPHICS WILL BE APPLIED IN VINYL. BRACKET WILL BE CUSTOM, PRIMED & PAINTED STEEL

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: Stacy Trough DATE: 3/20/02

Sante-fe Express
56 Lane Ave.
Portland, Maine 04103

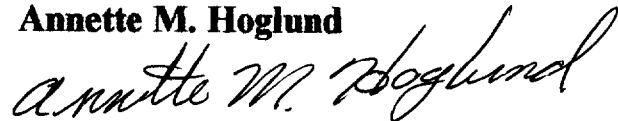
March 18, 2002

Stacy M. Troube
48 State Street
Apt. 34
Portland, Maine 04011

Dear Ms. Troube:

As owner of 576 Congress Street, I give you permission to place a sign in front of your space. Design of such sign is subject to City approval. If I can be of further assistance do not hesitate to call.

Sante-fe Express
Annette M. Hoglund

A handwritten signature in cursive script that reads "Annette M. Hoglund".







* NO EXISTING SIGNAGE

* PROPOSED SIGN PLACEMENT = ☒

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
03/19/2002

PRODUCER (207)774-6257 FAX (207)774-2994
Clark Associates
 2331 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

INSURED **Stp**
DBA: Stacy Troubh dba
 576 Congress Street
 Portland, ME 04101

INSURER A: **Maine Mutual Fire Ins Co**
 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.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS							
A	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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	TBD	03/15/2002	03/15/2003	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000							
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> Hired AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$							
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$							
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<table border="1"> <tr> <td>WORKERS COMPENSATION LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WORKERS COMPENSATION LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WORKERS COMPENSATION LIMITS	OTHER											
E.L. EACH ACCIDENT	\$											
E.L. DISEASE - EA EMPLOYEE	\$											
E.L. DISEASE - POLICY LIMIT	\$											
OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 City of Portland is named as additional insured.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

City of Portland
 389 Congress Street
 Portland, ME 04101

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

Teri Maloney-Kelly/TMK

Theresa Maloney-Kelly

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

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_____ **Footing/Building Location Inspection:** Prior to pouring concrete

_____ **Re-Bar Schedule Inspection:** Prior to pouring concrete

_____ **Foundation Inspection:** Prior to placing ANY backfill

_____ **Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

X _____ **Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

_____ **If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

N/A **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

[Signature]
Signature of applicant/designee

4/8/02
Date

[Signature]
Signature of Inspections Official

4/8/02
Date

CBL: 037 6007 Building Permit #: 020250