

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

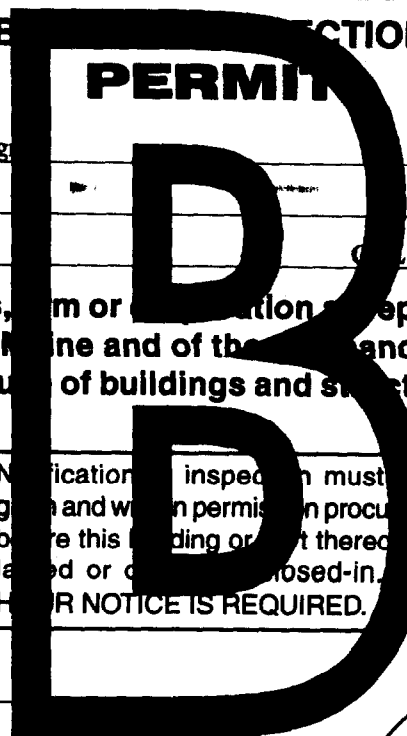
BUILDING DEPARTMENT

## PERMIT

Permit Number: 030143

This is to certify that Terbax Realty Inc/Dasco Sign  
has permission to Erect Awning  
AT 562 Congress St 037 G014001

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 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 written permission procured before this building or part thereof is altered or closed-in. 48 HOUR 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 5/14/03

**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: 03-0143	Issue Date:	CBL: 037 G014001
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Location of Construction: 562 Congress St	Owner Name: Terbax Realty Inc	Owner Address: 5 Milk St	Phone: 207-772-6404
Business Name: n/a	Contractor Name: Dasco Signs	Contractor Address: 654 County Road Acton	Phone: 2074772956
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Awnings	Zone: B-3

Past Use: Commercial	Proposed Use: Commerical / Dunkin Donuts; Erect Awning <i>with signage along Congress &amp; OAK ST</i>	Permit Fee: \$65.00	Cost of Work: \$5,700.00	CEO District: 2
Proposed Project Description: Erect Awning		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>U</i> Type: <i>N/A</i> <i>3/14/03</i> <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: <i>[Signature]</i> Date: <i>3/7/03</i>		

Permit Taken By: gg	Date Applied For: 02/28/2003	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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>3/5/03</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <input 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 Date: <i>3/5/03</i>
	<i>awning is not to be backlit</i>		

**CERTIFICATION**

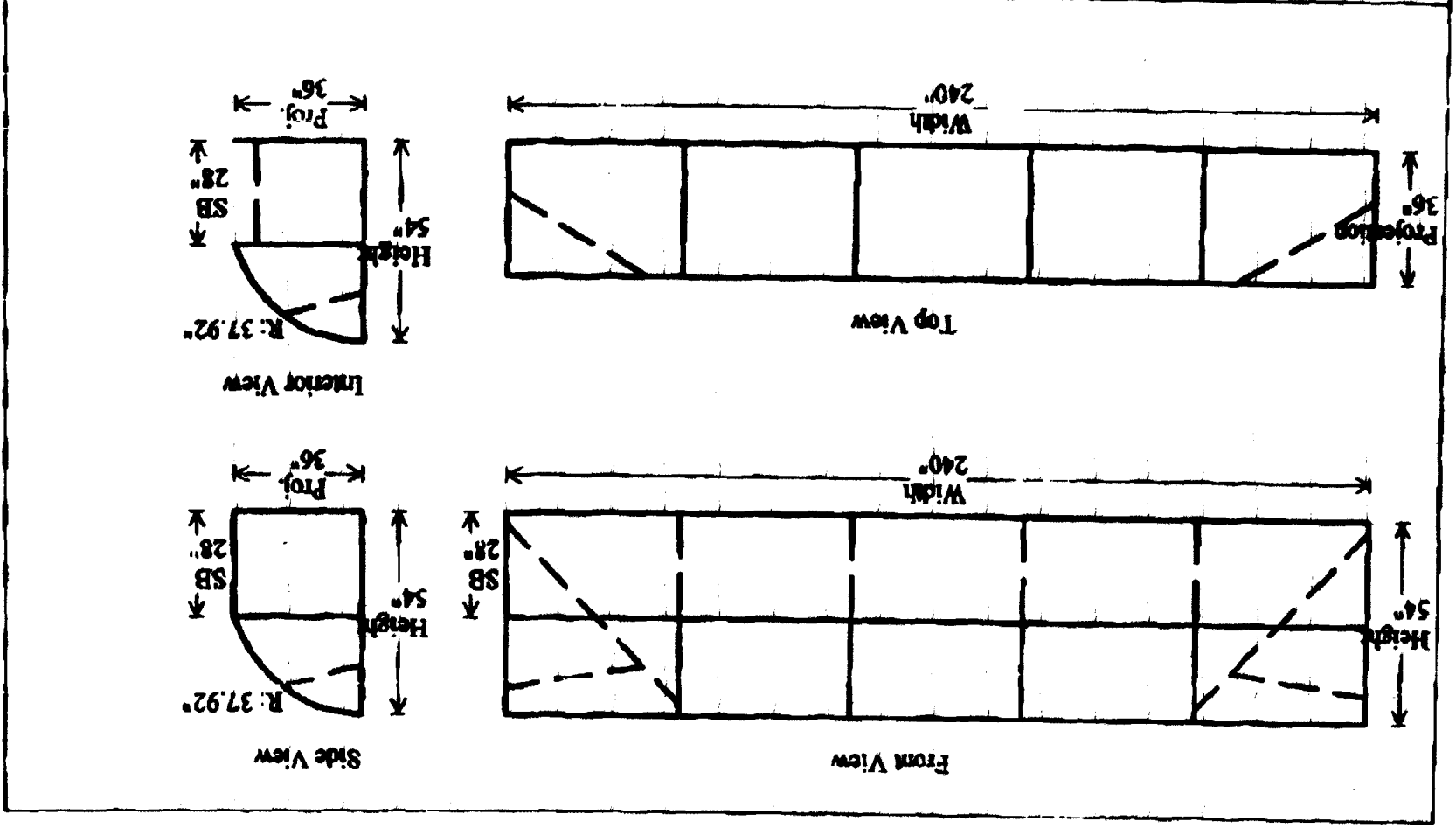
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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 \_\_\_\_\_

Drawing generated by Auto-Draw copyright 2002

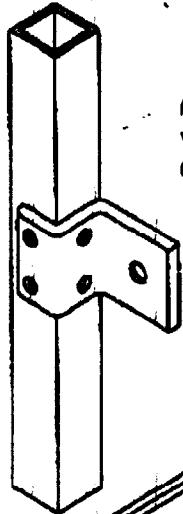
Customer Approval: _____ Date: 3/13/03 Proj: Convex W/SB	DASCOSIGNS 654 COUNTY ROAD ACTON, ME 04001 Phone: 207-477-2956 Fax: 207-477-2740
Average Specifications: Matched Component System 50 Pound Snow Load, 110 M.P.H. Wind	



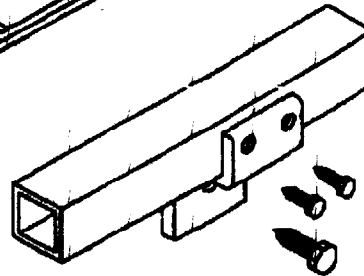


# "Z"-CLIP DETAIL

101 SOUTH McCALL ROAD □ ENGLEWOOD, FL. 34223-3253  
 813-474-0223 □ FAX: 813-475-9840

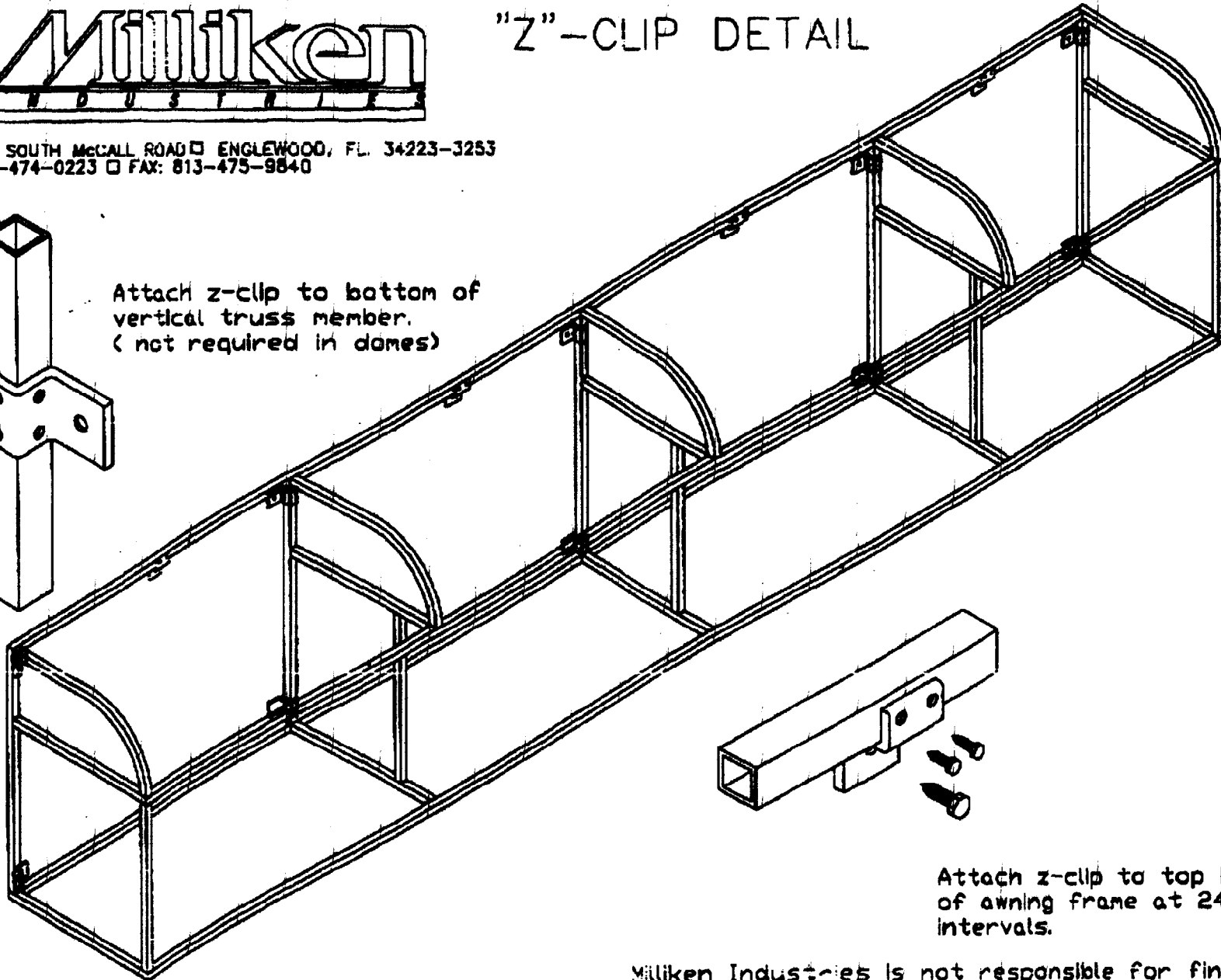


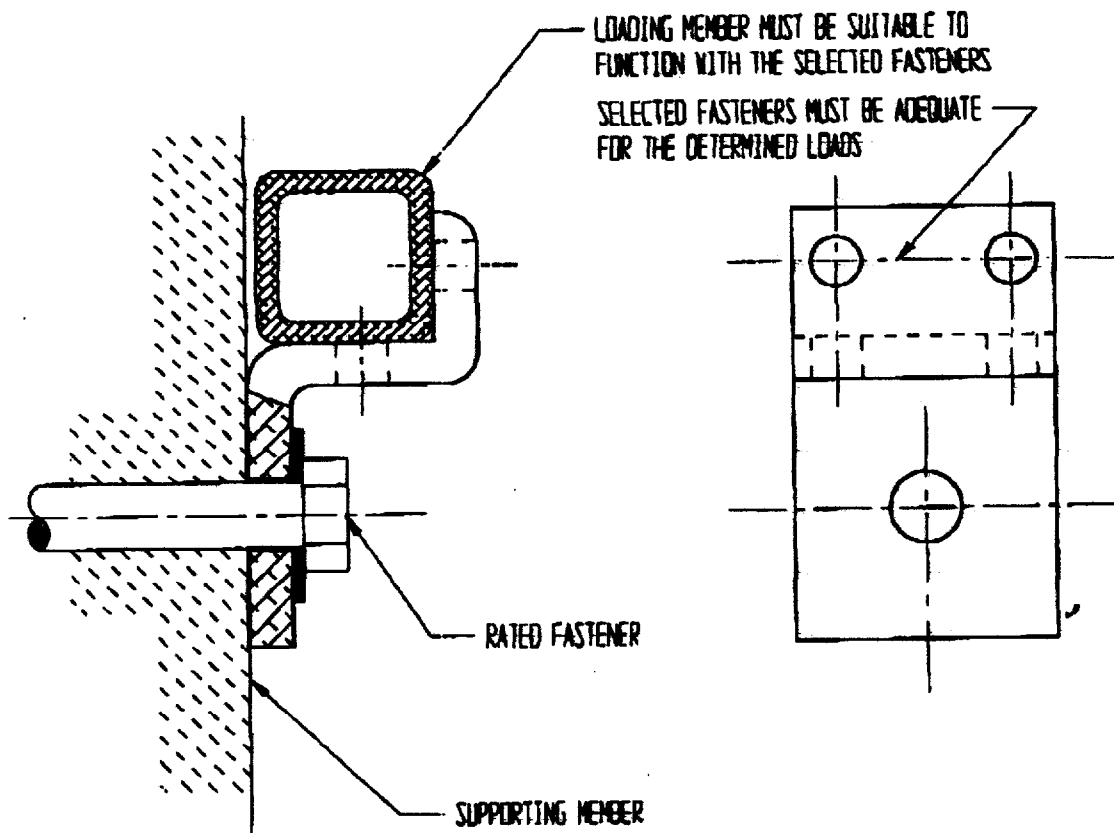
Attach z-clip to bottom of vertical truss member.  
 (not required in domes)



Attach z-clip to top bar of awning frame at 24" +/- intervals.

Milliken Industries is not responsible for final attachment or fasteners and are shown here for illustration purposes only.





### Z-CLIP ASSEMBLY



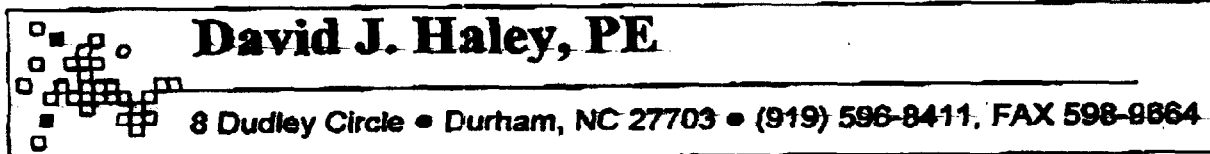
*David J. Haley*  
 6-1-99

SCALE: 1" = 1"  
 DATE: 06-01-99

FILE NO. 167007A.PRT

David J. Haley, PE  
 Professional Engineering  
 8 Dudley Circle  
 Durham, NC 27703

MILLIKEN INDUSTRIES  
 Z-CLIP



## Z-Clip Vertical and Horizontal Allowable Loads

Schedule for Variable Loads

V (lbs)	Pv (psi)	H (lbs)	Ph (psi)
1500	1143	0	0
1400	1067	24	21
1300	990	47	42
1200	914	71	63
1100	838	94	84
1000	762	118	105
900	686	141	125
800	610	165	146
700	533	188	167
600	457	212	188
500	381	235	209
400	305	259	230
300	229	282	251
200	152	306	272
100	76	329	293
0	0	353	314

Fastener maximum tension load is specified as  $F = 1000$  lbs

V maximum of 1500 lb is determined by analysis of the crushing and shear forces of the Z-Clip

V = Vertical force

Pv = Vertical pressure

H = Horizontal force

Ph = Horizontal pressure

Values may be positive or negative

Values for V and H are calculated by the formula  $750 \Rightarrow 0.5V + 2.125H$

### Design Comments:

This certification is for worst case loading of the Z-Clip using the Schedule for Variable Loads.

This certification is for the Z-Clip only as identified by Drawing No. 167007.PRT and installed as shown in Drawing No. 167007A.PRT by David J. Haley, PE.

The extreme values of V and H in the Schedule for Variable Loads are not very practical since it is unlikely that a condition would exist where there would be no horizontal or vertical loads. The appropriate loads on the Z-Clip must be determined by the designer of the loading structure.

It is assumed and integral to this analysis that the Z-Clip is fastened to a solid structure that is suitable to resist the imposed loads.

A 3/8" diameter fastener is anticipated which is generally commercially available to provide four times the design load maximums of 1,000 lb pull out and 1,500 lb shear. Smaller fasteners may be selected by the designer if appropriate to the loads.

The manufacturer's pull-out and shear values for the selected fastener must be 4 times greater than the load determined to be acting on the fastener.





27772002

GENERAL PROPERTIES	Elastic Modulus	9.91 x 10 <sup>6</sup> psi Tension	3.75 x 10 <sup>6</sup> psi Shear	Density 0.97 lb/inch <sup>3</sup>
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Material	Extruded	Aluminum	Yield	Moment of Inertia		Section Modulus				Polar Moment of Inertia	Area
				xx	yy	xx Bottom	xx Top	yy Left	yy Right		
MP1	6063-T5	27,000 psi	0.0465 in <sup>4</sup>	0.0603 in <sup>4</sup>	0.0983 in <sup>4</sup>	0.0881 in <sup>4</sup>	0.0881 in <sup>4</sup>	0.1206 in <sup>4</sup>	0.1068 in <sup>4</sup>	0.0900 in <sup>4</sup>	451 in <sup>2</sup>
MP1A	6063-T5	27,000 psi	0.0393 in <sup>4</sup>	0.0508 in <sup>4</sup>	0.0801 in <sup>4</sup>	0.0770 in <sup>4</sup>	0.1015 in <sup>4</sup>	0.1015 in <sup>4</sup>	0.0900 in <sup>4</sup>	0.0900 in <sup>4</sup>	358 in <sup>2</sup>
MP2	6063-T5	27,000 psi	0.0637 in <sup>4</sup>	0.2344 in <sup>4</sup>	0.1617 in <sup>4</sup>	0.1052 in <sup>4</sup>	0.2623 in <sup>4</sup>	0.1459 in <sup>4</sup>	0.2981 in <sup>4</sup>	0.2981 in <sup>4</sup>	478 in <sup>2</sup>
MP2A	6063-T5	27,000 psi	0.0532 in <sup>4</sup>	0.1062 in <sup>4</sup>	0.1142 in <sup>4</sup>	0.0796 in <sup>4</sup>	0.1623 in <sup>4</sup>	0.0789 in <sup>4</sup>	0.1594 in <sup>4</sup>	0.1594 in <sup>4</sup>	408 in <sup>2</sup>
MP2B	6063-T5	27,000 psi	0.0596 in <sup>4</sup>	0.0890 in <sup>4</sup>	0.1370 in <sup>4</sup>	0.1052 in <sup>4</sup>	0.1265 in <sup>4</sup>	0.0687 in <sup>4</sup>	0.1486 in <sup>4</sup>	0.1486 in <sup>4</sup>	401 in <sup>2</sup>
MP3	6063-T5	27,000 psi	0.1938 in <sup>4</sup>	0.0702 in <sup>4</sup>	0.1947 in <sup>4</sup>	0.1929 in <sup>4</sup>	0.1403 in <sup>4</sup>	0.2640 in <sup>4</sup>	0.2640 in <sup>4</sup>	0.2640 in <sup>4</sup>	416 in <sup>2</sup>
MP3A	6063-T5	27,000 psi	0.3471 in <sup>4</sup>	0.2916 in <sup>4</sup>	0.2933 in <sup>4</sup>	0.4252 in <sup>4</sup>	0.1702 in <sup>4</sup>	0.3706 in <sup>4</sup>	0.6387 in <sup>4</sup>	0.6387 in <sup>4</sup>	657 in <sup>2</sup>
MP3S	6063-T5	27,000 psi	0.2305 in <sup>4</sup>	0.0730 in <sup>4</sup>	0.2279 in <sup>4</sup>	0.2332 in <sup>4</sup>	0.1521 in <sup>4</sup>	0.1377 in <sup>4</sup>	0.3035 in <sup>4</sup>	0.3035 in <sup>4</sup>	525 in <sup>2</sup>
MP3H	6063-T5	27,000 psi	0.2707 in <sup>4</sup>	0.1012 in <sup>4</sup>	0.2891 in <sup>4</sup>	0.2545 in <sup>4</sup>	0.2024 in <sup>4</sup>	0.3719 in <sup>4</sup>	0.640 in <sup>4</sup>	0.640 in <sup>4</sup>	640 in <sup>2</sup>
MP3HS	6063-T5	27,000 psi	0.3107 in <sup>4</sup>	0.0945 in <sup>4</sup>	0.3143 in <sup>4</sup>	0.3072 in <sup>4</sup>	0.2332 in <sup>4</sup>	0.1589 in <sup>4</sup>	0.4052 in <sup>4</sup>	0.4052 in <sup>4</sup>	737 in <sup>2</sup>
MP4	6005-T6	35,000 psi	1.6942 in <sup>4</sup>	0.1694 in <sup>4</sup>	0.8545 in <sup>4</sup>	0.8390 in <sup>4</sup>	0.3275 in <sup>4</sup>	0.3508 in <sup>4</sup>	1.8636 in <sup>4</sup>	1.8636 in <sup>4</sup>	1,086 in <sup>2</sup>
M14	6063-T5	27,000 psi	0.0544 in <sup>4</sup>	0.0544 in <sup>4</sup>	0.1088 in <sup>4</sup>	0.1088 in <sup>4</sup>	0.1088 in <sup>4</sup>	0.1088 in <sup>4</sup>	0.1088 in <sup>4</sup>	0.1088 in <sup>4</sup>	427 in <sup>2</sup>
M109	6063-T5	27,000 psi	0.0437 in <sup>4</sup>	0.0437 in <sup>4</sup>	0.0874 in <sup>4</sup>	0.0874 in <sup>4</sup>	0.0874 in <sup>4</sup>	0.0874 in <sup>4</sup>	0.0874 in <sup>4</sup>	0.0874 in <sup>4</sup>	319 in <sup>2</sup>
M110	6063-T5	27,000 psi	0.0485 in <sup>4</sup>	0.0485 in <sup>4</sup>	0.0969 in <sup>4</sup>	0.0969 in <sup>4</sup>	0.0969 in <sup>4</sup>	0.0969 in <sup>4</sup>	0.0969 in <sup>4</sup>	0.0969 in <sup>4</sup>	357 in <sup>2</sup>
M13H	6063-T5	27,000 psi	0.3172 in <sup>4</sup>	0.1017 in <sup>4</sup>	0.3172 in <sup>4</sup>	0.3172 in <sup>4</sup>	0.2034 in <sup>4</sup>	0.4188 in <sup>4</sup>	0.672 in <sup>4</sup>	0.672 in <sup>4</sup>	672 in <sup>2</sup>
M156	6063-T5	27,000 psi	0.0516 in <sup>4</sup>	0.0908 in <sup>4</sup>	0.1256 in <sup>4</sup>	0.0878 in <sup>4</sup>	0.0726 in <sup>4</sup>	0.1424 in <sup>4</sup>	0.341 in <sup>4</sup>	0.341 in <sup>4</sup>	341 in <sup>2</sup>
MP5	6063-T5	27,000 psi	0.0708 in <sup>4</sup>	0.2869 in <sup>4</sup>	0.1102 in <sup>4</sup>	0.1978 in <sup>4</sup>	0.1878 in <sup>4</sup>	0.1949 in <sup>4</sup>	0.3577 in <sup>4</sup>	0.3577 in <sup>4</sup>	557 in <sup>2</sup>
MP5A	6063-T5	27,000 psi	0.2020 in <sup>4</sup>	0.5332 in <sup>4</sup>	0.4036 in <sup>4</sup>	0.2021 in <sup>4</sup>	0.3025 in <sup>4</sup>	0.3068 in <sup>4</sup>	0.7352 in <sup>4</sup>	0.7352 in <sup>4</sup>	860 in <sup>2</sup>
MP5B	6063-T5	27,000 psi	0.1575 in <sup>4</sup>	0.3429 in <sup>4</sup>	0.2881 in <sup>4</sup>	0.1901 in <sup>4</sup>	0.2311 in <sup>4</sup>	0.2666 in <sup>4</sup>	0.5005 in <sup>4</sup>	0.5005 in <sup>4</sup>	828 in <sup>2</sup>
MP5H	6063-T5	27,000 psi	0.1560 in <sup>4</sup>	0.3568 in <sup>4</sup>	0.2855 in <sup>4</sup>	0.1882 in <sup>4</sup>	0.2655 in <sup>4</sup>	0.2743 in <sup>4</sup>	0.5129 in <sup>4</sup>	0.5129 in <sup>4</sup>	840 in <sup>2</sup>
SB6	6063-T5	27,000 psi	0.3858 in <sup>4</sup>	9.7668 in <sup>4</sup>	0.3535 in <sup>4</sup>	0.7300 in <sup>4</sup>	2.8328 in <sup>4</sup>	2.8581 in <sup>4</sup>	10.1526 in <sup>4</sup>	10.1526 in <sup>4</sup>	1,6962 in <sup>2</sup>
SB6S	6063-T5	27,000 psi	0.3583 in <sup>4</sup>	9.0268 in <sup>4</sup>	0.3084 in <sup>4</sup>	0.7820 in <sup>4</sup>	2.8257 in <sup>4</sup>	2.4593 in <sup>4</sup>	9.3851 in <sup>4</sup>	9.3851 in <sup>4</sup>	1,5016 in <sup>2</sup>
SB12	6063-T5	27,000 psi	0.4466 in <sup>4</sup>	22.7673 in <sup>4</sup>	0.3833 in <sup>4</sup>	0.9815 in <sup>4</sup>	4.7814 in <sup>4</sup>	4.8227 in <sup>4</sup>	23.2419 in <sup>4</sup>	23.2419 in <sup>4</sup>	2,0118 in <sup>2</sup>
SB1S1	6063-T5	27,000 psi	0.4252 in <sup>4</sup>	0.2912 in <sup>4</sup>	0.0744 in <sup>4</sup>	0.0896 in <sup>4</sup>	0.2934 in <sup>4</sup>	0.2934 in <sup>4</sup>	0.3164 in <sup>4</sup>	0.3164 in <sup>4</sup>	5487 in <sup>2</sup>
SB1R1	6063-T5	27,000 psi	0.0750 in <sup>4</sup>	0.0750 in <sup>4</sup>	0.1788 in <sup>4</sup>	0.0694 in <sup>4</sup>	0.1788 in <sup>4</sup>	0.0694 in <sup>4</sup>	0.1500 in <sup>4</sup>	0.1500 in <sup>4</sup>	3456 in <sup>2</sup>

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 03-0143	<b>Date Applied For:</b> 02/28/2003	<b>CBL:</b> 037 G014001
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<b>Location of Construction:</b> 562 Congress St	<b>Owner Name:</b> Terbax Realty Inc	<b>Owner Address:</b> 5 Milk St	<b>Phone:</b> 207-772-6404
<b>Business Name:</b> n/a	<b>Contractor Name:</b> Dasco Signs	<b>Contractor Address:</b> 654 County Road Acton	<b>Phone:</b> (207) 477-2956
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Awnings	

<b>Proposed Use:</b> Commerial / Dunkin Donuts; Erect Awning	<b>Proposed Project Description:</b> Erect Awning
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 03/05/2003
<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>		
1) The fabric of the awning and signs on the awning shall not be translucent for a back-lit effect.			
<b>Dept:</b> Building	<b>Status:</b> Pending	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b>
<b>Note:</b>	<b>Ok to Issue:</b> <input type="checkbox"/>		

**Comments:**  
03/10/2003-mjn: notified installer about the need for uplift and snow load info.

*DAVE*  
729-5216 758-2880





**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 556 Congress St Portland, Me ZONE: B-3

OWNER: Terbar Realty Inc

APPLICANT: ND Donuts LLC / David DeRosier

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 \_\_\_\_\_

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?

*Sign on Awning on both OAK & Congress is 2' x 8' 16"*

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

*21 FT x 2' x 42" OK*  
*1 28 FT x 2' = 176" OK*

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): 21 FT / 28 FT

\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION

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: David DeRosier DATE: 2/28/03

# CALIFORNIA STATE FIRE MARSHAL

## REGISTERED FLAME RESISTANT PRODUCT

REGISTRATION NO. F-420.01

PRODUCT NAME: PANAFLEX SUBSTRATE

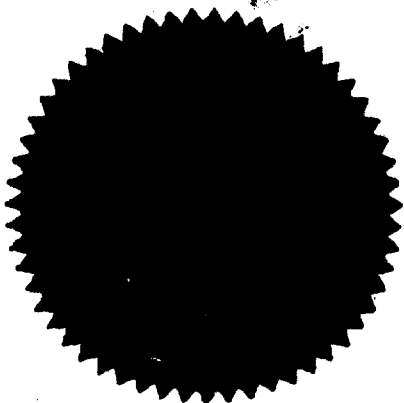
PRODUCT MARKETED BY: 3 M COMMERCIAL GRAPHICS DIVISION

3 M Center, Bldg. 207-8W-09

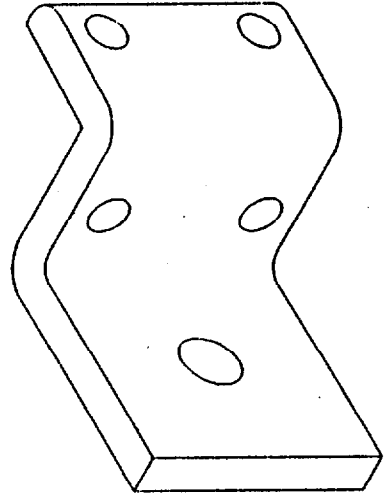
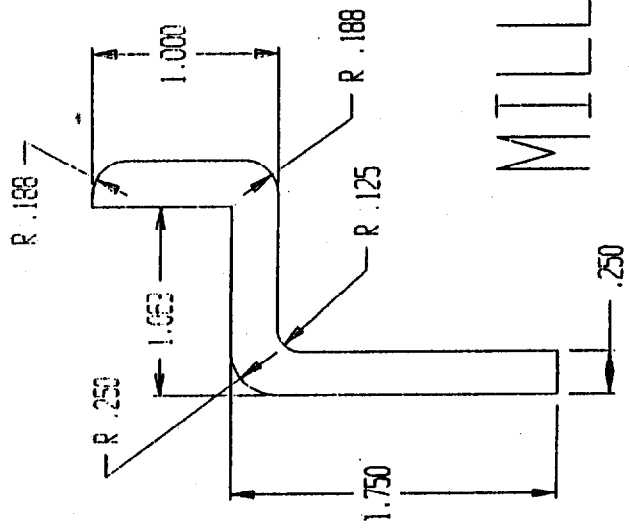
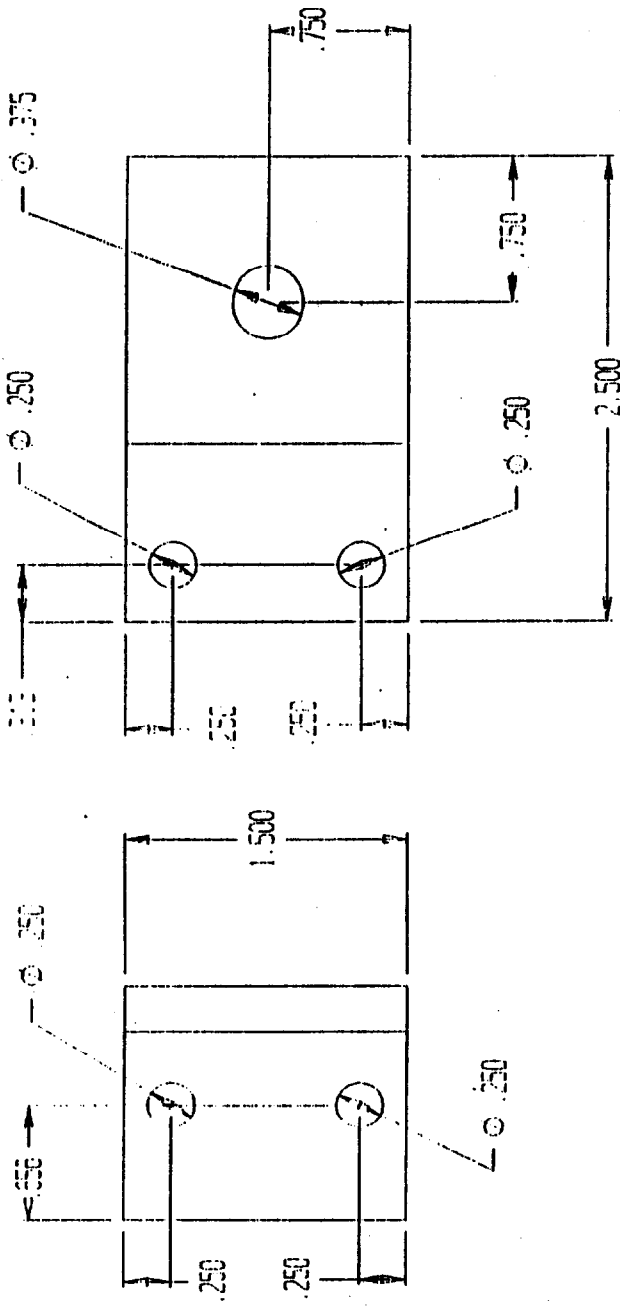
St. Paul, MN 55144-1000

This product meets the minimum requirements of flame resistance established by the State Fire Marshal for products identified in the California Health and Safety Code Section 13115.

The scope of the approved use of this product is provided in the current edition of "California Approved List of Flame Retardant Chemicals and Fabrics, General and Limited Application Concerns."



Duane Matthews  
DUANE MATTHEWS, Program Coordinator  
Laboratory/Chemicals/Fabrics



SCALE: 1" = 1"  
 DATE: 5-28-96  
 FILE: 167-002-95  
 PART: Z-CLIP

DAVID J. HALEY, PE  
 8 DUDLEY CIRCLE  
 DURHAM, NC 27703  
 (919) 596-8411 FAX 598-9664

# MILLIKEN INDUSTRIES

## "Z"-CLIP

May 30, 1996

**Mr. Gary Glick**  
1200 Eastern Avenue, Suite 200  
Nashville, NC 27856

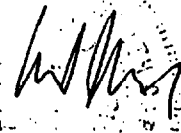
**Subject: "Z" Clip Load Certification**  
Haley File No. 171-001-96

Dear Mr. Glick:

This letter is certification that the "Z" Clip as illustrated in the attached documentation is adequate to resist reaction forces of 2,000 pounds at the fastener connection.

This certification is for the "Z" Clip only and does not include any structures supported by the "Z" clip, the fastener systems used to attach the "Z" clip to a supporting structure or the supporting structure.

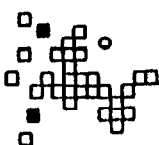
Respectfully submitted,



David J. Haley, PE  
Consulting Engineer

enclosures

c: Chris Pierce, Design Team Sign Company

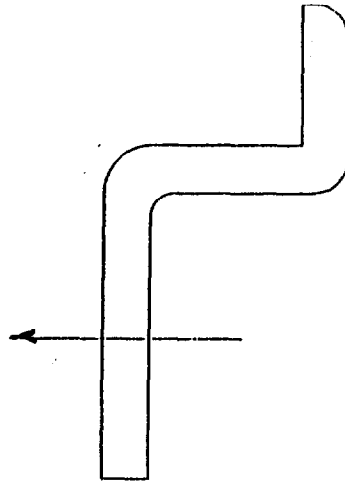


**David J. Haley, PE**

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8 Dudley Circle • Durham, NC 27703 • (919) 596-8411, FAX 598-9664

2000 POUNDS FORCE  
AT WALL FASTENER



AWNING  
ATTACHMENT  
CLIPS

ANCHORED  
TO WOOD  
OR MASONRY

MATERIAL: ALUMINUM 6061 T6  
FILE: 167-002-95  
PART: "Z"-CLIP  
CAD FILE: 167002Z.PRT



David J. Haley, PE  
Professional Engineering  
8 Dudley Circle  
Durham, NC 27703

MILLIKEN INDUSTRIES  
"Z"-CLIP

OWNERS CONSENT AND AGREEMENT

I, TREBAC RENTY INC, being the owner of the premises located at  
(print property owners name)

556 Congress St in Portland, Maine hereby give consent to the  
(print property address)

erection of a certain sign/awning/banner owned by ND DANITS, LLC  
(print lessee's name)

over the sidewalk or on building from said premises as described in  
application to the Division of Inspection Services

And in consideration of the issuance of said permit, owner of said premises,  
in event said sign shall cease to serve the purpose for which it was erected  
or shall become dangerous and in event the owner of said sign shall fail to  
remove said sign or make it permanently safe in case the sign still serves  
the purpose for which it was erected, hereby agrees for himself or itself,  
for his heirs, its successors, and his or its assigns, to completely remove  
said sign.

[Signature]  
Signature of Property Owner

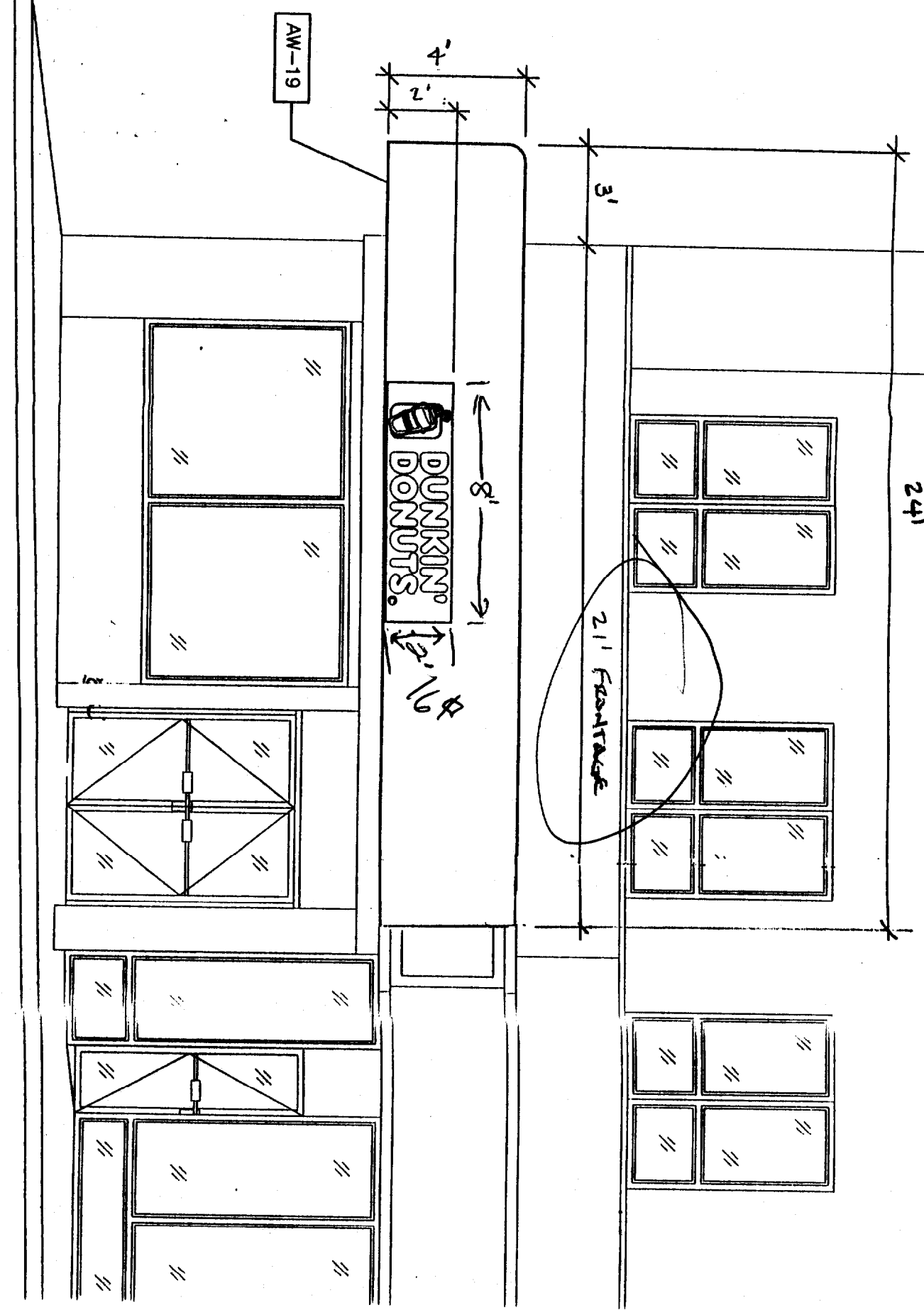
[Signature]  
Signature of Lessee

2/27/03  
Date

2/27/03  
Date

EXTERIOR ELEVATION - CONGRESS STREET - 2/28/08

NRS



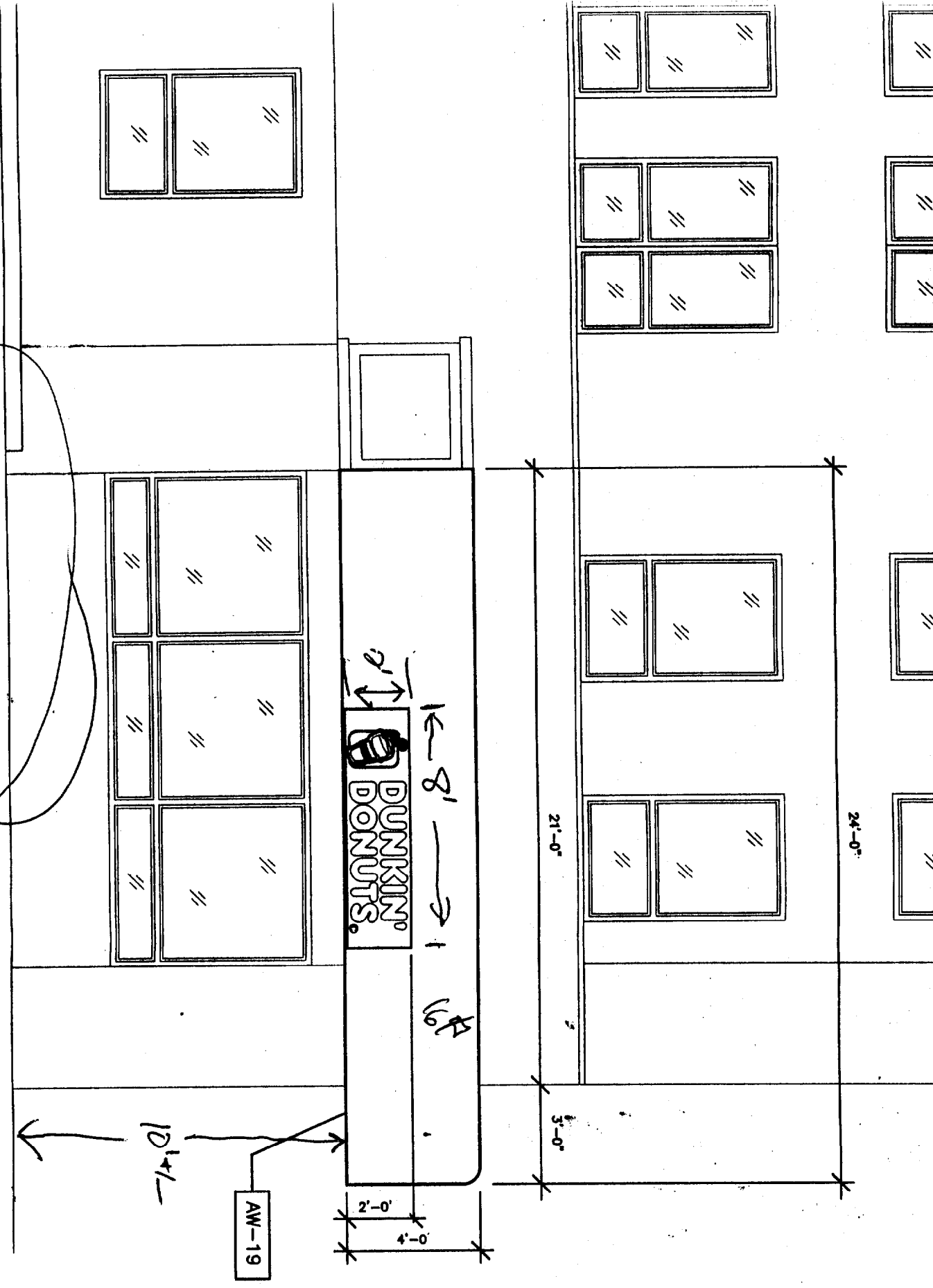


TREET

PARTIAL OAK STREET ELEVATION - 2/28/03

NTS

STREET FRONTAGE = 88' +/-



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
11/07/02

ISSUER

Fred C. Church, Inc  
One Merrimack Plaza  
P.O. Box 1865  
Lowell, MA 01853-1865

978-458-1885

**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 COVERAGE**

COMPANY <b>A</b>	Hanover Insurance Company
COMPANY <b>B</b>	
COMPANY <b>C</b>	
COMPANY <b>D</b>	

INSURED

N D Donuts LLC  
dba Dunkin Donuts  
327 St John St.  
Portland ME 04102

**COVERAGE**

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	BIND677294	11/07/02	11/07/03	GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 PERSONAL & ADV INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 250000 MED EXP (Any one person) \$ 5000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BIND677294	11/07/02	11/07/03	COMBINED SINGLE LIM T \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR, PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	BIND677294	11/07/02	11/07/03	EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
<b>OTHER</b> Blanket Building & Contents	BIND677294	11/07/02	11/07/03	\$150,000. \$ 500. Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 Location: 554 Congress St. Portland, ME 04101  
 Certificate Holder is named as Additional Insured - Landlord

**CERTIFICATE HOLDER**

Terbax Realty Inc  
5 Milk St. PO Box 7526  
Portland, ME 04112

**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

*[Signature]*

# INSURANCE BINDER

DATE (MM/DD/YY)  
11/07/02

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

PRODUCER ed C. Church, Inc. ne Merrimack Plaza O. Box 1865 owell, MA 01863	PHONE(A/C No. Ext): 978 458-1865	COMPANY Hanover Insurance Company	BINDER # BIND677362
EFFECTIVE DATE: 11/07/02		TIME: 12 01	EXPIRATION DATE: 12/07/02
SUB CODE: ME 04102		AM	PM
AGENCY CUSTOMER ID: N D04971		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)	
INSURED D Donuts LLC Ja Dunkin Donuts 27 St. John St. ortland		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	

COVERAGES	COVERAGE FORMS	AMOUNT	DEDUCTIBLE	COINS %
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
<b>GENERAL LIABILITY</b> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE PROD. COMP/CP AGG. PERE. & ADV. INJURY EACH OCCURRENCE FINE DAMAGE (One Fire) MED EXP (Any one person)		
<b>VEHICLE LIABILITY</b> <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 BODILY INJ (Per Person) BODILY INJ. (Per Acc.) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		
<b>VEHICLE PHYSICAL DAMAGE</b> COLLISION: <input type="checkbox"/> DEDUCTIBLE OTHER THAN COL: <input type="checkbox"/>	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER		
<b>TRAILER LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETEN.	\$1,000,000 \$1,000,000 None	
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPL		

SPECIAL CONDITIONS:  
OTHER COVERAGES

**NAME & ADDRESS**

MORTGAGEE	ADDITIONAL INSURED
LOSS PAYEE	
LOAN #	
AUTHORIZED REPRESENTATIVE <i>Herman P. Latuman</i>	

## CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If the binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

### Applicable in Delaware

The mortgagee or Obligor of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property, a provision that the binder may not be cancelled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2019

### Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

# INSURANCE BINDER

DATE (MM/DD/YY)  
11/07/02

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

<b>PRODUCER</b> ed C. Church, Inc. ne Merrimack Plaza O. Box 1865 Lowell, MA 01853		PHON(A/C.No,Ext): 978 458-1865	<b>COMPANY</b> Hanover Insurance Company	<b>BINDER #</b> BIND677294
<b>AGENCY CUSTOMER ID:</b> N D04971		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: DESCRIPTION OF OPERATION: VEHICLES/PROPERTY (Including Location): 564 Congress St., Portland, ME, 04102		
<b>INSURED</b> D Donuts LLC Ja Dunkin Donuts 27 St. John St. Portland ME 04102				

TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINS %
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC Extra Expense Business Inc.	Building Contents	\$50,000 \$100,000	\$500 \$500	100 100
<b>GENERAL LIABILITY</b> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	Non-Owned & Hired Auto included RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE PROD. COMP/OP AGG. PERS. & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE(One Fire) MED EXP/any one person	\$2,000,000 \$2,000,000 \$1,000,000 \$1,000,000 \$250,000 \$5,000	
<b>AUTOMOBILE LIABILITY</b> <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 BODILY INJ.(Per Person) BODILY INJ. (Per Acc) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		
<b>UTO PHYSICAL DAMAGE</b> COLLISION: DEDUCTIBLE OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER		
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY/FA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE	EACH OCCURRENCE AGGREGATE SELF INSURED RETEN.		
<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>		STATUTORY LIMITS EACH ACCIDENT DISEASE POLICY LIMIT DISEASE-EACH EMPL.		

SPECIAL CONDITIONS/OTHER COVERAGES

**NAME & ADDRESS**

See Attached	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
	LOAN #	
AUTHORIZED REPRESENTATIVE <i>Herman P Jaturman</i>		

## ADDITIONAL INTEREST SCHEDULE

Location #	01
Additional Interest:	Morgan Stanley Dean Witter Commercial Financial Services ISAA 825 Third Ave. 15th Floor New York, NY, 10022
Interest:	Additional Insured
Location #	01
Additional Interest:	Terbax Realty Inc 5 Milk St PO Box 7252 Portland, ME, 04112
Interest:	Landlord
Location #	01
Additional Interest:	Dunkin Donuts Inc PO Box 317 Randolph, MA, 02368
Interest:	Grantor of Franchise
Location #	01
Additional Interest:	Morgan Stanley Dean Witter Commercial Financial Services ISAA 825 Third Ave. 15th Floor New York, NY, 10022
Interest:	Loss Payee

### CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If the binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

### Applicable in Delaware

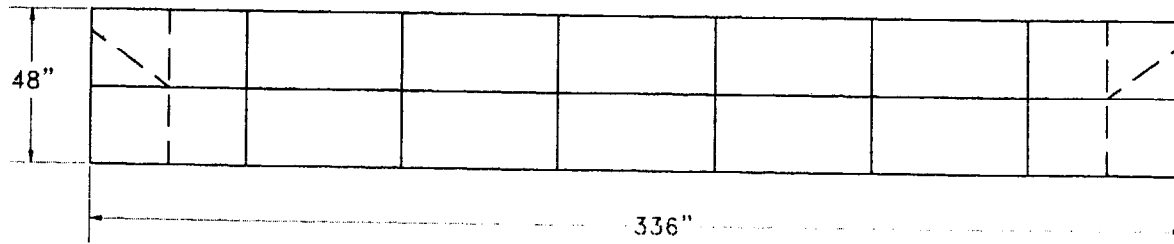
The mortgagee or Obligor of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be cancelled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

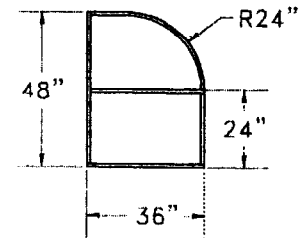
### Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

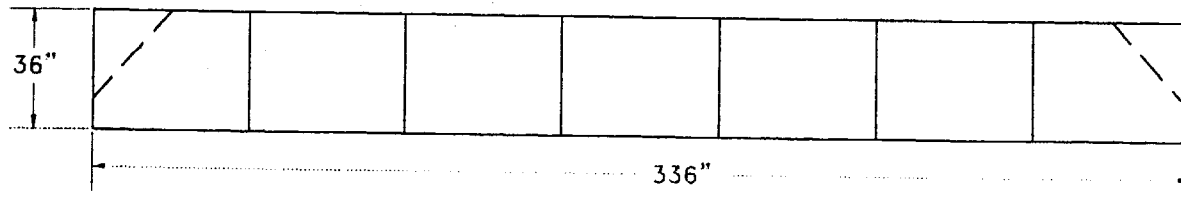
FRONT VIEW



SIDE VIEW



PLAN VIEW



TYPICAL  
ALUMINUM FRAME  
CONSTRUCTION

THIS JOB IS FOR ONE (1) FRAME KIT  
WITH THE DIMENSIONS AS SHOWN.  
INCLUDES EGGCRATE, ~~COOLEY FABRIC~~  
#2020 BURGUNDY, VINYL TRIM TO  
MATCH, FASTCLIPS AND Z-CLIPS.

3-M FABRIC

0	8/16/96	APPROVAL	SW
ISSUE	DATE	REVISION DESCRIPTION	DR. BYCH. BY
<b>Milliken</b> "The Solutions Company"			
INDUSTRIES 101 SOUTH McCALL ROAD □ ENGLEWOOD, FL. 34223-3253 813-474-0223 □ FAX: 813-475-9840			
This design is the exclusive property of Milliken Industries, and may not be reproduced in whole or in part without their written consent. © 1992		CUSTOMER	
		PROJECT	JOB #
		APPROVAL	DWG. #
BY	DATE	ISSUE	0