

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

Please Read  
Application And  
Notes, If Any,  
Attached

**BUILDING INSPECTION**

**PERMIT**

Permit Number: 070971

This is to certify that OLD PORT HOLDING CO. C MARCO MANAGEMENT

has permission to Install a 21sf bldg sign

AT 15 BROWN ST

002103  
037 1007001

PERMIT ISSUED

OCT - 2

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 occupied closed-in. **HEAR 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

Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

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

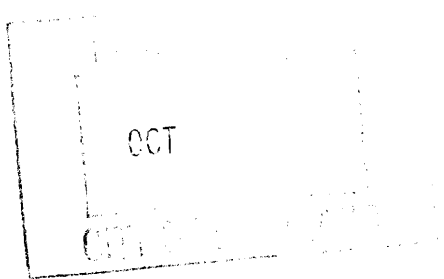
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-0971	Issue Date:	CBL: 037 1002103
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<b>Location of Construction:</b> 15 Brown St	<b>Owner Name:</b> OLD PORT HOLDING CO LLC M	<b>Owner Address:</b> 200 GRIFFIN RD STE 1	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> n/a	<b>Contractor Address:</b> n/a Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	<b>Zone:</b> B-3

<b>Past Use:</b> Commercial / Museum of African Culture - change of use under #07-0877	<b>Proposed Use:</b> Commercial / Museum of African Culture Install a 21sf bldg sign	<b>Permit Fee:</b> \$72.00	<b>Cost of Work:</b> \$72.00	<b>CEO District:</b> 1
<b>Proposed Project Description:</b> Install a 21sf bldg sign		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>NA</i>	<b>INSPECTION:</b> Use Group: <i>U</i> Type: <i>Sign</i> Signature: <i>[Signature]</i> Date: <i>12/29/03</i>	
		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.):</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: <i>[Signature]</i> Date: <i>[Signature]</i>		

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 08/13/2007	<b>Zoning Approval</b>		
<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>8/24/07</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 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: <i>[Signature]</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

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

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

<b>Permit No:</b> 07-0971	<b>Date Applied For:</b> 08/13/2007	<b>CBL:</b> 037 I002103
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<b>Location of Construction:</b> 15 Brown St	<b>Owner Name:</b> OLD PORT HOLDING CO LLC M	<b>Owner Address:</b> 200 GRIFFIN RD STE 1	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> n/a	<b>Contractor Address:</b> n/a Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name:</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial / Museum of African Culture Install a 21sf bldg sign	<b>Proposed Project Description:</b> Install a 21sf bldg sign
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<b>Dept:</b> PAD	<b>Status:</b> Approved	<b>Reviewer:</b> Scott Hanson	<b>Approval Date:</b> 09/04/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 08/24/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 10/01/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			

<b>Comments:</b>
8/17/2007-mes: No permit on file showing the change of use for this site - I called Oscar Mokeme and told him that we need that permit first to establish the use. I also need the length of tenant frontage to determine compliance with the sign ordinance.
8/24/2007-mes: On 8/23/07 Ann pointed out that there was a change of use permit, but under a different CBL #- The CBL # originally on this permit was wrong. Ann corrected for the front staff.



# 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>13 BROWN ST. PORTLAND, ME 04101</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>37</u> Block# <u>I</u> Lot# <u>0001</u>	Owner: <u>The Museum of African Culture</u>	Telephone: <u>207-871-7188</u>
Lessee/Buyer's Name (If Applicable): <u>The Museum of African Culture</u>	Contractor name, address & telephone:	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>21SF</u> For H.D. signage= Total Fee: \$ <u>72</u> Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>OSCAR MCKEENE phone: 871-7188</u>		
Tenant/allocated building space frontage (feet): Length: <u>22.83'</u> Height: <u>4.16'</u> <u>MISSING</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____ <u>Got footage from the change of use permit -</u>		
Current Specific use: _____ If vacant, what was prior use: _____ Proposed Use: _____		
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: _____		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> Is awning backlit? Yes _____ No <input checked="" type="checkbox"/> 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. <u>4 x 4.16 = 16.64</u>		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions: <u>4'-0" x 4'-2"</u> 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.		

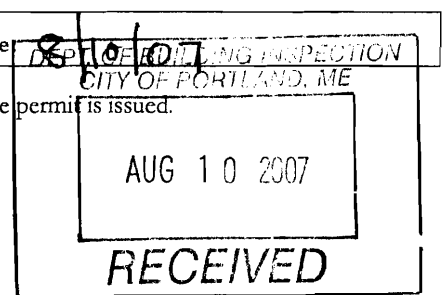
Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

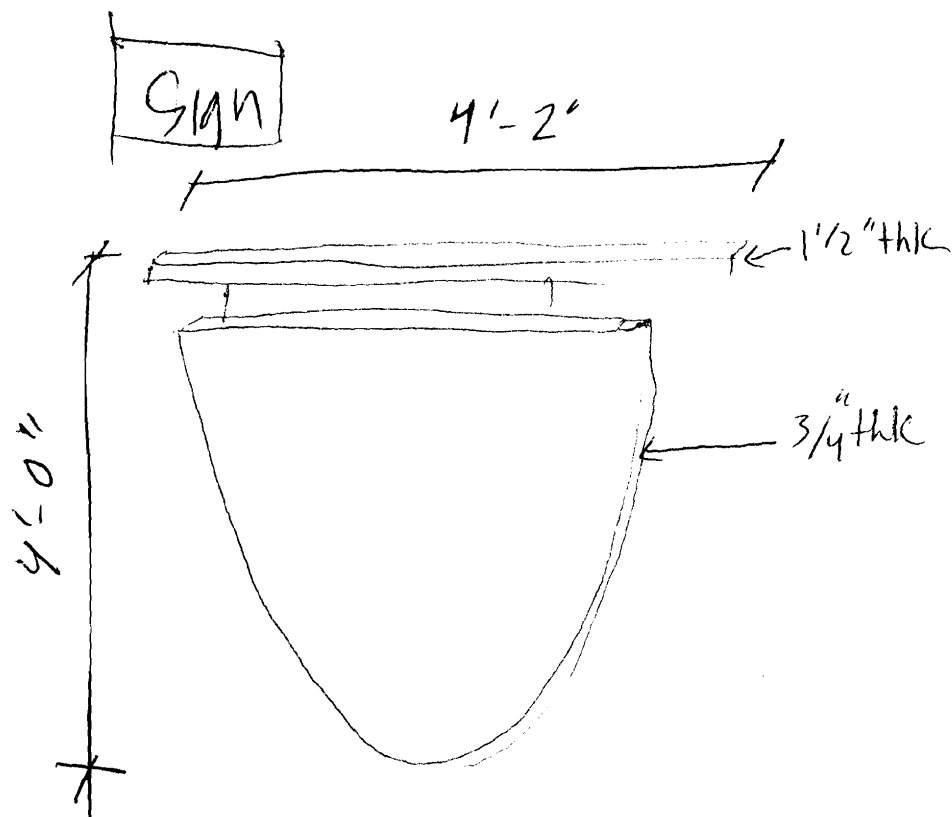
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building 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: Oscar McKene Date: 8/10/07

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





Fastened w/ lag bolts & heavy gauge wire

Needs more specifics  
 Existing bracket -  
 See photo -

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/16/07

## PRODUCER

Huntington T. Block Insurance Agency, Inc.  
1120 20th Street, NW, Suite 600  
Washington, DC 20036  
Phone (202) 223-0673  
Fax (202) 331-8409

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.

## INSURED

Museum of African Culture  
  
13 Brown Street  
Portland, ME 04101

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Hartford Insurance Company

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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	<input checked="" type="checkbox"/> 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	42SBATY1263	04/15/07	04/15/08	EACH OCCURRENCE \$ 1,000,000								
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000								
					MED EXP (Any one person) \$ 10,000								
					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 EA ACC \$								
					AUTO ONLY: AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$								
					AGGREGATE \$								
					\$								
					\$								
					\$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</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>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
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

Proof of insurance for sign

## CERTIFICATE HOLDER

Three Crows Inc  
31 Forest Road  
Cape Elizabeth ME 04107

## 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Elizabeth A. M.*

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/16/07

<b>PRODUCER</b> Huntington T. Block Insurance Agency, Inc. 1120 20th Street, NW, Suite 600 Washington, DC 20036 Phone (202) 223-0673 Fax (202) 331-8409	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.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Museum of African Culture  13 Brown Street Portland, ME 04101	INSURER A: Hartford Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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		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 \$
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		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

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Proof of insurance for sign

## CERTIFICATE HOLDER

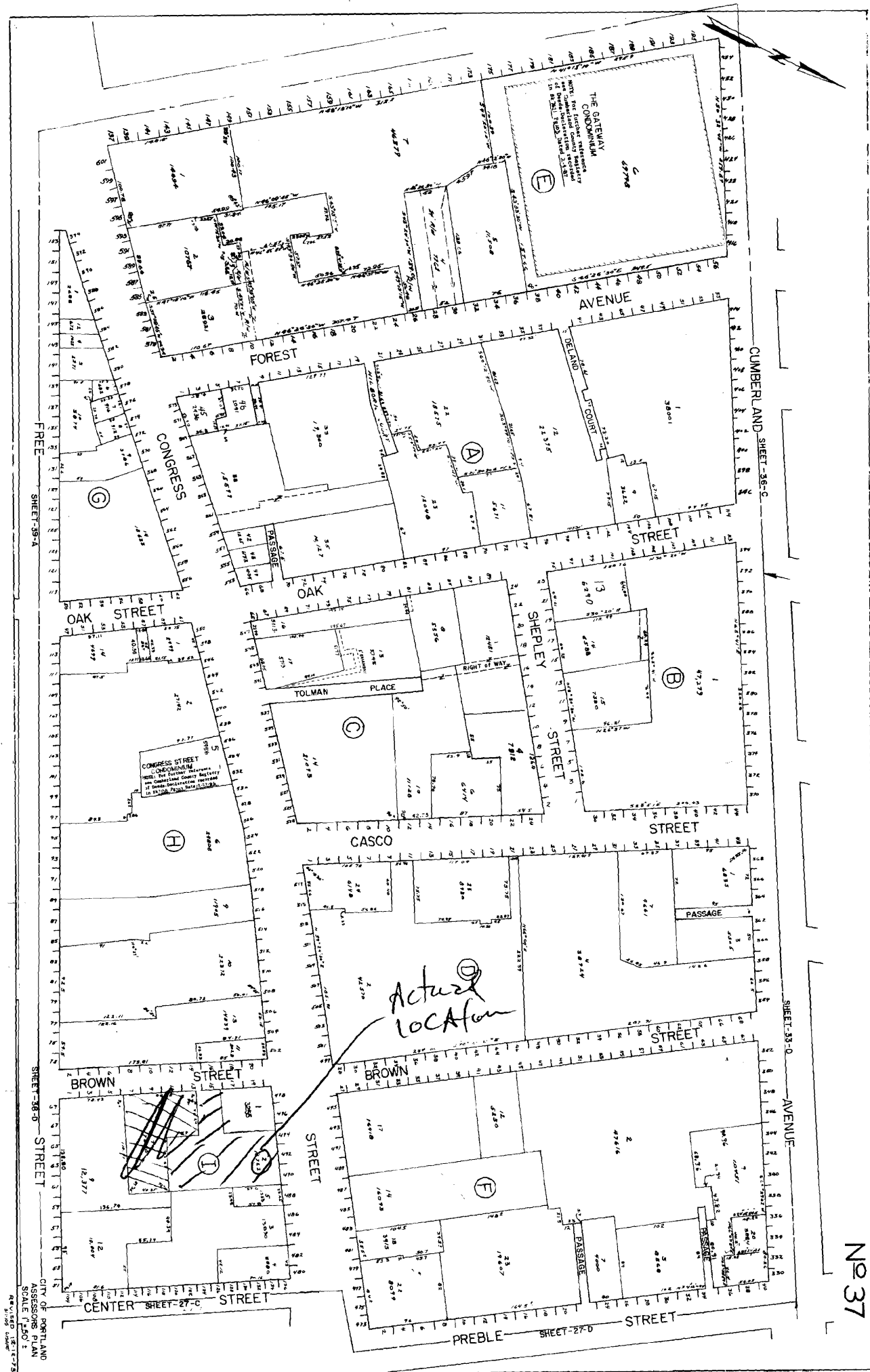
City of Portland, Maine  
 389 Congress Street  
 Portland, ME 04101

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AUTHORIZED REPRESENTATIVE

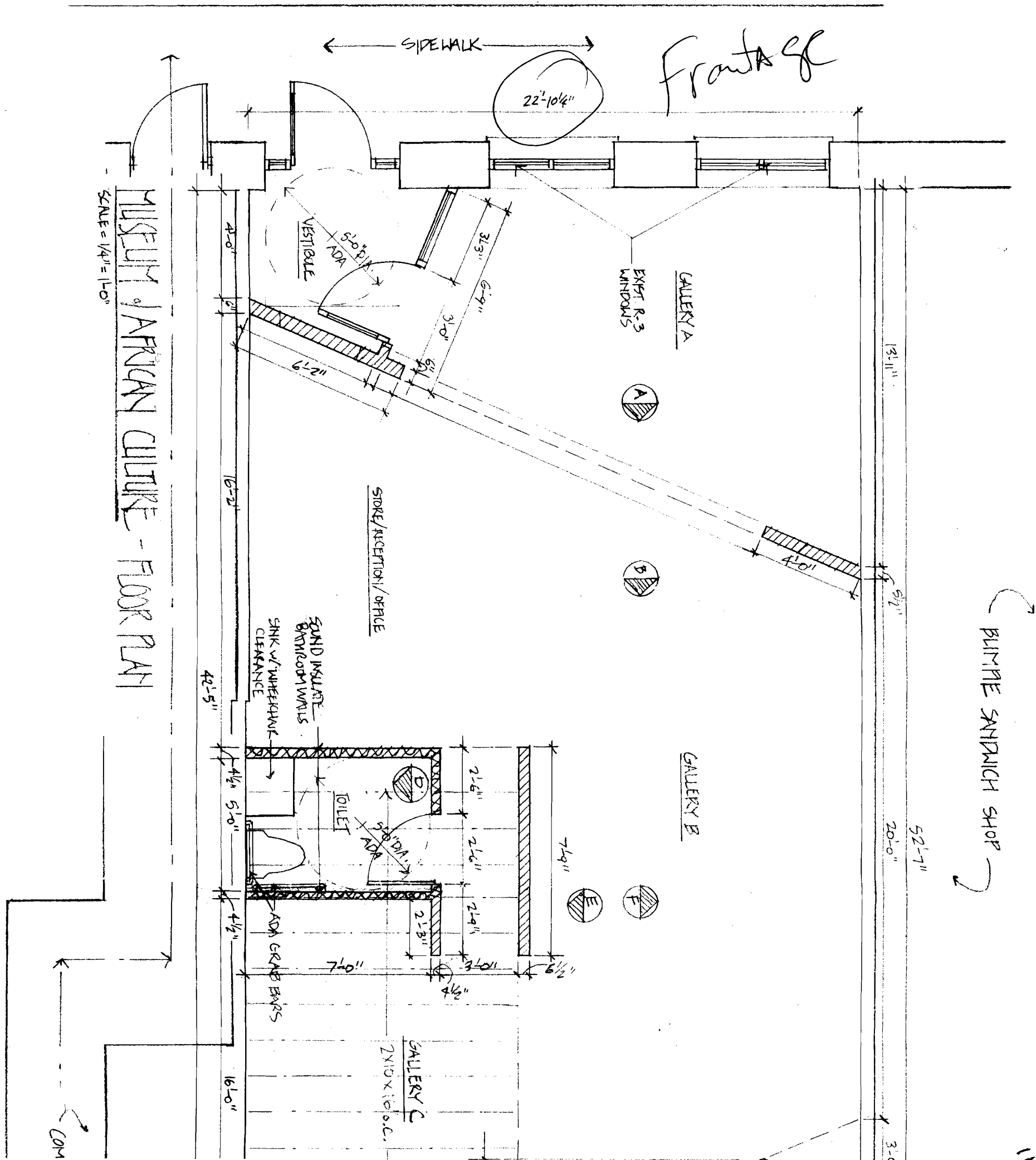
*Empire State*



Nº 37

CITY OF PORTLAND  
 ASSESSORS PLAN  
 SCALE 1"=50'  
 REVISED 12-18-75  
 21-1029 2046





MUSEUM OF AFRICAN CULTURE - FLOOR PLAN

SCALE = 1/4" = 1'-0"

Front Gl

BLINNE SANDWICH SHOP

SIDEWALK

22'-10 1/4"

VESTIBULE

5'-0" DIA. ADA

EXIT R-3 WINDOWS

GALLERY A

STORE/RECEPTION/OFFICE

SOUND INSULATE  
BATHROOM WALLS  
SINK w/ WAREHOUSE  
CLEARANCE

GALLERY B

TOILET

5'-0" DIA. ADA

ADA GRAB BARS

GALLERY C  
21'0" x 10'0" C.C.

13'-11"

5'-2"

20'-0"

52'-7"

3'-0"

16'-2"

42'-5"

16'-0"

4'-8"

2'

31'-3"

6'-9"

3'-0"

6'-2"

6'-1"

12'-7"

4'-0"

16'-2"

42'-5"

4'-5"

4'-1/2"

5'-0"

4'-1/2"

16'-0"

21'-6"

21'-6"

21'-9"

21'-9"

21'-3"

7'-0"

3'-0"

4'-6"

7'-9"

6'-1/2"

4'-1/2"

16'-0"

COM

11