

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

BUILDING INSPECTION PERMIT

PERMIT ISSUED
Permit Number: 051023
AUG 16 2005
CITY OF PORTLAND

This is to certify that BCIA NEW ENGLAND HOUSINGS LIMITED Permits

has permission to Reface 11 signs

AT 1 PORTLAND SQ

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. **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

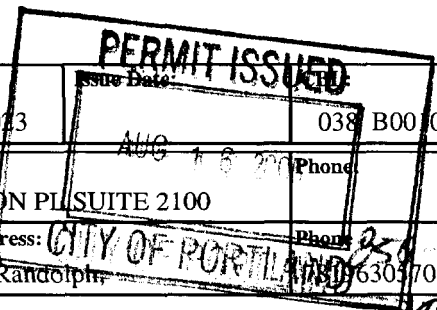
[Signature]
8/16/05
Director - Building & Inspection Service

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: 05-1023	Issue Date: AUG 18 2005	038 B00 001
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Location of Construction: 1 PORTLAND SQ	Owner Name: BCIA NEW ENGLAND HOLDING	Owner Address: ONE BOSTON PL SUITE 2100	Phone: 630370
Business Name:	Contractor Name: DMC Permits	Contractor Address: 4 Velma Rd Randolph	Phone: 630370
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3

Past Use: Commercial	Proposed Use: Commercial reface 11 signs	Permit Fee: \$440.00	Cost of Work: \$440.00	CEO District: 1	
		FIRE DEPT: <i>NA</i>	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied		
		INSPECTION: Use Group <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>			
		Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: <i>W. B. K...</i> Date: <i>8-12-05</i>			

Permit Taken By: dmartin	Date Applied For: 07/27/2005	Zoning Approval
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	Special Zone or Reviews	Zoning Appeal	Historic Preservation
1.	<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
2.	<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
3.	<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
		<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
	Date:	Date:	Date:

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: 05-1023	Date Applied For: 07/27/2005	CBL: 038 B001001
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Location of Construction: 1 PORTLAND SQ	Owner Name: BCIA NEW ENGLAND HOLDING	Owner Address: ONE BOSTON PL SUITE 2100	Phone:
Business Name:	Contractor Name: DMC Permits	Contractor Address: 4 Velma Rd Randolph,	Phone (781) 963-0570
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use:
Commercial reface 11 signs

Proposed Project Description:
Reface 11 signs

Dept: Historical **Status:** Approved **Reviewer:** William B. Needelman **Approval Date:** 08/12/2005
Note: **Ok to Issue:**

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 08/69/2005
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 08/16/2005
Note: **Ok to Issue:**

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.



Sign 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>1 PORTLAND SQ</u>		Zone: _____
Total square footage of proposed structure: _____	Square footage of lot: _____	Lot frontage: _____ Tenant frontage: _____
Tax Assessor's Chart, Block & Lot Chart# <u>38</u> Block# <u>B</u> Lot# <u>001</u>	Owner: <u>BCIA NEW ENGLAND HOLDINGS</u> <u>1 PORTLAND SQ</u> <u>PORTLAND ME, 04101</u>	Telephone: <u>(207) 77Y-5571</u>
Lessee/buyer's name (If applicable) <u>TD BANK NORTH</u>	Current use: <u>BANK OFFICE</u> Proposed use: <u>BANK OFFICE</u>	Total s.f. of signage <u>265</u> \$2.00 per s.f. \$ <u>410</u> , plus \$65.00 base fee + <u>30</u> Fee: \$ <u>440</u>
Applicant name, address & telephone: <u>DONNA CULLON - AGENT</u> <u>4 VELMARD</u> <u>RANDOLPH, MA 02368</u>	If vacant, prior use: _____ How long has it been vacant? _____ Project description: _____ Number of tenants in lot? _____	Awning-without signage: \$30.00 for first \$1,000 plus \$9.00 each addict. \$1,000 Fee: \$ _____
Freestanding sign? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No More than one sign? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sign Attached to Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dimensions _____ Dimensions _____ Dimensions _____	Height _____ Height _____ Height _____
<u>DETAILS ATTACHED - SUMMARY ON BACK</u>		
Awning Yes <input type="checkbox"/> No <input type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height off sidewalk? _____ Awning Height: _____ Length: _____ Depth: _____		
Is there any message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, total s.f. of panels/graphics: _____ Please describe: _____		
List ALL existing signage and their dimensions: <u>(856) 802-1677</u>		
Contractor's name, address & telephone: <u>NW SIGN INC 360 CRIDON AVE MOORESTOWN NJ 08059</u> Who should we contact when the permit is ready: <u>DONNA CULLON - AGENT</u> Mailing address: <u>4 VELMARD RANDOLPH, MA 02368</u> Phone: <u>(508) 380-5725</u>		
Once your permit is approved, we will notify you to come in and pick up your permit and review the requirements with our plan reviewer. Beginning work prior to receiving your permit will result in a violation fee of \$50.00.		

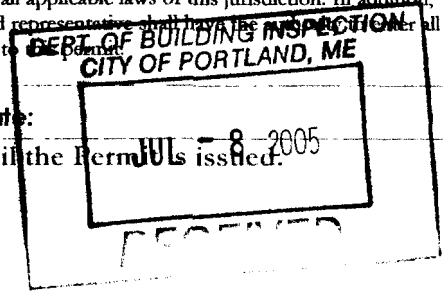
Please submit all of the information outlined in the Signage Application Checklist including a building sketch showing exactly where existing is and proposed signage will be located. Please include sketches/pictures of proposed signage. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-6112.

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 inspection for all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to the permit.

Signature of applicant: _____ Date: _____

This is not a Permit; you may not commence any work until the Permit is issued.



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE: 06/09/2005

PRODUCER
 Commerce Insurance Services
 336 Route 70 East
 Marlton, NJ 08053
 877 386-3800

INSURED
 NW Sign Industries, Inc.
 360 Crider Avenue
 Moorestown, NJ 08057

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 #
INSURER A	Selective Way Insurance Company	3301
INSURER B	New Jersey Manufacturers Insurance Co	2122
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, IT 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.

POLICY LINE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
					DESCRIPTION	AMOUNT
A	GENERAL LIABILITY	S1730395	11/12/04	11/12/05	EACH OCCURRENCE	\$1,010,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUPY GEVL AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				SUBJECT TO SPECIAL PROVISIONS (See Section 1) MED EXP. (Per Occurrence) \$5,000 PERSONAL & AD. INJURY \$1,010,000 GENERAL AGGREGATE \$2,010,000 PRODUCTS - COMP. (P. AGG) \$2,010,000	
A	AUTOMOBILE LIABILITY	S1730395	11/12/04	11/12/05	COMBINED FIN. & LIAB. (Per Occurrence)	\$1,010,000
	<input checked="" 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				BODILY INJURY (Per Occurrence) PROPERTY DAMAGE (Per Occurrence) GARAGE LIABILITY <input type="checkbox"/> ANY AUTO AUTO ONLY - EA ACCIDENT \$5 OTHER THAN AUTO ONLY EA ACC \$3 ACC \$5	
A	BUSINESS/PERSONAL LIABILITY	S1730395	11/12/04	11/12/05	EACH OCCURRENCE	\$10,100,000
	<input checked="" type="checkbox"/> OCCUPY <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$0				AGGREGATE	\$10,100,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	W23042	06/04/05	06/04/06	<input checked="" type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS' LIABILITY	EL. EACH ACCIDENT \$1,010,000 EL. DISEASE, EA EMPLOYEE \$1,010,000 EL. DISEASE POLICY LIMIT \$1,010,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 *Except 10 Days Notice of Cancellation for Non-Payment of Premium.
 The City of Portland is included as an Additional Insured with respect to Liability arising out of operations of the Named Insured.

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 30 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
