### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# **CITY OF PORTLAND**



# BUILDING PERMIT

This is to certify that United Way of Greater Portland

Located At 1 PORTLAND SQ

Job ID: 2011-08-2094-SIGN

CBL: 038 - - B - 001 - 001 - - - -

has permission to install a 26' x 10' temporary banner

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

**Fire Prevention Officer** 

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY PENALTY FOR REMOVING THIS CARD

Director of Planning and Urban Development Penny St. Louis

Job ID: 2011-08-2094-SIGN Located At: 1 PORTLAND SQ CBL: 038 - - B - 001 - 001 - - - -

### **Conditions of Approval:**

#### Zoning

- 1. This permit is being issued with the condition that the banner is temporary. It will be installed September 1, 2011 and must be removed by November 25, 2011.
- 2. This is the third year this temporary banner has been applied for. It was originally approved in 2009 under section 14-368.5(g) by Deb Andrews. Since the banner is the same, this approval still stands for this year's banner.

#### Building

1. Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.

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

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

| Job No:<br>2011-08-2094-SIGN   |  | CBL:<br>038 B - 001 - 00  | 01 1  |   |  |   |  |
|--|--|---|---|---|--|---|--|
| Location of Construction: J PORTLAND SQ  | MT III   | Owner Address:<br>Corp Z4, PO Box 4900 Dept 207<br>Scotsdale AZ 85261 |   |   | Phone:<br>207-874-6000<br>Phone:<br>(207) 874-1000 |   |  |
| Business Name:   | Contractor Name:<br>Ainsley Wallace, Beltrant<br>Way                 | Contractor Address: P.O. Box 15200 PORTLAND ME 04112                  |   |   |  |   |  |
| Lessee/Buyer's Name:   | Phone:   |   | Permit Type:<br>Sign – Temporary Banner                                     |   |  |   |  |
| Past Use:  | Proposed Use:  |   | Cost of Work:   |   |  | CEO District:                           |  |
| Bank & Office building  Same – Bank & C – install 26' x 10' banner for United 9/1/11 & removed   |  | nporary<br>ny – install   | Fire Dept:  Approved Denied N/A  Signature:                                 |   |  | Inspection: Use Group: Type: Signature: |  |
| Proposed Project Description 26' x 10' Temporary Banner for  |  |   | Pedestrian Activ  | vities District (P.A.D.)  |  |   |  |
| Permit Taken By:   | -  |   |   |   |  |   |  |
|  |  | Special Zo  | one or Reviews  | Zoning Appeal   | Historic Pr  | eservation                              |  |
| <ol> <li>This permit application<br/>Applicant(s) from meet<br/>Federal Rules.</li> <li>Building Permits do not<br/>septic or electrial work.</li> <li>Building permits are vo<br/>within six (6) months o<br/>False informatin may in<br/>permit and stop all work</li> </ol> |  | s<br>one<br>ion   | Variance Miscellaneous Conditional Use Interpretation Approved Denied Date: | Not in Dist or Landmark  Does not Require Review  Requires Review  Approved  Approved w/Conditions  Denied  Date: |  |   |  |
|  |  | CERTIF  | ICATION   |   |  |   |  |
| nereby certify that I am the owner of<br>e owner to make this application as<br>e appication is issued, I certify that the<br>enforce the provision of the code(s)   | his authorized agent and I agree<br>he code official's authorized re | e to conform to   | all applicable laws of  | this jurisdiction. In addition  | n, if a permit for wor                             | k described in                          |  |
| GNATURE OF APPLICAN  | T AI   | DDRESS  |   | DATE  |  | PHONE                                   |  |

DATE

### 2011-08-2094

# 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.

| TT : CO : TT   | Bank   |  |
|--|--|--|
| Location/Address of Construction:  | e Portland Sauc  | ire, portland  |
| Tax Assessor's Chart, Block & Lot  | Owner:   | Telephone:   |
| Chart# Block# Lot#   | RREEF  | 874-6000   |
| Lessee/Buyer's Name (If Applicable)  | Contractor name, address & telephone:  | Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00   |
|  | one Portland SQL   | For H.D. signage= Total Fee: \$ Awning Fee= cost of work   |
|  | Portland, Maine  | Total Fee: \$  |
| Who should we contact when the permit is read  | Mary Beltrantehone: 8  | 74-1000× 23 09   |
| Tenant/allocated building space frontage (for Lot Frontage (feet)  |  |  |
| Current Specific use:  If vacant, what was prior use:  Proposed Use:   |  |  |
| Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes   | No Dimensions proposed: No Dimensions proposed:  | Height from grade:   |
| Proposed awning? Yes No Is aw Height of awning: Length of Is there any communication, message, tradem If yes, total s.f. of panels w/communications,   | awning: Depth:<br>aark or symbol on it? Yes No   |  |
| Information on existing and previously perm<br>Freestanding (e.g., pole) sign? Yes<br>Bldg. wall sign? (attached to bldg) Yes<br>Awning? Yes No Sq. ft. are  | No Dimensions:<br>No Dimensions:   | RECEI ANG 26 Mill  |
| Awning? Yes No Sq. ft. are  A site sketch and building sketch showing e Sketches and/or pictures of proposed signa   | xactly where existing and new signage is lege and existing building are also required.                       | ocated must be provided.   |
| Please submit all of the information   | outlined in the Sign/Awning Appli  |  |
| Failure to do so may result in the aut   | omatic denial of your permit.  |  |
| In order to be sure the City fully understands the additional information prior to the issuance of a Building Inspections office, room 315 City Hall   | permit. For further information visit us on-li   | Development Department may request ne ar <a href="www.portlandmaine.gov">www.portlandmaine.gov</a> , stop by the |
| I hereby certify that I am the Owner of record of the authorized by the owner to make this application as he a permit for work described in this application is issue areas covered by this permit at any reasonable hour to | is/her authorized agent. I agree to conform to all<br>ed, I certify that the Code Official's authorized rep. | applicable laws of this jurisdiction. In addition, if resentative shall have the authority to enter all          |
| Signature of applicant: Bel  | Vante Dat  | e: 8 / 19 / /  |
| This is not a narmit   | you may not commence ANY work until th   | e permit is issued   |

## LIVE UNITED



### **Permit Application Details**

TD Bank
One Portland Square, Portland, ME
August 2011

Enclosed please find: Certificate of Liability

Letter of permission from the property owner

**Construction:** The banner is produced by Britten Banners, an international banner production

company. It is made to order for this particular location. It is made of vinyl with

metal grommets for fastening.

**Details for fastening:** This is a temporary banner that will attach to the building using a traditional

grommet system, easily attached and removed from the building.

Questions: Mary Beltrante, 874, 1000 x 2309

Thank you for all of your support with our building banner project. It was a huge success last year and we had a great deal of positive support and input from the community.

### Mary Beltrante

From:

Liz Smith

Sent: To: Wednesday, August 03, 2011 9:20 AM Mary Beltrante; Suzanne McCormick

Subject:

FW: United Way permits from 2010

The City has waived banner fees for this year - see below.

I will send the City Manager a thank you unless one of you prefers to. Please let me know.

Liz

#### Liz Smith

Senior Associate
Marketing & Communications
United Way of Greater Portland
207.874.1000 x 2342
www.liveunitedportland.org

From: Anita LaChance [mailto:ARL@portlandmaine.gov]

Sent: Wednesday, August 03, 2011 9:08 AM

To: Liz Smith

Subject: Re: United Way permits from 2010

Hi Liz. The City Manager has approved the waiving of these fees. I will inform the Inspections Division.

Anita

Anita R. LaChance Assistant City Manager City of Portland 207-874-8673



United Way
of Greater Portland

AdMesh Vinyl Coated Scrim 9x9 is a lightweight, porous fabric that allows air to flow through it. It is ideally suited for signs, banners or as a protective barrier for scaffolding or bleachers. AdMesh Vinyl Coated Scrim 9x9 can be used on most inkjet printing machines or can be screen printed.

# Applications: Screen printing

| Properties       | Test Method       | Results             |
|------------------|-------------------|---------------------|
| Support Cloth    |                   | 9x9 1000D Polyester |
| Weight           | 5041              | 6.5 oz/yď²          |
| Type of Coating  |                   | PVC                 |
| Width            |                   | 62"                 |
| Tensile Strength | 5100(warp x fill) | 209 x 204 lbs/inch  |

- Breathable
- Flexible
- · High Tensile Strength

- Heat Sealable
- Rot & Tear Resistant

Available Colors:

Standard Green

Red

Standard Drange

Bermuda Blue

BFI Blue

Black

Standard Yellow

C. Green

Fluorescent Orange

Saturn Yellow

The above information on physical and chemical characteristics is based upon test believed to be reliable. The values are intended only as a source of information. They are given without guaranty and do not constitute a warranty. The purchaser should independently determine prior to use, the suitability of this material for his/her specific purpose. (Data represents averages and is not intended for use as a specification.)

## CITY OF NEW YORK DEPARTMENT OF BUILDINGS

Pursuant to Administrative Code Section 27-131, the following equipment or material has been found acceptable for use in accordance with, the Report of Materials and Equipment Acceptance (MEA) Division.

Richard C. Visconti, R.A., Acting Commissioner MEA109-00-M

Report of Material and Equipment Acceptance Division Manufacturer-

Britten Inc., 2322 Cass Road, Traverse City, Michigan 49684. Trade Name – Admesh Vinyl-Coated Scrim

Product - PVC coated fabric for flex sign.

Pertinent Code Section(s) -27-499, 27-501, 27-506, 27-507, and TPPN #11/99.

Prescribed Test(s) - RS 7-3 [NFPA 701(Test Method 2)].

Laboratory - Govmark Organization Inc.

Test Report(s) - Test Report #2-278410-0, dated March 3, 2000

Description —Admesh Vinyl-Coated Scrim material for use as flex sign, is a polyester fabric coated with PVC Vinyl. It is used for large hanging banners and signs. It can be printed on

Recommendation - That the above material be accepted as meeting the flame resistance requirements of Section 27-506 and 27-507 of the Building Code, for use on flex signs. The acceptance of this material is limited to flame resistance only. Structural and other requirements shall be in accordance with pertinent Building Code provisions and Technical Policy and Procedure Notice #11/99. All installations, uses and locations shall be in accordance with the New York City Building Code, specifically with Section 27-499 and 27-501, and the Zoning Resolution. All shipments and deliveries of such materials shall, in addition, be accompanied by a tag, certifying that the materials shipped or delivered is equivalent to those tested and accepted for use, as provided for in Section 27-131 of the Building Code.

Final Acceptance ftp.

Examined By



One Portland Square Portland, ME 04101

T 207.874.6000 F 207.871.7010

www.boulos.com

August 15, 2011

City of Portland Project Development Department Building Inspections

Dear Sir or Madam,

As Manager of the building at One Portland Square, Portland, Maine, I am writing to give my support of this application to hang a temporary banner at this location during the fall of 2011. The United Way of Greater Portland is an important part of our community and the annual campaign plays an important role in the health and well being of the people of Portland. We would like to be part of the LIVE UNITED campaign and encourage local companies and individuals to do what they can to change lives throughout the Greater Portland area, by giving, advocating and volunteering.

Please do not hesitate to contact me at (207) 874-6000 or by email at michael.mcdonald@CBRE.com if you have any questions.

Sincerely,

Michael J. McDonald Senior Real Estate Manager

OP ID: M5



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/19/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| -   | ertificate holder in fleu of such endors   | semen  | 1(5).  | Tooman                          |  |                                 |  |       |            |
|---|--|--|--|---------------------------------|--|---------------------------------|--|-------|------------|
|   | DDUCER   |  | 207-239-3500   | CONTACT<br>NAME:<br>PHONE       | wellssa  |                                 |  |       |            |
| TD Insurance, Inc. (ME) PO Box 406 Portland, ME 04112-0406 207-775-0339 |  |  |  |                                 | Ext): 207-23                                   | 9-3660                          | FAX<br>(A/C, No):  | 207-  | 775-0339   |
|   |  |  |  |                                 | E-MAIL<br>ADDRESS: Melissa.Ledoux@TDInsure.com |                                 |  |       |            |
| TD  | Insurance, Inc.  |  |  | PRODUCI                         | R ID #: UNI                                    | Γ-16                            |  |       |            |
|   |  |  |  | CUSTOM                          |  |                                 |  |       | T-10-1     |
| -   | and the distance of the first  | INSURER(S) AFFORDING COVERAGE NA INSURER A : Philadelphia Indemnity Ins Co 18058 |  |                                 |  |                                 |  |       |            |
| INSI  | United Way Inc. dba Unit of Greater Portland   |  |  |                                 |  |                                 |  |       |            |
|   | P.O. Box 15200   |  |  | INSURER                         | B:   |                                 |  |       |            |
|   | Portland, ME 04112   |  |  | INSURER                         | C:   |                                 |  |       |            |
|   | Tordana, Inc. 64112  |  |  | INSURER                         | D:   |                                 |  |       |            |
|   |  |  |  | INSURER                         | E:   |                                 |  |       |            |
|   |  |  |  | INSURER                         | F:   |                                 |  |       |            |
| CC  | VERAGES CER  | TIFIC  | ATE NUMBER:  | -                               |  |                                 | REVISION NUMBER:   |       |            |
| 11<br>C   | HIS IS TO CERTIFY THAT THE POLICIES NDICATED NOTWITHSTANDING ANY RECETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | EQUIRE<br>PERTA<br>POLICI  | MENT, TERM OR CONDITION<br>IN, THE INSURANCE AFFORD<br>ES. LIMITS SHOWN MAY HAVE | OF ANY<br>DED BY T<br>E BEEN RE | CONTRACT<br>HE POLICIE<br>EDUCED BY            | OR OTHER S DESCRIBE PAID CLAIMS | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT T                     | CT TC | WHICH THIS |
| INSR<br>LTR   | TYPE OF INSURANCE  | ADDL SI  | VD POLICY NUMBER   | (1                              | M/DD/YYYY)                                     | POLICY EXP<br>(MM/DD/YYYY)      | LIMIT  | S     |            |
|   | GENERAL LIABILITY  |  |  |                                 |  |                                 | EACH OCCURRENCE  | \$    | 1,000,000  |
| Α   | X COMMERCIAL GENERAL LIABILITY   | X  | PHPK654094   | 1                               | 01/01/11                                       | 01/01/12                        | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)                     | \$    | 100,000    |
|   | CLAIMS-MADE X OCCUR  |  |  | 1                               |  |                                 | MED EXP (Any one person)   | s     | 5,000      |
|   |  |  |  |                                 |  |                                 | PERSONAL & ADV INJURY  | \$    | 1,000,000  |
|   |  |  |  | 4                               |  |                                 | GENERAL AGGREGATE  | s     | 2,000,000  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER  |  | 1  |                                 |  |                                 | PRODUCTS - COMP/OP AGG   | s     | 2,000,000  |
|   | POLICY PRO LOC   | L 1  | 1  |                                 |  |                                 |  | s     |            |
|   | AUTOMOBILE LIABILITY   | -  |  |                                 |  |                                 | COMBINED SINGLE LIMIT  | s     |            |
|   | 1  |  |  | 1                               |  |                                 | (Ea accident)  | 3     |            |
|   | ANY AUTO   | <i>l</i> : 1   |  |                                 |  |                                 | BODILY INJURY (Per person)                                       | \$    |            |
|   | ALL OWNED AUTOS  |  | 1  | 1                               |  |                                 | BODILY INJURY (Per accident)                                     | S     |            |
|   | SCHEDULED AUTOS  | 1 1  |  |                                 |  |                                 | PROPERTY DAMAGE  | s     |            |
|   | HIRED AUTOS  |  |  | 1                               |  |                                 | (Per accident)   | s     |            |
|   | NON-OWNED AUTOS  | 1 1  | 1  |                                 |  | }.                              |  | -     |            |
|   | 1  | -  |  |                                 |  | <del></del>                     |  | S     |            |
|   | UMBRELLA LIAB OCCUR  | 1 1  |  |                                 |  |                                 | EACH OCCURRENCE  | \$    |            |
|   | EXCESS LIAB CLAIMS-MADE  | 1 1  |  |                                 |  |                                 | AGGREGATE  | \$    |            |
|   | DEDUCTIBLE   |  |  |                                 |  |                                 |  | \$    |            |
|   | RETENTION \$   |  |  |                                 |  |                                 | 12.2   | \$    |            |
|   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |  |  | 1                               |  |                                 | WC STATU-<br>TORY LIMITS ER                                      |       |            |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE   | N/A  |  |                                 |  |                                 | E.L. EACH ACCIDENT   | \$    |            |
|   | OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)  | N/A  |  |                                 |  |                                 | E.L. DISEASE - EA EMPLOYER                                       | 5     |            |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below   |  |  |                                 |  |                                 | E.L. DISEASE - POLICY LIMIT                                      | s     |            |
|   |  |  |  |                                 | 2029   |                                 |  |       |            |
|   |  | 1  |  |                                 |  |                                 | \ .  |       |            |
| DES<br>Bar  | SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>nner hanging August 28, 2011 - Octo   | ber 31   | ach ACORD 101, Additional Remarks<br>, <b>2011</b> .                             | Schedule, i                     | f more space i                                 | s required)                     | d  |       |            |
|   |  |  |  |                                 |  |                                 |  |       |            |
| CE  | RTIFICATE HOLDER   |  |  | CANC                            | ELLATION                                       |                                 |  |       |            |
|   | CBRE / Boulos Managemen<br>467 Congress Street   | t  | CBRE-01  | THE                             | <b>EXPIRATIO</b>                               | N DATE TH                       | DESCRIBED POLICIES BE C<br>IEREOF, NOTICE WILL<br>CY PROVISIONS. |       |            |
|   | Portland, ME 04101   |  |  | L                               |  |                                 |  |       |            |

AUTHORIZED REPRESENTATIVE TD Insurance, Inc.

OP ID: M5



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/19/11

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| PO Box 406 207-775-0339 Portland, ME 04112-0406 |            |  |                    | CONTACT Melissa Ledoux  PHONE (A/C, No, Ext): 207-239-3660  E-MAIL: ADDRESS: Melissa.Ledoux@TDInsure.com PRODUCER CUSTOMER ID #: UNIT-16 |   |                        |                        |   |       |            |
|---|------------|--|--------------------|--|---|------------------------|------------------------|---|-------|------------|
|   |            |  |                    |  |   |                        |                        | DING COVERAGE                                 |       | NAIC #     |
| INSL  | REC        | - 1111   | d Way              |  | INSURER A : Philadelphia Indemnity Ins Co |                        |                        |   |       | 18058      |
|   |            | of Greater Portland<br>P.O. Box 15200  |                    |  | INSURER                                   |                        |                        |   |       |            |
|   |            | Portland, ME 04112   |                    |  | INSURER                                   |                        |                        |   |       |            |
|   |            | Tortiana, ME 04112   |                    |  | INSURER                                   |                        |                        |   |       |            |
|   |            |  |                    |  | INSURER E : INSURER F :                   |                        |                        |   |       |            |
|   |            |  |                    |  |   |                        |                        |   |       |            |
| CO  | VE         | RAGES CERT   | IFICAT             | E NUMBER:  | AL.                                       |                        |                        | REVISION NUMBER:                              |       |            |
| C E   | IDIO<br>ER | IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RECORDED OR MAY PROBLEM AND CONDITIONS OF SUCH PROBLEM AND CONDITI | QUIREM!<br>ERTAIN, | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORDI<br>S. LIMITS SHOWN MAY HAVE  | OF ANY<br>ED BY TH<br>BEEN RE             | CONTRACT<br>HE POLICIE | OR OTHER<br>S DESCRIBE | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT TO | CT TC | WHICH THIS |
| NSR<br>LTR                                      | -          | TYPE OF INSURANCE  | NSR WY             | POLICY NUMBER  | (M  | (YYYY) ad/Mi           | (MM/DD/YYYY)           | LIMIT   |       |            |
|   | -          | NERAL LIABILITY  |                    |  |   |                        |                        | EACH OCCURRENCE<br>DAMAGE TO RENTED           | \$    | 1,000,00   |
| Α   | X          |  | X                  | PHPK654094   |   | 01/01/11               | 01/01/12               | PREMISES (Ea occurrence)                      | S     | 100,00     |
|   | _          | CLAIMS-MADE X OCCUR  |                    |  |   |                        |                        | MED EXP (Any one person)                      | \$    | 5,00       |
|   | L          |  | 1                  | 1  |   | }                      |                        | PERSONAL & ADV INJURY                         | \$    | 1,000,00   |
|   |            |  |                    |  |   | GENERAL AGGREGATE      | \$                     | 2,000,00                                      |       |            |
|   | GI         | N'L AGGREGATE LIMIT APPLIES PER  | 1                  |  |   |                        |                        | PRODUCTS - COMP/OP AGG                        | \$    | 2,000,00   |
|   |            | POLICY PRO-<br>JECT LOC  |                    |  |   |                        |                        |   | \$    |            |
|   | AL         | TOMOBILE LIABILITY   |                    |  | 1   |                        |                        | COMBINED SINGLE LIMIT<br>(Ea accident)        | \$    |            |
|   |            | ANY AUTO   |                    |  | 1   |                        |                        | BODILY INJURY (Per person)                    | \$    |            |
|   |            | ALL OWNED AUTOS  | 1                  | 1  |   | 1                      |                        | BODILY INJURY (Per accident)                  | \$    |            |
|   | -          | SCHEDULED AUTOS HIRED AUTOS  |                    |  |   |                        |                        | PROPERTY DAMAGE<br>(Per accident)             | \$    |            |
|   |            | NON-OWNED AUTOS  | 1                  |  |   |                        |                        |   | \$    |            |
|   |            |  | 1                  |  |   |                        |                        |   | \$    |            |
|   |            | UMBRELLA LIAB OCCUR  |                    |  |   |                        |                        | EACH OCCURRENCE                               | \$    |            |
|   |            | EXCESS LIAB CLAIMS-MADE  |                    |  |   |                        |                        | AGGREGATE                                     | \$    | -          |
|   |            | DEDUCTIBLE   |                    |  |   |                        |                        |   | S     |            |
|   |            | RETENTION \$   |                    |  |   |                        |                        |   | \$    |            |
|   |            | ORKERS COMPENSATION  |                    |  |   |                        |                        | WC STATU- OTH-                                |       |            |
|   | AN         | D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE  |                    |  |   |                        |                        | E.L. EACH ACCIDENT                            | \$    |            |
|   | OF         | FICER/MEMBER EXCLUDED?   | 1/A                |  | -   |                        |                        | E.L. DISEASE - EA EMPLOYEE                    |       |            |
|   | If y       | es, describe under<br>SCRIPTION OF OPERATIONS below  |                    |  |   |                        |                        | E.L. DISEASE - POLICY LIMIT                   | 5     |            |
| DES   |            | TION OF OPERATIONS / LOCATIONS / VEHICLE hanging August 28, 2011 - Octob   | ES (Attac)         | n ACORD 101, Additional Remarks 5  | Schedule, if                              | more space is          | required)              |   |       |            |
| Dan   | 116        | nanging August 20, 2011 - Octob  |                    |  |   | ~~~                    | *******************    |   |       |            |

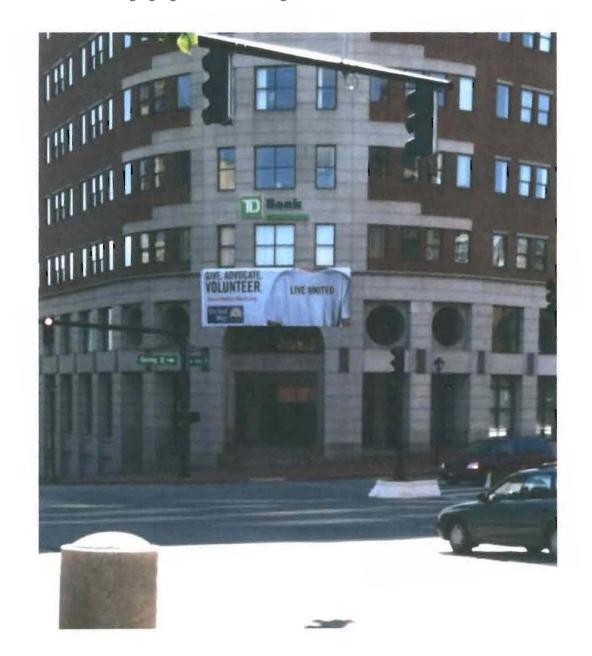
RREEF
One Portland, ME 04101

RREEF CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE TD Insurance, Inc.

TD Bank existing signage and banner image from 2009



#### BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months. If the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.