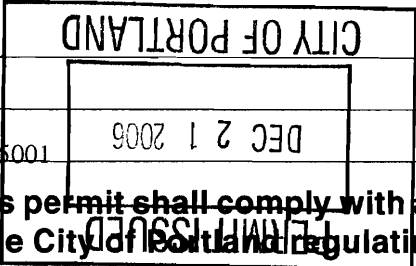


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

Permit Number: 061792



This is to certify that RICE GEOFFREY I

has permission to Side Walk Sign for Daunis Jewelry

AT 616 CONGRESS ST

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission is procured before this building or part thereof is used or service is closed-in. 4 HOUR NOTICE 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

Thomas M. Mably 12/21/06
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

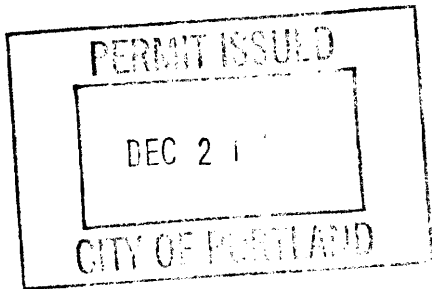
Permit No: 06-1792	Issue Date:	CBL: 039 A005001
-----------------------	-------------	---------------------

Location of Construction: 616 CONGRESS ST	Owner Name: RICE GEOFFREY I	Owner Address: 658 CONGRESS ST 1ST FLOOR	Phone:
Business Name: Daunis Fine Jewelry	Contractor Name:	Contractor Address:	Phone
Lessee/Buyer's Name Patricia Daunis	Phone: 207-773-6011	Permit Type: Signs - Side Walk	Zone: B3

Past Use: Commercial - <i>Jewelry</i>	Proposed Use: Commercial - Side Walk Sign for Daunis Fine Jewelry	Permit Fee: \$42.00	Cost of Work: \$42.00	CEO District: 2
Proposed Project Description: Side Walk Sign for Daunis Fine Jewelry		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Commercial</i> Type: <i>SB</i> <i>IBC 2003</i>	
		Signature: _____ Signature: <i>Jm 12/21/06</i>		
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Idobson	Date Applied For: 12/15/2006	Zoning Approval		
-----------------------------	---------------------------------	------------------------	--	--

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..



Special Zone or Reviews	Zoning Appeal	Historic Preservation
<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:	<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:	<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 <i>ABM</i> 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



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>616 Congress St.</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>39 A S</u>	Owner: <u>Geo Arny Rice</u> <u>Apartment Mgmt.</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Dannis Fine Jewelry</u>	Contractor name, address & telephone:	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total <u>0042</u> Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____

Who should we contact when the permit is ready: Rebecca Dannis-Dunnins phone: 773-6011 6x2+@

Tenant/allocated building space frontage (feet): Length: N/A Height: _____
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot Multi tenant lot

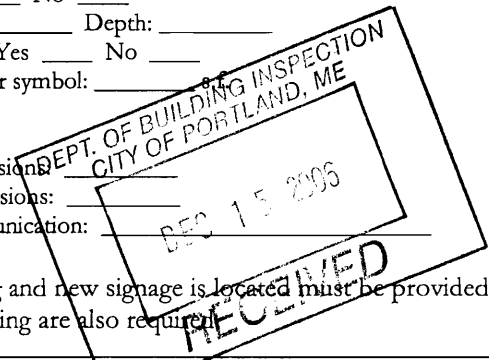
Current Specific use: Jeweler
If vacant, what was prior use: _____
Proposed Use: Jeweler

Information on proposed sign(s): → SIDEWALK SIGN
Freestanding (e.g., pole) sign? Yes No _____ Dimensions proposed: 35.5" x 23.5" Height from grade: 35.5"
Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____

Proposed awning? Yes _____ No Is awning backlit? Yes _____ No _____
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: _____

Information on existing and previously permitted sign(s):
Freestanding (e.g., pole) sign? Yes _____ No Dimensions: _____
Bldg. wall sign? (attached to bldg) Yes _____ No Dimensions: _____
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, 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: <u>[Signature]</u>	Date: <u>12.15.06</u>
--	-----------------------

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1792	Date Applied For: 12/15/2006	CBL: 039 A005001
------------------------------	--	----------------------------

Location of Construction: 616 CONGRESS ST	Owner Name: RICE GEOFFREY I	Owner Address: 658 CONGRESS ST 1ST FLOOR	Phone:
Business Name: Daunis Fine Jewelry	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name: Patricia Daunis	Phone: 207-773-6011	Permit Type: Signs - Side Walk	

Proposed Use: Commercial - Jeweler - Side Walk Sign for Daunis Fine Jewelry	Proposed Project Description: Side Walk Sign for Daunis Fine Jewelry
---	--

Dept: Zoning **Status:** Not Applicable **Reviewer:** Ann Machado **Approval Date:**
Note: **Ok to Issue:**

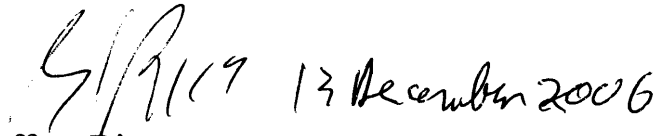
Dept: Building **Status:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:**
Note: **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 3) The sidewalk sign shall not infringe on the City Right of Way

To whom it may concern,

I give permission for my tenant, Daunis Fine Jewelry, located at 616 Congress St., to have a sidewalk sign that conforms to the City of Portland's requirements for such signs.

Very truly yours,

Handwritten signature of Geoffrey Rice and the date 13 December 2006.

Geoffrey Rice
The Apartment Mart
658 Congress St.
Portland, ME 04101



(1) 1/2" MDO Sidewalk Board
35.5 x 23.5
Deluxe Gold & HP White
Steel Shoes

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2006

PRODUCER (207)784-5181 FAX (207)784-4847
Parent Insurance Agency
59 East Avenue, Suite 3
P.O. Box 1406
Lewiston, ME 04240

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 **Daunis, Inc.**
PO Box 5066 Station A
Portland, ME 04101

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: MiddleOak		14532
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 TR. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	3801564	07/01/2006	07/01/2007	EACH OCCURRENCE	\$ 500,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 300,000	
	MED EXP (Any one person)				\$ 15,000	
	PERSONAL & ADV INJURY				\$ 500,000	
	GENERAL AGGREGATE				\$ 1,000,000	
	PRODUCTS - COMP/OP AGG				\$ 1,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

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

CERTIFICATE HOLDER

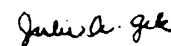
City of Portland
Portland City Hall
389 Congress Street
Portland, ME

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Julie Gile/JAG



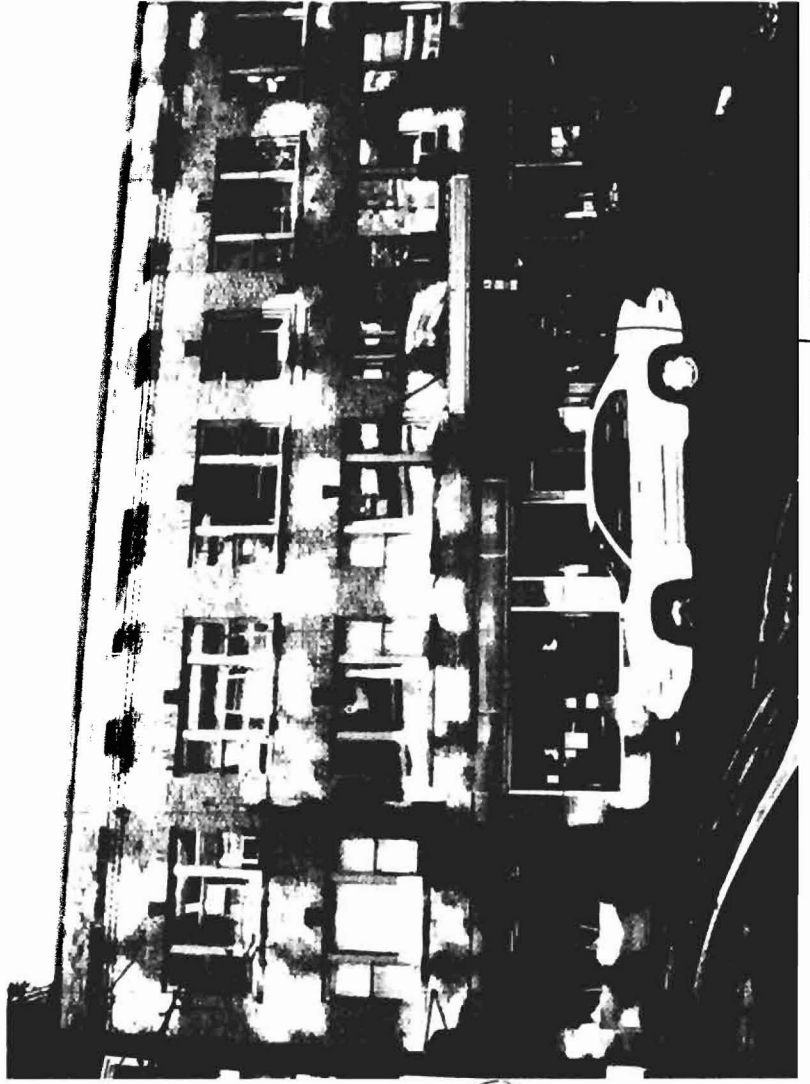
IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

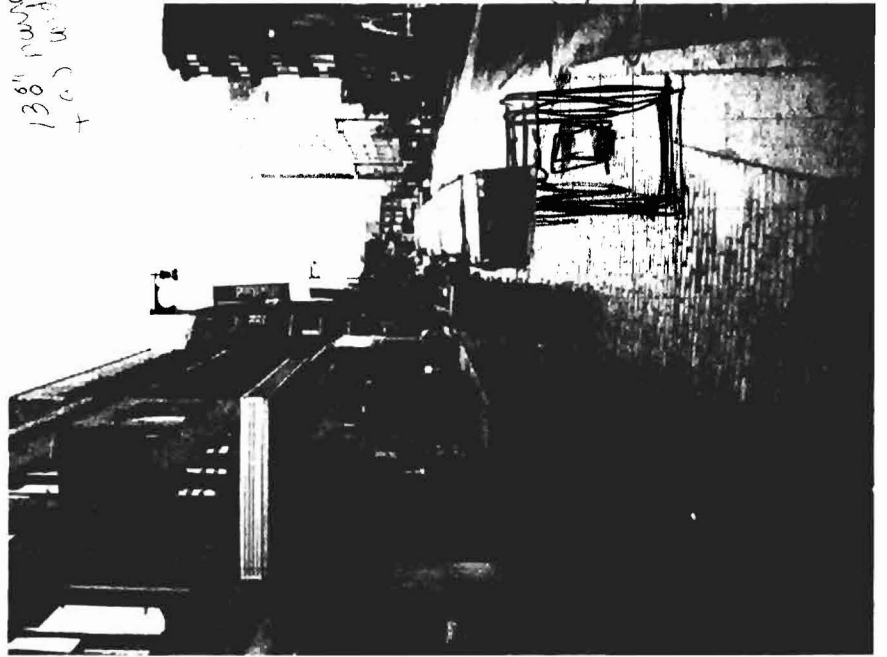
The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



ENTRY



138th Street
+ 63rd Ave



Sign