

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 080370

PERMIT ISSUED

MAY 14 2008

CITY OF PORTLAND

This is to certify that LAFAYETTE SQUARE LIMITED PART (Applicant)

has permission to new hanging sign

AT 638 CONGRESS ST

045 A003001

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 work in progress must be stopped before this building or part thereof is closed or closed-in. FOUR 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] *5/9/08*

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: 08-0370	Issue Date:	CBL: 045 A003001
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Location of Construction: 638 CONGRESS ST (644)	Owner Name: LAFAYETTE SQUARE LIMITED	Owner Address: 707 SABLE OAKS DR	Phone:
Business Name:	Contractor Name: Applicant	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial - retail & public Assembly (Peace Action Maine) Change of use #07-0869	Proposed Use: (Peace Action Maine) Commercial - Meg Perry Center - new hanging sign	Permit Fee: \$38.00	Cost of Work: \$38.00	CEO District: 2
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>NA</i> Signature:	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature:
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Proposed Project Description:
new hanging sign - 2'x2'

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions	<input type="checkbox"/> Denied
Signature: <i>D. Andrews</i>	Date: <i>4/30/08</i>	

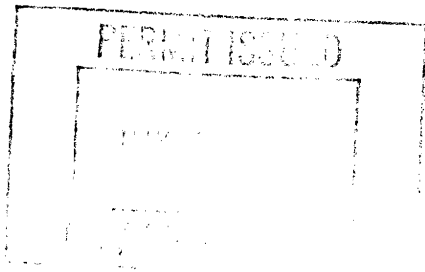
Permit Taken By: Idobson	Date Applied For: 04/16/2008	Zoning Approval		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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
<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"/>
<i>DK w/condition</i> Date: <i>4/29/08</i> <i>ABM</i>

Zoning Appeal
<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:

Historic Preservation <i>landmark: PAD</i>
<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Requires Review
<input checked="" type="checkbox"/> Approved
<input type="checkbox"/> Approved w/Conditions
<input type="checkbox"/> Denied
Date: <i>D. Andrews</i> <i>4/30/08</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

Permit No: 08-0370	Date Applied For: 04/16/2008	CBL: 045 A003001
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Location of Construction: 638 CONGRESS ST	Owner Name: LAFAYETTE SQUARE LIMITED	Owner Address: 707 SABLE OAKS DR	Phone:
Business Name:	Contractor Name: Applicant	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Meg Perry Center (Peace Action Maine) - new hanging sign	Proposed Project Description: new hanging sign - 2' x 2'
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Dept: Historic	Status: Approved	Reviewer: Deborah Andrews	Approval Date: 04/30/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 04/28/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 05/09/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			

Comments:
5/9/2008-tmm: left message - need to make sure carabiners are rated to hold weight.
5/9/2008-tmm: rated for human weight and structural - ok to issue





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>644 Congress St</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>45 A 003</u>	Owner: <u>Preservation Management</u> <u>Catayette Square Apartments</u>	Telephone: <u>774-7175</u>
Lessee/Buyer's Name (If Applicable) <u>Power Action Marine</u>	Contractor name, address & telephone: <u>Philip Weyenberg</u> <u>111 W Grand Ave</u> <u>Old Orchard Beach 04064</u> <u>934-0277</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Danny Muller</u> phone: <u>207-772-0680</u>		
Tenant/allocated building space frontage (feet): Length: <u>20'</u> Height: <u>13'6"</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: <u>ambulance - change of use permit # 070869</u>		
If vacant, what was prior use: _____		
Proposed Use: <u>Power Action Marine - techs, st. desks, movies, some performance (low noise)</u> - retail - sell coffee, honey		
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: <u>2'x2'</u>		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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: _____ s.f.		
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.		

APR 16 2003

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.

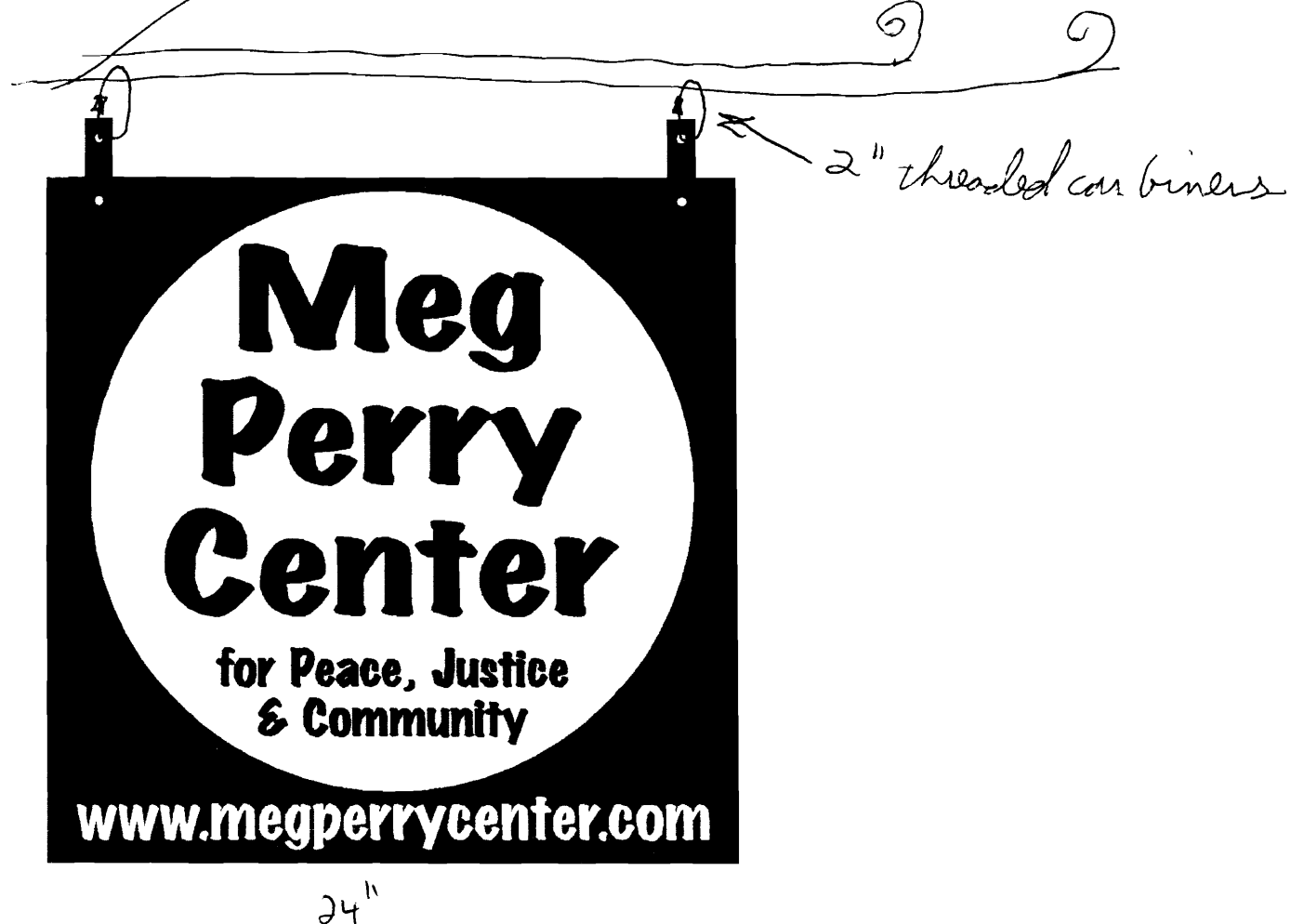
Signature of applicant: <u>Daniel Muller</u>	Date: <u>4/1/08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

B-3 - multi-tenant ground floor.
20x2 = 40 sq ft

4 signs 2'x2' = 4 sq ft

HEIGHT 24
WIDTH 24"
QUANTITY 1"
SIDES 2
HARDWARE YES
INSTALL NO



24"

24"

2" threaded car biners

DO NOT DUPLICATE. THIS DRAWING IS THE PROPERTY OF FASTSIGNS, INC. THE BORROWER AGREES IT SHALL NOT BE REPRODUCED, COPIED, DISPOSED OF DIRECTLY OR INDIRECTLY, NOR USED FOR ANY PURPOSE WITHOUT PERMISSION FROM FASTSIGNS, INC.

SUBSTRATE MATERIAL(S)
3/4" MDO
COLOR(S)
CREAM/ BLACK GREEN

NOTES

FASTSIGNS
Sign Graphic Solutions Made Simple.
10000 Pt 271
413 Western Avenue
South Portland, Maine, 04302
(207) 773-5133
(207) 773-9802 (fax)
email: bud.elliott@fastsigns.com



20' 0"

3' 0"

10' 9" to bottom on sign bracket

10' 1"

13' 6"

For Lease
207 772 1333
Call: Bob Anderson

Preservation Management
Lafayette Square Apartments
638 Congress Street
Portland, Maine 04101
(207)774-7175
Fax: (207)774-6751
TDD#1-800-437-1220

April 2, 2008

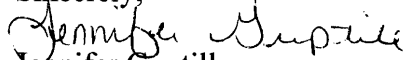
Peace Action Maine
644 Congress Street
Portland, Maine 04101

To Whom It May Concern:

Lafayette Square, L.P. gives Peace Action Maine of 644 Congress Street, Portland, Maine 04101 to hang a sign above the door to their business. All other requirements will have to be approved by the City of Portland.

If there are any questions, please feel free to contact me at the number above.
Thank you.

Sincerely,


Jennifer Guptill
Site Manager

CC: Tenant File



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/14/2008

PRODUCER (207)774-5653 FAX (207)871-0236

C.M. Bowker Co.
835 Forest Avenue
Portland, ME 04103
Nannette Wirth CISR

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 #

INSURED Peace Action Maine
P.O. Box 3842
Portland, ME 04104

INSURER A: OneBeacon

20621

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
A		GENERAL LIABILITY	710-01-07-18-0002	02/07/2008	02/07/2009	EACH OCCURRENCE	\$ 1,000,000				
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000				
	<input type="checkbox"/>	CLAIMS MADE				<input checked="" type="checkbox"/>	OCCUR	MED EXP (Any one person)	\$ 5,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ excluded				
	<input type="checkbox"/>	POLICY				<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC	GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$				
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$				
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$				
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$				
		<input type="checkbox"/> HIRED AUTOS									
		<input type="checkbox"/> NON-OWNED AUTOS									
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$				
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$				
		<input type="checkbox"/> OCCUR				AGGREGATE	\$				
		<input type="checkbox"/> CLAIMS MADE					\$				
		DEDUCTIBLE					\$				
		RETENTION \$					\$				
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER				
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$				
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$				
		OTHER				E.L. DISEASE - POLICY LIMIT	\$				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

THE POLICY COVERAGE INDICATED BY THIS CERTIFICATE IS SUBJECT TO POLICY TERMS, CONDITIONS AND EXCLUSIONS

IT IS HEREBY AGREED AND UNDERSTOOD THAT THE CITY OF PORTLAND IS NAMED AS ADDITIONAL INSURED AS RESPECTS SIDEWALK SIGN AT 644 CONGRESS STREET, PORTLAND ME.

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 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

Nannette Wirth CISR

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.