

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 1 Longfellow Square 04101		Owner: Center for Cultural Exchange		Phone: 761-0591		Permit No: 991261	
Owner Address: 1 Longfellow Square 04101		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: The Signary		Address: Forest Ave. 04101		Phone:		Permit Issued: NOV 15 1999 CITY OF PORTLAND	
Past Use: Commercial Center		Proposed Use: Same		COST OF WORK: \$		PERMIT FEE: \$ 44.40	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Installation of 3 4'x18' vinyl signs.				Signature:		Signature:	
Permit Taken By: UB/GD		Date Applied For: 28 November 8, 1999		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: 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"/>	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

** Please send to P.O. box 4034 St.A
Portland, ME. 04101

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 provisions of the code(s) applicable to such permit

November 8, 1999

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT



THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

Taxes OK 11/4

**Sign Permit Pre-Application
Attached Single Family Dwellings/Two-Family Dwelling
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

NOTEIf 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.**

One Longfellow Sq 670 Congress St

Location/Address of Construction (include Portion of Building): *The exterior of The One Longfellow Square Building facing the Longfellow statue and intersection of Congress and State St.*

Total Square Footage of Proposed Structure *161.15 SF* Square Footage of Lot *2,636 sf*

Tax Assessor's Chart, Block & Lot Number Chart# <i>045</i> - Block# <i>A-035</i> Lot# <i>001</i>	Owner: <i>Center for Cultural Exchange</i>	Telephone#: <i>761-0591</i>
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Owner's Address: <i>One Longfellow Square State St. 181-183 / Congress St. 670-676</i>	Lessee/Buyer's Name (If Applicable)	Total Sq. Ft. of Sign ^{BANNERS} Fee <i>72' total \$ 44.40</i>
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Proposed Project Description: (Please be as specific as possible) *installation of 3 4' x 18' vinyl banners for the purpose of recognizing 3 corporate sponsors for a period of 12 months. The fixtures for the banners will be permanent in order to rotate the banners on an annual basis.*

Contractor's Name, Address & Telephone <i>Designer: David Deal HCR. 69 BOX 74B 625-7328 Fabricator: The Signery, Forest Ave. Portland, ME 04101</i>	Rec'd By <i>(K)</i> <i>879-7700</i>
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Current Use: <i>Cultural Center for community events</i>	Proposed Use: <i>same</i>
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*Send PO BOX 4034 St. A
Portland ME 04101*

Signature of applicant <i>Phyllis O'Neil</i>	Date: <i>NOV. 2, 1999</i>
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Signage Permit Fee: \$30.00 plus .20 per square foot of signage

*Phyllis O'Neil
EXT. X106*

*Lindsay Hancock - x110
761-0591
or Kate Flynn - x105*





One Longfellow Square
Portland, Maine 04101
207.761.0591
Fax 207.775.4254
email: portarts@maine.cc.com
web: www.artsandculture.org

CO-DIRECTORS

Phyllis O'Neill
James Bau Graves

BOARD OF DIRECTORS

Kevin Carley, President
David Ray, Vice President
Lisa Krane, Treasurer
Jay Young, Clerk
Andrew Bernstein
Patricia Cepeda
Michael Connolly
Dana Costello-Lee
Glady's Garcia
James Bau Graves
Enkul Kanakan
Rev. Margaret Lawson
Lirry Mead
Mary Lou Michael
Rachel Talbot Ross
Phyllis O'Neill
Winton Scott, Jr.
Brian Ser
Nat Thompson
June Vail
Dorothy Wentworth

ADVISORY BOARD

Mike Boson
Catherine Connor
Paula Coughlan
Richard D'Almeida
Annette Elowitch
Kay Flanagan
Cynthia Hagg
Christopher Hunt, MD
Nat Sawyer
Paula Valente

November 8, 1999

Gina DeFazio
Inspection Services
City of Portland
389 Congress Street, Room 315
Portland, Maine 04101
Tel: 874-8300
Fax: 874-8716

Dear Gina:

Enclosed are copies of the following documents in support of our previously submitted banner/signage permit application:

- . insurance policy
- . certificate of flame resistance

The banners will be attached to the building masonry using lag bolts. The lagging will be affixed through grommets.

On a related front, we will also require a sidewalk permit to enable the sign installers to pull a truck up adjacent to the building. Would you please fax the necessary sidewalk permit applications to us and advise us about any related fees.

Our fax number is 775-4254.

Please call me at 761-0591, ext. 105, or Lindsay Hancock at ext. 110, if you have further questions or concerns.

Thank you for your help thus far.

Sincerely,

Kate Flynn
Interim Marketing Director

cc: Phyllis O'Neill
Lindsay Hancock

DECLARATIONS

BUSINESSOWNERS POLICY

New Policy



SEACO INSURANCE COMPANY
 1 SPEEN STREET
 P.O. BOX 9165
 FRAMINGHAM MA, 01701

Policy No. BOP1409459

Named Insured and Mailing Address

(No., Street, Town or City, County, State, Zip Code)

AGENCY

Center for Cultural Exchange
 Station A - Po Box 4034

Turner Barker Insurance
 1 India Street
 Portland, Me 04101

Portland, ME 04101

Policy Period: From **1/20/99** to **1/20/00** at **12:01 A.M.** * Standard time at your mailing address shown above. * Exceptions: 12:00 noon in Maine, Michigan, New Hampshire, North Carolina, Puerto Rico and Virginia.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

BUSINESS DESCRIPTION						
Form of Business:		Corporation				
Business Description:		Art Studio				
DESCRIBED PREMISES						
PREM. NO.	BLDG. NO.	LOCATION			MORTGAGE HOLDER NAME AND ADDRESS	
1	1	181-183 State Street, Portland, ME 04102			People's Heritage Savings Bank, ISCOA ATTMA 1 Portland Square Portland, Maine 04101	
PROPERTY						
Limits of Insurance for		PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.	PREM. NO.
Buildings		1	1			
Actual Cash Value - Buildings Option (Yes / No)		\$500,000.00				
Automatic Increase - Building Limit (Percent)		No				
Business Personal Property		8%				
		\$20,000.00				
Deductible \$1000						
Optional Coverages - Applicable only if an "X" is shown in the boxes below:				<u>Limits of Insurance</u>		
1	<input type="checkbox"/>	Outdoor Signs		per occurrence		
2	<input type="checkbox"/>	Exterior Grade Floor Glass		Included		
3	<input type="checkbox"/>	Burglary and Robbery (Standard form only) or		\$10,000 Inside Premises		
	<input checked="" type="checkbox"/>	Money and Securities (Special form only)		2,000 Outside Premises		
4	<input type="checkbox"/>	Employee Dishonesty		per occurrence		
5	<input checked="" type="checkbox"/>	Mechanical Breakdown / EDP		Included		
6	<input checked="" type="checkbox"/>	Other (SEE ATTACHED)				
LIABILITY AND MEDICAL PAYMENTS						
Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form.						
				<u>Limits of Insurance</u>		
Liability and Medical Expenses				\$1,000,000		
Medical Expenses				\$5,000 per person		
Fire Legal Liability				\$300,000 , any one fire or explosion		
FORMS AND ENDORSEMENTS						
Forms and Endorsements made part of this policy at time of issue:						
See Page 2						
PREMIUM						
Premium		\$1,993.00				

Countersigned:

By: Turner Barker Insurance
 Authorized Representative:

SIGNAGE PRE-APPLICATION

1 Longfellow St PLEASE ANSWER ALL QUESTIONS

ADDRESS: ~~670 Congress St~~ One Longfellow Square ZONE: B3

OWNER: Center for Cultural Exchange

APPLICANT: Phyllis O'Neill and Bau Graves, Co-Directors, Center for Cultural Exchange

ASSESSOR NO. 000006752 P30260-00

SINGLE TENANT LOT? YES ___ NO

MULTI TENANT LOT? YES NO ___

FREESTANDING SIGN? YES ___ NO DIMENSIONS ___

(ex. pole sign. . .)

MORE THAN ONE SIGN? YES NO ___ DIMENSIONS 3 4' x 18' banners

BLDG. WALL SIGN? YES NO ___ DIMENSIONS 4' x 18'

(attached to bldg)

MORE THAN ONE SIGN? YES NO ___ DIMENSIONS 4' x 18'

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: one banner that will be coming down

LOT FRONTAGE (FEET):

BLDG FRONTAGE (FEET):

AWNING YES ___ NO IS AWNING BACKLIT? YES ___ NO

HEIGHT OF AWNING: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? Corporate sponsor logos

*** TENANT BLDG. FRONTAGE (IN FEET) _____

***** REQUIRED INFORMATION**

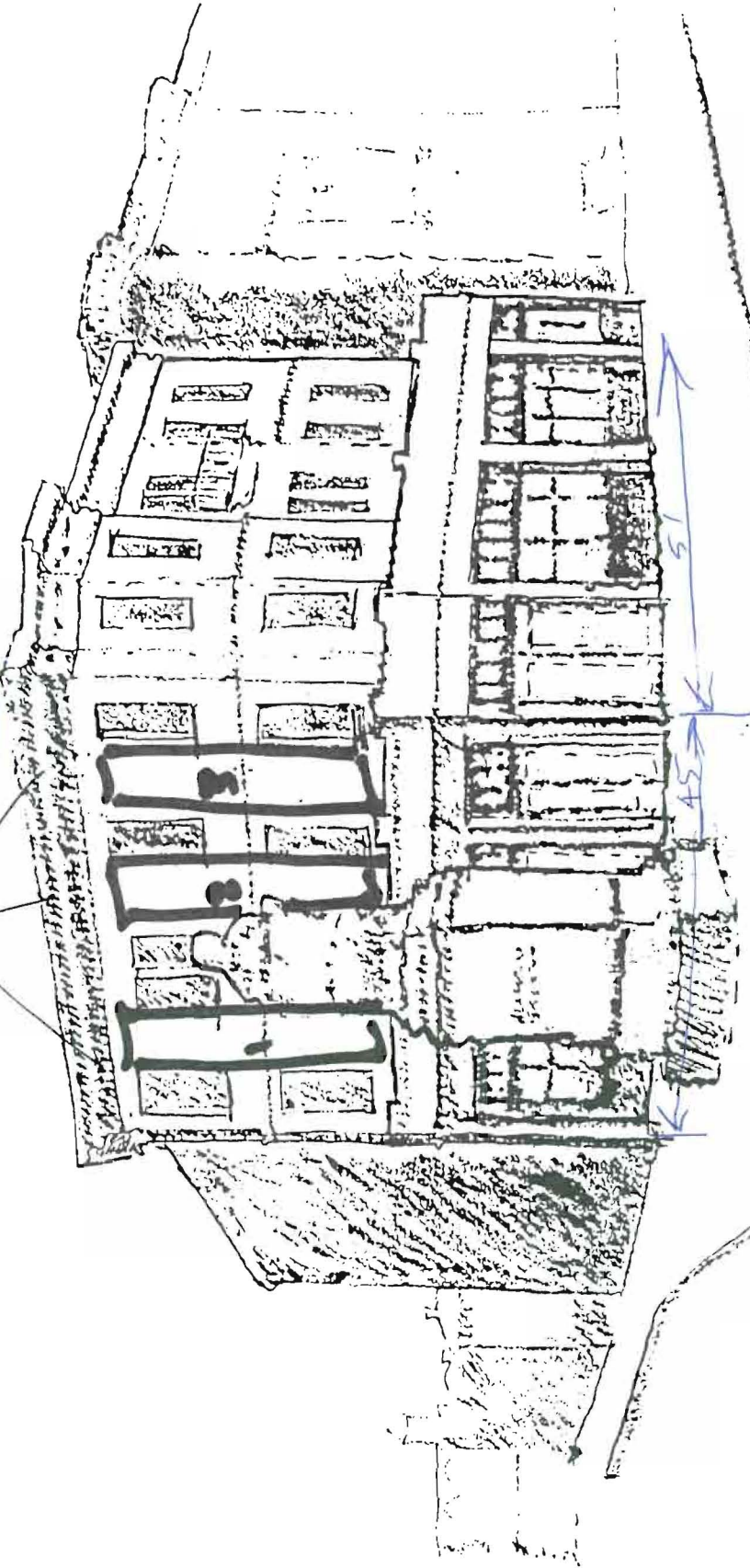
AREA FOR COMPUTATION

5% of wall area allowed.

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Phyllis O'Neill DATE: Nov 2, 1999

3 banners to hang
with install on
permanent



215
20
37

How
to
be
-90°
They are showing
2137

Amount of signage on banners
is Not Allowable -
requires Sep. permit under
Planning for AOK

45 x 40' high = 1800 x 5% = 90'

DECLARATIONS

BUSINESSOWNERS POLICY

New Policy



SEACO INSURANCE COMPANY
1 SPEEN STREET
P.O. BOX 9165
FRAMINGHAM MA, 01701

Policy No. BOP1409459

Named Insured and Mailing Address

Center for Cultural Exchange
Station A - Po Box 4034

Portland, ME 04101

AGENCY

Turner Barker Insurance
1 India Street
Portland, Me 04101

Policy Period: From 1/20/99 to 1/20/00 at 12:01 A.M. * Standard time at your mailing address shown above. * Exceptions: 12:00 noon in Maine, Michigan, New Hampshire, North Carolina, Puerto Rico and Virginia.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY

Form sections: BUSINESS DESCRIPTION, DESCRIBED PREMISES, PROPERTY, LIABILITY AND MEDICAL PAYMENTS, FORMS AND ENDORSEMENTS, PREMIUM. Includes tables for insurance limits and mortgage holder information.

Form of Business: Corporation
Business Description: Art Studio

DESCRIBED PREMISES

PREM NO. BLDG. NO. LOCATION
1 1 181-183 State Street, Portland, ME 04102

MORTGAGE HOLDER NAME AND ADDRESS
People's Heritage Savings Bank, ISACA AITMA
1 Portland Square
Portland, Maine 04101

PROPERTY

Limits of Insurance for
Buildings
Actual Cash Value - Buildings Option (Yes / No)
Automatic Increase - Building Limit (Percent)
Business Personal Property

Table with columns: PREM. NO., BLDG. NO., PREM. NO., BLDG. NO., PREM. NO., BLDG. NO. containing insurance limits for buildings and personal property.

Deductible \$1000

Optional Coverages - Applicable only if an "X" is shown in the boxes below

- 1. Outdoor Signs
2. Exterior Grade Floor Glass
3. Burglary and Robbery (Standard form only) or
X Money and Securities (Special form only)
4. Employee Dishonesty
5. X Mechanical Breakdown / BIP
6. X Other (SEE ATTACHED)

Limits of Insurance
per occurrence
Included
\$10,000 Inside Premises
2,000 Outside Premises
per occurrence
Included

LIABILITY AND MEDICAL PAYMENTS

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4 of the Businessowners Liability Coverage Form.

Liability and Medical Expenses
Medical Expenses
Fire Legal Liability

Limits of Insurance
\$1,000,000
\$5,000 per person
\$300,000, any one fire or explosion

FORMS AND ENDORSEMENTS

Forms and Endorsements made part of this policy at time of issue

See Page 2

PREMIUM

Premium \$1,993.00

Countersigned:

By: Turner Barker Insurance
Authorized Representative:

Certificate of Flame Resistance

ISSUED BY
CORMIER TEXTILE PRODUCTS, INC.
1 RIVER STREET
SANFORD, MAINE 04073

This is to certify that the materials described below are inherently nonflammable.

from Center for Cultural Exchange ADDRESS: One Longfellow Square
CITY: Portland STATE: Maine

- The articles described below are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Date Manufactured: 1988
Product: 10 OZ. (STANDARD COLORS); 12 OZ. ENAMEL RECEPTIVE;
13 OZ., 15 OZ. ENAMEL RECEPTIVE; 12 OZ. BLACKOUT (WHITE); AND
16 OZ. BLACKOUT. IMPERIAL NYLON 70

The Flame Retardant Process Used **WILL NOT** Be Removed By Washing

CORMIER TEXTILE PRODUCTS, INC.

signed: Kenneth A. Cormier
Kenneth A. Cormier, President

Name of Company Officer
(207) 496-2400

Corporate Seal

FROM : SIR GREENY

PHONE NO. : 7813768

NOV 04 1999 03:02PM EST



Center for Cultural Exchange

One Congress Street
Portland, ME 04101
Tel: 761-0591
Fax: 761-0594
email: info@centerforculturalexchange.org
web: www.centerforculturalexchange.org

Center for Cultural Exchange
One Congress Street
Portland, ME 04101
Tel: 761-0591
Fax: 761-0594
email: info@centerforculturalexchange.org
web: www.centerforculturalexchange.org

November 8, 1970

Gina DeFazio
Inspection Services
City of Portland
389 Congress Street, Room 315
Portland, Maine 04101
Tel: 874-8300
Fax: 874.8716

Dear Gina:

Enclosed are copies of the following documents in support of our previously submitted banner/signage permit application:

- insurance policy
- certificate of flame resistance

The banners will be attached to the building masonry using lag bolts. The lagging will be affixed through grommets

On a related front, we will also require a sidewalk permit to enable the sign installer to pull a truck up adjacent to the building. Would you please fax the necessary sidewalk permit applications to us and advise us about any related fees.

Our fax number is 775-4254

Please call me at 761-0591, ext. 105, or Lindsay Hancock at ext. 110, if you have further questions or concerns

Thank you for your help thus far.

Sincerely,

Kate Flynn
Interim Marketing Director

cc: Phyllis O'Neill
Lindsay Hancock



Banner #2

PHOTOS
WON'T BE SO
DARK!
I PROMISE!
I HOPE!

SEASON SPONSOR
Portland Press Herald
Maine Sunday Telegram



banner #3

SEASON SPONSOR

Peoples

Banner #1



SEASON SPONSOR
Shop'n Save



CITY OF PORTLAND, MAINE
Department of Building Inspection

Received from 11/8 19 99
Center for Cultural Exchange a fee
of forty four 40/100 /100 Dollars \$ 44.40
for permit to install
erect
alter Signage
at one Longfellow Sq move Est. Cost \$ —
demolish
7983 (Signature)
Inspector of buildings
Per _____

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$5.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Auditors Copy

Certificate of Flame Resistance

ISSUED BY
CORMIER TEXTILE PRODUCTS, INC.
1 RIVER STREET
SANFORD, MAINE 04073

This is to certify that the materials described below are inherently nonflammable.

FOR: Center for Cultural Exchange ADDRESS: One Longfellow Square
CITY: Portland STATE: Maine

- The articles described below are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Date Manufactured: 1993
Product: 10 OZ. (STANDARD COLORS); 13 OZ. ENAMEL RECEPTIVE;
13 OZ, 13 OZ. ENAMEL RECEPTIVE; 12 OZ BLACKOUT (WHITE); AND
16 OZ BLACKOUT. IMPERIAL NYLON 70

The Flame Retardant Process Used **WILL NOT** Be Removed By Washing

CORMIER TEXTILE PRODUCTS, INC.

signed:

Kenneth A. Cormier
Kenneth A. Cormier, President

Name of Company Officer
(207) 496-2400

Corporate Seal

DECLARATIONS

BUSINESSOWNERS POLICY

New Policy



SEACO INSURANCE COMPANY
 1 SPEEN STREET
 P.O. BOX 9165
 FRAMINGHAM MA, 01701

Policy No. BOP1409459

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

Center for Cultural Exchange
 Station A - Po Box 4034
 Portland, ME 04101

AGENCY

Turner Barker Insurance
 1 India Street
 Portland, Me 04101

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Business Description: Art Studio							
DESCRIBED PREMISES							
PREM. NO. BLDG. NO. LOCATION				MORTGAGE HOLDER NAME AND ADDRESS			
1	1	181-183 State Street, Portland, ME 04102		People's Heritage Savings Bank, ISACA ATIMA 1 Portland Square Portland, Maine 04101			
PROPERTY							
Limits of Insurance for Buildings	Actual Cash Value - Buildings Option (Yes / No)	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.
	Automatic Increase - Building Limit (Percent)	1	1				
	Business Personal Property	\$500,000.00					
	Deductible \$1000	No		8%		\$20,000.00	
Optional Coverages - Applicable only if an "X" is shown in the boxes below:				<u>Limits of Insurance</u>			
1. <input type="checkbox"/>	Outdoor Signs			per occurrence			
2. <input type="checkbox"/>	Exterior Grade Floor Glass			Included			
3. <input type="checkbox"/>	Burglary and Robbery (Standard form only) or			\$10,000 Inside Premises			
<input checked="" type="checkbox"/>	Money and Securities (Special form only)			2,000 Outside Premises			
4. <input type="checkbox"/>	Employee Dishonesty			per occurrence			
5. <input checked="" type="checkbox"/>	Mechanical Breakdown / FDP			Included			
6. <input checked="" type="checkbox"/>	Other (SEE ATTACHED)						
LIABILITY AND MEDICAL PAYMENTS							
Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form.							
				<u>Limits of Insurance</u>			
Liability and Medical Expenses				\$1,000,000			
Medical Expenses				\$5,000 per person			
Fire Legal Liability				\$300,000, any one fire or explosion			
FORMS AND ENDORSEMENTS							
Forms and Endorsements made part of this policy at time of issue:							
See Page 2							
PREMIUM							
Premium		\$1,993.00					

Countersigned:

By: Turner Barker Insurance
 Authorized Representative:

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS AND FORMS, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY