

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: 041527
DEC 02 2004
CITY OF PORTLAND

This is to certify that St John Leasing Corp/Burr St
has permission to Remove and replace 156 sq. ft. wall sign tenant levels
AT 1 Union Plz / 240-290 St. John 064 A001002

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 permit in process before this building or part thereof is opened or 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 _____

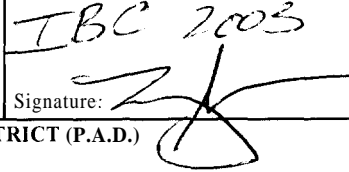
[Signature]
11/30/04
Director, Building & Inspection Services

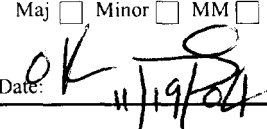
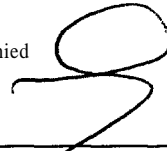
PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-1527	Issue Date: DEC 02 2004	CBL: 064 A001002
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Location of Construction: 1 Union Plz / 240-290 St. John	Owner Name: St John Leasing Corp	Owner Address: 202 Us Route 1 # 362	Phone: 781-431-7060
Business Name: n/a	Contractor Name: Burr Signs	Contractor Address: 10 Buttonwood St. So. Portland	Phone: 2077991183
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B2
Past Use: Commercial	Proposed Use: Commercial / Remove and replace 156sq. ft. wall sign & tenant panels	Permit Fee: \$342 00	Cost of Work: \$0.00
Proposed Project Description: Remove and replace 156 sq. ft. wall sign & tenant panels		INSPECTION: Use Group U Type: Sig.	
		Signature: 	
		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: gg	Date Applied For: 1011212004	Zoning Approval		
<p>1.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	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"/> Date: 	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 <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 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: 04-1527	Date Applied For: 10/12/2004	CBL: 064 A001002
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Location of Construction: 1 Union Plz 1240-290 St. John	Owner Name: St John Leasing Corp	Owner Address: 202 Us Route 1 # 362	Phone: 781-431-7060
Business Name: n/a	Contractor Name: Burr Signs	Contractor Address: 10 Buttonwood St. So. Portland	Phone: (207) 799-1183
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Permanent	
Proposed Use: Commercial / Remove and replace 156 sq. ft. wall sign & tenant panels		Proposed Project Description: Remove and replace 156 sq. ft. wall sign & tenant panels	

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 11/19/2004
Note: **Ok to Issue:**

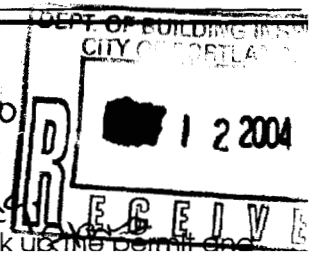
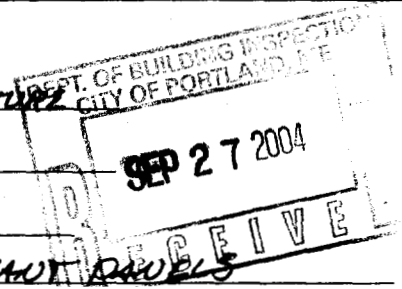
Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 11/30/2004
Note: **Ok to Issue:**

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

Signage/Awning Permit Application

I, 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>240-290 ST. FALL: ST</u>		
Total Square Footage of Proposed Structure <u>156</u>	Square Footage of Lot	
Tax Assessor' Chart, Block & Lot <u>L</u>	Owner: <u>UNION STATION LTD.</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>DOLLAR TREE</u>	Applicant name, address & telephone: <u>799-1183 09106</u>	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: <u>\$ 348.00</u> Awning Fee = Cost O Work: \$ Total Fee: \$
Current use: <u>RETAIL</u>		
If the location is currently vacant, what was prior use: <u>RETAIL/FURNITURE</u>		
Approximately how long has it been vacant: <u>1 MO.</u>		
Proposed use: <u>RETAIL</u>		
Project description: <u>REMOVE & REPLACE WALL SIGN & TENANT DRAPES</u>		
Contractor's name, address & telephone: <u>BURR SIGNS 799-1183</u>		
Who should we contact when the permit is ready: <u>RAUDY</u>		
Mailing address: <u>10 BUTTERNWOOD ST. SO. PORTLAND, ME 09106</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>799-1183</u>		



IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

is authority to enter all areas covered by this

Signature of applicant: <u>[Handwritten Signature]</u>	Date: <u>09/23/04</u>
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SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 240-290 ST. JOHN ST. ZONE: B-2

CBL: _____

SINGLE TENANT LOT? YES _____ NO X MULTI TENANT LOT? YES X NO _____
MORE THAN **ONE** SIGN TOTAL WITH PROPOSED SIGN? YES X NO _____

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES X NO _____ DIMENSIONS PROPOSED: 18' x 8' T.P.
BLDG. WALL SIGN? (attached to bldg) YES X NO _____ DIMENSIONS PROPOSED: 3' x 33' E 99'

EXISTING SIGN(S):

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):
FREESTANDING (e.g., pole) SIGN? YES X NO _____ DIMENSIONS: _____
BLDG. WALL SIGN (attached to bldg) ? YES X NO _____ DIMENSIONS: _____
AWNING? YES _____ NO X DIMENSIONS: _____

EXISTING FRONTAGE (FEET) 94 SPACE FRONTAGE (FEET): 94 x 1.5 = 141 MAX

AWNING YES _____ NO X 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 WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: _____ DATE: 09/03/04

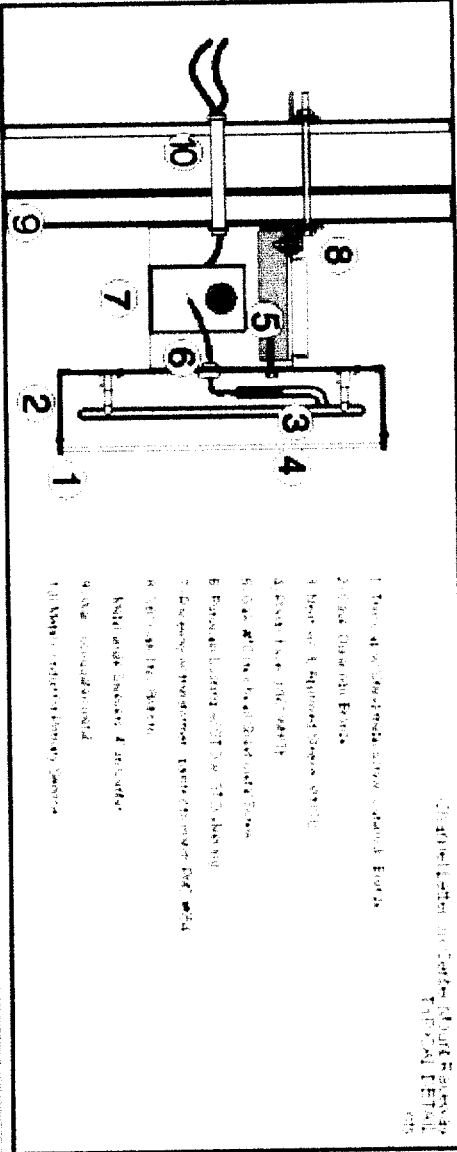
*** **FOR OFFICE USE ONLY** **

LOCATION: Dollar Tree
Portland, ME

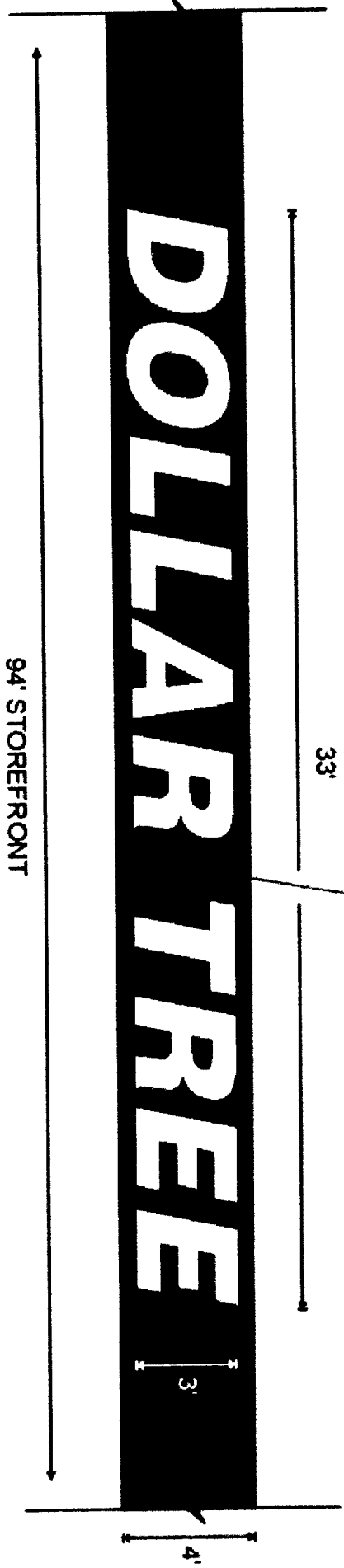
APPROVED BY:

DATE: 9/9/04

Power Requirements: 1) 120V, 20amp service, located (behind fascia)
between the raceways



FRONT VIEW Scale: 1/4" = 1'-0"



1) 120V, 20amp service, located (behind fascia)
between the raceways

$5 \times 33 = 99 \text{ ft}$

DOLLAR TREE



**DOLLAR
TREE.**

OPERATION
Store #3813
Portland, ME

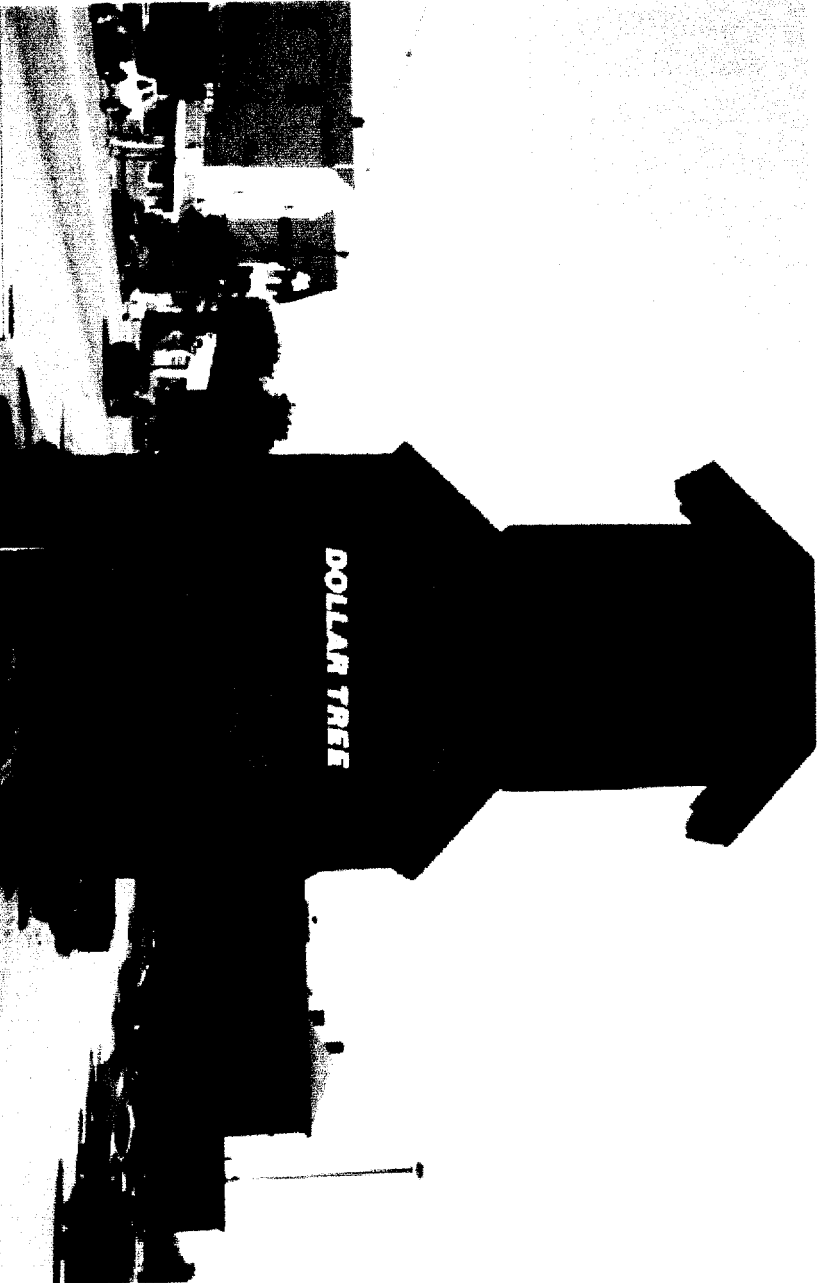
EXISTING
Existing Pylon

DATE
9/8/04



2) Replacement tenant panels
for an existing pylon
nts

19' x 26'
DOLLAR TREE



OK

Sep 17 04 09:50a

Cannar

(781) 431-7073

P-1

UNION STATION LIMITED PARTNERSHIP

Real Estate Development and Investment

12 BROOK STREET

WELLESLEY, MASSACHUSETTS 02482-6601

TELEPHONE (781) 431-7060

FACSIMILE (781) 431-7073

September 16, 2004

Mr. Barry Jacobson
Forman Sign Co.

Re: Sign for New Dollar Tree Store at Union Station Plaza, Portland, ME

Dear Mr. Jacobson:

We hereby authorize Forman Sign Co. to install a sign, consisting of 36" high individual letters on a raceway, for the planned new Dollar Tree store at Union Station Plaza shopping center on St. John's Street in Portland.

Very truly yours


J. Robert Connor

Via fax 215-827-6501

SEP-14-2004 15:01 AON RISK SERVICES

P. 02/03

ACORD CERTIFICATE OF LIABILITY INSURANCE

09/14/04

PRODUCER
 Aon Risk Services, Inc. of Tennessee
 720 Cool Springs Blvd
 Suite 880
 Franklin TN 37087 USA

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.

PHONE: 615-771-8100 FAX: 615-771-8179

INSURERS AFFORDING COVERAGE	
INSURER A:	Zurich American Ins Co
INSURER B:	American Zurich Ins Co
INSURER C:	American Guarantee & Liability Ins Co
INSURER D:	
INSURER E:	

INSURED
 no Jar Tree stores, Inc.
 Dollar Express, Inc.
 500 Volvo Parkway
 Chesapeake VA 23320 USA

COVERAGE: This Certificate is not a contract. It is subject to the terms, coverages, amounts, conditions and exclusions of the policies described below.

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.

INSTR. LTR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JCT <input type="checkbox"/> LOC	GL0293866602 General Liability	01/01/04	01/01/05	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$500,000 MED EXP (Any one person) \$1,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOM <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS	BAP293866702 Auto - All Other States BAP293866802 Auto - Virginia TAP293866902 AUTO -Texas	01/03/04 01/01/04 01/01/04	01/01/05 01/01/05 01/03/05	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 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 EA ACC AUTO ONLY: AGG
C	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION	AUC930224202 Lead Umbrella	01/01/04	01/01/05	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	WC293866402 WC-All States Except MA & WI WC293866502 WC Retro	01/01/04 01/01/04	01/01/05 01/01/05	B.L. EACH ACCIDENT \$1,000,000 B.L. DISEASE-POLICY LIMIT \$1,000,000 B.L. DISEASE-EA EMPLOYEE \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 RE: STORE ID# 644001 - 240 TO 292 ST. JOHNS STREET, PORTLAND, ME (ST. JOHN'S PLAZA).
 ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY: CITY OF PORTLAND
 CANCELLATION PROVISION SHOWN HEREIN IS SUBJECT TO SHORTER OR LONGER TIME PERIODS DEPENDING ON THE JURISDICTION OF,

CERTIFICATE HOLDER

CANCELLATION

CITY OF PORTLAND
 ATTN: CODE ENFORCEMENT
 389 CONGRESS STREET
 PORTLAND ME 04101 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE
Michelle M. Scott

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/14/04

PRODUCER
Aon Risk services, Inc. of Tennessee
720 cool springs Blvd
suite 680
Franklin TN 37067 USA

PHONE 615-771-8100 FAX-615-771-8179

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
Dollar Tree stores, Inc.
Dollar Express, Inc.
500 volvo Parkway
Chesapeake VA 23320 USA

INSURERS AFFORDING COVERAGE	
INSURER A	Zurich American Ins Co
INSURER B	American Zurich Ins Co
INSURER C	American Guarantee & Liability Ins Co
INSURER D	
INSURER E	

COVERAGES This Certificate is not intended to specify all endorsements, coverages, terms, conditions and exclusions of the policies shown.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	GL0293866602 General Liability	01/01/04	01/01/05	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$500,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$1,000
					PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY	BAP293866702	01/01/04	01/01/05	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	Auto - All other States	01/01/04	01/01/05	BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	BAP293866802	01/01/04	01/01/05	BODILY INJURY (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS	TAP293866902			PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> HIRED AUTOS	Auto - Texas				
<input type="checkbox"/> NON OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	EA ACC AGG
C	EXCESS LIABILITY	AUC930224202	01/01/04	01/01/05	EACH OCCURRENCE	\$5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Lead umbrella			AGGREGATE	\$5,000,000
	<input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION					
A B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WC293866402	01/01/04	01/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
		WC-All states Except MA & WI-			OTHER	
		WC293866502	01/01/04	01/01/05	E L EACH ACCIDENT	\$1,000,000
		WC Retro			E L DISEASE-POLICY LIMIT	\$1,000,000
					E L DISEASE-EA EMPLOYEE	\$1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
RE: STORE ID# 64A001 - 240 TO 292 ST. JOHNS STREET, PORTLAND, ME (ST. JOHN'S PLAZA).
ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY: CITY OF PORTLAND
CANCELLATION PROVISION SHOWN HEREIN IS SUBJECT TO SHORTER OR LONGER TIME PERIODS DEPENDING ON THE JURISDICTION OF,

CERTIFICATE HOLDER

CITY OF PORTLAND
ATTN: CODE ENFORCEMENT
389 CONGRESS STREET
PORTLAND ME 04101 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Michelle M. Scott

Hold r of a tifi r
570010988955
Certifi # a Nc

Attachment to ACORD Certificate for Dollar Tree stores, Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

Dollar Tree stores, Inc
 Dollar Express, Inc.
 500 Volvo Parkway
 Chesapeake VA 23320 USA

INSURER
INSUKFK
INSURER
INSURER
INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits

INSR ITR	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS AND REASON FOR THE CANCELLATION.