

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

PERMIT ISSUED

Permit No: 01-1147 Issue Date: OCT 1 2001
 CBL: 87-00-25
~~097-025801~~

Location of Construction: 126 Island Ave	Owner Name: New Englnd Telephone	Owner Address: 126 Island Ave	Phone: 207-857-9488
Business Name: n/a	Contractor Name: PJ Roberts	Contractor Address: Box 473 Westbrook	Phone: 2078579488
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: I-B

Past Use: Utility Company	Proposed Use: Utility Company / Cut two holes left side of building 10" x 30" & 16" x 30" for air units	Permit Fee: \$30.00	Cost of Work: \$600.00	CEO District: 2
Proposed Project Description: Cut holes in building for Air Units		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type:
		Signature: <i>[Signature]</i>		BOCA/12/1999
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: 09/18/2001	Zoning Approval
------------------------	---------------------------------	------------------------

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</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>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MMS <input type="checkbox"/></p> <p>Date: <i>al S</i> 9/27/01</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
---	--	--	--

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 _____

All Purpose Building 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: 126 ISLAND AVE PORT ME

Total Square Footage of Proposed Structure <u>1280 sq ft</u>	Square Footage of Lot
---	-----------------------

Tax Assessor's Chart, Block & Lot Chart# <u>087</u> Block# <u>0</u> Lot# <u>025</u>	Owner: <u>VERIZON</u>	Telephone: <u>857-9488</u>
--	-----------------------	----------------------------

Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>PJ ROBERTS</u> <u>P.O. Box 473 WESTBROOK ME</u>	Cost Of Work: \$ <u>600⁰⁰</u> Fee: \$ <u>30.00</u>
-------------------------------------	---	--

Current use: UTILITY CO

If the location is currently vacant, what was prior use: _____

Approximately how long has it been vacant: _____

Proposed use: SAME AS ABOVE

Project description:
CUT TWO HOLES LEFT SIDE OF BUILDING 10" x 30"
16" x 30"

Contractor's name, address & telephone: P.J. ROBERTS - Box 473 WESTBROOK ME

Who should we contact when the permit is ready: PETER ROBERTS 857-9488

Mailing address: SAME AS ABOVE
Call & mail!
Phone: SAME

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.

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: [Signature]

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND
Date: 9/10

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

SEP 18 2001

9/18
Gouy



ROBSON & WOESE INC. CONSULTING ENGINEERS
SYRACUSE • ALBANY • BUFFALO • RALEIGH/DURHAM

Albert Dist. This ?
B

June 5, 2001

To Whom It may Concern:

I'm with Robson & Woese, Inc., Consulting Engineers in Albany, NY. Robert Keyser, of Verizon, has asked us to manage the 2001 Logo Replacement Program Phase II. Below you will find my name, address, office phone number, fax number, mobile phone number, and e-mail address. Throughout this program, should you have any questions or concerns, please feel free to contact me.

By now you have most likely received lists of locations to install new signs, a couple of drawings of the signs themselves, perhaps a list of signs being shipped to you, and in some cases may have already received some signs. I am going to forward to you my list, broken down by Contractor, so that we are all talking from the same page. You are going to see quite a few blanks but most of them are for me to worry about not you. There are only a couple I need you to fill in for me, the ACT (Actual Date Installed) and the Sign Type (if different than what may already be filled in).

By the end of day, every Wednesday, I would like you to either e-mail or fax to me, your list with those two columns filled in for any locations you've installed in the past week. I need to have a report to Verizon every Thursday morning so this is very important, please.

Verizon is very anxious to get these installations under way and completed as soon as possible. Anything I can do to help, or if you think you are missing something, please ask.

Sincerely:

Jeff A. Stannard
Robson & Woese, Inc.
4 Airline Drive, Suite 105
Albany, New York 12205

Office (518) 452-8665
Fax (518) 452-8605
Mobile (518) 389-8426

e-mail jstannar@robsonwoese.com

jstannar@robsonwoese.com

4 Airline Dr., Suite 105 • Albany, New York 12205
(518) 452-8665 • Fax (518) 452-8605 • www.robsonwoese.com

MECHANICAL, ELECTRICAL and FIRE PROTECTION ENGINEERING

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.

Additional Coverages and Factors07/26/2001

Line of Business Coverages for Business Auto

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
Combined single limit	1,000,000				
Medical payments	1,000				
Uninsured motorist	1,000,000				
Combined single limit					

Line of Business Coverages for General Liability

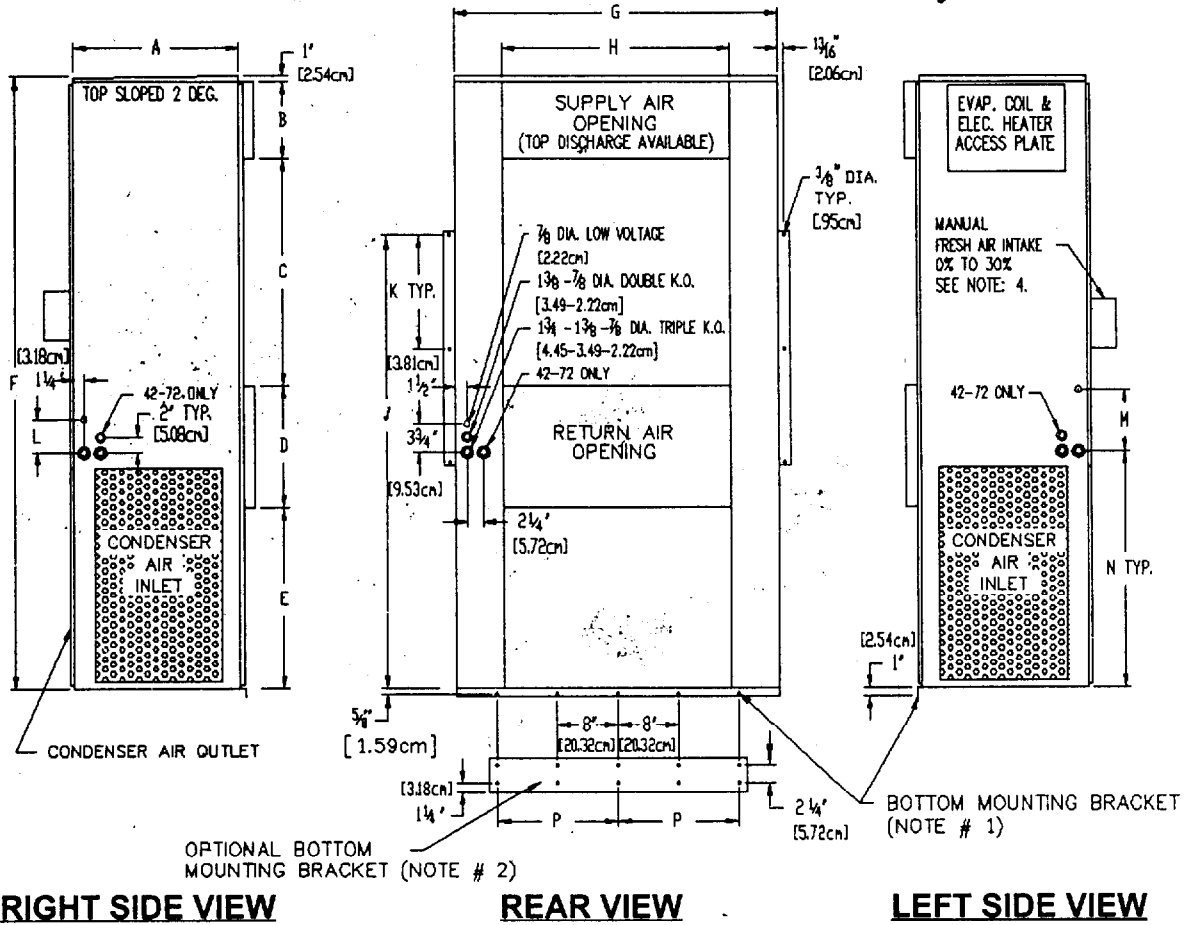
Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
General Aggregate	2,000,000				
Products/Completed Ops	2,000,000				
Aggregate					
Personal & Advertising	1,000,000				
Injury					
Each Occurrence	1,000,000				
Fire Damage	50,000				
Medical Expense	5,000				

Line of Business Coverages for Workers Compensation

Coverage	Limits	Ded/Ded Type	Rate	Premium	Factor
WC & Employer's Liability	500,000/500,000/ 500,000				
Increased employer's liability				244.00	
Scheduled Mod				-3,315.00	0.75000
Adjst. to reconcile-exp				-1,312.00	0.91000
Mod. premium					
Board Assessment				198.00	1.99000
Premium discount				-539.00	
Fresh Start				603.00	6.32000

NOMINAL CABINET DIMENSION TABLE FOR AV/AVE

*2" X 8" for headers
as per Contractor*

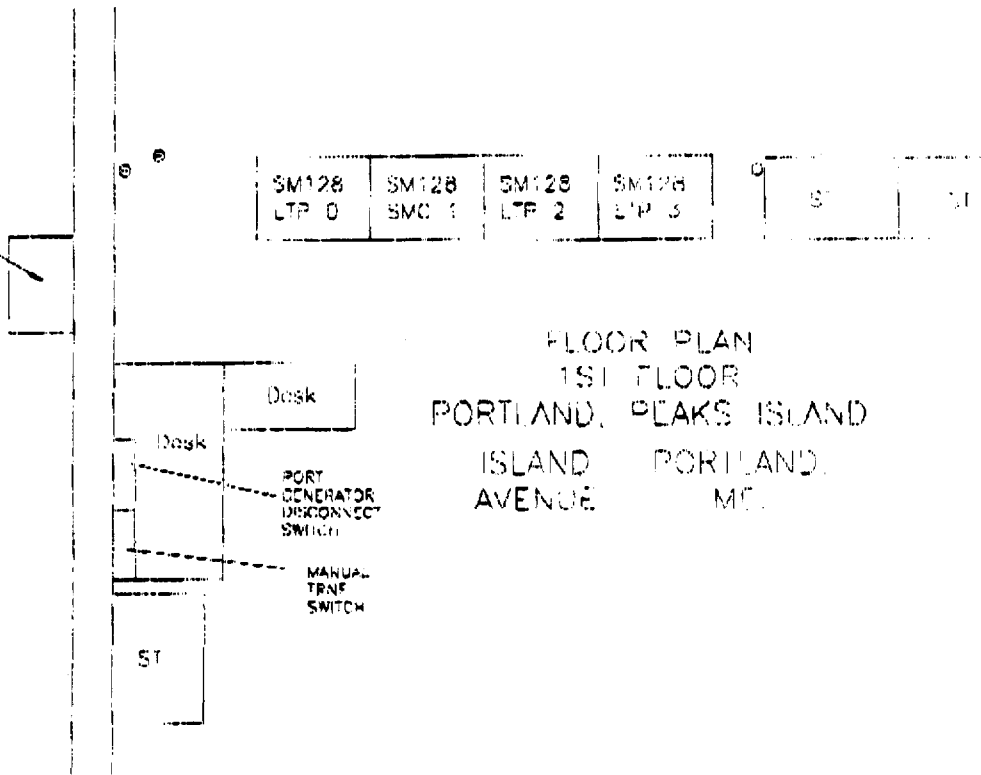


**NOMINAL CABINET DIMENSION TABLE
for
AV, AVE AIR CONDITIONER**

MODEL	A	B	C	D	E	F	G	H	J	K	L	M	N	P
18-24 (CM)	18 1/4" (46.36)	8" (20.32)	20 1/2" (52.07)	12" (30.48)	24 1/2" (62.23)	66" (167.64)	30" (76.20)	20" (50.80)	60" (152.40)	15" (38.10)	3 7/8" (9.84)	5 1/4" (13.34)	27" (68.58)	12" (30.48)
30-36 (CM)	18 1/4" (46.36)	8" (20.32)	18" (45.72)	14" (35.56)	25" (63.50)	66" (167.64)	38" (96.52)	28" (71.12)	60" (152.40)	15" (38.10)	3 7/8" (9.84)	5 1/4" (13.34)	27" (68.58)	16" (40.64)
42-60 (CM)	22" (55.88)	10" (25.40)	30" (76.20)	16" (40.64)	23 3/4" (60.33)	80 3/4" (205.11)	43" (109.22)	30" (76.20)	72 7/8" (185.10)	15" (38.10)	4 1/4" (10.80)	8 1/4" (20.95)	31 1/4" (79.38)	16" (40.64)

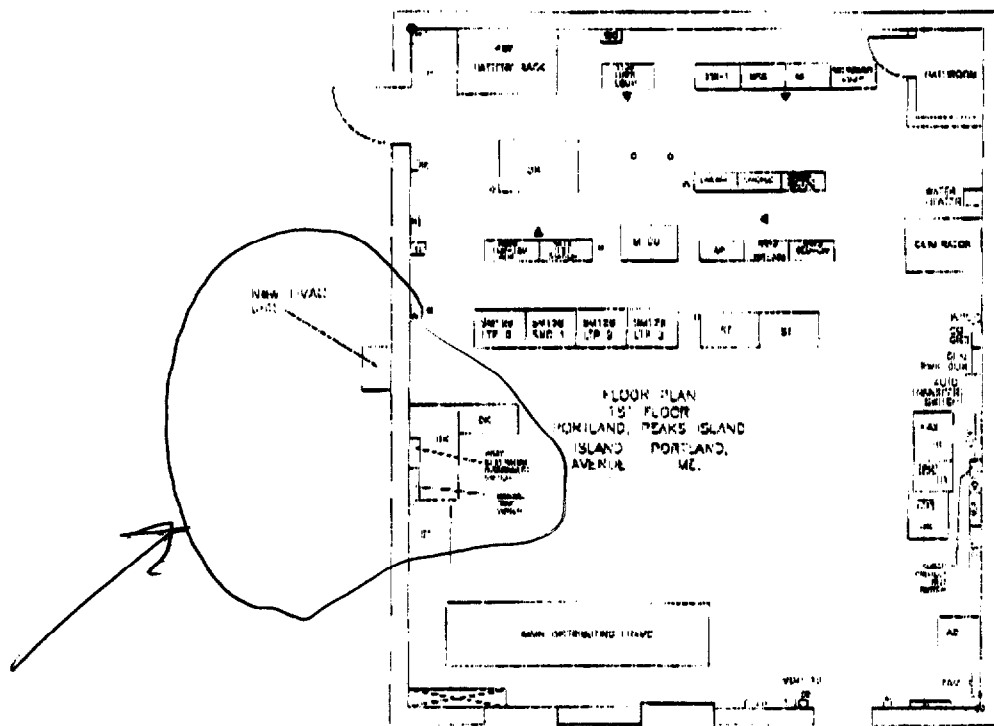
- NOTE:**
1. BOTTOM MOUNTING BRACKET INCORPORATED ON UNIT BASE.
 2. SECONDARY BOTTOM MOUNTING BRACKET AVAILABLE AS OPTION.
 3. INTERNAL ECONOMIZER AVAILABLE (FACTORY INSTALLED).
 4. INTERNAL ADJUSTABLE POWER VENTILATOR AVAILABLE (0% - 40% OR 0% - 100%).

New HVAC unit



FLOOR PLAN
 1ST FLOOR
 PORTLAND, PEAKS ISLAND
 ISLAND PORTLAND,
 AVENUE ME.

Peaks Island



TO: PETER (PAK 854-9655)

FROM: GREG

RE: Peaks Island

EQUIPMENT: STON Sun unit

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/18/2001

PRODUCER (207)774-6257 FAX (207)774-2994
Clark Associates
2331 Congress Street
P O Box 3543
Portland, ME 04104

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

INSURED P. J. Roberts Electric, Inc.
474 Main Street
Gorham, ME 04038

INSURER A: Peerless Ins Co
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	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 <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUP	CCP9253170	07/28/2001	07/28/2002	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JEC <input type="checkbox"/> LOC						
	A	AUTOMOBILE LIABILITY <input checked="" 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	BA9038604	07/28/2001	07/28/2002	COMBINED SINGLE LIMIT (Ea 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 AGG \$	
		A	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	CU9253754	07/28/2001	07/28/2002	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC9458176	12/21/2000	12/21/2001	<input type="checkbox"/> WC STATE TORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY L MIT \$ 500,000
	OTHER						

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Verizon
Island Avenue
Peaks Island, ME 04108

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

AUTHORIZED REPRESENTATIVE

Linda Nielsen/HANNA

