

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 061642

Please Read Application And Notes, If Any, Attached

This is to certify that Shahnaz Properties Llc /The Signery

has permission to Replace awning - "Acropolis"

AT 799 Forest Ave

Call 137 C003001

PERMIT ISSUED
JAN 22 2007

provided that the person or persons who apply for or accept this permit shall comply with all of the provisions of the Statutes of this 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 procured before this building or part thereof is loaded or closed-in. 4 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

Thomas M. Manley 01/02/07
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: 06-1642	Issue Date:	CBL: 137 C003001
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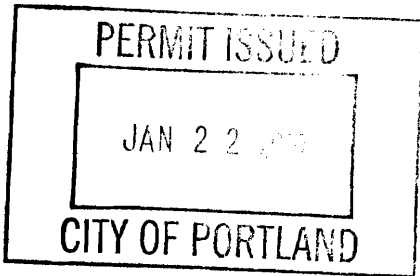
Location of Construction: 799 Forest Ave	Owner Name: Shahnaz Properties Llc	Owner Address: 256 Bancroft St	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 2078797700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2

Past Use: Commercial - Restaurant (Shahnaz Persian Grille)	Proposed Use: Commercial - Restaurant- Replace awning - "Acropolis"	Permit Fee: \$90.00	Cost of Work: \$90.00	CEO District: 4
Proposed Project Description: Replace awning - "Acropolis"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Commercial</i> Type: <i>5B</i> <i>IDC 2003</i>	
		Signature:	Signature: <i>Jm 02/02/07</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: 11/07/2006	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"/> Date: <i>11/07/07</i> <i>ABU</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 <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>ABU</i> Date: _____
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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: 06-1642	Date Applied For: 11/07/2006	CBL: 137 C003001
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Location of Construction: 799 Forest Ave	Owner Name: Shahnaz Properties Llc	Owner Address: 256 Bancroft St	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone (207) 879-7700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Restaurant- Replace awning - "Acropolis"	Proposed Project Description: Replace awning - "Acropolis"
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 01/02/2007

Note: The sign ordinance (14-369.5 - Table 2.13) states that for multi-tenant lots each tenant is allowed one building sign. The applicants have decided to have the awning as their one sign and have agreed to remove the 4' x4' building sign so that their signs will be in compliance. **Ok to Issue:**

- 1) This permit is to replace the existing 18' awning over the door to the restaurant.
- 2) This permit is being issued with the understanding that the 4' x 4' sign mounted on the front of the building will be removed.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:** 01/02/2007

Note: **Ok to Issue:**

- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

Comments:

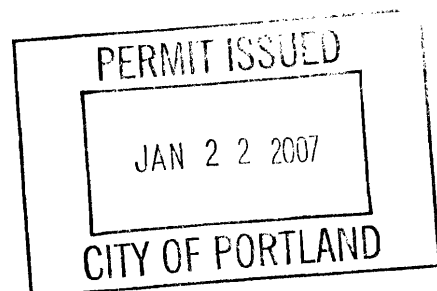
11/15/2006-amachado: Spoke to Zoe Katsamas. Told her that Alternative one for individual business signs only allows one per tenant. She would be willing to get rid of the name on the awning and just have the 4' x4' sign out front. To possibly have the two signs, alternative 2 would have to be used and we don't have enough information for that at this point. Zoe also said that they want to change the design of the awning.

11/16/2006-amachado: Spoke to Zoe. The application is being revised. They will take down the existing 4' x 4' sign on the front of the building. They will have signage on the new awning over the door. They will submit a new awning plan.

11/17/2006-amachado: Spoke to Zoe. They are just going to replace the existing awning.

12/1/2006-amachado: Spoke to Zoe. She will get me the dimensions of the signage for the awning that they are replacing. They are also adding onto their space and want to change the other existing awning.

1/2/2007-amachado: Spoke to Zoe. Dimensions for signage on the awning is 12.5" x 71" which is 6.2 square feet. They are not doing anything with the other awning over the new space at this point.



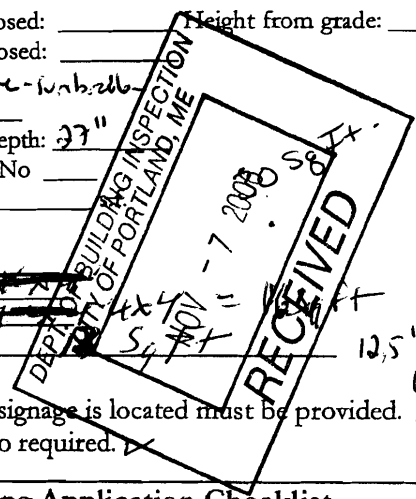


Signage/Awning Permit Application

#1

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>795 - 799 Forest Ave, Portland, ME 04103</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>137</u> Block# <u>C</u> Lot# <u>2</u>	Owner: <u>Shahbaz Mahager</u>	Telephone: <u>671-7550</u>
Lessee/Buyer's Name (If Applicable) <u>Nicki Furos & Zoe Katsunas</u>	Contractor name, address & telephone: <u>The Signery 84 Love Street Portland, ME 04106 207-879-7700</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: \$ <u>900</u> Awning Fee = cost of work <u>540</u> Total Fee: \$ <u>1440</u>
Who should we contact when the permit is ready: <u>Nicki Furos Katsunas</u> phone: <u>210-8388</u>		
Tenant/allocated building space frontage (feet): Length: <u>62'</u> Height: <u>10'</u> Lot Frontage (feet) <u>110 Ft</u> Single Tenant or Multi Tenant Lot <u>Multi Tenant</u> <u>2 lots</u>		
Current Specific use: <u>Restaurant</u> If vacant, what was prior use: <u>N/A</u> Proposed Use: <u>Restaurant - replace awning.</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: ___ Height from grade: ___ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions proposed: ___ Proposed awning? <u>replace existing</u> Yes <input checked="" type="checkbox"/> No ___ Is awning backlit? Yes <input checked="" type="checkbox"/> No ___ <u>int opaque - w/ bubble</u> Height of awning: <u>2'</u> Length of awning: <u>18'</u> Depth: <u>27"</u> 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 <input checked="" type="checkbox"/> No ___ Dimensions: <u>4x4</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions: <u>4x4</u> Awning? Yes <input checked="" type="checkbox"/> No ___ Sq. ft. area of awning w/communication: <u>12.5' x 7.1' = 88.75 sq ft</u> <u>6.2 ft</u>		
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. ✓		



existing sign plan

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: Nicki Furos Date: 11-2-06

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

building sign - multi tenant
1.5 x 24 x 31 ft
1 sign per tenant.

Signage on awning is 1 ft

30 SQFT

FOREST AVENUE

(PAVED)

being removed.
Bldg Sign

55'± (TAX MAP)

49'± (TAX MAP)

2 STORY
WOOD FRAME
COMMERCIAL

1 STORY
WOOD FRAME
COMMERCIAL

Alcopols

PAVED
DRIVE/PARKING

PARCEL 2

AWNING

119'±

125'±

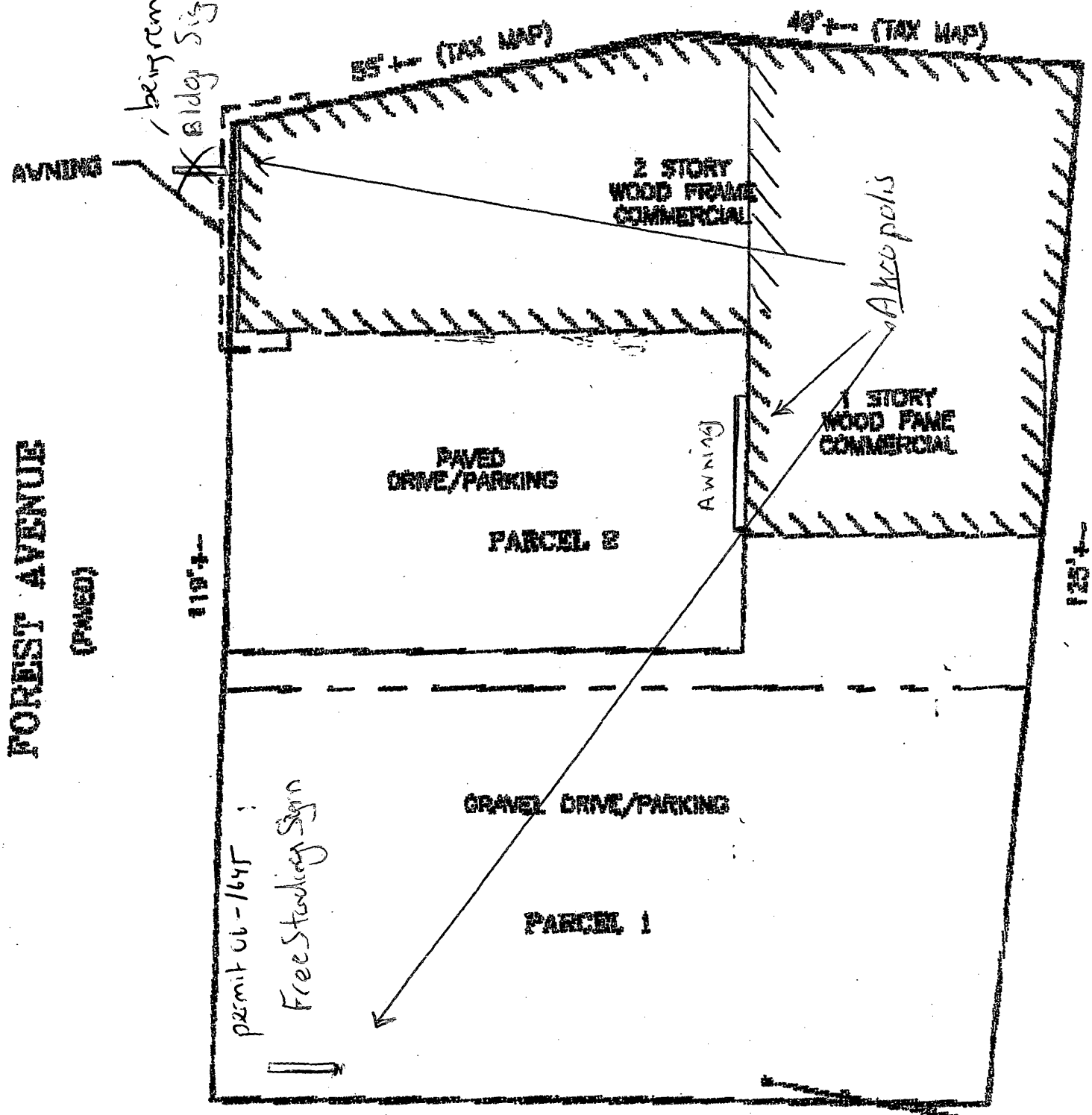
GRAVEL DRIVE/PARKING

PARCEL 1

permit 06-164F
Free Standing Sign

87'± (DEED)

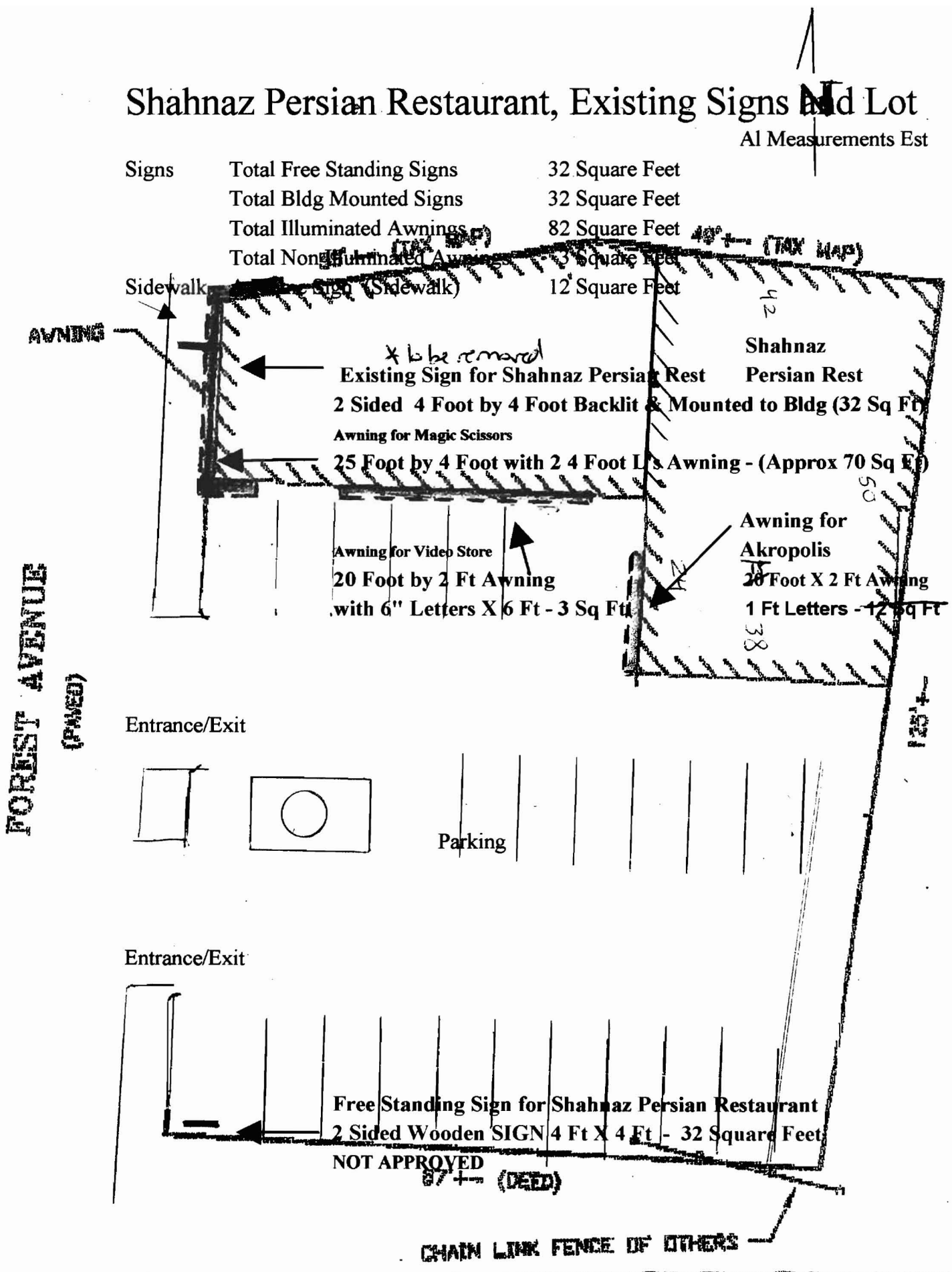
CHAIN LINK FENCE OF OTHERS



Shahnaz Persian Restaurant, Existing Signs and Lot

All Measurements Est

Signs	Total Free Standing Signs	32 Square Feet
	Total Bldg Mounted Signs	32 Square Feet
	Total Illuminated Awnings	82 Square Feet
	Total Non-Illuminated Awnings	3 Square Feet
	Sign (Sidewalk)	12 Square Feet



FOREST AVENUE
 (PAVED)

Free Standing Sign for Shahnaz Persian Restaurant
2 Sided Wooden SIGN 4 Ft X 4 Ft - 32 Square Feet

NOT APPROVED
 87'± (DEED)

CHAIN LINK FENCE OF OTHERS

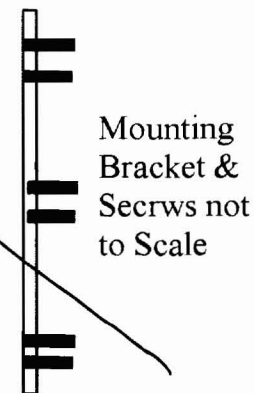
Building Sign is mounted on metal brackets and secured against the building face. Only the plastic faces are being replaced.

FILE TASREST2

*not part
of permit
can only
have one sign
per front.*



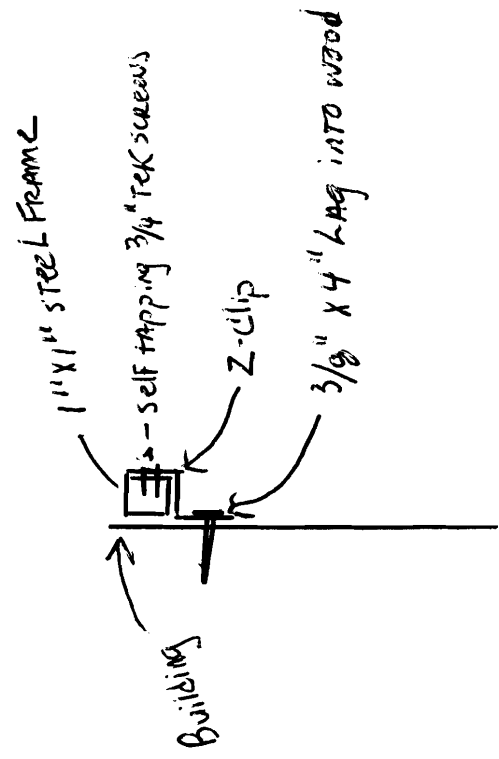
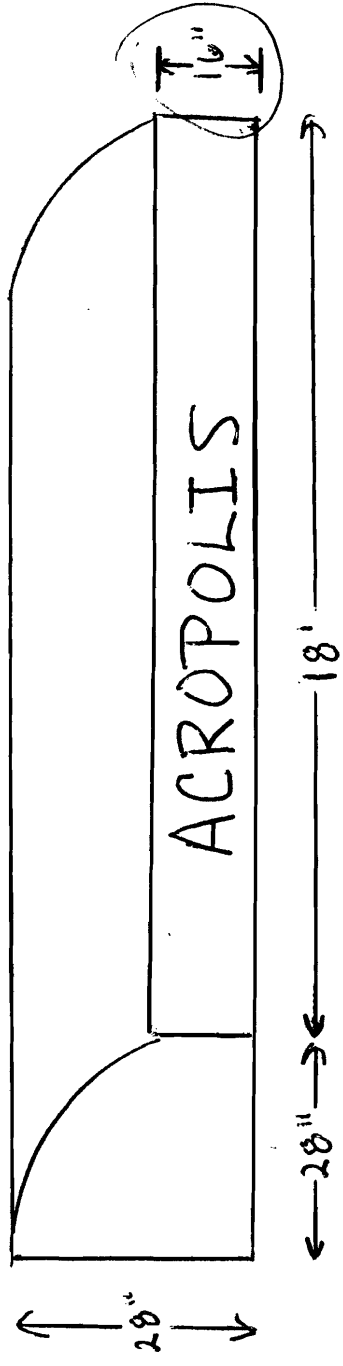
1 Inch = 2 Feet



Existing Awning cover to be replaced with 12 Inch Letters and Backlit with 2 sets 8 foot flourescent fixtures. The awning is secured against the building with aluminum framing.



NAVY BLUE
Sunbrella FR



ATTACHMENT DETAIL

to be removed Sign Faces to Change.



Shahnaz Mahager
256 Bancroft Street
Portland, Maine 04103

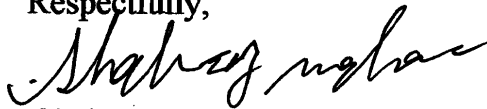
Tel 207-671-7550

Code Enforcement
City of Portland
City Hall
389 Congress Street
Portland, Maine 04101

To Whom it May Concern:

I grant my permission for the Tenant(s), Nickiforos and Zoe Katsamas to change the awning in front of the premises, the building sign located in front of the building and hung over the sidewalk, and the free standing sign in the front of the building and located on Parcel 1 as outlined on the attachment.

Respectfully,



Shahnaz Mahager
Landlord

2/26/03

2/26/03

Certificate of Flame Resistance



**REGISTERED
APPLICATION
CONCERN No.**

FA-36801

ISSUED BY

Glen Raven Mills, Inc.
1831 N. Park Avenue
Glen Raven, NC 27217

(Phone) 336/227-6211 (Fax) 336/229-4039

Date treated or
manufactured

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR _____ ADDRESS _____
CITY _____ STATE _____

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used _____ Chem. Reg. No. _____

Method of application _____

(b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used FR Sunbrella® Reg. No. FA-36801

The Flame Retardant Process Used will not **Be Removed By Washing**
(will or will not)

Glen Raven Mills, Inc.

Name of Applicator or Production Superintendent

By

GLEN RAVEN MILLS, INC.

Jesse A. Ellington

Title



Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- Certificate of flammability required for awning or canopy.
- A UL# is required for lighted signs at the time of final inspection.
- Pre-application questionnaire completed and attached.
- Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, \$9.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/07/2006

PRODUCER (207) 883-8229
SOUTHERN MAINE INSURANCE
432 US RTE 1
P.O. Box 6803
SCARBOROUGH ME 04070-6803

INSURED
ACROPOLIS
795 FOREST AVE
PORTLAND ME 04103-

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 #
INSURER A: HARTFORD CASUALTY	
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 LTR/INSRD	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"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PENDING	11/03/2006	11/03/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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 PD
	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 EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> 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 STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER BOPPR	PENDING	11/03/2006	11/03/2007	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 CERTIFICATE HOLDER NAMED ADDITIONAL INSURED WITH RESPECTS TO SIGN OVERHANGING BUILDING

CERTIFICATE HOLDER

() - () -
CITY OF PORTLAND

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Michelle Gup

CORD 25 (2001/08)

INS025 (0108).05

ELECTRONIC LASER FORMS, INC. - (800)327-0545

© ACORD CORPORATION 1988

Page 1 of 2

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

11/07/06

PRODUCER Cross Insurance -CL/Bnds-P P. O. Box 567 Portland, ME 04112 800 286-5352	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 Leavitt & Parris, Inc. 256 Read Street Portland, ME 04103	INSURER A: One Beacon Insurance Company	20621
	INSURER B: Maine Employers Mutual Insurance Co.	11149
	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 LTR	INSRD	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"/> OCCUR <input checked="" type="checkbox"/> PD Ded:1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	7100110630000	04/30/06	04/30/07	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COM/PROP AGG	\$2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Other Car	7100110630000	04/30/06	04/30/07	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 AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	7100110630000	04/30/06	04/30/07	EACH OCCURRENCE	\$3,000,000
						AGGREGATE	\$3,000,000
							\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	1810063708	04/30/06	04/30/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTI-FER	
						E.L. EACH ACCIDENT	\$500,000
						E.L. DISEASE - EA EMPLOYEE	\$500,000
						E.L. DISEASE - POLICY LIMIT	\$500,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
RE: Awning at 795 Forest Avenue, Portland, ME
Zoe & Nick Katsamus and The City of Portland are named as Additional Insureds with respect to General Liability only.

CERTIFICATE HOLDER Zoe & Nick Katsamus 795 Forest Avenue Portland, ME 04103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>[Signature]</i>
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