

Location of Construction: 803 Forest Ave		Owner: Sangillo, Michael		Phone:		Permit # 961050 PERMIT ISSUED Permit Issued: OCT 24 1996 CITY OF PORTLAND Zone: CBL: 137-C-005 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 <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>		
Owner Address:		Leasee/Buyer's Name: Sign Pro 803 Forest Ave Pch		Phone: 04101			Business Name: 828-0456	
Contractor Name:		Address:		Phone:			COST OF WORK: \$ PERMIT FEE: \$ 51.80/Pre-cut FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: Signature:	
Past Use: Retail		Proposed Use: Same		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:			Proposed Project Description: Erect Signage 138 Sq Ft Awning	
Permit Taken By: Mary Gresik		Date Applied For: 15 October 1996						

1. This permit application doesn't 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..

Any Questions Call Mike Sambrook 774-6364
 Mail All INFO To WBIM 1 City Center Port
 ATTN: Mike Sambrook

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 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

SIGNATURE OF APPLICANT *Deborah Glasier* ADDRESS: DATE: 15 October 1996 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT

6

Location of Construction: 803 Forest Ave		Owner: Sangillo, Michael		Phone:		Permit No: 961050 PERMIT ISSUED Issued: OCT 24 1996 CITY OF PORTLAND
Owner Address:		Leasee/Buyer's Name: Sign Pro 803 Forest Ave Ptd, ME 04103		Phone: 828-0456		
Contractor Name:		Address:		Phone:		
Past Use: Retail		Proposed Use: Same		COST OF WORK: \$ PERMIT FEE: \$ 51.80/Precut FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: _____ Signature: <i>[Signature]</i>		
Proposed Project Description: Erect Signage & Awning 138 Sq Ft				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____		Zone: <i>B-2</i> CBL: 137-C-005 Zoning Approval: <i>ok with condition</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>That the one sign attached</i> <input type="checkbox"/> Wetland <i>is at the bldg</i> <input type="checkbox"/> Flood Zone <i>is deleted</i> <input type="checkbox"/> Subdivision <i>minor</i> <input type="checkbox"/> Site Plan <i>minor</i> <i>10/23/96</i>
Permit Taken By: Mary Gresik		Date Applied For: 15 October 1996				

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[Signature]
SIGNATURE OF APPLICANT Deborah Glasier

ADDRESS: _____ DATE: 15 October 1996 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

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *10/16/96*

[Signature]

CEO DISTRICT **6**
in Leary

PORTLAND

Proof ins.
Letter from owner
CLC
Sketch

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 803 Forest Ave ZONE: B2

OWNER: Michael Sangillo

APPLICANT: Fuller Jeffrey Broadcasting Corp DBA/SignPro

ASSESSOR NO.: _____

SINGLE TENANT LOT? YES _____ NO _____

MULTI TENANT LOT? YES NO _____

FREESTANDING SIGN? YES NO _____
(ex. pole sign..)

MORE THAN ONE SIGN? YES NO _____

BLDG. WALL SIGN? YES NO _____
(attached to bldg)

MORE THAN ONE SIGN? YES NO _____ DIMENSIONS 2 1/2 x 6

10/23/96
Other than awning
only 1 sign permitted make
Sambrook choose the projects
2x3 sign -
Not the sign
attached to
the bldg.
flat 2
S

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: _____

2 freestanding signs (2x3') 1-4x6 mounted on bldg.
1-2 1/2 x 6 sign extending out from bldg. One smaller sign by entry door

LOT FRONTAGE (FEET) 92'

BLDG FRONTAGE (FEET) 80' x 1.5 = 120'

AWNING YES NO _____ IS AWNING BACKLIT? YES NO _____

HEIGHT OF AWNING: 4' Awning 20 x 4 = 80'

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? yes logo

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW

SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE

PROPOSED SIGNS ARE ALSO REQUIRED.

2800 Sq FT
2570 of space is ours
11,200 Sq FT

A 25' x 26.80
13452 FT Signage

INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

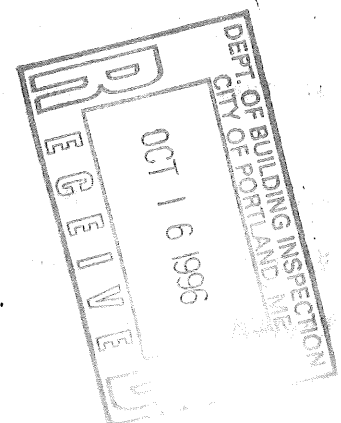
APPLICANTS FOR A SIGN PERMIT WILL BE ASKED TO SUBMIT THE FOLLOWING INFORMATION TO THE CODE ENFORCEMENT OFFICE:

1. PROOF OF INSURANCE
2. LETTER OF PERMISSION FROM THE OWNER
3. A SKETCH PLAN OF THE LOT, INDICATING LOCATION OF BUILDINGS, DRIVEWAYS AND ANY ABUTTING STREETS OR RIGHT OF WAYS. LENGTHS OF BUILDING FRONTAGES AND STREET FRONTAGES SHOULD BE NOTED (SEE ATTACHED)
4. INDICATE ON THE PLAN ALL EXISTING AND PROPOSED SIGNS
5. COMPUTATION OF THE FOLLOWING:
 - A) SIGN AREA OF EACH EXISTING AND PROPOSED BUILDING SIGN
 - B) SIGN AREA HEIGHT AND SETBACK OF EACH EXISTING AND PROPOSED FREESTANDING SIGN

A SKETCH OF ANY PROPOSED SIGN(S), INDICATING DIMENSIONS, MATERIALS, SOURCE OF ILLUMINATION AND CONSTRUCTION METHOD (SEE ATTACHED)

FEE FOR PERMIT - \$25.00 PLUS \$0.20 PER SQUARE FOOT

NOTE: ONCE A SKETCH PLAN HAS BEEN FILED FOR A PROPERTY, THE CODE ENFORCEMENT OFFICE WILL KEEP A RECORD OF THE PLAN SO THAT A NEW SKETCH PLAN WILL NOT BE REQUIRED FOR LATER CHANGES TO SIGNAGE ON THE PROPERTY. IN SUCH AN INSTANCE, APPLICANTS WILL ONLY BE REQUIRED TO SUBMIT INFORMATION APPLICABLE TO THE NEW SIGNS.



10/15/96 16:52 207 871 1288 BOULOS BROKERAGE 002
10/15/96 16:25 1 207 879 5438 Portland Percuss 01
From: Shawn Losier 679-5433 BOULOS BROKERAGE 10/15/96 16:27:53 PAGE 0002
To: 10/15/96 16:04 207 871 1288

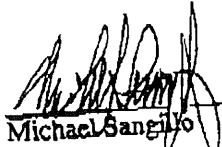
**Mr. Michael Sangillo
803 Forest Avenue
Portland, ME 04103**

October 15, 1996

To Whom it May Concern:
Re: Signage/Awning for 803 Forest Avenue

As the property owner of 803 Forest Avenue, I authorize Fuller-Jeffrey Broadcasting Corporation, d/b/a Sign Pro, to hang an awning on the referenced space in accordance with the City of Portland Sign/Awning Ordinance.

Sincerely,


Michael Sangillo

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
10/15/96

PRODUCER
HRH Jones & Brand & Hullin
440 Drake Circle
P.O. Box 13356
Sacramento, CA 95813

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.

COMPANIES AFFORDING COVERAGE

COMPANY
A ITT/Hartford Insurance Group

INSURED
Station WBLM
Fuller-Jeffrey Broadcasting
One City Center
Portland, ME 04101

COMPANY
B

COMPANY
C

COMPANY
D

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO 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"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	57UUNVI4547	12/31/95	12/31/96	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG \$2,000,000 PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$1,000,000 MED EXP (Any one person) \$ 5,000
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	57UUNVI4547	12/31/95	12/31/96	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	OTHER				

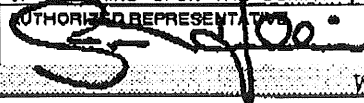
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Certificate Holder is Included as Additional Insured per #CG2010 Attached
 RE: Sidwalk Sign

CERTIFICATE HOLDER

City of Portland
389 Congress Street, Room 315
Portland, ME 04101

CANCELLATION

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


THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

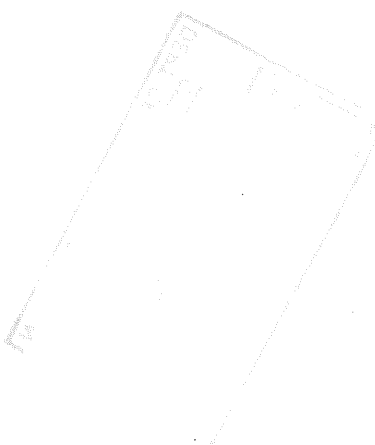
Name of Person or Organization:

The City of Portland

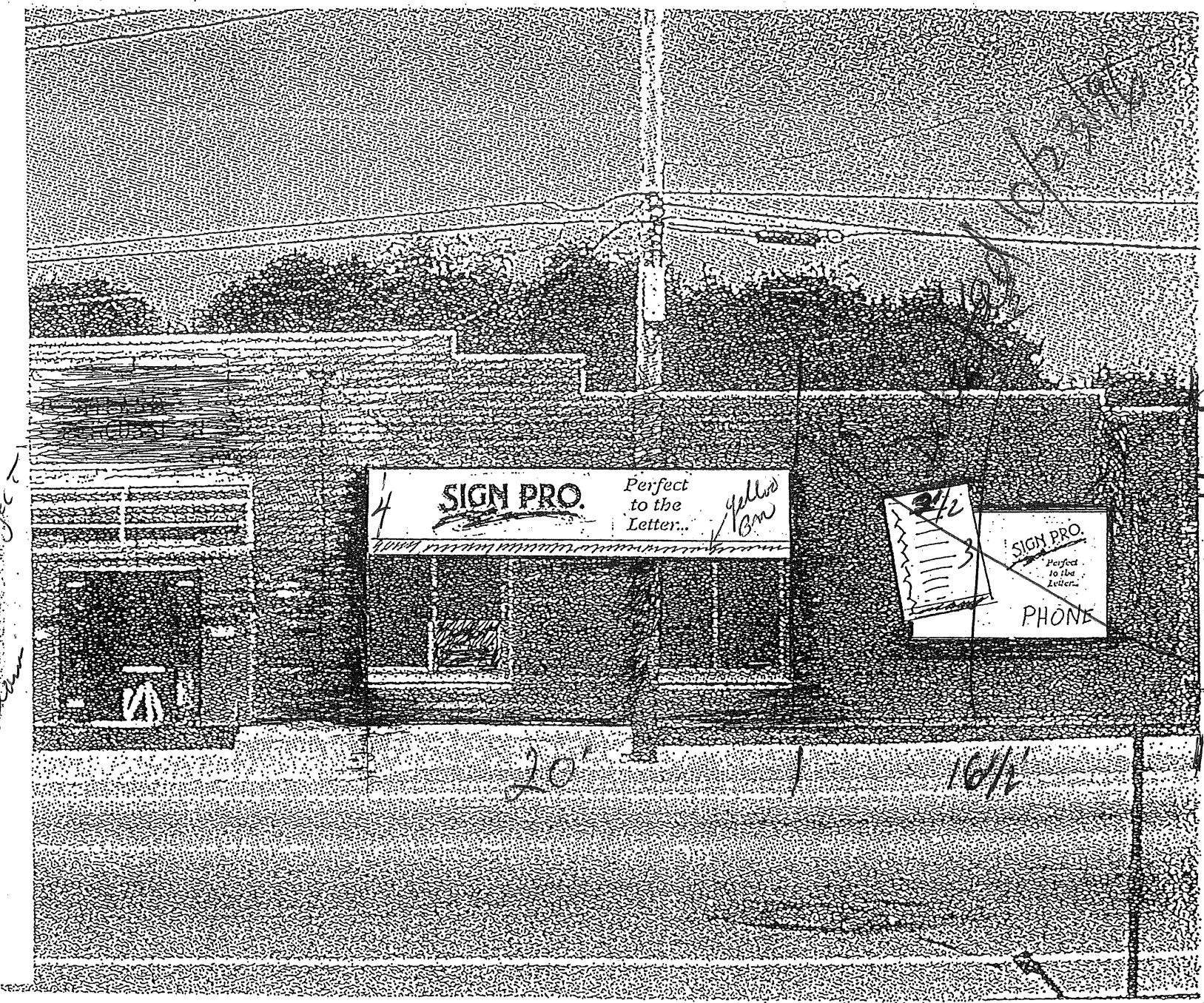
re: Sidewalk Sign

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.



2c
8u Project
Unlabeled



MDO
Plywood
1/2 x 3/4
INSTALLED
DIRECT
TO
Bldg
4x8

2 1/2
2
3x8
Aprax

6'
SIGN PRO.
Perfect to the Letter...

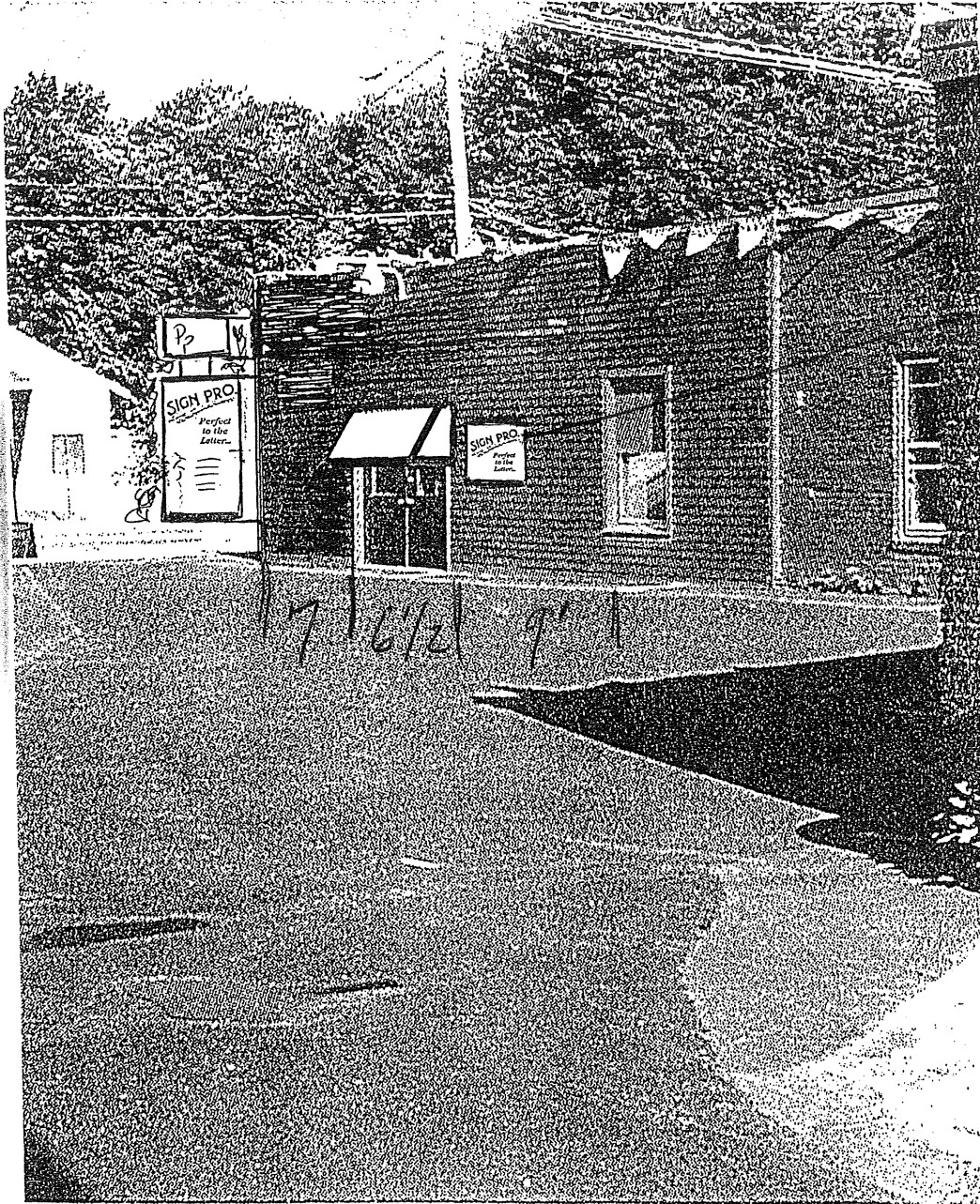
2 1/2

58' FRONTAGE
FOR
SIGN
PRO

← NOT TO SCALE

50
92' FRONTAGE →

138 Sq FT SIGNAGE



3x4 MAY
Rather
Large

3612
2191
58159

Leavitt & Parris, Inc. Sales Agreement

L&P LEAVITT & PARRIS, INC.

Est. 1919

AWNINGS / TENTS

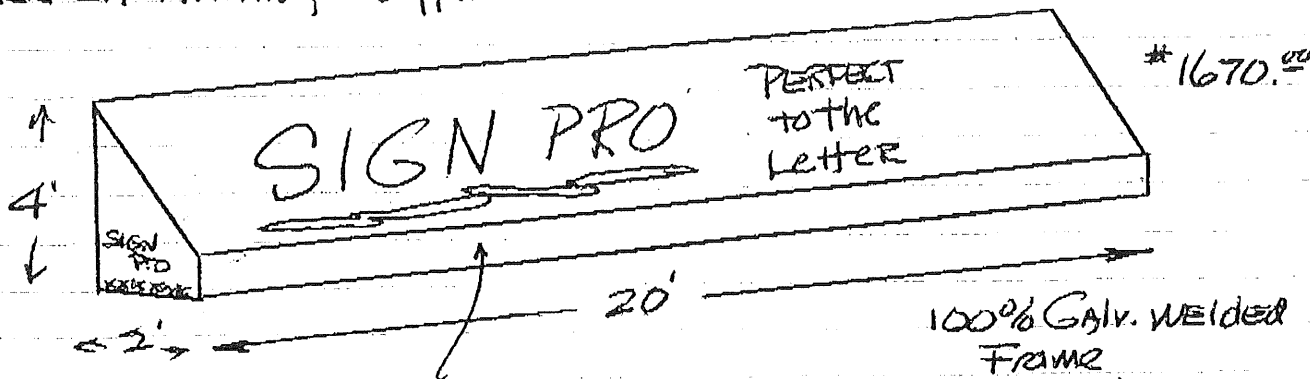
256 Read Street • Portland, Maine 04103
Phone (207) 797-0100 • FAX 797-4194
1-800-833-6679 in Maine

AWNINGS & SIGNAGE
FLAGS & BANNERS



BILL TO <i>Sign Pro</i>	PHONE (H)	DATE <i>10-14-96</i>
STREET <i>803 Forest Ave.</i>	PHONE (B) <i>774-6364</i>	JOB NAME
CITY, STATE AND ZIP <i>Portland, Me.</i>	JOB LOCATION <i>SAME</i>	
CONTACT PERSON <i>DEB GLASIER</i>	SITE PERSON	FABRIC SELECTION <i>F.R. White</i>
We hereby submit specifications and estimates for:		PATTERN #

1 - BACK-LIT AWNING - COMPLETE



WHITE AWNING - yellow BAND

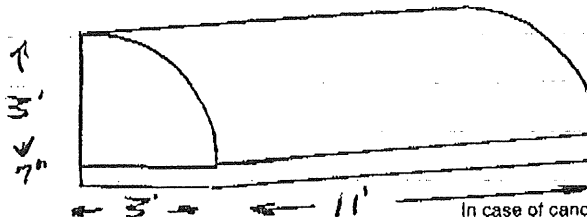
2 Rows Double Bulb H.O. Fluorescent lighting

egg crating under

AWNING

MOUNT 8' FROM WALK

RECOVER EXISTING AWNING
INSTALL OVER ENTRANCE
IN PARKING LOT



In case of cancellation, deposit will be forfeited.

We propose to furnish material and labor — complete in accordance with the specifications above and conditions set forth on the reverse side of this

Proposal, for the sum of: *One Thousand Nine Hundred Seventy* — *00/100* dollars (\$ *1970.00*)

Payment to be made as follows: Deposit of 50% upon acceptance *\$985.00*

\$985.00 BALANCE DUE ON INSTALLATION.

ATTENTION: CUSTOMERS' RESPONSIBILITY TO CHECK WITH LOCAL MUNICIPALITY CONCERNING PERMITS REQUIRED FOR INSTALLATION.
ALL ELECTRICAL WORK IS CUSTOMER'S RESPONSIBILITY.

LEAVITT & PARRIS, INC.

By *Neil J. Petrus*
Authorized Representative

NOTE: The proposal is withdrawn if not accepted within five business days.

Acceptance of Proposal — The prices, specifications and conditions as set forth above and on the reverse side of this proposal are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined herein.

Date of Acceptance: _____

Signature _____

Signature _____

Certificate of Flame Resistance



REGISTERED APPLICATION CONCERN No.

GA-211

ISSUED BY

COOLEY INCORPORATED
50 ESTEN AVENUE
PAWTUCKET RI

Date Work Performed

11/29/95

-724-9000

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

FOR ASTRUP COMPANY AT 2937 WEST 25th STREET
CITY CLEVELAND STATE OHIO 44113

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 REFLECTIONS Reg. No. F-102.08

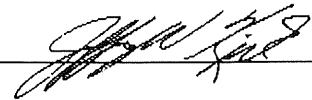
The flame Retardant Process Used WILL NOT Be Removed By Washing
(will or will not)

PETER H. SCOTT, PH.D.
Name of Production Superintendent

By PETER H. SCOTT, PH.D., VICE PRESIDENT
Title

We hereby certify this to be a true copy of the original "CERTIFICATE OF FLAME RESISTANCE" issued to us, "original copy" of which has been filed with the California State Fire Marshal.

The ASTRUP COMPANY

By 

Control/lot # _____

Quantity 9.000 YD

Customer order # _____

Description REFLECTIONS 61IN 150Z 2007 RED

Astrup Invoice # 42474

Product Code 852007

LEAVITT & PARRIS
256 READ ST.
PORTLAND

ME 04103

ACORD CERTIFICATE OF INSURANCE

DATE(MM/DD/YY)
10/11/96

PRODUCER
HRH Jones & Brand & Hullin
440 Drake Circle
P.O. Box 13356
Sacramento, CA 95813

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COMPANY
AITT/Hartford Insurance Group

INSURED
Station WBLM
Fuller-Jeffrey Broadcasting
One City Center
Portland, ME 04101

COMPANY
B

COMPANY
C

COMPANY
D

COVERAGES

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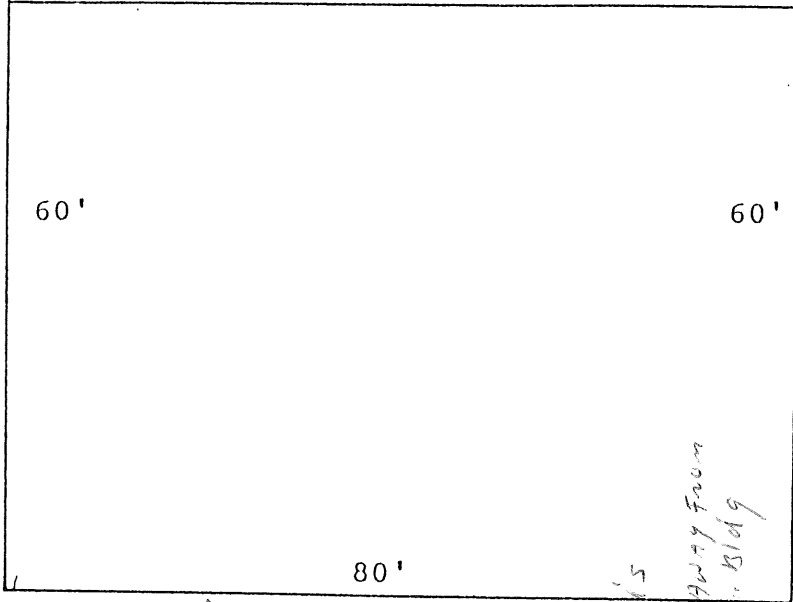
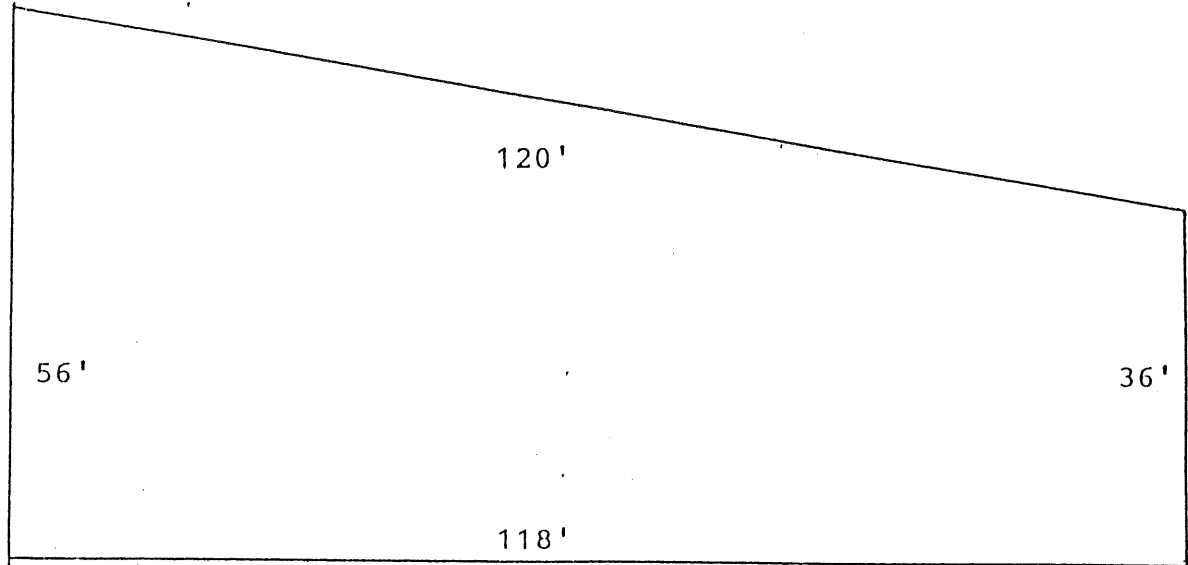
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	57UUNVI4547	12/31/95	12/31/96	GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$1,000,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<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 \$
	HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
	EXCESS LIABILITY				AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				\$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS \$
					EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
A	OTHER	57UUNVI4547	12/31/95	12/31/96	DISEASE - EACH EMPLOYEE \$
	Personal Property				\$47,000. Special Form \$250. Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Includes coverage at 803 Forest Avenue, Portland, Maine
Named insured includes DBA: Sign Pro
LOSS PAYEE/ADD'L INS'D: General Electrci Capital Corporation #9585894-001

CERTIFICATE HOLDER
General Electric Capital Corporation
Attn: Christina Flory
55 Federal Road
Danbury, CT 06810

CANCELLATION
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AUTHORIZED REPRESENTATIVE

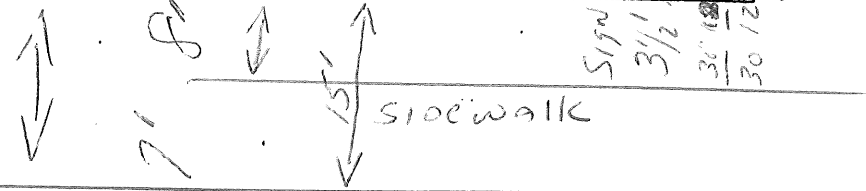
BUILDING PLAN



Parking Lot

38'

Parking Lot



Street (Forest Ave)