

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 041649

PERMIT ISSUED

This is to certify that 782-788 Forest Avenue LLC/Managers
has permission to install 24 sq foot freestanding sign at office space
AT 782 Forest Ave 137 F001001 CITY OF PORTLAND

DEC 02 2004

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 when permission is procured before this building or part thereof is altered or closed-in. 24 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 _____
DepartmentName

Jeannie Bouke 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: 04-1649	Issue Date: -	CBL: 137 F001001
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Location of Construction: 782 Forest Ave	(Owner Name): 782-788 Forest Avenue Llc	Owner Address: 1000 Washington Ave	Phone: 772-9985
Business Name:	Contractor Name: Mr Signs	Contractor Address: 190 Riverside Street Portland	Phone: 2078781100
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2

Past Use: office space	(Proposed Use): office space with 24 sq foot freestanding sign	Permit Fee: \$78.00	Cost of Work: \$0.00	(CEO District): 4
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<input type="checkbox"/> Denied	Use Group: B	Type: SIGN
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Proposed Project Description:
install 24 sq foot freestanding sign at office space - replacing an EXISTING pole sign

Signature: _____ Date: 11/30/04
 Signature: JMB 11/30/04
 PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: jharris	Date Applied For: 11/03/2004	Zoning Approval	
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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..	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: 11/22/04	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 Landmar <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:
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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: 04-1649	Date Applied For: 11/03/2004	CBL: 137 FOOIOOI
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Location of Construction: 782 Forest Ave	Owner Name: 782-788 Forest Avenue Llc	Owner Address: 1000 Washington Ave	Phone: () 772-9985
Business Name:	Contractor Name: Mr Signs	Contractor Address: 190 Riverside Street Portland	Phone: (207) 878-1100
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	
Proposed Use: office space with 24 sq foot freestanding sign		Proposed Project Description: install 24 sq foot freestanding sign at office space	

**Dept:** Building**Status:** Approved**Reviewer:** Jeanine Bourke**Approval Date:** 11/30/2004**Note:****Ok to Issue:**

Signage/Awning 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: <u>782- 788 Forest Ave</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>137</u> Block# <u>F</u> Lot# <u>001</u>	Owner: <u>782-788 Forest Ave LLC</u>	Telephone: <u>772-9985</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>FORENSIC Polygraph SVCS</u> <u>MARK F. TECENO</u> <u>Portland, ME</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>48</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ <u>78⁰⁰/100</u>
Current use: <u>OFFICE</u>		
If the location is currently vacant, what was prior use: <u>Not a home</u> <u>Home office</u>		
Approximately how long has it been vacant: _____		
Proposed use: <u>OFFICE</u>		
Project description: <u>OFFICE</u> <u>12' x 2'</u> <u>Removal 3x10 Sign Permit # 03039^c</u>		
Contractor's name, address & telephone: <u>MR SIGNS 190 Riverside St. 818-1100</u>		
Whom should we contact when the permit is ready: _____		
Mailing address: _____		
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: _____		

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: <u>Mark F. Teceno</u>	Date: <u>11/3/04</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 782-788 Forest Ave ZONE: B-3

CBL: 37 F001001

SINGLE TENANT LOT? YES NO MULTITENANT LOT? YES NO

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 144" Height: 24"

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS PROPOSED: 144" x 24"

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

INFORMATION ON **ALREADY** EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS: _____

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

AWNING? YES NO DIMENSIONS: _____

LOT FRONTAGE (FEET): _____

AWNING YES NO 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: Mark F. Teem DATE: 11/03/04

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



Artwork Approval Form

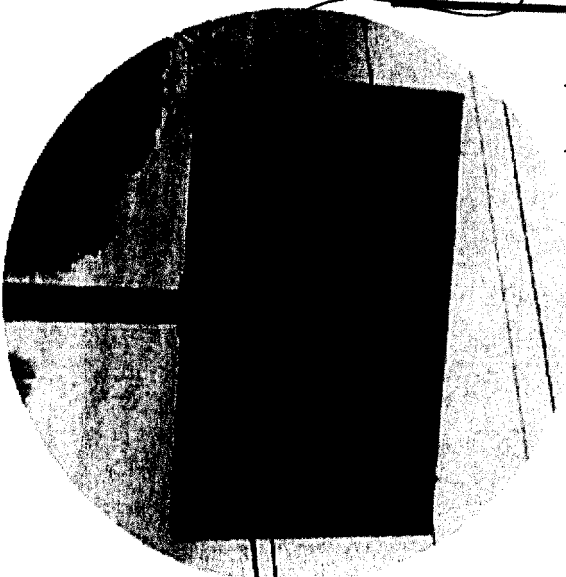
www.mrsignsinc.com

190 Riverside St. Suite 7A Portland, Maine 04103 tel 207.878.1100 fax 207.878.1110

11/2/2007

Forensic Polygraph Services
www.forensicpolygraphservices.com (207) 899-LIAR (5427)

144 " X 24 "
- 1st Place of Sleep Quarters

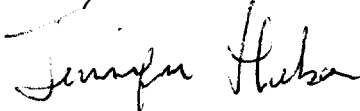


11/01/01

To City of Portland, Code Enforcement Office

Forensic Polygraph Services has permission to replace the 144" x 24" Sleep Quarters sign located at **782-788** Forest Ave with their 144" X 24" Forensic Polygraph Services sign. The space that Forensic Polygraph Services rents is **and** has always been office space, and was not part of the Sleep Quarters space.

Respectfully Submitted

A handwritten signature in black ink that reads "Jennifer Huber". The signature is written in a cursive style with a long horizontal stroke at the beginning.

Jennifer Huber, Owner
782-788, LLC
Phone **838-5733**

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

11/2/2004

PRODUCER

Complete Equity Markets, Inc.
1098 South Milwaukee Avenue

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

Forensic Polygraph Services

788 Forest Avenue
Portland, ME 04103

INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: Underwriters at Lloyd's, London

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	ASDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	A	GENERAL LIABILITY	TBA**	10/15/04	10/15/05	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Professional Liability	TBA**	10/15/04	10/15/05	\$1,000,000 Each Claim \$1,000,000 Aggregate \$1,000 Ded Each Claim

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

Activities subject to all policy terms, conditions, exclusions and endorsements

Certificate Holder is not afforded coverage under these policies.

**Contingent upon receipt of premium

CERTIFICATE HOLDER

City of Portland, Maine

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL N/A 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

AUTHORIZED REPRESENTATIVE

Sumner T P McElroy

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