

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

**BUILDING INSPECTION
PERMIT**

Permit Number: 040950

**PERMIT
DENIED**

This is to certify that Sequel Llc /Leavitt & Parris Inc.
has permission to Erect two 3' x 5' awnings and one 5' x 9' awning.
AT 897 Forest Ave CBL 142 F008001

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 written permission procured before this building or part thereof is lathed or otherwise 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 _____
Department Name

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: 04-0950	Issue Date: PERMIT DENIED	CBL: 142 F008001
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Location of Construction: 897 Forest Ave	Owner Name: Sequel Llc	Owner Address: 887 Forest Ave	Phone: 207-775-7787
Business Name: n/a	Contractor Name: Leavitt & Parris Inc.	Contractor Address: 256 Read St. Portland	Phone: 2077970100
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Awning, with signage	Zone: B-2

Past Use: Commercial	Proposed Use: Commercial / Erect two 3' x 5' awnings with signage and one 5' x 9' awning with signage.	Permit Fee: \$210.00	Cost of Work: \$0.00	CEO District: 4
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	

Proposed Project Description: Erect two 3' x 5' awnings and one 5' x 9' awning.	PERMIT DENIED	Signature:	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: 07/12/2004	Zoning Approval
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Lacking A lot of info - see FAX on Hold 7/20/04

DENIED

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date:	Date:	Date: <i>g</i>

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

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: 899 Forest Ave Portland ME 04103		
Total Square Footage of Proposed Structure 3' x 5' (1) 5' x 9'	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# 142 Block# F Lot# 008	Owner: TOMEA Maine	Telephone: 775-7787
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: TISH BUCKLE 897 Forest Ave Portland ME 04103	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ 90.00 Awning Fee = Cost Of Work: \$ Total Fee: \$ 210.00
Current use: Evening Redemption Center		
If the location is currently vacant, what was prior use: N/A		
Approximately how long has it been vacant: N/A		
Proposed use: Weather protect entrance, advertising		
Project description:		
Contractor's name, address & telephone: Parris & Leavitt 797-0100		
Whom should we contact when the permit is ready: TISH BUCKLE		
Mailing address: 897 Forest Ave Portland ME 04103		
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 A 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: <i>Tish Buckle</i>	Date: 5/18/04
--------------------------------------------	---------------

This is NOT a permit, you may not commence ANY work until the permit is Issued.

RECEIVED
MAY 12 2004

Must Fill out completely

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: _____ ZONE: _____

CBL: _____

SINGLE TENANT LOT? YES _____ NO _____ MULTI TENANT LOT? YES _____ NO _____

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES _____ NO _____

required

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

* **Length:** _____ **Height:** _____

INFORMATION ON PROPOSED SIGN(S):

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

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: _____ DATE: _____

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

CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

received

____ 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. Amount must equal \$400,000.00.

received

____ Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.

missing

____ 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. 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 facade dimensions for any signage attached to a building.

of Awnings

dimensions of the Signage or The Awning

is required

missing reqs

____ A sketch or photo of any proposed sign(s) indicating **content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.**

received

____ Certificate of Flammability required for awning or canopy at time of application.

7

____ UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.

missing reqs

____ re-Application Questionnaire completed and attached. Photos of existing signage attached.

**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, plus \$9.00 for each additional \$1,000.00.**

Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00

City of Portland
INSPECTION SERVICES

Room 315
389 Congress Street
Portland, Maine 04101

Telephone: 207-874-8703 or 207-874-8693
Facsimile: 207-874-8716



FACSIMILE TRANSMISSION COVER SHEET

TO: <u>TRISH @ TOMRA MAINE</u>	FROM: <u>MARGE Schmeckel</u>
FAX NUMBER: <u>775-9157</u>	NUMBER OF PAGES, WITH COVER: <u>3</u>
TELEPHONE: _____	RE: <u>Sign Awning Application</u>
DATE: <u>7/20/04</u>	<u>for 897 Forest Ave</u> <u>redemption center</u>

Comments:

Your permit application is deficient
And lacking required information. Your
permit can NOT be issued until this office
receives ALL the required information.
PLEASE See Attached

1162
4.9.04 **L&P**

LEAVITT & PARRIS, INC.

(207) 797-0100 ✓ 1-800-833-6679

4/8/04

W.O. 102 3021
329-6020 3923

JOB PHONE	ORDER TAKEN BY NEW	DATE 3-17-04	PURCHASE ORDER NO.	PHONE 854-3500 x224
SITE PERSON	CELL #		CONTRACT PERSON TRISH	
INSTALL LOCATION			BILL TO TOMRA MAINE	
ADDRESS 659 Forest Ave			ADDRESS 659 Forest Ave	
CITY STATE	ZIP		CITY Portland Me	STATE ZIP 04103

LOCATION WHERE TO INSTALL

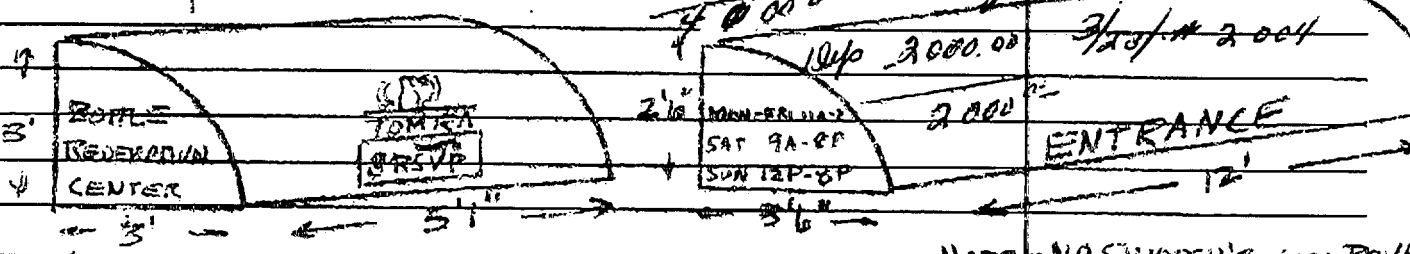
DIRECTIONS TO SITE - SPECIAL INSTRUCTIONS & MISC.

MOUNT 2-5' awnings over windows facing Forest Ave, ENTRANCE Awning over Entrance.
19' Awning over Double overhead Doors

DESCRIPTION OF WORK

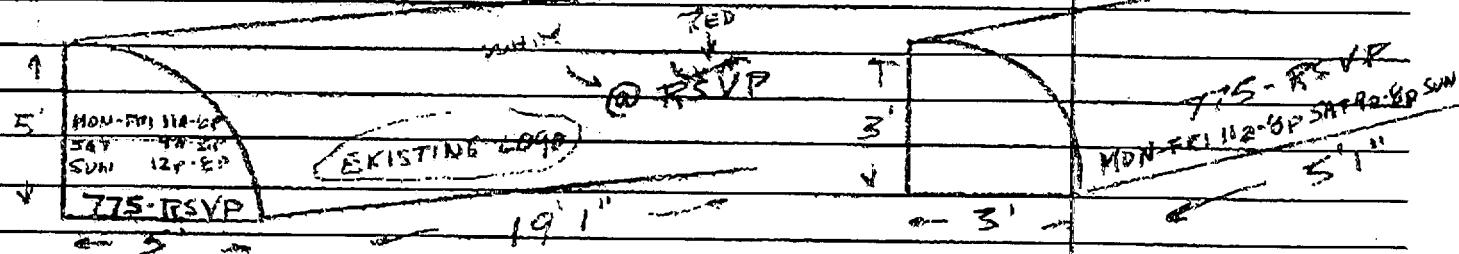
2-STATIONARY Awning - COMPACT

3 1/2" 900 + Change 3923



Add Lettering to Existing Awning

Remove 2 Awning from Warren Ave. Location to L&P.



JACK ROD ROPE TRACK EGG CRATE LIGHTS 4' OR 8'
 STEP LADDER EXT. LADDER POST PINS SURFACE GRAPHICS COLOR

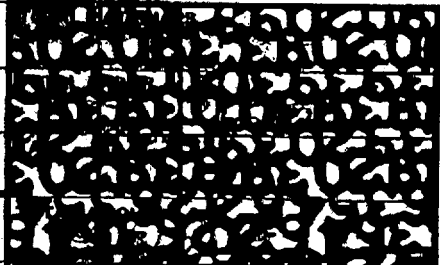
INSTALL DAY AND DATE: BEFORE 4-10-04 TAKE DOWN DAY AND DATE: ASAP CUSTOMER PICK-UP YES / NO

PATTERN NO. #4643 Personal Screen YARDAGE 1545 COMPANY Bottle

DATE ORDERED 3-19-04 COMPANY CONTACT PERSON

SHIPPED VIA & DATE DATE RECEIVED/YDG RECEIVED

CUSTOMER NAME DATE





June 7, 2004

City of Portland
Building Permits
389 Congress Street
Portland, ME 04101

To Whom It May Concern:

The renovations to the property at 899 Forest Avenue, Portland, ME were for the tenant Tomra East, Inc.. Additionally they were given permission to erect Awnings on the property as well. If you have any questions regarding this matter please feel free to call me at 773-8808.

Regards,

A handwritten signature in black ink that reads 'Christopher J. Gaudet'.

Christopher J. Gaudet
Project Manager

CC Trish Buotot
Tomra East, Inc.

TOMRA MAINE
897 Forest Avenue
Portland, ME 04103
TELE: 207-775-7787
FAX: 207-775-9157

FAX

To: Carl @ Leavitt Parris From: Sharon

Fax: 797-4194 Date:

Phones: Pages: 5

Re: CC:

Urgent For Review Please Comment Please Reply

COMMENTS:

Hi Carl,
Could you please look this over
for me?

Thank you

sm

Looks OK
NEM



TOMRA MAINE
897 Forest Avenue
Portland, ME 04103
TELE: 207-775-7787
FAX: 207-775-9157

FAX

To: Carl @ Leavitt Perio From: Sharon

Fax: 797-4194 Date: _____

Phones: _____ Pages: 5

Re: _____ CC: _____

Urgent For Review Please Comment Please Reply

COMMENTS:

Hi Carl,
Could you please look this over
for me?

FAXED

By: SM

Date: 5/21/04

11¹⁰
AM

Thank you

SM

CHECKLIST FOR SIGN/AWNING APPLICATION

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- _____ 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. Amount must equal \$400,000.00.
- _____ 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. 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 facade dimensions for any signage attached to a building.
- _____ A sketch or photo of any proposed sign(s) indicating *content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.*
- _____ Certificate of Flammability required for awning or canopy at time of application.
- _____ UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
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Miller Agency, Inc.

One Enterprise Drive, P. O. Box 473, Shelton, CT 06484
203-944-0060 * FAX 203 944-1968

SagiFAX Cover Sheet

FAX TO:

Trish Boutat
TOMRA of North America, Inc.
12077759157

FAX FROM:

Linda M. Cretella
Miller Agency, Inc.
203-944-0060 / FAX 203 944-1968

FAXDATE June 15, 2004

FAX TIME: 10:35am

NUMBER OF PAGES (INCLUDING COVER): 3

COMMENTS:

Please see attached Certificate of Insurance.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/11/04

PRODUCER Miller Agency, Inc. (M.C.L.) One Enterprise Drive P.O. Box 473 Shelton, CT 06484	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 TOMRA of North America, Inc. 480 Lordship Boulevard Stratford, CT 06497	INSURER A: Hartford Insurance Group	
	INSURER B: Chubb And Son	
	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 COWMS.

INSR LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	31UENOC2009	03/01/04	03/01/05	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
		Vendors-				PERSONAL & ADV INJURY	\$1,000,000
		Add'l Insured				GENERAL AGGREGATE	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	\$52,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.					
A	X	AUTOMOBILE LIABILITY	31UENOC2011	03/01/04	03/01/05	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALLOWED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA	\$
						AUTO ONLY: AGG	\$
B	X	EXCESS/UMBRELLA LIABILITY	79756381NHO	03/01/04	03/01/05	EACH OCCURRENCE	\$5,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$5,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
A	X	RETENTION \$0	31WEOC2010	03/01/04	03/01/05		
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY				E.L. EACH ACCIDENT	\$1,000,000
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOY	\$1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Uamed insured includes: Tomra Pacific, Inc.

City of Portland
 Portland, ME

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

AUTHORIZED REPRESENTATIVE

Anda M. Crestella

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.

Miller Agency, Inc.

One Enterprise Drive, P. O. Box 473, Shelton, CT 06484
203-944-0060 * FAX 203 944-1968

SagiFAX Cover Sheet

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Trish Boutat
TOMRA of North America, Inc.
1207-775-9157

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NUMBER OF PAGES (INCLUDING COVER): 3

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06/15/04

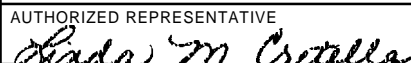
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INSURED Stratford, CT 06497	INSURER A: Hartford Insurance Group	
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	INSURER C:	
	INSURER D	
	INSURER E	

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INSR ADD LTR	INSR D	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	31UENOC2009	03/01/04	03/01/05	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$300,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
		Vendors-				PERSONAL & ADV INJURY	\$1,000,000
		Add'l Insured				GENERAL AGGREGATE	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	\$2,000,000
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		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
B	X	EXCESS/UMBRELLA LIABILITY	79756381NHO	03/01/04	03/01/05	EACH OCCURRENCE	\$5,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$5,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$ 0					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	31WEOC2010	03/01/04	03/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS (VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Named insured includes: Tomra Pacific, Inc.
 Additional Insured: (Landlord) The Sequel Inc.
 Regarding: 897-899 Forest Avenue, Portland, ME 04103

CERTIFICATE HOLDER The Sequel Inc. 887 Forest Avenue Portland, ME 04103	CANCELIATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 INSURER. ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

FA-36801

ISSUED BY
Glen Raven Custom Fabrics, LLC
1831 North Park Avenue
Glen Raven, NC 27217

(Phone) 336/227-6211 (Fax) 336/220-4039

Date treated or
manufactured

8-25-2003

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

FOR

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PORTLAND
ME 041033446

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



(a) The articles described below 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 below 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

8937/00

SUNBrella FR

FR Sunbrella Reg. No. F-368.01

The Flame-Retardant Process Used WILL NOT Be R e m o v e d By Washing

Glen Raven Custom Fabrics, LLC

Name of Applicator or Production Superintendent

By

Steven L. Dington

General Manager/Steven L. Dington



CITY OF PORTLAND, MAINE

Department of Building Inspections

July 12 2004

Received from Timothy D. Bantat

Location of Work 890 Forest Hill

Cost of Construction \$ _____

Permit Fee \$ 210.00

Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)

Other _____

CBL: 142 F008

Check #: 1064

Total Collected \$ 210.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

[Handwritten signature]