

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND BUILDING PERMIT



This is to certify that JB BROWN & SONS

Job ID: 2011-11-2686-SIGN

Located At <u>90 OUARRY RD</u> CBL: <u>151A- A-015-001</u>

has permission to install 5' x 10' wall sign

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED. A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

**Fire Prevention Officer** 

Officer Code Enforcement Officer / Plan Reviewer THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY

PENALTY FOR REMOVING THIS CARD



Strengthening a Remarkable City, Building a Community for Life . www.portlandmaine.gov

Director of Planning and Urban Development Penny St. Louis

Job ID: 2011-11-2686-SIGN

Located At: 90 QUARRY RD

CBL: 151A- A-015-001

### **Conditions of Approval:**

#### Zoning

- 1. NEPW Logistics is leasing both 90 Quarry and 118 Quarry. The sign is located at the end of 90 Quarry Rd., so the sign is under this address and CBL
- 2. Since NEPW Logistics is the only tenant, any other existing signs must be removed.

## Building

1. Signage Installation to comply with Chapters 31 & 32 of the IBC 2009 building code.

#### City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

| Job No:<br>2011-11-2686-SIGN  | Date Applied:<br>11/4/2011  |   | CBL:<br>151A- A-015-001                     |  |  |  |
|---|---|---|---|--|--|--|
| Location of Construction:<br>90 QUARRY RD   | Owner Name:<br>JB BROWN & SONS  |   | Owner Address<br>PO BOX 207<br>PORTLAND, ME |  |  | Phone:   |
| Business Name:  | Contractor Name:<br>Neokraft Signs  |   | Contractor Add<br>686 Main St., Lewi        |  |  | Phone:<br>207-782-9654                                   |
| Lessee/Buyer's Name:  | Phone:  |   | Permit Type:<br>SIGN - PERM - Sig           | gnage - Permanent  |  | Zone:<br>C 50 (I-L)                                      |
| Past Use:<br>Warehouse  | Proposed Use:<br>Same – Warehouse – 5' x  | 10 wall sign  | Cost of Work:                               |  |  | CEO District:  |
|   | for NEPW Logistics  | i i i i i i i i i i i i i i i i i i i                           | Fire Dept:<br>Signature:                    | Approved<br>Denied<br>N/A  |  | Inspection:<br>Use Group:<br>Type:<br>SIFA<br>Signature: |
| Proposed Project Descriptio<br>50 sf building wall sign   | n:  |   | Pedestrian Activ                            | ities District (P.A.D.)  |  | ////   |
| Permit Taken By:  |   |   | 1   | Zoning Approval  |  |  |
| <ol> <li>This permit application<br/>Applicant(s) from meet<br/>Federal Rules.</li> <li>Building Permits do not<br/>septic or electrial work.</li> <li>Building permits are vo<br/>within six (6) months of<br/>False informatin may in<br/>permit and stop all work</li> </ol> | ing applicable State and<br>t include plumbing,<br>id if work is not started<br>f the date of issuance.<br>avalidate a building | Shorelar<br>Wetland<br>Flood Zo<br>Subdivis<br>Site Plar<br>Maj | s<br>one<br>ion                             | Zoning Appeal<br>Variance<br>Miscellaneous<br>Conditional Use<br>Interpretation<br>Approved<br>Denied<br>Date: | Not in Dia<br>Does not<br>Requires<br>Approved |  |

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 appication 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 |

|  | e/Awning Permit Ag   |  |  |
|--|--|--|--|
|  | arrangements must be made before po  |  |  |
| Location/Address of Construction: 90   | QUARRY RD. , PORTLAN   | UD ME 04103 (  | 90 \$ 118)   |
| Tax Assessor's Chart, Block & Lot<br>Chart# Block# Lot#  | Owner:<br>NEPW LOGISTICS<br>164 PINEST.  | Telephone:<br>207-743-   | -8158  |
| Lessee/Buyer's Name (If Applicable)  | Contractor name, address & telephone:<br>NEOKRAFT SIGNS<br>686 MAIN ST.<br>LEWISTON, ME 04240<br>202 - 2654    | For H.D. signage = Total<br>Fee: $\begin{bmatrix} P & P \\ P & P \end{bmatrix} = \begin{bmatrix} P & P \\ P & P \end{bmatrix}$ |  |
| Who should we contact when the permit is read<br>Tenant/allocated building space frontage (f   | y: <u>PATRICK BOLDUC</u> phone: 7<br>5'31 4821 1016 (phone: 7  |  | pola bo Vin Veroneed<br>SEPW is Living whom<br>brilding - both |
| Tenant/allocated building space frontage (f<br>Lot Frontage (feet)   | Single Tenant or Multi Tenant Lot  | KTT-TENANT   | bridge - both  |
| Current Specific use:<br>If vacant, what was prior use:<br>Proposed Use:   |  |  | portes   |
| Information on proposed sign(s):<br>Freestanding (e.g., pole) sign? Yes<br>Bldg. wall sign? (attached to bldg) Yes   | No X Dimensions proposed:<br>No Dimensions proposed: 5/-0  | Height from grade:   | LSAIFT   |
| Is there any communication, message, tradem  | awning: Depth:   | DEPL   |  |
| Bldg. wall sign? (attached to bldg) Yes  | No Dimensions:   | NOV 1 0 2  | 011  |
| A site sketch and building sketch showing e<br>Sketches and/or pictures of proposed signa  |  | ocated <del>must</del> be provided.  |  |
| Please submit all of the information of Failure to do so may result in the aut   |  | ation Checklist.   |  |
| In order to be sure the City fully understands the<br>additional information prior to the issuance of a<br>Building Inspections office, room 315 City Hall   | permit. For further information visit us on-lin  |  |  |
| I hereby certify that I am the Owner of record of the<br>authorized by the owner to make this application as h<br>a permit for work described in this application is issue<br>areas covered by this permit at any reasonable hour to | is/her authorized agent. I agree to conform to all a<br>d, I certify that the Code Official's authorized repre | pplicable laws of this jurisdiction. I<br>esentative shall have the authority t  | n addition, if   |
| Signature of applicant:  | 1 Bolen Date   | : 10/24/11   |  |
| This is not a permit   | ; you may not commence ANY work until the  | permit is issued.  |  |
| Revised 10/19/09 CSO Zone - IL W   | derly 17.<br>1 × 40 = 40,640 (0%= 2431   | - proped -   | 50 000   |
| 670 of walk ( 101  | 1 × 40 = 40,640 - 24 5   | in B   |  |



Neokraft Signs Inc. 686 Main Street Lewiston, Maine 04240 Telephone: 207.782.9654 Facsimile: 207.782.0009 1.800.339.2258 http://www.neokraft.com

| Transmittal to | CITY      | DF PORTLAND           |                             | Date                     |              | 10.26.2011                   |
|----------------|-----------|-----------------------|-----------------------------|--------------------------|--------------|------------------------------|
|                | INSPE     | CTIONS                |                             | Job I                    | No.          | 14292                        |
|                | 389 C     | ONGRESS STRE          | ET                          | Re.                      |              | NEPW LOGISTICS               |
|                | PORTL     | AND, ME 0410          | I                           |                          |              | PERMITS                      |
|                |           |                       |                             |                          |              | MAIL                         |
| ltem           | 🛛 Attac   | hed                   | □ Hand Delivered            | Under separate cover     |              |                              |
|                | □ Shop    | Drawings              | Prints                      | Samples                  |              | Specifications               |
|                |           | y of letter           | Change Order                | □ Other                  |              |                              |
|                | Copies    | Date                  | No.                         | Description              |              |                              |
|                | l set     | 10.26.2011            | 14292                       | (1) SIGN PERMIT AF       | PLI          | CATION, ELECTRICAL PERMIT    |
|                |           |                       |                             | APPLICATION, DRAV        | WIN          | IG, SIGN LOCATION PLAN,      |
|                |           |                       |                             | LANDLORD CONSET          | NT I         | ORM, INSURANCE LIABILITY     |
|                |           |                       |                             | FORM AND A CHEC          | CK F         | OR \$186.00 IN REGARD TO     |
|                |           |                       |                             | OBTAINING PERMIT         | SF           | OR NEPW LOGISTICS AT 90      |
|                |           |                       |                             | QUARRY RD.               |              |                              |
| Purpose        | 🖾 For a   | ipproval              | □ No exception taken        |                          |              | □ Rejected                   |
|                | □ For y   |                       | Make corrections noted      |                          |              | Review and comment           |
|                |           | equested              | Revise and resubmit         |                          |              | □ Other                      |
| Remarks        | PLEAS     | E REVIEW FOR A        | APPROVAL AND MAIL PE        | RMITS TO THIS OFFICE     |              |                              |
|                | Copy t    | 0                     |                             |                          |              | From PAT BOLDUC              |
|                | If enclos | sures are not as note | d kindly notify us at once. |                          |              | EIVED                        |
|                |           |                       |                             | - NOV                    | -            | 4                            |
|                |           |                       |                             | Dept. of Bu<br>City of F | ildi<br>Port | ng Inspections<br>land Maine |
|                |           |                       |                             |                          |              |                              |

|                | > Neokraf  | FILE  | COPY  | Neokraft Signs Inc.<br>686 Main Street<br>Lewiston, Maine 04240<br>Telephone: 207.782.9654<br>Facsimile: 207.782.0009<br>1.800.339.2258<br>http://www.neokraft.com       |
|----------------|--|---|---|--|
| Transmittal to | CITY OF PORTLAND<br>INSPECTIONS<br>389 CONGRESS STREE<br>PORTLAND, ME 04101    | T Perola  | er d'   | Date 10.26.2011<br>Job No. 14292<br>Re. NEPW LOGISTICS<br>PERMITS<br>MAIL  |
| ltem           | <ul><li>☑ Attached</li><li>□ Shop Drawings</li><li>□ Copy of letter</li></ul>  | <ul> <li>Hand Delivered</li> <li>Prints</li> <li>Change Order</li> </ul>                            | <ul> <li>Under separate of</li> <li>Samples</li> <li>Other</li> </ul> | cover  |
|                | Copies Date<br>1 set 10.26.2011  | No.<br>14292  | APPLICATION, I<br>LANDLORD COM<br>FORM AND A C                        | T APPLICATION, ELECTRICAL PERMIT<br>DRAWING, SIGN LOCATION PLAN,<br>NSENT FORM, INSURANCE LIABILITY<br>CHECK FOR \$186.00 IN REGARD TO<br>RMITS FOR NEPW LOGISTICS AT 90 |
| Purpose        | <ul><li>☑ For approval</li><li>□ For your use</li><li>□ As requested</li></ul> | <ul> <li>No exception taken</li> <li>Make corrections noted</li> <li>Revise and resubmit</li> </ul> |   | <ul> <li>Rejected</li> <li>Review and comment</li> <li>Other</li> </ul>  |
| Remarks        | PLEASE REVIEW FOR A  | PPROVAL AND MAIL PE   | ermits to this of   | (ED  |
|                | If enclosures are not as noted   | kindly notify us at once.   | c   | From RAY BOLDUC  |



Neokraft Signs Inc. 686 Main Street Lewiston, Maine 04240 Telephone: 207.782.9654 Facsimile: 207.782.0009 1.800.339.2258 http://www.neokraft.com

#### LANDLORD CONSENT AGREEMENT

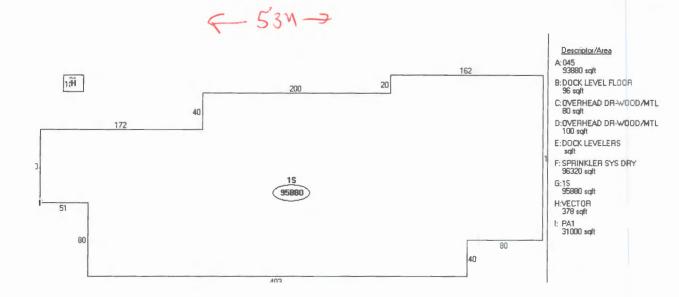
Written consent and agreement relating to a certain sign proposed to be erected on the

premises at: 118 QUARRY ROZD in Portland Maine Fore Rover Warehousy & Etraje Co. & J. B. Brown & Sons being the owner of the premises at 18 Quarry Rozdin Portland, hereby gives consent to the erection of (a) certain sign(s): (1) 5'×10' Internally Mumilizted Well Sign owned by: New England (Public Warehue Logot (the tenant) as described in the attached application for a permit submitted to the inspection division of the building department of Cade Enforcement Portind Me to cover the erection of said signs. Signed by the owner of said premises, or his authorized agent, on this 24 day of October 2011 (SIGNED) 774-5908 President (to both) (TITLE)

OP ID: LM ٦

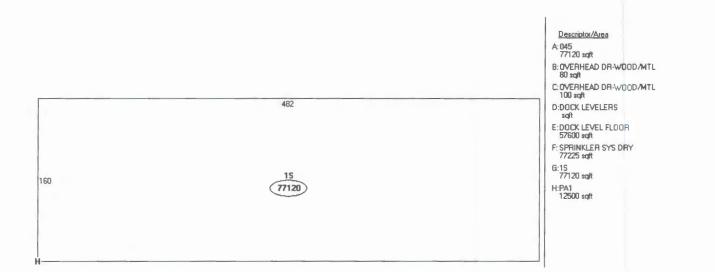
| DATE | (144440004/1000/1 |
|------|-------------------|
| DATE | (MM/DD/YYYY)      |

| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREI<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.<br>INR TYPE OF INSURANCE NOR WYP POLICY FUNCTIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.<br>INR WYP POLICY FUNCTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.<br>INR WYP POLICY FUNCTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.<br>INR WYP POLICY FUNCTIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.<br>INR WYP POLICY FUNCTIONS OF SUCH POLICIES DESCRIPTION OF ANY CONTRACT OR OTHER POLICY FUNCTIONS<br>GENERAL LIABILITY X LDP904089500 02/16/11 02/16/12 DAWAGE<br>GENT AGGREGATE LIMIT APPLIES PER:<br>POLICY FUNCTION S COLOR<br>AUTOMOBILE LIABILITY ALL OC AUTONS<br>SCHEDULED AUTOS<br>HIRED AUTOS<br>NON-OWNED AUTOS<br>HIRED AUTOS<br>NON-OWNED AUTOS<br>DEDUCTIBLE<br>RETENTION S V/N AND<br>WORKERS COMPENSATION<br>AND RETENTION S V/N AND<br>WORK   | THE CERTIFICAT<br>E AFFORDED E<br>SUING INSURER<br>ROGATION IS W<br>ficate does not c<br>FAX<br>(A/C, No):<br>e.com | BY THE POLICI<br>(S), AUTHORIZ   |
|---|---|--|
| BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISS         REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER         IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUB         the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate holder in lieu of such endorsement(s).         PRODUCER       207-239-3500         POILINGTROE, Inc. (ME)       207-775-0339         INSURER D. INSURANCE INSURANCE INSURANCE INSURANCE INSURED TO THE INSURANCE INSURED TO THE INSURED ANAMINING AND CONDITIONS OF SUCH POLICIES OF INSURANCE USEED TO THE INSURED ANAMINING AND CONDITIONS OF SUCH POLICIES OF INSURANCE INSURANCE INSURED ON ANY PERTAIN. THE INSURANCE ADD CONDITIONS OF SUCH POLICIES OF INSURANCE INSURANCE INSURED ON ANY PERTAIN. THE INSURANCE ADD CONDITIONS OF SUCH POLICIES OF INSURANCE INSURANCE INSURED TO THE INSURED ANAMINING AND CONDITIONS OF SUCH POLICIES OF INSURANCE USEED TO THE INSURED ANAMINING AND CONDITIONS OF SUCH POLICIES INSURANCE INSURED ON ANY PERTAIN. THE INSURANCE ADD CONDITION OF ANY CONTRACT OR OTHER BOUNDES         COVERAGES       CERTIFICATE NUMBER       POLICY PRODUCE MORE POLICIES DESCRIPTIVE         MER MY OF INSURANCE INSURANCE INSURED ON TH  | SUING INSURER<br>ROGATION IS W<br>ficate does not c<br>FAX<br>(AJC, No):<br>e.com<br>verage                         | t(S), AUTHORIZI<br>VAIVED, subject<br>confer rights to t<br>207-775-0339 |
| the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate holder in lieu of such endorsement(a). PRODUCER PRODUCE P  | Ficate does not c   | 207-775-0339   |
| certificate holder in lieu of such endorsement(s).       CONTACT       Lynda Crandall         PropouseR       207-239-3500       CONTACT       Lynda Crandall         D'Insurance, Inc. (ME)       207-775-033       PropouseR       Lynda Crandall         Portland, ME 04112-0406       207-775-033       PropouseR       Lynda Crandall@ TDInsurance, Inc.         NSURED       NEPW Logistics, Inc. &       Insurers, Inc.       Insurers, Inc.       Insurers, Inc.         NSURED       NEPW Logistics, Inc. &       Insurers, Inc.       Insurers, Inc.       Insurers, Inc.         NSURED       NEPW Logistics, Inc. &       Insurers, Inc.       Insurers, Inc.       Insurers, Inc.         NSURER       Condominium Association       Insurers, Insure, Insurers, Insurer   | FAX<br>(A/C, No):<br>B.COM<br>VERAGE  | 207-775-0339   |
| NUMBER     207-233-3500     NAME     Nam   | VERAGE  |  |
| 20 Box 406       20/-7/5-039       pic Re_Bet (20/-239-335/         20 Forliand, ME 04112-0406       Package: Lynda Crandall@ TD Insur<br>PRODUCER       Unda Crandall@ TD Insur<br>PRODUCER         NSURED       NEPW Logistics, Inc. &<br>Liverm ore Park Street       Insurer(a) #NEPWL-1         Condominium Association       Insurer (a) #NOVER INSURANCE (<br>Insurer (a) #NEVER (a)  | VERAGE  |  |
| Portland, ME 04112-04066       Findlage (Findlage (Findl  | VERAGE  | NAIC   |
| NSURED NEPW Logistics, Inc. & Livermore Park Street Condominium Association 164-2 Pine Street So. Paris, ME 04281  NSURER 2: NSURER 2: NSURER 2: NSURER 2: NSURER 2: NSURER 5: COVERAGES CERTIFICATE NUMBER: COVERTAL LIABLITY CENTRAL LABLITY CENTRAL LABLITY CIAMISANADE CIAMISANADE COVERAGE CIAMISANADE COVERAGES CERTIFICATE NUMBER CIAMISANADE COVERAGES CERTIFICATE NUMBER CIAMISANADE CI  |   | NAIC   |
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| Livermore Park Street<br>Condominium Association<br>164-2 Pine Street<br>So. Paris, ME 04281<br>COVERAGES<br>CERTIFICATE NUMBER:<br>CERTIFICATE NUMBER:<br>CERTIFICATE NUMBER:<br>CERTIFICATE NUMBER:<br>CERTIFICATE NUMBER:<br>CERTIFICATE NUMBER:<br>CERTIFICATE NUMBER:<br>CERTIFICATE NUMBER:<br>NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME<br>CERTIFICATE MAY BE ISSUED OR MAY PEQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME<br>CERTIFICATE MAY BE ISSUED OR MAY PEQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME<br>CERTIFICATE MAY BE ISSUED OR MAY PEQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME<br>CERTIFICATE MAY BE ISSUED OR MAY PEQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME<br>CERTIFICATE MAY BE ISSUED OR MAY PEQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME<br>CERTIFICATE MAY BE ISSUED OR MAY PEQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME<br>CERTIFICATE MAY BE ISSUED OR MAY PEQUIREMENT, TERM OR CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.<br>CENTRAL LIABILITY<br>A COMMERCIAL GENERAL LIABILITY<br>A COMMERCIAL ALIABILITY<br>A COMMERCIAL GENERAL LIABILITY<br>A COMMERCIAL COMPANY ANY ANY ANY ANY ANY ANY ANY ANY ANY  | 00.   |  |
| Condominium Association<br>164-2 Pine Street<br>So. Paris, ME 04281<br>INSURER C<br>INSURER C<br>INSURE C<br>I                          |   | 22292  |
| 164-2 Pine Street<br>So. Paris, ME 04281       INSURER C:<br>INSURER COMPANY<br>CENTRAL CONTRACT OR OTHER DOCUME<br>INSURER COMPANY<br>CENTRAL LABILITY<br>A<br>A<br>ACCOMMERCIAL GENERAL LIABILITY<br>A<br>ACCOMMERCIAL COMMENT<br>ACCOMMERCIAL GENERAL LIABILITY<br>A<br>ACCOMMERCIAL COMMENT<br>ACCOMMERCIAL GENERAL LIABILITY<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>ACCOMMENT<br>AC |   |  |
| So. Paris, ME 04281           INSURER D:         INSURER D:           INSURER E:         INSURER E:           INSURER F:         INSURER F:           COVERAGES         CERTIFICATE NUMBER:         REVISI           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREI<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           Image: State in the insurance         MODILINES SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREI<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           Image: State in the insurance         MODILINES SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           Image: State insurance         MODILINES SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           Image: State insurance         MODILINES SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           Image: State insurance         MODILINES SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           Image: State insurance         MODILINES SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           Image: State insurance         MODILINES SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           Image: State insurance         MODILY MAY MAY HAVE BEEN REDUCED BY PAID CLAIMS.           Image: State insurance         Image: State insurance   |   |  |
| INSURER E :       INSURER F :       COVERAGES       CERTIFICATE NUMBER:       REVISI       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREI<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       INSURANCE       INTR     TYPE OF INSURANCE     INDI ISUBR<br>(MAY PERTAIN, THE INSURANCE SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       INTR     TYPE OF INSURANCE     INDI ISUBR<br>(MAY PERTAIN, THE INSURANCE INDICATES)     POLICY PAID<br>(CONDUCT)     EACH OL<br>(CONDUCT)       INTR     TYPE OF INSURANCE     INDI ISUBR<br>(MOD ISUBR<br>(MOD ISUBR)     POLICY ISUBR)     POLICY       GENERAL LUBILITY     X     LDP904089500     02/16/11     02/16/12     DAMAGE<br>PREMISSING<br>(GENERAL<br>PREMISSING)       GENERAL LUBILITY     X     LDP904089500     02/16/11     02/16/12     DAMAGE<br>PREMISSING<br>(GENERAL<br>PREDISSING)       GENERAL LUBILITY     X     LDP904089500     02/16/11     02/16/11     02/16/12     DAMAGE<br>PREMISSING<br>(GENERAL<br>PREDISSING)       GENERAL LUBILITY     X     LDP904089500     02/16/11     02/16/11     02/16/11     02/16/11     02/16/11     02/16/11   |   |  |
| COVERAGES     CERTIFICATE NUMBER:     REVISI       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREI<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       INR     TYPE OF INSURANCE     ADDILY NUMBER     POLICY NUMBER     POLICY POLICIES.<br>(MMDDYYYY)     EACH OI<br>DOLY/FY)       GENERAL LIABILITY<br>A     X     LDP904089500     02/16/11     02/16/12     DAMAGE<br>PREMISE<br>MED EXC<br>(MMDDYYYY)     EACH OI<br>DAMAGE<br>POLICY NUMBER       GENERAL LIABILITY<br>A     X     LDP904089500     02/16/11     02/16/12     DAMAGE<br>PREMISE<br>MED EXC<br>(PREMISE<br>MED EXC<br>(PREMISE)       GENERAL LIABILITY<br>A     X     LDP904089500     02/16/11     02/16/12     DAMAGE<br>PREMISE<br>MED EXC<br>(PREMISE)       GENERAL LIABILITY<br>A     X     LDP904089500     02/16/11     02/16/12     DAMAGE<br>PREMISE<br>MED EXC<br>(PREMISE)       GENERAL LIABILITY<br>A     X     LDP904089500     02/16/11     02/16/12     DAMAGE<br>PREMISE<br>MED EXC<br>(PREMISE)       GENERAL LIABILITY<br>A     LDC     LDP904089500     02/16/11     02/16/11     D2/16/11       GENERAL LIABILITY<br>A     LDC     LDP904089500     02/16/11     02/16/11     D2/16/11       GENERAL LIABILITY<br>A     LDC     LDC  |   |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREI<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.<br>USR TYPE OF INSURANCE INSURANCE INSURANCE INSURANCE NUMBER (MMIDDIVYY) (MMIDDIVY) (MMIDDIVE (MMIDDIVY) (MIDDIVY) (MMIDDIVY) (MMIDDIVE (MIDIVY) (MMIDDIVY) (MMIDDIVY) (MMIDDIVY) (MIDIVY) (MIDIVE (MIDIVY) (MIDIVE (MIDIVY) (MIDIVE (   |   |  |
| INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUME<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREI<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.<br>SR<br>TYPE OF INSURANCE ADDISUBRY<br>GENERAL LIABILITY<br>A COMMERCIAL GENERAL LIABILITY<br>A LI OWNED AUTOS<br>HIRED AUTOS<br>HIRED AUTOS<br>HIRED AUTOS<br>HIRED AUTOS<br>DEDUCTIBLE<br>RETENTION \$<br>WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>AND PROPRENDATION<br>AND EMPLOYERS COMPENSATION<br>AND EMPLOYERS COMPENSAT   | ON NUMBER:  |  |
| GENERAL LIABILITY       X       LDP904089500       02/16/11       02/16/12       EACh OD<br>DAMAGE<br>PROSPACE         CLAIMS-MADE       X       OCCUR       X       LDP904089500       02/16/11       02/16/12       EACh OD<br>DAMAGE<br>PERSON<br>GENERAL<br>PERSON<br>GENERA         GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY       PRO-<br>POLICY       PRO-<br>PCC       LOC       PRO-<br>POLICY       PRO-<br>POLIC  | ENT WITH RESPEC   | CT TO WHICH TH   |
| GENERAL LIABILITY       X       LDP904089500       02/16/11       02/16/12       EACh OD<br>DAMAGE<br>PRACE         CLAIMS-MADE       X       OCCUR       X       LDP904089500       02/16/11       02/16/12       EACh OD<br>DAMAGE<br>PERSON<br>GENERAL<br>PERSON<br>GENERA         GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY       PRO-<br>POLICY       PRO-<br>PCC       LOC       PRO-<br>POLICY       PRO-<br>POLICY </td <td>LIMIT</td> <td>rs</td>  | LIMIT   | rs   |
| A       X       COMMERCIAL GENERAL LIABILITY       X       LDP904089500       0216111       021611  | CCURRENCE   | \$ 1,000   |
| BEN'L AGGREGATE LIMIT APPLIES PER:     PERSON       GEN'L AGGREGATE LIMIT APPLIES PER:     PRODUC       POLICY     PRO-<br>LOC     PRODUC       AUTOMOBILE LABILITY     COMBINI<br>(Ea acid<br>BODILY)     COMBINI<br>(Ea acid<br>BODILY)       ALL OWNED AUTOS     BODILY       SCHEDULED AUTOS     PROPER       HIRED AUTOS     (Per acid<br>ProPER       MON-OWNED AUTOS     PROPER       UMBRELLA LIAB     OCCUR       EXCESS LIAB     CLAIMS-MADE       DEDUCTIBLE     AGGREGO       RETENTION \$     VORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY       ANY PROPRIETOR/PARTINER/PSECUTIVE     N / A       WORKERS COMPENSATION<br>ANY PROPRIETOR/PARTINER/PSECUTIVE     N / A       If visit discribution     N / A   | ETO RENTED<br>ES (Ea occurrence)  | \$ 50  |
| GEN'L AGGREGATE LIMIT APPLIES PER:       PRODUC         POLICY       PRO-<br>JECT       LOC         AUTOMOBILE LIABILITY       COMBINI<br>(Ea acid<br>BODILY)         ALL OWNED AUTOS       BODILY         ALL OWNED AUTOS       BODILY         SCHEDULED AUTOS       PROPER         HIRED AUTOS       PROPER         NON-OWNED AUTOS       PROPER         UMBRELLA LIAB       OCCUR         EXCESS LIAB       CLAIMS-MADE         DEDUCTIBLE       AGGREG         RETENTION \$       V/A         WORKERS COMPENSATION       N / A         AND EMPLOYERS' LLABILITY       N / A         EL. EACH       CHILSE         OFFICER/MEMBER EXCLUDED?       N / A         EL. EACH       EL. EACH         OFFICER/MEMBER EXCLUDED?       N / A   | P (Any one person)  | \$   |
| GEN'L AGGREGATE LIMIT APPLIES PER:       PRODUC         POLICY       PRO-<br>LECT       LOC         AUTOMOBILE LIABILITY       LOC         AUTOMOBILE LIABILITY       COMBINI<br>(Ea acid)         ANY AUTO       BODILY         ALL OWNED AUTOS       BODILY         SCHEDULED AUTOS       PROPER         HIRED AUTOS       PROPER         NON-OWNED AUTOS       PROPER         UMBRELLA LIAB       OCCUR         EXCESS LIAB       CLAIMS-MADE         DEDUCTIBLE       AGGREG         RETENTION \$       V/A         MORKERS COMPENSATION       N/A         AND EMPLOYERS' LIABILITY       N/A         CHECRMEMBER EXCLUDED?       N/A   | AL & ADV INJURY   | \$ 1,000   |
| POLICY       PRO-<br>LOC       LOC         AUTOMOBILE LIABILITY       COMBINI<br>(Ea acid<br>BODILY         ANY AUTO       BODILY         ALL OWNED AUTOS       BODILY         SCHEDULED AUTOS       BODILY         HRED AUTOS       PROPER         HIRED AUTOS       PROPER         NON-OWNED AUTOS       PROPER         UMBRELLA LIAB       OCCUR         EXCESS LIAB       CLAIMS-MADE         DEDUCTIBLE       AGGREG         RETENTION \$       VORKERS COMPENSATION         AND EMPLOYERS' LIABILITY       N/A         VORKERS COMPENSATION       N/A         AND PROPRIETOR/PARTNER/EXECUTIVE       Y/N         N/A       EL EACH         UMERT ELABLITY       N/A   | LAGGREGATE  | \$ 2,000   |
| AUTOMOBILE LIABILITY       LOC       COMBINI (Ea acid)         ANY AUTO       BODILY       BODILY         ALL OWNED AUTOS       BODILY       BODILY         SCHEDULED AUTOS       BODILY       BODILY         NON-OWNED AUTOS       PROPER       PROPER         UMBRELLA LIAB       OCCUR       EACH OC         EXCESS LIAB       CLAIMS-MADE       AGGREG         DEDUCTIBLE       CLAIMS-MADE       MORKERS COMPENSATION         AND EMPLOYERS' LIABILITY       N/A       TOO         OFFICER/MEMBER EXCLUDED?       N/A       LOED         If wastory in NH)       N/A       EL. EACH OC   | TS- COMP/OP AGG   | \$ 2,000   |
| ANY AUTO ALL OWNED AUTOS ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION S UORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A N/A E.L. EACI   |   | \$   |
| ANY AUTO ALL OWNED AUTOS ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ VORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A EL. EACH CLAIMS-MADE L. DISE   | ED SINGLE LIMIT   | \$   |
| ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ VORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNE   | NJURY (Per person)  | \$   |
| SCHEDULED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ UVORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/P   | NJURY (Per accident)  |  |
| INNERVOICE     INNERVOICE       INNON-OWINED AUTOS     INNON-OWINED AUTOS       INNON-OWINED AUTOS     IEACH OC       INNON-OWINED AUTOS     IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   | TYDAMAGE  |  |
| UMBRELLA LIAB     OCCUR     EACH OC       EXCESS LIAB     CLAIMS-MADE     AGGREG       DEDUCTIBLE   | ient)   | \$   |
| EXCESS LIAB     CLAIMS-MADE       DEDUCTIBLE     AGGREG       RETENTION \$     WORKERS COMPENSATION       AND EMPLOYERS: LIABILITY     Y/N       AND EMPLOYERS: LIABILITY     Y/N       OFFICER/MEMBER EXCLUDED?     N/A       (Mandatory in NH)     E.L. EACI       If yes, describe under     E.L. DISE   |   | \$   |
| EXCESS LIAB     CLAIMS-MADE       DEDUCTIBLE     AGGREG       RETENTION \$     WORKERS COMPENSATION       AND EMPLOYERS: LIABILITY     Y/N       AND EMPLOYERS: LIABILITY     Y/N       OFFICER/MEMBER EXCLUDED?     N/A       (Mandatory in NH)     E.L. EACI       If yes, describe under     E.L. DISE   |   | \$   |
| DEDUCTIBLE  | COURRENCE   | \$   |
| RETENTION \$       WORKERS COMPENSATION         AND EMPLOYERS' LIABILITY       Y / N         ANY PROPRIETOR/PARTNER/EXECUTIVE       Y / N         OFFICER/MEMBER EXCLUDED?       N / A         (Mandatory in NH)       E.L. EACI         If ves, describe under       E.L. DISE   | ATE   | \$   |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If ves, describe under E.L. DISE  |   | \$   |
| AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACI E.L. DISE  | STATU-   OTH-   | \$   |
| OFFICER/MEMBER EXCLUDED? N/A<br>(Mandatory in NH)<br>If yes, describe under   | Y LIMITS ER   | -  |
| If yes, describe under  | HACCIDENT   | \$   |
| DESCRIPTION OF OPERATIONS below E.L. DISE   | ASE - EA EMPLOYEE   |  |
|   | ASE - POLICY LIMIT  | \$   |
|   |   |  |
| ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  |   |  |
| ity of Portland is included as Additional Insured per written agreement for<br>eneral Liability for work performed by named insured.  |   |  |
| eneral Liability for work performed by named insured.   |   |  |
|   |   |  |
| CERTIFICATE HOLDER CANCELLATION   |   |  |
| CANCELLATION GENERIC  |   |  |
| City of Portland City Hall SHOULD ANY OF THE ABOVE DESCRIBE<br>City of Portland DATE THEREOF,<br>ACCORDANCE WITH THE POLICY PROVI   | NOTICE WILL B   |  |
| 389 Congress St<br>Portland, ME 04101 AUTHORIZED REPRESENTATIVE<br>TD Insurance, Inc.   |   |  |
|   |   |  |



11/18/2011





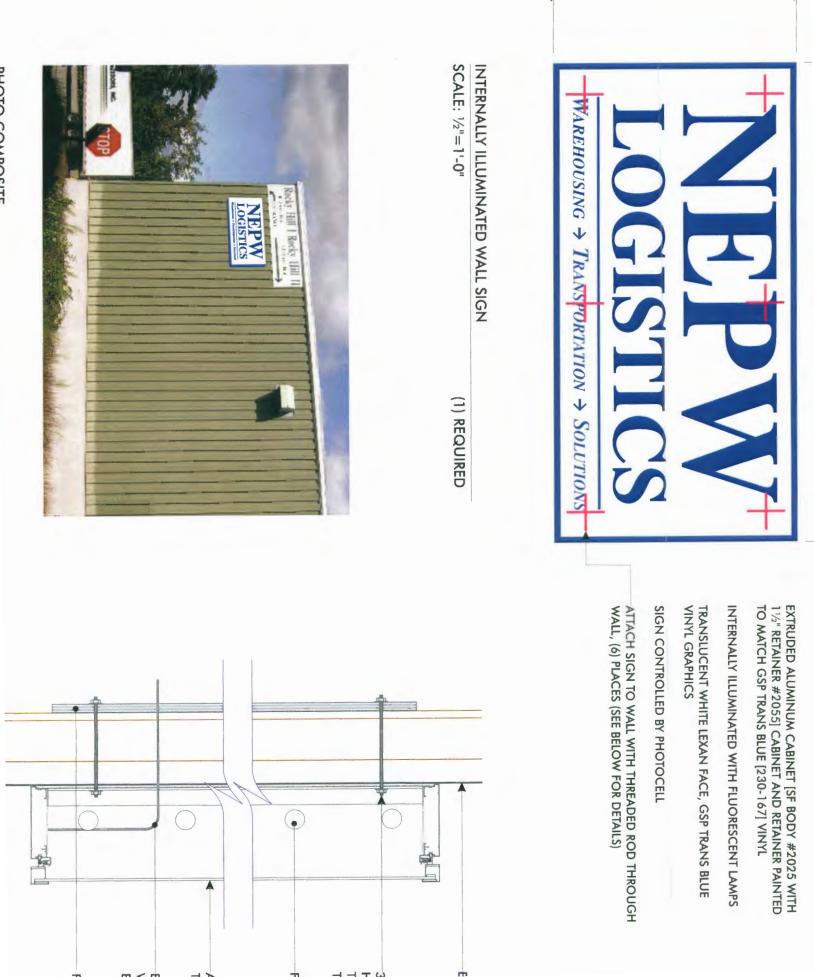
# Map





Quarry Road, Portland, Me - Google Maps





5'-0"