Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK **CITY OF PORTLAND**

Please Read Application And Notes, If Any,

MARECTION Permit Numbers 080666 FERMIT 1550ED PERM Attached This is to certify that ___OLYMPIA EQUITY INVES RS I LP (New Yraft Signs 1111 - 2has permission to Remove and replace Buildin gn 6'x5 AT 1230 CONGRESS ST epting this permit shall comply with all provided that the person or persons. rm or Rion a of the provisions of the Statutes of ances of the City of Portland regulating ine and of the the construction, maintenance and u of buildings and ctures, and of the application on file in this department. inspe fication n mus Apply to Public Works for street line n and w en permi on procu A certificate of occupancy must be and grade if nature of work requires procured by owner before this buildre this ding or t there such information. ed or bsed-in ing or part thereof is occupied. JR NOTICE IS MEQUIRED.

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. Appeal Board _ Other _

Department Name

PENALTY FOR REMOVING THIS CARD

City of Portland, M	aine - Building o	or Use Permi	t Application	Permit No:	Issue Date:	CBL:	
389 Congress Street, 0	•			08-0666		189 A014	4001
Location of Construction:	Owner	Name:	Ow	vner Address:		Phone:	
1230 CONGRESS ST	OLYM	MPIA EQUITY	INVESTORS 28	80 FORE ST ST	E 202	207-874-99	90
Business Name:	Contrac	tor Name:	Cor	ntractor Address:		Phone	
	NeoK	raft Signs	68	36 Main St. Lewi	iston	207782965	
Lessee/Buyer's Name	Phone:			rmit Type:			Zone:
				Signs - Permanen	t		B2
Past Use:	Propose		Hotel I	ermit Fee:	Cost of Work:	CEO District:	
Commercial - Double tro		nercial - Clarion	Inn - Remove	\$798.00	\$0.00		
		place Building		RE DEPT:	Approved INS	PECTION:	2 5:5
	~~~	a Mines			Denied	ature: Jn 7	ype: 31 7
						TBC 21	n 3
Droposed Project Description							, С
Proposed Project Description Remove and replace Bu	" brow w/ are liding Sign 6'x58' and	16, 14, 1, 22	(6'xst ; bu)	gnature:	Sig	nature: Jon 7	7/02/0
romo vo una ropiaco Bu	in in the second second			DESTRIAN ACTIV	VITIES DISTRIC	T (P.A.D.)	1040
							Denied
			Ac	ction: Approve	ed Approve	d w/Conditions	Jenieu
	_		Sig	gnature:		Date:	
Permit Taken By:	Date Applied Fo	r:		Zoning	Approval		
lmd	06/12/2008		<del></del>		<del></del>	1	
	tion does not preclud	e tile	ecial Zone or Reviews	Zonin	g Appeal	Historic Preser	
Applicant(s) from n Federal Rules.	neeting applicable Sta		noreland	☐ Variance		Not in District	or Landma
			gent below.	ريا 🗀 ارد			
	not include plumbin	g, UW	cent to a known centre of the	Miscellar	ieous	Does Not Requ	ire Review
septic or electrical v			and Zama 14-366.51	(5 <i>)</i>			
3. Building permits are				I ('ondition	ant Lice	I Deguirec Peule	
within six (6) month	e void if work is not s	nce	ood zone	Condition	nal Use	Requires Revie	w
	e void it work is not s is of the date of issua iay invalidate a build	ince.					w
. ,	ns of the date of issua way invalidate a build	ince.	ubdivision	Condition Interpreta		Approved	w
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False information me permit and stop all	is of the date of issual ay invalidate a build work	ing Si	ıbdivision te Plan	☐ Interpreta☐ Approved☐ Denied	ation	☐ Approved ☐ Approved w/Co	
False information magnetic permit and stop all	as of the date of issua ay invalidate a build work	ing Si	ıbdivision te Plan	☐ Interpreta☐ Approved☐ Denied	ation	☐ Approved ☐ Approved w/Co	

#### **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

City of Portland, Maine - Bo 389 Congress Street, 04101 Tel	U		Permit No: 08-0666	<b>Date Applied For:</b> 06/12/2008	CBL: 189 A014001
Location of Construction:	Owner Name:		Owner Address:	<u></u>	Phone:
1230 CONGRESS ST	OLYMPIA EQUITY		280 FORE ST ST	E 202	207-874-9990
Business Name:	Contractor Name:		Contractor Address:		Phone
	NeoKraft Signs		686 Main St. Lew	iston	(207) 782-9654
Lessee/Buyer's Name	Phone:		Permit Type: Signs - Permanen	t	
Proposed Use:		Propose	ed Project Description	:	
Commercial - Clarion Hotel - Rem on roof w/ building sign (6' x 6' &		banner Remo and 6'		porary banner with B	suilding Sign (6'6"x58'
Dept: Zoning Status:		Reviewer	: Ann Machado	Approval D	ate: 06/30/2008
Note: The amount of square foot signs (225 sf max.) & it is under section 14-386.5(g). Approved by Deb Andrew	a roof top sign which is no				ęOk to Issue: ✓
Dept: Building Status:	Approved with Condition	s Reviewer	: Tom Markley	Approval D	ate: 07/02/2008
Note:					Ok to Issue:
1) Signage Installation to comply	with Chapter 31 of the IBC	2003 building	code.		
2) Application approval based upon and approrval prior to work.	on information provided by	applicant. Any	deviation from app	proved plans requires	separate review
Dept: Planning Status:	Approved	Reviewer	: Deborah Andrew	s Approval D	ate: 06/30/2008

#### Comments:

Note:

6/23/2008-amachado: The proposed sign does not meet current requirements for B-2 zone. Has been passed on to planning under section 14-368.5(g).

Ok to Issue:

## Signage/Awning Permit Application

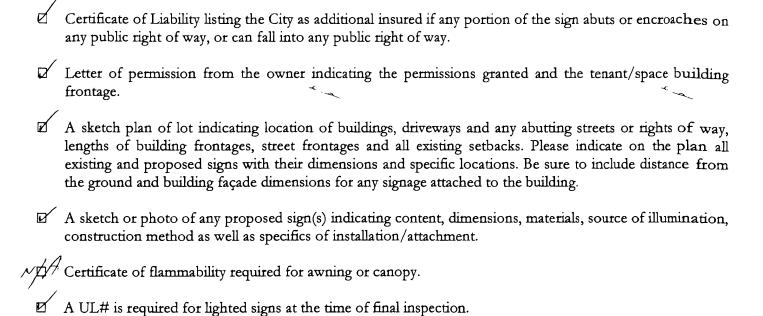
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction:	230 Congress S	treet
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: The Olympia Companies 280 Forest, svite 20 Portland, ME 04/01	
Lessee/Buyer's Name (If Applicable)  Clarion Inn	Contractor name, address & telephone:  Neokraff Signs Inc. 686 Main Street Lewiston, ME 04240	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: \$ 798.00 Awning Fee = cost of work Total Fee: \$ 778.00
Who should we contact when the permit is read		
Tenant/allocated building space frontage (f Lot Frontage (feet)  Current Specific use:		sec attached plot plan
If vacant, what was prior use:  Proposed Use:  Hote/		
Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Is aw Height of awning: Length of Is there any communication, message, tradem If yes, total s.f. of panels w/communications,  Information on existing and previously perm Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Sq. ft. are	No Dimensions proposed: 6/Xi  oning backlit? Yes No awning: Depth: nark or symbol on it? Yes No message, trademark or symbol: s.  nitted sign(s): No Dimensions: No Dimensions: No Dimensions: No Dimensions: No Dimensions:	Emporary banner
A site sketch and building sketch showing e Sketches and/or pictures of proposed signa		
Please submit all of the information of Failure to do so may result in the aut		cation Checklist.
In order to be sure the City fully understands the additional information prior to the issuance of a Building Inspections office, room 315 City Hall	permit. For further information visit us on-li	
I hereby certify that I am the Owner of record of the authorized by the owner to make this application as he a permit for work described in this application is issue areas covered by this permit at any reasonable hour to	is/her authorized agent. I agree to conform to all ed, I certify that the Code Official's authorized rep	applicable laws of this jurisdiction. In addition, if resentative shall have the authority to enter all
Signature of applicant:	Shane Moffet + Dat	e: 6-10-08
P 1 This is not a permit,	you may not commence ANY work until the	e permit is issued.



# Signage/Awning Permit Application Checklist

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



- Pre-application questionnaire completed and attached.
- ☑ Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.

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

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

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



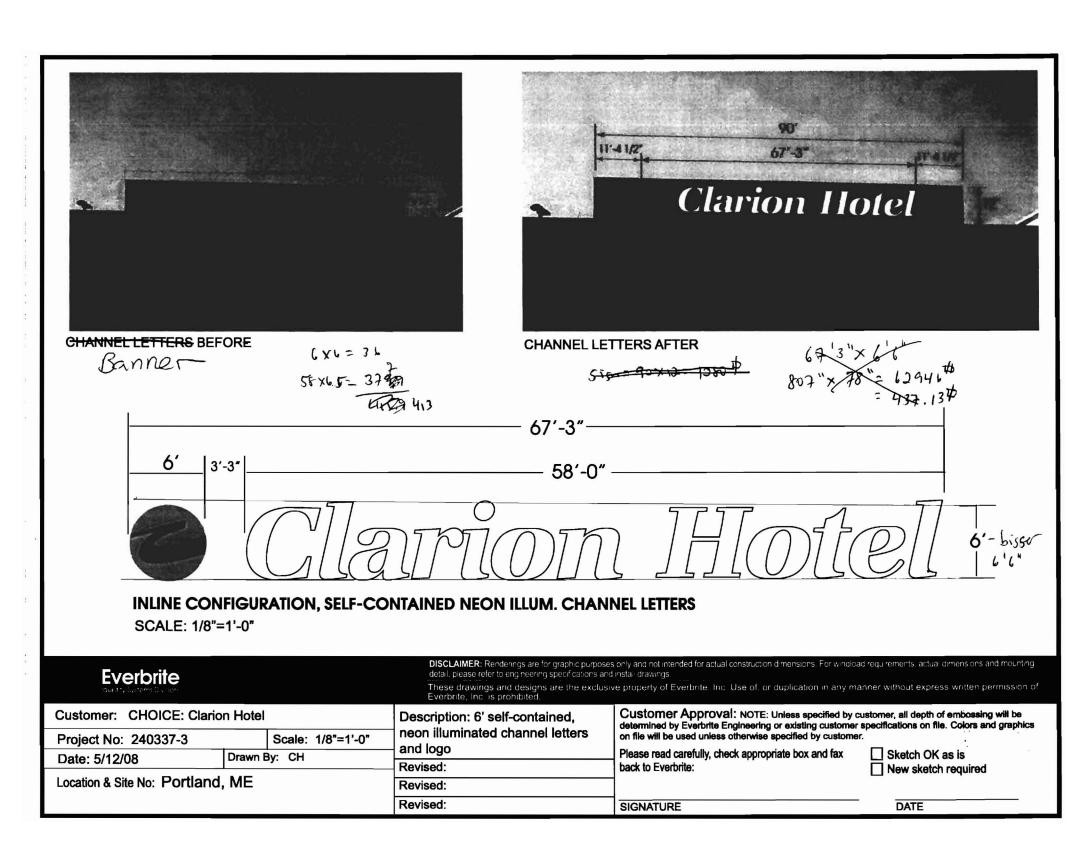
Copy to

If enclosures are not as noted kindly notify us at once.

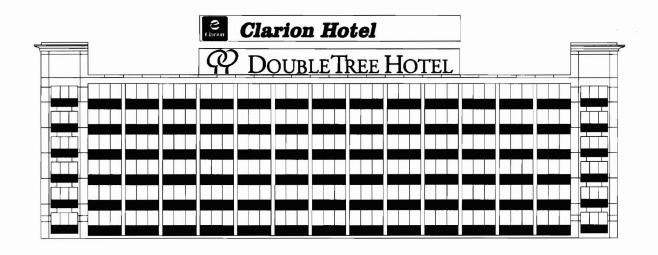
Neokraft Signs Inc. 686 Main Street Lewiston, Maine 04240 Telephone: 207.782.9654 Facsimile: 207.782.0009 1.800.339.2258 http://www.neokraft.com

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT

Transmittal to	CITY OF PORTLAND		Date	06.11.2008	
V. Communication of the Commun	INSPECTIONS		Job No.	8971	
	389 CONGRESS STRE	ET	Re.	CLARION INN	
	PORTLAND, ME 04101			PERMITS	
_				MAIL	
Item		☐ Hand Delivered	☐ Under separate cover		
	Shop Drawings	☐ Prints	☐ Samples	■ Specifications	
		□ Change Order	☐ Other		
	Copies Date	No.	Description		
	1 set 06.11.2008	8971	(1) SIGN PERMIT APPLI	CATION, (1) ELECTRICAL	
			PERMIT APPLICATION,	PLOT PLAN, ELEVATION	
			DRAWINGS, CERTIFICA	ATE OF LIABILITY INSURANCE,	
	LANDLORD AUTHORIZATION LETTER, AND (1) C				
		#9136 FOR \$853.00 TO OBTAIN PERMITS FOR			
			CLARION INN LOCATED ON 1230 CONGRESS		
			STREET.		
Purpose		□ No exception taken		□ Rejected	
	☐ For your use	☐ Make corrections noted		☐ Review and comment	
	☐ As requested	☐ Revise and resubmit		☐ Other	
Remarks	Please mail permits to this office upon approval.				
	Copy to			From SHANE MOFFETT	



New sign replacing barrer.



The DOUB!

DOUBLETREE HOTEL

EXISTING SIGN

87ft-6 in

8'-0" x 9'-10" Logo 8'-6" x 87'-6" Raceway 4'-7" Lower Case Letters 6'-0" Upper Case Letters



FABRICATE AND INSTALL:

TWO BANNERS FOR EXISTING SIGN ON SIDE OF BUILDING FACING FREEWAY.

This design created in conjunction with this project planned for you is the exclusive property of NEOKRAFT SIGNS, and can not be copied, exhibit or shown to anyone outside of your organization without consent of NEOKRAFT SIGNS.

REVISION:	1230 CON PORTLANI			
DWG NO:	JOB NAME: DOUBLE TREE			
Neokraft	WORK ORDER NO:	DESIGNER: BOB PHILLIPS		
	11/15/07	scale:		



February 6, 2008

Mr. John Schultzel Acting General Manager Clarion Hotel 1230 Congress St Portland, ME 04102

RE: Letter of Authorization for Signage Clarion Hotel Portland, Maine

Dear Mr. Schultzel,

Olympia Equity Investors I, LLC hereby grants the Clarion Hotel Portland, Maine permission to remove and replace temporary and permanent signage on the building and on the grounds for your hotel's branding and marketing purposes.

Please call with any questions.

Thanks,

Frank Carr Olympia Asset Management 280 Fore Street, Suite 202 Portland, ME 04101 207.252.4881 Cell 207.221.1110 Fax fcarr@theolympiacompanies.com



.	4 <i>C</i>	CRD, CERTIFIC	CATE OF LIABIL	ITY INSURANCE DATE (MM/DD/YYYY) 2/13/2008			
Fr	х Т	R Phone: 971-222-3200 Crystal & Co. of OR ower W Broadway, STE 480	Fax: 971-222-3260	ONLY AN HOLDER.	ND CONFERS N THIS CERTIFIC	SUED AS A MATTER IO RIGHTS UPON T ATE DOES NOT AMI AFFORDED BY THE I	OF INFORMATION HE CERTIFICATE END, EXTEND OR
		and OR 97205		INSURERS	AFFORDING COV	/ERAGE	NAIC#
	JRED			INSURER A: Fi	reman's Fun	d Insurance Co	. 21873
		ia Equity Investors		INSURER B: GY	<u>eat America</u>	n Ins. Co.	16691
		ia Hotel Management ore Street, Suite 202	2	INSURER C:			
		and ME 04101	-	INSURER D:			
				INSURER E:			
		AGES					<del></del>
NOT CER TER	WITH TIFI MS,	STANDING ANY REQUIREMENT, CATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS	BELOW HAVE BEEN ISSUED TO TERM OR CONDITION OF ANY PERTAIN, THE INSURANCE AF OF SUCH POLICIES. AGGREGA	CONTRACT OR C FFORDED BY THE ATE LIMITS SHO	OTHER DOCUMENT E POLICIES DES OWN MAY HAVE B	WITH RESPECT TO WE CRIBED HEREIN IS SU EEN REDUCED BY PAIL	HICH THIS UBJECT TO ALL THE
	ADD'I		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIM	IITS
Α	Х	GENERAL LIABILITY	MZX80880012	10/1/2007	10/1/2008	EACH OCCURRENCE	\$1,000,000
İ	ļ	COMMERCIAL GENERAL LIABILITY	}		1	DAMAGE TO RENTED PREMISES (Ea occurence)	\$100,000
ł	}	CLAIMS MADE X OCCUR	.}		1	MED EXP (Any one person)	\$5,000
	Ì		. }			PERSONAL & ADV INJURY	\$1,000,000
	1		. }		1	GENERAL AGGREGATE	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:	}			PRODUCTS - COMP/OP AGG	\$2,000,000
	ļ	POLICY PRO- X LOC	<del> </del>		ļ	<del> </del>	<del></del>
А		X ANY AUTO	MZX80880012	10/1/2007	10/1/2008	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	}	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
		X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
		X \$1,000 Comp Ded X \$1,000 Coll Ded				PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO			}	OTHER THAN EA ACC	\$
					<u> </u>	AUTO ONLY: AGG	\$ \$
В	1	EXCESS/UMBRELLA LIABILITY	TUU523206302	10/1/2007	10/1/2008	EACH OCCURRENCE	\$10,000,000
		X OCCUR CLAIMS MADE				AGGREGATE	\$10,000,000
		DEDUCTIBLE					\$
		X RETENTION \$10,000					\$
	WOR	KERS COMPENSATION AND				WC STATU- OTH TORY LIMITS ER	
	l	LOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$
	OFF	CER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYER	E \$
		i, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$
A	OTH Liq	ER uor Liability	MZX80880012	10/1/2007		\$2,000,000 \$1,000,000	Aggregate Occurrence
<del></del>			<u> </u>		<u> </u>	<u> </u>	
			LES/EXCLUSIONS ADDED BY ENDORSEME otel Management, Olympia De				
Cert	ifi	ate Holder is additional	insured as respects instal	llation of ne	w sign at 1230	Congress Street,	Portland, ME.
<u> </u>		CATEUOLDED		CANCELLA	TION	<del></del>	
UE	CIIF	CATE HOLDER		CANCELLA ANY		DESCRIBED POLICIES	DE CANCELLED
		City of Portland City Hall, City Mana 389 Congress Street Portland ME 04101	agers office, Room 208	BEFORE THE WILL ENDEAY CERTIFICATI SHALL IMPOS	EXPIRATION DA' VOR TO MAIL 30 E HOLDER NAMED SE NO OBLIGATIO	DESCRIBED FOLICIES IE THEREOF, THE ISS DAYS WRITTEN NOTIC TO THE LEFT, BUT I ON OR LIABILITY OF OR REPRESENTATIVES	SUING INSURER CE TO THE FAILURE TO DO SO ANY KIND UPON
				AUTHORIZED RE	PRESENTATIVE	Page	

