

City of Portland, Maine - Building or Use Permit Application

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

| | | |
|-----------------------|-------------|----------------------|
| Permit No: 04-1093 | Issue Date: | CBL: 209A A016002 |
|-----------------------|-------------|----------------------|

| | | | |
|---|--|--|--|
| Location of Construction: 145 Jetport Blvd | Owner Name: Widewaters New Castle | Owner Address: 5786 Widewaters Parkway | Phone: |
| Business Name: | Contractor Name: <i>Barley Sign</i> | Contractor Address: | Phone: |
| Lessee/Buyer Name: <i>Adam Cruden IA</i> | Phone: | | Zone: <i>AB</i> |
| Past Use: commercial | Proposed Use: commercial | Permit Fee: \$400.00 | Cost of Work: \$370.00 |
| | | CEO District: 3 | |
| | | FIRE | INSPECTION: Use Group: <i>V</i> Type: <i>Sig</i> <i>BOCA 1999</i> Signature: <i>[Signature]</i> |
| DEPT: <i>6</i> | | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Signature: <i>[Signature]</i> | | Action: <i>N/A</i> | Approved w/Conditions <input type="checkbox"/> Denied |
| Signature: <i>[Signature]</i> | | Date: | |

| | | | |
|-----------------------------|---------------------------------|------------------------|--|
| Permit Taken By: dmartin | Date Applied For: 08/03/2004 | Zoning Approval | |
|-----------------------------|---------------------------------|------------------------|--|

| | | | |
|---|--|--|--|
| <p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p> | <p align="center">Special Zone or Reviews</p> <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: | <p align="center">Zoning Appeal</p> <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: | <p align="center">Historic Preservation</p> <input checked="" type="checkbox"/> Not in District or Landmark <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 <i>[Signature]</i> Date: |
|---|--|--|--|

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 |

Form # P04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 041093

This is to certify that Widewaters New Castle
has permission to replace existing sign with new reflect the change
AT 145 Jetport Blvd 209A A016002

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 occupied or closed-in. 48 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

[Signature]
8/4/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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| Location of Construction: 145 Jetport Blvd | Owner Name: Widewaters New Castle | Owner Address: 5786 Widewaters Parkway | Phone: |
| Business Name: | Contractor Name: | Contractor Address: | Phone: |
| Lessee/Buyer's Name | Phone: | (Permit Type: Signs - Permanent | |

| | |
|------------------------------------|---|
| Proposed Use: commercial | Proposed Project Description: replace existing sign with new to reflect name change |
|------------------------------------|---|

| | | | |
|---|---|----------------------------------|---|
| Dept: Zoning | Status: Approved | Reviewer: Marge Schmuckal | Approval Date: 08/04/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| Dept: Building | Status: Approved with Conditions | Reviewer: Tammy Munson | Approval Date: 08/05/2004 |
| Note: | | | Ok to Issue: <input type="checkbox"/> |
| 1) Signage Installation to comply with Chapter 31 BOCA 1999 | | | |

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2004 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.

| | | | |
|---|--|---|--|
| 1 | | Deu | |
| Total Square Footage of Proposed Structure | | Square Footage of Lot ACRES | |
| Tax Assessor's Chart, Block & Lot Chart# 209 Block# AA Lot# 016 | | Owner: Widewater's Newcastle Pottery LLC | Telephone: 2035234038 |
| Lessee/Buyer's Name (If Applicable) Hilton Garden Inn | Applicant name, address & telephone: Bailey Sign Company Inc. 9 Thomas Drive Westbrook, ME 04092 7742843 | | Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ 400.00 Awning Fee = Cost Of Work: \$ / Total Fee: \$ |
| Current use Commercial / Hotel | | | |
| If the location is currently vacant, what was prior use: _____ | | | |
| Approximately how long has it been vacant: _____ | | | |
| Proposed use: Same as current | | | |
| Project description: To remove existing signage and install new signage to reflect name change - per prints attached | | | |
| Contractor's name, address & telephone: Bailey Sign Company | | | |
| Whom should we contact when the permit is ready: Judy Trainor / Bailey Sign | | | |
| Mailing address: 9 Thomas Drive Westbrook, ME 04092 | | | |
| 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: 7742843 ext. 103 | | | |

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: Judy Trainor / Bailey Sign Date: 3-04

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

Chart# 23515

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 145 Jefferson Boulevard ZONE: AB

CBL: 209-AA-016

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

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):
Length: 180' Height: 60'

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS PROPOSED: _____
BLDG. WALL SIGN? (attached to bldg) YES NO DIMENSIONS PROPOSED: 1 - 2'1" X 2'1" (logobox)
2 - wall signs - 4'6 5/8" X 19'9 5/8"

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS: 4' X 9'
BLDG. WALL SIGN (attached to bldg)? YES NO DIMENSIONS: 1 - 2' X 2' 10"
2 - 2' X 9' 4" (to be replaced with new)
AWNING? YES NO DIMENSIONS: _____
LOT FRONTAGE (FEET) 300
note - free standing sign is on So. Portland property line - permitted in So. Portland

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: Judy Trainor/Baker Sign Co. DATE: 8-304

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

LAURETANO

SIGN GROUP

WORLDWIDE

AUTHORIZATION TO INSTALL SIGNAGE

I/WE GIVE LAURETANO SIGN GROUP AND OR THEIR AGENTS BAILEY SIGN CO
PERMISSION TO FURNISH AND/OR INSTALL

SIGN(S) AT: Portland Hilton Garden Inn
145 Seafort Boulevard
Portland ME 04102

SIGNATURE OF OWNER/OWNER REPRESENTATIVE

NAME Lowell Beebe
(Signature)

NAME: Lowell Beebe - Center
(Please print)

ADDRESS 560 Main Ave, Norwalk CT

TELEPHONE 203-523-4030

TITLE Area Director

NOTE: Please provide a site plan for the installation of any exterior signage that will be required when obtaining permits.

ACORD CERTIFICATE OF LIABILITY INSURANCE

04/30/2005

DATE (MM/DD/YY)
07/15/2004

PRODUCER
LOCKTON COMPANIES
8755 W. HIGGINS ROAD
CHICAGO, IL 60631
(773) 444-6000

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

INSURED
1048846 New Castle Hotels
2 Corporate Drive
Shelton CT 06484

INSURER A: St. Paul Fire & Marine Insurance Co
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES XG

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 TYR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-------------|---|----------------|-------------------------------------|--------------------------------------|---|
| A | <input type="checkbox"/> GENERAL LIABILITY | CK01205768 | 04/30/2004 | 04/30/2005 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC | | | | |
| | AUTOMOBILE LIABILITY | NOT APPLICABLE | | | COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ XXXXXXXX |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ XXXXXXXX |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ XXXXXXXX |
| | <input type="checkbox"/> HIRED AUTOS | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | |
| | GARAGE LIABILITY | NOT APPLICABLE | | | AUTO ONLY - EA ACCIDENT \$ XXXXXXXX |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC \$ XXXXXXXX |
| | | | | | AGG \$ XXXXXXXX |
| | EXCESS LIABILITY | NOT APPLICABLE | | | EACH OCCURRENCE \$ XXXXXXXX |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE \$ XXXXXXXX |
| | <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM | | | | \$ XXXXXXXX |
| | <input type="checkbox"/> RETENTION \$ | | | | \$ XXXXXXXX |
| | | | | | \$ XXXXXXXX |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | NOT APPLICABLE | | | MC STATU- TORY LIMITS OTH- ER |
| | | | | | E.L. EACH ACCIDENT \$ XXXXXXXX |
| | | | | | E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX |
| | OTHER | | | | E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Additional Named Insured: Widewaters New Castle Portland Company, LLC. Re: Portland Hilton Garden Inn, 145 Jetport Road, Portland, ME 04102.
City of Portland is Additional Insured with respect to General Liability as required by written contract.

CERTIFICATE HOLDER

2071208
City of Portland
389 Congress Street
Portland ME 04101

ADDITIONAL INSURED: INSURER LETTER: _____

CANCELLATION

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

J. B. Bl



