



512Wolffboro Rd.
Stetson, Maine 04488
Phone: (207) 296-2400
Fax: (207) 296-2401

Fax

To: Coyte # Michael

Fax: 0 # *

Phone: _____ Date: 4/27/04

Re: JOHNSTONE Supply CC: NA
SEGN PERMIT

Urgent For Review Please Comment Please Reply Please Recycle

● Comments:

As requested - wall dimensions and OWNER
permission verification.

Also copy of check for \$200.
which I am dropping in mail to
you today

thanks
Michael

CONFIDENTIALITY NOTICE

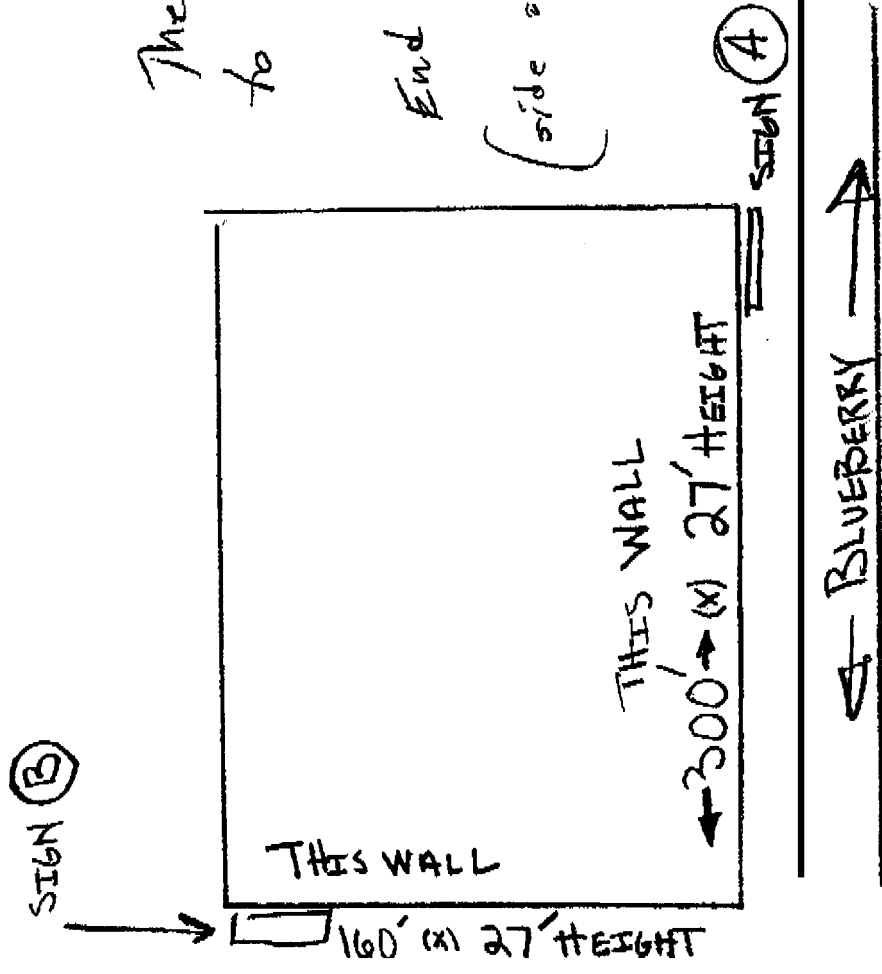
The information in this transmission may contain CONFIDENTIAL information intended for use only by the above named recipient. If you have received this transmission by error, please notify us immediately by calling the person noted above. Any disclosure, dissemination, distribution, or copying of this information or its contents is strictly prohibited under the law.

296-2400
296-2401 - Fax
written permission


Long measurements

The written permission is
to be forwarded later today.

End of Building is 160' X 27'
(side of Building is 300' X 27'
facing Blueberry Rd.)



JOHNSTONE SUPPLY
195 Thatcher St.
Bangor, ME 04401
207-942-0793 • 207-942-0478



STURBRIDGE YANKEE WORKSHOP

Celebrating country home furnishings for over 50 years

1953 - 2003

Sign Services
512 Wolfboro Rd.
Stetson, ME 04488

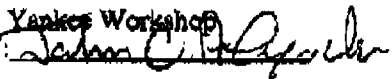
Mark Grant, V.P.
Johnstone Supply
195 Thatcher Street
Bangor, ME 04401

To whom it may concern:

Sturbridge Yankee Workshop, the Landlord, gives the approval for Johnstone Supply, the Tenant, to have Sign Services, Inc. affix signs as shown on the April 13 fax (attached) to the building owned by the landlord.

These and only these signs which appear on the aforementioned fax are the agreement. Any other signs and/or company "lettering" which the Tenant would like to have on the grounds and/or building owned by the Landlord shall be brought to the Landlord's attention as stated on page 8 of the "Lease".

This agreement is made on: 4/26/04

By: Thomas Binnie Owner/President Sturbridge Yankee Workshop
Submitted by: John C. Alexander C.F.O., SYW: 

faxed on 4/26/04 to: Mark Grant, VP Johnstone Supply
Sign Services, Inc.



90 Blueberry Road, Portland, Maine 04102-1989 telephone: 207-774-9045 fax: 207-774-2561 website: www.sturbridgeyankee.com

SIGN SERVICES, INC.

3059

Cost of Sales- Permitting

200.00

4/27 /04 3 59 City of Portland

\$200.00

SIGN SERVICES, INC.
512 WOLFBORO RD.
STETSON, ME 04488
(207) 296-2400

THE SOURCE BANK
BANGOR SAVINGS BANK
BREWER, ME 04412
52-7438/2112

3059

DATE

AMOUNT

3059

Apr 27, 2004

*****\$200.00

Memo: Sign permit/ Johnstone Supply

Two Hundred and 00/100 Dollars

OTHER
ORDER
IF

city of Portland
389 Commerce St.
Portland . ME 04103



AUTHORIZED SIGNATURE

⑈003059⑈ ⑆211274382⑆ 1181192210⑈



512 Wolfboro Rd.
 Stetson, Maine 04488

Phone: (207)296-2400
 Fax: (207)296-2407

LANIE

Fax

To: Gayle From: Michael

Fax: _____ Pages: # _____

Phone: _____ Date: 4/27/04

Re: Johnstone Supply CC: NA
SIGN PERMIT.

Urgent For Review Please Comment Please Reply Please Recycle

• Comments:

As requested - wall dimensions and OWNER
permission verification.
Also copy of check for \$200.-
which I am dropping in mail to
you today

thanks
Michael

CONFIDENTIALITY NOTICE

The information in this transmission may contain CONFIDENTIAL information intended for use only by the above named recipient. If you have received this transmission by error, please notify us immediately by calling the person noted above. Any disclosure, dissemination, distribution, or copying of this information or its contents is strictly prohibited under the law.

STURBRIDGE YANKEE WORKSHOP

Celebrating country home furnishings for over 50 years

1953 - 2003

Sign Services
512 Wolfboro Rd.
Stetson, ME 04488


Mark Grant, V.P.
Johnstone Supply
195 Thatcher Street
Bangor, ME 04401

To whom it may concern:

Sturbridge Yankee Workshop, the Landlord, gives the approval for Johnstone Supply, the Tenant, to have Sign Services, Inc. affix signs as shown on the April 13 fax (attached) to the building owned by the landlord.

These and only these signs which appear on the aforementioned fax are the agreement. Any other signs and/or company "lettering" which the Tenant would like to have on the grounds and/or building owned by the Landlord shall be brought to the Landlord's attention as stated on page 8 of the "Lease".

This agreement is made on: 4/26/04

By: Thomas Binnie Owner/President Sturbridge Yankee Workshop
Submitted by: John C. Alexander C.F.O., SYW: 

faxed on 4/26/04 to: Mark Grant, VP Johnstone Supply
Sign Services, Inc.



SIGN SERVICES, INC.

3059

Cost of Sales- Permitting

200.10

4/27/04

3059

City of Portland

\$200.00

SIGN SERVICES, INC.
512 WOLFBORO RD.
STETSON, ME 04488
(207) 296-2400

THE SOURCE BANK
BANGOR SAVINGS BANK
BREWER, ME 04412
52-7438/2112

3059

DATE

AMOUNT

3059

Apr 27, 2004

***** **\$200.00

Memo: Sign permit/ Johnstone Supply

Two Hundred and 00/100 Dollars

BY

OTHER

ORDER

IF

City of Portland
389 Commerce St.
Portland, ME 04101


AUTHORIZED SIGNATURE

⑈003059⑈ ⑆211274382⑆ 1181192210⑈

Michael

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>90 BLUEBERRY RD, PORTLAND ME</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>JOHNSTONE SUPPLY</u>	Telephone: <u>207-942-0293</u>
Lessee/Buyer's Name (if Applicable) <u>Johnstone Supply</u>	Applicant name, address & telephone: <u>Michael Hands</u> <u>Sign Services Inc.</u> <u>207-296-2400</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$45.00 for H.D. signage = Total Fee: \$ <u>See Sketch</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ <u>200.00</u>
Current use: <u>NA</u>		
If the location is currently vacant, what was prior use: <u>NA</u>		
Approximately how long has it been vacant: _____		
Proposed use: <u>WHOLESALE / DISTRIBUTION</u>		
Project description: <u>IDENTIFICATION SIGNAGE</u> <u>Sign Services, Inc.</u> <u>NON-ILLUMINATED</u> <u>512 Wolfboro Rd.</u>		
Contractor's name, address & telephone: <u>Stetson, ME 04488</u> <u>207-296-2400</u>		
Whom should we contact when the permit is ready: <u>MICHAEL</u>		
Mailing address: <u>SAME</u>		
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>Michael Hands</u>	Date: <u>4/14/04</u>
--	----------------------

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: 90 Bluberry Rd. ZONE: _____
CBL: _____

SINGLE TENANT LOT? YES NO _____ MULTI TENANT LOT? YES _____ NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO _____ - 2 proposed

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: SEE

Following

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: [Signature] DATE: 4/14/04

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

Client: 10148

SIGNSER

ACORD - CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/20/2004
PRODUCER CROSS INSURANCE - BANGOR 74 Gilman Road P.O. Box 1388 Bangor, ME 04401		THIS CERTIFICATE IS ISSUED AS A MAJORITY 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 Sign Services Inc 512 Wolfboro Road Watson, ME 04489		INSURERS AFFORDING COVERAGE NAIC # INSURER A: Manover Insurance Company 22292 INSURER B: Maine Employers Mutual Insurance Co 11149 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.

FORM NO. / CLASS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC	ZDP522924707	12/24/03	12/24/04	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOR AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	ABP522924307	12/24/03	12/24/04	COMBINED SINGLE LIMIT (EA accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - FA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810DR1644	12/24/03	12/24/04	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

CERTIFICATE HOLDER

City of Portland
388 Congress Street
Portland, ME 04101

CANCELLATION

ON THE DAY OF THIS ABOVE DESCRIBED POLICY IF 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
Kellynn Buspell



PROFESSIONAL
HVAC/R SUPPLIER -
WHOLESALE ONLY

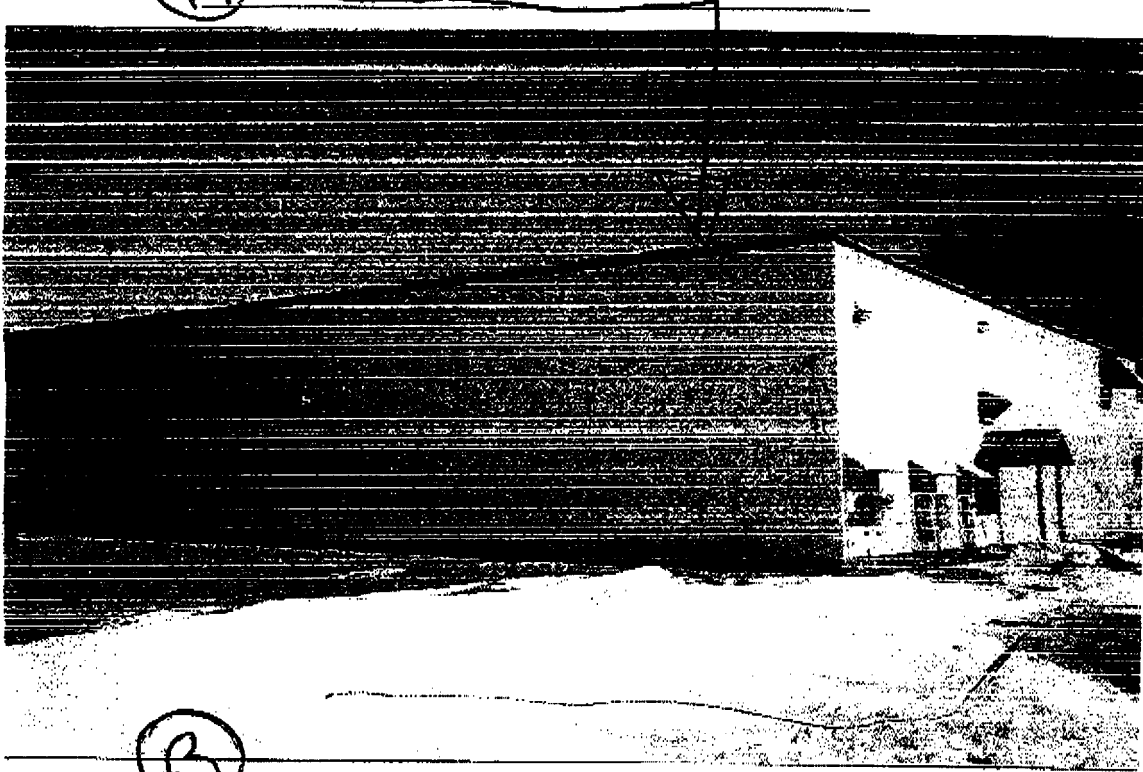
MARK GRANT
VICE PRESIDENT

195 THATCHER STREET
BARBOR, ME 04401 6849

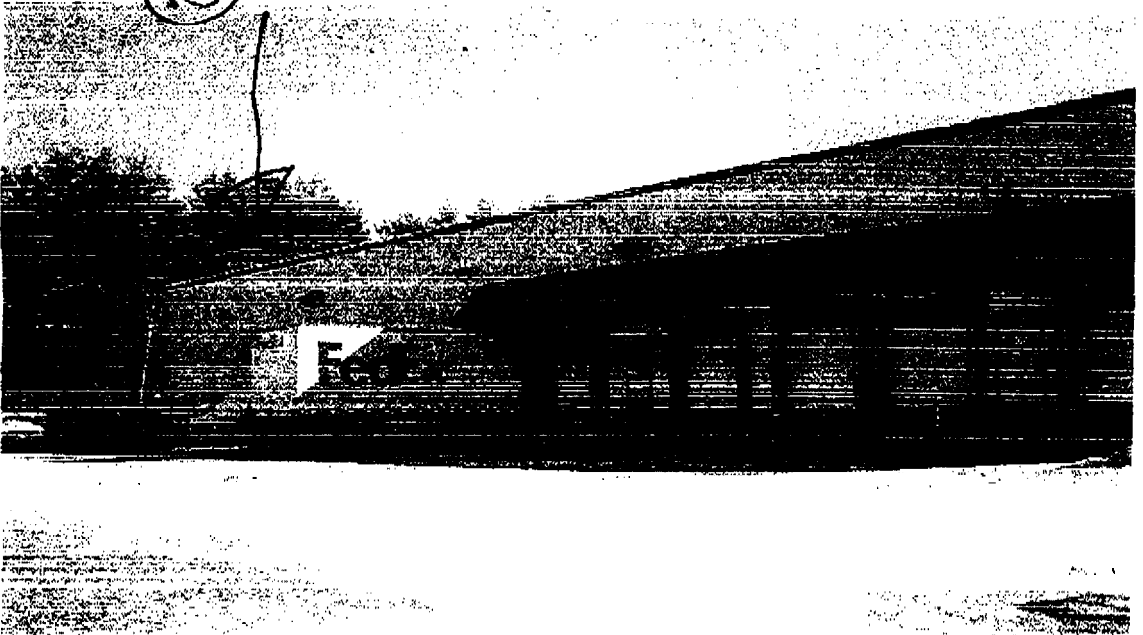
TELEPHONE: (207)942-0293
FAX: (207)942-0479
TOLL FREE: (800)942-0293
EMAIL: mgrant@johnstonesupply.com

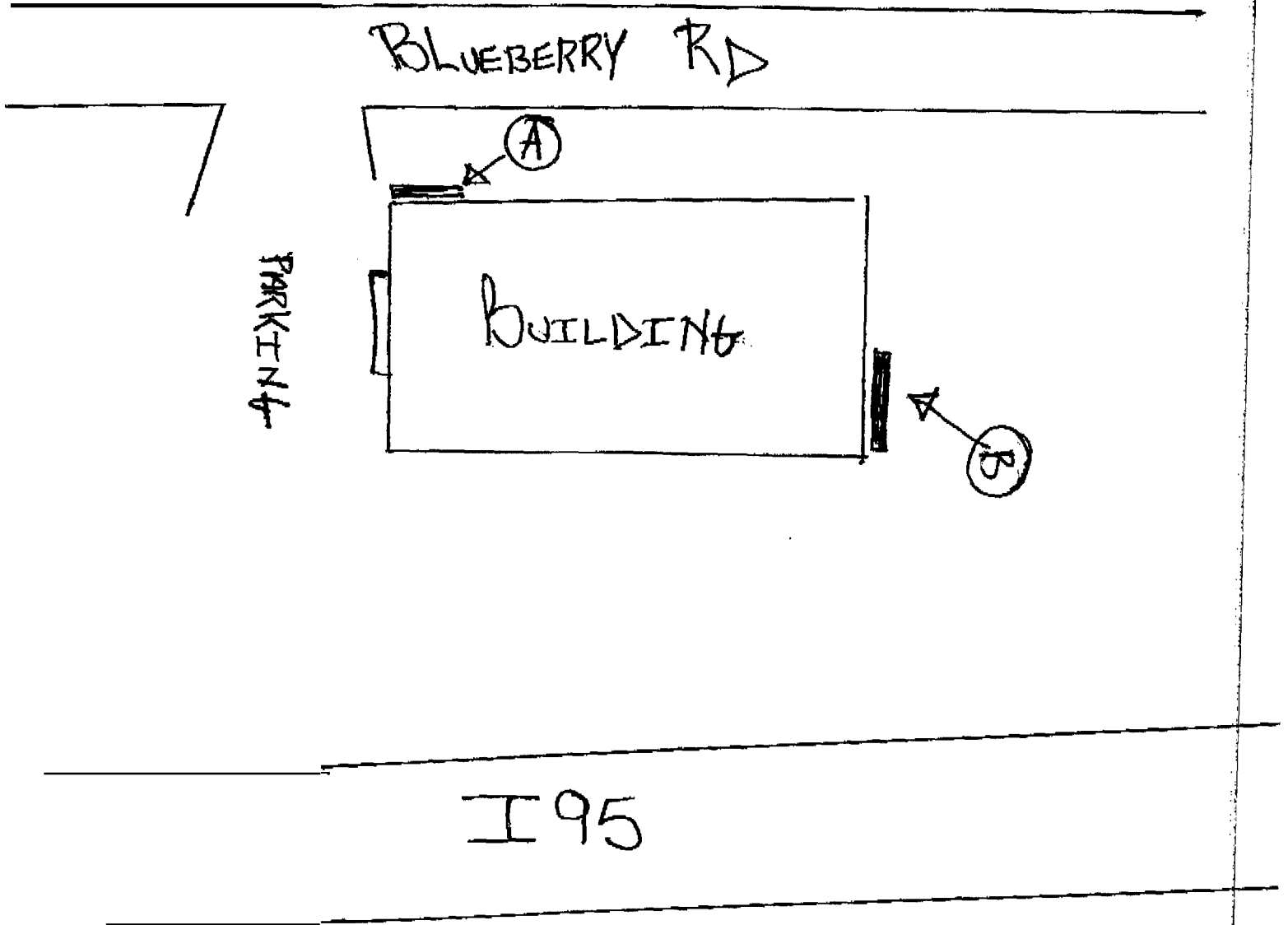
www.johnstonesupply.com

(A)



(B)



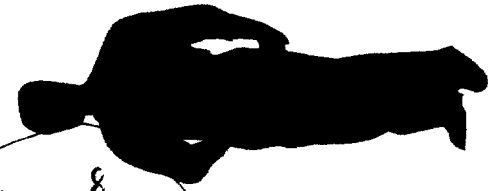


Non-Illuminated - ALUMINUM (1") FRAME
ALUMINUM FACE (.040)



A 36'

45 FT²
(x) 2.00 = 90
+ 30.00 = 120.00



DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
MAY 12 2004

20'

B 24" JOHNSTONE SUPPLY

40 FT²
(x) 2.00 = 80.00
+ 30.00 = 110.00

BOTH SIGNS 1" DEPTH
SCREWED TO METAL WALL

SIGN SERVICES

512 Wolfboro Rd.
Stetson, ME 04488
Phone: (207) 296-2400
Fax: (207) 296-2401

Customer: _____
Date: ____/____/____

Customer Signature: *[Signature]*
Revision Date: ____/____/____

This drawing is the property of Sign Services, Inc. It is designed specifically for your application and is not to be used, reproduced or altered in any fashion for the purpose of obtaining a bid or quote.

STURBRIDGE

YANKEE WORKSHOP

Celebrating country home furnishings for over 50 years

1953 - 2003

LET SEC

Sign Services
512 Wolfboro Rd.
Stetson, ME 04488

Mark Grant, V.P.
Johnstone Supply
195 Thatcher Street
Bangor, ME 04401

To whom it may concern:

Sturbridge Yankee Workshop, the Landlord, gives the approval for Johnstone Supply, the Tenant, to have Sign Services, Inc. affix signs as shown on the April 13 fax (attached) to the building owned by the landlord.

These and only these signs which appear on the aforementioned fax are the agreement. Any other signs and/or company "lettering" which the Tenant would like to have on the grounds and/or building owned by the Landlord shall be brought to the Landlord's attention as stated on page 8 of the "Lease".

This agreement is made on: 4/26/04

By: Thomas Binnie Owner/President Sturbridge Yankee Workshop
Submitted by: John C. Alexander C.F.O., SYW: John C. Alexander

faxed on 4/26/04 to: Mark Grant, VP Johnstone Supply
Sign Services, Inc.



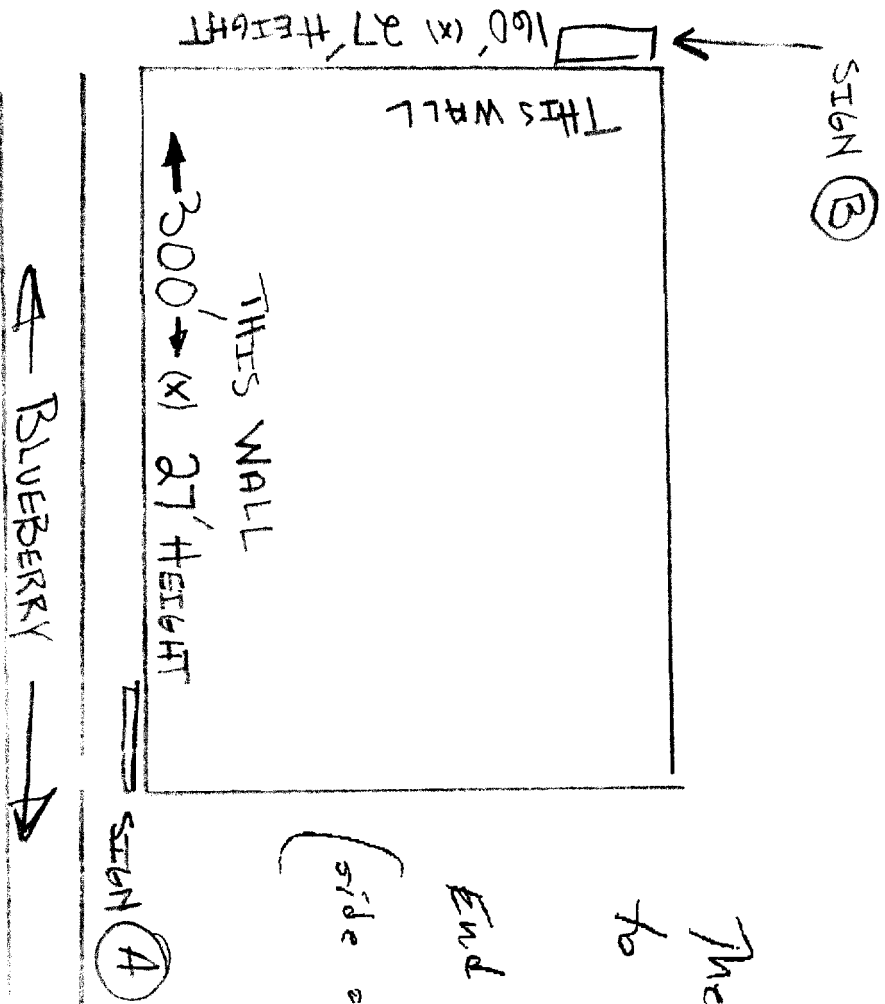
296-2400


296-2400
296-2401 - Fax
written permission

long measurements

The written permission is to be forwarded later today

End of Building is 160' X 27'
(side of Building is 300' X 27' facing Blueberry Rd.)



 **JOHNSTONE SUPPLY**
195 Thatcher St.
Bangor, ME 04401
207-942-0293 • 207-942-0479

Michael

LT 4 35 6

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.

Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>JOHNSTONE SUPPLY</u>	Telephone: <u>207-942-0293</u>	
Lessee/Buyer's Name (if Applicable) <u>JOHNSTONE SUPPLY</u>	Applicant name, address & telephone: <u>Michael HANDS</u> <u>SIGN SERVICES INC.</u> <u>207-296-2400</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$45.00 for H.D. signage = Total Fee: \$ <u>See sketch</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ <u>200.00</u>	
Current use: <u>NA</u>			
If the location is currently vacant, what was prior use: <u>NA</u>			
Approximately how long has it been vacant: _____			
Proposed use: <u>WHOLESALE / DISTRIBUTION</u>			
Project description: <u>IDENTIFICATION SIGNAGE</u> <u>Sign Services, Inc.</u> <u>NON-ILLUMINATED</u> <u>512 Wolfboro Rd.</u>			
Contractor's name, address & telephone:		<u>Stetson, ME 04488</u> <u>207-296-2400</u>	
Whom should we contact when the permit is ready: <u>MICHAEL</u>			
Mailing address: <u>SAME</u>			
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: Michael Hands Date: 4/14/04

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

238427

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 90 Bluberry Rd ZONE: _____
CBL: _____

SINGLE TENANT LOT? YES NO _____ MULTI TENANT LOT? YES _____ NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO _____ - 2 proposed

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

INFORMATION ON PROPOSED SIGN(S):
FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS PROPOSED: _____
BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: SEE FOLLOWING

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: Michael Hands DATE: 4/14/04

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

Client#: 10146

SIGNSER

42001

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2004

PRODUCER
CROSS INSURANCE - BANGOR
74 Gilman Road
P.O. Box 1388
Bangor, ME 04401

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.

278920

INSURED
Sign Services Inc
512 Wolfboro Road
Stetson, ME 04488

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Hanover Insurance Company	22292
INSURER B: Maine Employers Mutual Insurance Co	11149
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.

IDENTIFY LTR ISSUED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	ZDP522924707	12/24/03	12/24/04	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	ABP522924807	12/24/03	12/24/04	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - P & ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1810061644	12/24/03	12/24/04	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

CERTIFICATE HOLDER

City of Portland
389 Congress Street
Portland, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED BY THIS 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

Kelly M. Buppel



EXCLUSIVELY
HVAC/R SUPPLIER -
WILMINGTON, OHIO

LET SEE

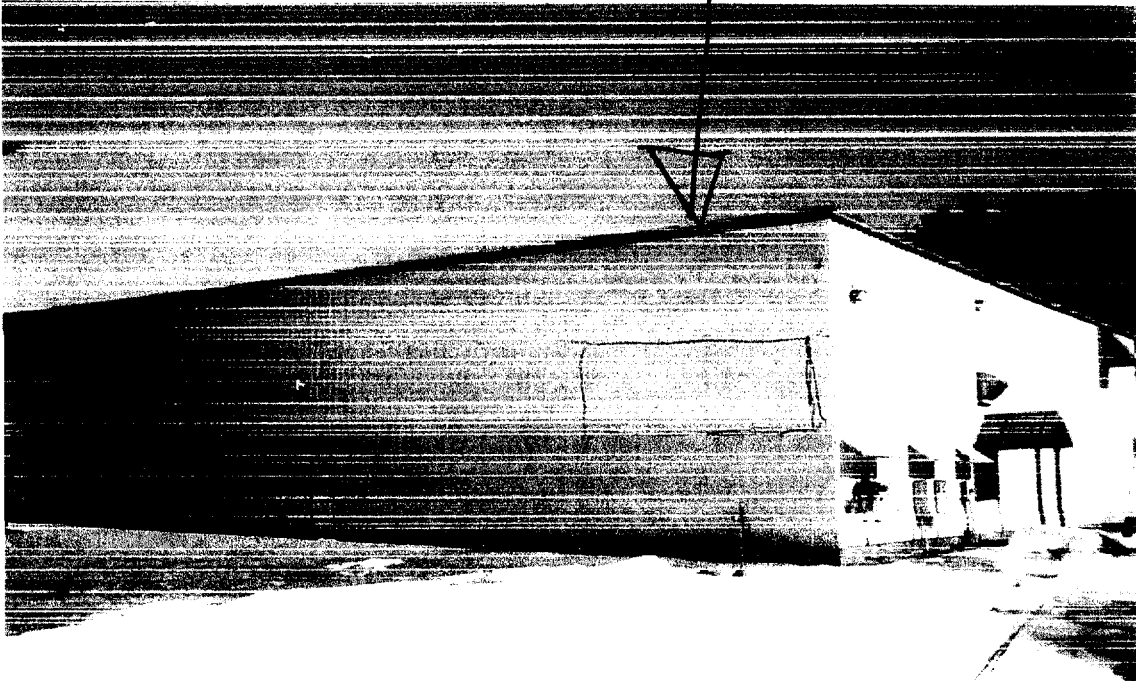
MARK GRANT
VICE PRESIDENT

195 HATCHER STREET
WILMINGTON, OHIO 45397

TELEPHONE 17071947 0793
FAX (207)942 0479
TOLL FREE (800)942 0293
EMAIL mw@johnstone.com

www.johnstonesupply.com

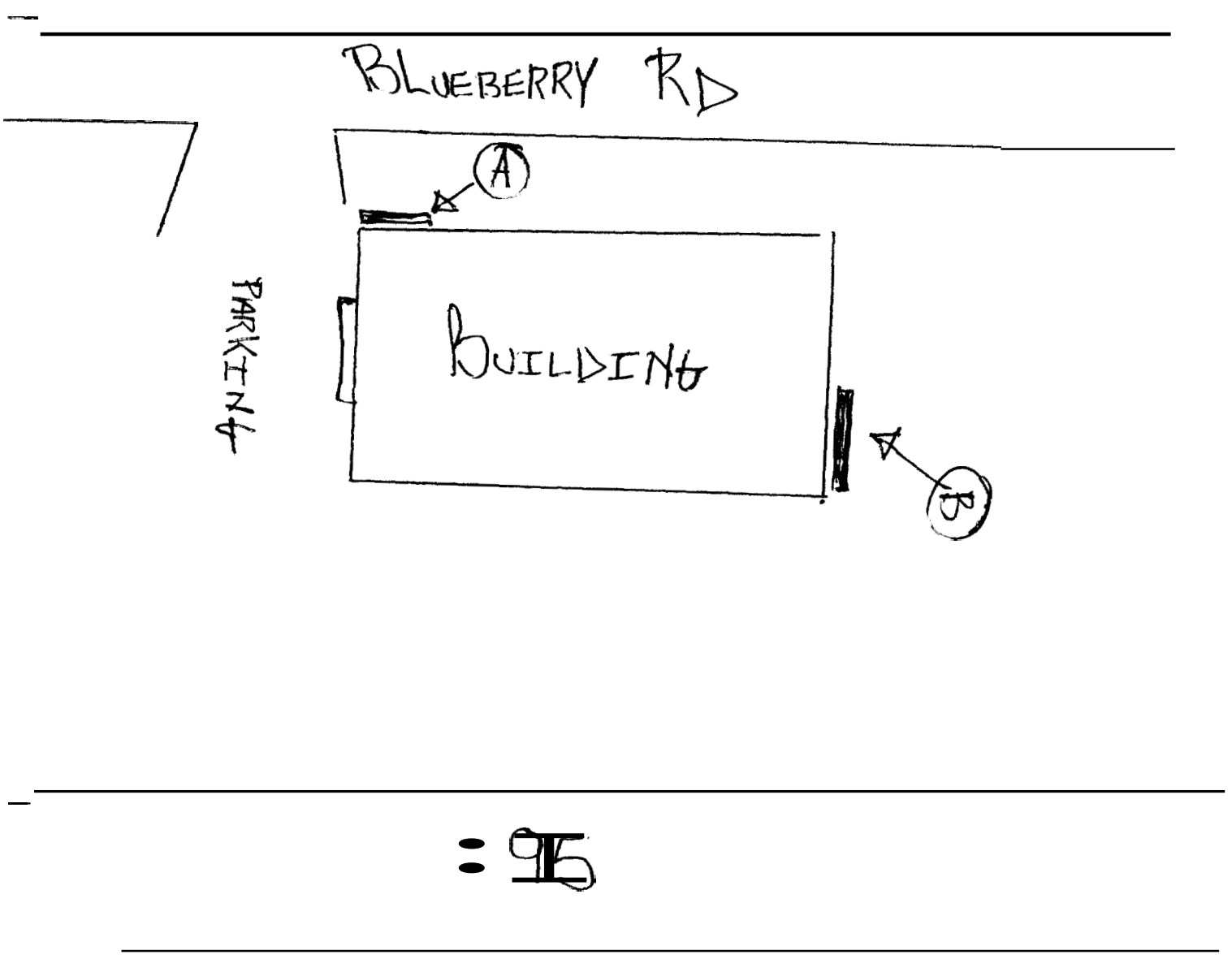
A



@



238 A 27



SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 90 Bluberry Rd. ZONE: IM
CBL: _____

SINGLE TENANT LOT? YES NO MULTITENANT LOT? YES NO
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO - 2 proposed

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: SEE

Following 16

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: [Signature] DATE: 4/14/04

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

[Empty box for office use only]