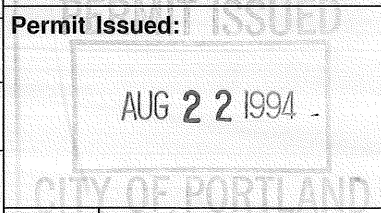


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 2301 Congress St		Owner: Meine Printing		Phone:		Permit No: 940869
Owner Address:		Leasee/Buyer's Name:		Phone:		
Contractor Name: Signature Signs		Address: P.O. Box 1023 Portland, ME 04104		Phone: 883-2500		Permit Issued: ISSUED
Past Use: Manufacturing		Proposed Use: Manufacturing w/sign		COST OF WORK: \$		PERMIT FEE: \$ 52.60
Proposed Project Description: Erect Sign as per plans		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:
				Signature:		Signature:
				Signature:		Date:



Zone: **11** CBL: 238-A-A-004

Zoning Approval: *[Signature]*

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *8/17/94*

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

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 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 provisions of the code(s) applicable to such permit

Nasser Chanaani
 SIGNATURE OF APPLICANT *Nasser Chanaani* ADDRESS: DATE: *16 August 1994* PHONE:

Agent for owner

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

[Signature]

CEO DISTRICT **4**

KC

COMMENTS

Done w/out Insp.

	Type	Inspection Record	Date
Foundation:	_____	_____	_____
Framing:	_____	_____	_____
Plumbing:	_____	_____	_____
Final:	_____	_____	_____
Other:	_____	_____	_____

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

5/16/94

PRODUCER SEDGWICK JAMES OF MAINE, INC.
 TELEPHONE: 207 774-5911
 P. D. BOX 9755
 PORTLAND, MAINE 04104-5055

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.

COMPANIES AFFORDING COVERAGE

COMPANY A	FIREMANS INS CO OF WASHINGTON
COMPANY B	GREAT AMERICAN INSURANCE CO
COMPANY C	ACADIA INSURANCE CO.
COMPANY D	

INSURED
 MAINE PRINTING & BUSINESS FORMS CO.
 BOX 3878
 PORTLAND ME 04104

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CPF000217611	6/01/94	6/01/95	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1000000
	<input type="checkbox"/> OWNER'S & CONT PROT				EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 250000
					MED EXP (Any one person) \$ 5000
A	AUTOMOBILE LIABILITY	CAF000206311	6/01/94	6/01/95	COMBINED SINGLE LIMIT \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
B	EXCESS LIABILITY	UMB739246001	6/01/94	6/01/95	EACH OCCURRENCE \$ 3000000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 3000000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCA100050811	6/01/94	6/01/95	<input checked="" type="checkbox"/> STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$ 100000
					DISEASE - POLICY LIMIT \$ 500000
					DISEASE - EACH EMPLOYEE \$ 100000
A	OTHER PROPERTY SPECIAL FORM	CPF000217611	6/01/94	6/01/95	3,580,000 BLKT BLGS 5,505,000 BLKT BUS. PER PROP \$1,000 DED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS MORTGAGEE AND LOSS PAYEE, ATIMA.
 CERTIFICATE APPLIES TO MAINE LOCATIONS ONLY.

CERTIFICATE HOLDER

CASCO NORTHERN BANK
 P. O. BOX 1391
 MAIL STOP 74-02-06ME
 BOSTON, MA 02104-9904

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~SEDGWICK JAMES OF MAINE~~ ^{NORTHERN NEW ENGLAND} OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

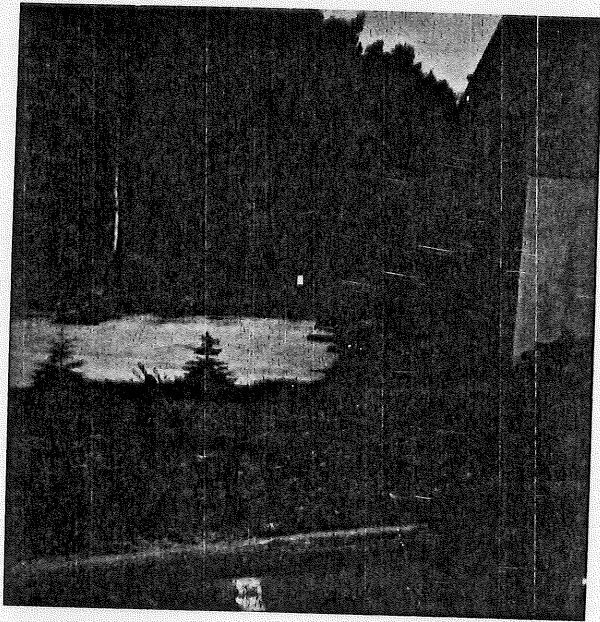
AUTHORIZED REPRESENTATIVE

By *[Signature]*

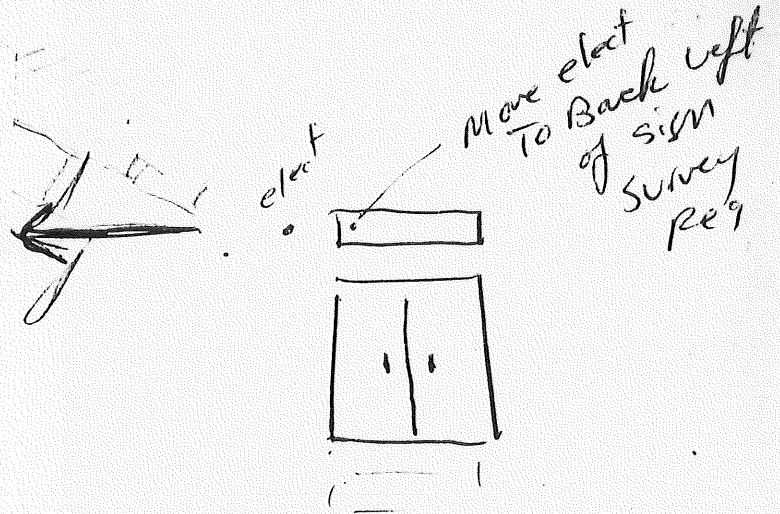


Repaint & new
vinyls

APX Group



Sign on Back of
P+P location



Rear
of Bldg

18" x 8'
SF film sign

105"

12'

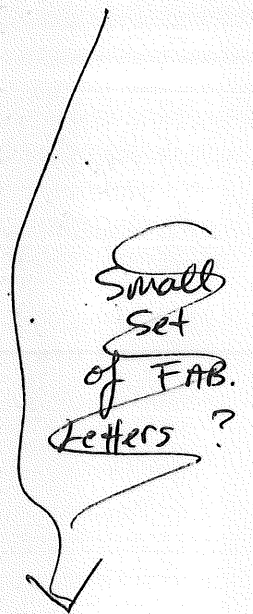
30"



New TOP of
Face Replacement

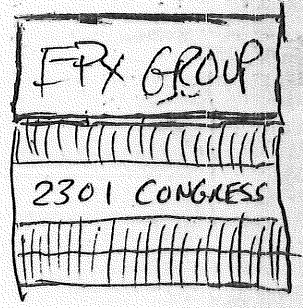
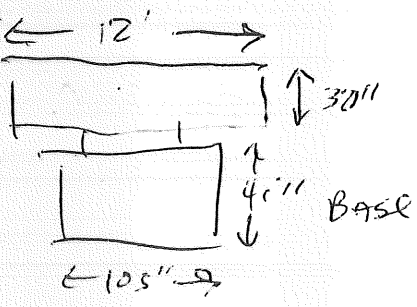


FAB Letters Aln
Ground spots



EPX GROUP
m a n n e r

sub copy

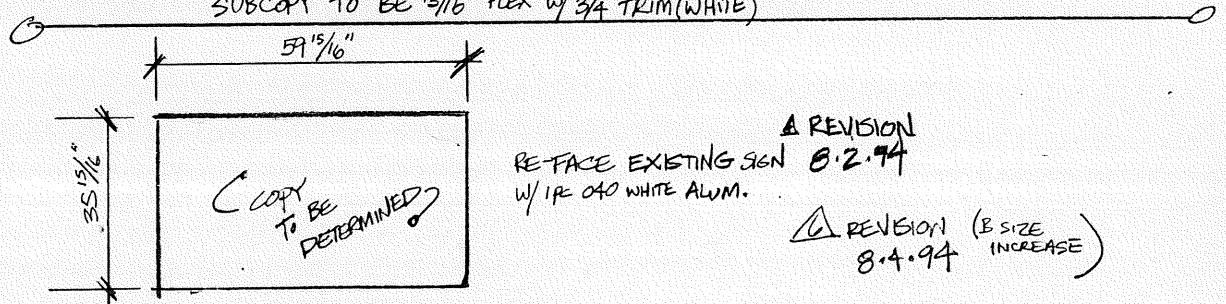


SEE BACK

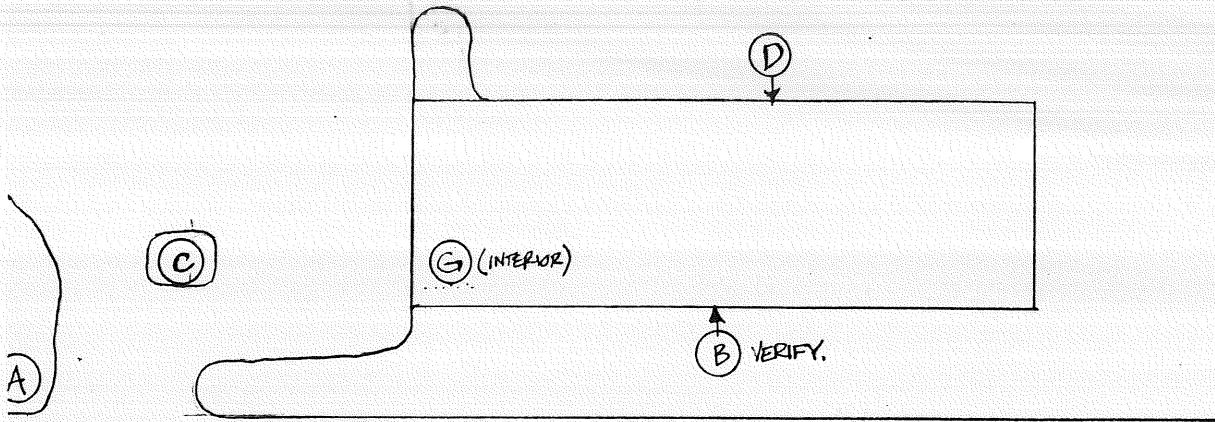


B NON-ILLUM. WALL MOUNT LETTERS - STUD MNT.
 2 of 4

"EPX GROUP" TO BE .125 ALUM W/.060 2" RETURNS SCALE = $3/8" = 1'-0"$
 SUBCOPY TO BE 3/16" FLEX W/ 3/4" TRIM (WHITE)



C RE-FACE W/ WHITE ALUM.
 2 of 4 ONE REQUIRED

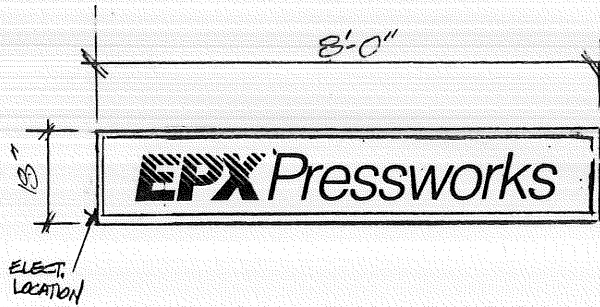


SIGN LEGEND

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>SHEET</u>
A	D/F ILLUM. SIGN	1
B	FABRICATED WALL-MOUNT	2
C	RE-FURBISH	2
D	15'x8' ILLUM. WALL-MOUNT	3
E	2x6' POST & PANEL	3
F	OPTION FOR "A"	3
G	INTERIOR IDENTITY PKG.	3

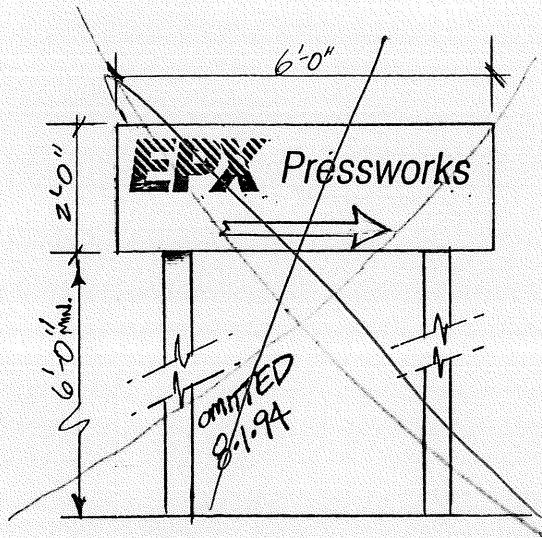
REVISED
8.1.94

INTERIOR CORNER CONGRESS STREET

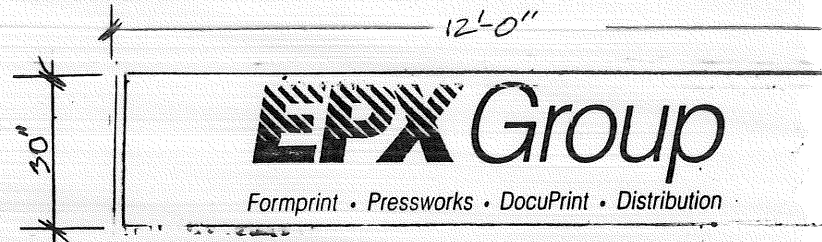


- WHITE BKGD & CABINET
- TOMATO RED "EPX"
- PRESSWORKS TO BE PMS 3272c TEAL

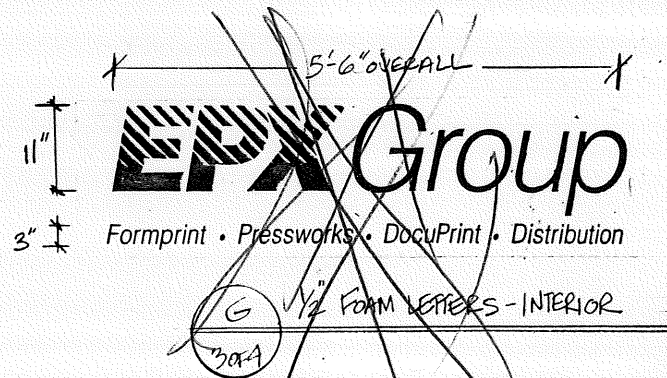
D
 3 of 4 13" x 8'-0" ILLUM. WALL-MOUNT
 WHITE CABINET SCALE: 1/2"=1'-0"



E
 3 of 4 2x6 PAN SIGN - 063 ALUM
 MTD TO 2-3" SQ TUBES SCALE: 1/2"=1'-0"



F
 3 of 4 - FACE REPLACEMENTS
 TO REPLACE ITEM "A"
 TO FIT EXISTING CABINET
 • PAINT RETAINER FACE WHITE SCALE: 1/2"=1'-0"



G
 3 of 4 1/2" FORM LETTERS - INTERIOR