

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

PERMIT ISSUED
APR 28 2004
Permit Number: 040438
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

SECTION

PERMIT

This is to certify that Copellman Saul J Et Al/Baile Sign Company Inc
has permission to Double-sided multi-tenant freestanding sign for Westbrook Crossing: 181 sf signage, one double-sided pylon sign
AT 46 Riverside St C 266 C009001

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 work on permit on procedure before this building or part thereof is altered 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

Janice Bourke 4/27/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0438	Issue Date: PERMIT ISSUED APR 28 2004 CITY OF PORTLAND	PL: 266 C009001
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Location of Construction: 46 Riverside St	Owner Name: Copellman Saul J Et Al	Owner Address: 1330 Boylston St # 409	Phone:
Business Name:	Contractor Name: Bailey Sign Company Inc.	Contractor Address: 9 Thomas Drive Westbrook	Phone: 2077742843
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B4

Past Use: Parking lot access	Proposed Use: Parking lot access w/signage for Westbrook Crossing Shopping Center	Permit Fee: \$392.00	Cost of Work: \$0.00	CEO District: 5
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Proposed Project Description: Double-sided multi-tenant free standing sign for Westbrook Crossing: 181 sf signage, one double-sided pylon sign	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: Sign BOCA 1499
	Signature:	Signature: JMB 4/27/04

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: kwd	Date Applied For: 03/23/2004	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<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"/>	<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	<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
Date: _____	Date: _____	Date: _____

Approved under site plan exemption D. Anderson 4/21/04

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-0438	Date Applied For: 03/23/2004	CBL: 266 C009001
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Location of Construction: 46 Riverside St	Owner Name: Copellman Saul J Et Al	Owner Address: 1330 Boylston St # 609	Phone:
Business Name:	Contractor Name: Bailey Sign Company Inc.	Contractor Address: 9 Thomas Drive Westbrook	Phone (207) 774-2843
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Parking lot access w/signage for Westbrook Crossing Shopping Center	Proposed Project Description: Double-sided multi-tenant free standing sign for Westbrook Crossing: 181 sf signage, one double-sided pylon sign
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Dept: Historical **Status:** Approved **Reviewer:** Deborah Andrews **Approval Date:** 04/21/2004
Note: approved under site plan exemption. **Ok to Issue:**

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 04/20/2004
Note: 4/20/04 - deferred to planning who has previously reviewed this - sign is larger than what is allowed in the B-4 zone - allowed for review in planning under 14-368.5.g - Deb A. **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 04/27/2004
Note:
1) Separate permits are required for any electrical installation.
2) Signage Installation to comply with Chapter 31 BOCA 1999 **Ok to Issue:**

Comments:

4/20/2004-kwd: application initially received 3/23/2004; insurance binder was issued to contractor, not end-user, CBL not accurate, began contacts with shopping center developer in MA to obtain accurate information, etc. Kwd
4/20/2004-kwd: 4/20/2004 All pieces now received, to MES for review. Kwd

04-0438

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>Riverside Street</u>		
Total Square Footage of Proposed Structure <u>18022 #</u>	Square Footage of Lot <u>10+ Acres</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>2166</u> Block# <u>C</u> Lot# <u>009</u>	Owner: <u>CMP? WIS Westbrook Associates LLC</u>	Telephone: <u>617-232-8900</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Bailey Sign Co. 2.00 9 Thomas Drive Westbrook, ME 04092 774 2843</u>	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: \$ _____ Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ <u>372.00</u>
Current use: <u>Retail Plaza</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Same as Current</u> <u>double sided freestanding sign</u>		
Project description: <u>To install a new freestanding sign per print attached -</u> <u>Approved by Deb Andrews in Planning on 1-15-04</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Bailey Sign / Judy Trainor</u>		
Mailing address:		
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: <u>7742843 ext. 103</u>		

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>Judy Trainor / Bailey Sign</u>	Date: <u>3/19/04</u>	MAR 23 2004 RECEIVED
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This is NOT a permit, you may not commence ANY work until the permit is issued.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID RR
BAILE-3

DATE (MM/DD/YYYY)
04/09/03

PRODUCER Turner Barker Insurance One India Street Portland ME 04101 Phone: 207-773-8156 Fax: 207-773-6647	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.												
INSURED Bailey Sign, Inc. Bruce Bailey, President 9 Thomas Drive Westbrook ME 04092	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Peerless Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Peerless Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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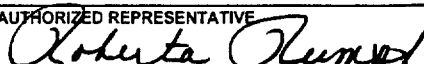
COVERAGES

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.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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"/> PRO-JECT <input type="checkbox"/> LOC	BOUND	04/01/03	04/01/04	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000								
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BOUND	04/01/03	04/01/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	BOUND	04/01/03	04/01/04	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Portland is named as Additional Insured with respects to General Liability

COPY

CERTIFICATE HOLDER CITY001 City of Portland 389 Congress Street Portland ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 
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SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: Riverside Street ZONE: B-4

CBL: _____

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

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES _____ NO

Plaza Name = 10.22 #

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO _____ DIMENSIONS PROPOSED: sign cabinets = 14'2" X 12'

BLDG. WALL SIGN? (attached to bldg) YES _____ NO DIMENSIONS PROPOSED: _____

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S): This site is being remodeled their are no existing sign!

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS: _____

BLDG. WALL SIGN(attached to bldg) ? YES _____ NO _____ DIMENSIONS: _____

AWNING? YES _____ NO _____ DIMENSIONS: _____

LOT FRONTAGE (FEET): 700'

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): N/A

AWNING YES _____ NO IS AWNING BACKLIT? YES _____ NO _____

HEIGHT OF AWNING: _____ LENGTH OF AWNING: _____ DEPTH: _____

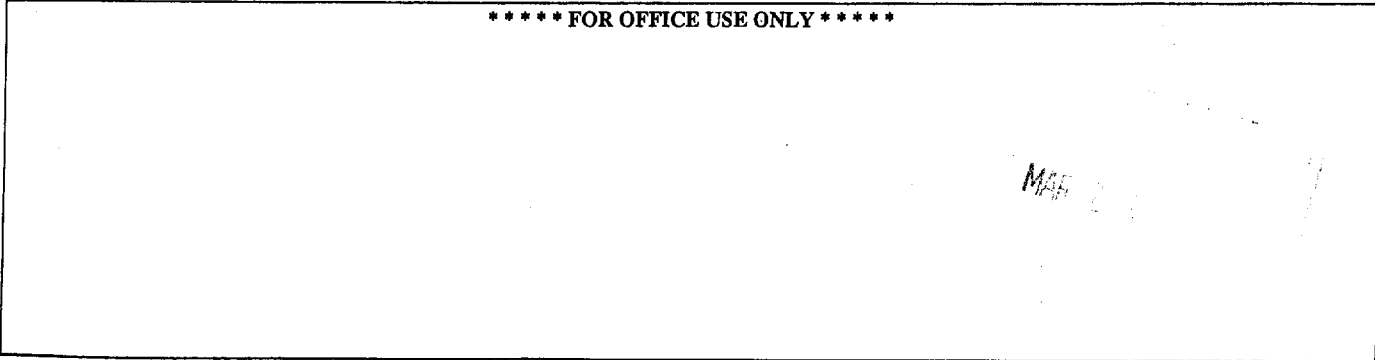
IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES _____ NO _____

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 / Bailey Signs DATE: 3-19-04

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




WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN (S) PROPOSED TO BE ERECTED ON A PROPERTY AT Riverside Drive / Westbrook Crossing IN PORTLAND, MAINE W/S Westbrook Associates, LLC being the owner of the premises at Riverside Drive / Westbrook Crossing in Portland, Maine hereby gives consent to the erection of a certain sign owned by W/S Westbrook Associates, LLC installed on said premises as described in application to the Division of Inspection Services of Portland, Maine for a permit to cover erection of said sign.

And in consideration of the issuance of said permit W/S Westbrook Associates, LLC owner of said premises, in event said sign shall cease to serve the purpose for which it was erected or shall become dangerous and in event the owner of said sign shall fail to remove said sign or make it permanently safe in case the sign still serves the purpose for which it was erected, hereby agrees for himself or itself, for his heirs, its successors, and his or its assigns to completely remove said sign within ten days of notice from said Inspector of Buildings that said sign is in such condition and of order from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and agreement this

28th day of January 2004.



LETTER OF TRANSMITTAL

W/S Development Associates LLC

1330 Boylston Street, Suite 212

Chestnut Hill, MA 02467



T: 617*232*8900

F: 617*738*1628

*Affiliated with
S.R. Weiner and
Associates, Inc.*

Date: 4/15/04

Attn: Karen Dunfey

Re: Westbrook, ME

City of Portland
389 Congress Street, Room 315
Portland ME 04101
207-874-8716

This transmittal is being sent to you Via...

US Mail **Federal Express** Courier Hand Delivered Fax

<u>COPIES</u>	<u>DATE</u>	<u>NO.</u>	<u>DESCRIPTION</u>
1	4/6/04		Letter
1			Site Sign
1			Concept Drawing

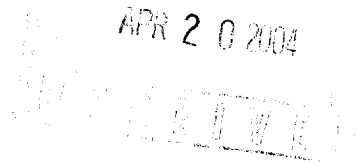
These are transmitted: for signature ___ for your use ___ as requested ___
For review and approval ___ approved as submitted ___ approved as noted ___

REMARKS:

From the office of Mark Hebert

Copy to: (w/o attachments) M.Hebert

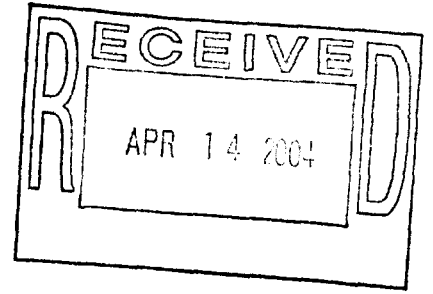
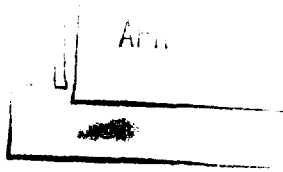
By: Karen Courtemanche



If enclosure are not as noted, kindly notify us at once.

April 6, 2004

Karen Dunfey
Office Manager
City of Portland
Code Enforcement Department
389 Congress Street, Room 315
Portland, ME 04101



Dear Karen,

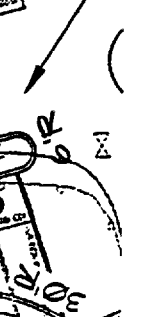
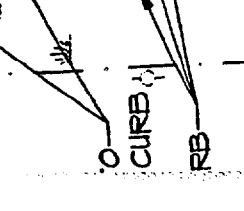
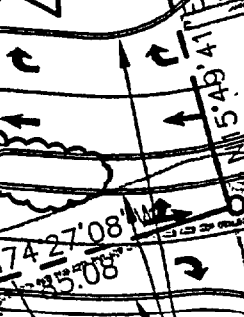
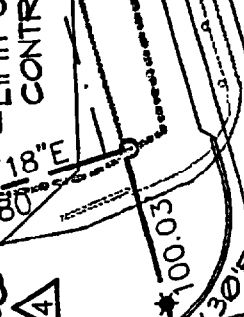
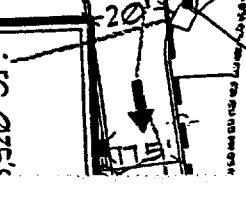
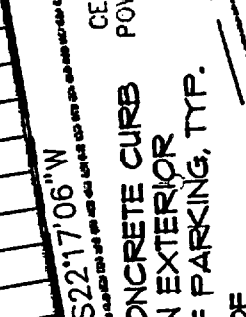
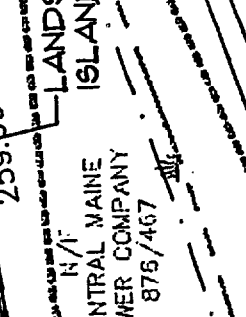
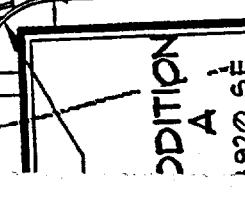
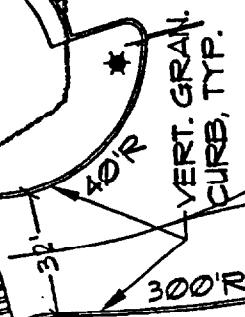
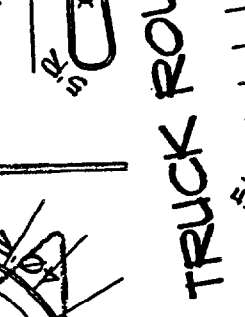
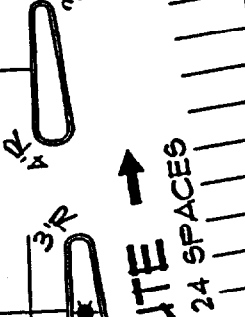
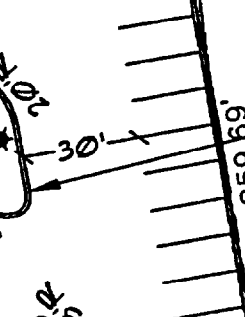
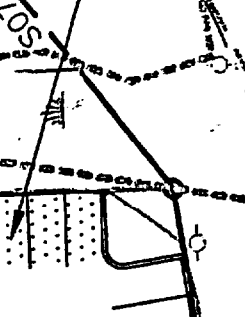
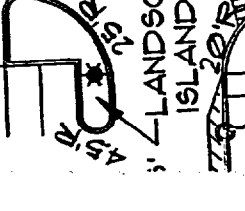
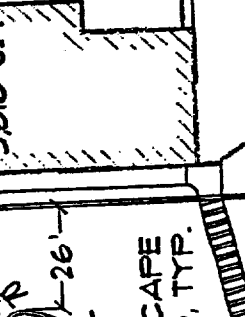
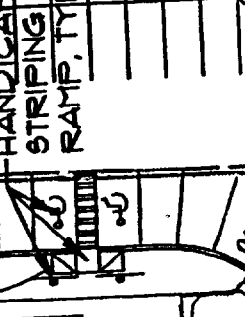
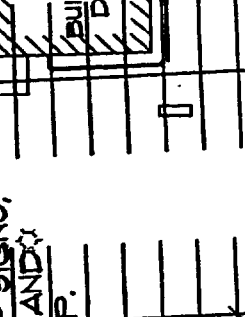
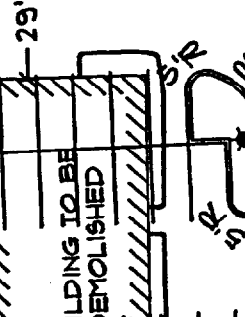
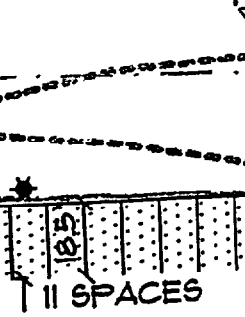
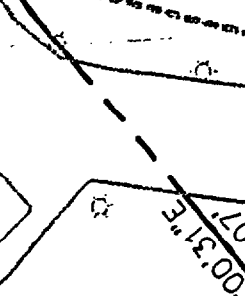
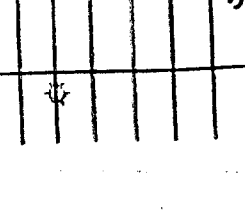
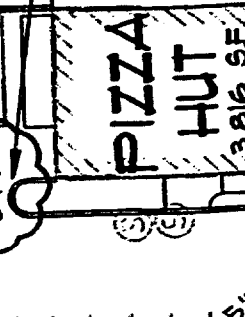
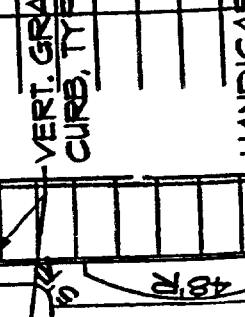
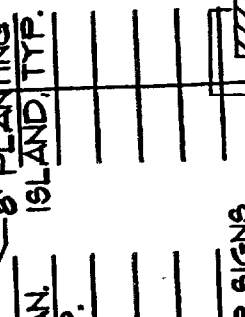
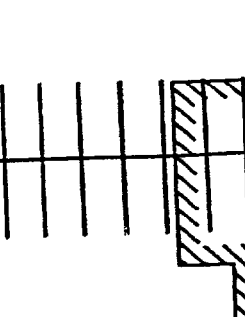
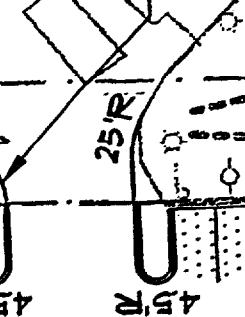
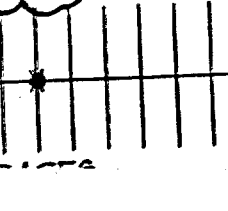
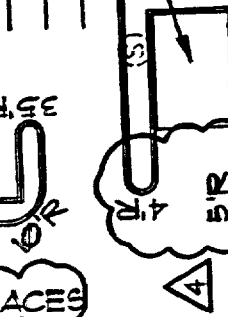
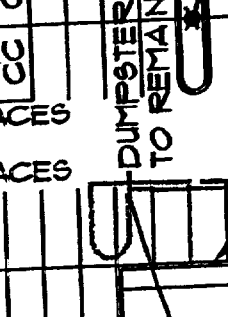
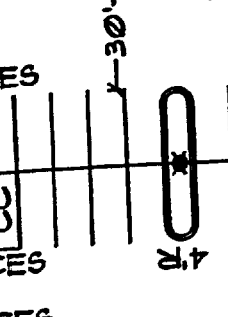
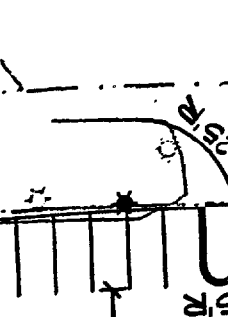
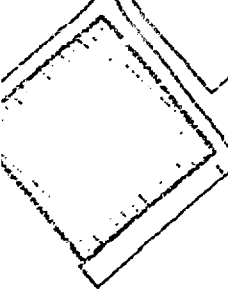
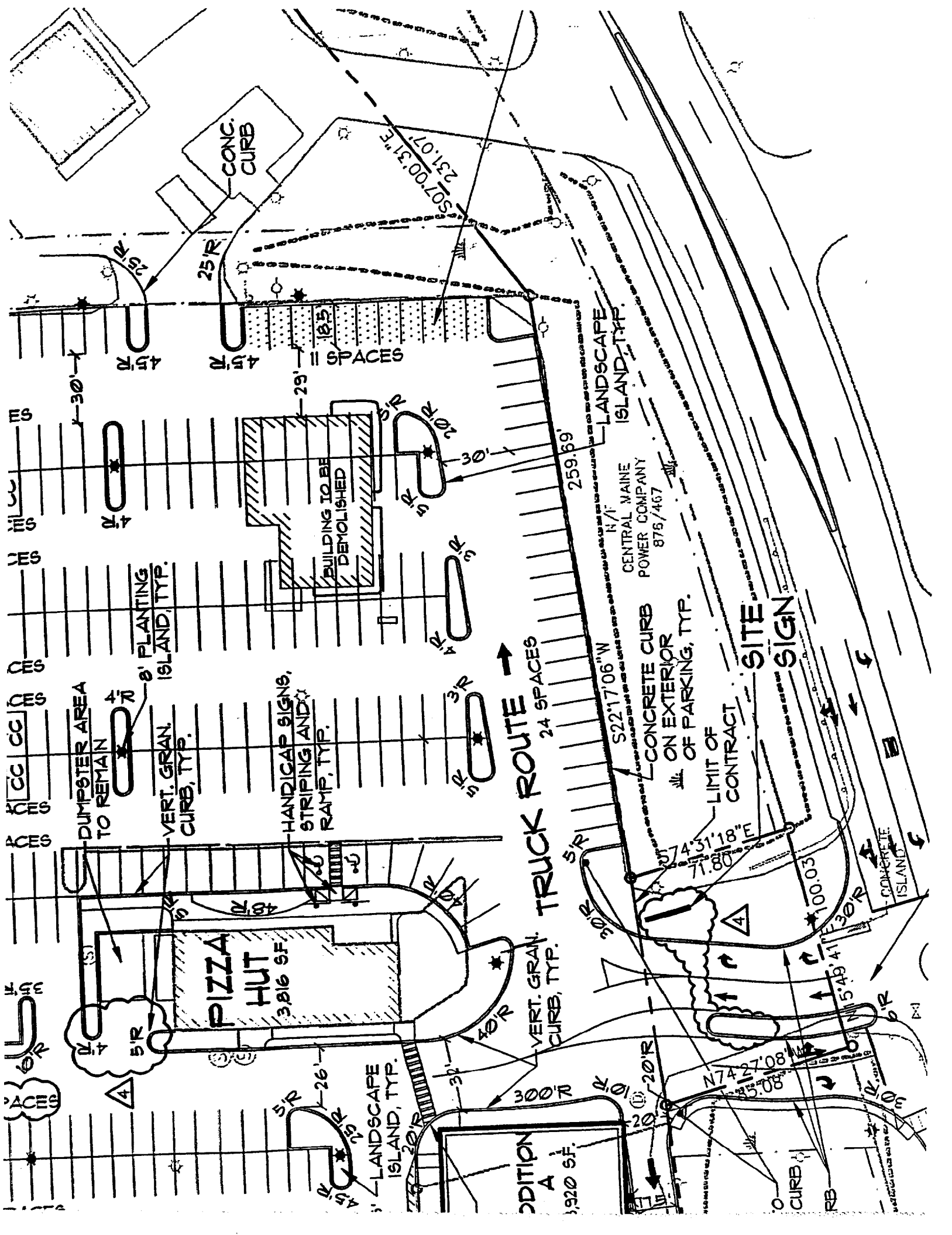
As a trustee or duly authorized agent of Portland Associates Trust, I formally authorize W/S Westbrook Associates LLC to construct and install a Pylon sign, formally attached to this letter on the property now known as the Westbrook Crossing Shopping Center located on the north-west quadrant of Main St. and Riverside Street with Westbrook tax map 42A, lot 10(shopping center) and Portland Assessors map 266, block C, lots 9 and 11 (driveway entrance). The new sign is proposed to be located on the Riverside Street entrance in Portland (location attached) If you have any questions with regard to this matter please do not hesitate to contact Mark Hebert at W/S Development Associates (617) 232-8900.

Thank You,
Sincerely

Portland Associates Trust

Authorized Agent Mark D. Brewer Trustee

Cc: Mark Hebert W/S Development Assoc. LLC



This certificate is executed by Liberty Mutual Insurance Group as respects such insurance as is afforded by those companies.

BM0068

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed below.

This is to certify that (Name and address of Insured)

W/S Westbrook Associates LLC
 c/o S.R. Weiner and Associates, Inc.
 1330 Boylston Street
 Chestnut Hill, MA 02467



is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

Expiration Type	Expiration Date(s)	Policy Number(s)	Limits of Liability	
			Coverage afforded under WC law of the following states:	Employers Liability
<input type="checkbox"/> Continuous*				Bodily Injury By Accident Each Accident
<input type="checkbox"/> Extended				Bodily Injury By Disease Policy Limit
<input checked="" type="checkbox"/> Policy Term				Bodily Injury By Disease Each Person
Workers Compensation				
General Liability	12/01/2004	TB1-111-253381-023	General Aggregate-Other than Prod/Completed Operations \$2,000,000 Products/Completed Operations Aggregate \$2,000,000 Bodily Injury and Property Damage Liability \$1,000,000 Personal and Advertising Injury \$1,000,000 Other Liability Fire Legal: \$500,000	Per Occurrence Per Person / Organization Other Liability Med Pay: \$2,500
<input type="checkbox"/> Claims Made				
<input checked="" type="checkbox"/> Occurrence				
Retro Date				
Automobile Liability			Each Accident - Single Limit - B. I. and P. D. Combined Each Person Each Accident or Occurrence Each Accident or Occurrence	
<input type="checkbox"/> Owned				
<input type="checkbox"/> Non-Owned				
<input type="checkbox"/> Hired				

COMMENTS
 Re: Westbrook Plaza, Main and Riverside Streets, Cumberland County, Westbrook, Maine. Certificate Holder is an additional insured with respect to General Liability.

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Special Notice - Ohio: Any person who, with intent to defraud or knowing that he / she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Important information to Florida policyholders and certificate holders: in the event you have any questions or need information about this certificate for any reason, please contact your local sales producer, whose name and telephone number appears in the lower left corner of this certificate. The appropriate local sales office mailing address may also be obtained by calling this number.

Notice of cancellation: (not applicable unless a number of days is entered below). Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policies until at least 60 days notice of such cancellation has been mailed to:

Office: WESTON, MA Phone: 781-891-8900

Certificate Holder:
 Attn: Karen Dunfay
 City of Portland
 Code Enforcement Department
 389 Congress Street
 Room 315
 Portland, ME 04101

Joseph T. White
 Authorized Representative

Date Issued: 04/15/2004 Prepared By: JP