	PLAY THIS C		F PORT		
Please Read Application And Notes, If Any, Attached		F	ERMI		FEB 2 1 2006 Permit Number: 060120 CITY OF PORTLAND
This is to certify that	424 WARREN AVEN	NUE LI Sign S	Solutions		Contraction of the second seco
has permission to	Key Bank ATM sign/	install gns -1	8' ten. ary sig	n 1.5' x 8' par	nel in pylon sign
AT 429 WARREN AVI	E			304 B03	2001
provided that the of the provisions the construction	s of the Statute , maintenance :	s of les ine a	and of the C	ances of th	s permit shall comply with all e City of Portland regulating id of the application on file in
provided that the of the provisions the construction	s of the Statute , maintenance :	s of les ine a	and of the souldings and s	ances of the ctures, and	e City of Portland regulating
provided that the of the provisions the construction this department. Apply to Public Wo and grade if nature such information.	s of the Statute , maintenance a rks for street line	s of line a and up of b fication g h and b re this it ad or	and of the buildings and s brut insperion m when permition p s ding or of the	ances of the ctures, and nust p roculat erects l-in, at in	e City of Portland regulating
provided that the of the provisions the construction this department. Apply to Public Wo and grade if nature such information.	s of the Statute , maintenance a rks for street line	s of line a and up of b fication g h and b re this it ad or	and of the buildings and s bruil insperior in m when permition p s ding or in the osed	ances of the ctures, and nust p roculat erects l-in, at in	e City of Portland regulating ad of the application on file in A certificate of occupancy must be procured by owner before this build-
provided that the of the provisions the construction this department. Apply to Public Wo and grade if nature such information.	s of the Statute , maintenance a rks for street line of work requires	s of line a and up of b fication g h and b re this it ad or	and of the buildings and s bruil insperior in m when permition p s ding or in the osed	ances of the ctures, and nust p roculat erects l-in, at in	e City of Portland regulating ad of the application on file in A certificate of occupancy must be procured by owner before this build-
provided that the of the provisions the construction this department. Apply to Public Wo and grade if nature such information. OTHER REQUIR Fire Dept	s of the Statute , maintenance a rks for street line of work requires	s of I ine a and u of b fication g h and h b re this la ed or H JR NO	and of the buildings and s bruil insperior in m when permition p s ding or in the osed	ances of the ctures, and nust p roculat erects l-in, at in	e City of Portland regulating ad of the application on file in A certificate of occupancy must be procured by owner before this build-
provided that the of the provisions the construction this department. Apply to Public Wo and grade if nature such information. OTHER REQUIR Fire Dept.	s of the Statute , maintenance a rks for street line of work requires	s of I ine a and u of b fication g h and h b re this la ed or H JR NO	and of the buildings and s bruil insperior in m when permition p s ding or of the osed	ances of the ctures, and nust p roculat erects l-in, at in	e City of Portland regulating ad of the application on file in A certificate of occupancy must be procured by owner before this build-

***** ~1.

الله المعادية (المعاد الم المعاد المعاد

City of Portland, Main	•			ATT IS SHED 304 B932001	
389 Congress Street, 0410		3, Fax: (207) 874-871	0 00-0120		
	Owner Name:		Owner Address:	Phone:	
429 WARREN AVE		N AVENUE LLC	HOT WHICE IT IT		
Business Name: Contractor Name:			Contractor Address:	Phone 620 3000	
	Sign Solutions	· · · · · · · · · · · · · · · · · · ·	55 Bishop St. Portland	2078788000	
Lessee/Buyer's Name Phone:			Permit Type:	Zone: B4	
			Signs - Permanent		
Past Use:	Proposed Use:		Permit Fee: 👞 Cost of Work:	CEO District:	
Commercial/ Key Bank ATM		M sign/ install 2	\$118.00 \$118.0		
	1.5' x 8' panel	4' temporary sign & 1 on pylon sign	FIRE DEPT:	SPECTION: se Group: V Type: Sign IBC 2003	
Proposed Project Description:			1 N / 1	nature:	
Key Bank ATM sign/ install	2 signs -1 4' x 8' tempor	ary sign & 1 1.5' x 8'	Signature: Si		
panel in pylon sign			PEDESTRIAN ACTIVITIES DISTRIC	CT (P.A.D.	
			Action: Approved Approved w/Conditions		
			Signature:	Date:	
Permit Taken By:	Date Applied For:		Zoning Approval		
ldobson	01/25/2006				
1. This permit application of		Special Zone or Revie	ews Zoning Appeal	Historic Preservation	
Applicant(s) from meetin Federal Rules.	ng applicable State and	Shoreland	Variance	Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.		U Wetland	Miscellaneous	Does Not Require Review	
3. Building permits are voi within six (6) months of	d if work is not started	Flood Zone	Conditional Use	Requires Review	
False information may invalidate a building permit and stop all work		Subdivision	Interpretation	Approved	
		🔲 Site Plan	Approved	Approved w/Conditions	
		Maj 🗌 Minor 🗌 MM		Denied	
		Or ul condition Date: 2/15/06 MR	Date:	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

. . . **.**

•	e - Building or Use Permi 1 Tel: (207) 874-8703, Fax:		Permit No: 06-0120	Date Applied For: 01/25/2006	CBL: 304 B032001	
Location of Construction:	Owner Name:		Owner Address:		Phone:	
429 WARREN AVE	424 WARREN AVER	NUE LLC	401 WARREN A	401 WARREN AVE		
Business Name:	Contractor Name:		Contractor Address:		Phone	
	Sign Solutions		55 Bishop St. Por	tland	(207) 878-8000	
Lessee/Buyer's Name	Phone:		Permit Type:			
			Signs - Permaner	ıt		
Proposed Use:		- Propos	ed Project Description	•		
1.5' x 8' panel on pylon sign		1.5 X	8' panel in pylon si	gu		
Note: Permitted signs on Py	atus: Approved with Condition ylon 10' x 8' (permit # 04-1465)		: Ann Machado	Approval D	Date: 02/15/2006 Ok to Issue: 🗹	
Note: Permitted signs on Py 1. 06-0118 Lexus 16 2. 06-0120 Key Bank 3. 06-0164 Western 7 (74.66 sq.ft. Left)	ylon 10' x 8' (permit # 04-1465) " x 8' (10.67 sq.ft.) c ATM 8' x 18 " (12 sq.ft.) Tool Supply 16" x 8' (10.67sq.ft) t.)			Ok to Issue: 🗹	
Note: Permitted signs on Py 1. 06-0118 Lexus 16 2. 06-0120 Key Bank 3. 06-0164 Western 7 (74.66 sq.ft. Left) 1) The temporary sign permit	ylon 10' x 8' (permit # 04-1465) " x 8' (10.67 sq.ft.) < ATM 8' x 18 " (12 sq.ft.)) t.) You may reapply	for another thirty (Ok to Issue:	
 Note: Permitted signs on Py 1. 06-0118 Lexus 16' 2. 06-0120 Key Bank 3. 06-0164 Western 7 (74.66 sq.ft. Left) 1) The temporary sign permit first thirty days. Each bus 	ylon 10' x 8' (permit # 04-1465) " x 8' (10.67 sq.ft.) < ATM 8' x 18 " (12 sq.ft.) Tool Supply 16" x 8' (10.67sq.ft it is good for only thirty days. Y	t.) You may reapply signs per calend	for another thirty (lay temporary permi	Ok to Issue: \square t at the end of the TD \square	

Comments:

2/2/06-amachado: Talked to Bob Phillips at Sign Solutions. We need a letter of permission from the owner of the property.



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: 9	29 Warren Ave	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner:	Telephone:
Joy B 32	KEY BANK	
Lessee/Buyer's Name (If Applicable) KET 754n/L Pontomm, ME	Applicant name, address & telephone: TSOLT PHILLIPS SIGN SOLUTIONS SS FIISHOP ST. PORTHAR, ME	Total s.f. of signage x \$2.00 \times 44 \times 60 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ $\underline{HYS} F \times \partial$ Awning Fee= cost of work Total Fee: \$ $\underline{// S}$
Who should we contact when the permit is ready	: BOS PHILLIPS phone:	699-2263
Tenant/allocated building space frontage (fe Lot Frontage (feet)O O	eet): Length: Height Single Tenant or Multi Tenant Lot	
Current Specific use: TANK If vacant, what was prior use: VACA	Any	
Proposed Use:	No Dimensions proposed:	- 4'X8' Grow Ton Ano, Anters Height from grade:
Proposed awning? Yes No Is aw Height of awning: Length of a Is there any communication, message, tradem If yes, total s.f. of panels w/communications,	awning: Depth: ark or symbol on it? Yes No	
Information on existing and previously permit Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Awning? Yes No Sq. ft. area		EufAnth 18"x8
A site sketch and building sketch showing ex Sketches and/or pictures of proposed signage		ocated must be provided.
Please submit all of the information of Failure to do so may result in the auto	• • • • • • • • • • • • • • • • • • •	cation Checklist.
In order to be sure the City fully understands the	full scope of the project, the Planning and D	evelopment Department may request

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at <u>www.portlandmaine.gov</u>, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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:	Biller	Date:	1/24/06	
			, ,	

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

•

ĸ

•

; ; ;

• .

•

×,

One Canal Plaza (MB-01-CP-0304) Portland, Maine 04101

SON

.



To Whom It May Concern:

As Agent and Regional Facility Manager this letter serves as approval by Key Bank to allow Brilliant Electric Sign (and sub contractor, Sign Solutions) to secure permitting, installation of new signs at 429 Warren Ave.

Brilliant Electric Sign and their sub contract will submit all required documentation for the Installation of new signs.

Sincercly, 6

Robert W. Cote Regional Facility Manager

2077965405

97%

P.02 TOTAL P.02



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.

Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.

Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.

A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.

A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.

E - Certificate of flammability required for awning or canopy.

A UL# is required for lighted signs at the time of final inspection.

Pre-application questionnaire completed and attached.

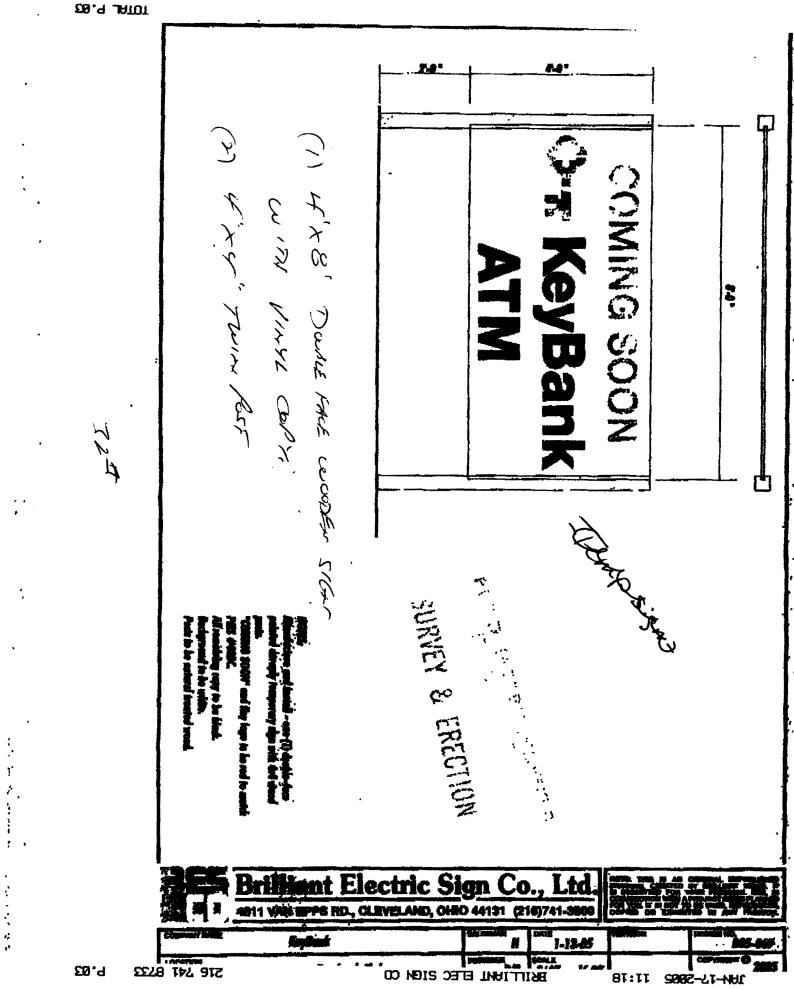
Photos of existing signage

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.

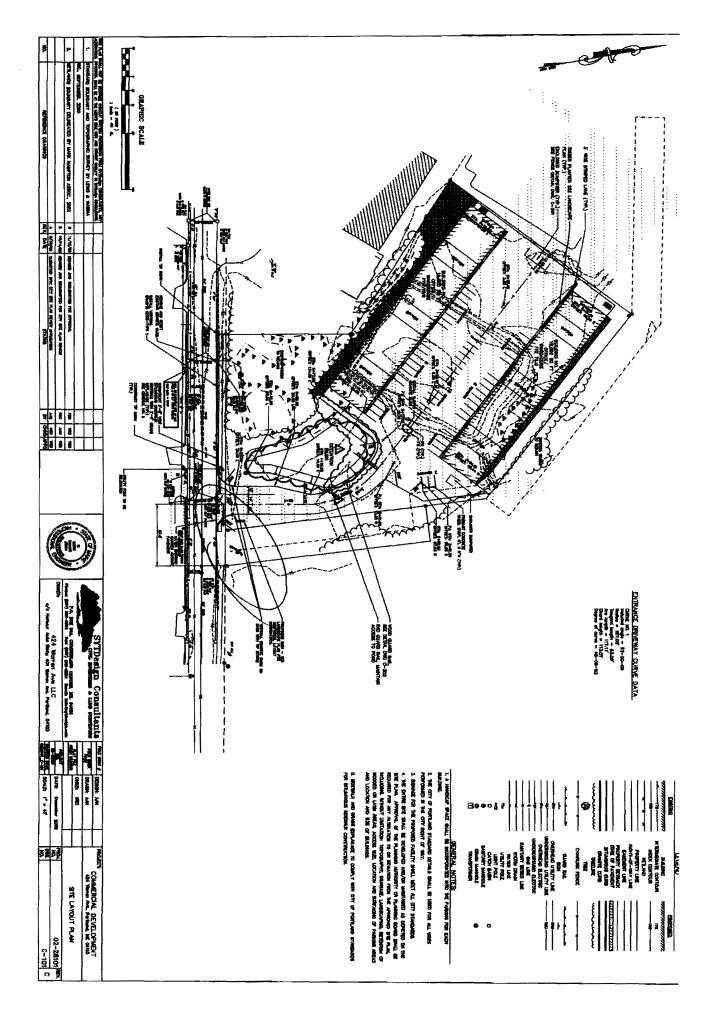


576 741 8733 P.03

104-11-5882 IT:18

02/15/2006 11:54 207-699-2264 S BRILLIANT ELEC SIGN CO 2978785757 NUMBER OF STREET SIGN SOLUTIONS PAGE 02 82/14/2086 15:29 216 741 8733 THAT IN A HUNDER P.02 5 1 HARBOUR AUTO BODY, INC 401 Warren Avenue - Portland, ME 04103 + (207) 876-2121 + fax: (207) 876-5757 DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME FEB 1 5 2006 RECEIVED February 14, 2006 Ann: Bob Cote Re: Temporary Sign To whom it may concern. I Poter Holmes grant permission to Key Bank for placement of a temponary sign for use of advertisement of 429 Warren Avenue in Portland, Mains. Please feel free to contact me should you have any questions or concerns regarding this Regards, Peter Holmes Owner 429 Waten Avenue 207-878-2121 207-878-5757 (FAX) 200 🕅 HER LISBON ST. FLOC. CTR. OUNTRACE MED OB: 00 ENT SOLLARENDE 44. TOTAL P.02

ACONTAN CERTIFICALE OF LIADILITY INSURANCE 01-1 RODUCER THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERSION RIGHTS NO RIGHTS NO RIGHTS NO RIGHTS UPON THE CERTIFICATE ONLY AND CONFERSION RIGHTS NO RIGHTS NO RIGHTS NO RIGHTS OF INFORMATION ALTER THE COVERAGE AFFORDING COVERAGE NATTER OF INFORMATION ONLY AND CONFERSION RIGHTS NO RIGHT NIS CERTIFICATE NAY BEISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHET, ANY RECURSENCE AFFORDED BY THE POLICIES DELION HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHET, ANY RECURSENCE AFFORDED BY THE POLICIES DESCRIDE OF THE ROLLING STORE NO RIGHTS NO RIGHT		0L	IGNSC	158		1484	t#: 12	Clien			
Dockson THE OPENTIFICATE BISLIED CA / ADDRESS OF MODELS OF MODELS Ones insurance -CUBnds-P Object ADD CONFERS NO DOCKNESS (PONTHE CENTRACAT NULDER THE CENTRICATE DOES NOT MERCHARD). DETEND ONLY ADD CONFERS NO DOSITI SUPONT THE CENTRICATE DOES NOT ADDRESS (DISONCE DUE NOT THE COLLEGE SE Not ADDRESS NOT THE POLICIES SE Not ADDRESS NOT THE POLICIES SE Not ADDRESS NOT THE NOT TH	TE (MMODAYYYY)	E	NC	NSURA	LITY I	TE OF LIAB	CA	CERTIFI)RD.,	ACC	/
Does Insurance -CL/Ends-P Over Avb CoVPRENS NO RIGHTS UPON THE CENTERCIST Once Set 537 Chart Strate CovPRAge Ant Controls by The PLOCES Set 500 Market Avb Controls of the CovPRAge Ant Controls by The PLOCES Set 500 Market Avb Controls of the CovPRAge Ant Controls by The PLOCES Set 500 Market Avb Controls of the CovPRAge Ant Control of the CovPRAge Ant CovP											
O. Box 397 HOLDER, THE CENTREATE DOBS ACT VARUES, DETAILED BERNELLING ALTER THE CONTRACT ACTIONS OF YTE POLICIPS BE NEURERS AFFORDING COVERAGE NUMBERS NUMERS NUMBERS NU								Cl /Ande_P			
Initiand, ME 04112 Initiant Control of the Control of the Initian State											
00 286-5352 INSURERS APPORDING COVERAGE NU ORED Sign Solutions Insurers Anounce a Peorleas in S. Co. 22 Sign Solutions Insurers Maint Entroprises LLC dbs 22 22 Sign Solutions Insurers Maint Entroprises LLC dbs 22 22 Sign Solutions Insurers	ELOW.	DED BY THE POLICIES	FORD	E COVERAGE AF	ALTER TH			12			
Sign Solutions Insurance Sign Solutions 22 Math Enterprises LLC dbs Insurance Sign Solutions 23 Math Enterprises LLC dbs Insurance Insurance 11 Sign Solutions Insurance Insurance 11 Weithers Insurance Insurance 11 Weithers Insurance Insurance Insurance Viethers Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insurance <tr< td=""><td></td><td>e</td><td>EBACC</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>		e	EBACC								
Bigh Solutions Mahi Enterprises LLG dbs Make Enterprises LLG dbs Insurance. Mattre Employers SB Bishop Street Recurse. Portland, ME 04103 Recurse. DVERAGES Recurse. <	NAIC #					<u> </u>					
Maint Enterprises LLG dbs Image: Comparison LLG	24198							Solutions	Sign §	Officer of	.
55 Bishop Street Recurren C. Portiand, ME 04103 Recurren C. The FOLCISS OF RALIFAVICE USTED BELOW AND BELOD TO THE NOURD AND AGOVE FOR THE POLCY PERIOD INDICATES. NOTWITHET WIREQUIREMENT TRANCK OLD CONTROL OF AND CONTROL OF AND INSURED WAND AGOVE FOR THE POLCY PERIOD INDICATES. NOTWITHET WIREQUIREMENT TRANCK OLD CONTROL OF AND CONTROL OF AND INSURED WAND AGOVE FOR THE POLCY PERIOD INDICATES. NOTWITHET WIREQUIREMENT FOR ONE AND CONTROL OF AND C	11149	use insurance co.	5 MUTU	nue cubiovere			ba		-		
Portiand, ME 04103 PUERAGEA INCLUENCE INCLUENC								•			
DVERAGES (Description) THE FOLDIES OF INSURANCE USTED BELOW HWY BIRN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDOCATED. NOTWITHET, NEW CONSUMERATION OF ANY REVENCES DISCOURSE DISCOURSE DISCOURSE DISCOURSE OF THE POLICY REVENCE ACTION INTO ACT THE SALE AND CONTROLS OF COLORS. ACCENTRATION MAY HAVE BEEN RESULCED BY PAD CLASS. INSUE INSUE ACCENT LINEAR SHOWN MAY HAVE BEEN RESULCED BY PAD CLASS. INSUE ACCENT LINEAR TO COLORS OF COLORS. ACCENT LINEAR SHOWN MAY HAVE BEEN RESULCED BY PAD CLASS. DEVICE MARK SALE AND CONTROLS OF POLICY ALL AND CLASS. INSUE ACCENT LINEAR TO COLORS. ACCENT LINEAR TO COLORS. ACCENT LINEAR SHOWN MAY HAVE BEEN RESULCED BY PAD CLASS. DEVICE MARK SALE AND CONTROLS OF POLICY ALL AND CLASS. INSUE CLASS ACCENT LINEAR TO COLORS. ACCENT LINEAR SHOWN MAY HAVE BEEN RESULCED BY PAD CLASS. DEVICE MARK SALE AND CONTROLS OF POLICY ALL AND TO ALL AND THE ACCENT LINEAR SHOWN MAY HAVE BEEN RESULCED BY PAD CLASS. INSUE CLASS ACCENT LINEAR TO CLASS ACCENT LINEAR SHOWN MAY HAVE BEEN RESULCED BY PAD CLASS. DEVICE MARK SALE AND CLASS. INSUE CLASS ACCENT LINEAR TO CLASS ACCENT LINEAR SHOWN MAY HAVE BEEN RESULCED BY PAD CLASS. DEVICE MARK SALE AND CLASS ACCENT LINEAR SHOWN MAY HAVE BEEN RESULCED BY PAD CLASS. INSUE CLASS ACCENT LINEAR SHOWN MAY HAVE BEEN RESULCED AND CLASS. DEVICE MARK SALE AND CLASS AND CLASS. INSUE CLASS ACCENT AND AND CLASS AND CLASS. DEVICE MARK SALE AND CLASS ACCENT LINEAR SHOWN MAY HAVE BEEN REPORT AND CLASS AND CLASS AND CLASS ACCENT AND CLASS AND CLASS AND CLASS ACCENT AND CLASS AND C	W		_								
THE POLICIES OF INSURANCE USED BELOW HAVE SEEN (SELED TO THE INSURED NAMED ADDRE FOR THE POLICY REQUESTING WHICH THIS CONTINUET AND MERSION AND CONTINUET AND MERSION AND CONTINUET AND MERSION AND CONTINUE AND SECRET AND THE POLICY READER TO ALL THE TERMS, EXCLUSION AND CONTINUE AND CONTINU					INSUMER E:						
dement Liberty CBP\$913570 09/15/06 09/15/06 PROTOCONSERVE_UNALTY EVENT FOR A memory 100000 (MED 2010/07/07/07/07/07/07/07/07/07/07/07/07/07	OR	RTIFICATE MAY BE ISSU	HIS CER EXCLUS	PECT TO WHICH TH I ALL THE TERMS, E	ABINT WITH RE IS SUBJECT T IS.	CONTRACT OR OTHER DOCU E POLICIES DESCRIBED HEREI BEEN REDUCED BY PAID CLAI	OF ANY	TERM OR CONDITION	CIES OF IN IREMENT, TAIN, THE I	HE POLIC NY RECL MAY PERT	
element Luseury		LIMITS	4	POLICY EXPERATION DATE (MM/DD/YY)	ATE MAADDITY	POLICY NUMBER	Τ	OF INSURANCE	TYPE	NSRU	R
COMMERCIAL GREEKAL LUBLITY DEADS 1/25/05 PRODUCTS - COMMON ADD \$2,000 MED EDF (Ary on a smooth of the comment of the comm	000.000	OCURRENCE ST	EACH	F			CBPS	BILITY	ENERAL LIA		٦
CANKE MADE X OCCUR HED BIP (wy max sensor) 15,00 CENT AGGREGATE LIAT APPLIES FEE PROCESSINGLE DURY BASE 14370 D8/15/05 D9/15/06 COMMEND ALLOW TO	0.000	GE TO RENTED	PREM					ICIAL GENERAL LIABILITY	COMMER		
Construction Construction<											
BARNA ROOMSCATE LIMIT APPLES FEE 2,00 PROUCT 252,00 ANTOMORIE LUMIT 22,00 ANTOMORIE LUMIT 24,00 SCHEDLIED ANTOS 50 Y HINDOWICO AUTOS 50 SCHEDLIED ANTOS 50 ANTANON 50 ANTANO 50 ANTANO 50 ANTO 50 ANTOMORIE ANTOS 50 ANTOMORIE AND 1810070852 OCURTRUS 50000 VOORISTING \$ 10000 51 VOORISTING \$ 10000 51 VOORISTING \$ 10000 51 VOORISTING \$ 10000 51	000.000			[
Earl Acgoregant Liver APPLIES PERC PRODUCTS - COMPGO AGD #2,000 Autronomic Liver Autros BA9514370 09/15/05 09/15/06 Counserd SHALE UNIT #1,000 Autronomic Liver Autros BA9514370 09/15/05 09/15/06 Counserd SHALE UNIT #1,000 Autronomic Liver Autros BOBLY INURY \$ BOBLY INURY \$ Science Liver Tops BA9514370 09/15/05 09/15/06 Counserd SHALE UNIT #1,000 X Inverse Autros BOBLY INURY \$ BOBLY INURY \$ Quarse Liver Autros CU99114870 09/15/05 09/15/05 Current Accord Structure Autros Quarse Liver Autros CU99114870 09/15/05 09/15/05 Current Accord Structure Autros \$ Aver Autro Current Accord Structure Autros CU99114870 09/15/05 09/15/05 Current Accord Structure Acc	000,000								1		
POLICY SEC: Loc Automodel: Leaser's BA9514370 09/15/06 Courseer Strict:: Lint #1,00 Automodel: Leaser's BA9514370 09/15/06 Courseer Strict:: #1,00 Automodel: Leaser's BA9514370 09/15/06 Courseer Strict:: #1,00 Automodel: Excessed Booty Huller's \$ Booty Huller's \$ X New Solution Ministry Manage \$ # # # Annower Solution Annower Solution Booty Huller's \$ # # Gazade Lastin'r Anrower Solution Anrower Solution \$ # # Anrower Solution Cuset Solution 09/15/05 09/15/05 Each cocurrence \$ \$ Socorrail Socorrail S S \$ \$ \$ \$ Cocorrail Socorrail Socorrail \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	000,000		PROOL					GATE LIMIT APPLIES PER:	EN'L AGGRE	G	
ALTOMOBILE LABELTY EA96114370 09/15/06 COMERCID SINGLE UMIT #1,00 ALV ANTO ALV ANTO EA96114370 09/15/06 COMERCID SINGLE UMIT #1,00 ALV ANTO ECRESSING ALTOS BODE Y MULEY \$ BODE Y MULEY \$ SCIEVE Y MULEY EA96114370 09/15/06 BODE Y MULEY \$ BODE Y MULEY \$ ANY AUTO ANTO MAY - EA ACCIDENT \$ BODE Y MULEY \$ \$ MAY AUTO ANTO MAY - EA ACCIDENT \$ 09/15/05 09/15/06 EACH OCCURRENCE \$ ANY AUTO ANTO MAY - EA ACCIDENT \$ 00/15/05 09/15/06 EACH OCCURRENCE \$ ANY AUTO ANTO MAY - EA ACCIDENT \$ \$ \$ \$ \$ ANY AUTO CLIAMS MADE \$ \$ \$ \$ \$ MORENTAL COMPREADING ADDRESS AND RECOMPOSED AND REPORTED AND REPORTED AND REPORT AND R											ļ
gCHEDULED AUTOS Important State X HRED AUTOS X HRED AUTOS X HOM-OWNED AUTOS X HOM-OWNED AUTOS ANY AUTO Property Damage ANY AUTO AUTO ONLY: ANY AUTO AUTO ONLY: ANY AUTO CLAMES MADE COLORIDATION CUSP 14870 OS/15/05 CACH OCCUPRENCE COLORIDATION CLAMES MADE DEDUCTIBLE CLAMES MADE DEDUCTIBLE CLAMES MADE VEX. BERTHTON S 10000 1810070852 WORKER COMPRENENTIAL MADE 1810070852 VEX. BERTHTON S 10000 X WORKER COMPRENENTIAL MADE 1810070852 VEX. BERTHTON S 10000 X WORKER COMPRENENTIAL MADE 1810070852 STREMENT S 10000 X WORKER COMPRENENTIAL MADE 1810070852 VEX. BERTHTON S 10000 X WORKER COMPRENENTIAL MADE 1810070852 VEX. BERTHTON S 10000 X VEX. BERTHTON S 10000 X VEX. BERTHTON S 100000 X VEX. BERTH	00,000	nineo Single Limit #1	COME: (EP and	09/15/06	/15/05	14370 0	BA99				
X NON-OVINED AUTO3 Image: Construction of the second		LY INJURY versan) \$	BODILY (Per pe					-	_		
Image: Constraint of the second state of the second sta		LY (NJURY Iccident)	BODE) (Per aci						-	1 h	
ANY AUTO OTHER THAN EAACC 5 AUTO ONLY: AGG 5 AUTO ONLY: Status AUTO NONCONCHED Status		* (frebiso	(Per aci						-		
AUTO ONLY: AGG 4 EXCESSIONSPELLA LIABULITY CU9914870 09/15/05 09/15/06 EACH OCCURRENCE 91,000 X OCCUR CLAMES MADE 0 09/15/05 09/15/06 EACH OCCURRENCE 91,000 DEDUCTIBLE CLAMES MADE 1810070852 09/15/05 09/15/06 X WC STATUL 01/1 MOVED ONE COMPENSATION AND DEPLOYINGE LIABULTY 1810070852 09/15/05 09/15/06 X WC STATUL 01/1 AMY PROPRETIONER ADDIE 1810070852 09/15/05 09/15/06 X WC STATUL 01/1 AMY PROPRETION STATUSENESS COULDEOP 1810070852 09/15/05 09/15/06 X WC STATUL 01/1 AMY PROPRETION STATUSENESS COULDEOP 1810070852 09/15/05 09/15/06 X WC STATUL 100,0 CREPTION OF OPERATIONS / LIABULTY 1810070852 09/15/05 09/15/05 09/15/06 X INCENTIAL STATUL 100,0 CREPTION OF OPERATIONS / LIABULTY 1810070852 09/15/05 09/15/05 09/15/05 100,0 100,0 CREPTION OF OPERATIONS / VENECLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIO			AUTOC						7	<u>a</u>	I
EXCESS/UNDERFELIA LIABILITY CU9914670 09/15/05 09/15/06 EACH OCCURRENCE 1,001 X OCCUR CLAMSS MADE 0 09/15/05 09/15/06 EACH OCCURRENCE 1,001 X OCCUR CLAMSS MADE 0 <t< td=""><td></td><td></td><td>OTHER</td><td></td><td></td><td></td><td></td><td>0</td><td></td><td> </td><td></td></t<>			OTHER					0			
X OCCUR CLARKS MADE DEDUCTIBLE AGGREGATE \$1,000 X RETENTION \$10000 \$ MONDERS COMPENSATION AND EMPLOYERS! LIABILITY 1810070852 09/15/05 09/15/06 X WC STATUL IDST/LIMITS 000/1 5 ANY PROPRITIONARE COMPENSATION AND EXAMPLOYERS! LIABILITY 1810070852 09/15/05 09/15/06 X WC STATUL IDST/LIMITS 000/1 5 ANY PROPRITIONARE COMPENSATIONARY STATUS 1810070852 09/15/05 09/15/06 X WC STATUL IDST/LIMITS 000/1 5 Proprime Industry 1810070852 09/15/05 09/15/06 X WC STATUL IDST/LIMITS 000/1 5 SPECIAL PROVISIONS below 1810070852 09/15/05 09/15/06 X WC STATUL IDST/LIMITS 100,0 ELL DISEASE - EA EMPLOYER \$100,0 ELL DISEASE - EA		×uu (a		an isalan							+
DEDUCTIBLE 8 DEDUCTIBLE 5 WOWGEN COMPENSATION AND EMPLOYERS LIABLITY 1810070852 OP/15/05 09/15/06 X LIGENLATION AND EMPLOYERS LIABLITY 1810070852 OP/15/05 09/15/06 X LIGENLATION AND EMPLOYERS LIABLITY ELL CACH ACCEPT ANY PROPRETOR/PARTINER/PROJECTIVE OFFICIER/MERT POLIDEOP 1810070852 SHOULD DEEPY 1810070852 OP/15/05 09/15/06 Z.L. DISEASE - FOLICY LIMIT 100,0 ELL DISEASE - FOLICY LIMIT SHOULD DEEPY 100,0 ELL DISEASE - FOLICY LIMIT 100,0 ELL DISEASE - FOLICY LIMIT SHOULD ON OF OFERATIONE / LOCATIONE / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS y of Portland is named as additional insured rogarding this project. KIFFICATE HOLDER CANCELLATION KeyCorp/Key Bank Robert Core Regional Facility Manager One Canal Plaze Portland, ME 04101 CANCELLATION E LIABLITY OF ANY KIND UPON THE INSURER TO A UTHOR BERESTOR DUCKES BE CANCELLED BEFORE TO AUTOR TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FALLIER AUTOR OF THE LEFT, BUT FALLIER AUTOR OF THE LEFT, BUT FALLED AUTOR DEEM DOLLOGATION OR LIABLITY OF ANY KIND UPON THE INSURER. TO A UP/NOREED REPRESENTATIONER				09/15/06	/15/05	148/0	CUAA				I
DEDUCTIBLE s X RETENTION \$ 10000 NOWORDER COMPENSATION AND EMPLOYER FLABLINY ANY PROMETORDARMENER/EXECUTIVE 1810070852 09/15/05 09/15/06 X ICCUTALE s MY PROMETORDARMENER/EXECUTIVE OFFICIENT LABLINY ANY PROMETORDARMENER/EXECUTIVE 1810070852 09/15/05 09/15/06 X ICCUTALE s100,0 ELL DISEASE - EA EMPLOYER SYLA. destroate undor SPECIAL PROVISIONS below ELL DISEASE - POLICY LAMIT \$500,0 OTHER ELL DISEASE - POLICY LAMIT \$500,0 DERIFTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS y of Portland is named as additional insured regarding this project. ELDISEASE - POLICY LAMIT \$500,0 CUIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TO DATE THEREOF, THE ISSUNG INSURER WILL ENDEAVOR TO MAL 11	00,000		AGGRE					CLAIMS MADE	OCCUR		I
X RETENTION \$ 10000 WORKERS COMPENSATION AND EMPLOYERS' LABLITY 1810070852 09/15/05 09/15/06 X TOSY TATUL FTH ANY PROPRETORMATTION AND EMPLOYERS' LABLITY 1810070852 09/15/05 09/15/06 X TOSY LABLITY ELL CASH ACCIDENT \$100,0 ANY PROPRETORMATTINEMENDECUTIVE OFFICERALEMENT PACLUCED? 1810070852 09/15/05 09/15/06 X TOSY LABLITY \$100,0 VIC OFFICERALEMENT COMPARISONS UNDOR OFFICERALEMENT PROVISIONS below ELL DISEASE - POLICY LANT \$100,0 OTHER CANCELLATION ELL DISEASE - POLICY LANT \$500,0 OTHER CANCELLATION ELL DISEASE - POLICY LANT \$500,0 OTHER SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE TO DATE THEREOF, THE ISSUME INSURES WILL ENDERVOR TO MAIL 10 KIJFIGATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE TO DATE THEREOF, THE ISSUME INSURES WILL ENDERVOR TO MAIL 10 DATE KeyCorp/Key Bank Robert Cere DATE THEREOF, THE ISSUME INSURES WILL ENDERVOR TO MAIL 10 DATE One Cenal Plaze Portland, ME 04101 MPOSE NO DELEATION RELEATER OF THE INSURE TO ANY OF THE LEFT, BUT FAILURE TO A UNFOSE NO DELEATION REPRESENTA									-		l
WONDOW ENGINEERATION AND EMPLOYER FLUELITY ANY PROPRETORPARTNER/EXECUTIVE OFFICERAMEMBER EXCLUDED? 1810070852 09/15/05 09/15/06 X WC STATUL TOST INTSI ELL COMMENSIONS 07/15/06 ANY PROPRETORPARTNER/EXECUTIVE OFFICERAMEMBER EXCLUDED? 1810070852 09/15/05 09/15/06 X WC STATUL TOST INTSI ELL COMMENSIONS 07/16/05 SPECIAL PROVISIONS below OTHER SECULISIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS of Portland is named as additional insured regarding this project. ELL DISEASE - POLICY LANT \$500,0 CRIFICATE HOLDER CANCELLATION CANCELLATION Stouch and an additional insured regarding this project. KeyCorp/Key Bank Robert Core Regional Facility Manager One Canal Plaze Portland, ME 04101 Cancel Core Notice To THE CERTIFICATE HOLDER NUMED TO THE LEFT, BUT FAILURE TO A NOTICE TO THE CERTIFICATE HOLDER NUMED TO THE LEFT, BUT FAILURE TO A NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO A NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO A NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO A NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO A NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO A NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO A NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO A NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO A NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO A NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO A NOTICE TO THE CERTIFICATIONER. AUTHORIZED REPRESENTATIVE <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>I</td>									-		I
EMPLOYERY LABILITY EL. EACH ACCIDENT \$100,0 OFFICERAMEMBER EXCLUDED? Image: status Image: stat				66 (J 2000							┞
Arry motivestication EL DISEASE - EA EMPLOYEE \$100,0 If yes, describe undor 3PECIAL PROVISIONS below EL DISEASE - POLICY LIMIT \$500,0 OTHER Second Provisions below OTHER EL DISEASE - POLICY LIMIT \$500,0 OTHER Second Provisions below OTHER EL DISEASE - POLICY LIMIT \$500,0 OTHER CANCELLATION CIFICATE HOLDER CANCELLATION KeyCorp/Key Bank Robert Core SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TO DATE THEREOF, THE ISSUNG INSURER WILL ENDEAVOR TO MAIL _ 10			1	09/15/06	79/09	110852	1014				
If yes, describe undor Image: State of the state o								ARTNERÆXECUTIVE	PRIETORP	ANY PRO	
SPECIAL PROVISIONS below EL. DISEASE - POLICY LAMIT SOUUL OTHER EL. DISEASE - POLICY LAMIT SOUUL CRIPTION OF OPERATIONS / UBHOLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS EL. DISEASE - POLICY LAMIT SOUUL CRIPTION OF OPERATIONS / UBHOLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS SPECIAL PROVISIONS Y of Portland is named as additional insured regarding this project. SPECIAL PROVISIONS KIJFICATE HOLDER CANCELLATION KeyCorp/Key Bank Robert Core SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TO DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE INSURER WILL ENDEAVOR TO MAIL10 DATE INFORMATION OR LIABELITY OF ANY UPON THE INSURER. TTO A INFORME IN OBLIGATION OR LIABELITY OF ANY UPON THE I									satibe under	If yes, des	l
CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS y of Portland is named as additional insured regarding this project. (I)FICATE HOLDER CANCELLATION KeyCorp/Key Bank Robert Core Regional Facility Manager One Canal Plaze Portland, ME 04101 CANCELLATION CANCELLATION CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TH DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE MPOSE NO OSLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AN REPRESENTATIVES. AUTHORIZED REPRESENTATIVES.	1,000	ISEASE - POLICY LIMIT 1 \$3	E.L. DIS					S below	PROVISION		ŀ
y of Portland is named as additional insured regarding this project. Kilficate Holder Cancellation KeyCorp/Key Bank Robert Cere Should any of the Above described Policies se cancelled before to Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer will endeavor to Mail 10. Date thereof, the issuing insurer the left, but failure to Date thereof, the issuing insurer manuel to the left. One Canal Plaze Information of Light the left. Portland, ME 04101 Representatives.			1	í						OTHER	
r of Portland is named as additional insured regarding this project. CIJFICATE HOLDER CANCELLATION KeyCorp/Key Bank Robert Core SHOULD ANY OF THE ABOVE DESCRIBED FOLICIES BE CANCELLED BEFORE TO DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO THE LEFT, BUT FAILURE TO DATE THEREOF, THE ISSUING INSURER TO THE LEFT, BUT FAILURE TO DATE THEREOF, THE ISSUING INFORMATION OR LIABELITY OF ANY KIND UPON THE INSURER. ITS AN REPRESENTATIVES											
CANCELLATION KeyCorp/Key Bank Robert Cere SHOUD ANY OF THE ABOVE DESCRIBED FOLICIES BE CANCELLED BEFORE TO DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE Regional Facility Manager One Canal Plaza Portland, ME 04101 MMORE NO DELIGATION OR LIABELITY OF ANY KIND UPON THE INSURER, ITS AN AUTHORIZED REPRESENTATIVES.				1SIONS							
KeyCorp/Key Bank Robert Cere should any of the Above described policies be cancelled before to KeyCorp/Key Bank Robert Cere DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE INSURER, ITS AN PORTIANT, ME OFICE OFICE TO THE OFICE THE OFICE TO THE CERTIFICATE ALTHORY AND UPON THE INSURER. ITS AN PORTIANT, ME OFICE OFICE TO THE CERTIFICATE ALTHORY AND UPON THE INSURER. ITS AN ALTHORY AND TO THE OFICE TO THE CERTIFICATE ALTHORY AND UPON THE INSURER. ITS AN ALTHORY AND THE OFICE TO THE CERTIFICATE ALTHORY AND UPON THE INSURER. ITS AN ALTHORY AND THE OFICE TO THE CERTIFICATE ALTHORY AND UPON THE INSURE.					CVL.	BRIAC IABUIDHIS CHA hid	1 1 AUR 1 1 1 1				,
KeyCorp/Key Bank Robert Core should any of the above described policies se cancelled before to KeyCorp/Key Bank Robert Core DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO THE LEFT, BUT FAILURE TO D One Canal Plaza IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER. ITS AN PORTLand, ME_04101 REPRESENTATIVES AuthORZED REPRESENTATIVE											
KeyCorp/Key Bank Robert Cere should any of the Above described policies be cancelled before to KeyCorp/Key Bank Robert Cere DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DE OFICE TO THE CERTIFICATE HOLDER NAMED TO THE INSURER, ITS AN PORTIANT, ME OFICE OFICE TO THE OFICE THE OFICE TO THE CERTIFICATE ALTHORY AND UPON THE INSURER. ITS AN PORTIANT, ME OFICE OFICE TO THE CERTIFICATE ALTHORY AND UPON THE INSURER. ITS AN ALTHORY AND TO THE OFICE TO THE CERTIFICATE ALTHORY AND UPON THE INSURER. ITS AN ALTHORY AND THE OFICE TO THE CERTIFICATE ALTHORY AND UPON THE INSURER. ITS AN ALTHORY AND THE OFICE TO THE CERTIFICATE ALTHORY AND UPON THE INSURE.											
KeyCorp/Key Bank Robert Core should any of the above described policies be cancelled before to KeyCorp/Key Bank Robert Core DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO THE LEFT, BUT FAILURE TO D One Canal Plaza IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AN PORTIAND, ME_04101 REPRESENTATIVES AUTHORIZED REPRESENTATIVE											
SHOULD ANY OF THE ABOVE DESCRIBED FOLKING BE CANCELLED BEFORE TO KeyCorp/Key Bank Robert Core DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL10 DATE THEREOF, THE ISSUING INSURER NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO D One Canal Plaze INPROSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER. ITS AN PORTIAND, ME_04101 REPRESENTATIVES. AUTHORIZID REPRESENTATIVE	<u>.</u>										
KeyCorp/Key Bank Robert Cere DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10. DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10. DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10. DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10. DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10. DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10. DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10. DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10. DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10. DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10. DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10. DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO THE LEFT, BUT FAILURE TO DATE THE ISSUE OF CONTROL OF ANY KIND UPON THE INSURER, ITS AN PORTIAND, ME 04101 REPRESENTATIVES.								<u> </u>	TE HOLD	IFICAT	5
Regional Facility Manager NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT PAILURE TO D One Canal Plaza One Canal Plaza IMPOSE NO OSLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER. ITS AN Portland, ME 04101 REPRESENTATIVES. AUTHORIZED REPRESENTATIVE											
One Canal Plaza Portland, ME 04101 REPRESENTATIVES AUTHORIZED REPRESENTATIVE						.6		• •	-		
Portland, ME 04101				· · · · · · ·			ər	• •	-		
AUTHORIZED REPRESENTATIVE	AGENTS OR	KIND UPON THE INSURER, I	of any k								
								IG, ME 04101	Portiar		
I Aller I Ellegan				01	K						
	OPATION I	& ACCER 000			1 Jack			4 . 4 4			-
DRD 25 (2001/08) 1 of 1 #\$122875/M108300 LG2 @ ACORD CORPO	Ann I Mar 18		LUX	L		(M10000	22875	1071 #S1	auv1/00)	/ 10/ 20 (1
E 10:38VW EBOW-CB022 VCENCL S01 180 8311 1-458 5 005/005 E-084	01-15-5008	10:38VW EBOW-CBO	ov sso	RENCY		201 180 6317	•	T-429 P.002/002	190-1		



	ORTLAND, MAINE of Building Inspections
	1.22 2006
Received from	h <u>harden als</u> Derived Flog
Cost of Construction \$ Permit Fee \$	·
Building (IL) Plumbing (I5)	Electrical (I2) Site Plan (U2)
CBL: <u>301-2-2</u> Check #: <u>1001</u>	F) Total Collected s <u>1/2</u>
No work is to be started upon the premises. Acceptance be granted. PRESERVE THIS	IOT A PERMIT d until PERMIT CARD is actually posted ce of fee is no guarantee that permit will S RECEIPT. In case permit cannot be se will be refunded upon return of the whichever is greater.
WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy	

