

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

PERMIT ISSUED
Permit Number: 060909
JUL 28 2006
314 A007001 CITY OF PORTLAND

This is to certify that KIMCO REALTY LLC/AS Promotions INC

has permission to Temporary banner 30 sf

AT 599 WARREN AVE

provided that the person or persons who perform or supervise the work in accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is leased or otherwise closed-in. 24 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

[Handwritten Signature] 7/24/06
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:	Issue Date:	CBL:
06-0969		314 A007001

Location of Construction: 599 WARREN AVE	Owner Name: KIMCO REALTY LLC	Owner Address: 65 GRAY RD BOX 4	Phone:
Business Name:	Contractor Name: ASAP Promotions INC	Contractor Address: 55 Tech Dr CITY OF PORTLAND	Phone: 513739500
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Temporary	Zone: 34

Past Use: Commercial	Proposed Use: Commercial Temporary banner 30 sf "Dunkin Donuts"	Permit Fee: \$90.00	Cost of Work: \$90.00	CEO District: 5
Proposed Project Description: Temporary banner 30 sf		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>NA</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: dmartin	Date Applied For: 06/27/2006	Zoning Approval	
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<p>1.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p><i>OK w/conditions</i> Date: 7/10/06 <i>ABM</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p>Denied</p> <p><i>ABM</i> Date: _____</p>
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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: 06-0969	Date Applied For: 0612712006	CBL: 314 A007001
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Location of Construction: 599 WARREN AVE	Owner Name: KIMCO REALTY LLC	Owner Address: 65 GRAY RD BOX 4	Phone:
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Business Name:	Contractor Name: ASAP Promotions INC	Contractor Address: 55 Tech Dr Cincinnati	Phone (513) 733-9500
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Lessee/Buyer's Name	Phone:	Permit Type: Signs - Temporary
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Proposed Use: Commercial Temporary banner 30 sf	Proposed Project Description: Temporary banner 30 sf
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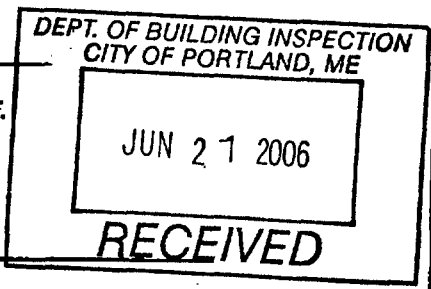
Page 1



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: 599 Warren Ave (Dunkin Donuts)		
Tax Assessor's Chart, Block & Lot Chart# 314 Block# A Lot# 007	Owner: Edward Wolak Compass Distribution Center 65 Grey Rd. Falmouth, ME 04105	Telephone: 207-781-5703
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: Asap Event Advertising 55 Tech View Dr. Cincinnati, OH 45215 513-733-9500	Total s.f. of signage x \$2.00 Per s.f. plus \$50.00/\$65.00 For H.D. signage= Total Fee: \$ 90 Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: Ray McKenny phone: 207-838-7275		
Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: _____ If vacant, what was prior use: _____ Proposed Use: American Flag		
Information on proposed sign(s): Temp Banner, Pennants, & Flags (emailed photos)		
Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____	Dimensions proposed: 3'x10'	Height from grade: 5'
Bldg. wall sign? (attached to bldg) Yes _____ No _____	Dimensions proposed: _____	
Proposed 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 w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s):		
Freestanding (e.g., pole) sign? Yes _____ No _____	Dimensions: _____	
Bldg. wall sign? (attached to bldg) Yes _____ No _____	Dimensions: _____	
Awning? Yes _____ No _____	Sq. ft. area of awning w/communication: _____	



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 and existing building are also required.

Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

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 www.portlandmaine.gov, 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: **Steven J. O'Neill /cp Dunkin Donuts** Date: **6/9/2006**

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

Temporary setback 5' 1 per property

per plan says 5' + 3'x10' = 60 sq

55 TECH VIEW DRIVE
CINCINNATI, OH 45215
PHONE: 513-733-9500
FAX: 513-588-3737
http\$www.asapevents.com/



Fax

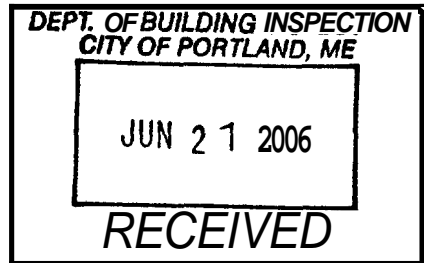
To: Ms Ann Machado	From: Steve O'Neill for Dunkin' Donuts
Fax: 307-874-8716	Pages: 4
Phone: n/a	Date: 6/20
Re: Permit Application, Sketch	cc: Dunkin' Brands, Inc.

Hello Ms. Machado:

Per our conversation today, I have revised the sketch and permit app, now to only include 1 Now Open Banner (3' x 10'). In addition we will not set up any logo flags or Wind Wavers — rather just pennants and American Flags.

*perenns
streamers (no logo flags)*
Sincerely,

Steve O'Neill
Account Manager
800-837-6306
513.588.3737
soneill@asapevents.com



55 TECH VIEW DR NE
CINCINNATI, OH 45215
PHONE: 513-733-9500
FAX: 513-588-3737
http://www.asapnts.com/

**ASAP Event
Advertising**

Fax

To: Ms. Ann Machado	From: Steve O'Neill c/o Dunkin' Donuts
Fax: FAX 207-874-8716	Pages: a 4
Phone: PH 207-874-8703	Date: 6/9/2006
Re: Temp Deco Permit Dunkin' Donuts	cc: Dunkin' Brands, Inc: Canton, MA

Hello Ms. Machado:

After our conversation on Friday, I confirmed the property of the New Dunkin' Donuts on 599 Warren Ave in Portland is owned and managed by the Franchisee under his Gorham Distribution Center company. In addition, I have enclosed herein the permit application for temporary decorations for the shop's grand opening, for which I emailed you photos of each of the individual elements.

I will have Dunkin's operations manager Ray McKenny send over his letter of authorization for the display.

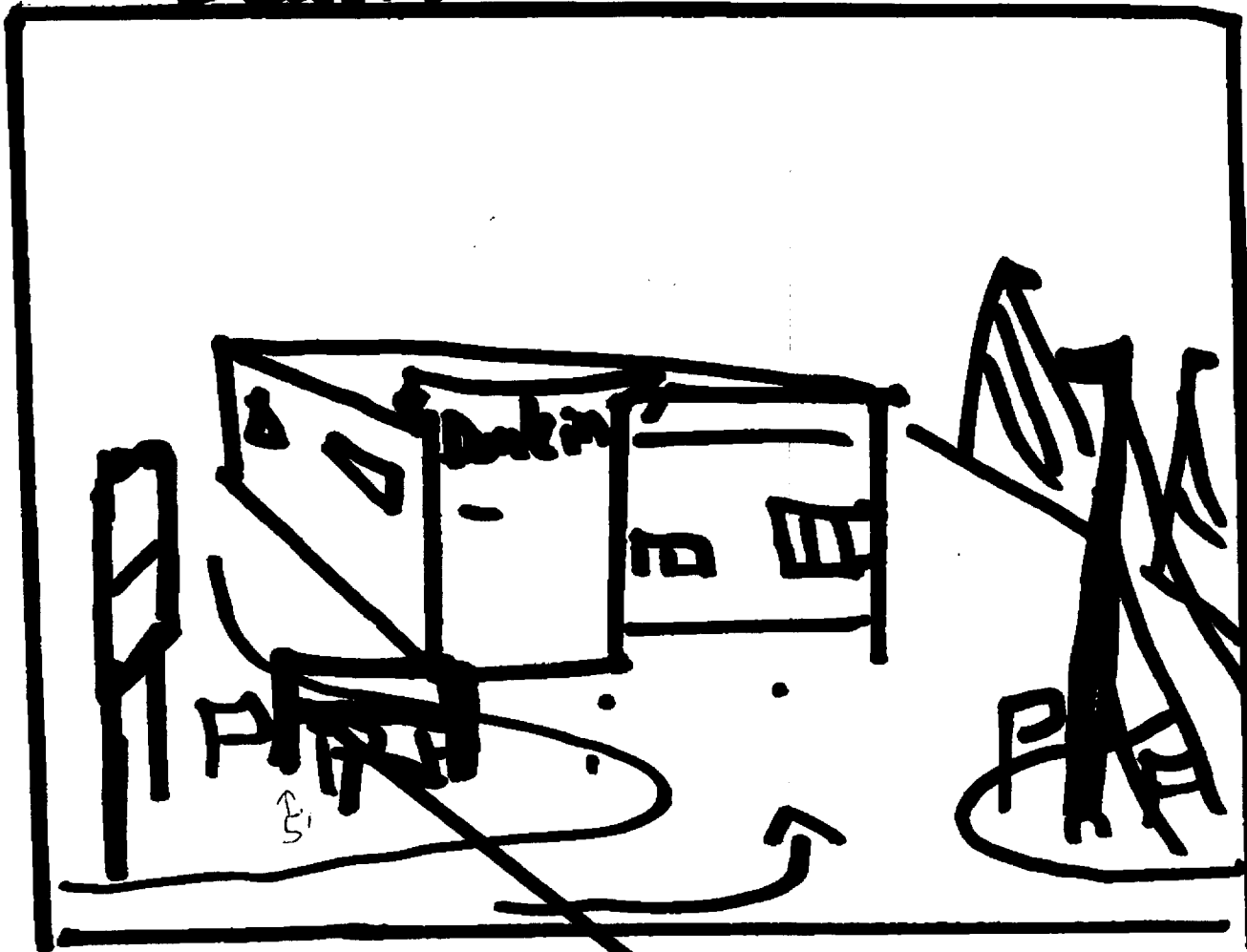
Please feel free to contact me with any questions or concerns.

Thanks,

Steve O'Neill
Account Manager
800-837-6306
513.588.3737 (FAX)
soneill@asapevents.com

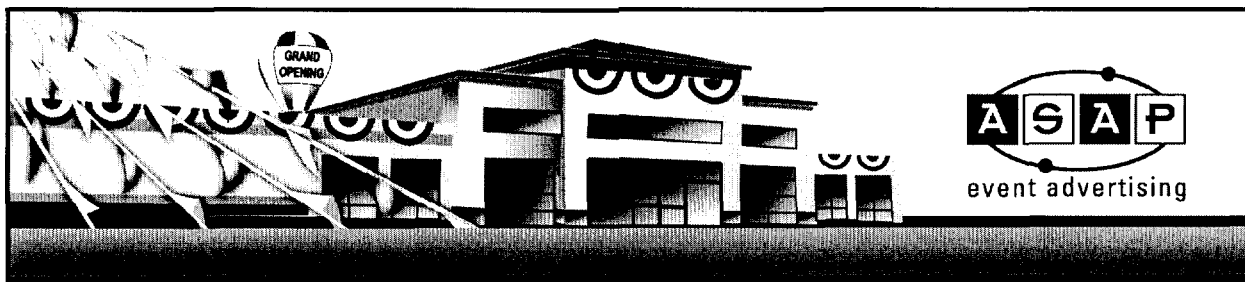
1 NOW OPEN Banner (3' x 10')

Dinkin 599 Warren Ave.



3' x 10' Banner
 NOW OPEN
 Sit between temp
 Fence Posts in (AS)



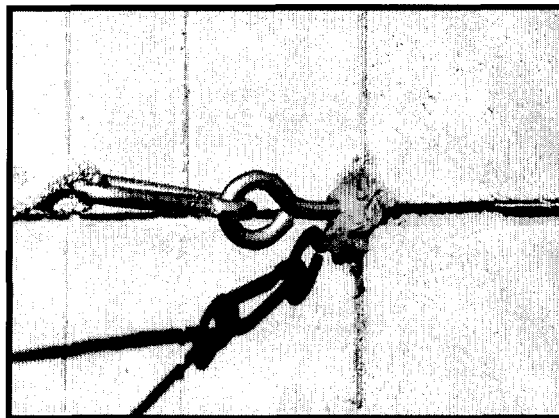


Anchor Points:

ASAP recognizes that your building is your business home. We understand your concerns about possible building damage.

Our business has 17 years experience and we pride ourselves on providing a turn-key service that does not cause headaches. **90%** of our jobs are on roofs of all kinds. We don't want roof damage any more *than* you do!

- **Jobs done by certified Installers.**
- **ASAP carries \$5,000,000 Liability Insurance.**
- **Contractor carries minimum \$1,000,000.**
- **Contractual Agreement on all jobs.**
- **Will not penetrate roof membrane.**
- **Will not strap air units smaller than VW or that are not part of the building structure!**
- **Will drill points into wood, top caps & mortar!**
- **Will use c-clamps when drillable point not available.**



55 Tech View Drive • Cincinnati, OH 45215 • phone 1.800.837.6306

www.asapwenh.com





pennants.

pennant ~~flag~~ flag

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID NBR
 ASAPP-1

DATE (MM/DD/YYYY)
 03/27/06

PRODUCER
 American Heritage/Cincinnati
 9370 Main Street, Suite E
 Cincinnati OH 45242
 Phone: 513-984-5255 Fax: 513-984-5339

INSURED
 ASAP Promotions, Inc. dba ASAP
 55 Tech View Dr.
 Cincinnati OH 45215

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Indiana Insurance	
INSURER B:	
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.

INER LTR	ADDT. INFO	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"/> PRO-JECT <input type="checkbox"/> LOC	TBD	02/15/06	02/15/07	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GEN'L AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. 1,000,000
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	TBD	02/15/06	02/15/07	COMBINED SINGLE LIMIT (Per accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - SA ACCIDENT \$ OTHER THAN SA ACC \$ AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$	TBD	02/15/06	02/15/07	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFER/OWNER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER \$ ALL EACH ACCIDENT \$ ALL DISEASE - SA EMPLOYEE \$ ALL DISEASE - POLICY LIMIT \$
A		Property Section	TBD	02/15/06	02/15/07	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Accessory and Speciality Distributors

CERTIFICATE HOLDER

For Information only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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
 Mike Rice *Nancy Whitworth*