

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

Permit Number: 031129

This is to certify that Crockett Riverside Llc /Burr ns
has permission to Install 8' x 4' sq. Ft. Internall uminate ign et and fac
AT 460 Riverside St 320 A005001

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 inspection must be given and when permission procured before this building or part thereof is occupied or otherwise used-in.
HOURS NOTED ARE 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 _____

[Signature]
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: 03-1129	Issue Date:	CBL: 320 A005001
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Location of Construction: 460 Riverside St	Owner Name: Crockett Riverside Llc	Owner Address: 39 Graystone Ln	Phone: 207-700-1183
Business Name: n/a	Contractor Name: Burr Signs	Contractor Address: 10 Buttonwood St. So. Portland	Phone: 2077991183
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: IM

Past Use: Commercial; Industrial / Warehouse	Proposed Use: Industrial / Warehouse; Install 8' x 4' sq. Ft. internally illuminated sign cabinet and face.	Permit Fee: \$94.00	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description: Install 8' x 4' sq. Ft. Internally illuminated sign cabinet and face.	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Sign</i> Type: <i>NA</i> Signature: <i>[Signature]</i> a/25/03
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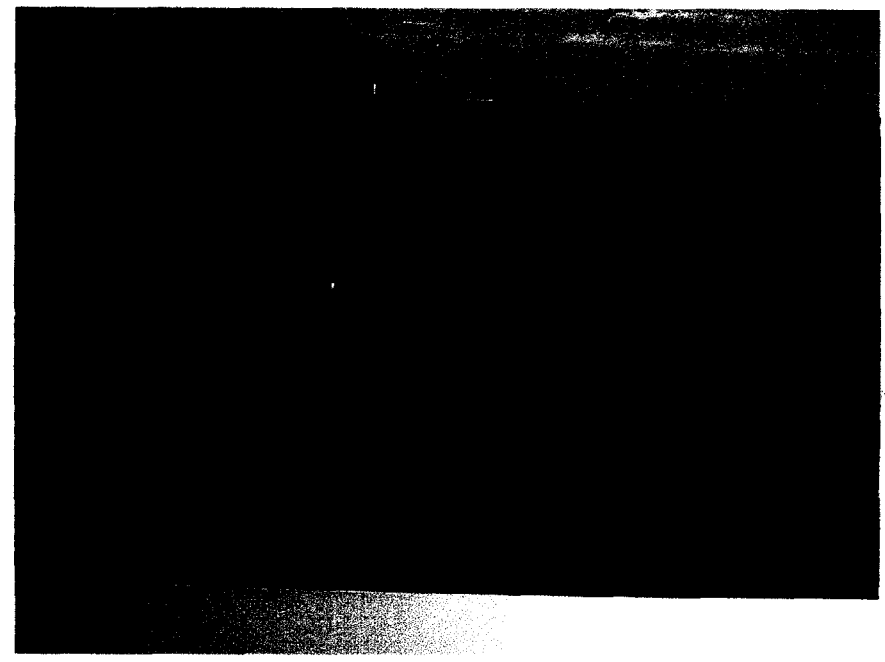
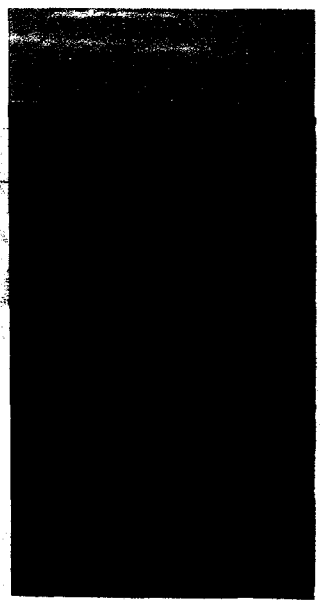
Permit Taken By: gg	Date Applied For: 09/15/2003	Zoning Approval	
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, 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 <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"/> MIM <input type="checkbox"/> Date: <i>9/23/03</i>	Zoning Appeal <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 Date:	Historic Preservation <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: <i>[Signature]</i>
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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



Internally illuminated sign cabinet & face.

BATH

FITTER[®]

ONE DAY BATH REMODELING

4'-0"

8'-1"

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 460 RIVERSIDE ST. ZONE: I-M

CBL: _____

SINGLE TENANT LOT? YES _____ NO X MULTI TENANT LOT? YES X NO _____
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES _____ NO X

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO X DIMENSIONS PROPOSED: _____
BLDG. WALL SIGN? (attached to bldg) YES X NO _____ DIMENSIONS PROPOSED: 9'x8' = 32 sq ft

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO _____ DIMENSIONS: _____
BLDG. WALL SIGN(attached to bldg) ? YES X NO _____ DIMENSIONS: 9'x8'
AWNING? YES _____ NO X DIMENSIONS: _____

LOT FRONTAGE (FEET): 7250
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): 37 x 12' high bldg = 444 x 8' = 3552 sq ft

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

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

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

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ s.f.

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED SIGNAGE ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: [Signature] DATE: 09/11/03

***** FOR OFFICE USE ONLY *****
Multitenant Building
8% max principal facade - 1 per tenant + 1 additional
All other facades 2%

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY)			
PRODUCER		09/05/03			
Haberman Insurance Group Inc 95F Ashley Avenue West Springfield MA 01089 J. F. Sullivan Phone No. 413-781-7000 Fax No. 413-733-9545		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		COMPANIES AFFORDING COVERAGE			
National Bath Systems, LLC 27 Berard Drive, Suite 2701 South Burlington VT 05403		COMPANY A One Beacon America Ins Co. COMPANY B COMPANY C COMPANY D			
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.					
CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT	CBR709911	04/26/03	04/26/04	GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMPROP AGG \$ 2000000 PERSONAL & ADV INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 100000 MED EXP (Any one person) \$ 10000
	AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR, PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> OTHER				<input type="checkbox"/> WC STATE-TORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS					
CERTIFICATE HOLDER CITYP38 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 COMPANY WILL ENDEAVOR TO MAIL 20 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
AGENT'S SIGNATURE J. F. Sullivan			AGENT'S SIGNATURE Sullivan		
ACORD CORPORATION 1988					

GEORGE W. CROCKETT
39 GRAYSTONE LANE
PORTLAND, MAINE 04103
207-528-9571
gcrocket2@maine.rr.com

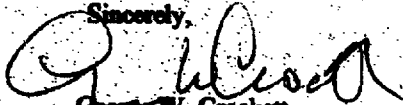
September 8, 2003

Mr. Brian Smith
Bathfitter
190 Riverside St.
Portland, Maine 04103

Dear Brian

This letter is to authorize you to install a sign at your new space at 460 Riverside Street to replace the Rhino sign that is there now.

Sincerely,



George W. Crockett
Owner
460 Riverside St.

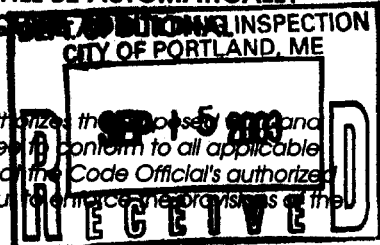
Signage/Awning Permit Application

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: 460 RIVERSIDE ST.		
Total Square Footage of Proposed Structure 32	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# 320 Block# A Lot# 005	Owner: GEORGE CROCKETT	Telephone: 828-9571
Lessee/Buyer's Name (If Applicable) BATH FITTER 460 RIVERSIDE ST PORTLAND, ME	Applicant name, address & telephone: BURR SIGUS 10 BUTTANWOOD ST. SO. PORTLAND, ME 04106 799-1183	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: 64 \$ Awning Fee = Cost Of Work: \$ Total Fee: \$ 94.00
Current use: LIGHT INDUSTRIAL		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: RETAIL/WAREHOUSE		
Project description: REPLACE EXISTING SIGN WITH NEW		
Contractor's name, address & telephone: BURR SIGUS - 799-1183		
Who should we contact when the permit is ready: SALE		
Mailing address: 10 BUTTANWOOD ST. SO. PORTLAND, ME 04106		
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: 799-1183		

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 INSPECTION 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 person who has signed this application 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:	Date: 09/11/03
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This is NOT a permit, you may not commence ANY work until the permit is issued.