

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

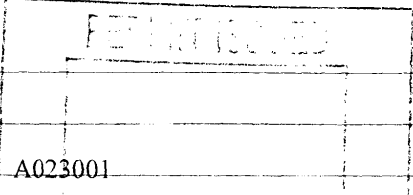
CITY OF PORTLAND

BU TION

PERMIT

Permit Number: 081318

Please Read Application And Notes, If Any, Attached



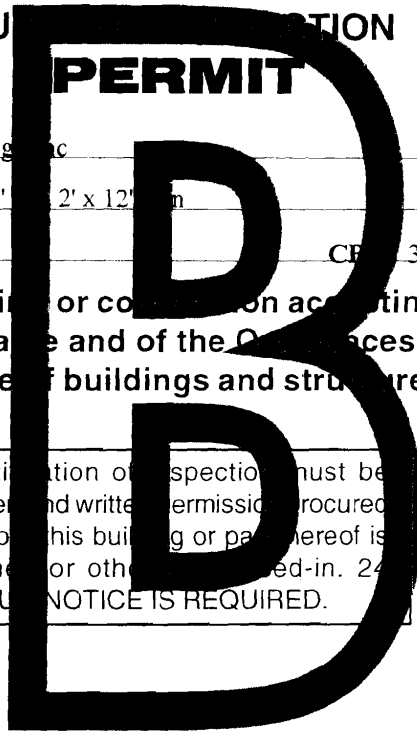
This is to certify that 94 AUBURN LLC /Sign Design

has permission to 2 new signs Tenant sign 5'x 5' 2' x 12'

AT 94 AUBURN ST

CE 375 A023001

provided that the person or persons, firm or corporation accounting 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 written permission procured before this building or part thereof is altered or otherwise red-in. 24 HOURS 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

Thomas H. MacLellan 10/23/08
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: 08-1318	Issue Date:	CBL: 375 A023001
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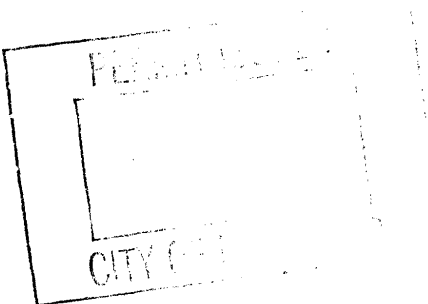
Location of Construction: 94 AUBURN ST	Owner Name: 94 AUBURN LLC	Owner Address: PO BOX 2133	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone 2078562600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B1/R3

Past Use: Commercial	Proposed Use: Commercial - 2 new signs Tenant sign 5'x 5' & a 2' x 12' sign	Permit Fee: \$128.00	Cost of Work: \$128.00	CEO District: 5
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>Sign</i> <i>IBC 2003</i>	

Proposed Project Description: 2 new signs Tenant sign 5'x 5' & a 2' x 12' sign (<i>building</i>) <i>frustrating</i>	Signature:	Signature: <i>M 10/23/08</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: Idobson	Date Applied For: 10/16/2008	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"/> MM <input type="checkbox"/> OK Date: <i>10/21/08 ABU</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 <i>ABU</i> Date:
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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



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>94 Auburn St.</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>B. Catherine Carton</u> <u>85 Round Hill Rd. Apt 2</u> <u>North Hampton, MA 01060-2167</u>	Telephone: <u>Boulos Prop. Mgmt</u> <u>871-1290</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Contractor name, address & telephone: <u>SIGN DESIGN, INC.</u> <u>P.O. Box 207</u> <u>WESTBROOK, ME</u> <u>04098</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For HD. signage = Total Fee: \$ _____ Awning Fee = cost of work _____ Total Fee: \$ _____

Who should we contact when the permit is ready: DIANA/ROGER phone: 856-2600 UHF

Tenant/allocated building space frontage (feet): Length: 115' Height: 30'
 Lot Frontage (feet) 140' Single Tenant or (Multi Tenant Lot) GU 5'25'500

Current Specific use: Offices
 If vacant, what was prior use: _____
 Proposed Use: _____

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes No _____ Dimensions proposed: 5'x5' Height from grade: 10'
 Bldg. wall sign? (attached to bldg) Yes No _____ Dimensions proposed: 2'x12'

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.

25 sq Ft
24 sq Ft

49 sq Ft x 2 + 30
128

Information on existing and previously permitted sign(s):
 Freestanding (e.g., pole) sign? Yes No _____ Dimensions: 2'x5'
 Bldg. wall sign? (attached to bldg) Yes No _____ Dimensions: 2'x5' (5)
 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: Diana Olmstead | Date: 10/1/08

freestanding sign
 1 acre - 2.5 acres - 100 ft max ok 5'x5' = 25'
 16' max ok height 10' sign
 5' from prop line 10' sign
 92x30 = 2760 sq ft
 55.2 allowed on facade
 24 ok.

OCT 1 0

City of Portland, Maine - Building or Use Permit

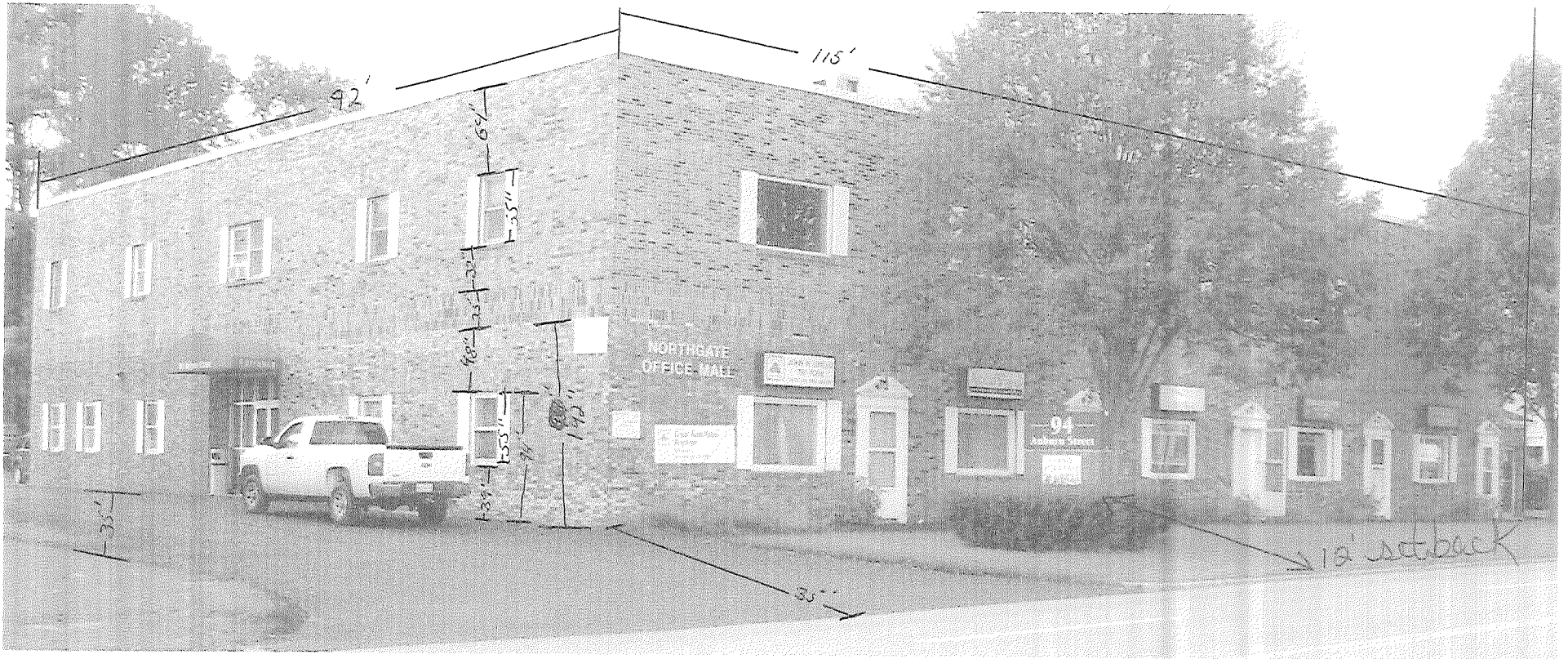
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1318	Date Applied For: 10/16/2008	CBL: 375 A023001
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Location of Construction: 94 AUBURN ST	Owner Name: 94 AUBURN LLC	Owner Address: PO BOX 2133	Phone:
Business Name:	Contractor Name: Sign Design Inc	Contractor Address: PO Box 207 Westbrook	Phone (207) 856-2600
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - 2 new signs - freestanding tenant sign 5'x 5' & a 2' x 12' wall sign	Proposed Project Description: 2 new signs - freestanding Tenant sign 5'x 5' & a 2' x 12' wall sign
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 10/21/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 10/23/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.			
2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			



92'

115'

62'

55"

35"

35"

35"

35"

192"

NORTHGATE
OFFICE MALL

94

12' setback

Sunborn St

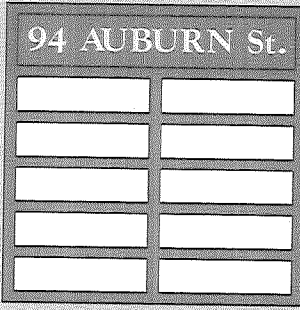
This Design Is The Property Of

Sign Design Inc.

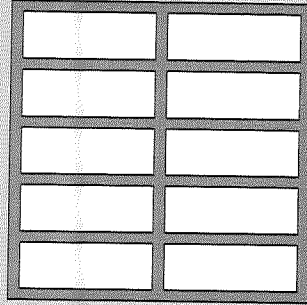
306 Warren Ave. Portland, ME
Phone: 207-856-2600 Fax: 207-856-7600

Double Sided, Interior Illuminated Sign Cabinet W/ Lexan Sign Faces & Vinyl Graphics

60"



Appx.
4 1/2"
Text



10 1/2" X 55 1/2" Header Panel W/
10, 7" X 26 3/4" Tenant Panels

10, 9 1/2" X 26 3/4" Tenant Panels

This proof may reflect color shifts due to the color conversion from ink to paint and or vinyl. Also, PMS colors will be approximated to the best of our ability.

Customer supplied artwork files (300 dpi required) will be used as is, and Sign Design Inc. is not responsible for any faults in the design.

Any black outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, retainers, faces and reveals. Unless otherwise specified, they are not considered as part of the sign graphics.

Client: Boulos
File: boulos comp. 2
Date: 9-29-08

Approval:

Customer approval is a signed confirmation that dimensions, colors, spelling, graphics and all other job specifics are correct.



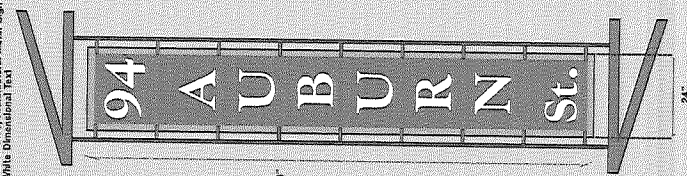
Onto Base of Brick Surrounding Present.

This Design Is The Property Of

Sign Design Inc.

306 Warren Ave. Portland, ME
Phone: 207-856-2600 Fax: 207-856-7600

Double Sided, Non Illuminated, Architectural Metal Sign
W/ Attached, 10" Wide Dimensional Text



Appx. 184"

144"

24"

*Lag Bolts
Plumb.*

Client: Boulos
File: boulos comp. 2
Date: 9-29-08

Approval:

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Sign Design Inc.

From: "Stevens, Nate" <nstevens@Boulos.com>
To: "Sign Design Inc." <signdesi@maine.rr.com>
Sent: Wednesday, October 15, 2008 10:56 AM
Attach: Landlord Authorization Letter-94 Auburn.pdf
Subject: 94 Auburn Authorization Letter

Di, attached is the authorization letter.

Thank you.

Nate Stevens | Associate Broker
CB Richard Ellis | The Boulos Company– Brokerage Services
One Canal Plaza | Fifth Floor | Portland ME 04101
T 207.772.1333 | C 207.272.2385 | F 207.871.1288
nstevens@boulos.com | www.boulos.com

MAY-22-2004 07:47P FROM:SHRY&GLY
10/06/2008 11:39 2078567500

207-879-2510
SIGN DESIGN INC

TO:12077722647 P.1
PAGE 01

Attn: Shay

772-8647



Sign Contractors

P.O. Box 207
Westbrook, ME 04090
(207) 886-2800 • FAX: (207) 886-7800
1-800-848-8037
signdesi@riahs.rr.com
A Full Service Sign Company

RE:

To Whom It May Concern:

As the owner (or owner representative) of the property located at:

94 AUBURN ST
PORTLAND ME 04103

I authorize Sign Design Inc. to install signs/sign face replacements as detailed on attached paperwork.

Dawn Goddard 10-15-08
Signature Date
Property Manager - Bonlos Property Management
DAWN GODDARD
Print Name

Fax Cover Page

Date: Wednesday October 15, 2008

Time: 10:53 am

From: Caston,Heather

Extension:235

Fax Number:98567600

RE: Attn: Diana

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/15/2008
PRODUCER (207) 774-6257 FAX: (207) 774-2994 Clark Associates 2385 Congress Street P O Box 3543 Portland ME 04104		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 OAKPOINT, LLC C/O BOULOS PROPERTY MGMT 1 CANAL PLZ PORTLAND ME 04101		INSURERS AFFORDING COVERAGE INSURER A Peerless Indemnity NAIC # 18333 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.

INSR	ACBL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY	BOP8512182	9/29/2008	9/29/2009	EACH OCCURRENCE \$ 2,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				LIMITS TO BE SET BY ENDORSEMENT \$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> CLAIMS MADE AND DEFENSE				PER OCCURRENCE PER PERSON \$ 5,000
						PERSONAL & ADM. EXP. \$ 2,000,000
						RECALL LIABILITY \$ 4,000,000
						PRODUCTS - CONSUMER ACC. \$ 4,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Per accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> NON-OWNED AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> OTHER AUTOS				CUSTOMER DAMAGE (Per accident) \$
		<input type="checkbox"/> GARAGE LIABILITY				AUTOMOBILE - PER ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN BODILY INJURY \$
		EXCESS UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> COMM. P. <input type="checkbox"/> PERSONAL AND AUTO				AGGREGATE \$
		<input type="checkbox"/> MEDICAL				\$
		<input type="checkbox"/> DEFENSE \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WORKERS COMP. - PER EMPLOYEE \$
		ANY PROPRIETARY ARTISAN EXECUTIVE OFFICER MEMBER EMPLOYEES				EMPLOYEE ACCIDENT \$
		EMPLOYERS' LIABILITY				EMPLOYERS' LIABILITY \$
		SPECIAL PROVISIONS				EMPLOYEE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 The City of Portland is an additional insured with respect to General Liability.
 RE: Sign

CERTIFICATE HOLDER The 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 <u>10</u> 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 Jeff Shaw/BUDD
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