

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION PERMIT

Permit Number: 031166

Please Read Application And Notes, If Any, Attached

This is to certify that A & D Realty Llc /Barlo Sign  
has permission to Replace Existing Sign with 4sq.ft Sign  
AT 21 Auburn St 375 C001001

provided that the person or persons firm or corporation 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 occupied or otherwise closed-in. 24 HOUR NOTICE 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

*Alfred August*  
10/6/03  
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: 03-1166	Issue Date:	CBL: 375 C001001
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Location of Construction: 21 Auburn St	Owner Name: A & D Realty Llc	Owner Address: 5 Militia Dr	Phone: 781-674-2020
Business Name:	Contractor Name: Barlo Signs	Contractor Address: 155 Maine Mall Road South Portland	Phone: 2078429002
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2

Past Use: Mailboxes Etc./Commercial Retail	Proposed Use: The UPS Store//Commercial Retail	Permit Fee: \$47.00	Cost of Work: \$30.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: WIA SIGN 10/6/03	

Proposed Project Description:  
Replace Existing Sign with a 16.4sq.ft Sign

Signature: \_\_\_\_\_ Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: gad	Date Applied For: 09/23/2003	<b>Zoning Approval</b>
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</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>Date: <i>[Signature]</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><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></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

**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: Northgate Plaza - 89 Auburn St ZONE: B-2  
OWNER: Jonathan Smith - 5 Millie Dr Lexington, MA  
APPLICANT: Maggie Smith Agent - Barle Signs  
ASSESSOR NO. \_\_\_\_\_

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES  NO  MULTI-TENANT LOT? YES  NO   
FREESTANDING SIGN? (ex. Pole Sign) YES  NO  DIMENSIONS  HEIGHT \_\_\_\_\_  
MORE THAN ONE SIGN? YES  NO  DIMENSIONS  HEIGHT \_\_\_\_\_  
SIGN ATTACHED TO BLDG.? YES  NO  DIMENSIONS 16.4 SF 12x2 = 24'  
MORE THAN ONE SIGN? YES  NO  DIMENSIONS   
AWNING: YES  IS AWNING BACKLIT? YES  NO  HEIGHT OFF SIDEWALK \_\_\_\_\_  
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: replacing Sign cabinet  
(4'0" x 12'0") 4' x 12' 4.8 SF with JCL's on  
raceway 15.86 SF including logo

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): 25' 8" L 9' 1" H  
\*\*\* REQUIRED INFORMATION 25.86 x 1.5 = 39.49  
max

AREA FOR COMPUTATION

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

SIGNATURE OF APPLICANT: Maggie Smith DATE: 9-17-03

03-1166

**THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED**

## Signage 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>89 Auburn Street</u>			
Total Square Footage of Proposed Structure <u>Sign 15.86 SF</u>		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>375</u> Block# <u>C</u> Lot# <u>001</u>	Owner: <u>Jonathan Smith</u> <u>5 Millie Drive</u> <u>Lexington, Ma</u>	Telephone: <u>781-674-2020</u>	
Lessee/Buyer's Name (If Applicable) <u>UPS</u>	Applicant name, address, & telephone: <u>Barjo Signs</u> <u>Maggie Smith Agent</u> <u>158 Greeley St</u> <u>Hudson, NH</u>	Total s.f. of signage <u>6.4</u> x 1.00 per s.f. \$ <u>17.00</u> , plus \$30.00 base fee Fee: \$ <u>47.00</u>	
Current use: <u>Commercial</u>			
If the location is currently vacant, what was prior use: _____			
Approximately how long has it been vacant: _____			
Proposed use: <u>Commercial</u>			
Project description: <u>Replace Mail box Sign w UPS sign</u>			
Contractor's name, address & telephone: <u>Barjo Signs, 158 Greeley Street,</u> <u>Hudson, NH 03038</u>			
Who should we contact when the permit is ready: <u>Maggie Smith 1800 227 5674</u> <u>x352</u>			
Mailing address: <u>Same: 158 Greeley Street</u> <u>Hudson, NH</u>			
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 \$50.00 fee if any work starts before the permit is picked up. Phone: <u>800 227 5674</u> <u>x352</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>Margaret M. Smith</u>	Date: <u>9-17-03</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall**

# The UPS Store

# Elevation & Section

PORTLAND, ME  
CITY

4139  
STORE#

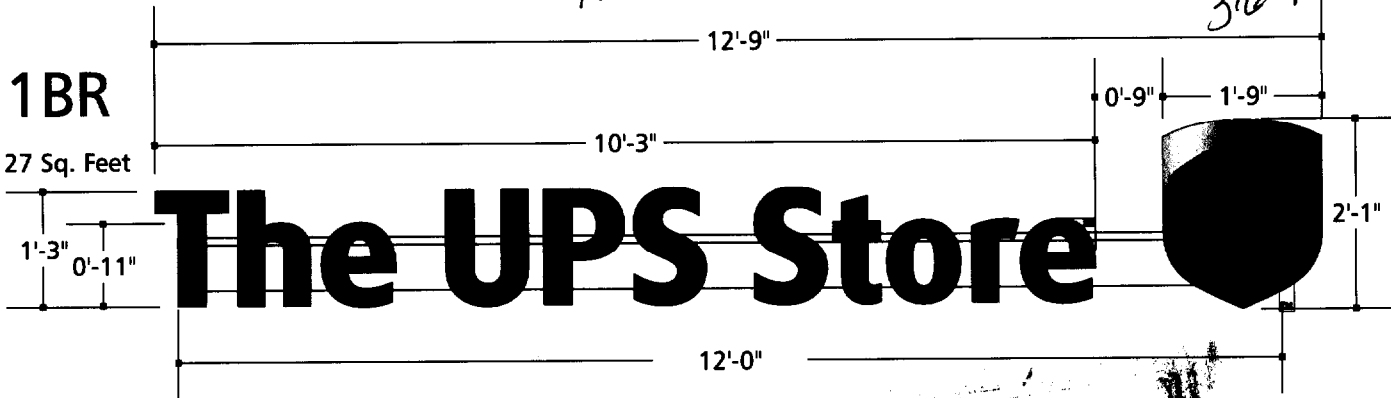
**elevation**  
SCALE: 3/8"=1'

*12.8 SF*

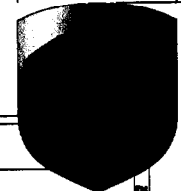
*3.6 SF*

1BR

27 Sq. Feet



# The UPS Store



**section**

RECEIVED  
AUG 18 2003  
*Ken*

NEON CHANNEL LETTERS on Raceway w/ #200 to 15.1195

1 Return material:	.040" aluminum
2 Return finish:	Charleston Ind. .040" Brown/White coil stock
3 Return depth:	5.3"
4 Face material:	1/8" red, white acrylic
5 Face finish:	#2283 Red (letters), #7328 White (shield)
6 Logo detail:	(2) CMYK printed logo graphics stacked
7 Neon color	Clear Red for letters, 4500° white for shield
8 Tube dia.	15 mm
9 Letter backs:	.040" aluminum (.063" aluminum f/ shield)
10 Transformer:	30 ma
11 Neon connection	#200 Housings
12 1/4" drain holes	1 per letter
13 Trimcap	1" Brown Jewelite Trimcap
14 Install Method	2" x 2" External Steel Mounting Clips
15 Raceway	Raceway material: .040" Aluminum Raceway finish: White to match fascia Dimensions: 8" x 8"
16 Mounting Surface	Wood
Electric Source Location & Voltage	120V; Source location to be determined; Switch located at left end of raceway

QUANTITY: 1

EXTERIOR APPLICATION

*16.4 SF Total*



**ACORD CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

<b>PRODUCER:</b> Chittenden Insurance Group 100 Bank Street, 4th Floor PO Box 485 Burlington, VT 05402-0485	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.												
<b>INSURED:</b> Barlo Signs International, Inc. dba Barlo Signs 158 Greeley Street Hudson, NH 03051	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>Continental Casualty</b></td> <td></td> </tr> <tr> <td>INSURER B: <b>Transportation Ins. Co.</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: <b>Continental Casualty</b>		INSURER B: <b>Transportation Ins. Co.</b>		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: <b>Continental Casualty</b>													
INSURER B: <b>Transportation Ins. Co.</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.

INSURER CODE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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"/> PROJ. <input type="checkbox"/> LOC	1014994493	01/01/03	01/01/04	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE): \$100,000 MED EXP (Any one person): \$5,000 PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMPROP AGG: \$2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	1014994509	01/01/03	01/01/04	COMBINED SINGLE LIMIT (EA OCCUR): \$1,000,000 BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per person): \$ AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>DAMAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE: RETENTION: \$				EACH OCCURRENCE: \$ AGGREGATE: \$ \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETARY PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	1011986740	01/01/03	01/01/04	<input checked="" type="checkbox"/> WC STATE (JOB LIMITS) <input type="checkbox"/> OTHER E.L. EACH ACCIDENT: \$500,000 E.L. DISEASE - EA EMPLOYEE: \$500,000 E.L. DISEASE - POLICY LIMIT: \$500,000
	OTHER:				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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: <i>Joanna Van Dyke</i>
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## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# ACORD EVIDENCE OF PROPERTY INSURANCE

CSR CS

DATE (MM/DD/YY)  
09/10/03

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER Pack and Ship JoemaxGreen Insurance Concepts 650 E. Devon Ave, Suite 154 Itasca IL 60143-1251 REN - Renewal Business		PHONE/FAX (INC. No. Exp) 630-467-2620 630-467-0708		COMPANY Lumbermens Mutual Casualty Co Kemper Small Business Group 1 Kemper Dr D-3 Long Grove IL 60049	
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #: DHYAENT		LOAN NUMBER		POLICY NUMBER 7JJ92996403	
INSURED Dhyana Enterprises II Corp. dba The UPS Store #4139 89 Auburn St. Portland ME 04103		EFFECTIVE DATE 02/22/03	EXPIRATION DATE 02/22/04	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
THIS REPLACES PRIOR EVIDENCE DATED:					

**PROPERTY INFORMATION**  
LOCATION/DESCRIPTION  
001  
89 AUBURN ST  
PORTLAND ME 04103-2103

COVERAGE INFORMATION	COVERAGES/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Property : Personal Property		136500	500

**REMARKS (including Special Conditions)**

**CANCELLATION**  
THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

**ADDITIONAL INTEREST**  
NAME AND ADDRESS  
City of Portland  
109 Middle Street  
Portland OR 04101

<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
<input type="checkbox"/> LOSS PAYEE	
LOAN #	
AUTHORIZED REPRESENTATIVE <i>John M. Brown</i>	



**ACORD CERTIFICATE OF LIABILITY INSURANCE** CSR CS  
BY AGENT DATE (MM/DD/YY) 09/03/03

DUCKER  
 ck and Ship  
 aMaxGreen Insurance Concepts  
 0 E. Devon Ave. Suite 154  
 asca IL 60143-1251  
 phone: 630-467-2620 Fax: 630-467-0708  
 URED

Dhyana Enterprises II Corp.  
 dba Mail Boxes Etc #4139  
 89 Auburn St.  
 Portland ME 04103

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**

INSURER A: **Lumbermens Mutual Casualty Co**  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

**OVERAGES**

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Business Owners</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	7JJ92996403	02/22/03	02/22/04	EACH OCCURRENCE	\$ 1000000
				FIRE DAMAGE (Any one fire)	\$ 300000
				MED EXP (Any one person)	\$ 10000
				PERSONAL & ADV INJURY	\$ 1000000
				GENERAL AGGREGATE	\$ 2000000
				PRODUCTS - COMP/OP AGG	\$ 2000000
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 (Ea accident)	\$
				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 AUTO ONLY: EA ACC	\$
				AGG	\$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
				AGGREGATE	\$
					\$
					\$
					\$
<b>A</b> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	7CJ29748502	04/04/02	11/27/02	WC STATO-TORY LIMITS	OTH-ER
				E.L. EACH ACCIDENT	\$ 1000000
				E.L. DISEASE - EA EMPLOYEE	\$ 1000000
	E.L. DISEASE - POLICY LIMIT	\$ 1000000			
<b>A</b> OTHER Businessowners	7JJ92996403	02/22/03	02/22/04	PROPERTY	136500
				Special	Inc. Theft

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Additional Insured where required by contract or agreement

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
CITY OF P			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.
City of Portland 109 Middle Street Portland ME 04101			AUTHORIZED REPRESENTATIVE <i>John M. Brown</i>

Store #4139 - NORTHGATE SHOPPING CTR  
May 18, 2003  
PORTLAND, ME

To Whom It May Concern:

Please find enclosed sign renderings for the UPS Sign changeover at your Shopping Center. These are submitted for your approval so that Sign Permits can be obtained in the appropriate jurisdiction prior to changing from Mail Boxes Etc. to UPS Store.

Your approval as the landlord is required to proceed with this order. Please review the drawings and indicate your approval by signing below and faxing the letter back to me at 413.604.3583. Should you have any questions, feel free to contact me at 410.961.7250.

Mark Spivak  
Gable Signs  
Baltimore, MD

Approved by:

*J. J. HOL, Agent for A&D Realty, LLC*

Date:

*5/28/03*