

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: 100577
 JUN 2 2010
 CITY OF PORTLAND

This is to certify that CVS/Air Ad Promotions
 has permission to Install Temporary 3' x 9' grand opening banner
 AT 91 Auburn St CBI 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 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 lathed 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]
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

SCANNED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 10-0577	Issue Date:	CBL: 375 C001001
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Location of Construction: 91 Auburn St	Owner Name: CVS	Owner Address: One CVS Drive	Phone:
Business Name: CVS	Contractor Name: Air Ad Promotions	Contractor Address: 10502 Commerce Row Montgomery	Phone: 9365827931
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Temporary	Zone: B-2

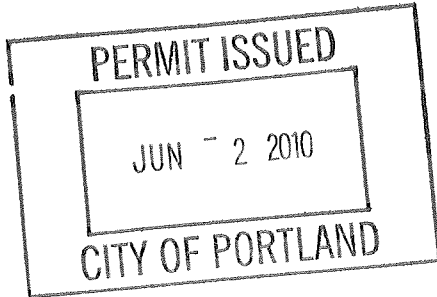
Past Use: Commercial - Retail	Proposed Use: Commercial / CVS: Install Temporary 3' x 9' grand opening banner. 27 th	Permit Fee: \$84.00	Cost of Work: \$0.00	CEO District: 5
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: Sign IBC 2003
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Proposed Project Description: 27 th Install Temporary 3' x 9' grand opening banner. 5/30/10 to 6/28/10 1 st 30 Days for a Temporary Sign	Signature: [Signature]	Signature: [Signature]
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Permit Taken By: gg	Date Applied For: 05/26/2010	Zoning Approval in this fiscal year
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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: 5/27/10</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: [Signature]</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: [Signature]</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: 10-0577	Date Applied For: 05/26/2010	CBL: 375 C001001
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Location of Construction: 91 Auburn St	Owner Name: CVS	Owner Address: One CVS Drive	Phone:
Business Name: CVS	Contractor Name: Air Ad Promotions	Contractor Address: 10502 Commerce Row Montgomery	Phone (936) 582-7931
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Temporary	

Proposed Use: Commercial / CVS: Install Temporary 3' x 9' grand opening banner. From 5/30/10 to 6/28/10	Proposed Project Description: Install Temporary 3' x 9' grand opening banner.from 5/30/10 to 6/28/10
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 05/27/2010
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
<p>1) The approval for the temporary (30 day) banner is in effect 5/30/10 to 6/28/10. The temporary sign shall be removed on 6/28/10. THIS IS THE FIRST 30 TEMPORARY SIGN USEAGE IN 2010 YEAR.</p> <p>2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.</p>			
Dept: Building	Status: Approved	Reviewer: Residential Plan Revie	Approval Date:
Note:	Ok to Issue:		

Comments:
5/27/2010-gg: received permit by mail as of 05/26/10. /gg

CVS# 329



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>91 Auburn St. Portland 04103</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>375</u> Block# <u>C</u> Lot# <u>001</u>	Owner: <u>CVS</u> <u>One CVS Dr.</u> <u>Woonsocket RI 02895</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Contractor name, address & telephone: <u>Air-Ad Promotion</u> <u>10502 Commerce Row</u> <u>Suite 400</u> <u>Montgomery, TX 77356</u>	Total s.f. of signage x \$2.00 <u>727</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>84.00</u> Awning Fee= cost of work <u>—</u> Total Fee: \$ <u>84.00</u>

Who should we contact when the permit is ready: Michelle Walker phone: 936-582-7931

Tenant/allocated building space frontage (feet): Length: _____ Height: _____
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____
4-370 - only (27 ft proposed)

Current Specific use: Retail

If vacant, what was prior use: _____
Proposed Use: _____

Information on proposed sign(s): Temporary Grand Opening Banner 5/30/10 - 6/28/10

Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: _____
Bldg. wall sign? (attached to bldg) Yes No ___ Dimensions proposed: 3' x 9' - see attached photo

Proposed awning? Yes ___ No Is awning backlit? Yes ___ No ___
Height of awning: _____ Length of awning: _____ Depth: 27 ft
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.

RECEIVED

MAY 26 2010

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: _____

Dept. of Building Inspections
City of Portland Maine

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: [Signature] Date: 5/25/10

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



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.
- 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, \$10.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.



CVS 3' X 9' GO BANNER TO BE
INSTALLED ON BUILDING
ATTACHED BY ALL 4 CORNERS TO
EYE BOLTS THAT ARE INSTALLED IN
THE BUILDINGS EXTERIOR

CVS 329 – PORTLAND, ME

*3/8" on each
corner (4)*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/11/2010

PRODUCER CHAPMAN-CORNELIUS INS SERVICES INC P O BOX 200308 ARLINGTON, TX 76006 (888) 661-3938 XV814 882	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 MARTY BUCKHOLT DBA AIR AD PROMOTIONS PO BOX 202066 ARLINGTON, TX 76006	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">INSURERS AFFORDING COVERAGE</td> <td style="width:20%;">NAIC #</td> </tr> <tr> <td>INSURER A: THE TRAVELERS LLOYDS INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA</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: THE TRAVELERS LLOYDS INSURANCE COMPANY		INSURER B: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA		INSURER C:		INSURER D:		INSURER E:	
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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	ADD'L	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	660-302X3786-10	03/20/2010	03/20/2011	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$0</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$0	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000
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PRODUCTS - COMP/OP AGG	\$2,000,000																	
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC																
B		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	BA-3809C641-10	03/08/2010	03/08/2011	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
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PROPERTY DAMAGE (Per accident)	\$																	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td>\$</td></tr> <tr><td style="text-align: right;">AGG</td><td>\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AGG	\$						
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		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$		\$
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		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y/N</td> <td style="width:30%;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">WC STATU- TORY LIMITS</td> <td style="text-align: center;">OTH ER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr> </table>	Y/N		<input type="checkbox"/>		WC STATU- TORY LIMITS	OTH ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. DISEASE - POLICY LIMIT	\$																	
		OTHER																

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

CERTIFICATE HOLDER
MARTY BUCKHOLT
DBA: AIR AD PROMOTIONS
PO BOX 202066
ARLINGTON, TX 76006
CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 *Mary J. Swan*

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 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.



Michelle Walker
Account Support

May 25, 2010

Portland City Hall
389 Congress Street
Portland, ME 04101
Attn/ Ann Majoda

RE: Permit for CVS #329 – 91 Auburn St. – Permit Application for Grand Opening Banner

Our client, CVS / Pharmacy, has asked our Company, Air Ad Promotions, Inc., to install the following advertising for their Grand Opening Event scheduled for May 30, 2010. We would like the décor to be installed for 30 days.

- (1) 3x9 Grand Opening red and white vinyl flat banner

Please see the sign permit application enclosed and a check for \$84.00.

If it is possible that once the permit is finalized you could forward a copy to our offices via facsimile to 866-536-7449 or e-mail to michelle.walker@kgrpro.com would be very helpful.

If you have any questions, or need additional information please let me know.

Thank you.

Michelle Walker

Account Support
Air Ad Promotions
936-582-7931
michelle.walker@kgrpro.com