

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



This is to certify that

BLUE ATLANTIC PORTLAND LLC /Rising Revolution

Located at

132 MARGINAL WAY

PERMIT ID: 2013-00289

CBL: 442 A001001

has permission to **Install a 41" x 127" sign above door**

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise cloed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

N/A
Fire Prevention Officer

[Signature] 2/20/13
Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
THERE IS A 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: 2013-00289	Issue Date: 2/20/13	CBL: 442 A001001
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Location of Construction: 132 MARGINAL WAY (Fitness Studio)	Owner Name: BLUE ATLANTIC PORTLAND LLC	Owner Address: 111 SOUTH WACKER DR STE 3300 CHICAGO, IL 60606	Phone: (207) 590-3557
Business Name: Quest Fitness	Contractor Name: Rising Revolution	Contractor Address: 118 Granny Kent Pond Road Shapleigh ME 04076-3227	Phone: (207) 776-5427
Lessee/Buyer's Name Richard Evans	Phone: (207) 475-2572	Permit Type: Signs - Permanent	Zone: B7
Past Use: Commercial - Fitness Studio (2012-11-5415)	Proposed Use: Commercial - Fitness Studio	Permit Fee: \$102.32	Cost of Work: \$1,000.00
Proposed Project Description: Install a 41" x 127" sign above door		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	INSPECTION: Use Group: Type: Signature: ABM 2/20/13
		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: LDOBSON	Date Applied For: 02/13/2013	Zoning Approval		
<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"/> Date: 2/20/13 ABM	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: ABM

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

BUILDING PERMIT INSPECTION PROCEDURES
Please call 874-8703 (ONLY)
or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

REQUIRED INSPECTIONS:

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit

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

Permit No: 2013-00289	Date Applied For: 02/13/2013	CBL: 442 A001001
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Business Name: Quest Fitness	Contractor Name: Rising Revolution	Contractor Address: 118 Granny Kent Pond Road Shapleig	Phone: (207) 776-5427
Lessee/Buyer's Name: Richard Evans	Phone: 2074752572	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Fitness Studio	Proposed Project Description: Install a 41" x 127" sign above door
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 02/20/2013
Note: The window graphics cannot cover more than 50% of the window.			Ok to Issue: <input checked="" type="checkbox"/>

Dept: Building	Status: Approved w/Conditions	Reviewer: Ann Machado	Approval Date: 02/20/2013
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.			



Signage / Awning Permit Application

If you or the property owner owes real estate or personal property taxes or any other charges on any property within the City, payment arrangement MUST be made before permits are accepted.

Location/Address:			Telephone:
Tax Assessor's Chart/Block/Lot (CBL)	OWNER Name/Address:		207-590-3557
Chart: 442	Block: A	Lot: 1	
BLUE ATLANTIC PORTLAND LLC BAYSIDE VILLAGE, MARGINAL WAY PORTLAND ME			
LEASEE/BUYER Name (if Applicable)	CONTRACTOR name, address/phone	Total S.F. signage \$74-SF=37 x \$2.00	
MAINE FITNESS PARTNERS		SF + \$30 Fee: \$30	
Jba QUEST FITNESS		Historic (\$75): \$	
		Awning Fee: \$	
Awning Fee = Cost of Work: \$ _____ (\$30/first \$1000; \$10 every other \$1000)			TOTAL FEE: \$ 104.00

Who should we contact when the permit is ready: Name: RICHARD EVANS Phone: 207 475-2572
 Address: QUEST FITNESS, 2 LIVENELL DR, KENNEBUNK ME 04043

Tenant/allocated building space frontage (in feet): Length: 45 FEET Height: 11 FEET
 Lot frontage (in feet): 15 FEET Single Tenant or Multi-Tenant Lot: SINGLE

Current Specific Use: VACANT
 If vacant, what was prior use: NEW CONSTRUCTION
 Proposed Use: FITNESS - CYCLE STUDIO

Information on proposed sign(s)
 Freestanding (e.g. pole) sign? YES ___ NO ___ Dimensions proposed: _____ (sf); Height from grade: _____ sf
 BLDG Wall Sign (attached to bldg.)? YES NO ___ Dimensions proposed: 37 sf 41" x 127"

Proposed Awning: YES ___ NO If yes, is awning backlit? YES ___ NO ___
 Height of awning _____ Length of awning _____ Depth of awning _____
 Is there any communication, message, trademark or symbol on it? YES ___ NO ___
 If yes, total square footage of panels with communication, message, trademark or symbol on it: _____ sf

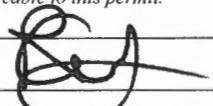
Information on existing and previously permitted signage: N/A
 Freestanding (e.g. pole) sign? YES ___ NO ___ Dimensions proposed: ___ ft X ___ ft; Height from grade: _____
 BLDG Wall Sign (attached to bldg.)? YES ___ NO ___ Dimensions proposed: ___ ft X ___ ft
 Awning? YES ___ NO ___ total sq ft of panels with communication on it: _____ sf

A site sketch and building sketch showing exactly where existing and proposed signage is located MUST be provided. Sketches and/or pictures of proposed signage and existing building are also required.

Please submit all information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the 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 Inspection Office, room 315 City Hall, or call 207-874-8703.

I hereby certify 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.

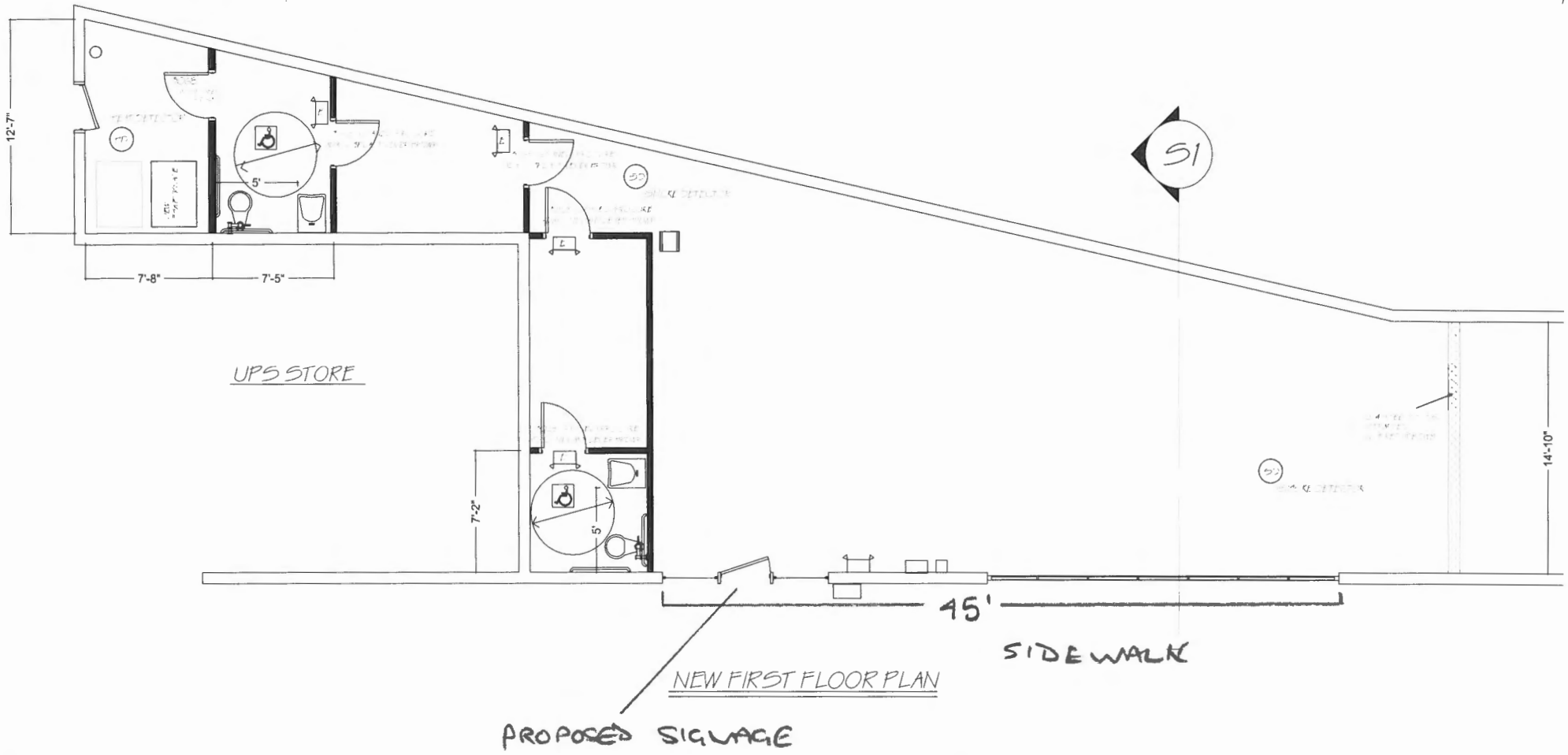
Signature of Applicant:  Date: 2-13-13.

Revised 06/2012 This is NOT a permit; you may not commence ANY work until the permit is issued

B-7 - ground fiber tentant - 45x2 = 90⁺ proposed sign - 41"x127" = 36.16 \$ (0.50)

36.16 x 2 + 30 =

RECEIVED
FEB 13 2013
Dept of Building Inspections
City of Portland, Maine



Option A2

FRONT

sign d/s 41" x 127" w
37sqf
front light spot light



METAL FASTENERS
THROUGH TO THE BRICK
OF THE BUILDING.

Option B

FRONT

inside window
graphics



area is clear not black. area is glass (clear) not black



Office 207.636.7134
Cell 207.776.5427
Fax 207.636.7801

josh@risingrevolutionstudio.com

118 GRANNY KENT POND RD.
SHAPLEIGH, ME

www.risingrevolutionstudio.com

DESIGN 001

Approved By:
Date:

PROOF

PRINT

SENT

2013



PLEASE CHECK FOR ACCURACY

PDF PROOF SIZE, FONT, COLOR AND CLARITY MAY VARY FROM PRINTED PRODUCT
Design and proofs are property of Rising Revolution Studio until payment and approved per signed document

© Rising Revolution Studio LLC

Option A2

FRONT
sign d/s 41" x 127"w
37sqf
front light spot light



Option B

FRONT
inside window
graphics



ALUMINIUM WITH DIE CUT
LOGO RAISED BY 1"
SECURED BY STEEL BRACKETS
INTO BRICK WORK.

EXISTING LIGHTS - ONLY ILLUMINATION



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Cell 207.776.5427
Fax 207.636.7801

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SHAPLEIGH, ME

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PROOF

DESIGN 001

Approved By:
Date:

PRINT

2013

SENT



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© Rising Revolution Studio LLC

RETAIL LEASE AGREEMENT

THIS RETAIL LEASE AGREEMENT (the "Lease"), made effective as of the 3rd day of October, 2012, by and between **Blue Atlantic Portland, LLC**, a Delaware limited liability company (the "Landlord"), and **Maine Fitness Partners**, a Maine Corporation d/b/a Quest Fitness (the "Tenant"), WITNESSES:

1. Basic Provisions.

- A. Landlord's Address: Blue Atlantic Portland, LLC
 111 South Wacker Drive, Suite 3200
 Chicago, Illinois 60606
 Fax No.: () _____
 Attn: Ron Koretz
-
- B. Tenant's Trade Name: Quest Fitness
- C. Tenant's Address: 2 Livewell Dr
 Kennebunk, Maine 04043
 Facsimile: 207 467-3802
- D. Manner of Notice: In person, by facsimile with electronic confirmation of receipt, or by national overnight courier service. Either party may change its notice address by delivering notice to the other party. THREE (3) RE 11-2-12
- E. Initial Term: Five (5) years and ~~two (2)~~ months.
- F. Extension Options: Two (2) terms of three (3) years each.
- G. Base Rent As follows, plus the Additional Base Rent of \$42.00 a month as provided for in the Work Letter.

Period	Base Rent Per Square Foot	Annual Base Rent	Monthly Base Rent
Initial Term			
Rent Abatement Period (subject to Section 7.02)	17.50	23,625.00	1,968.75
Year 1	17.50	23,625.00	1,968.75
Year 2	17.85	24,097.50	2,008.13
Year 3	18.21	24,583.50	2,048.63
Year 4	18.57	25,069.50	2,089.13
Year 5	18.94	25,569.00	2,130.75
First Extension Period			
Year 6	19.51	26,338.50	2,194.88

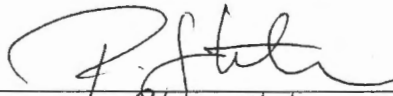
IN WITNESS WHEREOF, Landlord and Tenant have executed this Retail Lease Agreement as of the day and year first written above.


Landlord:

Tenant:

BLUE ATLANTIC PORTLAND, LLC

MAINE FITNESS PARTNERS

By: 

By: 

Printed: Peter Stelian

Printed: RICHARD EVANS

Title: Authorized signer

Title: MANAGING PARTNER

List of Exhibits

- Exhibit A — Description and/or Depiction of Building
- Exhibit B — Depiction of Premises
- Exhibit C — Landlord's Work
- Exhibit D — Restricted and Prohibited Uses

Richard Evans

From: Ron Koretz [rkoretz@bluevistallc.com]
Sent: Wednesday, February 13, 2013 9:34 AM
To: Richard Evans
Subject: RE: Written Permission for signage
Attachments: QF_PORTLAND set up (4).pdf.pdf

Richard –

On behalf of ownership, please accept this email as evidence of our approval for the signage per the attached plan.

Please let me know if you need anything else.

Ron

Ronald W. Koretz | Vice President, Asset Manager

Blue Vista Capital Management, LLC | 111 South Wacker Drive, Suite 3300 | Chicago, Illinois 60606
direct 312.324.6082 | mobile 847.650.1187 | fax 312.578.0139
rkoretz@bluevistallc.com | www.bluevistallc.com

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From: Richard Evans [<mailto:richard@questfitnessmaine.com>]
Sent: Wednesday, February 13, 2013 7:58 AM
To: Ron Koretz
Subject: Written Permission for signage

In order to process our permit for a sign outside of the studio, I am required to provide written permission from you, the landlord. I have attached a copy of the sign to be placed above the doorway (option A2 from the attached package shows the sign above the doorway). It complies with the City ordinance and will be attached flush with the building and held in place by metal clips. There is no additional lighting to this sign.

The permit only relates to the sign above the doorway.

The window signage is attached inside the window, the black area is left as glass (shown as black for graphic purposes), the logo and the cycle are the only parts of the interior decal.

If you could e-mail me back something I can take to the City today that would be great.

Thanks Richard

Richard Evans
Managing Partner
Quest Fitness



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/12/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER Kennebunk Savings Insurance 50 Portland Road PO Box 770 Kennebunk ME 04043		CONTACT NAME: Megan Murphy CISR PHONE (A/C, No, Ext): (207) 985-2941 FAX (A/C, No): (207) 985-3122 E-MAIL ADDRESS: megan.murphy@kennebunksavings.com PRODUCER CUSTOMER ID #: 00013004	
INSURED Maine Fitness Partners, Inc., DBA: Quest 2 Livewell Drive Kennebunk ME 04043		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Philadelphia Indemnity INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES CERTIFICATE NUMBER: CL1321201846 REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
X	COMMERCIAL GENERAL LIABILITY					
A	CLAIMS-MADE X OCCUR		PHPK893821	8/10/2012	8/10/2013	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 - COMPOP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
X	POLICY	PRO-JECT				
	AUTOMOBILE LIABILITY					
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS					\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City of Portland is listed as additional insured under the general liability for the new location at 132 Marginal Way, Portland, ME

CERTIFICATE HOLDER City of Portland Congress Street Portland, ME 04112	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Megan Murphy CISR/MJM <i>Megan J. Murphy CISR</i>
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