Form # P 0.4	DISPLAY	THIS	CARD	ON	PRINCIP	AL F	RONT	AGE OF WO	RK
Please Read Application And Notes, If Any,	d	C	CITY BU			OJT (D	
Attached								Permit Number: 08	1483
This is to certify	y that <u>BAYS</u>	IDE VILLA	GE STUDE	нс	ous N	eoKraft .	· s		
has permission	toInstall	a building s	sign approx	L1" 3	c by "sign				
AT _ 132 MAR	GINAL WAY					Ç	-442	4001001	
of the prov	visions of th uction, main	e Statut	es of Ma	e a	nd of the		ces of	is permit shall the City of Portl and of the applic	and regulating
	iblic Works for s f nature of work ation.		Not give befo lath HOI	nd w this or	vritte permissie builing or pr	ed-in.	eo i:	A certificate of occ procured by owner ing or part thereof i	before this build-
	R REQUIRED APPR								
						-		$\sim 1.$	0
							17/-	Ins Chit	LIK.
Other	Department Name						10-10-1	Director - Building & Inspection	n Services
	PENALTY FOR REMOVING THIS CARD								

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City of Portland, Maine -	Building or Use	Permit Applicatio	on Peri	mit No:	Issue Date:		CBL:		
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-87	16	08-1483	17/3/05	}	442 A00	01001	
Location of Construction:	Owner Name:		Owner	Owner Address: Phone:					
132 MARGINAL WAY (10)	BAYSIDE VI	LLAGE STUDENT H	H 247 COMMERCIAL ST						
Business Name:	Contractor Name	:	Contra	ctor Address:			Phone		
	NeoKraft Sign	S	686 N	/lain St. Lewi	ston		20778296	54	
Lessee/Buyer's Name	Lessee/Buyer's Name Phone:			Type: s - Permanent	t			Zone: B-7-	
Past Use:		Permit	Fee:	Cost of Work:	CEC) District:			
Commercial - UPS Store	Commercial -	UPS Store - Install a		\$60.00	\$60.0		1		
	approx 11' 11" x by	FIRE	DEPT:	Appioved	spectic se Group:		Type:Signey		
Proposed Project Description:									
Install a building sign approx 11	l' 11" x by 1'3" sign	Signature:			Si	Signature:			
			PEDESTRIAN ACTIVITIES DIS			CT (P.A.D).)	/ /	
		Action: Approved Ap			ed 🗌 Approv	proved w/Conditions Denied			
			Signature:			Date	e:		
Permit Taken By: I ldobson	Date Applied For: 11/21/2008			Zoning	Approval				
1. This permit application doe	s not preclude the	Special Zone or Revi	iews	ews Zoning Appeal			Historic Preservation		
Applicant(s) from meeting Federal Rules.		Shoreland		Variance			Not in District or Landmark		
2. Building permits do not inc septic or electrical work.	lude plumbing,	Wetland		Miscellaneous			Does Not Require Review		
 Building permits are void if within six (6) months of the 		Flood Zone		Conditional Use		Requires Review			
False information may inva permit and stop all work.	lidate a building	Subdivision		Interpretation					
		Site Plan			1		Approved w/C	Conditions	
PERMIT ISS	UED	Maj 🗌 Minor 🗌 MN อไน	1	Denied			Denied		
DEC 4 2		Date: 11/24 Jos 7	En	Date:		Date:			

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 PERELAND

City of Portland, Maine - Bui 389 Congress Street, 04101 Tel: (0		Permit No: 08-1483	Date Applied For: 11/21/2008	CBL: 442 A001001		
Location of Construction:	Owner Name:		Owner Address:	Phone:			
132 MARGINAL WAY (#110)	BAYSIDE VILLAGE	STUDENT H	247 COMMERCIA				
Business Name:	Contractor Name:		Contractor Address:	Phone			
	NeoKraft Signs		686 Main St. Lewi	(207) 782-9654			
Lessee/Buyer's Name	Phone:		Permit Type:				
			Signs - Permanent				
Proposed Use:		Propose	d Project Description:				
by 1'3" sign							
Dept: Zoning Status: A	Approved	Reviewer	: Ann Machado	Approval D	ate: 11/24/2008		
Note: Tenant fit-up permit was #08-1150. Ok to Issue: 🗹							
Dept:BuildingStatus:Note:1)Signage Installation to comply w	Approved with Condition ith Chapter 31 of the IBC		Chris Hanson	Approval D	ate: 12/03/2008 Ok to Issue: ☑		

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

X Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

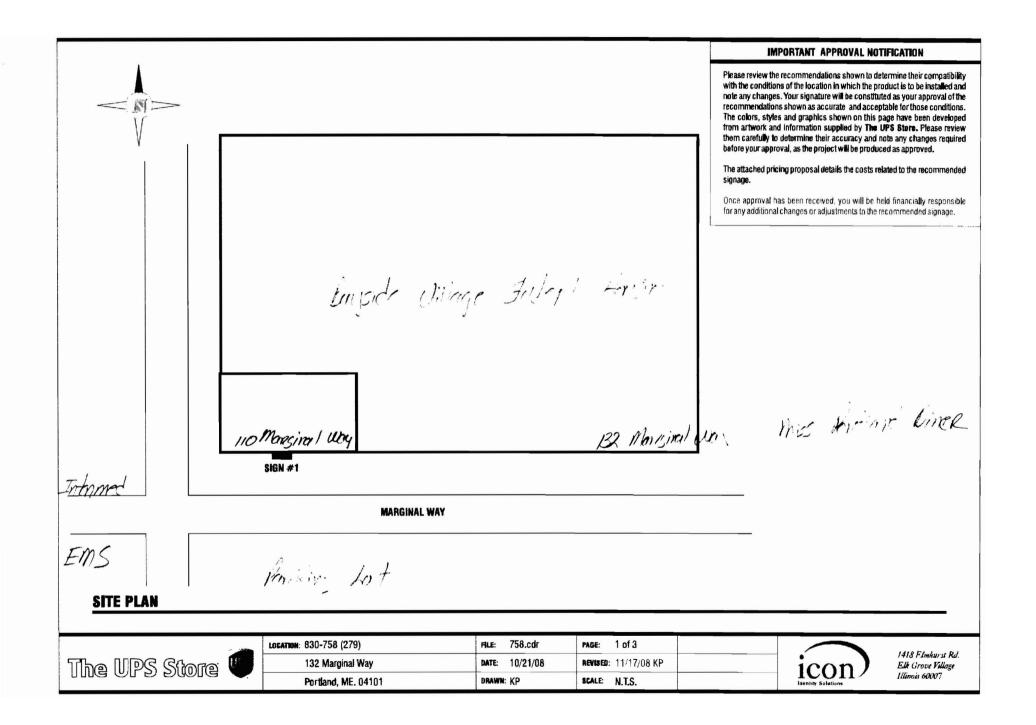
Date

Building Permit #: 08-1483

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:	2 MAPGINAL UM	
Location/Address of Construction: //C Tax Assessor's Chart, Block & Lot Chart# Block# Lot# L/W2 A Lot#		
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: NEOKROFT SIGNS USU Main Fritt Lewister, MC. M240 207-382-0029	Total s.f. of signage x \$2.00 $\times/5=30$ Per s.f. plus \$30.00/\$65.00 ± 30 For H.D. signage= Total 60 Fee: \$
Who should we contact when the permit is real Tenant/allocated building space frontage Lot Frontage (feet) 394377	(feet): Length: _ 88 ' Height Single Tenant or Multi Tenant Lot	<u>5 / </u>
Current Specific use: If vacant, what was prior use: Proposed Use:	<u>1</u>	
	No Dimensions proposed: No Dimensions proposed:	Height from grade:
Proposed awning? Yes <u>No</u> Is a Height of awning: <u>Length</u> or Is there any communication, message, trader If yes, total s.f. of panels w/communications Information on existing and previously perf Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Awning? Yes <u>No</u> Sq. ft. ar	f awning: Depth: mark or symbol on it? Yes No s, message, trademark or symbol: s mitted sign(s): No Dimensions: No Dimensions:	.f. NOV 2 1 2003
A site sketch and building sketch showing of Sketches and/or pictures of proposed signa Please submit all of the information	age and existing building are also required outlined in the Sign/Awning Appli	
Failure to do so may result in the aut In order to be sure the City fully understands the additional information prior to the issuance of a Building Inspections office, room 315 City Hall	e full scope of the project, the Planning and I permit. For further information visit us on-li	
hereby certify that I am the Owner of record of the uthorized by the owner to make this application as h permit for work described in this application is issue reas covered by this permit at any reasonable hour to	nis/her authorized agent. I agree to conform to all ed, I certify that the Code Official's authorized rep	applicable laws of this jurisdiction. In addition, is resentative shall have the authority to enter all
Signature of applicant: J.S.	Fin BUSH LLC Date	e: 10-31-08
- Sound Flor	; you may not commence ANY work until the pro إلى الم 14 إلى 14 إلى 14 إلى 14 إلى 14	e permit is issued. = $\Im IS_3, \Im = IY_1 \Im I \clubsuit$
JxSr= ALA Iperfront - OK.		
perfront - K.		



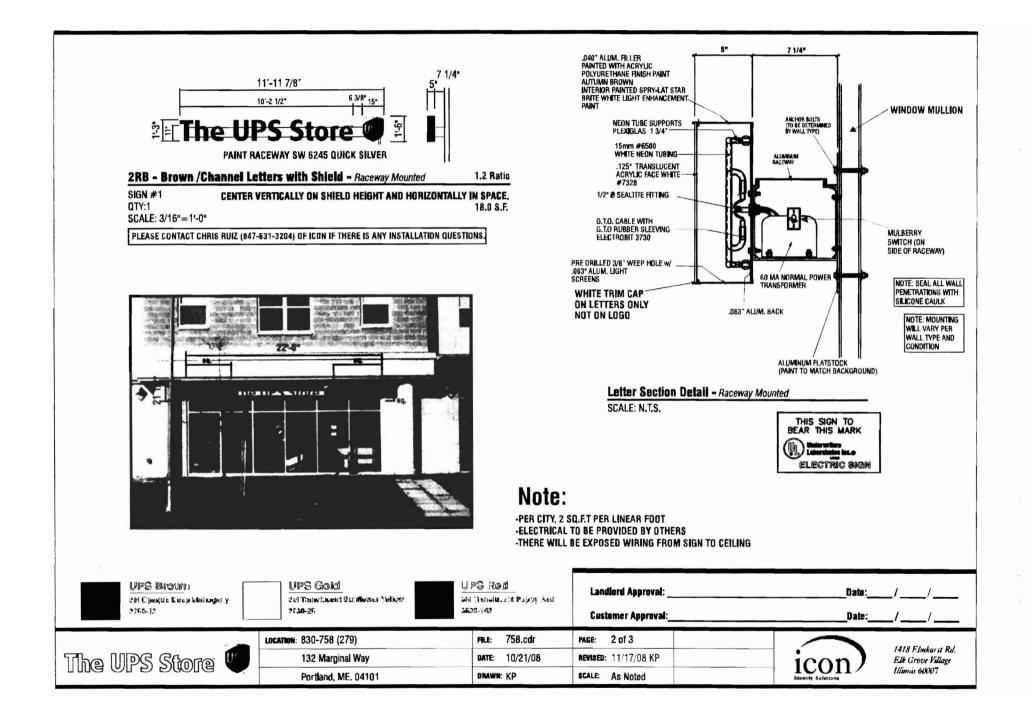




PHOTO A





PHOTO B



PHOTO C

PHOTO D

OVERVIEW PHOTOS

The UPS Store

-	Location: 830-758 (279)	FILE: 758.cdr	PAGE: 3 of 3	1418 Flmkurst Rd.
9. U	132 Marginal Way	DATE: 10/21/08	REVISED: 11/17/08 KP	1000 Elk Grove Village
	Portland, ME. 04101	DRAWN: KP	SCALE: N/A	Identity Solutions

ACORD CERTIFICATE OF LIABILITY INSURANCE									
Champoux Insurance Agency 416 Sabattus St	AX (207)782-7881	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.							
PO Box 220 Lewiston, NE 04243-0220		INSURERS A			NAIC #				
INSURED Randu Group, Inc		INSURER A:	ssachusetts	Bay Ins. Co.	22306				
DBA: The UPS Store		INSURER B: C	tizens Ins.	Co.	31534				
89 Auburn St		INSURER C:	nover Insura	nce Company					
Portland, NE 04101		INSURER D:	INSURER D:						
		INSURER E:	INSURER E:						
COVERAGES									
THE POLICIES OF INSURANCE LISTED BELC ANY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFORDED POLICIES. AGGREGATE LIMITS SHOWN MA	OF ANY CONTRACT OR OTHER D D BY THE POLICIES DESCRIBED H	OCUMENT WITH F	RESPECT TO WHIC	H THIS CERTIFICATE MA	Y BE ISSUED OR				
INSR ADO'L TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD(YY)	POLICY EFFECTIVE POLICY EXPIRATION LIMITS						
GENERAL LIABILITY	0 DP06 36190-01	05/01/2008	05/01/2009	EACH OCCURRENCE	\$ 2,000,000				
COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Fa occurance)	s 300,00				
CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 10,00				
]	PERSONAL & ADV INJURY	\$ 2,000,000				
				GENERAL AGGREGATE	\$ 4,000,000				

						1							<u> </u>		
	1										GENERAL AGGREC	ATE	\$	4,00	9,000
		GE	N'L AGGREGATE LIMI		S PER:						PRODUCTS - COM	P/OP AGG	\$	4,00	9,000
	Í		POLICY PRO	F 🗔	LOC]									
		AUT X	ANY AUTO		•		ABP003620	5-01	05/01/2008	05/01/2009	COMBINED SINGLE (Ea accident)	ELIMIT	s	1,00	0 ,000
_	l		ALL OWNED AUTOS	-							BODILY INJURY (Per person)		\$		
B	ĺ	X	HIRED AUTOS	xs							BODILY INJURY (Per accident)		\$		
											PROPERTY DAMAG (Per accident)	£	\$		
		GAI									AUTO ONLY - EA A	CCIDENT	\$		
			ANY AUTO								OTHER THAN	EA ACC	\$		
					_						AUTO ONLY:	AGG	\$		
	EXCESS/UNBRELLA LIABILITY			UNP9944131-01 05/01/2008				05/01/2009	EACH OCCURRENCE		\$	1,00	D, 000		
		X	OCCUR	CLAIMS	MADE						AGGREGATE		\$	1,00	8,000
C]												\$		
			DEDUCTIBLE										\$		
			RETENTION \$										\$		
			COMPENSATION AN	4D			WBP003627	3-01	05/01/2008	95/01/2009	WC STATU-				
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDE	NT	\$	50	9,000		
-	OFFICER/MEMBER EXCLUDED?								E.L. DISEASE - EA	EMPLOYEE	\$	50	9,000		
	If yes, describe under SPECIAL PROVISIONS below				<u> </u>		·		E.L. DISEASE - POL	ICYLIMIT	\$	50	D <u>, 000</u>		
	ОТН	ER													
DEM	-	~~~~					ONE ADDED OV CN		THE COPERAL DROVA	NONE					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS City of Portland is included as additional insured ATIMA

CERTIFICATE HOLDER	
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
	EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL
City of Portland	10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,
Atta: Terry Turner	BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY
389 Congress St	OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.
Portland, ME 04101	AUTHORIZED REPRESENTATIVE
	Assette Ashburn/ADA Connetto leallan

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.

1298 **BAYSIDE VILLAGE STUDENT HOUSING LLC** 247 COMMERCIAL ST. ROCKPORT, ME 04856-5964 DATE 111808 52-60/112 57024 PAY TO THE ORDER OF NUT \$ 60.00 Ó 00 X KeyBank National Association Camden, Maine 04843 FOR LERMIT #001298# 10112006081 190244005947# 4 1