

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 17 - 19 Pine St Owner: Salt Inc. Phone: 761-8220 0660 Permit: 950148

Owner Address: P.O. Box 4077 SAA Portland, ME 04102 Lease/Buyer's Name: Phone: Business Name:

Contractor Name: Address: Phone: PERMIT ISSUED FEB 21 1995

Past Use: School/Office/Retail Proposed Use: Same w/signage COST OF WORK: \$ 28.50 PERMIT FEE: \$

FIRE DEPT. Approved Denied INSPECTION: Us. Group: Type: Signature: Date:

Proposed Project Description: Erect Signage as per plans PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Approved with Conditions Denied Signature: Date:

Permit Taken By: Mary Gresik Date Applied For: 10 Feb 95 Zoning Approval: Special Zone or Reviews: Shoreland Wetland Flood Zone Subdivision Site Plan major minor mm

Zoning Appeal: Variance Miscellaneous Conditional Use Interpretation Approved Denied

Historic Preservation: Not in District or Landmark Does Not Require Review Requires Review

Action: Approved Approved with Conditions Denied Date: 2/13/95

CEO DISTRICT: [Signature]

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

SIGNATURE OF APPLICANT: Rebecca McDonald ADDRESS: DATE: 10 Feb 95 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: PHONE:

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 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 provisions of the code(s) applicable to such permit

If questions - Jade Elliot 761-0660

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.

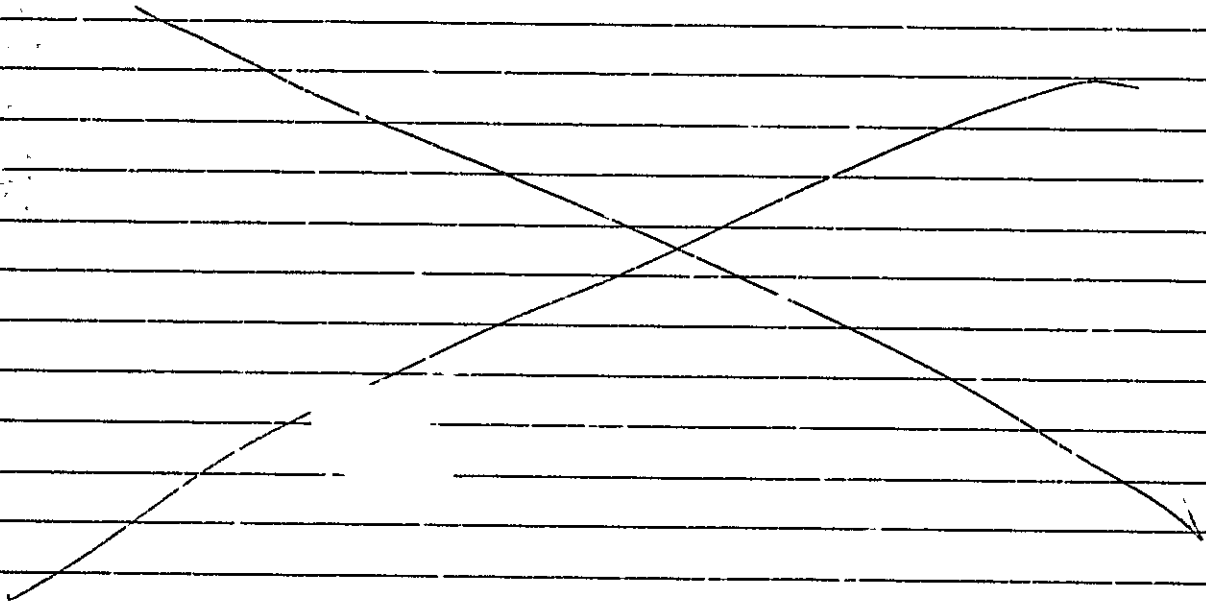
2. Building permits do not include plumbing, septic or electrical work.

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.

COMMENTS

2/22/95 Signage, not up yet

3.10.95 All signage completely up. Everything done per submitted as shown.



Type	Inspection Record	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

SIGN DIMENSIONS/
MATERIALS

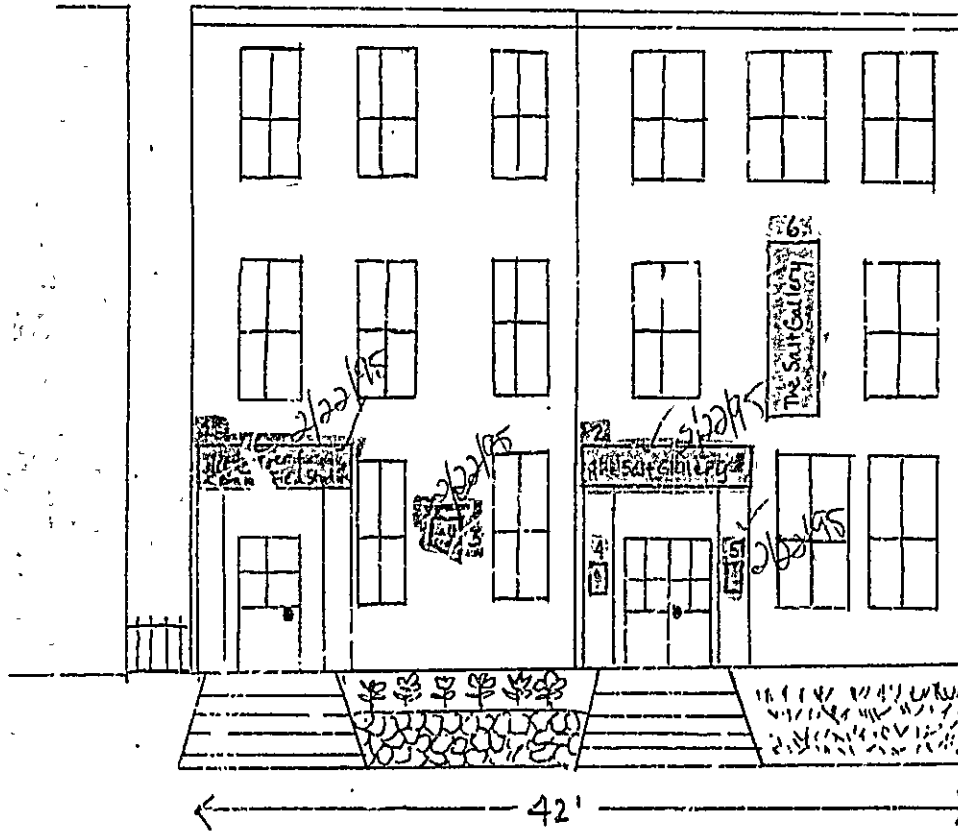
Nos. 1 and 2
7" x 54"
Aluminum

No. 3
30" x 30"
Plywood

No. 4
19" x 11 1/4"
Acrylic

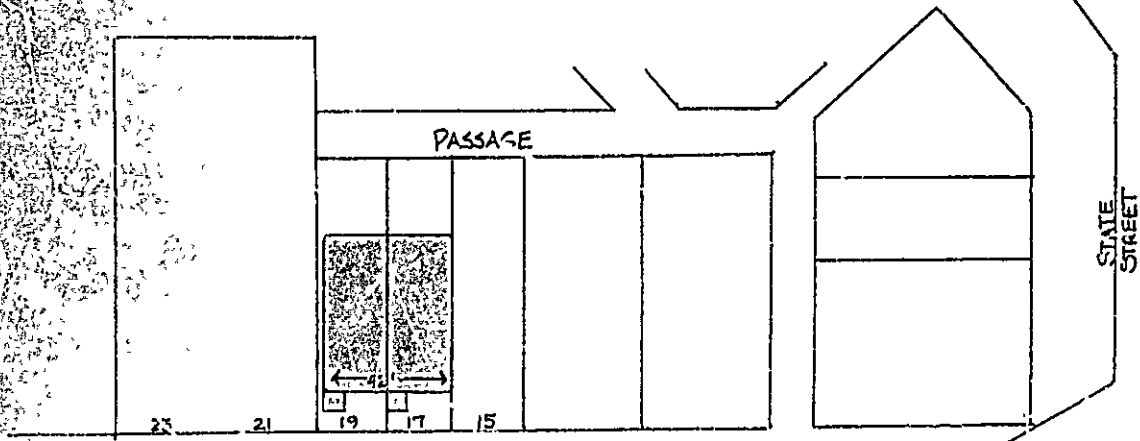
No. 5
19" x 11 1/4"
Sintra

No. 6
96" x 28"
Vinyl



Existing 2/22/95
Proposed 4/22/95

PINE
STREET



PASSAGE

STATE STREET

PINE STREET

23

21

19

17

15

SIGNAGE APPLICATION

ADDRESS: 17-19 Pine St ZONE: B-1

OWNER: Salt INC.

APPLICANT: owner / Rebecca McDonald.

ASSESSORS NO.: 55-E 15th 16

SINGLE-TENANT LOT? YES: NO: ENTRY WAYS

MULTI-TENANT LOT? YES: NO:

FREESTANDING SIGN? YES: NO: DIMENSIONS: _____

MORE THAN ONE SIGN? DIMENSIONS: _____

BLDG. WALL SIGN? 2 Bldgs YES: NO: DIMENSIONS: 9' x 28' = 18.67'

MORE THAN ONE SIGN? DIMENSIONS: _____

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: see attached sketch on existing sign

LOT FRONTAGE (IN FEET): _____

BLDG FRONTAGE (IN FEET): 1.5 x 42' - 63' This is

AWNING? YES: NO: IS AWNING BACKLIT? YES: NO:

HEIGHT OF AWNING: _____

IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? _____

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.

A: SIGNLIST

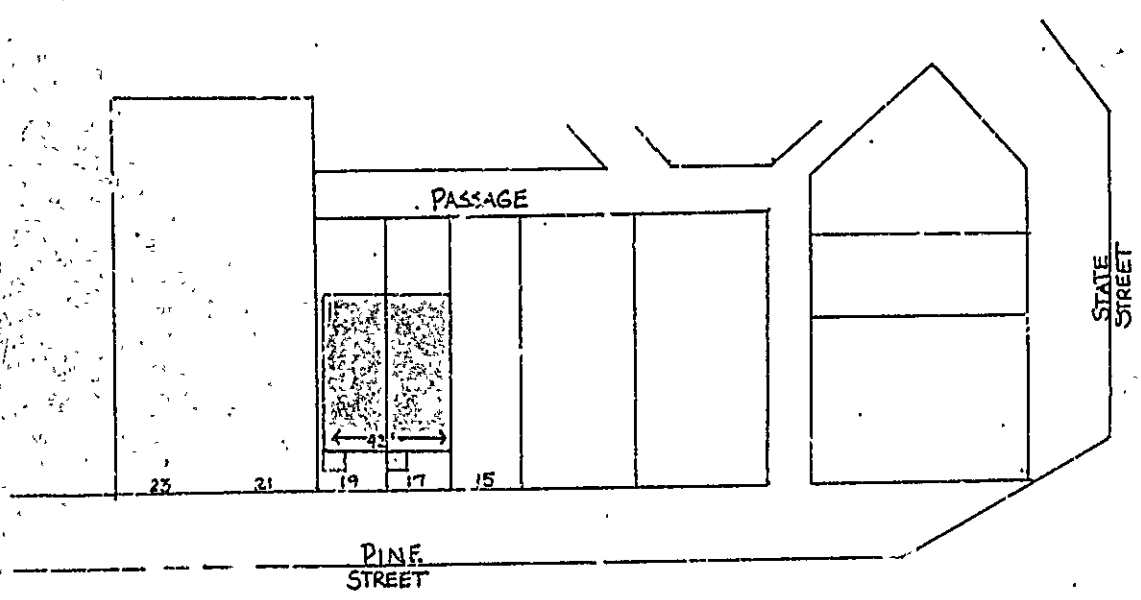


FINEN DIMENSIONS/
MATERIALS

- Nos. 1 and 2
7" x 54" = 1.63 ϕ
Aluminum = 2.63 ϕ
- No. 3
30" x 30" = 6.25 ϕ
Plywood
- No. 4
19" x 11 1/4" = 1.48 ϕ
Acrylic
- No. 5
19" x 11 1/4" = 1.48 ϕ
Simtra
- No. 6
96" x 28" = 18.67 ϕ
Vinyl = 33.14 ϕ

~~Existing Nos. 1, 2, 3, 5~~
~~Proposed No. 4, 6~~

PINE
STREET



MASTER INSURANCE POLICY - COMMON POLICY DECLARATIONS



Policy No IMP 300748052 01 Renewal of IMP 300748052 00

1. NAMED INSURED AND MAILING ADDRESS:
(No., Street, City, State, Zip Code)

- United States Fidelity and Guaranty Company
- Fidelity and Guaranty Insurance Underwriters, Inc.
- Fidelity and Guaranty Insurance Company
(Each a Stock Insurance Company)

SALT, INC.
P.O. BOX 4077, ST. A
PORTLAND, ME 04161-0277

The issuing company is designated above by the letter X.

Branch Office:
NORTHEAST REGION SBAC
PORTLAND

Agent:
SMITH & BROWN AGENCY, INC

2. POLICY PERIOD:

From 02/22/94 to 02/22/95
12:01 A.M. standard time at your mailing address shown above.

Address:
P O BOX 950
KENNEBUNK, ME 04043

3. BUSINESS DESCRIPTION:
OFFICE & SCHOOL

Agent's Code: 2296 Subproducer No.: 000
Countersigned By:
SMITH & BROWN AGENCY, INC

4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following Coverage Part(s) for which a premium is indicated. This premium may be subject to adjustment. The Policy Writing Minimum Premium is \$300.00

Coverage Part(s)	Premium
COMMERCIAL PROPERTY	\$ 1,199.00
COMMERCIAL GENERAL LIABILITY	\$ 696.00
BUSINESS AUTO	\$ 1,648.00
MOBILE PROPERTY	\$ 96.00
ELECTRONIC DATA	\$ 58.00
	\$
Total Policy Premium	\$ 3,107.00

Premium is payable: At Inception \$

5. FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS (See specific form or endorsement for applicability to each coverage part):

- CL/I' 00 21 02 88
- IL CO 22 05 87
- CL/IL 02 47 07 92
- IL CO 13 01 82
- CL/IL 154 07 90
- CL/IL 102 10 89M
- IL CO 17 11 95

Client No. 0000536062 DIRECT BILL 0004395951

COMMERCIAL PROPERTY COVERAGE PART - DECLARATIONS



Policy No. JMP 306748052 01

See Supplemental Declarations.

DESCRIPTION OF PREMISES:

Prem No	Bldg No	Location (Street, City, County, State & Zip Code)	Construction and Occupancy
<u>1</u>	<u>1</u>	<u>19 PINE STREET</u> <u>PORTLAND, ME 04101</u>	<u>MASONRY, OFFICE & SCHOOL</u>

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Limit Of Insurance	Prem. No.	Bldg No	Coverage Symbol(s)	Class Of Loss Form(s)	Coinsurance(s)	Replacement Cost (X) BLDG YBPP	Incl. Stock ()	Inflation Guard(s) BLDG YBPP/PPO
\$ <u>210,000</u>	<u>1</u>	<u>1</u>	<u>BLDG</u>	<u>SPECIAL</u>	<u>80%</u>	(X) () ()	() () ()	() () ()
\$ <u>20,000</u>	<u>1</u>	<u>1</u>	<u>YBPP</u>	<u>SPECIAL</u>	<u>80%</u>	() (X) ()	() () ()	() () ()
\$ <u>1,000</u>	<u>1</u>	<u>1</u>	<u>SPD</u>	<u>SPECIAL</u>	<u>80%</u>	() () ()	() () ()	() () ()
\$						() () ()	() () ()	() () ()
\$						() () ()	() () ()	() () ()
\$						() () ()	() () ()	() () ()

Prem. No.	Bldg No	Coverage Symbol(s)	Agreed Value Exp. Date	Agreed Value Amount	Applies to Business Income (Only)		
					Monthly Limit Of Indemnity (Fraction)	Maximum Period of Indemnity (X)	Extended Period of Indemnity (Days)
				\$		()	
				\$		()	
				\$		()	

If the insurance at any of the described premises is contributing insurance, see Endorsement CP 99 20.
DEDUCTIBLE: \$ 250 Other Than Earthquake; % Earthquake

Leductible Exceptions.

MORTGAGE HOLDERS:

Prem No.	Bldg No	Mortgage Holder Name and Mailing Address
<u>1</u>	<u>1</u>	<u>CITIBANK (MAINE) N.A.</u> <u>100 FODEN ROAD</u> <u>SOUTH PORTLAND, ME 04106</u>

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

To all coverages:	CP 00 10 10 91	CP 10 30 10 91	CP 00 90 07 88
	<u>CL/IL 141 03 92</u>	<u>CL/CP 04 04 07 91</u>	<u>CP 01 34 10 91</u>

To all specific premises/coverages:

Prem No	Bldg No	Coverage Symbol(s)	Form Number & Edition Date

PREMIUM FOR THIS COVERAGE PART:

\$ 1,199.00

CL/IL 111 03 92 (1) See the reverse side for an explanation of Coverage Symbols. (2) EQ (if chosen) = Earthquake. (3) Enter Coinsurance %, Extra Expense % Limits on Loss Payment or Value Reporting Form symbol

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CHANGE ENDORSEMENT

Change No.	Change(s) Eff.	Policy Number	Policy Exp.	Company
1	02-22-94	1MP 30074805201	02-22-95	X U.S.F. & G. F. & G.I.U. INC. F. & G.I.C.
Named Insured				AGENTS NAME, ADDRESS & CODE
Salt, Inc.				Smith & Brown Agency Kennebunk ME 62-2296
The Named Insured is changed to:				
The following insured(s) is added to the Named Insured:				
The following insured(s) is deleted from the Named insured:				
The Mailing Address is changed to:				
The Policy Period is changed to:				
The Business Description is changed to:				
The following coverage part(s) is added:				
The following coverage part(s) is deleted:				
The following coverage part(s) is changed as indicated below: * Property and Liability				
<p>Change(s)</p> <p>In consideration of an additional premium of \$1,283, the following changes have been made:</p> <p>Location #2 has been added to the policy: 17 Pine St., Portland ME 04101 Masonry, School</p> <p>Building coverage is added for Loc.#2 at \$200,000 RC \$250 Ded. Mortgagee: Citibank (ME) N.A., 100 Foden Road, E. Portland ME 04106</p> <p>Liability is added to Loc.#2 for Schools NOC 67513 A/3,500 Liability limits are increased to \$1,000,000/\$1,000,000.</p>				



ADDITIONAL PREMIUM \$ 1,283

RETURN PREMIUM \$

Due at Endorsement Effective Date.

SMITH & BROWN AGENCY, INC

BY *[Signature]*
Authorized Representative