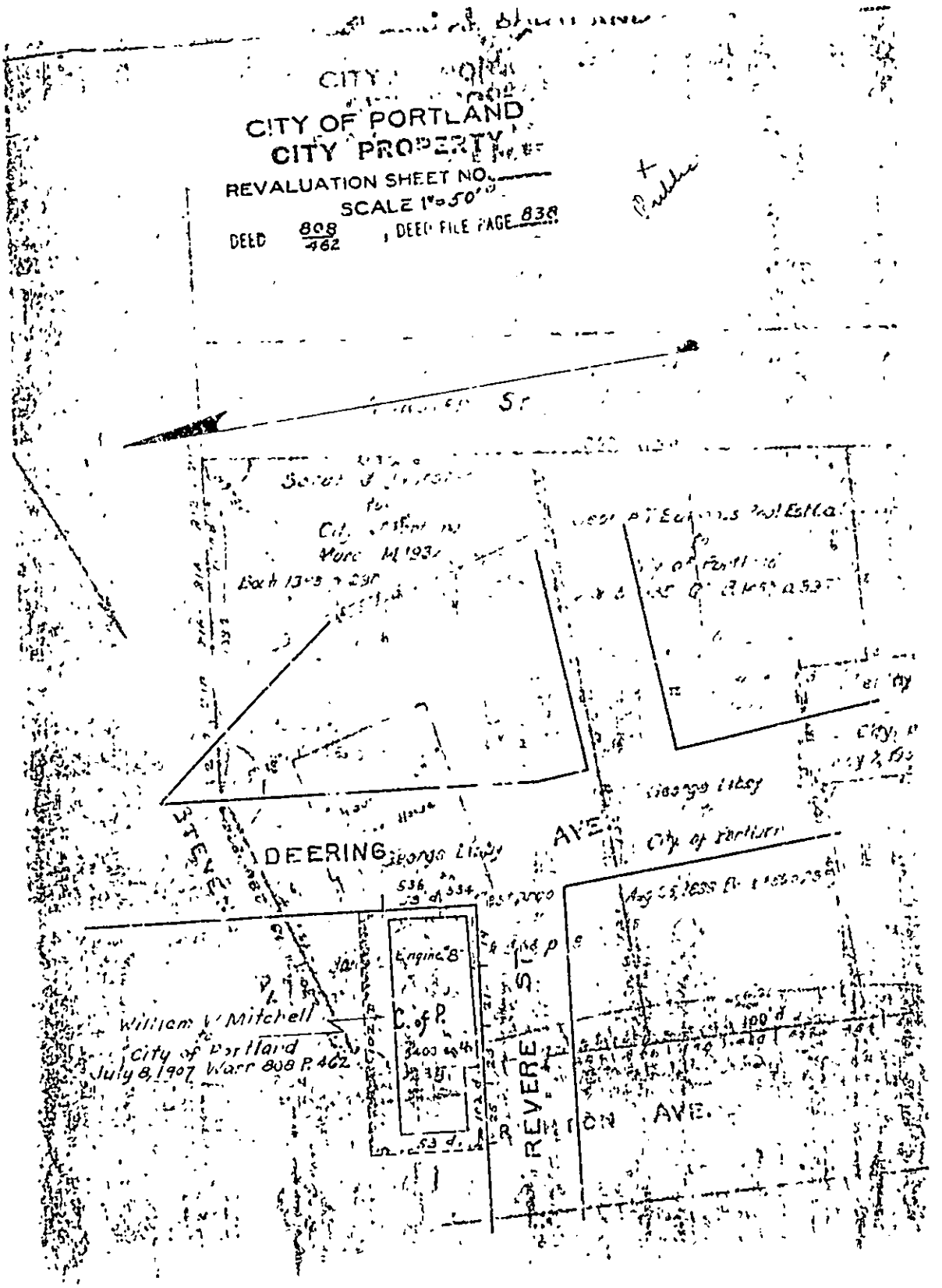
CITY OF PORTLAND
CITY PROPERTY
REVALUATION SHEET NO.
SCALE 1"=50'
DEED 808/462, DEED FILE PAGE 838



York Insurance Company
OF MAINE

BUSINESSOWNERS DECLARATION PAGE

Policy No. BUSM902233

Insured
MILLER, BAKER & COOPER CO.
WILLIAM HARRIS, MARTHA ELKUS
PO BOX 706 PIER RD
CAPE PORPOISE, ME 04014

Agent
NOYES & CHAPMAN INC.
1039 WASHINGTON AVE
PORTLAND ME 04103
3183220000

Policy Period: 01/01/94 to 01/01/95 12:01 a.m. Standard Time

Business Description: BAKERY

The Named Insured is: Individual __ Partnership __ Corporation X Joint Venture __ Other _____

IN CONSIDERATION 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

Described Premises: Loc. 1 534-535 DEERING AVE., PORTLAND
Loc. 2
Loc. 3
Loc. 4

PROPERTY (SECTION I)

	Loc. No. 01	Bldg. No. 01	Loc. No.	Bldg. No.	Loc. No.	Bldg. No.	Loc. No.	Bldg. No.
A. Buildings	$		$		$		$	
B. Contents	$	75,000	$		$		$	

C. Loss of Income (Actual Loss Sustained, not Exceeding 12 Consecutive Months)

D. Money & Securities $ 10,000 on Premises, $ 2,000 off Premises

Deductible $ 250 Automatic Increase In Building Limit 8 %

LIABILITY (SECTION II)

Coverage		Liability Limits
Business Liability	$ 1,000,000	Each Occurrence

The Limit of Liability with Respect to the Completed Operations & Products Hazards Combined is an Aggregate Limit for all Occurrences During the Policy Period.

Fire Legal Liability $ 300,000 Each Occurrence

Medical Payments $ 1,000 Each Person $ 10,000 Each Accident

OPTIONAL COVERAGES AND ALL OTHER FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY:

SEE SCHEDULE ATTACHED

MORTGAGEE: (SEE ATTACHED SCHEDULE IF APPLICABLE)

TOTAL ANNUAL PREMIUM $ 718

INSURED'S COPY

Countersigned: 01/24/94

By NOYES & CHAPMAN INC.
Authorized Representative

YORK INSURANCE COMPANY OF MAINE

BUSINESSOWNERS SUPPLEMENTAL DECLARATIONS

Policy Number: BUSM902233
Named Insured: MILLER, BAKER & COOPER CO. WILLIAM HARRIS, MARTHA ELKUS

DESCRIPTION OF PREMISES - ADDRESSES

Prems. No.	Bldg. No.	Address		
01	01	534-535 DEERING AVE	PORTLAND	ME

DESCRIPTION OF PREMISES - OCCUPANCY AND CONSTRUCTION

Prems. No.	Bldg. No.	Occupancy	Construction	Protection
01	01	BAKERIES-W/ BAKING (NO FRYING)	JOISTED MASONRY	2

COVERAGES PROVIDED

Prems. No.	Bldg. No.	Coverage	Limit of Insurance	Automatic Increase in Insurance	Ded
01	01	BUS PER PROP-SPECIAL	$ 75,000		$250

OPTIONAL COVERAGES

Prems. No.	Bldg. No.	Coverage	Limits
01	01	ADDITIONAL INSURED(S)	1
01	01	FIRE LEGAL LIABILITY	$ 300,000
01	01	MONEY & SECURITIES	10,000(INSIDE PREMISES)/2,000(OUTSIDE PREMISES)
01	01	HIRED AUTO	$ 1,000,000
01	01	NON-OWNED AUTO	$ 1,000,000
01	01	MEDICAL PAYMENTS	1,000(EACH PERSON)/10,000(EACH ACCIDENT)

MORTGAGEE or LOSS PAYEE - See Attached Schedule

DATE - 01/24/94 NEW BUSINESS BLC

YORK INSURANCE COMPANY OF MAINE
MORTGAGE HOLDER SCHEDULE

POLICY # BUSM902233
MILLER, BAKER & COOPER CO.
WILLIAM HARRIS, MARTHA ELKUS
PO BOX 706 PIER RD
CAPE PORPOISE, YORK, ME 04014

AGENT: NOYES & CHAPMAN
3183220000

LOSS PAYEE

FLEET BANK OF MAINE
PO BOX 1280
PORTLAND, ME 04104

PREMS 01 BLDG 01

YORK INSURANCE COMPANY OF MAINE
ADDITIONAL INSUREDS SCHEDULE

POLICY # BUSM902233
MILLER, BAKER & COOPER CO.
WILLIAM HARRIS, MARTHA ELKUS
PO BOX 706 PIER RD
CAPE PORPOISE, YORK, ME 04014

AGENT: NOYES & CHAPMAN
3103220000

MICHAEL KAPLAN
66 AUSTIN ST
PORTLAND, ME 04103-4515

PREMS 01 BLDG 01

POLICY NUMBER: BUSM902233 COMMERCIAL BOP

FORM SCHEDULE

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
IL0003	06 89	CALC. OF PREMIUM-MANDATORY
IL0022	05 87	EFF. TIME CHANGE-MANDATORY
IL0913	01 82	INS. INSP. SERV.-MANDATORY
IL0928	05 86	POLLUTION EXCL.-MANDATORY
BP0002	06 89	SPEC. PROP. COVE.-MANDATORY
BP0006	06 89	LIAB. COVERAGE-MANDATORY
BP0009	06 89	BOP COMMON POL. COND.-MANDATORY
BP123	01 87	B.O. STAND. FIRE POL. PROV. MANDATORY
BU0134	04 86	BUS. AMEND. END.-MANDATORY
BUS99	01 91	MONEY/SERCURITIED-MANDATORY
BUS102	01 91	OPTIONAL COVERAGES (FIRE LEGAL AND MEDICAL PAYMENTS)
BUS150	01 91	B.O. POL. COV. EXT-MANDATORY
BP0203	06 89	ME CHANGE CANC-MANDATORY
BP0414	12 87	HIRED AUTO AND NON-OWNED AUTO

FORMS APPLICABLE TO SPECIFIC PREMISES AND COVERAGES

Form	Edition	Description
BP0402	01 87	ADDITIONAL INSUREDS - MANAGERS OR LESSORS OF PREMISES
PREMS 01	BLDG 01	AIL
BP1203	06 89	LOSS PAYABLE PROVISIONS- LASER
PREMS 01	BLDG 01	CNT

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED TO BE ERECTED ON A BUILDING AT 536 Deering Avenue IN PORTLAND, MAINE Michael D. Kaplan being the owner of the premises at 536 Deering Avenue in Portland, Maine hereby gives consent to the erection of a certain sign owned by Miller Baker & Cooper Company over the sidewalk or on the building from said premises as described in application to the Division of Inspection Services of Portland, Maine for a permit to cover the erection of said sign:

And in consideration of the issuance of said permit Michael D. Kaplan, owner of said premises, in event said sign shall cease to serve the purpose for which it was erected or shall become dangerous and in event the owner of said sign shall fail to remove said sign or make it permanently safe in case the sign still serves the purpose for which it was erected, hereby agrees for himself or itself, for his heirs, its successors, and his or its assigns, to completely remove said sign is in such condition and of order from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and agreement this 21 day of April 19 94.

Michael David Kaplan
Owner's signature

Martha Elkins
Lessee's signature

940282

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 10.00 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

PERMIT ISSUED
APR 20 1994
CITY OF PORTLAND

Owner: Michael Kaplan Phone # _____

Address: Big Sky Bread Co. 536 Deering Ave Ptld, ME 04103

LOCATION OF CONSTRUCTION 536 Deering Ave

Contractor: _____ Sub.: _____

Address: _____ Phone # _____

Est. Construction Cost: _____ Proposed Use: Bakery w/banner

Past Use: Bakery

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion Erect Banner for 1 mon from 4-19-94 to 5-19-94

For Official Use Only

Date 15 April 94

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: Name _____ Lot _____

Ownership: Private

Zoning:

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other _____ (Explain) _____ 4-19-94

Mail to: Martha Elkus P.O. Box 706 Pier Rd 967-0790
Cape Porpoise, ME 04014

Foundation: 125-F = 1,3

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size. _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material. _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

HISTORIC PRESERVATION

~~No in District or Landmark~~
~~Does not require review.~~
~~Requires Review.~~

Action: ___ Approved.
___ Approved with conditions.
___ Denied.

Date: 4/19/94

Signature: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes ____ No ____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type. _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Mary Gresik

Signature of Applicant _____ Date 15 Apr 94

Martha Elkus

CEO's District 6

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

PLOT PLAN

N

FEES (Breakdown From Front)

Base Fee $

Subdivision Fee $

Site Plan Review Fee $

Other Fees $

(Explain)

Late Fee $

Inspection Record

Type	Date
OK AC.	5 / 2 / 94
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS

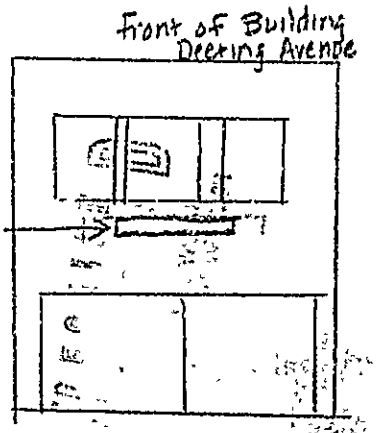
CERTIFICATION

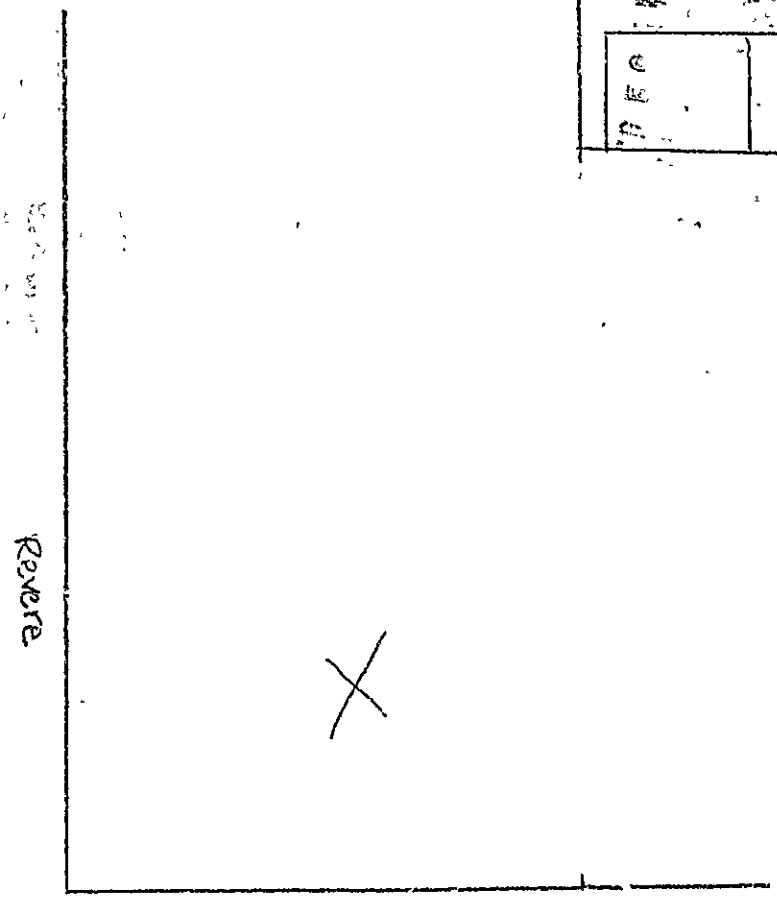
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as has authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

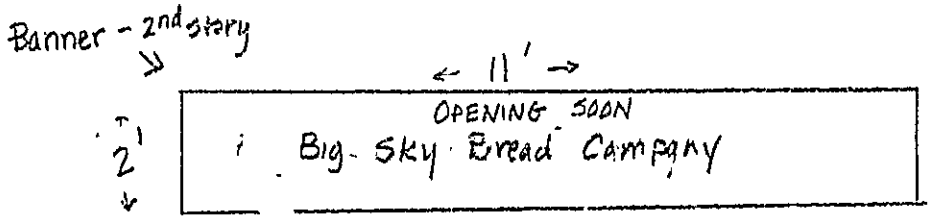
Martha Elkins

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.


Front of Building
Deering Avenue
Banner


Revere
536 Deering Ave.


Banner - 2nd story
11'
2'
OPENING SOON
Big Sky Bread Company

940321

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee $49 Zone _____ Map # _____ Lot _____

Please fill out any part which applies to job. Proper plans must accompany form.

PERMIT ISSUED

Owner: Big Sky Bread Co Phone # 967-0790

Address: P. O. Box 706 - Cape Porpoise, ME 04014

LOCATION OF CONSTRUCTION 536 Deering Ave.

Contractor: owner Sub.: _____

Address: _____ Phone # _____

Est. Construction Cost: _____ Proposed Use: bakery w signs

Past Use: XXXXXXXXXXXXX vacant for appx 20 yrs

# of Existing Res. Units _____ # of New Res. Units _____

(Building Dimensions L _____ W _____ Total Sq Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion erect three signs - 24'x2' 8'x6' 6'x4'* *(flag)

For Official Use Only

Date 4/22/94

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: _____

Name _____

Lot _____

Ownership: Public _____ Private _____

APR 26 1994

Zoning: B-2

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other _____ (Explain) 4-26-94

HISTORIC PRESERVATION

Not in District nor Landmark.

Does not require review.

Requires review.

Action: Approved _____ Approved with Conditions _____ Denied _____

Date: 4/26/94

Signature: _____

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size. _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size. _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes ____ No ____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant Martha J. Elkus Date 4/22/94

CEO's District 6 Martha J. Elkus

CONTINUED TO REVERSE SIDE [6] MR. Rocco

White - Tax Assessor

Ivory Tag - CEO

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 14 March 1994, 19__
Receipt and Permit number 9171

To the CHIEF ELECTRICAL INSPECTOR, *Portland, Maine*

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 536 Deering Ave

OWNER'S NAME: Michael Kaplan ADDRESS: 66 Austin St

	FEES
OUTLETS:	
Receptacles 10 Switches 9 Plugmold ____ ft. TOTAL 19	3.80
FIXTURES: (number of)	
Incandescent 2 Flourescent ____ (not strip) TOTAL ____	.40
Strip Flourescent ____ ft.	
SERVICES:	
Overhead 1 Underground ____ Temporary ____ TOTAL amperes 200	15.00
METERS: (number of) 1	1.00
MOTORS: (number of)	
Fractional ____	
1 HP or over ____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) ____	
Electric (number of rooms) ____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) ____	
Oil or Gas (by separate units) ____	
Electric Under 20 kws ____ Over 20 kws ____	
APPLIANCES: (number of)	
Ranges ____ Water Heaters ____	
Cook Tops ____ Disposals ____	
Wall Ovens ____ Dishwashers ____	
Dryers ____ Compactors ____	
Fans ____ Others (denote) ____	
TOTAL ____	
MISCELLANEOUS: (number of)	
Branch Panels ____	
Transformers ____	
Air Conditioners Central Unit ____	
Separate Units (windows) ____	
Signs 20 sq. ft. and under ____	
Over 20 sq. ft. ____	
Swimming Pools Above Ground ____	
In Ground ____	
Fire/Burglar Alarms Residential ____	
Commercial ____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under 4	8.00
over 30 amps ____	
Circus, Fairs, etc. ____	
Alterations to wires ____	
Repairs after fire ____	
Emergency Lights, battery ____	
Emergency Generators ____	
INSTALLATION FEE DUE.	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ... DOUBLE FEE DUE	
FOR REMOVAL OF A "STOP ORDER" (304-16 b)	
TOTAL AMOUNT DUE.	28.20

INSPECTION:
Will be ready on ____, 19__; or Will Call xxx

CONTRACTOR'S NAME: Bay Electric Inc. Don Mailman

ADDRESS: P.O. Box 6316 Cape Elizabeth

TEL.: 799-0350

MASTER LICENSE NO.: 9171

LIMITED LICENSE NO.: ____

SIGNATURE OF CONTRACTOR: Don A. Mailman

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

INSPECTIONS: Service 4-21-94 by SB

Service called in 11:15 AM

Closing-in NO ENTRY by SB 4-15-94

PROGRESS INSPECTIONS: / /

/ /

/ /

/ /

/ /

/ /

— ELECTRICAL INSTALLATIONS —

Permit Number 9171

Location 536 Dieburg Ave.

Owner M. Kapilian

Date of Permit 3-14-94

Final Inspection 5-3-94

By Inspector Sven Berg

Permit Application Register Page No. Comp/Pr/Ic

DATE:	REMARKS:
6-3-94	C.O.

Department of Human Services
Division of Health Engineering
(207) 289-3826

PLUMBING APPLICATION

6

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street Subdivision Lot #: 536 D Cottage Cove

PROPERTY OWNERS NAME

Last: THE KAPLAN COMPANY First:

Applicant Name: JIM RUNSIAK - HEATING

Mailing Address of Owner/Applicant (If Different): 161 MAIN STREET WESTBROOK, ME 04092

PORTLAND 5024 TOWN COPY

Date Permit Issued: 12/7/94 $ 32.00 FEE Check If Double Fee Charged

LPI # 0,1,2,4

Local Plumbing Inspector Signature: Chief Plumbing Inspector

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [signature] Date: 11/29/94

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules

Local Plumbing Inspector Signature: Arthur Rowe Date Approved: 11-28-94

PERMIT INFORMATION

This Application Is for

1. ☒ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER - SPECIFY COMMERCIAL SPACE

Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 13,1,9,48

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink (Rest Room)
OR		Drinking Fountain	2	Wash Basin LAVATORY HAND SINK
HOOK UP: to an existing subsurface wastewater disposal system		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc		Clothes Washer
PIPING RELOCATION, of sanitary lines, drains, and piping without new fixtures		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet	1	Laundry Tub
Number of Hook-Ups & Relocations		Other	1	Water Heater
$ Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			5	Total Fixtures
			$	Fixture Fee
			$	Hook-Up & Relocation Fee
			$ 32.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY