

Form # P 04

**DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND**

Please Read
Application And
Notes, If Any,
Attached

PERMIT

Permit Number: 050134

PERMIT ISSUED

This is to certify that A & M Partners Llc/NeoKra gns

has permission to Install a 28.5 sf illuminated s

AT 59 Washington Ave

013 I043001

FEB 15 2005

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 altered or 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 _____

Jamie Banke 2/14/05
Director - Building & Inspection Services

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: 05-0124		Issue Date: PERMIT ISSUED 013 104300	
Location of Construction: 59 Washington Ave		Owner Name: A & M Partners Llc	Owner Address: 120 Exchange St
Business Name:		Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston
Lessee/Buyer's Name		Phone:	Permit Type: Signs - Permanent
Past Use: Commercial	Proposed Use: Commercial install 28.5 sf illuminated sign	Permit Fee: \$87.00	Cost of Work: \$86.00
Proposed Project Description: Install a 28.5 sf illuminated sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 2 Type: SIGN
		Signature: JMB 2/14/05	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
Signature: _____ Date: _____		Signature: _____ Date: _____	
Permit Taken By: dmartin	Date Applied For: 02/04/2005	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 checked="" type="checkbox"/> Wetland <i>only street #</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM	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	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: <i>ok 2/17/05</i>	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 Portland, Maine - Building or Use Permit

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

Permit No: 05-0124	Date Applied For: 02/04/2005	CBL: 013 I043001
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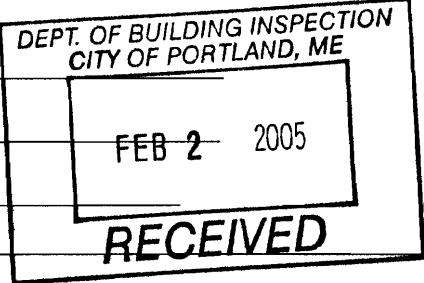
Location of Construction: 59 Washington Ave	Owner Name: A & M Partners Llc	Owner Address: 120 Exchange St	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: (207) 782-9654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial install 28.5 sf illuminated sign	Proposed Project Description: Install a 28.5 sf illuminated sign
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 02/07/2005
Note: just has the street # "75" on sign over entry			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 02/14/2005
Note: 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			Ok to Issue: <input checked="" type="checkbox"/>

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>75 Washington Ave</u>		
Total Square Footage of Proposed Structure <u>152,635 SF</u>	Square Footage of Lot <u>131,978 SF</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>13</u> Block# <u>I43</u> Lot# <u>1</u>	Owner: <u>A+M Partners, LLC</u>	Telephone: <u>775-2100</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>120 Exchange St Portland 775-2100</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ _____ Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: <u>Distribution/office/Retail</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: _____		
Project description: <u>Sign</u>		
		
Contractor's name, address & telephone: <u>AS ABOVE</u>		
Whom should we contact when the permit is ready: <u>LOU WOOD 874-6959</u>		
Mailing address: <u>120 Exchange St Portland, ME 04101</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>874-6959</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: Linda Clark

Date: 2/2/05

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

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 75 Washington Ave Portland ZONE: _____

CBL: 13/I43/1

SINGLE TENANT LOT? YES _____ NO MULTI TENANT LOT? YES NO _____

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO _____

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: _____ Height: _____

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS PROPOSED: _____
BLDG. WALL SIGN? (attached to bldg) YES NO _____ DIMENSIONS PROPOSED: 5'3" x 5' 3/2" x 8'

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES _____ NO DIMENSIONS: _____
BLDG. WALL SIGN(attached to bldg) ? YES NO _____ DIMENSIONS: _____
AWNING? YES NO _____ DIMENSIONS: _____
LOT FRONTAGE (FEET): _____

AWNING YES NO _____ IS AWNING BACKLIT? YES _____ NO _____

HEIGHT OF AWNING: _____ LENGTH OF AWNING: _____ DEPTH: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES _____ NO _____

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Brenda Clark DATE: 2/2/05

***** FOR OFFICE USE ONLY *****

CHECKLIST FOR SIGN/AWNING APPLICATION

Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

- N/A 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. Amount must equal \$400,000.00.
- N/A Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- X 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. **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 facade dimensions for any signage attached to a building.**
- A sketch or photo of any proposed sign(s) indicating *content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.*
- N/A Certificate of Flammability required for awning or canopy at time of application.
- X UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**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, plus \$9.00 for each additional \$1,000.00.**

Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00

ACORD - CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) **02/02/05**

PRODUCER PRATT INSURANCE AGENCY INC P O BOX 439 WESTBROOK ME 04098 Phone: 207-884-9745	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 VERTURE PROPERTIES INC 130 WASHINGTON STREET SUITE 101 PORTLAND ME 04101	INSURERS AFFORDING COVERAGE INSURER A: EURICE INSURANCE SERVICES INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

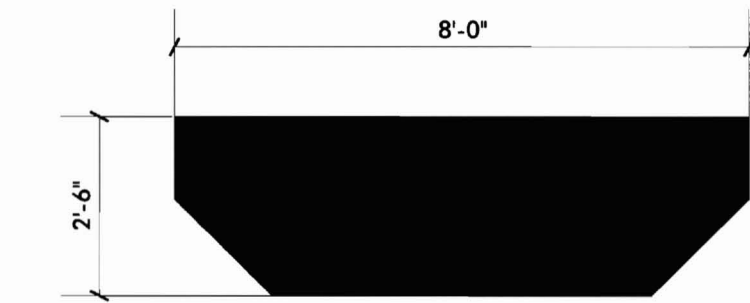
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input checked="" type="checkbox"/> LOC	PPS 37371144	01/14/05	01/14/06	EACH OCCURRENCE \$ 1000000 LIMITS TO PRINTED PREMIUMS (EA OCCUR/PRO) \$ 1000000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COM/OP AGG \$ 2000000
	AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/NEARBY EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				W.C. STATE/TITLE LIMITS \$ OTR \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

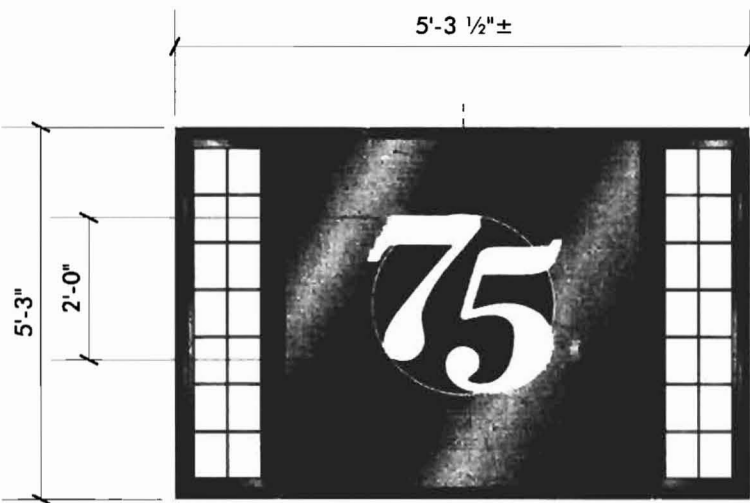
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
INCLUDES LIABILITY COVERAGE FOR STORAGE. REFERENCE LOCATION 75 WASHINGTON AVE. PORTLAND, ME 04101

CERTIFICATE HOLDER PORTCIL CITY OF PORTLAND 389 CONGRESS STREET PORTLAND ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 Alexander T Pratt III
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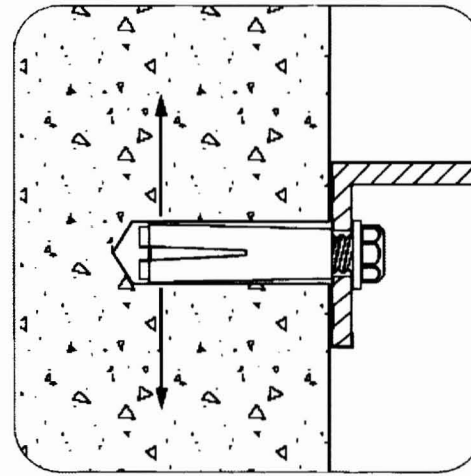
874-8716



TOP VIEW



FABRICATED METAL ENTRANCE CANOPY
SCALE: 1/4" = 1'-0" (1) REQUIRED



SIGN FRAME WILL BE ATTACHED THROUGH INTERNAL CORNER BRACING FLUSH TO BRICK WALL WITH (6) 3/8" x 2" SLEEVE ANCHORS

LOK-BOLT™ ANCHORING SYSTEM AS MFG BY POWERS FASTENERS, NEW ROCHELLE, NY OR EQUAL: A PRE-ASSEMBLED SINGLE UNIT SLEEVE ANCHOR FOR ANCHORING INTO SOLID AND HOLLOW CONCRETE AND MASONRY SUBSTRATES; PATENTED COMPRESSION RING PULLS FIXTURE FLUSH TO THE WORK SURFACE; AVAILABLE IN CARBON STEEL AND TYPE 304 STAINLESS STEEL; SEVERAL HEAD STYLES

SIZE RANGE: 1/4" DIA. x 5/8" TO 3/4" DIA. x 7 1/2"

SEE http://www.powers.com/product_06160.html

SLEEVE-ANCHOR MOUNTING DETAIL
NOT TO SCALE

FABRICATED ALUMINUM CANOPY, PAINTED DARK BRONZE OR GOLD METALLIC

FRONT: WHITE TRANSLUCENT LEXAN FACE, PAINTED GOLD METALLIC OPAQUE BACKGROUND, DARK BLUE TRANSL CIRCLE WITH KNOCK-OUT WHITE TRANSLUCENT NUMERALS AND GOLD METALLIC CONTOURED OUTLINES

CLIPPED CORNERS: CLEAR ACRYLIC PANELS ADHERED TO WHITE TRANSLUCENT SG ACRYLIC FACES SIMULATE GLASS BLOCK, RECESSED WITH INSIDE RETAINERS PAINTED SAME AS FACE BACKGROUND

SIDES: RETAINED ALUMINUM FACES PAINTED SAME AS FACE BACKGROUND

WHITE TRANSLUCENT LEXAN PANEL SOFFIT FOR DOWNLIGHTING; T-BARS PAINTED FRAMING COLOR



PHOTO-COMPOSITE
NOT TO SCALE



Neokraft
SIGN S

Neokraft Signs Inc.
686 Main Street
Lewiston, Maine 04240
Telephone: 207.782.9654
Facsimile: 207.782.0009
1.800.339.2258
<http://www.neokraft.com>

Custom Sign Fabrication

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**75 Washington
Avenue CL002359**

Location:	Portland, ME
Drawing No.:	1 of 1
Drawn by:	DS
Date:	01.28.2005
Gen Ref.:	