

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 061603

This is to certify that NOYES EARLE W & SON LeoKraft Signshas permission to Install a bldg signAT 427 OXFORD ST

026 P001001

PERMIT ISSUED

NOV 15 2006

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.

Classification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is closed-in. 4
OUR NOTICES 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

Thomas M. Moulton 11/13/06
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

Location of Construction: 127 OXFORD ST		Owner Name: NOYES EARLE W & SONS		Owner Address: PO BOX 938		Permit No: 06-1603		Issue Date: NOV 15 2006		CBL: 026 P001001	
Business Name:		Contractor Name: NeoKraft Signs		Contractor Address: 686 Main St Lewiston		Phone:		Phone:		Phone:	
Lessee/Buyer's Name		Phone:		Permit Type: Signs - Permanent		Zone: B7		City of Portland			
Past Use: Commercial - Noyes & Sons		Proposed Use: Commercial install 1 bldg sign		Permit Fee:		Cost of Work: \$0.00		CEO District: 1			
Proposed Project Description: Install 1 bldg sign				FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: R3 Type: SR IBC 2003					
				Signature:		Signature:					
				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: dmartin		Date Applied For: 10/30/2006		Zoning Approval							
1. This permit application does not 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..				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: 11/8/06 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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1603	Date Applied For: 10/30/2006	CBL: 026 P001001
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Location of Construction: 127 OXFORD ST	Owner Name: NOYES EARLE W & SONS	Owner Address: PO BOX 938	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	

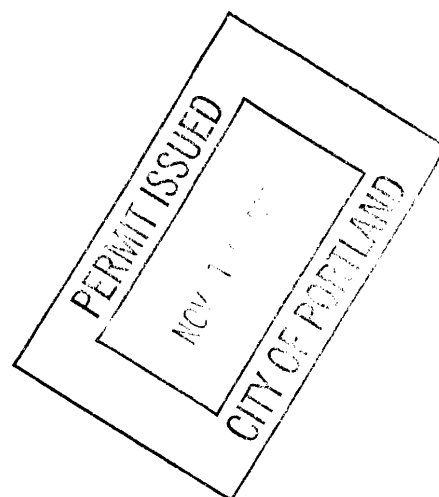
Proposed Use: Commercial - install 1 bldg sign	Proposed Project Description: Install - 1 bldg sign (two lines of letters)
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Dept: Zoning **Status:** Approved **Reviewer:** Ann Machado **Approval Date:** 11/08/2006**Note:** Counting it as one sign (37'8" x 5'6") only allowed one sign per facade plus one & there are two existing on the Franklin Arterial facade. **Ok to Issue:** ☒**Dept:** Building **Status:** Approved **Reviewer:** Tom Markley **Approval Date:** 11/13/2006**Note:** **Ok to Issue:** ☒

- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Comments:

11/6/2006-amachado: Left message for Peter Murphy. Just checking that there are two existing signs on the Franklin Arterial facade. If so this sign is counting as one sign since that is all the sign ordinance allows.





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>127 Oxford Street</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Earle W. Noyes & Sons</u> <u>P.O. Box 938</u> <u>127 Oxford St.</u> <u>Portland, ME 04104</u>	Telephone: <u>207-775-5876</u>
Lessee/Buyer's Name (If Applicable) <u>- Same -</u>	Contractor name, address & telephone: <u>Neokraft Signs Inc.</u> <u>686 Main St.</u> <u>Lewiston, ME 04240</u> <u>207-782-9654</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>127.5 sq. ft.</u> For H.D. signage= Total Fee: \$ <u>284.00</u> Awning Fee= cost of work <u>✓</u> Total Fee: \$ <u>284.00</u>
Who should we contact when the permit is ready: <u>Shane Moffett</u> phone: <u>782-9654</u> <u>20x242=484</u> <u>allowed</u>		
Tenant/allocated building space frontage (feet): Length: <u>242'</u> Height: <u>30'</u> Lot Frontage (feet) <u>405' ON FRANKLIN ST. ART.</u> (Single Tenant) or Multi Tenant Lot <u>single tenant</u> <u>1 per facade</u>		
Current Specific use: <u>Service business</u>		
If vacant, what was prior use: _____		
Proposed Use: <u>✓</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No <u>✓</u> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <u>✓</u> No _____ Dimensions proposed: <u>2'-2" x 37'-6" and 2'-2" x 21'-0"</u>		
Proposed awning? Yes _____ No <u>✓</u> Is awning backlit? Yes _____ No <u>✓</u> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes _____ No <u>✓</u> If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No <u>✓</u> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <u>✓</u> No <u>✓</u> Dimensions: <u>208 S.F. + 220.95 S.F. ON FRANKLIN ST. ART. ELEV.</u> Awning? Yes _____ No <u>✓</u> Sq. ft. area of awning w/communication: _____		
A site sketch and building sketch showing exactly where existing and new signage is located must be provided. <u>SEE ATTACHED</u> Sketches and/or pictures of proposed signage and existing building are also required. <u>- See attached -</u>		

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

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: <u>Shane Moffett</u> <u>Neokraft Signs Inc.</u>	Date: <u>10-24-06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

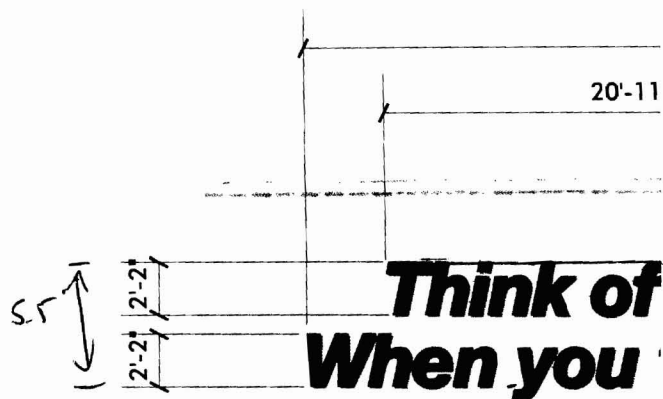
CUMBERLAND AVE.

OXFORD ST.

EARLE W. NOYES
& SONS
MOVING
127 OXFORD ST.

PROPOSED
WALL SIGN

WHOLE
FOODS



Neokraft
S I G N 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

Except for designs supplied by the client, all ideas, plans or arrangements indicated on this drawing are copyrighted and owned by Neokraft Signs Inc. and shall not be reproduced, used by or disclosed to any person, firm or corporation without written permission of Neokraft Signs Inc.

Noyes & Sons
FL006920

PERMIT

Location: 127 Oxford Street
Portland, ME

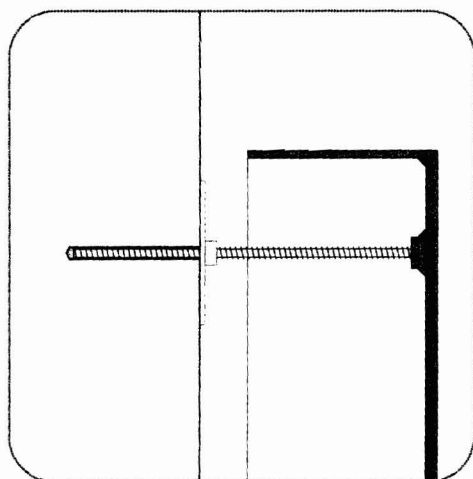
Drawing No.: 1 of 1

Drawn by: ML

Date: 10.03.2006

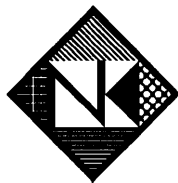
Rev.: 10.11.2006, 10.25.2006 DS

Gen Ref.:



STUD/PAD-MOUNTING DETAIL

SCALE: 3"=1'-0"±



Neokraft

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>

Transmittal to CITY OF PORTLAND
INSPECTIONS
389 CONGRESS STREET
PORTLAND, ME 04101

Date 10.26.2006
Job No. 6225
Re. NOYES & SONS
PERMITS
MAIL

Item	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Under separate cover	
	<input checked="" type="checkbox"/> Shop Drawings	<input type="checkbox"/> Prints	<input type="checkbox"/> Samples	<input checked="" type="checkbox"/> Specifications
	<input checked="" type="checkbox"/> Copy of letter	<input type="checkbox"/> Change Order	<input type="checkbox"/> Other	

Copies	Date	No.	Description
1 set	10.26.2006	6225	(1) SIGN PERMIT APPLICATION, DRAWING, INSURANCE CERTIFICATE, PLOT PLAN, AND CHECK #8318 FOR \$284.00 IN REGARD TO PERMITS FOR NOYES & SONS LOCATED ON 127 OXFORD STREET.

Purpose	<input checked="" type="checkbox"/> For approval	<input type="checkbox"/> No exception taken	<input type="checkbox"/> Rejected
	<input type="checkbox"/> For your use	<input type="checkbox"/> Make corrections noted	<input type="checkbox"/> Review and comment
	<input type="checkbox"/> As requested	<input type="checkbox"/> Revise and resubmit	<input type="checkbox"/> Other

Remarks PLEASE REVIEW FOR APPROVAL AND MAIL PERMITS TO THIS OFFICE.

Copy to

From SHANE MOFFETT

If enclosures are not as noted kindly notify us at once.

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT



Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- ☒ 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.

N/A ☒ Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage. — *Customer owns the building*

- ☒ 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. Please 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 façade dimensions for any signage attached to the building.

- ☒ A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.

N/A ☒ Certificate of flammability required for awning or canopy.

- ☒ A UL# is required for lighted signs at the time of final inspection.

- ☒ Pre-application questionnaire completed and attached.

N/A ☒ Photos of existing signage — *No existing signage on the wall.*

- ☒ Details for sign fastening, attachment or mounting in the ground.

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, \$9.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
04/14/06

PRODUCER

HRH Northern New England
959 Congress St
Portland, ME 04102-2175
207 553-2131

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.

INSURERS AFFORDING COVERAGE

NAIC

INSURED

Earle W. Noyes & Sons Inc.
P. O. Box 938
Portland, ME 04104

INSURER A: Hanover Insurance Company

INSURER B: Maine Approved SIF Ind Tr

INSURER C: Dirigo RE

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.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ZDP521431609	12/31/05	12/31/06	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 - COMP/OP AGG	\$2,000,000
	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	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	Self Insured Fd Yr Excess W.C.	02/01/06 01/01/06	02/01/07 01/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Neokraft Signs, Inc. and City of Portland are hereby listed as Additional Insureds with respect to General Liability.

CERTIFICATE HOLDER

Neokraft Signs, Inc.
Attn: Peter Murphy
686 Main Street
Lewiston, ME 04240

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Andre M. Sadeh