

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

**CITY OF PORTLAND**

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING DEPARTMENT

**PERMIT**

Permit Number: 070821

JUL 17 2007

CITY OF PORTLAND

This is to certify that CHESTNUT STREET LOFTS LLC / New Signs

has permission to New Signage for Chestnut Street Lofts

AT 21 CHESTNUT ST

C 027 C010001

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 inspection must be given and work on permit on procedure before this building or part thereof is started 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

*Thomas M. Mackley* 7/17/07  
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

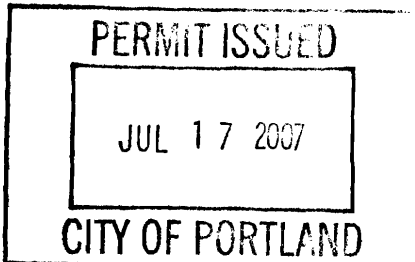
Permit No: 07-0821	Issue Date:	CBL: 027 C010001
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Location of Construction: 21 CHESTNUT ST	Owner Name: CHESTNUT STREET LOFTS LLC	Owner Address: 17 CHESTNUT ST	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Residential/ Commercial - Chestnut Street Lofts	Proposed Use: Residential/ Commercial - Chestnut Street Lofts - New Signage for Chestnut Street Lofts	Permit Fee: \$84.00	Cost of Work: \$84.00	CEO District: 1
Proposed Project Description: New Signage for Chestnut Street Lofts		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Commercial</i> Type: <i>SB</i> <i>residential</i> IBC 2003	
		Signature: _____		Signature: <i>Jim</i> 7/17/07
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: Idobson	Date Applied For: 07/06/2007	<b>Zoning Approval</b>		
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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: <i>7/16/07</i> <i>ABA</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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>ABA</i>
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**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

<b>Permit No:</b> 07-0821	<b>Date Applied For:</b> 07/06/2007	<b>CBL:</b> 027 C010001
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<b>Location of Construction:</b> 21 CHESTNUT ST	<b>Owner Name:</b> CHESTNUT STREET LOFTS LLC	<b>Owner Address:</b> 17 CHESTNUT ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> NeoKraft Signs	<b>Contractor Address:</b> 686 Main St. Lewiston	<b>Phone</b> (207) 782-9654
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Residential/ Commercial - Chestnut Street Lofts - New Signage for Chestnut Street Lofts	<b>Proposed Project Description:</b> New Signage for Chestnut Street Lofts
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 07/16/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tom Markley	<b>Approval Date:</b> 07/17/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			
2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			



# 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: <b>21 CHESTNUT STREET</b>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <b>27-C-010</b>	Owner: <b>CHESTNUT STREET LOFTS CONDO ASSOC.</b> ATTN: JEFF MARTIN 202 U.S. RT 1 FALMOUTH, ME 04105	Telephone: <b>522-0688</b> <b>ALAN NICHOLS</b>
Lessee/Buyer's Name (If Applicable) <b>N/A</b>	Contractor name, address & telephone: <b>NEOKRAFT SIGN CO.</b> <b>686 MAIN ST.</b> <b>LEWISTON, ME 04240</b>	Total s.f. of signage x \$2.00 <b>54.20</b> Per s.f. plus \$30.00/\$65.00 <b>30.00</b> For H.D. signage= Total <b>84.20</b> Fee: \$ Awning Fee= cost of work Total Fee: \$ <b>84.20</b>
Who should we contact when the permit is ready: <b>PETER MURPHY</b> <b>NEOKRAFT</b> phone: <b>800-339-2258</b> <b>± 64' CHESTNUT</b> <b>± 54' CUMBERLAND</b> Height <b>± 86'</b>		
Tenant/allocated building space frontage (feet): Length: <b>± 150 CHESTNUT</b> Height: <b>± 86'</b> Lot Frontage (feet) <b>± 54 CUMBERLAND</b> Single Tenant or Multi Tenant Lot <b>MULTI TENANT LOFTS</b>		
Current Specific use: <b>CONDO/LOFTS</b> If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: _____		
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> 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 w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): <b>NO EXISTING SIGNS</b> Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions: _____ Awning? Yes ___ No ___ 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. } SEE Sketches and/or pictures of proposed signage and existing building are also required. } ATTACHED		

SEE ATTACHED 27.13 S.F. TOTAL  
RECEIVED  
JUL - 6 2007  
CITY OF PORTLAND, MAINE

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](http://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: **Peter W. Murphy (NEOKRAFT)** Date: **7-5-07**

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

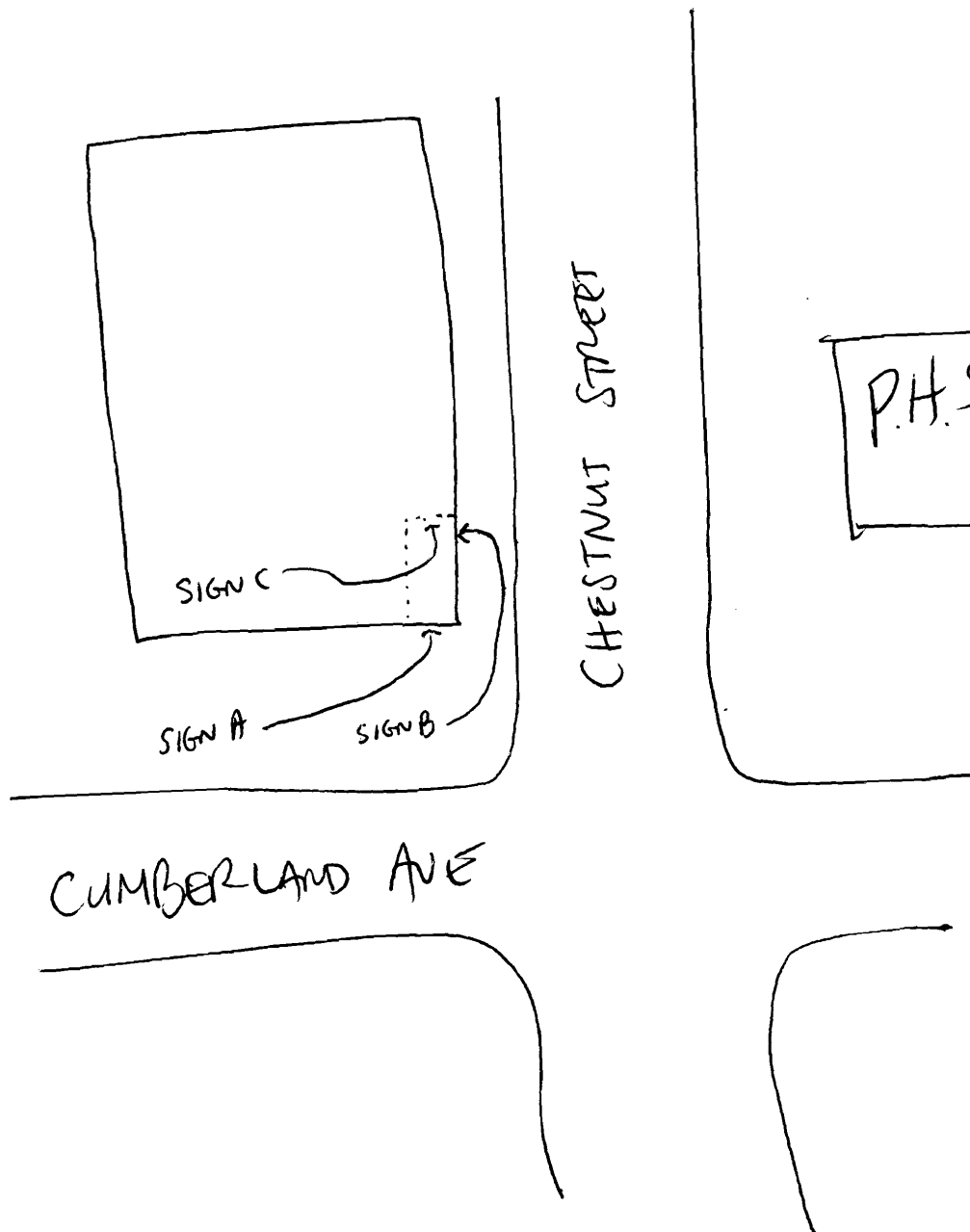
Multi-tenant - Build ID sign. Chestnut St 64 x 86 = 5504 5% = 275.2 - 8.25 <sup>OK</sup>  
1 per facade + 1 per tenant. Cumberland 54 x 86 = 4644 5% = 232.2 8.25 = 189.75  
10.75



VIEW FROM CUMBERLAND AVE.

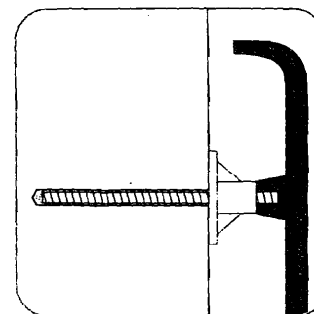


VIEW FROM CHESTNUT STREET



Wind Load Calculations on Letters  
with 6:1 ht/depth ratio

Size	Wind Face Load lbs. Force	Wind Side Load lbs. Force	Screw Shear Strength lbs. Force
6	13	5	720
10	35	15	960
12	50	20	960
14	68	25	960
18	112	40	960
24	199	70	1440
36	447	150	1920



ALUMINUM STUDS WITH PADS,  
SET AND SEALED IN HOLES WITH  
SILICONE ADHESIVE

Letter Data

Height in.	Face Area sq.in.	Side Area sq.in.	Screws each	Screw Area psi	Total Screw sq. in.
6	21.6	7.2	3	0.015	0.045
10	60	20	4	0.015	0.06
12	86.4	28.8	4	0.015	0.06
14	117.6	39.2	4	0.015	0.06
18	194.4	64.8	4	0.015	0.06
24	345.6	115.2	6	0.015	0.09
36	777.6	259.2	8	0.015	0.12

**Assumptions and Facts**

The point of failure will be the aluminum screws in shear at the minor thread diameter.

144 mph wind speed is equal to 82.7 lbs./sq. ft. (0.574 lbs./sq.in.).

Tensile strength at break for 3003 Aluminum is 16,000 psi.

Minor thread area in shear of a 10-24 aluminum screw is .015 sq. in. at 2 threads depth.

Therefore, each screw has a holding force in shear of 240 lbs. Average face area of a sign letter is 0.6 x height squared.

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID MI CHEST-6	DATE (MM/DD/YYYY) 06/29/07
<b>PRODUCER</b>  Turner Barker Insurance 63 Marginal Way, Suite 101 Portland ME 04101 Phone: 207-773-8156 Fax: 207-773-6647		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.	
<b>INSURED</b>  Chestnut Street Lofts Condo Assoc. Jeff Martin 202 US Route 1 Falmouth ME 04105		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Peerless Insurance Company	
		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.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Directors & Officer GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BOUND	06/27/07	06/27/08	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/POP AGG \$ 4,000,000
	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 EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? if yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

Condo Assoc.

Attn: Peter Murphy

CERTIFICATE HOLDER	CANCELLATION
CITY001  City of Portland 389 Congress Street Portland ME 04101	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 <i>Maureen Jabbe</i>



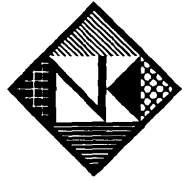
### **IMPORTANT**

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.



# 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>

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<b>Transmittal to</b>	CITY OF PORTLAND CODE ENFORCEMENT 389 CONGRESS STREET PORTLAND, ME 04101	<b>Date</b>	07.5.2007
		<b>Job No.</b>	7329
		<b>Re.</b>	SIGN PERMIT VIA MAIL

---

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

Copies	Date	No.	Description
1	07.05.2007	7329	SIGN PERMIT APPLICATION

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<b>Purpose</b>	<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 checked="" type="checkbox"/> Other

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**Remarks** The enclosed is submitted for a sign permit for Chestnut Street Lofts. Please don't hesitate to contact me if you should have any questions.

**Copy to** FILE

**From** PETER MURPHY

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT

SIGNS A & B

8.2 S.F./E

9'-0"

11" CHESTNUT STREET

**DIMENSIONAL WALL LETTERS**

SCALE: 1"=1'-0"

(2) SETS REQUIRED

1/2" THICK ALUMINUM FLAT CUT-OUT  
ALUMINUM FINISH MOUNTED TO V  
LOCATIONS TBD)

VERIFY LOCATIONS AND EXISTING

40.44  
3'-4 7/16"



POLISHED  
ALUMINUM  
FINISH

BRUSHED  
ALUMINUM  
FINISH

37.94  
3'-1 15/16"  
10.7 S.F.

~~21~~  
SMALLER  
NUMERAL  
WILL BE  
USED.  
NOT SIGNA

**ADDRESS NUMERALS**

SCALE: 1"=1'-0"

1/2" THICK ALUMINUM FLAT CUT-OUT  
ALUMINUM FINISH MOUNTED TO V  
LOCATIONS TBD)

VERIFY LOCATIONS AND EXISTING V

**DIMENSIONAL WALL GRAPHIC**

SCALE: 1"=1'-0"

(1) REQUIRED

1/2" THICK ALUMINUM FLAT CUT-OUT LOGO

UPPER PIECE WITH POLISHED ALUMINUM FINISH  
LOWER PIECE WITH BRUSHED ALUMINUM FINISH

MOUNT TO WALL WITH SPACERS (EXACT LOCATION TBD)

VERIFY LOCATION AND EXISTING V.O. PRIOR TO PRODUCTION

$37.94 \times 40.44 = 1534.29 \text{ sq ft} = 10.65 \text{ S.F.}$

SIGN C