



Signage / Awning Permit Application

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 12/15/14

If you or the property owner owes real estate or personal property taxes or any other charges on any property within payment arrangement MUST be made before permits are accepted.

Location/Address: 130 MIDDLE STREET		
Tax Assessor's Chart/Block/Lot (CBL)	OWNER Name/Address:	Telephone: 774-1000
Chart: 029 Block: E001 Lot: 001	Name: ELC LLC Address: C/O PORTLAND REGENCY 20 MILK ST., PORTLAND, ME 04101	E-Mail: DVARGO@THEREGENCY.COM
LEASEE/BUYER Info (if Applicable)	CONTRACTOR	Total S.F. signage \$ 190 (Sq Ft = 95 x \$2.00)
ANDROSCOGGIN BANK P.O. BOX 1407 LEWISTON, ME 04243-1407	Name: NEOKRAFT SIGN CO. Address: 686 MAIN STREET LEWISTON, ME 04240 Phone: 782-9654 E-Mail: peter@neokraft.com	SF + \$30 Fee: \$30 Historic (\$75): \$ Awning Fee: \$
Awning Fee = Cost of Work: \$ _____ (\$30/first \$1000; \$10 each additional \$1000)		TOTAL FEE: \$ 220

Who should we contact when the permit is ready: Name: PETER MURPHY Phone: 782-9654
Address: NEOKRAFT SIGN CO, 686 MAIN ST, LEWISTON, ME 04240 E-Mail: peter@neokraft.com
90' MIDDLE ST.

Tenant/allocated building space frontage (in feet): Length: 100' PEARL ST. Height: 48
Lot frontage (in feet): 113.9' MIDDLE ST Single Tenant or Multi-Tenant Lot: MULTI
126.7' PEARL ST.

Current Specific Use: BANK, OFFICE
If vacant, what was prior use: N/A
Proposed Use: _____

(2) SIGNS 3'-6 1/8" X 10'-10 1/2" = 45.19 SF ea on 90.38 FOOT (2)
(1) 1' x 4' = 4 SF TOTAL SIZE 94.38 SF

Information on proposed sign(s)
Freestanding (e.g. pole) sign? YES NO Dimensions proposed: 9' Height from grade: 9'
BLDG Wall Sign (attached to bldg.)? YES NO Dimensions proposed: SEE ABOVE

Proposed Awning: YES NO If yes, is awning backlit? YES NO
Height of awning _____ Length of awning _____ Depth of awning _____
Is there any communication, message, trademark or symbol on it? YES NO
If yes, total square footage of panels with communication, message, trademark or symbol on it: _____ sf

Information on existing and previously permitted signage: PERMIT 09-0849 ISSUED 9-24-2009 (SEE COPY)
Freestanding (e.g. pole) sign? YES NO Dimensions existing: 108 SF Height from grade: SAME LOCATION
BLDG Wall Sign (attached to bldg.)? YES NO Dimensions existing: OTHER TENANT SIGNS:
Awning? YES NO total sq ft of panels with communication on it: _____ sf
PURDY: 17 S.F. ±
ALBIN: 23 S.F. ±

A site sketch and building sketch showing exactly where existing and proposed signage is located MUST be provided. Sketches and/or pictures of proposed signage and existing building are also required.

Please submit all information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the 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 207-874-8703.

I hereby certify 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 Date: 11-12-14



CERTIFICATE OF LIABILITY INSURANCE

DATE (9/4/

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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY DESCRIBED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER Cross Insurance-Portland 2331 Congress Street Portland ME 04102	CONTACT NAME: Kasie Thornton PHONE (A/C, No, Ext): (207) 221-8551 FAX (A/C, No): (207) 828-8902 E-MAIL ADDRESS: kthornton@crossagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A Liberty Mutual Holding Co</td> <td></td> </tr> <tr> <td>INSURER B Maine Employers Mutual Ins Co</td> <td>11149</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Liberty Mutual Holding Co		INSURER B Maine Employers Mutual Ins Co	11149	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER F:														
INSURED Androscoggin Savings Bank c/o Robin Robbins P. O. Box 1407 Lewiston ME 04243-1407														

COVERAGES **CERTIFICATE NUMBER:** CL1462412505 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			CBP8956359	6/21/2014	6/21/2015	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 checked="" 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			BA8954658	6/21/2014	6/21/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CU8954758	6/21/2014	6/21/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	1810102860	6/21/2014	6/21/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Refer to policy for exclusionary endorsements and special provisions. Certificate holder is added as an Additional Insured under the Commercial General Liability policy if required by written contract.

CERTIFICATE HOLDER City of Portland 389 Congress Street Portland, ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Kasie Thornton/HJB <i>Kasie Thornton</i>
--	--



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

These plans are the exclusive property of Neokraft Signs, Inc. and are the result of the original work of its employees. They are submitted to Neokraft's client for the sole purpose of consideration of whether to purchase these plans or to purchase from Neokraft a sign manufactured according to these plans.

Distribution or exhibition of these plans to anyone other than employees of said client, or use of these plans to construct a sign similar to the one embodied herein, is expressly forbidden. In the event that such exhibition or construction occurs, Neokraft expects to be reimbursed \$1500 in compensation for time and effort entailed in creating these plans.

Androscoggin Bank 18911

Location:	130 Middle St
	Portland, ME
Drawing No.:	2 of 5
Drawn by:	ML Rep.: PM
Date:	11.07.2014
Lead No.:	FL022090
Gen Ref.:	18679

SIZE OF PURDY, POWERS & COMPANY: APPROX. 17 S.F.
SIZE OF ALBIN, RANDALL & BENNETT APPROX. 23 S.F.

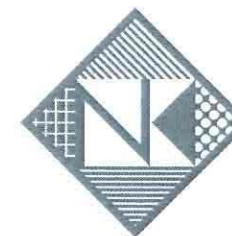


EXISTING SIGNAGE
NO SCALE



PROPOSED - INSTALLED DEPICTION
NO SCALE

SIGN A



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Androscoggin Bank 18911



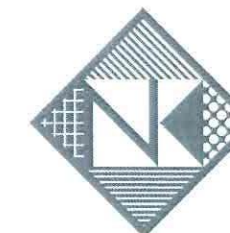
EXISTING SIGNAGE
NO SCALE



PROPOSED - INSTALLED DEPICTION
NO SCALE

SIGN B

Location:	130 Middle St
	Portland, ME
Drawing No.:	3 of 5
Drawn by:	ML Rep.: PM
Date:	11.07.2014
Lead No.:	FL022090
Gen Ref.:	18679



Neokraft
SIGN S

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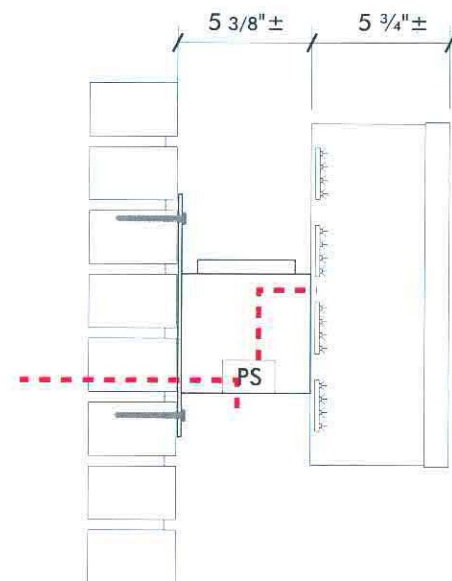
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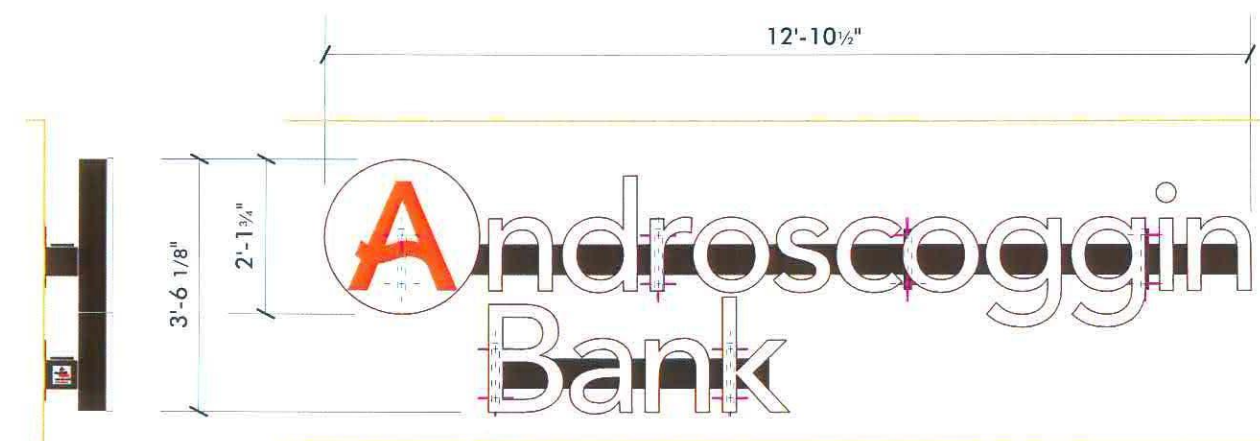
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Androscoggin Bank 18911

Location:	130 Middle St
	Portland, ME
Drawing No.:	1 of 5
Drawn by:	ML Rep.: PM
Date:	11.07.2014
Lead No.:	FL022090
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SECTION - (TYPICAL)
SCALE: 1 1/2" = 1'-0"



END VIEW

SIGNS A, B

INT. ILLUM. LETTERS ON RACEWAYS

SCALE: 3/8" = 1'-0"

(2) SETS REQUIRED

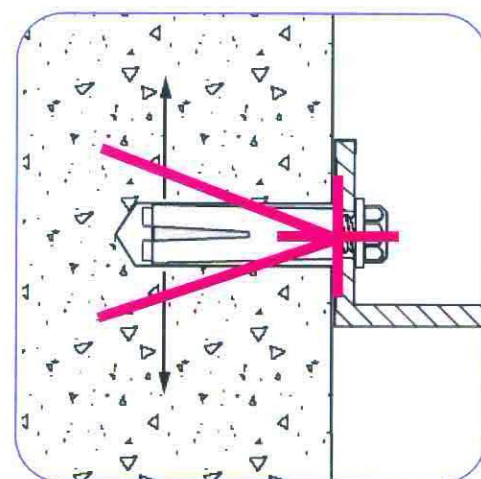
REMOVE EXISTING SIGN & REPLACE WITH NEW:

5 3/4" ± DEEP FABRICATED ALUMINUM INTERNALLY ILLUMINATED LETTERS; WHITE LED ILLUMINATION WITH 3/16" THICK TRANSLUCENT WHITE ACRYLIC FACES, 1" TRIM CAPS AND RETURNS PAINTED TO MATCH MATTHEWS 'REALLY RUST' [22A-1A]

ORANGE 'A' : GSP 'TANGERINE' TRANS VINYL [230-84] OVER GSP 'SILVER METALLIC' TRANS VINYL [230-121]

LETTERS TO BE MOUNTED ON SIGNCOMP ALUMINUM EXTRUSION RACEWAYS [#1976+5972+1972+1971+5988+5989+5987], TO BE PAINTED TO MATCH MATTHEWS 'REALLY RUST' [22A-1A]; NEOKRAFT STICKER LOCATED ON ENDS OF LOWER CURB BOX

(8) UPPER BOX (4) LOWER BOX LOK-BOLT FASTENERS



TYP. SLEEVE-ANCHOR MOUNTING DETAIL

NOT TO SCALE

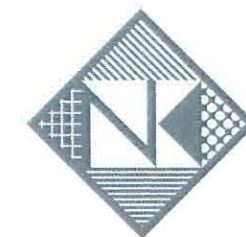
LOK-BOLT™ ANCHORING SYSTEM AS MFG BY POWERS FASTENERS, NEW ROCHELLE, NY OR EQUAL:

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"



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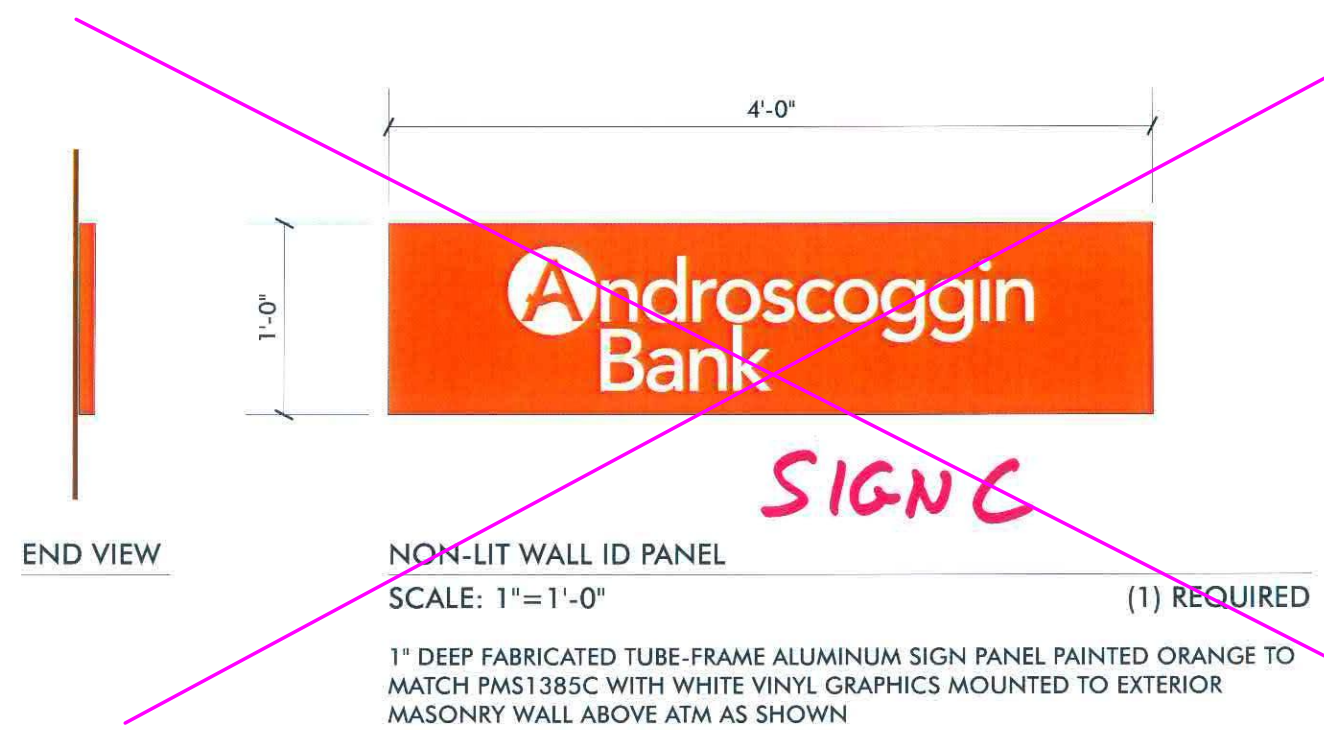
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Androscoggin Bank 18911

Location:	130 Middle St	
	Portland, ME	
Drawing No.:	4 of 5	
Drawn by:	ML	Rep.: PM
Date:	11.07.2014	
Lead No.:	FL022090	
Gen Ref.:	18679	

No sign above the ATM Can replace panel graphic only on actual ATM



PROPOSED - INSTALLED DEPICTION
NO SCALE



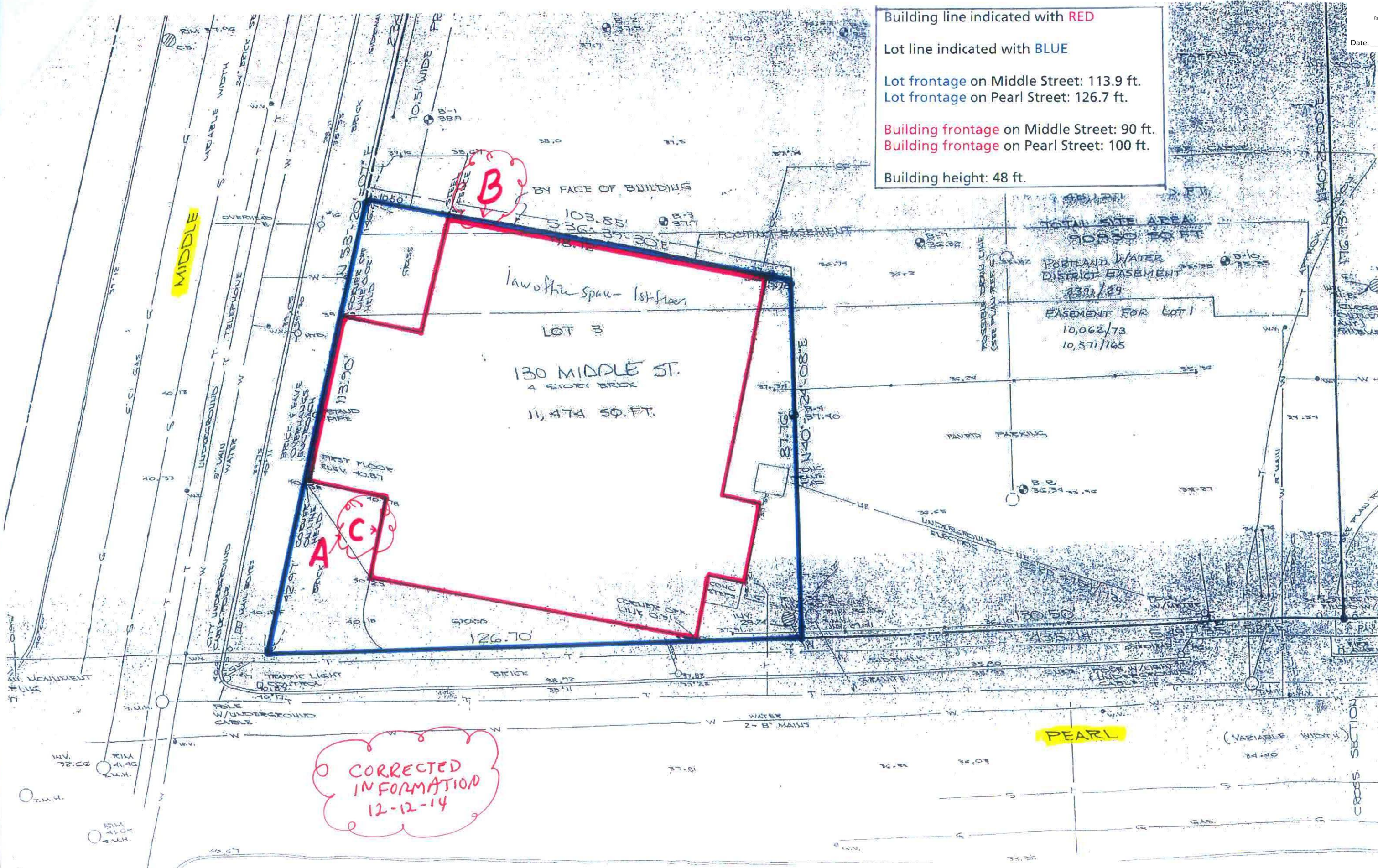
Building line indicated with RED

Lot line indicated with BLUE

Lot frontage on Middle Street: 113.9 ft.
Lot frontage on Pearl Street: 126.7 ft.

Building frontage on Middle Street: 90 ft.
Building frontage on Pearl Street: 100 ft.

Building height: 48 ft.



CORRECTED
INFORMATION
12-12-14

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND



Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 12/15/14

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION PERMIT

Permit Number: 090849

Date:

PERMIT
SEP 24 2009
CITY OF PORTLAND

This is to certify that Elc Limited Liability Company/NeoKraft Signs

has permission to Attached two wall signs total of 108 sq. Ft

AT 130 Middle St

CBL 029 E001001

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 lathed or otherwise 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

RECEIVED SEP 25 2009

Director - Building & Inspection Services

[Handwritten Signature]
9/17/09

PENALTY FOR REMOVING THIS CARD

ORIGINAL SIGN
PERMIT FOR
ANDROSCOGGIN BANK



Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 12/15/14

Portland, Maine - Building or Use Permit

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

Andros Bank

Permit No: 09-0849	Date Applied For: 08/03/2009	CBL: 029
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Location of Construction: 130 Middle St	Owner Name: Elc Limited Liability Company	Owner Address: 42 Market St	Phone: 207-774-1000
Business Name: Androsoggin Bank	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 / Attached two wall signs total of 108 sq. ft.	Proposed Project Description: Attached two wall signs total of 108 sq. Ft
--	--

Dept: PAD Note:	Status: Approved	Reviewer: Deborah Andrews	Approval Date:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Zoning Note:	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 08/13/2009	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building Note:	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 09/17/2009	Ok to Issue: <input checked="" type="checkbox"/>

1) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.

Comments:
 8/11/2009-gg: Permit was in by mail, gg
 8/13/2009-mes: I had to gather data on the tenant frontage that the applicant was remiss in supplying
 9/16/2009-gg: Received permit from historic on 9/16/09. /gg

RECEIVED SEP 23 2009



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November 12, 2014

To: City of Portland

From: Peter Murphy

RE: Sign permit application, Androscoggin Bank, 130 Middle St.

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4. Property owner approval
5. Certificate of insurance-Androscoggin Bank
- 5A. Certificate of insurance-Neokraft
6. Copy of original permit for Androscoggin Bank
7. Electrical permit application