



# Neokraft

Neokraft Signs Inc.  
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**Transmittal to** CITY OF PORTLAND  
INSPECTIONS  
389 CONGRESS ST  
PORTLAND, ME 04101

**Date** 10.10.2014  
**Job No.** 18472  
**Re.** PRESS HOTEL

- |  |   |   |
|--|---|---|
| <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 type="checkbox"/> Other                |
|  |   | <input type="checkbox"/> Specifications       |

Copies	Date	No.	Description
1	10.10.2014	18472	1 SIGN PERMT APPLICATION, (1) FASTENER DETAIL,(1)INSURANCE LIABILITY FORM,(1) LANDLORD CONSENT AGREEMENT IN REGARDS TO OBTAINIG A SIGN PERMIT FOR PRESS HOTEL LOCATED AT 390 CONGRESS ST./119 EXCHANGE ST.

- |                |  |   |   |
|----------------|--|---|---|
| <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 checked="" type="checkbox"/> As requested | <input type="checkbox"/> Revise and resubmit    | <input type="checkbox"/> Other              |

**Remarks** PLEASE REVIEW FOR APPROVAL AND EMAIL WITH PRICE CONFIRMATION. Thank you.  
ROB@NEOKRAFT.COM PERMIT FEE REQUESTED \$197.60

**Copy to**

**From** ROB MAINVILLE

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT