Location of Construction:	Owner:		Phone:	Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	991363
Contractor Name:	Address:	Phone:	, J=9656	Permit Issued:
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:	DEC 0 999
	Substitution	FIRE DEPT. □ A _I	The state of the s	CITY OF PORTLAND
		Signature:	Signature:	Zone: CBL:
Proposed Project Description:			TIVITIES DISTRICT (P.	Zoning Approval:
			pproved	
Total of 379 b.i. Total of 3		A	pproved with Conditions: enied	Special Zone or Reviews: Shoreland Wetland Flood Zone
		Signature:	Date:	Subdivision
Permit Taken By:	Date Applied For:	orginature.	Date.	☐ Site Plan maj ☐minor ☐mm ☐
Territi Taken by.	2	Dec. t. 1000		Zoning Appeal
 Building permits do not include plum Building permits are void if work is not tion may invalidate a building permit 	ot started within six (6) months of the date of	ne Ennd To: henkra edo Ma	in St. en, en U414u	☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action:
authorized by the owner to make this applif a permit for work described in the applic	rd of the named property, or that the proposication as his authorized agent and I agree cation is issued, I certify that the code officinable hour to enforce the provisions of the	ed work is authorized by the or conform to all applicable lal's authorized representative	aws of this jurisdiction. In a shall have the authority to a	ddition, Denied
	ADDRESS:	DATE:	PHONE:	
SIGNATURE OF APPLICANT	ADDRESS.			PERMIT ISSUED
SIGNATURE OF APPLICANT	ADDRESS.			PERMIT ISSUED WITH REQUIREMENTS

COMMENTS	CO	MN	IEN	TS
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COMMENTS	
2-23-00 Scrike WI Peter from Alankoult Co	ns - just starting the inche Ocation
2-23-00 Spoke w/ Peter from Neo kraft sig. Process - & All materials on Root & dilling 3-3-00 All sides installed per plans	is underway.
	Inspection Record Type Date
	dation:
Fram	ing:
Final:	bing:

Other:

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: ONE MONUMENT SQUARE ZONE: B-3
OWNER: FINARD & COMPANY (BUILDING OWNER)
APPLICANT: PIERCE ATWOOD (THROUGH NEOKRAFT SIGNS)
ASSESSOR NO. 032-K-012
SINGLE TENANT LOT? YES NO NO NO DIMENSIONS (ex. pole sign) MORE THAN ONE SIGN? YES NO DIMENSIONS BLDG. WALL SIGN? YES NO DIMENSIONS (attached to bldg) MORE THAN ONE SIGN? YES NO DIMENSIONS SIDE 2: 90 S.F. SIDE 2: 90 S.F. SIDE 3: 166 S.F.
LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: (2) EXISTING NON-LIT "KEY BANK" SIGNS, 40 S.F. ± EACH
LOT FRONTAGE (FEET): 140 ± BLDG FRONTAGE (FEET): 120' AWNING YES NO IS AWNING BACKLIT? YES NO HEIGHT OF AWNING: IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? **** TENANT BLDG. FRONTAGE (IN FEET) **** REQUIRED INFORMATION AREA FOR COMPUTATION FEE: \$\frac{1}{3}0 + (379 \subseteq 5.\frac{1}{2} \times 40.20) = \frac{1}{2} \left 05.80 CAN LARC \$\frac{1}{2} \left \times 432 \times 432 \times 432 \times 431. Lift A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE
EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.
SIGNATURE OF APPLICANT Set W. Musely DATE: 11-17-99

THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

Sign Permit Pre-Application Attached Single Family Dwellings/Two-Family Dwelling Multi-Family or Commercial Structures and Additions Thereto

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

NOTE**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.

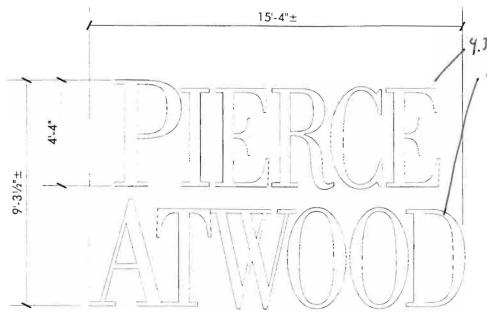
Location/Addressof Construction (include Portion of Building). ONE MONUMENT SQUARE					
Total Square Footage of Proposed Structure 379 S.F.	i i	Square Footage of Lot N/A			
Tax Assessor's Chart, Block & Lot Number Chart# 032 Block# Lot# 012	Owner: F/	VARD & COMPANY		Celephone#: 207-77 <i>2</i> -2;	257
Owner's Address: ONE MONUMENT SQ. SUITE 200 PORTLAND, ME 04101		Name (If Applicable) ATWOOD		Sq. Ft. of Sign	Fee 05 <u>80</u>
Proposed Project Description: (Please be as specific as possible) INSTALLATION OF (3) WALL SI	GNS				
Contractor's Name, Address & Tellanone NEOKRAFT, 6	86 MAIN ST	LEWISTON, ME 04240/20	7-782	-9654 Rec'd	By UB
Current Use: OFFICE		Proposed Use: SAME			
Signature of applicant: Defw. Muyly		Date:	-17-9	19	
Signage	Fee: \$30.00 pl	us .20 per square foot of signag	e		



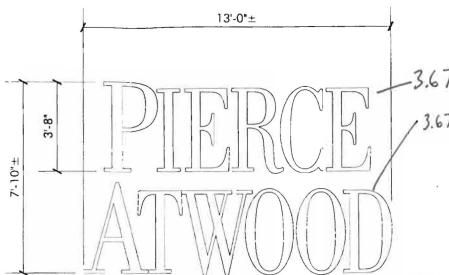
Neokraft Signs Inc. 686 Main Street Lewiston, Maine 04240 Telephone: 207.782.9654 Facsimile: 207.782.0009 1.800.339.2258 http://www.neokraft.com

Transmittal to	CITY OF PORTLAND		Date	11 30 1999
	BUILDING INSPECTIO	NS	Job	No.
	389 Congress stre	ET	Re.	SIGN PERMIT
	PORTLAND, ME 0410	1		VIA MAIL
Item	Attached	☐ Hand Delivered	☐ Under separate cover	
	☐ Shop Drawings	☐ Prints	☐ Samples	□ Specifications
	☐ Copy of letter	☐ Change Order	☑ Other	
	Copies Date	No.	Description	
	1 11 30 1999		SIGN PERMIT APPLI	CATION
Purpose	□ For approval	☐ No exception taken		☐ Rejected
	☐ For your use	☐ Make corrections noted		☐ Review and comment
	☐ As requested	☐ Revise and resubmit		☑ Other
Remarks	The following items a	re submitted for a sign p	permit for Pierce Atwoo	d located at One Monument
	Square Note Electr	cal permit will be handl	ed separately by elect	rician
	>Signage Pre-Applica	tion		
	>Building Permit App	ication		
	>Certificate of Insura	nce		
	>Landlord Consent Fo	rm		
	>Drawings			
	Please feel free to co	ntact me if you should ho	ave any questions Ple	ase send permit to Neokraft
	Copy to FILE			From PETER MURPHY

ONLY AN HOLDER. ALTER TH	D CONFERS N THIS CERTIFICA E COVERAGE COMPANIE	JED AS A MATTER O O RIGHTS UPON TH ATE DOES NOT AME AFFORDED BY THE F S AFFORDING COVERA	NE CERTIFICATE IND, EXTEND OR POLICIES BELOW.
APeer		S AFFORDING COVERA	
APeer	lass Tas		GE
	Tess Tust	rance Compan	iy
BITTEV	elers Pro	operty & Casu	alty
COMPANY CMain	e Employe	ers Mutual In	isurance
•Main	e Employe	ers Mutual In	surance
N OF ANY CONTROLD BY THE PO	RACT OR OTHER	DOCUMENT WITH RESP	PECT TO WHICH THIS
DATE (MN/DOMY)	DATE (MWBONY)	Limi	ITS
		PRODUCTS COMPIOP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE CAMAGE (Any end line)	\$1,000,000 \$1,000,000 \$300,000
10/27/99	10/27/00	GOMBINED SINGLE LIMIT	11,000,000
		addity injust (Peracodent)	\$
		PROPERTY DAMAGE	3
		AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT	5
10/27/99	10/27/00	The second secon	\$10,000,000 \$10,000,000
		EACH ACCIDENT DISEASE POLICY LIMIT	\$500,000 \$500,000 \$500,000
addition	nal insure	ed with respe	act
SHOULD ANY OF TEXPIRATION DATE O DATS WE BUT FAILURE TO NOT ANY KIND OF ANY KIND OF ANY KIND OF AUTHORIZED REPR	HE ABOVE DESCRIBE E THEREOF, THE ISSU ITTEN NOTICE TO THE MAIL SUCH NOTICE SH MIPON THE COMPAN RESENTATIVE	INC COMPANY WILL ENGLAVE CERTIFICATE HOLDER NAME IALL IMPOSE NO DBLIGATION IY ITS ACENTS OR REPAI	OR TO MAIL OR ON THE LEST, OR LIABILITY
	COMPANY CMain COMPANY CMain COMPANY OMain HAVE BEEN ISS N OF ANY CONTROLO BEEN REDUCED COLICY EFFECTIVE DATE (MIN/DONY) 10/27/99 10/27/99 10/27/99 10/27/99 2/01/98 CANCELLATIC SHOULD ANY OF Y EXPIRATION DATE BUT FAILURE TO M OF ANY KIND AUTHORIZED REPE	BTravelers Proceedings Company CMaine Employs GOMPANY OMaine Employs HAVE BEEN ISSUED TO THE INS N OF ANY CONTRACT OR OTHER REDO BY THE POLICIES DESCRIBE BEEN REDUCED BY PAID CLAMS. POLICY EFFECTIVE FOLICY EXPIRATION DATE (MM/DOWY) 10/27/99 10/27/00 10/27/99 10/27/00 10/27/99 10/27/00 10/27/99 10/27/00 21/13/99 01/13/00 2/01/98 12/01/99 additional insure CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBE EXPIRATION DATE THEREOF, THE ISSU 30 DAYS WRITTEN NOTICE TO THE BUT FAILURE TO MAIL SUCH NOTICE SHOP ANY KIND LIPON THE COMPAN AUTHORIZED REPRESENTATIVE	COMPANY CMaine Employers Mutual Incompany OMaine Employers Mutual Incompany Note any contract or other document with respected by the policies described herein is subject to been reduced by palo claums. Policy effective found expiration DATE (MINIODMY) LIMIT 10/27/99 10/27/00 GENERAL ASGREGATE FIRE DAMAGE (Any one person) 10/27/99 10/27/00 GENERAL ASGREGATE FIRE DAMAGE (Any one person) 10/27/99 10/27/00 COMBINED SINGLE LIMIT SOOILY INJURY (Per person) PROPERTY DAMAGE AUTO ONLY-EA ACCIDENT AGGREGATE 10/27/99 10/27/00 EACHOCOPRENCE AGGREGATE 10/27/99 10/27/00 EACHOCOPRENCE AGGREGATE 10/27/99 10/27/00 EACHOCOPRENCE AGGREGATE 11/13/99 01/13/00 x STATUTORY LIMITS EACH ACCIDENT DISEASE FACH EMPLOYEE CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF ANY KIND LIPON THE COMPANY ITS ACENTS OR REPAIR BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF ANY KIND LIPON THE COMPANY ITS ACENTS OR REPAIR



4.334B33=58 4.3345=65 1235.F.



Neokraf

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Custom Sign Fabrication

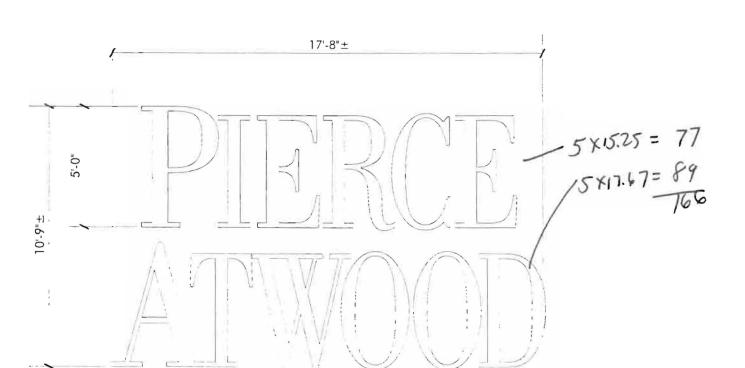
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SIDE 1—Lighted Wall Letters

Scale = $\frac{1}{4}$ " = 1'-0"



Scale=1/4"=1'-0"

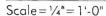


TOTAL SQUAME FOOTAGE: 379 S.F.

Pierce Atwood FL6254

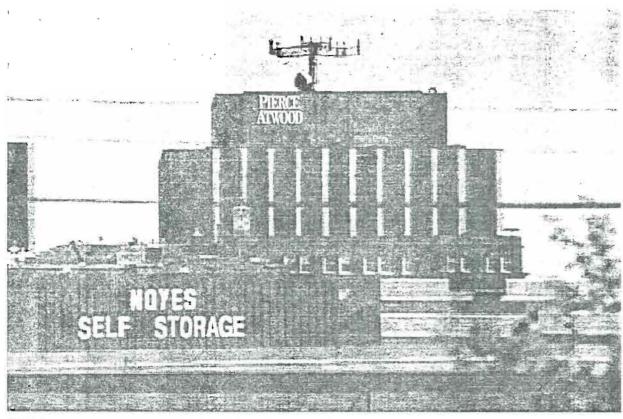
Location:	Portland, ME
Drawing No.:	1 of 2
Date:	10.20.1999
Drawn by:	D. Sysko
Gen Ref.:	99NK5530

SIDE 3—Lighted Wall Letters

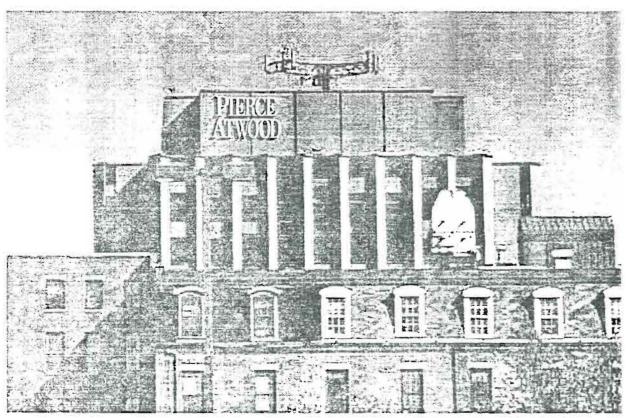




G:\DESIGN\f16254 PIERCA.cdr Wednesday, October 20, 1999 2:43:28 PM



SIDE 1

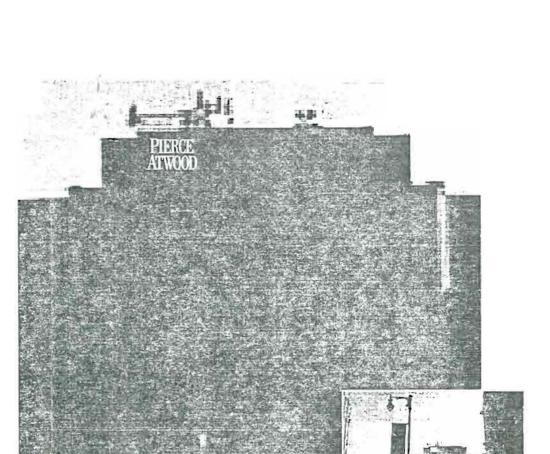


SIDE 3

Pictorial Views

NTS

G DESIGN f16254 PIEFCA ed: Wednesday, October 10 1964 [4] ; py



SIDE 2

Neokraft

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Pierce Atwood FL6254

Location:	Portland, ME
Drawing No	2 o! 2
Date:	10 20 1999
Drawn by.	D. Sysko
Gen Rel.	99NK5530