

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 26 Portland St.		Owner: Goodwill Ind of Ho. R.F.		Phone:		Permit No: 970191
Owner Address: 353 Cumberland Ave. Portland		Lessee/Buyer's Name:		Business Name: Hayride		
Contractor Name: Paul Lussard/Neo Craft Signs		Address: 686 Main St., Lewiston		Phone: 782-9654		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED MAR 11 1997 CITY OF PORTLAND </div>
Past Use: Prof Med Svcs Ofc		Proposed Use: Same w/sign		COST OF WORK: \$ _____ PERMIT FEE: \$ 28.32		
Proposed Project Description: Erect signage as per plans		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____		INSPECTION: Use Group: _____ Type: _____ Signature: <i>[Signature]</i>		Zone: E-3 CBL: 33-K-1 Zoning Approval: _____ 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"/>
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____		
Permit Taken By: Vicki Dover		Date Applied For: 3/3/97				

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..

Mail to NeoCraft

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT <i>[Signature]</i> Paul Lussard	ADDRESS: 686 Main St., Lewiston	DATE: 3/3/97	PHONE: 782-9654
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

CEO DISTRICT

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 26 Portland St.		Owner: Goodwill Ind of No. N.E.		Phone:		Permit No 970191	
Owner Address: 353 Cumberland Ave. Portland		Lessee/Buyer's Name:		Phone:		Business Name: Bayside	
Contractor Name: Paul Lessard/Neo Craft Signs		Address: 686 Main St., Lewiston		Phone: 782-9654		Permit Issued: MAR 11 1997	
Past Use: Prof Med Svcs Ofc		Proposed Use: Same w/sign		COST OF WORK: \$		PERMIT FEE: \$ 28.32	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Erect signage as per plans				Signature:		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: B-3 CBL: 33-K-1	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>[Signature]</i> 3/7/97	
Permit Taken By: Vicki Dover		Date Applied For: 3/3/97				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"/>	

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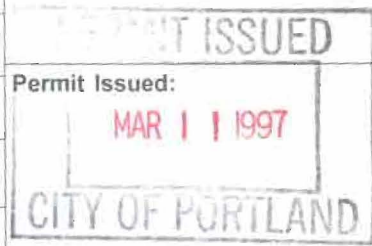
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Paul Lessard NEOCRAFT SIGNS
 SIGNATURE OF APPLICANT Paul Lessard ADDRESS: DATE: 3/3/97 PHONE: 782-9654

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector



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Action:
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 Approved with Conditions
 Denied

Date: *3/3/97*
D Anderson

CEO DISTRICT **5**
D. Jordan

Photographs, Artwork, Drawings

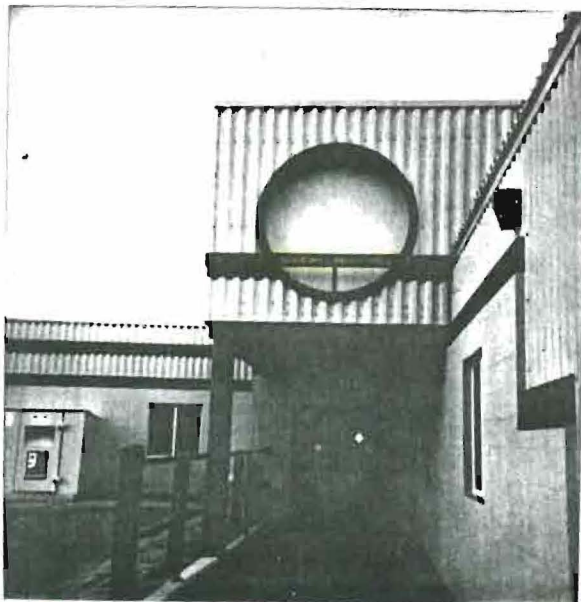
NeoKraft Signs Incorporated
Manufacturers of Interior and Exterior Signage
686 Main Street
Lewiston, Maine 04240
(207) 782-9654 FAX (207) 782-0009

Attach all Photographs, Artwork, or other loose descriptive material with tape:

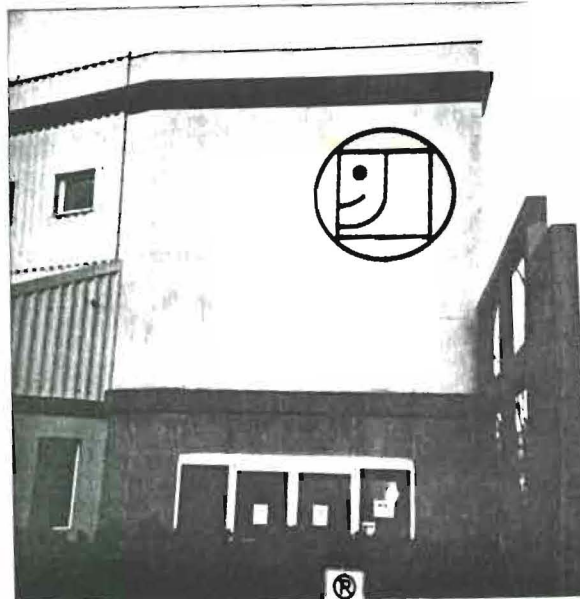
Date 2-24-97

Account Name, Job Name and Location GOODWILL INDUSTRIES, 353 CUMBERLAND AVE, PORTLAND
List All Items Attached:

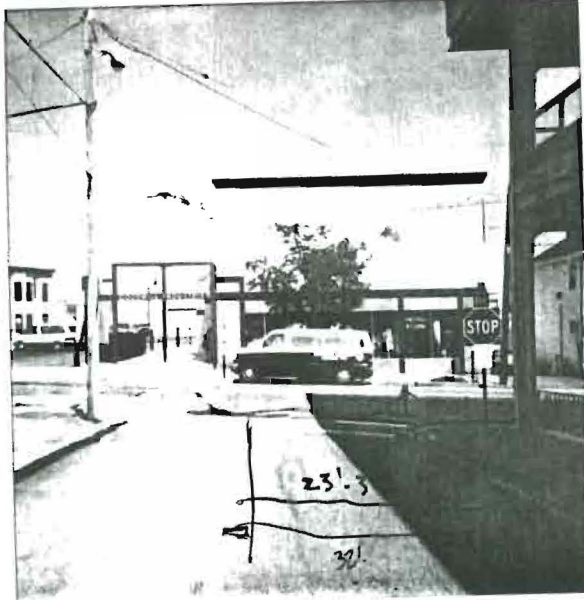
EXISTING SIGNS



Ⓐ 3'x45" METAL LETTERS ≈ 1 SQ. FT.

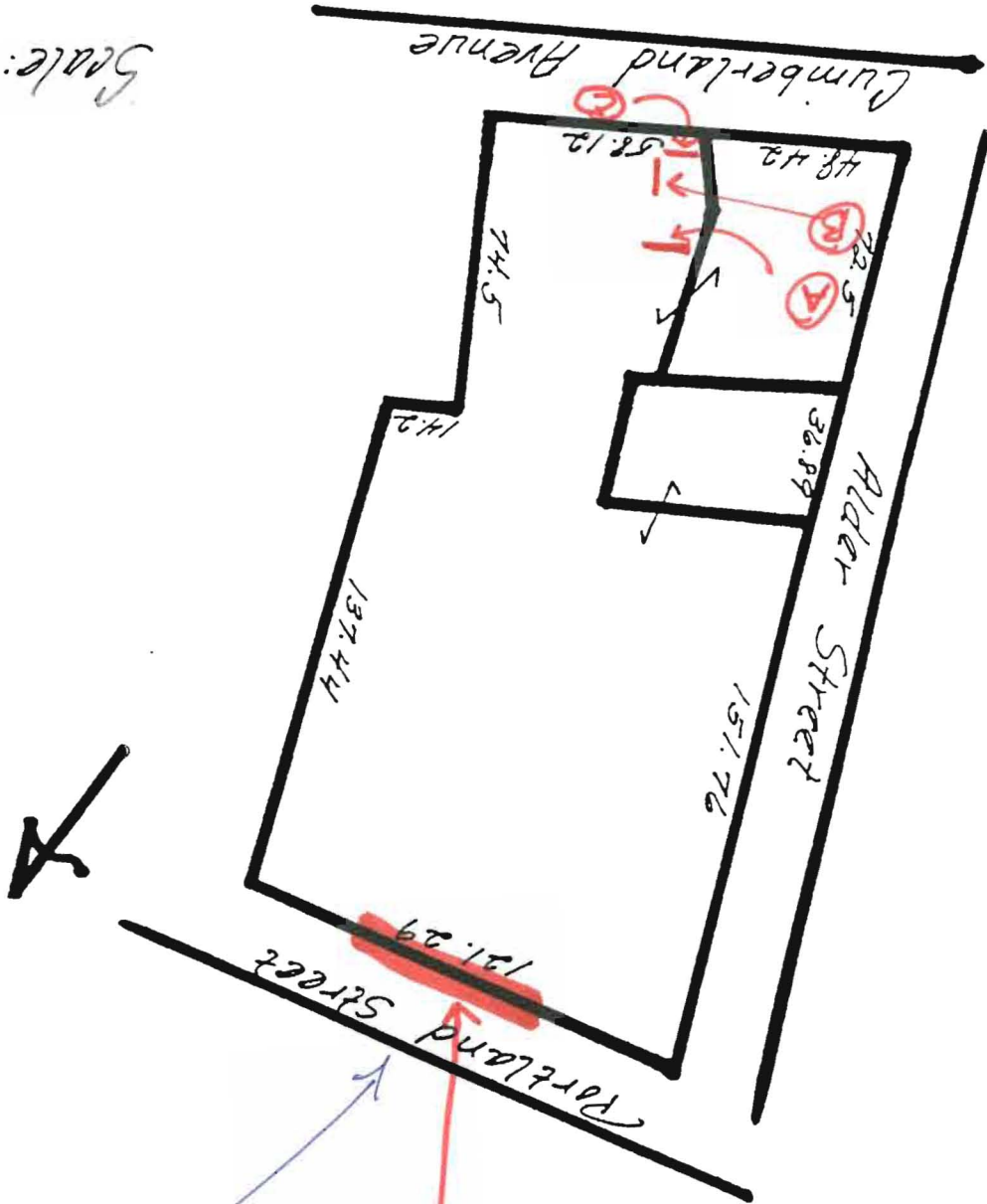


Ⓑ 7'φ LOGO ≈ 38.5 SQ. FT.



Ⓒ 8'x13' METAL LETTERS ≈ 8.66 SQ. FT.

Scale: 1" = 50'



Portland Street

Alder Street

Cumberland Avenue

NEW SIGN

LOT SKETCH

26 Portland St.
Bayville Services

SIGNAGE APPLICATION

B-3

ADDRESS: 26 Portland Street

OWNER: Goodwill Industries of Northern New England 353 Cumberland Ave., Portland

APPLICANT: Bayside Services (Division of G.W. Ind. of N.N.E.)

ASSESSORS NO.: _____

SINGLE TENANT LOT? YES: X NO: _____

MULTI-TENANT LOT? YES: _____ NO: _____

FREESTANDING SIGN? YES: _____ NO: _____ DIMENSIONS: _____

MORE THAN ONE SIGN? DIMENSIONS: _____

BLDG. WALL SIGN? YES: X NO: _____ DIMENSIONS: 23'

MORE THAN ONE SIGN? DIMENSIONS: 10"

19/16/4

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: (3) Wall Signs:

(A) 3"x4', (B) 7' Diameter, (C) 8"x13' - see attached photos and sign location plan.

ok

LOT FRONTAGE (IN FEET): 122'

BLDG FRONTAGE (IN FEET): 122' X 2 = 244

AWNING? YES: _____ NO: _____ IS AWNING FACILITY? YES: _____ NO: _____

HEIGHT OF AWNING: _____

IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? NO

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
2/24/97

PRODUCER **Sedgwick James of Maine, Inc.**
Telephone: 207 774-5911
P. O. Box 9755
Portland, Maine 04104-5055

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

COMPANIES AFFORDING COVERAGE

- COMPANY A TRAVELERS INSURANCE COMPANY
- COMPANY B
- COMPANY C
- COMPANY D

INSURED
**GOODWILL INDUSTRIES OF
NORTHERN NEW ENGLAND
P. O. BOX 8600
PORTLAND ME 04104**

COVERAGES

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.

DO LTR	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 CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	66092665699	10/01/96	10/01/97	GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 PERSONAL & DV INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 300000 MED EXP (Any one person) \$ 5000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - E/ ACCIDENT \$ OTHER THAN AUTO ONLY: EAC/ ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER				WC STAT/ (JOB) LIMIT OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS ADDITIONAL INSURED AS RESPECTS SIGN FOR INSURED'S BAYSIDE, PORTLAND STREET, PORTLAND, MAINE LOCATION

CERTIFICATE HOLDER

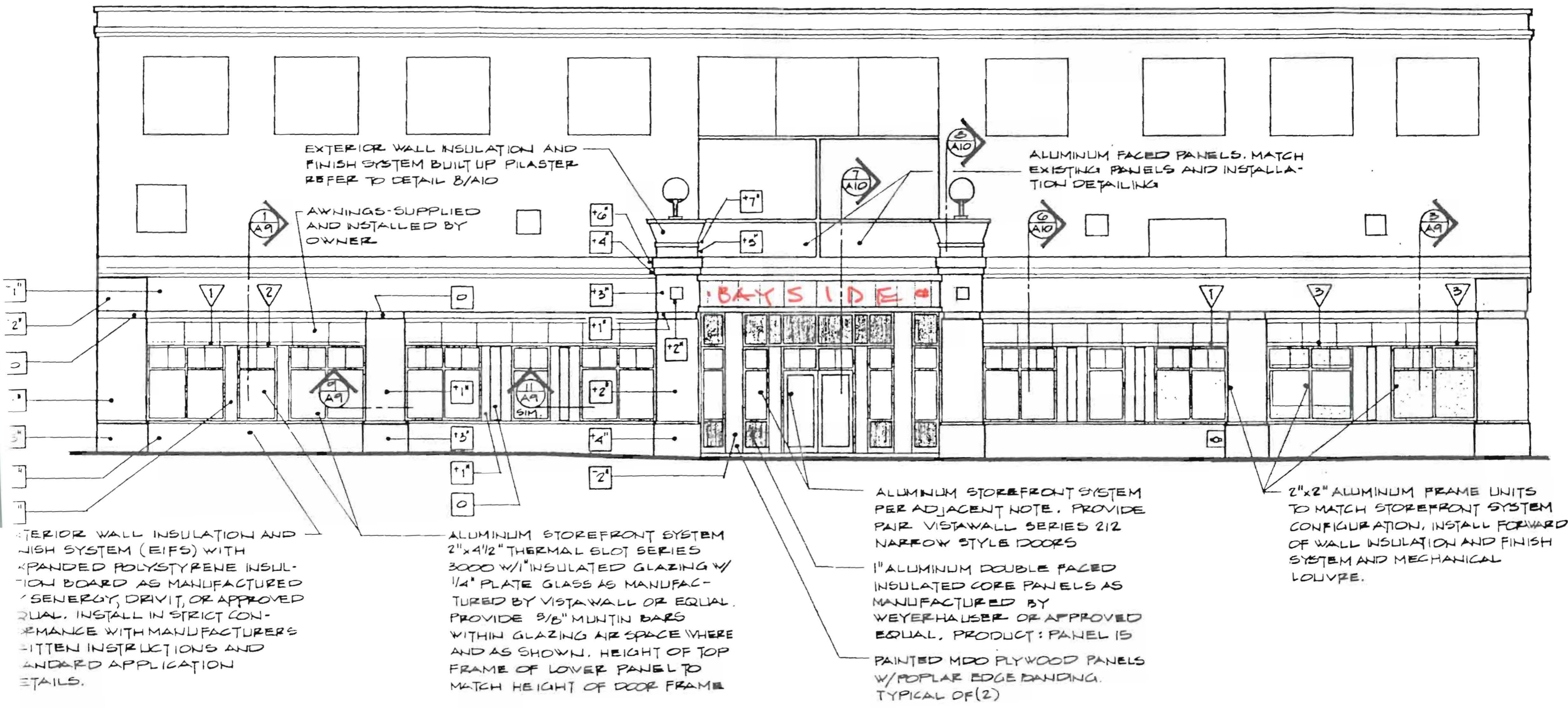
CITY OF PORTLAND
389 CONGRESS STREET
PORTLAND, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS PRIOR TO NOTICE TO THE POLICYHOLDER TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

1. VISTAWALL STOREFRONT SYSTEM SHALL BE STANDARD COLOR "AUTUMN RED"
2. STOREFRONT GLAZING SHALL BE 1/4" GREY PLATE GLASS.
3. WEYERHAUSER ALUMINUM INSULATED CORE PANEL 15" PANELS SHALL HAVE SMOOTH SURFACE AND BE CUSTOM PAINTED
4. PROVIDE AND INSTALL SIGNAGE @ FACE OF ENTRANCE CANOPY TO READ "BAYSIDE" LETTERS SHALL BE TIMES BOLD; ALUMINUM; 10" HIGH W/BAKED ENAMEL FINISH TO MATCH "AUTUMN RED" VISTAWALL STOREFRONT SYSTEM. PROVIDE PRODUCT INFORMATION AND LAYOUT DRAWING FOR OWNER'S APPROVAL



ORTLAND STREET ELEVATION

Shop Drawing

Work Order No. 97NK2860

Job Name *Goodwill*

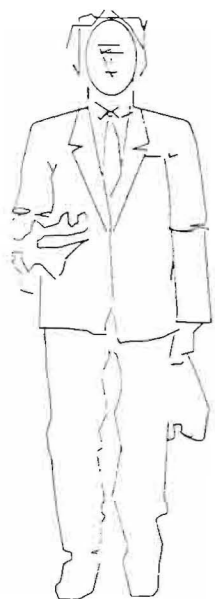
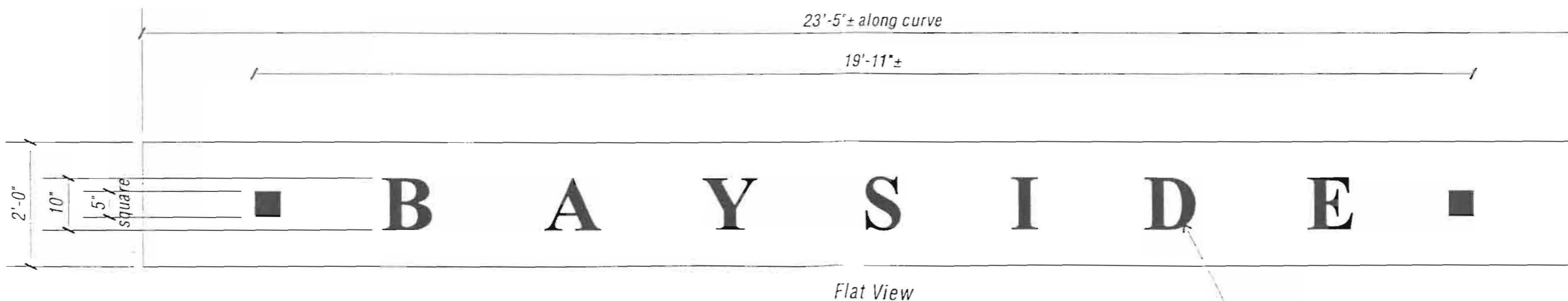
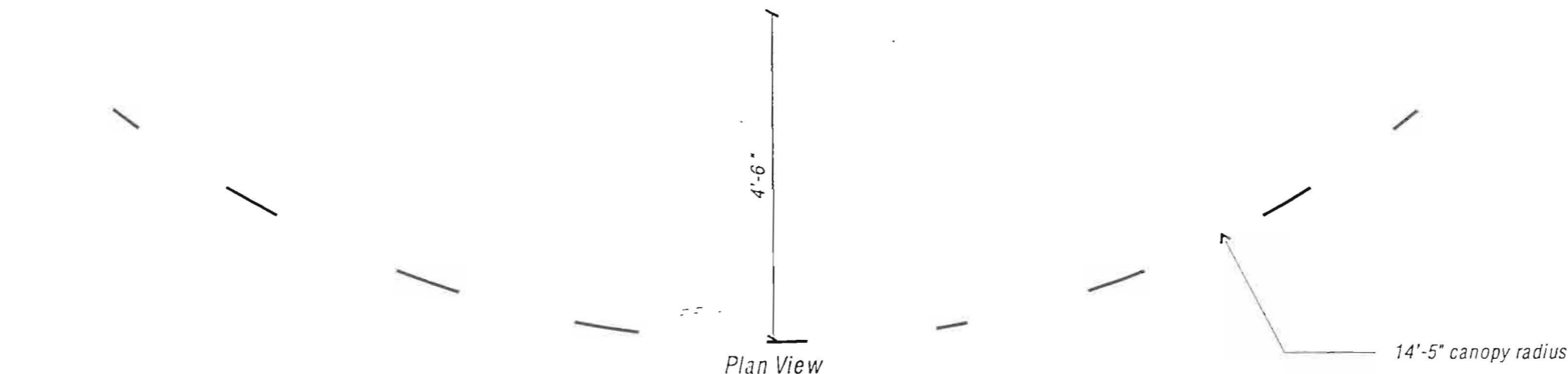
Job Location *Bayside, Portland St., Portland, ME*

Date *2-19-97*

Drawing No. *1 of 1*



NeoKraft Signs Incorporated, 686 Main Street, Lewiston, Maine 04240
Manufacturers, Installers and Designers of Custom Electric, Neon, Plastic and Metal Signs
(207) 782-9654, FAX 782-0009, (800) 334-2268



OK
KAB
2/24/97

Cast Aluminum Letters, Flat cut-out Aluminum "bullets"
1/2"=1'-0" (1) set

Times Bold letters, 1/2" thick "bullets," all stud mount to plywood canopy, 1/4" projection. Color selected by owner match Pratt & Lambert No. 1890A Burnished Mahogany. Center in v.o..

SIGN AREA = 16.6 SQ FT.