DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAN BUILDING PERI



12/21/12

This is to certify that

HARD SALES LLC /NeoKraft Signs

Located at

137 PREBLE ST (141)

PERMIT ID: 2012-65627

CBL: 034 D004001

has permission to Erect two signs for Apothecary By Design - one 3'10" x 11'8" wall sign and add 1'

x 5' 9" panel to free standing sign.

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise clsoed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

Fire Prevention Officer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY THERE IS A PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months. If the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.

REQUIRED INSPECTIONS:

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, M	aine - Bu	uilding or Use Permi	t	Permit No:	Date Applied For:	CBL:
389 Congress Street, 0	4101 Tel	: (207) 874-8703, Fax: ((207) 874-8716	201265627	12/14/2012	034 D004001
Location of Construction:		Owner Name:	0	wner Address:		Phone:
137 PREBLE ST (141)		HARD SALES LLC	F	PO BOX 2		(207) 929-2800
Business Name:		Contractor Name:	C	ontractor Address:		Phone
Apothecary By Design		NeoKraft Signs	6	86 Main St. Lewis	ston	(207) 782-9654
Lessee/Buyer's Name		Phone:	Pe	ermit Type:		
				Signs - Permanent		
Proposed Use:			Proposed	Project Description:		
Multi-use Commercial					ecary By Design - on nel to free standing si	ne 3'10" x 11'8" wall Ign.
Dept: Zoning	Status:	Approved	Reviewer:	Ann Machado	Approval Da	ite: 12/21/2012
Note:						Ok to Issue:
Dept: Building	Status:	Approved w/Conditions	Reviewer:	Ann Machado	Approval Da	ite: 12/21/2012
Note:						Ok to Issue: 🗹
1) Signage and Awning	Installation	n to comply with Chapters	16, 31 & 32 of th	e IBC 2009 buildi	ng code.	

City of Portland, Maine	e - Building or Use	Permit Applicat	tion	Permit No:	Issue Date	:	CRT:	
389 Congress Street, 04101	1 Tel: (207) 874-8703	8, Fax: (207) 874-8	8716	2012-65627			034 D004001	
Location of Construction:	Owner Name:		Owne	er Address:			Phone:	
137 PREBLE ST (141)	HARD SALE	S LLC	PO	BOX 2 PORTL	AND, ME	04112	(207) 929-2800	
Business Name:	Contractor Name	2:	Conti	ractor Address:			Phone	
Apothecary By Design	NeoKraft Sign	ıs	686	Main St. Lewist	on ME 042	40	(207) 782-9654	
Lessee/Buyer's Name	Phone:			it Type: ns - Permanent			Zone: B7	
Past Use:	Proposed Use:		Ť	nit Fee:	Cost of Wor	k:	CEO District:	
Multi-use Commercial	Multi-use Con	nmercial	FIRE	\$131.00 E DEPT:		\$0.00	4	
					Denied Use		Group: Type:	
					N/A		575^	
Proposed Project Description: Erect two signs for Apotheca	m By Design - one 3'10	" v 11'9" wall sign	Signa	atura:		Signature	ARM 12/21/2	
and add 1' x 5' 9" panel to fre		X 11 6 Wall Sign		ESTRIAN ACTIVI	TIES DISTRI			
			A	action: Appro	ved App	proved w/Co	onditions Denied	
			S	ignature:		D	Date:	
Permit Taken By: bjs	Date Applied For: 12/14/2012			Zoning	Approva	el		
This permit application c	loes not preclude the	Special Zone or R	eviews	Zoni	ng Appeal		Historic Preservation	
Applicant(s) from meetin Federal Rules.		Shoreland		☐ Variano	ee	[₫	Not in District or Landmar	
 Building permits do not septic or electrical work. 		Wetland		Miscell	aneous		Does Not Require Review	
3. Building permits are voice within six (6) months of	d if work is not started	☐ Flood Zone		Condition	onal Use		Requires Review	
False information may in permit and stop all work		Subdivision		Interpre	tation		Approved	
		Site Plan		Approv	ed		Approved w/Conditions	
		Maj Minor 1	ММ	Denied			Denied	
		Date: 0 × 12/2	1112-1	Ph Date:		Date	: ABU	
I hereby certify that I am the of I have been authorized by the jurisdiction. In addition, if a part shall have the authority to ento such permit.	owner to make this appl permit for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree led, I certify that	to conform the code of	to all app	plicable laws of this thorized representative	
SIGNATURE OF APPLICANT		ADDI	RESS		DATE		PHONE	
RESPONSIBLE PERSON IN CHAI	RGE OF WORK, TITLE				DATE		PHONE	

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.

Γ		
Location/Address of Construction:	1 PREBLE STREET	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 034 004 00/	Owner: Ross FUNDAN (FURMAN' FURMAN ROSS PUNTFULIO. P.O. BOX 2 PONTLAND	Telephone: 929-2500
Lessee/Buyer's Name (If Applicable) AP OTHECARY BY DESIGN 84 MARGINAL WAY SUITE 100	Contractor name, address & telephone: Neokraft Signs 686 Main St. Lewiston, ME 04240 207-782-9654	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$
Who should we contact when the permit is ready Tenant/allocated building space frontage (feet) Lot Frontage (feet)	et): Length: Height VANIES	APPROX 18'
Current Specific use: VACANT If vacant, what was prior use: OFFICE Proposed Use: OFFICE AND COMPUN	•	
Information on proposed sign(s): EX 15 T1 M6 Freestanding (e.g., pole) sign? Yes X Bldg. wall sign? (attached to bldg) Yes X	No Dimensions proposed: [1]	Height from grade: _/
Proposed awning? Yes No Is awn Height of awning: Length of a Is there any communication, message, tradema If yes, total s.f. of panels w/communications, runformation on existing and previously permi	wning: Depth: rk or symbol on it? Yes No nessage, trademark or symbol: s.f.	RECEIVE
Freestanding (e.g., pole) sign? Yes X Bldg. wall sign? (attached to bldg) Yes Awning? Yes No X Sq. ft. area	No Dimensions: 316 No Dimensions:	DEC 1 4 Zoro
A site sketch and building sketch showing ex- Sketches and/or pictures of proposed signage	e and existing building are also required.	cated must be provided.
Please submit all of the information or Failure to do so may result in the auto		ation Checklist.
In order to be sure the City fully understands the additional information prior to the issuance of a p Building Inspections office, room 315 City Hall or	ermit. For further information visit us on-lin	
hereby certify that I am the Owner of record of the na authorized by the owner to make this application as his permit for work described in this application is issued reas covered by this permit at any reasonable hour to e	her authorized agent. I agree to conform to all a , I certify that the Code Official's authorized repre	pplicable laws of this jurisdiction. In addition, if sentative shall have the authority to enter all
Signature of applicant: This is not a permit; y	Date:	: 12-13-12 permit is issued.
		b chared - parel s'n'x 1'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

Transmittal to	CITY OF PORTLAND		Date	12.14.2012
	INSPECTIONS		Job No	1 6146
	389 CONGRESS STRE	ET	Re.	APOTHECARY/DESIGN
	PORTLAND, ME 0410	Í.		PERMITS
			_	MAIL
ltem	Attached	☐ Hand Delivered	☐ Under separate cover	
	☐ Shop Drawings	☐ Prints	☐ Samples	□ Specifications
	☐ Copy of letter	☐ Change Order	☐ Other	
	Copies Date	No.	Description	
	1 set 12.13.2012	16146	(1) SIGN PERMIT APP	LICATION, (1) DRAWING, (1)
			LANDLORD CONSEN	T, (1) INSURANCE LIABILITY
			FORM AND A CHECK	FOR \$131.00 IN REGARD TO
			OBTAINING A PERMI	T FOR APOTHECARY BY DESIGN
			AT 141 PREBLE STREE	т.
Purpose		☐ No exception taken		☐ Rejected
	☐ For your use	☐ Make corrections noted		☐ Review and comment
	☐ As requested	☐ Revise and resubmit		☐ Other
Remarks	PLEASE REVIEW FOR A	APPROVAL AND MAIL PER	RMITS TO THIS OFFICE.	
	Copy to			From PAT BOLDUC

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT

EXISTING ANDING
FREE SIGN. PHEBLESS, F WALL SIGN ELM ST. 141 PREBLE ST.

Peter Murphy

From: Mark McAuliffe <MMcAuliffe@apothecarybydesign.com>

To: "'peter@neokraft.com'" <peter@neokraft.com>

Subject: RE: Preble St.

Date sent: Thu, 6 Dec 2012 22:07:12 +0000

These look good, thanks and I like the logo on the signs. However for shipping and receiving I would not use the logo for security purposes. The lights are now installed and look good!

Thanks.

Mark McAuliffe
Apothecary by Design (www.apothecarybydesign.com)
84 Marginal Way Suite 100
Portland, Maine 04101
207-899-0663 x1

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----Original Message----

From: Peter Murphy [mailto:peter@neokraft.com]

Sent: Thursday, December 06, 2012 3:57 PM

To: Mark McAuliffe Cc: peter@neokraft.com Subject: Preble St.

Mark, attached are drawings for the door graphics. I thought it would be interesting to use your actual logo on the doors rather than just the text, as used at 84 Marginal Way. Your thoughts?Peter Murphy Neokraft Signs Inc.

686 Main Street Lewiston, ME USA 04240 207-782-9654 Cell 207-650-7632 http://www.neokraft.com

Peter Murphy

Date sent:

Fri, 7 Dec 2012 07:21:42 -0500

Subject:

Fwd: FW: Parking Spaces and signage

From:

Peter Murphy <pwm464@gmail.com>

To:

. 3

Peter Email <Peter@neokraft.com>

----- Forwarded message -----

From: "Mark McAuliffe" < MMcAuliffe@apothecarybydesign.com >

Date: Dec 5, 2012 11:38 AM

Subject: FW: Parking Spaces and signage To: "Peter Murphy" pwm464@gmail.com>

Cc:

Peter please see below. Let me know if this is sufficient from the landlord for our signs****

** **

Mark****

** **

Mark McAuliffe****

Apothecary by Design (www.apothecarybydesign.com) ****

84 Marginal Way Suite 100****

Portland, Maine 04101****

207-899-0663 x1****

[image: abd small logo] ****

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for the sole use of the intended recipient(s) and may contain confidential $\ensuremath{\mathsf{S}}$

and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please

contact the sender by reply e-mail and destroy/delete all copies of the original message.****

** **

*From: * Jenn Furman [mailto:jenniferfurman@aol.com]

*Sent: * Wednesday, December 05, 2012 11:33 AM

*To: * Mark McAuliffe

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/05/2012

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 POLICIES 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).

CONTACT Pamela Cyr Phone: 207-774-7919 PRODUCER Kilbride & Harris PHONE (A/C, No, Ext): 207-774-7919 E-MAIL ADDRESS: pcyr@khinsurance.com FAX (A/C, No): 207-774-7920 Fax: 207-774-7920 Insurance Services LLC 210 Western Avenue So. Portland, ME 04106 Joseph A. Kilbride, CPCU INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Evanston Insurance Company Apothecary by Design, LLC INSURED INSURER B: Attn: Mark McAuliffe INSURER C : 141 Preble Street Portland, ME 04101 INSURER D : INSURER E INSURER F :

COVERAGES CERTIFICATE NUMBER: 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.

R	TYPE OF INSURANCE	INSR WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
	GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
1	X COMMERCIAL GENERAL LIABILITY	X	SM-889335	09/18/2012	09/18/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
	X CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	3,000,000
	POLICY PRO- JECT LOC					COMPINED ONIOLE LINET	\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
1	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION\$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	17.6				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Ì								

Liability

CERTIFICATE HOLDER	CANCELLATIO

AAAAAA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

389 Congress Street AUTHORIZED REPRESENTATIVE Portland, ME 04101 Joseph A. Kilbride, CPCU

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City of Portland

~ 48th A- Proposed 4/212' Int illum & above ground Sign cab SIF on Facade C= 80' Frontage D 65' Electronling Sign Replacemen APPlox 20' from Corners of building to side walk

3'X6' Now. [111mm, DOS+ & Part

				PERMIT	ISSUED	
City of Portland, Main 389 Congress Street, 0410	•		1 01	Issue Date OCT 3	: 1 2001 Св і	L: 34 D004001
Location of Construction:	Owner Name:		Owner Addre	CITY OF P	ODTI ANT	je:
137 Preble St	Grapheteria		144 Preble	Street I V F F	UNILAM	
Business Name:	Contractor Name	:	Contractor A	ddress:	Pho	ae
n/a	Sign Design		72 Bridge S	St Westbrook	207	78562600
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:
n/a	n/a		Signs - Per			12-7
Past Use:	Proposed Use:	a a	Permit Fee:	Cost of Wor		
Commercial / Bookland	Commercial /	Grapnic Snop	FIRE DEPT:	Approved	INSPECTION: Use Group:	
Proposed Project Description			- /	//	Bur	,
Proposed Project Description: One 4' x 12' Sign & One 3' x	6' Sign		Signature:		Signature:	Musesa
One 4 x 12 Sign & One 5 x	CO Sign			NACTIVITIES DIST	TRICT (P.A.D.)	Political Control of the Control of
Replacement	5		Action:		proved w/Condition	
			Signature:		Date:	
Permit Taken By:	Date Applied For: 10/29/2001		Zo	oning Approva	al	
1. This permit application	does not preclude the	Special Zone or Rev	iews	Zoning Appeal	Histo	ric Preservation
	ing applicable State and	Shoreland		Variance	Not i	n District or Landmark
Building permits do not septic or electrical work		Wetland		Miscellaneous	☐ Does	Not Require Review
3. Building permits are vo within six (6) months of		Flood Zone		Conditional Use	Requ	aires Review
False information may i permit and stop all worl	_	Subdivision		Interpretation	Appr	oved
		Site Plan		Approved	Appr	roved w/Conditions
		Maj Minor Mi	M 🗆 🗎	Denied	Deni	ed
		Date:	Date:		Date:	
		10/3	101			
		CERTIFICAT	TON			
I hereby certify that I am the I have been authorized by the jurisdiction. In addition, if a shall have the authority to en such permit.	e owner to make this appliance opermit for work describe	med property, or that ication as his authoriz d in the application is	the proposed of ed agent and I issued, I certifi	agree to conform fy that the code of	to all applicable ficial's authorized	e laws of this ed representative
SIGNATURE OF APPLICANT		ADDRE	SS	DATE	3	PHONE
RESPONSIBLE PERSON IN CHA	ARGE OF WORK TITLE			DATE		PHONE

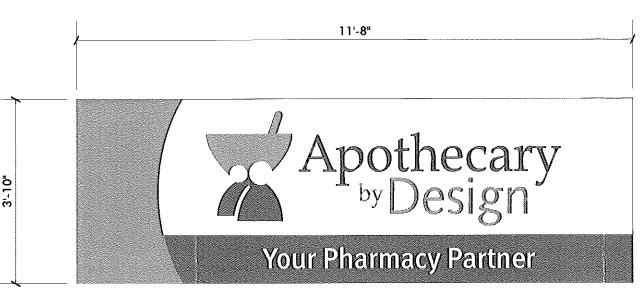
140x 46= 44.76



INSTALLED DEPICTION / PHOTO COMPOSITE

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

(1) REQUIRED



EXISTING S/F INT. LIT SIGN TO BE RELOCATED

SCALE: 1/2"=1'-0"

(1) REQUIRED

REMOVE EXISTING SIGN FROM MARGINAL WAY LOCATION AND INSTALL IN NEW PREBLE STREET LOCATION CENTERED ON PEAK OF BUILDING (AND VERTICALLY WITHIN V.O.) AS SHOWN

141 PREBLE STREET

UNIQUE DECIDE FING RESOURCE SOLUTIONS Pharmacy Partner

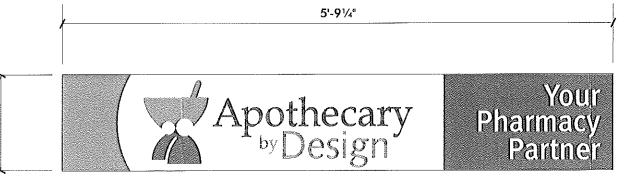
Apothecary Pharmacy Partner

Pharmacy Partner

INSTALLED DEPICTION / PHOTO COMPOSITE

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

(1) REQUIRED



TWIN S/F TUBE FRAME SIGNS FOR EXISTING D/F N/L GROUND ID

SCALE: 1"=1'-0"

(2) SIGNS TOTAL, REQUIRED

MAKE (2) SINGLE-FACED 1" DEEP TUBE FRAME SIGNS WITH WHITE ALUMINUM FACES AND FULL COVERAGE DURACHROME PRINTED VINYL GRAPHICS FOR EXISTING GROUND ID SIGN

REMOVE EXISTING LOWER SIGN ONLY (WBRC) AND REPLACE WITH NEW AS SHOWN

(EXISTING UPPER SIGN: "UNIQUE PROPERTIES/FMC " TO REMAIN)

69.25 X 12- 8312 5.80



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 purchose 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.

Apothecary by Design

PERMIT DRAWING

Location:	141 Preble Street				
	Portland	i, ME			
Drawing No	.: 1 of 1				
Drawn by:	ML	Rep.: PM			
Date:	12.06.2	012			
Lead No.:	FL0186	12			
Gen Ref.:					