

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



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 Statutes 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 closed-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.

N/A

Fire Prevention Officer

[Signature]

12/21/12

Code Enforcement Officer / Plan Reviewer

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

closed

SC

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 2012-65627	Issue Date:	CBL: 034 D004001
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Location of Construction: 137 PREBLE ST (141)	Owner Name: HARD SALES LLC	Owner Address: PO BOX 2 PORTLAND, ME 04112	Phone: (207) 929-2800
Business Name: Apothecary By Design	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston ME 04240	Phone: (207) 782-9654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B7
Past Use: Multi-use Commercial	Proposed Use: Multi-use Commercial	Permit Fee: \$131.00	Cost of Work: \$0.00
Proposed Project Description: 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.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	INSPECTION: Use Group: Type: Sign
		Signature: Signature: ARM 12/21/12	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:	

Permit Taken By: bjs	Date Applied For: 12/14/2012	Zoning Approval		
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..		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"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
		Date: OK 12/21/12 ARM	Date:	Date: ARM

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE

1-28-13 DWM Brad

Final OK

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, Maine - Building or Use Permit

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

Permit No:	Date Applied For:	CBL:
201265627	12/14/2012	034 D004001

Location of Construction: 137 PREBLE ST (141)	Owner Name: HARD SALES LLC	Owner Address: PO BOX 2	Phone: (207) 929-2800
Business Name: Apothecary By Design	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: Multi-use Commercial	Proposed Project Description: 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.
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 12/21/2012
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Approved w/Conditions	Reviewer: Ann Machado	Approval Date: 12/21/2012
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Signage and Awning Installation to comply with Chapters 16, 31 & 32 of the IBC 2009 building code.			



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.

Location/Address of Construction: <u>141 PREBLE STREET</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>034</u> Block# <u>0004</u> Lot# <u>001</u>	Owner: <u>ROSS FURMAN (FURMAN'S FURMAN ROSS PORTFOLIO LLC)</u> <u>P.O. Box 2 PORTLAND</u>	Telephone: <u>929-2800</u>
Lessee/Buyer's Name (If Applicable) <u>APOTHECARY by DESIGN</u> <u>84 MARGINAL WAY</u> <u>SUITE 100</u>	Contractor name, address & telephone: Neokraft Signs <u>686 Main St.</u> <u>Lewiston, ME 04240</u> <u>207-782-9654</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$ <u>131</u> Awning Fee= cost of work _____ Total Fee: \$ <u>131</u>

Who should we contact when the permit is ready: PATRICK BALDUC phone: 782-9654

Tenant/allocated building space frontage (feet): Length: 116' Height: VARIES, APPROX 18'
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot MULTI

Current Specific use: VACANT
If vacant, what was prior use: OFFICE
Proposed Use: OFFICE AND COMPOUNDING PHARMACY 2012-05-4657

Information on proposed sign(s): EXISTING FREESTANDING SIGN WILL RECEIVE NEW PANELS
 Freestanding (e.g., pole) sign? Yes ☒ No _____ Dimensions proposed: 1'x5'-9" Height from grade: 4'
 Bldg. wall sign? (attached to bldg) Yes ☒ No _____ Dimensions proposed: 3'-10" x 11'-9"

Proposed awning? Yes _____ No ☒ Is awning backlit? Yes _____ No _____
 Height of awning: _____ Length of awning: _____ Depth: _____
 Is there any communication, message, trademark or symbol on it? Yes _____ No _____
 If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.

Information on existing and previously permitted sign(s):
 Freestanding (e.g., pole) sign? Yes ☒ No _____ Dimensions: 3'x6'
 Bldg. wall sign? (attached to bldg) Yes _____ No ☒ Dimensions: _____
 Awning? Yes _____ No ☒ Sq. ft. area of awning w/communication: _____

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

RECEIVED

DEC 14 2012

Dept. of Building Inspections
City of Portland Maine

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

I hereby certify that 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.

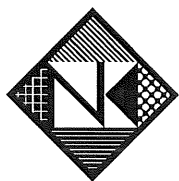
Signature of applicant: <u>[Signature]</u>	Date: <u>12-13-12</u>
--------------------------------------------	-----------------------

This is not a permit; you may not commence ANY work until the permit is issued.

2 x 87 = 44, 76

sign - 6'x6" - 16' allowed -
permit 3'x6" - 10'

panel 5'x4" x 1" = 5'x4" (10')



Neokraft

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
INSPECTIONS
389 CONGRESS STREET
PORTLAND, ME 04101

Date 12.14.2012
Job No. 16146
Re. APOTHECARY/DESIGN
PERMITS
MAIL

Item

- | | | | |
|----------------------------------------------|-----------------------------------------|-----------------------------------------------|-----------------------------------------|
| <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"/> Specifications |
| <input type="checkbox"/> Copy of letter | <input type="checkbox"/> Change Order | <input type="checkbox"/> Other | |

Copies	Date	No.	Description
1 set	12.13.2012	16146	(1) SIGN PERMIT APPLICATION, (1) DRAWING, (1) LANDLORD CONSENT, (1) INSURANCE LIABILITY FORM AND A CHECK FOR \$131.00 IN REGARD TO OBTAINING A PERMIT FOR APOTHECARY BY DESIGN AT 141 PREBLE STREET.

Purpose

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

Remarks

PLEASE REVIEW FOR APPROVAL AND MAIL PERMITS 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

PREBLE ST.



EXISTING
FREE-STANDING
SIGN:



WALL SIGN



141 PREBLE ST.



ELM 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

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential 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.

-----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: **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]****

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential 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

Subject: Re: Parking Spaces and signage*****

** **

Hi Mark, *****

** **

We expanded the parking area along the Elm Street side of the building, and improved the parking situation along the Somerset Alley near the loading dock area already. I am not sure how many "spaces" are actually there, since no one has actually used the area. It is not stripped, and this was intentional in order to allow you to be flexible/creative with how you want to arrange or set-up the parking in that area.*****

** **

Also, I believe that your proposed signs are more than acceptable. I hope things are wrapping up for you now with the project.*****

** **

Take care,*****

Jenn*****

** **

LANDLORD'S APPROVAL

Jennifer Furman, Manager*****

Furman's Portfolio, LLC*****

** **

Direct Line: 207-929-2800*****

Cell Phone: 207-329-8484*****

email: jenniferfurman@aol.com*****

** **



APOTHE1 OP ID: PEC

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).

PRODUCER Kilbride & Harris Insurance Services LLC 210 Western Avenue So. Portland, ME 04106 Joseph A. Kilbride, CPCU	Phone: 207-774-7919 Fax: 207-774-7920	CONTACT NAME: Pamela Cyr PHONE (A/C, No, Ext): 207-774-7919 E-MAIL ADDRESS: pcyr@khinsurance.com FAX (A/C, No): 207-774-7920													
	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Evanston Insurance Company</td><td></td></tr><tr><td>INSURER B :</td><td></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></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Evanston Insurance Company		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER D :															
INSURER E :															
INSURER F :															
INSURED Apothecary by Design, LLC Attn: Mark McAuliffe 141 Preble Street Portland, ME 04101															

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.

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	X		SM-889335	09/18/2012	09/18/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> 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
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Portland is listed as additional insured with respects to General Liability

CERTIFICATE HOLDER

CANCELLATION

City of Portland 389 Congress Street Portland, ME 04101	AAAAAAA	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 Joseph A. Kilbride, CPCU

© 1988-2010 ACORD CORPORATION. All rights reserved.

APOTHECARY BY DESIGN

48'

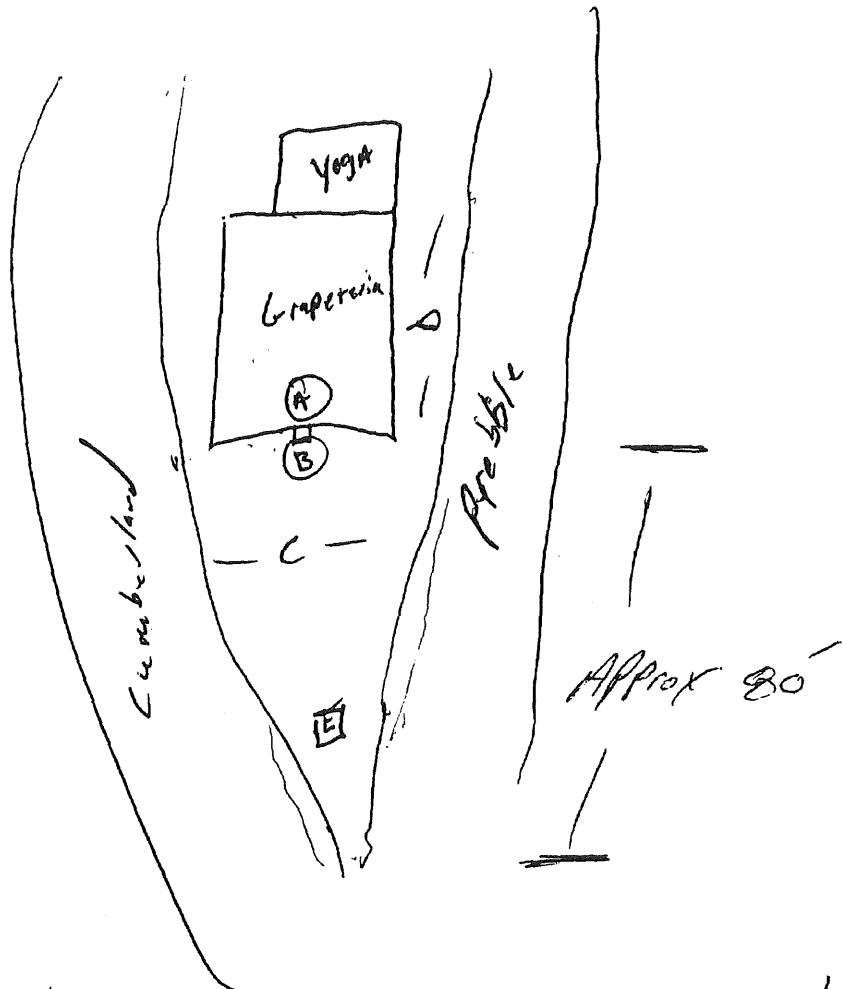
A - Proposed $4\frac{1}{2} \times 12'$ Int illum 8' above ground
Sign cab S/E on Facade

B - Main entrance

C - 80' Frontage

D - 65'

E - Proposed ~~Fluorescent~~ Starting Sign Replacement

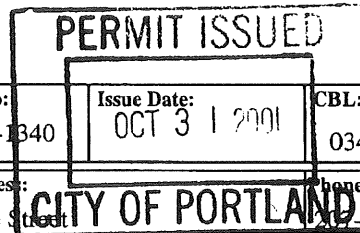


Approx 20' from corners of building to side walk

3

3' x 6' Nov. Illum. Post & Panel

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



Permit No: 01-1340	Issue Date: OCT 31 2001	CBL: 034 D004001
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Location of Construction: 137 Preble St	Owner Name: Grapheteria	Owner Address: 144 Preble Street	Phone: 72-3709
Business Name: n/a	Contractor Name: Sign Design	Contractor Address: 72 Bridge St Westbrook	Phone: 2078562600
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B-5
Past Use: Commercial / Bookland	Proposed Use: Commercial / Graphic Shop	Permit Fee:	Cost of Work: \$0.00
		CE0 District: 1	
Proposed Project Description: One 4' x 12' Sign & One 3' x 6' Sign <i>Replacements</i>		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>n/a</i> INSPECTION: Use Group: <i>B</i> Type: <i>SB</i> <i>BOCA 1999</i> Signature: <i>T. Munson</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

Permit Taken By: gg	Date Applied For: 10/29/2001	Zoning Approval		
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..		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"/> Date: <i>10/30/01</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



INSTALLED DEPICTION / PHOTO COMPOSITE

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

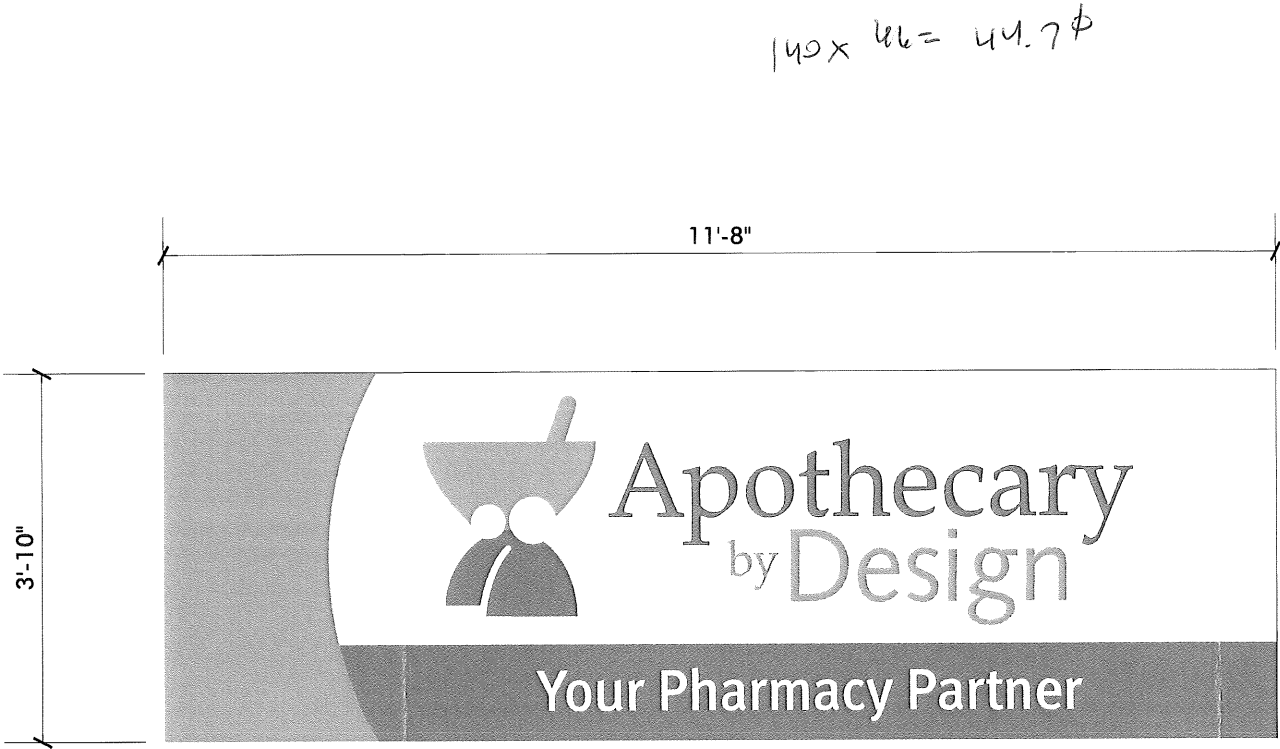
(1) REQUIRED



INSTALLED DEPICTION / PHOTO COMPOSITE

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

(1) REQUIRED

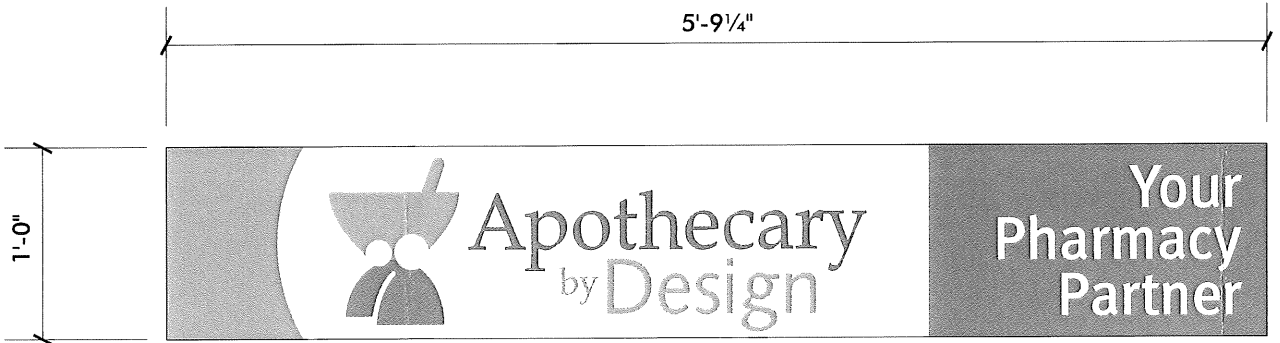


EXISTING S/F INT. LIT SIGN TO BE RELOCATED

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



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

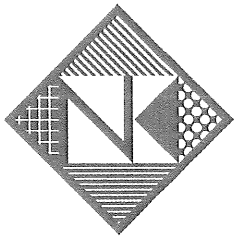
SCALE: 1"= 1'-0"

(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**)



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

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Apothecary
by Design

~~15712~~ 16146

PERMIT DRAWING

Location: 141 Preble Street

Portland, ME

Drawing No.: 1 of 1

Drawn by: ML Rep.: PM

Date: 12.06.2012

Lead No.: FL018612

Gen Ref:

69.25x 12 = 831 = 5.8\phi