

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that ATLANTIC BAY TRUST

Located At 54 MARGINAL WAY

Job ID: 2012-08-4737-SIGN

CBL: 034A- A-002-001

has permission to to install a 19'8" x 3'6" wall 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

N/A

8/27/12

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY

PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (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.**

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.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-08-4737-SIGN

Located At: 54 MARGINAL WAY CBL: 034A- A-002-001

Conditions of Approval:

Building

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-08-4737-SIGN	Date Applied: 8/17/2012	CBL: 034A- A-002-001	
Location of Construction: 54 MARGINAL WAY	Owner Name: ATLANTIC BAYSIDE TRUST	Owner Address: 340 FORE ST PORTLAND, ME 04101	Phone: 207-828-1048
Business Name: Winxnet	Contractor Name: Neokraft Signs	Contractor Address: 686 Main Lewiston ME 04240	Phone: (207) 782-9654
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: B-7
Past Use: Office	Proposed Use: Same – Office – install 19’8” x 3’6” wall sign for “Winxnet”	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A Signature:	Inspection: Use Group: Type: Sign Signature: ASU
Proposed Project Description: Building sign		Pedestrian Activities District (P.A.D.) 8/27/12	

Permit Taken By: Brad	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 informatin may invalidate a building permit and stop all work.	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: OK 8/27/12 ASU	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 Dist 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: ASU
	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



B7

Signage/Awning Permit Application

Entered 8/17/12

(18)

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.

54 # 2012-08-1737-SIGN

Location/Address of Construction: <u>68 MARGINAL WAY</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>034A</u> Block# <u>A002</u> Lot# <u>5</u>	Owner: <u>ATLANTIC BAYSIDE TRUST</u> <u>50 PORTLAND PIER, SUITE 400</u> <u>PORTLAND, ME 04101</u>	Telephone: <u>828-1048</u>
Lessee/Buyer's Name (If Applicable) <u>WINX NET</u> <u>68 MARGINAL WAY</u> <u>PORTLAND ME 04101</u>	Contractor name, address & telephone: <u>Neokraft Signs</u> <u>686 Main St.</u> <u>Lewiston, ME 04240</u> <u>207-782-9654</u>	Total s.f. of signage x \$2.00 <u>138.00</u> Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$ <u>168.00</u> Awning Fee = cost of work <u>---</u> Total Fee: \$ <u>168.00</u>
Who should we contact when the permit is ready: <u>PATRICK BOLDUC</u> phone: <u>782-9654</u>		
Tenant/allocated building frontage (feet): Length: _____ Height: _____ Lot Frontage (feet): _____ Single Tenant or Multi Tenant Lot: <u>X</u> Current Specific use: <u>OFFICE SPACE</u> If vacant, what was prior use: _____ Proposed Use: <u>OFFICE SPACE</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No <u>X</u> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <u>X</u> No _____ Dimensions proposed: <u>3'-6" x 19'-8" 69 SQ. FT.</u> Proposed awning? Yes _____ No <u>X</u> 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: _____ 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

AUG 19 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>Patrick Bolduc</u>	Date: <u>8/13/12</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

Revised 10/19/09

Upper floor front - 5% wall area - 44 x 60 = 2640 sq ft
5% = 132 sq ft

69 proposed (OK)



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 08.13.2012
Job No. 15404
Re. WINXNET
 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"/> Copy of letter | <input type="checkbox"/> Change Order | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Specifications |

Copies	Date	No.	Description
1 set	08.13.2012	15404	(1) SIGN PERMIT APPLICATION, (1) SET DRAWINGS, (1) LANDLORD CONSENT, (1) INSURANCE LIABILITY FORM, (1) ELECTRICAL PERMIT APPLICATION AND A CHECK FOR \$213.00 IN REGARD TO OBTAINING PERMITS FOR WINXNET AT 68 MARGINAL WAY.

- 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 |

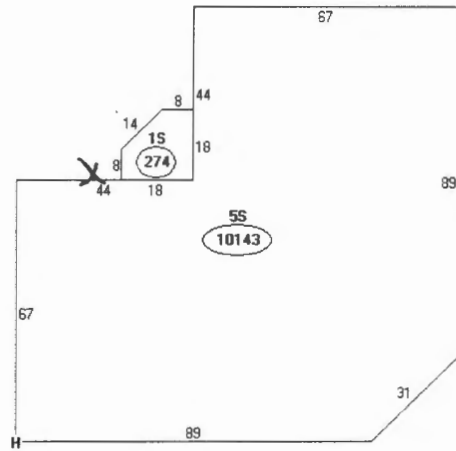
Remarks PLEASE REVIEW FOR APPROVAL AND MAIL PERMITS TO THIS OFFICE.

Copy to

From PAT BOLDUC

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT



Descriptor/Area
A: 053 10417 sqft
B: 053 10143 sqft
C: SPRINKLER SYS WET 50989 sqft
D: ELEVATOR HYDRAULIC PASNGR 250000 sqft
E: 5S 10143 sqft
F: 1S 274 sqft
G: PA1 60000 sqft
H: LT5 1 sqft

5 stories - approx 12' a story.
 $44 \times 60 = 2640 \quad 5\% =$

Peter Murphy

Subject: RE: winxnet
Date sent: Tue, 3 Jul 2012 08:36:01 -0400
From: "Jim Hanley" <jhanley@capservicing.com>
To: <peter@neokraft.com>

Peter

This email will authorize Neocraft to act as Atlantic Bayside Square's agent for purposes of applying for a sign permit for WinXnet. Thanks

Jim

-----Original Message-----

From: Peter Murphy [mailto:peter@neokraft.com]
Sent: Tuesday, July 03, 2012 8:19 AM
To: Jim Hanley
Subject: RE: winxnet

I'll be available.

Subject: RE: winxnet
Date sent: Mon, 2 Jul 2012 18:47:32 -0400
From: "Jim Hanley" <jhanley@capservicing.com>
To: <peter@neokraft.com>, "Jason Lenardson" <jlenardson@winxnet.com>

> Mike

>

> Can we have a quick call at 9:00. 553-2000 x 208?

>

> Jim

>

> -----Original Message-----

> From: Peter Murphy [mailto:peter@neokraft.com]
> Sent: Monday, July 02, 2012 10:10 AM
> To: Jim Hanley; Jason Lenardson
> Cc: peter@neokraft.com
> Subject: RE: winxnet

>

> Tomorrow might be better Jim...I'm all over the place today. A couple
> of things we'll be needing... Your letter of approval granting
winxnet

> permission to install the sign. winxnet will also need a Certificate

of

> Insurance with "City of Portland, 389 Congress Street, Portland, ME
> 04101" listed as "Certificate Holder". I'll need to include a copy of
> this as part of my submittal to the city. Are we doing 1 or 2 sets of
> letters? I'll need to have CMP wrap the wires. We'll also want to
> coordinate with their electrician to get power for the sign(s).
> Thanks...talk to you soon.

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> Subject: RE: winxnet
> Date sent: Mon, 2 Jul 2012 08:53:01 -0400
> From: "Jim Hanley" <jhanley@capservicing.com>
> To: <peter@neokraft.com>
> Copies to: "Jason Lenardson" <jlenardson@winxnet.com>

>

> > Peter

> >

> > We would like to move forward with the application for WinxNet to
> > install a sign on 68 Marginal Way.

> >

> > Can we schedule a call later today or early tomorrow to discuss.

> >

> > Jim

> >

> > -----Original Message-----

> > From: Peter Murphy [mailto:peter@neokraft.com]
> > Sent: Tuesday, February 28, 2012 12:25 PM
> > To: foconnor@dunham-group.com
> > Cc: Jim Hanley; Daniel Cassidy; peter@neokraft.com
> > Subject: winxnet

> >

> > Frank, attached is some information regarding winxnet. This
probably

> > merits some discussion, so please don't hesitate to contact me.

> >

> >

> >

> > Peter Murphy



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/3/2012

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).

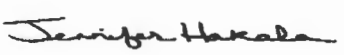
PRODUCER Masiello Insurance Agency 69-A Island Street, Suite 1 Keene NH 03431		CONTACT NAME: Tracy Walden, AAI PHONE (A/C No. Ext): (603) 352-1810 FAX (A/C No.): (603) 352-8367 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED WinXnet P.O. Box 1700 Portland ME 04104		INSURER A: Travelers Insurance Company 19070 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** City of Portland **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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			TT06900909	11/9/2011	11/9/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			TT05802575 UMB	11/9/2011	11/9/2012	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 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)
RE: Sign at 68 Marginal Way

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Jennifer Hakala/JEN 
---	--



PORTLAND MAINE

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Receipts Details:

Tender Information: Check , Check Number: 10800
Tender Amount: 213.00

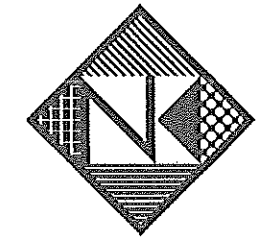
Receipt Header:

Cashier Id: bsaucier
Receipt Date: 8/17/2012
Receipt Number: 47236

Receipt Details:

Referance ID:	7693	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	168.00	Charge Amount:	168.00
Job ID: Job ID: 2012-08-4737-SIGN - Building sign			
Additional Comments: 54 Marginal			

Referance ID:	7696	Fee Type:	BP Elec Comm
Receipt Number:	0	Payment Date:	
Transaction Amount:	45.00	Charge Amount:	55.00
Job ID: Job ID: 2012-08-4737-SIGN - Building sign			



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

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 purchase 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.

Winxnet
15404

PERMIT DRAWING

Location: 68 Marginal Way

Portland ME

Drawing No.: 2 of 2

Drawn by: PFAT Rep.: PM

Date: 08.13.2012

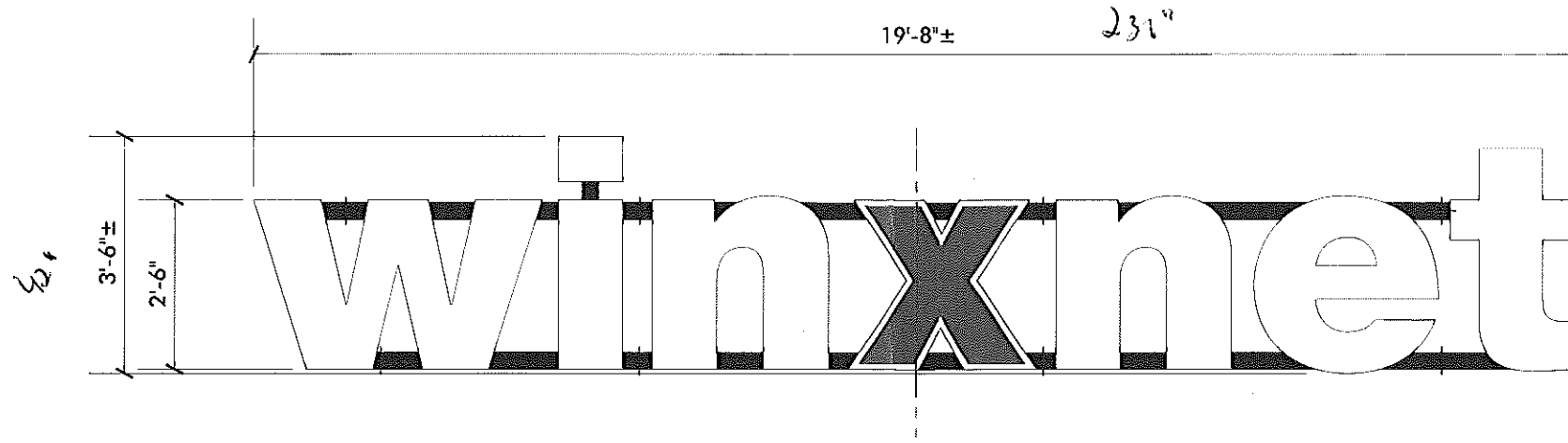
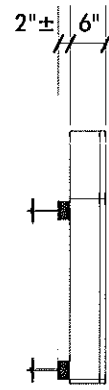
Lead No.: FL017972

Gen Ref.: 9091 (2008)

RELOCATE EXISTING SET OF INT. ILLUM. WALL LETTERS

SCALE: 1/8" = 1'-0" ±

(1) REQUIRED



LED FACE-LIT FABRICATED ALUMINUM/ACRYLIC LETTERS (WHITE), 3" X 2" RECT.
 ALUMINUM RAILS PAINTED TO MATCH BRICK WALL

GSP TRANS OLYMPIC BLUE [230-57] VINYL OVERLAY AT "X"

120 VOLT PRIMARY ELECTRICAL

THROUGH BOLT MOUNTING WITH 1/4" THREADED STAINLESS STEEL ROD

236x42 = 9912 #
 = 68.8 #



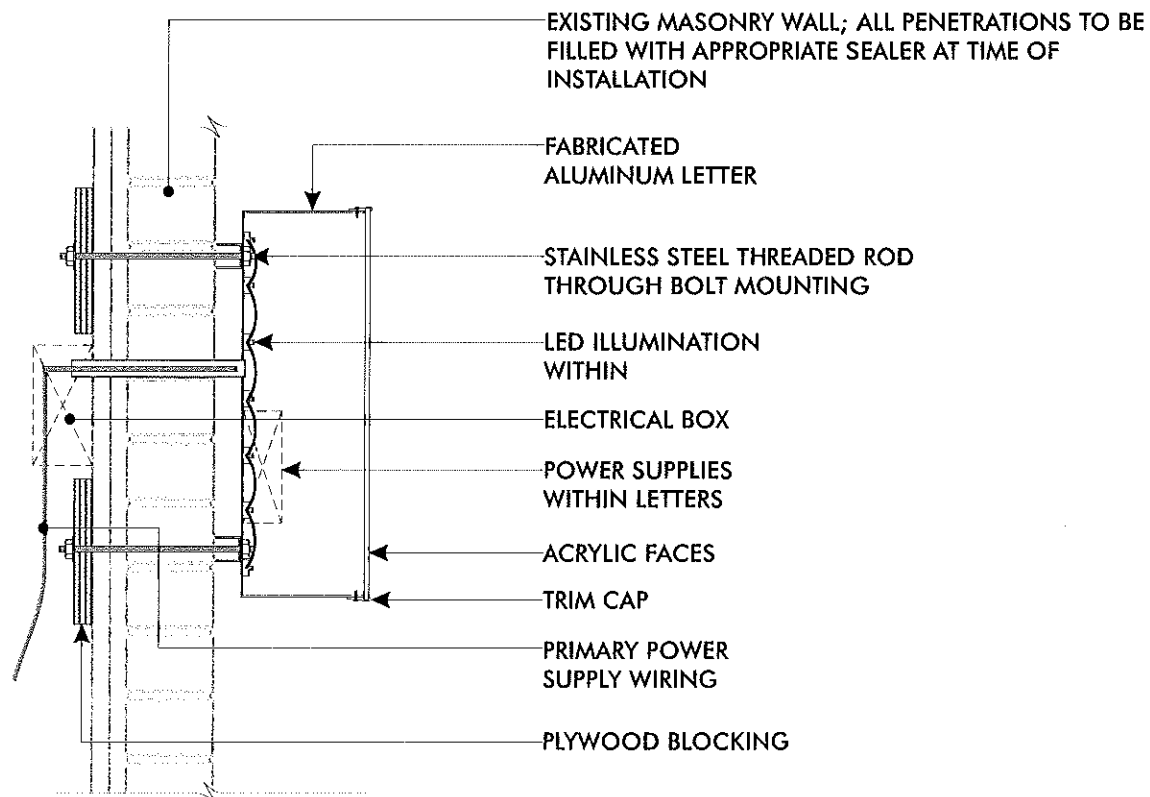
END VIEW

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

INTERNALLY ILLUMINATED WALL LETTERS

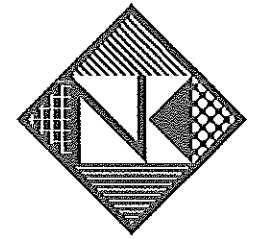
SCALE: 3/8" = 1'-0"

(1) SET REQUIRED



TYPICAL SECTION

NO SCALE



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
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Winxnet
 15404

PERMIT DRAWING

Location: 68 Marginal Way

Portland ME

Drawing No.: 1 of 2

Drawn by: PFAT Rep.: PM

Date: 08.13.2012

Lead No.: FL017972

Gen Ref.: 9091 (2008)