



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Permit Number: 081047

Please Read
Application And
Notes, If Any,
Attached

This is to certify that ATLANTIC BAYSIDE TRADING LLC/NeoKraft Signs
has permission to (2) 8'1" x 5'3" w/1'8" diameter sign
AT 84 MARGINAL WAY PORTLAND, OR 97203-3010

provided that the person or persons who perform or supervise the construction accepting this permit shall comply with all of the provisions of the Statutes of the State of Oregon and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procured before this building or part thereof is occupied or service is provided. 24 HOUR NOTICE REQUIRED.

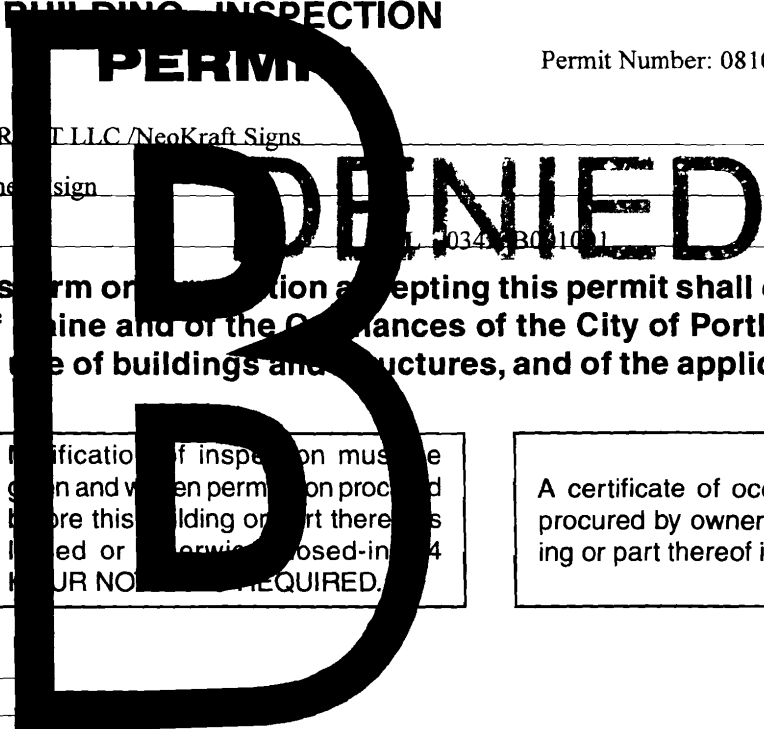
A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS
Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-1047	Issue Date:	CBL: 034A B001001
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Location of Construction: 84 MARGINAL WAY	Owner Name: ATLANTIC BAYSIDE TRUST LL	Owner Address: 50 PORTLAND PIER STE 400	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-7

Past Use: Commercial - Intermed	Proposed Use: Commercial - Intermed - (2) 8'1" x 5'3" w/1'8" diameter sign	Permit Fee: \$60.00	Cost of Work: \$212.00	CEO District: 1
Proposed Project Description: (2) 8'1" x 5'3" w/1'8" diameter sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
		Signature: _____ Signature: _____ PESTICIDE APPLICATION DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

DENIED

Permit Taken By: ldobson	Date Applied For: 08/21/2008	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: _____	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: <i>ASU</i>	

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	



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>84 Marginal Way</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Atlantic National Trust LLC</u> <u>50 Portland Pier Suite 400</u> <u>Portland, ME 04101</u>	Telephone: <u>207-553-2000</u> <u>X-208</u>
Lessee/Buyer's Name (If Applicable) <u>Intermed</u>	Contractor name, address & telephone: <u>Neokraft Signs Inc.</u> <u>686 Main St.</u> <u>Lewiston, ME 04240</u> <u>207-782-1054</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>212.00</u> Awning Fee= cost of work _____ Total Fee: \$ <u>212.00</u>

DENIED

Who should we contact when the permit is ready: Steve Moffett phone: 782-9654

Tenant/allocated building space frontage (feet): Length: _____ Height: _____
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____

Current Specific use: office building
If vacant, what was prior use: N/A
Proposed Use: office building

Information on proposed sign(s):
 (2) Freestanding (e.g., pole) sign? Yes No _____ Dimensions proposed: _____ Height from grade: 11'-10"
 Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____

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: _____
 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.

on file w/ recently permitted building signage

For Both Signs 8'-1" x 5'-3" - each w/ 1'-8" diameter "84"

AUG 21 2008
see recently permitted building signage for the location i.e. Winxnet, Drummond Woodsum, Intermed

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>Steve Moffett</u> <u>(Neokraft Signs Inc.)</u>	Date: <u>8-19-08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

freestanding sign
16" max
6" max. 5' from property line.
B-7.

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1047	Date Applied For: 08/21/2008	CBL: 034A B001001
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Business Name:	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: Commercial - Intermed - (2) 8'1" x 5'3" w/1'8" diameter sign	Proposed Project Description: (2) 8'1" x 5'3" w/1'8" diameter sign
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Dept: Zoning Note:	Status:	Reviewer: Ann Machado	Approval Date:	Ok to Issue: <input type="checkbox"/>
DENIED				
Dept: Building Note:	Status: Pending	Reviewer:	Approval Date:	Ok to Issue: <input type="checkbox"/>
Dept: Planning Note:	Status: Denied	Reviewer: Rick Knowland	Approval Date:	Ok to Issue: <input type="checkbox"/>

Comments:

8/28/2008-amachado: Left message for Shane Moffet. Signs are too tall, located in R/W & unclear about sf.

9/3/2008-amachado: Spoke to Shane Moffett. Told him that zoning can't sign off on the permit because the signs don't meet the sign requirements for the B-7 zone (Section 14-369.5, Table 2.8). Section 14-368.5(g) refers the permit to planning. Gave the permit to Rick Knowland.

11/4/2008-amachado: Spoke to Rick Knowland. He is going to deny the application. He has not written the letter yet. He said that the applicant plans to appeal it to the Planning Board.

Ann Machado - Apothecary By Design Sign

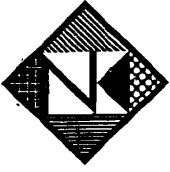
84 Marginal Way

From: Rick Knowland
To: edward@neokraft.com
Date: 12/11/2008 4:49 PM
Subject: Apothecary By Design Sign
CC: Ann Machado

Edward, This is to confirm our conversation that we have approved the design of the Apothecary by Design sign (drawing dated 11-04-08) and Perx-u-up Cafe (drawing dated 11-04-08) for the 84 Marginal Way building. This approval does not include the banners.

Please note that this does not constitute a building permit. You will need to apply for a permit through the Building Inspection office.

I will write a separate letter to you denying the other sign proposal as originally discussed.



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>

LANDLORD CONSENT AGREEMENT

Written consent and agreement relating to a certain sign proposed to be erected on the premises at: 84 Marginal Way in Portland, ME, on behalf WinXNet, Inc. Drummond WoodSum +

Intermed, P

Atlantic Bayside Trust, LLC being the owner of the premises at
84 Marginal Way in Portland, ME

hereby gives consent to the erection of (a) certain sign(s):

as set forth in exhibit A.

owned by: Intermed (the tenant) as described in the attached application for a permit submitted to the inspection division of the building department of The City of Portland, Portland, ME to cover the erection of said signs.

Signed by the owner of said premises, or his authorized agent, on this

30th day of May 2008.

[Signature] (SIGNED)

CFO (TITLE)

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID M5
INTER10

DATE (MM/DD/YYYY)
05/23/08

PRODUCER
TD Banknorth Ins Agcy Inc (SP)
P.O. Box 406
Portland ME 04112-0406
Phone: 207-239-3500 Fax: 207-775-0339

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.

INSURED
InterMed, P.A.
100 Foden Road
South Portland ME 04106

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Maryland Casualty Company	19356
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADDDL TR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PAS42968181	01/01/08	01/01/09	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)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	
					OTHER	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
City of Portland is listed as Additional Insured with respects to General liability.

CERTIFICATE HOLDER

City of Portland
389 Congress St
Portland ME 04101

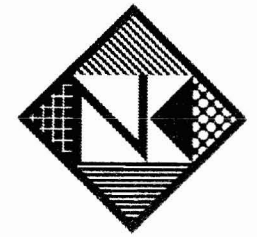
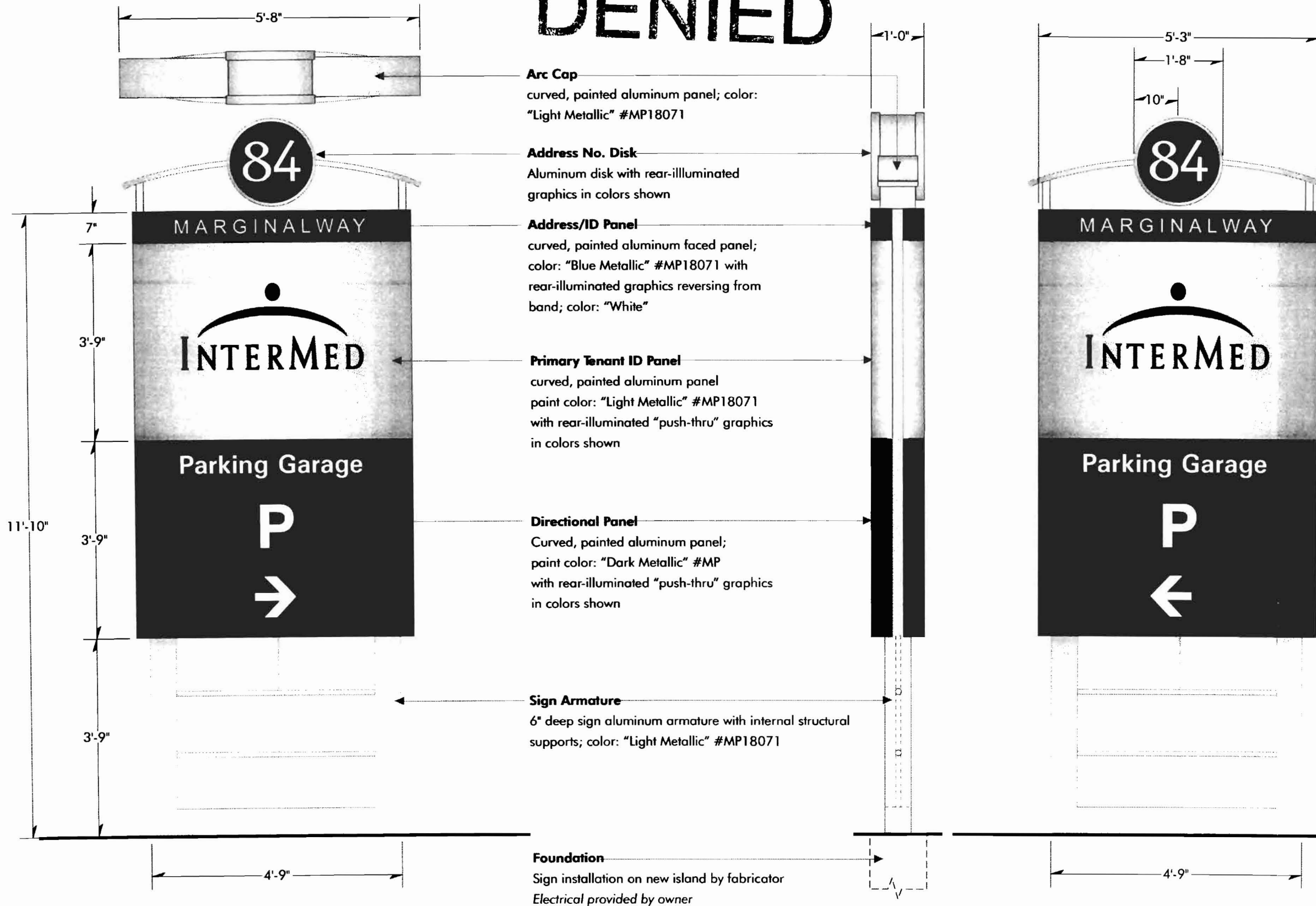
CITYP01

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
TD Banknorth Ins. Agency, Inc.

DENIED



Neokraft
SIGN S

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Custom Sign Fabrication

Except for designs supplied by the client, all ideas, plans or arrangements indicated on this drawing are copyrighted and owned by Neokraft Signs Inc. and shall not be reproduced, used by or disclosed to any person, firm or corporation without written permission of Neokraft Signs Inc.



Intermed
NL010693

PROPERTY WAYFINDING

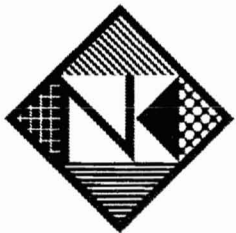
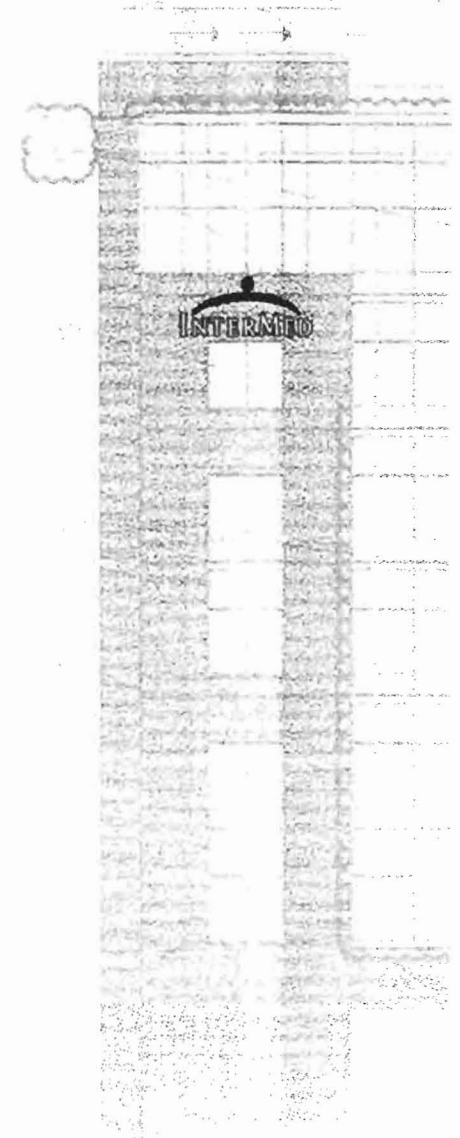
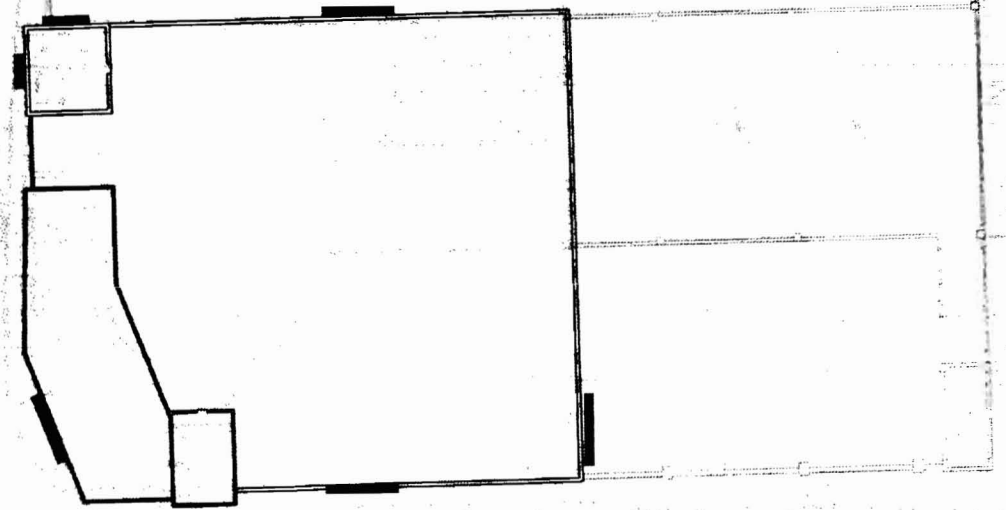
Location: 84 Marginal Way
Portland, ME
Drawing No.: 2 of 3
Drawn by: DS Rep.: EB
Date: 08.19.2008
Lead No.: NL010693
Gen Ref.: 9073

D1 Primary ID/Directional Sign Side A on Marginal Way
2 Scale: 1/2" = 1'-0"

Side View
typical

Primary ID/Directional Sign Side B on Marginal Way
Scale: 1/2" = 1'-0"

DENIED



Neokraft
SIGN S

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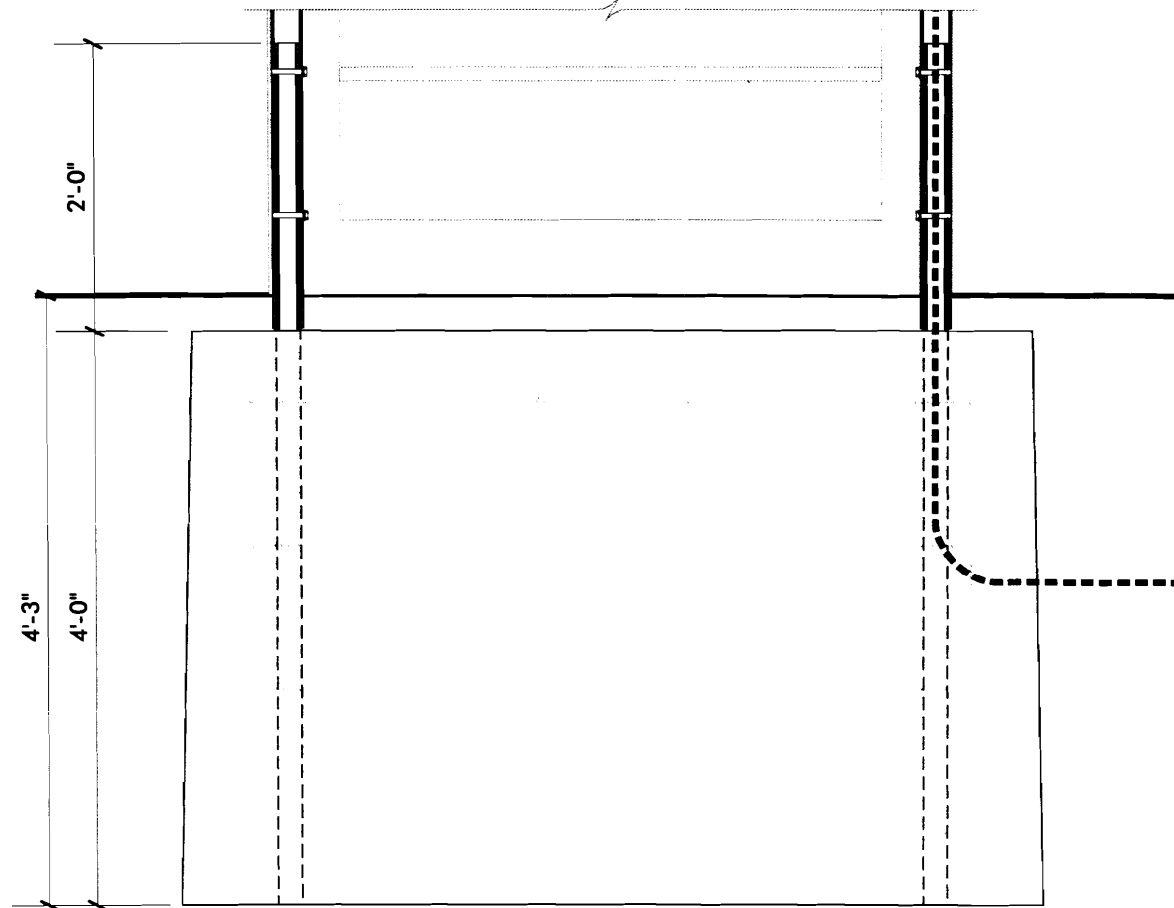
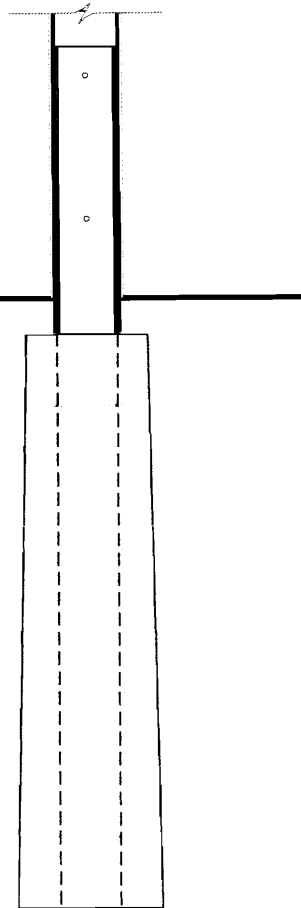
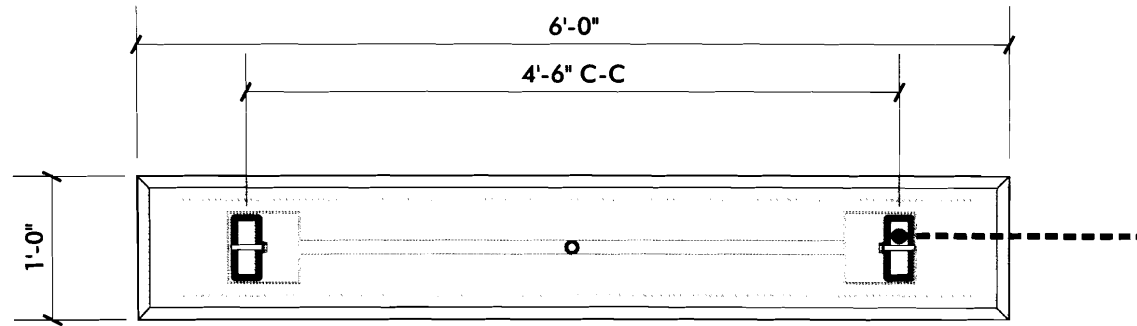
Intermed
NL010693

PROPERTY WAYFINDING

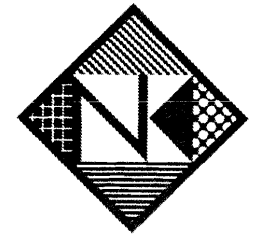
Location:	84 Marginal Way
	Portland, ME
Drawing No.:	1 of 2
Drawn by:	DS Rep.: EB
Date:	08.19.2008
Lead No.:	NL010693
Gen Ref.:	9073

PROPERTY WAYFINDING PLAN
SCALE: 1"=50'

TYPICAL ELEVATION
SCALE: 1"=20'



2 1/2" x 5 1/2" RECT STL POLES IN SIGN SLEEVE
 OVER 2" x 5" RECT STL TUBE STUBS SET IN
 REINFORCED CONCRETE BASE, BOLTED
 CONNECTION



Neokraft
 S I G N S

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Intermed
NL010693

PROPERTY WAYFINDING

Location: 84 Marginal Way
 Portland, ME
 Drawing No.: 3 of 3
 Drawn by: DS Rep.: EB
 Date: 08.19.2008
 Lead No.: NL010693
 Gen Ref.: 9073

BASE DETAILS
 SCALE: 3/4" = 1'-0"