

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

BU  ION

PERMIT

PERMIT ISSUED

This is to certify that ATLANTIC BAYSIDE TRUST LLC/Ne

has permission to install 3 new banners

OCT 19

AT 84 MARGINAL WAY 034A B001001 City of Portland

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 buildings and structures, and of the application on file in this department.

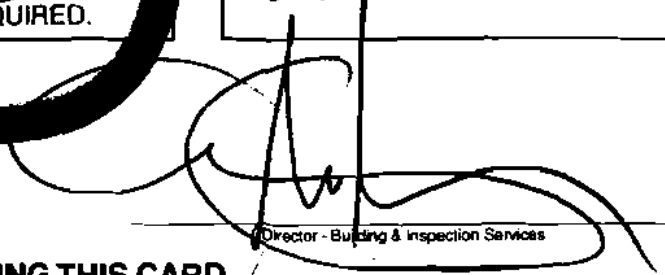
Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise worked-in. 24 HOUR NOTICE IS 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
 Department of Building Inspections

Original Receipt

9-24 2010

Received from Neo Kraft

Location of Work 84 Marginal Way

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 446.00



Building (12) _____ Plumbing (15) _____ Electrical (12) _____ Site Plan (12) _____

Other _____

CBL: 34 AB1

Check #: 10099

Total Collected \$ 446.00

**No work is to be started until permit issued.
 Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
 YELLOW - Office Copy
 PINK - Permit Copy

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 10-1197	Issue Date:	CBL: 034A B001001
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Location of Construction: 84 MARGINAL WAY	Owner Name: ATLANTIC BAYSIDE TRUST LL	Owner Address: PO BOX 18169	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: 8-7

Past Use: Commercial "Apothecary By Design"	Proposed Use: Commercial "Apothecary By Design" - install 3 new banners - 13' 10 1/4" x 3' each	Permit Fee: \$446.00	Cost of Work: \$446.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>	

Proposed Project Description: install 3 new banners	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: Idobson	Date Applied For: 09/24/2010	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>exception</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>10/8/10</i>	<p>Zoning Appeal</p> <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:	<p>Historic Preservation</p> <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>ABU</i>
	<p style="text-align: center;">PERMIT ISSUED</p> <p style="text-align: center;">OCT 19</p> <p style="text-align: center;">City of Portland</p> <p style="text-align: center;"><i>D. Andrews</i></p>		

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.

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-1239	Date Applied For: 10/06/2010	CBL: 034A B001001
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Location of Construction: 84 Marginal Way	Owner Name: Atlantic Bayside Trust Llc	Owner Address: Po Box 18169	Phone:
Business Name: Perx-U-Up Coffee & Cafe	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: Commereial / Coffee Shop; Erect two (2) building wall banners 83.2 sq. ft. (13' 10 1/4" x 3' each)	Proposed Project Description: Erect two (2) building wall banners 83.2 sq. ft. 9 13' 10 1/4" x 3')
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 10/12/2010

Note: In the B-7 zone, individual ground floor tenants are only allowed one sign. Perx-U-Up Cafe was issued a sign permit (#08-1572) for a sign on the window above their entrance. Now they are applying for two banners. This does not meet section 14-369.5, Table 2.8 requirements, so I can't approve it. Sending to planning under section 14-368.5(g) - amachado 10/08/10 Deb Andrews approved the banners. **Ok to Issue:** ✓

- 1) This permit is being issued with the condition that the sign just above the doorway be removed because it was not permitted. The only sign permitted (#08-1572) up until this point was for the logo and lettering on the window above the entrance. Also the City of Portland does not allow pennants in front of the building, so these must also be removed.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 10/19/2010

Note: **Ok to Issue:** ✓

- 1) A shown on the drawing, the banners must be a minimum of 8'-0" above grade.
2) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.

Dept: Planning **Status:** Approved **Reviewer:** Deborah Andrews **Approval Date:** 10/08/2010

Note: **Ok to Issue:** ✓

Comments:

10/7/2010-gg: the two banners were paid under permit # 101197. /gg

10/7/2010-amachado: Called Peter Murphy of Neokraft. Need certificate of flamibility.

PERMIT ISSUED

OCT 19 2010

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

**Please call 874-8703 or 874-8693 (ONLY)
or email: buildinginspections@portlandmainc.gov**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection 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 with construction.**

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

PERMIT ISSUED

OCT 19

City of Portland

AMENDED APPLICATION FOR APOTHECARY BY DESIGN

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</u> <u>ATLANTIC BAYSIDE TRUST</u> <u>EDWARD MARSH, JR. (CONTACT)</u>	Telephone: <u>828-1080</u>
Lessee/Buyer's Name (if Applicable) <u>APOTHECARY BY DESIGN</u> RECEIVED	Contractor name, address & telephone: <u>NEOKRAFT SIGNS INC.</u> <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/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____

OCT 6 2010

Who should we contact when the permit is ready: SHANE NOFFETT phone: 782-9654
 Dept. of Building Inspections
 Tenant/allocating authority: Portland, Maine
 Lot Frontage (feet): _____ Length: _____ Height: _____
 Single Tenant or Multi Tenant Lot MULTI-TENANT
 Current Specific use: PHARMACY AND COFFEE SHOP
 If vacant, what was prior use: N/A
 Proposed Use: N.O CHANGE

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions proposed: _____ Height from grade: _____
 Bldg. wall sign? (attached to bldg) Yes No _____ Dimensions proposed: 13'-10 1/4" x 3'-0" (4 BANNERS TOTAL)
 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.
208 S.F.
124.85.F
RM

Information on existing and previously permitted sign(s):
 Freestanding (e.g., pole) sign? Yes _____ No Dimensions: _____ SEE COPIES OF
 Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions: _____ ORIGINAL PERMIT
 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.

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 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 as covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>[Signature] - NEOKRAFT</u>	Date: <u>9/24/10</u>
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This is not a permit, you may not commence ANY work until the permit is issued.



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: 84 MARGINAL WAY

Tax Assessor's Chart, Block & Lot Chart# <u>34</u> Block# <u>AB</u> Lot# <u>1</u>	Owner: <u>ATLANTIC NATIONAL TRUST</u> <u>ATLANTIC BAYSIDE TRUST</u> <u>EDUARDO MARSH, JR. (CONTACT)</u>	Telephone: <u>828-1080</u>
Lessee/Buyer's Name (If Applicable) <u>APOTHECARY BY DESIGN</u> <i>*See revised application 10/6/10</i>	Contractor name, address & telephone: <u>NEOKRAFT SIGNS INC.</u> <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/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____

Who should we contact when the permit is ready: SHANE MOFFITT phone: 782-9654

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

Current Specific use: PHARMACY AND COFFEE SHOP
If vacant, what was prior use: N/A
Proposed Use: NO CHANGE

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: _____
 Bldg. wall sign? (attached to bldg) Yes No ___ Dimensions proposed: 13'-10 1/4" x 3'-0" (5 BANNERS TOTAL)
 Proposed awning? Yes ___ No Is awning backlit? Yes ___ No ___ 208 S.F.
 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: _____ SEE COPIES OF
 Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions: _____ ORIGINAL PERMIT
 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.

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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.

RECEIVED

SEP 24 2010

Signature of applicant: <u>[Signature] - NEOKRAFT</u>	Date: <u>9/24/10</u>
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This is not a permit, you may not commence ANY work until the permit is issued.

B-3 - send fees - only allowed one permit

Dept. of Building Inspections
City of Portland Maine



Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- Certificate of flammability required for awning or canopy.
- A UL# is required for lighted signs at the time of final inspection.
- Pre-application questionnaire completed and attached.
- Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, \$9.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.

FEE CALCULATION $30 + (208 \times 2) = 446$



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	09.24.2010
		Job No.	12463
		Re.	APOTHECARY BY DESIGN

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 checked="" type="checkbox"/> Other	

Copies	Date	No.	Description
1	09.24.2010	12463	SIGN PERMIT APPLICATION, DRAWINGS, FASTENER DETAILS, LANDLORD APPROVAL, CERTIFICATE OF INSURANCE, CHECK FOR \$446. <i>*for all 5 bames</i>

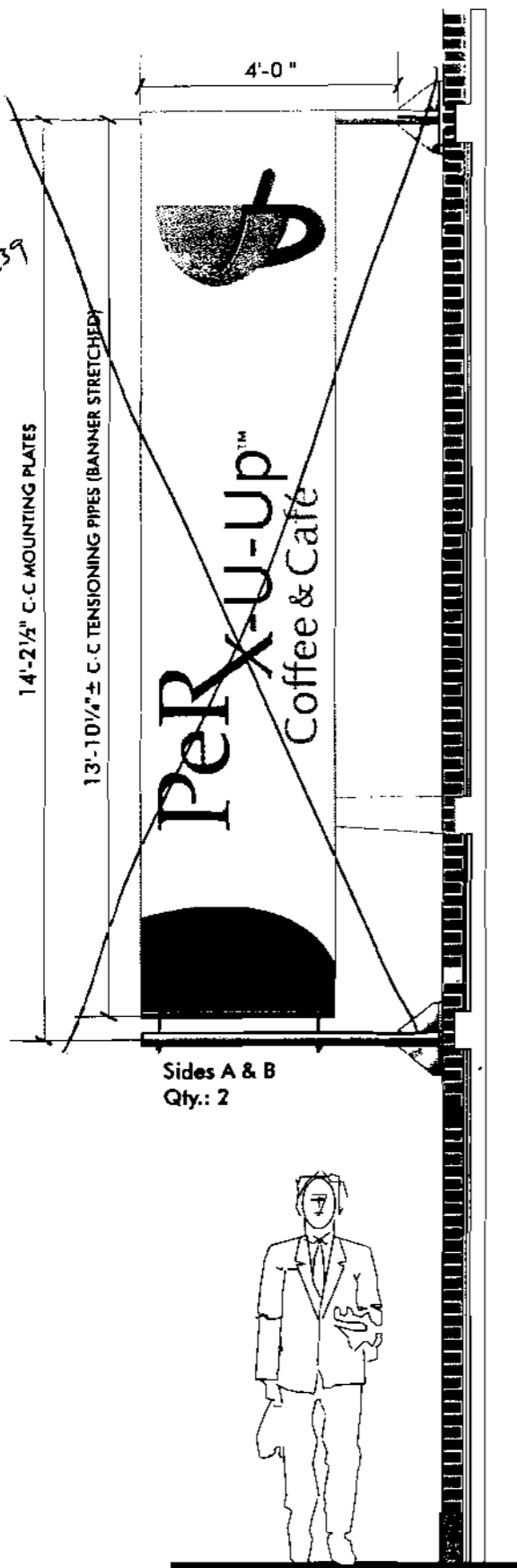
Purpose	<input checked="" type="checkbox"/> For approval	<input type="checkbox"/> No exception taken	<input type="checkbox"/> Rejected
	<input type="checkbox"/> For your use	<input type="checkbox"/> Make corrections noted	<input type="checkbox"/> Review and comment
	<input type="checkbox"/> As requested	<input type="checkbox"/> Revise and resubmit	<input type="checkbox"/> Other

Remarks The enclosed materials are for a sign permit for Apathecery by Design located at 84 Marginal Way. This project has been reviewed with Deb Andrews.

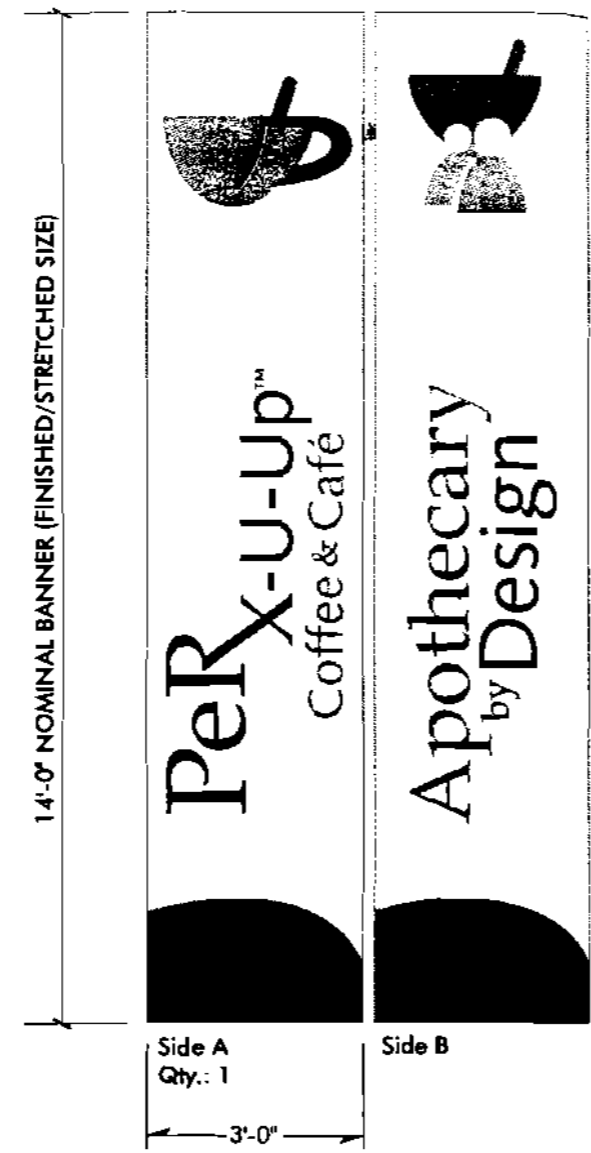
Copy to FILE

From PETER MURPHY

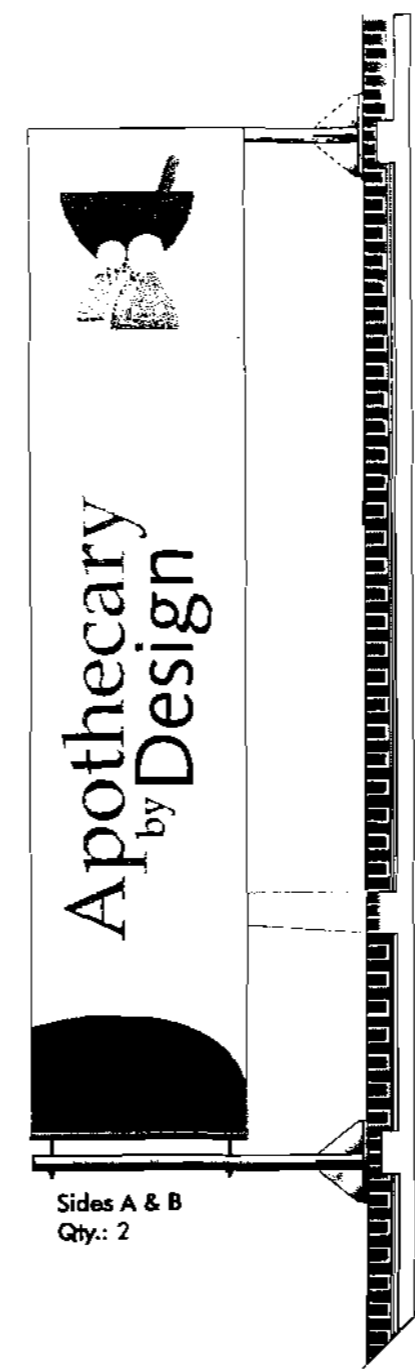
Application
permit #10-1239



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



(5) TOTAL REQ'D



STEEL ARMATURES WITH 2 1/4" O.D. STEEL PIPES, TO PROJECT APPROX. 4'-6" FROM BUILDING;

BOTTOM ARMATURE INCLUDES 1 1/4" O.D. STEEL PIPE MOUNTED WITH 1/2" THREADED RODS AS TENSIONING DEVICE;

BANNER ASSEMBLY: (5) 13-OZ. WITH DIGITALLY PRINTED GRAPHICS, STITCHED BACK-TO-BACK WITH OPAQUE LINER AND CLEAR VINYL OVERLAMINATE, POLE POCKETS TOP & BOTTOM

EXACT BANNER SIZE TO BE DETERMINED BY FLAGGRAPHICS, GIVEN MOUNTING LOCATIONS AND PLAY OF TENSIONING DEVICE



Neokraft
SIGN 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

**Apothecary
By Design
12463**

Location:	84 Marginal Way
	Portland, ME
Drawing No.:	1 of 4
Drawn by:	ML Rep.: PM
Date:	09.14.2010
Rev.:	10.04.2010 ML
Lead No.:	12063
Gen Ref.:	12063, 9676 (2009)

RECEIVED

OCT - 6 2010

Dept. of Building Inspections
City of Portland Maine

"NORMANDY PRO" - TO BE USED FOR APOTHECARY BY DESIGN / Per X-U-UP CAPE

Product Fire Retardant Tests



FR Tests

Product	NFPA701 Test #1	NFPA701 Test #2	Title 19	CSFM	ASTM E84	UBC 26-5	UBC 26-7	City of LA Research Report
PVC Front-lit Media								
BIOflex	N/A	PASSED	PASSED	APPROVED	NT	NT	NT	NT
Ultima Supreme	N/A	PASSED	NC	N/A	NT	NT	NT	NT
Normandy Pro	N/A	PASSED	PASSED	APPROVED	PASSED	TESTED	CC1	NT
JetFlex	N/A	PASSED	PASSED	APPROVED	PASSED	TESTED	CC1	NT
SuperPrint Plus	N/A	PASSED	PASSED	CBT	NC	NT	NT	NT
Normandy Eclipse	N/A	PASSED	PASSED	APPROVED	NT	NT	NT	NT
SuperPrint Plus Eclipse	PASSED	N/A	PASSED	CBT	NT	NT	NT	NT
Normandy Lite	N/A	PASSED	PASSED	APPROVED	CLASS A	TESTED	CC1	NT
UltraBanner	N/A	PASSED	PASSED	APPROVED	CLASS A	TESTED	CC1	NT
Billboard 420'	N/A	PASSED	PASSED	CBT	NT	NT	NT	NT
PVC Back-lit Media								
Ultralon IV	N/A	PASSED	PASSED	APPROVED	NT	NT	NT	NT
SuperSmooth BL	NOT FR	NOT FR	NOT FR	NOT FR	NOT FR	NOT FR	NOT FR	NT
Vulite Supreme	N/A	PASSED	NC	N/A	NT	NT	NT	NT
Vulite Pro	N/A	PASSED	PASSED	APPROVED	NT	NT	NT	NT
PVC Mesh Media								
UltraMesh Supreme	N/A	PASSED	PASSED	APPROVED	NC	TESTED	CC1	APPROVED
UltraMesh 100	N/A	PASSED	PASSED	APPROVED	NC	NT	NT	NT
UltraMesh Xcel	N/A	PASSED	PASSED	APPROVED	NT	NT	NT	NT
UltraMesh Plus	N/A	PASSED	PASSED	APPROVED	PASSED	NT	NT	NT
Strip Mesh Plus	N/A	PASSED	PASSED	APPROVED	PASSED	NT	NT	NT
PVC Blockout Media								
DSS	PASSED	NT	PASSED	APPROVED	NT	NT	NT	NT
UltraBlockout Banner Pro	N/A	PASSED	PASSED	APPROVED	CLASS A	TESTED	CC1	NT
SuperSmooth BO	NOT FR	NOT FR	NOT FR	NOT FR	NOT FR	NOT FR	NOT FR	NT
Specialty Media								
UltraVision 60/40 UV	N/A	PASSED	NT	NT	CLASS A	TESTED	CC1	CBT

Key

N/A Not applicable
 NC Not compliant
 NT Not tested
 CBT Currently being tested

Class A / B / C These are the 3 levels of Criteria for the ASTM E84
 CC1 / CC2 These are the 2 Criteria for the UBC tests
 Passed The product passes the test Criteria
 Tested There is no Pass / Fail Criteria

LANDLORD/BUILDING OWNER
APPROVAL OF BANNERS
FOR APOTHECARY BY DESIGN

Peter Murphy

Subject: FW: 84 Marginal Way - Banners
Date sent: Wed, 1 Sep 2010 12:14:38 -0400
From: "Catherine Cloudman" <CCloudman@apothecarybydesign.com>
To: <peter@neokraft.com>

Catherine Cloudman
Apothecary by Design (www.apothecarybydesign.com)
84 Marginal Way Suite 100
Portland, Maine 04101
207-899-0663 Extension 2

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: emarsh@atlanticnationaltrust.com
[<mailto:emarsh@atlanticnationaltrust.com>]
Sent: Wednesday, September 01, 2010 12:14 PM
To: Catherine Cloudman
Cc: Jim Hanley; Laura Bilodeau
Subject: 84 Marginal Way - Banners

Catherine,

We are pleased to hear that the City has approved the installation of the banners on the Marginal Way side of the building.

We are in full agreement with the plan for the installation of the banners and find it to be a great positive addition to the building.

If you need anything in regards to this please do not hesitate to contact us.

Thanks.

Ed
Edward H. Marsh Jr.
Atlantic National Trust
50 Portland Pier, Suite 400
Portland, Maine 04101

Phone - 207-828-1080

Fax - 207-828-1048

Cell - 207-712-1533

emarsh@atlanticnationaltrust.com



CERTIFICATE OF LIABILITY INSURANCE

OF ID PEC

DATE (MM/DD/YYYY)

09/21/10

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 477 Congress St., Suite 812 Portland ME 04101 Phone: 207-774-7919 Fax: 207-774-7920	CONTRACT NAME: _____
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ EMAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: APOTHE1
INSURED Apothecary by Design, LLC Mark McAuliffe 84 Marginal Way Portland ME 04101	INSURER(S) AFFORDING COVERAGE
	INSURER A: Evanston Insurance Company
	INSURER B:
	INSURER C:
	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.

INSUR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	WV/D	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		SM-874962	09/18/10	09/18/11	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
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	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"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

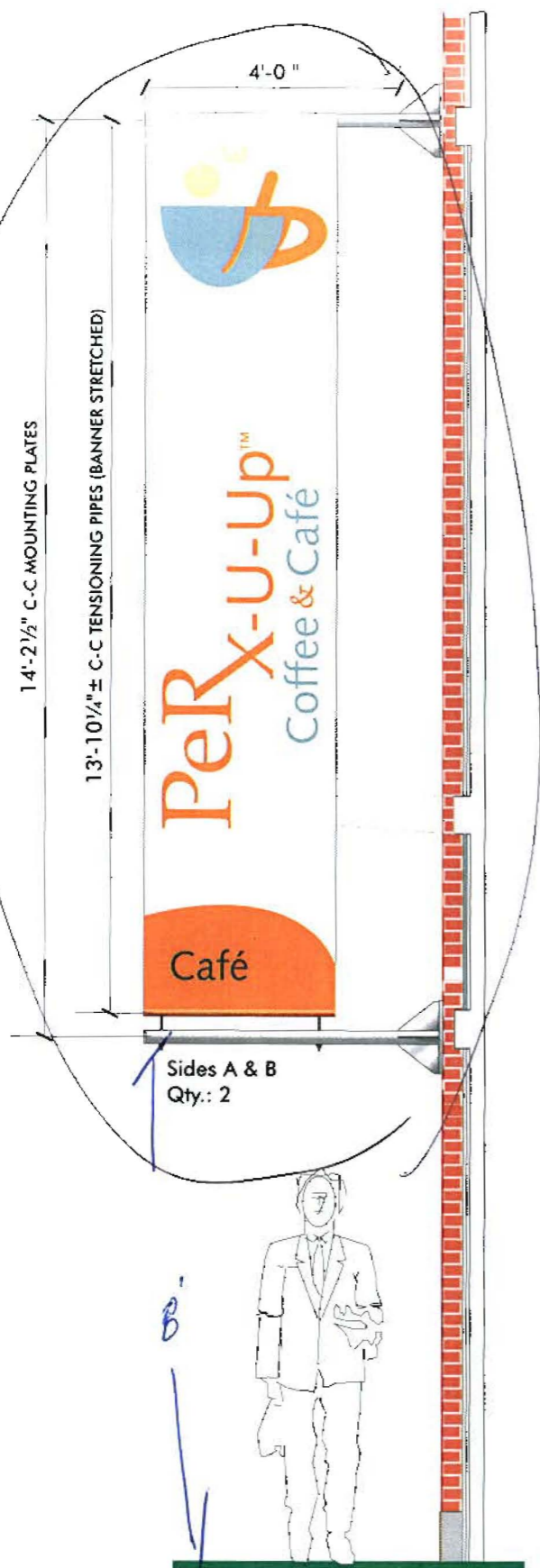
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City of Portland is listed as additional insured with respects to outside sign/banner at premise of Apothecary by Design.

CERTIFICATE HOLDER**CANCELLATION**

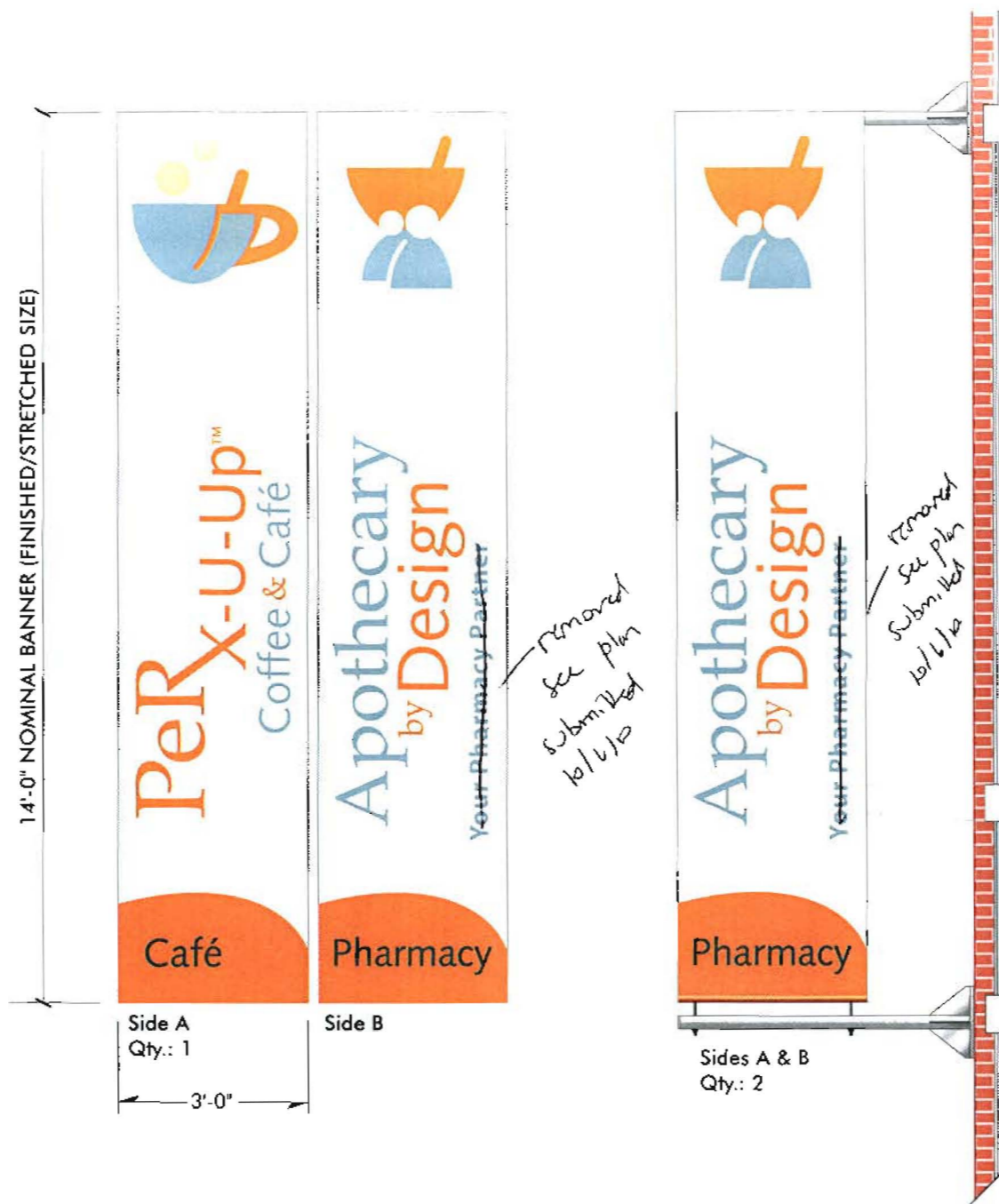
CITYOPP City of Portland 369 Congress Street Portland ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Joseph A. Kilbride, CPCU
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*Have 2 on sign
Permit # 10-1111139*



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



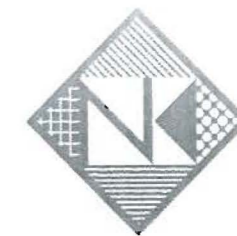
(5) TOTAL REQ'D

STEEL ARMATURES WITH 2 1/2" O.D. STEEL PIPES, TO PROJECT APPROX. 4'-6" FROM BUILDING;

BOTTOM ARMATURE INCLUDES 1 1/4" O.D. STEEL PIPE MOUNTED WITH 1/2" THREADED RODS AS TENSIONING DEVICE;

BANNER ASSEMBLY: (5) 13-OZ. WITH DIGITALLY PRINTED GRAPHICS, STITCHED BACK-TO-BACK WITH OPAQUE LINER AND CLEAR VINYL OVERLAMINATE, POLE POCKETS TOP & BOTTOM

EXACT BANNER SIZE TO BE DETERMINED BY FLAGRAPHS, GIVEN MOUNTING LOCATIONS AND PLAY OF TENSIONING DEVICE



Neokraft
SIGN 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

**Apothecary
By Design
12463**

PERMIT	
Location:	84 Marginal Way Portland, ME
Drawing No.:	1 of 4
Drawn by:	ML Rep.: PM
Date:	09.14.2010
Lead No.:	12063
Gen Ref.:	12063, 9676 (2009)



RETAIL TENANT ID—BANNERS/DIMENSIONAL GRAPHICS— ARTIST DEPICTION

SCALE: NONE



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Custom Sign Fabrication



Banner 1
 Café

Banner 2
 Café

Banner 3
 Café/Pharmacy

Banner 4
 Pharmacy

Banner 5
 Pharmacy

RETAIL TENANT ID—BANNERS/DIMENSIONAL GRAPHICS— BUILDING ELEVATION / MOUNTED

SCALE: 1/16" = 1'-0"

**Apothecary
 By Design
 12463**

PERMIT	
Location:	84 Marginal Way Portland, ME
Drawing No.:	2 of 4
Drawn by:	ML Rep.: PM
Date:	09.14.2010
Lead No.:	12063
Gen Ref.:	12063, 9676 (2009)



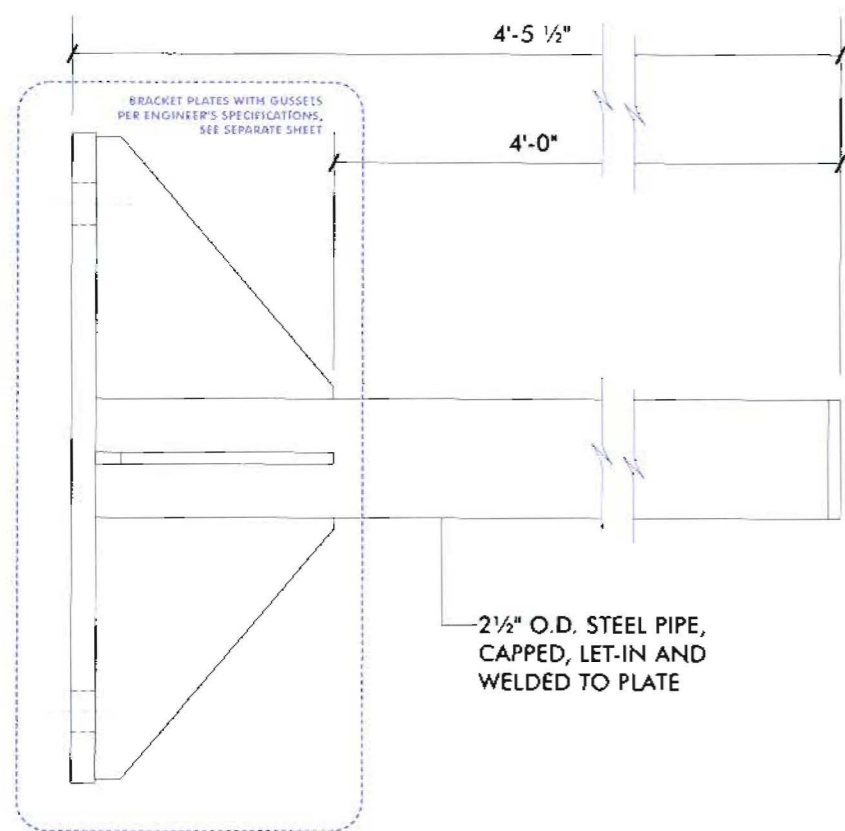
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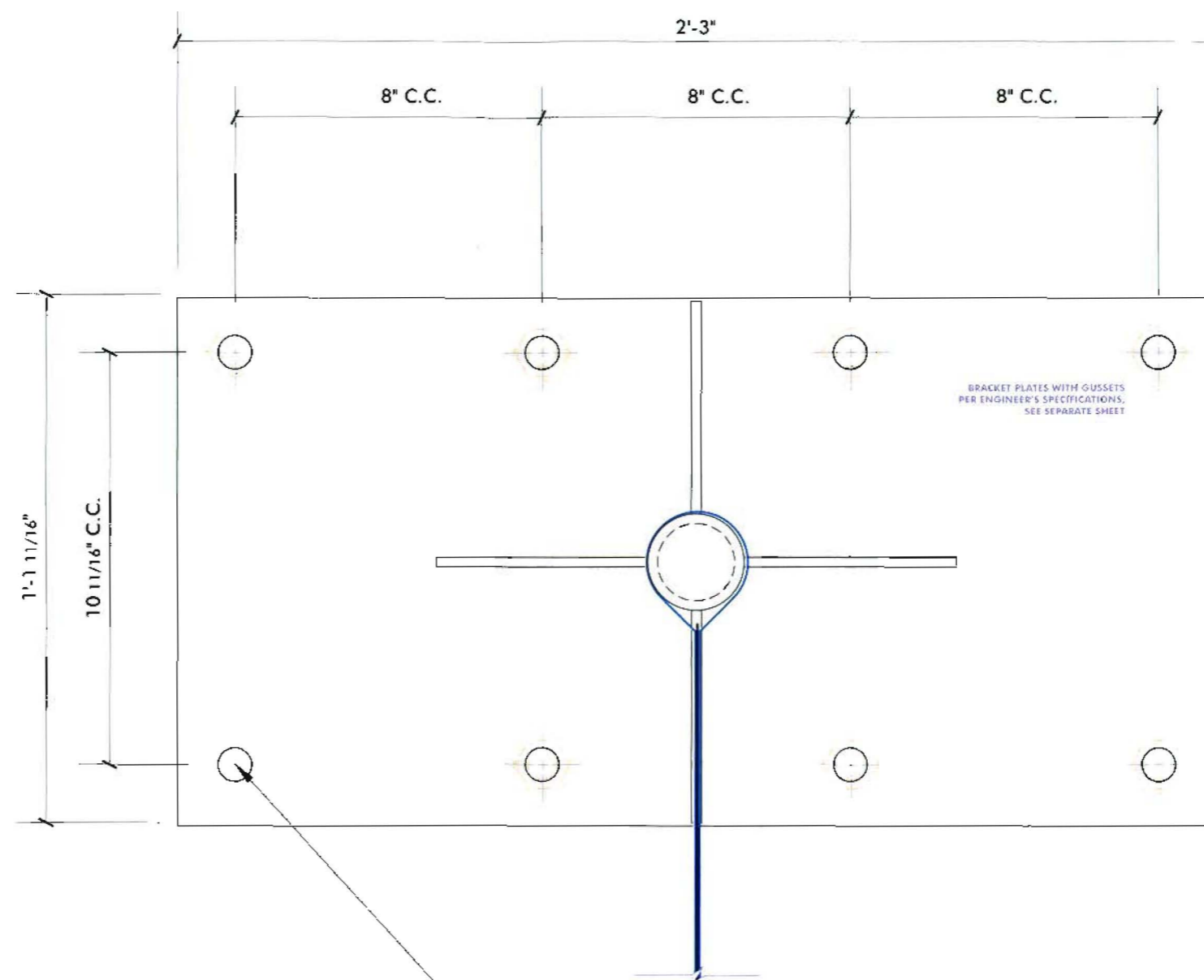
**Apothecary
 By Design
 12463**

P E R M I T	
Location:	84 Marginal Way Portland, ME
Drawing No.:	3 of 4
Drawn by:	ML Rep.: PM
Date:	09.14.2010
Lead No.:	12063
Gen Ref.:	12063, 9676 (2009)

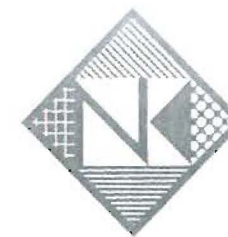


TOP BRACKET
 SCALE: 3"=1'-0"

(5) REQUIRED



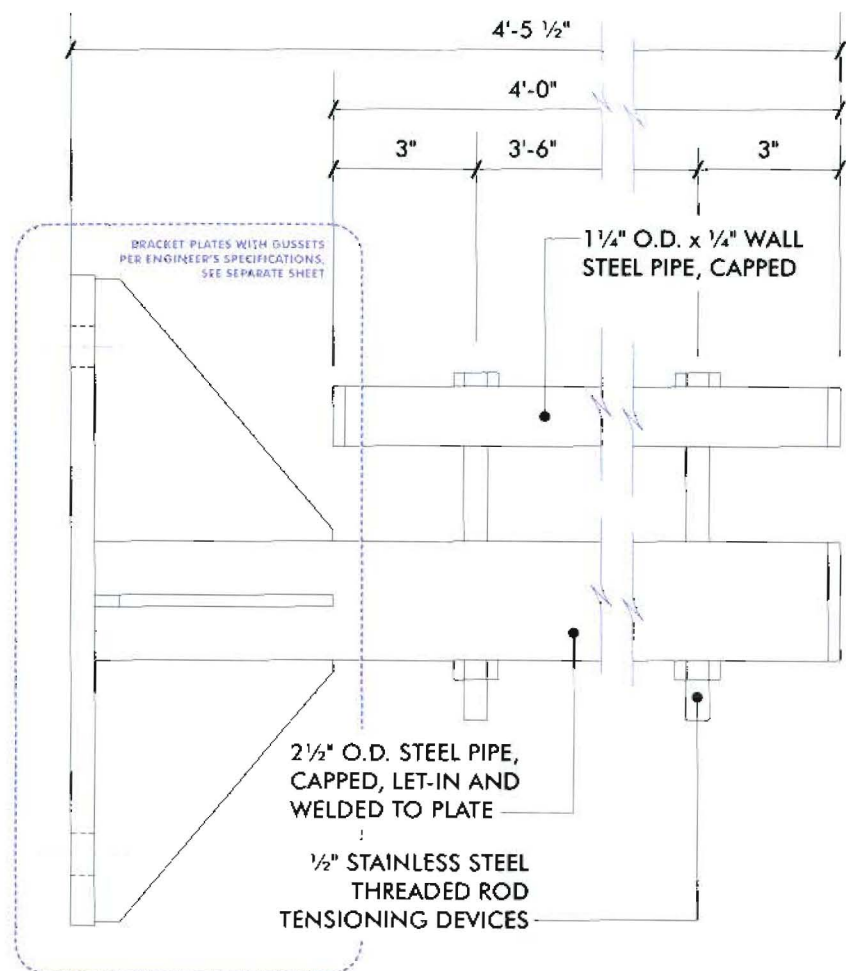
HIT HY 20 SYSTEM
 (8) TOTAL HILTI
 HIT-A ROD/INSERT-1 #00088979 (1/2" x 4 1/2")
 HIT-S-16 SCREEN TUBE #00068613 (3 3/8")
 HILTI BIT TE-C+ 5/8" - 8 #00028043



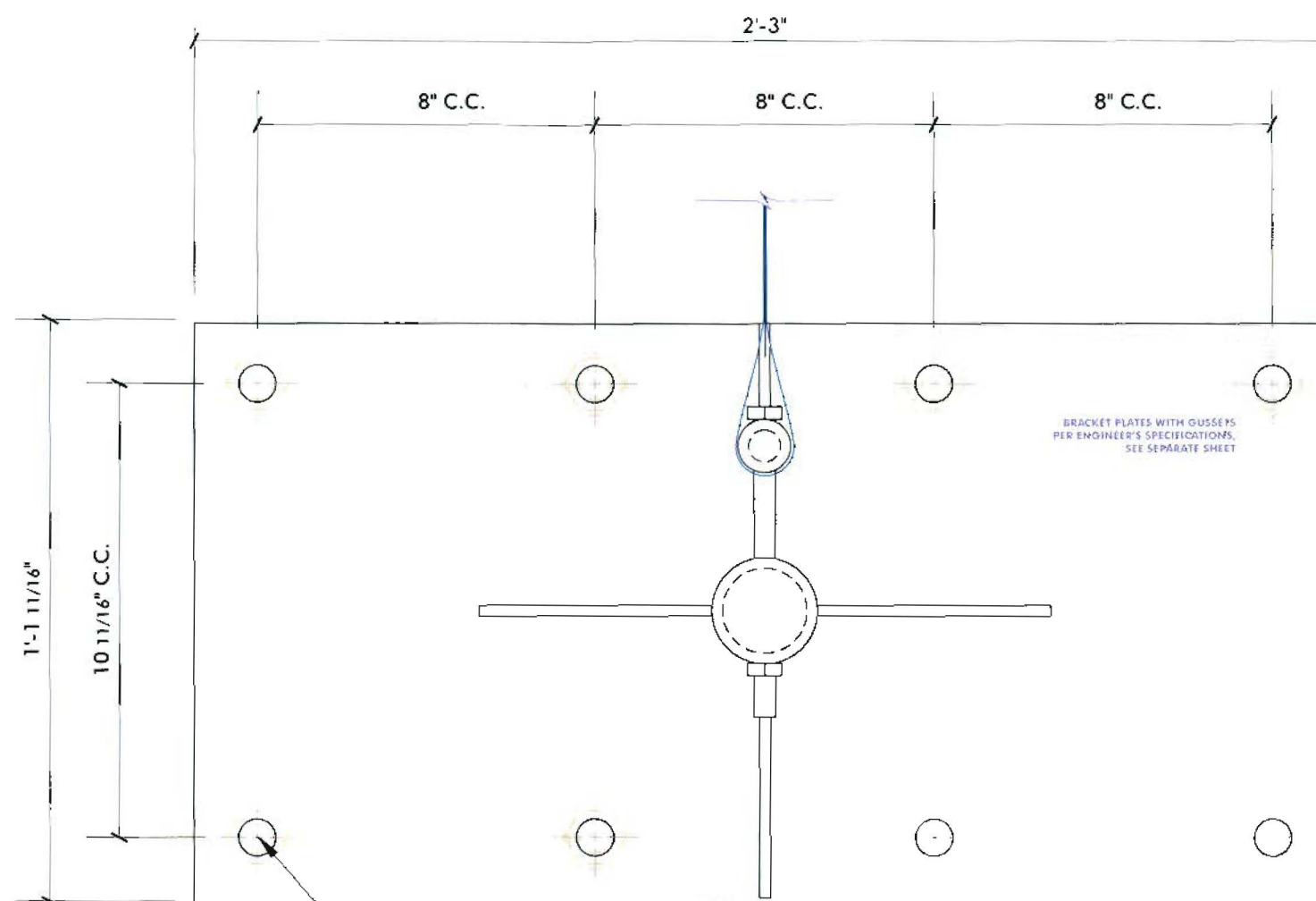
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Custom Sign Fabrication



BOTTOM BRACKET WITH TENSIONER
 SCALE: 3"=1'-0" (5) REQUIRED



HIT HY 20 SYSTEM
 (8) TOTAL HILTI
 HIT-A ROD/INSERT-1 #00088979 (1/2" x 4 1/2")
 HIT-S-16 SCREEN TUBE #00068613 (3 3/8")
 HILTI BIT TE-C+ 5/8" - 8 #00028043

Apothecary
By Design
 12463

PERMIT	
Location:	84 Marginal Way Portland, ME
Drawing No.:	4 of 4
Drawn by:	ML Rep.: PM
Date:	09.14.2010
Lead No.:	12063
Gen Ref.:	12063, 9676 (2009)