

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 101239

PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

This is to certify that Atlantic Bayside Trust Llc / Neo ft Sign

has permission to Erect two (2) building wall bands 83.2 sq

AT 84 Marginal Way

CB 034A B001001

OCT 19

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 finished-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. _____

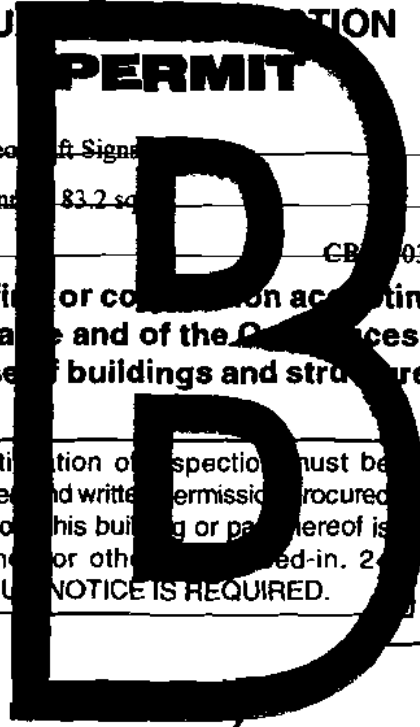
Appeal Board _____

Other _____

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



City of Portland, Maine - Building or Use Permit Application

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

Permit No: 10-1239	Issue Date:	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: 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-7

Past Use: Commercial / Coffee Shop (Perx-U-Up Coffee & Cafe)	Proposed Use: Commercial / Coffee Shop; Erect two (2) building wall banners 83.2 sq. ft. (13' 10 1/4" x 3' each)	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: U Type: Sign	

Proposed Project Description: Erect two (2) building wall banners 83.2 sq. ft. (13' 10 1/4" x 3' each)	Signature: <i>[Handwritten Signature]</i>	Signature: <i>[Handwritten 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: gg	Date Applied For: 10/06/2010	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

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City of Portland

Special Zone or Reviews <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: 10/9/10 <i>D. Andrews</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: <i>JEM</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

City of Portland, Maine - Building or Use Permit

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

Permit No:

10-1197

Date Applied For:

09/24/2010

CBL:

034A B001001

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: (207) 782-9654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial "Apothecary By Design" - install 3 new banners - 13' 10 1/4" x 3' each	Proposed Project Description: install 3 new banners
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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. Apothecary by Design was issued a sign permit (#08-1571) for a sign on the window above their entrance. Now they are applying for three 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 bnners.

- 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 (#08-1571) 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) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.
2) A shown on the drawing, the banners must be a minimum of 8'-0" above grade.

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

Note: **Ok to Issue:** ✓

Comments:

9/30/2010-amachado: Lcft vem for Shane Moffet. B-7 zone, individual ground floor tenant can only have one sign. Apothecary by Design approved for one sign #08-1571 & Perx U Up Cafe was approved for one sign #08-1572. Banners don't meet zoning requirements. Speeail execption review costs \$75. Need separate application for Perx U up.

10/4/2010-amachado: Spoke with Peter Murphy at Neokraft signs. He spoke with me on 10/1/10 saying that they had met with Deb Andrews & she had given her approval for the banners. Deb confirmed this today. I told Peter that we need two different applications because they have two different businesses.

10/7/2010-amachado: Revised application for three banner only for Apothecary by Desing. One has both business names on it. Called Peter Murphy from NeoKraft. Need certificate of flamibility.

PERMIT ISSUED

OCT 19

City of Portland

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 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.**

 X **Final inspection required at completion of work.**

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



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

October 6 2010

Received from New Kraft Signs

Location of Work 84 Marswood Way

Cost of Construction \$ _____

Building Fee: _____

Permit Fee \$ _____

Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 32.00

Building (B) Plumbing (P) _____ Electrical (E) _____ Site Plan (SP) _____

Other _____

CBL 37A-B-001

Check #: 10116 Total Collected \$ 32.00

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

Taken by: ARMA

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



101239 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# Block# Lot# 34A B 001		Owner: ATLANTIC NATIONAL TRUST ATLANTIC CONSIDER TRUST. EDWARD MARSH, JR. (CONTACT)
Leasee/Buyer's Name (If Applicable) PERX-U-UP COFFEE & CAFE RECEIVED		Telephone: 828-1080
Contractor name, address & telephone: NEOKRAFT SIGNS INC. 686 MAIN STREET LEWISTON, ME 04240 207-782-9654		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: PETER MURPHY phone: 782-9654
Dept. of Building Inspections

Tenant/alloc. of building space (feet): _____ Length: _____ Height: _____
Lot Frontage (feet) _____ Single Tenant or (Multi Tenant Lot) MULTI-TENANT

Current Specific use: COFFEE SHOP AND CAFE
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" x 3'-0" (2 BANNERS)
83.2 S.F.

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: _____

SEE COPIES OF ORIGINAL PERMIT SUBMITTED WITH "PHOTOCOPY BY DESIGN" APPLICATION

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 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><i>Peter Murphy</i></u>	Date: <u>10/6/10</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



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
 ATTN: MS. ANN MACHADO
 389 CONGRESS STREET
 PORTLAND, ME 04101

Date 10.6.2010
Job No. 12463
Re. PERX-U-UP CAFE

- Item**
- Attached
 - Hand Delivered
 - Under separate cover
 - Shop Drawings
 - Prints
 - Samples
 - Specifications
 - Copy of letter
 - Change Order
 - Other

Copies	Date	No.	Description
1	10.06.2010	12463	SIGN APPLICATION

- Purpose**
- For approval
 - No exception taken
 - Rejected
 - For your use
 - Make corrections noted
 - Review and comment
 - As requested
 - Revise and resubmit
 - Other

Remarks Ann, enclosed is an application for the banners for Perx-U-Up Coffee and Café. I have also included an amended application for Apothecary by Design which changes the quantity of their banners to (3). I've also included drawings which differ slightly from our original submittal: "Your Pharmacy Partner" has been deleted from the Apothecary banners. Deb Andrews had suggested making this change, and the owners have agreed with her.

Copy to FILE

From PETER MURPHY

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

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

Product Fire Retardant Tests



FR Tests

Product	NFPA701 Test #1	NFPA701 Test #2	Title 19	CSFM	ASTM E84	UBC 26-6	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

OP ID P&C

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 912 Portland ME 04101 Phone: 207-774-7919 Fax: 207-774-7920	CONTACT 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.

INSR LTR	TYPE OF INSURANCE	ADOL	SUBH	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	X		SM-874962	09/18/10	09/18/11	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input type="checkbox"/> 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) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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)
 City of Portland is listed as additional insured with respects to outside sign/banner at premise of Apothecary by Design.

CERTIFICATE HOLDER**CANCELLATION**

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

Permit No: 08-1572	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: 207-553-2000
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Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
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License/Buyer's Name:	Phone:	Permit Type: Signs - Permanent	Zone: B-7
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Permit Fee: \$130.00	Cost of Work: \$0.00	CEO District: 1
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Proposed Use: Commercial/Perx-U-Up Cafe' - Install Logo Sign and Lettering	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
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Proposed Project Description: Install Logo Sign and Lettering (11'4" x 11'10") 55' x 14'	Signature: <i>N/A</i>	Signature: <i>IBC 2003</i>
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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: lmd	Date Applied For: 12/22/2008	Zoning Approval	
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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 <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MHD <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"/> Requiem Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
	Date: 12/29/08 <i>AKM</i>	Date: _____	Date: _____

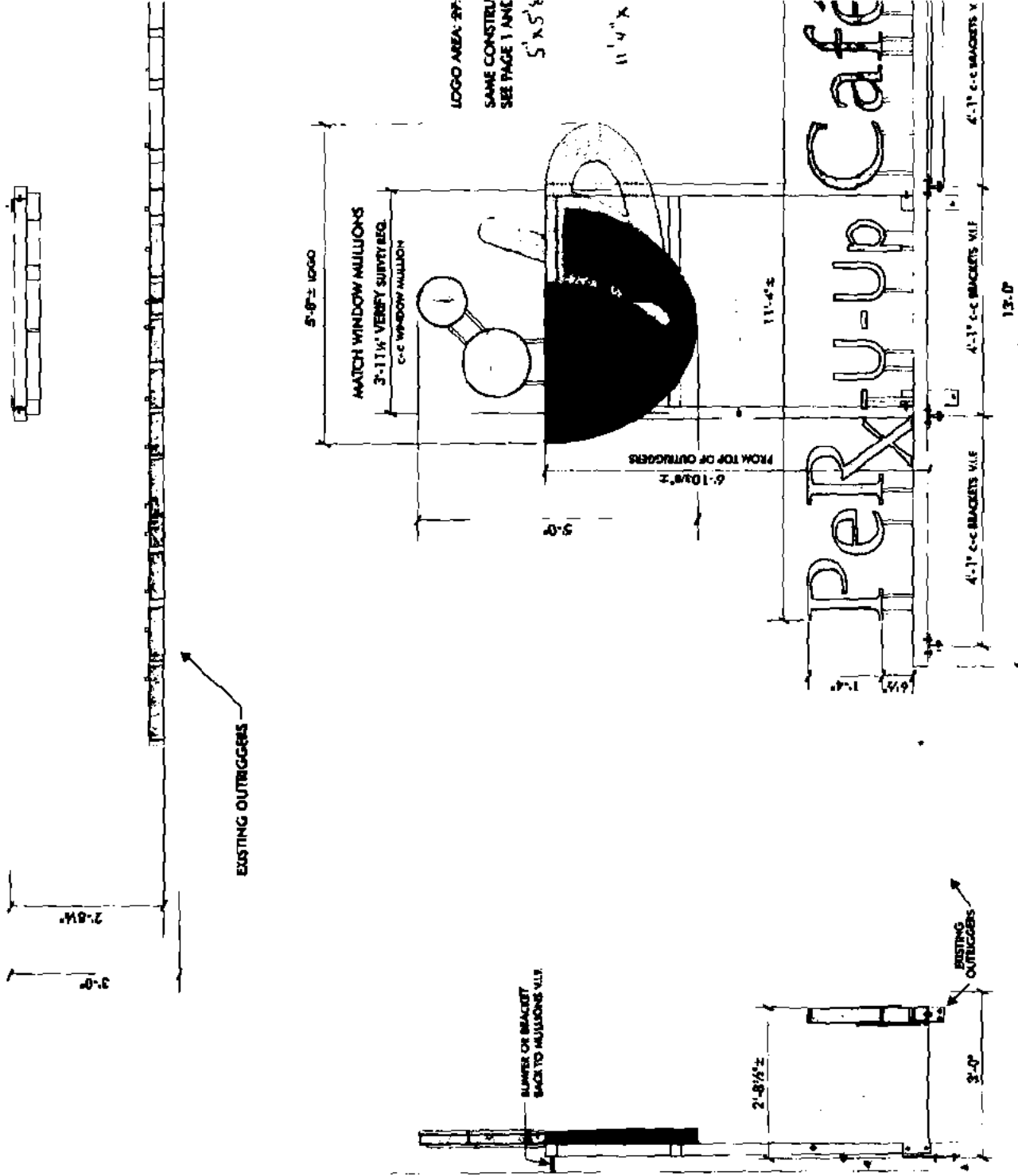


CERTIFICATION

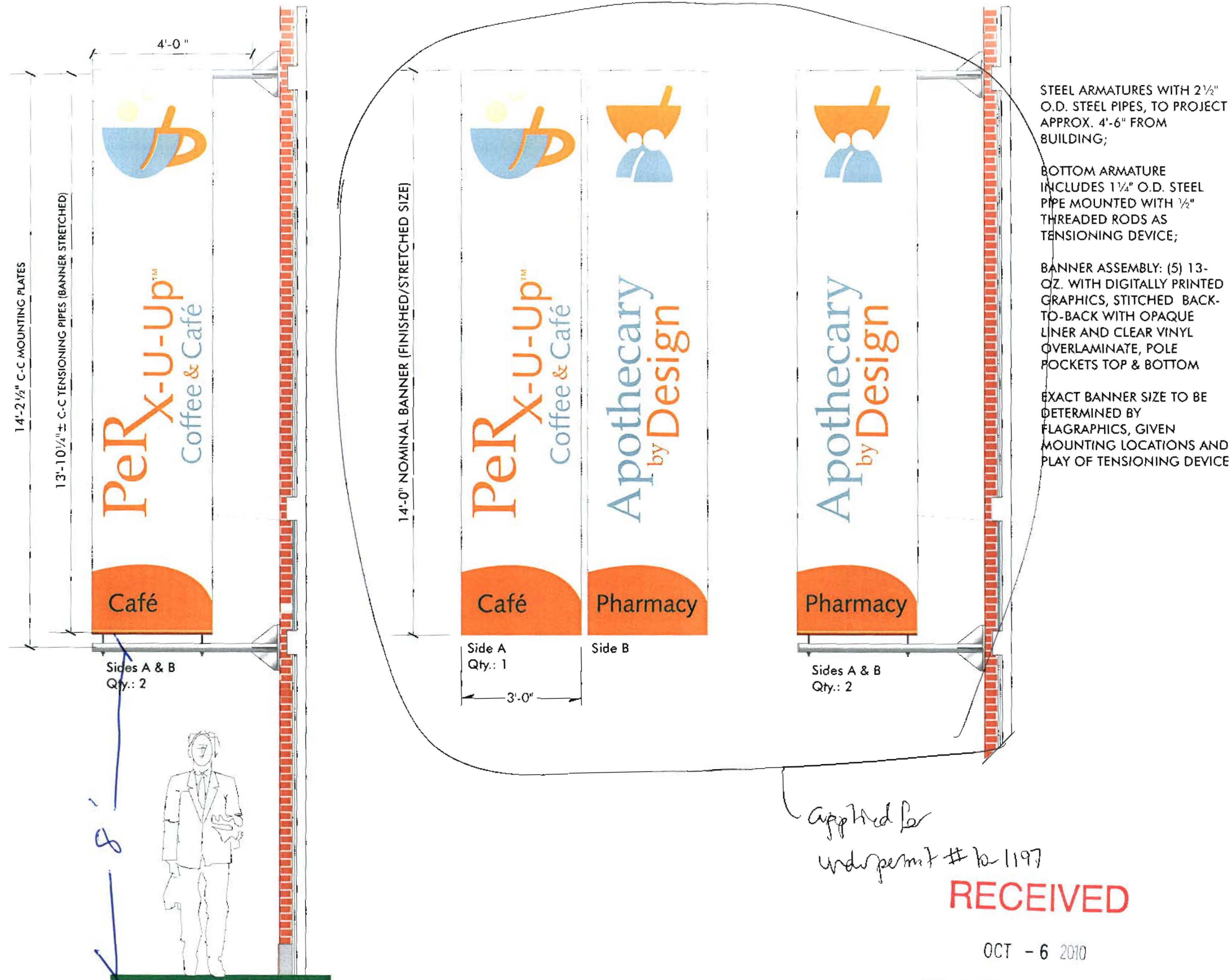
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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

Canopies, awnings, etc., shall be constructed of aluminum or stainless steel.



CANOPY ID - CAFE - LIGHTED LETTERS ON RACEWAY
SCALE: 1/8" = 1'-0"
(1) REQUIRED



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**

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)	

*Applied for
under permit # 101197*

RECEIVED

OCT - 6 2010

Dept. of Building Inspections
City of Portland Maine

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

(5) TOTAL REQ'D



RETAIL TENANT ID—BANNERS/DIMENSIONAL GRAPHICS— ARTIST DEPICTION

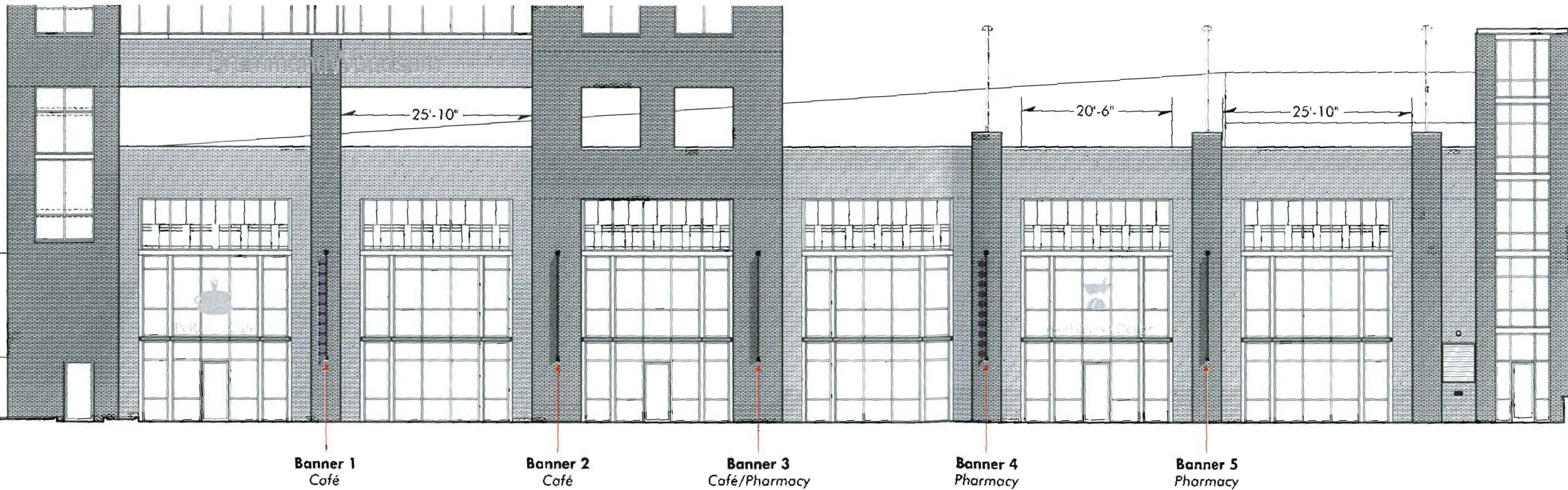
SCALE: NONE



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

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

**Apothecary
 By Design
 12463**

Location:	84 Marginal Way Portland, ME	
Drawing No.:	2 of 4	
Drawn by:	ML	Rep.: PM
Date:	09.14.2010	
Rev.:	10.04.2010 ML	
Lead No.:	12063	
Gen Ref.:	12063, 9676 (2009)	

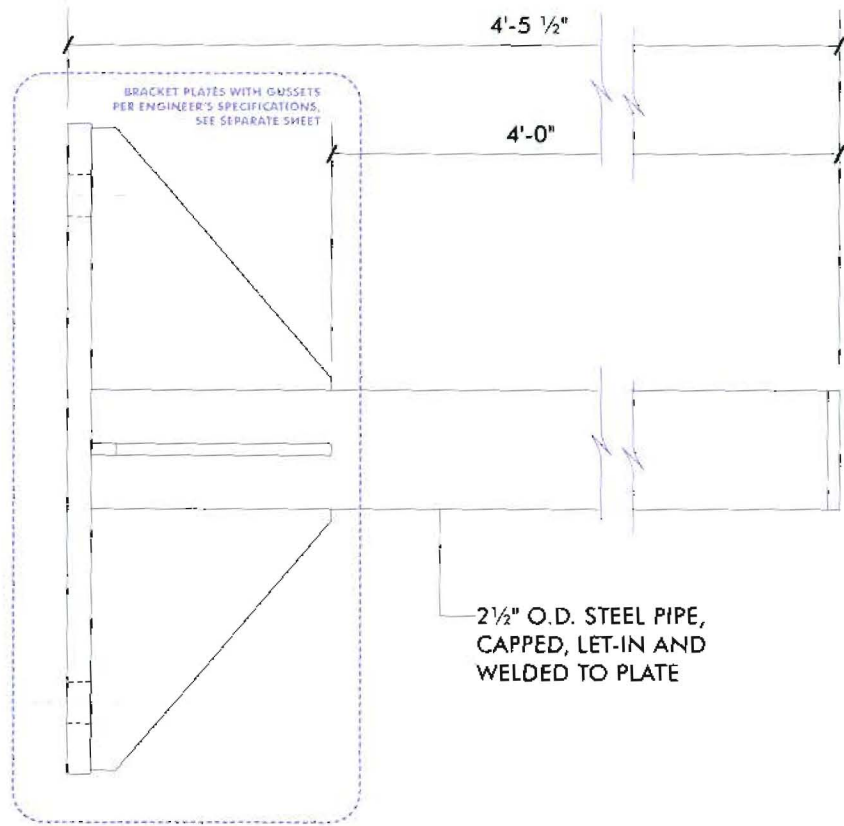


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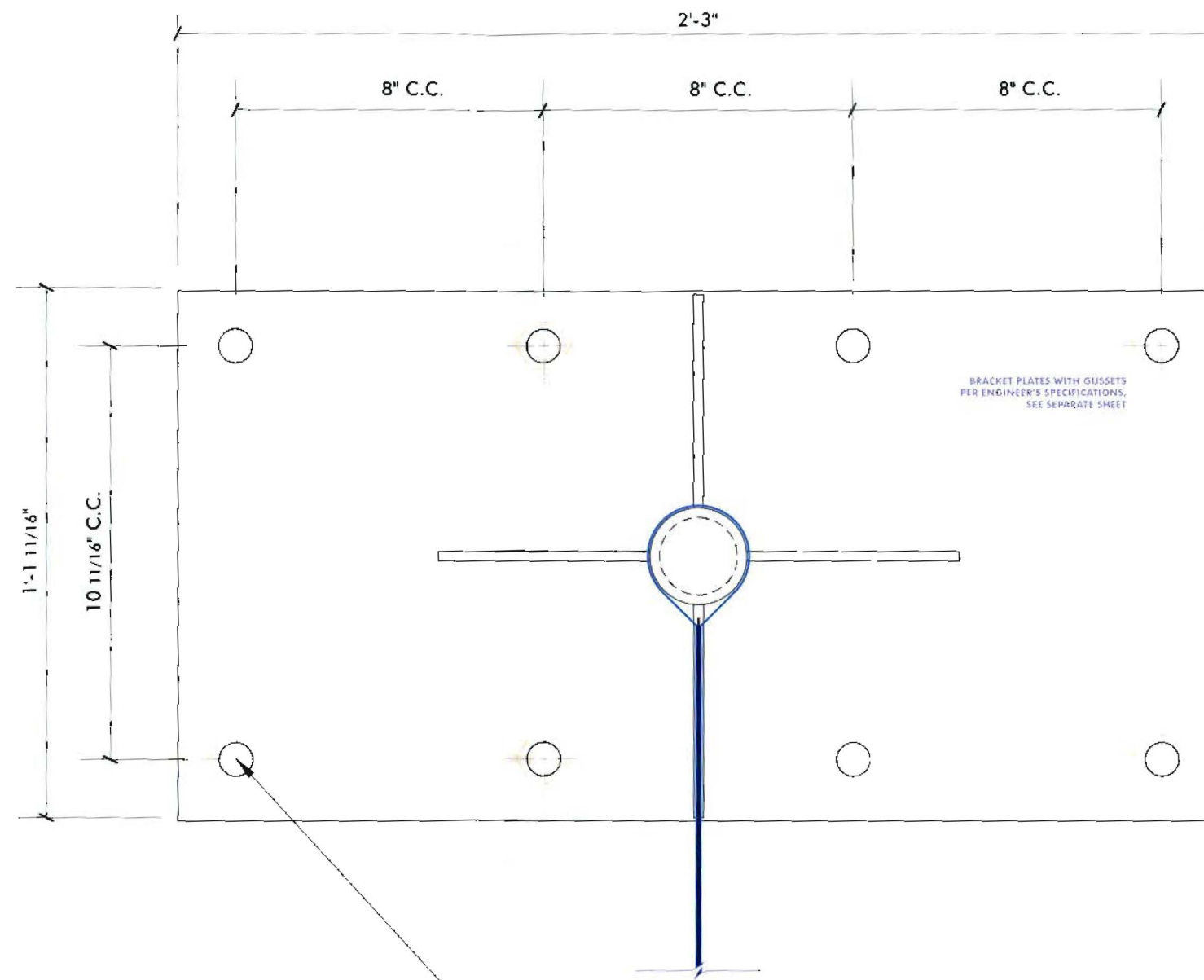
**Apothecary
 By Design
 12463**



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

Location: 84 Marginal Way

Portland, ME

Drawing No.: 3 of 4

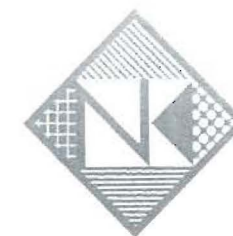
Drawn by: ML Rep.: PM

Date: 09.14.2010

Rev.: 10.04.2010 ML

Lead No.: 12063

Gen Ref.: 12063, 9676 (2009)

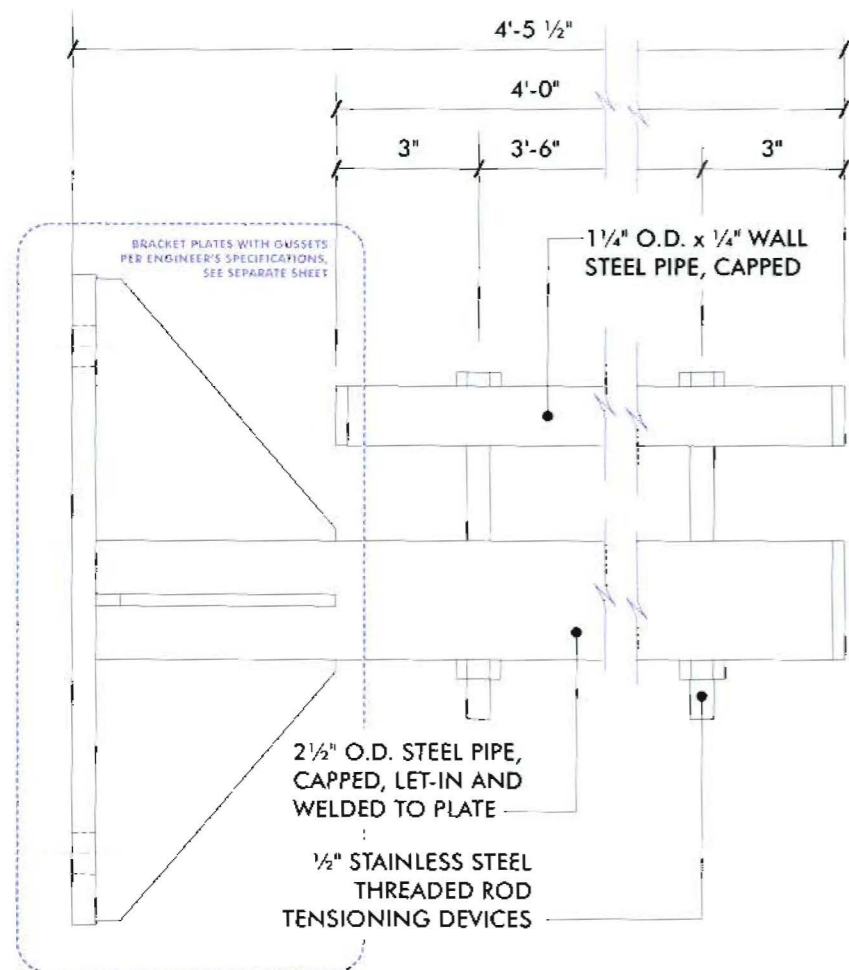


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S I G N S

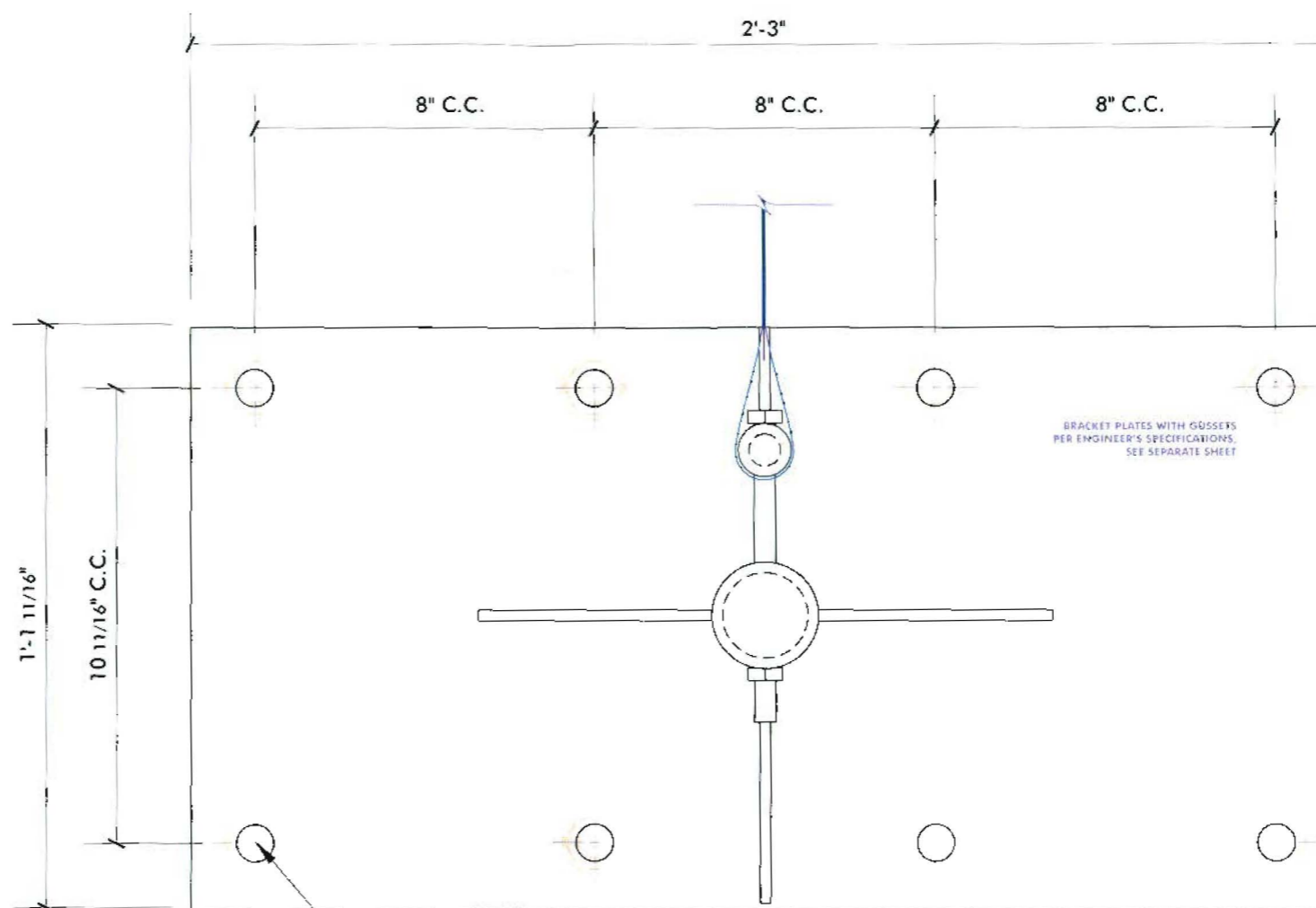
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Custom Sign Fabrication

**Apothecary
By Design
12463**



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

Location: 84 Marginal Way
Portland, ME

Drawing No.: 4 of 4

Drawn by: ML Rep.: PM

Date: 09.14.2010

Rev.: 10.04.2010 ML

Lead No.: 12063

Gen Ref.: 12063, 9676 (2009)