

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

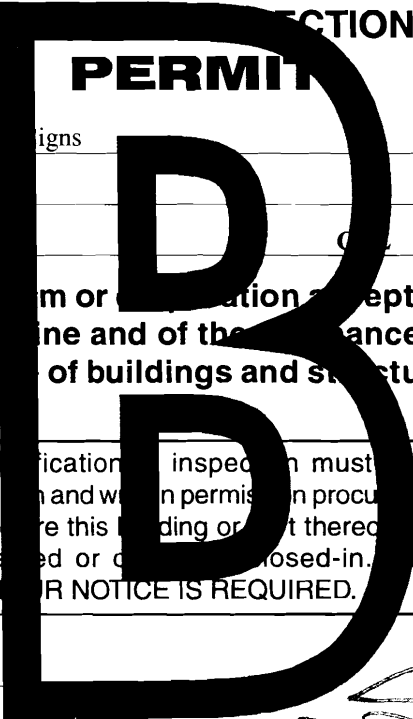
BUILDING DEPARTMENT

PERMIT

Permit Number: 021132

This is to certify that October Corporation/NeoKra Signs
has permission to Replace Existing Sign Panels
AT 511 Congress St Call 037 D002001

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 work in permit in progress before this building or part thereof is altered or closed-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

APPROVED
6/10/02
over

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: 02-1132	Issue Date:	CBL: 037 D002001
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Location of Construction: 511 Congress St	Owner Name: October Corporation	Owner Address: 1 Canal Plz	Phone: 772-6264
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-3

Past Use: Office Space	Proposed Use: Office Space	Permit Fee: \$39.00	Cost of Work: \$39.00	CEO District: 2
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Proposed Project Description: Replace Existing Sign Panels	Signature:	INSPECTION: Use Group: Type:
<i>APPL VOID over 6 mos</i>	Signature:	Signature:
	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
	Signature:	Date:

Permit Taken By: gad	Date Applied For: 10/02/2002	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 Review</p> <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"/>	<p>Zoning Appeal</p> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input checked="" type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<p>Historic Preservation</p> <input 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:	Date:	Date:

request that the P.A.D. be reviewed with a change of use - never reviewed

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

**THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE
PERMIT IS ISSUED**

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

Certification

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: <i>X [Signature]</i>	Date: <i>9-26-02</i>
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AS AGENT FOR OCTOBER CORPORATION
Sign Permit Fee: \$30.00 plus \$1.00 per square foot.

A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00

**BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT
YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU
ARE APPLYING FOR**

**IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL
YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN
SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL
OFFICIALS OF THIS OFFICE**

GRPA

OXFOCOU-01

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY)
PRODUCER (800) 222-4664 Telcom Insurance Services Corp. Ivy Lane Suite 506 Greenbelt MD 20770	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.	
INSURERS AFFORDING COVERAGE		
INSURER A: Liberty Mutual Fire Insurance Company		
INSURER B: Liberty Mutual Insurance Company		
INSURER C:		
INSURER D:		
INSURER E:		
INSURED Oxford County Tel & Tel Co. PO Box 128 115 Depot Street Buckfield ME 04220		

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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TB2-645-004973-032	5/24/02	5/24/03	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COM/PROP AGG \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY	AS2-645-004973-042	5/24/02	5/24/03	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS LIABILITY	TH1-641-004973-052	5/24/02	5/24/03	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
<input checked="" type="checkbox"/> RETENTION \$10,000	\$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC2-645-004973-062	5/24/02	5/24/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 500,000
					E.L. DISEASE - EA EMPLOYEE \$ 500,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>60</u> 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 <i>Susan J. Flanders</i>

021132

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE
PERMIT IS ISSUED

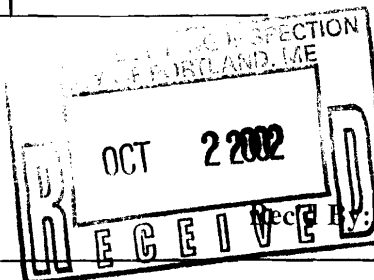
SIGNAGE APPLICATION

THIS IS NOT A PERMIT
CONSTRUCTION CANNOT NOT COMMENCE UNTIL THE PERMIT IS ISSUED

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

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>511 Congress St.</u>		
Total Square Footage of Proposed Structure	<u>9sqft</u>	Square Footage of Lot
Tax Assessor's Chart, Block & Lot Number	Owner:	Telephone #:
Chart# <u>037</u> Block# <u>D</u> Lot# <u>002</u>	<u>Boulos Property Management</u> <u>511 Congress St</u> <u>Portland, Me 04101</u>	<u>772-6264</u>
Lessee/Buyer's Name (If Applicable)	Owner's/Purchaser/Lessee Address:	Total s.f of signs <u>9</u> x 1.00\$ <u>9.00</u> , plus \$30.00
<u>OXFORD NETWORKS</u>	<u>P.O. Box 128</u> <u>RT 117</u> <u>Buckfield Me. 04220</u>	<u>TOTAL\$ 39.00</u>
Current use: _____	Proposed use: <u>no change</u>	
Project description: <u>Replace existing sign panels with new panels with new logo</u>		
Applicants Name, Address & Telephone: <u>Roy Ulrickson Jr</u> <u>c/o Neokraft Sign Co</u>		
Contractor's Name, Address & Telephone: <u>686 Main St</u> <u>Lewiston, Me 04240</u>		
Who shall we contact when the permit is ready: <u>Shane Moffett</u> Telephone: <u>1-800-339-2258</u>		
If you would like it mailed, what mailing address should we use: <u>Neokraft Signs</u> <u>686 Main St</u> <u>Lewiston, Me 04240</u>		



City of Portland, Maine - Building or Use Permit

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

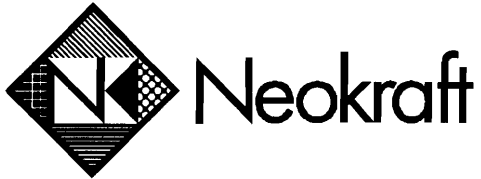
Permit No: 02-1132	Date Applied For: 10/02/2002	CBL: 037 D002001
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Location of Construction: 511 Congress St	Owner Name: October Corporation	Owner Address: 1 Canal Plz	Phone: () 772-6264
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: (207) 782-9654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Office Space	Proposed Project Description: Replace Existing Sign Panels
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Dept: Zoning **Status:** Denied **Reviewer:** Marge Schmuckal **Approval Date:**
Note: 10/10/02 called sign company about the office ch. Of use in the PAD district - later a woman at Boulos Co called and was going to get me information so that the PAD requirements were met. **Ok to Issue:**
6/3/03 - never received any more information - application is void - over 6 mos.

Dept: Building **Status:** Pending **Reviewer:** **Approval Date:**
Note: **Ok to Issue:**



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	09.27.2002
		Job No.	02NK9162
		Re.	PERMIT INFO. REGULAR MAIL

Item	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Under separate cover	
	<input checked="" type="checkbox"/> Shop Drawings	<input type="checkbox"/> Prints	<input type="checkbox"/> Samples	<input type="checkbox"/> Specifications
	<input type="checkbox"/> Copy of letter	<input type="checkbox"/> Change Order	<input type="checkbox"/> Other	

Copies	Date	No.	Description
1	09.03.2002	6663	CHECK NUMBER 6663 IN THE AMOUNT OF \$39.00.
1			CUSTOMER'S LIABILITY INSURANCE.
2		RL11313	DRAWINGS TO SHOW THE LAYOUTS FOR THE PROPOSED SIGNAGE.
1			PHOTOGRAPH INDICATING DIMENSIONS TO ENTRY SIGN.
1 set			PERMIT APPLICATION.

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 If there are any questions feel free to call.

Copy to

From ROY ULRICKSON, JR.

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 511 Congress STREET ZONE: B-3

OWNER: Boulos

APPLICANT: OXFORD NETWORKS by Newkoff Signs

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO
FREESTANDING SIGN? (ex. Pole Sign) YES NO --- DIMENSIONS _____ HEIGHT _____
MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____
SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 1'x3'
MORE THAN ONE SIGN? YES NO DIMENSIONS 1'x3'
AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

3 - 1'x3' sign panels

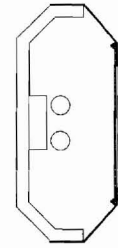
*** TENANT BLDG. FRONTAGE (IN FEET): 42
*** REQUIRED INFORMATION

AREA FOR COMPUTATION

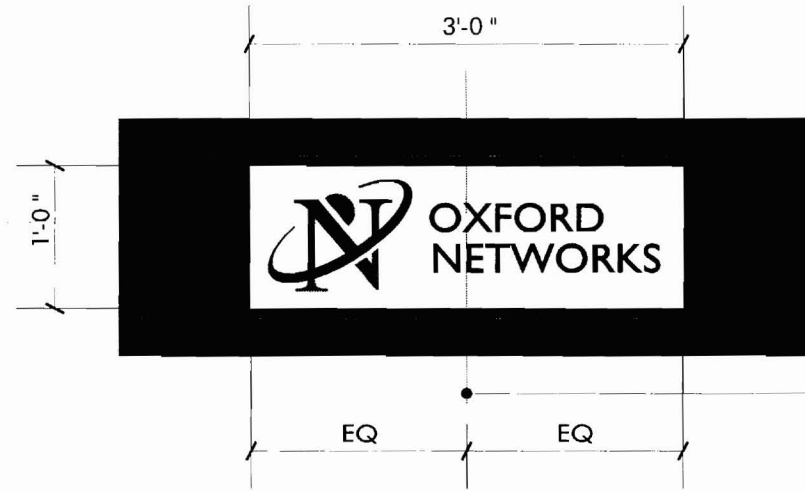
YOU SHALL PROVIDE:

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Ray Uluckman DATE: _____



Typical Section



Face Elevation—Sign Band Logos

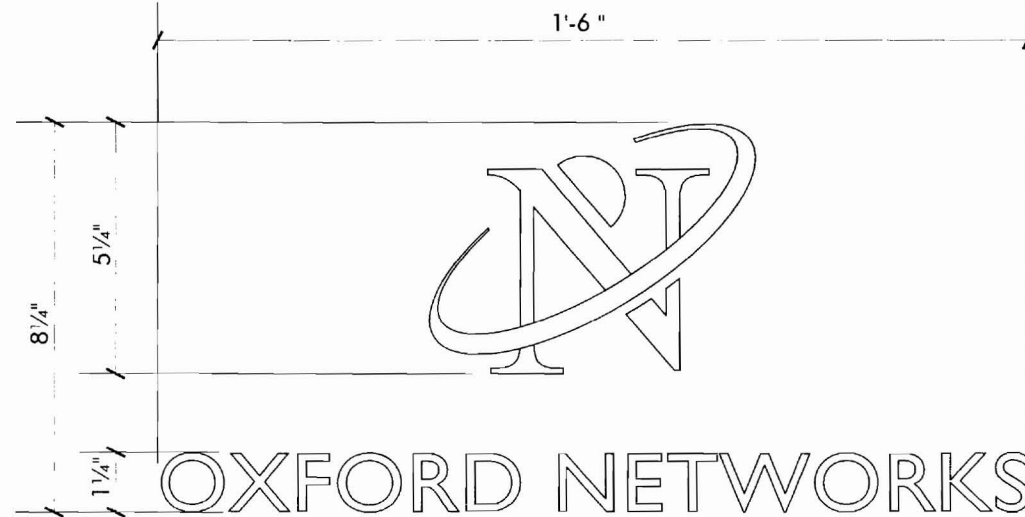
Scale: 3/4" = 1'-0" (3) required

ROUTED OPENINGS IN EXISTING SIGN BAND. BAND SECTIONS HAVE ADDED EXISTING COVER-UP PAINTED METAL LAYER.

3/16" WHITE TRANSLUCENT PLASTIC PUSH-THRU SEALED TO 1/8" WHITE TRANSLUCENT PLASTIC BACKER

BLACK VINYL COPY
BLACK AND MATCH PMS 2725
PURPLE VINYL LOGO AS SHOWN

CENTERLINE OF PANEL



GSP WHITE [220-10]

Copy Layout—2nd Surface Vinyl Graphics for door windows

Scale: 3" = 1'-0" (2) sets



Neokraft

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Lewiston, Maine 04240
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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.

Oxford Networks

RL11313

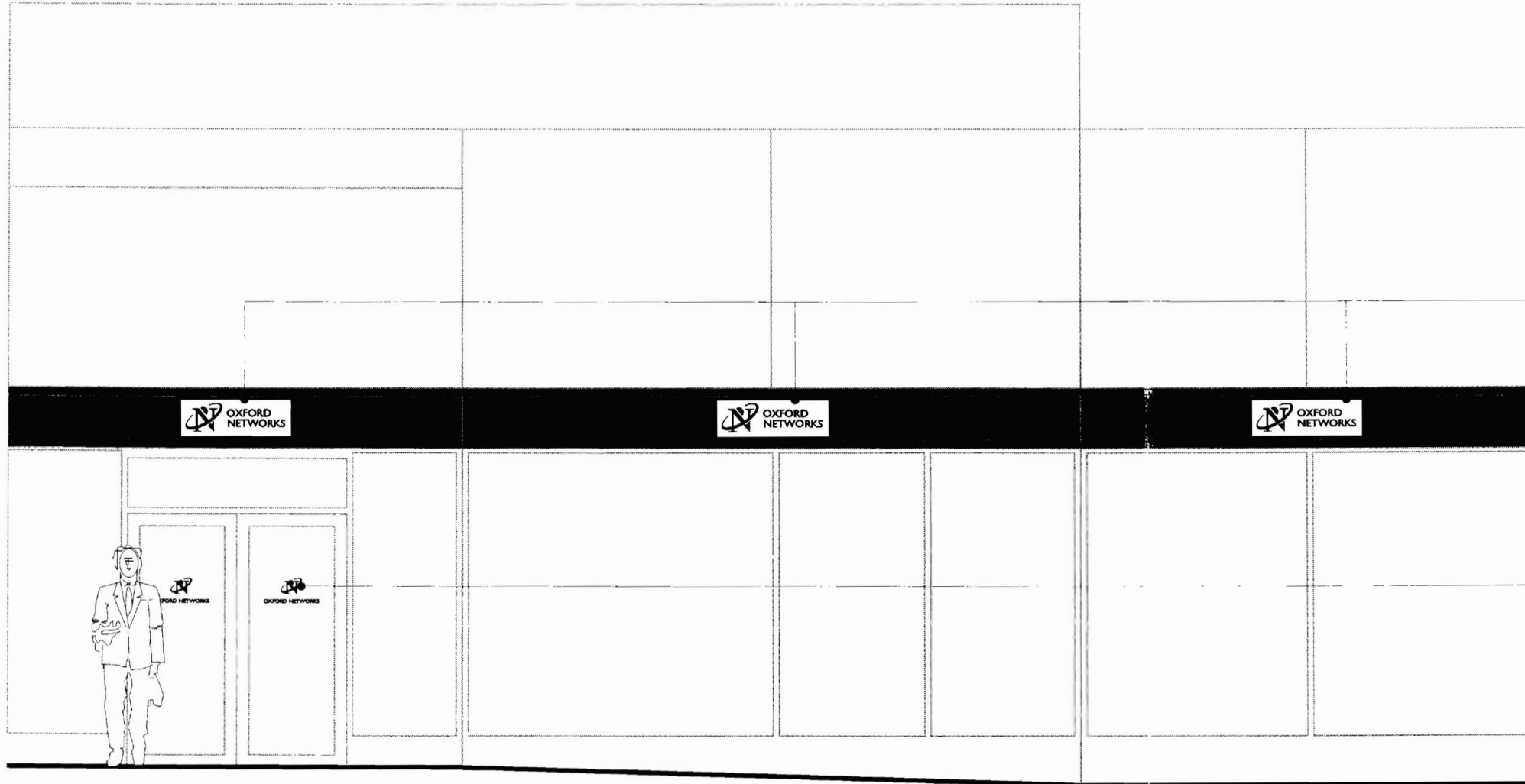
Location: 511 Congress St.
Portland, ME

Drawing No.: 2 of 2

Drawn by: JF

Date: 06.07.2002

Gen Ref:



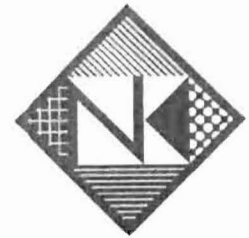
Flat View—Partial Building Elevation

Scale: 1/4" = 1'-0"



Photo Composite

No Scale



Neokraft

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Lewiston, Maine 04240
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(3) NEW SIGN BAND LOGOS

(2) NEW VINYL LOGOS

Oxford Networks

RL11313

Location: 511 Congress St.

Portland, ME

Drawing No.: 1 of 2

Drawn by: JF

Date: 06.07.2002

Gen Ref.: