

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 041505

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that 505 Main Street Saco /Owner  
has permission to install new sign at Portland Building Company  
AT 505 Fore St 038 C016001

DEC 10 2004  
CITY OF PORTLAND

provided that the person or persons who apply for or accept this permit shall comply with all of the provisions of the Statutes of the State 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 is procured before this building or part thereof is occupied or otherwise closed-in. 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 \_\_\_\_\_  
DepartmentName

*[Signature]*  
12/10/04  
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:<br>04-1505 | Issue Date: | CBL:<br>038 C016001 |
|-----------------------|-------------|---------------------|

|  |                                     |  |                      |
|--|-------------------------------------|--|----------------------|
| Location of Construction:<br>505 Fore St | Owner Name:<br>505 Main Street Saco | Owner Address:<br>Po Box 1047 <i>Nat</i> | Phone:<br>632-1300   |
| Business Name:                           | Contractor Name:<br>Owner           | Contractor Address:<br>Portland          | Phone:<br>0000000000 |
| Lessee/Buyer's Name                      | Phone:                              | Permit Type:<br>Building Miscellaneous   | Zone:<br><i>B3</i>   |

|                               |  |  |   |                    |
|-------------------------------|--|--|---|--------------------|
| Past Use:<br>commercial space | Proposed Use:<br>commercial space w/ 46"x36" wood sign | Permit Fee:<br>\$89.00   | Cost of Work:<br>\$0.00   | CEO District:<br>I |
|                               |  | FIRE DEPT:<br><i>N/A</i><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Signature: | INSPECTION:<br>Use Group <i>V</i> Type <i>Sign</i><br><i>IBC 2003</i><br>Signature: |                    |

|   |   |
|---|---|
| Proposed Project Description:<br>install new sign at Portland Pie company<br><i>use ok per #04-1555</i> | PEDESTRIAN ACTIVITIES<br>Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied<br>Signature: _____ Date: _____ |
|---|---|

|                         |                                 |                        |
|-------------------------|---------------------------------|------------------------|
| Permit Taken By:<br>dmm | Date Applied For:<br>10/05/2004 | <b>Zoning Approval</b> |
|-------------------------|---------------------------------|------------------------|

|   |   |   |  |
|---|---|---|--|
| <ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol> | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br><i>ok</i><br>Date: <i>11/5/04</i> | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: _____ | <b>Historic Preservation</b><br><input type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br><i>to D.A</i><br>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 |

**City of Portland, Maine - Building or Use Permit**

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

|                              |  |                            |
|------------------------------|--|----------------------------|
| <b>Permit No:</b><br>04-1505 | <b>Date Applied For:</b><br>10/05/2004 | <b>CBL:</b><br>038 C016001 |
|------------------------------|--|----------------------------|

|   |  |   |                                |
|---|--|---|--------------------------------|
| <b>Location of Construction:</b><br>505 Fore St | <b>Owner Name:</b><br>505 Main Street Saco | <b>Owner Address:</b><br>Po Box 1047          | <b>Phone:</b><br>( ) 632-1300  |
| <b>Business Name:</b>                           | <b>Contractor Name:</b><br>Owner           | <b>Contractor Address:</b><br>Portland        | <b>Phone</b><br>(000) 000-0000 |
| <b>Lessee/Buyer's Name</b>                      | <b>Phone:</b>                              | <b>Permit Type:</b><br>Building Miscellaneous |                                |

|   |  |
|---|--|
| <b>Proposed Use:</b><br>commercial space w/ 46"x36" wood sign | <b>Proposed Project Description:</b><br>install new sign at Portland Pie company |
|---|--|

**Dept:** Historical      **Status:** Approved with Conditions      **Reviewer:** Deborah Andrews      **Approval Date:** 011131200**Note:** **Ok to Issue:** 

- 1) \* Request for wood projecting sign on front facade withdrawn by applicant. Approval does not apply to this sign. Approval is for installation of 48" x 62" internally-illuminated sign to be installed on west facade of building.
- \* Approved sign to be centered on building facade, between and below upper story windows.
- \* No exposed conduit.
- \* Existing security light and exposed conduit on west facade to be removed. (Never approved under historic preservation ordinance.) "For Lease" sign to be removed as well, if possible.
- \* At such time the applicant applies for sign(s) on front facade, approved sign (for west facade) will be subject to re-evaluation.
- \* Existing sign spotlights on front facade to be removed.

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 11/05/2004**Note:** **Ok to Issue:** **Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 1211012004**Note:** **Ok to Issue:** 

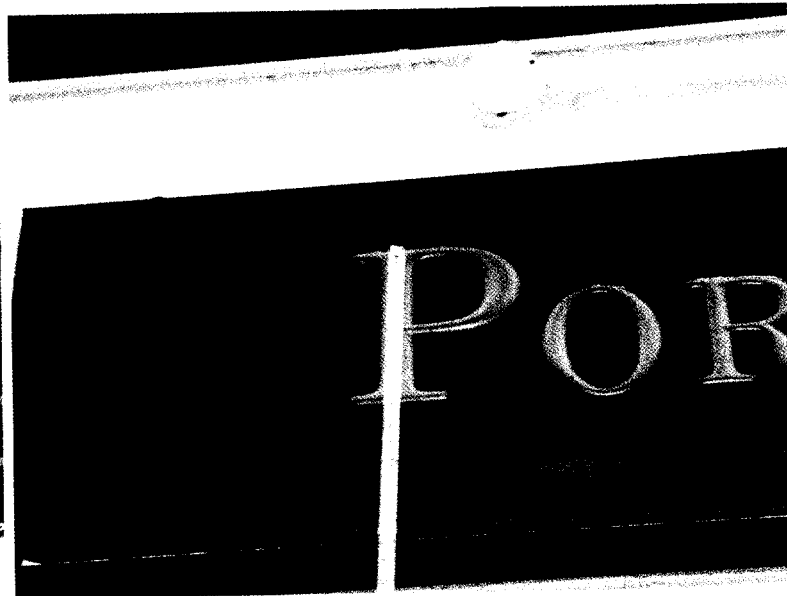
- 1) As discussed, the only sign that is approved is the round illuminated sign.
- 2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

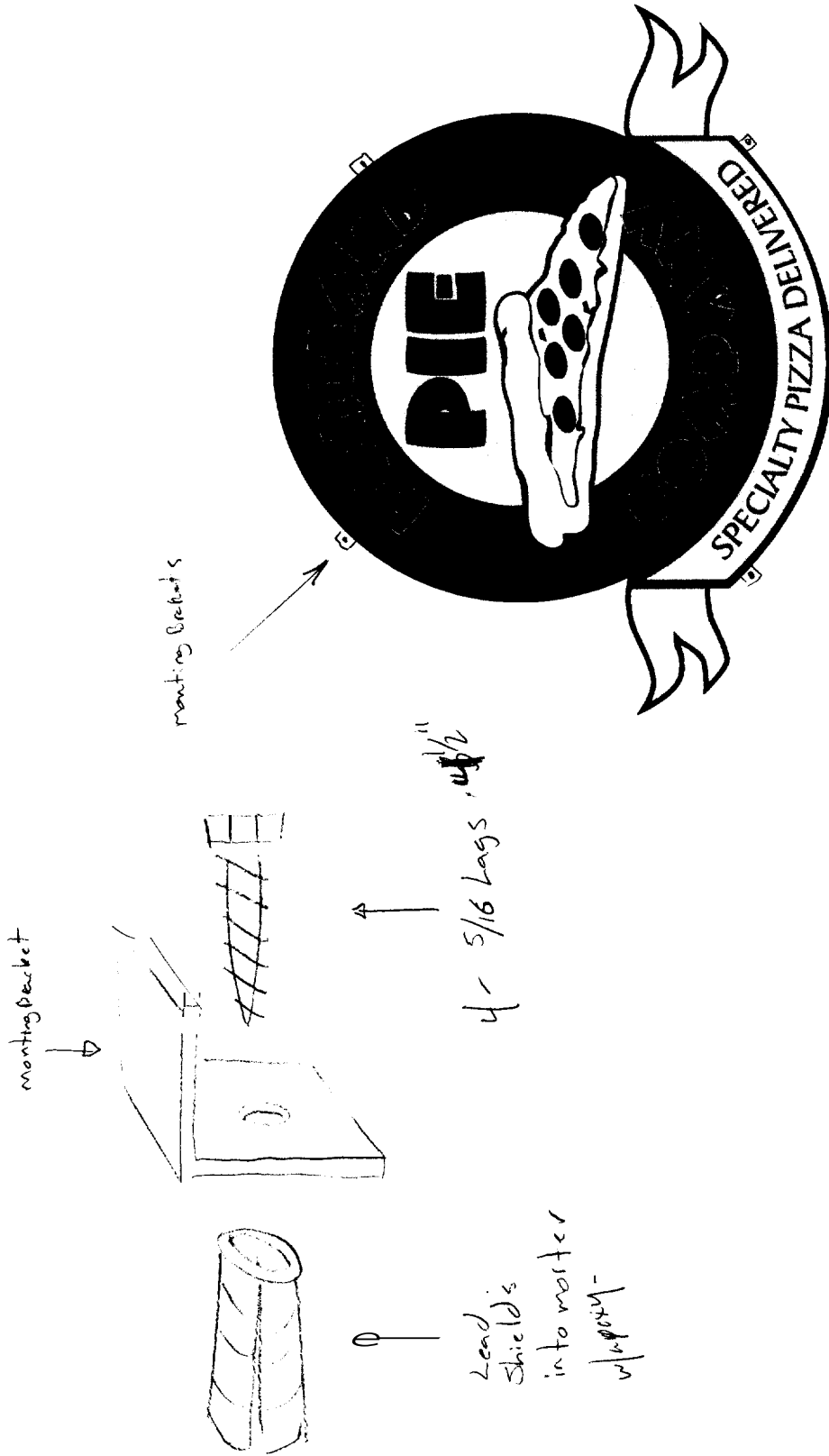
**Comments:**

12/2/2004-tmm: Spoke w/Nate - told him we needed to know how sign is being attached to building - he said he'd bring in asap.



2004





0002 8 033

UL # DA010645  
120 volt 2.76 Amps  
85 lb.

| JOB INFO   |  |
|------------|--|
| SIZE       |  |
| COLORS     |  |
| FILE #     |  |
| SUBSTRATE  |  |
| FILE #     |  |
| D.S.T.S.S. |  |
| REWORK     |  |
| REVISION   |  |

**Signeery**  
 288 FOREST AVE. PORTLAND, ME.  
 PHONE 878-7700 FAX 878-1670



Text93

Constr Type

Other

Num1

41505

Permit Nbr 04-1505

Location of Construction 505 Fore St

Building Miscellaneous

Estimated Cost \$0.00

Appl. Date 10/05/2004

Status Hold

Permit Type

Issue Date

Date Closed

CBL 038 0016001

District Nbr 1

Completed

Comment Date

Comment

12/02/2001

Spoke w/Nate - told him we needed to know how sign is being attached to building - he said he'd bring in asap.

Name

trmm

Follow Up Date

Completed

CreatedBy dmm

CreatedDate

10/05/2004

ModBy

trmm

ModDate

12/08/2004

|  |  |   |            |
|--|--|---|------------|
| Total Square Footage of Proposed Structure   |  | Square Footage of Lot   |            |
| Tax Assessor's Chart, Block 8 Lot<br>Chart# <u>38</u> Block# <u>C</u> Lot# <u>016</u>  |  | Owner:  | Telephone: |
| Lessee/Buyer's Name (If Applicable)<br><u>Portland Pipe Company</u>  | Applicant name, address & telephone:<br><u>Nathaniel Gutchell</u><br><u>Marion Cir.</u><br><u>Cumberland ME</u><br><u>04021</u><br><u>632-1300</u> | Total S... of signage x <u>42.00</u><br>per s.f. plus \$30.00/\$65.00<br>for H.D. signage = Total<br>Fee: \$ <u>1400</u><br>Awning Fee = Cost Of<br>Work: \$ <u>2400</u><br>Total Fee: \$ <u>2900</u> |            |
| Current use: <u>Retail Home Goods</u>  |  |   |            |
| If the location is currently vacant, what was prior use: _____   |  |   |            |
| Approximately how long has it been vacant: _____   |  |   |            |
| Proposed use: <u>R</u> - <u>Pizza Shop</u>   |  |   |            |
| Project description:<br><u>46" X 36" Awning, plan attached w/</u><br><u>Bracket</u>  |  |   |            |
| Contractor's name, address & telephone: _____  |  |   |            |
| Whom should we contact when the permit is ready: <u>Nat Gutchell</u> <u>207 632-1300</u>   |  |   |            |
| Mailing address: <u>47 INDIAN ST</u><br><u>Portland, Me 04101</u>  |  |   |            |
| We will contact you by phone when the permit is ready. You must come in and pick up the permit and<br>review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be issued<br>and a \$100.00 fee if any work starts before the permit is picked up. PHONE: _____ |  |   |            |

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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>Nat Gutchell</u> | Date: <u>9-27-04</u> |
|---|----------------------|

This is NOT a permit, you may not commence ANY work until the permit is issued.

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 505 Fore St ZONE: B-3

CBL: \_\_\_\_\_

SINGLE TENANT LOT? YES \_\_\_\_\_ NO \_\_\_\_\_ MULTI TENANT LOT? YES  NO \_\_\_\_\_

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_

## TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 74' along Fore St (-46') Height: \_\_\_\_\_  
63' along side 3 0/1

## INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS PROPOSED: \_\_\_\_\_

BLDG. WALL SIGN? (attached to bldg) YES  NO \_\_\_\_\_ DIMENSIONS PROPOSED: 36" x 46" along Fore

## INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

BLDG. WALL SIGN (attached to bldg)? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

AWNING? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): \_\_\_\_\_

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 WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

**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 ARE ALSO REQUIRED.**

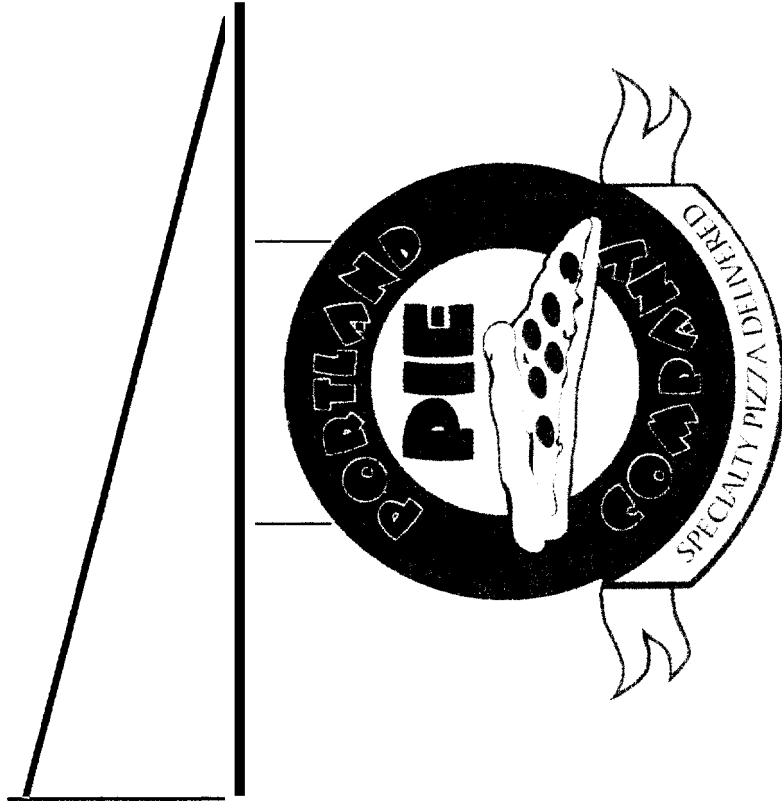
SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*






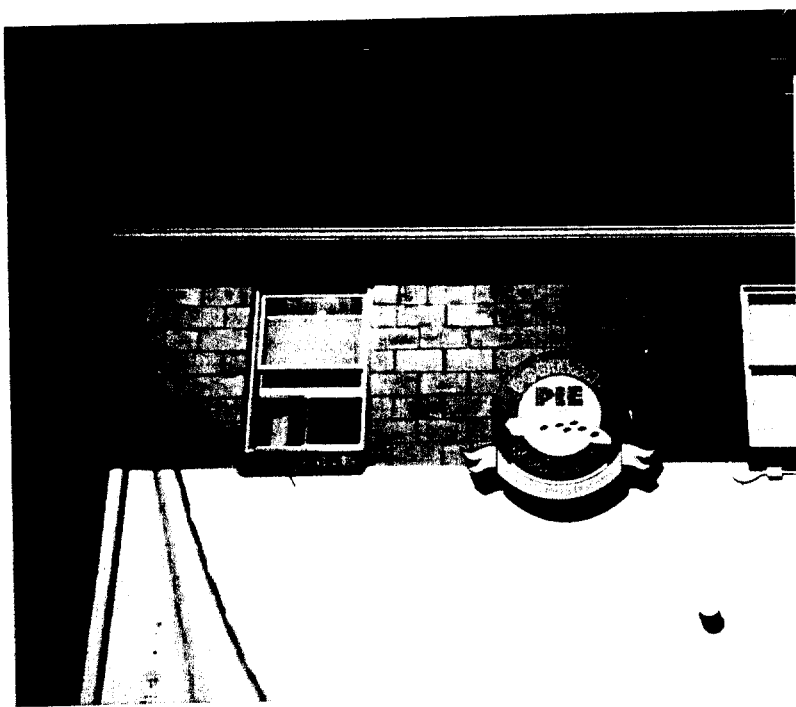
This will replace  
Hanging Sign

This sign will  
be wooden.



36" x 41" x 41"

|   |   |   |   |
|---|---|---|---|
|  <p>Signatory<br/>CORPORATION<br/>1000 BROADWAY, SUITE 400<br/>NEW YORK, NY 10001-4202<br/>TEL: 212-691-1000 FAX: 212-691-1001</p> | <b>JOB INFO</b><br>JOB NO.<br>CLIENT<br>SUBSTRATE<br>FILE NAME<br>BUS. #/SIS.<br>REVISION |  |  |
|---|---|---|---|

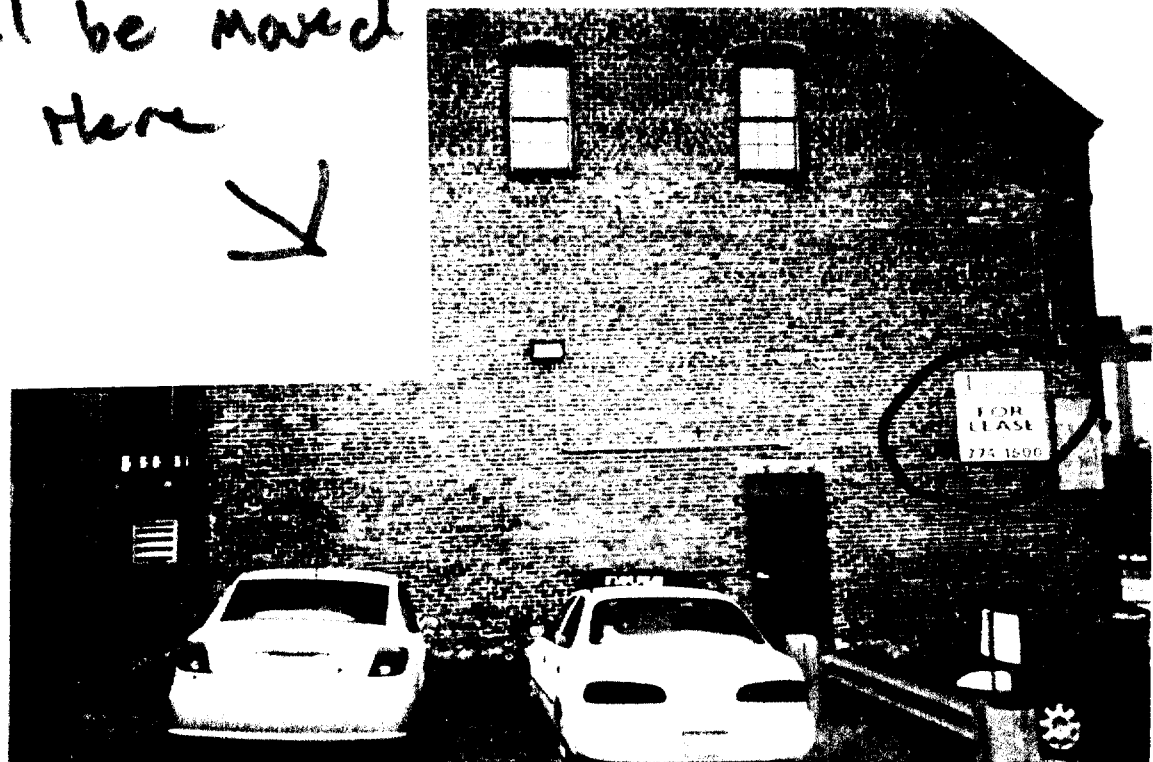


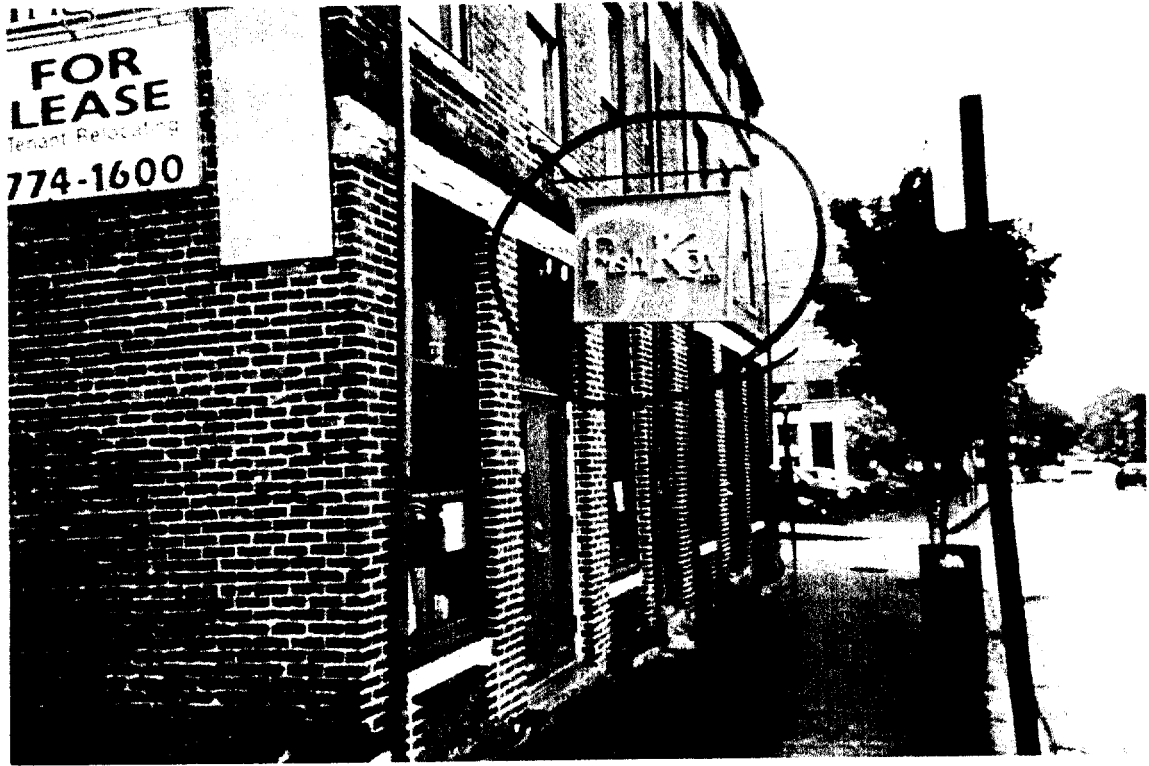
Sign Dimensions  
48" High  
62" Wide.



1884621-4767  
mwf

This sign  
will be moved  
to here





Client#: 83974

15PORTPIE

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/30/04

**PRODUCER**  
Cross Insurance -CL/Bnds-P  
P. O. Box 587  
Portland, ME 04112  
800 286-5352

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**  
Portland Pie Co.LLC  
47 India Street  
Portland, ME 04101

|   |               |
|---|---------------|
| <b>INSURERS AFFORDING COVERAGE</b>              | <b>NAIC #</b> |
| INSURER A: National Grange Mutual Insurance Co. | 14788         |
| 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 ADD'L TR | INSR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                    |             |
|---------------|------|--|---------------|----------------------------------|-----------------------------------|---|-------------|
| A             |      | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | BPF08905      | 11/03/03                         | 11/03/04                          | EACH OCCURRENCE                           | \$1,000,000 |
|               |      |  |               |                                  |                                   | DAMAGE TO RENTED PREMISES (Ex occurrence) | \$500,000   |
|               |      |  |               |                                  |                                   | MED EXP (Any one person)                  | \$5,000     |
|               |      |  |               |                                  |                                   | PERSONAL & ADV INJURY                     | \$1,000,000 |
|               |      |  |               |                                  |                                   | GENERAL AGGREGATE                         | \$2,000,000 |
|               |      |  |               |                                  |                                   | PRODUCTS - COMP/OP AGG                    | \$2,000,000 |
|               |      | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident)       | \$          |
|               |      |  |               |                                  |                                   | BODILY INJURY (Per person)                | \$          |
|               |      |  |               |                                  |                                   | BODILY INJURY (Per accident)              | \$          |
|               |      |  |               |                                  |                                   | PROPERTY DAMAGE (Per accident)            | \$          |
|               |      | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT                   | \$          |
|               |      |  |               |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC              | \$          |
|               |      |  |               |                                  |                                   | AGG                                       | \$          |
|               |      | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br><input type="checkbox"/> DEDUCTIBLE<br>RETENTION \$   |               |                                  |                                   | EACH OCCURRENCE                           | \$          |
|               |      |  |               |                                  |                                   | AGGREGATE                                 | \$          |
|               |      |  |               |                                  |                                   |   | \$          |
|               |      |  |               |                                  |                                   |   | \$          |
|               |      | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below<br><b>OTHER</b>   |               |                                  |                                   | WC STATUS TO SY LIMITS                    | OTHR        |
|               |      |  |               |                                  |                                   | E.L. EACH ACCIDENT                        | \$          |
|               |      |  |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE                | \$          |
|               |      |  |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT               | \$          |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISION:

RE: Installation of sign @ 505 Fore Street Portland ME.

The City of Portland is named as additional insured with respects to the General Liability only.

### CERTIFICATE HOLDER

City of Portland  
389 Congress Street  
Portland ME 04112

### 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

*Karen Peterson*

**Nathaniel Getchell**

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**From:** "Mark Jordan" <mjordan3@maine.rr.com>  
**To:** "Nathaniel Getchell" <nget@msn.com>  
**Sent:** Thursday, September 30, 2004 7:29 PM  
**Subject:** Portland pie sign letter

Mark Jordan  
505 Main Street Saco Corp  
POB **1047**  
Scarborough, Me **04070-1047**

September **30,2004**

Hi Nat,

This letter will serve as my approval to proceed with **a** sign application with the city **of** Portland. **You** will need to secure all the **permits** and approvals needed. It must meet all codes and be installed in a professional manner. The sign must fit with the decor of the building and I will need to review the sign when a picture or rendition **is** available. Your sign people should be able to email the rendition to me.

Regards,

Mark Jordan

12/14/04

Ans

AL



AUG - 4 2004

# APPLICATION FOR EXEMPTION FROM SITE PLAN REVIEW

RECEIVED

Land Master Services LLC  
Applicant

7-1-04  
Application Date

1 Cotton St. Portland, ME  
Applicant's Mailing Address

Exterior signs  
Project Name/Description

551-4529  
Consultant/Agent/Phone Number

176 Cotton St.  
Address of Proposed Site

CBL: 376-C-014

Description of Proposed Development: Installation of 200 sq. ft. exterior signs at 176 Cotton St. Portland, ME

## Please Attach Sketch/Plan of Proposal/Development

Criteria for Exemptions:  
See Section 14-523 (4) on back side of form

- a) Within Existing Structures; No New Buildings, Demolitions or Additions
- b) Footprint Increase Less Than 500 Sq. Ft.
- c) No New Curb Cuts, Driveways, Parking Areas
- d) Curbs and Sidewalks in Sound Condition/Comply with ADA
- e) No Additional Parking/ No Traffic Increase
- f) No Stormwater Problems
- g) Sufficient Property Screening
- h) Adequate Utilities

| Applicant's Assessment<br>(Yes, No, N/A) | Planning Office<br>Use Only |
|--|-----------------------------|
| Yes                                      | ✓                           |
| Yes                                      | ✓                           |
| Yes                                      | ✓                           |
| Yes                                      | ✓                           |
| Yes                                      | ✓                           |
| Yes                                      | ✓                           |
| Yes                                      | ✓                           |

- HYDRAULIC  
BUILDING  
UNDERGROUND ELEC & TELE  
OVERHEAD ELEC & TELE
- GAS  
WATER  
HISTORICAL DEED LINES  
GUARD RAIL  
UNDERGROUND TELE.  
UNDERGROUND ELEC.  
OVERHEAD TELE  
OVERHEAD ELEC

