

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING INSPECTION

PERMIT

<b>PERMIT ISSUED</b> Permit Number: 080490 MAY 15 2008 CITY OF PORTLAND
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This is to certify that PORTLAND MUSEUM OF ART / Neely & Sons

has permission to Portland Museum of Art - New signage

AT 148 FREE ST

039 B018001

provided that the person or persons performing or supervising the work accepting 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 procured 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

*[Signature]* 5/13/08  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

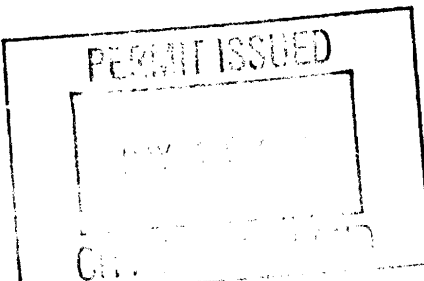
**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 08-0490	Issue Date:	CBL: 039 B013001
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Location of Construction: 148 FREE ST	Owner Name: PORTLAND MUSEUM OF ART	Owner Address: 7 CONGRESS SQ	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zong: B-3

Past Use: Portland Museum of Art	Proposed Use: Portland Museum of Art - New free standing sign -replacing old sign	Permit Fee: \$161.00	Cost of Work: \$161.00	CEO District: 1
Proposed Project Description: Portland Museum of Art - New free standing sign - 12' h x 3' w		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>		INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>TBC 2003</i> Signature: <i>[Signature]</i>
		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: Idobson	Date Applied For: 05/07/2008	<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>		Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>5/12/08</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 <i>TODA</i> <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: <i>5/12/08</i> <i>D. Andrews</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

<b>Permit No:</b> 08-0490	<b>Date Applied For:</b> 05/07/2008	<b>CBL:</b> 039 B013001
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<b>Location of Construction:</b> 148 FREE ST	<b>Owner Name:</b> PORTLAND MUSEUM OF ART	<b>Owner Address:</b> 7 CONGRESS SQ	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> NeoKraft Signs	<b>Contractor Address:</b> 686 Main St. Lewiston	<b>Phone</b> (207) 782-9654
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Portland Museum of Art - New free standing sign -replacing old sign	<b>Proposed Project Description:</b> Portland Museum of Art - New free standing sign - 12' h x 3' w
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<b>Dept:</b> Historic	<b>Status:</b> Approved	<b>Reviewer:</b> Deborah Andrews	<b>Approval Date:</b> 05/12/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 05/12/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 05/13/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			



# 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>Seven Congress Square</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>39</u> Block# <u>B</u> Lot# <u>13</u>	Owner: <u>Portland Museum of Art</u>	Telephone: <u>775-6148</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>Neokraft Signs,</u> <u>686 Main St</u> <u>Lewiston, ME 04240</u> <u>1-800-339-2258</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>      </u> Awning Fee= cost of work <u>      </u> Total Fee: \$ <u>186.12</u>
Who should we contact when the permit is ready: <u>Kristen Levesque</u> phone: <u>775-6148 x 3223</u>		
Tenant/allocated building space frontage (feet): Length: <u>      </u> Height: <u>      </u> Lot Frontage (feet) <u>      </u> Single Tenant or Multi Tenant Lot <u>      </u>		
Current Specific use: <u>Museum facade - sign located on Museum Property</u> If vacant, what was prior use: <u>      </u> Proposed Use: <u>      </u>		
<b>Information on proposed sign(s):</b> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>12' x 3'6" x 1'</u> Height from grade: <u>12'</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: <u>      </u>		
<b>Proposed awning?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: <u>      </u> Length of awning: <u>      </u> Depth: <u>      </u> Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, total s.f. of panels w/communications, message, trademark or symbol: <u>      </u> s.f.		
<b>Information on existing and previously permitted sign(s):</b> Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions: <u>7' x 3'4" x 1'</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: <u>      </u> Awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: <u>      </u>		
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](http://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.

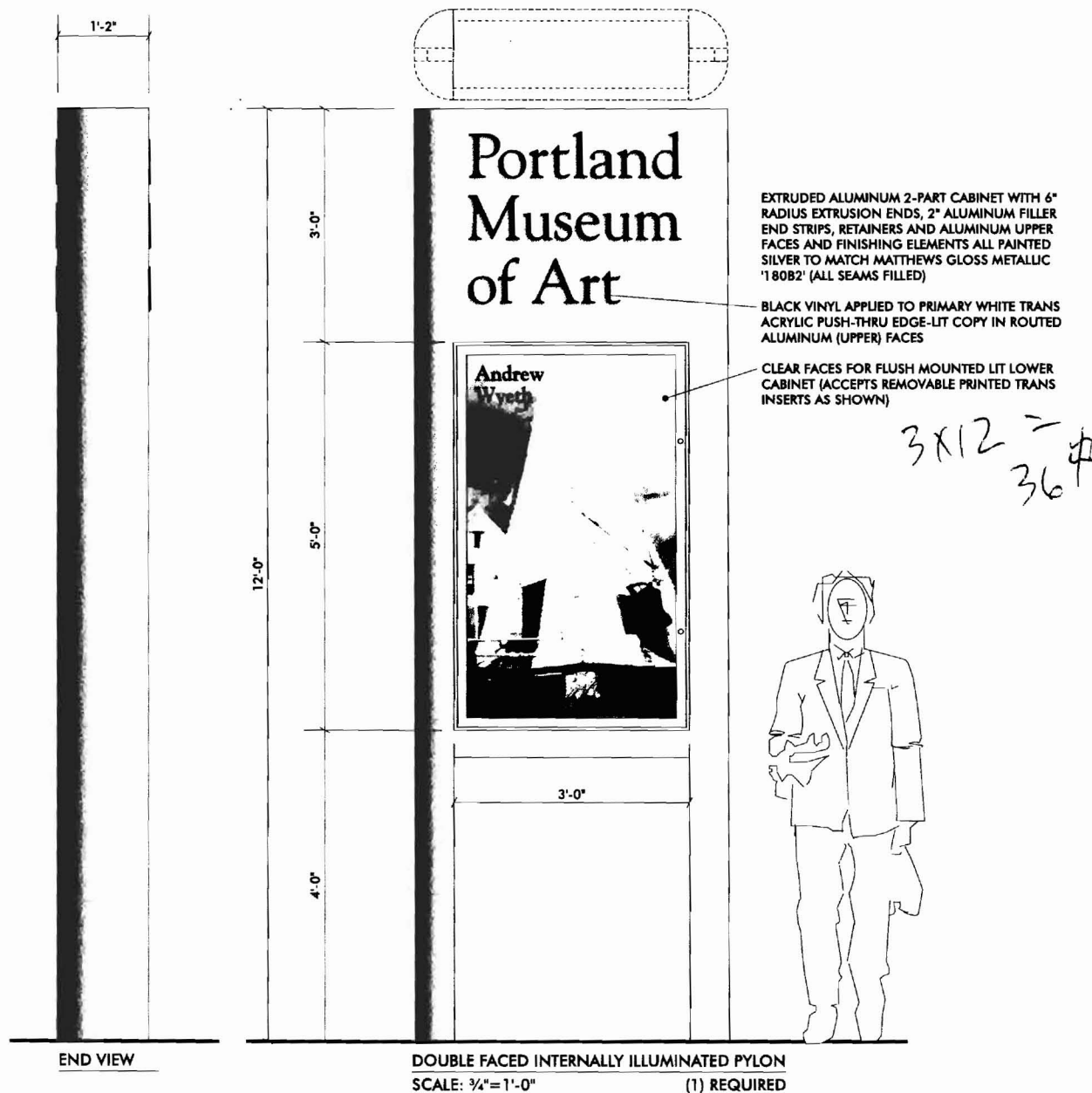
Signature of applicant: <u>Kristen Levesque</u>	Date: <u>4/29/08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

Exposure



NEW



Neokraft  
S I G N 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

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.

Portland  
Museum of Art  
LL009044

Location:	Portland, ME
Drawing No.:	1 of 2
Drawn by:	ML
Date:	12.10.2007
Rev.:	02.04.2008,
	04.25.2008 ML
Gen Ref.:	EL002398, 2309,
	(1989)16711

<b>ACORD. CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID LM FORMU-1	DATE (MM/DD/YYYY) 04/25/08
<b>PRODUCER</b>  <b>TD Banknorth Ins Agcy Inc (SP)</b> <b>P.O. Box 406</b> <b>Portland ME 04112-0406</b> <b>Phone: 207-239-3500 Fax: 207-775-0339</b>		<b>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.</b>	
<b>INSURED</b>  <b>Portland Museum of Art</b> <b>7 Congress Square</b> <b>Portland ME 04101</b>		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: <b>OneBeacon America Ins Co</b>	<b>20621</b>
		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	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>		<b>GENERAL LIABILITY</b>	<b>7100176540</b>	<b>02/01/08</b>	<b>02/01/09</b>	EACH OCCURRENCE <b>\$ 1,000,000</b>
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$ 500,000</b>
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) <b>\$ 10,000</b>
						PERSONAL & ADV INJURY <b>\$ 1,000,000</b>
						GENERAL AGGREGATE <b>\$ 2,000,000</b>
						PRODUCTS - COMP/OP AGG <b>\$ 1,000,000</b>
						GEN'L AGGREGATE LIMIT APPLIES PER
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident) <b>\$</b>
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) <b>\$</b>
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) <b>\$</b>
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) <b>\$</b>
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT <b>\$</b>
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC <b>\$</b>
						AUTO ONLY AGG <b>\$</b>
<b>A</b>		<b>EXCESS/UMBRELLA LIABILITY</b>	<b>7100176540</b>	<b>02/01/08</b>	<b>02/01/09</b>	EACH OCCURRENCE <b>\$ 5,000,000</b>
	<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE <b>\$ 5,000,000</b>
	<input type="checkbox"/>	DEDUCTIBLE				<b>\$</b>
	<input type="checkbox"/>	RETENTION <b>\$</b>				<b>\$</b>
						<b>\$</b>
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT <b>\$</b>
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE <b>\$</b>
						E.L. DISEASE - POLICY LIMIT <b>\$</b>
		<b>OTHER</b>				

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

**City of Portland is named as additional insured with respects to two signs owned by the Portland Museum of Art.**

**CERTIFICATE HOLDER****CANCELLATION**

<b>CITYP01</b>  <b>City of Portland</b> <b>389 Congress St</b> <b>Portland ME 04101</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>10</b> 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  <b>TD Banknorth Ins. Agency, Inc.</b>
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