



# Neokraft

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**Transmittal to** CITY OF PORTLAND  
 INSPECTIONS  
 389 CONGRESS STREET  
 PORTLAND, ME 04101

**Date** 05.8.2013  
**Job No.** 16602  
**Re.** THREADS OF HOPE  
 PERMITS  
 MAIL

- 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"/> Copy of letter      | <input type="checkbox"/> Change Order   | <input type="checkbox"/> Other                |
|  |   | <input type="checkbox"/> Specifications       |

Copies	Date	No.	Description
1 set	5/8/2013	16602	(1) SIGN PERMIT APPLICATION, (1) SET DRAWINGS, (1) INSURANCE LIABILITY FORM, (1) LANDLORD CONSENT AND A CHECK FOR \$238.00 IN REGARD TO OBTAINING A PERMIT FOR THREADS OF HOPE AT 244 ST. JOHN STREET.

- 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** PLEASE REVIEW FOR APPROVAL AND MAIL PERMITS TO THIS OFFICE.

**Copy to**

**From** PAT BOLDUC

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT