DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read		
Application And Notes, If Any,	BU	N
Attached	PERMIT	Permit Number: 100923
		PERMIT ISSUED
This is to certify thatST_JOHN_STREET #	SSOCIA: LIMIT	
has permission toinstall (1) 21'6'' x 7'6'	Roof Mc ed sign	AUG
AT	CP	<u>مراجع المراجع المراجع</u>
provided that the person or pers	ons, film or community on acce	ting this permit shall comply with all
of the provisions of the Statutes	of Mage and of the Order	ting this permit shall comply with all ces of the City Portland egulating
the construction, maintenance a		res, 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.	Notication of spection nust & giver ad writtenermission rocurd befor his builting or partnereof lather or other state ed-in. 2 HOU NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this build-
OTHER REQUIRED APPROVALS		
Heelth Dept		
Appeal Board		7/12/
Other Department Name		Offector - Building & Inspection Services
,	ENALTY FOR REMOVING THIS	

City of Portland, Ma	ine - Building or Use	Permit Applicatio	n Pe	rmit No:	Issue Date:	CBL:	
89 Congress Street, 04	101 Tel: (207) 874-870	3, Fax: (207) 874-871	6	10-0923		070 A	001001
Location of Construction:	Owner Name:		Owne	r Address:		Phone:	
70 ST JOHN ST	ST JOHN ST	REET ASSOCIATES	POI	BOX 482 1			
Business Name:	Contractor Nan	ne:	Contr	actor Address:		Phone	
	NeoKraft Sig	ļns	686	Main St. Lew	viston	2077829	9654
Lessec/Buyer's Name	Phone:		Permi	t Type:			Zone:
			Sig	ns - Permanei	nt		I-ML
Past Use:	Proposed Use:		Perm	it Fee:	Cost of Work:	CEO District:	
Commercial - "Barber Fo	ods" Commercial	- "Barber Foods" -		\$354.00	\$354.0	0 2	
	install (1) 21 Mounted sign	'6" x 7'6" Roof n	FIRE		ALCOVEL 1	SPECTION: se Group:	туре: 617 6003
Proposed Project Description:			1 /				Λ
install (I) 21'6" x 7'6" Ro	of Mounted sign		Signa		Si IVITIES DISTRI	gnature:	
Dame is Walker Day	Data Analised Form		Actio Signa	ture:		ed w/Conditions	Denied
Permit Taken By: Idobson	Date Applied For: 07/30/2010			Zoning	; Approval		
		Special Zone or Revie	ews	Zoni	ng Appeal	Historic Pro	
	on does not preclude the eeting applicable State and			Varianc		Not in Dist	
2. Building permits do a septic or electrical we		Wetland existing!	~57) NI	🗌 Miscella	ancous	Does Not R	equire Review
	void if work is not started s of the date of issuance.	Flood Zone	put	Conditio	onal Use	Requires R	eview
False information ma permit and stop all w	y invalidate a building ork	Subdivision		Interpre	tation	Approved	
		Site Plan			ed	Approved v	v/Conditions
		Maj 🗌 Minor 🖓 MM	[]]	Denied		Denied	
PERMIT	ISSUED	Date: Shallo 4	EU.	Date:		Date:	K
	9 2010	<u>etti w</u> _1		<u></u>			

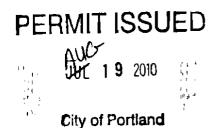
CERTIFICATION

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.

City of Portland

CITY O	F PORTLAND, MAINE
	tment of Building Inspections
Or	iginal Receipt
	7.30 20 10
Fieceived from Ne	o knockt
Location of Work	o Koncht 20 St Sohn
Cost of Construction \$	Building Feet:
Permit Fee \$	Site Fee:
	Certificate of Occupancy Fee:
Contraction of the second	
Other	5) Electrical (12) Site Plan (U2)
CBL: 70 HI	
	Total Collected s
No work is to b	be started until permit issued.
나는 것 같아요. 이 가지 않는 것이 있는 것이 같아요.	iginal receipt for your records.
Fh.	-
Taken by:	
WHITE Applicants Copy	- Andrew
and the second second	

City of Portland, M	laine - Building or Use Permit	t	Permit No:	Date Applied For:	CBL:
-	04101 Tel: (207) 874-8703, Fax: (207)		10-0923	07/30/2010	070 A001001
Location of Construction:	Owner Name:		Owner Address:		Phone:
70 ST JOHN ST	ST JOHN STREET A	SSOCIATES	PO BOX 4821		
Business Name:	Contractor Name:		Contractor Address:		Phone
	NeoKraft Signs		686 Main St. Lew	iston	(207) 782-9654
Lessee/Buyer's Name	Phone:		Permit Type:		
			Signs - Permaner	nt	
Proposed Use:		Propose	d Project Description		
Commercial - "Barber F	Foods" - install (1) 21'6" x 7'6" Roof	install	(1) 21'6" x 7'6" Re	oof Mounted sign	
Mounted sign				•	
		ļ			
Dept: Zoning	Status: Approved with Condition	ns Reviewer:	Ann Machado	Approval I	Date: 08/17/2010
Note:				11	Ok to Issue: 🗸
	an existing sign that was use - and	ittad in 1097 #(01559 The new	sign may not avoad	
1) This sign is replacin existing sign - 7'6"	ng an existing sign that was was permi x 21'6".	iucu III 1967 - #(JOIDD8. The new	sign may not exceed	The size of the
 This permit is being work. 	approved on the basis of plans submi	itted. Any devia	tions shall require	a separate approval	before starting that
Dept: Building	Status: Approved with Condition	ns Reviewer:	Tammy Munson	Approval I	Date: 08/19/2010
Note:	••		-	••	Ok to Issue: 🔽
	to eomply with Chapters 31 & 32 of	the IBC 2003 bi	uilding code.		



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

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: 70	St. John Street	· · · · · · · · · · · · · · · · · · ·
Tax Assessor's Chart, Block & LotChart#Block#Lot#70ALot#	Owner: Barber Foods P.O. Box 4821 Brt/knd, ME 04/12	Telephone: 207-772-1934
Lessee/Buyer's Name (If Applicable) Barber Fords	Contractor name, address & telephone: Neokraft Sizns Inc. LBG M4ih 4. Lewiston, ME 04240 207-782-9655	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 $162'$ 5f. ff. For HD, signage= Total Fee: $354 \cdot \infty$ Awning Fee; $354 \cdot \infty$ Total Fee: $354 \cdot \infty$
Who should we contact when the permit is ready Tenant/allocated building space frontage (fee Lot Frontage (feet)		· ·
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Proposed awning? Yes No Is awning Height of awning: Length of aw Is there any communication, message, trademan If yes, total s.f. of panels w/communications, m	No Dimensions proposed: ing backlit? Yes No ming: Depth: & or symbol on it? Yes No	- REGEIVED
information on existing and previously permit Freestanding (e.g., pole) sign? Yes h Bldg. wall sign? (attached to bldg) Yes / h Awning? Yes No Sq. ft. area of	No Dimensions:/'/"X2/'/"	Dept. of Bullding Inspections City of Portfand Maine
1 site sketch and building sketch showing exa- ketches and/or pictures of proposed signage		ated must be provided.
'lease submit all of the information ou 'ailure to do so may result in the auton	• • • • •	tion Checklist.
1 order to be sure the City fully understands the ful iditional information prior to the issuance of a per- uilding Inspections office, room 315 City Hall or e	mit. For further information visit us on-line :	elopment Department may request at <u>www.portlandmaine.gov</u> , stop by the
hereby certify that I am the Owner of record of the name thorized by the owner to make this application as his/b permit for work described in this application is issued, I has covered by this permit at any reasonable hour to end	er authorized agent. I agree to conform to all app certify that the Code Official's authorized represent	licable laws of this jurisdiction. In addition, if natative shall have the authority to enter all

Date: 7-27-10 hane Mot Signature of applicant;

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



Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
 - A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.

24/1 Certificate of flammability required for awning or canopy.

A UL# is required for lighted signs at the time of final inspection.

Dere-application questionnaire completed and attached.

Dependence Photos of existing signage

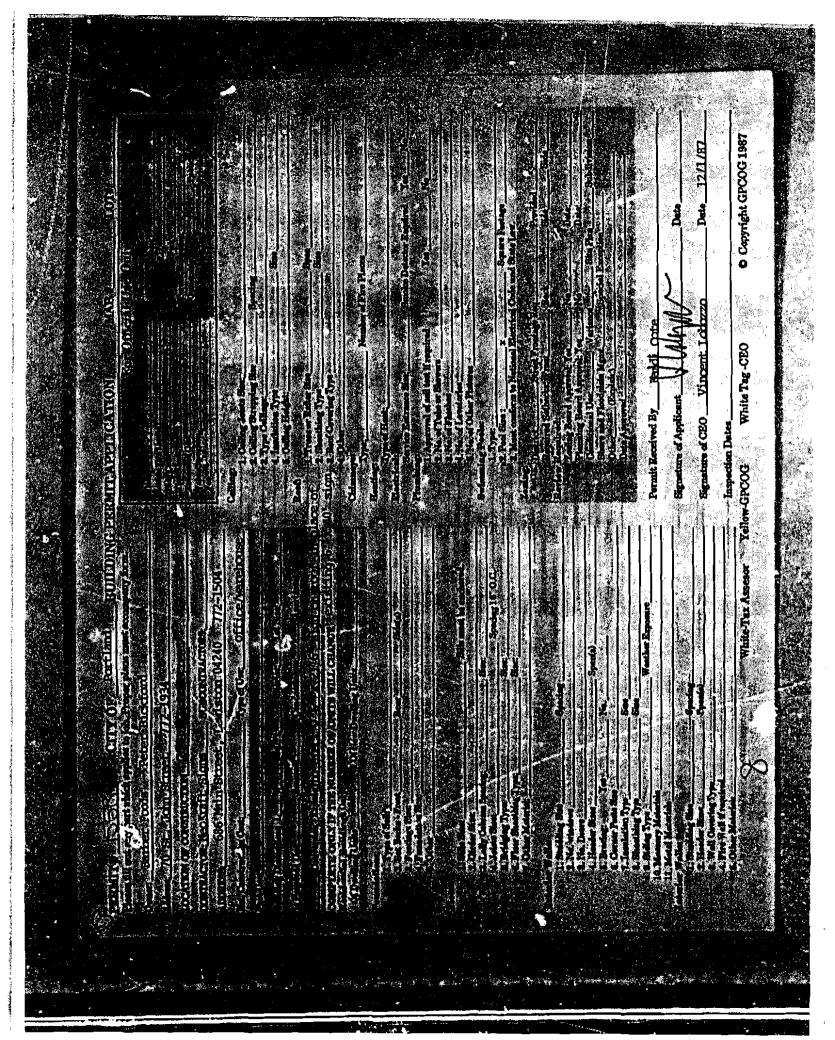
Details for sign fastening, attachment or mounting in the ground.

ermit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

ermit fee for awning-without-signage is based on cost of work: \$0.00 for the first \$1,000.00, \$9.00 per additional \$1,000.00 of cost.

ase application fee for any Historic District signage is \$65.00.

Idru	The former of the second secon	Dee 12/1/07
		Investor Day Without





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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		Date	07.27.2010
	INSPECTIONS		Job No.	12211
	389 CONGRESS STREE	ET	Re.	BARBER FOODS
	PORTLAND, ME 04101	1		PERMITS
				MAIL
ltorn	🛛 Attached	☐ Hond Delivered	Under separate cover	
	□ Shop Drawings	Prints	🗆 Samples	Specifications
	Copy of letter	🗖 Change Order	□ Other	
	Capies Date	No.	Description	
	1 set 07.27.2010	12211	(1) SIGN PERMIT APPL	CATION, (1) ELECTRICAL
			PERMIT APPLICATION,	DRAWINGS WITH
			ATTACHMENT DETAILS	, CERTIFICATE OF LIABILITY
			INSURANCE, (1) COPY	OF SIGN PERMIT FOR
			EXISTING SIGN, PHOT	OS OF EXISTING SIGN, AND A
			CHECK FOR \$409.00	IN REGARD TO OBTAINING
			PERMITS FOR BARBER	FOODS LOCATED ON 70 ST.
			JOHN STREET.	
 Purpose	🔤 For approval	□ No exception taken		Rejected
	For your use	☐ Make corrections noted		Review and comment
	□ As requested	Revise and resubmit		C Other
Remarks	PLEASE REVIEW FOR A	APPROVAL AND MAIL PER	MITS TO THIS OFFICE.	
	Copy to			From SHANE MOFFETT

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

		II T INOU	JRANU	-	07/21/2010
PRODUCER MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Atm; Boston.CertReguest@marsh.cc	rm / Fax: 212-948-4377	ONLY AND HOLDER. TI	CONFERS NO	UED AS A MATTER C RIGHTS UPON TH TE DOES NOT AMEN FORDED BY THE PO	E CERTIFICAT
500936-09-10		NSURERS AFFO		CE	NAJC #
		NSURERA: Hanford			
Barber Foods 56 MillikenStreet	L L	NSURER B: N/A		·	19682
Portland, ME 04103-1530		NSURER C: N/A			
		NSURER D. N/A			N/A
		NSURER E: N/A		<u></u>	
COVERAGES					4
THE POLICIES OF INSURANCE LISTED NOTWITHSTANDING ANY REQUIREMENT, TI MAY BE ISSUED OR MAY PERTAIN, THE INS CONDITIONS OF SUCH POLICIES. AGGREGA	ERM OR CONDITION OF ANY CONT SURANCE AFFORDED BY THE POLIC	TRACT OR OTHER CIES DESCRIBED H REDUCED BY PAL	DOCUMENT WITH IEREIN IS SUBJEC D CLAIMS.	RESPECT TO WHICH TH	IIS CERTIFICATE
NSR ADD'L TYPE OF MBURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MIMODITYTY)	POLICY EXPRATION DATE (MINDERVIT)	UM	па
	DUENKO2226	08/01/2009	08/01/2010	EACH OCCURRENCE	5 <u>1.000</u> s 300
			ļ	PREMISES(Eg socurrynos) MED EXP (Any one parson)	\$ <u>300</u> \$ 10
				PERSONAL & ADV INJURY	\$ 1,000,
				GENERAL AGGREGATE	\$ 2,000
GENERAL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMPIOP AGO	\$ 2,000,
		+		COMBINED SINGLE LIMIT (Ea accident)	s
ALL OWNED AUTOS				BODJLY INJURY (Per person)	s
HIRED AUTOS				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	s
GARAGE LIABILITY		1		AUTO ONLY - EA ACCIDENT	5
OTLIA YMA				DIRENTHAN	\$ \$
EXCESS / UNBRELLA LIABILITY				EACH OCCURRENCE	\$
OCCUR CLAIMS MADE				AGGREGATE	\$
DEDUCTIOLE					5
RETENTION \$				<u> </u>	\$
WORKERS COMPENSATION AND				TORY LIMITS	<u>a</u>
EMPLOYERS' LANLITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?				EL. EACH ACCIDENT	5
				EL DISEASE - EA EMPLOYEE	
(Mandalory in NH) If yes, deecilite under SPECIAL PROVISIONS below	<u> </u>	<u> </u>		EL DISEASE - POLICY LIMIT	<u> </u>
OTHER					
DESCRIPTION OF OPERATIONS/ OCATIONS/VEHICLES/E CERTIFICATE OF INSURANCE IS ISSUED TO THE BUILDING LOCATED @ 54-70 ST. JOHN	O PROVIDE EVIDENCE OF LIABI		FOR INSTALLA	FION OF A SIGN ON TH	IE ROOF TOP (
CERTIFICATE HOLDER NYC-00	4228789-01	CANCELLATION			
		SHOULD ANY OF TH	E ABOVE DESCRIBE	D POLICIES BE CANCELLES	BEFORE THE
BARBER FOODS				ING INSURER WILL ENDER	
ATTN: SUSAN SIMONSON		30 DAYS WRITT	EN NOTICE TO THE C	ERTIFICATE HOLDER NAME	TO THE LEFT,
58 MILLIKEN STREET PORTLAND, ME 04103		BUT FAILURE TO DO	90 SHALL, IMPOSE N	O OBLIGATION OR LIABILITY	OF ANY KIND
	AUT of	NORIZED REPRESENTAT	NSURER, ITS		ESENTATIVES.
ACOPD 25 /2008/01)		iward R Ford		Lward R. I	
ACORD 25 (200 9 /01)	The ACORD name an			(D CORPORATION, A) RD	Indua Kezela

20/20.9 2820 767 705

BARBER FOODS

	Original Receipt
	7-20. 2010
Received from	Neokingt 70 St Som
ocation of Work	70 St Som
lost of Construction \$	Building Fee:
ermit Fee \$	Site Fee:
,	Certificate of Occupancy Fee:
	Total:
ilding (IL) Plumbi	ng (15) Electrical (12) Site Plan (U2)
her	
BL: 70A1 hook #: 10049	
10044: 10049	Total Collected :
· · · ·	
4,-	o be started until permit issued.
1.998 (1.977)	
1.599 C. (17.57	original receipt for your records.
たいがから 行い いた	original receipt for your records.

Sec. 12

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Form#P01

ELECTRICAL PERMIT City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date Permit #______6/0 Dn A CBL#

LOCATION: 70 St. John Street	METER MAKE &,#
	OWNER Barber Foods
CMP ACCOUNT # TENANT Barber Foods	PHONE # 207-772-1934

1				΄ ΤΟΤΑ	L EACH	FEE
OUTLETS		Receptacles	Switches	Smoke Detector	.20	
FIXTURES		Incandescent	Fluorescent	Strips	.20	<u> </u>
SERVICES		Overhead	Underground	TTL AMPS <800	15.00	
		Overhead	Underground	>800	25.00	
Temporary Service		Overhead	Underground	TTL AMPS	25.00	
			_		25.00	
METERS		(number of)			1.00	
MOTORS		(number of)		· · · · · · · · · · · · · · · · · · ·	2.00	
RESID/COM		Electric units			1.00	
HEATING		oil/gas units	Interior	Exterior	5.00	Ţ
APPLIANCES		Ranges	Cook Tops	Wall Ovens	2.00	
		Insta-Hot	Water heaters	Fans	2.00	1
		Dryers	Disposals	Dishwasher	2.00	
		Compactors	Spa	Washing Machine	2.00	1
		Others (denote)			2.00	
MISC. (number of)		Air Cond/win			3.00	╃╴──╼━─
		Air Cond/cent		Pools	10.00	<u> </u>
		HVAC		Thermostat	5.00	+
	1	Signs		DEOE	10.00	10.00
		Alarms/res			5.00	<u> </u>
		Alarms/com			15.00	
		Heavy Duty(CRKT)			2.00	
		Circus/Carnv		dUL 29 2010 -	25.00	┫────
`		Alterations			5.00	<u>-</u>
		Fire Repairs		Dept. of Building Inspection City of Portland Maine	15.00	
·		E Lights		City of Portland Maine	1.00	╪
		E Generators			20.00	
PANELS		Service	Remote	Main	4.00	
TRANSFORMER		0-25 Kva			5.00	
		25-200 Kva		<u> </u>	8.00	†
		Over 200 Kva			10.00	†
				TOTAL AMOUNT DUE		\$55.5
	-(MINIMUM FEE/COM	MERCIAL 55.00	MINIMUM FEE 45.00		¥ -×

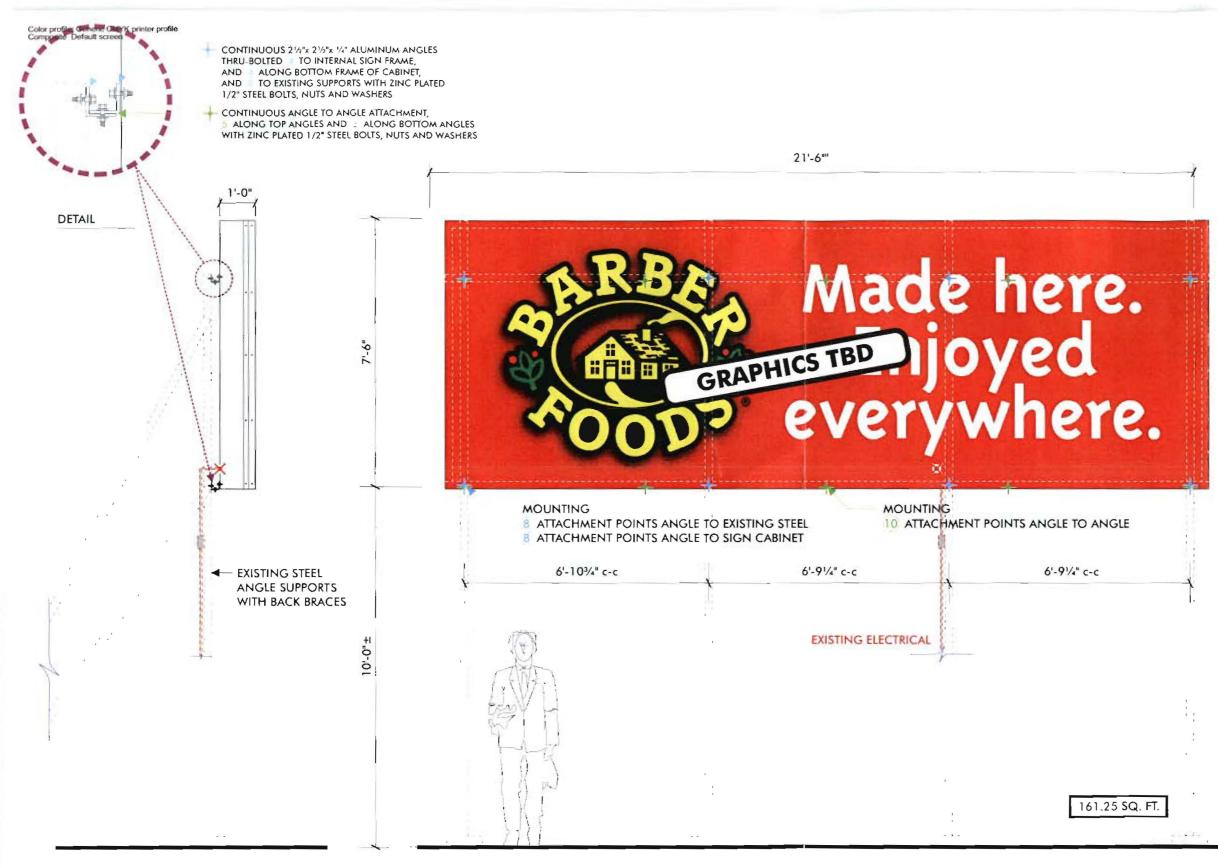
CONTRACTORS NAME Neokraft Signs Forc. ADDRESS 686 Mainst, Lewiston, ME 04240 TELEPHONE 207-782-965

MASTER LIC. # MC60016882-LIMITED LIC. #

Shani White Copy - Office

SIGNATURE OF CONTRACTOR

Yellow Copy - Applicant



END VIEW

FABRICATED ALUMINUM CABINET, ALUMINUM ANGLE FRAME WITH 1/16" ALUMINUM SKIRTING AND BACK, SERVICE ACCESS DOORS IN BOTTOM, S/C FLAT BLEED RETRO FRAME #2104 WITH COVER #2121, S/C FRAME BRACE #5350, CABINET PAINT COLOR (TBD), VERTICAL WHITE 'LED' LIGHTING, BLEED 'FLEX-FACE' WITH PRINTED GRAPHICS (TBD)

SINGLE FACE INTERNALLY ILLUMINATED ROOF SIGN

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

(1) REQUIRED



Neokraft Signs Inc. 686 Main Street Lewiston, Maine 04240 Telephone: 207.782.9654 Facsimile: 207.782.0009 1.800.339.2258 http://www.neokraft.cam

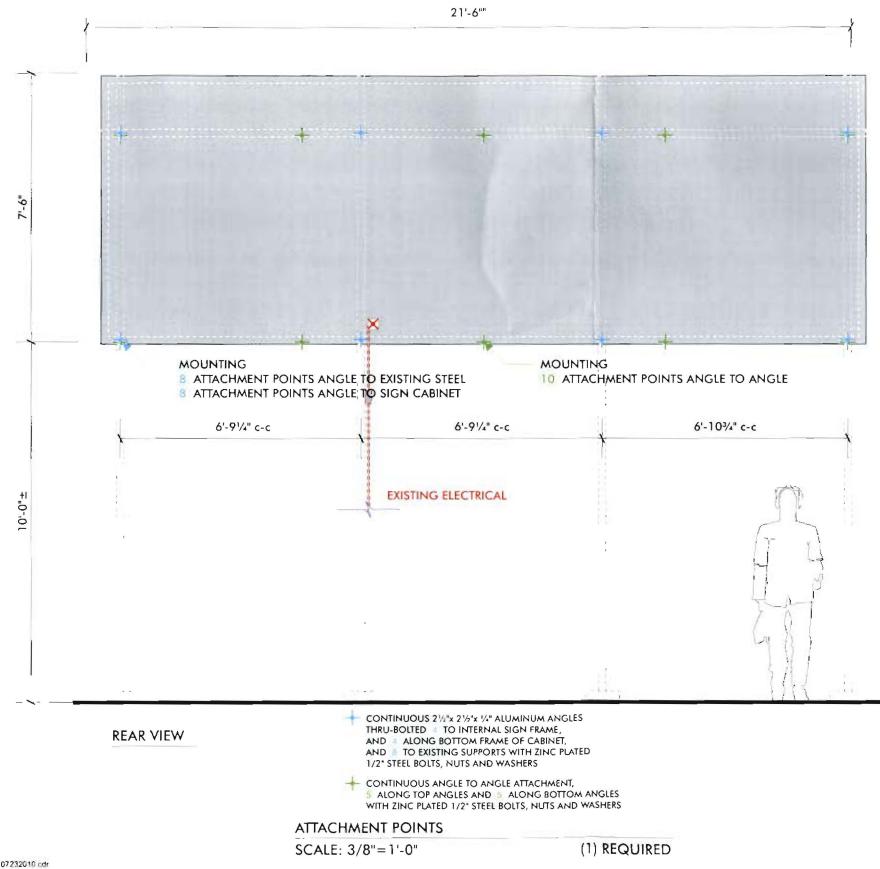
Custom Sign Fabrication

These plans are the exclusive property of Neakroft Signs, Inc. and are the result of the original work of its employees. They are submitted to Neakraft's client for the sole purpose of consideration of whether to purchase these plans or to purchase from Neakraft a sign manufactured according to these plans.

Distribution or exhibition of these plans to anyone other than employees of said client, or use of these plans to construct a sign similar to the one embodied herein, is expressly farbidden. In the event that such exhibition ar construction occurs. Neokraft expects to be reimburted \$1500 in compensation for time and effort entailed in creating these plans.

Barber Foods

	PER	MIT			
Lacation:	70 St. John Street				
	Portland	l, Maine			
Drawing No.:	1 of 3				
Drawn by:	BK	Rep.: PL			
Date:	07.23.2	010			
Lead No.:	014045	1			
Gen Ref.:	13225				





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Custom Sign Fobrication

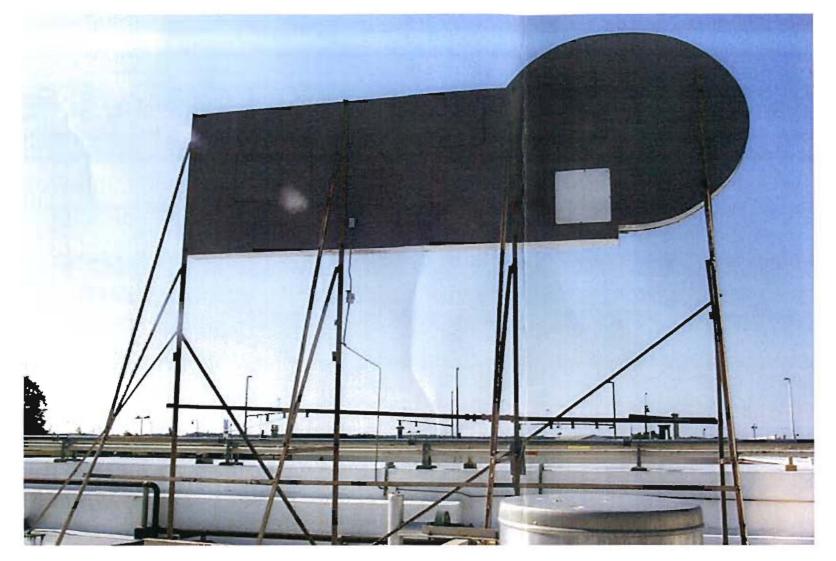
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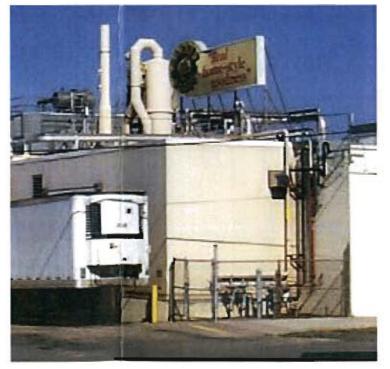
Barber Foods 12211

	PER	MIT	
Location:	70 St. John Street		
	Portland, Maine		
Drawing No.	: 2 of 3		
Drawn by:	BK	Rep.: PL	
Date:	07.23.2010		
Lead No.:	014045		
Gen Ref.:	13225		

COPYRIGHT 2010, BY NEOKRAFT SIGNS, INC.







EXISTING CONDITION



Neckroft Signs Inc. 686 Main Street Lewiston, Moine 04240 Telephone: 207.782.9654 Facsimile: 207.782.0009 1.800.339.2258 http://www.neokraft.com

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Barber Foods

	PER	MIT	
Location:	70 St. Jahn Street		
	Portland, Maine		
Drowing No.	: 3 of 3		
Drawn by:	ВК	Rep.: PL	
Date:	07.23.2010		
Lead No.:	014045		
Gen Ref :	13225		