

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED

Permit Number: 050670

JUN - 6 2005

CITY OF PORTLAND

This is to certify that AMERICAN NATIONAL CROSS Kraft Sign

has permission to Install a 73 sf sign

AT 524 FOREST AVE

126 B006001

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 when permission is procured before this building or part thereof is laid or closed-in. **48 HOUR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

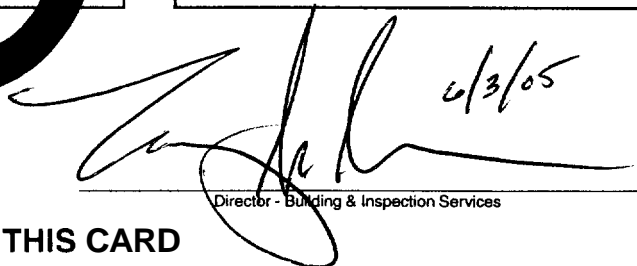
Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name



6/3/05

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: 05-0670	Issue Date: PERMIT ISSUED JUN - 6 2005	CEL: 126 B006001
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Location of Construction: 524 FOREST AVE	Owner Name: AMERICAN NATIONAL RED CR
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Owner Address: 524 FOREST AVE	Phone:
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Business Name:	Contractor Name: NeoKraft Signs
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Contractor Address: 686 Main St. Lewiston	Phone: 729654
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Lessee/Buyer's Name	Phone:
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Permit Type: Signs - Permanent	Zone: B2b
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Past Use: Commercial	Proposed Use: Commercial install a 73 sf sign
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Permit Fee: \$176.00	Cost of Work: \$176.00	CEO District: 3
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Proposed Project Description: Install a 73 sf sign

FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>NA</i>	INSPECTION: Use Group U Type: Sign IBC 2003 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: dmartin

Date Applied For: <i>05/13</i> /2005 <i>5/11/05</i>

Zoning Approval		
Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>5/6/05</i>	Date: <i>[Signature]</i>	Date: <i>[Signature]</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

Permit No: 05-0670	Date Applied For: 05/13/2005	CBL: 126 B006001
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Location of Construction: 524 FOREST AVE	Owner Name: AMERICAN NATIONAL RED CR	Owner Address: 524 FOREST AVE	Phone:
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: Commercial install a 73 sf sign	Proposed Project Description: Install a 73 sf sign
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Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 06/02/2005

Note: 06/02/05 This application was not routed for about 3 weeks from time of submittal

Ok to Issue:

- 1) It is understood that the other projecting signs shall be removed from the facade as indicated.
- 2) Any LED display SHALL NOT continuously flash, nor continuously blink, and SHALL NOT scroll. Electronic message board signs SHALL NOT change messages no more than once every four (4) hours. This City and State regulation SHALL BE strictly enforced. The sign company shall notify the property owner of these regulations.

Dept: Building Status: Approved with Conditions Reviewer: Tammy Munson Approval Date: 06/03/2005

Note:

Ok to Issue:

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

Dept: Fire Status: Reviewer: Approval Date:

Note:

Ok to Issue:

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 524 Forest Avenue ZONE: B2b

OWNER: American Red Cross

APPLICANT: Neokraft Signs, Inc.

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 5'-0" x 7'-3" & 5'-0" x 7'-3"

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

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:

- See drawings -

considered 2 signs because of distance between the rear "V" 72.5 ft. OK

116 ft MAX

*** TENANT BLDG. FRONTAGE (IN FEET): 58' sq. feet x 2 = 116 ft MAX
REQUIRED INFORMATION

AREA FOR COMPUTATION

- see drawing -

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: [Signature] / Shane Molfett DATE: 5-13-05

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

Please check off the following indicating that you have included the below items to expedite the process of this sign application:

- "Certification of Liability" listing the City additionally insured if any portion of the sign abuts or encroaches on the public right of way, or can fall into the public right of way
- N/A Letter of permission from the owner

A sketch plan indicating the following:

- Drawing of the property showing all dimensions of the lot
- Location of all buildings and property setbacks from all buildings
- Driveways and abutting streets showing street frontage and any right of ways
- Indicate on drawing the dimensions of all buildings on the lot
- Define in footage the frontage of your business front
- Indicate on drawing of existing signage and dimensions of each sign
- Indicate on drawing all proposed signage and dimension of each sign
Sign area height and setback of each existing and proposed freestanding sign
- N/A Certification of flammability required for awning/canopy at time of application
- UL # required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.

The Provisions of Section 3102.0 of the City's Building Code "The BOCA National Building Code 1999 edition" shall govern the construction, alteration, repair and maintenance of outdoor signs together with the associated appurtenant an auxiliary devices in respect to structural and fire safety. In accordance to section 3102.4.4 of BOCA construction documents and owners consent is all follows; "Before any permit is issued for the erection of a sign, Construction Documents shall be filed with the code official showing the dimensions, materials and required details of construction, including loads, stresses and anchorage. The applications shall be accompanied by the written contract of the owner or lessees of the premises upon which the sign is to erected. **NO PERMIT CAN OR WILL BE ISSUED UNLESS THIS INFORMATION IS SBUMITTED AND APPROVED BY THE INSPECTIONS OFFICE.**

ELECTRICAL SIGNAGE PERMITS/RESPONSIBILITIES

All sign companies or any persons engaged in the installation, interchange or maintenance of signage in the City of Portland must have the Electrician or Electrical Contractor who provided power to the sign(s) or associated equipment apply for an electrical permit in the Inspections Office.

It is the responsibility of your company to contact your sub-contractor or he owner to inform them of this policy. Whether your company does the final connections, which requires a valid Maine Electricians License or your sub contractor provides this service; permits and inspections shall be required.

Failure to comply with this procedure may result in the denial of sign permits by this office for your company or its representation to install or interchange any future signage in the City of Portland.

INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

Applicants for a sign permit will be asked to submit the following information to the Code Enforcement Office:

- ✓ 1. Proof of insurance
- N/A 2. Letter of permission from the owner
- ✓ 3. A sketch plan of lot, indicating location of buildings, driveways and any abutting streets or right of ways. Lengths of building frontages and street frontages should be noted. (see attached)
- ✓ 4. Indicate on the plan all existing and proposed signs
- ✓ 5. Computation of the following:
 - ✓ A) Sign area of each existing and proposed building sign
 - ✓ B) Sign area height and setback of each existing and proposed freestanding sign.
- ✓ 6. A sketch of any proposed sign(s), indicating dimensions, materials, source of illumination and construction method (see attached).
- N/A 7. Certificate of flammability required for awning/canopy at time of application.
- ✓ 8. UL # required for lighted signs at the time of application.
- ✓ 9. **You must have complete structural details (i.e. showing all connections to buildings and footing details) Specifics required or your permit may be held up**
Fee for permit - \$30.00 plus \$7.00 per square foot
Fee for awning based on cost of work - \$30.00 for the first \$1,000.00, \$6.00 for each additional \$1,000.00.
NOTE: Once a sketch plan has been filed for a property, the code enforcement office will keep a record of the plan so that a new sketch plan will not be required for Inter changes to signage on the property. In such an instance, applicants will only be required to submit information applicable to the new sign.

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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 Building or Use Permit.

If you or the property owner owes real estate or personal property taxes or user charge on any property within the City, payment arrangements must be made before permits any kind are accepted.

Location/Address of Construction: 524 Forest Avenue

Total Square Footage of Proposed Structure _____ Square Footage of Lot 58' sq. feet

Tax Assessor's Chart, Block & Lot Number _____ Owner: American Red Cross Telephone #: 781-461-2368
Lot# 0060

Lessee/Buyer's Name (If Applicable) N/A Owner's/Purchaser/Lessee Address: 180 Rustcraft Rd, Suite 115 Dedham, MA 02026 Total s.f of signs 73 x 200 \$ 146, plus \$30.00
TOTAL \$ 176.00

Current use: American Red Cross Proposed use: SAME

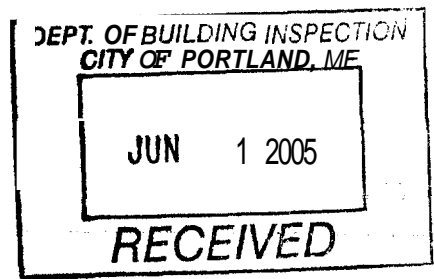
Project description: Remove all existing signs and install new V-shaped sign.

Applicants Name, Address & Telephone: Neokraft Signs, Inc. 686 Main St. Lewiston, ME 207-782-9654

Contractor's Name, Address & Telephone: Neokraft Signs, Inc. 686 Main St. Lewiston, ME 04240 207-782-9654

Who shall we contact when the permit is ready: Shane Moffett or Paul Lessard
Telephone: 207-782-9654

If you would like it mailed, what mailing address should we use:
Neokraft Signs, Inc. 686 Main St. Lewiston, ME 04240

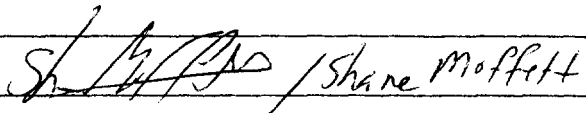


THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating 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:  / Shane Moffett	Date: 5-13-05
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Sign Permit Fee: \$30.00 plus \$2.00 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 or \$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

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- Footing/Building Location Inspection: Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

[Signature] 6-8-05
Signature of Applicant/Designee Date

[Signature] 6-8-05
Signature of Inspections Official Date

CBL: 1263006 Building Permit #: 050670

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/17/05

PRODUCER
HRH Northern New England
260 Harlow Street
P.O. Box 1080
Bangor, ME 04402-1080

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	NAIC #
INSURER A Hanover Insurance Company	22292
INSURER B Maine Approved Self insd	
INSURER C: Dirigo Reinsurance	
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 LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ZHP554279608	05/08/05	05/08/06	EACH OCCURRENCE	\$500,000
						DAMAGE TO FURNITURE & PREMISES (Each occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$500,000
						GENERAL AGGREGATE	\$1,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ADP554279707	05/08/05	05/08/06	COMBINED SINGLE LIMIT (Each accident)	\$500,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	JHP554279807	05/08/05	05/08/06	EACH OCCURRENCE	\$1,000,000
						AGGREGATE	\$1,000,000
							\$
							\$
							\$
B C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	Self Insd Fund Excess WC	11/01/05	01/01/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						EA EACH ACCIDENT	\$1,000,000
						EA DISEASE - EA EMPLOYEE	\$1,000,000
						EA DISEASE - POLICY LIMIT	\$1,000,000

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

Re: Evidence of coverage
Certificate holder named as additional insured with regards to general liability

City of Portland
389 Congress Street
Portland, ME 04101

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

Quentin Cardenas

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
ATL-001061367-02

Marsh USA Inc. (Nashville)
PO Box 190975
Nashville, TN 37219-8975
Attn: JOYCE HARRIS

NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

REDCROSS.CERTREQUEST@MARSH.COM

COMPANIES AFFORDING COVERAGE

S02212-ALL-CAS-04-05 NEW MA CLIE NONE MAIL

INSURED
AMERICAN RED CROSS BLOOD SERVICES
NEW ENGLAND REGION
180 RUSTCRAFT ROAD
DEDHAM, MA 02026

- COMPANY
A OLD REPUBLIC INSURANCE CO
- COMPANY
B N/A
- COMPANY
C
- COMPANY
D

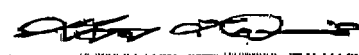
COVERAGES This certificate supersedes and replaces any previously issued certificate for the policy period noted below. THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	MWZZ50345	07/01/04	07/01/05	GENERAL AGGREGATE	\$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				-PRODUCTS-COMP/OP AGG	\$ 5,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 5,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> Damage-premises rented to you				FIRE DAMAGE (Any one fire)	\$ NIA
	<input checked="" type="checkbox"/> \$5,000,000 any one premises				MED EXP (Any one person)	\$ 10,000
	AUTOMOBILE LIABILITY				COMBINED SWGLE LIMIT	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
GARAGE LIABILITY						
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$	
				OTHER THAN AUTO ONLY:		
				EACH ACCIDENT	\$	
				AGGREGATE	\$	
EXCESS LIABILITY				EACH OCCURRENCE	\$	
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$	
<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$	
WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS	OTHER	
<input type="checkbox"/> M E PROPRIETOR/ PARTNERS/ EXECUTIVE OFFICERS ARE	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL			EL EACH ACCIDENT	\$	
OTHER				EL DISEASE-POLICY LIMIT	\$	
				EL DISEASE-EACH EMPLOYEE	\$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
BANNER. POLICY YEAR ENDING 7/1/05. CITY OF PORTLAND IS INCLUDED AS ADDITIONAL INSURED AS RESPECTS THEIR INTERESTS.

CERTIFICATE HOLDER

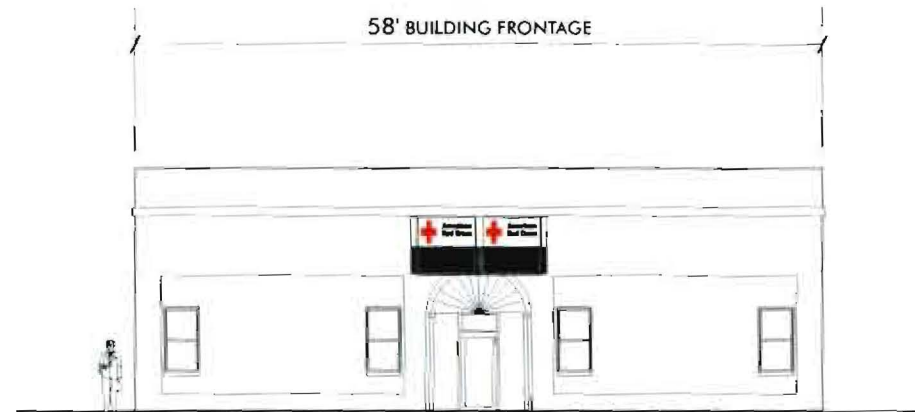
CITY OF PORTLAND
389 CONGRESS STREET
PORTLAND, ME 04104

CANCELLATION
SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.
MARSH USA INC.
BY: Gregory L. Daniels 

MM13/02 VALID AS OF: 05/17/05



PHOTO-COMPOSITE—PROPOSED SIGNS
 NOT TO SCALE



FRONT ELEVATION
 SCALE: 1/16" = 1'-0" ±



Neokraft
 SIGNS

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>

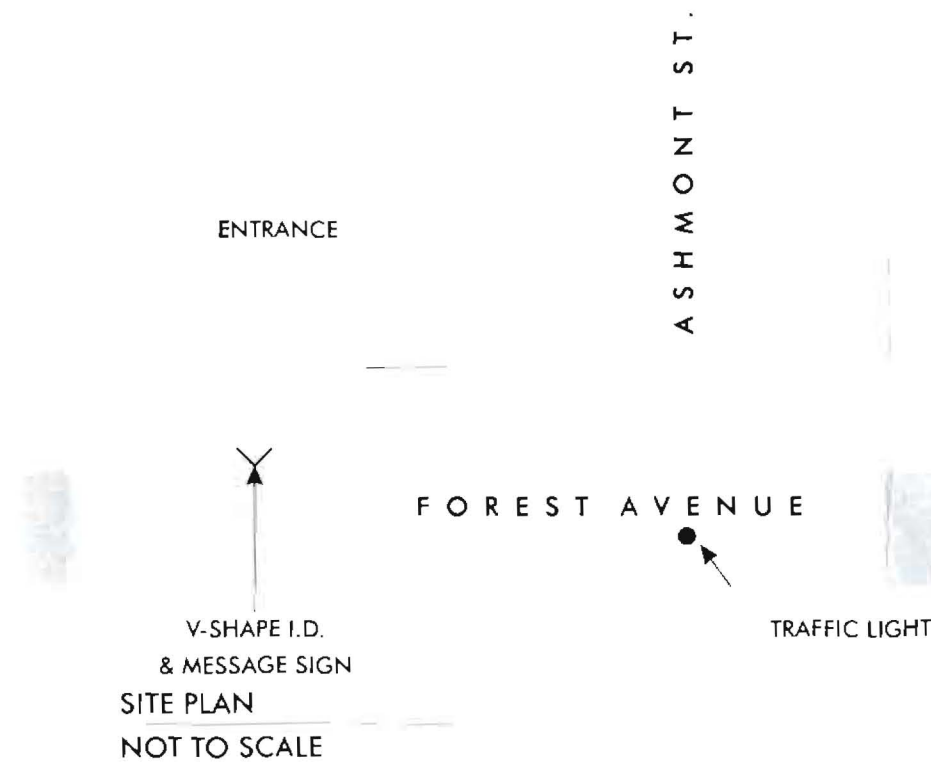
Custom Sign Fabrication

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.



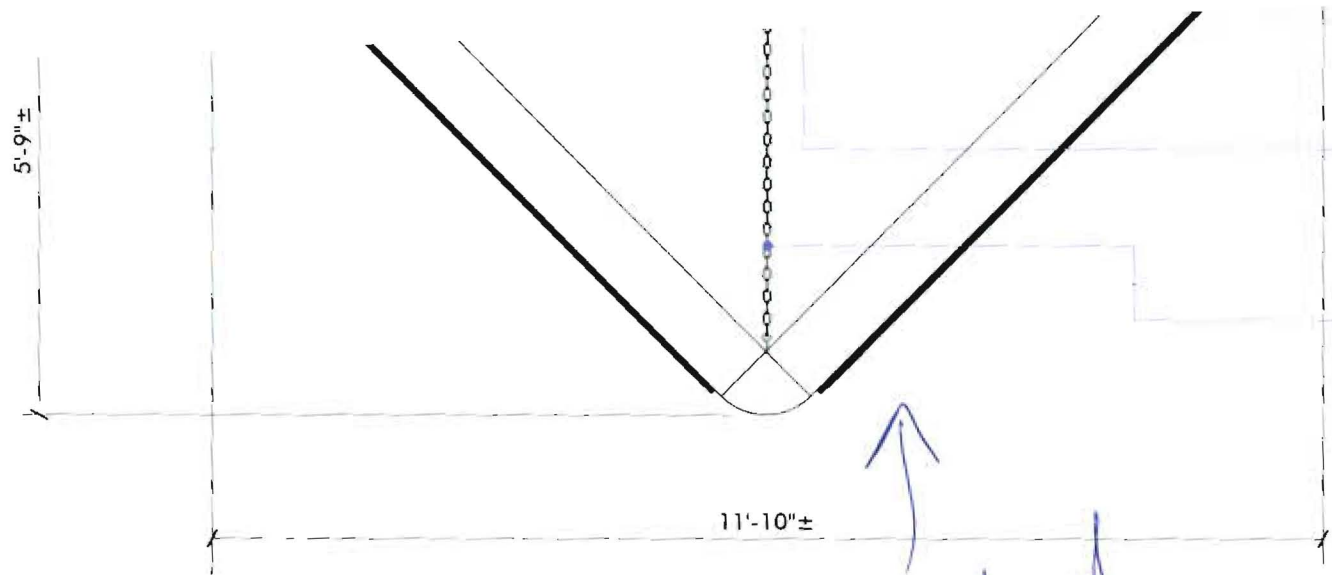
(2) 4' X 6' D/F ILLUM. PROJECTING SIGNS TO BE REMOVED
 (1) 4' X 4' S/F ILLUM. WALL MOUNT SIGN TO BE REMOVED

EXISTING CONDITION
 NO SCALE



American Red Cross 3723

Location:	524 Forest Ave. Portland, ME
Drawing No.:	1 of 2
Drawn by:	DS
Date:	05.12.2005
Gen Ref.:	

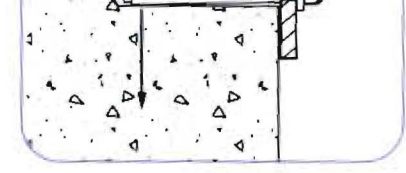


PLAN VIEW

(12) TOTAL 1/2" x 3" SLEEVE-ANCHORS ATTACHMENT THROUGH 1/2" THICK FABRICATED STEEL BRACKETS

1/2" x 8" x 8" STEEL PLATES WITH (4) 3/8" STEEL THREADED ROD THRU-BOLT CONNECTIONS; WELDED 1/2" THICK STEEL DOG-EAR ON OUTSIDE PLATE

ZINC-PLATED STEEL LINK CHAIN UPLIFT AND HEAVY-DUTY ZINC-PLATED TURNBUCKLE



LOK-BOLT™ ANCHORING SYSTEM AS MFG BY POWERS FASTENERS, NEW ROCHELLE, NY OR EQUAL; A PRE-ASSEMBLED SINGLE UNIT SLEEVE ANCHOR FOR ANCHORING INTO SOLID AND HOLLOW CONCRETE AND MASONRY SUBSTRATES; PATENTED COMPRESSION RING PULLS FIXTURE FLUSH TO THE WORK SURFACE

SEE http://www.powers.com/product_06160.html

SLEEVE-ANCHOR MOUNTING DETAIL
NOT TO SCALE

Considered 2 Signs

$$5 \times 7.25 = 36.25 \times 2 = 72.50 \text{ sq ft}$$



NORMAL VIEW—DOUBLE FACE INT. ILLUM. V-SHAPE I.D. & MESSAGE SIGN
SCALE: 1/2" = 1'-0" (1) REQUIRED

TOTAL SIGN FACE AREA=(2) FACES x 5' x 7 1/4' = 72 1/2 SQ. FT.

ALUMINUM EXTRUSION CABINET AND RETAINER SYSTEM

WHITE TRANSLUCENT LEXAN FACES WITH TRANSLUCENT/MATTE VINYL GRAPHICS

(2) ALPHA-ECLIPSE MODEL 2601, 32 x 128 RED L.E.D. MATRIX ELECTRONIC MESSAGE DISPLAYS

FABRICATED ALUMINUM NOSE AND RECESSED MOUNTING BRACKET COVERS AT ENDS; COLORS WRAP

TOTAL SIGN WEIGHT: 800-900 LBS



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Custom Sign Fabrication

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American Red Cross 3723

Location:	524 Forest Ave.
	Portland, ME
Drawing No.:	2 of 2
Drawn by:	DS
Date:	05.12.2005
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