

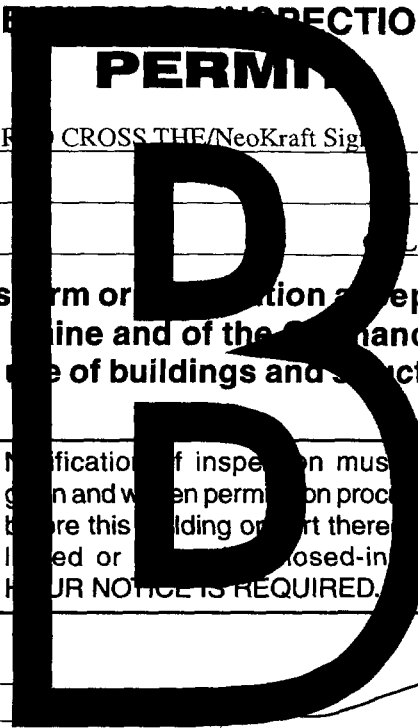
# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

**PERMIT ISSUED**  
Permit Number: 051631  
NOV 17 2005  
CITY OF PORTLAND

This is to certify that AMERICAN NATIONAL FIRE CROSS THE/NeoKraft Sign  
has permission to 2 building signs = 24 sf  
AT 524 FOREST AVE L 126 B006001

provided that the person or persons in charge of 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.



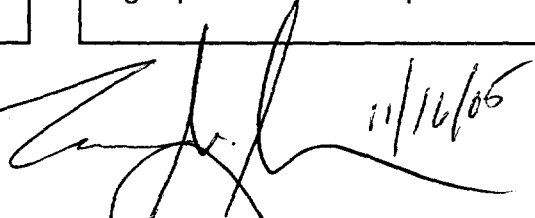
Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied 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

  
11/16/05  
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: 05-1631	Issued Date: <b>PERMIT ISSUED</b>	City: 126 B000001
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<b>Location of Construction:</b> 524 FOREST AVE	<b>Owner Name:</b> AMERICAN NATIONAL RED CR	<b>Owner Address:</b> 524 FOREST AVE	<b>Phone:</b> NOV 17 2005
<b>Business Name:</b>	<b>Contractor Name:</b> NeoKraft Signs	<b>Contractor Address:</b> 686 Main St. Lewisport	<b>Phone:</b> 207-829-6544
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	<b>Zone:</b> B2b

<b>Past Use:</b> Commercial	<b>Proposed Use:</b> Commercial 2 building signs = 24 sf	<b>Permit Fee:</b> \$78.00	<b>Cost of Work:</b> \$78.00	<b>CEO District:</b> 3
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>NA</i>	<b>INSPECTION:</b> Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i>	
		<b>Signature:</b>	<b>Signature:</b>	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
		<b>Signature:</b>	<b>Date:</b>	

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 11/07/2005	<b>Zoning Approval</b>		
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<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> <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"/> <i>OK</i> Date: <i>11/09/05</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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:
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**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> 05-1631	<b>Date Applied For:</b> 11/07/2005	<b>CBL:</b> 126 B006001
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<b>Location of Construction:</b> 524 FOREST AVE	<b>Owner Name:</b> AMERICAN NATIONAL RED CR	<b>Owner Address:</b> 524 FOREST AVE	<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> Commercial 2 building signs = 24 sf	<b>Proposed Project Description:</b> 2 building signs = 24 sf
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 11/09/2205  
**Note:** 11/09/05 the two signs are incidental and for directional purposes      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 11/16/2005  
**Note:**      **Ok to Issue:**

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

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

# 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.**

U		
Total Square Footage of Proposed Structure <i>24' sq. ft. of additional signage</i>		Square Footage of Lot <i>58' sq. ft. frontage</i>
Tax Assessor's Chart, Block & Lot Number Chart# <i>126</i> Block# <i>B</i> Lot# <i>606</i>	Owner: <i>American Red Cross</i>	Telephone #: <i>781-461-2368</i>
Lessee/Buyer's Name (If Applicable) <i>N/A</i>	Owner's/Purchaser/Lessee Address: <i>180 Rustcraft Rd., Suite 115 Dedham, MA 02026</i>	Total s.f. of signs <i>24</i> x <i>200</i> \$ <i>48</i> , plus \$30.00 TOTAL \$ <i>78.00</i>
Current use: <i>American Red Cross</i> Proposed use: <i>SAME</i>		
Project description: <i>Install (2) directional signs: (1) 1'-4" x 6'-0" on front elevation and (1) 2'-0" x 7'-10" on side elevation.</i>		
Applicants Name, Address & Telephone: <i>American Red Cross 524 Forest Avenue Portland, ME 04101 (207) 775-8089</i>		DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME <div style="border: 1px solid black; padding: 5px; display: inline-block;">           NOV - 7 2005  <b>RECEIVED</b> </div>
Contractor's Name, Address & Telephone: <i>Neokraft Signs, Inc. 686 Main St. Lewiston, ME 04240 (207) 782-9654</i>		
Who shall we contact when the permit is ready: Telephone: <i>(207) 782-9654</i> <i>Shane Moffett</i>		

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: *Sharon Moffitt* - Sharon Moffitt | Date: 11-3-05

**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**

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 524 Forest Avenue ZONE: \_\_\_\_\_

OWNER: American Red Cross

APPLICANT: Neokraft Signs, Inc. -FOR- American Red Cross

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 2'-0" x 7'-10"

MORE THAN ONE SIGN?  YES NO DIMENSIONS 1'-4" x 6'-0"

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:

(1) 5'-0" x 7'-3", 5'-0" x 7'-3" V-shaped sign exists.

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): 58 sq. ft. of frontage  
\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION

*see drawing attached for fastening detail and plot plan info.*

max cum. area of all signs  150 sq ft  
58 x 2 sq ft 116 sq ft  
3 signs.

6 x 1.33 = 7.98 new front  
5 x 7.25 = 36.25 old  
side 2 x 7.83 15.66 new

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: Shane Moffett DATE: 11-3-05

**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 initialing 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.

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/>            | Footing/Building Location Inspection:      | Prior to pouring concrete  |
| <input type="checkbox"/>            | Re-Bar Schedule Inspection:                | Prior to pouring concrete  |
| <input type="checkbox"/>            | Foundation Inspection:                     | Prior to placing ANY backfill  |
| <input type="checkbox"/>            | Framing/Rough Plumbing/Electrical:         | Prior to any insulating or drywalling  |
| <input checked="" type="checkbox"/> | <del>Final/Certificate of Occupancy:</del> | 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

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

NO A CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

X Ronnie Smith

Signature of Applicant/Designee

11-23-05

Date

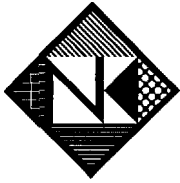
Bonnie Martin Admin

Signature of Inspections Official

11 23 05

Date

CBL: 126 B006 Building Permit #: 051631



# Neokraft

NeokraftSigns Inc.  
 686 Main Street  
 Lewiston, Maine 04240  
 Telephone: 207.782.9654  
 Facsimile: 207.782.0009  
 1.800.339.2258  
<http://www.neokraft.com>

<b>Transmittal to</b>	CITY OF PORTLAND  INSPECTIONS  ATTENTION: MARGE SCHMUCKAL  389 CONGRESS STREET  PORTLAND, ME 04101	<b>Date</b>	11.4.2005
		<b>Job No.</b>	4625
		<b>Re.</b>	AMERICAN RED CROSS  MAIL

<b>Item</b>	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Under separate cover	
	<input checked="" type="checkbox"/> Shop Drawings	<input type="checkbox"/> Prints	<input type="checkbox"/> Samples	<input type="checkbox"/> Specifications
	<input type="checkbox"/> Copy of letter	<input type="checkbox"/> Change Order	<input type="checkbox"/> Other	

Copies	Date	No.	Description
1 set	11.04.2005	4625	(1) COMPLETED SIGN PERMIT APPLICATION, DRAWING, INSURANCE CERTIFICATE, CHECK NUMBER 7885 IN THE AMOUNT OF \$78.00 FOR AMERICAN RED CROSS LOCATED ON 524 FOREST AVENUE.

<b>Purpose</b>	<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 the enclosed sign permit application and if approved please go ahead and mail the permit to my attention. If you have any questions feel free to call me anytime.

copy to

From SHANE MOFFETT

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

OFFICE \CLERICAL\TEMPLATES\TRANSMITTAL FORM DOT



# MARSH

## CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER  
ATL-001061367-02

## PRODUCER

Marsh USA Inc. (Nashville)  
PO Box 196975  
Nashville, TN 37219-8975  
Attn: JOYCE HARRIS  
REDCROSS.CERTREQUEST@MARSH.COM

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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.

## COMPANIES AFFORDING COVERAGE

COMPANY  
A OLD REPUBLIC INSURANCE CO

COMPANY  
B N/A

COMPANY  
C

COMPANY  
D

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

## 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
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> Damage-premises rented to you				FIRE DAMAGE (Any one fire)	\$ N/A
	<input checked="" type="checkbox"/> \$5,000,000 any one premises				MED EXP (Any one person)	\$ 10,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE 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"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$	
				EL DISEASE-POLICY LIMIT	\$	
				EL DISEASE-EACH EMPLOYEE	\$	
OTHER						

## 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

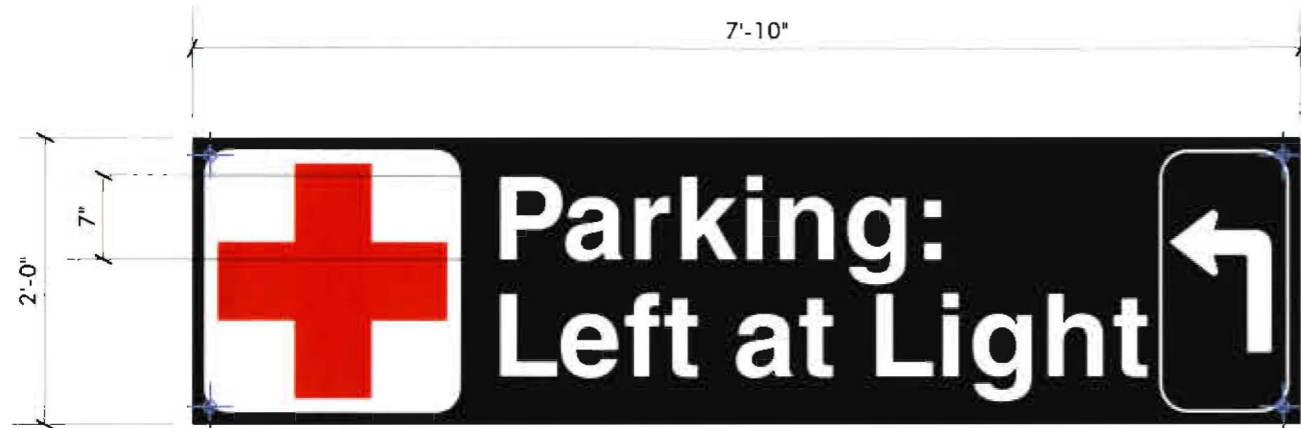
SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE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

MARSH USA INC.

BY: Gregory L. Daniels

MM(3/02)

VALID AS OF: 05/17/05



.063" ALUMINUM-CLAD, ALUMINUM TUBE FRAME; GSP WHITE [280-10] AND RED [280-72] REFLECTIVE VINYL GRAPHICS; MOUNTING: (4) CLIP MOUNT LAGS & SHIELDS

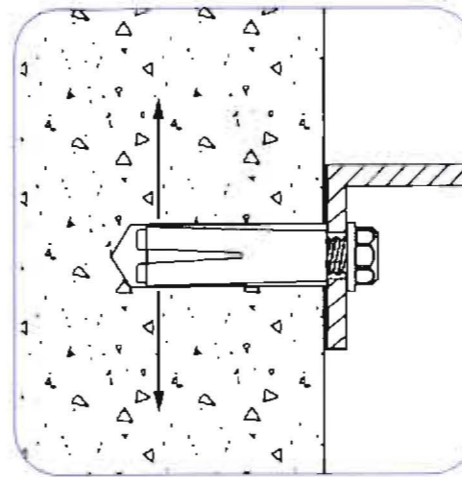
**A** NEW SINGLE FACE NON-ILLUMINATED WALL DIRECTIONAL  
SCALE: 3/4" = 1'-0" (1) REQUIRED



.063" ALUMINUM-CLAD, ALUMINUM TUBE FRAME; GSP WHITE [280-10] REFLECTIVE VINYL GRAPHICS

MOUNTING: (4) CLIP MOUNT LAGS & SHIELDS

**B** SINGLE FACE NON-ILLUMINATED WALL DIRECTIONAL  
SCALE: 3/4" = 1'-0" (1) REQUIRED



SLEEVE-ANCHOR MOUNTING DETAIL  
NOT TO SCALE

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

AVAILABLE IN CARBON STEEL AND TYPE 304 STAINLESS STEEL; SEVERAL HEAD STYLES

SIZE RANGE: 1/4" DIA. x 5/8" TO 3/4" DIA. x 7 1/2"

SEE [http://www.powers.com/product\\_06160.html](http://www.powers.com/product_06160.html)



Neokraft  
SIGN 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.

**American Red  
Cross 4625**

**PERMIT DRAWING**

Location: 524 Forest Ave.

Portland, ME

Drawing No.: 1 of 1

Drawn by: DS

Date: 11.02.2005

Gen Ref.:



PHOTO-COMPOSITE  
NOT TO SCALE



SITE PLAN  
NOT TO SCALE