



Neokraft

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
 INSPECTIONS
 389 CONGRESS STREET
 PORTLAND, ME 04101

Date 12/22/2014
Job No. 18944
Re. Endodontic Associates
 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"/> Specifications |
| <input type="checkbox"/> Copy of letter | <input type="checkbox"/> Change Order | <input type="checkbox"/> Other | |

Copies	Date	No.	Description
1 set	12/29/2014	18944	(1) SIGN PERMIT APPLICATION, (1) FASTENER DETAIL, (1) SHOP DRAWING, (1) INSURANCE LIABILITY FORM, IN REGARDS TO OBTAINING A SIGN PERMIT FOR PROJECTING SIGN AT ENDODONTIC ASSOCIATES, 82 COYLE 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 E-MAIL WITH PRICE CONFIRMATION. THANK YOU!

Copy to

From PAUL LESSARD

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT