

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

BUILDING DEPARTMENT

Please Read Application And Notes, If Any, Attached

## PERMIT

Permit Number: 071065

This is to certify that DIXON FRANK /NeoKraft Signs

has permission to Reface existing 4' x 8' sign

AT 1170 FOREST AVE

152 A001001

SEP - 6 2007

PERMIT ISSUED  
CITY OF PORTLAND

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 procured before this building or part thereof is placed 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

*[Signature]* 9/6/07  
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

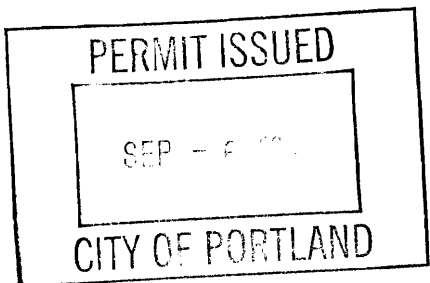
Permit No: 07-1065	Issue Date:	CBL: 152 A001001
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Location of Construction: 1170 FOREST AVE	Owner Name: DIXON FRANK	Owner Address: 168 BROOK RD	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial / Insurance Company	Proposed Use: Commercial / Insurance Company reface existing 4' x 8' sign	Permit Fee: \$94.00	Cost of Work: \$94.00	CEO District: 4
Proposed Project Description: Reface existing 4' x 8' sign		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i> Signature:	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>IBC 2003</i> Signature:	
		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: 08/30/2007	<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"/> OK Date: 9/14/07 <i>ABR</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 checked="" 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: <i>ABR</i>
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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> 07-1065	<b>Date Applied For:</b> 08/30/2007	<b>CBL:</b> 152 A001001
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<b>Location of Construction:</b> 1170 FOREST AVE	<b>Owner Name:</b> DIXON FRANK	<b>Owner Address:</b> 168 BROOK RD	<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 / Insurance Company reface existing 4' x 8' sign	<b>Proposed Project Description:</b> Reface existing 4' x 8' sign
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 09/04/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 09/06/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			



# 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: <u>1170 Forest Avenue</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>152      A      001</u>	Owner: <u>Dixon Associates</u> <u>1170 Forest Avenue</u> <u>Portland, ME 04103</u>	Telephone: <u>207-831-1965</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Contractor name, address & telephone: <u>Neokraft Signs Inc.</u> <u>686 Main St.</u> <u>Lewiston, ME 04240</u> <u>782-9654</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>32' sq. ft.</u> For H.D. signage= Total Fee: \$ <u>94.00</u> Awning Fee= cost of work _____ Total Fee: \$ <u>94.00</u>

Who should we contact when the permit is ready: Shane Moffett phone: 782-9654

Tenant/allocated building space frontage (feet): Length: \_\_\_\_\_ Height: \_\_\_\_\_  
 Lot Frontage (feet) \_\_\_\_\_ Single Tenant or Multi Tenant Lot single 3 existing pylons City already has info.

Current Specific use: Insurance Co.  
 If vacant, what was prior use: \_\_\_\_\_  
 Proposed Use: Insurance Co.

Information on proposed sign(s):  
 Freestanding (e.g., pole) sign? Yes  No  Dimensions proposed: 4' x 8' - 0 1/2" Height from grade: 18'  
 Bldg. wall sign? (attached to bldg) Yes  No  Dimensions proposed: \_\_\_\_\_  
faces only

Proposed awning? Yes  No  Is awning backlit? Yes  No   
 Height of awning: \_\_\_\_\_ Length of awning: \_\_\_\_\_ Depth: \_\_\_\_\_  
 Is there any communication, message, trademark or symbol on it? Yes  No   
 If yes, total s.f. of panels w/communications, message, trademark or symbol: \_\_\_\_\_ s.f.

Information on existing and previously permitted sign(s):  
 Freestanding (e.g., pole) sign? Yes  No  Dimensions: 4' x 8' - 0 1/2"  
 Bldg. wall sign? (attached to bldg) Yes  No  Dimensions: \_\_\_\_\_  
 Awning? Yes  No  Sq. ft. area of awning w/communication: \_\_\_\_\_

A site sketch and building sketch showing exactly where existing and new signage is located must be provided.  
 Sketches and/or pictures of proposed signage and existing building are also required. -see attached-

Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: <u>Shane Moffett, Neokraft Signs Inc.</u>	Date: <u>8-28-07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

8 65 \$ max  
18' height  
4 x 8 - 32 sq ft  
18' o/c

Letter of Authorization


This letter authorizes a representative of NeoKraft Signs to secure permits to perform sign installations, removals or any sign maintenance necessary at our property located at:

Property Owner : FRANK DIXON

Address: 1170 Forest Ave, Portland Me 04103

Phone: 207 831-1965 Fax: \_\_\_\_\_

Tax Folio Number: \_\_\_\_\_

  
Owner's Signature

Sworn to and subscribed before me this 9<sup>th</sup> day of August, 2007 by FRANK DIXON who is personally known to me or provided DRIVERS LICENCE as identification.

S Mahuka  
Signature of Notary Public

SUSAN MAHUKA  
Printed Notary Name

SUSAN MAHUKA  
NOTARY PUBLIC  
State of Maine  
My Commission Expires  
March 13, 2014

RECEIVED AUG 10 2007


<b>ACORD</b> <small>TM.</small> <b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 08/28/2007
PRODUCER Phone (207) 797-9600 Fax 207-878-2900 <b>DIXON INC. DBA DIXON ASSOCIATES</b> 1170 FOREST AVE PORTLAND ME 04103	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.	
Agency Lic# AGR 32573	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> <b>DIXON ASSOCIATES</b> 1170 FOREST AVE PORTLAND ME 04103	INSURER A: <b>ZURICH GROUP - PORTLAND</b> INSURER B: INSURER C: 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b>		<b>GENERAL LIABILITY</b>	<b>PPS 34954579</b>	<b>05/20/07</b>	<b>05/20/08</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person)	\$ <b>10,000</b>
	<input type="checkbox"/>					PERSONAL & ADV INJURY	\$ <b>1,000,000</b>
	<input type="checkbox"/>					GENERAL AGGREGATE	\$ <b>2,000,000</b>
	<input type="checkbox"/>					PRODUCTS-COMP/OP AGG	\$ <b>2,000,000</b>
	<input type="checkbox"/>					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
		<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident)	\$
		<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 (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS	OTHER
		<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?</b>				E.L. EACH ACCIDENT	\$
		<i>If yes, describe under SPECIAL PROVISIONS below</i>				E.L. DISEASE-EA EMPLOYEE	\$
						E.L. DISEASE-POLICY LIMIT	\$
		<b>OTHER:</b>					

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS**  
 This is for changing our Drive Sign to Progressive

<b>CERTIFICATE HOLDER</b>  Additional Insured: City of Portland 389 Congress St Portland, ME 04101  Attention: 782-0009	<b>CANCELLATION</b>  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  <div style="text-align: right;">                       Kenneth L. French III                 </div>
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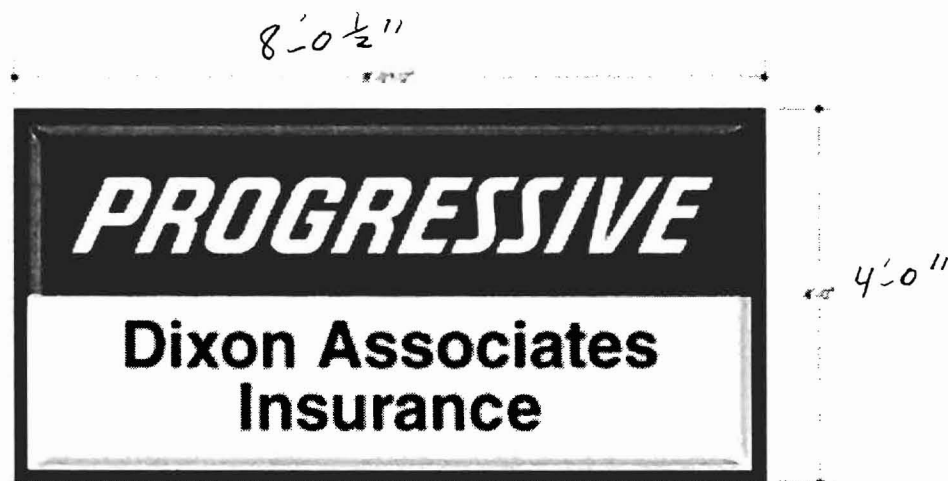
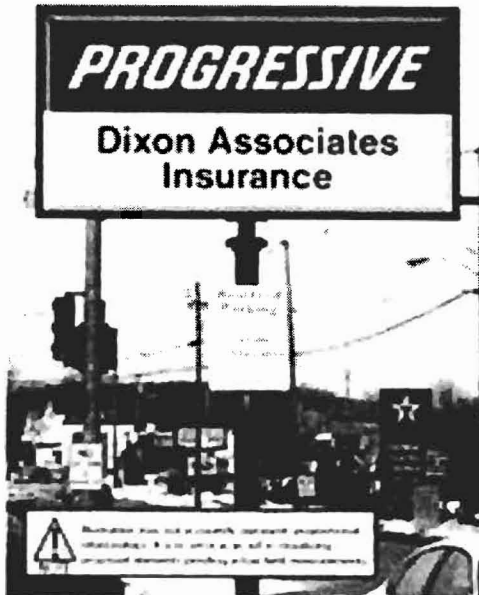
# PROGRESSIVE

APRIL 07 LOGO WITH RE-SPACED LETTERING

#84669 PORTLAND, ME

- Standard 4'-0" x 8'-0 1/2" Progressive Faces
- One Color: PMS # 661
- Top 50% Logo Area - Bottom 50% Imprint Area
- Progressive logotype in white on blue upper portion, logotype standard embossed 1/4" (White) / Blue returns on 3 sides
- Agent imprint in 3M #3630-157 Sultan Blue vinyl on white lower portion / White returns on 3 sides

1) STD 4'x8' Pan Replacement Faces



APPROVAL SIGNATURE: \_\_\_\_\_

Note: Dimensions are Approximate and Subject to Change Pending Review by Dualite Engineering.

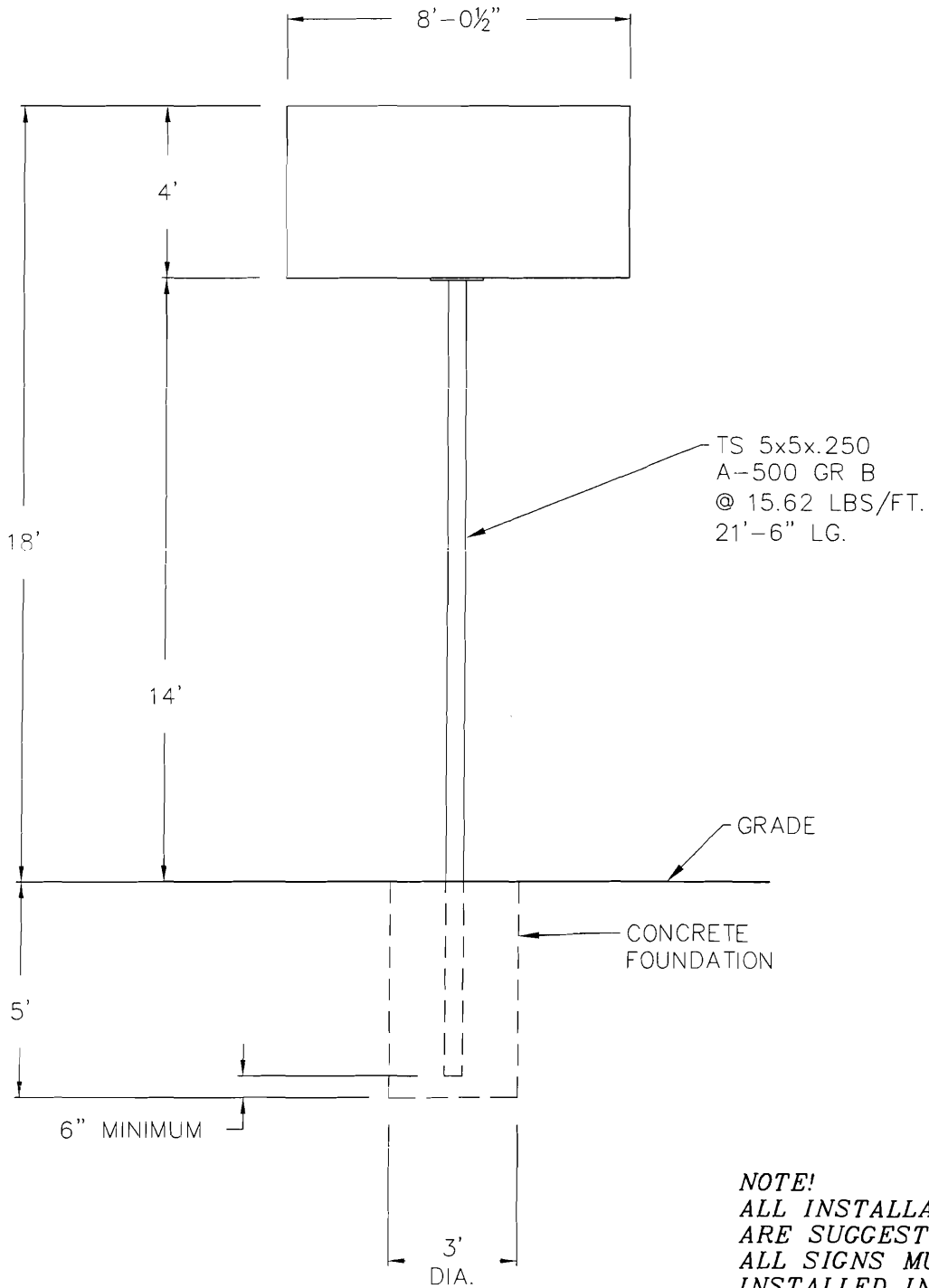
NOTE: Existing Retainers Shown Painted to Match PMS #661 Blue

PROGRESSIVE COLOR SPECS 2005 LOGO			
COLOR	PMS (Paint)	VINYL	HEAT TRANSFER
Blue	PMS 661	3M Sultan Blue #3630-157	Heat-Print 2940 (Blue)

Dualite Sales & Service, Inc. One Dualite Lane Williamsburg, Ohio 45176	Sketch No. 07-6-90 PROGG4 DBM	Customer Approval or Comments:
	Scale: 1/2" = 1'-0"      Date: 6-8-07	
This design is exclusive property of Dualite Sales & Service, Inc. • 1 Dualite Lane • Williamsburg, OH 45176 • Copyright 2007 Dualite Sales & Service, Inc. All Rights Reserved. Reproduction of this proprietary work without the permission of Dualite Sales & Service, Inc. will subject the user to liability under the copyright statutes of the United States.		







NOTE!  
 SIGN & POLE DESIGNED FOR A 110 MPH  
 WIND SPEED (3 SEC. GUST) AND COMPLIANCE  
 WITH ASCE 7-98 SECTION 6.  
 FOUNDATION DESIGN IS BASED ON 3000 LB.  
 CONCRETE AT 28 DAYS AND A SOIL  
 LATERAL BEARING PRESSURE OF  
 150 LB/SQ FT/FT.

**NOTE!**  
 ALL INSTALLATION DETAILS  
 ARE SUGGESTED ONLY.  
 ALL SIGNS MUST BE  
 INSTALLED IN ACCORDANCE  
 WITH NATIONAL, STATE AND  
 LOCAL ELECTRICAL AND  
 BUILDING CODES. UNLESS  
 SPECIFICALLY CONTRACTED  
 FOR, DUALITE SHALL HAVE  
 NO RESPONSIBILITY FOR  
 INSTALLATION. USES FOR  
 OTHER THAN THEIR  
 INTENDED PURPOSES ARE  
 AT THE SOLE RISK  
 OF THE BUYER/USER.

SCALE: 1/4" = 1'-0

RECEIVED

**Center, Twin or Double Pole  
Based on ASCE 7-98 (3 Second gust)**

Customer: PROGRESSIVE  
 Location: PORTLAND, ME  
 Date: 7/9/07  
 By: EJH  
 Description: 4x8 CP @ 18' OAH

ASCE 7-98 OAH = 18 ft

Exposure 'C'

Basic Wind Speed = 110 mph (3 second gust)

Basic Wind Pressure,  $q_z = 0.00256 * K_z * K_{zt} * V^2 * I$ , where  $K_z = 0.88$   $K_{zt} = 1$   $I = 1$   
 $q_z = 27.259$  lb/ft<sup>2</sup>

Wind Pressure (Signs)	Sign1 = 0.872 kips	Sign2 = 0 kips	Sign3 = 0 kips
	Sign4 = 0 kips	Sign5 = 0 kips	
Wind Pressure (Poles)	Pole1 = 0.159 kips	Pole2 = 0 kips	
	Pole3 = 0 kips	Pole4 = 0 kips	

Total Wind Pressure = 1.031 kips

Equivalent Centroid = 14.612 ft

Moment at Grade = 15.07 Kip-ft ( Each pole )

Moment at Stage1 = "N/A" Kip-ft ( Each pole )

Moment at Stage2 = "N/A" Kip-ft ( Each pole )

Moment at Stage3 = "N/A" Kip-ft ( Each pole )

Moment at Sign = 1.744 Kip-ft

sign check  $\frac{1.744 \cdot 12}{29} = 0.722$  section modulus req'd. < 1.68 section modulus avail. **OK**

pole check  $\frac{(15.07 \cdot 12)}{39} = 4.637$  section modulus req'd. < 6.78 section modulus avail. **OK**

**RECEIVED JUL 19 2007**

EXISTING POND STOOD  
UP

STEVENS AVE

SAMPLES  
BARRACKS

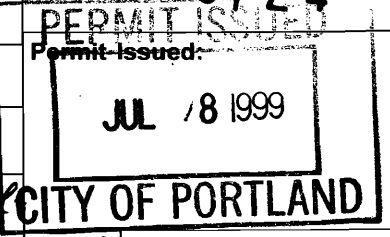


1170  
FORT  
PIONEER  
ASSOCIATES

FOREST AVE

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 70 Forest Ave Portland		Owner: Frank [unclear]		Phone:		Permit No: 990724	
Owner Address: SAA		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Burr Signs Craig Carrier		Address: 10 Buttenwood So. Portland		Phone:		Permit Issued: JUL 18 1999	
Past Use: commercial		Proposed Use: same		COST OF WORK: \$		PERMIT FEE: \$ 34.60	
Proposed Project Description:  Reface existing sign 4x8				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>Signage</i> Use Group: Type:	
				Signature:		Signature: <i>[Signature]</i>	
Permit Taken By: KA				Date Applied For: July 2, 1999 KA			
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>[Signature]</i> Special Zone or Reviews: <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"/>	



PERMIT ISSUED WITH REQUIREMENTS

**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 provisions of the code(s) applicable to such permit

July 2, 1999

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date:                     

CEO DISTRICT: 1