

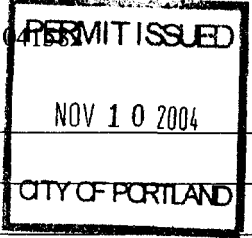
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 041551



Please Read Application And Notes, If Any, Attached

This is to certify that Olympia Equity Investors/Ne...raft Sign... has permission to install 3 wall signs -one approx 5'x4' & approx ...x 4' AT 1200 Congress St ... 189 A013001

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 written permission procured before this building or part thereof is altered or enclosed-in. HEAVY 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 DepartmentName

Signature: Jamie Bouke 11/9/04 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 ISSUED**

Permit No: 04-1582	Issue Date: NOV 10 2004	CBL: 189 A013001
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Location of Construction: 1200 Congress St	Owner Name: Olympia Equity Investors	Owner Address: 50 Monument Sq 2	Phone: CITY OF PORTLAND
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 / Med Office - Bank	Proposed Use: Med Office - Bank install 3 wall signs -one approx. 5'x4' & 2 approx 16' x 4'	Permit Fee: \$264.00	Cost of Work: \$264.00	CEO District: 3
		FIRE DEFT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: Sign FRC 2003 Signature: AMB 11/9/04	

**Proposed Project Description:**  
install 3 wall signs -one approx. 5'x4' & 2 approx 16' x 4'

Signature: \_\_\_\_\_  
 PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  
 Action:  Approved  Approved w/Conditions  Denied  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: Idobson	Date Applied For: 10/20/2004	<b>Zoning Approval</b>
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<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: 11/5/04</p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>
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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> 04-1582	<b>Date Applied For:</b> 10/20/2004	<b>CBL:</b> 189 A013001
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<b>Location of Construction:</b> 1200 Congress St	<b>Owner Name:</b> Olympia Equity Investors	<b>Owner Address:</b> 50 Monument Sq 2nd Floor	<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> Med Office - Bank install 3 wall signs -one approx. 5'x4' & 2 approx 16' x 4'	<b>Proposed Project Description:</b> install 3 wall signs -one approx. 5'x4' & 2 approx 16' x 4'
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 11/05/2004
<b>Note:</b>			<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 11/09/2004
<b>Note:</b>			<b>Ok to Issue:</b> <input type="checkbox"/>

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) 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: <b>1200 CONGRESS STREET</b>		
Total Square Footage of Proposed Structure <b>116.2 S.F.</b>	Square Footage of Lot <b>ON FILE AT ASSESSOR'S OFFICE</b>	
Tax Assessor's Chart, Block & Lot Chart#                  Block#                  Lot#	<b>189A013001</b> <i>Building Owner</i> <b>OLYMPIA EQUITY INVESTORS</b>	Telephone: <b>874-9990</b>
Lessee/Buyer's Name (If Applicable) <b>PORTLAND GASTROENTEROLOGY ASSOC.</b> <b>1200 CONGRESS ST.</b> <b>SUITE 300</b> <b>PORTLAND, ME 04102-2189</b> <b>773-7964</b>	Applicant name, address & telephone: <b>NEOKRAFT SIGN Co.</b> <b>PETER MURPHY</b> <b>686 MAIN STREET</b> <b>LEWISTON ME 04240</b>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: <b>\$ 262.40</b> Awning Fee = Cost ☒ Work: \$ _____ Total Fee: <b>\$ 262.40</b>
Approximately how long has it been vacant: _____		
Proposed use: <b>NO CHANGE</b>		
Project description: <b>INSTALL (3) WALL SIGNS</b>		
Contractor's name, address & telephone: <b>NEOKRAFT SIGN Co. 207-782-9654</b> <b>686 MAIN STREET</b> <b>LEWISTON, ME 04240</b>		
Whom should we contact when the permit is ready: <b>PETER MURPHY</b>		
Mailing address: <b>AS ABOVE</b>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <b>782-9654</b>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: <b>Peter Murphy (NEOKRAFT)</b>	Date: <b>10/20/04</b>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.**

# SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 1200 CONGRESS STREET ZONE: B-2

CBL: 189 A 013001

SINGLE TENANT LOT? YES  NO  MULTITENANT LOT? YES  NO   
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES  NO

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: \_\_\_\_\_ Height: \_\_\_\_\_

EAST: 197x45  
WEST: 197x45  
SOUTH: 60x49'-8"

## INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS PROPOSED: \_\_\_\_\_

BLDG. WALL SIGN? (attached to bldg) YES  NO  DIMENSIONS PROPOSED: (2) @ 33.6 S.F.

(1) @ 49 S.F.  
116.2 TOTAL

## INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES  NO  DIMENSIONS: Approx. 75 S.F.

BLDG. WALL SIGN(attached to bldg) ? YES  NO  DIMENSIONS: 613.6 S.F. FOR NORWAY SAV. #5

ISSUED 8-23-01

AWNING? YES  NO  DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET) 157.67 FT.

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 WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

**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 ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT [Signature] DATE: 10/20/04

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Empty box for office use only.

# CHECKLIST FOR SIGN/AWNING APPLICATION

**Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:**

- 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. Amount must equal \$400,000.00.
- 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. **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 facade dimensions for any signage attached to a building.**
- A sketch or photo of any proposed sign(s) indicating *content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.*
- NA Certificate of Flammability required for awning or 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.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached,

**Permit Fee for signage or awning-with-signage:  
\$30.00 plus \$2.00 per square foot of sign.**

**Permit Fee for awning-without-signage is based on cost of work:  
\$30.00 for the first \$1,000.00, plus \$9.00 for each additional \$1,000.00.**

**Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00**

BUILDING  
OWNER'S  
APPROVAL

**To:** Ed Williams, Norway Savings Bank  
Steve Taylor, Portland Gastroenterology Associates

**From:** Jim Brady, Olympia Equity Investors II, LLC

**Date:** October 18, 2004

**RE:** Proposed Signage, 1200 congress Street facility

With regard to approval of the signs as presented in documentation provided to Olympia Equity Investars (OEI) dated September 29, 2004, and in discussions with Steve Taylor on October 18, 2004, OEI is prepared to approve the following:

1. Internally Illuminated Raceway signs for Portland Gastroenterology, to be installed on the West and East elevation as depicted on drawing from Neokraft Signs dated 7.20.04 last revised 9.21.04 drawing 1 of 5. No exposed conduits shall be visible to supply power to the signs. Raceway to be painted a color to match background. We suggest, but do not mandate, that signs be illuminated via LED, the longer lamp life as well as more energy efficient fixtures may be a better long-term investment.
2. Internally Illuminated Wall Cabinet Sign for Portland Gastroenterology, to be installed on the South elevation, adjacent to the South entrance wall, as depicted in drawing 3 of 5 from Neokraft dated 7.20.04 and last revised 9.21.04. As discussed in our meeting held 10.30.04, we believe that refinishing the entire wall section where the old sign is to be removed may be required to fully blend in the building finish rather than a patch paint solution. The Vinyl graphics for the entrance door are also approved.

At this time, we suggest a further meeting to discuss options for the Monument sign modifications proposed at the Congress Street entrance. As mentioned, we are in discussions with the Maine DOT regarding acquisition of the property adjacent to the facility and the 1-295 on ramp, and any signage related to the 1200 Congress Street facility, along with Doubletree Hotel and the proposed new development to the south of both facilities should all be considered into one cohesive sign design program.

James H Brady  
Olympia Equity Investors

Norway Savings Bank

Steve Taylor  
Portland Gastroenterology

**PRODUCER**  
**Noyes & Chapman Insurance**  
 1039 Washington Ave  
 Portland ME 04103  
**Phone: 207-797-3600 Fax: 207-797-3668**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLEER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**INSURED**  
  
**Portl. Gastroenterology Assoc.**  
 1200 Congress Street  
 Portland ME 04102

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A	<b>Mass Bay Insurance Co</b>	22306
INSURER B		
INSURER C		
INSURER D		
INSURER E		

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'L TR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR XI <input checked="" type="checkbox"/> <b>Business Owners</b>	OHP4222094 12	10/22/04	10/22/05	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 15000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2000000 PRODUCTS, COMPI/OP AGG \$								
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC												
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
					PROPERTY 4416375								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Medical office - CITY OF PORTLAND IS LISTED AS AN ADDITIONAL INSURED**

**CERTIFICATE HOLDER**  
  
 CITYPOR  
  
**CITY OF PORTLAND**  
 389 CONGRESS STREET  
 PORTLAND ME 04101

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATEHOLDER 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  
**Noyes & Chapman Insurance**



**Table 2.13, continued**



	B-1, B-2, AB, B-4, IB Zones	
	Tenant's Frontage < 150 linear ft.	Tenant's frontage ≥ 150 linear ft.
- Maximum Area	150 sq. ft.	na.
- Sq. ft. per linear ft. of bldg. front	1.5 sq. ft.	na
- Maximum % of wall area on which sign(s) is(are) to be placed	na	5%
- # permitted per business (a)	1	1

(a) If individual tenant fronts on more than one street, one additional building sign is permitted for each additional frontage, but at 1/2 the maximum allowable area of the first.

1.5  
15

**Alternative 2**

Note: Alternative 2 is available as an option to proprietors of multi-tenant lots needing greater flexibility in allocating signs to tenants. This option requires the submission of a signage plan as described in Section 14-368 (d) as evidence that all building signs on the subject lot comply with the provisions of this ordinance, including the size and number limits of this table. All nonconforming building signs must be brought into compliance to be eligible for the Alternative 2 option.

- Maximum Permitted Sign Area	na	
- Maximum % of wall area on which signs are to be placed	Principal Facade(s) 5%	All Other Facade(s) 2%
- #building signs permitted per lot	1 per tenant plus 1 additional per building face	

5%



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

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**Transmittal to** CITY OF PORTLAND  
BUILDING INSPECTIONS  
389 CONGRESS STREET  
PORTLAND, ME 04101

**Date** 10.20.2004  
**Job No.** 2689  
**Re.** SIGN PERMIT

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**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	10.20.2004	2689	SIGN PERMIT APPLICATION WITH SUPPORTING MATERIALS

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**Purpose**

<input 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

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**Remarks** Enclosed is a sign permit application for signs located at 1200 Congress Street. Please don't hesitate to contact me if you should require any additional information.

**Copy to FILE**

**From PETER MURPHY**

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

OFFICE \CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT