

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
 Application And
 Notes, If Any,
 Attached

BU **PERMIT** ICTION

Permit Number: 081544

This is to certify that OLYMPIA EQUITY INVESTMENTS III LP Signs
 has permission to Install New Signage on Building (12" x 14" & 2'3" x 7'3") on entrance canopy - remove 7' x 7' sign on building
 AT 1200 CONGRESS ST CP 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 otherwise used-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 _____

12/15/08 *Chy M*
 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

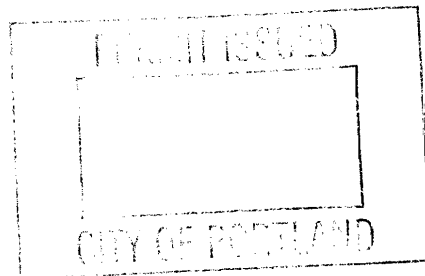
Permit No: 08-1544	Issue Date: 12/15/08	CBL: 189 A013001
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Location of Construction: 1200 CONGRESS ST	Owner Name: OLYMPIA EQUITY INVESTORS	Owner Address: 280 FORE ST STE 202	Phone: 207-874-9990
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial - Portland Gastroenterology	Proposed Use: Commercial -Portland Gastroenterology - Install New Signage (1'2" x 14'8" & 2'3" x 2'3") on entrance canopy - remove 7' x 7' sign on building	Permit Fee: \$76.00	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: Install New Signage on Building (1'2" x 14'8" & 2'3" x 2'3") on entrance canopy - remove 7' x 7' sign on building		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Signage</i> <i>IBC-2003</i> Signature: <i>[Signature]</i> 12/17/08	
		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: lmd	Date Applied For: 12/10/2008	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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.. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <i>remove 7'x7'</i> <input type="checkbox"/> Wetland <i>5.5</i> <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 w/condition</i> Date: 12/12/08 <i>ABN</i>	Zoning Appeal <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: _____	Historic Preservation <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 <i>ABN</i> 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

Department of Building Inspections

Original Receipt

December 11 2018

Received from

Nickcraft Signs

Location of Work

1300 Congress Street

Cost of Construction \$ _____

Building Fee: 76.00

Permit Fee \$ _____

Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

Building (IL)

Plumbing (I5) _____

Electrical (I2)

Site Plan (U2) _____

Other

Sign

2008-4905

55⁰⁰

CBL:

189 A. 013

Check #:

9480

Total Collected \$

131-

No work is to be started until permit issued.

If permit is Withdrawn or Denied, amount of the Refund is based on \$20.00 or 20% of the fee, (whichever is greater)

In order to receive a refund, you **MUST** present the Original Receipt.

Taken by:

Dunfer

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

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.

 X Final inspection required at completion of work.

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 of Applicant/Designee

Date

Signature of Inspections Official

Date

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1544	Date Applied For: 12/11/2008	CBL: 189 A013001
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Location of Construction: 1200 CONGRESS ST	Owner Name: OLYMPIA EQUITY INVESTORS	Owner Address: 280 FORE ST STE 202	Phone: 207-874-9990
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 -Portland Gastroenterology - Install New Signage (1'2" x 14'8" & 2'3" x 2'3") on entrance canopy - remove 7' x 7' sign on building	Proposed Project Description: Install New Signage on Building (1'2" x 14'8" & 2'3" x 2'3") on entrance canopy - remove 7' x 7' sign on building
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 12/12/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) This permit is being issued with the condition that the 7' x 7' building sign will be removed.			
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 12/15/2008
Note:	Ok to Issue: <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>1200 Congress St.</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>189A013001</u>	Owner: <u>Olympia Equity Investors III, LP</u>	Telephone: <u>874-9990</u>
Lessee/Buyer's Name (If Applicable) <u>Portland Gastroenterology</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>22.167</u> sq. ft. For H.D. signage= Total Fee: <u>\$ 76.00</u> Awning Fee= cost of work Total Fee: <u>\$ 76.00</u>

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

Tenant/allocated building space frontage (feet): Length: 197' Height: 9'-8"
Lot Frontage (feet) 157.67 Single Tenant or Multi Tenant Lot multi-tenant

Current Specific use: business offices

If vacant, what was prior use: /

Proposed Use: business offices

Information on proposed sign(s):

Freestanding (e.g., pole) sign? Yes No Dimensions proposed: _____ Height from grade: _____
Bldg. wall sign? (attached to bldg) Yes No Dimensions proposed: 12" x 14'-8" w/ 2'3" x 2'-3" logo

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: approx. 75' sq. ft.
Bldg. wall sign? (attached to bldg) Yes No Dimensions: 613.6 sq. ft. for Norway Savings
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.

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, 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: Shane Moffett Shane Moffett Date: 11-26-08

This is not a permit; you may not commence ANY work until the permit is issued.

replacing 7x7 sign - 45¢
new sign 27.23¢ ok.



Signage/Awning Permit Application Checklist

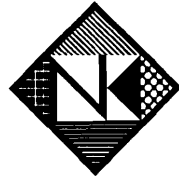
All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- 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.
- 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. Please 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 façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- Certificate of flammability required for awning or canopy.
- A UL# is required for lighted signs at the time of final inspection.
- Pre-application questionnaire completed and attached.
- Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.

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:
\$10.00 for the first \$1,000.00, \$9.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.



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	12.5.2008
		Job No.	9428
		Re.	PORTLAND GASTRO. PERMITS MAIL

Item	<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 checked="" type="checkbox"/> Specifications
	<input checked="" type="checkbox"/> Copy of letter	<input type="checkbox"/> Change Order	<input type="checkbox"/> Other	

Copies	Date	No.	Description
1 set	12.05.2008	9428	(1) SIGN PERMIT APPLICATION, (1) ELECTRICAL PERMIT APPLICATION, PLOT PLAN, CERTIFICATE OF LIABILITY INSURANCE, LANDLORD AUTHORIZATION LETTER, AND CHECK #9484 FOR \$131.00 TO OBTAIN A SIGN AND ELECTRICAL PERMIT FOR PORTLAND GASTROENTEROLOGY LOCATED ON 1200 CONGRESS STREET.

DEC 10 2008

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 mail permits to this office upon approval.

Copy to

From SHANE MOFFETT

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT



THE OLYMPIA
COMPANIES

November 25, 2008

Mr. Shane Moffett
Neokraft Signs, Inc.
686 Main Street
Lewiston, ME 04240

Re: Portland Gastroenterology Center Signage

Dear Mr. Moffett:

We have reviewed the attached canopy signage submission dated October 25, 2008, and the electrical connection photo. It is understood that this is the only exterior wall penetration and the electrical wiring will pass under ground to the structure and then be brought up through the new structure. This letter serves as authorization for Neokraft to install the signage as submitted.

Sincerely,

OLYMPIA EQUITY INVESTORS III, LP

Daniel J. Flaherty
Managing Director

Enclosures

ACORD. CERTIFICATE OF LIABILITY INSURANCE		OP ID TG PORTL-6	DATE (MM/DD/YYYY) 11/06/08
PRODUCER Noyes Hall & Allen Insurance PO Box 2403 170 Ocean Street South Portland ME 04116-2403 Phone: 207-799-5541 Fax: 207-767-7590		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.	
INSURED Portland Gastroenterology Asso Portland Endoscopy Center 1200 Congress Street Portland ME 04102		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Hanover Insurance Co	22292
		INSURER B: Maine Employers Mutual Ins Co	11030
		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 MOD/LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A X	GENERAL LIABILITY	ORP4222094 12	10/22/08	10/22/09	EACH OCCURRENCE	\$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 15000
					PERSONAL & ADV INJURY	\$ 2000000
					GENERAL AGGREGATE	\$ 4000000
					PRODUCTS - COMP/PROP AGG	\$ 4000000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRG: JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				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					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS/UMBRELLA LIABILITY				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				WC STATUTORY LIMITS	OTR
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
	OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Out door sign. City of Portland is listed as 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 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

Cheryl Neuman