

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED

Permit Number: 070756

JUL - 9 2007

This is to certify that OLYMPIA EQUITY INVESTORS ILLINOIS Kraft Signshas permission to Refacing 2 existing freestanding signs and installing 19' x 2' bldg signAT 50 SEWALL ST 189 A031001

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 altered 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]* 7/9/07  
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: 07-0756	Issue Date:	CBL: 189 A031001
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Location of Construction: 50 SEWALL ST	Owner Name: OLYMPIA EQUITY INVESTORS	Owner Address: 280 FORE ST STE 202	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: C39

Past Use: Commercial / Health Ctr <i>Bayside Employee Health Ctr.</i>	Proposed Use: Commercial / Health Ctr Refacing 2 existing freestanding signs and installing 1 19' x 2' 10" bldg sign	Permit Fee: \$156.00	Cost of Work: \$156.00	CEO District: 3	(Condition B-2)
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>V</i> Type: <i>Sign</i> <i>IBC 2003</i>		

Proposed Project Description: Refacing 2 existing freestanding signs and installing 1 19' x 2' 10" bldg sign	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
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: 06/22/2007	<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"/> Date: <i>7/3/07</i> <i>ABM</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>ABM</i>
	PERMIT JUL - CITY OF PORTLAND		

**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> 07-0756	<b>Date Applied For:</b> 06/22/2007	<b>CBL:</b> 189 A031001
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<b>Location of Construction:</b> 50 SEWALL ST	<b>Owner Name:</b> OLYMPIA EQUITY INVESTORS	<b>Owner Address:</b> 280 FORE ST STE 202	<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 / Health Ctr Refacing 2 existing freestanding signs and installing 1 19' x 2' 10" bldg sign	<b>Proposed Project Description:</b> Refacing 2 existing freestanding signs and installing 1 19' x 2' 10" bldg sign "Bayside Employee Health Center"
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 07/03/2007  
**Note:** #07-0161 - Change of use      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 07/09/2007  
**Note:**      **Ok to Issue:**

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>50 Sewall St.</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner: <u>Olympia Properties</u>	Telephone: <u>207-874-9990</u>
Lessee/Buyer's Name (If Applicable) <u>Bayside Employee Health Center</u>	Contractor name, address & telephone: <u>Neakraft Signs Inc.</u> <u>686 Main St.</u> <u>Lewiston, ME 04240</u> <u>207-782-9654</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total <u>63 sq ft</u> Fee: \$ <u>156.00</u> [for all signs] Awning Fee= cost of work _____ Total Fee: \$ <u>156.00</u>
Who should we contact when the permit is ready: <u>Shane Moffett</u> phone: <u>207-782-9654</u>		
Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____ } <u>You have an file</u>		
Current Specific use: <u>Health Center</u>		
If vacant, what was prior use: _____		
Proposed Use: <u>Health Center</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>(2) Faces 120" x 7'3 3/8" x 0'8 1/4" x 2'8 3/4"</u> Height from grade: <u>        </u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>2'10" x 19'00"</u>		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes <input type="checkbox"/> No <input type="checkbox"/> Sq. ft. area of awning w/communication: _____ } <u>50 Sewall Street Project / have own file</u>		
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](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: Shane Moffett

Date: 6-20-07

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



## 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:  
\$30.00 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>

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<b>Transmittal to</b>	CITY OF PORTLAND INSPECTIONS 389 CONGRESS STREET PORTLAND, ME 04101	<b>Date</b>	06.20.2007
		<b>Job No.</b>	7469
		<b>Re.</b>	BAYSIDE EMPLOYEE CTR PERMITS MAIL

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<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 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	06.20.2007	7469	(1) SIGN PERMIT APPLICATION, (1) ELECTRICAL PERMIT APPLICATION, (1) LANDLORD AUTHORIZATION FORM, (1) LIABILITY INSURANCE CERTIFICATE, DRAWINGS, AND (1) CHECK NUMBER #8642 FOR \$211.00 TO OBTAIN PERMITS FOR BAYSIDE EMPLOYEE HEALTH CENTER LOCATED AT 50 SEWALL STREET.

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<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

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**Remarks** Please go ahead and mail permits to my attention upon approval.

**Copy to**

**From** SHANE MOFFETT

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT



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>

### LANDLORD CONSENT AGREEMENT

Written consent and agreement relating to a certain sign proposed to be erected on the

premises at: 50 Sewall St  
in Portland, Maine

Olympic Properties being the owner of the premises at  
50 Sewall St in Portland, Maine

hereby gives consent to the erection of (a) certain sign(s):

(1) Set of Lighted Letters on raceways and (2) tenant directory panels

owned by: Bayside Employee Health Center (the tenant) as described in the  
attached application for a permit submitted to the inspection division of the building  
department of Code Enforcement, Portland Me to cover  
the erection of said signs.

Signed by the owner of said premises, or his authorized agent, on this

✓ 14 day of June 2007

✓ Jane Sloan (SIGNED)  
✓ owner. (TITLE)

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID M5 BAYSI-1	DATE (MM/DD/YYYY) 06/18/07
<b>PRODUCER</b> TD Banknorth Ins Agcy Inc (SP) P.O. Box 406 Portland ME 04112-0406 Phone: 207-239-3500 Fax: 207-775-0339		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.	
<b>INSURED</b> Bayside Employee Health Center PA, LLC P.O. Box 697 Portland ME 04101		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: <b>Travelers Indemnity Company</b>	<b>25658</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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A X</b>	<b>GENERAL LIABILITY</b>	<b>I680914D6988</b>	<b>02/08/07</b>	<b>02/08/08</b>	EACH OCCURRENCE	<b>\$ 1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$ 300,000</b>
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	<b>\$ 5,000</b>
					PERSONAL & ADV INJURY	<b>\$ 1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE	<b>\$ 2,000,000</b>
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	<b>\$ 2,000,000</b>
	<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 EA ACC	\$
					AUTO ONLY 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	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTHER	
	If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
<b>A</b>	<b>Property</b>	<b>I680914D6988</b>	<b>02/08/07</b>	<b>02/08/08</b>	<b>Sign</b>	<b>10,000</b>

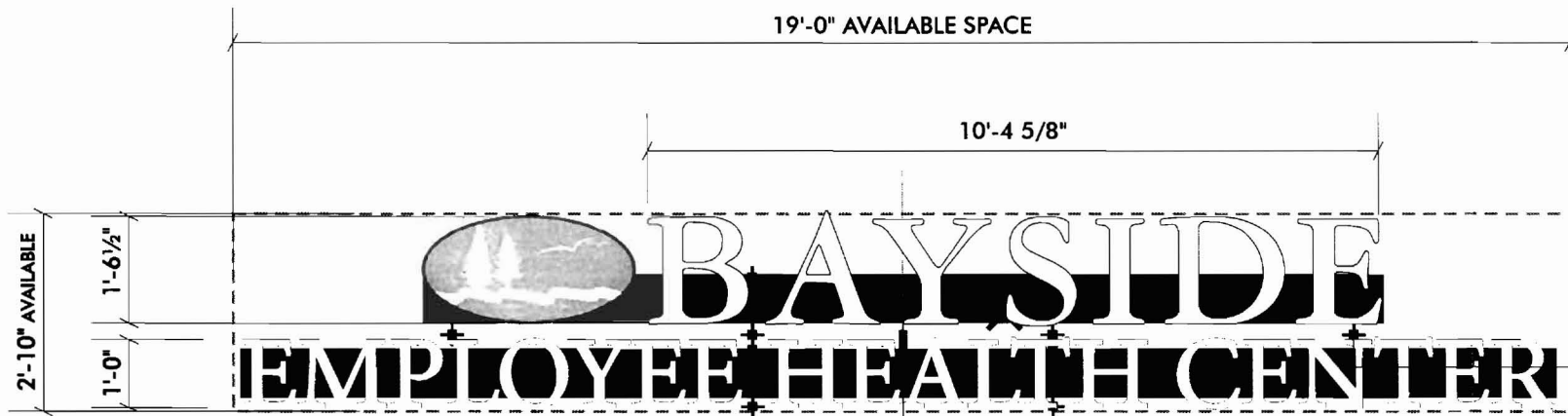
**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

City of Portland is listed as Additional Insured with respects to the signage to be installed at 50 Sewall Street, Portland.

CERTIFICATE HOLDER	CANCELLATION
<b>CITYP01</b>  City of Portland 389 Congress Street Portland ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>10</b> 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 <b>TD Banknorth Ins. Agency, Inc.</b>



$$34" \times 225" = 7752\text{sq} = 53.83$$



WHITE TRANS  
SURFACE AQU  
LOGO BACKG  
GRAPHIC ELE  
GRAY TRANS

INTERNALLY I  
ALUMINUM LI  
TRANSLUCEN  
SILVER METAL

MIN. (12) LOK  
LOCATIONS (

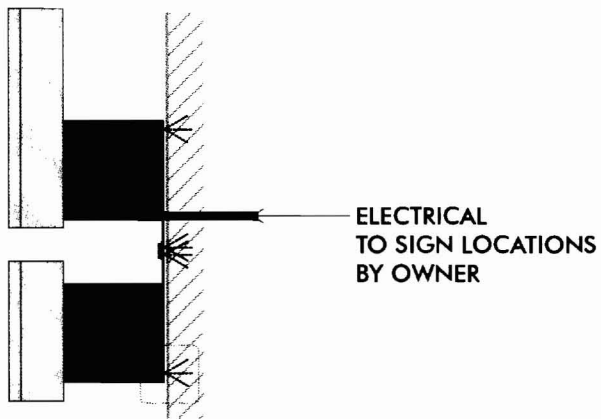
FABRICATED /  
PAINT TO MA  
MOORE 1197  
BRICK WALL

EXISTING 277

**INTERNALLY ILLUMINATED RACEWAY LETTERS**

SCALE: 3/8" = 1'-0"

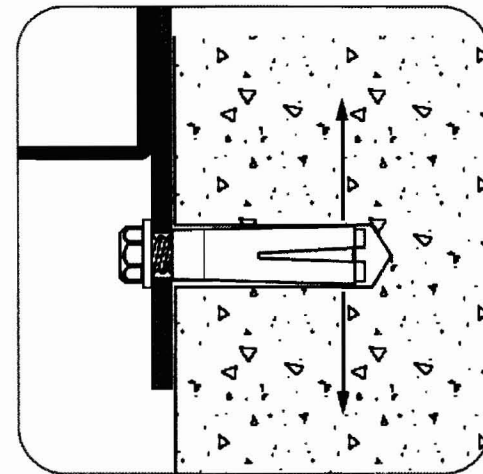
(1) SET



ELECTRICAL  
TO SIGN LOCATIONS  
BY OWNER

**END VIEW**

SCALE: 3/4" = 1'-0"



LOK-BOLT™ A  
POWERS FAST  
EQUAL:

A PRE-ASSEMBLED  
ANCHOR FOR  
HOLLOW CONCRETE  
SUBSTRATES

PATENTED CO  
FIXTURE FLUSI

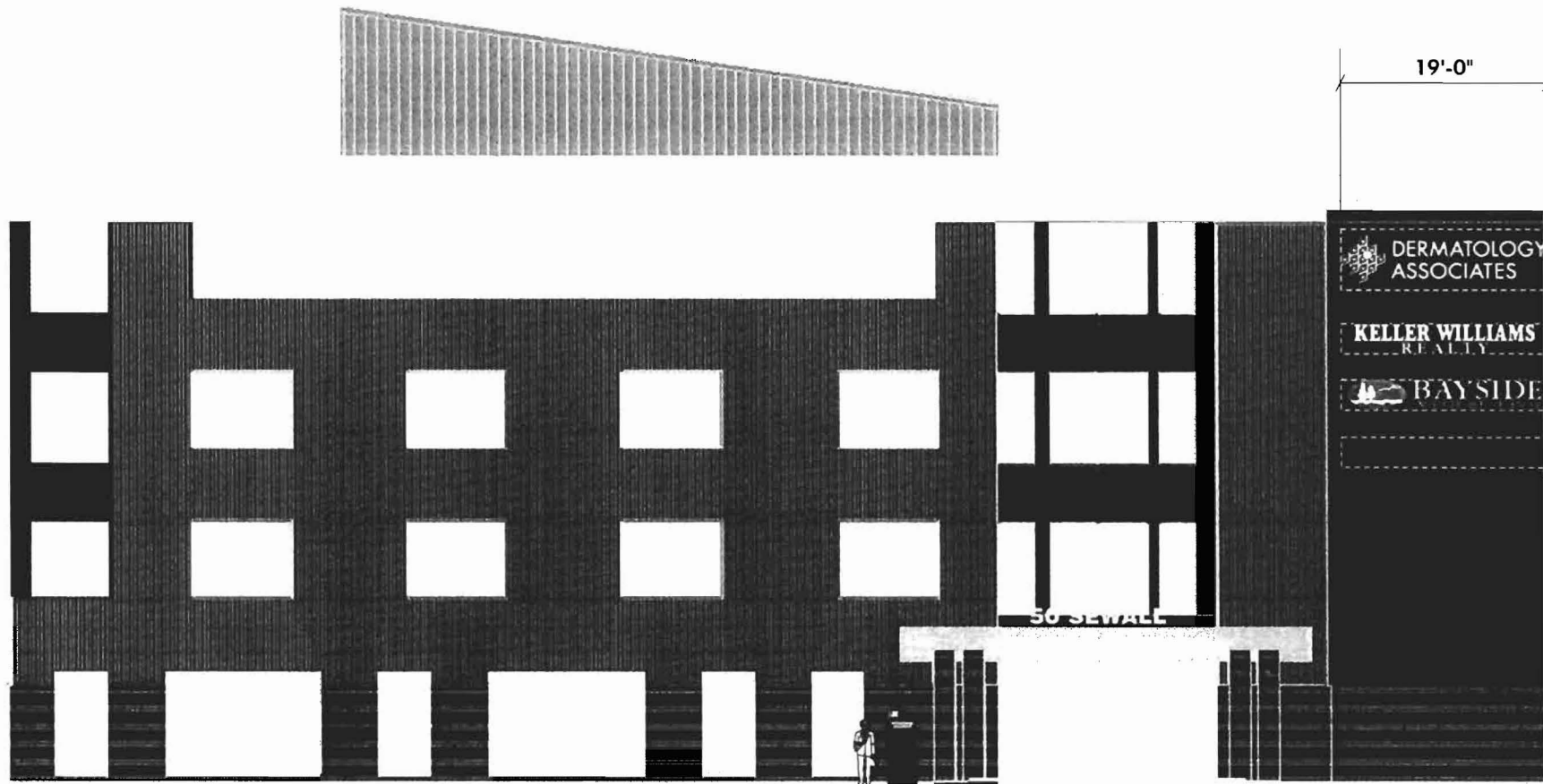
AVAILABLE IN  
STAINLESS STEEL

SIZE RANGE: 1/2"

SEE  
<http://www.pc>

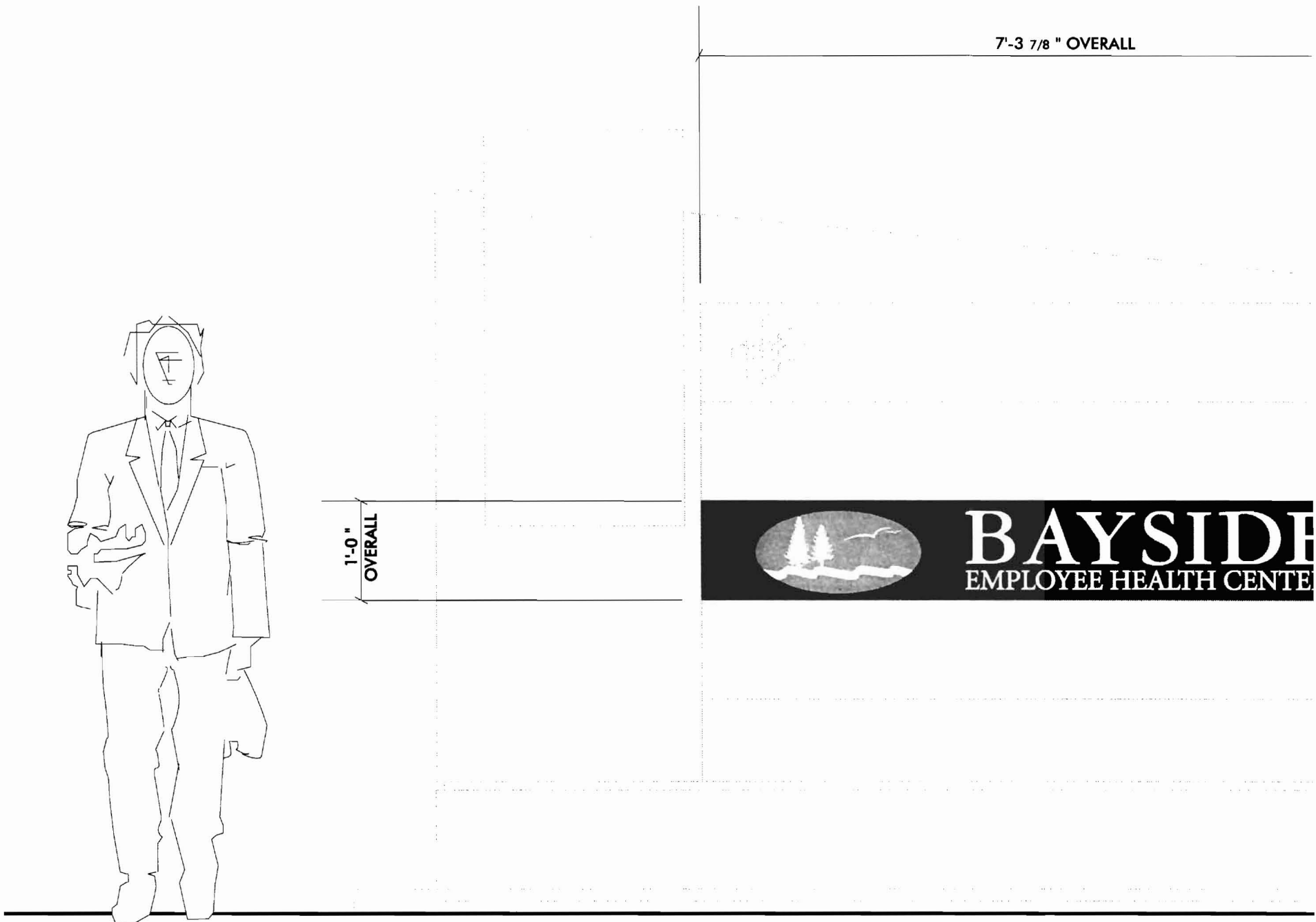
**SLEEVE-ANCHOR MOUNTING DETAIL**

NOT TO SCALE



**NORTH ELEVATION**

**SCALE: 1/16"=1'-0"**



ACRYLIC CUT SIZE = 11 3/4 " x 7'-3 7/8 "

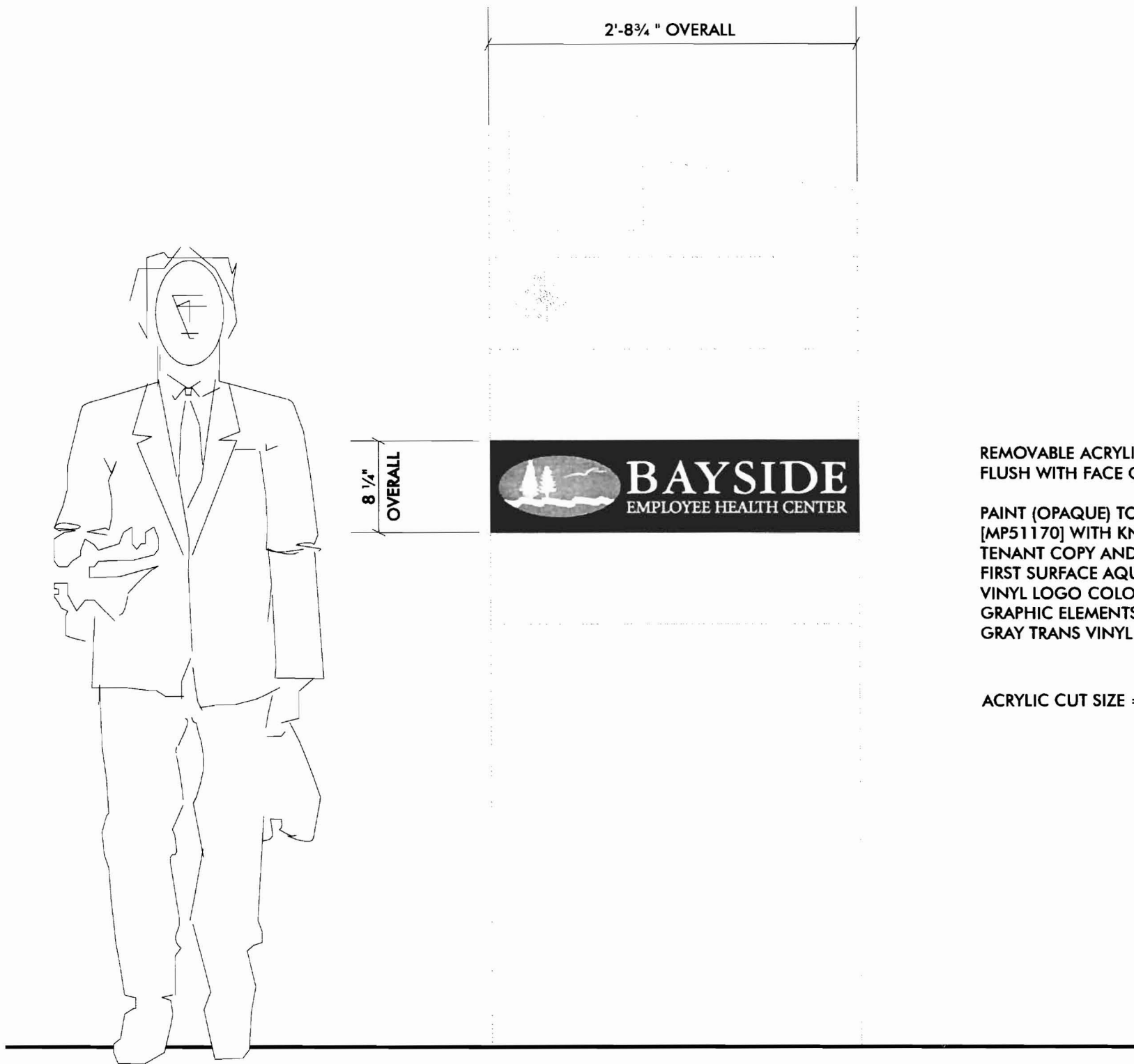
REMOVABLE ACRYLIC TENANT PANEL, FLUSH WITH FACE OF CABINET

PAINT (OPAQUE) TO MATCH CABINET [MP51 170] WITH KNOCKED OUT  
LOGO TENANT COPY AND LOGO AREA FOR FIRST SURFACE AQUA TRANS  
(A9616-T) VINYL LOGO COLOR WITH KNOCK-OUT GRAPHIC ELEMENTS  
AND GSP SILVER-GRAY TRANS VINYL ELLIPSE BORDER

TENANT PANEL FOR EXISTING S/F INT. ILLUM. PRIMARY DIRECTORY

SCALE: 3/4" = 1'-0"

(1) REQUIRED



REMOVABLE ACRYLIC TENANT PANEL,  
FLUSH WITH FACE OF CABINET

PAINT (OPAQUE) TO MATCH CABINET  
[MP51170] WITH KNOCKED OUT LOGO  
TENANT COPY AND LOGO AREA FOR  
FIRST SURFACE AQUA TRANS (A9616-T)  
VINYL LOGO COLOR WITH KNOCK-OU'  
GRAPHIC ELEMENTS AND GSP SILVER-  
GRAY TRANS VINYL ELLIPSE BORDER

ACRYLIC CUT SIZE = 8" x 2'-8 3/4"

32.75" =

TENANT PANEL FOR EXISTING S/F INT. ILLUM. SECONDARY DIRECTORY

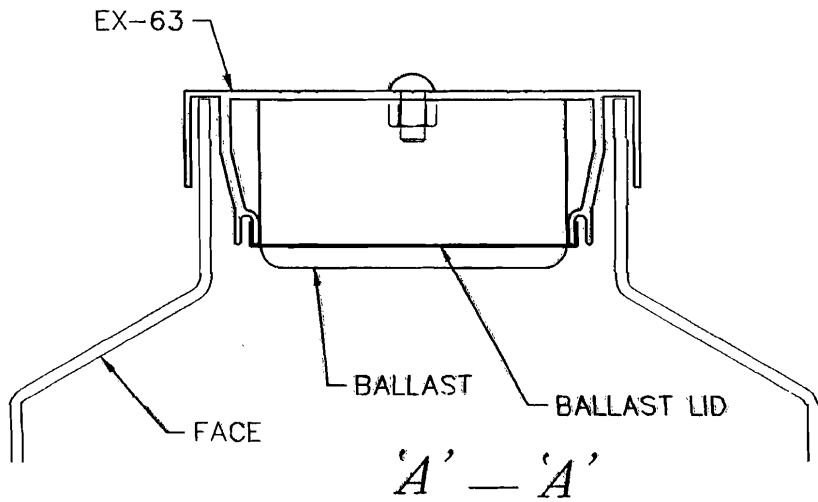
SCALE: 1"=1'-0" (1) REQUIRED

SWING MOUNT

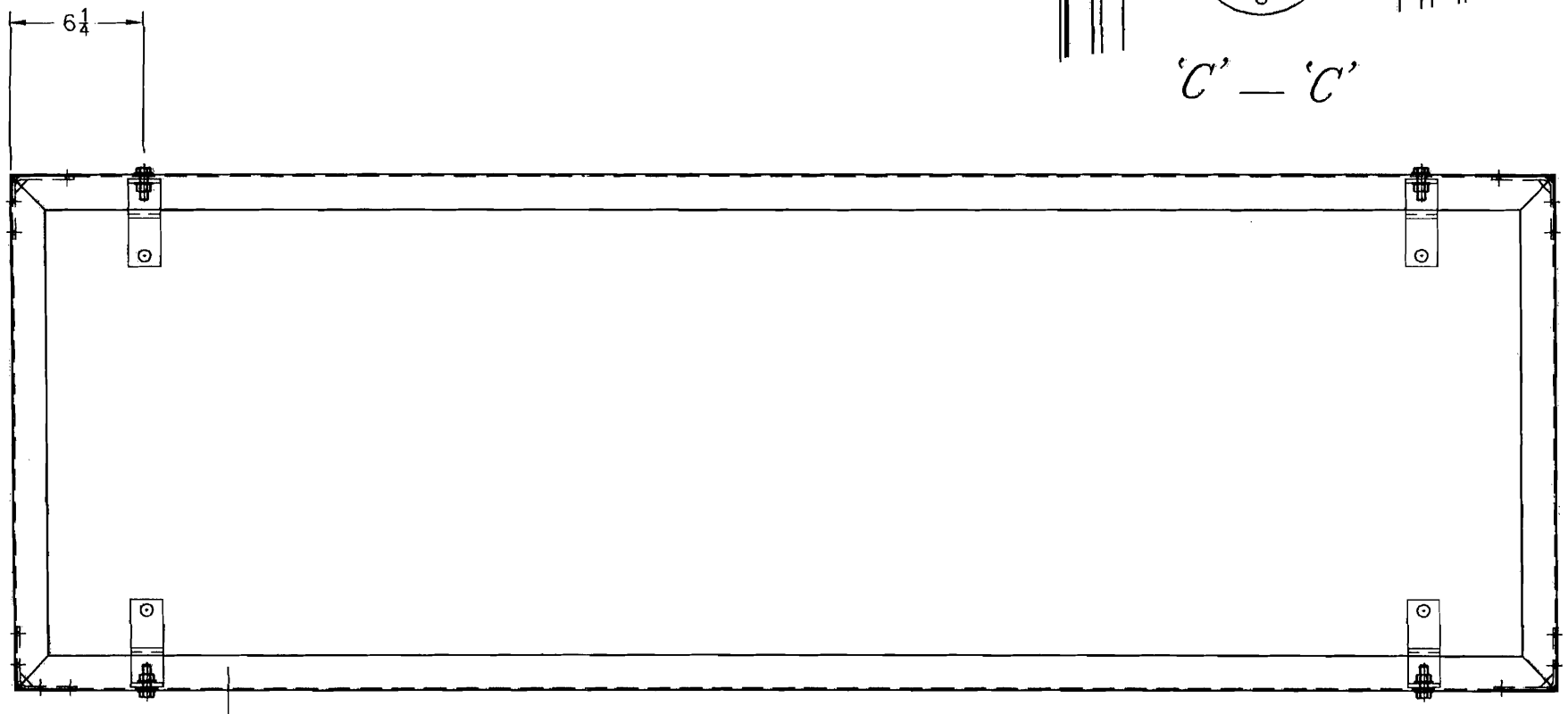
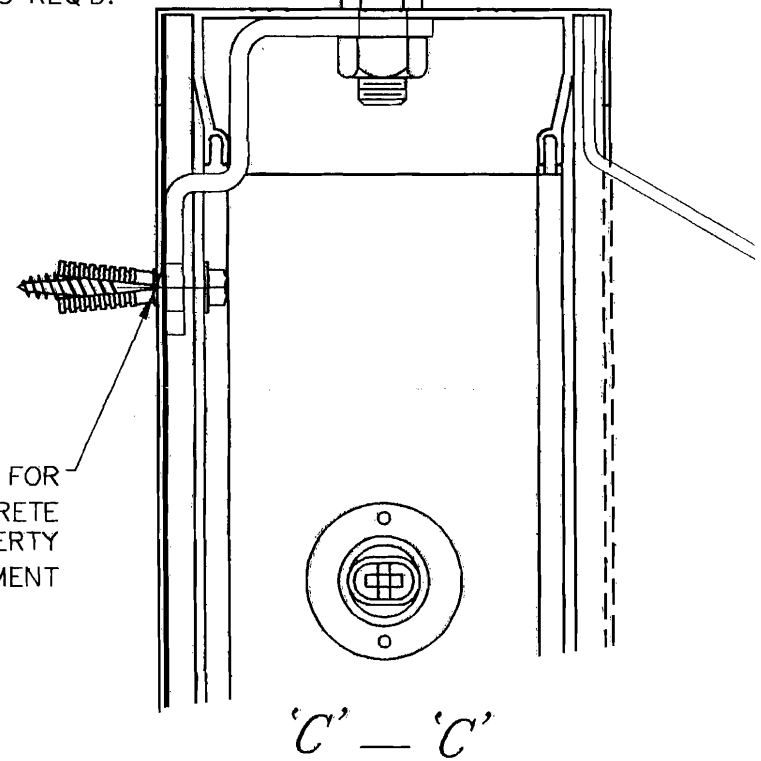
EX-63 (3) SIDES  
TOP, BOTTOM, & (1) END

DRAIN HOLES  
AS REQ'D.

1/2-13x 1LG BOLT  
& NUT



(4) 1/2" MTG HOLES FOR  
3/8" Ø LAG BOLTS, CONCRETE  
SLEEVE ANCHORS, OR LIBERTY  
TOGGLE BOLTS 1 1/2" MIN ENBEDMENT



SINGLE FACE  
NON ILLUMINATED

AMPS: 1.35  
WATTS: 160  
V.O.C.: 500  
FACE TRIM: 23 3/4" x 72 1/4"  
U.L. LABEL: ST'D.

**CHANGE FOR A TITLE 24 COMPLIANCE SIGN**

BLLST TO EESB424-13L 1.1A-134W 600VOC  
D/S PLACED IN BELL OUTDR BX W/PHOTO SW  
F.O. MOVES TO BELL OUTDR BX

REVISIONS			DUALITE, INC. - WILLIAMSBURG, OH	
NO.	CHANGE	DATE	This design is exclusive property of Dualite Sales & Service, Inc.-1 Dualite Ln.-Williamsburg, OH 45176. Copyri 2004 Dualite Sales & Service, Inc. All Rights Reserved. Reproduction of this proprietary work without the permission Dualite Sales & Service, Inc. will subject the user to liability under the copyright statutes of the United States.	
			PREPARED FOR:	SHOP USE ONLY
			MODEL:	MICHELIN, BFG, UNIROYAL 2'-0" x 6'-0 1/2" SF SM & RM M2 SIGN
			SCALE:	1 1/2" = 1'-0"
			DATE:	3/16/2007
			SHEET NO:	1
			CHECKED BY:	SA 4/16/07
			DRAWN BY:	CFS
			DRAWING NO:	5841

