

Location of Construction: 100 Seaball Street		Owner: Concord Trailways		Phone:		Permit No 61201	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Neokraft Sign Co.		Address: 686 Main Street, Lewiston 04240		Phone: 782-9654		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>DEC - 9 1996</b>  <b>CITY OF PORTLAND</b> </div>	
Past Use: Bus terminal		Proposed Use: same w/signage		COST OF WORK: \$ _____ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		PERMIT FEE: \$ 37.80 INSPECTION: Use Group: Type:	
Proposed Project Description: Erect signage as per plans		Signature:		Signature:		Zoning: CBL: 89-G-01 Zoning Approval:	
Permit Taken By: Vicki Dover		Date Applied For: 12/3/96		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		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"/>	

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

Mail to Neokraft

**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 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

SIGNATURE OF APPLICANT: Peter Murphy ADDRESS: \_\_\_\_\_ DATE: 12/3/96 PHONE: \_\_\_\_\_  
Neokraft

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

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

- Zoning Appeal**
- Variance
  - Miscellaneous
  - Conditional Use
  - Interpretation
  - Approved
  - Denied

- Historic Preservation**
- Not in District or Landmark
  - Does Not Require Review
  - Requires Review

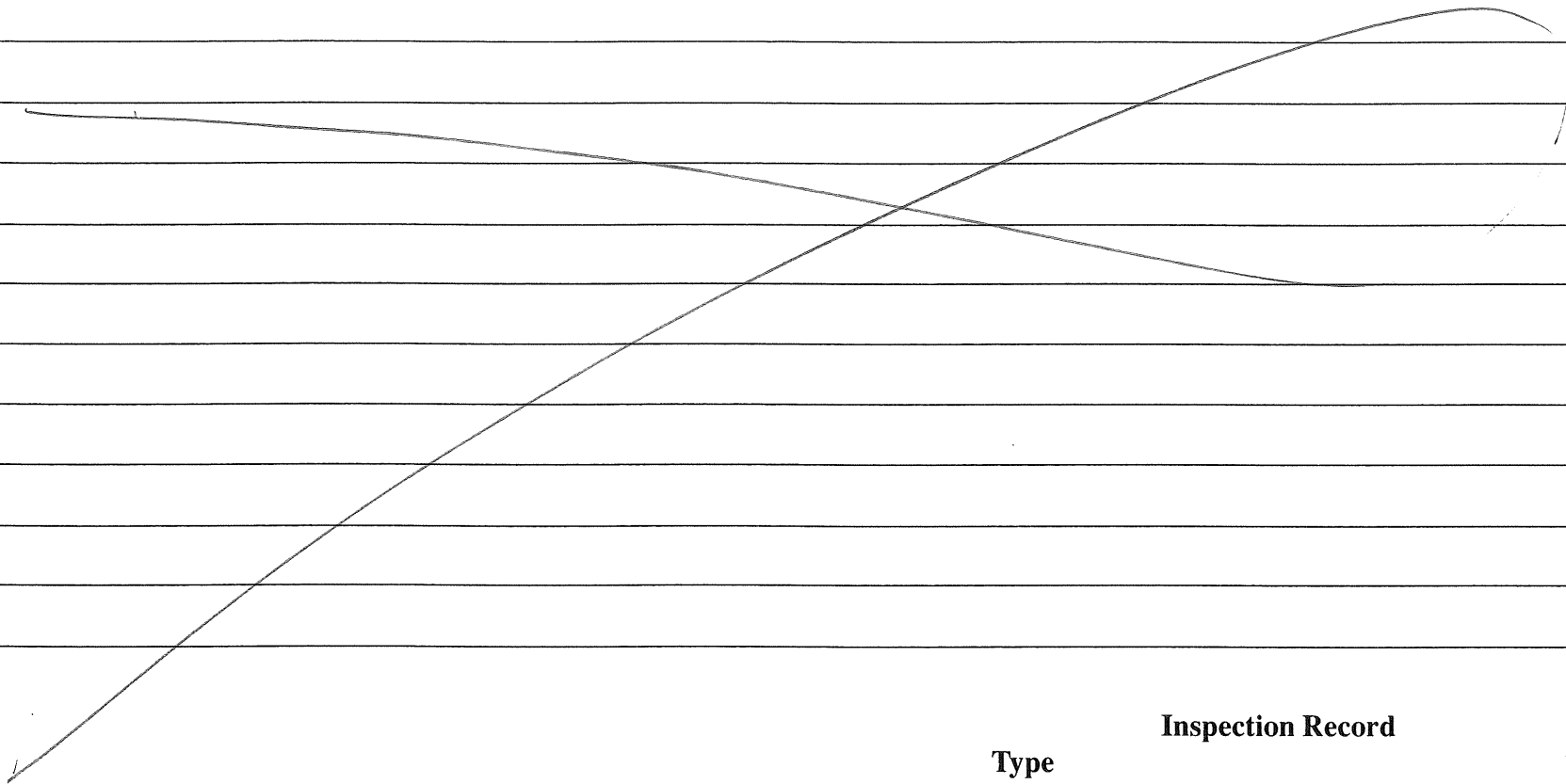
Action:  
 Approved  
 Approved with Conditions  
 Denied  
 Date: \_\_\_\_\_

CEO DISTRICT 4

COMMENTS

12/31/96 No signage yet.

1/6/97 Signage to be relocated from previous tenant space.  
Not going to be a changeable menu.



	Type	Inspection Record	Date
Foundation:	_____	_____	_____
Framing:	_____	_____	_____
Plumbing:	_____	_____	_____
Final:	_____	_____	_____
Other:	_____	_____	_____

LAND USE - ZONING REPORT

ADDRESS: Sewall St DATE: 12/5/96

REASON FOR PERMIT: Pole sign only

BUILDING OWNER: Concord Trailway SC-B-L

PERMIT APPLICANT: Peter Murphy - Neokraft

APPROVED: with conditions DENIED: \_\_\_\_\_

I-2 Zae

# 7 & # 9

CONDITION(S) OF APPROVAL

1. During its existence, all aspects of the Home Occupation criteria, Section 14-410, shall be maintained.
2. The footprint of the existing \_\_\_\_\_ shall not be increased during maintenance reconstruction.
3. All the conditions placed on the original, previously approved, permit issued on \_\_\_\_\_ are still in effect for this amendment.
4. Your present structure is legally nonconforming as to rear and side setbacks. If you were to demolish the building on your own volition, you will not be able to maintain these same setbacks. Instead you would need to meet the zoning setbacks set forth in today's ordinances. In order to preserve these legally non-conforming setbacks, you may only rebuild the garage in place and in phases.
5. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
6. Our records indicate that this property has a legal use of \_\_\_\_\_ units. Any change in this approved use shall require a separate permit application for review and approval.
7. Separate permits shall be required for any signage on the Building
8. Separate permits shall be required for future decks and/or garage.
9. Other requirements of condition This permit shall not allow changeable copy signs that can not meet State guide lines for a certain number of changes per day. If there is to be multiple changeable copy during the day you shall 1st obtain separate approval after submittal of permanent  
Marge Schmuckal Marge Schmuckal, Zoning Administrator, <sup>in format</sup>  
Asst. Chief of Code Enforcement

SIGNAGE APPLICATION

ADDRESS: SEWALL STREET (NO NUMBER AVAILABLE)

OWNER: CONCORD TRAILWAYS

APPLICANT: NEOKRAFT SIGN Co.

ASSESSORS NO.: \_\_\_\_\_

SINGLE TENANT LOT? YES:  NO: \_\_\_\_\_

MULTI-TENANT LOT? YES: \_\_\_\_\_ NO:

FREESTANDING SIGN? YES:  NO: \_\_\_\_\_

MORE THAN ONE SIGN? \_\_\_\_\_

BLDG. WALL SIGN? YES: \_\_\_\_\_ NO: \_\_\_\_\_

MORE THAN ONE SIGN? \_\_\_\_\_

*I-2 within 800' of  
I-295  
160 ft allowed  
25' in height max  
shows 16' high  
DIMENSIONS: 8'x8' = 64"*

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: NO OTHER SIGNS

LOT FRONTAGE (IN FEET): \_\_\_\_\_

BLDG FRONTAGE (IN FEET): 75'

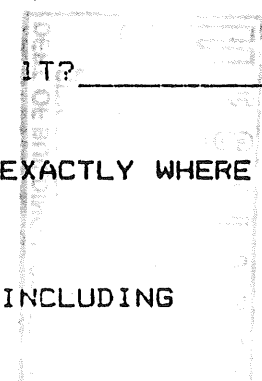
AWNING? YES: \_\_\_\_\_ NO:  IS AWNING BACKLIT? YES: \_\_\_\_\_ NO: \_\_\_\_\_

HEIGHT OF AWNING: \_\_\_\_\_

IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? \_\_\_\_\_

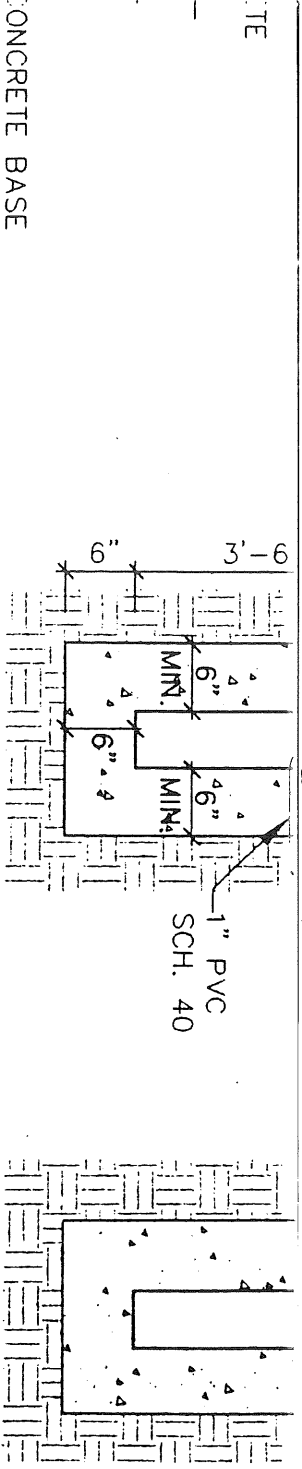
PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.



*can not have changeable copy*

A: SIGNLIST

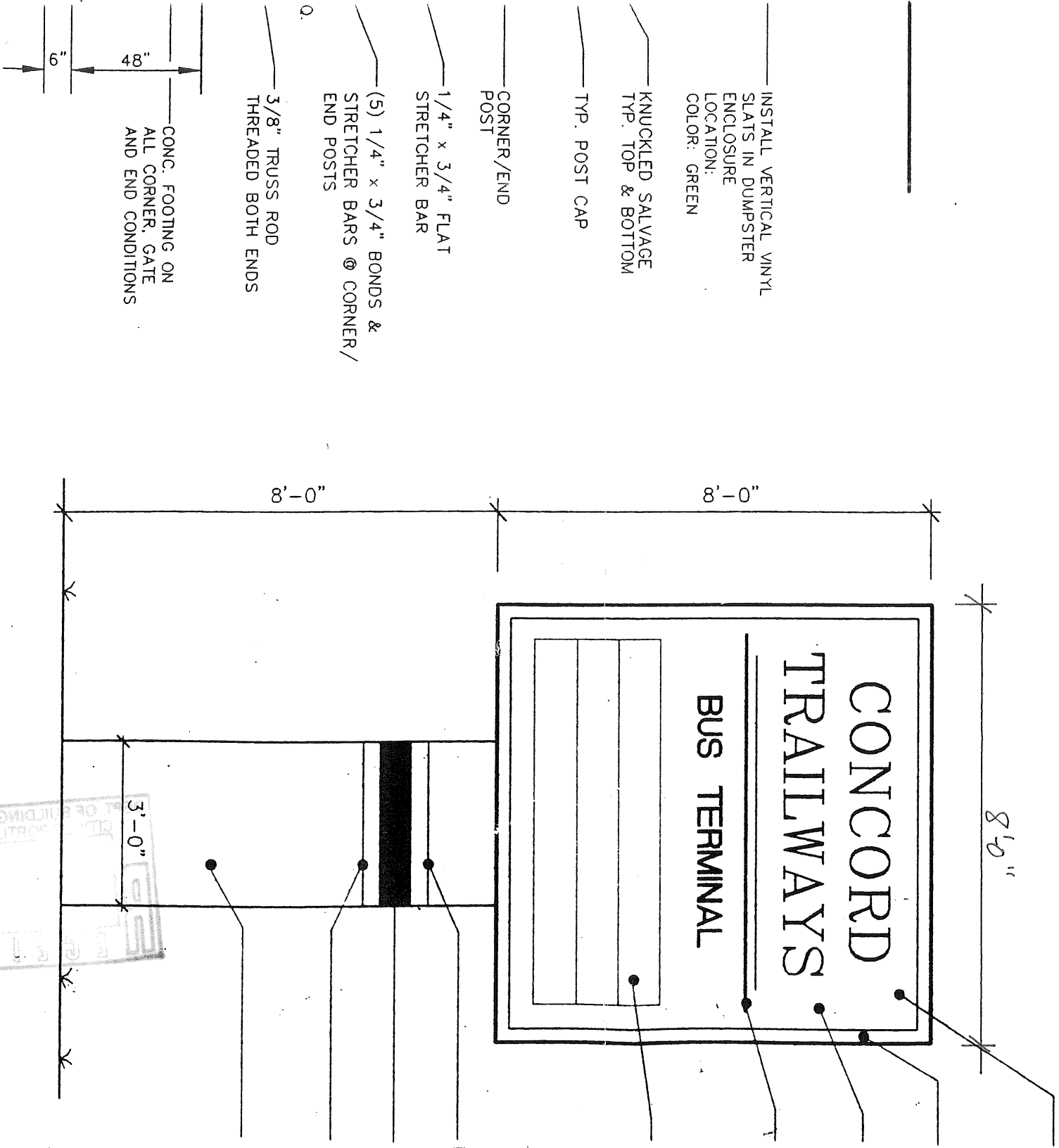


CONCRETE BASE

**8**

**BARRICADE DETAIL**

NOT TO SCALE



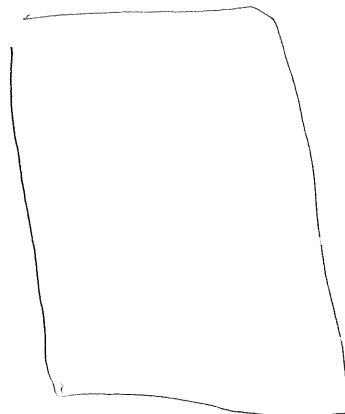
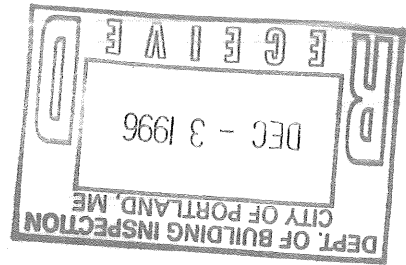
**9**

**SIGN DETAIL**

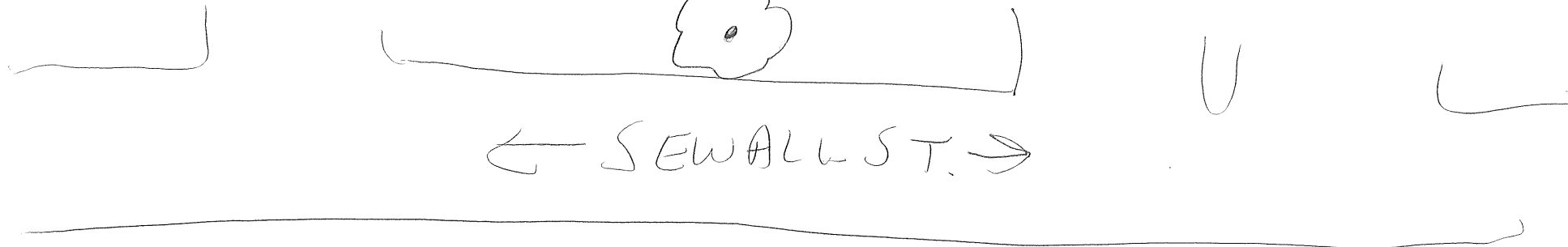
NOT TO SCALE

*Plot PLAN on REVERSE SIDE*

C	SGD	9-16-96	REVISED FOR BIDS & CITY REVIEW
R	SGN	7-5-96	ISSUED FOR PINS



← SEWALL ST. →



# Neokraft

Signs that work.

Neokraft Signs Incorporated, 625 Main Street, Lewiston, Maine 04240

Lewiston 762-9664, FAX 762-0009

Bangor 762-1534, Augusta 688-0447, Bangor 942-9654

1-800-NEOKRAFT 1-800-339-2258

Number of signs including this one: 2

Please Rush Order  Please Deliver Immediately

10/18/85

Name \_\_\_\_\_ Title \_\_\_\_\_ Ref No \_\_\_\_\_

Mr. Paul M. \_\_\_\_\_ Company Name City of Lewiston

\_\_\_\_\_ Dept \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_

Date

10/18/85

2 signs for the City of Lewiston

for the City of Lewiston, Maine



owner of the property is Palumbo Corp  
 dated September 15, 1995 and  
 is in the Cumberland County Register  
 in Book 2302, Page 22

Trailways  
 on Street  
 NH 03301

Tax Map No. 11, 22, 13

T6V  
 CATCH BASIN  
 ACQUIRED FROM PROPERTY AND  
 TOPOGRAPHIC PLAN BY HTA-CEST  
 ASSOCIATES, INC. ON 50 AUG 198

ost-lt* Fax Note	7671	Date	12/3/96	2
o P. Murphy		From	J. Cattalano	
o Dept	Newcraft	Co.		
none #		Figure #		

6. Based on the plan for West End Land Co. v. C. Jordan, it appears that a portion of formerly completed tidal flats that were during the construction of Route 295 some Any submerged or intertidal lands subject Maine's...



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 12/02/96  
 CON CODE

**PRODUCER**  
 McCutcheon Burr & IMI Inc.  
 55 High Street  
 Middletown CT 06457

**INSURED**  
 Robert L. Howard  
 Firm No. 860-346-6687 Est. No. 860-346-8278

Langdon Street Real Estate, Inc  
 7 Langdon Street  
 Concord NH 03301-3481

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.

**COMPANIES AFFORDING COVERAGE**

COMPANY A	St. Paul Fire & Marine Ins.
COMPANY B	
COMPANY C	
COMPANY D	

**COVERAGES**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	CK06002690	06/30/98	06/30/97	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMPROP ANN \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 500,000
					MED EXP (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	<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 \$
	<input type="checkbox"/> RISKY AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATIL TORY LIMITS OTH ER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VESSELS/SPECIAL ITEMS**

City of Portland, Maine is named as additional insured with regard to the Concord Trailways Transportation Center being constructed at Sewall Street, Thompson's Point, Portland, Maine

**CERTIFICATE HOLDER:**

CITYFOR  
 City of Portland  
 Portland ME

**CANCELLATION:**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
 Robert L. Howard