

**City of Portland, Maine - Building or Use Permit Application**

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

<b>PERMIT ISSUED</b>		CBL:
Permit No. 01-1095	Issue Date SEP 9 2001	215 B002001

<b>Location of Construction:</b> 2211 Congress St	<b>Owner Name:</b> Unum Corp	<b>Owner Address:</b> 2211 Congress St	<b>Phone:</b> 207-575-2211
<b>Business Name:</b> n/a	<b>Contractor Name:</b> NeoKraft Signs	<b>Contractor Address:</b> 686 Main St. Lewiston	<b>Phone:</b> 2077829654
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Signs - Permanent	<b>Zone:</b> OF

<b>Past Use:</b> Comm. Unum	<b>Proposed Use:</b> Same: Erect 1 set of Illuminated Letters: Per Plans	<b>Permit Fee:</b>	<b>Cost of Work:</b> \$605.00	<b>CEO District:</b> 3
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<b>Proposed Project Description:</b> Erect 1 set of Illuminated Letters: Per Plans	<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group: <i>SI 1009</i> <i>PERMIT ISSUED WITH REQUIREMENTS</i> Signature: <i>[Signature]</i>
	<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.):</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____

<b>Permit Taken By:</b> cjh	<b>Date Applied For:</b> 09/05/2001	<b>Zoning Approval</b>
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1. This permit application does not 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..	<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>OK 9/20/01</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 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: _____
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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

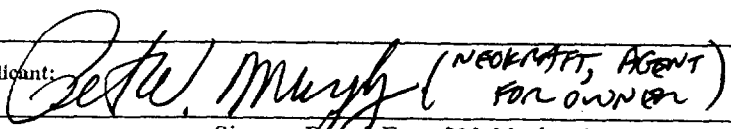
**PERMIT ISSUED WITH REQUIREMENTS**

**THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED**

**Sign Permit Pre-Application  
Attached Single Family Dwellings/Two-Family Dwelling  
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

**NOTE\*\*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 (include Portion of Building): <b>2211 CONGRESS STREET</b>		
Total Square Footage of Proposed Structure <b>605 S.F.</b>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Number Chart# <b>215</b> Block# <b>B</b> Lot# <b>2</b>	Owner: <b>UnumProvident</b>	Telephone#: <b>575-2211</b>
Owner's Address: <b>2211 CONGRESS ST. PORTLAND, ME</b>	Lessee/Buyer's Name (If Applicable)	Total Sq. Ft. of Sign      Fee <b>605                      \$ 151<sup>00</sup></b>
Proposed Project Description: (Please be as specific as possible) <b>INSTALL (1) SET OF 7'-4" AND 5'-6" ILLUMINATED LETTERS</b>		
Contractor's Name, Address & Telephone <b>NEORRAFT SIGN CO. 686 MAIN ST. LEWISTON, ME 04240</b>		Rec'd By
Current Use: <b>OFFICE</b>	Proposed Use: <b>NO CHANGE</b>	
Signature of applicant:  <b>(NEORRAFT, AGENT FOR OWNER)</b>	Date: <b>8-24-01</b>	

Signage Permit Fee: \$30.00 plus .20 per square foot of signage

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 2211 CONGRESS STREET ZONE: OP

OWNER: UnumProvident

APPLICANT: NEOKRAFT SIGN CO.

ASSESSOR NO. \_\_\_\_\_

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

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

FREESTANDING SIGN? YES \_\_\_\_\_ NO  DIMENSIONS \_\_\_\_\_

(ex. pole sign. . .)

MORE THAN ONE SIGN? YES \_\_\_\_\_ NO  DIMENSIONS \_\_\_\_\_

BLDG. WALL SIGN? YES  NO \_\_\_\_\_ DIMENSIONS 605 S.F. (SEE DWG. FOR CALCULATION)

(attached to bldg)

MORE THAN ONE SIGN? YES \_\_\_\_\_ NO  DIMENSIONS \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: NO OTHER WALL SIGNS.

EXISTING FREE STANDING SIGNS WILL BE REPLACED

AND WILL BE PERMITTED SEPARATELY.

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

BLDG FRONTAGE (FEET): 467'

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

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

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? SEE DWG.

\*\*\* TENANT BLDG. FRONTAGE (IN FEET) 467 LINEAR FT.

\*\*\* REQUIRED INFORMATION

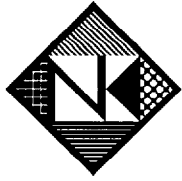
AREA FOR COMPUTATION

$$\$30 + (605 \times \$0.20) = \$151.00$$

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: [Signature]

DATE: 8-24-01



# 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 BUILDING INSPECTIONS 389 CONGRESS STREET PORTLAND, ME 04101	<b>Date</b>	08.24.2001
		<b>Job No.</b>	01NK7857
		<b>Re.</b>	SIGN PERMIT VIA 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 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 checked="" type="checkbox"/> Other	
	Copies	Date	No.	Description
	1	08.24.2001	01NK7857	PERMIT APPLICATION

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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 checked="" type="checkbox"/> Other

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**Remarks** Enclosed ia a permit application for a sign at 2211 Congress Street. Please call if you have any questions.

**Copy to** FILE

**From** PETER MURPHY

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT

**MARSH USA INC.**

**CERTIFICATE OF INSURANCE**

CERTIFICATE NUMBER  
ATL-000545167-00

**PRODUCER**

Marsh  
P.O. Box 198975  
Nashville, TN 37219-8975

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

**COMPANIES AFFORDING COVERAGE**

- COMPANY  
A LIBERTY INSURANCE CORPORATION
- COMPANY  
B N/A
- COMPANY  
C N/A
- COMPANY  
D N/A

500220-ALL-1-2000

**INSURED**

UnumProvident Corporation  
ATTN: Beth Cobb  
1 Fountain Square  
Chattanooga, TN 37402

**COVERAGES**

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS 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>	TB7-111-253198-020	07/01/00	12/31/01	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 1,000,000
					MED EXP (Any one person) \$ 5,000
					COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	<b>AUTOMOBILE LIABILITY</b>				
	<input type="checkbox"/> ANY AUTO				
	<input type="checkbox"/> ALL OWNED AUTOS				
	<input type="checkbox"/> SCHEDULED AUTOS				
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				
	<input type="checkbox"/> ANY AUTO				
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	<b>EXCESS LIABILITY</b>				
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTHER \$
	OTHER				EL EACH ACCIDENT \$
					EL DISEASE-POLICY LIMIT \$
					EL DISEASE-EACH EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)  
City of Portland, ME is named as an additional Insured as respects signage at the UnumProvident Corporation Portland Maine Offices

**CERTIFICATE HOLDER**

Neokraft Signs, Inc  
686 Main Street  
Lewiston, ME 04240

**CANCELLATION**

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.

MARSH USA INC.  
by: Donna C. Spencer *Donna C. Spencer*  
MM1(9/93) VALID AS OF: 08/23/01

DUPLICATE

GENERAL RECEIPT

**CITY OF PORTLAND, MAINE**

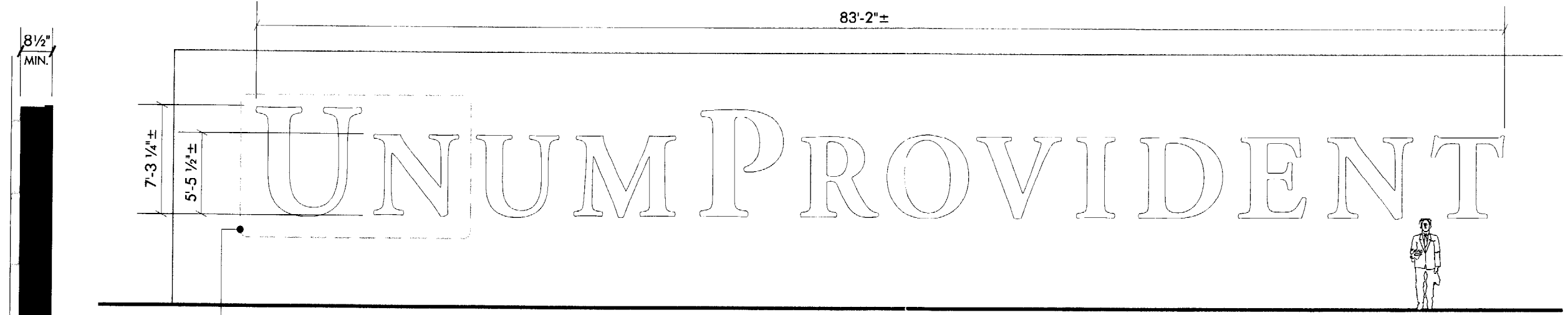
DEPARTMENT	INSPE.	DATE	9/5/01
RECEIVED FROM	Neckraft		
ADDRESS	2211 Congress St		

UNIT	ITEM	REVENUE CODE	DOLLAR AMOUNT
1	Permit App.		151.00
	Stamp		
	CBU		
	215-B-072		

CASH    CHECK    OTHER   TOTAL   151.00

*CK# 6354*

RECEIVED BY [Signature]



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

(RE-USE P-ROTOTYPE LETTERS "UN"—01NK7758)

WHITE TRANSLUCENT FACES, ARMOR-PLY BACKS, CL6500 DESIGNER WHITE ILLUMINATION

ALUMINUM RETURNS AND TRIM CAP PAINTED BLUE TO MATCH PANTONE 287

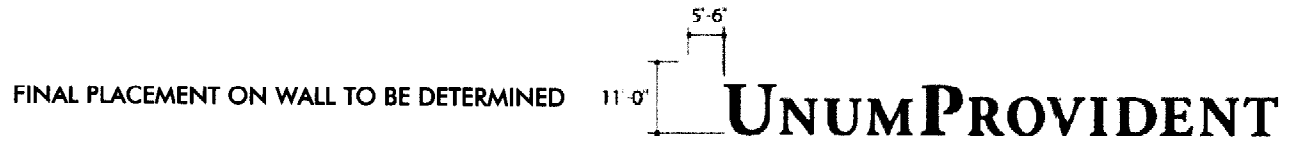
SELF-CONTAINED TRANSFORMERS

ILLUMINATED LETTERS  
SCALE: 1/8"=1'-0" (1) SET REQUIRED

83'-2" x 7'-3 1/4" = 605 s.f. < 1,712 s.f.

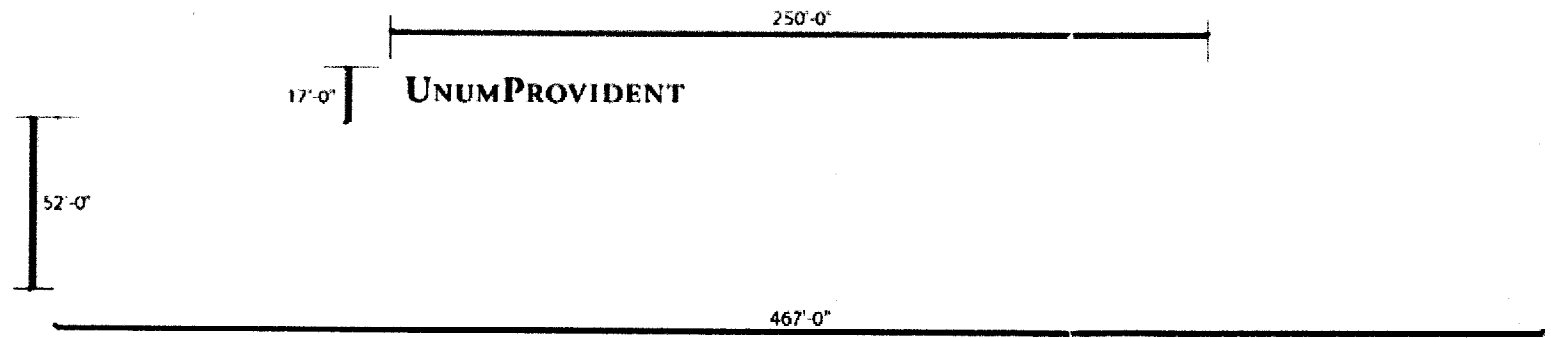
Ch. 14, Div. 22, Sec. 14-369 6% area of the facade to which the signs are attached = allowable sign s.f.  
 $.06 \times [(1467 \times 52) + (250 \times 17)] = .06 \times [24,284 + 4,250] = .06 \times 28,534 = 1,712 \text{ s.f.}$

Calculations based on City of Portland, City Ordinance, Chapter 14 | Division 22 | Sec. 14-369 | Table 2.11, O-P zone, building signs  
[www.ci.portland.me.us/citycode.htm](http://www.ci.portland.me.us/citycode.htm)

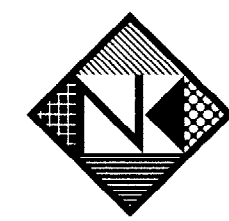


6% Allowed

PARTIAL SOUTH ELEVATION  
NO SCALE



SOUTH ELEVATION  
NO SCALE



# Neokraft

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 Lewiston, Maine 04240  
 Telephone: 207.782.9654  
 Facsimile: 207.782.0009  
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Custom Sign Fabrication

All ideas, plans or arrangements indicated on this drawing are copyrighted and owned by Neokraft Signs Inc. and shall not be reproduced, used by or disclosed to any person, firm or corporation without written permission of Neokraft Signs Inc.

Shop Drawing  
**UnumProvident**  
 01NK7857

Location:	2211 Congress Street Portland, ME
Drawing No.:	1 of 1
Drawn by:	DS
Date:	07.16.2001
Gen Ref.:	01NK7758 PROTOTYPE 01NK7744 WORCESTER