

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: 01-14301V	Issue Date: 2 8 2001
CBL: 215 B002001	

Location of Construction: 2211 Congress St	Owner Name: Unum Corp	Owner Address: 2211 Congress St CITY OF PORTLAND	Phone: 207-575-2211
Business Name: Unum Provident Insurance	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: OP

Past Use: office building mail to Neokraft when ready	Proposed Use: office building	Permit Fee:	Cost of Work: \$0.00	CEO District: 3
---	----------------------------------	-------------	-------------------------	--------------------

Proposed Project Description: erect 146.64' of signage total of 3 signs	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: B Type: <i>[Signature]</i> Signature: <i>[Signature]</i>
--	--

Permit Taken By: jodinea	Date Applied For: 11/16/2001	Zoning Approval
-----------------------------	---------------------------------	------------------------

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..	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"/> Date: <i>11/24/01</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 Date: <i>[Signature]</i>
--	--	--	--

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

Application Number: 1-1420

Department: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal

Comments: 2211 Congress St Approval Date: 11/26/2001

Given On Date: 11/20/2001

OK to Issue Permit Name: Marge Schmuckal Date: 11/26/2001 Date 2:

Conditions Section:

All signs shall be placed at least five (5) feet from the property line adjoining any street.

Create Date: 11/26/2001 By: mes Update Date: 11/26/2001 By: mes

UNUM PROVIDENT
01NK 8114

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE
PERMIT IS ISSUED

SIGNAGE APPLICATION

1420

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

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

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: 2211 CONGRESS STREET		
Total Square Footage of Proposed Structure 146.64	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Number Chart# 215 Block# B Lot# 008	Owner: UNUM PROVIDENT INSURANCE 2211 CONGRESS STREET PORTLAND, ME	Telephone #: 575-2211
Lessee/Buyer's Name (If Applicable)	Owner's/Purchaser/Lessee Address: UNUM PROVIDENT INSURANCE 2211 CONGRESS STREET PORTLAND, ME	Total s.f of signs 146.64 x .20 \$29.33, plus \$30.00 TOTAL \$59.33
Current use: OFFICE BLDG. Proposed use: SAME		
Project description: REMOVE (2) EXISTING GROUND SIGNS AND INSTALL (3) NEW GROUND SIGNS		
Applicants Name, Address & Telephone: NEOKRAFT SIGN CO. 782-9654 686 MAIN ST. LEWISTON, ME 04240		
Contractor's Name, Address & Telephone: NEOKRAFT		
Who shall we contact when the permit is ready: PETER MURPHY Telephone: 782-9654		
If you would like it mailed, what mailing address should we use: SEND TO NEOKRAFT.		
Rec'd By:		

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

Certification

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: 	Date: 11/2/01
---	---------------

Sign Permit Fee: \$30.00 plus \$0.20 per square foot.

A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00

BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU ARE APPLYING FOR

IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 2211 CONGRESS ST. ZONE: OF

OWNER: UNION PROVIDENT INSURANCE CO.

APPLICANT: NEOKRAFT SIGN CO.

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

(1) 8'x11'-4" S.F. SIGN FACING TRKE
(1) 7'x4' CUBE SIGN ON CONG. ST.
(1) 7'x4' D.F. SIGN ON CONG. ST. AT ELKS CLUB

SINGLE TENANT LOT? YES NO **MULTIPLE BLDGS.** MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES NO --- DIMENSIONS _____ HEIGHT _____

MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____

SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS EXISTING 605 WALL SIGN. NO NEW WALL SIGN

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

605 S.F. WALL SIGN (PERMIT # 011095)

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

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

*over all -
less in square footage*

YOU SHALL PROVIDE:

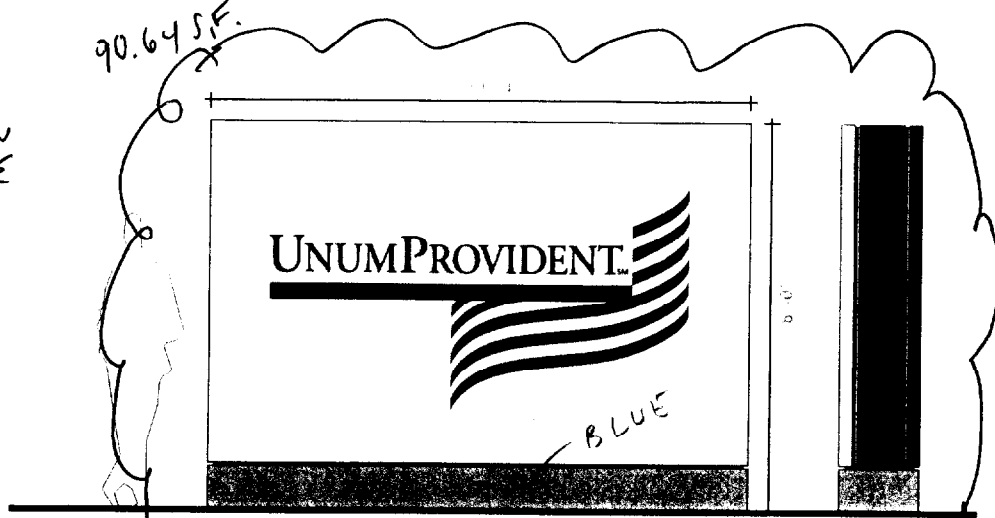
A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: [Signature] DATE: 11/2/01

UNUMPROVIDENT
Portland, Me.

(1) S.F. SIGN
WILL REPLACE
6'-9" X 20'-6" SIGN

90.64 SF.



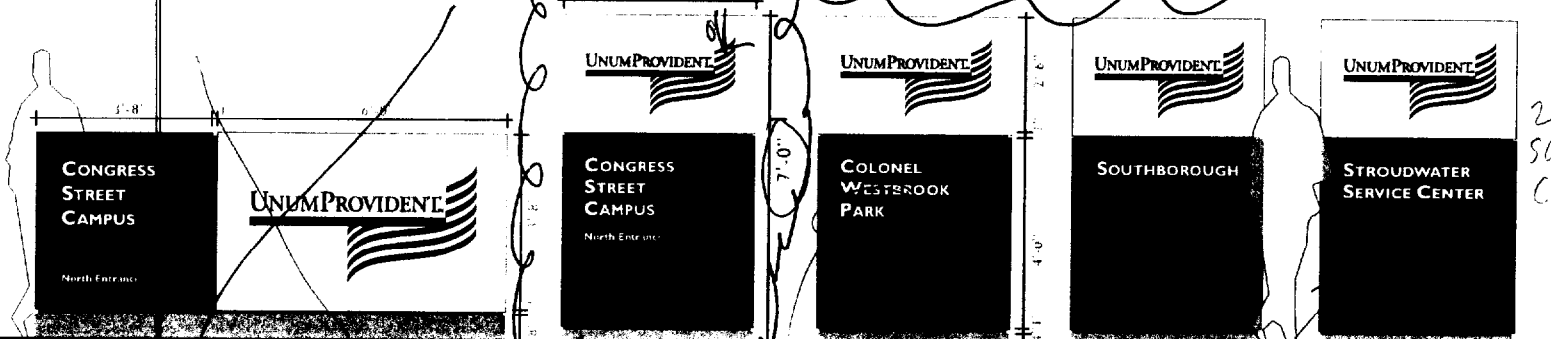
CUBE SIGN WILL REPLACE
EXISTING CUBE SIGN. NEW
7'x4' D.F. SIGN IS PROPOSED AT
ENTRANCE
NEAR
ELKS CLUB

Monumental Signage
- illuminated base, all monument,
- base logo element, push-through
- red logo elements, cut-out and
- base

horizontal monument option
(Congress St campus, north/south entry)

vertical monument option
(typical, other locations)

HO-I Turnpike monument
11'-4" x 8'-0" 8114



(QTY. 2) 2-side horizontal
HO-I Congress St and airport entry
4'-5" x 9'-9"

4-side CUBE vertical
HO-I Congress St
4' x 7'

2-side vertical
Colonel Westbrook Park
4' x 7'

2-side vertical
Southborough
4' x 7'

2-side vertical
Stroudwater Service Center
4' x 7'

120V
VOLT

MAP
GLASS
MAP
120V
VOLT

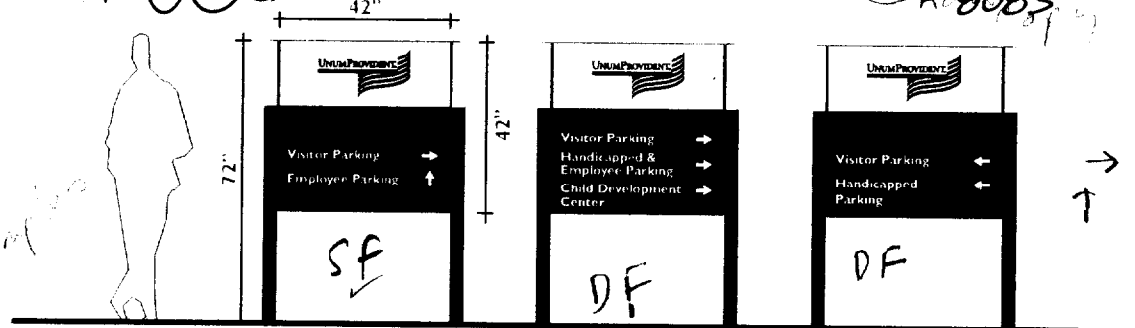
BLUE
TYPE

8114

VERIFY

ADD 8083

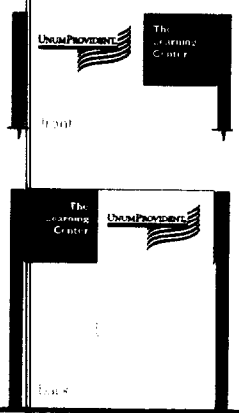
Directional Signage



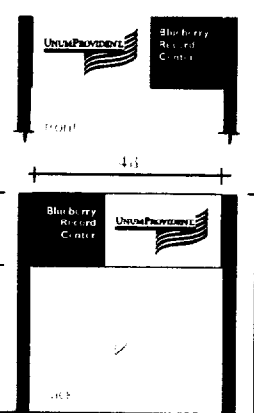
HO-I directional
42" x 42"
8114

HO-II directional
42" x 42"

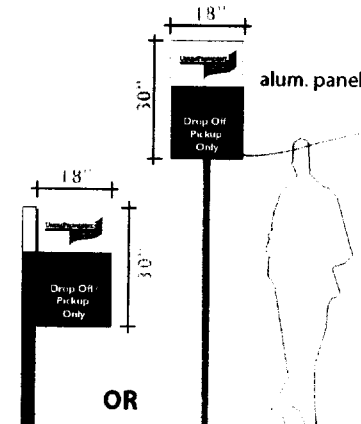
Stroudwater Service Center
42" x 42"



123 Darling
18" x 48"



Blueberry Record Center
18" x 48"



Child Development Center
18" x 30"

alum. panel

1/8" thick
2000

Informational Signage

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

COVERAGE

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

6

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	GENERAL LIABILITY	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"/> OWNER'S & 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 \$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> SCHEDULED AUTOS				
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE-POLICY LIMIT \$
					EL DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)
Re: signage at the UnumProvident Corporation Portland, Maine Offices

CERTIFICATE HOLDER

Neokraft Signs, Inc
685 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.

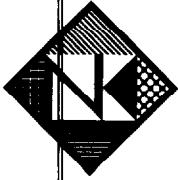
MARSH USA INC.

By: Donna C. Spencer

Donna C. Spencer

MM1(9/99)

VALID AS OF: 10/16/01



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>

Transmittal to

CITY OF PORTLAND
 BUILDING INSPECTIONS
 389 CONGRESS STREET
 PORTLAND, ME 04101

Date 11.12.2001**Job No.****Re.** PERMITS**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"/> Copy of letter | <input type="checkbox"/> Change Order | <input type="checkbox"/> Specifications |
| | | <input checked="" type="checkbox"/> Other |

Copies	Date	No.	Description
1	11.12.2001	01NK8083	PERMIT APPLICATION-HUTCHINS DR.
1		01NK8114	PERMIT APPLICATION-2211 CONGRESS ST.

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

Remarks

Enclosed are permit applications for UnumProvident locations at 2211 Congress Street and 102 Hutchins Drive. 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