

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

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

<b>Permit No:</b> 06-1449	<b>Date Applied For:</b> 10/02/2006	<b>CBL:</b> 238A B004001
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<b>Location of Construction:</b> 66 HUTCHINS DR	<b>Owner Name:</b> CBS REALTY LLC	<b>Owner Address:</b> 10 ANDOVER RD	<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 Install a 102.44 sf bldg sign	<b>Proposed Project Description:</b> Install a 102.44 sf bldg sign
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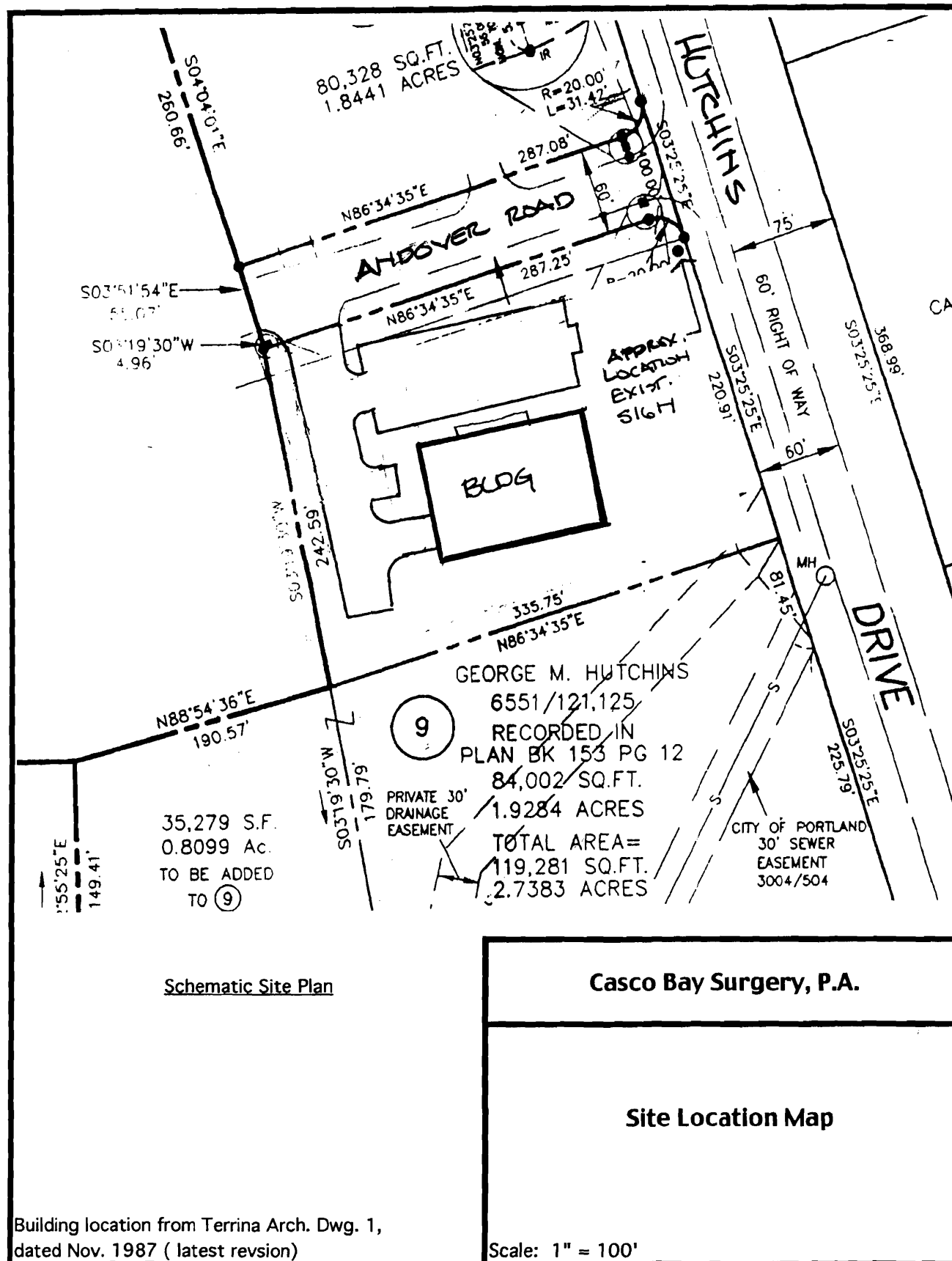
**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 10/12/2006

**Note:** Application said that sign was 79 s.f. It is 102.44 s.f. Because you have to include the complete height of the letters.      **Ok to Issue:**

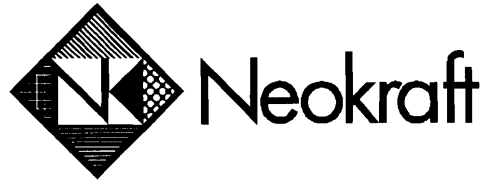
**Dept:** Building      **Status:** Approved      **Reviewer:** Tom Markley      **Approval Date:** 10/18/2006

**Note:**      **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.



from permit 03-1255



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>	09.29.2006
		<b>Job No.</b>	6086
		<b>Re.</b>	CASCO BAY SURGERY 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	09.29.2006	6086	(1) SIGN PERMIT APPLICATION, DRAWING, INSURANCE CERTIFICATE, AND CHECK #8284 FOR \$188.00 IN REGARD TO PERMITS FOR CASCO BAY SURGERY LOCATED ON 10 ANDOVER ROAD.

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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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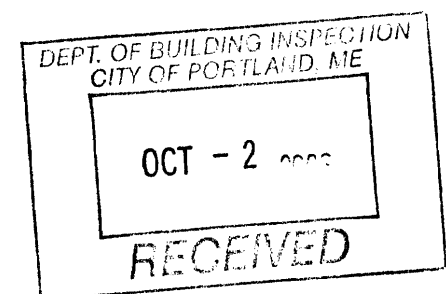
**Remarks** PLEASE REVIEW FOR APPROVAL AND MAIL PERMITS TO THIS OFFICE.

**Copy to**

**From** SHANE MOFFETT

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

OFFICE\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT



**Peter Murphy**

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Send reply to: <claire@cascobaysurgery.com>  
From: "Claire Dyer CBS" <claire@cascobaysurgery.com>  
To: <peter@neokraft.com>  
Subject: RE: permit  
Date sent: Fri, 22 Sep 2006 08:14:51 -0400  
Organization: Casco Bay Surgery

Peter,

Casco Bay Surgery owns the building.

Thanks,

Claire

-----Original Message-----

From: Peter Murphy [mailto:[PETER@neokraft.com](mailto:PETER@neokraft.com)]  
Sent: Friday, September 22, 2006 8:45 AM  
To: [claire@cascobaysurgery.com](mailto:claire@cascobaysurgery.com)  
Subject: permit

Thank you for having the certificate of insurance fax'd to me.  
One other  
question...does CBS own the building? If so, I'm all set. If  
not, I'll  
need to get a letter of permission from the owner...there's a  
special form  
for that, of course. Let me know. Peter Murphy Neokraft Signs  
Inc. 686  
Main Street Lewiston, ME USA 04240 207-782-9654  
<http://www.neokraft.com>

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OPID # CASCO-7	DATE (MM/DD/YYYY) 09/22/06
<b>PRODUCER</b>  Turner Barker Insurance One India Street Portland ME 04101 Phone: 207-773-8156 Fax: 207-773-6647	<b>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>		
<b>INSURED</b>  Casco Bay Surgery, P. A. Claire Dyer 10 Andover Road Portland ME 04102	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>	
	INSURER A: Peerless Insurance Company		
	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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	X	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> non-owned auto GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BOP9254010	07/13/06	07/13/07	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 15000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COM/PROP AGG \$ 2000000								
		<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				COMBINED SINGLE LIMIT (Ea accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$								
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$  OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
		<b>EXCESS UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
		OTHER												

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Regarding: Insureds sign which is attached to the outside of the building.  
 The City of Portland is an additional insured with regards to general liability.

<b>CERTIFICATE HOLDER</b>  CITYPTL  City of Portland Building Inspections 389 Congress St, 4th Floor Portland ME 04101	<b>CANCELLATION</b> 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.  <i>Alana Legg</i>
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377"  
31'-5"±

35.13  
3'-3 1/8"±  
2'-6"  
2'-2"

# Casco Bay Surg

GEMINI TIMES BOLD, GEMINI OPAQUE IVORY

FORMED PLASTIC WALL LETTERS

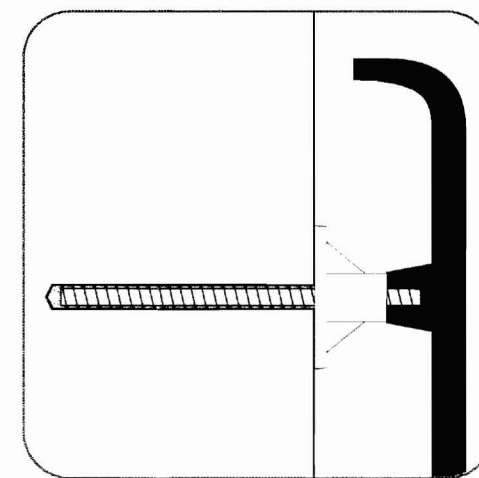
SCALE: 3/8" = 1'-0" (1) SET REQUIRED

$$\begin{array}{r} 377 \\ \times 39.13 \\ \hline 14752 = 102.44 \text{ ft} \end{array}$$

Wind I



PHOTO-COMPOSITE  
NOT TO SCALE



ALUMINUM STUDS WITH PADS,  
SET AND SEALED IN HOLES WITH  
SILICONE ADHESIVE

STUD-MOUNTING DETAIL  
HALF-SIZE

Size
6
10
12
14
18
24
36

Height in.
6
10
12
14
18
24
36

**Assumpti**  
The point  
minor thre  
144 mph  
lbs./sq.in.  
Tensile tre  
Minor thre  
sq. in. at  
Therefore  
Average f