

City of Portland, Maine - Building or Use Permit Application

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

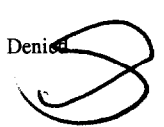
PERMIT ISSUED		CBL:
Permit No:	Issue Date:	240 A002001
01 1419	2-8-2001	

Location of Construction: 102 Hutchins Dr	Owner Name: Unum Life Insurance Company	Owner Address: 2211 Congress St	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: I-M

Past Use: office building mail to neokraft sign when ready	Proposed Use: office building	Permit Fee:	Cost of Work: \$0.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	

Proposed Project Description: 7' x 4' sign	Signature:	Signature:
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: jodinea	Date Applied For: 11/16/2001	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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>11/26/01</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>Shall be 5' from property line</i>		

8 11/26/01

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

1419

UNUM PROVIDENT
01 NK 8083

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

SIGNAGE APPLICATION

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: 102 HUTCHINS DRIVE

Total Square Footage of Proposed Structure 28 Square Footage of Lot

Tax Assessor's Chart, Block & Lot Number
Chart# 240 Block# A Lot# 002
Owner: UNUM PROVIDENT
Telephone #: 575-2211

Lessee/Buyer's Name (If Applicable)
Owner's/Purchaser/Lessee Address: UnumProvident 2211 CONGRESS ST. PORTLAND, ME
Total s.f of signs 28 x .20 \$ 5.60, plus \$30.00
TOTAL \$ 35.60

Current use: OFFICE BLDG. Proposed use: SAME
Project description: ERRECT (1) 7'x4' SIGN AFTER REMOVAL OF EXISTING SIGN OF SAME SIZE

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: 7829654
If you would like it mailed, what mailing address should we use: MAIL 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

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Signature of applicant:

Robert M. Muff (AGENT FOR OWNER) Date: 11/12/01

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: 102 HUTCHINS DR. ZONE: I-M

OWNER: UNUM PROVIDENT INSURANCE CO

APPLICANT: NEOKRAFT SIGN CO. - AGENT FOR OWNER

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO
FREESTANDING SIGN? (ex. Pole Sign) YES NO --- DIMENSIONS _____ HEIGHT _____
MORE THAN ONE SIGN? YES NO DIMENSIONS 4' HEIGHT 7' 28'
SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS _____
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:

EXISTING SIGN TO BE REMOVED

*** TENANT BLDG. FRONTAGE (IN FEET): _____

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

I-M
35' max
10' high
5' setback

shady
28'
7' high
? setback
↓ make a condition

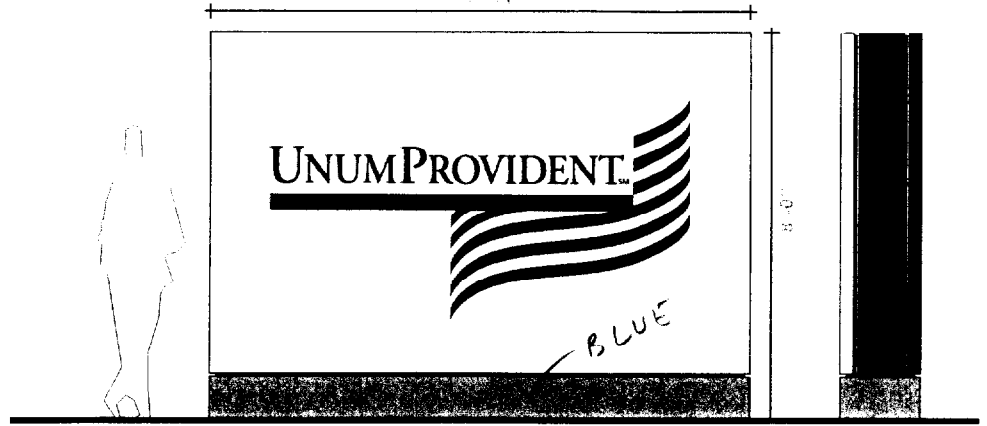
YOU SHALL PROVIDE:

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] 11/12/09 DATE:

Monumental Signage

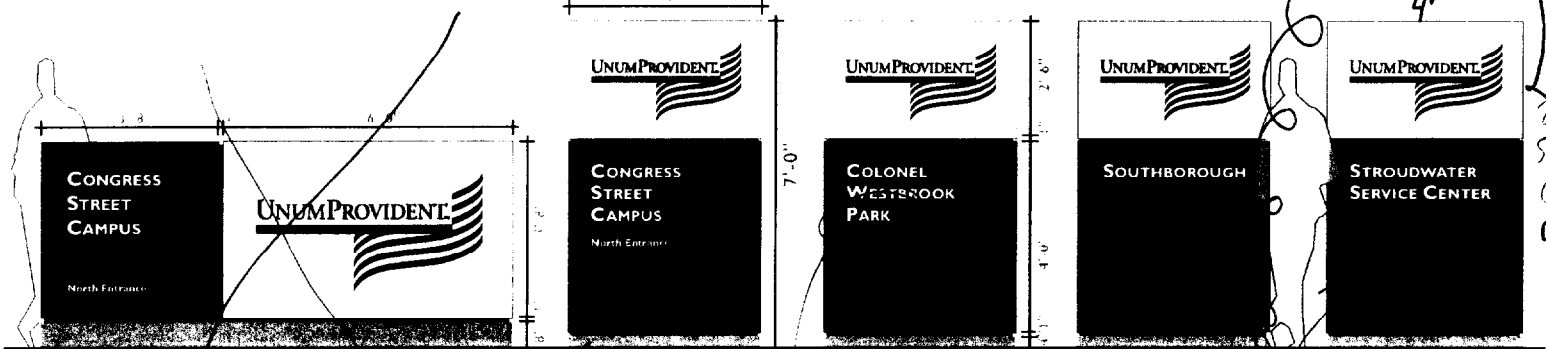
illuminated logo all movements
plus 1/8" aluminum plate through cut
red to go elements, cut out and to be kept up



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

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

vertical monument option
typical, other locations



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

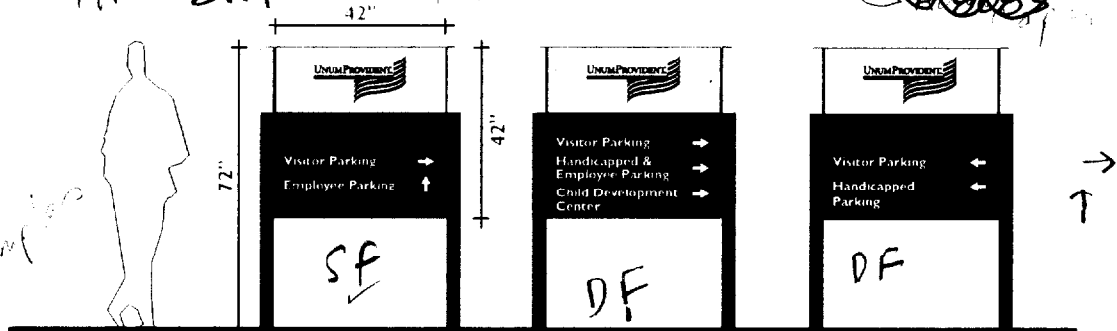
4-side CUBE vertical
HO-I Congress St
4' x 7' 8114

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' 8083

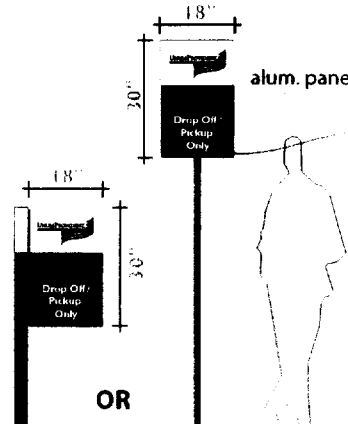
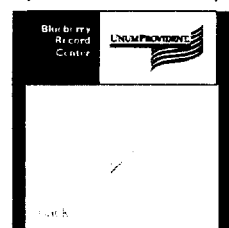
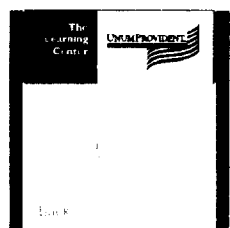
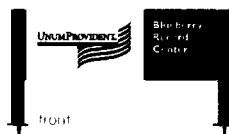
Directional Signage



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"

Informational Signage

1/8" thick
alum. panel

Application ID/Number: 1-1419

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

Comments: 102 Hutchins Dr. Approval Date: 11/26/2001

Sign-off Date: 11/20/2001

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

Conditions Section:

This sign shall be setback at least five (5) feet from the property line.

Create Date: 11/20/2001 By: jodinea Update Date: 11/26/2001 By: mes

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.

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
	AUTOMOBILE LIABILITY				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	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
	EXCESS LIABILITY				AGGREGATE	\$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
	<input type="checkbox"/> 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
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.

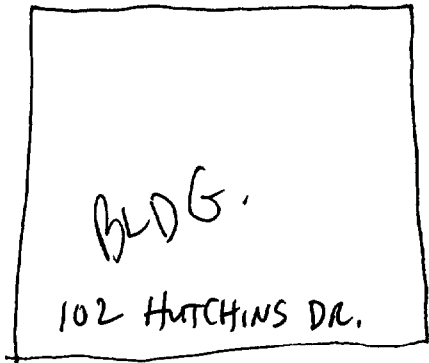
BY: Donna C. Spencer

Donna C. Spencer

MM1(9/99)

VALID AS OF: 10/16/01

RECEIVED OCT 22 2001



EXISTING SIGN TO
BE REPLACED BY
NEW SIGN IN SAME
LOCATION.

HUTCHINS
DRIVE

shall be 5 ft from
property line