

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

PERMITS & INSPECTION

Permit Number: 070088

PERMIT

This is to certify that SIX G'S COED LLC /NeoK Signs

has permission to 5' x 7' Freestanding sign

AT 563 RIVERSIDE ST 306 B001001

provided that the person or persons who apply for or obtain a permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

DENIED

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is loaded or closed-in. 4 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____
Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0088	Issue Date:	CBL: 306 B001001
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Location of Construction: 563 RIVERSIDE ST (10 Marvel Dr)	Owner Name: SIX G'S COED LLC	Owner Address: 557 RIVERSIDE ST	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: IM

Past Use: Commercial - Protection One	Proposed Use: Commercial 5' x 7' Freestanding sign	Permit Fee: \$100.00	Cost of Work: \$100.00	CEO District: 5
Proposed Project Description: 5' x 7' Freestanding sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:		

DENIED

Permit Taken By: dmartin	Date Applied For: 01/26/2007	Zoning Approval		
<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:	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:	

Scanned

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-0088	Date Applied For: 01/26/2007	CBL: 306 B001001
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Location of Construction: 563 RIVERSIDE ST	Owner Name: SIX G'S COED LLC	Owner Address: 557 RIVERSIDE ST	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone (207) 782-9654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial 5' x 7' Freestanding sign	Proposed Project Description: 5' x 7' Freestanding sign
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Dept: Zoning	Status: Denied	Reviewer: Ann Machado	Approval Date:
Note: Section 14-369.5, Table 2.12 allows one free standing sign for a multitenant lot. There is already a free standing sign on the lot. See denial letter dated 2/1/07			Ok to Issue: <input type="checkbox"/>
Dept: Building	Status: Pending	Reviewer:	Approval Date:
Note:			Ok to Issue: <input type="checkbox"/>

Comments:
1/31/2007-amachado: Spoke to Shane Moffet at NeoKraft Signs. We issued a permit in 2004 (#04-1161) for a multi-tenant freestanding sign for the lot. The lot can only have one sign so if that one is still there, we can't approve a second sign. Shane said that he would find out from the project manager if there is an existing freestanding sign.
2/1/2007-amachado: Sign denied. See denial letter dated 2/1/07.



Signage/Awning Permit Application

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: <u>563 Riverside St.</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Six G's Coed, LLC</u> <u>Capital Endeavors, LLC</u>	Telephone: <u>797-5832</u>
Lessee/Buyer's Name (If Applicable) <u>Protection One</u>	Contractor name, address & telephone: <u>Neokraft Signs Inc.</u> <u>686 Main St.</u> <u>Lewiston, ME 04240</u> <u>207-782-9654</u>	Total s.f. of signage x \$2.00 <u>35 sq. ft</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>100.00</u> Awning Fee= cost of work <u>—</u> Total Fee: \$ <u>100.00</u>
Who should we contact when the permit is ready: <u>Shane Moffett</u> phone: <u>782-9654</u>		
Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>Multi Tenant Lot</u> <u>see plot plan</u>		
Current Specific use: <u>business - protection one</u> If vacant, what was prior use: _____ Proposed Use: <u>business</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: <u>5' x 7'</u> Height from grade: <u>10'</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: _____		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____		
A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required. <u>see attached</u>		

Please submit all of the information outlined in the Sign/Awning Application Checklist.
Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: <u>[Signature]</u> , <u>Shane Moffett - Neokraft</u>	Date: <u>1-24-07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

IM zone - freestanding
max size - 70 sq ft
height - 15'
setback - 1'



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Lee Urban- Director of Planning and Development
Marge Schmuckal, Zoning Administrator

February 1, 2007

Ron Simard
NeoKraft Signs, Inc.
686 Main Street
Lewiston, ME 04240

RE: 563 Riverside Street/10 Manuel Drive – 306 B001 – IM – sign – permit #07-0088

Dear Ms. Simard,

I am in receipt of your application to erect a five foot by seven foot freestanding sign for Protection One at 263 Riverside/10 Manuel Drive. Section 14-369.5, Table 2.12 of the ordinance allows one freestanding sign for a multi-tenant lot. If the lot fronts on more than one street, an additional sign is allowed for the additional frontage, but the signs can't be concurrently visible. 263 Riverside Street already has a freestanding sign, and the proposed sign for Protection One is concurrently visible to the existing sign. Since a multi-tenant lot is only allowed one freestanding sign, I must deny your application for the sign.

You have the right to appeal my decision. Section 14 – 368.5(g) of the ordinance states that an applicant who has been denied an approval for failure to meet the signage regulations of section 14 – 369.5 “may apply to the planning authority for review of the denied signage pursuant to the standards set forth in section 14 – 526(a)(23)”. If the planning authority disapproves the application, then under section 14 – 527 of the ordinance you may appeal the decision to the Planning Board within ten (10) days of the decision being rendered.

If you choose not to apply to the planning authority for a review, you are entitled to get most of your money back if you bring in the original receipt you got when you applied for the permit. Please feel free to call me at 874-8709 if you have any questions.

Sincerely,

Ann B. Machado
Zoning Specialist
(207) 874-8709



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
 INSPECTIONS
 389 CONGRESS STREET
 PORTLAND, ME 04101

Date 01.25.2007
Job No. 6644
Re. PROTECTION ONE
 PERMITS
 MAIL

- Item**
- | | | |
|--|---|--|
| <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"/> Copy of letter | <input type="checkbox"/> Change Order | <input checked="" type="checkbox"/> Specifications |
| | | <input type="checkbox"/> Other |

Copies	Date	No.	Description
1 set	01.25.2007	6644	{1} SIGN PERMIT APPLICATION, DRAWINGS, INSURANCE CERTIFICATE, PLOT PLAN, LANDLORD CONSENT, AND CHECK #8462 FOR \$100.00 IN REGARD TO PERMITS FOR PROTECTION ONE LOCATED ON 10 MANUEL DRIVE.

- Purpose**
- | | | |
|--|---|---|
| <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 |

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



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

LANDLORD CONSENT AGREEMENT

Written consent and agreement relating to a certain sign proposed to be erected on the premises at: 10 Manuel Drive
in Portland, Maine

Six G's COED, LLC / Capital Endeavors, LLC being the owner of the premises at 10 Manuel St. in Portland, Maine

hereby gives consent to the erection of (a) certain sign(s):

(1) Freestanding ID Sign

owned by: Protection One (the tenant) as described in the

attached application for a permit submitted to the inspection division of the building department of Code Enforcement, Ctr of Portland, Me to cover the erection of said signs.

Signed by the owner of said premises, or his authorized agent, on this

16th day of January 2007

Eric S. Johnson (SIGNED)

Owner (TITLE)

Facsimile Transmittal

From: Janice Thurston

Phoenix Welding
557 Riverside Street
Portland, ME 04103

Telephone: (207) 797-5832 Fax: (207) 797-5893

Date: 12/4/06

To: Ron Simard

of: Neokraft

Dept: _____

Fax: 782-0009

Number of pages sent (2) including cover sheet.
If all pages are not received, call (207) 797-5832.

Ron,
Following is the completed Landlord Consent Agreement as requested. I will mail the original today. Our insurance company, Clark Associates, will be faxing you the certificate of insurance tomorrow and mailing you the original.

The landlord name is Capital Endeavors, LLC but I put both Capital Endeavors, LLC and Six G's COED LLC on the consent form. Capital Endeavors, LLC owns the building and Six G's COED LLC owns the land. The city sends the real estate tax bill to Six G's COED LLC. The certificate of insurance will have both companies listed as well.
Also, please note that the location on Riverside Street is 565 and not 561 as was on the consent form. I changed it. The actual mailing address for the building will be 10 Manuel Drive.

I will be on vacation beginning tomorrow 12/5/06 and returning to the office on Thursday 12/14/06. If you think there is anything else you will need please try to let me know today. If something does come up while I'm on vacation Michelle Brooks may be able to help you. She can be reached at the above Phoenix Welding telephone number.

Thank you,


Janice Thurston

**Industrial Mechanical Contractors – ASME and API Certified Welding
Petroleum Piping and Tank Specialists – Shop and Field Fabrication
Consulting Services – Welding and Quality Control**

Clark Associates

• Insurance •

Facsimile Transmission

To: 7820009

From: Caston, Heather

Company:

Pages: 3

Fax Number: 7820009

Date: 12/7/2006

Time: 1:30:40 PM

Subject: Attn: Ron

Note: Good Afternoon Ron!

Attached is the requested Certificate of Insurance for Capital Endeavors, LLC and Six G's COED, LLC. Please feel free to contact me with any questions regarding this certificate or if any specific wording is needed. Many times the City requests to be listed as an Additional Insured but as you did not request that on the initial request, just give me a call if it is needed.

Sincerely,

Heather Caston
Clark Associates
207-523-2235 - phone
207-774-2994 - fax
hcaston@clarkinsurance.com

2385 Congress Street ~ P.O. Box 3543 ~ Portland, ME 04104-3543 ~ (207) 774-6257
(800) 244-6257 ~ Fax (207) 774-2994 ~ <http://www.clarkinsurance.com>

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/07/2006

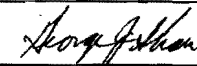
PRODUCER (207)774-6257 FAX (207)774-2994 Clark Associates 2385 Congress Street P O Box 3543 Portland, ME 04104	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Capital Endeavors, LLC. & 6 G's Coed, LLC 557 Riverside Street Portland, ME 04103	INSURERS AFFORDING COVERAGE INSURER A: One Beacon Insurance INSURER B: INSURER C: INSURER D: INSURER E:
	NAIC # 20621

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	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	FM1U08367	08/01/2006	08/01/2007	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		AUTOMOBILE LIABILITY <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)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						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

CERTIFICATE HOLDER City of Portland 389 Congress Street Portland, ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Jeff Shaw/BHDC 
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CITY OF PORTLAND, MAINE

Department of Building Inspections

Jan 21 2007

Received from Jack King Signs

Location of Work 513 Riverside St.

Cost of Construction \$ _____

Permit Fee \$ 100

Building (I1) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other Sign

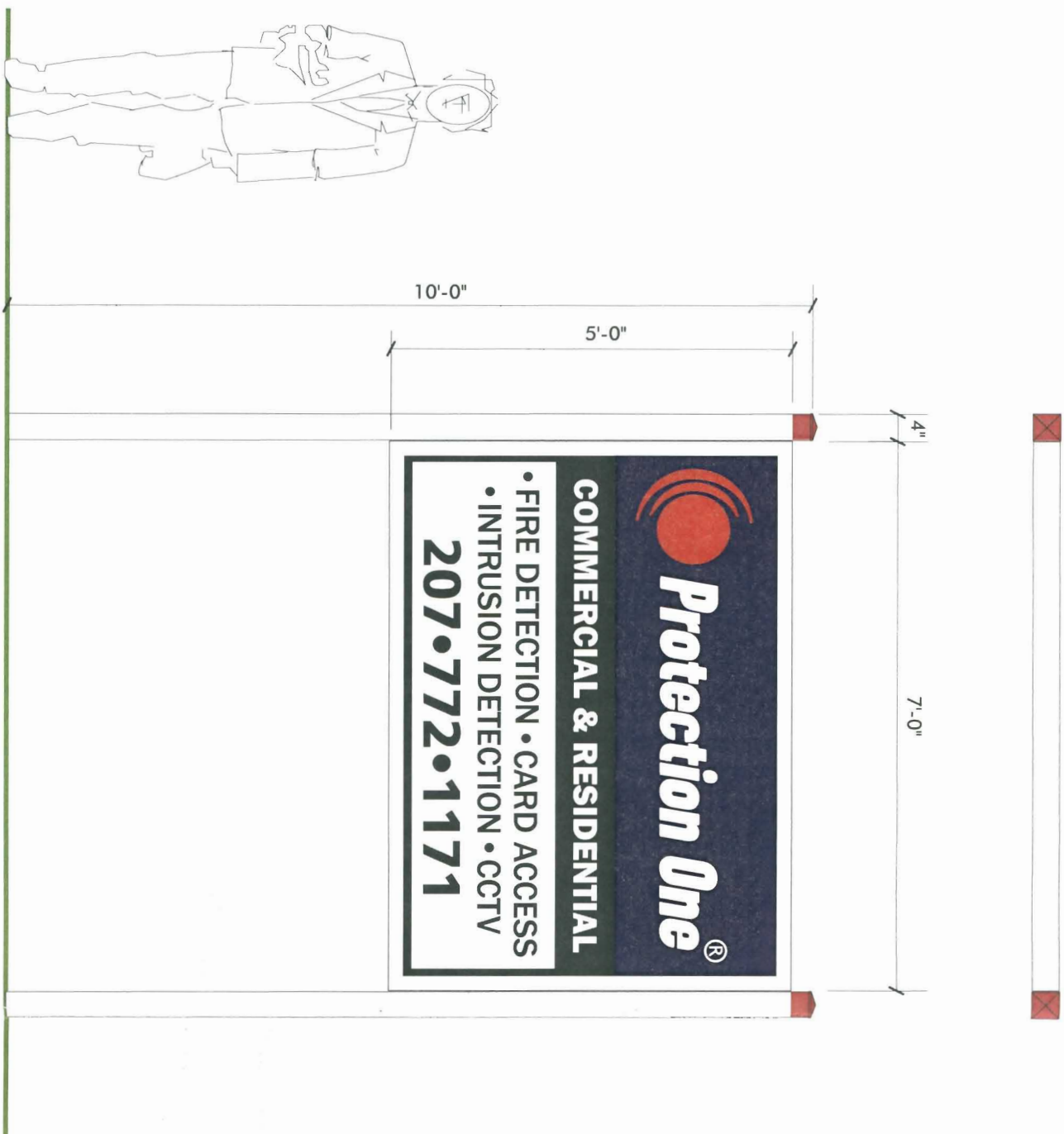
CBL: 306 15 001

Check #: 8462 Total Collected \$ 100

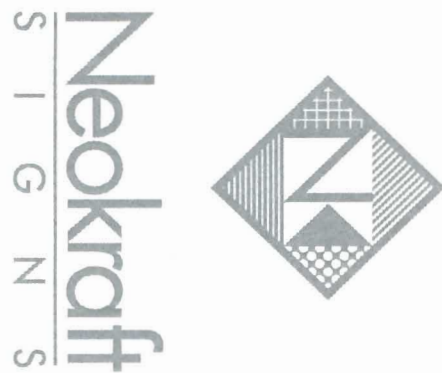
THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

[Signature]
WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy



FABRICATED 2"x4" ALUMINUM SQUARE TUBE FRAME, SLOTTED 1 SIDE TO ACCEPT .080" THICK ALUMINUM FACE MOUNT BETWEEN (2) 4" SQUARE TUBE ALUMINUM POSTS ALL PAINTED TO MATCH GSP SHADOW GRAY TRANS VINYL PYRAMID TYPE POST CAPS (AND PORTION OF POST AS SHOWN) PAINTED TO MATCH BURGUNDY TRANS. VINYL
 WHITE .080" THICK ALUMINUM FACE BLACK VINYL AND GSP ROYAL BLUE VINYL FACE ELEMENTS WITH WHITE KNOCK OUT COPY AND RED VINYL LOGO
 POSTS BURIED IN CONCRETE EXACT INSTALL LOCATION TBD



Neokraft Signs Inc.
 689 Main Street
 Portland, ME 04240
 Telephone: 207.782.9164
 Facsimile: 207.782.0009
 1.800.339.2258
<http://www.neokraft.com>
 Custom Sign Fabrication

Exact for designs supplied by the client, all designs or components 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.

Protection One
6644

P E R M I T	
Location: <u>10 Main Drive</u>	Portland, ME
Location: <u>664 Riverside Street</u>	
Drawing No.: 1 of 1	
Drawn by: BK	
Date: 01.11.2007	
Rev:	

DF NON-LIGHTED PYLON SIGN
 SCALE: 1/2" = 1'-0" (1) REQUIRED