

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: 01-1378	Issue Date: NOV 15 2001	375 C001001

Location of Construction: 91 Auburn St	Owner Name: Shaw's Realty Company	Owner Address: Po Box 600 CITY OF PORTLAND	Phone: 207-846-9756
Business Name: n/a	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Retail	Proposed Use: Retail / Install 1 45.22 sq. ft. set of internally illuminated letters	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Install 45.22 sq. ft. of internally illuminated letters.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied NIA	INSPECTION: Use Group: M Type: NIA 11/9/01 Signature: <i>[Signature]</i>	
		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: gg	Date Applied For: 11/05/2001	Zoning Approval
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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..	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>OK 11/9/01</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>
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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

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: NORTHGATE SHOPPING CTR. 91 AUBURN STREET

Total Square Footage of Proposed Structure <u>45.22</u>	Square Footage of Lot
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Tax Assessor's Chart, Block & Lot Number Chart# <u>375</u> Block# <u>C</u> Lot# <u>001</u>	Owner: <u>OLYMPIA SPORTS- OWNER OF SIGN. PROPERTY OWNER: STANIS</u>	Telephone #: <u>207-846-9756</u>
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Lessee/Buyer's Name (If Applicable) <u>OLYMPIA SPORTS</u>	Owner's/Purchaser/Lessee Address: <u>OLYMPIA 498 U.S. RT. 1 YARMOUTH, ME 04096</u>	Total s.f of signs <u>45.22</u> x .20 \$ _____, plus \$30.00 TOTAL \$ <u>39.04</u>
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Current use: RETAIL Proposed use: RETAIL
Project description: INSTALL (1) SET OF INTERNALLY ILLUMINATED LETTERS

Applicants Name, Address & Telephone: NEOKAPT (AGENT FOR OLYMPIA)
686 MAIN ST.
LEWISTON, ME 04240 207-782-9654

Contractor's Name, Address & Telephone: NEOKAPT SIGN CO.
686 MAIN STREET; LEWISTON, ME 04240

Who shall we contact when the permit is ready: PETER MURPHY tx man?
Telephone: 782-9654

If you would like it mailed, what mailing address should we use: NEOKAPT
686 MAIN ST.
LEWISTON, ME 04240 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: <i>John M. [unclear] (Agent for applicant)</i>	Date: <i>11/5/01</i>
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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

NOT HISTORIC DISTRICT

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: NORTHGATE SHOPPING CTR. 91 AUBURN ST. ZONE: B-2

OWNER: OWNER OF SIGN: OLYMPIA SPORTS; PROPERTY OWNER - SHAW'S SUPERMARKET

APPLICANT: NEOKRAFT SIGN CO.

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 _____ HEIGHT _____

SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 2' x 22.61' = 45.22 sq ft

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: NO OTHER SIGNS FOR OLYMPIA

*** TENANT BLDG. FRONTAGE (IN FEET): 35 LINEAR FEET x 1.5 = 52.5 sq ft
*** REQUIRED INFORMATION

AREA FOR COMPUTATION

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: 11/5/01
AGENT FOR OLYMPIA



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>

LANDLORD CONSENT AGREEMENT

Written consent and agreement relating to a certain sign proposed to be erected on the premises at: 91 AUBURN STREET (NORTHGATE SHOPPING CENTER)

in PORTLAND, MAINE.

✓ SHAW'S REALTY CO. being the owner of the premises at

91 AUBURN STREET in PORTLAND, MAINE

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

AS SHOWN ON DRAWING OINK 7595 (RED FILE ONLY)

owned by: OLYMPIA SPORTS (the tenant) as described in the

attached application for a permit submitted to the inspection division of the building

department of PORTLAND, MAINE to cover

the erection of said signs.

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

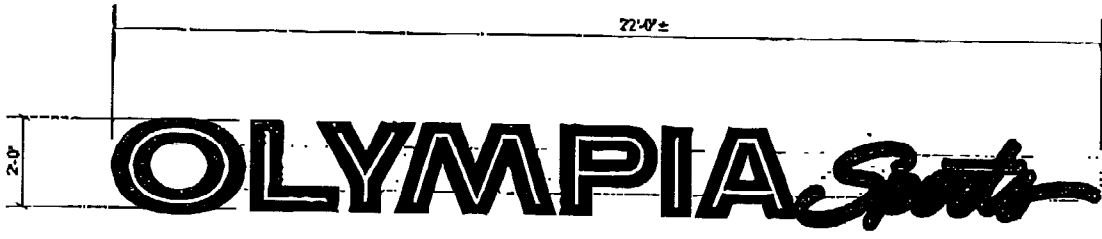
✓ 23 day of OCTOBER 2001.

✓ Bob [Signature] (SIGNED)

✓ GRAPHICS MANAGER (TITLE)

003/003

2/ 2
1 207 762 0009



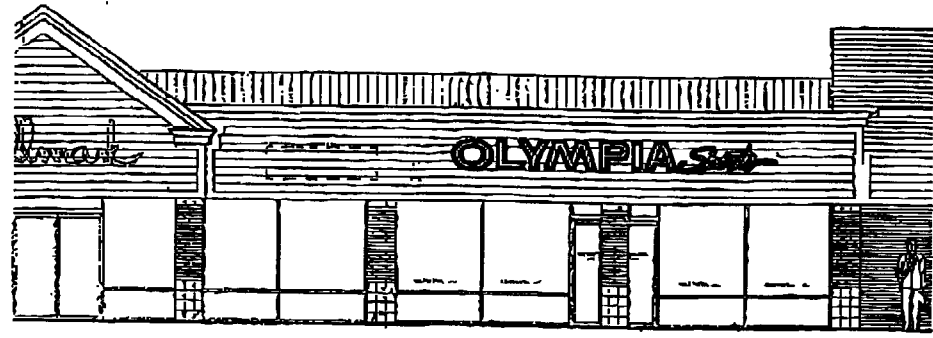
WHITE (TRANSL) ACRYLIC FACES OVERLAID WITH GSP DARK RED TRANSL VINYL BUT KNOCK OUT CENTERLINE STRIPE. WHITE NEON ILLUMINATION. BLACK TRIM CAP AND RETURN. RACEWAY COLOR TO MATCH WALL: BENL MOORE NO. 923 (IVORY)

NOTE: SMALL "SPORTS" VERSION USED. "SPORTS" CONTOURED, BLACK

DISCONNECT SWITCH REQUIRED. CL DESIGNER 69 GLASS WITH 30 MA TRANSFORMERS LOCATED IN RACEWAY. UL LABEL. ELECTRICAL CIRCUIT TO SIGN LOCATION BY GC. FINAL ELECTRICAL CONNECTION BY GC, COORDINATED BY NEOKRAFT.

LIGHTED WALL LETTERS ON RACEWAY
SCALE: 3/8"=1'-0" (1) SET

REDUCED FOR FAXING



ELEVATION
SCALE: 1/8"=1'-0"±

*Ok
P. P. Perry
10/23/01*



Neokraft

Neokraft Signs Inc.
486 Main St. #201
Beverly, Maine 04240
Telephone: 207.762.9654
Facsimile: 207.762.0009
1.800.337.2258
http://www.neokraft.com

Custom Sign Fabrication

All ideas, plans or drawings indicated on this drawing are property and are 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.

Olympia Sports
01NK8089

Location:	at Northgate
	Portland, ME
Drawing No.:	1 of 1
Drawn by:	DS
Date:	10.22.2001
Gen Ref.:	01NK8048 01NK8049
	99NK5404 pt. 4

10/23/2001 TUE 09:03 FAX

10-22-01 1:06PM; NEOKRAFT SIGNS

... 10/23/2001 10:13:40 AM 145-15 ch. 0000
today, October 23, 2001 (1:23:43) AM

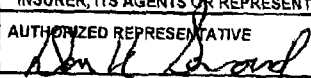
ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE 10/16/01
PRODUCER Plummer's Insurance Agency 1350 Washington Avenue Portland ME 04103-		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURERS AFFORDING COVERAGE
INSURED OSC Sports DBA Olympia Sports 498 US Route 1 Yarmouth ME 04096-		
		INSURER A: Commercial Union York 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 LTR	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	CMR 601719	06/01/2001	06/01/2002	EACH OCCURRENCE \$ 2,000,000 FIRE DAMAGE (Any one fire) \$ 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
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	FMAN80265	06/01/2001	06/01/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	CMDZ93614	06/01/2001	06/01/2002	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	AMH205462	06/01/2001	06/01/2002	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000
	OTHER		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Additional Insured: City of Portland
Neokraft Signs, Inc. installation of signage at Northgate Shopping Center, Portland, ME.

CERTIFICATE HOLDER <input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: 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 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. AUTHORIZED REPRESENTATIVE 
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DUPLICATE

GENERAL RECEIPT

CITY OF PORTLAND, MAINE

DEPARTMENT Inspections DATE 11/5/01
RECEIVED FROM Abdullah
ADDRESS 91 Cumberland St

UNIT	ITEM	REVENUE CODE	DOLLAR AMOUNT
	<u>prop 45.22</u>		<u>39.04</u>
	<u>Check # 6405</u>		
	<u>CBL 375 C 001</u>		
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> OTHER		TOTAL	<u>39.04</u>

RECEIVED BY [Signature]