

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND BUILDING PERMIT



**This is to certify that**

VERRIER PROPERTY MANAGEMENT LLC/NeoKraft  
Signs

**PERMIT ID:** 2013-00272

**Located at**

315 AUBURN ST

**CBL:** 380A C016001

has permission to **install wall sign 1' x 9'-1"**

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closoed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

N/A

\_\_\_\_\_  
**Fire Prevention Officer**

*A Bell* 2/20/13

\_\_\_\_\_  
**Code Enforcement Officer / Plan Reviewer**

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
THERE IS A PENALTY FOR REMOVING THIS CARD**

**BUILDING PERMIT INSPECTION PROCEDURES**  
Please call 874-8703 (ONLY)  
or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

**REQUIRED INSPECTIONS:**

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

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

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

<b>Permit No:</b> 2013-00272	<b>Date Applied For:</b> 02/11/2013	<b>CBL:</b> 380A C016001
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<b>Location of Construction:</b> 315 AUBURN ST	<b>Owner Name:</b> VERRIER PROPERTY MANAGE	<b>Owner Address:</b> 22 STAPLEFORD DR	<b>Phone:</b>
<b>Business Name:</b> Portlan Dental Healthcare	<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 - Dental and Medical Office	<b>Proposed Project Description:</b> install wall sign 1' x 9'-1"
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 02/20/2103
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved w/Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 02/20/2013
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.			

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

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

Permit No: 2013-00272	Issue Date: 2/20/13	CBL: 380A C016001
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<b>Location of Construction:</b> 315 AUBURN ST	<b>Owner Name:</b> VERRIER PROPERTY MANAGEMENT LLC	<b>Owner Address:</b> 22 STAPLEFORD DR FALMOUTH, ME 04105		<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> NeoKraft Signs	<b>Contractor Address:</b> 686 Main St. Lewiston ME 04240		<b>Phone</b> (207) 782-9654
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent		<b>Zone:</b> R2 R3 R5
<b>Past Use:</b> Commercial - Dental and Medical Office	<b>Proposed Use:</b> Commercial - Dental and Medical Office	<b>Permit Fee:</b> \$50.00	<b>Cost of Work:</b> \$50.00	<b>CEO District:</b> 8
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A		<b>INSPECTION:</b> Use Group: Type: Sign
<b>Proposed Project Description:</b> install wall sign 1' x 9'-1"		Signature:		Signature: ABM 2/20/13
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: Date:				

<b>Permit Taken By:</b> LDOBSON	<b>Date Applied For:</b> 02/11/2013	<b>Zoning Approval</b>		
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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..	<b>Special Zone or Reviews</b> <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"/>	<b>Zoning Appeal</b> <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	<b>Historic Preservation</b> <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: OK 2/20/13 ABM	Date:	Date: ABM

**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



# Signage/Awning Permit Application

2013-00272-

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>315 AUBURN ST.</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>380A C016001</u>	Owner: <u>VERRIER PROPERTY MGT. LLC</u> <u>22 STAPLEFORD DR.</u> <u>FALMOUTH, ME 04105</u>	Telephone: <u>797-5000</u>
Lessee/Buyer's Name (If Applicable) <u>PORTLAND DENTAL HEALTH</u> <u>315 AUBURN ST.</u> <u>PORTLAND, ME 04101</u>	Contractor name, address & telephone: <u>Neokraft Signs</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>20<sup>00</sup></u> Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$ <u>50<sup>00</sup></u> Awning Fee= cost of work _____ Total Fee: \$ <u>50<sup>00</sup></u>
Who should we contact when the permit is ready: <u>PATRICK BOLDUC</u> phone: <u>782-9654</u>		
Tenant/allocated building space frontage (feet): Length: <u>62'±</u> Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>SINGLE</u>		
Current Specific use: <u>DENTIST/MEDICAL OFFICE</u> If vacant, what was prior use: _____ Proposed Use: <u>SAME</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>1'-0" X 9'-1" LONG</u>		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> Is awning backlit? Yes _____ No _____ Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes _____ No _____ 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 _____ No _____ Dimensions: <u>1979 - 15' pole sign</u> Bldg. wall sign? (attached to bldg) Yes _____ No <input checked="" type="checkbox"/> Dimensions: _____ Awning? Yes _____ 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.		

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](http://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>Patrick Bolduc</u>	Date: <u>2/5/13</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

with board in residential

570 wall area - 15' x 62' = 930 sq ft @ 50% = 465 sq ft

109' x 12' = 1308 sq ft = 9.1 sq ft



# 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  
 INSPECTIONS  
 389 CONGRESS STREET  
 PORTLAND, ME 04101

**Date** 02.6.2013  
**Job No.** 16382  
**Re.** PORT.DENTAL HEALTH  
 PERMITS  
 MAIL

- 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"/> Other                |
|  |   | <input type="checkbox"/> Specifications       |

Copies	Date	No.	Description
1 set	2/6/2013	16382	(1) SIGN PERMIT APPLICATION, (1) DRAWING, (1) INSURANCE LIABILITY FORM AND A CHECK FOR \$50.00 IN REGARD TO OBTAINING A PERMIT FOR PORTLAND DENTAL HEALTHCARE AT 315 AUBURN ST.

- 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.

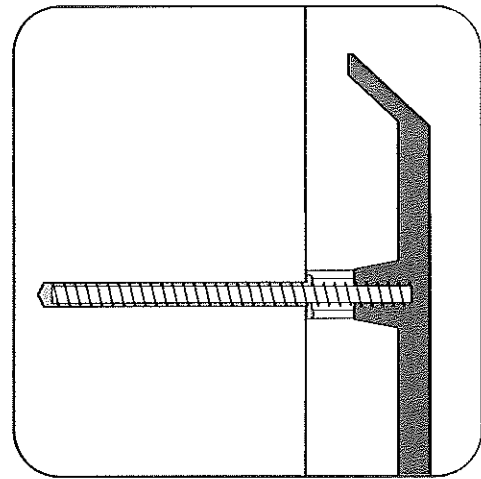
**Copy to**

**From** PAT BOLDUC

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT





**STUD-MOUNTING DETAIL**  
HALF-SCALE

ALUMINUM STUDS, SET AND SEALED IN HOLES WITH SILICONE ADHESIVE

Wind Load Calculations on Cast or Flat Cut-out Gemini Letters

Size	Wind Face Load lbs Force	Wind Side Load lbs. Force	Screw Shear Strength lbs Force
6	12	5	730
12	50	11	960
14	68	15	960
18	112	22	960
24	193	36	1440
36	447	65	1920

Gemini Letter Data

Height in	Face Area sq in	Side Area sq in	Screws each	Screw Area sq in	Total Screw sq in
6	21.6	9	3	0.015	0.045
12	86.4	18	4	0.015	0.06
14	117.6	24.6	4	0.015	0.06
18	194.4	36	4	0.015	0.06
24	345.6	60	6	0.015	0.09
36	777.6	108	8	0.015	0.12

**ASSUMPTIONS AND FACTS**  
THE POINT OF FAILURE WILL BE THE ALUMINUM SCREWS IN SHEAR AT THE MINOR THREAD DIAMETER.

144 MPH WIND SPEED IS EQUAL TO 82.7 LBS./SQ. FT. (0.574 LBS./SQ.IN.)

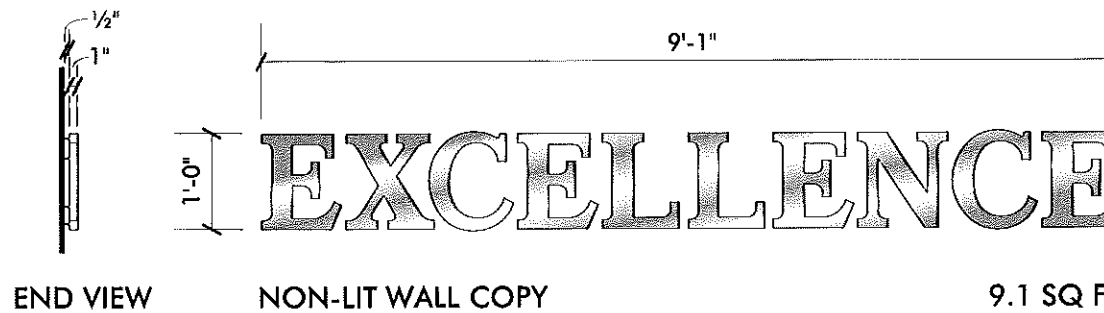
TENSILE TRENGTH AT BREAK FOR 3003 ALUMINUM IS 16,000 PSI.

MINOR THREAD AREA IN SHEAR OF A 10-24 ALUMINUM SCREW IS .015 SQ. IN. AT 2 THREADS DEPTH.

THEREFORE, EACH SCREW HAS A HOLDING FORCE IN SHEAR OF 240 LBS..

AVERAGE FACE AREA OF A SIGN LETTER IS 0.6 X HEIGHT SQUARED.

MAXIMUM DEPTH OF LETTERS IS 1.0" AT 6", 1.5" AT 12", 2.0" AT 18", 2.5" AT 24" AND 3.0" AT 36".



END VIEW

NON-LIT WALL COPY

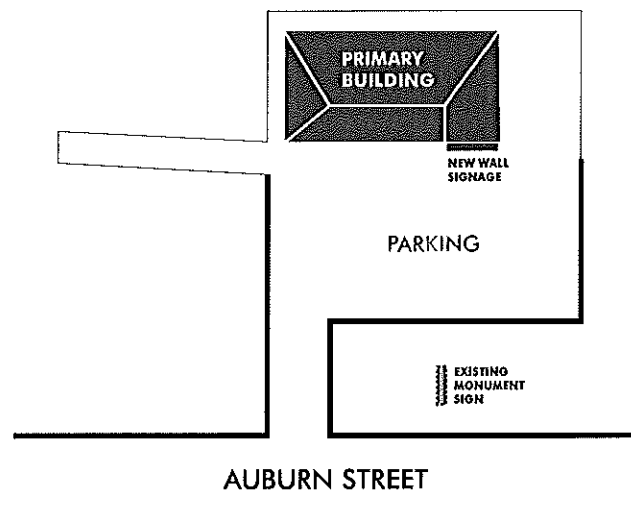
9.1 SQ FT

SCALE: 1/2"=1'-0"

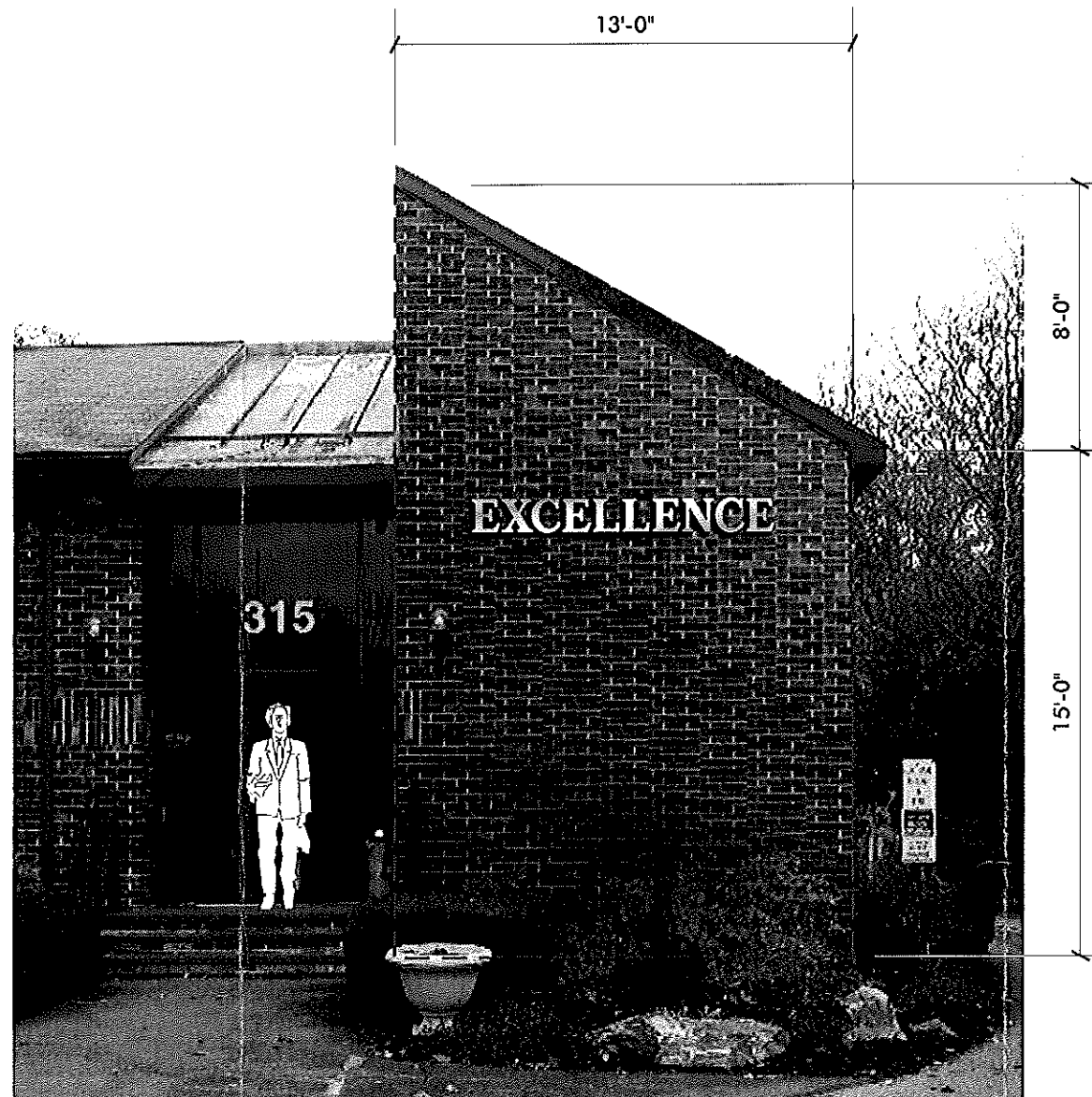
(1) SET REQUIRED

12" CLEAR ANODIZED CAST ALUMINUM LETTERS MOUNTED WITH 1/2" PROJECTION TO EXISTING MASONRY WALL USING STUDS

EXISTING TREE TO BE REMOVED BY CUSTOMER PRIOR TO INSTALLATION



**SIGN LOCATION PLAN**  
NOT TO SCALE



INSTALLED DEPICTION / PHOTO COMPOSITE

(WALL AREA 256 SQ. FT.)

SCALE: 3/16"=1'-0"

(12.8 SQ. FT. ALLOWED)

**Portland  
Dental Healthcare  
16382**

**PERMIT DRAWING**

Location: 315 Auburn Street

Portland, ME

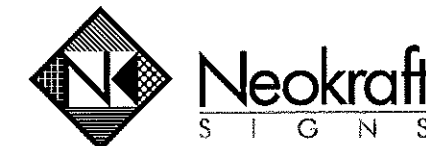
Drawing No.: 1 of 1

Drawn by: ML Rep.: RS

Date: 02.04.2013

Lead No.: HL018648

Gen Ref.:



Neokraft Signs Inc. <http://www.neokraft.com>  
686 Main Street T:207.782.9654 F:782.0009  
Lewiston, Maine 04240 1.800.339.2258

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