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 clsoed-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.

Fire Prevention Officer

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

PERMIT ID: 2013-00272 Located at: 315 AUBURN ST CBL: 380A C016001

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 (ONLY)

or email: 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.

PERMIT ID: 2013-00272 Located at: 315 AUBURN ST CBL: 380A C016001

City of Portland,	Maine - Bu	ilding or Use Permit	Permit No:	Date Applied For:	CBL:			
389 Congress Street,	04101 Tel:	(207) 874-8703, Fax: (20	2013-00272	02/11/2013	380A C016001			
Location of Construction:	,	Owner Name:	(Owner Address:		Phone:		
315 AUBURN ST	315 AUBURN ST VERRIER PROPERTY				22 STAPLEFORD DR			
Business Name: Contractor Name:			(Contractor Address:	Phone			
Portlan Dental Health	NeoKraft Signs		686 Main St. Lewis	ston	(207) 782-9654			
Lessee/Buyer's Name		Phone:	F	Permit Type:				
				Signs - Permanent				
Proposed Use:			Proposed	Project Description:				
Commercial - Dental	and Medical C	Office	install	wall sign 1' x 9'-1"				
			1					
Dept: Zoning	Status:	Approved	Reviewer:	Ann Machado	Approval D	Pate: 02/20/2103		
Note:						Ok to Issue:		
Dept: Building	Status:	Approved w/Conditions	Reviewer:	Ann Machado	Approval D	oate: 02/20/2013		
Note:						Ok to Issue:		
, , ,	•	to comply with Chapters 1	6 (Structural L	oads), 31 (Materia	ls) & 32 (ROW Hei	ght &		
Encroachments) of	f the IBC 2009	building code.						

City of Portland, Maine	•			Permit No:	Issue Date		CBL:		
389 Congress Street, 04101	Tel: (207) 874-8703	3, Fax: (207) 874-8		2013-00272	3/20/13		380A C016001		
Location of Construction: 315 AUBURN ST	OPERTY		er Address: STAPLEFORD D	штн	Phone:				
MANAGEMI				04105	<i>7</i> 0 111,				
Business Name:	2:	Contr	ractor Address:			Phone			
	NeoKraft Sign	Signs		Main St. Lewisto	on ME 042	40	(207) 782-9654		
Lessee/Buyer's Name			Permit Type:			Zone: R2 R3 R5 CEO District:			
Do-A IV.		Signs - Permanent Permit Fee: Cost of Work			l				
Past Use: Commercial - Dental and Med	Proposed Use: dical Commercial -	Dental and	reriii	\$50.00	COST OF WOL	\$50.00	8		
Office	Medical Offic		FIRE	DEPT:	Approved	INSPECTI			
					Denied	Use Group			
					N/A		Sign		
Description Description			-		,		5 15A		
Proposed Project Description: install wall sign 1' x 9'-1"			Signa	ture:		Signature:	ARM 2/20/13		
mount wan bight 1 M. 7 1				ESTRIAN ACTIVIT	IES DISTRI		0		
			A	ction: Approv	ed App	proved w/Cor	nditions Denied		
			S	ignature:		Da	ite:		
Permit Taken By:	Date Applied For:			Zoning	Approva	ıl			
LDOBSON	02/11/2013	Special Zone or Reviews Zoning Appeal			g Anneel		Historic Preservation		
 This permit application d Applicant(s) from meetin Federal Rules. 		Shoreland Va					Not in District or Landmar		
2. Building permits do not in septic or electrical work.	nclude plumbing,			Miscella	neous		Does Not Require Review		
3. Building permits are void within six (6) months of t		☐ Flood Zone		Conditio	Conditional Use		Requires Review		
False information may in permit and stop all work		Subdivision		_ Interpreta	ation		Approved		
		Site Plan		Approve	d		Approved w/Conditions		
		Maj Minor 1	ММ [M Denied			Denied		
		Date: 2/20/13	ABY	Date:		Date:	ABM		
		CERTIFICA	TION	I					
I hereby certify that I am the or	wner of record of the na				authorized	by the ow	ner of record and		
that I have been authorized by	the owner to make this	application as his au	thoriz	ed agent and I ag	ree to confe	orm to all a	applicable laws of		
this jurisdiction. In addition, it representative shall have the au									
code(s) applicable to such perr		s covered by such po	cillit a	it any reasonable	nour to em	orce the p	lovision of the		
SIGNATURE OF APPLICANT		ADDI	RESS		DATE		PHONE		
RESPONSIBLE PERSON IN CHAR	GE OF WORK, TITLE				DATE		PHONE		

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: 3/	5 AUBURN ST.	
Tax Assessor's Chart, Block & Lot	10	Telephone:
Chart# Block# Lot#	VERRIER PROPERTY MG	T. UC 797-5000
380A CO16001	VERRIER PROPERTY MG 22 STAPIETORD PR 6 Contractor name, address & telephone: Neokraft Signs	4105
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone:	Total s.f. of signage x \$2.00 20 Per s.f. plus \$30.00
PORTLAND DENTAL HEALTH	Neokraft Signs 686 Main St.	For H.D. signage \$75.00
315 AUBURN ST.	Lewiston, ME 04240	Fee: \$ Awning Fee= cost of work
PORTLAND, ME 6401	207-782-9654	Total Fee: \$ 50
	1	
Who should we contact when the permit is read		1
Tenant/allocated building space frontage (feet)	eet): Length: 62 ± Height Single Tenant or Multi Tenant Lot S	CINGLE
Current Specific use: DENTIST	,	
If vacant, what was prior use:		
Proposed Use:SAME		
Information on proposed sign(s):		
Freestanding (e.g., pole) sign? YesBldg. wall sign? (attached to bldg) Yes	No Dimensions proposed:	Height from grade:
Bldg. wall sign? (attached to bldg) Yes	No Dimensions proposed: 1'-C	1"X 9'-1" LONG-
Proposed awning? Yes No Is aw. Height of awning: Length of a ls there any communication, message, trademark If yes, total s.f. of panels w/communications,	awning: Depth: ark or symbol on it? Yes No	
Information on existing and previously perm Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Awning? Yes No Sq. ft. area	No Dimensions:	palisisa
A site sketch and building sketch showing ex Sketches and/or pictures of proposed signag		cated must be provided.
Please submit all of the information o	utlined in the Sign/Awning Applic	ation Checklist.
Failure to do so may result in the auto		
In order to be sure the City fully understands the additional information prior to the issuance of a publishing Inspections office, room 315 City Hall of	permit. For further information visit us on-lin	evelopment Department may request at www.portlandmaine.gov, stop by the
hereby certify that I am the Owner of record of the nauthorized by the owner to make this application as his a permit for work described in this application is issued treas covered by this permit at any reasonable hour to	s/her authorized agent. I agree to conform to all a d, I certify that the Code Official's authorized repre	pplicable laws of this jurisdiction. In addition, is esentative shall have the authority to enter all
Signature of applicant:	1500 Date	: 2/5/13
This is not a permit;	you may not commence ANY work until the	
Revised 10/19/09 500 will 617m - 1	5'x67'= 930 \$ 5%= 46.5\$	109"x 12"= 13084 = 9



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		Date	02.6.2013			
	INSPECTIONS		Job No	1 6382			
	389 CONGRESS STRE	ET	Re.	PORT. DENTAL HEALTH			
	PORTLAND, ME 0410	1		PERMITS			
				MAIL			
Item	Attached	☐ Hand Delivered	☐ Under separate cover				
	☐ Shop Drawings	☐ Prints	□ Samples	□ Specifications			
	☐ Copy of letter	☐ Change Order	☐ Other				
	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 T	O OBTAINING A PERMIT FOR			
			PORTLAND DENTAL H	IEALTHCARE AT 315 AUBURN ST.			
Purpose	□ For approval	☐ No exception taken		☐ Rejected			
	☐ For your use	☐ Make corrections noted		☐ Review and comment			
	☐ As requested	☐ Revise and resubmit		☐ Other			
Remarks	PLEASE REVIEW FOR	APPROVAL AND MAIL PER	RMITS TO THIS OFFICE.				
	Copy to			From PAT BOLDUC			
	If enclosures are not as not	ed kindly notify us at once.	OFFICE:\	CLERICAL\TEMPLATES\TRANSMITTAL FORM.DO			

NEOKSIG-01

JBELANGER



CERTIFICATE OF LIABILITY INSURANCE

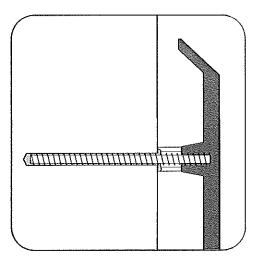
DATE (MM/DD/YYYY)

8/24/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	oducer ampoux Insurance Agency				NAME:		20.0042	FAX	(007)	
416 Sabattus St PO Box 220					(A/C, No, Ext): (201) 103-2240 (A/C, No): (201) 102					782-7881
	wiston, ME 04243-0220			•	ADDRE					
								RDING COVERAGE		NAIC#
INIC	SURED					RA:Patriot	insurance (Company		32069
1143	INCLE				INSURE					-
Neokraft Signs, Inc. and NK Equipment LLC 686 Main St					INSURER C:					
	686 Main St Lewiston, ME 04240				INSURER D:					-
					INSURER E :					
00	OVERAGES CER	TIEIC	ATE	NUMBER:	INSURE	RF:		REVISION NUMBER:		
II	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	S OF	REME	SURANCE LISTED BELOWNENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	O THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABOVE FOR R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSF	R	ADDL	SUBR		BEEN		POLICY EXP (MM/DD/YYYY)	LIM	Te	
LTR	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	х		CPP6164784		9/1/2012	9/1/2013	DAMAGE TO RENTED	-	250,000
	CLAIMS-MADE X OCCUR	^		0.10101		0/1/2012	0/1/2010	PREMISES (Ea occurrence)	\$	15,000
	CDAIMS-MADE A OCCUR							MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000
	CENTI ACCRECATE LIMIT ADDITIES DED.							PRODUCTS - COMP/OP AGG		2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COMPTOP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	-	1,000,000
Α	X ANY AUTO ALL OWNED SCHEDULED		BA6164784		9/1/2012	9/1/2013	(Ea accident) BODILY INJURY (Per person)	\$,,000,000	
•					0,1,2012		BODILY INJURY (Per accident) \$		
	HIRED AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
	AUTOS							(Fai accidatil)	\$	1.17.1
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	5	5,000,000
Α	EXCESS LIAB CLAIMS-MADE			TBD	9/1/2012	9/1/2012	9/1/2013	AGGREGATE	s	5,000,000
	DED RETENTIONS	ł							s	
	WORKERS COMPENSATION							WC STATU- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
						И				
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Of Portland is included as an additional							d by the named insured.		
CE	RTIFICATE HOLDER				CANC	ELLATION				
City of Portland City Hall 389 Congress St Portland, ME 04101						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
						Joxe Selanger				



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								
			Sciesy					
	Wind Face	White	Shear					
	Load Ibs	Side Load	Strangth					
S12e	Force	los. Force	bs Force					
6	12	5	720					
12	50	11	960					
14	63	15	960					
18	112	72	960					
24	193	36	1440					
30	447	65	1920					

Gemini Letter Data								
	_			Sciew	Total			
Height	Face Area	Side Alea	SCIENS	Yue3	Screw			
in	eq.in	sq.in	each	ρsi	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	006			
18	194.4	36	4	0.015	0.06			
24	345.6	60	6	0.015	0(0			
36	777.6	ire	Я	0.015	£ 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.)

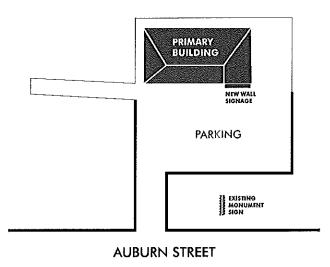
TENSILE TRENGTH AT BREAK FOR 3003 ALUMINUM IS 16,000 PSI.

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

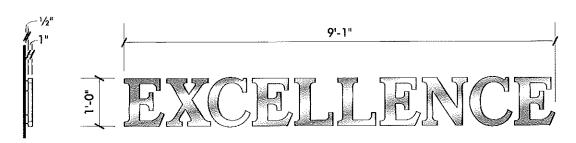
THEREFORE, EACH SCREW HAS A HOLDING FORCE IN SHEAR OF 240 LBS...

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°.



SIGN LOCATION PLAN NOT TO SCALE



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



INSTALLED DEPICTION / PHOTO COMPOSITE

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

(WALL AREA 256 SQ. FT.) (12.8 SQ. FT. ALLOWED)

T:207.782.9654 F:782.0009 686 Main Street Lewiston, Maine 04240

Portland

16382

Location:

Drawn by:

Lead No.:

Gen Ref.:

Drawing No.: 1 of 1

ΜL

Dental Healthcare

PERMIT DRAWING

315 Auburn Street

Rep.: RS

Portland, ME

02.04.2013

HL018648

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