

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 413 Presumpscot St		Owner: J.J. Nissen Baking Co.		Phone:		Permit No: 970445 PERMIT ISSUED Permit Issued: MAY 13 1997 CITY OF PORTLAND
Owner Address:		Lessee/Buyer's Name:		BusinessName:		
Contractor Name: XXXXXXXXX Neokraft		Address: 686 Maine St Lewiston, ME		Phone: 04240 772-1544		Zone: <u>IM</u> CBL: 419-A-002 Zoning Approval: <u>5/12/97</u> 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"/>
Past Use: Office		Proposed Use: Same		COST OF WORK: \$ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: <u>[Signature]</u>		
Proposed Project Description: Erect Signage (28 Sq Ft)		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Signature: <u>[Signature]</u>		
Permit Taken By: Mary Gresik		Date Applied For: 03 April 1997				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 Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <u>4/4/97</u> <u>[Signature]</u> K. Gallot for D. Andrews

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..

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 provisions of the code(s) applicable to such permit

[Signature] 686 MAINE ST., LEWISTON ME 03 April 1997
 SIGNATURE OF APPLICANT Peter Murphy ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 6
[Signature]

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Contractor Name: XXXXXXXXX Neokraft	Address: 686 Maine St Lewiston, ME	Phone: 04240 772-1544		
Past Use: Office	Proposed Use: Same	COST OF WORK: \$	PERMIT FEE: \$ 30.60	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
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SIGNATURE OF APPLICANT <i>Peter Murphy</i>	ADDRESS:	DATE: 03 April 1997	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT



m Kelly

SIGNAGE APPLICATION

ADDRESS: 413 PRESUMPSCOT STREET

I-M

OWNER: J. J. NISSEN BAKING COMPANY

APPLICANT: NEOKRAFT SIGN COMPANY; 686 MAIN ST.; LEWISTON, ME.

ASSESSORS NO.: 419-A-002

SINGLE TENANT LOT? YES: NO:

MULTI-TENANT LOT? YES: NO:

FREESTANDING SIGN? YES: NO:

DIMENSIONS: 4' x 7'

MORE THAN ONE SIGN? DIMENSIONS: _____

BLDG. WALL SIGN? YES: NO:

DIMENSIONS: _____

MORE THAN ONE SIGN? DIMENSIONS: _____

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: _____

THIS IS THE ONLY SIGN

LOT FRONTAGE (IN FEET): _____

BLDG FRONTAGE (IN FEET): Sign front 35' MAX

AWNING? YES: NO: IS AWNING BACKLIT? YES: NO:

HEIGHT OF AWNING: _____

10' HIGH MAX
5' setbacks

IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? _____

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

4/03/97

PRODUCER
 Aon Risk Services, Inc. of RI
 111 Westminster Street
 Suite 1600
 Providence, RI 02903-2388
 401-331-7700

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.

COMPANIES AFFORDING COVERAGE

COMPANY	A Wausau Underwriters Ins Co
COMPANY	B
COMPANY	C
COMPANY	D

INSURED
 J. J. Nissen Baking Company
 451 Presumpscot Street
 P.O. Box 3588
 Portland, ME 04104

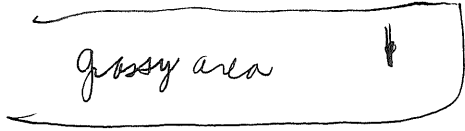
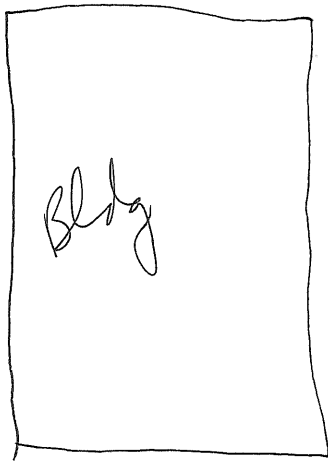
COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> Broad Form Vendors	482702000016	1/01/97	1/01/98	GENERAL AGGREGATE \$ 2000000
					PRODUCTS-COMP/OP AGG \$ 2000000
					PERSONAL & ADV INJURY \$ 1000000
					EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 500000
					MED EXP (Any one person) \$ 10000
					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
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$	
OTHER					

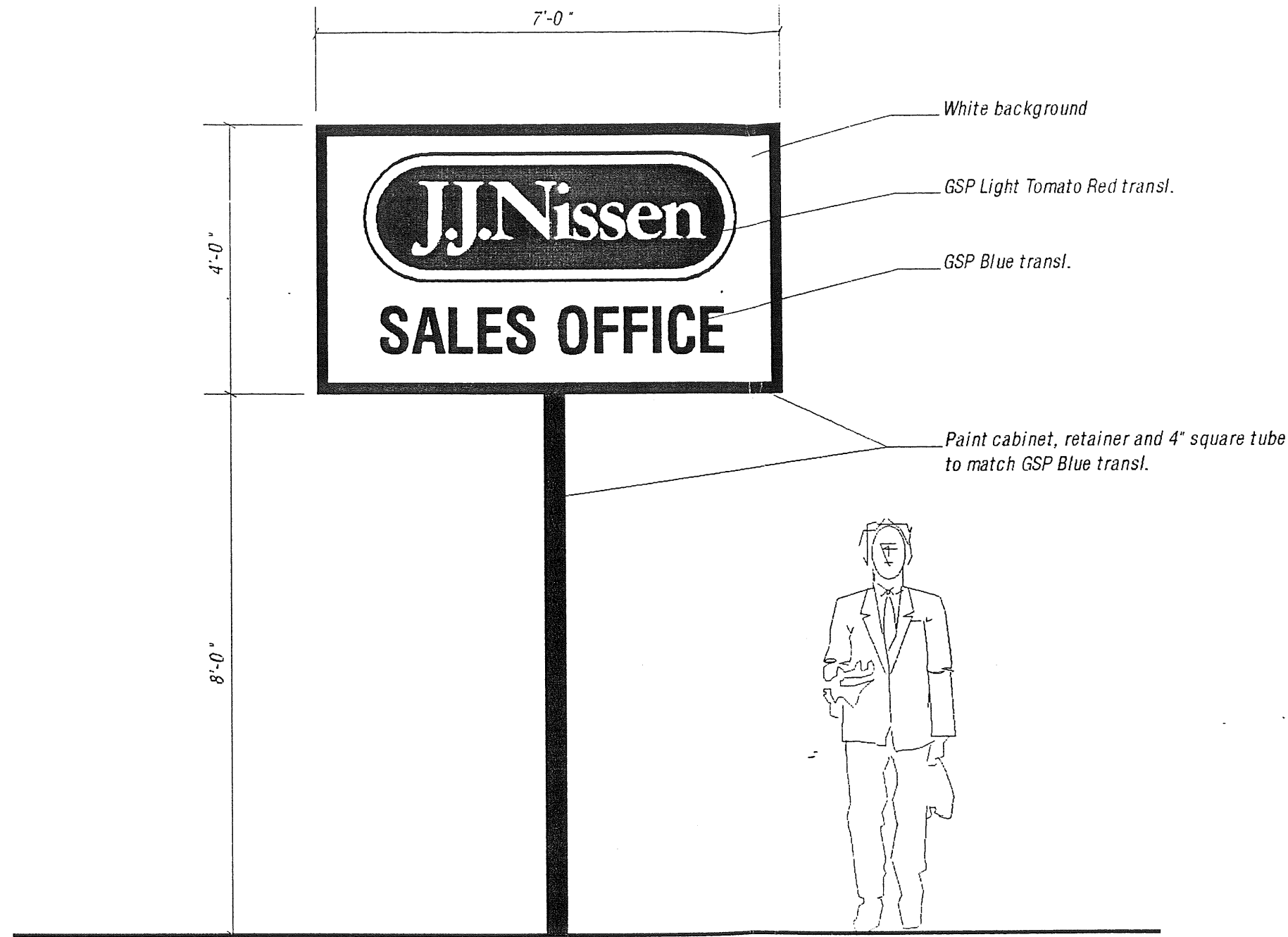
DESCRIPTION OF OPERATION/LOCATION/VEHICLE/SPECIAL ITEMS
 CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED A.T.I.M.A.

CERTIFICATE HOLDER
 CITY OF PORTLAND
 389 CONGRESS STREET
 PORTLAND, ME 04112

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE: _____ 078474000



RECEIVED
APR - 3 1997
DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME



Double Face Internally Illuminated Sign
1/2" = 1'-0"

Neokraft

Signs that work.
Neokraft Signs Incorporated, 355 Main Street, Lewiston, Maine 04240
Manufacturers, Installers and Designers of Custom Electric Neon, Plastic and Metal Signs
(207) 782-3554 FAX 782-5005 1-800-958-2238