

City of Portland, Maine - Building or Use Permit Application

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

Permit No:	02-1132	Issue Date:		CBL:	037 D002001
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Location of Construction:	511 Congress St	Owner Name:	October Corporation	Owner Address:	1 Canal Plz	Phone:	772-6264
Business Name:		Contractor Name:	NeoKraft Signs	Contractor Address:	686 Main St Lewiston	Phone	2077829654
Lessee/Buyer's Name		Phone:		Permit Type:	Signs - Permanent	Zone:	B-3

Past Use:	Office Space	Proposed Use:	Office Space	Permit Fee:	\$39.00	Cost of Work:	\$39.00	CEO District:	2
				FIRE DEPT:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Use Group:	Type:

Proposed Project Description:
Replace Existing Sign Panels

11-18-10⁵

APPL VOID
open to nos

Permit Taken By:	gad	Date Applied For:	10/02/2002	Zoning Approval			
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.	Special Zone or Review:	Zoning Appeal	Historic Preservation
2. Building permits do not include plumbing, septic or electrical work.	<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"/>	<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation	<input 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
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.	Date:	Date:	Date:

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

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 facade 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: *[Signature]* Date: 9-26-02

*775 95th St NW
Silverdale WA 98281*

Sign Permit Fee: \$30.00 plus \$1.00 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

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

02-1132

SIGNAGE APPLICATION

THIS IS NOT A PERMIT
CONSTRUCTION CANNOT 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:	511 CONGRESS ST	
Total Square Footage of Proposed Structure	9 sq ft	Square Footage of Lot

Tax Assessor's Chart, Block & Lot Number	Owner:	Telephone #:
Chart# 037 Block# D Lot# 802	Boulos Property Management 511 Congress St Portland Me 04261	772-6264

Lessee/Buyer's Name (If Applicable)	Owner's/Purchaser/Lessee Address:	Total s.f of signs <u>9</u> x 1,000 \$ <u>9.00</u> , plus \$30.00 TOTALS <u>39.00</u>
OXFORD NETWORKS	P.O. Box 128 RT 117 Buckfield Me. 04220	

Current use: _____ Proposed use: No change

Project description: Replace existing signs panels with new panels with new logo

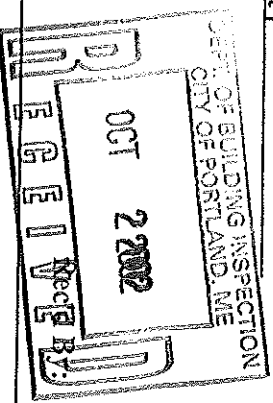
Applicants Name, Address & Telephone: Roy W Riccison Jr
c/o Nealecraft Signs Co

Contractor's Name, Address & Telephone: 686 Main St
Lewiston, Me 04240

Who shall we contact when the permit is ready: Shane McFlett
Telephone: 1-800-333-8858

If you would like it mailed, what mailing address should we use:

Nealecraft Signs
686 Main St
Lewiston, Me 04240



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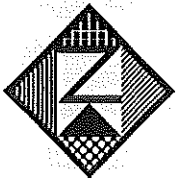
Location of Construction:	511 Congress St	Owner Name:	October Corporation	Owner Address:	1 Canal Plz	Phone:	() 772-6264
Business Name:		Contractor Name:	Neokraft Signs	Contractor Address:	686 Main St. Lewiston	Phone	(207) 782-9654
Lessee/Buyer's Name		Phone:		Permit Type:	Signs - Permanent		

Proposed Use:	Office Space	Proposed Project Description:	Replace Existing Sign Panels
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Dept: Zoning Status: Denied Reviewer: Marge Schmuckal Approval Date: _____

Note: 10/10/02 called sign company about the office ch. Of use in the PAD district - later a woman at Boullos Co Ok to Issue:
 called and was going to get me information so that the PAD requirements were met.
 6/3/03 - never received any more information - application is void - over 6 mos.

Dept: Building Status: Pending Reviewer: _____ Approval Date: _____
 Note: _____ Ok to Issue:



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 09.27.2002
 Job No. 02NK9162
 Re. PERMIT INFO.
 REGULAR MAIL

Item	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Under separate cover	Description
	<input checked="" 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	
	Copies	Date	No.	
1	09.03.2002	6663		CHECK NUMBER 6663 IN THE AMOUNT OF \$39.00.
1				CUSTOMER'S LIABILITY INSURANCE.
2		RL11313		DRAWINGS TO SHOW THE LAYOUTS FOR THE PROPOSED SIGNAGE.
1				PHOTOGRAPH INDICATING DIMENSIONS TO ENTRY SIGN.
1 set				PERMIT APPLICATION.

- 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 If there are any questions feel free to call.

Copy to

From ROY ULRICKSON, JR.

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

OFFICE: \CLERICAL\TEMP\PLATEST\TRANSMITTAL FORM.DOT

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 511 Congress Street ZONE: B-3

OWNER: Paulas

APPLICANT: Dy Ford Networks & Network Sys

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 1' x 3' HEIGHT _____

MORE THAN ONE SIGN? YES NO DIMENSIONS 1' x 3'

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:
3 - 1' x 3' signs panels

*** TENANT BLDG. FRONTAGE (IN FEET): 42
*** 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: Ray Williams DATE: _____

GRPA

OXF000-01

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER
Telcom Insurance Services Corp. (900) 222-4664
Ivy Lane
Suite 506
Greenbelt MD 20770

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
Oxford County Tel & Tel Co.
PO Box 128
115 Depot Street
Buckfield ME 04220

INSURER A: Liberty Mutual Fire Insurance Company
INSURER B: Liberty Mutual Insurance Company
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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	TE2-645-004973-032	5/24/02	5/24/03	EACH OCCURRENCE	1,000,000		
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (any one fire)	\$	100,000	
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (any one person)	\$	10,000	
					PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$	2,000,000	
					PRODUCTS - COMPROP AGG	\$	1,000,000	
A	AUTOMOBILE LIABILITY	AS2-645-004973-042	5/24/02	5/24/03	COMBINED SINGLE LIMIT (See record)	\$	1,000,000	
	ANY AUTO				BODILY INJURY (Per person)	\$		
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$		
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
	HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$		
	NON-OWNED AUTOS				OTHER THAN AUTO ONLY	EA ACC	\$	
					AGG	\$	5,000,000	
B	EXCESS LIABILITY	TH1-641-004973-052	5/24/02	5/24/03	EACH OCCURRENCE	\$	5,000,000	
	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$	5,000,000	
	DEDUCTIBLE					\$		
	RETENTION \$10,000					\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC2-645-004973-062	5/24/02	5/24/03	<input checked="" type="checkbox"/> WC STATE TORT LIMITS	OTH-ER	\$	500,000
					EL EACH ACCIDENT	\$	500,000	
					EL DISEASE - EA EMPLOYEE	\$	500,000	
					EL DISEASE - POLICY LIMIT	\$	500,000	
	OTHER							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 60 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

Susan S. Henderson
ACORD CORPORATION 1988

ACORD 25-S (7/97)