



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

Issued to Northport Realty Trust

LOCATION 383 Allen Avenue

Date of Issue May 26, 1987

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 86-1010, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

entire  
PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

drug store

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

5/26/87 W. H. Allen, Jr.  
(Date) Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

PERMIT # 002400 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Northport Realty  
 Address: 17 Monsignor O'Brien Highway, Cambridge, Mass 02041  
 LOCATION OF CONSTRUCTION: 383 Allen Avenue  
 CONTRACTOR: Coyne Signs SUBCONTRACTORS: 282-2400  
 ADDRESS: 92 Industrial Park Rd., 2nd floor

**For Official Use Only**

Date: <u>July 18, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$31.40</u>	

Est. Construction Cost: \_\_\_\_\_ Type of Use: Drug Store  
 Past Use: MAL. TO: LaVerdiere's, PO Box 1014, Waterville, Me 04901  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories: \_\_\_\_\_ Lot Size: attn; James Foote 873-1151  
 Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_  
 Conversion - Explain: Erect pole sign. 32 sq ft. 1 plot plan, visual

**COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE and consent form submitted.**  
 Residential Buildings Only:  
 # Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

**Foundation:**  
 1. Type of Soil: \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings Size: \_\_\_\_\_  
 4. Foundation Size: \_\_\_\_\_  
 5. Other \_\_\_\_\_

**Floor:**  
 1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Lsly Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_  
 4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.  
 5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

**Exterior Walls:**  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. No. windows \_\_\_\_\_  
 3. No. Doors \_\_\_\_\_  
 4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_  
 6. Corner Posts Size \_\_\_\_\_  
 7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
 10. Masonry Materials \_\_\_\_\_  
 11. Metal Materials \_\_\_\_\_

**Interior Walls:**  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

**Ceiling:**  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

**Roof:**  
 1. Truss or Rafter Size \_\_\_\_\_ Span AUG 1 1989  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 4. Other \_\_\_\_\_

**Chimneys:**  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

**Heating:**  
 Type of Heat: \_\_\_\_\_

**Electrical:**  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbings:**  
 1. Approval of soil test if required Yes No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures 0 x 0 R

**Swimming Pools:**  
 1. Type: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

**Zoning:**  
 District: R-2 Street Frontage Req.: \_\_\_\_\_ Provided \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

**Review Required:**  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shore and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 Date Approved: WJH 7-28-89

Permit Received By: Nancy Grosman  
 Signature of Applicant: \_\_\_\_\_ Date: 7/18/89

Signature of CEO: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Dates: \_\_\_\_\_  
 White-Tax Assessor \_\_\_\_\_ Yellow-GPCOG \_\_\_\_\_ White-Tag-GEORGE \_\_\_\_\_ © Copyright GPCOG 1987

4 made WJH

**PERMIT ISSUED**

**City Of Portland**

PLOT PLAN



FEE'S (Breakdown From Front)

Base Fee \$ 25.00 \_\_\_\_\_  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ 6.40 \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

Type

Inspection Record

Date

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant *[Handwritten Signature]*  
*AS AGENT FOR OWNER*

Date 7/18/29

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED  
TO BE ERECTED ON ~~A BUILDING~~ AT Roadway at 383 Allen Avenue  
IN PORTLAND, MAINE Northport Realty being the owner of the premises  
at Northport Business Park in Portland, Maine hereby gives consent to the  
erection of a certain sign owned by LAVERNIERES over the  
sidewalk or on the building from said premises as described in application  
to the Division of Inspection Services of Portland, Maine for a permit to  
cover the erection of said sign:

And in consideration of the issuance of said permit Northport Realty  
owner of said premises, in event said sign shall cease to serve the purpose  
for which it was erected or shall become dangerous and in event the owner of  
said sign shall fail to remove said sign or make it permanently safe in case  
the sign still serves the purpose for which it was erected, hereby agrees  
for himself or itself, for his heirs, its successors, and his or its  
assigns, to completely remove said sign is in such condition and of order  
from him to remove it.

RECEIVED  
JUL 18 1989

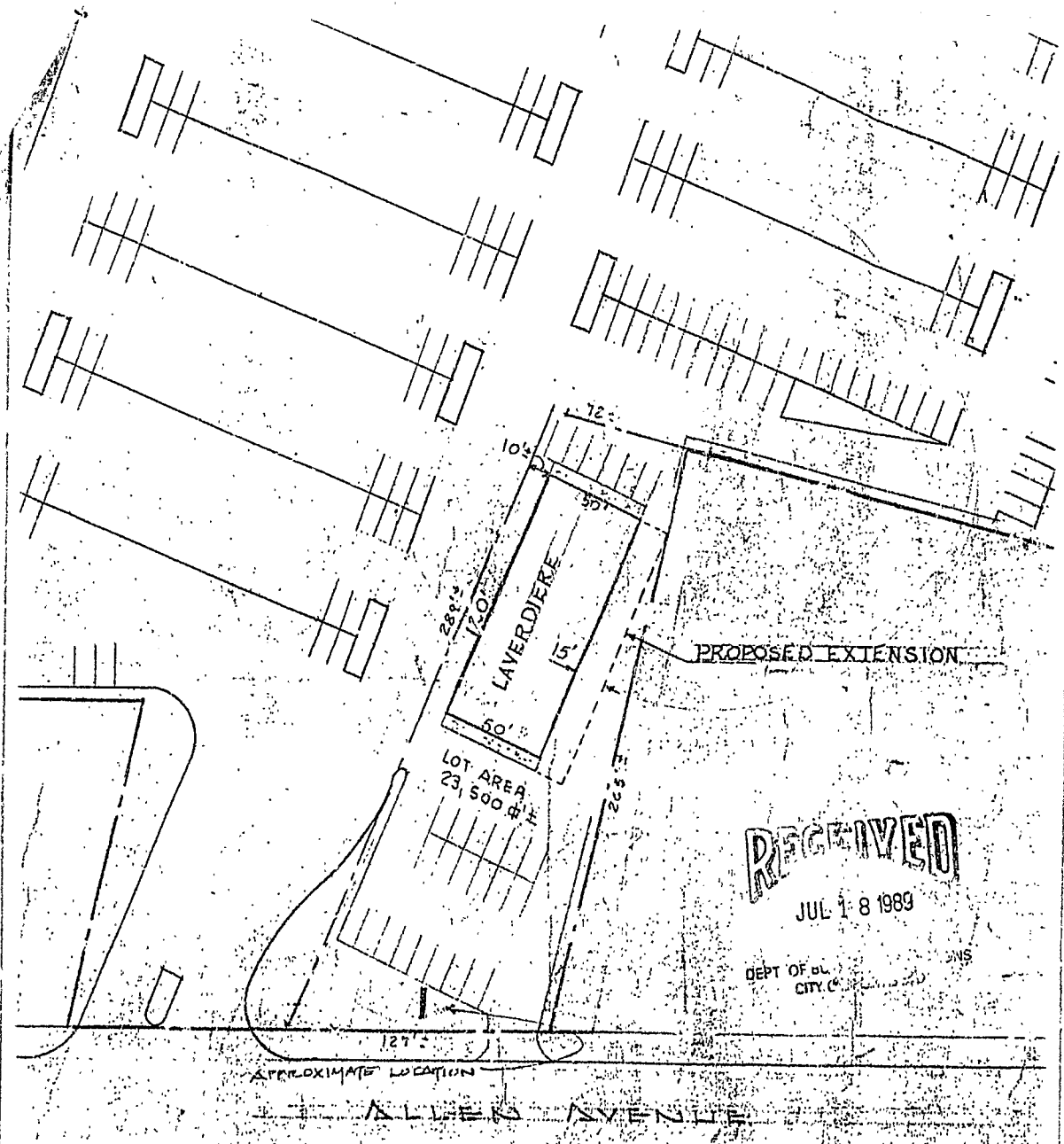
In Witness whereof, the owner of said premises has signed this consent and  
agreement this 11th day of July 19 89.

Ellen Moore  
Owner's signature Property  
Manager

[Signature]  
Lessee's signature Supervisor -  
Construction/Maintenance

DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND





**RECEIVED**

JUL 18 1989

DEPT OF PL. & ENV. MGMT.  
CITY OF LOS ANGELES

APPROXIMATE LOCATION  
ALLEN AVENUE

*25' x 20' x 32' S.F. = 31,400*

**B** PERMIT # \_\_\_\_\_ CITY OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

OWNER: LaVerdiere's Drug Store - Mike Woolf  
 Address: 383 Allen Avenue, Portland, 04103  
 LOCATION OF CONSTRUCTION 383 Allen Avenue  
 CONTRACTOR: Company owned sign SUBCONTRACTORS: 797-3815  
 ADDRESS: \_\_\_\_\_

For Official Use Only	
Date: <u>January 11, 1989</u>	Subdivision: <u>Yes / No</u>
Inside Fire Limits: _____	Name: _____
Blldg Code: _____	Lot: _____
Time Limit: _____	Block: _____
Estimated Cost: _____	Permit Expiration: _____
Value Structure: _____	Ownership: <u>Public</u> / <u>Private</u>
Fees: <u>\$20.00</u>	

Est. Construction Cost: \_\_\_\_\_ Type of Use: Drug Store  
 Past Use: \_\_\_\_\_  
 Building Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_  
 Conversion - Explain: Erect temporary sign (4'x8') for 2 months

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE from 1/16/89 to 3/16/89.  
 Residential Buildings Only:  
 # Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

Foundation:  
 1. Type of Soil: \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings Size: \_\_\_\_\_  
 4. Foundation Size: \_\_\_\_\_  
 5. Other: \_\_\_\_\_

Floor:  
 1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_  
 4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.  
 5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

Exterior Walls:  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. No. windows \_\_\_\_\_  
 3. No. Doors \_\_\_\_\_  
 4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_  
 6. Corner Posts Size \_\_\_\_\_  
 7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
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Interior Walls:  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

Ceiling:  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing JAN 12 1989  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 4. Other \_\_\_\_\_

Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating:  
 Type of Heat: \_\_\_\_\_

Electrical:  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing:  
 1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

Swimming Pools:  
 1. Type: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Zoning:  
 District: \_\_\_\_\_ Street Front: \_\_\_\_\_ Side: \_\_\_\_\_ Provided: \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shore & Floodplain Mgmt \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 Date Approved: \_\_\_\_\_

Permit Received By Nancy Grossman  
 Signature of Applicant Mike Woolf Date 1/11/89  
 Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_  
 Inspection Dates CKT

**PERMIT ISSUED**  
 City Of Portland

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

Location of Construction: 383 Allen Ave		Owner: Rite Aid		Phone:		Permit No: <b>950002</b>	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Bailey Sign 9 Thomas Dr		Address: Westbrook, ME 04092		Phone: 774-2843		Permit Issued: <b>JAN 3 1995</b>	
Past Use: Pharmacy		Proposed Use: Same <i>replace panels w/signs for new owner</i>		COST OF WORK: \$		PERMIT FEE: \$ 53.40	
Proposed Project Description: Erect Signage <i>1) 4x8 32 2) 5x10 56 3) 3x20 60 BLDG</i>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>4</i> Type: <i>150792</i>		CITY OF PORTLAND Zone: <i>102</i> CBL:	
Permit Taken By: Mary Gresik		Date Applied For: 17 Nov 94		Signature: <i>[Signature]</i>		Zoning Approval: <i>4-372 b, 5</i> 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 major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

**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 to agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application 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.

*Andrea Noyes*  
 SIGNATURE OF APPLICANT: Andrea Noyes ADDRESS: DATE: 17 Nov 94 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

Date: *11/17/94*  
*[Signature]*  
 CEO DISTRICT **7**  
*M.A. Jordan*

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

Location of Construction: 383 Allen Ave		Owner: Site Aid	Phone:	Permit No: <b>950002</b>
Owner Address:	Leasee/Buyer's Name:	Phone:	Business Name:	<b>PERMIT ISSUED</b> JAN 3 1995 CITY OF PORTLAND
Contractor Name: E. Bailey Sign	Address: 9 Thomas Dr Westbrook, ME 04092	Phone: 774-2843		
Past Use: Pharmacy	Proposed Use: Same w/signs <i>replace panel to allow for new window existing</i>	COST OF WORK: \$	PERMIT FEE: \$ 33.40	Zoning Approval: 14-372 b, 5, etc 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 <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Proposed Project Description: Erect Signage <i>4x8 32 9x12 56 3x12 60</i>	FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>BOC 123</i> Type: <i>1</i>	Signature: <i>[Signature]</i>	
Permit Taken By: Mary Cresik	Date Applied For: 17 Nov 94	Signature: Date:	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	

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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 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]* \_\_\_\_\_ 17 Nov 94  
SIGNATURE OF APPLICANT 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-Crew-Inspector

Action:  
 Approved  
 Approved with Conditions  
 Denied  
Date: *11/18/94*  
*[Signature]*

CEO DISTRICT *7*  
*M. Jordan*



COMMENTS

1-5-95 - 2 signs up per plans

1-11-95 - 3'x30' sign not yet up

1-18-95 - 3'x30' sign is up, also sign (Plastic about 5x8' over front entrance) and small sign on driveway on North side parking lot side check w/ zoning

Type	Inspection Record	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final: <i>JOSE X</i>	_____	<i>1-19-95</i>
Other:	_____	_____

NORTHWEST

WEST POST  
RACE  
4002

ok  
Andrew  
TE

replace  
panels  
same  
only size

10'-0"

2" Mt.

NOT  
HERE

Zone

1954  
"R"  
7069  
151-120  
P. 1/10/54

5'-0"

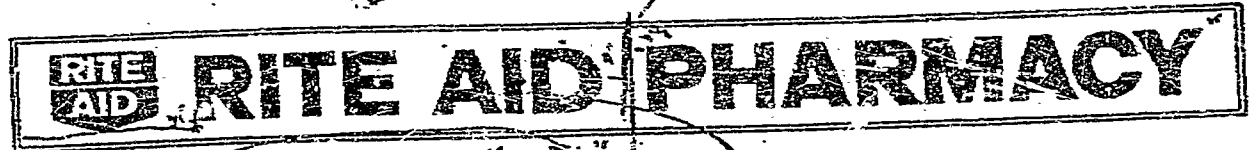
Zone

14"  
"P"  
11-626  
109-100  
P. 1/10/54

RITE AID  
PHARMACY

*White*  
*H. Gordon*  
*36" x 1 1/2"* - *NORTHPORT*

3'-0"  
2'-10 1/2"



2'-2"  
LOGO

- ① LOGO 26" x 31"
- ② TEXT 20 1/2" x 295"

1 FACE REPLACEMENT for EXISTING 3'-0" X 30'-0" INTERN. ILLUM. SIGN EXISTING RET. = 1 1/2"

*Replacing Panels  
only - same size*

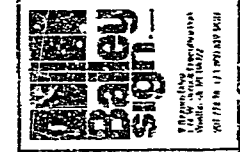


NORTH PORT

# RITE AID PHARMACY

1478  
LOGO

PLEASE NOTE:  
Rite Aid Pharmacy is a registered trademark of Rite Aid Corporation. All other trademarks are the property of their respective owners. © 1994 Rite Aid Corporation. All rights reserved.



CLIENT:  
RITE-AID PHARMACY  
LOCATION:  
STORE #19  
NORTH PORT PLAZA  
PORTLAND, ME

SALES PERSON:  
A. MOYES

ADVERTISER:  
L.W. MERRIFIELD

REMARKS:  
SIGNAGE DELETE LOG ADDRESS AD

REV # 39E2

SCALE AS INDICATED DATE 5/19/94

ACCEPTANCE SIGNATURE

DRAWING NO 02696 R1

2 - FACE REPLACEMENTS OF EXISTING 4' 3" X 8' 0" D.F. INTERN. ILLUM. SIGN (SGNTECH CAB. W/ 1 1/2" RET.)

FACE & WHITE LETTER COPY COPY OF DISTRIBUTION ASS-O-MIN SEBERT TRANS DATA RED

*Existing signs*  
*Replacing panels only - same size*

## DRAWING REDUCED FOR FAX



DATE: 5/19/94  
BY: L.W. MERRIFIELD



# RITE AID PHARMACY

*Northport  
Freestanding*

2 - FACE REPLACEMENTS for EXISTING 4'-0" X 8'-0" D.F. INTERN. ILLUM. SIGN (SIGNTECH CAB. W/ 1 1/2" REI)

SCALE 1" = 1'

FACE - WHITE LENS COPY COLOR DESIGNS BASE SHEET PANS DARK RED

DRAWING REDUCED  
FOR FAX

SCALE 110



**PLEASE NOTE:**  
 THIS SIGN IS A TRADEMARK OF SIGNTECH, INC. AND IS NOT TO BE REPRODUCED OR USED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF SIGNTECH, INC. ALL RIGHTS RESERVED. SIGNTECH, INC. IS NOT RESPONSIBLE FOR ANY DAMAGE TO PROPERTY OR PERSONS ARISING FROM THE USE OF THIS SIGN. SIGNTECH, INC. IS NOT RESPONSIBLE FOR ANY DAMAGE TO PROPERTY OR PERSONS ARISING FROM THE USE OF THIS SIGN. SIGNTECH, INC. IS NOT RESPONSIBLE FOR ANY DAMAGE TO PROPERTY OR PERSONS ARISING FROM THE USE OF THIS SIGN.

**RITE AID SIGN**  
 RITE AID SIGN  
 RITE AID SIGN

NO. 10007  
 RITE-AID PHARMACY  
 LOCATION  
 STORE #19  
 NORTH PORT PLAZA  
 PORTLAND, ME

SALES PERSON  
 A. NOYES

DRAWN BY  
 L.W. MERRIFIELD

NO. 10007  
 RITE-AID PHARMACY  
 LOCATION  
 STORE #19  
 NORTH PORT PLAZA  
 PORTLAND, ME

PE # 3982

SCALE DATE  
 ASSOCIATED 5/19/94

ACCEPTANCE SIGNATURE DATE

DRAWING NO. 02896 R1

DESIGNED BY  
 L.W. MERRIFIELD