

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 080128

PERMIT ISSUED

FEB 29 2008

This is to certify that HANNAFORD BROS CO # C/NeoKraft Signshas permission to Attach University Health Center sign to the buildingAT 295 FOREST AVE

034A C001001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procedure before this building or part thereof is started or service closed-in 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-0128	Issue Date:	CBL: 034A C001001
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Location of Construction: 295 FOREST AVE	Owner Name: HANNAFORD BROS CO #351C	Owner Address: PO BOX 1000	Phone:
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-2

Past Use: Commercial - University Health Care	Proposed Use: Commercial - University Health Care with attached signage.	Permit Fee: \$170.00	Cost of Work: \$0.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> <i>TBC 2003</i>	

Proposed Project Description:
Attach University Health Care sign to the building.

Signature: *[Signature]*

Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

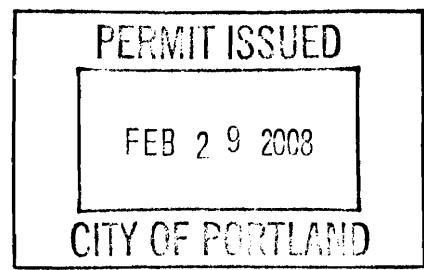
Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: lmd	Date Applied For: 02/12/2008	Zoning Approval	
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- This permit application does not 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..

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"/> OK Date: <i>2/14/08</i> <i>ABM</i>	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 Date: _____	Historic Preservation <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 <i>ABM</i> Date: _____
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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.

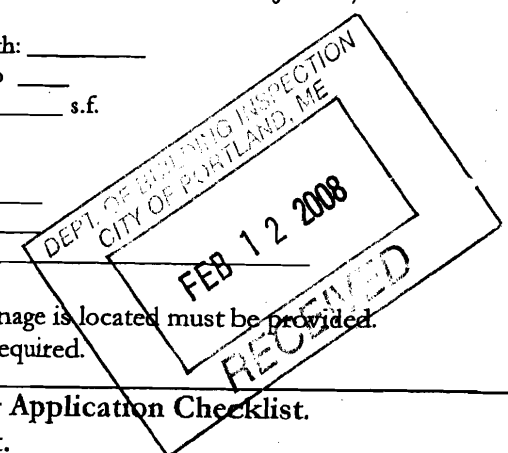
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



Signage/Awning Permit Application

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>295 Forest Avenue</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Hannaford Bros. Co Etal</u> <u>P.O. Box 1000</u> <u>Portland, ME 04104</u>	Telephone: <u>307-883-2911</u>
Lessee/Buyer's Name (If Applicable) <u>University Health Care</u> <u>Div. of University of New England</u> <u>295 Forest Avenue</u> <u>Portland, ME 04101</u>	Contractor name, address & telephone: <u>Neokraft Signs Inc.</u> <u>686 Main St.</u> <u>Lewiston, ME 04240</u> <u>207-782-9654</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>170.00</u> Awning Fee= cost of work _____ Total Fee: \$ <u>170.00</u> 70 sq. ft.
Who should we contact when the permit is ready: <u>Shane Moffett</u> phone: <u>782-9654</u>		
Tenant/allocated building space frontage (feet): Length: _____ Height: <u>see attached</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>Multi tenant lot</u>		
Current Specific use: <u>Health Care Facility</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>Logo is 3'-4" x 6'-0"</u> <u>letters are 1'-6" x 18'-0" & 1'-6" x 15'-4"</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 <input checked="" type="checkbox"/> No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ 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, 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.

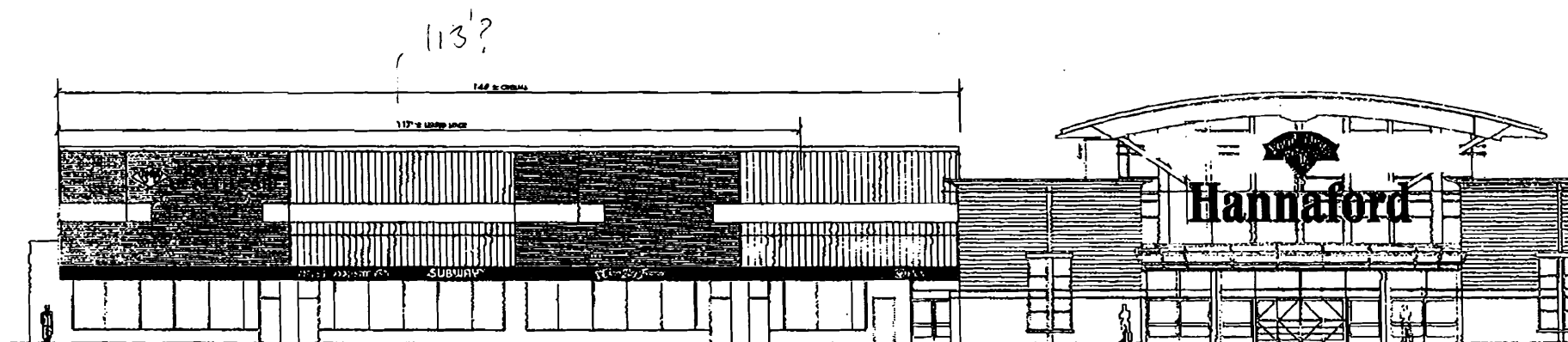
Signature of applicant: Shane Moffett Shane Moffett Date: 2-7-08
Neokraft Signs Inc.

This is not a permit; you may not commence ANY work until the permit is issued.

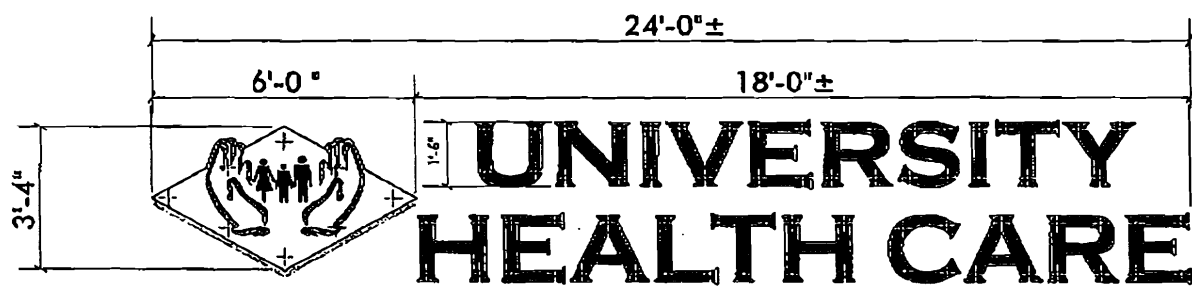
52 - < 150' 1.5 x 113 = 169.5

total area of outline = 908

OK



ELEVATION
NO SCALE



FORMED PLASTIC LETTERS AND TRIMMED LOGO
SCALE: 3/8"=1'-0" (1) REQUIRED

LETTERS: GEMINI COPPERPLATE GOTHIC, BLUE

University
Health Care
4612

Location: Hannaford Plaza
Forest Ave,
Portland, ME

Drawing No: 1 of 7

Drawn by: PL

Date: 02.16.2006

Gen Ref:



Neokraft

Neokraft Sign Inc. 880 Hobbs Blvd
Lowell, MA 01850 1.800.529.2336



Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- Certificate of flammability required for awning or canopy.
- A UL# is required for lighted signs at the time of final inspection.
- Pre-application questionnaire completed and attached.
- Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, \$9.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.



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	02.8.2008
		Job No.	4612
		Re.	UNIV. HEALTH CARE PERMITS MAIL

Item	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Under separate cover	
	<input checked="" type="checkbox"/> Shop Drawings	<input type="checkbox"/> Prints	<input type="checkbox"/> Samples	<input checked="" type="checkbox"/> Specifications
	<input checked="" type="checkbox"/> Copy of letter	<input type="checkbox"/> Change Order	<input type="checkbox"/> Other	

Copies	Date	No.	Description
1 set	02.08.2008	4612	(1) SIGN PERMIT APPLICATION, (1) LANDLORD AUTHORIZATION LETTER, LIABILITY AND WORKERS' COMPENSATION INSURANCE CERTIFICATES, (2) DRAWINGS, ENGINEERED SPECIFICATIONS, BUILDING ELEVATIONS, AND (1) CHECK NUMBER #8994 FOR \$170.00 TO OBTAIN A PERMIT FOR UNIVERSITY OF HEALTH CARE LOCATED ON 295 FOREST AVENUE.

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 go ahead and mail permits to my attention upon approval.

Copy to

From SHANE MOFFETT

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT



Hannaford Bros. Co.

January 22, 2008

Bill Bola,
Director of Contract Services
Purchasing and Risk Management
University of New England
11 Hills Beach Road
Biddeford, ME 04005

RE: Tenant Signage Approval – University Health Care for Kids
Hannaford #351, 295 Forest Avenue, Portland, ME

Dear Bill:

This letter is sent to confirm our approval of the signage plan, dated February 16, 2006, to replace the building sign for University Health Care for Kids at the above location.

We ask that you coordinate the sign installation with the store manager, Dale Kinney and me. Your contractor has provided us with a Certificate of Insurance. Please have them send me an updated Certificate of Participation for Workers' Compensation. The one I received expired at the end of last year.

Once your lease expires and University Health Care for Kids vacates the premises, you are responsible to remove the sign and make repairs to the front of the building.

If you have any questions, please contact me at 207.885.3204.

Sincerely,

Linda Morin

Linda Morin
Property Manager

Enclosure

cc: K. Forni, D. Kinney (SM), N. Devoe-Watson (DM)

ACORD CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
10/31/2007

 PRODUCER (207)283-1486 FAX (207)283-4258
Paquin & Carroll Insurance
 260 Main St.
 P.O. Box 356
 Biddeford, ME 04005

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.

 INSURED **University of New England**
11 Hills Beach Road
Biddeford, ME 04005

INSURERS AFFORDING COVERAGE

NAIC #

 INSURER A: **United Educators Insurance**

INSURER B:

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 LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	CGL200600048600	10/13/2007	10/13/2008	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$

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

As respects general liability, certificate holder and any other person is an additional insured when required by contract, agreement or permit

CERTIFICATE HOLDER

City of Portland
389 Congress Street
Portland, ME 04101

CANCELLATION

 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **10** 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Donald J. Ballute

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

12/27/2007

PRODUCER (207)783-2246 Champoux Insurance Agency 416 Sabattus St PO Box 220 Lewiston, ME 04243-0220	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	NAIC #
INSURED Neokraft Signs, Inc. 686 Main St Lewiston, ME 04240	INSURER A: Hanover Insurance Company	
	INSURER B:	
	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 ADD'L LTR INSR	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 checked="" type="checkbox"/> Per project occur GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	OBP7903334-03	09/01/2007	09/01/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" 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	ABP7359711-03	09/01/2007	09/01/2008	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	UHP7903387-03	09/01/2007	09/01/2008	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Hannaford Bros. Co. including all subsidiaries and affiliates thereof and University of New England are named Additional Insured
 10 Day notice of cancellation required in Maine for non-payment of premium

CERTIFICATE HOLDER

Hannaford Bros. Co. Etal Attn: Andy Boyt PO Box 1000 Portland, ME 04104	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Jane Belanger/JLB
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MMTA WORKERS' COMPENSATION TRUST

142 WHITTEN ROAD P.O. BOX 5198 AUGUSTA, MAINE 04332-5198 PH. (207) 623-1807 FAX (207) 622-6804

CERTIFICATE OF PARTICIPATION

Member Name: NEOKRAFT SIGNS, INC.

Member #: NE0008B

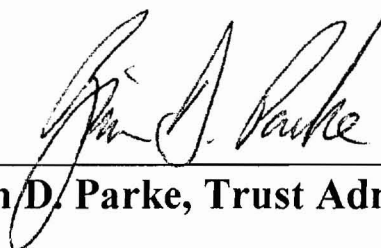
Coverage Period: January 1, 2008 through December 31, 2008

COVERAGE LIMITS PER OCCURRENCE

WORKERS' COMPENSATION - STATUTORY LIMITS
(Excluding discrimination as set forth in MRSA Title 39-A, Sections 218 and 353)

EMPLOYERS LIABILITY - \$1,000,000

This Certificate of Participation is issued pursuant to Rule Chapter 250 §III (O)(3)(a). It is the responsibility of the certificate holder to verify that group self-insured coverage for the above referenced member is still in force.



Brian D. Parke, Trust Administrator

RECEIVED JAN 7 2008

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-0128	Date Applied For: 02/12/2008	CBL: 034A C001001
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Location of Construction: 295 FOREST AVE	Owner Name: HANNAFORD BROS CO #351C	Owner Address: PO BOX 1000	Phone:
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: Commercial - University Health Care with attached signage.	Proposed Project Description: Attach University Health Care sign to the building.
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 02/14/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 02/22/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

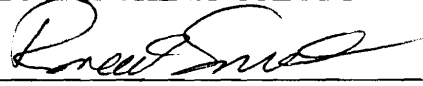
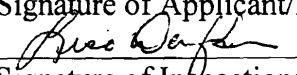
_____ Footing/Building Location Inspection:	Prior to pouring concrete
_____ Re-Bar Schedule Inspection:	Prior to pouring concrete
_____ Foundation Inspection:	Prior to placing ANY backfill
_____ Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling
_____ Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

CALL WHEN SIGN IS COMPLETED

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects **DO** require a final inspection

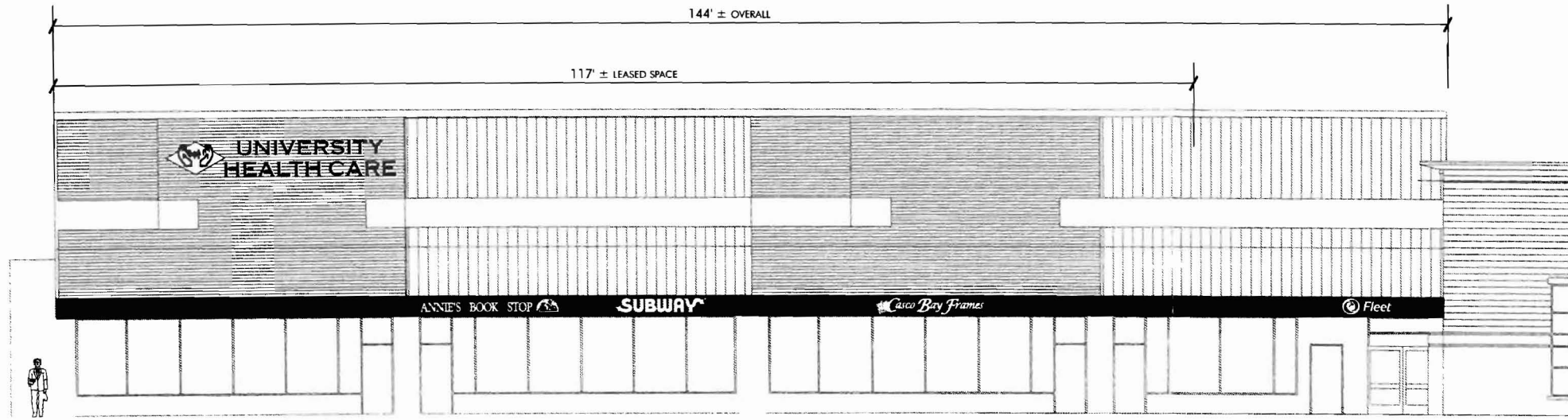
_____ **If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

_____ **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

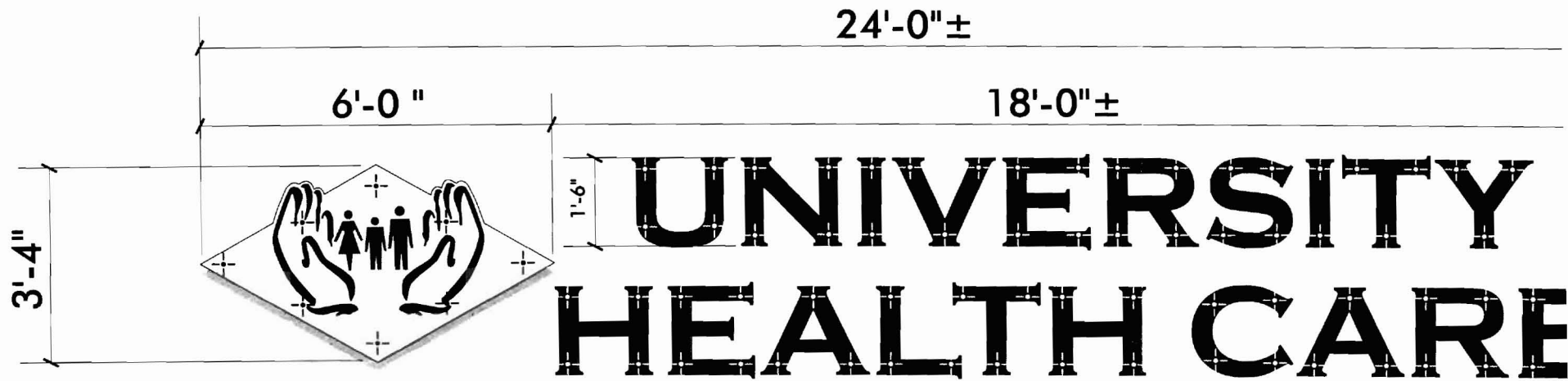
	<u>2-29-08</u>
Signature of Applicant/Designee	Date
	<u>2/29/2008</u>
Signature of Inspections Official	Date

CBL: 341A C001

Building Permit #: 08-128



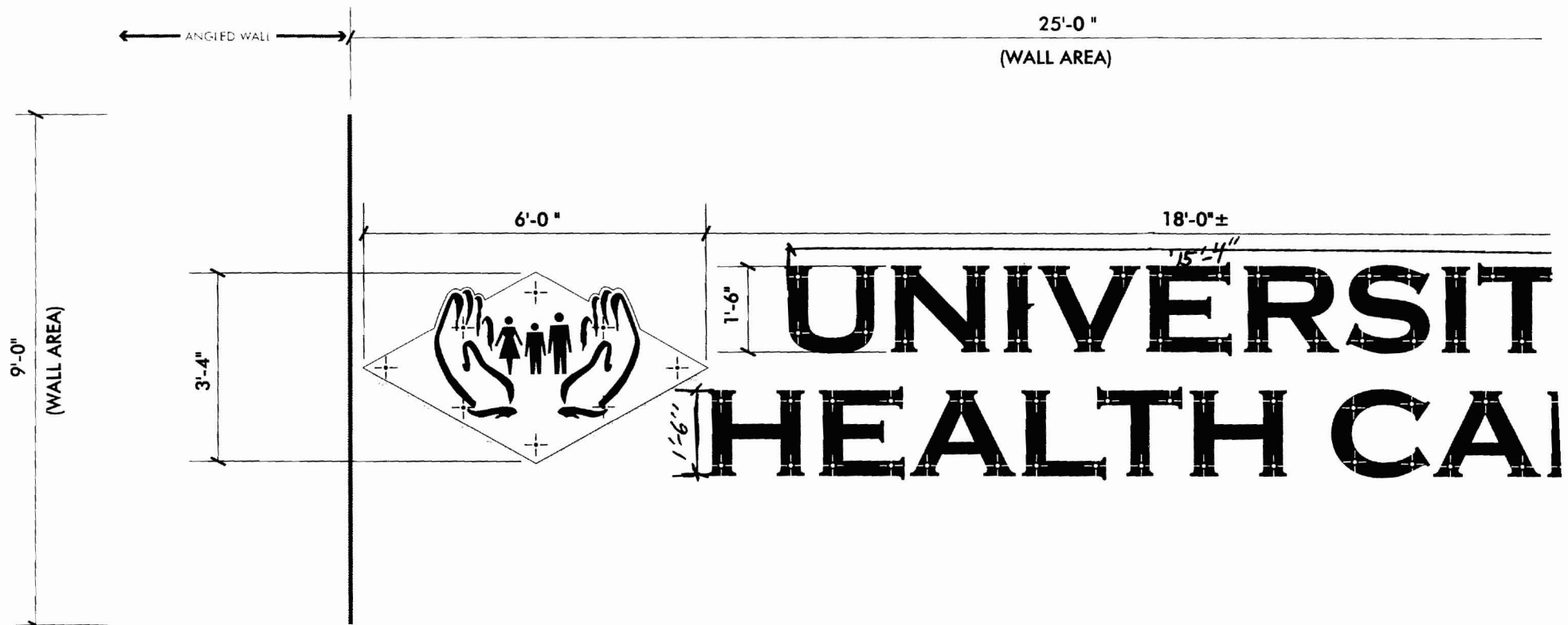
ELEVATION
NO SCALE



LETTERS: GEMINI CO

FORMED PLASTIC LETTERS AND TRIMMED LOGO

SCALE: 3/8" = 1'-0" (1) REQUIRED



LOGO: 1/4" THICK WHITE ACRYLIC WITH 1" WHITE TRIM-CAP MOUNTED WITH STUDS AND BLOCKS; GSP SLATE GRAY [230-61] AND GSP PROCESS BLUE [230-337]

LETTERS: GEMINI COPPERPLATE GOTHIC, BLUE

375

6x3 = 18
 $40" \times 37" = 20\phi$
 $18" \times 184" = 23\phi$
 $1.5 \times 18 = \frac{27}{70\phi}$

total area of outline.

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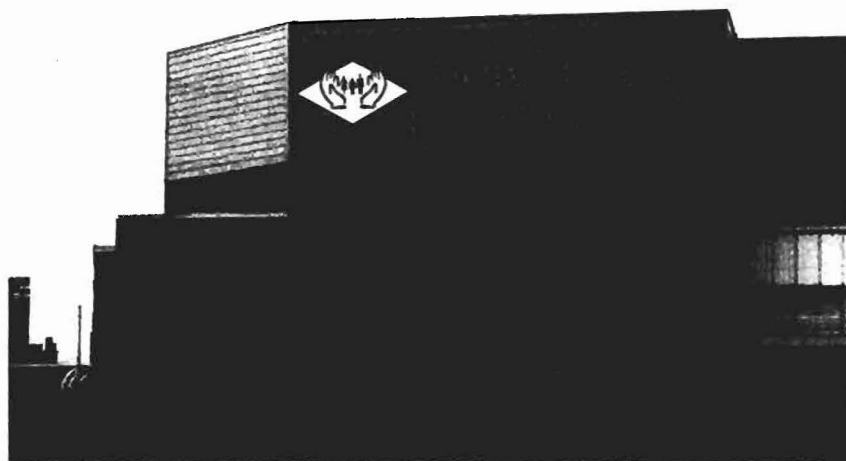
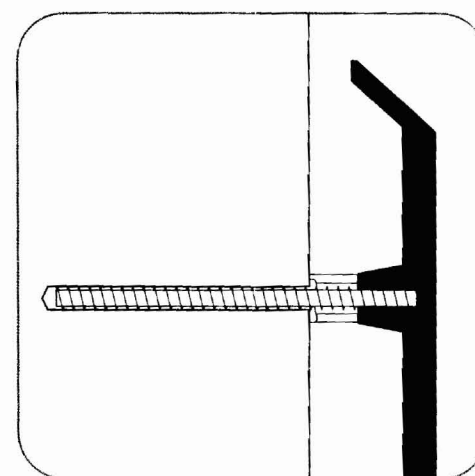


PHOTO COMPOSITE
NOT TO SCALE



ALUMINUM STUDS, SET AND SEALED IN HOLES WITH SILICONE ADHESIVE

STUD-MOUNTING DETAIL
HALF-SCALE

Letter Depth (in.)	Letter Height (in.)
1	18

Screw minor thread diameter (in.)	Screw Area (psi/each)
0.25	0.049

Assumptions and Factors:
 The point of failure will be at the screw thread diameter.
 144 mph wind speed is assumed.
 Tensile strength at break is assumed.
 Average face area of a letter is assumed.