

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

Location of Construction: <b>48 Free St</b>		Owner: <b>Cotton St Assoc.</b>		Phone:		Permit No: <b>960674</b> <b>PERMIT ISSUED</b> Permit Issued: <b>JUL 12 1996</b> <b>CITY OF PORTLAND</b> Zone: <b>3-7</b> CBL: <b>038-1018</b> Zoning Approval: OK - S <i>[Signature]</i> <b>Special Zone or Reviews:</b> <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"/>		
Owner Address:		Leasee/Buyer's Name: <b>Harvard Pilgrim Health Care</b>		Phone:			Business Name:	
Contractor Name: <b>Signature Signs</b>		Address: <b>P.O. Box 1923 Portland, ME 04104</b>		Phone: <b>883-2500</b>			COST OF WORK: \$ PERMIT FEE: \$ <b>31.00</b> FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: Signature:	
Past Use: <b>office</b>		Proposed Use: <b>Same w/signage</b>		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> 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 Historic Preservation <input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	
Proposed Project Description: <b>Erect Signage 2 @ (1 x 15)</b>				Permit Taken By: <b>Mary Greak</b> Date Applied For: <b>18 April 1996</b>				

1. This permit application doesn't 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 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 OF APPLICANT *[Signature]* ADDRESS: DATE: **18 April 1996** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT **2**

*T. Munson*



# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 269-3826

## PROPERTY ADDRESS

Town Or Plantation	YORKLAND
Street Subdivision Lot #	48 1913 ST.
<b>PROPERTY OWNERS NAME</b>	
FOUR RIVER CO.	
Last: <u>SMITH</u>	First: <u>EDWARD</u>
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	45 W. PLEASANT ST. WESTPORT, ME 04092

PORTLAND 5782 TOWN COPY

Date Permit Issued: 10/26/96 \$ 12 FEE  Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 0124

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Edward E. Smith 10/26/96  
Signature of Owner/Applicant Date

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Tammy Munson 9-96  
Local Plumbing Inspector Signature Date Approved

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>COMMERCIAL RESIDE</u>	<b>Plumbing To Be Installed By:</b> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER  LICENSE # <u>MS 0110 02820</u>
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	Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1		
		Number	Type of Fixture	Number	Type of Fixture	
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  Number of Hook-Ups & Relocations  \$ Hook-Up & Relocation Fee  <b>OR</b> TRANSFER FEE [\$6.00]		Hosebibb / Sillcock		Bathtub (and Shower)	
			Floor Drain		Shower (Separate)	
				Urinal		Sink
				Drinking Fountain	1	Wash Basin
				Indirect Waste	1	Water Closet (Toilet)
				Water Treatment Softener, Filter, etc.		Clothes Washer
				Grease / Oil Separator		Dish Washer
				Dental Cuspidor		Garbage Disposal
				Bidet		Laundry Tub
				Other: _____		Water Heater
			<b>Fixtures (Subtotal) Column 2</b>	0, 3	<b>Fixtures (Subtotal) Column 1</b>	
				0, 0	<b>Fixtures (Subtotal) Column 2</b>	
				3	<b>Total Fixtures</b>	
				\$	<b>Fixture Fee</b>	
				\$	<b>Transfer Fee</b>	
				\$	<b>Hook-Up &amp; Relocation Fee</b>	
				\$ 12.	<b>Permit Fee (Total)</b>	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 48 Free St. Portland, Me. ZONE: B-3

OWNER: Harvard Pilgrim health care

APPLICANT: Signature Signs Inc.

ASSESSOR NO.: \_\_\_\_\_

SINGLE TENANT LOT? YES \_\_\_\_\_ NO

MULTI TENANT LOT? YES  NO \_\_\_\_\_

FREESTANDING SIGN? YES \_\_\_\_\_ NO  DIMENSIONS \_\_\_\_\_  
(ex. pole sign..)

MORE THAN ONE SIGN? YES  NO \_\_\_\_\_ DIMENSIONS \_\_\_\_\_

BLDG. WALL SIGN? YES  NO \_\_\_\_\_ DIMENSIONS 20" x 15'  
(attached to bldg) <sub>1.66</sub> = 24.9 ft

MORE THAN ONE SIGN? YES  NO \_\_\_\_\_ DIMENSIONS \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: no signage at site now. OK

LOT FRONTAGE (FEET) 70.88' Along Free St - 157' Along Center St on A corner lot

→ BLDG FRONTAGE (FEET) 2 x 70' = (140')

AWNING YES \_\_\_\_\_ NO  IS AWNING BACKLIT? YES \_\_\_\_\_ NO \_\_\_\_\_

HEIGHT OF AWNING: \_\_\_\_\_

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? \_\_\_\_\_

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS ARE ALSO REQUIRED.



New GMN, Inc.

5 Milk Street P.O. Box 7525 Portland, Maine 04112 (207) 772-6404

March 29, 1996

Jim Zolner  
Harvard Pilgrim Health Care  
10 Brookline Place West  
Brookline, MA 02146-7229

PROPERTY  
APR 01 1996  
MANAGEMENT

Dear Jim,

We have authorized Stu Smith at Signature Signs to proceed with permits and installation of your signs at 48 Free Street in Portland. The signs will be attached with 3/16" aluminum studs, which Stu advises us will be removable at the end of your term, leaving a clean hole which can be patched. Please sign and return a copy of this letter to indicate Harvard Pilgrim's agreement to have the letters removed and holes patched at the end of your lease term.

Sincerely,



Peter W. Qucsada

c: Stu Smith



Read and agreed to by Harvard Pilgrim Health Care  
by: JAMES W. ZOLNER  
IS: MANAGER - REAL PROPERTY ADMINISTRATION

STW:

NOTE: ORIGINAL EXECUTED  
COPY SENT TO  
PETER QUCSADA ON  
4-1-96.



**Controlled Risk Insurance Company of Vermont, Inc.**  
**(A Risk Retention Group)**  
**Burlington, Vermont**

**Certificate of Insurance**

Date: March 29, 1996

To: SIGNATURE SIGNS, INC.  
PORTLAND, ME

Named Insured: HARVARD PILGRIM HEALTH CARE, INC.

**Coverage**

**Limits of Liability**

Part I: Professional Liability

\$5,000,000 each claim, \$10,000,000 annual aggregate each Individual Insured, medical trust, partnership or corporation, except a member of the Risk Management Foundation.

Part II: Commercial General Liability

\$5,000,000 each claim.

**Policy Number:**

CRV10021HCHP-0001

**Policy Period:**

Jan 1, 1996 To Dec 31, 1996

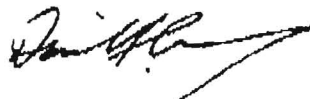
**Special Provisions:**

This certificate is issued in connection with a sign being put at 48 Free Street, Portland, Maine, by the Named Insured.

Should the above described policy be cancelled before the expiration date thereof, the Company will endeavor to mail 30 days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the Company.

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy. It is furnished as a matter of information only, and is issued with the understanding that the rights and liabilities of the parties will be governed by the original policy.

**Controlled Risk Insurance Company of Vermont, Inc.**



**Daniel F. Creasey, President**

12 Railway Road • Scarborough, Maine 04074 • Tel (207) 883 2500 • fax (207) 883-1033  
P.O. Box 1023 • Portland, Maine 04104

**OWNERS CONSENT AND AGREEMENT**

I, UWG MN, Inc, being the owner of the premises located at  
(print property owners name)

48 Free Street in Portland, Maine, hereby give consent to the  
(print property address)

erection of a certain sign/awning/banner owned by Harvard Pilgrim Health Care  
(print lessee's name)

over the sidewalk or on building from said premises as described in  
application to the Division of Inspection services.

And in consideration of the issuance of said permit, 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.

[Signature]  
Signature of Property Owner

3/29/96  
Date

[Signature]  
Signature of Lessee

4/4/96  
Date

MANAGER - PERM PROPERTY ADMINISTRATION  
HARVARD PILGRIM HEALTH CARE, INC.