| Form # P 04                                     | DISPLAY   | THIS                      | CARD                                | ON                     | PRINCIPAL   | . FRONT                         | AGE OF                                     | WORK  |
|---|---|---------------------------|-------------------------------------|------------------------|---|---------------------------------|--|---|
| Please Read<br>Application An<br>Notes, If Any, | d   |                           | BU                                  |                        |   |                                 | _  |   |
| Attached  |   |                           | <b>A A A A A</b>                    |                        |   |                                 | PERMI                                      | TISSUED   |
|   | y thatMAIN  |                           |                                     |                        | ak_St le (1)  | 11'4"<br>6.5' F St Si           | de (1) 12' x 14615'                        | Qivac Qatter Side   |
| AT <u>110 FREE</u>                              |   |                           |                                     |                        |   | 039                             | -C001001                                   | -   |
| of the prov                                     |   | e Statul                  | tes of Ma                           | a e a                  | nd of the Or  | fices of                        | the City of                                | ክ <b>¤ៃ)rcland</b> ply with all<br>Portland regulating<br>pplication on file in |
| this depar                                      | tment.  | 75                        |                                     |                        |   |                                 |  |   |
| Apply to Pu<br>and grade i<br>such inform       | ublic Works for s<br>if nature of work<br>nation. | street line<br>k requires | Noti<br>give<br>befo<br>lath<br>HOL | nd w<br>this<br>contor | n of espectio or<br>vrittes permissio<br>building or partin<br>othes were building<br>TICE IS REQUIRE | rocured<br>ereof is<br>I-in. 24 | procured by                                | of occupancy must be<br>owner before this build-<br>ereof is occupied.          |
| OTHE  | R REQUIRED APPR                                   | OVALS                     |                                     |                        |   |                                 | $\Lambda$                                  |   |
|   |   |                           |                                     |                        |   |                                 | - <sup><math>i <math>1</math></math></sup> |   |
|   |   |                           |                                     |                        |   | -K                              |  |   |
|   |   |                           |                                     |                        |   | $\langle$                       | JUT  |   |
|   | Department Name                                   |                           | PENALT                              | Y FOI                  | R REMOVING 1  | THIS CARD                       | Director - Building &                      | Inspection Services   |



| <b>City of Portland, Maine</b>                             | - Building or Use                      | Permit Application                  | n Per          | mit No:         | Issue Date:        | CBL:            |                   |
|--|--|-------------------------------------|----------------|-----------------|--------------------|-----------------|-------------------|
| 389 Congress Street, 04101                                 |  |                                     | 09-1407        |                 | 039 C0             | 01001           |                   |
| Location of Construction: Owner Name:                      |  |                                     | Owner          | r Address:      | <u> </u>           | Phone:          |                   |
| 110 FREE ST  | FREE ST MAINEHEALTH                    |                                     |                | CONGRESS S      | ST STE 600         |                 |                   |
| Business Name:   | :                                      | Contra                              | actor Address: |                 | Phone              |                 |                   |
|  | Maine Health                           |                                     | 465 0          | Congress St St  | uite 600 Portlan   | d 2075417.      | 559               |
| Lessee/Buyer's Name  | Phone:                                 |                                     | Permi          | t Type:         |                    | •               | Zone:             |
|  |  |                                     | Sign           | ns - Permanent  | :                  |                 | B-3_              |
| Past Use:  | Proposed Use:                          |                                     | Permi          | it Fee:         | Cost of Work:      | CEO District:   | 7                 |
| Commercial - office - Maine H                              | lealth Commercial -                    | office Maine Health -               | ļ              | \$2,920.00      | \$2,920.00         | 1               |                   |
|  |  | $nners - (1) 16' \times 30'$        | FIRE           | DEPT:           | Appioveu           | PECTION:        |                   |
|  |  | ) $\frac{f2^{1}x}{f2^{1}x}$ Free St |                | 117             | <b>De</b> nied Use | Group: U        | Type: Sig<br>2005 |
|  | Side (1) 12 x<br>Side                  | 16.5' Civic Center                  |                |                 |                    | -RA             |                   |
|  |  |                                     |                | 10 / P          | T                  | The             | 1                 |
| Proposed Project Description:                              |  | 3"× 11 <sup>1</sup> 4"              |                |                 |                    | k               |                   |
| install three banners - $(1)$ 16' x                        | . ,                                    | <del>2' x 16.5'</del> Free St Side  | Signat         | _               |                    | gnature:        |                   |
| (1) 12' x 16.5' Civic Center Sid                           | ie                                     |                                     | PEDE           | STRIAN ACTIV    | TITIES DISTRICT    | (P.A.D.) for sh | ut.               |
|  |  |                                     | Action         | n: 🗌 Approve    | d Approved         | w/Conditions    | Denied            |
|  |  |                                     | Signat         | D-1             |                    | Date: 17        | anja              |
| Downit Takon Du  | Data Applied For                       |                                     | Sigila         | <u> </u>        | tudows             |                 | <u>29/p(</u>      |
| Permit Taken By:<br>Ldobson                                | <b>Date Applied For:</b><br>12/11/2009 |                                     |                | Zoning.         | Approval ()        | udty 1          | 12/10             |
|  |  | Special Zone or Revie               | ws             | Zoning          | Appeal             | Historic Pres   | servation         |
| 1. This permit application do<br>Applicant(s) from meeting |  | _                                   |                |                 |                    | ,               | 1                 |
| Federal Rules.   | applicable State and                   | Shoreland                           |                |                 |                    | 🗹 Not in Distri | ct or Landmark    |
|  | the day of the set of the set          |                                     |                | Miscellaneous   |                    |                 | quire Review      |
| 2. Building permits do not in septic or electrical work.   | clude plumbing,                        | Wetland                             |                |                 |                    |                 | quite Keview      |
| <ol> <li>Building permits are void</li> </ol>              | if work is not started                 | Flood Zone                          |                | Conditional Use |                    | Requires Re     | view              |
| within six (6) months of th                                |  |                                     |                |                 |                    |                 |                   |
| False information may inv                                  |  | Subdivision                         |                | Interpretation  |                    | Approved        |                   |
| permit and stop all work                                   | C C                                    |                                     |                |                 |                    |                 |                   |
|  |  | Site Plan                           |                | Approved        | l                  | Approved w      | Conditions        |
|  |  |                                     |                |                 |                    |                 |                   |
|  |  | Maj 🦳 Minor 🦳 MM                    |                | Denied          |                    | Denied          |                   |
| PERMIT IS  | SUED                                   | ່ ວ <b>≮</b> ,                      |                |                 |                    | from            |                   |
|  |  | Date: 12 33 29 19                   | an I           | Date:           |                    | Date:           |                   |
| JAN 27   | 2010                                   |                                     |                | L               |                    |                 |                   |
|  |  |                                     |                |                 |                    |                 |                   |
| · .  |  |                                     |                |                 |                    |                 |                   |

#### **CERTIFICATION**

City of Portland

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 | <u> </u> | DATE | PHONE |

| City of        | f Portland, Ma   | ine - Buil  | ding or Use Permit   | t                                      | Permit No:  | Date Applied For:     | CBL:                             |  |  |  |  |
|----------------|--|---|--|--|---|-----------------------|----------------------------------|--|--|--|--|
| 389 Co         | ngress Street, 04  | 101 Tel: (1   | 207) 874-8703, Fax: (  | (207) 874-8716                         | 09-1407   | 12/11/2009            | 039 C001001                      |  |  |  |  |
| Location       | of Construction:   |   | Owner Name:  |  | wner Address:                                     |                       | Phone:                           |  |  |  |  |
| 110 FR         | EE ST  |   | MAINEHEALTH  | 4                                      | 465 CONGRESS S                                    | ST STE 600            |                                  |  |  |  |  |
| Business       | Name:  |   | Contractor Name:   | c                                      | Contractor Address:                               |                       | Phone                            |  |  |  |  |
|                |  |   | Maine Health   | 4                                      | 465 Congress St Suite 600 Portland (207) 541-7559 |                       |                                  |  |  |  |  |
| Lessee/B       | uyer's Name  |   | Phone:   | P                                      | Permit Type:                                      |                       |                                  |  |  |  |  |
|                | Signs - Permanent  |   |  |  |   |                       |                                  |  |  |  |  |
| Proposed       | Use:   |   |  | Proposed                               | Project Description:                              |                       |                                  |  |  |  |  |
|                | c St Side (1) 8'3" x   |   | nstall three banners - (1)<br>St Side (1) 12' x 16.5' C                        |  | three banners - (1)<br>(1) 12' x 16.5' Civ        |                       | e (1) 8'3" x 11'4" Free          |  |  |  |  |
| Dept:          | PAD  | Status: A   | pproved with Condition   | ns Reviewer:                           | Deborah Andrew                                    | s Approval Da         | ite: 12/29/2009                  |  |  |  |  |
| Note:          |  |   | •••  |  |   |                       | Ok to Issue: 🔽                   |  |  |  |  |
| 1) * A<br>on   | Oak Street facade a  | nd 12' x 16   | posal, which calls for a<br>.5' banner on Civid Cen<br>l banners will be remov | ter facade. Place                      |   | ne Free Street facade | ; 16' x 30' banner               |  |  |  |  |
| Dept:          | Zoning   | Status: A   | pproved  | Reviewer:                              | Ann Machado                                       | Approval Da           | nte: 12/22/2009                  |  |  |  |  |
| Note:          | side seen from Sp<br>wanted to appeal.<br>12/21/09 - denied<br>12/22/09 - Receiv | ring Street (<br>Moved per<br>by planning<br>ed revised a |  | 0 sf proposed). A<br>ection 14-368.5(g | pplicant submittee<br>;).                         | d letter stating they | Ok to Issue: ⊻                   |  |  |  |  |
| Dept:<br>Note: | Building   | Status: A   | pproved with Condition   | ns Reviewer:                           | Tammy Munson                                      | Approval Da           | te: 01/25/2010<br>Ok to Issue: ✓ |  |  |  |  |
|                | nage Installation to   | comply wit  | h Chapters 31 & 32 of t  | the IBC 2003 buil                      | ding code.  |                       |                                  |  |  |  |  |
|                |  |   | •  |  | <b>.</b>  |                       |                                  |  |  |  |  |
| Dept:          | Planning   | Status: D   | enied  | <b>Reviewer:</b>                       | Deborah Andrews                                   | s Approval Da         | te: 12/21/2009                   |  |  |  |  |
| Note:          |  |   | 1 14-368.5(g) for origina<br>d to meet zoning require                          |  |   |                       | Ok to Issue:                     |  |  |  |  |

| Location of Construction: | Owner Name:      | Owner Address: Phone:                             |
|---------------------------|------------------|---|
| 110 FREE ST               | MAINEHEALTH      | 465 CONGRESS ST STE 600                           |
| Business Name:            | Contractor Name: | Contractor Address: Phone                         |
|                           | Maine Health     | 465 Congress St Suite 600 Portland (207) 541-7559 |
| Lessee/Buyer's Name       | Phone:           | Permit Type:                                      |
|                           |                  | Signs - Permanent                                 |

 Request for Sign Waiver (under Sec. 14-526 (23) is denied, as the proposed signs for the elevations facing Free Street and the Civic Center fail to meet applicable standards. It is staff's determination that the sign area provided under the sign ordinance is sufficient to allow ample visibility of signs. (Note that the banner proposed for the Oak Street facade meets the ordinance standards, based on the square footage of the building facade--this banner, together with smaller banners allowed on the other building facades, will provide ample visibility for the applicant.)

Additionally:

\* The size of the proposed sign facing Free Street is not appropriate to the scale of the neighborhood and is not designed to suit the conditions from which it will be viewed (pedestrian traffic.) (Standard a)

\* While attractive from a graphic standpoint, the proposed banners do not meet the requirement of special design merit. Additionally they do not respond to unique circumstances associated with the subject property. (Standard b.)

\* Unlike other large banners approved on a temporary basis, which have been used to promote causes of community-wide benefit, the proposed signs are strictly for commercial purposes to announce the future home of the tenant.

Note: Revised sign proposal must be reviewed and approved by Planning Staff.

### **Comments:**

12/11/2009-amachado: Spoke to James Jasper at Maine Health. The Free Street banner is over maximum allowable square footage (can be 200 sf max) and the Civic Center side banner is also too big (max sf of 456 allowed). I told him the permit was on hold until he submitted sizes that fit the ordinance.

12/11/2009-amachado: Met with James at the counter. Explanied that about what constitutes a facade. Explained about the appeal processto planning. Told him that the permit was on hold at this time until he lets me know what he is going to do.

12/15/2009-amachado: Received letter from James Jasper. Wants to appeal two banner signs that not meet ordinance. Gave permit to planning under section 14-368.5(g).

12/21/2009-gg: received from planning as of 12/21/09. Gave it back to Ann. Gg

12/21/2009-amachado: Called James Jasper. Told him that the appeal to planning for the bigger banners had been denied. He will revise the application to meet the size requirements.

12/22/2009-amachado: Received revised application from James Jasper.

1/12/2010-gg: RECEIVED FROM HISTORIC ON 01/12/2010. /GG



## Revised [] 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: 113   | Fru Strut   |  |
|---|---|--|
| Tax Assessor's Chart, Block & Lot   | Owner:  | Telephone:   |
| Chart# Block# Lot#  | Maine Haulth  | 207-541-7559   |
| Lessee/Buyer's Name (If Applicable)   | Contractor name, address & telephone:   | Total s.f. of signage x $2.00$<br>Per s.f. plus $30.00/565.00$<br>For H.D. signage= Total<br>Fee: $3.7770$ <i>I</i> , 782<br>Awning Fee= cost of work<br>Total Fee: $3.770$ <i>I</i> , 782 |
| Who should we contact when the permit is ready  | : James Jaspi- phone:   | 541-7559   |
| Tenant/allocated building space frontage (fee<br>Lot Frontage (feet)  |   |  |
| Current Specific use:<br>If vacant, what was prior use:<br>Proposed Use:  |   |  |
| Information on proposed sign(s):<br>Freestanding (e.g., pole) sign? Yes<br>Bldg. wall sign? (attached to bldg) Yes X<br>(4 X 3 C 12 × 15<br>Proposed awning? Yes No Is aw<br>Height of awning: Length of a<br>Is there any communication, message, tradem<br>If yes, total s.f. of panels w/communications, | ark or symbol on it? Yes No   | _  |
| Information on existing and previously perm<br>Freestanding (e.g., pole) sign? Yes<br>Bldg. wall sign? fattached to bldg) Yes<br>Awning? Yes No Sq. ft. area  | No <u>X</u> Dimensions:   | Dept. of Building Inspections  |
| A site sketch and building sketch showing ex<br>Sketches and/or pictures of proposed signa  |   |  |
| Please submit all of the information of Failure to do so may result in the auto   |   | plication Checklist.   |
| In order to be sure the City fully understands the<br>additional information prior to the issuance of a<br>Building Inspections office, room 315 City Hall  | permit. For further information visit us o  |  |
| I hereby certify that I am the Owner of record of the<br>authorized by the owner to make this application as hi<br>a permit for work described in this application is issue<br>areas covered by this permit at any reasonable hour to   | s/her authorized agent. I agree to conform to<br>d, I certify that the Code Official's authorized | all applicable laws of this jurisdiction. In addition, if representative shall have the authority to enter all   |
| Signature of applicant:   |   | Date: 11/16/09   |
| This is not a permit.   | ou may not commence ANY work unti   | the permit is issued. $\frac{12}{2110}$  |



## See Revised application - rec'd 12/22/05

### 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.

| Tax Assessor's Chart, Block & Lot   | Fru Strut   |   | Telephone:   |
|---|---|---|--|
| Chart# Block# Lot#  | Maine Hoalth  | ,   | 707- <b>5</b> 41-7559  |
| Lessee/Buyer's Name (If Applicable)   | Contractor name, address & tel<br>965 Congras<br>Port ME 04101 S                                      | Sr Perst. ph<br>For H.D.:<br>Seile Fee: \$<br>Awning        | f signage x \$2.00<br>is \$30.00/\$65.00<br>signage= Total<br><b>2, 920</b><br>Fee= cost of work<br>e: \$ <u>2,920</u> |
| Who should we contact when the permit is re   |   |   |  |
| Tenant/allocated building space frontage         Lot Frontage (feet)         Current Specific use:  | Single Tenant or Multi Tenant   | t <u>Single</u> 7   | RECEIVE  |
| If vacant, what was prior use:  |   | A.  |  |
| If vacant, what was prior use:<br>Proposed Use:   | /   | •   | DEC 11 2009  |
| Information on proposed sign(s):<br>Freestanding (e.g., pole) sign? Yes<br>Bldg. wall sign? (attached to bldg) Yes<br>// X 3 C 17 X 2 5 /. / X 3<br>Proposed awning? Yes No Is<br>Height of awning: Length<br>Is there any communication, message, trad<br>If yes, total s.f. of panels w/communication | ot awong: De<br>emark or symbol on it? Yes ]<br>ns, message, trademark or symbol:<br>rmitted sign(s): | epth:<br>No<br>s.f.   |  |
| Freestanding (e.g., pole) sign? Yes<br>Bldg. wall sign? rattached to bldg) Yes<br>Awning? Yes No / Sq. ft. a  | No _X Dimensions:<br>No _X Dimensions:<br>area of awning w/communication: _                           | This company  | tions.   |
| A site sketch and building sketch showing<br>Sketches and/or pictures of proposed sig   |   |   | st be provided.  |
| Please submit all of the information<br>Failure to do so may result in the a  |   |   | ecklist.   |
| In order to be sure the City fully understands<br>additional information prior to the issuance o<br>Building Inspections office, room 315 City Ha   | f a permit. For further information v   |   |  |
| I hereby certify that I am the Owner of record of the authorized by the owner to make this application a a permit for work described in this application is is  | s his/her authorized agent. I agree to co<br>sued, I certify that the Code Official's au              | onform to all applicable lav<br>ithorized representative sh | vs of this jurisdiction. In additi   |
| areas covered by this permit at any reasonable hour   |   | 11.1  | 1  |
|   | 1 mm  | Date: ////L   | 109  |
| areas covered by this permit at any reasonable hour   | nit; you may not commence ANY w   | 2   |  |

Dimensions

Photo 1 West Side (Oak Street Side): 16'-0" Wide x 30'-0" High. = 4 50 \$\P\$ Photo 2 North Side (Free Street Side): 17'-0" Wide x 25'-0" High- 12' W X 16. 5H = 19F# Photo 3 East Side (Civic Center Side): 18' 0" Wide  $\times$  30'-0" High.  $IL'W \times IG.5H$ 

The Free Street side of the building is 100'-2" in overall length. The Oak Street side of the building measures 280'-8" in overall length

Spring St side is 105'2" for Earl Side Barner.

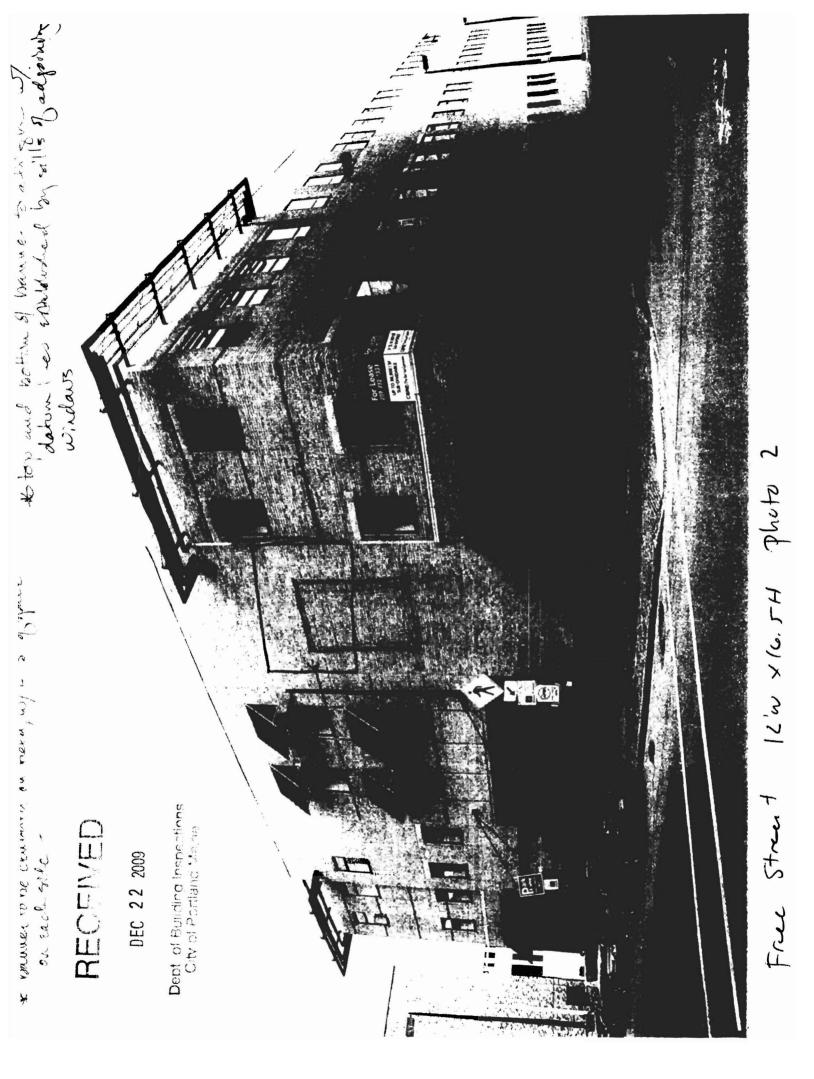
### RECEIVED

DEC 22 2009

Dept. of Building Inspections City of Portland Maine

B. 3 single brant - 1 per fruide + one. - 2' x linear fait of Friede

> $ock shut - 280's'' \times 2 = 561.34^{4} / 480^{4} p roposed Ok$ Freshut - 100'2"  $\times 2 = 200,33^{4} / 188^{4} proposed Ob$ Entside Ising shet 10012" x2=200.33t / 198t proposed ON



| Portland. Maine - Bu  | ilding or Use Permi  | t   | Permit No:   | Date Applied For:   | CBL:   |
|---|--|---|--|---|--|
|   |  |   | 16 09-1407   | 12/11/2009  | 039 C001001  |
|   | Owner Name:  |   | Owner Address:   |   | Phone:   |
| E ST  | MAINEHEALTH  |   | 465 CONGRESS S   | ST STE 600  |  |
| ame:  | Contractor Name:   |   | Contractor Address:  | Phone   |  |
|   | Maine Health   |   | 465 Congress St St   | (207) 541-7559  |  |
| er's Name   | Phone:   |   | Permit Type:   |   |  |
|   |  |   | Signs - Permanent  | t   |  |
| Jse:  |  | Prope   | osed Project Description:  |   |  |
|   |  |   |  |   | de (1) 12' x 16.5' Free  |
| PAD Status:   | Approved with Condition  | ns Reviewe  | er: Deborah Andrew   | s Approval D  | ate: 12/29/2009  |
|   |  |   |  |   | Ok to Issue:   |
| op and bottom of banner to<br>unner to be centered in bric<br>oplicant to submit revised p                          | align with the datum line<br>k field, with 2-3' of space<br>proposal, drawn to scaled,   | s established by<br>on each side.<br>for final revie  | y the sills of adjoining   |   |  |
|   |  |   |  |   |  |
| Proposed banner on Free S<br>side seen from Spring Stree<br>wanted to appeal. Moved J<br>12/21/09 - denied by plann | treet exceeds allowable set (200 sf allowed; and 54 permit to planning under sing.   | quare footage (<br>0 sf proposed)   | 200 sf allowed; 424 s<br>. Applicant submittee   | of proposed) & on   | Date: 12/22/2009<br>Ok to Issue: ☑   |
| Building Status:  | Pending  | Review  | er:  | Approval D  | Date:  |
|   | 0  |   |  |   | Ok to Issue:   |
| Planning Status:  | Denied   | Review  | er: Deborah Andrew   | vs Approval D   | ate: 12/21/2009  |
|   |  |   |  |   | Ok to Issue:   |
|   | gress Street, 04101 Tel:         Construction:         E ST         ame:         er's Name         Jse:         cial - office Maine Health         St Side (1) 12' x 16.5' Free         ide         PAD         Status:         ze and placement of banner to         pand bottom of banner to         onner to be centered in bric         oplicant to submit revised p         oplicant to confirm period of         Zoning       Status:         Proposed banner on Free S         side seen from Spring Streat         wanted to appeal. Moved p         12/21/09 - denied by plann         12/22/09 - Received revise         Building       Status:         Planning       Status: | gress Street, 04101 Tel: (207) 874-8703, Fax:         Construction:       Owner Name:         E ST       MAINEHEALTH         ame:       Contractor Name:         Maine Health       Maine Health         er's Name       Phone:         Jse:       Cial - office Maine Health - install three banners - (1)         St Side (1) 12' x 16.5' Free St Side (1) 12' x 16.5' Ciade         PAD       Status: Approved with Condition         ze and placement of banner on Free Street facade to up and bottom of banner to align with the datum line         numer to be centered in brick field, with 2-3' of space         oplicant to submit revised proposal, drawn to scaled,         oplicant to confirm period of "temporary" installation         Zoning       Status: Approved         Proposed banner on Free Street exceeds allowable setside seen from Spring Street (200 sf allowed; and 54 wanted to appeal. Moved permit to planning under street 22/21/09 - denied by planning.         12/22/09 - Received revised application.         Building       Status: Pending         Planning       Status: Denied         This was appeal under section 14-368.5(g) for origin | Construction:       Owner Name:         E ST       MAINEHEALTH         ame:       Contractor Name:         Maine Health       Maine Health         er's Name       Phone:         lse:       Maine Health         cial - office Maine Health - install three banners - (1) 16' x       St Side (1) 12' x 16.5' Free St Side (1) 12' x 16.5' Civic         ide       PAD         Status:       Approved with Conditions         reg and placement of banner on Free Street facade to be as represented pand bottom of banner to align with the datum lines established by the stabilished by the status is the stabilished by the status is proposed, drawn to scaled, for final revise opplicant to submit revised proposal, drawn to scaled, for final revise opplicant to confirm period of "temporary" installation.         Zoning       Status: Approved       Reviewed Reviewed to appeal. Moved permit to planning under section 14-368 (2/21/09 - denied by planning.         12/22/09 - Received revised application.       Building       Status: Pending       Reviewed Reviewed Planning.         Planning       Status: Denied       Reviewed Reviewed Planning.       Reviewed Planning. | PAD       Status:       Approved with Conditions       Reviewer:       And Machiner         PAD       Status:       Approved       Reviewer:       And Machiner         PAD       Status:       Approved       Reviewer:       And Machiner         pilcant to submit revised proposal, drawn to scaled, for final review and approval.       Status:       Approved       Reviewer:       And Machiner         Paper and bottom of status:       Proposed Project Descriptions       Status:       Approved with Conditions       Reviewer:       Deborah Andrew         PAD       Status:       Approved with Conditions       Reviewer:       Deborah Andrew         pilcant to submit revised proposal, drawn to scaled, for final review and approval.       Status:       Approved       Reviewer:       Applicant submitted water         12/2/09 - Greeived revised application.       Reviewer:       Applicant submitted water       Applicant submitted water       Applicant submitted water         Building       Status:       Pending       Reviewer:       Applicant submitted water         Planning       Status:       Denied       Reviewer:       Deborah Andrew         Status:       Pender       Reviewer:       Applicant submitted       Applicant submitted         Status:       Pending       Reviewer:       Appli | Protection       09-1407       12/11/2009         grees Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716       09-1407       12/11/2009         Construction:       Owner Name:       Owner Address:       465 CONGRESS ST STE 600         ame:       Contractor Name:       Contractor Address:       465 CONGRESS ST STE 600         ame:       Contractor Name:       Contractor Address:       465 Congress St Suite 600 Portland         er's Name       Phone:       Signs - Permanent       Signs - Permanent         ise:       cial - office Maine Health - install three banners - (1) 16'x       St Side (1) 12'x 16.5' Free St Side (1) 12'x 16.5' Civic       Install three banners - (1) 16'x 30" Oak St Si St Side (1) 12'x 16.5' Civic Center Side         PAD       Status:       Approved with Conditions       Reviewer: Deborah Andrews       Approval D         re and placement of banner on Free Street facade to be as represented on photograph marked up by staff (se up and bottom of banner to align with the datum lines established by the sills of adjoining windowssee skete stature to submit revised proposal, drawn to scaled, for final review and approval.         oplicant to submit revised proposal, drawn to scaled, do sf propose(200 sf allowed; 424 sf proposed) & on side seen from Spring Street (200 sf allowed; ad 94 of proposed). Applicant submitted letter stating they wanted to appeal. Moved permit to planning under section 14-368.5(g).       12/21/09 - denied by planning.         12/21/09 - denied by planning.       < |

| Location of Construction: | Owner Name:      |   | Owner Address:                     | Phone:         |  |
|---------------------------|------------------|---|------------------------------------|----------------|--|
| 110 FREE ST               | MAINEHEALTH      |   | 465 CONGRESS ST STE 600            |                |  |
| Business Name:            | Contractor Name: | - | Contractor Address: Phone          |                |  |
|                           | Maine Health     |   | 465 Congress St Suite 600 Portland | (207) 541-7559 |  |
| Lessee/Buyer's Name       | Phone:           |   | Permit Type:                       |                |  |
|                           |                  |   | Signs - Permanent                  |                |  |

 Request for Sign Waiver (under Sec. 14-526 (23) is denied, as the proposed signs for the elevations facing Free Street and the Civic Center fail to meet applicable standards. It is staff's determination that the sign area provided under the sign ordinance is sufficient to allow ample visibility of signs. (Note that the banner proposed for the Oak Street facade meets the ordinance standards, based on the square footage of the building facade--this banner, together with smaller banners allowed on the other building facades, will provide ample visibility for the applicant.)

Additionally:

\* The size of the proposed sign facing Free Street is not appropriate to the scale of the neighborhood and is not designed to suit the conditions from which it will be viewed (pedestrian traffic.) (Standard a)

\* While attractive from a graphic standpoint, the proposed banners do not meet the requirement of special design merit. Additionally they do not respond to unique circumstances associated with the subject property. (Standard b.)

\* Unlike other large banners approved on a temporary basis, which have been used to promote causes of community-wide benefit, the proposed signs are strictly for commercial purposes to announce the future home of the tenant.

Note: Revised sign proposal must be reviewed and approved by Planning Staff.

#### **Comments:**

12/11/2009-amachado: Spoke to James Jasper at Maine Health. The Free Street banner is over maximum allowable square footage (can be 200 sf max) and the Civic Center side banner is also too big (max sf of 456 allowed). I told him the permit was on hold until he submitted sizes that fit the ordinance.

12/11/2009-amachado: Met with James at the counter. Explanied that about what constitutes a facade. Explained about the appeal processto planning. Told him that the permit was on hold at this time until he lets me know what he is going to do.

12/15/2009-amachado: Received letter from James Jasper. Wants to appeal two banner signs that not meet ordinance. Gave permit to planning under section 14-368.5(g).

12/21/2009-gg: received from planning as of 12/21/09. Gave it back to Ann. Gg

12/21/2009-amachado: Called James Jasper. Told him that the appeal to planning for the bigger banners had been denied. He will revise the application to meet the size requirements.

12/22/2009-amachado: Received revised application from James Jasper.





# MaineHealth

## RECEIVED

DEC 15 2009

Dept. of Building Inspections City of Portland Maine

December 15, 2009

Dear Planning Authority,

I am writing this letter because my sign permit application for 110 Free Street has been denied because some of the proposed banners for Free Street (photo 1) and Civic Center side (photo 2) are bigger than what the ordinance allows. I am requesting a variance to have bigger signs, listed below I have shown how we me meet the standards of section 14-526(a)(23).

a. The look of the temporary signs I feel will be visually interesting. The signs are appropriate to the scale and character of the neighborhood in which the signs are located. The surrounding buildings Children Museum of Maine, Portland Museum of Art and the Civic Center have done like signs in the past.

b. The sign will help make the community aware that MaineHealth will be moving into the building and no longer be referred to as the old Athem building. The look of the sign will draw the attention of the community and help educate people who we are.

c. The signage shall have no detrimental impact upon the neighborhood. The signs will be temporary

d. Sign is limited to commercial use

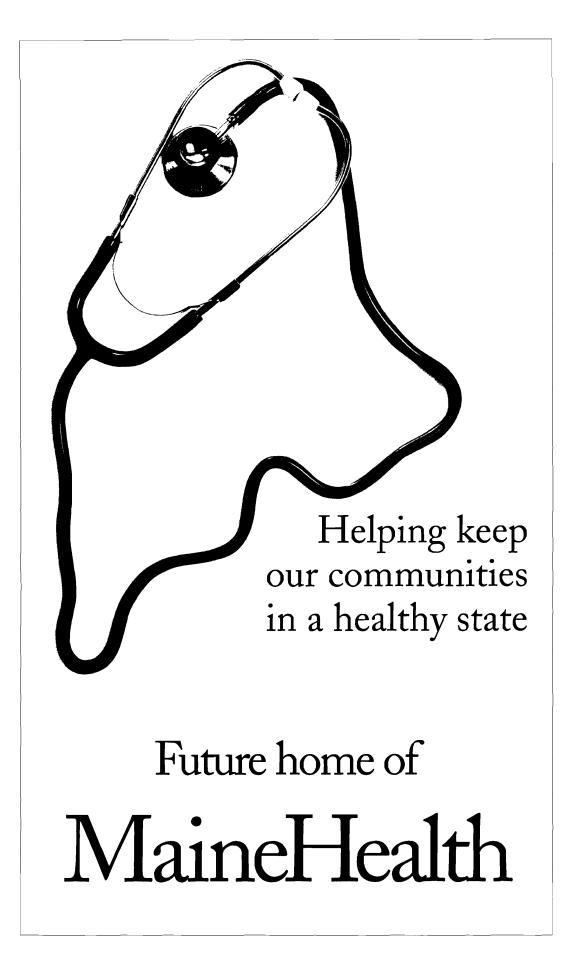
If you have any more question please contact me at 541-7559 or jaspej@mainehealth.org

Sincerely,

O

James fasper Administrative Specialist III











**Installation:** Installation begins with delivery of the banners. The installation process will require an automated lift. All charges are included in the installation price for the equipment, tools and labor. The installation process should take 1 to 1.5 days to complete. The banners will be installed directly to the building using a screw anchor system. The system is developed for use on brick and ensures a top quality mount with little to no alterations once banner is hung. The screw anchor system is drilled securely into the building, allowing a stress free and wrinkle free banner system that has a very clean appearance- free of ropes and other unattractive and less secure ways of fastening.



**Technical Data Sheet** 

Normandy<sup>©</sup> Pro FL

Normandy<sup>®</sup> Pro FL is a 13 oz. quality, economical front-lit banner or billboard material for UV, solvent or screen-printing. Recommended by printer manufacturers across the globe, Normandy Pro FL is tear and fade resistant, strong, durable and prints vibrantly and consistently. Available in both matte and gloss finishes in widths ranging from 98"-196". In 80" widths and below this product is called JetFlex<sup>®</sup> FL.

### **Material Details**

| BAASSETERS SECTOR              | TEST METHOD             | METRIC             | ENGLISH             |
|--------------------------------|-------------------------|--------------------|---------------------|
| Support Cloth                  | DIN 60001               | Polyester          | Polyester           |
| Yarn dtex                      | DIN 53830               | 1100 x 1100 dtex   | 1000 x 1000 denier  |
| Type of Coating                | N/A                     | PVC                | PVC                 |
| Total Weight                   | DIN EN ISO 2286-2       | 440 g/m²           | 13 oz/yd²           |
| Tensile Strength               | ASTM D 751:2006, C.R.E  | 151 X 128 kgF      | 333 X 281 lbs/in    |
| Tear Strength (warp/weft)      | ASTM D 4830:1988, C.R.E | 15 X 10 kgF        | 39 X 21 Ibs/in      |
| Flame Resistance               | <b>DIN 4102</b>         | NFPA701, CA Fire N | farshall, NYC (MEA) |
| Low Temperature (No Crack at:) | ASTM D 2137             | Low at -40°C       | Low at -40°F        |
| RF Weldable (Heat Sealable)    | DIN 53354               | Yes                | Yes                 |
| Fungus Resistant               | ASTM G21                | Trea               | ated                |

#### Applications

|              | Backlit | Banner | Billboard | Blockout | Building<br>Wrap | Display<br>Systems | Truckside |
|--------------|---------|--------|-----------|----------|------------------|--------------------|-----------|
| Applications |         |        |           |          |                  |                    |           |

### Ink Printability

| Solvent | Eco<br>Solvent | UV | Screen<br>Printing | Dye<br>Transfer | Dye<br>Direct | Metric (m)                            | English (inches)               |
|---------|----------------|----|--------------------|-----------------|---------------|---------------------------------------|--------------------------------|
|         |                |    |                    |                 |               | 2.50, 2.60, 3.20,<br>3.81, 4.50, 5.00 | 98, 102, 126, 150,<br>177, 197 |

#### Key: ■ - Excellent □ - Good

The information on physical and chemical characteristics is based upon tosts believed to be reliable. The values are intended only as a source of information. A legally binding guarantoe of specific properties is not to be inferred from our specifications. They are given without guaranty and do not constitute a warranty. The purchaser should independently determine, prior to use, the suitability of this material for his/her specific purpose. (Data represents averages and is not intended for use as a specification.)

ULTRAFLEX www.ultrafleXX.com Updated: 07/2008 Ultraflex Headquarters 1578 Sussex Turnpike, Building 4 Randolph, NJ 07859 P. 973-627-8608 F. 973-627-8506 Ultraftex Furope Etd. Herdwick Rd Industrial Perk Groat Granaden Bedfordshiro, England SG193BJ P. +44 1787 677100 F. +44 1787 677190

**Available Sizes** 

Ultraflex Mexico Avona 316-B Col, Granjas Mexico Mexico City, 08400 P. +52 5531-823-632 F. +52 5558-037-809

### Product Fire Retardant Tests

FR Tests

### Page 1 of 2

ULTRAFLEX

| Product                  | NFPA701<br>Test#1                                | NFPA701<br>Test#2 | Title 19     | CSFM            | ASTM E84     | UBC 26-6     | UBC 26-7 | City of LA<br>Research<br>Report |  |
|--------------------------|--|-------------------|--------------|-----------------|--------------|--------------|----------|----------------------------------|--|
| PVC Front-lit Media      | 'VC Front-lit Media                              |                   |              |                 |              |              |          |                                  |  |
| BIOflex                  | N/A  | PASSED            | PASSED       | APPROVED NT     |              | NT NT        |          | NT                               |  |
| Ultima Supreme           | N/A  | PASSED<br>PASSED  | NC<br>PASSED | N/A<br>APPROVED | NT<br>PASSED | NT<br>TESTED | NT       | NŢ                               |  |
| Normandy Pro             | N/A  |                   |              |                 |              |              | CC1      | NT                               |  |
| JotFlex                  | N/A  | PASSED            | PASSED       | APPROVED        | PASSED       | TESTED       | CC1      | NT                               |  |
| SuperPrint Plus          | N/A  | PASSED            | NC           | N/A             | NG           | NŤ           | NT       | NT                               |  |
| Normandy Eclipso         | N/A  | PASSED            | PASSED       | APPROVED        | NT           | NT           | NT       | NT                               |  |
| Normandy Lite            | N/A  | PASSED            | PASSED       | APPROVED        | CLASS A      | TESTED       | CC1      | NT                               |  |
| UltraBanner              | N/A  | PASSED            | PASSED       | APPROVED        | CLASS A      | TESTED       | CC1      | NT                               |  |
| SuperPrint Lite          | NT   | • NT              | NT           | NT              | NT           | NT           | NT       | NT                               |  |
| PVC Back-lit Media       |  |                   |              |                 |              |              |          |                                  |  |
| Ultralon IV              | N/A  | PASSED            | PASSED       | APPROVED        | NT           | NT           | NT       | NT                               |  |
| SuperSmooth BL           | NOT FR NOT FR NOT FR NOT FR NOT FR               |                   | NOT FR       | NT              |              |              |          |                                  |  |
| Vulite Supremo           | N/A PASSED NC N/A NT NT                          |                   | NT           | NT              | NT           |              |          |                                  |  |
| Vulite Pro               | N/A  | PASSED            | PASSED       | APPROVED        | NT           | NT           | NT       | NT                               |  |
| PVC Mesh Media           |  |                   |              |                 |              |              |          |                                  |  |
| UltraMesh Supreme        | N/A  | PASSED            | PASSED       | APPROVED        | NC           | TESTED       | CC1      | APPROVED                         |  |
| UltraMosh 100            | N/A  | PASSED            | PASSED       | APPROVED        | NC           | NT           |          |                                  |  |
| UltraMesh Xcel           | N/A  | PASSED            | PASSED       | APPROVED        | NT           | NT           | NT       | NT                               |  |
| UltraMesh Plus           | N/A  | PASSED            | PASSED       | APPROVED        | PASSED       | NT           | NT       | NT                               |  |
| Strip Mesh Plus          | esh Plus N/A                                     |                   | PASSED       | APPROVED PASSED |              | NT           | NT NT    |                                  |  |
| PVC Blockout Media       |  |                   |              |                 |              |              |          |                                  |  |
| DSS                      | PASSED NT PASSED APPROVED NT                     |                   | NT           | NT              | NT           |              |          |                                  |  |
| UltraBlockout Banner Pro | N/A  | PASSED            | PASSED       | APPROVED        | CLASS A      | TESTED       | CC1      | NT                               |  |
| SuperSmooth BO           | NOT FR |                   | NT           |                 |              |              |          |                                  |  |
| Specialty Media          |  |                   |              |                 |              |              |          |                                  |  |
| Window Perf              | NT   | NT                | NT           | NT              | CLASS A      | TESTED       | CC1      | СВТ                              |  |

| Кеу          |   |  |   |
|--------------|---|--|---|
| NC N<br>NT N | lot applicable<br>lot compliant<br>lot tested<br>surrently being tested | Class A / B / C<br>CC1 / CC2<br>Passed<br>Tested | These are the 3 levels of Criteria for the ASTM E84<br>These are the 2 Criteria for the UBC tests<br>The product passes the test Criteria<br>There is no Pass / Fail Criteria |

| WETT A PLEX<br>www.ubst0c2X.com<br>Updated: 10/29/2009 | Okratics Houriquarters<br>1578 Sussex Tumpike, Building 4<br>Rendolph, NJ: U7859<br>P. 973-827-8608 F: 973-827-8505 | Sitraflex Furger Ltd.<br>Unit 2 Hardwick Rd Industriel Park<br>Groet Cainsden<br>Redfordslum, England, SG1938,J<br>P. 444 1767 677100 F. 444 1767 677190 | Ultraffex Mexico<br>Avena 316-H Col. Granuas Mexico<br>Mexico City, 06400<br>P. +52 5531-023-037 F. +52 5550-037-809 |
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| ANY AUTC       CTHER THAN       EAACC 3         AUTO ONLY       AGG 5         EXCESSUMPRELA LABUITY       EAACC 3         OCCUR       CLAIMS MADE       AGREGATE         DEDUCTRILE       AGREGATE       5         MORKERS COMPENSATION AND       S         EMELOPER LABURTY       S         ANY PROPRIETOR PARTINER EXECUTIVE       S         OFFICER LABURY       DESCRIPTION OF OPERATIONAL DEPORT         MAY PROPRIETOR PARTINER EXECUTIVE       S         OFFICER LABURY       EL EACH ACCORDET         MAY PROPRIETOR PARTINER EXECUTIVE       DESCRIPTION OF OPERATIONAL DEPORT         OFFICER LABURY       EL DISEASE - EA EMPLOYEE         IT IS HERE BY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND MAINE IS AN ADDITIONAL INSURED WITH RESPECTS TO         THE INSTALLATION OF SIGNS TO THE WEST, NORTH, AND EAST FACADE OF MAINEHEALTH'S BUILDING LOCATED AT 110 FREE         STREET, PORTLAND       SHOULD ANY OF ME ADOVE DESCRIPED POLICIES BE CANCELLED BEFORE THE EXPRANTON         DATE THEREOF, THE ISUNG INSURAR WILL ENDEAVOR TO MAL, 30 DAYS WRITTEN         NOTHER       SHOULD ANY OF THE ADOVE DESCRIPED POLICIES BE CANCELLED BEFORE THE EXPRANTON         CETTY OF PORTLAND       SHOULD ANY OF THE ADOVE DESCRIPED POLICIES BE CANCELLED BEFORE THE EXPRANTON         DATE THEREOF, THE ISUNG INSURER WILL ENDEAVOR TO MAL, 30 DAYS WRITTEN   |  |                          |                    |  |  |                                     |                                      | PROPERTY DAMAGE<br>(Per accident)     | \$   |  |  |
| AUTO DRUY       AGG 3         EXCESS/UMBRELLA LIABILITY       AGG 4         OCCUR       GLAIMS MADE         OCCUR       GLAIMS MADE         DEDUCTIBLE       3         RETENTION \$       \$         WORKER'S COMPENSATION AND       \$         EMPLOYERS'LABILITY       \$         ANY REPRESENTATION AND       \$         EMPLOYERS'LABILITY       \$         ANY REPRESENTATION AND       \$         EVENCERS'S COMPENSATION AND       \$         EL BACH ACCIDENT       \$         OFFICERMEMBER EXCLUDEOP       \$         IVER       \$         OTHER       \$ <t< td=""><td></td><td></td><td>GAI</td><td></td><td></td><td></td><td></td><td>AUTO ONLY EA ACCIDENT</td><td>\$</td><td></td></t<>  |  |                          | GAI                |  |  |                                     |                                      | AUTO ONLY EA ACCIDENT                 | \$   |  |  |
| Excession/BRELLA LIABILITY       EACH OCCURRENCE       \$         OCCUR       CLAIMS MADE       EACH OCCURRENCE       \$         OCCUR       CLAIMS MADE       S       AGGREGATE       \$         DEDUCTIBLE       s       s       S       S         RETENTION \$       S       WCREPTS COMPRENT AND<br>EMPLOYERS LIABILITY       \$       S         ANY PROPRIETOR PRAATINER/EXECUTIVE<br>OFFICE/MREMERE RECLUDE?       S       S       S         OTHER       EL DISEASE - FOLICY LIMITS       S       S         OTHER       CITY OF OPERTATIONS/VEHICLES/EXECUTIONE<br>STREET, PORTLAND. ME.       S       S         CERTIFICATE HOLDER       10001       CANCELLATION       S         CERTIFICATE HOLDER       10001       CANCELLATION       SHOULD ANY OF THE ABOVE DESCRIBED POLICY LIMIT S         CITY OF PORTLAND<br>389 CONGRESS STREET<br>PORTLAND, ME 04101       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXMINATION<br>DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MAR, 30 DAYS WRTTLY<br>NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE ENSURE OF TO ALL 100 S OLIGATION OF INFERSIONS OF<br>PEPRESENTATIVES       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXMINATION<br>DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MAR, 30 DAYS WRTTLY<br>NOTICE TO THE CERTIFICATE HOLDER NAMED TO MAR, 30 DAYS WRTTLY<br>NOTICE TO THE CERTIFICATE HOLDER NAMED TO MAR, 30 DAYS WRTTLY<br>NOTICE TO THE CERTIFICATE HOLDER NAMED TO MAR, 30 DAYS WRTTLY <td></td> <td></td> <td><u> </u></td> <td>ANY AUTC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  |                          | <u> </u>           | ANY AUTC   |  |                                     |                                      |                                       |      |  |  |
| OCCUR       CLAIMS MADE         DEDUCTIBLE       3         RETENTION S       S         WORKER'S COMPENSATION AND       S         WENDORS'S LUBEINTY       S         ANY PROPRIETOR PARTNER/RECUTIVE       S         OFFICE/REST LUBEINTY       EL EACH ACCIDENT         ANY PROPRIETOR PARTNER/RECUTIVE       EL DISEASE - EA EMPLOYEE         OFFICE/REST LUBEINTY       EL DISEASE - EA EMPLOYEE         I'ves, describe under       S         DESCRIPTION OF OPERATIONSLOCATIONS/VEHICLES/RECLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS         IT IS HERE BY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND MAINE IS AN ADDITIONAL INSURED WITH RESPECTS TO         THE INSTALLATION OF SIGNS TO THE WEST, NORTH, AND EAST FACADE OF MAINEHEALTH'S BUILDING LOCATED AT 110 FREE         STREET, PORTLAND, ME.         CERTIFICATE HOLDER       10001         CANCELLATION         CITY OF PORTLAND         389 CONCRESS STREET         PORTLAND, ME 04101       BHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION         NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DC SO SHALL         MICROS THERES ATTIVE       NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DC SO SHALL         MICROS THEORY OF THE CARE OF THE ISSUNG INSURFER WILL ENDERAVITS OF         PEPRESENTATIVE   |  |                          | FXC                |  |  |                                     |                                      |                                       |      |  |  |
| DEDUCTIBLE       \$         RETENTION \$       \$         WORKER'S COMPENSATION AND       \$         EMPLOYERS LUBLINGY       \$         ANY PROPRIETORPARTNER/EXCUTIVE       \$         OFFICERS LUBLINGY       EL LACH ACCIDENT         ANY PROPRIETORPARTNER/EXCUTIVE       \$         OFFICERS LUBLINGY       EL LACH ACCIDENT         Uses, describe under       \$         DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS       EL DISEASE - POLICY LIMIT         DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS       EL DISEASE - POLICY LIMIT         DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS       EL DISEASE - POLICY LIMIT         DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS       EL DISEASE - POLICY LIMIT         DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS       IT IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND MAINE IS AN ADDITIONAL INSURED WITH RESPECTS TO THE INSTALLATION OF SIGNS TO THE WEST, NORTH, AND EAST FACADE OF MAINEHEALTH'S BUILDING LOCATED AT 110 FREE         STREET, PORTLAND       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRANTON         DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL, 30 DAYS WRITTEN       NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LET. BUT FAILUBR   |  |                          |                    |  |  |                                     |                                      |                                       |      |  |  |
| RETENTION       \$         WORKER'S COMPENSATION AND<br>EMPLOYER'LIABILITY       \$         ANY PROPRIETORY ATTIVES PREVIATIVE<br>OFFICER/MEMBER EXCLUDED?       \$         Image: Comparison of operations/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS<br>IS SECIAL PROVISIONS below       \$         DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS       \$         IT IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND MAINE IS AN ADDITIONAL INSURED WITH RESPECTS TO<br>THE INSTALLATION OF SIGNS TO THE WEST, NORTH, AND EAST FACADE OF MAINEHEALTH'S BUILDING LOCATED AT 110 FREE<br>STREET, PORTLAND, ME.         CERTIFICATE HOLDER       10001       CANCELLATION         CITY OF PORTLAND<br>389 CONGRESS STREET<br>PORTLAND, ME 04101       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION<br>NOTICE TO THE CENTRICATE HOLDER NAMED TO THE LEFT. BUT FALLINE TO DO SO SHALL<br>IMPOSE NO DELIGATION OF AND THE INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN<br>NOTICE TO THE CENTRICATE HOLDER NAMED TO THE LEFT. BUT FALLINE TO DO SO SHALL<br>IMPOSE NO DELIGATION OR LABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OF<br>REPRESENTATIVES.  | 1  |                          |                    | 1  |  |                                     |                                      |                                       | \$   |  |  |
| WORKER'S COMPENSATION AND<br>EMPLOYERS LIABILITY<br>ANY PROPIETORPARTNERE RECUTIVE<br>OFFICERMEMBER EXCLUDED?       Image: Compension of the   |  |                          |                    |  |  |                                     |                                      |                                       |      |  |  |
| EMPLOYERS LUBLITY       ANY PROPRIETOR PARTNER/EXECUTIVE         ANY PROPRIETOR PARTNER/EXECUTIVE       EL DISEASE - EA EMPLOYEE         OFFICERMEMBER EXCLUDED?       EL DISEASE - EA EMPLOYEE         I'yes, describe under<br>SPECIAL PROVISIONS below       EL DISEASE - POLICY LIMIT         OTHER       OTHER         Description of operations/vehicles/exclusions added by endorsement/special provisions         IT IS HERE BY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND MAINE IS AN ADDITIONAL INSURED WITH RESPECTS TO<br>THE INSTALLATION OF SIGNS TO THE WEST, NORTH, AND EAST FACADE OF MAINE HEALTH'S BUILDING LOCATED AT 110 FREE<br>STREET, PORTLAND, ME.         CERTIFICATE HOLDER 10001       CANCELLATION         CITY OF PORTLAND<br>389 CONGRESS STREET<br>PORTLAND, ME 04101       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION<br>DATE THEREOR. THE ISSUING INSURER WILL ENDEAVOR TO MAIL. 30 DAYS WRITTEN<br>NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL<br>IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OF<br>REPRESENTATIVES.         AUTHORIZED REPRESENTATIVE       WARK J. Mark J. M. PRESIDENT   |  | WOR                      | VED.               |  |  |                                     |                                      |                                       |      |  |  |
| OFFICENTIEBER PACLUDED       Image: Stepsize under steps  |  | EMP                      | LOYE               | RS' LIABILITY  |  |                                     |                                      |                                       | _    |  |  |
| SPECIAL PROVISIONS below       EL DISEASE - POLICY LIMIT       S         OTHER       OTHER       EL DISEASE - POLICY LIMIT       S         DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS       IT       IT       S         IT IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND MAINE IS AN ADDITIONAL INSURED WITH RESPECTS TO THE INSTALLATION OF SIGNS TO THE WEST, NORTH, AND EAST FACADE OF MAINEHEALTH'S BUILDING LOCATED AT 110 FREE STREET, PORTLAND, ME.       CANCELLATION         CERTIFICATE HOLDER       10001       CANCELLATION       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 OF REPRESENTATIVE         Impose No OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OF REPRESENTATIVE       Impose NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OF REPRESENTATIVE   |  | OFF                      | CER/               | MEMBER EXCLUDED?   |  |                                     |                                      | · · · · · · · · · · · · · · · · · · · | \$   |  |  |
| Description of operations/Locations/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS         IT IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND MAINE IS AN ADDITIONAL INSURED WITH RESPECTS TO THE INSTALLATION OF SIGNS TO THE WEST, NORTH, AND EAST FACADE OF MAINEHEALTH'S BUILDING LOCATED AT 110 FREE STREET, PORTLAND, ME.         CERTIFICATE HOLDER 10001       CANCELLATION         CITY OF PORTLAND 389 CONGRESS STREET PORTLAND, ME 04101       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 OF REPRESENTATIVE         1       Impose NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OF REPRESENTATIVE   |  | SPEC                     | CIAL F             | PROVISIONS below   |  |                                     |                                      | EL DISEASE - POLICY LIMIT             | \$   |  |  |
| IT IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND MAINE IS AN ADDITIONAL INSURED WITH RESPECTS TO THE INSTALLATION OF SIGNS TO THE WEST, NORTH, AND EAST FACADE OF MAINEHEALTH'S BUILDING LOCATED AT 110 FREE STREET, PORTLAND, ME.         CERTIFICATE HOLDER       10001         CERTIFICATE HOLDER       10001         CITY OF PORTLAND       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL_ 30 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 OF REPRESENTATIVES.         AUTHORIZED REPRESENTATIVES.       AUTHORIZED REPRESENTATIVE         I       Image:  | DES  |                          |                    |  |  |                                     |                                      |                                       |      |  |  |
| CITY OF PORTLAND<br>389 CONGRESS STREET<br>PORTLAND, ME 04101<br>1<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION<br>DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MALL 30 DAYS WRITTEN<br>NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL<br>IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OF<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>INFORMATION IN ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE. THE EXPIRATION<br>DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MALL 30 DAYS WRITTEN<br>NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL<br>IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OF<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>INFORMATION IN ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE. THE EXPIRATION<br>DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MALL 30 DAYS WRITTEN<br>NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL<br>IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OF<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>INFORMATION IN ANY OF THE ABOVE DESCRIPTION OF ANY KIND UPON THE INSURER ITS AGENTS OF<br>PRESIDENT  | IT IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND MAINE IS AN ADDITIONAL INSURED WITH RESPECTS TO THE INSTALLATION OF SIGNS TO THE WEST, NORTH, AND EAST FACADE OF MAINEHEALTH'S BUILDING LOCATED AT 110 FREE |                          |                    |  |  |                                     |                                      |                                       |      |  |  |
| CITY OF PORTLAND<br>389 CONGRESS STREET<br>PORTLAND, ME 04101<br>1<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION<br>DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MALL 30 DAYS WRITTEN<br>NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL<br>IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OF<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>INFORMATION IN ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE. THE EXPIRATION<br>DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MALL 30 DAYS WRITTEN<br>NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL<br>IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OF<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>INFORMATION IN ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE. THE EXPIRATION<br>DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MALL 30 DAYS WRITTEN<br>NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL<br>IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OF<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>INFORMATION IN ANY OF THE ABOVE DESCRIPTION OF ANY KIND UPON THE INSURER ITS AGENTS OF<br>PRESIDENT  |  |                          |                    |  |  |                                     |                                      |                                       |      |  |  |
| CITY OF PORTLAND<br>389 CONGRESS STREET<br>PORTLAND, ME 04101<br>1 Date thereof, the issuing insurer will endeavor to mail 30 days written<br>Notice to the certificate holder named to the left, but failure to do so shall<br>impose no obligation or liability of any kind upon the insurer its agents or<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>Data and 2 data with the insurer is a cents of<br>REPRESENTATIVE (REPRESENTATIVE)<br>Data and 2 data with the insurer is a cents of<br>PRESIDENT   | CEF  | CERTIFICATE HOLDER 10001 |                    |  |  |                                     |                                      |                                       |      |  |  |
| CITY OF PORTLAND<br>389 CONGRESS STREET<br>PORTLAND, ME 04101<br>Impose no obligation or liability of any kind upon the insurer its agents of<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>Impose no obligation or liability of any kind upon the insurer its agents of<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>Impose no obligation or liability of any kind upon the insurer its agents of<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>Impose no obligation or liability of any kind upon the insurer its agents of<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>Impose no obligation or liability of any kind upon the insurer its agents of<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE  |  |                          |                    |  |  |                                     |                                      |                                       |      |  |  |
| PORTLAND, ME 04101<br>IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSUREM ITS AGENTS OF<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>Impose NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSUREM ITS AGENTS OF<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>Impose NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSUREM ITS AGENTS OF<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>Impose NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSUREM ITS AGENTS OF<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>Impose NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSUREM ITS AGENTS OF<br>REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br>Impose NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSUREM ITS AGENTS OF<br>REPRESENTATIVES.   |  |                          |                    |  | 1 - 1 V  |                                     |                                      |                                       |      |  |  |
| AUTHORIZED REPRESENTATIVE   |  |                          |                    | IMPOSE NO OBL  | IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURED ITS AGENTS OF   |                                     |                                      |                                       |      |  |  |
| Levran 1 Sharran M.S. PRESIDENT   |  |                          |                    |  |  |                                     |                                      |                                       |      |  |  |
|   |  |                          |                    |  |  |                                     |                                      |                                       |      |  |  |
|   |  |                          |                    |  |  |                                     |                                      |                                       |      |  |  |