PERMIT ISSUED

NOV 19

City of Portland

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BU[illegible]ION

Please Read Application And Notes, If Any, Attached

PERMIT

Permit Number: 101371

This is to certify that MAINEHEALTH /NeoKraft S[illegible]

has permission to install new signage for MaineH[illegible]h

AT 110 FREE ST C[illegible] 039-C001001

provided that the person or persons, fi[illegible] or co[illegible]ion a[illegible]pting this permit shall comply with all of the provisions of the Statutes of Ma[illegible]e and of the [illegible]ces of the City of Portland regulating the construction, maintenance and use [illegible]f buildings and stru[illegible]res, 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.

Not[illegible]ation o[illegible]spectio[illegible]must b[illegible] give[illegible]nd writ[illegible]permissi[illegible]procure[illegible] befo[illegible]his bu[illegible]g or p[illegible]hereof i[illegible] lath[illegible] or oth[illegible]sed-in. 2[illegible] HO[illegible]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:	Issue Date:	CBL:
10-1373		039 C001001

Location of Construction:	Owner Name:	Owner Address:	Phone:
110 FREE ST	MAINEHEALTH	465 CONGRESS ST STE 600	
Business Name:	**Contractor Name:**	**Contractor Address:**	**Phone**
	NeoKraft Signs	686 Main St. Lewiston	2077829654
Lessee/Buyer's Name	**Phone:**	**Permit Type:**	**Zone:**
		Signs - Permanent	B-3

Past Use:	Proposed Use:	Permit Fee:	Cost of Work:	CEO District:
Commercial Office "MaineHealth"	Commercial Office "MaineHealth" install new signage for MaineHealth	$168.00	$168.00	1

FIRE DEPT: ☐ Approved ☐ Denied N/A Signature:

INSPECTION: Use Group: Type: 571 IBC 2003 Signature:

Proposed Project Description:
install new signage for MaineHealth

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) yes Free Street

Action: ☑ Approved ☐ Approved w/Conditions ☐ Denied

Signature: Date: 11/4/10

Permit Taken By:	Date Applied For:
ldobson	10/29/2010

1. This permit application does not 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..

PERMIT ISSUED

NOV 19

City of Portland

Zoning Approval

Special Zone or Reviews	Zoning Appeal	Historic Preservation
☐ Shoreland	☐ Variance	☑ Not in District or Landmark
☐ Wetland gone to Planning under Section 14-526.(b)	☐ Miscellaneous	☐ Does Not Require Review
☐ Flood Zone	☐ Conditional Use	☐ Requires Review
☐ Subdivision	☐ Interpretation	☐ Approved
☑ Site Plan Approved	☐ Approved	☐ Approved w/Conditions
Maj ☐ Minor ☐ MM ☐	☐ Denied	☐ Denied AFM
Date: 11/4/10	Date:	Date:

D. Anderson

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

CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

11-3 20 10

Received from Neabolt

Location of Work 110 Free St

Cost of Construction $_____ Building Fee: _____

Permit Fee $_____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 163

Building (IL) ___ Plumbing (I5) ___ Electrical (I2) ___ Site Plan (U2) ___

Other _____

CBL: 39-C-1

Check #: 10139 **Total Collected $** 163

No work is to be started until permit issued.
Please keep original receipt for your records.

Taken by: L.K.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

11. 3. 20 10

Received from Hedkraft

Location of Work 110 Free St

Cost of Construction $_____ Building Fee: _____

Permit Fee $_____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 55

Building (IL) ___ Plumbing (I5) ___ Electrical (I2) ___ Site Plan (U2) ___

Other _____

CBL: 39-C-1

Check #: 10135 **Total Collected $** 55

No work is to be started until permit issued.
Please keep original receipt for your records.

Taken by: [illegible]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

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

Permit No:	Date Applied For:	CBL:
10-1373	10/29/2010	039 C001001

Location of Construction:	Owner Name:	Owner Address:	Phone:
110 FREE ST	MAINEHEALTH	465 CONGRESS ST STE 600	
Business Name:	**Contractor Name:**	**Contractor Address:**	**Phone**
	NeoKraft Signs	686 Main St. Lewiston	(207) 782-9654
Lessee/Buyer's Name	**Phone:**	**Permit Type:**	
		Signs - Permanent	

Proposed Use:	Proposed Project Description:
Commercial Office "MaineHealth" install new signage for MaineHealth	install new signage for MaineHealth

Dept: PAD **Status:** Approved **Reviewer:** Deborah Andrews **Approval Date:** 11/04/2010
Note: **Ok to Issue:** ☑

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 11/04/2010
Note: Sign ordinance (Section 14-369.5, Table 2.8) allows one sign per facade plus one. Application is proposing three signs aon the free street facade. Sending to planning for that & PAD review for Free Street facade. 11042010 Approved by Deb Andrews. **Ok to Issue:** ☑

1) This permit is being issued with the conditon that the three temporary banners installed under permit #09-1407 must be removed pior to the signs being installed.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jonathan Rioux **Approval Date:** 11/19/2010
Note: **Ok to Issue:** ☑

1) Fastener schedule per the IBC 2003
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
3) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.

Dept: Planning **Status:** Approved **Reviewer:** Deborah Andrews **Approval Date:** 11/04/2010
Note: **Ok to Issue:** ☑

Comments:
11/4/2010-amachado: Sent to Deb Andrews in planning. Free Street facade is PAD and too many isgns on that facade. Didn't meet ordinance.

PERMIT ISSUED

NOV 19

City of Portland

Form # P 04

ELECTRICAL PERMIT
City of Portland, Me.

To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date _____
Permit # 2010-4774
CBL# 35-C-1

LOCATION: 110 Free Street
METER MAKE & # _____
CMP ACCOUNT # _____
OWNER Maine Medical Center
TENANT MaineHealth
PHONE # 207-662-2196

						TOTAL	EACH FEE
OUTLETS		Receptacles		Switches		Smoke Detector	.20	
FIXTURES		Incandescent		Fluorescent		Strips	.20	
SERVICES		Overhead		Underground		TTL AMPS <800	15.00	
		Overhead		Underground		>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	
METERS		(number of)					1.00	
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00	
		Insta-Hot		Water heaters		Fans	2.00	
		Dryers		Disposals		Dishwasher	2.00	
		Compactors		Spa		Washing Machine	2.00	
		Others (denote)					2.00	
MISC. (number of)		Air Cond/win					3.00	
		Air Cond/cent				Pools	10.00	
		HVAC		EMS		Thermostat	5.00	
	1	Signs					10.00	10.00
		Alarms/res					5.00	
		Alarms/com					15.00	
		Heavy Duty(CRKT)					2.00	
		Circus/Carnv					25.00	
		Alterations					5.00	
		Fire Repairs					15.00	
		E Lights					1.00	
		E Generators					20.00	
PANELS		Service		Remote		Main	4.00	
TRANSFORMER		0-25 Kva					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
						TOTAL AMOUNT DUE		$55.00
		MINIMUM FEE/COMMERCIAL 55.00				MINIMUM FEE 45.00		

CONTRACTORS NAME Neokraft Signs Inc.
MASTER LIC. # MC60016882
ADDRESS 686 Main Street, Lewiston, ME 04240
LIMITED LIC. # _____
TELEPHONE 782-9654

SIGNATURE OF CONTRACTOR [signature] Shane Moffett

White Copy - Office • Yellow Copy - Applicant

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: 110 Free Street

Tax Assessor's Chart, Block & Lot	Owner:	Telephone:
Chart# 39 Block# C Lot# 1	Maine Medical Center 22 Bramhall St. Portland, ME 04102	207-662-2196
Lessee/Buyer's Name (If Applicable) MaineHealth	Contractor name, address & telephone: Neokraft Signs Inc. 686 Main St. Lewiston, ME 04240 207-782-9654	Total s.f. of signage x $2.00 Per s.f. plus $30.00/$65.00 For H.D. signage= Total Fee: $168.00 Awning Fee= cost of work ✓ Total Fee: $168.00

Who should we contact when the permit is ready: Shane Moffett phone: 782-9654

Tenant/allocated building space frontage (feet): Length: _____ Height _____ - see attached site plan
Lot Frontage (feet) See site plan Single Tenant or Multi Tenant Lot Single

Current Specific use: vacant
If vacant, what was prior use: business offices
Proposed Use: medical offices

Information on proposed sign(s):
Freestanding (e.g., pole) sign? Yes ✓ No ___ Dimensions proposed: 4'x10' Height from grade: 20' ± (it is attached to building)
Bldg. wall sign? (attached to bldg) Yes ✓ No ___ Dimensions proposed: (2) 1'-9"x1'-4"; (1) 1'-8"x11'-4"; (2) 1'-2"x2'-6¼" = 69 total sq. ft.

Proposed awning? Yes ___ No ✓ 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 ___ No ✓ Dimensions: _____
Bldg. wall sign? (attached to bldg) Yes ___ No ✓ Dimensions: _____
Awning? Yes ___ No ✓ 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 (Neokraft Signs Inc.) Date: 10-26-10

B3 individual lined This is not a permit; you may not commence ANY work until the permit is issued.

2 x lineal frontage
1 per freeh tage

Signage/Awning
Permit Application Checklist

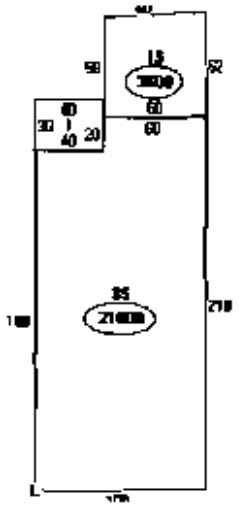
All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- ✓ 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.
- N/A 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.
- N/A 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.
- N/A 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.



Dimensions/Area
A: 053
21000 sqft
B: 037
3500 sqft
C: ELEVATOR ELECTRIC PASSNGR
900000 sqft
D: 053
22200 sqft
E: 053
21000 sqft
F: ELEVATOR ELECTRIC FREIGHT
100000 sqft
G: SPRINKLER SYS WET
65500 sqft
H: 36
21000 sqft
I: 15/8
1920 sqft
J: 15
3500 sqft
K: PA7
16000 sqft

Free Street Frontage -

100 x 2 = 200 ¢ - sign 2 = 1'8" x 1'1 1/2" = 1.91 ¢ OL

- sign 1 = 1'4" x 1'4" = 1.78 ¢ x 2

2 of #110.

Spring St. frontage

100 x 2 = 200 ¢ sign 4 = 10' x 4' = 40 ¢

sign 3 street entrance - 1'4" x 1'4" = 1.78 ¢

64.52

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 10.26.2010
Job No. 12312
Re. MAINEHEALTH
PERMITS
MAIL

Item

- [x] Attached
- [ ] Hand Delivered
- [ ] Under separate cover
- [ ] Shop Drawings
- [ ] Prints
- [ ] Samples
- [ ] Specifications
- [ ] Copy of letter
- [ ] Change Order
- [ ] Other

Copies	Date	No.	Description
1 set	10.26.2010	12312	(1) SIGN PERMIT APPLICATION, (1) ELECTRICAL PERMIT APPLICATION, DRAWINGS, FASTENER DETAILS, LIABILITY INSURANCE CERTIFICATE, LANDLORD AUTHORIZATION, SITE PLANS, AND A CHECK FOR $223.00 IN REGARD TO OBTAINING PERMITS FOR MAINEHEALTH LOCATED ON 110 FREE STREET.

Purpose

- [x] For approval
- [ ] No exception taken
- [ ] Rejected
- [ ] For your use
- [ ] Make corrections noted
- [ ] Review and comment
- [ ] As requested
- [ ] Revise and resubmit
- [ ] Other

Remarks PLEASE REVIEW FOR APPROVAL AND MAIL PERMITS TO THIS OFFICE.

Copy to

From SHANE MOFFETT

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT

RECEIVED
SEP 28 2010
Dept. of Building Inspections
City of Portland Maine

Sign#1 & Sign#2

- ¼" THICK ALUMINUM SIGN PANEL

  STUD MOUNTED TO MASONRY WALL WITH EXTERIOR GRADE SILICONE ADHESIVE

MOUNTING DETAIL
NOT TO SCALE

Free Street.

Building ID
1 "White" (to match canopy structure) laser cut letterforms mount to front edge of building canopy in location shown. Externally illuminated. Field verify all conditions.

Address
3/4" "White" (to match canopy structure) laser cut letterforms mount to edge of building canopy in location shown. Address numerals (110) mount to sides of canopy (perpendicular to building); Field verify all conditions.

Marketing Banner/Armature
1" diameter satin aluminum armature mounts to building; Refer to 4ID.1 for specifications

ID/Address
1/4" ~~3/8"~~ satin aluminum panel with chamfered edges; lower accent band painted MP# 18149; 1/8" dimensional graphics in colors shown

1'-4"
MaineHealth
1'-4"
BASE CLEAR
110
Option MH Red, PMS 201c
Qty: 2 (two)

1ID 1 **Primary Building ID** *canopy mounted logo and address*
Scale: 1/8" = 1'-0"

A **Corp. ID/Address** *dimensional*
Scale: 3/4" = 1'-0"

MaineHealth
12312

PERMIT DRAWING

Location: 110 Free St.
Portland, ME
Drawing No.: 1 of 5
Drawn by: PFAT Rep.: PB
Date 10.25.2010
Lead No.: EL013953
Gen Ref.: 01NK7138 (10 St. James)

ENVIRONMENTAL GRAPHICS
Gamble Design
154 Maplewood Avenue
Portsmouth NH 03801
t 603.427.1300

ARCHITECT
Harriman
123 Middle Street
Portland ME 04101
t 207.775.6053

DRAWING TITLE
Primary Building ID
Canopy mounted
Scale: as shown
3 September 2010

DRAWING N
1ID.1

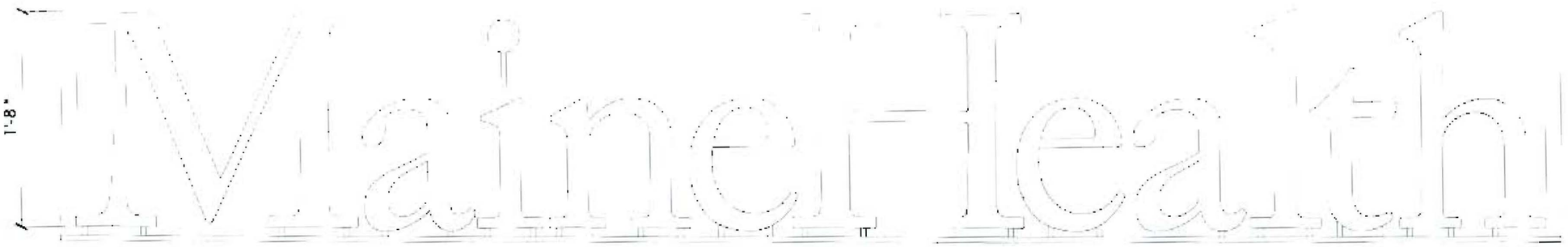
G:\Drafting\12312\MAIMED\MaineHealthPortlCG graphics\20100913.cdr
Monday, October 25, 2010 11:34:31 AM

Sign #2

11'-9 ' MOUNTING PLATE

11'-6 1/8" ±

1'-8"



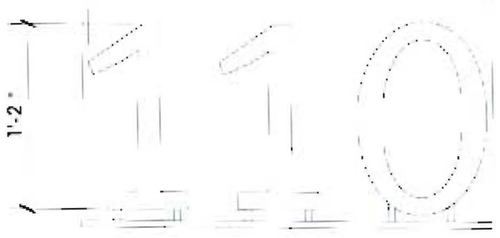
MAKE (1)

1'8" x 11'6 1/8" = 23" x 138.125"
= 2762.5 ⊕
= 19.18 ⊕

2'-7 ' MOUNTING PLATE

2'-6 1/4" ±

1'-2"



14" x 30.25" = 423.5
= 2.94 ⊕
x 2
5.88 ⊕

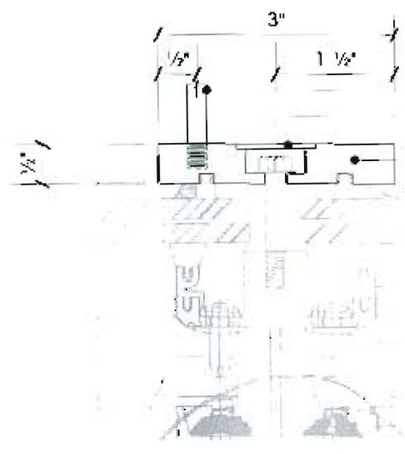
MAKE (2)

[3/4" THICK LASER CUT ALUMINUM GRAPHICS, PAINTED WHITE; EACH INDIVIDUAL PIECE TO BE END DRILLED AND TAPPED AT THE BOTTOM EDGE TO ALLOW FOR 1/4-20" THREADED ROD MOUNTING—BY GEMINI]

INSTALLED ON 1/2" THICK X 3" WIDE ALUMINUM FLAT BAR, PAINTED WHITE; ALL MOUNTING RODS PAINTED WHITE—BY NEOKRAFT

FLAT CUT OUT ALUMINUM GRAPHICS
SCALE: 1"=1'-0"

(3) SETS TOTAL REQUIRED



MOUNTING ROD FOR LETTERS

1/16" THK OBLONG ALUMINUM COVERS

ALUMINUM FLAT BAR MOUNTING PLATE

MOUNTING DETAIL TBD; MAY VARY

SECTION--TYPICAL MOUNTING POINT
HALF SIZE

Neokraft
SIGNS

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

Custom Sign Fabrication

These plans are the exclusive property of Neokraft Signs Inc. and are the result of the original work of its employees. They are submitted to Neokraft's client for the sole purpose of consideration of whether to purchase these plans or to purchase from Neokraft a sign manufactured according to these plans.

Distribution or exhibition of these plans to anyone other than employees of said client, or use of these plans to construct a sign similar to the one embodied herein, is expressly forbidden. In the event that such exhibition or construction occurs, Neokraft expects to be reimbursed $1500 in compensation for time and effort entailed in creating these plans.

MaineHealth
12312

PERMIT DRAWING

Location:	110 Free St.	
	Portland, ME	
Drawing No.:	4 of 5	
Drawn by:	PFAT	Rep.:PB
Date:	10.25.2010	
Lead No.:	EL013953	
Gen Ref.:	01NK7138 (10 St. James)	

G:\Drafting\12312MAINEHealth\Portl CO graphics\20100913.cdr
Monday, October 25, 2010 11:24:36 AM

© COPYRIGHT 2010, BY NEOKRAFT SIGNS, INC.

Sign#3

• -- ¼" THICK ALUMINUM SIGN PANEL

STUD MOUNTED TO MASONRY WALL WITH EXTERIOR GRADE SILICONE ADHESIVE

MOUNTING DETAIL
NOT TO SCALE

Marketing Banner/Armature
Refer to 4ID.1 for specifications

Building ID
Double-sided, internally illuminated sig box with logo graphic. Refer to 3ID foi specifications.

Sign#

1'-4"

1'-4"

MaineHealth

Staff Entrance

Option: MH Red, PMS 201c

ID/Address
3/8" satin aluminum panel with chamfered edges; lower accent band painted MP#18149; 1/8" dimensiona graphics in colors shown

Door Graphics
Vinyl graphics applied to face of glass door

2ID 1 **Staff Entrance ID** North Elevation elevation *ground level*
Scale: 1/8" = 1'-0"

Staff entry ID *dimensional*
Scale: 3/4" = 1'-0"

MaineHealth
12312

PERMIT DRAWING

Location: 110 Free St.
Portland, ME
Drawing No.: 2 of 5
Drawn by: PFAT Rep. PB
Date: 10.25.2010
Lead No.: EL013953
Gen Ref.:

ENVIRONMENTAL GRAPHICS
Gamble Design L.
154 Maplewood Avenue
Portsmouth NH 03801
✆ 603 427 1300

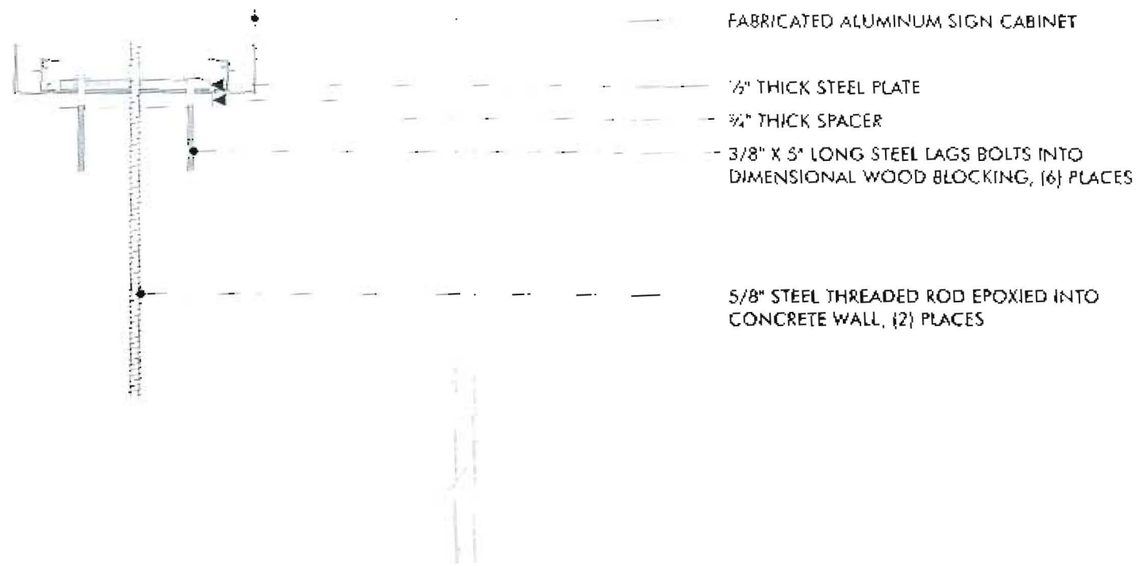
ARCHITECT
Harriman
123 Middle Street
Portland ME 04101
✆ 207 775 0053

DRAWING TITLE
Staff Entrance ID
ID panel
Scale: as shown
8 September 2010

DRAWING N
2ID.1

S:\Drafting\12312\MAIMED\MaineHealth\Port\FCO graphics\20100913.cdr
tonnay, October 25, 2010 11:34:32 AM

Sign #4



MOUNTING DETAIL FOR D/F INT. ILLUM. SIGN CABINET
SCALE: 1½"=1'-0"

G:\Drafting\12312MAINE D\MaineHealth\Port\FCO graphics\20100913.cdr
Monday, October 25, 2010 11:34:36 AM

Neokraft
S I G N S

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

Custom Sign Fabrication

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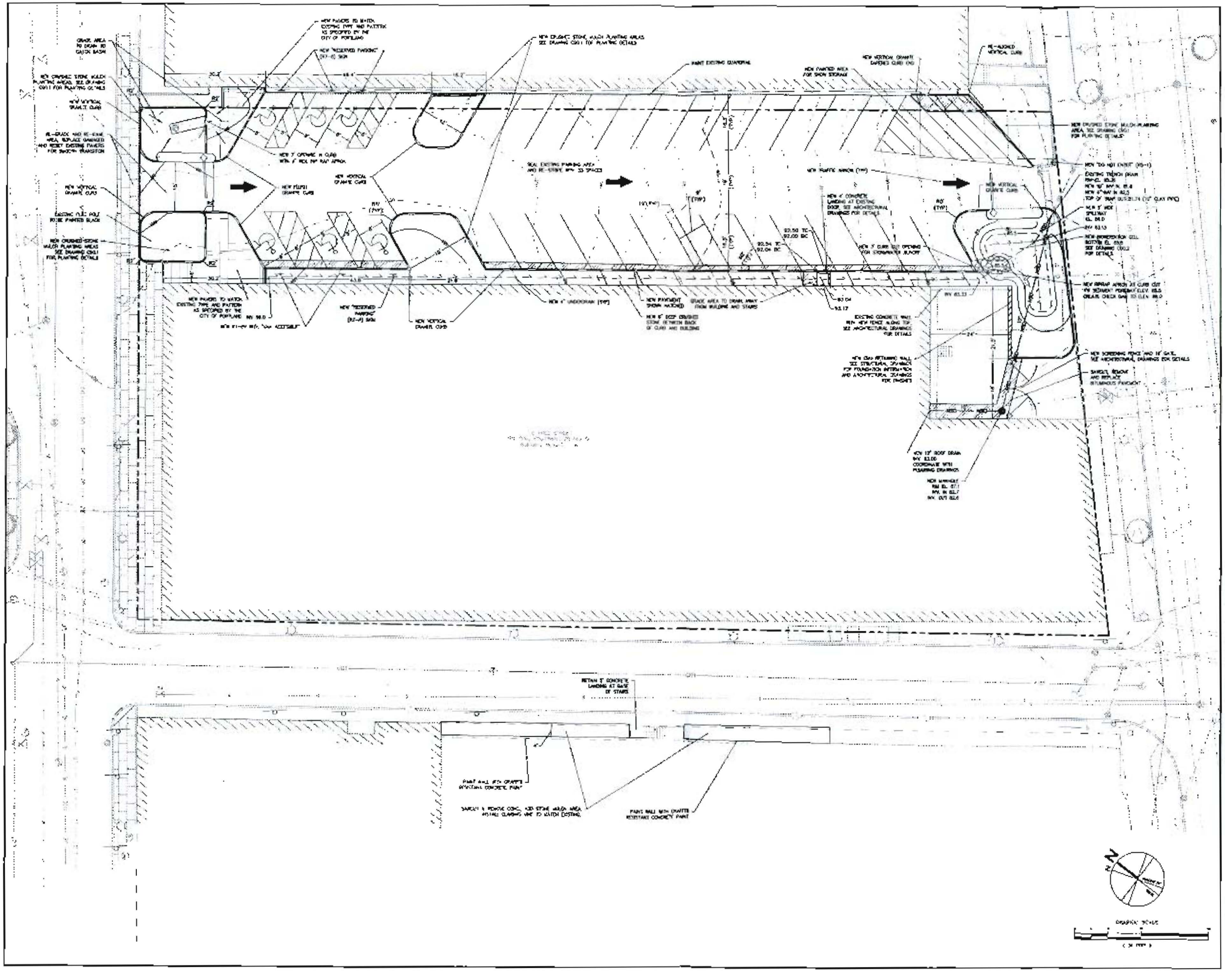
MaineHealth
12312

PERMIT DRAWING

Location:	110 Free St.
	Portland, ME
Drawing No.:	5 of 5
Drawn by:	PFAT Rep.:PB
Date:	10.25.2010
Lead No.:	EL013953
Gen Ref.:	



HARRIMAN

Architects & Engineers

110 FREE STREET BUILDING RENOVATIONS

PORTLAND, MAINE

NOTES:

1. SURVEY PREPARED BY SEBAGO TECHNICS, DATED 11/03/09

	08-13-10	CITY PLAN AMENDMENT REVIEW
1	02-26-10	REVISED FOR ADDENDUM #1
	02-12-10	ISSUED FOR CONSTRUCTION
	1-26-10	REVISED PER CITY COMMENTS
	12-11-09	CITY STAFF REVIEW
	12-11-09	DESIGN DEVELOPMENT
	10-23-09	SCHEMATIC DESIGN

REVIEW

SITE LAYOUT, GRADING AND UTILITIES PLAN

DPO

C00.1

Color profile: Generic CMYK printer profile
Composite: Default screen

Marketing Banner/Armature
Location #2. Refer to drawing 4ID. specifications.

Sign Box
Double-sided "Satin Aluminum" sign b
with clear push through halo-illuminate
graphics and MaineHealth PMS 201c
graphics; **Field verify all condition**

3ID 1 **Secondary Building ID** sign box
Scale: relative to image

MaineHealth
CORPORATE HQ
EXTERIOR WAYFINDING GRAPHICS

NEOKRAFT SHOP DWG. 3 OF 5
JOB NAME: MAINEHEALTH
JOB LOC.: PORTLAND, ME
DATE: 9.20.10 W.O.# 12312

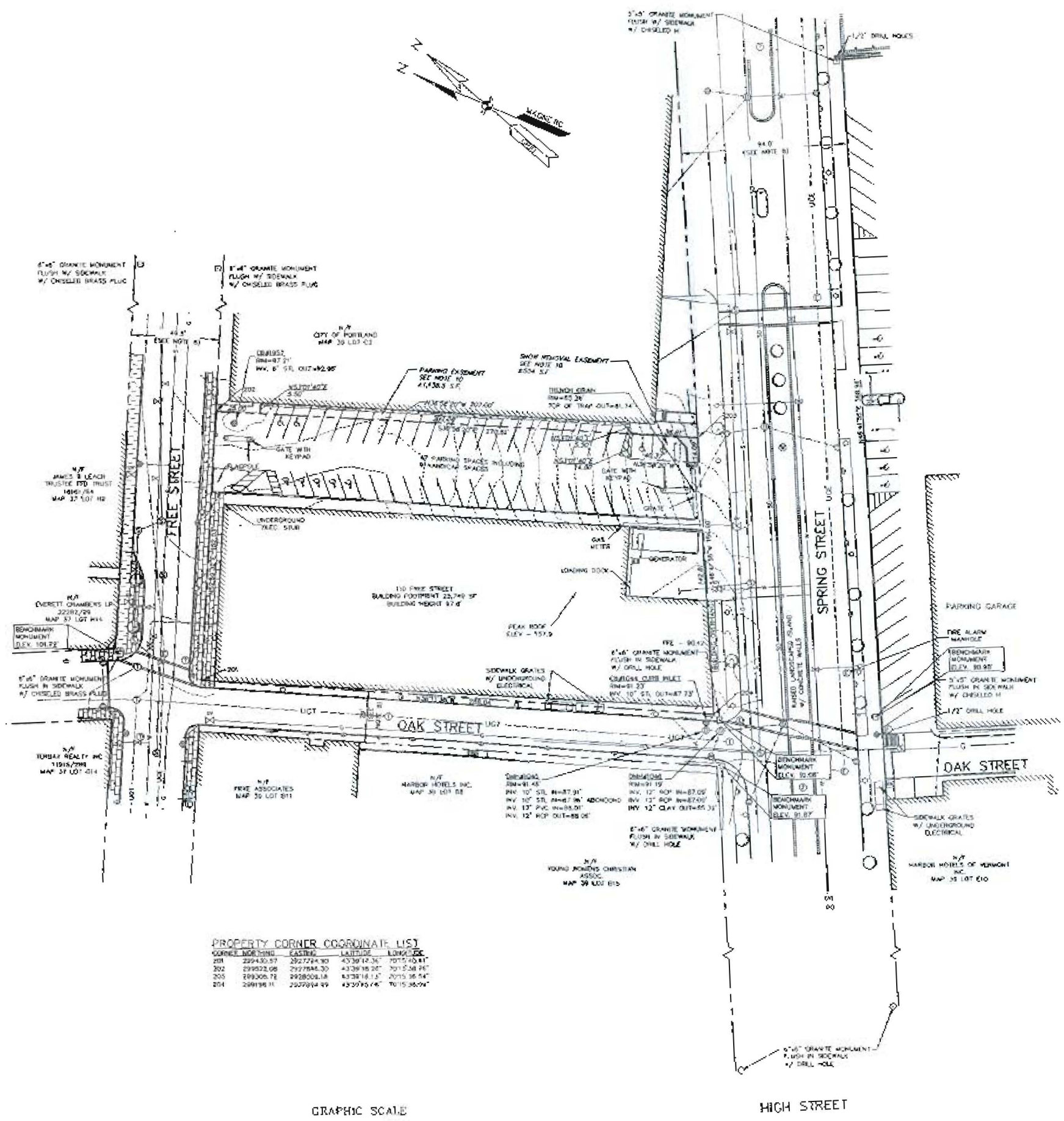
ENVIRONMENTAL GRAPHICS
Gamble Design
154 Maplewood Avenue
Portsmouth NH 03801
t 603.427.1300

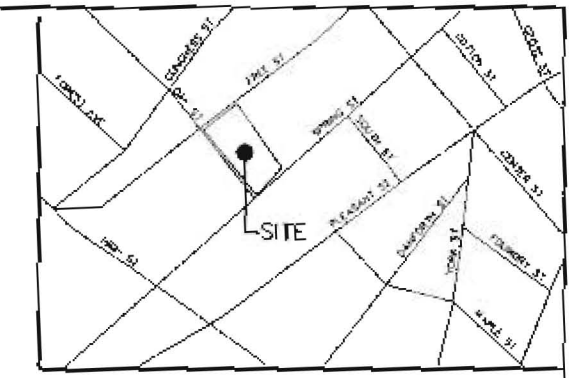
ARCHITECT
Harriman
123 Middle Street
Portland ME 04101
t 207.775.0053

DRAWING TITLE
Secondary Building ID *illuminated*
Sign box
Scale: as shown
8 September 2010

DRAWING N°
3ID.1

afting\12312MAIMEID\MaineHealth\Port\FCO graphics\20100913.cdr
ay: September 20, 2010 9:53:59 AM





LOCATION MAP N.T.S.

GENERAL NOTES

1. THE RECORD OWNER OF THE PARCEL IS MAINEHEALTH BY DEED DATED AUGUST 28, 2009 AND RECORDED AT THE CUMBERLAND COUNTY REGISTRY OF DEEDS (CCRD) IN BOOK 27225 PAGE 306.
2. THE PROPERTY IS SHOWN ON THE CITY OF PORTLAND TAX MAP 39 AS BLOCK C LOT 1 AND IS LOCATED IN THE B3 ZONE (DOWNTOWN BUSINESS).
3. SPACE AND BULK CRITERIA FOR THE B3 ZONE ARE AS FOLLOWS

MIN. LOT SIZE:	NONE
MIN. STREET FRONTAGE:	45'
MIN. FRONT YARD:	LESS THAN 5' *
MIN. SIDE YARD:	NONE
MIN. REAR YARD:	NONE
MAX. BUILDING HEIGHT:	150' (LOT C1) 125' (LOT C2)
MAX. BUILDING COVERAGE:	100%

* SEE ORDINANCE FOR MORE PARTICULAR INFORMATION

4. TOTAL AREA OF THE 110 FREE STREET PARCEL IS APPROXIMATELY 43,000 SQUARE FEET OR 0.99 ACRES.
5. BOUNDARY AND TOPOGRAPHIC INFORMATION SHOWN HEREON IS BASED UPON AN ON THE GROUND SURVEY BY SEBAGO TECHNICS INC., PERFORMED IN FEBRUARY OF 2007 AND UPDATED IN OCTOBER OF 2009.
6. PLAN REFERENCES:
   A. PLANS FROM DEPARTMENT OF PUBLIC WORKS, CITY OF PORTLAND ME
      1. SPRING-MIDDLE ARTERIAL, STA 33+10-38+30, BY FAY SPOFFORD & THORNDIKE INC ENGINEERS, DATED FEBRUARY 1974, PPW FILE 484-1.
      2. MAINEWAY RENEWAL PROJECT GENERAL PLAN PART 1, FREE STREET, BY FAY SPOFFORD & THORNDIKE ENGINEERS DATED APRIL 1974, PPW FILE 677-11
      3. RECONSTRUCTION OF OAK STREET, BY EDWARD C. JORDAN CO., INC PLANNERS AND ENGINEERS DATED OCTOBER 1973, PPW FILE 310-1.
      4. PLEASANT STREET SEWER RECONSTRUCTION, DATED NOVEMBER, 1971, PPW FILE 588-9.
      5. RIGHT OF WAY PLAN OF SPRING - MIDDLE ARTERIAL, BY OWEN HASKELL, INC., PPW FILE 857-12.
   B. PLAN OF LAND OF BETWEEN SPRING AND SOUTH STREET, BY EDWARD C JORDAN CO., DATED MAY 9, 1888, RECORDED IN CCRD BOOK 518 PAGE 422.
   C. CITY OF PORTLAND VALUATION SHEET NO. 39, RECORDED IN CCRD PLAN BOOK 3 PAGE 39.
   D. GIS MAP SHOWING SPRING STREET, FREE STREET AND OAK STREET SUPPLIED BY THE PORTLAND WATER DISTRICT.
   E. ALTA/ACSM LAND TITLE SURVEY OF ANTHEM HEALTH BUILDING & PARKING FOR JOHNSON AND GLORVIGST, BY SEBAGO TECHNICS, INC. (PROJECT 06484).
7. THE BEARINGS AND ELEVATIONS SHOWN HEREON ARE BASED UPON THE MAINE STATE PLANE COORDINATE GRID, WEST ZONE 1802 ON NAD83 AND NAVD88 IN US FEET.
8. STREET REFERENCES:
   A. FREE STREET: FIRST ACCEPTED BY THE TOWN OF FALMOUTH RECORDS 2-841 DATED MAY 16TH, 1773. EXTENDED AND WIDENED IN CITY OF PORTLAND RECORDS 1-57 DATED JULY 7, 1798.
   B. OAK STREET: ACCEPTED BY THE CITY OF PORTLAND RECORDS 5-38 DATED APRIL 19, 1826 (FREE TO SPRING).
   C. SPRING STREET: FIRST ACCEPTED IN THE FALMOUTH RECORDS 2-367 DATED FEBRUARY 26, 1754. ALTERED IN FALMOUTH RECORDS 2-469 DATED MAY 26, 1760; ACCEPTED BY CITY OF PORTLAND IN RECORDS 4-14 DATED JUNE 2, 1786. WIDENED PER DEED BOOK 3267 PAGE 335 DATED JUNE 8, 1979 (SEE PLANS A-1 AND A-5).
   * RIGHT OF WAY MONUMENTS IN PORTLAND ARE TYPICALLY 3 FOOT OFFSET MONUMENTS INTO THE STREET RIGHT OF WAY.
9. THE UNDERGROUND UTILITIES SHOWN HEREON ARE APPROXIMATE BASED UPON FIELD LOCATION OF SURFACE STRUCTURES, PLANS REFERENCED HEREON AND INFORMATION PROVIDED BY LOCAL UTILITY COMPANIES AND MAY NOT REPRESENT ALL UNDERGROUND UTILITIES ON OR ABUTTING THE LOCUS PARCELS.
10. THE PROPERTY IS SUBJECT TO AND TOGETHER WITH A RECIPROCAL EASEMENT AGREEMENT BETWEEN 70 110 FREE STREET, LLC (PREVIOUS OWNER OF LOCUS PARCEL) AND THE CITY OF PORTLAND, MAINE, DATED SEPTEMBER 27, 2007 AND RECORDED IN CCRD DEED BOOK 25641 PAGE 221. THIS GRANTS THE LOCUS PARCEL A PARKING AND VEHICULAR AND PEDESTRIAN INGRESS AND EGRESS EASEMENT, AND GRANTS THE CITY A "SNOW REMOVAL EASEMENT". SEE THE REFERENCED DEED FOR MORE PARTICULAR INFORMATION AND RESTRICTIONS.

LEGEND

SYMBOL	DESCRIPTION
	BOUNDARY LINE/R.O.W.
	ABUTTER LINE/M.O.M.
	SETBACK
	EASEMENT
	MONUMENT
	IRON PIPE/ROD
	DRILLHOLE
	REBAR TO BE SET
C/L	CURVE/LINE NO.
	BENCHMARK
	BUILDING
	SIGN
	COOL PAVEMENT
	PAVEMENT PAINT
	CURBLINE
	CHAIN LINK FENCE
	RETAINING WALL
	DECIDUOUS TREE
	COMFEROUS TREE
	GUARDRAIL
	BOLLARD
	GAS
	WATER
	GATE VALVE
	HYDRANT
	POTABLE WELL
	SEWER
	FORCE MAIN
	SEWER MH
	STORM DRAIN
	UNDERDRAIN
	CATCH BASIN
	DRAINAGE MH
	CULVERT
	OVERHEAD ELEC. & TEL
	UNDERGROUND ELEC. & TEL
	TRANSFORMER PAD
	ELECTRICAL MANHOLE
	TELEPHONE MANHOLE
	UNKNOWN MANHOLE
	LIGHT POLE/WALL
	UTILITY POLE
	GUY
	PARKING METER

PROPERTY CORNER COORDINATE LIST

CORNER	NORTHING	EASTING	LATITUDE	LONGITUDE
201	299430.57	2927724.90	43°39'12.36"	70°15'40.81"
202	299022.08	2927846.30	43°39'16.26"	70°15'38.26"
203	299006.72	2928006.18	43°39'16.13"	70°15'36.54"
204	299198.11	2927894.99	43°39'15.46"	70°15'36.94"

STATE OF MAINE
MATTHEW W. BOLTON
2117
PROFESSIONAL LAND SURVEYOR

REV.	BY	DATE	STATUS
FIELD PLAN SHALL NOT BE MODIFIED WITHOUT WRITTEN PERMISSION FROM SEBAGO TECHNICS, INC. ANY ALTERATIONS TO DO SO WILL BE AT THE USER'S SOLE RISK AND WITHOUT LIABILITY TO SEBAGO TECHNICS, INC.	RPT		

Sebago Technics
Engineering Expertise You Can Build On.
One Chabot Street
Westbrook, Maine 04092-2599
Tel (207) 856-0277
www.sebagotechnics.com
Portland, Maine 04101
Tel (207) 780-6000

PROJECT NO.	FIELD BOOK	DESIGN	CHKD	DRAWN
06484EC			WAVE	MOC

EXISTING CONDITIONS SURVEY
OF: MAINEHEALTH PROPERTY
110 FREE STREET
PORTLAND, MAINE 04101
FOR:
MAINE MEDICAL CENTER
465 CONGRESS STREET
PORTLAND, MAINE 04101

DATE	SCALE
11/03/09	1"=30'

SHEET 1 OF 1

06484EC - 2009 (1-up) TXB Ext 303

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 10/25/2010

PRODUCER
MEDICAL MUTUAL INS. CO. OF MAINE
ONE CITY CENTER, PO BOX 15275
PORTLAND, ME 04112-5275

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
MAINEHEALTH
465 CONGRESS STREET
SUITE 600
PORTLAND, ME 04101-3537

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: MEDICAL MUTUAL INS. CO. OF MAINE	
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 POLICES 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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO-JECT LOC	ME HPL 000363	10/01/2010	10/01/2011	EACH OCCURRENCE	$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
						MED EXP (Any one person)	$ 5,000
						PERSONAL & ADV INJURY	$ 4,000,000
						GENERAL AGGREGATE	$ 4,000,000
						PRODUCTS - COMP/OP AGG	$ 4,000,000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE	$
						AGGREGATE	$
							$
							$
							$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER	
						EL EACH ACCIDENT	$
						EL DISEASE - EA EMPLOYEE	$
						EL DISEASE - POLICY LIMIT	$
		OTHER					

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 AN EXTERIOR SIGN ON THE FACADE OF MAINEHEALTH'S BUILDING LOCATED AT 110 FREE STREET, PORTLAND, ME.

CERTIFICATE HOLDER 10001

CITY OF PORTLAND
INSPECTIONS
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 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 OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Terrance J. Sheehan M.D., PRESIDENT

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