

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that MERCY HOSPITAL

Located At 120 STATE ST

Job ID: 2012-08-4621-SIGN

CBL: 045- C-007-001

has permission to install 15' x 37' banner for six weeks

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer



Code Enforcement Officer / Plan Reviewer

8/15/12

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

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Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-08-4621-SIGN

Located At: 120 STATE ST

CBL: 045- C-007-001

Conditions of Approval:

Zoning

1. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
2. Although the banner is "temporary", it is being reviewed as a permanent sign because the proposed size is larger than what is allowable for a temporary sign.

Historic

1. Approved as a temporary sign only; must be removed after six weeks.

Building

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-08-4621-SIGN	Date Applied: 8/3/2012	CBL: 045- C-007-001	
Location of Construction: 120 STATE ST	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST PORTLAND, ME 04101	Phone: 207-879-3000
Business Name:	Contractor Name: Allen Signs	Contractor Address: 25 Washington A., Scarborough ME 04074	Phone: (207) 510-6800
Lessee/Buyer's Name:	Phone:	Permit Type: SIGN - PERM - Signage - Permanent	Zone: R-6
Past Use: Mercy Hospital	Proposed Use: Mercy Hospital – install 15' x 37' banner on the State Street façade of the building <i>may only be installed for six weeks.</i>	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	Inspection: Use Group: Type: <i>banner/sign</i> Signature: <i>ABM</i> 8/15/12
Proposed Project Description: Install banner for Mercy Hospital		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Brad		Zoning Approval	

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>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.</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>___ Maj ___ Min ___ MM</p> <p>Date: <i>OK w/condition</i> <i>8/18/12 ABM.</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input checked="" type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>8/19/12</i></p> <p><i>J. Andrews</i></p>
	CERTIFICATION		

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE



Elb
his
sign

Signage/Awning Permit Application

45-c-006

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.

2012-08-4621-Sign

8/3/12
12

Location/Address of Construction: 118 ⁽¹²⁰⁾ State Street / Portland, ME 04101		
Tax Assessor's Chart, Block & Lot Chart# 45 Block# C Lot# 7	Owner: Mercy Health System of Maine	Telephone: 879-3000
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: Allen Signs 25 Washington Ave Scarborough, ME 04074 (207) 510-6800	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00 For H.D. signage \$75.00 Fee: \$ Awning Fee = cost of work Total Fee: \$1140.00
Who should we contact when the permit is ready: Elizabeth Zimmer phone: 822-2535 / 215.00		
Tenant/allocated building space frontage (feet): Length: 300 Height: 76 Lot Frontage (feet) 300 Single Tenant or Multi Tenant Lot Single tenant		
Current Specific use: n/a If vacant, what was prior use: n/a Proposed Use: Advertisement for Mercy Emergency Department 1110.00 30.00		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: Height from grade: ___ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: 15' x 37' 555'		
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> Is awning backlit? Yes ___ No ___ Height of awning: ___ Length of awning: ___ Depth: ___ Is there any communication, message, trademark or symbol on it? Yes ___ No ___ If yes, total s.f. of panels w/communications, message, trademark or symbol: ___ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions: ___ Bldg. wall sign? (attached to bldg) Yes ___ No <input checked="" type="checkbox"/> Dimensions: ___ Awning? Yes ___ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: ___		
A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required.		

RECEIVED
AUG 03 2012

Dept. of Building Inspections
City of Portland Maine

Please submit all other information outlined in the Signage/Awning Application Checklist.
Failure to do so will 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: Robert Williams Date: 8/4/2012

Institutional or Residential 206-5% of wall area - 300 x 76 = 22,800 5% = 1140 \$
Revised 10/19/09
proposed 555' (OK)



August 2, 2012

City of Portland Planning Department
Attn: Alex Jaegerman, Division Director
389 Congress Street, 4th Floor
Portland, ME 04101

Dear Mr. Jaegerman,

The purpose of this letter is to give my permission, as President and CEO of Mercy Health System of Maine, for the installation of a banner to be displayed on the outside of the Mercy Hospital building at 144 State Street.

The banner would be displayed to promote Mercy's Emergency Department, also located within the building. It would be displayed on a temporary basis during the fall of 2012.

The banner would fit within a space with dimensions of 15' wide by 37' high on the State Street side of the building, near the intersection of State and Spring Streets.

Considering it a permanent sign.

The enclosed application should provide all the necessary information, but please contact Susan Rouillard, Chief Development and Communications Officer at 879-3487 with any questions or for further details.

Sincerely yours,

Eileen F. Skinner
President & CEO
Mercy Health System of Maine

Enclosures



Mercy Hospital



Copyright 2011 Esri. All rights reserved. Mon Aug 13 2012 08:29:32 AM.

Mercy ED Promo Banner 15' X 37'

See final two documents of application for details on materials and sign fastening.



In an emergency...
Wait times matter!

Mercy 
EMERGENCY
DEPARTMENT

Get real-time wait times
only at MercyHospital.org
or scan this QR code



Received: 10/22/2007	Completed: 10/23/2007	Letter: A	her	P.O.#:	Test Report #: 2-70245-0-RE-RV
Client's Identification	Style: Duratex 13 oz Scrim - Vinyl. Co tent: Polyester. Width 38" Finish: Semi. Weight: 440 gm/yd ²				
Tested For:	Key Test: NFPA 701-2004 TM#2 Fold RE RV				50
Pitman 21908 E. Valley Blvd. Walnut, CA 91789			Tel: 1-(909)-595-3478 Fax: 1-(909)-595-4261		Ext:

PC: 1H

TEST PERFORMED: NFPA 701 - Standard Methods of Fire Tests for Flame Propagation of Textiles and Films - 2004 Edition - Test Method #2 - Folded Specimens

RETEST

TEST CONFIGURATION: Single Layer; Multi Layer

RESULTS REPORTED: Initially After 72 hours water leaching
 After 3 dry cleanings After 100 hours accelerated weathering
 After 5 launderings @ 160°F

RESULTS:

Length Specimen #	Afterflame (seconds)	Drip Burn (seconds)	Char Length (mm)
1	0	0	380
2	0	0	520

APPROXIMATE WEIGHT OF MATERIAL (as measured by Govmark): 493 g/m²

FAILURE CRITERIA: For each individual specimen --

Afterflame	Drip Burn	Char Length
Exceeds 2.0 Seconds	Exceeds 2 seconds	Exceeds 1,050 mm (41.34")

RETEST PROVISION: None.

CONCLUSION: Based on the results of 6 specimens tested (reports 2-70245-0-RV and 2-70245-0-RE-RV) and the Failure criteria, the item tested:

Passes; Fails

CERTIFICATION: I certify that the above results were obtained after testing specimens in accordance with the procedures and equipment specified by NFPA 701 - 2004 Edition Test Method #2 Folded Specimens.

Heather E. Roberto

AUTHORIZED SIGNATURE
THE GOVMARK ORGANIZATION, INC.

RV.2.11.08 /jd



Technical datasheet No.: **1050.5**

Product: VALMEX® PRINT super MESH FR

Article No.: 7523 5300

Type of coating and finish		
Type of coating	PVC	
Burning behaviour	California T 19, D.M. 26.06.84 (UNI 9177): CL. 1, DIN 4102: B1, NFP 92507: M1, NFPA 701 Test 2, ÖNorm: B1	
for Burning behaviour	always check the validity of fire certificate	
Total Weight	8.9 oz./sq.yd.	ASTM D-751.10
Openess factor	20 %	LB 3.27
Strip Tensile (warp/weft)	140 / 220 lbs. / in.	ASTM D-751 Procedure B
Adhesion	8.5 lbs. / in.	ASTM D-751 RF Weld
Low Temperature	-30 °F	ASTM D-2136
High Temperature	158 °F	LB 3.15
Translucence	30 %	at 550 nm
Air permeability	1850 l/m ² *sec	ISO 9237
Base fabric		
Material	PES	ISO 2076
Yarn count	1000 den.	ISO 2060
Weave	knit	

We believe this information is the best currently available on the subject. It is offered as a possible suggestion and guideline in experimentation you may undertake along these lines. It is subject to revision as additional knowledge and experiences are gained. We make no guarantee of results and assume no obligation or liability whatsoever in connection with this information.

From: Jared Galvin <JGalvin@allenswi.com>
Date: July 31, 2012 11:22:17 AM EDT
To: Sheri Danforth <Sheri@BurgessAdv.com>
Subject: RE: Mercy Banner

The banner will be affixed to the building using masonry screws into the brick (through grommets on the banner).

Thank You,
Jared Galvin

Allen | Signs With Impact
25 Washington Avenue
Scarborough, ME 04074
Office 207-510-6800
Fax 207-510-6808
Cell 207-699-2396
www.allenswi.com



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Receipts Details:

Tender Information: Check , Check Number: 968

Tender Amount: 75.00

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 8/3/2012

Receipt Number: 46706

Receipt Details:

Referance ID:	7507	Fee Type:	BP-SignsHist
Receipt Number:	0	Payment Date:	
Transaction Amount:	75.00	Charge Amount:	75.00
Job ID: Job ID: 2012-08-4621-SIGN - Signage for Mercy Hospital Emergency			
Additional Comments: 148 State historical fee			

Thank You for your Payment!



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Receipts Details:

Tender Information: Check , Check Number: 60621

Tender Amount: 1140.00

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 8/3/2012

Receipt Number: 46705

Receipt Details:

Referance ID:	7506	Fee Type:	BP-Signs
Receipt Number:	0	Payment Date:	
Transaction Amount:	1140.00	Charge Amount:	1140.00
Job ID: Job ID: 2012-08-4621-SIGN - Signage for Mercy Hospital Emergency			
Additional Comments: 148 State sign fee			

Thank You for your Payment!