

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

BUILDING INSPECTION
PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
MAR 12 2008
CITY OF PORTLAND

Permit Number: 080108

This is to certify that MAINE MEDICAL CENTER NeoKraft Signs
has permission to Attach 7'*19' fabric banner to brick facade @ main entrance, attach 3.5'*9.5' fabric banner to brick facade adjacent to employee entrance
AT 2 BRAMHALL ST
053 D007001

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

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

Notification of inspection must be given and when permission proceeds before this building or part thereof is loaded or services closed-in. 4 HOUR NOTICE 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

Thomas H. Moullet 3/7/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-0108	Issue Date:	CBL: 053 D007001
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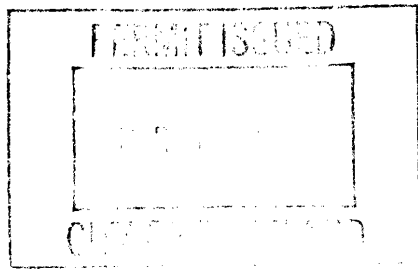
Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: C41

Past Use: Commercial - Medical Building <i>Maine Medical Center</i>	Proposed Use: Commercial - Medical Building with 2 banners attached to the brick facade	Permit Fee: \$364.00	Cost of Work: \$0.00	CEO District: 2	<i>Contract Zone (P-4)</i>
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>I2</i> Type: <i>IF</i> <i>IBC 2003</i>		

Proposed Project Description: Attach 7'*19' fabric banner to brick facade @ Main entrance, attach 3.5'*9.5' fabric banner to brick facade adjacent to employee entrance.	Signature:	Signature: <i>pm 3/7/08</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: _____ Date: _____		

Permit Taken By: lmd	Date Applied For: 02/06/2008	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..



Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input checked="" type="checkbox"/> Site Plan - <i>special exception</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>3/5/08</i>	Date:	Date: <i>ABU</i>

Contract approval - 3 mos. only.

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 _____

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-0108	Date Applied For: 02/06/2008	CBL: 053 D007001
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Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone (207) 782-9654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Maine Medical Center with 2 banners attached to the brick facade	Proposed Project Description: Attach one 7' * 19' fabric banner to brick facade @ Main entrance, attach one 3.5' * 9.5' fabric banner to brick facade adjacent to employee entrance.
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Dept: Zoning	Status:	Reviewer: Ann Machado	Approval Date:
Note: Under 14-369.5(a), Table 1, temporary banners are not permitted in the Institutional Uses in residential zones Ok to Issue: <input checked="" type="checkbox"/>			
section. Gave perm to planning (2/6/08) to review under section 14-368.5(g).			
Dept: Building	Status: Approved	Reviewer: Tom Markley	Approval Date: 03/07/2008
Note: Ok to Issue: <input checked="" type="checkbox"/>			
Dept: Planning	Status: Approved with Conditions	Reviewer: Deborah Andrews	Approval Date: 03/05/2008
Note: Ok to Issue: <input checked="" type="checkbox"/>			
1) * Approved for 90 days only; previous banner was in place for over one year. Intent of banner regulations is that they be temporary installations only.			



Signage/Awning Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>Maine Medical Center, 22 Bramhall St, PAK, 04103</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>0</u> Lot# <u>7</u>	Owner: <u>Maine Medical Center</u>	Telephone: <u>662-2013</u>
Lessee/Buyer's Name (If Applicable) <u>n/a</u>	Contractor name, address & telephone: <u>Neckkraft</u> <u>686 Main St</u> <u>Lewiston 04240</u> <u>782-9654</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For I.D. signage= Total Fee: \$ <u>392.50</u> Awning Fee= cost of work <u>-</u> Total Fee: \$ <u>392.50</u>
Who should we contact when the permit is ready: <u>Daniel F. Doughty</u> phone: <u>662-2013</u>		
Tenant/allocated building space frontage (feet): Length: <u>175'</u> Height: <u>82' I Pavilion "A" Bldg</u> Lot Frontage (feet) <u>587.62'</u> Single Tenant or Multi Tenant Lot <u>Single</u> <u>(Bramhall St)</u>		
Current Specific use: <u>Hospital</u> If vacant, what was prior use: <u>n/a</u> Proposed Use: <u>Hospital</u>		
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: <u>#1 7'x19'</u> <u>#2 3.5'x9.5'</u>		
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> Is awning backlit? Yes ___ No ___ Height of awning: ___ Length of awning: ___ Depth: ___ Is there any communication, message, trademark or symbol on it? Yes ___ No ___ If yes, total s.f. of panels w/communications, message, trademark or symbol: ___ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ 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: <u>Daniel F. Doughty</u>	Date: <u>1-30-08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



Signage/Awning Permit Application Checklist

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

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- Certificate of flammability required for awning or canopy.
- ~~A UL# is required for lighted signs at the time of final inspection.~~ n/a
- ~~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, \$10.00 per additional \$1,000.00 of cost.

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



January 30, 2008

Ms. Marge Schmuckal
Building & Inspection Services
City of Portland
Portland City Hall
389 Congress Street
Portland, 04101

1/30/08

Re: Sign Permit Application – MMC Bramhall Campus - Banner Installation

Dear Ms. Schmuckal:

Maine Medical Center is pleased to submit the attached Sign Permit Application for consideration and approval, for the installation of 2 fabric banners at our Bramhall Campus. The following is a description of banners for which we are requesting permit approval:

1. Installation of a new one-sided 7'w x 19'h fabric banner, to be attached to the existing brick facade, above our Main Bramhall Entrance. No direct illumination is anticipated for this banner.
2. Installation of a new one-sided 3.5'w x 9.5'h fabric banner, to be attached to the existing brick facade, adjacent to the Employee Entrance of the Bean Building. No direct illumination is anticipated for this banner.

The attached Sign Permit Application package includes the following:

1. A City of Portland "Signage/ Awning Permit Application" form, signed by Daniel F. Doughty.
2. Maine Medical Center's check to the City of Portland in the amount of \$392.50 as required for the Permit Fee.
3. A Certificate of Insurance from Medical Mutual Insurance Company of Maine listing the City of Portland as additional insured.
4. A copy of an E-Mail from Wayne Clark, Associate Vice President of Communications and Marketing authorizing the installation of the banners.
5. Attachment "A", a list of all existing and proposed signs at MMC, showing type, size and setback.
6. An 11" x 17" Site Plan of the Bramhall Campus, with all existing and proposed signs noted by number. ("E" for Existing and "N" for New)

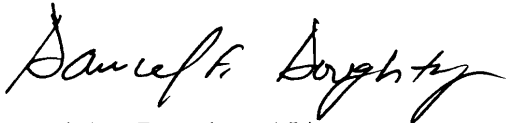
Spoke to Dan Doughty. Not permanent. He will talk to the hospital to find out how long they want to have them up.

7. A package of 13 sheets indicating photographs of each existing sign at the Bramhall campus.
8. A Photoshop view of each banner in its proposed location. (2 sheets)
9. A close-up image of each proposed banner. (2 sheets)
10. MMC's detail of proposed fastening of the banners to the existing brick wall.

We look forward to discussing any aspect of this Sign Application with you at your convenience.

If you have any questions or concerns, please call me at 662-4722.

Very truly yours,

A handwritten signature in black ink, reading "Daniel F. Doughty". The signature is written in a cursive style with a large initial "D".

Daniel F. Doughty, AIA
Director, Facilities Development

C: Marshall Bartlett
Martha Davoli





7'-0"

19'-0"

America's
Top 50



Heart &
Heart Surgery
and Orthopedics



Maine Medical Center
centered around you

FOR BRANHALL ST. CAMPUS

7'-0"

America's
Top 50



Heart &
Heart Surgery
and Orthopedics



Maine Medical Center
centered around you

FOR BRIGHTON AVE. CAMPUS

3'-6"

9'-6"

America's
Top 50



Heart &
Heart Surgery
and Orthopedics



Maine Medical Center
centered around you

FOR BRANHALL ST. CAMPUS

PRINT EACH ONE SIDE ONLY



PRINTED VINYL BANNERS
SCALE: 1/2"=1'-0" (3) TOTAL



Neokraft
SIGN 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

Except for designs supplied by the client, all ideas, plans or arrangements indicated on this drawing are copyrighted and owned by Neokraft Signs Inc. and shall not be reproduced, used by or disclosed to any person, firm or corporation without written permission of Neokraft Signs Inc.

**Maine Medical
Center 8450**

Location:	Portland, ME	
Drawing No.:	1 of 1	
Drawn by:	DS	Rep.: PL
Date:	01.11.2008	
Lead No.:	CL009621	
Gen Ref.:	7582	

TECHNICAL DATA SHEET

13 OZ. WHITE VINYL BANNER MATERIAL

CHARACTERISTICS	TEST METHOD	METRIC	ENGLISH
Support Cloth	DIN 6001	Polyester	Polyester
Yarn dtex	DIN 53830	1100 x 1100	1000 x 1000
Type of Coating	N/A	PVC	PVC
Total Weight	DIN EN ISO 2286-2	450 g/m ²	13 oz/yd ²
Width	DIN EN ISO 2286-1	.76m, .965m, 1.37m 1.52m, 1.6m, 1.83m, 2.03m also .965, 1.37 and 1.6m on Arizona Cores	30", 38", 54", 60", 63", 72", 80" also 38", 54" and 63" on Arizona Cores
Tensile Strength	ISO 13934-1999	139 x 116 kgF/5cm	153 x 128 lbs/in
Tear Strength (warp/weft)	ISO 13937-2-2000	11.4 x 15.5 kgF/5cm	53 x 45 lbs
Flame Resistance	DIN 4102	NEPA 701, CA Fire Marshall, NYC (MEA)	
Low Temperature (No Crack at:)	ASTM D 2137	-40°C	-40°F
Fungus Resistance	ASTM G21	Treated	
Puncture Resistance	N/A	Yes	Yes
RF Weldable (Heat Sealable)	DIN 53354	Yes	Yes

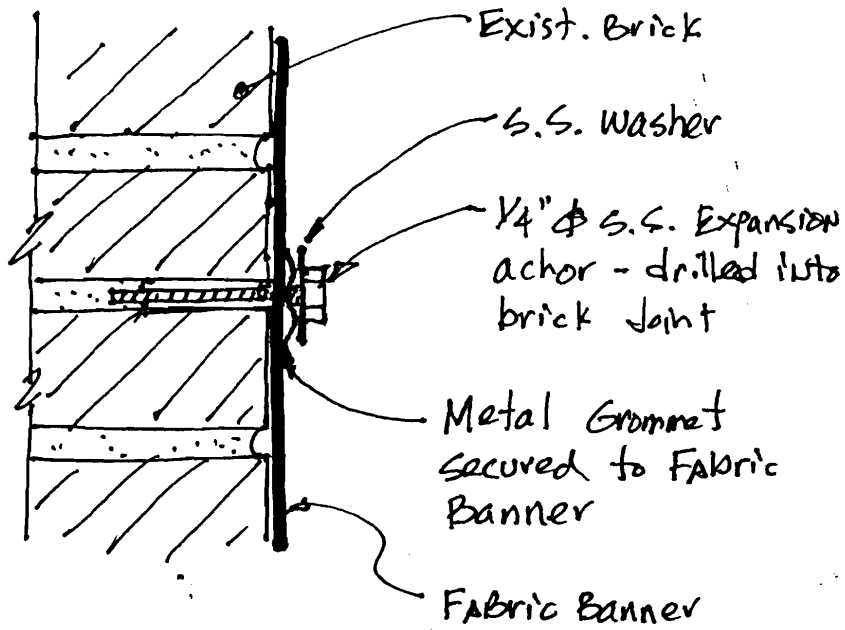


Neokraft
S I G N S

Neokraft Signs Inc.
686 Main Street
Lewiston, Maine 04240
1.800.339.2258
www.neokraft.com

Custom Sign Fabrication

January 2007



8 FASTENERS FOR
BANNER N-1

6 FASTENERS FOR
BANNER N-2

FABRIC BANNER FASTENING DETAIL

NO SCALE

Martha Davoli - Re: Exterior banner permission

From: Wayne Clark
To: Davoli, Martha
Date: 1/28/2008 12:59 PM
Subject: Re: Exterior banner permission

Please do.

Wayne L. Clark
Associate Vice President
Communications and Marketing
Maine Medical Center
22 Bramhall St.
clarkw@mmc.org
Portland, Maine 04102
207-662-2196
207-650-5404 cell
207-662-4094 fax
www.mmc.org

>>> Martha Davoli 1/28/2008 10:45 AM >>>

I'm pulling together the final pieces of my app to the City for banner permit. Would you please send me an email that gives me permission to install two banners on the exterior of Bramhall and one on the exterior of Brighton?

Thanks,
Martha

ACORD CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YY) 01/28/2008		
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 INSURER A: MEDICAL MUTUAL INS. CO. OF MAINE INSURER B: INSURER C: INSURER D: INSURER E:		NAIC#		
COVERAGES						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	ADJL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC	ME CHL 000363	10/01/2007	10/01/2008	EACH OCCURRENCE \$ 2000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADWIJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, 3657(b) under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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 IS AN ADDITIONAL INSURED WITH RESPECT TO A SIGN PERMIT FOR A US NEWS & WORLD REPORT RECOGNITION BANNER TO BE AFFIXED TO MAINE MEDICAL CENTER AT 22 BRAMHALL STREET, PORTLAND, ME AND TO THE BRIGHTON CAMPUS ON 335 BRIGHTON AVENUE, PORTLAND, ME.						
CERTIFICATE HOLDER 10001			CANCELLATION			
MARTHA J.M. DAVOLI, APR DIRECTOR OF PUBLIC INFO & MEDIA SERVICES C/O MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE <i>Veronica J. Stehman, M.D.</i> , PRESIDENT			

ATTACHMENT A
List of Existing Signs at Maine Medical Center - Bramhall Campus

<u>Sign No.</u>	<u>Quantity</u>	<u>Type</u>	<u>Size</u>	<u>Sq. Ft.</u>	<u>Set Back</u>
E-1	1	Free Standing	5' x 8'	40 s.f.	16'
E-2	0	No Longer Present			
E-3	0	No Longer Present			
E-4	0	No Longer Present			
E-5	0	No Longer Present			
E-6	1	Bldg. Mounted	5' x 52'	260 s.f.	N/A
E-7	0	No Longer Present			
E-8	0	No Longer Present			
E-9	0	No Longer Present			
E-10	1	Free Standing	5' x 8'	40 s.f.	5'
E-11	1	Free Standing	7' x 14'	98 s.f.	5'
E-12	0	No Longer Present			
E-13A	1	Bldg. Mounted	4' x 22'	88 s.f.	N/A
E-13B	1	Bldg. Mounted	1.5' x 22'	33 s.f.	N/A
E-14	1	Bldg. Mounted	2.5' x 22'	55 s.f.	N/A
E-15	2 sided	Free Standing	5' x 8' ea.	80 s.f.	5'
E-16	1	Bldg. Mounted	2' x 8'	16 s.f.	N/A
E-17	1	Free Standing	2' x 7'	14 s.f.	192'
E-18	1	Free Standing	2.5' x 5'	12.5 s.f.	192'
E-19	1	Bldg. Mounted	8' x 27'	216 s.f.	N/A
E-20	1	Bldg. Mounted	5' x 78'	<u>390 s.f.</u>	N/A

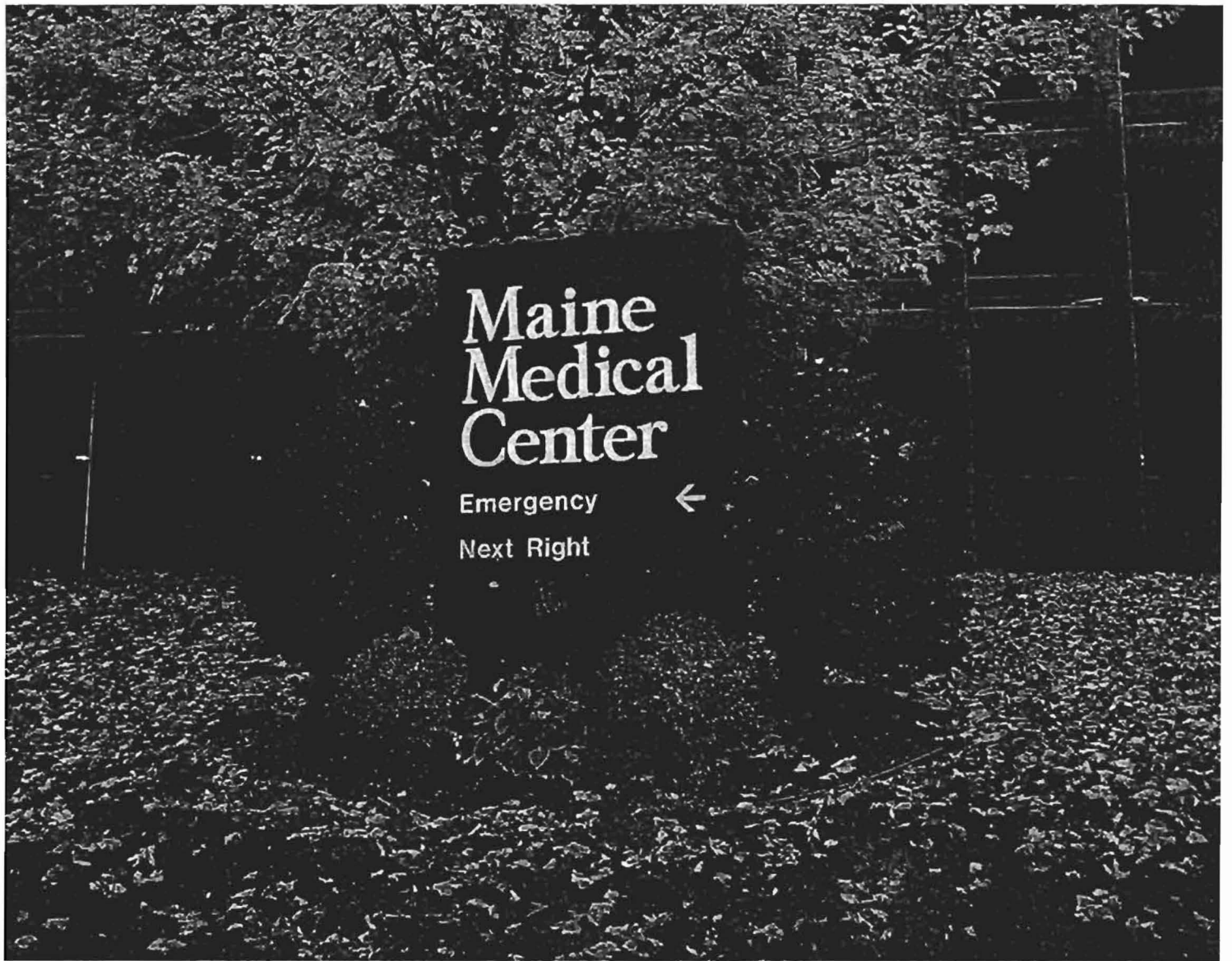
Sub-total of Existing Signs:.....1,342.5 s.f.

List of Proposed New Banners to be added at Maine Medical Center – Bramhall Campus

<u>Sign No.</u>	<u>Quantity</u>	<u>Type</u>	<u>Size</u>	<u>Sq. Ft.</u>	<u>Set Back</u>
N-1	1	Bldg. Mounted	7' x 19'	133 s.f.	20'
N-2	1	Bldg. Mounted	3.5' x 9.5'	<u>33.25</u>	140'

Sub-total of Proposed Signs:.....166.25s.f.

Total of all Signs (Existing plus Proposed):..... 1,508.75 s.f.



Sign No: E-1
Quantity: 1
Type: Free Standing
Size: 5' x 8'
Sq. Ft. 40 s.f.
Location: Congress Street – in front of Parking Garage.
Set Back: 16'



Sign No: E-6
Quantity: 1
Type: Building Mounted
Size: 5' x 52'
Sq. Ft. 260 s.f.
Location: Charles Street – Richard's Wing, overlooking the Admitting Entry.
Set back: Not Applicable

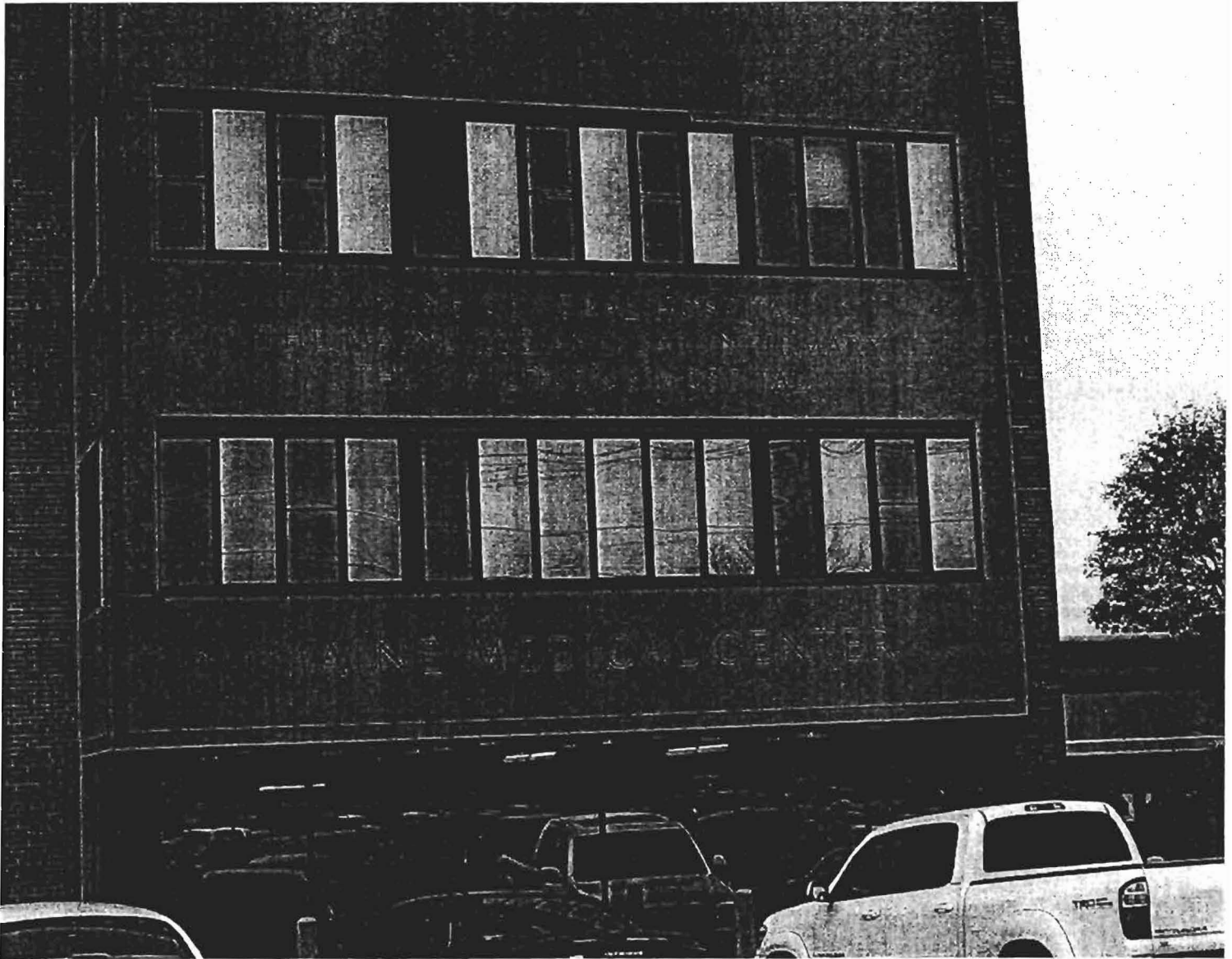


Sign No:	E-10
Quantity:	1
Type:	Free Standing
Size:	5' x 8'
Sq. Ft.	40 s.f.
Location:	Bracket Street - near the Bramhall Parking Lot.
Set back:	5'



Sign No: E-11
Quantity: 2 Sided
Type: Free Standing
Size: 8' x 10' Each Face
Sq. Ft. 160 s.f. total
Location: Bramhall Street – Near the Main Entrance
Set Back: 5'

Sign No: E-13A
Quantity: 1
Type: Building Mounted
Size: 4' x 22'
Sq. Ft. 40 s.f.
Location: Bramhall Street – South End of Pavilion C.
Set Back: Not Applicable



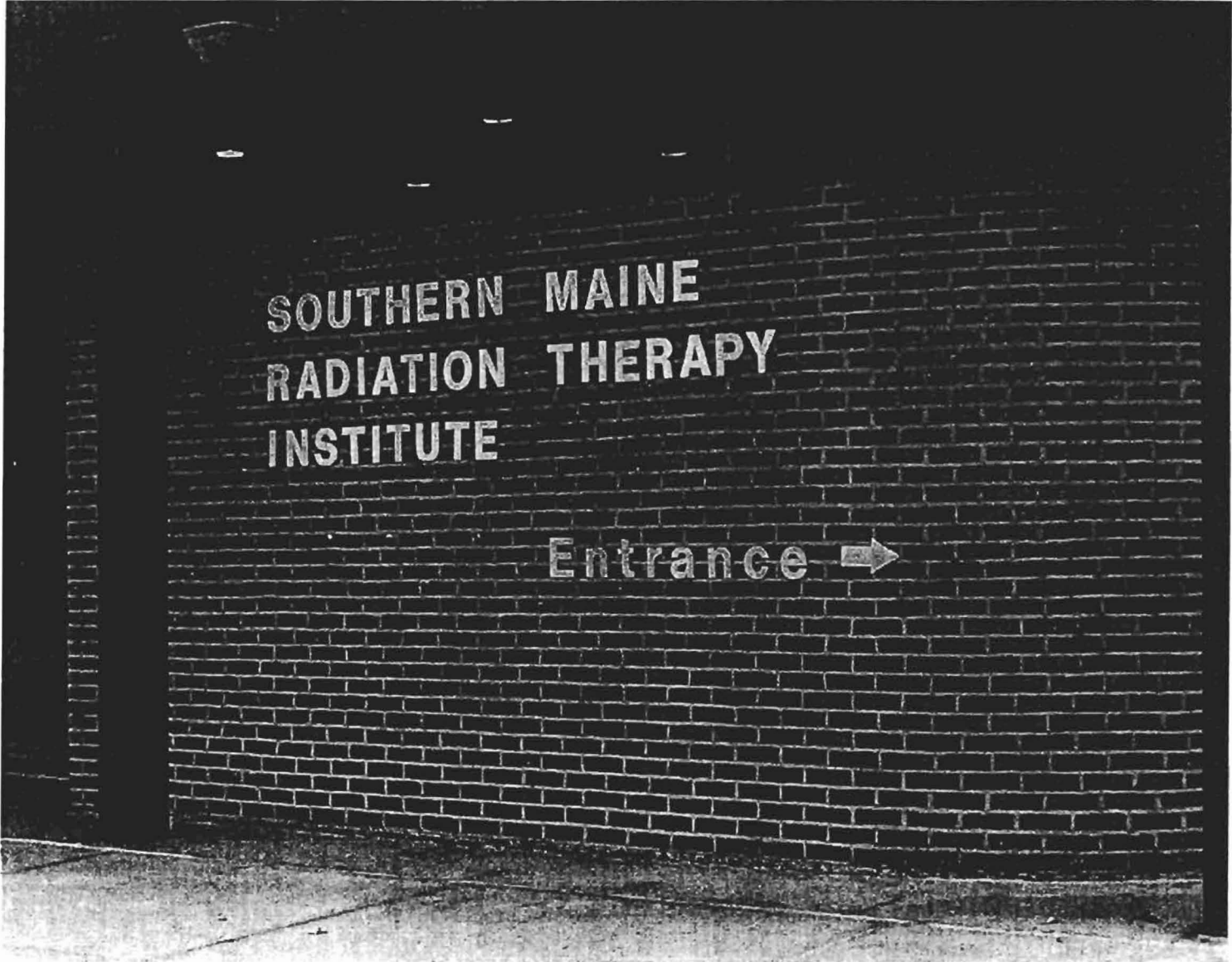
Sign No: E-13B
Quantity: 1
Type: Building Mounted
Size: 1.5' x 22'
Sq. Ft. 33 s.f.
Location: Bramhall Street – South End of Pavilion C.
Set back: Not Applicable



Sign No: E-14
Quantity: 1
Type: Building Mounted
Size: 2.5' x 22'
Sq. Ft. 55 s.f.
Location: Bramhall Street – South Side of Dana Center.
Set Back: Not Applicable



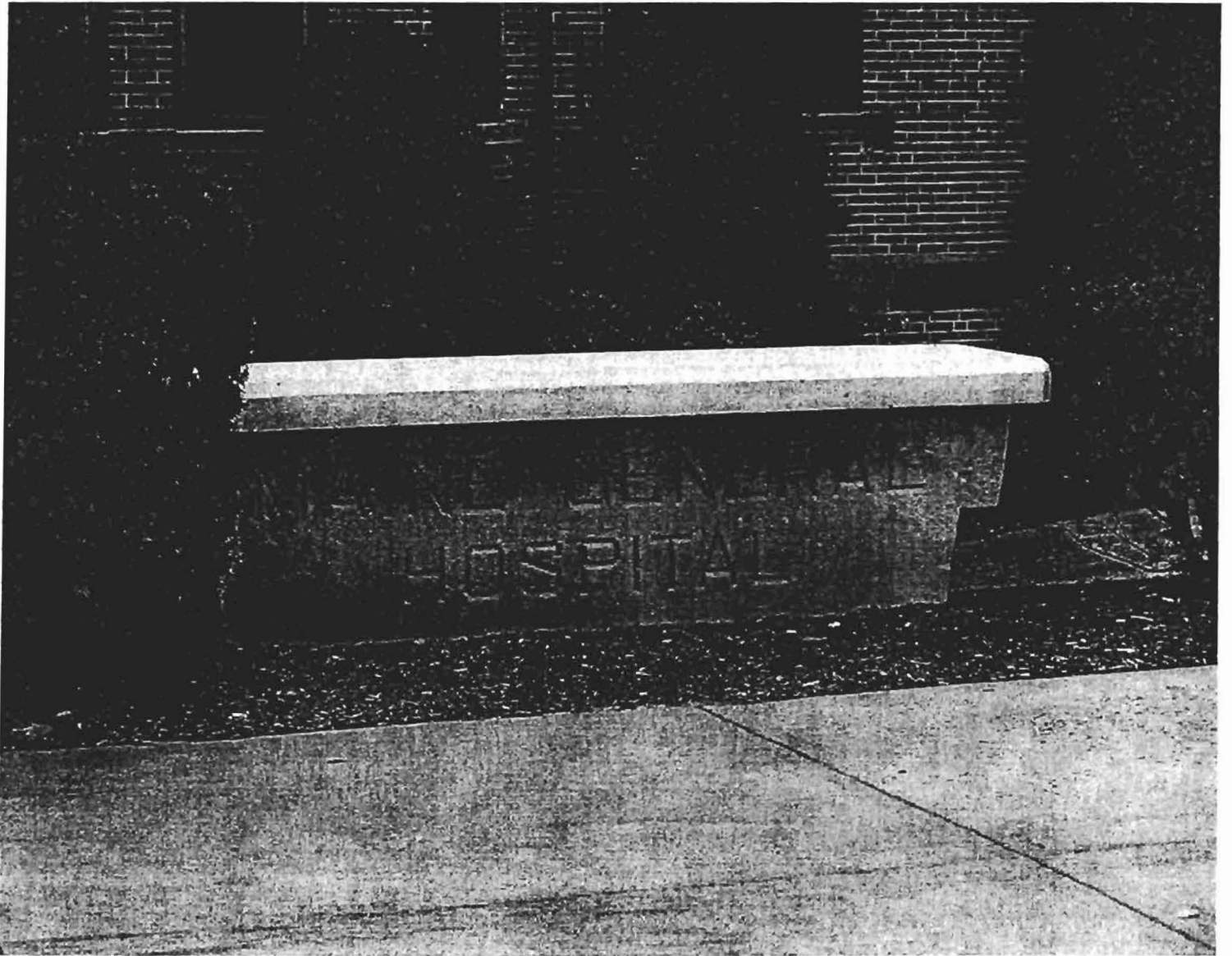
Sign No: E-15
Quantity: 2 Sided
Type: Free Standing
Size: 5' x 8' Each Face
Sq. Ft. 80 s.f. total
Location: Bramhall Street – South Side of Dana Center.
Set Back: 5'



SOUTHERN MAINE
RADIATION THERAPY
INSTITUTE

Entrance →

Sign No:	E-16
Quantity:	1
Type:	Building Mounted
Size:	2' x 8'
Sq. Ft.	16 s.f.
Location:	Dana Center, overlooking the Dana Ctr. Parking Lot.
Set back:	Not Applicable



Sign No: E-17
Quantity: 1
Type: Free Standing
Size: 2' x 7'
Sq. Ft. 14 s.f.
Location: In Front of the Maine General Bldg. – Dana Ctr. Parking Lot.
Set Back: 192'



Sign No: E-18
Quantity: 1
Type: Free Standing
Size: 2.5' x 5'
Sq. Ft. 12.5 s.f.
Location: Dana Ctr. Parking Lot.
Set back: 192'

Sign No: E-20
Quantity: 1
Type: Building Mounted
Size: 5.5' x 86'
Sq. Ft. 473 s.f.
Location: West Side of the L.L. Bean Wing.
Set back: Not Applicable

