

**DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK**  
**CITY OF PORTLAND**

Please Read  
Application And  
Notes, If Any,  
Attached

**BUILDING INSPECTION**

**PERMIT**

Permit Number: 081061

This is to certify that MAINE MEDICAL CENTER / NeoKraft Signs

has permission to Install New 32sqft Sign

AT 22 BRAMHALL ST

PL 053 D007001

provided that the person or persons who perform or supervise the work accepting 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 is procured before this building or part thereof is occupied or service is 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

*[Signature]* 10/3/08  
 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: 08-1061	Issue Date:	CBL: 053 D007001
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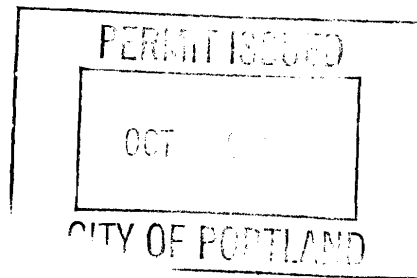
Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone: 207-871-2447
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: CA1

Past Use: Maine Medical Center	Proposed Use: Maine Medical Center - Install New 32sqft Sign	Permit Fee: \$94.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Install New 32sqft Sign		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: U Type: Sign <i>IBC 2003</i>	
		Signature:	Signature:	
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: 08/25/2008	<b>Zoning Approval</b>
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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..

<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan— Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
Date: <i>9/26/08</i> Date: <i>9/29/08</i> Date: <i>9/26/08</i>		



**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

<b>Permit No:</b> 08-1061	<b>Date Applied For:</b> 08/25/2008	<b>CBL:</b> 053 D007001
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<b>Location of Construction:</b> 22 BRAMHALL ST	<b>Owner Name:</b> MAINE MEDICAL CENTER	<b>Owner Address:</b> 22 BRAMHALL ST	<b>Phone:</b> 207-871-2447
<b>Business Name:</b>	<b>Contractor Name:</b> NeoKraft Signs	<b>Contractor Address:</b> 686 Main St. Lewiston	<b>Phone:</b> (207) 782-9654
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Maine Medical Center - Install New 32sqft Sign	<b>Proposed Project Description:</b> Install New 32sqft Sign
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 08/28/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) The reviewing and approving authority under the contract zone on this property is planning concerning sign(s) approvals.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 10/03/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			
<b>Dept:</b> Planning	<b>Status:</b> Approved	<b>Reviewer:</b> Jean Fraser	<b>Approval Date:</b> 09/26/2008
<b>Note:</b> 1. Project needed Traffic Eng approval because of potential impact on sightlines (this was obtained);			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
2. Project needs license from city as on ROW DO NOT ISSUE THE PERMIT UNTIL THE LICENSE (already prepared by Penny Littell) is completed.			
3. 10/3/08 License received.			

<b>Comments:</b>
8/28/2008-mes: The contract zone on this property requires signs to be reviewed and approved by planning - I will pass this on to Jean F. who is the latest planner on this project.
10/3/2008-mes: Marge received a copy of a license for the sign to be on City property and will put it with the permit application.
9/26/2008-JF: Permit has been approved by Planning and Traffic and license has been prepared by Penny Littell (understood to be awaiting finalization as of today's date). Marge received the permit back on this date.



# 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>22 Bramhall Street</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner: <u>Maine Medical Center</u> <u>Acct. Payable</u> <u>22 Bramhall St.</u> <u>Portland, ME 04102</u>	Telephone: <u>207-871-2447</u>
Lessee/Buyer's Name (If Applicable) <u>Maine Medical Center</u>	Contractor name, address & telephone: <u>Neokraft Signs Inc.</u> <u>686 Main Street</u> <u>Lewiston, ME 04240</u> <u>207-782-9654</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total <u>32' sq. ft.</u> [1070 letters] Fee: \$ <u>94.00</u> Awning Fee= cost of work <input checked="" type="checkbox"/> Total Fee: \$ <u>94.00</u>
Who should we contact when the permit is ready: <u>Shane Moffett</u> phone: <u>782-9654</u>		
Tenant/allocated building space frontage (feet): Length: _____ Height: <u>7 see attached</u> Lot Frontage (feet) <u>see attached</u> Single Tenant or Multi Tenant Lot <u>single tenant</u>		
Current Specific use: <u>Hospital</u> If vacant, what was prior use: _____ Proposed Use: <u>Hospital</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: _____ Height from grade: <u>4'-6" ±</u> Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____ 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: _____ <u>entire campus wiring and exterior sign system</u>		
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](http://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

Date:

8-21-08

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.
- Pre-application questionnaire completed and attached.
- 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.



# Sidewalk Signs

## Design, Location and Construction Standards

### Quantity

One sign per establishment for each street frontage having a public entrance, provided that all dimension and location standards are met. When standards would not otherwise permit a sign, a sign may consist of multiple listings.

### Sign Dimensions

**Single Listing:** Maximum width is 24 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

**Multiple Listings:** Maximum width is 30 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flows. Maximum height is 40 inches to top of sign in place. Minimum height is 30 inches to top of sign in place.

### Location

Minimum distance between signs is 20 feet. Maximum distance of sign from public entrance of advertiser is 20 feet. The City may vary these distances for exceptional physical circumstances where public safety and streetscape aesthetics will be maintained. However, under no circumstances shall signs obstruct vehicular stops, benches, fire hydrants or other street visual amenities. Signs shall be located near the curb rather than the building face.

### Materials and Graphics

All signs shall be of an A-frame type design, shall be constructed of durable, weather-resistant materials and finish, shall have no moving parts and shall be non-electrified. All signs shall be maintained in a clean and original appearance. Sign materials, graphics and finish shall be of a unified design and shall be compatible with the local streetscape. All signs shall have horizontal braces spanning each side of the sign to assure rigid support. Lettering shall be legible and consistent.

### Sign Removal

All signs shall be removed when the business is closed or while any snow or ice exists on the walk within eight feet of the sign in any direction.

### Insurance

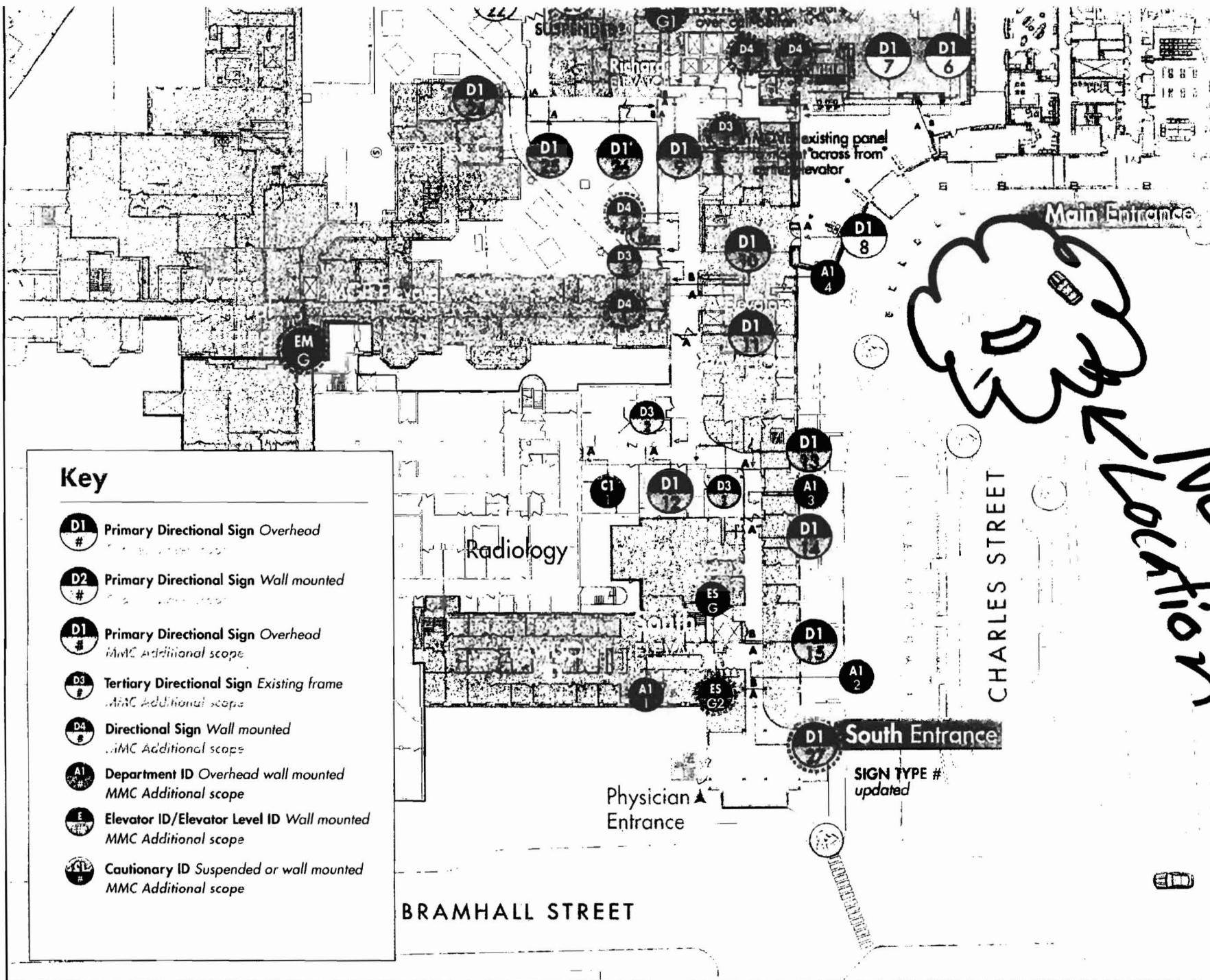
No permit shall be issued unless the applicant has posted in advance with the City a Certificate of Liability listing the City as additional insured in the amount of \$400,000.00.

### Enforcement

If the sign does not conform to the standards outlined, the permit may be revoked and once the owner has been notified, the sign could be removed.

To apply for a sign permit, stop by the Inspections Division, Portland City Hall, 389 Congress Street, room 315 with:

- Certificate of liability insurance
- Drawing of sign showing dimensions and design work
- Payment of fees: \$30.00 plus \$2.00 per s.f. of signage
- Complete application with pre-application questionnaire and checklist complete



**Key**

- D1 #** Primary Directional Sign Overhead
- D2 #** Primary Directional Sign Wall mounted
- D1 #** Primary Directional Sign Overhead  
*MMC Additional scope*
- D3 #** Tertiary Directional Sign Existing frame  
*MMC Additional scope*
- D4 #** Directional Sign Wall mounted  
*MMC Additional scope*
- A1 #** Department ID Overhead wall mounted  
*MMC Additional scope*
- E #** Elevator ID/Elevator Level ID Wall mounted  
*MMC Additional scope*
- CSL #** Cautionary ID Suspended or wall mounted  
*MMC Additional scope*

SIGN TYPE # updated

CHARLES STREET

BRAMHALL STREET

New Sign Location



**From:** James Carmody  
**To:** Fraser, Jean  
**Date:** 9/26/2008 1:01:22 PM  
**Subject:** MMC Sign

Jean:

Regards the Maine Medical Center sign located in the landscaped island at the main entrance, there is no obstruction to the sight distance for the exit roadway at this location. Therefore, the sign placement is acceptable.

James P. Carmody, P.E.  
City Transportation Engineer  
City of Portland  
207-874-8894  
JPC@portlandmaine.gov





*Strengthening a Remarkable City, Building a Community for Life* [www.portlandmaine.gov](http://www.portlandmaine.gov)

**Planning & Urban Development Department**  
Penny St. Louis Littell, Director

October 2, 2008

Mr. Hank Dunn  
Maine Medical Center  
22 Bramhall Street  
Portland, ME 04102

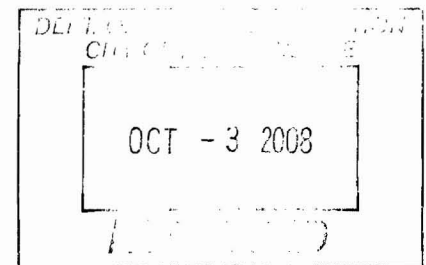
Dear Hank:

Enclosed is a license agreement from the City of Portland to MaineHealth to occupy portions of land owned by the City on Charles Street. Please sign both copies, keeping the original for your records and returning a copy to me.

If you have any questions, please contact me.

Sincerely,

Penny St. Louis Littell  
Director of Planning and Urban Development



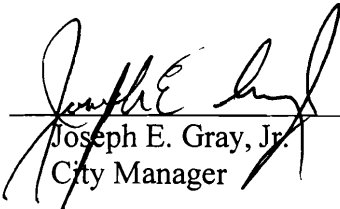
## LICENSE AGREEMENT

FOR VALUABLE CONSIDERATION, the receipt and sufficiency of which is hereby acknowledged, the CITY OF PORTLAND, a Maine body corporate and politic, with a mailing address of City Hall, 389 Congress Street, Portland, Maine 04101 (the "City"), hereby GRANTS to MAINEHEALTH, with a place of business in Portland, Maine and mailing address c/o William Caron, at 465 Congress Street, Suite 600, Portland, Maine 04101-3537, (hereinafter the "Licensee") a revocable license to occupy portions of land owned by the City on Charles Street in Portland, Cumberland County, Maine, which land abuts the property of Maine Medical Center. Portland Campus at 22 Bramhall Street, Portland, Maine, for the purpose of allowing the placement of a sign to be located on the City's property as shown on Exhibit A attached hereto and made a part hereof. The license granted in this agreement is subject to the following conditions:

1. Licensee, its successors and assigns shall indemnify the City, its officers, agents, and employees from any and all claims which arise out of its use, or the use of others, of the City's property encroached upon as described above.
2. Licensee shall procure and maintain liability insurance in an amount of not less than Four Hundred Thousand Dollars (\$400,000) (or any amount noted in the Maine Tort Claims Act, as may be amended from time to time) combined single limit, covering claims for bodily injury, death and property damage and shall either name the City of Portland as an additional insured with respect to such coverage or shall obtain a contractual liability endorsement covering the obligations of Licensee under the terms of this license.
3. This license is assignable to any subsequent owners of the buildings located on the land described on the approved site plan (5-31-05) for Maine Medical Center, Portland, Maine.
4. This license is revocable, without cause, by the City upon six (6) months written notice to the Licensee.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed this 1<sup>st</sup> day of October.

**CITY OF PORTLAND**

By:   
Joseph E. Gray, Jr.  
City Manager

By: \_\_\_\_\_

Print: \_\_\_\_\_

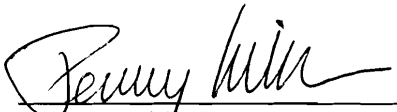
Its: \_\_\_\_\_

STATE OF MAINE  
CUMBERLAND, ss.

10/, 2008

PERSONALLY APPEARED the above named Joseph E. Gray, Jr., City Manager of the City of Portland as aforesaid, and acknowledged the foregoing instrument to be his free act and deed in his said capacity and the free act and deed of the City of Portland.

Before me,

  
\_\_\_\_\_  
Notary Public/Attorney at Law  
Print name: Penny Little  
My commission expires:

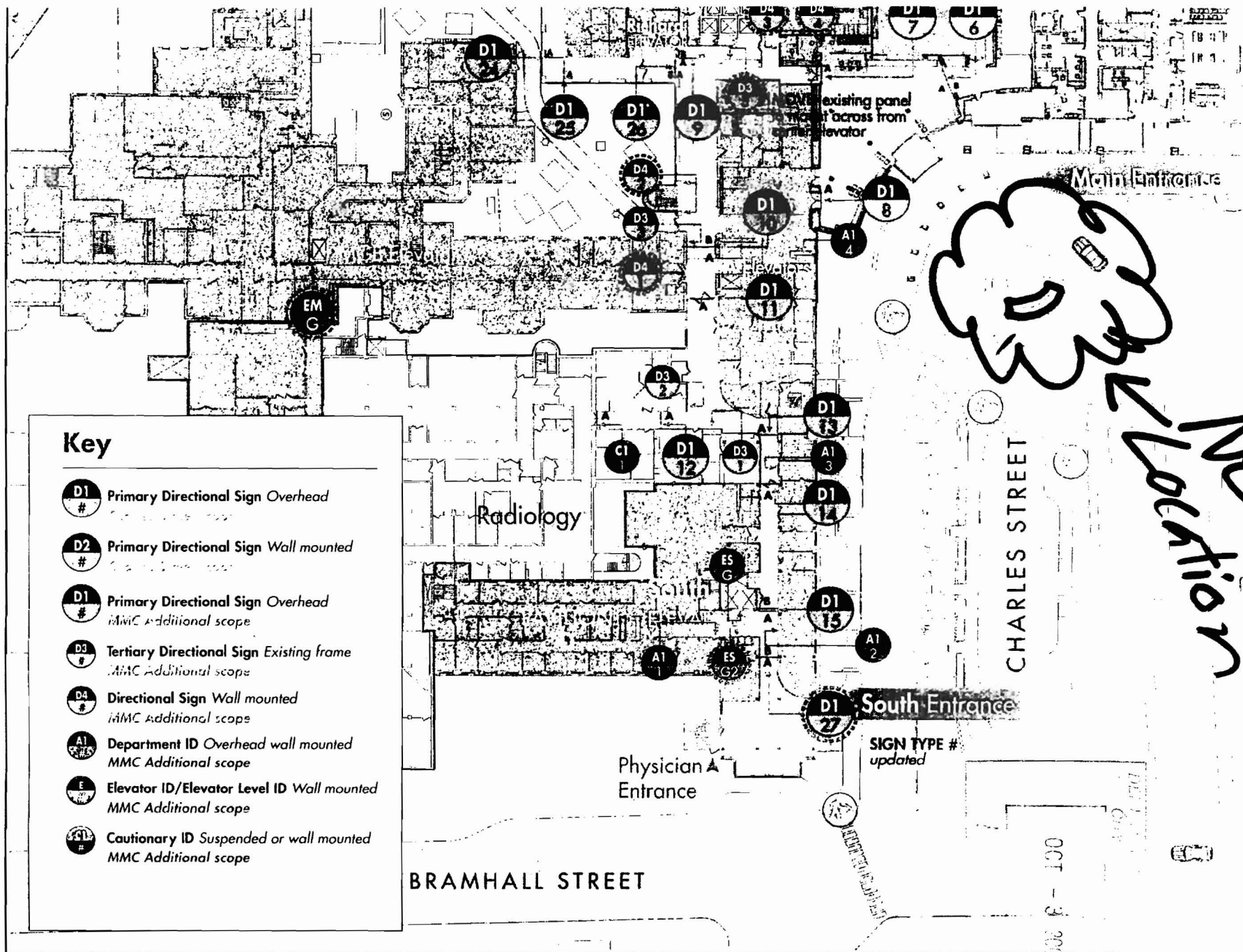
STATE OF MAINE  
CUMBERLAND, ss.

\_\_\_\_\_, 200\_

PERSONALLY APPEARED the above named \_\_\_\_\_ as aforesaid, and acknowledged the foregoing instrument to be his free act and deed in his said capacity and the free act and deed of said \_\_\_\_\_.

Before me,

\_\_\_\_\_  
Notary Public/Attorney at Law  
Print name:  
My commission expires:



**Key**

- D1 #** Primary Directional Sign Overhead  
*MMC Additional scope*
- D2 #** Primary Directional Sign Wall mounted  
*MMC Additional scope*
- D1 #** Primary Directional Sign Overhead  
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- D3 #** Tertiary Directional Sign Existing frame  
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- D4 #** Directional Sign Wall mounted  
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- A1 #** Department ID Overhead wall mounted  
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- E #** Elevator ID/Elevator Level ID Wall mounted  
*MMC Additional scope*
- C1 #** Cautionary ID Suspended or wall mounted  
*MMC Additional scope*

CHARLES STREET

BRAMHALL STREET

OCT - 3 2013

NEW SIGN LOCATION

EXH 2



**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>

August 21, 2008

City of Portland  
Attention: Penny Littell  
389 Congress Street  
Portland, ME 04101

Dear Ms Littell:

Attached is the submission for a commercial sign permit for (1) illuminated ground sign for Maine Medical Center. This sign is to be installed into an island area at the main entrance. Hank Dunn informed me yesterday that you and he had a discussion regarding this sign, and it was determined that in order to grant a sign permit for this sign, you would have to issue a license for this sign. This sign permit package also serves as a means of requesting for the above said license.

Please issue the license for this sign and pass this submission onto the appropriate departments for completing the remaining portions of the sign permit application process.

Thank you for your time, and if you have any question, feel free to contact me anytime at 207-782-9654.

Sincerely,

Shane Moffett  
Neokraft Signs Inc.

AUG 22 2008

**RECEIVED**

**AUG 21 2008**

**City of Portland  
Planning Division**



# Maine Medical Center

22 Bramhall Street, Portland, Maine 04102

**FACILITIES DEVELOPMENT**

TELEPHONE NUMBER (207) 662-2013

April 16, 2008

Marge Schmuckal  
City of Portland

Re: MMC Exterior Directional & Parking Entry Signs  
Sign Permit application City of Portland

To Whom It May Concern:

In preparation of upcoming sign installation as part of MMC Master Facility Projects, Maine Medical Center authorizes Gamble Design to act as it's agent for the means of obtaining City of Portland sign approval. The sign installation performed as part of this project will take place on MMC property.

Sincerely,

Chris Simmons  
Assistant Project Manager

ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YY) 04/22/2008	
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 485 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:			
<b>COVERAGES</b>							
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	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ME CHL 000363	10/01/2007	10/01/2008	EACH OCCURRENCE	\$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 4,000,000
						PRODUCTS - COMPROP AGG	\$ 4,000,000
		<b>AUTOMOBILE LIABILITY</b> <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)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WORKERS COMPENSATION LIMITS <input type="checkbox"/> OTHER	
						EL EACH ACCIDENT	\$
						EL DISEASE - EA EMPLOYEE	\$
						EL DISEASE - POLICY LIMIT	\$
		OTHER					
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS</b> IT IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND MAINE IS AN ADDITIONAL INSURED WITH RESPECT TO SIGN PLACEMENT AND ERECTION ON THE MMC CAMPUS SPECIFICALLY A NEW MONUMENT ID SIGN AT GILMAN STREET AND CONGRESS STREET, PARKING GARAGE MARQUEE SIGN AT THE CONGRESS STREET ENTRANCE, NEW ENTRY ID SIGN IN THE CIRCLE AND NEW MAIN ENTRANCE, AND THE SOUTH ENTRANCE CANOPY AT THE FORMER MAIN ENTRANCE.							
<b>CERTIFICATE HOLDER 10001</b>  CITY OF PORTLAND 389 CONGRESS STREET PORTLAND, ME 04101				<b>CANCELLATION</b> 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>Terrence J. Esherson, M.D.</i> , PRESIDENT			



**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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## Maine Medical Center 9105

Location: 22 Bramhall St.  
Portland, ME

Drawing No.: 2 of 3

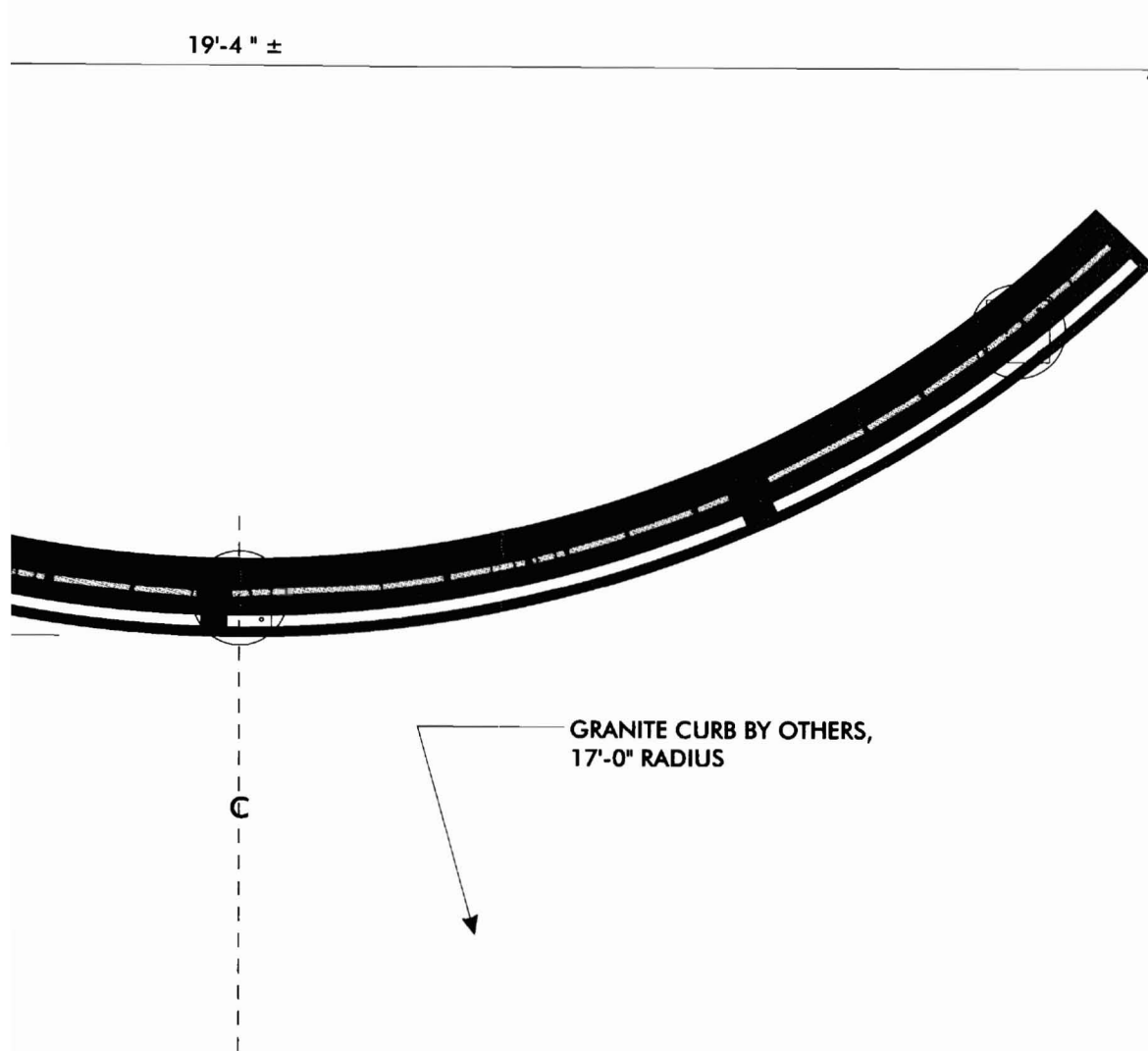
Drawn by: PFAT Rep.: PB

Date: 08.21.2008

Lead No.: EL010330

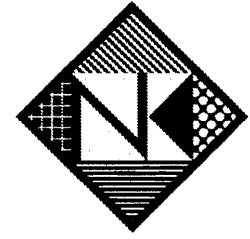
Gen Ref.:

19'-4" ±



GRANITE CURB BY OTHERS,  
17'-0" RADIUS





**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

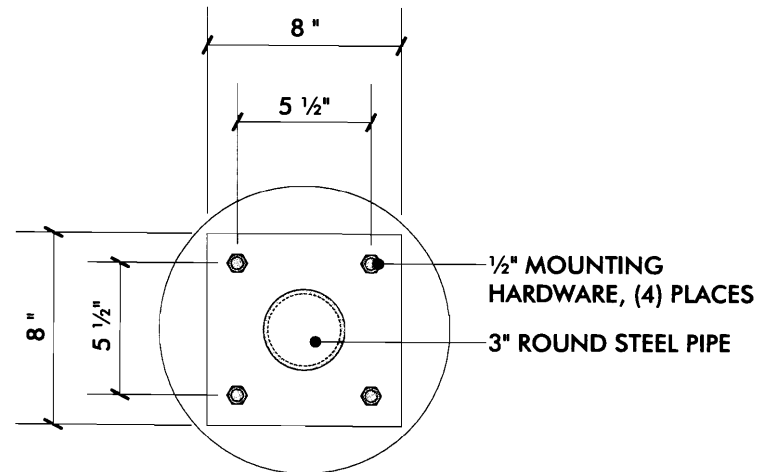
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## Maine Medical Center 9105

Location:	22 Bramhall St.
	Portland, ME
Drawing No.:	3 of 3
Drawn by:	PFAT Rep.:PB
Date:	08.21.2008
Lead No.:	EL010330
Gen Ref.:	7580 Colby College

PIPE LET INTO MOUNTING  
ALL AROUND TOP AND  
PLATE

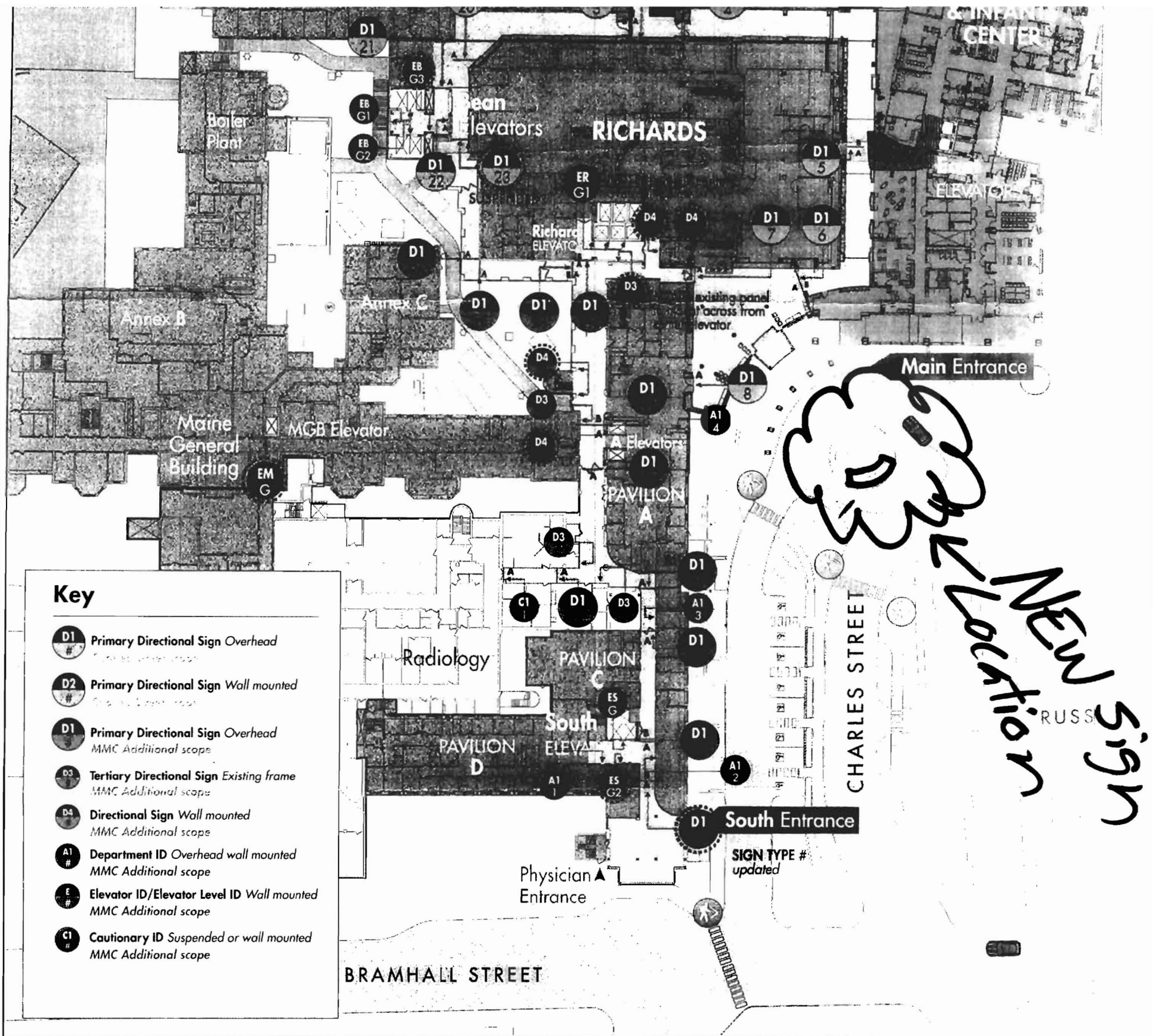
ROD



1/2" THICK ALUMINUM PLATE

**MOUNTING PLATE DETAIL AT BASE**

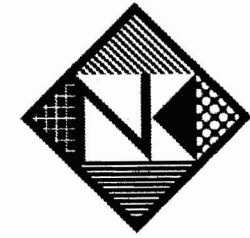
**SCALE: 1 1/2" = 1'-0"**



**Key**

- D1** Primary Directional Sign Overhead  
*MMC Additional scope*
- D2** Primary Directional Sign Wall mounted  
*MMC Additional scope*
- D1** Primary Directional Sign Overhead  
*MMC Additional scope*
- D3** Tertiary Directional Sign Existing frame  
*MMC Additional scope*
- D4** Directional Sign Wall mounted  
*MMC Additional scope*
- A1 #** Department ID Overhead wall mounted  
*MMC Additional scope*
- E #** Elevator ID/Elevator Level ID Wall mounted  
*MMC Additional scope*
- C1 #** Cautionary ID Suspended or wall mounted  
*MMC Additional scope*

SIGN TYPE # updated



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**Maine Medical  
Center 9105**

Location: 22 Bramhall St.  
Portland, ME

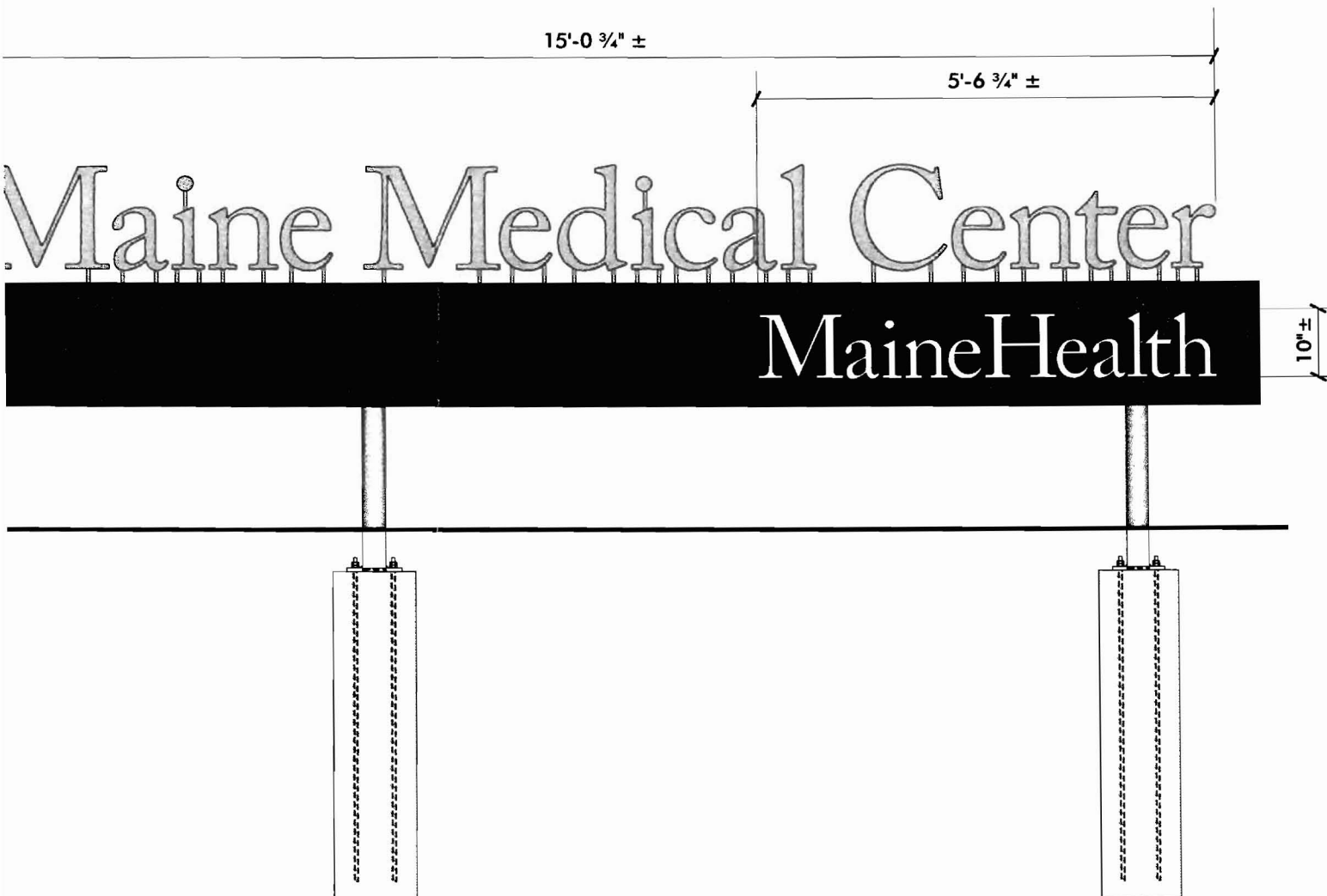
Drawing No.: 1 of 3

Drawn by: PFAT Rep.: PB

Date: 08.21.2008

Lead No.: EL010330

Gen Ref.: 7477 (2007)



PLY ILLUMINATED CABINET PAINTED MAP MEDIUM GREY [MP18149];  
ACRYLIC FACES

WITH NATURAL SATIN FINISH—BY GEMINI] ON TOP EDGE OF CABINET;  
CARDINAL RED [230-53] VINYL

TO ILLUMINATE LETTER FORMS; CLEAR ACRYLIC LENS'

POSTS PAINTED MAP SATIN ALUMINUM [MP18071] (SEE PAGE 3 FOR BASE

(LATER VIEW)  
(1) REQUIRED