

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

Permit Number: 090896

This is to certify that MAINE MEDICAL CENTER / Kraft S
has permission to Parking Garage - 6' x 23'7" Permit sign
AT 22 BRAMHALL ST CB 053-D007001

provided that the person or persons, firm or corporation 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 written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR 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

Christopher M. [Signature] 8/31/09
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: 09-0896	Issue Date: 8/31/09	CBL: 053 D007001
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Location of Construction: 22 BRAMHALL ST / Along Congress St garage	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: C-A

Past Use: Commercial Parking Garage - connected w/ permit#041451	Proposed Use: Commercial - Parking Garage - 6' x 23'7" Permit sign	Permit Fee: \$314.00	Cost of Work: \$314.00	CEO District: 2	using R-b inst. use
Proposed Project Description: Parking Garage - 6' x 23'7" Permit sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Signature</i> Type: <i>IBC 2003</i>		
		Signature:	Signature: <i>CL</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: Ldobson	Date Applied For: 08/21/2009	Zoning Approval
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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..	Special Zone or Reviews <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"/> MMT	Zoning Appeal <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	Historic Preservation <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>OK 9/27/09</i>	Date: _____	Date: _____

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: 09-0896	Date Applied For: 08/19/2009	CBL: 053 D007001
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Location of Construction: 22 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 - Parking Garage along Congress St- 6' x 23' 7" Permit sign	Proposed Project Description: Parking Garage - 6' x 23' 7" Permit sign
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 08/27/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 08/31/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code. 2) Encroachments into public ways must be 8' above grade as per section 3202 of IBC 2003.			

Comments:
 8/27/2009-mes: This sign actually meets the R-6 underlying zone for the garage entry along Congress Street under Institutional Uses in the R-6 Zone (not more than 5% of wall area) - discussed with Jean

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

Marked

CBL: 053 D007001

Building Permit #: 09-0896



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>882 Congress Street</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</u>	Owner: <u>Maine Health</u> <u>465 Congress St., Suite 600</u> <u>Portland, ME 04101-3537</u>	Telephone: <u>207-662-2196</u>
Lessee/Buyer's Name (If Applicable) <u>Maine Medical Center</u>	Contractor name, address & telephone: <u>Neokraft Signs Inc.</u> <u>686 Main St.</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 <u>141.49</u> <i>sq. ft.</i> For H.D. signage= Total Fee: <u>\$ 314.00</u> Awning Fee= cost of work Total Fee: <u>\$ 314.00</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: <u>224'</u> Height: <u>120'</u> <u>26,880 x 59'</u> Lot Frontage (feet): _____ <u>Single Tenant</u> or Multi Tenant Lot		
Current Specific use: <u>Parking Garage</u> If vacant, what was prior use: _____ Proposed Use: <u>Parking Garage</u> <u>R-6 underlying zone</u> <u>Showing 1384</u> <u>Inst. uses Allow 56</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>6'-0" x 23'-7"</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 <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions: <u>Temp. banner 4'-8 1/2" x 20'-0"</u> 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. <u>- see attached -</u>		

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>[Signature]</u> <u>Shane Moffett</u> <u>Neokraft Signs Inc.</u>	Date: <u>8-20-09</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. - owner's property
- 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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/19/2009

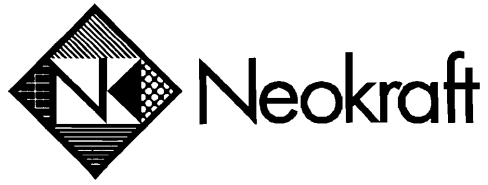
PRODUCER MEDICAL MUTUAL INS. CO. OF MAINE ONE CITY CENTER, PO BOX 15275 PORTLAND, ME 04112-5275	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC#
INSURED MAINEHEALTH 465 CONGRESS STREET SUITE 600 PORTLAND, ME 04101-3537	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	ADDT. 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ME CHL 000363	10/01/2008	10/01/2009	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 - COMP/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 AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> 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				<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 MAINE IS AN ADDITIONAL INSURED WITH RESPECTS TO SIGN PLACEMENT AND ERECTION OF A PARKING ENTRY IDENTIFICATION SIGN TO THE MAINE MEDICAL CENTER PARKING GARAGE LOCATED AT 882 CONGRESS STREET, PORTLAND, ME.

CERTIFICATE HOLDER 10001	CANCELLATION
CITY OF PORTLAND 389 CONGRESS STREET PORTLAND, ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <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>Terrance J. Sheehan, M.D.</i> , PRESIDENT



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	08.20.2009
		Job No.	10275
		Re.	MAINE MEDICAL CENTER PERMITS MAIL

Item	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Under separate cover	
	<input checked="" type="checkbox"/> Shop Drawings	<input type="checkbox"/> Prints	<input type="checkbox"/> Samples	<input checked="" type="checkbox"/> Specifications
	<input checked="" type="checkbox"/> Copy of letter	<input type="checkbox"/> Change Order	<input type="checkbox"/> Other	

Copies	Date	No.	Description
1 set	08.20.2009	10275	(1) SIGN PERMIT APPLICATION, (1) ELECTRICAL PERMIT APPLICATION, DRAWINGS, FASTENING AND SIGN DETAIL SPECIFICATIONS, CERTIFICATE OF LIABILITY INSURANCE, AND CHECK FOR \$369.00 TO OBTAIN A PERMITS FOR THE MAINE MEDICAL CENTER PARKING GARAGE LOCATED ON 882 CONGRESS STREET.

Purpose	<input checked="" type="checkbox"/> For approval	<input type="checkbox"/> No exception taken	<input type="checkbox"/> Rejected
	<input type="checkbox"/> For your use	<input type="checkbox"/> Make corrections noted	<input type="checkbox"/> Review and comment
	<input type="checkbox"/> As requested	<input type="checkbox"/> Revise and resubmit	<input type="checkbox"/> Other

Remarks Please mail permits to this office upon approval.

Copy to

From SHANE MOFFETT

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

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT

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 8-20-09
Permit # 209-1183
CBL# 52 D-7

LOCATION: 882 Congress Street METER MAKE & # _____
CMP ACCOUNT # _____ OWNER Ma Health
TENANT Maine Medical Center - Parking Garage 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
	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 Nestcraft Signs Inc. MASTER LIC. # MC60016882
ADDRESS 686 Main St. Lewiston, ME 04240 LIMITED LIC. # _____
TELEPHONE 782-9654

SIGNATURE OF CONTRACTOR [Signature]
White Copy - Office • Yellow Copy - Applicant



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>

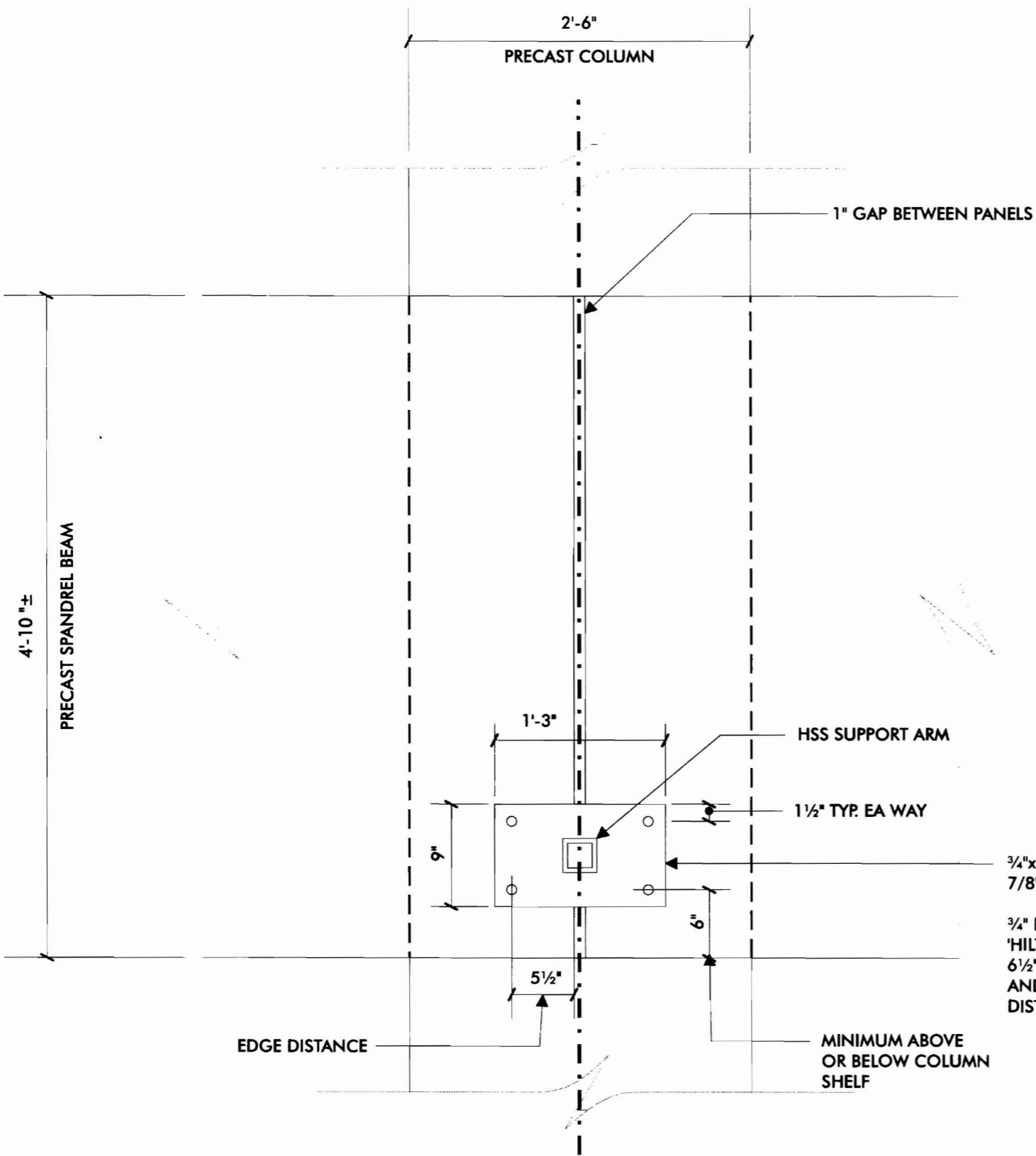
Custom Sign Fabrication

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.

**Maine Medical
 Center 10275**

Location:	Congress Street	
	Portland, Maine	
Drawing No.:	3 of 3	
Drawn by:	BK	Rep.: PB
Date:	04.27.2009	
Revised:	04.30.2009 DS	
Lead No.:	EL011723	
Gen Ref.:	9106	



DESIGN CRITERIA:

BASIC WIND SPEED = 100 MPH
 WIND PRESSURE = 30 PSF (16/ SQ. FT.)
 REF. CODE = IBC 2006 - ASCE 7-05

SIGN DATA:
 APPROX. TOTAL AREA = 140 SQ. FT.
 NO. SUPPORT ARMS = (3)
 MAX. AREA PER ARM = 66 SQ. FT.

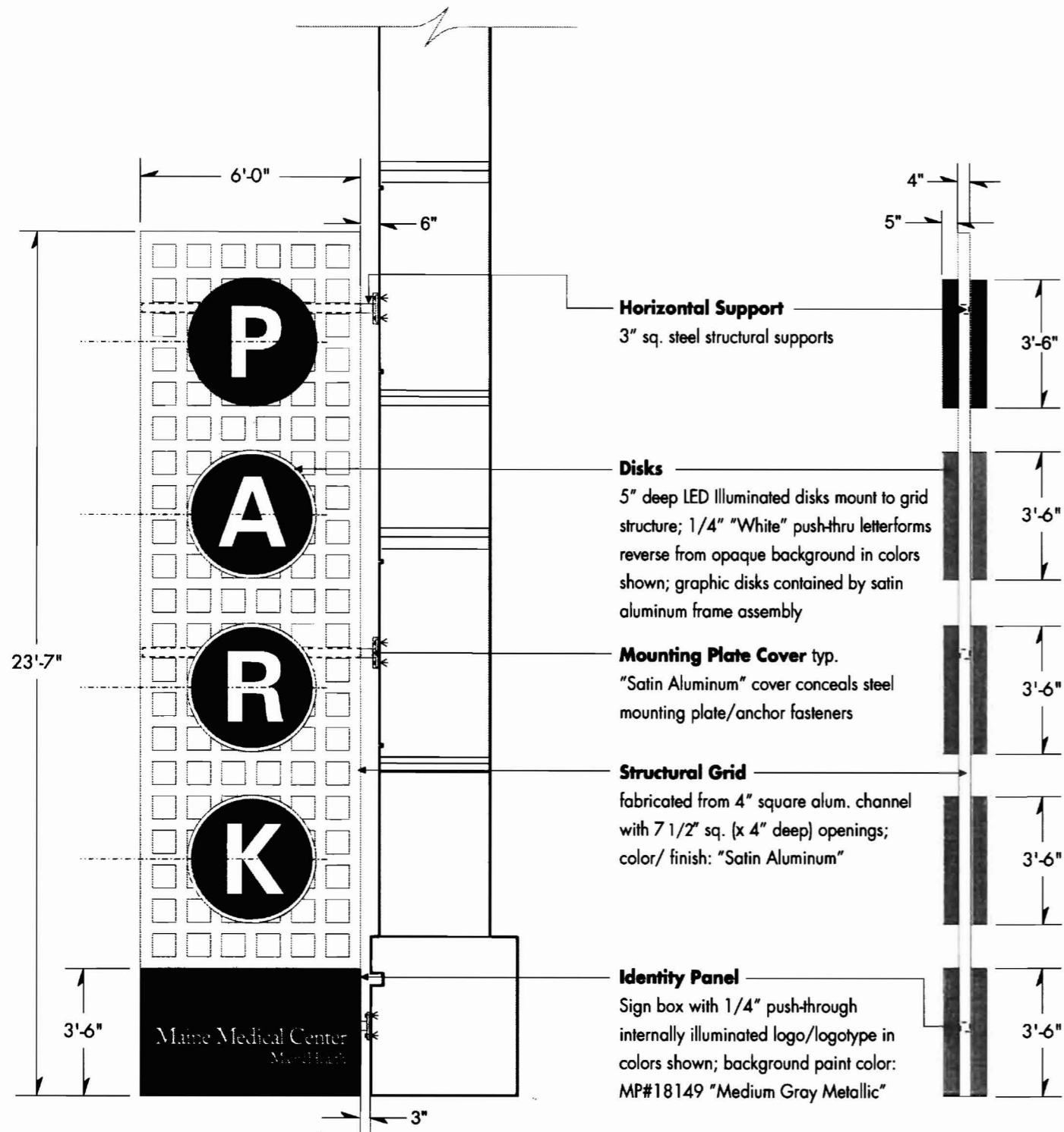
BASE CONNECTION MATERIAL:
 STEEL PLATES = 3/4" THICK ASTM A36, YIELD STRENGTH,
 FY= 36 KSI TO BE HOT DIP GALVANIZED

ANCHORS:
 HILTI KWIK BOLT III, HOT DIP GALVANIZED CARBON STEEL
 DIAMETER = 3/4"
 LENGTH = 8" MIN.
 EMBEDMENT = 6 1/2" MIN.
 EDGE DISTANCE = 5 1/2" MIN.

3/4"x 9"x 1'-3" STEEL PLATES WITH
 7/8" HOLES FOR ANCHOR BOLTS

3/4" DIA. H.D.G. CARBON STEEL
 'HILTI KWIK BOLT III' WITH
 6 1/2" MINIMUM EMBEDDED
 AND 5 1/2" MINIMUM EDGE
 DISTANCE

MOUNTING PLATE DETAIL
 SCALE: 1"=1'-0"



Horizontal Support
3" sq. steel structural supports

Disks
5" deep LED illuminated disks mount to grid structure; 1/4" "White" push-thru letterforms reverse from opaque background in colors shown; graphic disks contained by satin aluminum frame assembly

Mounting Plate Cover typ.
"Satin Aluminum" cover conceals steel mounting plate/anchor fasteners

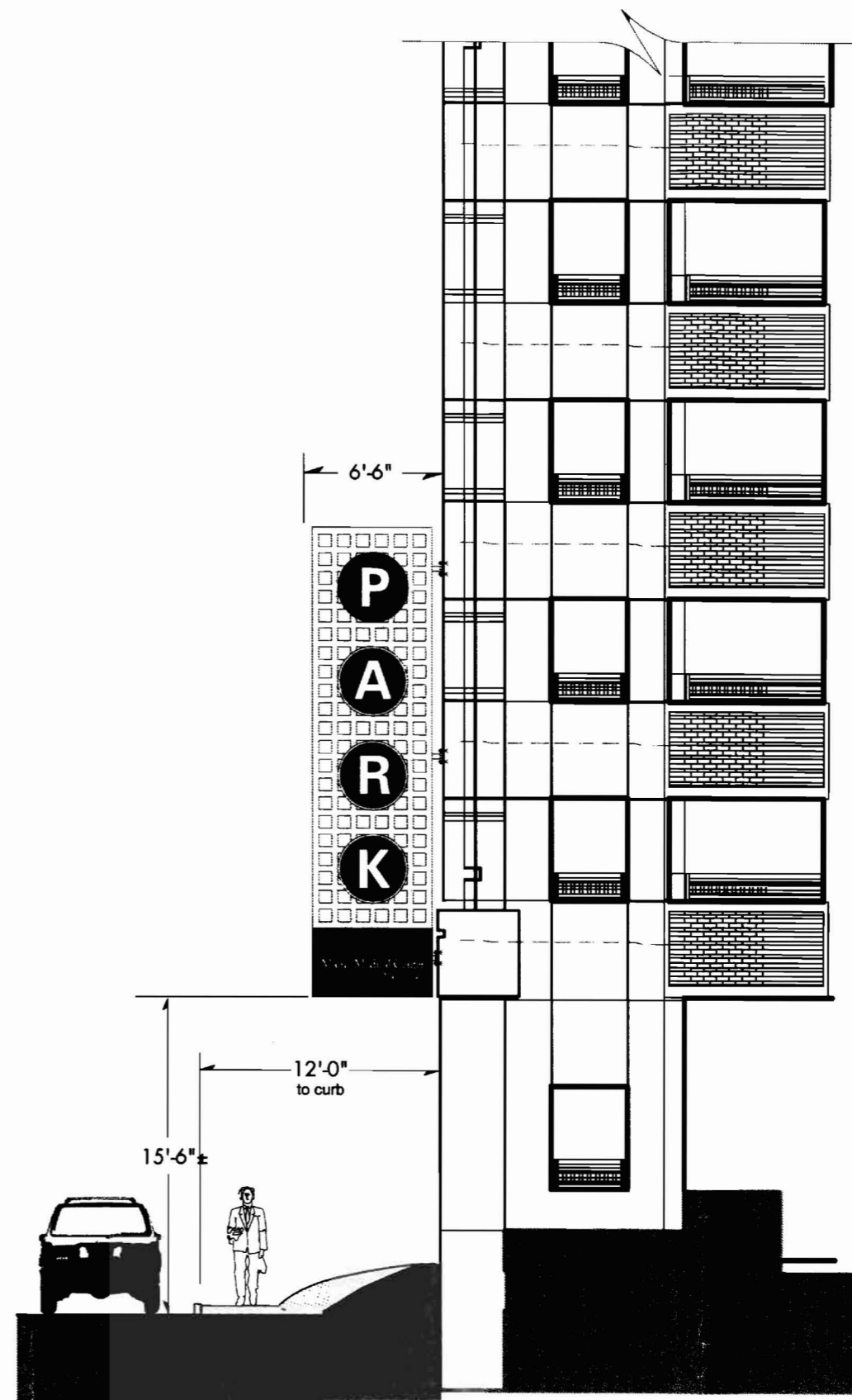
Structural Grid
fabricated from 4" square alum. channel with 7 1/2" sq. (x 4" deep) openings; color/ finish: "Satin Aluminum"

Identity Panel
Sign box with 1/4" push-through internally illuminated logo/logotype in colors shown; background paint color: MP#18149 "Medium Gray Metallic"

23 x 6 = 138 ft

A Projecting Parking Entry ID Side/Front Elevation Revised
Scale: 1/4" = 1'-0"

End View



P 1A Projecting Parking Entry ID - View up Congress Street
Scale: 1/8" = 1'-0"



Neokraft
SIGN S

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Maine Medical Center
10275

PERMIT

Location: Congress Street
Portland, Maine

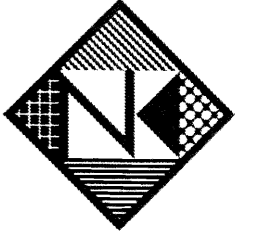
Drawing No.: 1 of 2

Drawn by: BK Rep.: PB

Date: 04.27.2009

Lead No.: EL011723

Gen Ref.: 9106



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

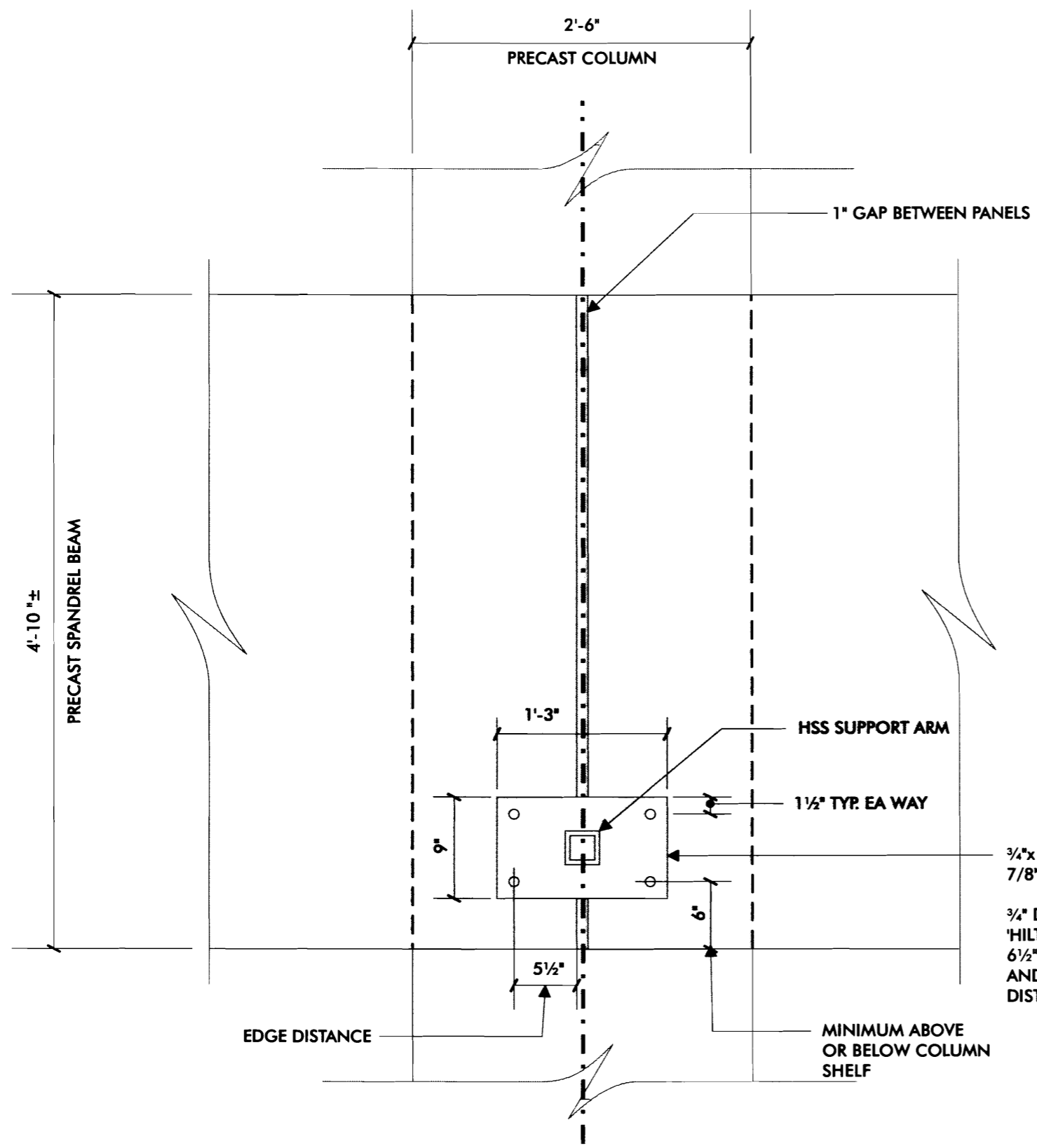
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Maine Medical Center
10275

PERMIT

Location:	Congress Street	
	Portland, Maine	
Drawing No.:	2 of 2	
Drawn by:	BK	Rep.: PB
Date:	04.27.2009	
Lead No.:	EL011723	
Gen Ref.:	9106	



DESIGN CRITERIA:

BASIC WIND SPEED = 100 MPH
WIND PRESSURE = 30 PSF (16/ SQ. FT.)
REF. CODE = IBC 2006 - ASCE 7-05

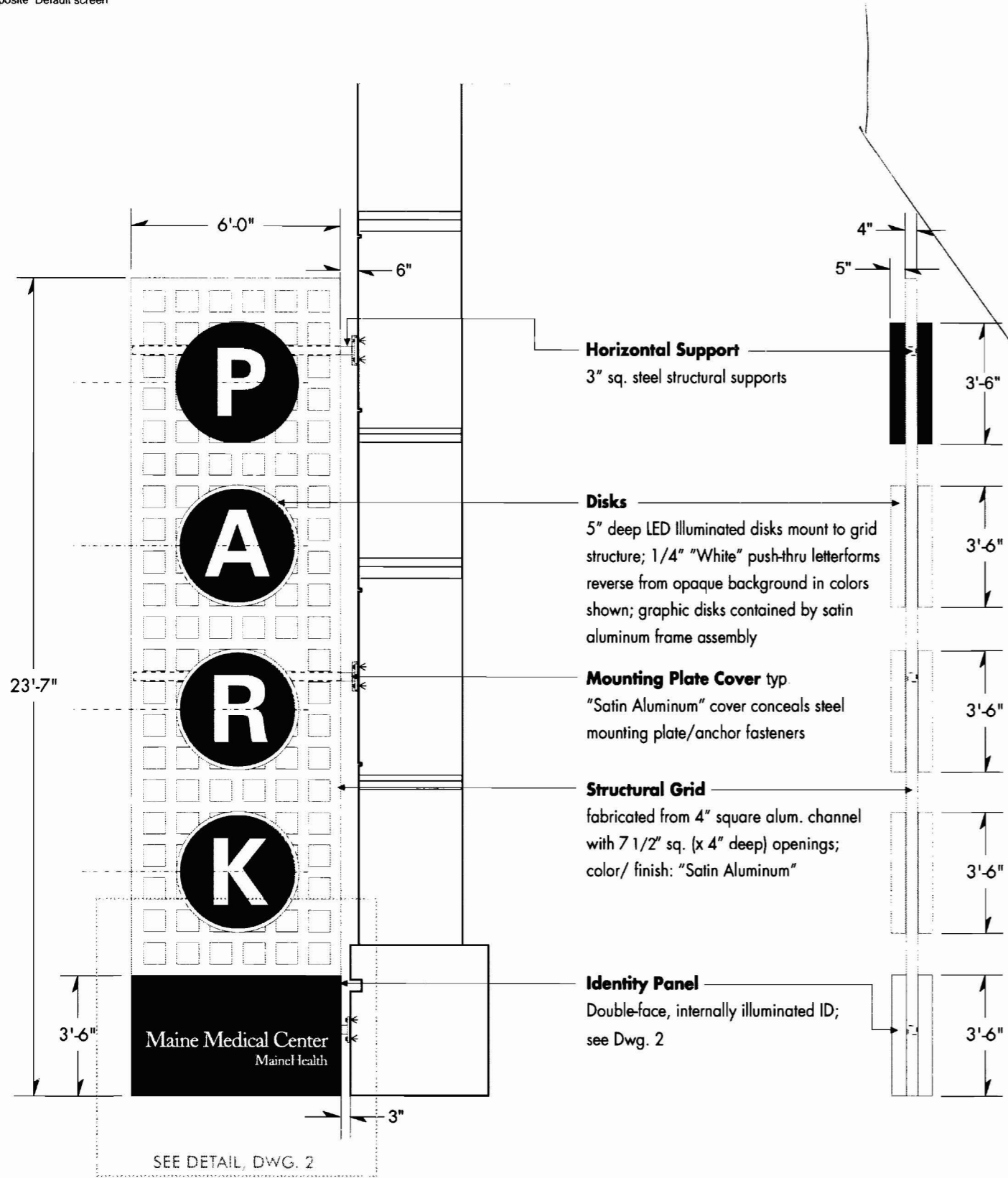
SIGN DATA:
APPROX. TOTAL AREA = 140 SQ. FT.
NO. SUPPORT ARMS = (3)
MAX. AREA PER ARM = 66 SQ. FT.

BASE CONNECTION MATERIAL:
STEEL PLATES = 3/4" THICK ASTM A36, YIELD STRENGTH, FY= 36 KSI TO BE HOT DIP GALVANIZED

ANCHORS:
HILTI KWIK BOLT III, HOT DIP GALVANIZED CARBON STEEL
DIAMETER = 3/4"
LENGTH = 8" MIN.
EMBEDMENT = 6 1/2" MIN.
EDGE DISTANCE = 5 1/2" MIN.

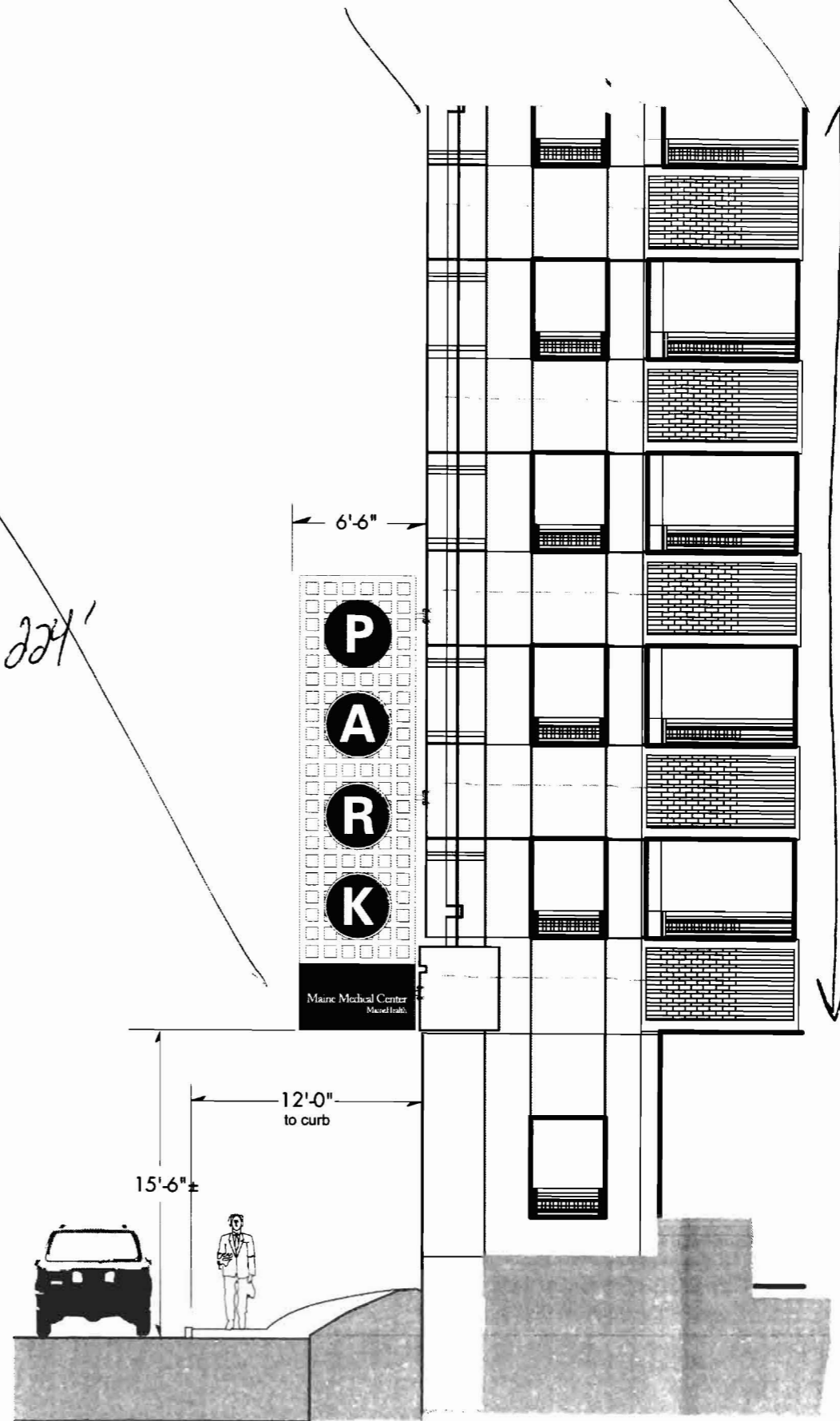
3/4"x 9"x 1'-3" STEEL PLATES WITH 7/8" HOLES FOR ANCHOR BOLTS
3/4" DIA. H.D.G. CARBON STEEL 'HILTI KWIK BOLT III' WITH 6 1/2" MINIMUM EMBEDDED AND 5 1/2" MINIMUM EDGE DISTANCE

MOUNTING PLATE DETAIL
SCALE: 1"=1'-0"



A PROJECTING PARKING ENTRY ID
SCALE: 1/4"=1'-0"

END VIEW



PID 1A PROJECTING PARKING ENTRY ID—VIEW UP CONGRESS STREET
SCALE: 1/8"=1'-0"



Neokraft
SIGNS

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Maine Medical Center 10275

Location: Congress Street

Portland, Maine

Drawing No.: 1 of 3

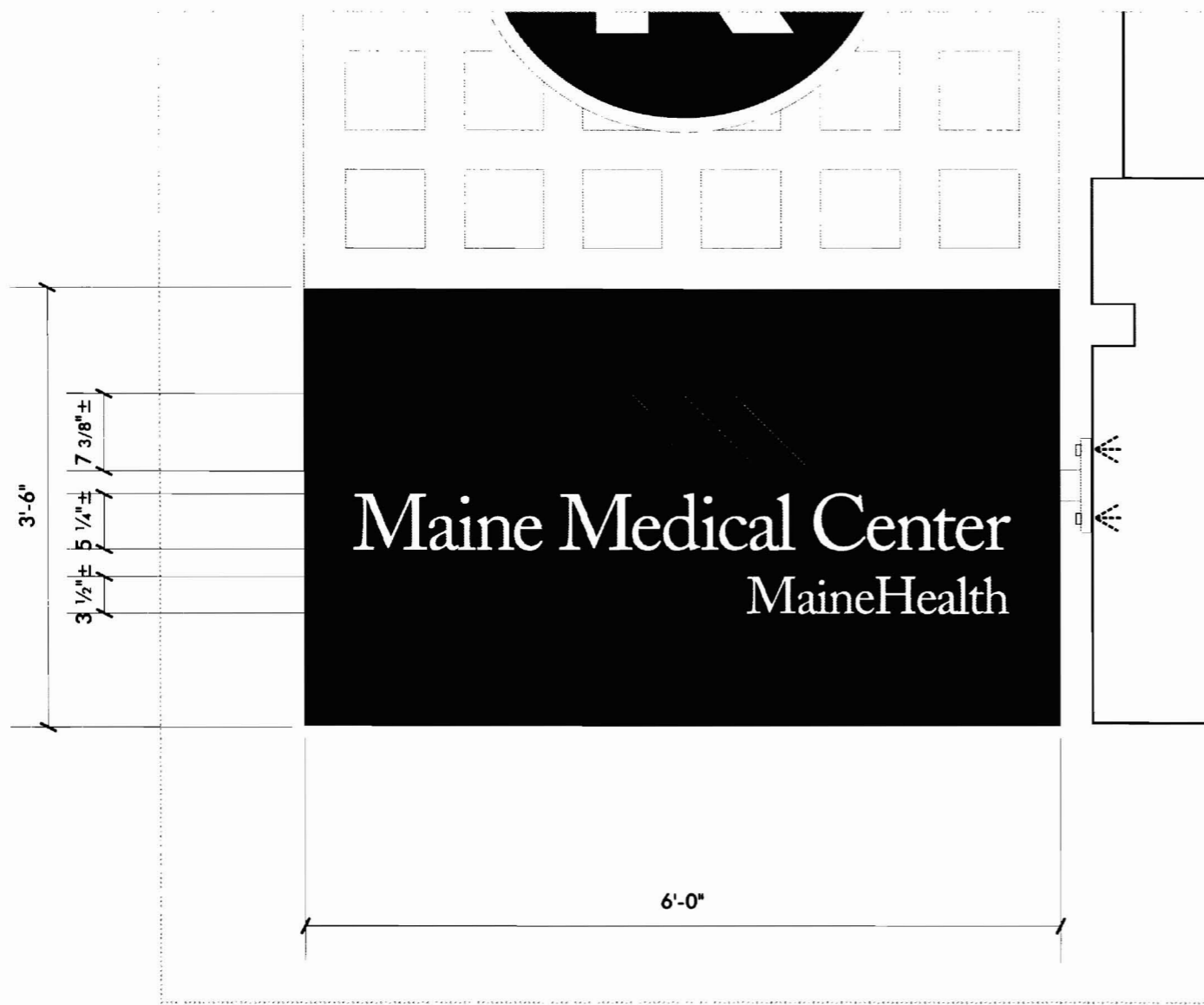
Drawn by: BK Rep.: PB

Date: 04.27.2009

Revised: 04.30.2009 DS

Lead No.: EL011723

Gen Ref.: 9106



FACE ELEVATION—DOUBLE FACE INT. ILLUM. ID PORTION

SCALE: 3/4" = 1'-0"

IDENTITY PANEL

ALUMINUM SIGN WITH ROUTED ALUMINUM FACES

PUSH-THROUGH ACRYLIC (1/4" PROJECTION) COPY, WHITE EXCEPT LOGO TO RECEIVE DOUBLE-LAYER TRANSLUCENT VINYL; HALO ON LOGO IS EDGE LIGHTING/RELIEF ONLY—NO WHITE OUTLINE ADDED

**BACKGROUND PAINT COLOR:
"MEDIUM GRAY METALLIC" MP COOL MET. [18149]**



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SIGN S

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**Maine Medical
Center 10275**

Location: Congress Street

Portland, Maine

Drawing No.: 2 of 3

Drawn by: BK Rep.: PB

Date: 04.27.2009

Revised: 04.30.2009 DS

Lead No.: EL011723

Gen Ref.: 9106