Form # P 04 DISPLA	Y THIS CARD ON PRINCIPAL FRONTAGE OF WORK
Please Read	CITY OF PORTLAND
Application And Notes, If Any,	BU
Attached	PERMIT Permit Number: 090923
This is to certify thatMA	INE MEDICAL CENTER lited War Portland z
has permission toinst	all a 30' x 40' Temporary B er for the mited V of Great Portland
AT 22 BRAMHALL ST	CI 053 D007001
of the provisions of	erson or persons, file or companion are piting this permit shall comply with all the Statutes of Marie and of the Charles oces of the City of Portland regulating aintenance and use of buildings and structures, and of the application on file in

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

this department.

Not ation of ispectic must be give and written permission procured before this building or prochere is lather or otherwise sed-in. 26 HOL NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Department Name

PENALTY FOR REMOVING THIS CARD

389 Congress Street, 0	04101 Tel· <i>(2</i>	በ7) <i>ጸ74-</i> ጸ7በ3	Fav.	(207) 874-87°	16	09-0923			053	D007001	
Location of Construction:		Owner Name:	, I ax. (er Address:			Phone:		
22 BRAMHALL ST		MAINE MED	ICAL C	ENTER		BRAMHALL	ST		i none.		
Business Name:		Contractor Name		BITTER		ractor Address:			Phone		
2 40		United Way of		r Portland /Liz		. Box 15200 F	Portland		207874	11014	
Lessee/Buyer's Name		Phone:				it Type:			20707	Zong:	
•						gns - Temporai	y.			C-A	
Past Use:		Proposed Use:		<u> </u>	Pern	nit Fee:	Cost of Wor	-k:	CEO District	:]	
Maine Medical Ctr		Maine Medica	l Ctr - i	nstall a 30' x		\$2,430.00	\$2,43	30.00	2		
		40' Temporary			FIR	E DEPT:	Approved	1	CTION:	Tem	
		United Way of	Greate	r Portland			Denied	Use G	roup:	Type:	
						1			51	gh nam	
				_	4	MAN	L 701	D	4-200	gn bunn	
Proposed Project Description		41 11 4 133		1. 4		[0] 17	, ,	70	11/2	9/2/19	
install a 30' x 40' Temperortland	orary Banner to	or the United W	ay of G	reater	Sign	ature: ESTRIAN ACTI	VITIES DIS	Signati	ure V	WB 1/2/01	
1 0111111111111111111111111111111111111	,0 '				FED!	ESTRIAN ACTI		`	V'	, ,	
					Actio	on: Approv	red Ap	proved w	/Conditions	Denied	
					Sign	ature:			Date:		
Permit Taken By:		olied For:			•	Zoning	Approva	al		<u>-</u>	
Ldobson	08/26/	2009		- 1.07 D		7.	A 1		TEL 4. de D	4	
1. This permit applica			Spe	cial Zone or Revi	ews , 1	Zonir	ig Appeal		Historic P	reservation	
Applicant(s) from a Federal Rules.	meeting applica	ble State and	□ Sh	oreland · N	low	Variance	•		Not in Dis	strict or Landmar	
2. Building permits de septic or electrical		umbing,		etland A	del Zin	☐ Miscella			Does Not	Require Review	
3. Building permits as within six (6) mont	re void if work		Flo	ood Zone 14-	5687	Condition	nal Use		Requires l	Review	
False information r	nay invalidate a		☐ Su	bdivision		Interpret	ation		Approved		
			Sit	te Plan EKER	ptier	$\mathop{ ullet}_{oxedsymbol{\square}}$ Approve	d		Approved	w/Conditions	
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			Date: 🔨	$\mathcal{L}(0)$	20	Date:		D	oate: -	-	
7-7-3) "	/,	pa					
	,				•						
				ERTIFICAT	ION						
I hereby certify that I am	the owner of r	ecord of the na				nosed work is	authorized	l by the	owner of rea	cord and that	
I have been authorized b											
jurisdiction. In addition	, if a permit for	work described	d in the	application is i	ssued,	I certify that	the code of	ficial's	authorized re	epresentative	
shall have the authority t	to enter all areas	s covered by su	ich pern	nit at any reaso	nable	hour to enforc	e the provi	ision of	the code(s)	applicable to	
such permit.											
SIGNATURE OF APPLICAN				ADDRES			DATE			HONE	

PHONE

DATE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

•	- Building or Use Permit Tel: (207) 874-8703, Fax: (Permit No: 09-0923	Date Applied For: 08/26/2009	CBL: 053 D007001
Location of Construction:	Owner Name:		Owner Address:		Phone:
22 BRAMHALL ST	MAINE MEDICAL C	ENTER	22 BRAMHALL S	ST	
Business Name:	Contractor Name:		Contractor Address:		Phone
	United Way of Greater	r Portland /Liz	P.O. Box 15200 Po	ortland	(207) 874-1014
Lessee/Buyer's Name	Phone:		Permit Type: Signs - Temporary	/	
Proposed Use:		Propose	d Project Description:		
Maine Medical Ctr - install a d United Way of Greater Portla	30' x 40' Temporary Banner for and	the install Portla	•	ary Banner for the U	United Way of Greater
Dept: Zoning Sta	atus: Approved	Reviewer:	Penny Littell	Approval D	Pate: 08/27/2009 Ok to Issue: ✓

Reviewer: Jeanine Bourke

Approval Date:

Approval Date:

09/03/2009

08/31/2009

Ok to Issue:

Ok to Issue:

1) * Banners must be removed after 60 days.

* The size of the proposed banner, which is part of an initiative to install 6 over-sized banners to advertise the Greater Portland United Way campaign, well exceeds the allowable square footage for community/cultural banners. An exception for the proposed size is granted in this instance because the banners advertize a community-wide campaign supporting a significant number of non-profits within the region. Additionally, the installation is limited to 30 days.

Status: Approved with Conditions **Reviewer:** Deborah Andrews

Comments:

Dept: Building

Dept: Planning

Note:

Note:

 $8/28/2009\mbox{-mes}$ over zoning allowances - to D. A. For review under sectio $14\mbox{-}368.5\mbox{.g}$

Status: Approved with Conditions

1) Signage Installation to comply with Chapters 31 & 32 of the IBC 2003 building code.

8/31/2009-gg: received from historic on 8/31/09. Gg

9/3/2009-jmb: Received flame resistance document per NFPA 701, test method #2



Mission: To improve people's lives by mobilizing the caring power of our communities

FAX COVER SHEET

Date: 9-2-09
To: Jeanne
Fax #:

Total # of pages including cover: 2 RE: Frame retardant form From: Liz Smith

Fax #: 874-1007

Tel #: 874-1000, Ext 3+2

Message:

Hi Jeanne, Here is the info you're looking for. Thankyou, again, for all of your help. Prease let me know if there is anything else I can help with.

Best, Lie

Confidentiality Notice:

This fax, including any attachments is the property of United Way of Greater Portland and is intended for the sole use of the intended recipient(s). It may contain information that is privileged and confidential. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please reply to the sender that you have received the message in error.

One Post Office Square * 400 Congress St. * P.O. Box 15200 * Portland ME 04112-5200 Phone: 207-874-1000 * Fax: 207-874-1052

CITY OF NEW YORK DEPARTMENT OF BUILDINGS

Pursuant to Administrative Code Section 27-131, the following equipment or material has been found acceptable for use in accordance with, the Report of Materials and Equipment Acceptance (MEA) Division.

Richard C. Visconti, R.A., Acting Commissioner MEA109-00-M

Report of Material and Equipment Acceptance Division Manufacturer-Britten Inc., 2322 Cass Road, Traverse City, Michigan 49684.

Trade Name – Admesh Vinyl-Coated Scrim

Product - PVC coated fabric for flex sign.

Pertinent Code Section(s) -27-499, 27-501, 27-506, 27-507, and TPPN #11/99.

Prescribed Test(s) - RS 7-3 [NFPA 701(Test Method 2)].

Laboratory - Govmark Organization Inc.

Test Report(s) - Test Report #2-278410-0, dated March 3, 2000

Description —Admesh Vinyl-Coated Scrim material for use as flex sign, is a polyester fabric coated with PVC Vinyl. It is used for large hanging banners and signs. It can be printed on

Recommendation - That the above material be accepted as meeting the flame resistance requirements of Section 27-506 and 27-507 of the Building Code, for use on flex signs. The acceptance of this material is limited to flame resistance only. Structural and other requirements shall be in accordance with pertinent Building Code provisions and Technical Policy and Procedure Notice #11/99. All installations, uses and locations shall be in accordance with the New York City Building Code, specifically with Section 27-499 and 27-501, and the Zoning Resolution. All shipments and deliveries of such materials shall, in addition, be accompanied by a tag, certifying that the materials shipped or delivered is equivalent to those tested and accepted for use, as provided for in Section 27-131 of the Building Code.

Final Acceptance

ftp

Blindy.

Examined By_



National Fire Protection Association

The authority on fire, electrical, and building safety

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1900 - 1999

2000 +

Back to List

NFPA 701: STANDARD METHODS OF FIRE TESTS FOR TEXTILES AND FILMS

Current Edition: 2004 Next Revision Cycle

Alert Me (sign-in required)

Register to get an e-mail when updated information about this document is available.

Document Scope: 1.1.1 Test Method 1. 1.1.1.1 Test Method 1 shall apply to fabrics or materials used in curtains, draperies, or other window treatments. Vinyl-coated fabric bla linings shall be tested according to Test Method 2. 1.1.1.2 Test Method 1 shall apply to s layer fabrics and to multilayer curtain and drapery assemblies in which the layers are fastogether by sewing or other means. Vinyl-coated fabric blackout linings shall be tested ac to Test Method 2. 1.1.1.3 Test Method 1 shall apply to the following textile items: (1) Tab (2) Table linens (3) Display booth separators (4) Textile wall hangings 1.1.1.4 Test Metho shall not apply to specimens having an areal density greater than 700 g/m2 (21 oz/yd2). For the purposes of Test Method 1, the terms curtains, draperies, or other types of windc treatments, where used, shall include, but not be limited to, the following items: (1) Windo curtains (2) Stage or theater curtains (3) Vertical folding shades (4) Roll-type window sha Hospital privacy curtains (6) Window draperies (7) Fabric vertical shades or blinds (8) Hc folding shades (9) Swags (10) Fabric horizontal shades or blinds 1.1.2 Test Method 2. 1. Test Method 2 (flat specimen configuration) shall be used for fabrics, including multilayer fabrics, films, and plastic blinds, with or without reinforcement or backing, with areal dens greater than 700 g/m2 (21 oz/yd2). 1.1.2.2 Test Method 2 shall be used for testing vinyl-c fabric blackout linings and lined draperies using a vinvl-coated fabric blackout lining. 1.1.

Technical Committee: - (FIZ-AAA)

Staff Liaison:

Revision Cycle Information:

Proposal Closing Date: 5/30/2008 - 6 Proposals, <u>Download the Report on Proposals</u>

Report on Proposals Mailing Date: 12/29/2008

Comment Closing Date: 3/6/2009 - 2 Comments, Download the Report on Comments

Report on Comments Mailing Date: 8/28/2009

Notice of Intent to Make a Motion Closing Date: 10/23/2009

Posting of Certified NITMAM: 11/20/2009

Revised Edition Date: 2010

httn://www.nfna.org/aboutthecodes/AboutTheCodes.asp?DocNum=701

9/3/2009



Original Receipt

	205 9
Received from Lunit	d lescer of 6+r for+kind
Location of Work Vario	d way of 6+r Portkud
Cost of Construction \$	Building Fee:
Permit Fee \$	Site Fee:
Cer	rtificate of Occupancy Fee:
	Total: 30 96
Ruilding (II) Plumbing (IS)	Electrical (I2) Site Plan (U2)
Other I Pm Juin.	?C3
CBL:	
Check #:	Total Collected \$ 5996
	·
	started until permit issued.
Please keep origin	nal receipt for your records.
Taken by:	~
Taken by:	
WHITE - Applicant's Copy	
YELLOW - Office Copy PINK - Permit Copy	

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: A	a Bramhallstreet, Main	e Medical Center
Tax Assessor's Chart, Block & Lot	Owner:	Telephone:
Chart# Block# Lot#	maine medical ce	nlex min
53 D 7	Mank manai Ce	711-0111
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone:	Total s.f. of signage x \$2.00
	Maine Medical Ctr	Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total
	22 Bramhall St.	Fee: \$
		Awning Fee= cost of work
	Pornand ME 04101	Total Fee: \$
	112 Coorts	2711-1011 ×211)
Who should we contact when the permit is re	ady: Liz Smith phone: 2	5 19-1014 NOG &
Tenant/allocated building space frontage	(feet): Length: 30' Height 40)'
Lot Frontage (feet)	(feet): Length: 30' Height 40 Single Tenant or Multi Tenant Lot	1200 X2 F 30
If vacant, what was prior use:		
Proposed Use:		,
Information on proposed sign(s):		
Freestanding (e.g., pole) sign? Yes	No Dimensions proposed:	Height from grade:
Bldg. wall sign? (attached to bldg) Yes	No Dimensions proposed:	
Is there any communication, message, trade	f awning: Depth: mark or symbol on it? Yes No s, message, trademark or symbol: s.f. mitted sign(s):	
Bldg. wall sign? (attached to bldg) Yes	No Dimensions:	
Awning? Yes No Sq. ft. ar	ea of awning w/communication:	
	exactly where existing and new signage is lo age and existing building are also required.	cated must be provided.
Please submit all of the information	outlined in the Sign/Awning Applica	ation Checklist.
Failure to do so may result in the aut	comatic denial of your permit.	
n order to be sure the City fully understands th	e full scope of the project, the Planning and De	evelopment Department may request
	permit. For further information visit us on-line	
uilding Inspections office, room 315 City Hall	or call 874-8703.	
ithorized by the owner to make this application as h permit for work described in this application is issue	named property, or that the owner of record authori is/her authorized agent. I agree to conform to all aped, I certify that the Code Official's authorized representations of the codes applicable to the	pplicable laws of this jurisdiction. In addition, if sentative shall have the authority to enter all
Signature of applicant:	Date:	8/24/09
This is not a permit;	you may not commence ANY work until the p	permit is issued.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OPID LB

08/11/09

PRODUCER TD Insurance, Inc. (SP) P.O. Box 406	THIS CERTIFICATE IS ISSUED AS A MATT ONLY AND CONFERS NO RIGHTS UPON T HOLDER. THIS CERTIFICATE DOES NOT A ALTER THE COVERAGE AFFORDED BY TH	HE CERTIFICATE MEND. EXTEND OR
Portland ME 04112-0406 Phone: 207-239-3500 Fax: 207-775-0339	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER A: Philadelphia Indemnity Ins Co	18058
United Way Inc. dba United Way of Greater Portland P.O. Box 15200 Portland ME 04112	INSURER B.	
	INSURER C:	
	INSURER D	
LOICIUM IM OTIL	INSURER E.	

1	Ō١	/FR	ΔG	FS

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN 1550ED TO THE INSURED NAMED ABOVE FOR THE POLICIF 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.

	SRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	3
Τ.	\vdash	GENERAL LIABILITY		21 /21 /22	04 /04 /40	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1000000
. 3	x 3	COMMERCIAL GENERAL LIABILITY	PHPK275178	01/01/09	01/01/10	PREMISES (Ea occurence)	\$ 100000
		CLAIMS MADE X OCCUR				MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1000000
	-					GENERAL AGGREGATE	\$ 2000000
	-	J GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	\$ 2000000
		POLICY PRO- JECT LOC				PRODUCTS - COMPTOR ACC	\$ 2 00000
	-	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
		ANY AUTO				(Ea accident)	
	-	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	(GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN EA ACC	\$
\perp						AUTO ONLY: AGG	\$
	E	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	_	OCCUR CLAIMS MADE				AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
1	NO DIC	RETENTION \$				WC STATU- TOTH-	\$
		ERS COMPENSATION MPLOYERS' LIABILITY Y / N				TORY LIMITS ER	
		ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
(1	Manda	atory in NH) describe under				E.L. DISEASE - EA EMPLOYEE	\$
S	PECIA	AL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$
0	THER	R					
			ES / EXCLUSIONS ADDED BY ENDO				

CERTIFICATE HOLDER

Maine Medical Center 22 Bramhall Street Portland ME 04101 CANCELLATION

MAINE02

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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

TD Insurance, Inc.

ACORD 25 (2009/01)

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD 25 (2009/01)



Office of the President and Chief Executive Officer

August 5, 2009

Project and Development Department Building Inspections City of Portland

To Whom It May Concern,

As President of the Maine Medical Center and manager of the Maine Medical Center building at 22 Bramhall Street in Portland, Maine, I am writing to give my full support of this application to hang a temporary banner on this location during the fall of 2009.

The United Way of Greater Portland is an essential part of our community and the annual campaign plans a significant and important role in the health and well-being of the people of Portland. We would like to be a part of the LIVE UNITED campaign and encourage all local companies and individuals to do what they can to changes lives throughout Greater Portland by giving, advocating and volunteering.

Thank you for your consideration of this application.

Richard W. Petersen, FACHE

President and Chief Executive Officer

/b

22 Bramhall Street, Portland, Maine 04102-3175 • (207) 662-2491 www.mmc.org



of Greater Portland

AdMesh Vinyl Coated Scrim 9x9

AdMesh Vinyl Coated Scrim 9x9 is a lightweight, porous fabric that allows air to flow through it. It is ideally suited for signs, banners or as a protective barrier for scaffolding or bleachers. AdMesh Vinyl Coated Scrim 9x9 can be used on most inkjet printing machines or can be screen printed.

Applications:

Screen printing

Properties	Test Method	Results
Support Cloth		9x9 1000D Polyester
Weight	5041	6.5 oz/yd²
Type of Coating		PVC
Width		62"
Tensile Strength	5100(warp x fill)	209 x 204 lbs/inch

- Breathable
- Flexible
- High Tensile Strength

- Heat Sealable
- Rot & Tear Resistant

Available Colors:

Standard Green Red

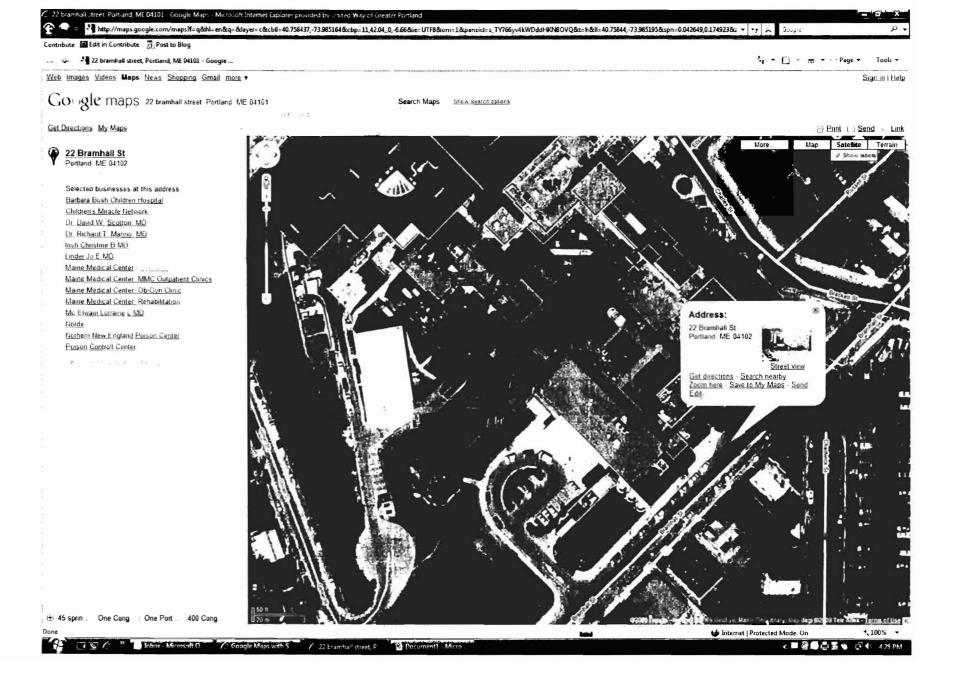
Standard Orange Bermuda Blue
BFI Blue Black
Standard Yellow C. Green
Fluorescent Orange Saturn Yellow

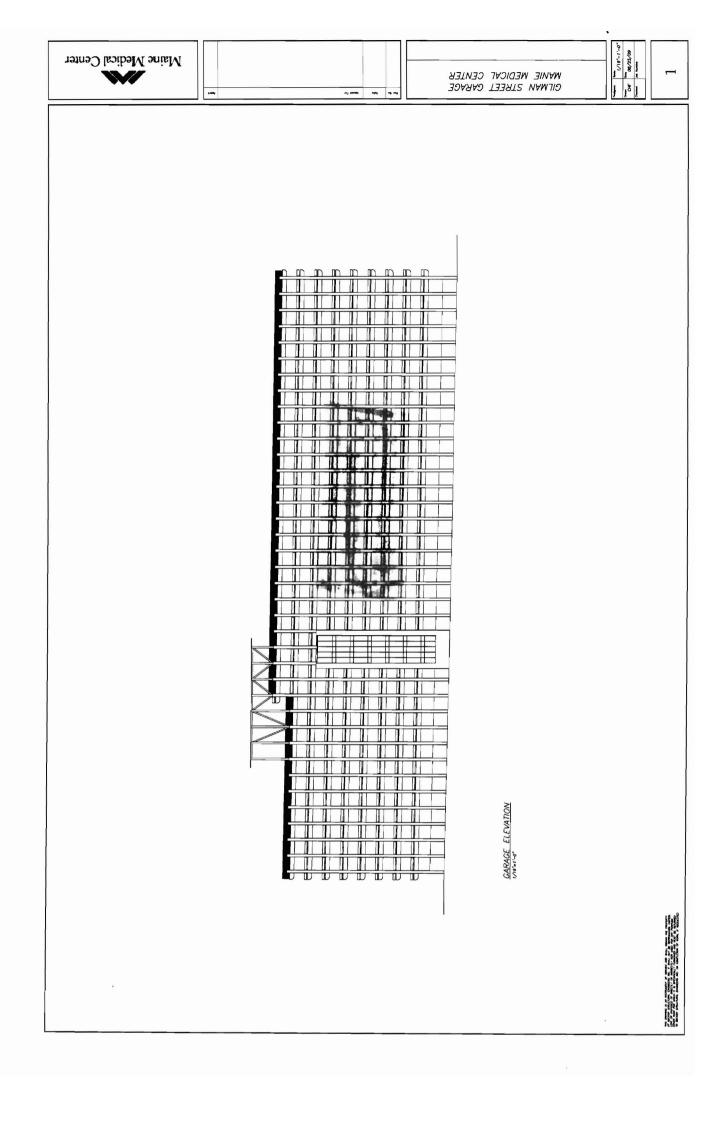
The above information on physical and chemical characteristics is based upon test believed to be reliable. The values are intended only as a source of information. They are given without guaranty and do not constitute a warranty. The purchaser should independently determine prior to use, the suitability of this material for his/her specific purpose. (Data represents averages and is not intended for use as a specification.)

MMC campus

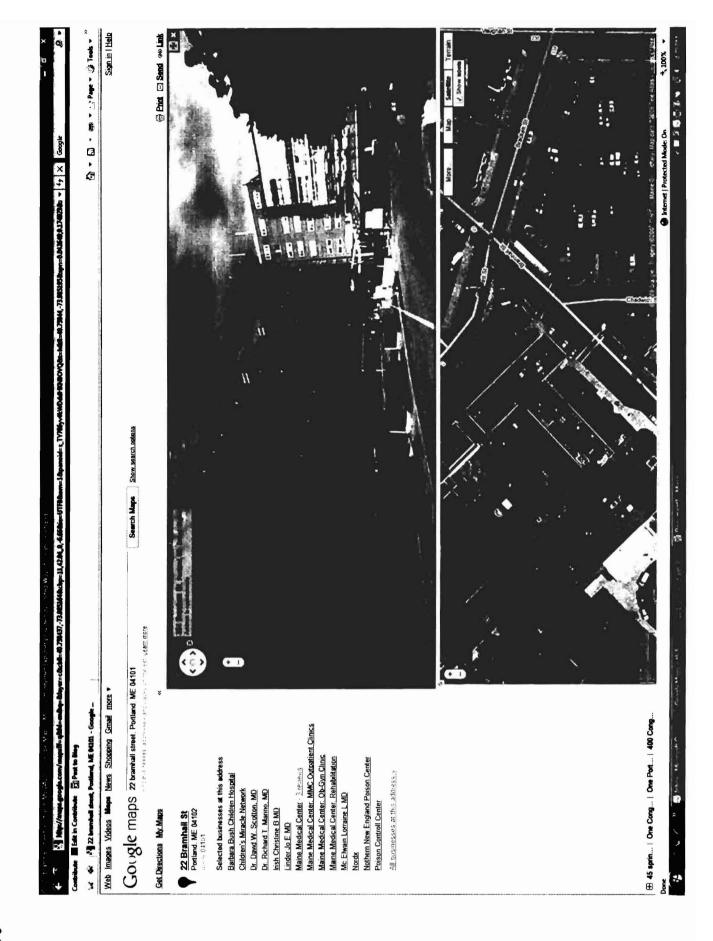


MMC Campus





NMC



aboutis builts ixa to atould



Maine Medical Center

LIVE UNITED...



Permit Application Details

Maine Medical Center 22 Bramhall Street, Portland, ME

Enclosed please find: Certificate of Liability

Letter of permission from the property owner

Sketch of the lot with requested detail Photos of existing building signage Examples of proposed signage

Construction: The banner will be produced by Britten Banners, an international banner

production company. It is made to order for this site. It will be made of

vinyl with metal grommets for fastening.

Details for fastening: This is a temporary banner that will be attached using a traditional

grommet system, easily attached and removed from the building.

Questions regarding this application can answered by: Nickie Avery, 874-1014 x 334

Liz Smith, 874-1014 x 342 Jane Camp, 874-1014 x 307

Thank you for your consideration of this application and support of this project. We believe it will be an engaging visual for our community, in a year where success is critical to the people of Greater Portland.