

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



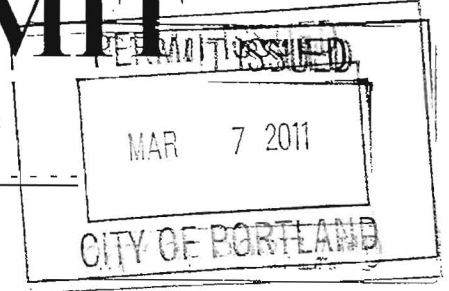
CITY OF PORTLAND BUILDING PERMIT

This is to certify that MMC/NEOKRAFT SIGNS

Located At 22 BRAMHALL

Job ID: 2011-01-251-HIB

CBL: 053 - - D - 007 - 001 - - - -



has permission to Install 70 sf of freestanding sign/electrified

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

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

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

Fire Prevention Officer

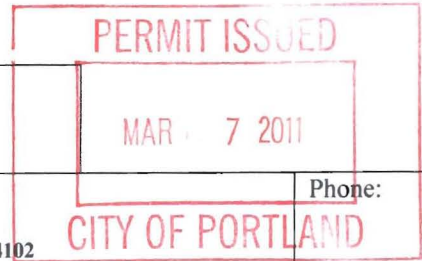
Sam Bente 3/4/11
Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY.

PENALTY FOR REMOVING THIS CAR

City of Portland, Maine - Building or Use Permit Application

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



Job No: 2011-1238 Sign	Date Applied: 02/08/11	CBL: 053 - - D - 007 - 001 - - - - -	
Location of Construction: 22 BRAMHALL	Owner Name: MEDICAL CENTER MAINE	Owner Address: 22 BRAMHALL ST PORTLAND, ME - MAINE 04102	Phone: CITY OF PORTLAND
Business Name:	Contractor Name: NeoKraft Signs - Shane Moffett	Contractor Address: 686 Main St, Lewiston, ME 04240	Phone: 782-9654
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Signage	Zone: C-41
Past Use: ME MED CENTER	Proposed Use: SAME: ME MED CENTER - To add a free standing sign - 70 sq ft	Cost of Work: 70 sq ft free standing sign	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: N/A Type: Sign IBC-2009 Signature: <i>[Signature]</i>
Proposed Project Description: Me Med - To add a free standing sign - 70 sq ft		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	Zoning Approval
------------------	------------------------

<ol style="list-style-type: none"> 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 informatin may invalidate a building permit and stop all work. 	Special Zone or Reviews - <input type="checkbox"/> Shoreland <i>The review is approved by authority</i> <input type="checkbox"/> Wetlands <i>under the C-41</i> <input type="checkbox"/> Flood Zone <i>and contract zone</i> <input type="checkbox"/> Subdivision <i>is planning</i> <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>ok with planning signed 2/22/11</i>	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 Date: <i>2/22/11</i> <i>Sign Exception - SB</i> <i>J. Barhydt</i>	Historic Preservation <input checked="" type="checkbox"/> Not in Dist 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>[Signature]</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	PHON



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# <u>053</u> Block# <u>D</u> Lot# <u>007</u>	Owner: <u>Maine Medical Center</u> <u>22 Bramhall St.</u> <u>Portland, ME 04102-3175</u>	Telephone: <u>807-662-2196</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>70 sq. ft.</u> For H.D. signage= Total Fee: <u>\$170.00</u> Awning Fee= cost of work _____ Total Fee: <u>\$170.00</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: _____ Lot Frontage (feet): _____ <u>Single Tenant</u> or Multi Tenant Lot <u>Single</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 _____ No <input checked="" type="checkbox"/>	Dimensions proposed: _____	Height from grade: _____
Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____	Dimensions proposed: <u>2.67' x 24' = 64.08</u> <u>2'8" x 24'-0"</u> <u>0'-10 1/2" x 6'-3"</u>	<u>5.47</u> <u>69.55 = 70 ft</u> <u>4'-0"</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 _____ No <input checked="" type="checkbox"/>	Dimensions: _____	
Awning? Yes _____ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____		

will email electronic plans

Handwritten calculations and notes: 2.67' x 24' = 64.08, 5.47, 69.55 = 70 ft, 4'-0"

RECEIVED

FEB - 8 2011

Dept. of Building Inspections
City of Portland Maine

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 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: [Signature] Shane Moffett Date: 2-7-11

This is not a permit; you may not commence ANY work until the permit is issued.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-01-251-HIB

Located At: 22 BRAMHALL

CBL: 053 - - D - 007 - 001 - - - -

Conditions of Approval:

Building

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



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 *- on file*
- 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

71241-1250

Job Summary Report
Job ID: 2011-01-251-HIB

Report generated on Feb 14, 2011 10:30:02 AM

Page 1

Job Type:	Hospitals & Institutional Buildings	Job Description:	Me Med - Renovate Cath Lab and Control Room	Job Year:	2010
Building Job Status Code:	Permit Issued	Pin Value:	435	Tenant Name:	
Job Application Date:		Public Building Flag:	N	Tenant Number:	
Estimated Value:	325,000	Square Footage:	70		
Related Parties:		MEDICAL MAINE		<i>Property Owner</i>	
		E S BOULOS COMPANY - E COMPANY		<i>ELECTRICAL CONTRACTOR</i>	
		NeoKraft - Shane Moffett		<i>GENERAL CONTRACTOR</i>	
		Langford & Low - & LOW LANGFORD		<i>GENERAL CONTRACTOR</i>	

Job Charges

Fee Code Description	Charge Amount	Permit Charge Adjustment	Net Charge Amount	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Net Payment Amount	Outstanding Balance
Job Valuation Fees	\$3,270.00		\$3,270.00	1/12/11	710	\$3,270.00		\$3,270.00	\$0.00
Signs	\$170.00		\$170.00						\$170.00

sign permit

Location ID: 8160

Location Details

Alternate Id	Parcel Number	Census Tract	GIS X	GIS Y	GIS Z	GIS Reference	Longitude	Latitude
908620	053 D 007 001		M				-70.276371	43.653725

Location Type	Subdivision Code	Subdivision Sub Code	Related Persons	Address(es)
1				22 BRAMHALL STREET WEST

Location Use Code	Variance Code	Use Zone Code	Fire Zone Code	Inside Outside Code	District Code	General Location Code	Inspection Area Code	Jurisdiction Code
BENEVOLENT & CHARITABLE		C-41					DISTRICT 3	WEST END

Structure Details

Structure: Loc id 000046372 Alt id 908620

Occupancy Type Code:

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address
CONVERSION	6	270076,356		22 BRAMHALL STREET WEST

Job Summary Report
Job ID: 2011-01-251-HIB

Report generated on Feb 14, 2011 10:30:02 AM

Page 2

Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference	User Defined Property	Value
0	0	M					
Structure: Maine Medical							
Occupancy Type Code:							
Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address			
Hospitals & Institutional Buildings	0			22 BRAMHALL STREET WEST			
Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference	User Defined Property	Value
Structure: Sign							
Occupancy Type Code:							
Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address			
Signs/Awning	0	70		22 BRAMHALL STREET WEST			
Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference	User Defined Property	Value

Permit #: 20111221

Permit Data								
Location Id	Structure Description	Permit Status	Permit Description	Issue Date	Reissue Date	Expiration Date		
8160	Maine Medical	Initialized	Cath Lab#6					
Inspection Details								
Inspection Id	Inspection Type	Inspection Result Status	Inspection Status Date	Scheduled Start Timestamp	Result Status Date	Final Inspection Flag		
Fees Details								
Fee Code Description	Charge Amount	Permit Charge Adjustment	Permit Charge Adj Remark	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Payment Adj Comment

Permit #: 20111238

Permit Data						
Location Id	Structure Description	Permit Status	Permit Description	Issue Date	Reissue Date	Expiration Date
8160	Sign	Initialized	70 sf wall sign			
Inspection Details						

Job Summary Report
Job ID: 2011-01-251-HIB

Report generated on Feb 14, 2011 10:30:02 AM

Page 3

Inspection Id	Inspection Type	Inspection Result Status	Inspection Status Date	Scheduled Start Timestamp	Result Status Date	Final Inspection Flag		
Fees Details								
Fee Code Description	Charge Amount	Permit Charge Adjustment	Permit Charge Adj Remark	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Payment Adj Comment

Permit #: BLDG-709

Permit Data								
Location Id	Structure Description	Permit Status	Permit Description	Issue Date	Reissue Date	Expiration Date		
8160	Maine Medical	Final Insp Comp	Renovate Cath Lab, Control room & replace equipment	1/31/11	1/31/11	7/30/11		
Inspection Details								
Inspection Id	Inspection Type	Inspection Result Status	Inspection Status Date	Scheduled Start Timestamp	Result Status Date	Final Inspection Flag		
Fees Details								
Fee Code Description	Charge Amount	Permit Charge Adjustment	Permit Charge Adj Remark	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Payment Adj Comment



Neokraft

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 02.7.2011
Job No. 13026
Re. MAINE MED. CTR.
PERMITS
MAIL

- Item**
- Attached
 - Hand Delivered
 - Under separate cover
 - Shop Drawings
 - Prints
 - Samples
 - Specifications
 - Copy of letter
 - Change Order
 - Other

Copies	Date	No.	Description
1 set	02.07.2011	13026	(1) SIGN PERMIT APPLICATION, (1) ELECTRICAL PERMIT APPLICATION, DRAWINGS, FASTENER DETAILS, AND A CHECK FOR \$225.00 IN REGARD TO OBTAINING PERMITS FOR MAINE MEDICAL CENTER LOCATED ON 22 BRAMHALL STREET

- Purpose**
- For approval
 - No exception taken
 - Rejected
 - For your use
 - Make corrections noted
 - Review and comment
 - As requested
 - Revise and resubmit
 - Other

Remarks PLEASE REVIEW FOR APPROVAL AND MAIL PERMITS TO THIS OFFICE.

Copy to

From SHANE MOFFETT

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

OFFICE \CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT

RECEIVED

FEB - 8 2011

Dept. of Building Inspections
City of Portland Maine

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

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

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

1. Electrical – Commercial
2. Final at completion of work

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

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



Neokraft

S I G N S

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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 13026

PERMIT

Location: 22 Bramhall St.
Portland, ME

Drawing No.: 1 of 5

Drawn by: PFAT Rep.: PB

Date: 01.19.2011

Lead No.: EL013261



Neokraft

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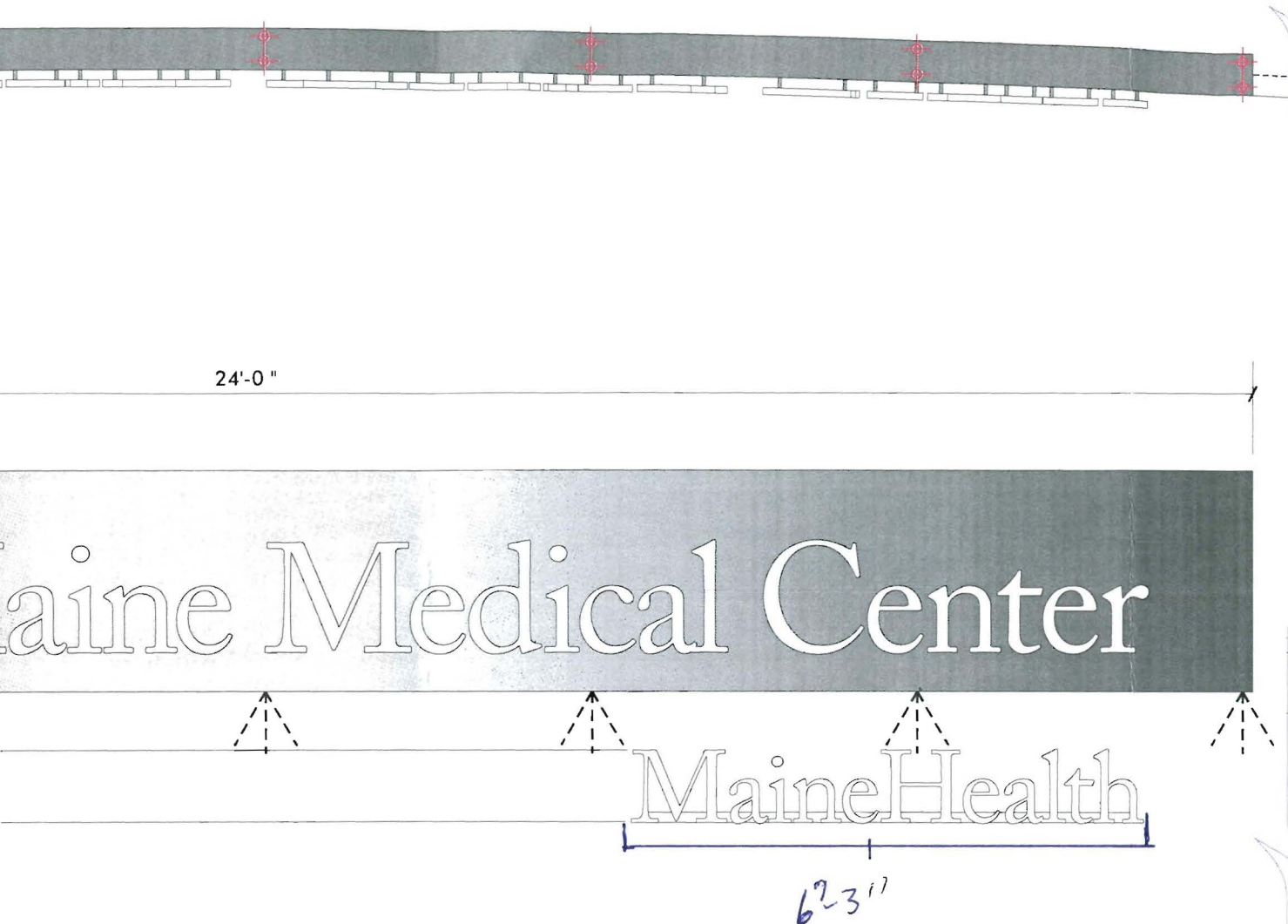
Drawing No.: 2 of 5

Drawn by: PFAT Rep.: PB

Date: 01.19.2011

Lead No.: EL013261

Gen Ref:



24'-0"

aine Medical Center

MaineHealth

6'-3"

...ICS WITH LED BACKLIGHTING;
...MATCH PMS 201 RED WITH COPY
...GROUND WITH 1/4" ALUMINUM
...1/2" X 3" LONG SLEEVE ANCHORS

...CK LIGHTING, MOUNTED TO
...ALUMINUM STUDS PLACED AS



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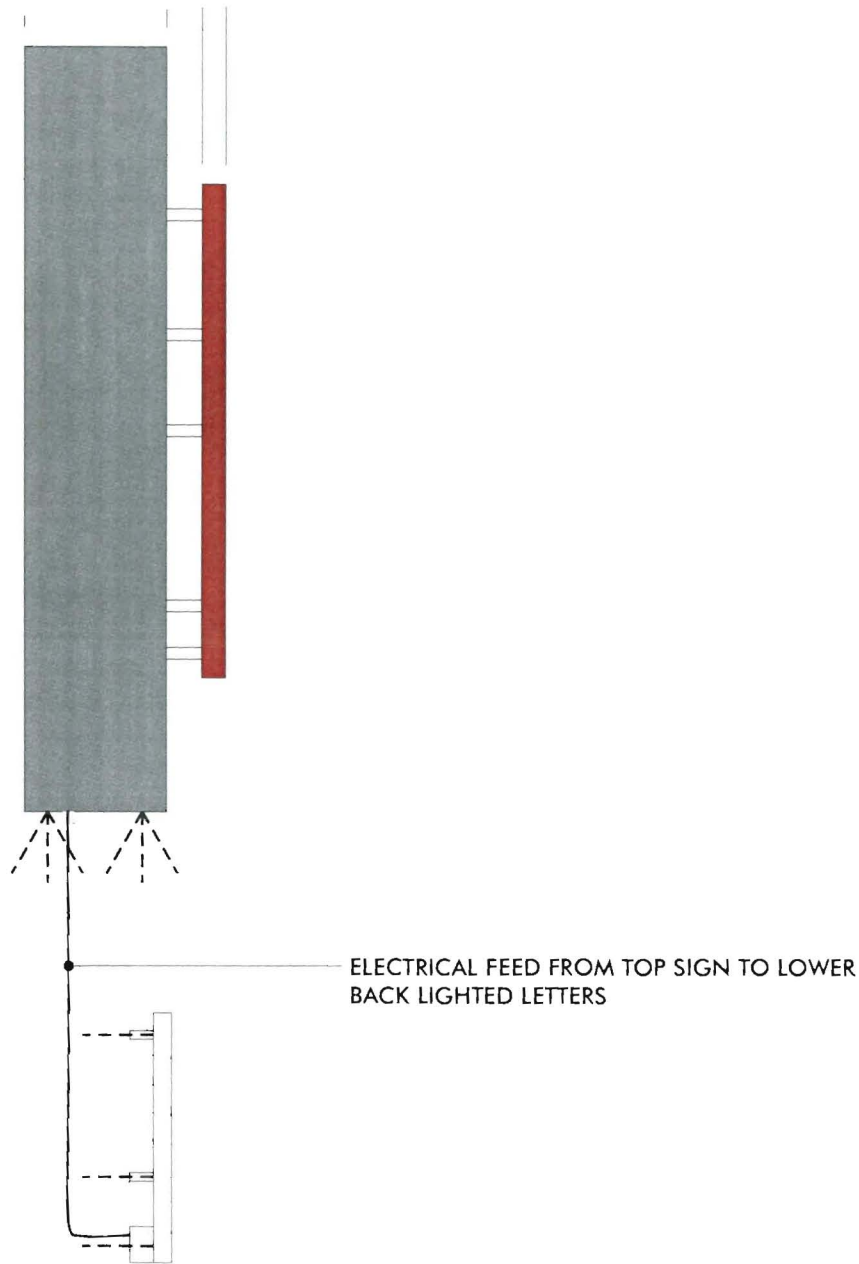
Drawing No.: 3 of 5

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Gen Ref.:



Lok-Bolt™ Anchoring System

Anchoring into Concrete and Masonry Substrates

Suitable for Solid and Hollow Base Materials

A Pre-assembled Single Unit Sleeve Anchor

Patented Compression Ring Pulls Fixture Flush to the Work Surface

Available in Carbon Steel and Type 304 Stainless Steel

Several Head Styles Available for Various Applications

Size Range: 1/4" diameter x 5/8" to 3/4" diameter x 7-1/2"



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Maine Medical Center 13026

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Location: 22 Bramhall St.

Portland, ME

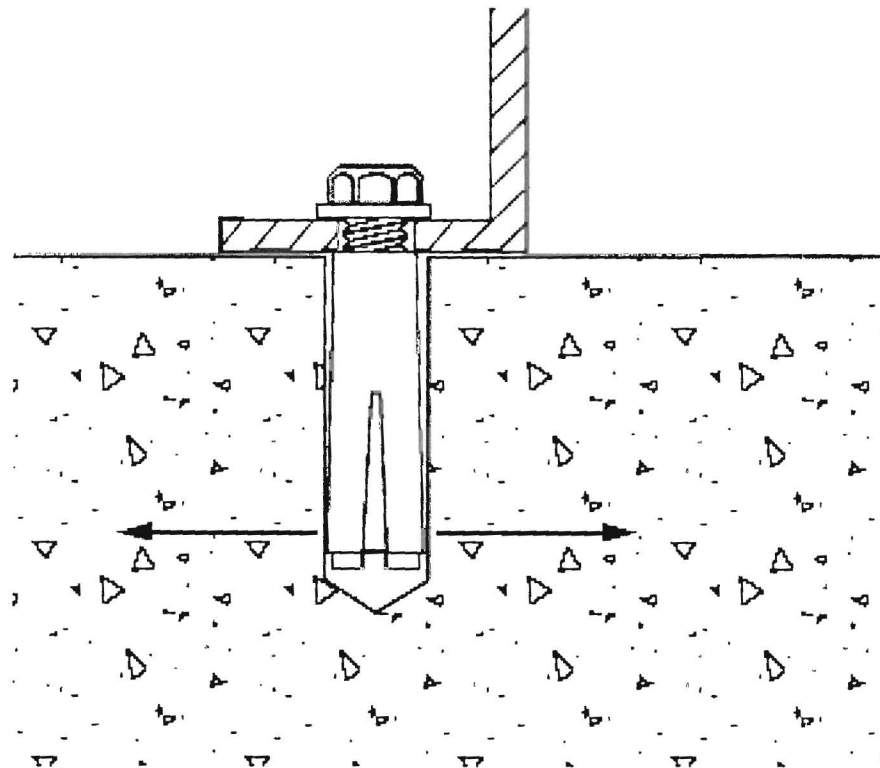
Drawing No.: 4 of 5

Drawn by: PFAT Rep.: PB

Date: 01.19.2011

Lead No.: EL013261

Gen Ref.:



TYPICAL APPLICATION

NOT TO SCALE

— ACRYLIC LETTER SHAPE

— 1" LONG SPACER

— THREAD-SERT ANCHOR IN BACK OF LETTER SHAPE

— ALUMINUM STUD, SET AND SEALED IN HOLES WITH SILICONE ADHESIVE



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Maine Medical Center 13026

PERMIT

Location: 22 Bramhall St.
 Portland, ME

Drawing No.: 5 of 5

Drawn by: PFAT Rep.: PB

Date: 01.19.2011

Lead No.: EL013261

Gen Ref.:

WIND LOAD CALCULATIONS ON CAST OR FLAT CUT OUT LETTERS

Size	Wind Face Load lbs Force	Wind Side Load lbs. Force	Screw Shear Strength lbs Force
6	12	5	720
12	50	11	960
14	68	15	960
18	112	22	960
24	198	36	1440
36	447	65	1920

GENERAL LETTER DATA

Height in.	Face Area sq in.	Side Area sq.in	Screws each	Screw Area psi	Total Screw sq. in.
6	21.6	9	3	0.015	0.045
12	86.4	18	4	0.015	0.06
14	117.6	24.5	4	0.015	0.06
18	194.4	36	4	0.015	0.06
24	345.6	60	6	0.015	0.09
36	777.6	108	8	0.015	0.12