

Location of Construction: 287 Congress St., Portland		Owner: Kaiser Medical Center		Phone: 874-2847		Permit No: 000537	
Owner Address: 287 Congress St., Portland		Lessee/Buyer's Name: Kaiser		Phone:		Business Name:	
Contractor Name: Site Design Inc.		Address: PO Box 207, Westbrook ME 04098		Phone:		Permit Issued: MAY 23 2000	
Past Use: Vacant		Proposed Use: Medical Office building		COST OF WORK: \$		PERMIT FEE: \$	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <input checked="" type="checkbox"/> Use Group: Type:	
				Signature:		Signature: <i>BOGA99</i>	
Proposed Project Description: Erect sign				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval:	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		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"/> mm <input type="checkbox"/>	
Permit Taken By: GE		Date Applied For: MC 5/16/00				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	

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..

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 5/16/00 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS
CEO DISTRICT

THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

Sign Permit Pre-Application
Attached Single Family Dwellings/Two-Family Dwelling
Multi-Family or Commercial Structures and Additions Thereto

In the interest of processing your application in the quickest possible manner, please complete the information below for a Building or Use Permit.

NOTE**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 (include Portion of Building):
887 CONGRESS ST.

Total Square Footage of Proposed Structure 56,451 sq. ft. Square Footage of Lot

Tax Assessor's Chart, Block & Lot Number: Chart 53 Block I Lot 001
Owner: MAINE MEDICAL CENTER
Telephone#: (207) 871-2447

Owner's Address: MAINE MED CENTER 22 BRAMHILL ST. PORTLAND ME 04102
Lessor/Buyer's Name (If Applicable): SAME
Total Sq. Ft. of Sign: 49.5 Fee: \$ 39.90

Proposed Project Description: (Please be as specific as possible)
MEDICAL OFFICE BUILDING

Contractor's Name, Address & Telephone: SIGN DESIGN INC 207 856 260
Rec'd By

Current Use: New Building Proposed Use:

Signature of applicant: [Signature] Date: 5/11/00

Signage Permit Fee: \$30.00 plus .20 per square foot of signage

[Handwritten mark]

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 887 CONGRESS ST. ZONE: contract B-2 zone

OWNER: MAINE MEDICAL CENTER

APPLICANT: Sign Design Inc. P.O. Box 207 Westbrook ME
2078562600

ASSESSOR NO. _____

SINGLE TENANT LOT? YES _____ NO X

MULTI TENANT LOT? YES X NO _____

FREESTANDING SIGN? YES _____ NO X DIMENSIONS _____

(ex. pole sign...)

MORE THAN ONE SIGN? YES _____ NO _____ DIMENSIONS _____

BLDG. WALL SIGN? YES X NO _____ DIMENSIONS _____

(attached to bldg)

MORE THAN ONE SIGN? YES X NO _____ DIMENSIONS _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: NONE

LOT FRONTAGE (FEET) _____

BLDG FRONTAGE (FEET) _____

AWNING YES _____ NO X IS AWNING BACKLIT? YES _____ NO _____

HEIGHT OF AWNING _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? N/A

*** TENANT BLDG. FRONTAGE (IN FEET) 54' Frontage x 1.5 = 81#

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

See Drawing

165'
 $18'' \times 25' = 37.5'$
 $10'' \times 8' = 6.664$
 .833
 $44.164#$
 $+ 4.164#$
 $48.164#$
 $2(12'' \times 24'') = 2 \times 2 = 4#$

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: [Signature] DATE _____

Sign Design Inc 207 856 2600

BUILDING PERMIT REPORT

DATE: 16 MAY 2000 ADDRESS: 887 Congress St CBL: 053-I-001

REASON FOR PERMIT: Signage

BUILDING OWNER: MMC

PERMIT APPLICANT: CONTRACTOR Sign Design Inc

USE GROUP: D1 CONSTRUCTION TYPE: CONSTRUCTION COST: PERMIT FEES: 39.90

The City's Adopted Building Code (The BOCA National Building code/1999 with City Amendments)
The City's Adopted Mechanical Code (The BOCA National Mechanical Code/1993)

CONDITION(S) OF APPROVAL

This permit is being issued with the understanding that the following conditions are met: *1, *35

- 1. This permit does not excuse the applicant from meeting applicable State and Federal rules and laws.
2. Before concrete for foundation is placed, approvals from the Development Review Coordinator and Inspection Services must be obtained.
3. Foundation drain shall be placed around the perimeter of a foundation that consists of gravel or crushed stone containing not more than 10 percent material that passes through a No. 4 sieve.
4. Foundations anchors shall be a minimum of 1/2" in diameter, T into the foundation wall, minimum of 12" from corners of foundation and a maximum 6' O.C. between bolts.
5. Waterproofing and dampproofing shall be done in accordance with Section 1813.0 of the building code.
6. Precaution must be taken to protect concrete from freezing. Section 1908.0
7. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed.
8. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating.
9. All chimneys and vents shall be installed and maintained as per Chapter 12 of the City's Mechanical Code.
10. Sound transmission control in residential building shall be done in accordance with Chapter 12, Section 1214.0 of the City's Building Code.
11. Guardrails & Handrails: A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level.
12. Headroom in habitable space is a minimum of 7'6".
13. Stair construction in Use Group R-3 & R-4 is a minimum of 10" tread and 7 3/4" maximum rise.
14. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
15. Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue.
16. Each apartment shall have access to two (2) separate, remote and approved means of egress.
17. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour.
18. The boiler shall be protected by enclosing with (1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment.

5/16/00

OWNERS CONSENT AND AGREEMENT

I, RON BLACKWELL (FOR MMBC), being the owner of the premises located at
(print property owners name)

887 CONGRESS ST. in Portland, Maine, hereby give consent to the
(print property address)

erection of a certain sign/awning/banner owned by MAINE MEDICAL CENTER
(print lessee's name)

over the sidewalk or on building from said premises as described in
Application to the Division of Inspection Services.

And in consideration of the issuance of said permit, owner of said premises,
in event said sign shall cease to serve the purpose for which it was erected
or shall become dangerous and in event the owner of said sign shall fail to
remove said sign or make it permanently safe in case the sign still serves
the purpose for which it was erected, hereby agrees for himself or itself,
for his heirs, its successors, and his or its assigns, to completely remove
said sign.

Ron Blackwell - MMBC
Signature of Property Owner

N/A
Signature of Lessee

1/3/2000
Date

Date

Profit
2 4

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YYYY)

03/28/00

ISSUER

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.

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER A Medical Mutual Ins. Co. of Maine
- COMPANY LETTER B
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

INSURED

MaineHealth
465 Congress Street, Suite 600
Portland, ME 04101-3537

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	ALL LIMITS & COINSURANCE
X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNER'S & CONTRACTOR'S PROP	CHL 1017	10/1/99	10/1/00	GENERAL AGGREGATE \$ 4,000 PRODUCTS-COMPLETED OPERATIONS AGGREGATE \$ 4,000 PERSONAL & ADVERTISING INJURY \$ 2,000 EACH OCCURRENCE \$ 2,000 BODILY DAMAGE (Any one day) \$ MEDICAL EXPENSE (Any one person) \$ CONDUCTORS SINGLE LIMIT \$ BODILY INJURY PER PERSON \$ BODILY INJURY PER EMPLOYEE (Per employee) \$ PROPERTY DAMAGE \$ EACH OCCURRENCE \$ AGGREGATE \$
	SUPPLEMENTAL LIABILITY ANY AUTO ALL OTHER AUTOS SCHEDULED AUTOS TRUCKS AUTOS NON-SCHEDULED AUTOS GARAGE LIABILITY				STATUTORY \$ (EACH AGGREGATE) \$ (DISEASE - POLICY LIMIT) \$ (DISEASE - EACH EMPLOYEE)
	EMERGENT LIABILITY OTHER THAN VERIFIABLE PAIN WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				
	OTHER				

DESCRIPTION OF OPERATIONS, LOCATIONS AND USES (OPTIONAL FIELDS)

It is hereby agreed and understood that the City of Portland is an additional insured with respects to the new sign at 883 Congress Street Medical Office Building.

CERTIFICATE HOLDER

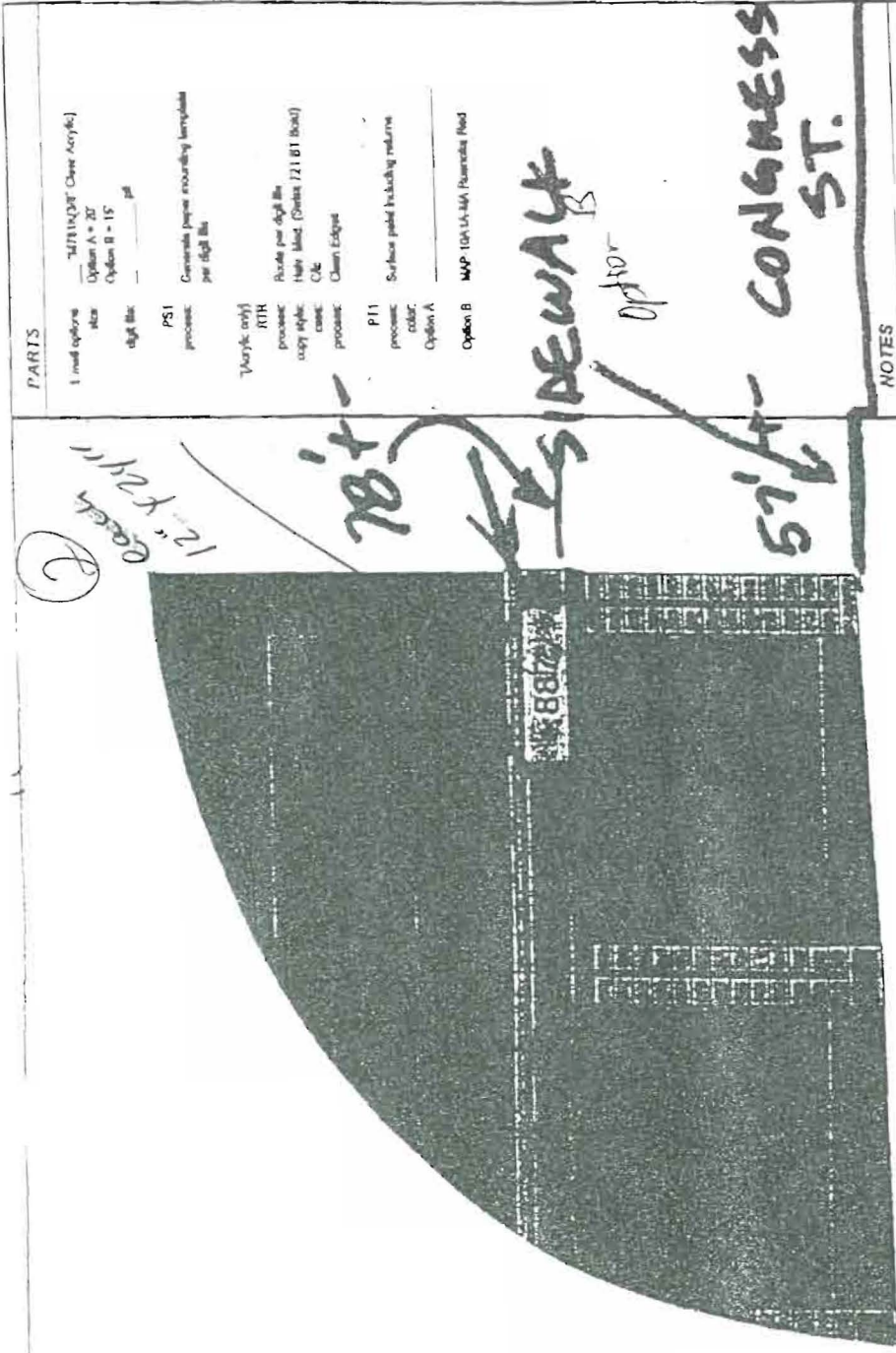
City of Portland
Office of Corporate Counsel
389 Congress Street
Portland, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREON THE ISSUING COMPANY WILL ENDEAVOR TO MAIL ~~60~~ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Judith C. Hall M.D.



PARTS

- 1. Panel options:
 - Material: Clear Acrylic
 - Option A = 20"
 - Option B = 15"
- 2. Mounting:
 - Process: Generate paper mounting template per sign file.
- 3. Finishing:
 - Process: Route per sign file.
 - Material: High Mod. (Dishes / 21 BT Board)
 - Color: Clear
 - Process: Clean Edges
- 4. Mounting Hardware:
 - Option A: P11
 - Option B: MAP 10A USA Fluorocarbon Pad

NOTES

- Stud Mount to wall using stainless steel hardware.

WEST ELEVATION

EAST ELEVATION (OPPOSITE HAND)

2 EA.

<p>PHCS SYSTEMS Portland, ME 04101</p> <p>Property of Graphics Systems, Inc. The information on this drawing is the property of Graphics Systems, Inc. and is not to be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage and retrieval system, without the prior written permission of Graphics Systems, Inc.</p>	<p>CS</p> <p>Portland</p>	<p>Medplex</p>	<p>Construction</p>	<p>Building ID</p> <p>Option A = 20"</p> <p>Option B = 15"</p> <p>Acrylic</p>	<p>MEDPOR807</p>	<p>Scale: 1/8" = 1'-0"</p>	<p>Scale: 1/8" = 1'-0"</p>	<p>Scale: 1/8" = 1'-0"</p>	<p>Scale: 1/8" = 1'-0"</p>
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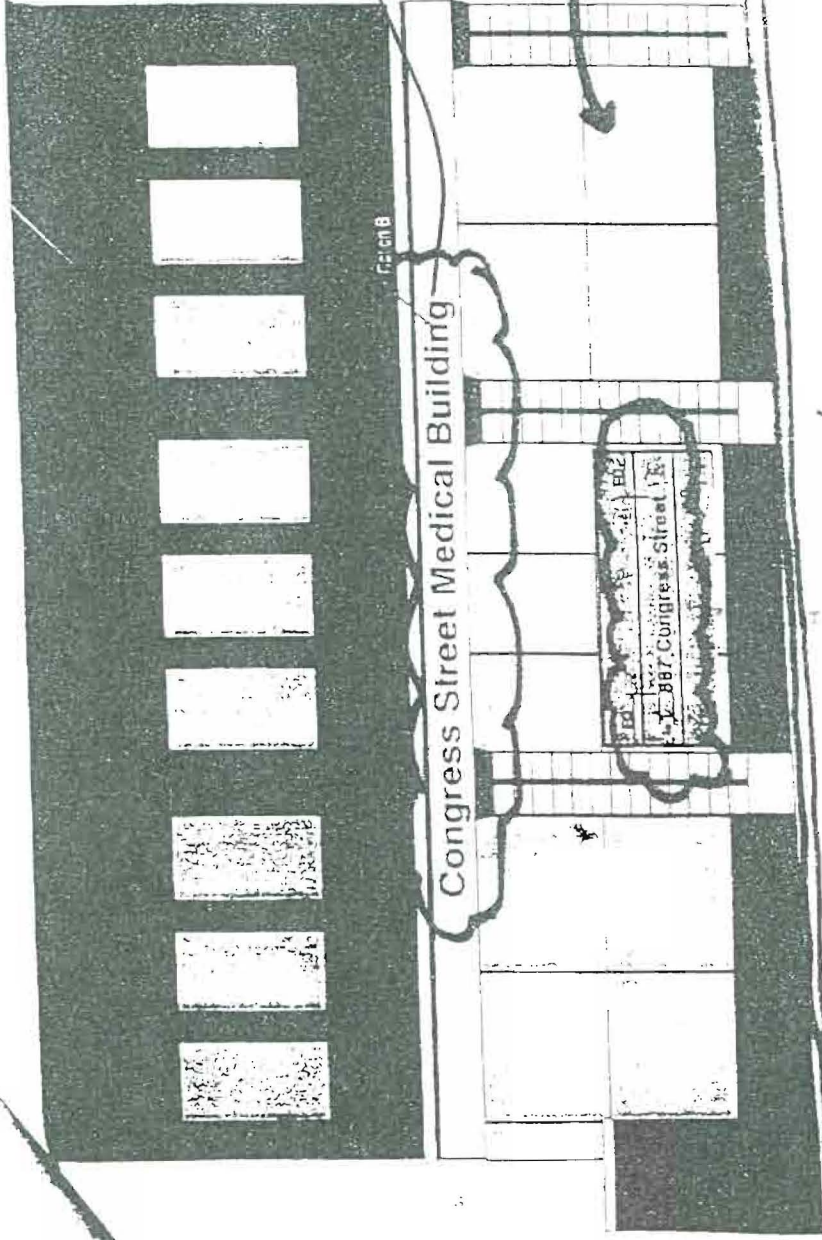
SK 2

12' x 24' 12' x 24' 12' x 24'

-AST

1/8" R-U FOOT

18" X 25"



90'±

PLAZA

KSIDENWALK 65'±

10' X 8'

NOTES

1. Single unit in each corner, 4 units shown in section.

NO.	DESCRIPTION	DATE
001	CONCEPT	10/15/08
002	SCHEMATIC DESIGN	11/10/08
003	PRELIMINARY DESIGN	12/15/08
004	FINAL DESIGN	01/15/09
005	CONSTRUCTION PERMITS	02/15/09
006	CONSTRUCTION	03/15/09
007	COMPLETION	04/15/09

FRONT VIEW (BY SPAN) V.V. 1/8"

GRAPHICS

SK 1