

City of Portland, Maine - Building or Use Permit Application

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

| | | |
|-----------------------|----------------------------|---------------------|
| Permit No: 04-0986 | Issue Date: AUG 17 2004 | CBL: 053 I001011 |
|-----------------------|----------------------------|---------------------|

| | | | |
|--|-------------------------------------|--|----------------------|
| Location of Construction: 887 Congress St | Owner Name: Maine Medical Center | Owner Address: 22 Bramhall St | Phone: 871-6346 |
| Business Name: | Contractor Name: NeoKraft Signs | Contractor Address: 686 Main St. Lewiston | Phone: 2077829654 |
| Lessee/Buyer's Name: | Phone: | Permit Type: Signs - Permanent | Zone: C18 |

| | | | | | |
|-----------------------|--|--|--|--------------------|-------------------|
| Past Use: Hospital | Proposed Use: Hospital w/ 11'x5' double faced internally illuminated pylon sign | Permit Fee: \$140.00 | Cost of Work: \$0.00 | CEO District: 2 | Using B-2 Zone |
| | | FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A | INSPECTION: Use Group: U Sign req Type: Per contract BOLA 1999 Sign | | |

Proposed Project Description:
Install 11'x5' double faced internally illuminated pylon sign at hospital

Signature: _____ Signature: _____

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

| | | |
|-----------------------------|---------------------------------|------------------------|
| Permit Taken By: jodinea | Date Applied For: 07/15/2004 | Zoning Approval |
|-----------------------------|---------------------------------|------------------------|

- 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..

| Special Zone or Reviews | Zoning Appeal | Historic Preservation |
|---|--|--|
| <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"/> Date: 8/12/04 | <input checked="" 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: _____ | <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: _____ |

All setbacks are to be from property lines (not street lines) - 17' to sites shall not be blocked

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 |
|------------------------|---------|------|-------|

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| Permit No: 04-0986 | Date Applied For: 07/15/2004 | CBL: 053 I001011 |
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| Location of Construction: 887 Congress St | Owner Name: Maine Medical Center | Owner Address: 22 Bramhall St | Phone: () 871-6346 |
| 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: Hospital w/ 11'x5' double faced internally illuminated pylon sign | Proposed Project Description: Install 11'x5' double faced internally illuminated pylon sign at hospital |
|---|---|

| | | | |
|---|---|----------------------------------|---|
| Dept: Zoning | Status: Approved with Conditions | Reviewer: Marge Schmuckal | Approval Date: 08/12/2004 |
| Note: This is a C-18 contract zone which states that signage shall be compliant with the B-2 zone requirements | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) This sign shall not block any traffic sight lines. | | | |
| 2) All required setbacks are from PROPERTY lines, not street lines. | | | |
| Dept: Building | Status: Approved with Conditions | Reviewer: Tammy Munson | Approval Date: 08/16/2004 |
| Note: | | | Ok to Issue: <input checked="" type="checkbox"/> |
| 1) Signage Installation to comply with Chapter 31 BOCA 1999 | | | |

879-8069

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

SIGNAGE APPLICATION

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

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

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: 887 Congress Street

| | |
|--|-----------------------|
| Total Square Footage of Proposed Structure <u>11'-0" x 5'-0" = 55' sq. feet</u> | Square Footage of Lot |
|--|-----------------------|

| | | | | |
|---|--------------------|-----------------------|--|----------------------------------|
| Tax Assessor's Chart, Block & Lot Number <u>53</u> Chart# | <u>I</u> Block# | <u>001011</u> Lot# | Owner: <u>Maine Medical Center</u> <u>335 Brighton Avenue</u> <u>Portland, ME 04102-2314</u> | Telephone #: <u>207-871-6346</u> |
|---|--------------------|-----------------------|--|----------------------------------|

| | | |
|---|---|--|
| Lessee/Buyer's Name (If Applicable) <u>N/A</u> | Owner's/Purchaser/Lessee Address: <u>N/A</u> | Total s.f of signs <u>55</u> x <u>2.00</u> \$ <u>55.00</u> , plus \$30.00 TOTALS <u>\$140.00</u> |
|---|---|--|

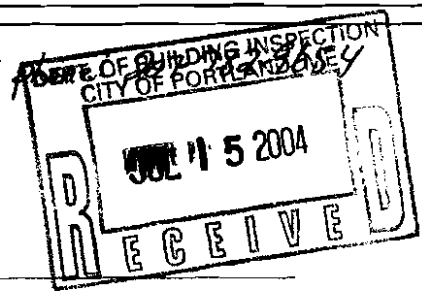
Current use: Hospital Proposed use: Hospital

Project description: Fabricate and install (1) 11'-0" x 5'-0" double-faced internally illuminated pylon sign.

Applicants Name, Address & Telephone: Neokraft Signs, Inc.
686 Main Street
Lewiston, ME 04240

Contractor's Name, Address & Telephone: Same as applicant

Who shall we contact when the permit is ready: Phil Bolduc
Telephone: 207-782-9654



If you would like it mailed, what mailing address should we use: Neokraft Signs, Inc.
686 Main Street
Lewiston, ME 04240

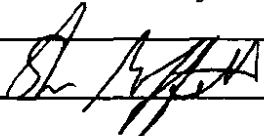
Rec'd By:

**THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE
PERMIT IS ISSUED**

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

Certification

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:  | Date: 6-3-04 |
|---|--------------|

Sign Permit Fee: \$30.00 plus \$1.00 per square foot.

A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00

**BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT
YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU
ARE APPLYING FOR**

**IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL
YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN
SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL
OFFICIALS OF THIS OFFICE**

Side Walk Signs Design/Location/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 – 24 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flow. Maximum height – 40 inches to top of sign in place. Minimum height 30 inches to top of sign in place.

Multiple: Maximum width – 30 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flow. Maximum height – 4- inches to top of sign in place. Minimum height 30 inches to top of sign in place.

Location

Minimum distance between signs – 20 feet. Maximum distance of sign from public entrance of advertiser 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 suitable public liability insurance certificate in an amount adequate to protect the City.

Enforcement

A sign may be removed after notice to the owner and the permit, if issued, may be revoked if the sign does not conform to the standards herein.

For permit come to City Hall 389 Congress Street room 315 with:

1. Certificate of liability insurance
2. Drawing of sign showing dimensions
3. Payment of .20 per sq. ft. plus \$30.00

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 887 Congress Street ZONE: us 8 B-2
OWNER: Maine Medical Center Free
APPLICANT: Neokraft Signs, Inc.
ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO
FREESTANDING SIGN? (ex. Pole Sign) YES NO --- DIMENSIONS 11'-0" x 5'-0" HEIGHT 11'
MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____
SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS _____
MORE THAN ONE SIGN? YES NO DIMENSIONS _____
AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: N/A

*** TENANT BLDG. FRONTAGE (IN FEET): See drawing
*** REQUIRED INFORMATION

AREA FOR COMPUTATION

100' max Area
18' max Height - 11' being shown
 $5 \times 6.2 = 31 \#$

YOU SHALL PROVIDE:

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: 6-3-04

**THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE
PERMIT IS ISSUED**

Please check off the following indicating that you have included the below items to expedite the process of this sign application:

- "Certification of Liability" listing the City additionally insured if any portion of the sign abuts or encroaches on the public right of way, or can fall into the public right of way
 Letter of permission from the owner

A sketch plan indicating the following:

- Drawing of the property showing all dimensions of the lot
 Location of all buildings and property setbacks from all buildings
 Driveways and abutting streets showing street frontage and any right of ways
 Indicate on drawing the dimensions of all buildings on the lot
 Define in footage the frontage of your business front
 Indicate on drawing of existing signage and dimensions of each sign
 Indicate on drawing all proposed signage and dimension of each sign
 Sign area height and setback of each existing and proposed freestanding sign
- Certification of flammability required for awning/canopy at time of application
 UL # required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.

The Provisions of Section 3102.0 of the City's Building Code "The BOCA National Building Code 1999 edition" shall govern the construction, alteration, repair and maintenance of outdoor signs together with the associated appurtenant and auxiliary devices in respect to structural and fire safety. In accordance to section 3102.4.4 of BOCA construction documents and owners consent is all follows; "Before any permit is issued for the erection of a sign, Construction Documents shall be filed with the code official showing the dimensions, materials and required details of construction, including loads, stresses and anchorage. The applications shall be accompanied by the written contract of the owner or lessees of the premises upon which the sign is to erected. NO PERMIT CAN OR WILL BE ISSUED UNLESS THIS INFORMATION IS SBUMMITTED AND APPROVED BY THE INSPECTIONS OFFICE.

ELECTRICAL SIGNAGE PERMITS/RESPONSIBILITIES

All sign companies or any persons engaged in the installation, interchange or maintenance of signage in the City of Portland must have the Electrician or Electrical Contractor who provided power to the sign(s) or associated equipment apply for an electrical permit in the Inspections Office.

It is the responsibility of your company to contact your sub-contractor or he owner to inform them of this policy. Whether your company does the final connections, which requires a valid Maine Electricians License or your sub contractor provides this service; permits and inspections shall be required.

Failure to comply with this procedure may result in the denial of sign permits by this office for your company or its representation to install or interchange any future signage in the City of Portland.

INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

Applicants for a sign permit will be asked to submit the following information to the Code Enforcement Office:

1. ✓ Proof of insurance
- N/A 2. Letter of permission from the owner
- ✓ 3. A sketch plan of lot, indicating location of buildings, driveways and any abutting streets or right of ways. Lengths of building frontages and street frontages should be noted. (see attached)
- ✓ 4. Indicate on the plan all existing and proposed signs
- ✓ 5. Computation of the following:
 - A) Sign area of each existing and proposed building sign
 - B) Sign area height and setback of each existing and proposed freestanding sign.
- ✓ 6. A sketch of any proposed sign(s), indicating dimensions, materials, source of illumination and construction method (see attached).
- N/A 7. Certificate of flammability required for awning/canopy at time of application.
- ✓ 8. UL # required for lighted signs at the time of application.
- ✓ 9. **You must have complete structural details (i.e. showing all connections to buildings and footing details) Specifics required or your permit may be held up**
Fee for permit - \$30.00 plus \$1.00 per square foot
Fee for awning based on cost of work - \$30.00 for the first \$1,000.00, \$6.00 for each additional \$1,000.00.

NOTE: Once a sketch plan has been filed for a property, the code enforcement office will keep a record of the plan so that a new sketch plan will not be required for later changes to signage on the property. In such an instance, applicants will only be required to submit information applicable to the new sign.

| | | |
|--|---|---------------------------------|
| ACORD CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) 07/08/2004 |
| 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 486 CONGRESS STREET, SUITE 600 PORTLAND, ME 04101-3537 | INSURERS AFFORDING COVERAGE INSURER A: MEDICAL-MUTUAL INS. CO. OF MAINE INSURER B: INSURER C: INSURER D: INSURER E: | NAIC# |

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 POLICES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| TYPE | CLASS | TYPE OF INSURANCE | POLICY NUMBER | POLICY PERIOD BEGIN DATE (MM/DD/YYYY) | POLICY PERIOD END DATE (MM/DD/YYYY) | LIMITS | |
|------|-------|---|---------------|---------------------------------------|-------------------------------------|---|----------------|
| | | | | | | AMOUNT | PER OCCURRENCE |
| A | | <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAMS MADE <input checked="" type="checkbox"/> OCCUR | ME CHL 000363 | 10/01/2003 | 10/01/2004 | EACH OCCURRENCE | \$ 2,000,000 |
| | | <input type="checkbox"/> GEN. AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PER OCC. <input type="checkbox"/> LOC | | | | GENERAL AGGREGATE PRODUCTS - CONGRG 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 (Per occurrence) | \$ |
| | | DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | | DEFENSE AND COSTS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$ | | | | BODILY INJURY (Per accident) | \$ |
| | | EMPLOYERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYER COMPENSATION EXECUTIVE OFFICERS/BOARDERS EXCLUDED \$ 100,000 annual limit SPECIAL PROVISIONS apply | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | OTHER | | | | AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA AGG AGG | \$ |
| | | | | | | EACH OCCURRENCE AGGREGATE | \$ |
| | | | | | | EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT | \$ |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/COVERAGE ADDED BY ENDORSEMENT(S)/SPECIAL PROVISIONS
 GENERAL LIABILITY COVERAGE IS AFFORDED MAINE MEDICAL CENTER FOR A SIGN REPLACEMENT AND ERECTION AT MAINE MEDICAL CENTER, CONGRESS STREET MEDICAL BUILDING, 887 CONGRESS STREET, PORTLAND, ME.

| | |
|--|--|
| CERTIFICATE HOLDER CITY OF PORTLAND 300 CONGRESS STREET PORTLAND, ME 04101 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICES 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 NOT RELIEVE THE INSURER OF ANY OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. _____ PRESIDENT |
|--|--|

RECEIVED JUL 14 2004

Table 2.13

Multi-Tenant Lots - B-1, B-2, AB, B-4, and IB Zones

Freestanding Signs (a)

| | B-1, B-2, AB, B-4, IB Zones | | |
|---------------------------|-----------------------------|---|-------------|
| | Land Area | | |
| | < 1 acre | 1 - 2.5 acres | > 2.5 acres |
| - Area | same as single | 100 | 140 |
| - Height | tenant 18 | same as for single tenant lots in applicable zones | |
| - # Permitted per lot (b) | lots | 1 | 1 |

- (a) Freestanding sign shall be for purposes of joint identification. Individual tenants shall not be permitted their own freestanding sign. Such sign may identify name of center and may also include names of individual tenants.
- (b) Lots fronting on two or more streets are allowed an additional freestanding sign of 1/2 the area of the first for each frontage which includes a vehicular entry point, provided signs are not readily concurrently visible. Such signage cannot be accumulated and used on one street in excess of that allowed for lots with only one street frontage.

Building Signs

a. Joint Identification sign(a)

| | B-1, IB | B-2, AB, B-4 (c) |
|---------------------------|-------------|------------------|
| - Maximum Area | na | 250 sq. ft. (c) |
| - # Permitted per lot (b) | not allowed | 1 (b) |

shopping centers on land over 2.5 acres

- (a) sign identifying name of building or shopping center only. Unused sign area cannot be applied to area allowances for other freestanding or individual tenant signs. Where name of shopping center is the same as or incorporates name of one or more of the businesses located within the center, such business(es) shall elect between a joint identification sign and an individual business sign and shall not be allowed both.
- (b) see (b) above
- (c) allowed only on shopping centers featuring 4 or more tenants and occupying a land area in excess of 2.5 acres

Continued on following page

MARCE 4/3
~~MMCC~~
MMCC CONTRACT
ZONE. WILL BE
DISCUSSED AT
THURSDAY STAFF
MEETING RK

MMCCONGRES
03.31.97

AGREEMENT BETWEEN
CITY OF PORTLAND
AND
MAINE MEDICAL CENTER

C/O

AGREEMENT made this day of , 1997 by and between the CITY OF PORTLAND, a body corporate and politic, located in Cumberland County and State of Maine (hereinafter the "CITY") and MAINE MEDICAL CENTER, a Maine Corporation (hereinafter "MAINE MEDICAL").

W I T N E S S E T H:

WHEREAS, MAINE MEDICAL did request a rezoning of property located at 883-903 Congress Street, in Portland, in order to permit the establishment and operation of professional office space, clinics and parking; and

WHEREAS, the Planning Board of the City of Portland, pursuant to 30-A M.R.S.A. §4352(8), and after notice and hearing and due deliberation thereon, recommended the rezoning of the property as aforesaid, subject, however, to certain conditions; and

WHEREAS, the CITY by and through its City Council has determined that said rezoning would be pursuant to and consistent with the CITY'S comprehensive land use plan and consistent with the existing and permitted uses within the original zone; and

WHEREAS, the CITY has determined that because of the unusual nature of the proposed development it is necessary or appropriate

6. The lease for the proposed skywalk shall be approved by the Portland City Council and the Maine Department of Transportation.
7. **MAINE MEDICAL** shall replace all curb and sidewalks abutting the site on Congress Street, Forest Street, and Boynton Street, as required by the Public Works Department.
8. Signage on the site shall comply with the requirements of the B-2 zone, as set forth in Division 22 of Chapter 14 of the Portland City Code.
9. Development on the site shall comply with the requirements of sections 14-186 and 14-187 of the Portland City Code.
10. **MAINE MEDICAL** shall submit a parking management plan for all of its parking facilities for review and approval by the Planning Board as part of the site plan review of this project.
11. **MAINE MEDICAL** shall provide

The above stated restrictions, provisions and conditions are an essential part of the rezoning, shall run with the subject premises, shall bind **MAINE MEDICAL**, its successors and assigns, as permitted by this Agreement, of said property or any part thereof or interest therein, and any party in possession or occupancy of said property or any part thereof, and shall inure to the benefit of and be enforceable by the CITY, by and through its duly authorized representatives.

If any of the restrictions, provisions, conditions, or portions thereof set forth herein is for any reason held invalid or unconstitutional by any Court of competent jurisdiction, such portion shall be deemed as a separate, distinct and independent provision and such determination shall not affect the validity of