

**PERMIT ISSUED**

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 03-1099	Issue Date: OCT 21 2003	CBL: 055 B013009
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Location of Construction: 19 West St	Owner Name: Mmc Realty Corp	Owner Address: 22 Bramhall St <b>CITY OF PORTLAND</b>	Phone: 297-879-8065
Business Name: n/a	Contractor Name: The Signery	Contractor Address: 299 Forest Avenue Portland	Phone: 2078797700
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: <b>R6</b>

Past Use: Maine Medical Services	Proposed Use: Maine Medical Services / Erect a post and panel 5 sq. Ft. Sign for two entryways.	Permit Fee: \$50.00	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: Erect a post and panel 5 sq. Ft. Sign for two entryways.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <b>U</b> Type: <b>Sign</b> <b>- 10/21/03</b>	
		Signature:	Signature: <i>[Signature]</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: gg	Date Applied For: 09/09/2003	<b>Zoning Approval</b>		
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- 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..

<b>Special Zone or Reviews</b> <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"/> Denied Date: <b>9/16/03</b>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input checked="" type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <b>10/20/03</b>
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**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 \_\_\_\_\_

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 031099

**PERMIT ISSUED**

Please Read Application And Notes, if Any, Attached

This is to certify that Mmc Realty Corp /The Sign  
has permission to Erect a post and panel 5 sq. ft. Sign for \_\_\_\_\_ vs. \_\_\_\_\_  
AT 19 West St \_\_\_\_\_ 055 B013003

OCT 21 2003

CITY OF PORTLAND

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 work in progress must be reported before this building or part thereof is occupied or otherwise used-in. HOUR NOTIFICATION 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

*[Signature]* 10/21/23  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

# City of Portland, Maine - Building or Use Permit

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

<b>Permit No:</b> 03-1099	<b>Date Applied For:</b> 09/09/2003	<b>CBL:</b> 055 B013003
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<b>Location of Construction:</b> 19 West St	<b>Owner Name:</b> Mmc Realty Corp	<b>Owner Address:</b> 22 Bramhall St	<b>Phone:</b> 297-879-8065
<b>Business Name:</b> n/a	<b>Contractor Name:</b> The Signery	<b>Contractor Address:</b> 299 Forest Avenue Portland	<b>Phone:</b> (207) 879-7700
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Maine Medical Services / Erect a post and panel 5 sq. Ft. Sign for two entrways.	<b>Proposed Project Description:</b> Erect a post and panel 5 sq. Ft. Sign for two entryways.
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**Dept:** Historical      **Status:** Approved with Conditions      **Reviewer:** Deborah Andrews      **Approval Date:** 10/20/2003  
**Note:** **Ok to Issue:**   
 1) \* Posts to be painted black and sign panel to be grey--white posts and panel not approved as proposed.

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 09/16/2003  
**Note:** **Ok to Issue:**   
 1) ANY exterior work requires a separate review and approval thru Historic Preservation including signage.  
 2) It is understood that the sign proposed along Carleton Street will be located 5 feet from the property line. It is further understood that the setback for the sign along West Street will be reviewed by Planning, Deb Andrews, under the provision allowing a review under unique and special circumstances (section 14-368.5).

**Dept:** Building      **Status:** Approved      **Reviewer:** Mike Nugent      **Approval Date:** 10/21/2003  
**Note:** **Ok to Issue:**

PAINTED ALUMINUM SIGN PANEL

as approved: POSTS  
grey panel  
black posts



BACKFILLED HOLES

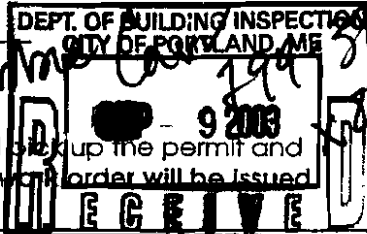
Post & Panel System  
Signface = 24" x 30"  
HP Black & Cranberry Logo & Copy  
Double Sided

Please sign & fax to A:

# 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>19 WEST STREET</u>		
Total Square Footage of Proposed Structure <u>5 SQ FT + 2 = 10 SQ FT.</u>	Square Footage of Lot <u>SEE ATTACHED</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>055</u> Block# <u>3</u> Lot# <u>013</u>	Owner: <u>MAINE HEALTH</u>	Telephone: <u>879-8065</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>MAINE HEALTH</u> <u>465 CONGRESS ST SUITE 600</u> <u>PORTLAND ME 04101</u> <u>879-8065</u>	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: \$ <u>20</u> Awning Fee = Cost Of Work: \$ <u>30</u> Total Fee: \$ <u>50.00</u>
Current use: <u>MEDICAL BUILDING</u>	Total <u>50.00</u>	
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>MEDICAL BUILDING</u>		
Project description: <u>POST &amp; PANEL SIGNS (5 SQ FT) FOR EACH OF THE TWO ENTRYWAYS</u>		
Contractor's name, address & telephone: <u>THE SIGNERY 299 FOREST AVE., PORTLAND 879-7700</u>		
Who should we contact when the permit is ready: <u>DON WRIGHT</u>		
Mailing address: <u>299 FOREST AVE PORTLAND, ME 04101</u> call Don Wright		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		



IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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>Robert Clark</u>	Date: <u>10/24/03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
06/10/2003

**PRODUCER**  
MEDICAL MUTUAL INS. CO. OF MAINE  
ONE CITY CENTER, PO BOX 15275  
PORTLAND, ME 04112-5275

**INSURED**  
MAINEHEALTH  
465 CONGRESS STREET, SUITE 600  
PORTLAND, ME 04101-3537

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#
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.

NBS LTR	ADY/RSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <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"/> PROJ <input type="checkbox"/> LOC	CHL 1017-04	10/01/02	10/01/03	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
		<b>AUTOMOBILE LIABILITY</b> <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) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> 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**  
 GENERAL LIABILITY COVERAGE IS AFFORDED MAINE MEDICAL CENTER FOR A SIGN PERMIT AT 19 WEST STREET, PORTLAND, ME.

**CERTIFICATE HOLDER 10001**

CITY OF PORTLAND  
389 CONGRESS STREET  
PORTLAND, ME 04101

**CANCELLATION**

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  
*Patricia A. Sullivan* PRESIDENT

### SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 19 West Street ZONE: R-6

CBL: \_\_\_\_\_

SINGLE TENANT LOT? YES \_\_\_\_\_ NO X MULTI TENANT LOT? YES X NO \_\_\_\_\_  
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES X NO \_\_\_\_\_ Two

**INFORMATION ON PROPOSED SIGN(S):**

FREESTANDING (e.g., pole) SIGN? YES X NO \_\_\_\_\_ DIMENSIONS PROPOSED: 2 @ 24" x 30"  
BLDG. WALL SIGN? (attached to bldg) YES \_\_\_\_\_ NO X DIMENSIONS PROPOSED: \_\_\_\_\_

**INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):**

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO X DIMENSIONS: \_\_\_\_\_  
BLDG. WALL SIGN(attached to bldg) ? YES \_\_\_\_\_ NO X DIMENSIONS: \_\_\_\_\_  
AWNING? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): \_\_\_\_\_  
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): \_\_\_\_\_

AWNING YES \_\_\_\_\_ NO X IS AWNING BACKLIT? YES \_\_\_\_\_ NO X  
HEIGHT OF AWNING: N/A LENGTH OF AWNING: \_\_\_\_\_ DEPTH: \_\_\_\_\_

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES \_\_\_\_\_ NO X  
IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? N/A s.f.

**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 ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: [Signature] DATE: 6/24/03

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Institutional use in Residential Zone  
100' → 250' of frontage (117' shown along Guletta St)

25' MAX SIZE	5' shown (24" x 30")
8 feet high max	6 feet shown (72")
5' set back req	2.5' shown (2' 6")

check existing

Table 2.2

## Institutional Uses in Residential Zones

(Regulations apply to institutions permitted as conditional uses in residential zoning districts. Such uses may include, but are not necessarily limited to, churches, schools, private clubs, fraternal organizations and hospitals.)

### Freestanding

	Street Frontage < 100'	Street Frontage 100' to 250'	Street Frontage > 250'
- Area	15 sq. ft.	25 sq. ft.	50 sq. ft.
- Height	6 ft.	8 ft.	8 ft.
- Setback	5 ft.	5 ft.	5 ft.
- # Freestanding signs per lot	1/st. frontage (a)(b)	1/st. frontage (a)(b)	1/st. frontage (a)(b)

(a) Lots fronting on two or more streets are allowed one freestanding sign for each frontage. However, the area of each sign shall correspond to the length of the applicable frontage. Freestanding signs shall be positioned such that they are not readily concurrently visible.

(b) Where one lot contains more than one affiliated use, each use shall be allowed one sign per street frontage.

Note: Pertinent directional information shall, to the extent possible, be included on the principal freestanding sign. Additional directional signs shall be allowed only in the event that necessary information cannot fit reasonably within the permitted sign area. The size of additional signs shall be the minimum necessary to achieve the informational objective.

### Building Signs (a)

- Maximum permitted sign area	na
- % of wall area on which sign is to be placed	5%
- # building signs permitted per lot	1/bldg. face (b)

(a) Building signs shall be reviewed for compliance with sign standard(s) included in site plan ordinance and shall under no circumstances be internally illuminated.

(b) One sign is allowed per building face provided such signs are not readily concurrently visible.





# CITY OF PORTLAND, MAINE

Department of Building Inspections

Sept 9 2003

Received from Carl Bunsberg Services

Location of Work 19 West St

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 50.00

Building (1L)  Plumbing (15) \_\_\_\_\_ Electrical (12) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

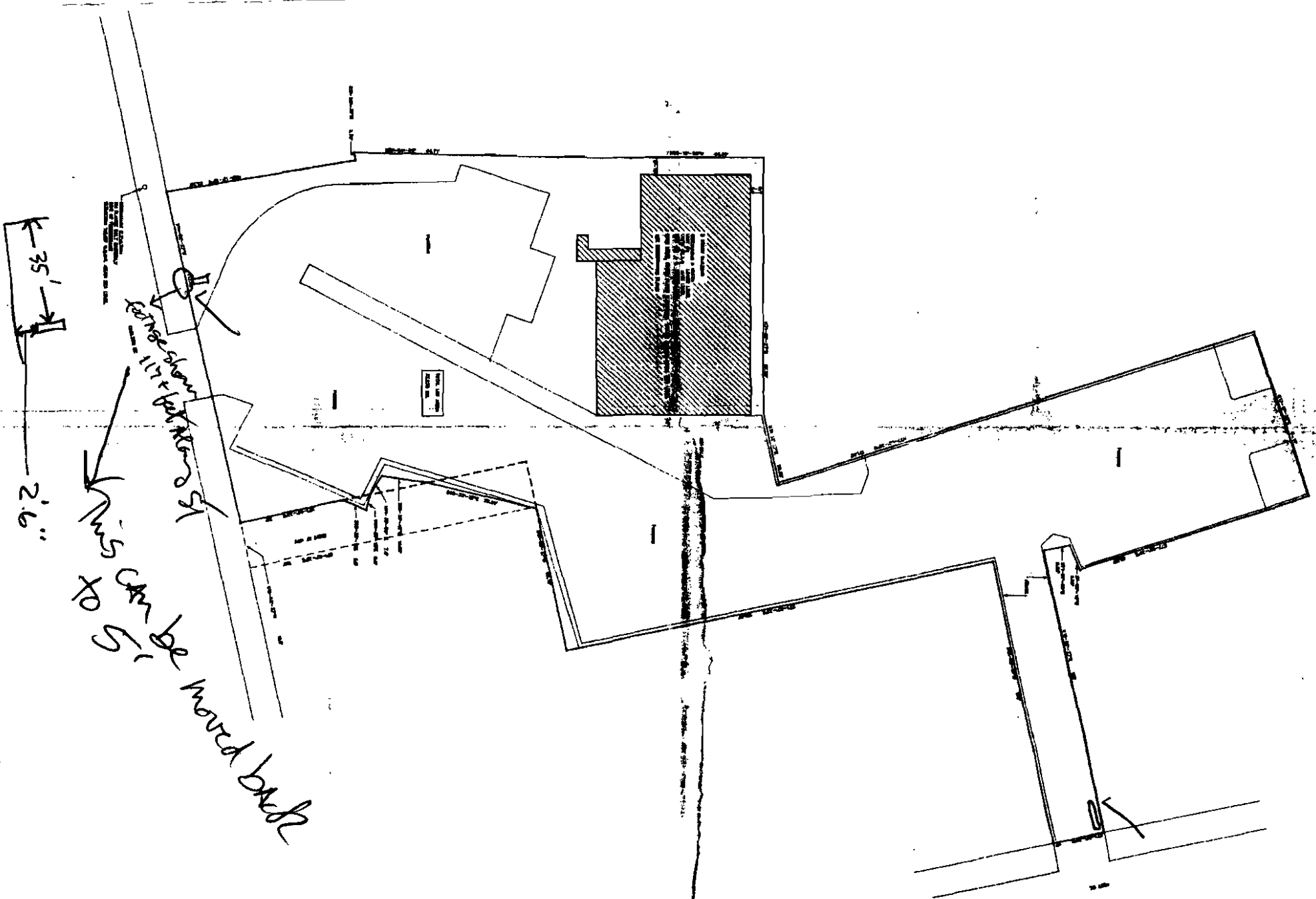
CEL: 055 B013

Check # 7969 Total Collected \$ 50.00

## THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy



35' ->  
 2'6"  
 11' x 11' + 1' 6" x 11' 6" ST  
 5' x 5' can be moved back

TO REPLACE  
 EXISTING  
 SIGN  
 SUPPORTED BY  
 CHUTE  
 REMOVE A SETBACK  
 FURTHER THAN  
 2'6"

WEST ST.  
 MEDICAL  
 ASSOCIATES  
 19 WEST ST.  
 PORTLAND  
 MAINE

godulf, higgins, delmer architects

44-498-1134

Professional, Planning, O&M

2007-173-2884

THIS PLAN IS SUBJECT TO THE FOLLOWING:  
 1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES OF MAINE AND THE CITY OF PORTLAND.  
 2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE MECHANICAL, ELECTRICAL AND PLUMBING CODES OF MAINE AND THE CITY OF PORTLAND.  
 3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE STRUCTURAL CODES OF MAINE AND THE CITY OF PORTLAND.  
 4. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE FIRE CODES OF MAINE AND THE CITY OF PORTLAND.  
 5. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE SAFETY CODES OF MAINE AND THE CITY OF PORTLAND.  
 6. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE ENVIRONMENTAL CODES OF MAINE AND THE CITY OF PORTLAND.  
 7. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE HEALTH CARE CODES OF MAINE AND THE CITY OF PORTLAND.  
 8. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE EDUCATION CODES OF MAINE AND THE CITY OF PORTLAND.  
 9. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE RECREATION CODES OF MAINE AND THE CITY OF PORTLAND.  
 10. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE TRANSPORTATION CODES OF MAINE AND THE CITY OF PORTLAND.



1 OCTOBER 1991

Sheet Title:

CONDOMINIUM  
 PLAT  
 NINETEEN  
 WEST STREET  
 OFFICE  
 CONDOMINIUM

1-20-07

19

Plan Book 191

Page 153

Sheet number:

C1.0

1 OF 2 DWGS