

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-0202	Issue Date:	CBL: 073 A001001
------------------------------	--------------------	----------------------------

Location of Construction: 175 FORE RIVER PKWY	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone:
Business Name:	Contractor Name: AGS	Contractor Address: 302 Commerce Drive Exton	Phone 6103638150
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone:

Past Use: Mercy Hospital and Landmark Health Care Mercy Campus Connected w/ CBL 075 A005	Proposed Use: Mercy Campus - New signage for Mercy at the Fore	Permit Fee: \$696.00	Cost of Work: \$696.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type
Proposed Project Description: New signage for Mercy at the Fore		Signature:		Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature:		Date:		

Permit Taken By: Idobson	Date Applied For: 01/30/2008	Zoning Approval		
------------------------------------	--	------------------------	--	--

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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied
	Date:	Date:	Date:

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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

Location of Construction: 175 FORE RIVER PKWY	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone:
Business Name:	Contractor Name: AGS	Contractor Address: 302 Commerce Drive Exton	Phone 6103638150
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone:

Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 05/01/2008
Note: Located in Contract zone, #C26. Condition of the contract zone is that the signage is to be reviewed by the planning division. There are no zoning criteria in the contract zone for signage. Gave the permit to Jean Fraser on 4/23/08. Jean Fraser approved 5/1/08.			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 05/02/2008
Note: 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Planning	Status: Approved	Reviewer: Jean Fraser	Approval Date: 05/01/2008
Note: Wayfinding Plan C-22 Rev 11 dated 4.28.2008 is the definitive plan in respect of the traffic and directional signs and wording			Ok to Issue: <input checked="" type="checkbox"/>

Comments:
4/25/2008-JF: Tom Errico and Jim Carmody are reviewing this- they met with Mercy on 4.2.2008 and are currently reviewing the revised sign proposals (letter dated 4.15.2008 from DeLuca Hoffman, with revised plans). I am coordinating the sign off.
3/5/2008-amachado: Received partial application Jan. 30, 2008. Still waiting for payment of fee and certificate of liability.
3/11/2008-amachado: Received check to pay for fees. Steve Bushey from DeLuca-Hoffman said that Mercy Hospital was working on the certificate of liability.
4/23/2008-amachado: Received revised proposal for signs in & near the right of way. Received a statement form the insurance company for liability.

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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO