

|  |  |  |  |  |  |   |  |   |  |
|--|--|--|--|--|--|---|--|---|--|
| Location of Construction:<br>426 Forest Ave                            |  | Owner:<br>John P1 Cimino   |  | Phone:   |  | Permit No: <b>960168</b>  |  |   |  |
| Owner Address:   |  | Leasee/Buyer's Name:<br>Mercy Hospital/The Recovery Center   |  | Phone:   |  | BusinessName:   |  |   |  |
| Contractor Name:<br>Dan Hogan Mercy Hospital                           |  | Address:<br>144 State St Portland, ME 04102  |  | Phone:<br>879-3379   |  | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b><br/>                 Permit Issued:<br/> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>MAR 14 1996</b> </div> <b>CITY OF PORTLAND</b> </div> |  |   |  |
| Past Use:<br>Recovery Center (Rehab Center)                            |  | Proposed Use:<br>Same w/signage  |  | COST OF WORK:<br>\$ _____<br>FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied<br>Signature: _____  |  |   |  | PERMIT FEE:<br>\$ 31.25<br>INSPECTION:<br>Use Group: _____ Type: _____<br>Signature: <i>[Signature]</i> |  |
| Proposed Project Description:<br>Erect Signage (Totalling 31.25 sq ft) |  | PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)<br>Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied<br>Signature: _____ Date: _____ |  | Zoning Approval: <i>[Handwritten]</i><br>Zone: <i>B-2</i> CBL: 116-C-003<br>Special Zone or Reviews:<br><input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> Denied |  |   |  |   |  |
| Permit Taken By: Mary Gresik   |  | Date Applied For: 11 March 1996  |  |  |  | Zoning Appeal:<br><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 doesn't 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..

**PERMIT ISSUED WITH LETTER**

**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 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: <i>[Signature]</i> Dan Hogan |  | ADDRESS: | DATE: 11 March 1996 | PHONE: |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE          |  |          |                     | PHONE: |

Action:  
 Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

CEO DISTRICT *[Signature]*

COMMENTS

Synage has been installed  
& is OK  
Freddy

| Type        | Inspection Record | Date  |
|-------------|-------------------|-------|
| Foundation: | _____             | _____ |
| Framing:    | _____             | _____ |
| Plumbing:   | _____             | _____ |
| Final:      | _____             | _____ |
| Other:      | _____             | _____ |

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

## CITY OF PORTLAND

March 14, 1996

Dan Hogan  
Mercy Hospital  
144 State St  
Portland, ME 04102

Re: 426 Forest Ave

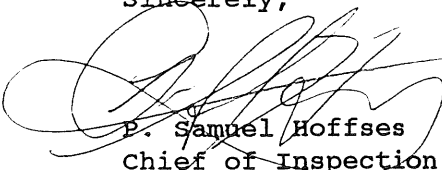
Dear Mr. Hogan,

Your application to erect signage (31.25 sq ft) has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not excuse the applicant from meeting applicable State and Federal laws.

1. The free-standing sign shall not be higher than 18' above grade.
2. The proposed sign shall meet the requirements of Section 14-434 of the City's Land Use Code which states: "No obstruction, higher than 3 1/2' above the lowest elevation at the curbing, shall be permitted on a corner lot within the area of a triangle formed by a line intersection the street lines of the intersecting streets at points 25' from the corner."

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

cc: M. Schmuckal, Assistant Chief of Inspection Services

SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 426 Forest Avenue - ZONE: B-2

OWNER: Sig-Nage Associates

APPLICANT: Mercy Hospital

ASSESSOR NO.:

SINGLE TENANT LOT? YES \_\_\_\_\_ NO X

MULTI TENANT LOT? YES X NO \_\_\_\_\_

FREESTANDING SIGN? YES X NO \_\_\_\_\_  
(ex. pole sign..)

Area: 65 ft MAX - 26.64 ft shown  
Height: 18' MAX - 12' shown

DIMENSIONS 4'x6'8" Panel = 26.64 ft

MORE THAN ONE SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS \_\_\_\_\_

BLDG. WALL SIGN? YES X NO \_\_\_\_\_ DIMENSIONS 14" H x 48" Long - 4.66 ft

MORE THAN ONE SIGN? YES \_\_\_\_\_ NO X DIMENSIONS \_\_\_\_\_

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: No other exterior signage for the Mercy Hospital Program

LOT FRONTAGE (FEET) 187'+/-

BLDG FRONTAGE (FEET) 55' x 2 = 110 ft MAX

AWNING YES \_\_\_\_\_ NO X IS AWNING BACKLIT? YES \_\_\_\_\_ NO \_\_\_\_\_

HEIGHT OF AWNING: N/A

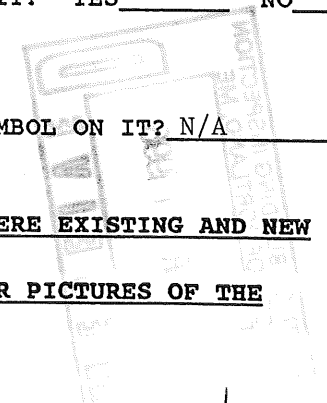
IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? N/A

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW

SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE

PROPOSED SIGNS ARE ALSO REQUIRED.

condition ① Not more than 18' in height  
② 14-434 corner clearance shall be met



INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

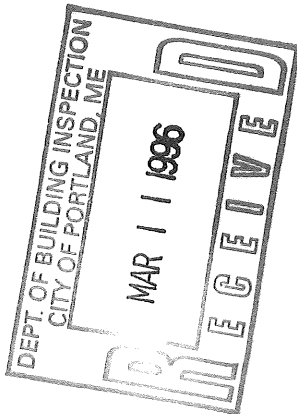
APPLICANTS FOR A SIGN PERMIT WILL BE ASKED TO SUBMIT THE FOLLOWING INFORMATION TO THE CODE ENFORCEMENT OFFICE:

1. PROOF OF INSURANCE
2. LETTER OF PERMISSION FROM THE OWNER
3. A SKETCH PLAN OF THE 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

A SKETCH OF ANY PROPOSED SIGN(S), INDICATING DIMENSIONS, MATERIALS, SOURCE OF ILLUMINATION AND CONSTRUCTION METHOD (SEE ATTACHED)

FEE FOR PERMIT - \$25.00 PLUS \$0.20 PER SQUARE FOOT

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 SIGNS.

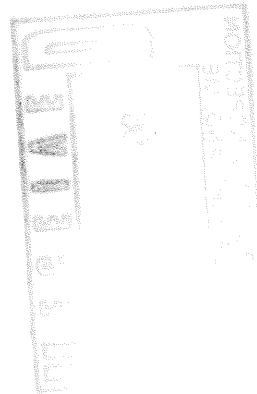


**PROPOSED SIGNAGE SQUARE FOOTAGE**

1. Free Standing Illuminated Sign  
4' x 6' 8" = 26.64 sq.ft.
  
2. Building Sign - Non-Illuminated  
14" x 48" = 4.64 sq. ft.

Total Square Footage: 31.28

|                 |             |
|-----------------|-------------|
| Fee For Permit  | \$25.00     |
| Sq. Ft. x \$.20 | <u>6.25</u> |
| Total:          | \$31.25     |



SIG-NAGE ASSOCIATES  
125 Pleasant Hill Road  
Scarborough, Maine 04074

March 8, 1996

City of Portland  
Code Enforcement Officer  
Planning & Urban Development  
289 Congress Street  
Portland, ME 04101

To Whom it May Concern:

This letter grants permission to Mercy Hospital to erect one (1) free standing sign and one (1) building mounted sign to our property at 426 Congress Street. The proposed signage is for the identification of their Recovery Center Program.

↓ Forest?

Sincerely,



John P. Cimino  
Sig-Nage Associates



Underwriters Laboratories Inc.

1285 West Whitman Road  
Mentore, New York 11747-3028

(516) 271-4300

Telex: 213143 ULAB

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100

100%  
SATISFACTION  
GUARANTEED

**URGENT**  
MAY 11 1988



MAX-9575-1

Underwriters Laboratories Inc.  
dedicated to safety and  
committed to quality service





PRODUCER

**Mylant MacLean of Maine, Inc.**  
 477 Congress St. 5th Floor  
 Portland ME 04101

Phone No. 207-773-0433 Fax No.  
 INSURED

**Mercy Hospital**  
 144 State Street  
 Portland ME 04101

**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 A **St. Paul Fire & Marine Ins Co**
- COMPANY B **ANY PERSON WHO, WITH INTENT TO DEBAUCH OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUB-**
- COMPANY C **MITTS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**
- COMPANY D

**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.

| CO LTR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                               |
|--------|--|---------------|----------------------------------|-----------------------------------|--------------------------------------|
| A      | <b>GENERAL LIABILITY</b>   | 5663M1748001  | 01/01/96                         | 01/01/97                          | GENERAL AGGREGATE \$ 1,000,000       |
|        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |               |                                  |                                   | PRODUCTS - COM/PROP AGG \$ 1,000,000 |
|        | <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR                             |               |                                  |                                   | PERSONAL & ADV INJURY \$ 1,000,000   |
|        | <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT   |               |                                  |                                   | EACH OCCURRENCE \$ 1,000,000         |
|        |  |               |                                  |                                   | FIRE DAMAGE (Any one fire) \$        |
|        |  |               |                                  |                                   | MED EXP (Any one person) \$          |
|        |  |               |                                  |                                   | COMBINED SINGLE LIMIT \$             |
|        | <b>AUTOMOBILE LIABILITY</b>  |               |                                  |                                   | BODILY INJURY (Per person) \$        |
|        | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | BODILY INJURY (Per accident) \$      |
|        | <input type="checkbox"/> ALL OWNED AUTOS   |               |                                  |                                   | PROPERTY DAMAGE \$                   |
|        | <input type="checkbox"/> SCHEDULED AUTOS   |               |                                  |                                   |                                      |
|        | <input type="checkbox"/> HIRED AUTOS   |               |                                  |                                   |                                      |
|        | <input type="checkbox"/> NON-OWNED AUTOS   |               |                                  |                                   |                                      |
|        | <b>GARAGE LIABILITY</b>  |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$           |
|        | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | OTHER THAN AUTO ONLY:                |
|        |  |               |                                  |                                   | EACH ACCIDENT \$                     |
|        |  |               |                                  |                                   | AGGREGATE \$                         |
|        | <b>EXCESS LIABILITY</b>  |               |                                  |                                   | EACH OCCURRENCE \$                   |
|        | <input type="checkbox"/> UMBRELLA FORM   |               |                                  |                                   | AGGREGATE \$                         |
|        | <input type="checkbox"/> OTHER THAN UMBRELLA FORM  |               |                                  |                                   |                                      |
|        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |               |                                  |                                   | EL EACH ACCIDENT \$                  |
|        | THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL |               |                                  |                                   | EL DISEASE - POLICY LIMIT \$         |
|        | OTHER  |               |                                  |                                   | EL DISEASE - EA EMPLOYEE \$          |

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS  
 Erection of sign on Forest Avenue, Portland, ME

**CERTIFICATE HOLDER**

FORC102

City of Portland  
 Portland ME

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

*Erving Kouch*

©ACORD CORPORATION 1988

*The* **RECOVERY CENTER**  
AT FOREST AVENUE



A SERVICE OF  
**MERCY HOSPITAL**

9'4" X 6'-8" DOUBLE FACE  
INTERNALLY ILLUMINATED  
WITH HIGH OUTPUT  
FLOURESCENT LIGHTING.  
RAPID START COLD WEATHER  
BALLASTS.

SIGN CONSTRUCTED OF  
EXTRUDED ALUMINUM  
@ .125" THICKNESS.

4" X 4" ALUMINUM POSTS.

# The RECOVERY CENTER

## AT FOREST AVENUE

14" X 48" X .040 ALUMINUM EXTERIOR SIGN, BACKED BY 1" ALUMINUM TUBING. BACKGROUND COLOR TO BE A PMS MATCH OF THE LARGER STREET SIGN.

© Copyright 1996, Spurwink Signs, Inc.

SPURWINK SIGNS, INC.  
 115 BRUNSWICK AVENUE  
 GARDINER, ME 04345  
 PHONE 207-582-1880  
 FAX 582-0198

SCALE NTS

PREPARED BY TERY

DATE 2-26-96

\*ART CHARGES

FOR

|          |                |                         |          |
|----------|----------------|-------------------------|----------|
| PROJECT  | EXTERIOR SIGN  | PRICE                   | \$230.00 |
| LOCATION | FOREST AVENUE  | TAX                     | N/A      |
| CLIENT   | MERCY HOSPITAL | INSTALL.                | \$ 35.00 |
| CONTACT  | DAN HOGAN      | SHIP/HAND               | N/A      |
| PHONE    | 879-3379       | TOTAL                   | \$285.00 |
| FAX      | 879-3936       | 50% DEPOSIT             | N/A      |
|          |                | BALANCE DUE NET 15 DAYS |          |

PROPOSED BY B. Matthews DATE \_\_\_\_\_

ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

\* Note: This sketch represents considerable time & effort. We will provide you (the client) with one layout/design. Any additional layout & design time will be billed at our hourly rate of \$ 40.00 in 1/4 hour increments.