

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

DEPARTMENT OF BUILDING INSPECTION

PERMIT

Permit Number: 040985

PERMIT ISSUED

This is to certify that Mmc/NeoKraft Signs
has permission to Install 8'x8'6" double faced internally illuminated sign
AT 335 Brighton Ave City of Portland 121 C009011

SEP 20 2004

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 when permission procured before this building or part thereof is altered or closed-in.
24 HOUR NOTICE IS 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]
9/17/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

3

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0985	Issue Date: 9/13/04	CBL: 121 C009011
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Location of Construction: 335 Brighton Ave	Owner Name: Mmc	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: R-3

Past Use: Hospital	Proposed Use: Hospital w/ 8'x8'6" double faced internally illuminated pylon sign	Permit Fee: \$166.00	Cost of Work: \$0.00	CEO District: 3
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Proposed Project Description: Install 8'x8'6" double faced internally illuminated pylon sign	FIRE DEPT: <i>[Signature]</i> Signature:	INSPECTION: Use Group: U Type: Sign BOCA 1999 <i>[Signature]</i> Signature:
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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: jodinea	Date Applied For: 07/15/2004	Zoning Approval	
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1. 2. 3.	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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>8/13/04</i>	<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 Date: <i>8/13/04</i>	<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: <i>[Signature]</i>

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-0985	Date Applied For: 07/15/2004	CBL: 121 C009011
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Location of Construction: 335 Brighton Ave	Owner Name: Mmc	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/ 8'x8'6" double faced internally illuminated pylon sign	Proposed Project Description: Install 8'x8'6" double faced internally illuminated pylon sign
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 09/13/2004

Note: 8/13/04 actually on hold - there are 2 existing free standing signs on site - both shall be removed - want to verify the setback to PROPERTY lines not street lines. **Ok to Issue:**

9/10/04 I have been talking with Richard Spicer of Brighton Campus. - He faxed me a note saying that the lit MMC sign would be removed after the installation of this proposed sign AND that the two pole sign on the left will be painted out on the street side.

- 1) This permit is being issued based upon the information and understanding supplied by Richard Spicer. The existing lighted sign on the right hand side of the entry will be removed immediately after the installation of the new sign. And the Brighton Avenue Primary Care sign on the left hand side shall be painted out on the side facing Brighton Avenue

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 09/17/2004

Note: **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 BOCA 1999

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 JS 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: <u>335 Brighton Avenue</u>		
Total Square Footage of Proposed Structure <u>= 68</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Number <u>121</u> Chart#	<u>C</u> Block#	<u>009011</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>65</u> x <u>200</u> \$ <u>65</u> , plus \$30.00 TOTALS: <u>\$160.00</u>
Current use: <u>Hospital</u>	Proposed use: <u>Hospital</u>	
Fabricate and install (1) 8'-0" x 8'-6" double-faced internally illuminated Project description: <u>pylon sign. owed permitted Existing sign will be removed</u>		
Applicants Name, Address & Telephone: <u>Neokraft signs, Inc.</u> <u>686 Main St.</u> <u>Lewiston, ME 04240</u> phone: <u>207-782-9654</u>		
Contractor's Name, Address & Telephone: <u>same as applicant</u>		
Who shall we contact when the permit is ready: <u>Phil Bolduc</u> Telephone: <u>207-782-9654</u>		
If you would like it mailed, what mailing address should we use: <u>Neokraft signs, Inc.</u> <u>686 Main Street</u> <u>Lewiston, ME 04240</u>		

JUL 15 2004
RECEIVED
Rec'd By:

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 335 Brighton Avenue ZONE: R-3
OWNER: Maine Medical Center
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 8'-0" x 8'-6" HEIGHT 8'-0"
MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____
SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS _____
MORE THAN ONE SIGN? 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

Institutional Use in a Residential Zone
street frontage = 2319'

MAX Area = 50' - 48.11' Show
max height = 8' - 8' Show
Set back 5' min - 12' stated on plans

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: 7-14-04

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 \$1,000.000.

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.

**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 SUBMITTED 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 siib-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

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: 7-14-04
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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

07/09/2004 FRI 12:52 FAX 207 776 7029 MAINEHEALTH
U1/UV/U4 13:46 FAX 207 528 1667
MMIC

003/003

003

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/09/2004

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
485 CONGRESS STREET, SUITE 600
PORTLAND, ME 04101-3557

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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> CUMULATIVE <input type="checkbox"/> LOC	ME CHL 000363	10/01/2003	10/01/2004	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP. (Per ins. person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP 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 (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
SPECIAL LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS BELOW				NON-STATUTORY LIMITS <input type="checkbox"/> <input type="checkbox"/> EA ACCIDENT \$ EA DISEASE - EA EMPLOYEE \$ EA 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 REPLACEMENT AND ERECTION AT MAINE MEDICAL CENTER BRIGHTON CAMPUS, 335 BRIGHTON AVENUE, PORTLAND, ME.

CERTIFICATE HOLDER

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
Arthur A. Younis PRESIDENT

ACORD 28 (2001/06)

© ACORD CORPORATION 1988

RECEIVED JUL 14 2004



Maine Medical Center

PROPERTY MANAGEMENT

335 BRIGHTON AVENUE

PORTLAND, ME 04102

207.879.8065

FAX 207.879.8066

FACSIMILE TRANSMITTAL SHEET

TO: PHIL BOLDUC

FROM: ALLISON PERRY

COMPANY: NEOKRAFT SIGNS

DATE: 7/9/04

FAX NUMBER 782-0009

TOTAL PAGES INCLUDING COVER: 3

RE:

URGENT FOR REVIEW PLEASE COMMENT PLEASE RUPLY PLEASE RECYCLE

NOTES/COMMENTS:

Here *are* the Liability Certificates. I hope these are sufficient.

Call me if you need anything *else!*



Marge Schmuckal
Zoning Administration
City of Portland
389 Congress Street
Portland ME 04101

September 10, 2004

*The Brighton AVE sign will
on the left hand side will
be painted out with
NO signage
facing Brighton*

Pursuant to our phone conversation today, this letter is to confirm our intent for the signage located at the Maine Medical Center Brighton Campus.

Once the new sign is installed at the entrance to Brighton Avenue, we plan to remove the existing sign. We are currently waiting to receive the new sign from the manufacturer and hope to have this completed shortly.

Please call me with any other questions.

Sincerely,

Richard H. Spicer
Supervisor of Plant Operations
879-8006

09/10/04

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.

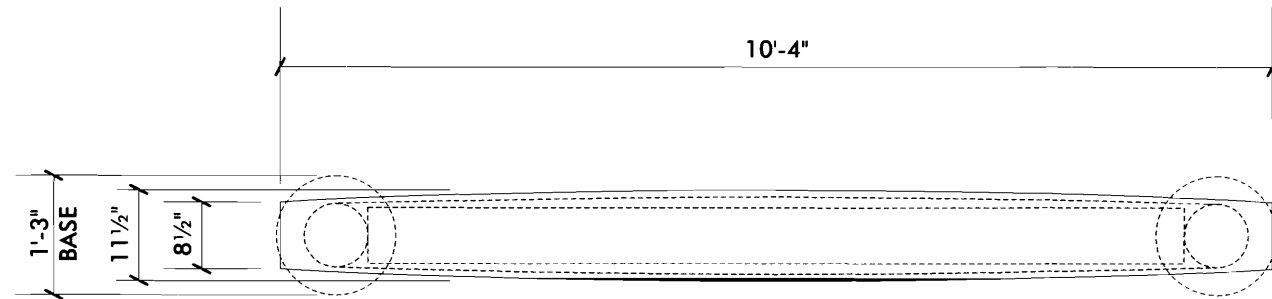
Note: Pertinent directional information shall, to the extent possible, be included on the principal freestanding sign. Additional directional signs shall be allowed only in the event that necessary information cannot fit reasonably within the permitted sign area. The size of additional signs shall be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

Building Signs (a)

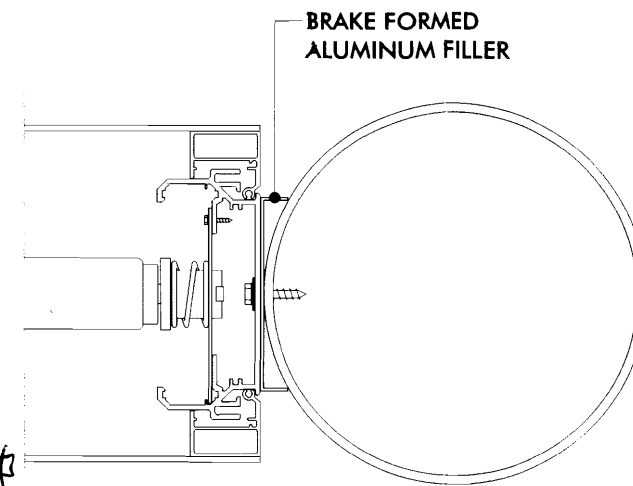
- Maximum permitted sign area	na
- % of wall area on which sign is to be placed	5%
- # building signs permitted per lot	1/bldg. face (b)

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

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



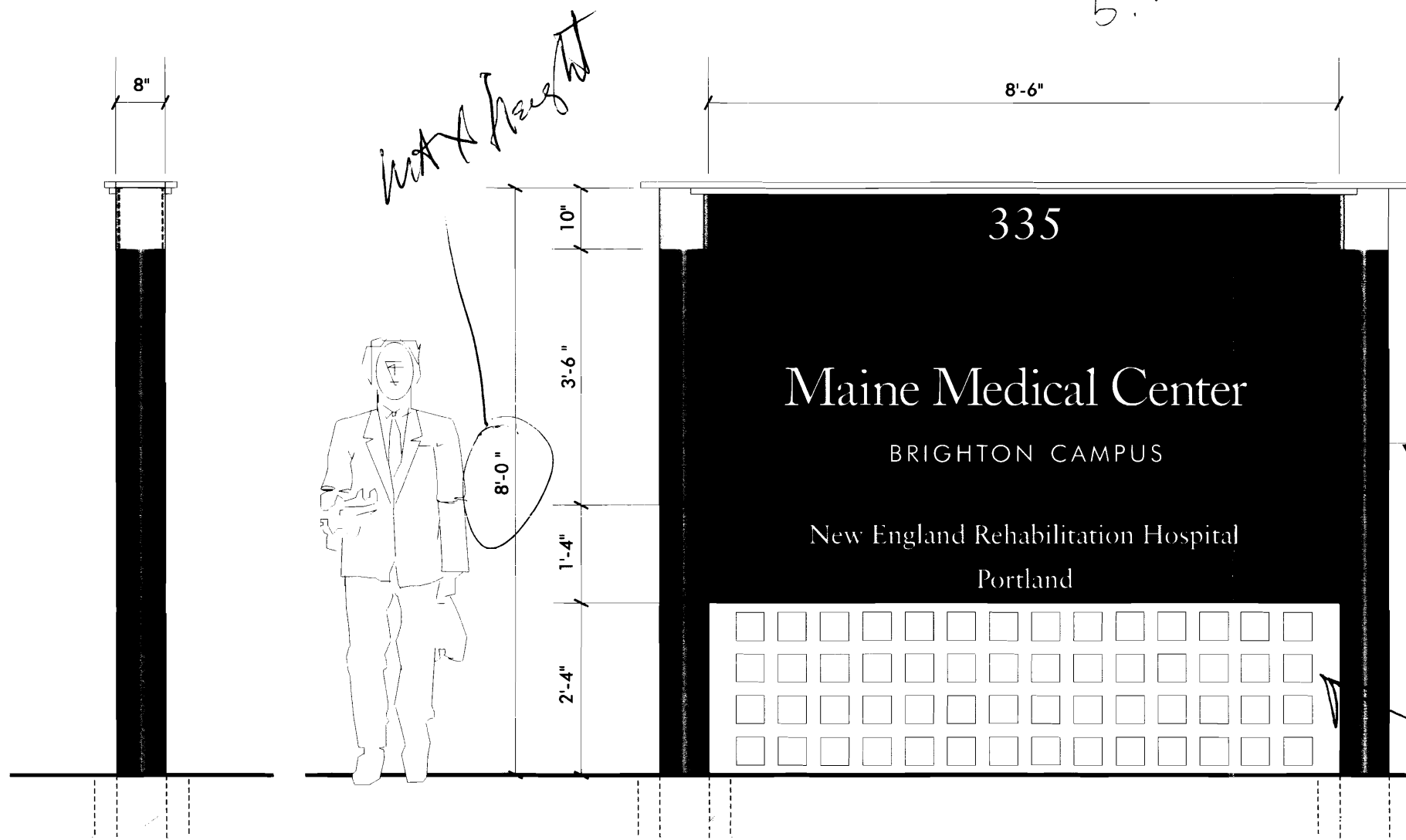
TOP VIEW
SCALE: 1/2" = 1'-0"



SECTION DETAIL
SCALE: 3" = 1'-0"

Handwritten calculation:

$$\begin{array}{r} 1.33 \\ 3.50 \\ .83 \\ \hline 5.66 \end{array} \times 8.5 = 48.11"$$



DOUBLE FACE INTERNALLY ILLUMINATED PYLON
SCALE: 1/2" = 1'-0" (1) REQUIRED

END VIEW
SCALE: 1/2" = 1'-0"

DOUBLE FACE, INTERNALLY ILLUMINATED, EXTRUDED ALUMINUM CABINET WITH BRAKE FORMED ALUMINUM FILLERS ON EACH END; PAINT FILLERS TO MATCH POLES; 1/8" THICK ALUMINUM FACES (SEE SECTION DETAIL)

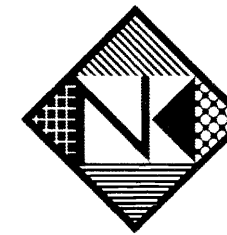
(2) ALUMINUM ROUND TUBES WITH REMOVABLE, FABRICATED ALUMINUM, TOP PIECES; PAINT TOP PIECES MAP COOL METALLIC #MP18091; PAINT POLES (COLOR T.B.D.); TOP ACCENTS TO BE PAINTED MAP COOL METALLIC #MP18091

ALL COPY (NOT AS SHOWN)- ROUTED WITH BACKED UP 3/16" THICK TRANSLUCENT WHITE ACRYLIC

LOGO (NOT AS SHOWN)- ROUTED WITH BACKED UP 3/16" THICK TRANSLUCENT WHITE ACRYLIC AND FIRST SURFACE GSP TRANS RED (230-33) VINYL

TOP SECTION OF FACE PAINTED MAP BLUE METALLIC #MP22005, MIDDLE SECTION PAINTED MAP BLUE METALLIC #MP22006 WITH A BLACK FIELD AROUND "BRIGHTON CAMPUS" AND BOTTOM SECTION PAINTED MAP BLUE METALLIC #MP22021 WITH A GSP TOMATO RED (220-13) RULE BETWEEN LINES OF COPY

BOTTOM GRID - (2) LAYERS OF 1/4" THICK ALUMINUM BACK-TO-BACK, PAINT MAP COOL METALLIC #MP18249



Neokraft
SIGN S

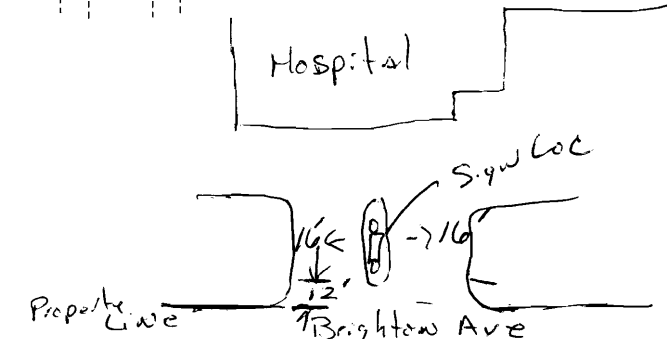
Neokraft Signs Inc.
686 Main Street
Lewiston, Maine 04240
Telephone: 207.782.9654
Facsimile: 207.782.0009
1.800.339.2258
<http://www.neokraft.com>

Custom Sign Fabrication

Except for designs supplied by the client, all ideas, plans or arrangements indicated on this drawing are copyrighted and owned by Neokraft Signs Inc. and shall not be reproduced, used by or disclosed to any person, firm or corporation without written permission of Neokraft Signs Inc.

Maine Medical Center 02176

Location:	335 Brighton Ave. Portland, ME
Drawing No.:	1 of 1
Drawn by:	PFAT
Date:	06.11.2004
Gen Ref.:	01896





CITY OF PORTLAND, MAINE
Department of Building Inspections

20

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

Building (IL) ___ Plumbing (I5) ___ Electrical (I2) ___ Site Plan (U2) ___

Other _____

CBL: _____

Check #: _____ **Total Collected \$** _____

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