

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1581	Issue Date:	CBL: 121 C009011
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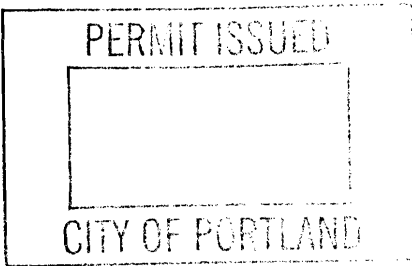
Location of Construction: 335 BRIGHTON AVE	Owner Name: MMC REALTY CORP	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: property owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: R-3

Past Use: Commercial / Hospital	Proposed Use: Commercial / Hospital Install a 33.25 sf building sign - temporary banner requested for 1 year	Permit Fee: \$96.00	Cost of Work: \$96.00	CEO District: 3
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Proposed Project Description: Install a 33.25 sf bldg sign	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A	INSPECTION: Use Group: U Type: Sign IBC 2003
	Signature:	Signature:

Permit Taken By: dmartin	Date Applied For: 10/26/2006	Zoning Approval
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<ol style="list-style-type: none"> 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 <input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Wetland <i>temp. banner for 1 yr denied</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <i>Not meeting size & length of time allowed</i> <input type="checkbox"/> Site Plan <i>w/plan 14-370</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>to DA for review</i>	Zoning Appeal <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:	Historic Preservation <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:
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under 14-388.5.g

Approved for 1 year.

J. Andrews 11/3/06

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: 06-1581	Date Applied For: 10/26/2006	CBL: 121 C009011
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Location of Construction: 335 BRIGHTON AVE	Owner Name: MMC REALTY CORP	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: property owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial / Hospital Install a 33.25 sf building sign (temporary banner for 1 year)	Proposed Project Description: Install a 33.25 sf bldg sign - temporary banner for 1 year
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Dept: Zoning **Status:** **Reviewer:** Marge Schmuckal **Approval Date:** 11/01/2006

Note: **Ok to Issue:**

- 1) This application is asking for a temporary banner that is 33.25 sq ft in size which is larger than the maximum 32 sq ft under 14-370. It is also asking for a year for the banner to be displayed which is more than the two-30 day allowances under 14-370. The permit was given to planning (Deb A) for review under 14-368.5.g.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 11/09/2006

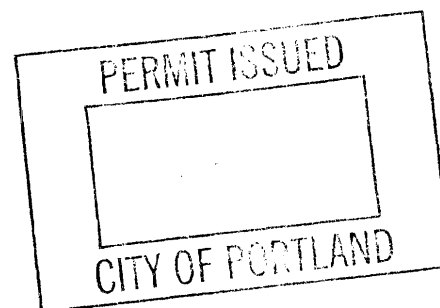
Note: **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

Dept: Planning **Status:** Approved with Conditions **Reviewer:** Deborah Andrews **Approval Date:** 11/03/2006

Note: **Ok to Issue:**

- 1) * Approved for time extension--banner must be removed within one year of installation.

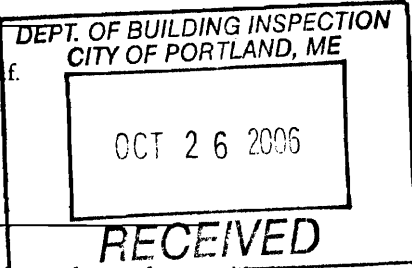




Signage/Awning Permit Application

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>Maine Medical Center</u> <u>335 Brighton Avenue, Portland, ME 04102</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>121</u> Block# <u>C</u> Lot# <u>9</u>	Owner: <u>Maine Medical Center</u>	Telephone: <u>662-2013</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Contractor name, address & telephone: <u>mmc will install banner.</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>33.25 sq ft</u> For H.D. signage= Total Fee: \$ <u>96.00</u> Awning Fee= cost of work _____ Total Fee: \$ <u>96.00</u>
Who should we contact when the permit is ready: <u>Daniel F. Doughty</u> phone: <u>662-2013</u>		
Tenant/allocated building space frontage (feet): Length: <u>334'</u> Height: <u>48'</u> Lot Frontage (feet) <u>491'</u> Single Tenant or Multi Tenant Lot <u>Single</u>		
Current Specific use: <u>Hospital</u> If vacant, what was prior use: <u>N/A</u> Proposed Use: <u>Hospital</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: <u>3.5' x 9.5' = 33.25 sq ft</u>		
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> Is awning backlit? Yes ___ No ___ Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes ___ No ___ If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ sf.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions: _____ Awning? Yes ___ No ___ Sq. ft. area of awning w/communication: _____		
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 and existing building are also required.		



Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: Daniel F. Doughty Date: 10.23.06

This is not a permit; you may not commence ANY work until the permit is issued.



Signage/Awning Permit Application Checklist

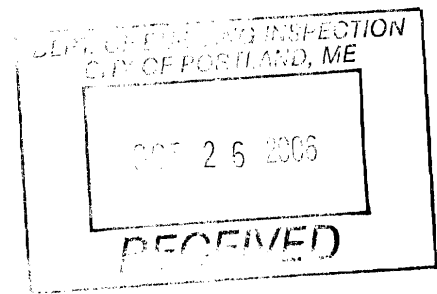
All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- Certificate of flammability required for awning or canopy.
- A UL# is required for lighted signs at the time of final inspection. *N/A*
- ~~Pre-application questionnaire completed and attached.~~ *N/A*
- Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.

Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, \$9.00 per additional \$1,000.00 of cost.

Base application fee for any Historic District signage is \$65.00.



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/06/2006

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
 465 CONGRESS STREET
 SUITE 800
 PORTLAND, ME 04101-5532

INSURERS AFFORDING COVERAGE	MOBILE
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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	AMOUNT
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> FURNISHING <input type="checkbox"/> OCCUR	ME-MPL-000063	10/01/2005	10/01/2007	2,000,000
	GENERAL AGGREGATE LIMIT (POLICY/PER YEAR) <input type="checkbox"/> POLICY <input type="checkbox"/> PER YEAR <input type="checkbox"/> YEAR				2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> AUTO <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> HIRE/LEASED AUTO				
	BOAT LIABILITY <input type="checkbox"/> BOAT				
	AVIATION LIABILITY <input type="checkbox"/> AVIATION				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> GRASSHOPPER <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION X				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY EMPLOYER'S LIABILITY EMPLOYER'S LIABILITY EMPLOYER'S LIABILITY SPECIAL PROVISIONS WITHIN				
	OTHER				

DESCRIPTION OF OPERATIONS, LOCATIONS, SERVICES AND CLASSES ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS
 IT IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND IS AN ADDITIONAL INSURED WITH RESPECTS TO A SIGN PERMIT FOR THE MAGNATE STATUS BUSINESS PARKED TO MAINE MEDICAL CENTER.

CERTIFICATE HOLDER
 CITY OF PORTLAND
 389 CONGRESS STREET
 PORTLAND, ME 04101

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED OR END THE OPERATION DATE THEREOF, THE ISSUING INSURER, KILL, EXCEPTS TO MAINEHEALTH, SHALL NOTIFY THE CERTIFICATE HOLDER IMMEDIATELY BY TELEPHONE AND BY FIRST CLASS MAIL. IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER OR ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
Thomas J. Smith PRESIDENT

Daniel Doughty - Re: Sign Permit - Permission Letter

From: Wayne Clark
To: Doughty, Daniel
Date: 10/6/2006 3:38 PM
Subject: Re: Sign Permit - Permission Letter
CC: Davoli, Martha

Hi, Dan,

Will an email do? You have my permission to install the banners as requested.

Wayne L. Clark
Associate Vice President
Communications and Marketing
Maine Medical Center
22 Bramhall St.
clarkw@mmc.org
Portland, Maine 04102
207-662-2196
207-662-6212 fax
www.mmc.org

PLEASE NOTE: MMC's telephone exchange is now "662" ("MMC")

>>> Daniel Doughty 10/5/2006 1:53 PM >>>

Hi Wayne.

As you may know, I am working on a Sign Permit Application for the City of Portland for the Banners that will be installed here at Bramhall and at Brighton.

As part of that application, I need a letter indicating that the "owner" has granted their permission to install these signs (banners).

Is that something that you could send me? (Martha may have asked you for this already...if so...sorry for the duplicate effort).

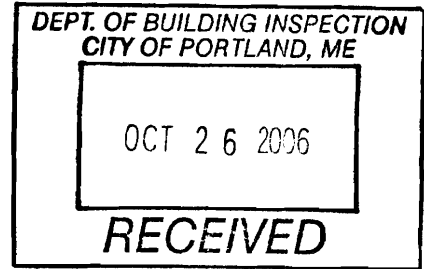
Thanks, Dan



Maine Medical Center

October 26, 2006

Ms. Marge Schmuckal
Building & Inspection Services
City of Portland
Portland City Hall
389 Congress Street
Portland, 04101



Re: Sign Permit Application – MMC Brighton Campus - Banner Installation

Dear Ms. Schmuckal:

requesting

Maine Medical Center is pleased to submit the attached Sign Permit Application for consideration and approval, for the installation of a fabric Banner at our Brighton Campus. The following is a description of the banner for which we are requesting permit approval:

1. Installation of a new one-sided 3.5'w x 9.5'h fabric banner, to be attached to the existing brick façade at the Brighton facility. No direct illumination is anticipated for this banner.

change - 33.25' (h) 4 x 8 = 32 req. for temp signage banner

The attached Sign Permit Application package includes the following:

1. A City of Portland "Signage/ Awning Permit Application" form, signed by Daniel F. Doughty.
2. Maine Medical Center's check to the City of Portland in the amount of \$362.50 as required for the Permit Fee.
3. A Certificate of Insurance from Medical Mutual Insurance Company of Maine listing the City of Portland as additional insured.
4. A copy of an E-Mail from Wayne Clark, Associate Vice President of Communications and Marketing authorizing the installation of the banners.
5. Attachment "A", a list of all existing and proposed signs at MMC/Brighton, showing type, size and setback.
6. An 11" x 17" Site Plan of the Brighton Campus, with all existing and proposed signs noted by number. ("E" for Existing and "N" for New)
7. A package of photographs of each existing sign at the Brighton campus.
8. A photoshop view of each banner in its proposed location. (2 sheets)
9. A close-up image of each proposed banner.

10. MMC's detail of proposed fastening of the banner to the existing brick wall.

We look forward to discussing any aspect of this Sign Application with you at your convenience.

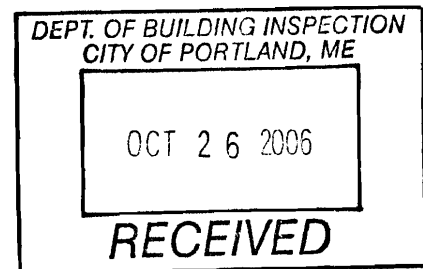
If you have any questions or concerns, please call me at 662-4722.

Very truly yours,



Daniel F. Doughty, AIA
Director, Facilities Development

C: Marshall Bartlett
Martha Davoli





*there's a reason
people look up
to our nurses.
They're rated in the
top 3% in the world
for nursing excellence.*



Mount Carmel Health System

www.mchs.org



Certificate of Flame Resistance

Date manufactured
05/04/06 05/25/06

REGISTERED FABRIC NUMBER

140.01

ISSUED BY
SNYDER MANUFACTURING, INC.
3001 PROGRESS STREET
DOVER, OHIO 44022

This is to certify that the materials described below are flame-retardant and inherently non-flammable.

FOR NORTH SERVICE ADDRESS NE 83006
CITY _____ STATE _____



The articles described below are made from a flame-retardant fabric or material registered and approved by the State Fire Marshal for such use.

The Flame Retardant Process Used WILL NOT Be Removed By Washing

* FABRIC MEETS THE REQUIREMENTS OF THE SPECIFICATIONS LISTED BELOW INDICATED BY

- NFPA-701 (Large Scale) MIL-C-43006 FMVSS-302
- CANULC-S109-M87 CPAI-84 A-A-55308

SNYDER MANUFACTURING, INC. *Michael G. Giff* Title _____ Supervisor, Quality Control

STYLE 12505, 12670 _____ 5176-06

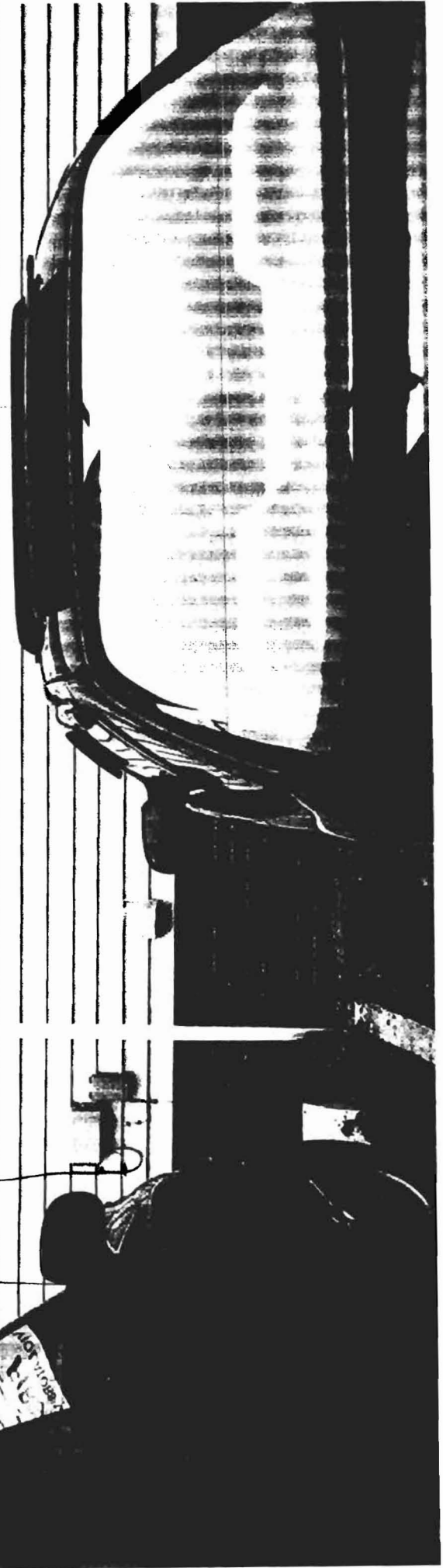
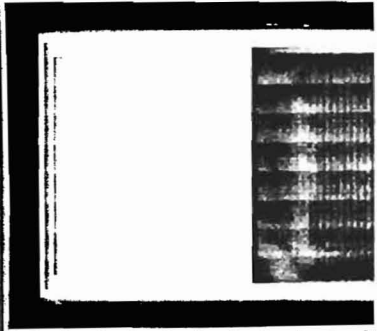
CONTROL NO. 105763 _____ CUSTOMER ORDER NO. 05/04/06, 05/25/06

SNYDER S-ORDER NO. 150 _____ DATE PROCESSED 09/06/06

YARDS OR QUANTITY _____ DATE CERTIFIED _____


← FIRSTCARE PARKING →

VIOLATORS WILL BE TOWED AT OWNERS EXPENSE



VIOLATORS WILL BE TOWED AT OWNERS EXPENSE.





**New England Rehabilitation Hospital of Portland
Outpatient Parking**

Chest Medicine



P Parking 

Main Entrance

PATIENT/VISITOR DROP-OFF

Exit to Brighton Avenue



MA 44106
SUNARV



Chest Medicine



P Parking




Main Entrance






PATIENT/VISITOR DROP-OFF

Exit to Brighton Avenue



 Maine Medical Center
1000 Main Street, Portland, ME 04102

-  **Main Entrance**
PATIENT/VISITOR DROP-OFF
- Chest Medicine**
HCP ACCESSIBLE
P **Parking**
- Exit to Brighton Avenue**
-  **Outpatient Rehabilitation**
ADDITIONAL
P **Parking** 



Main Entrance

PATIENT/VISITOR DROP-OFF



Chest Medicine



Parking

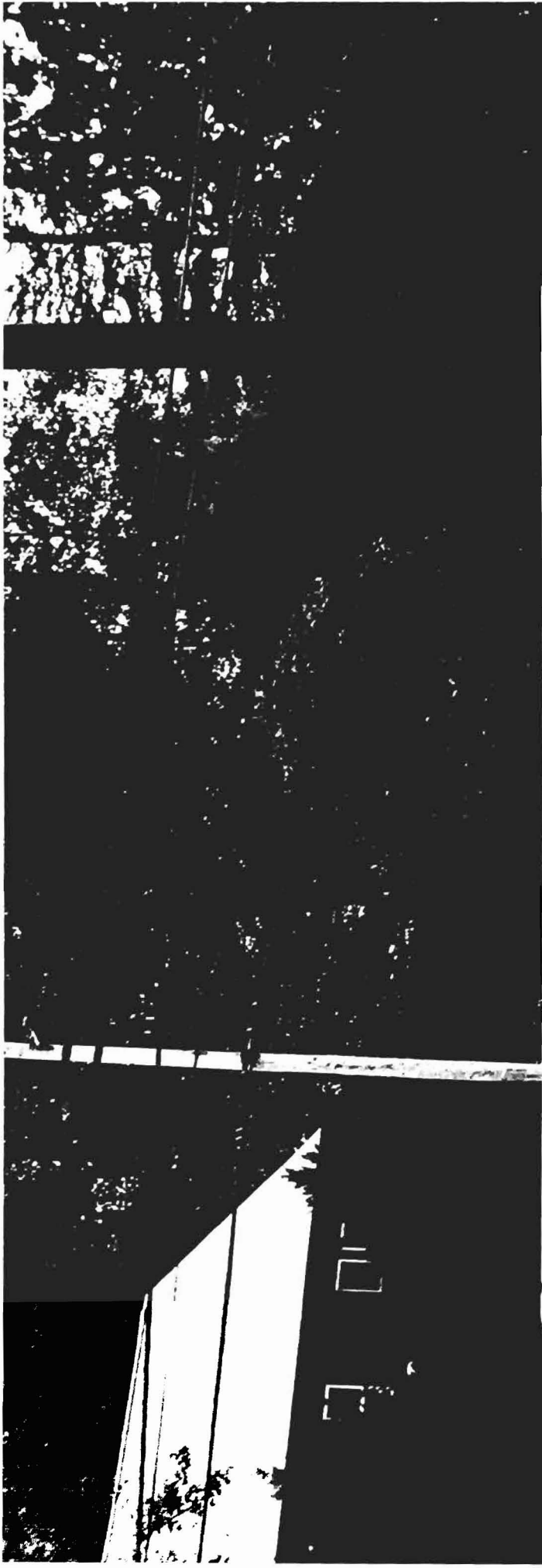


**Outpatient
Rehabilitation**



← **FIRSTCARE PARKING** →

VIOLATORS WILL BE TOWED AT OWNERS EXPENSE.





B R I G H T O N

FirstCare

Walk-In Medical Care and Minor Emergencies
Open 9:00 a.m.-9:00 p.m., 7 Days a Week

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e-Free Campus

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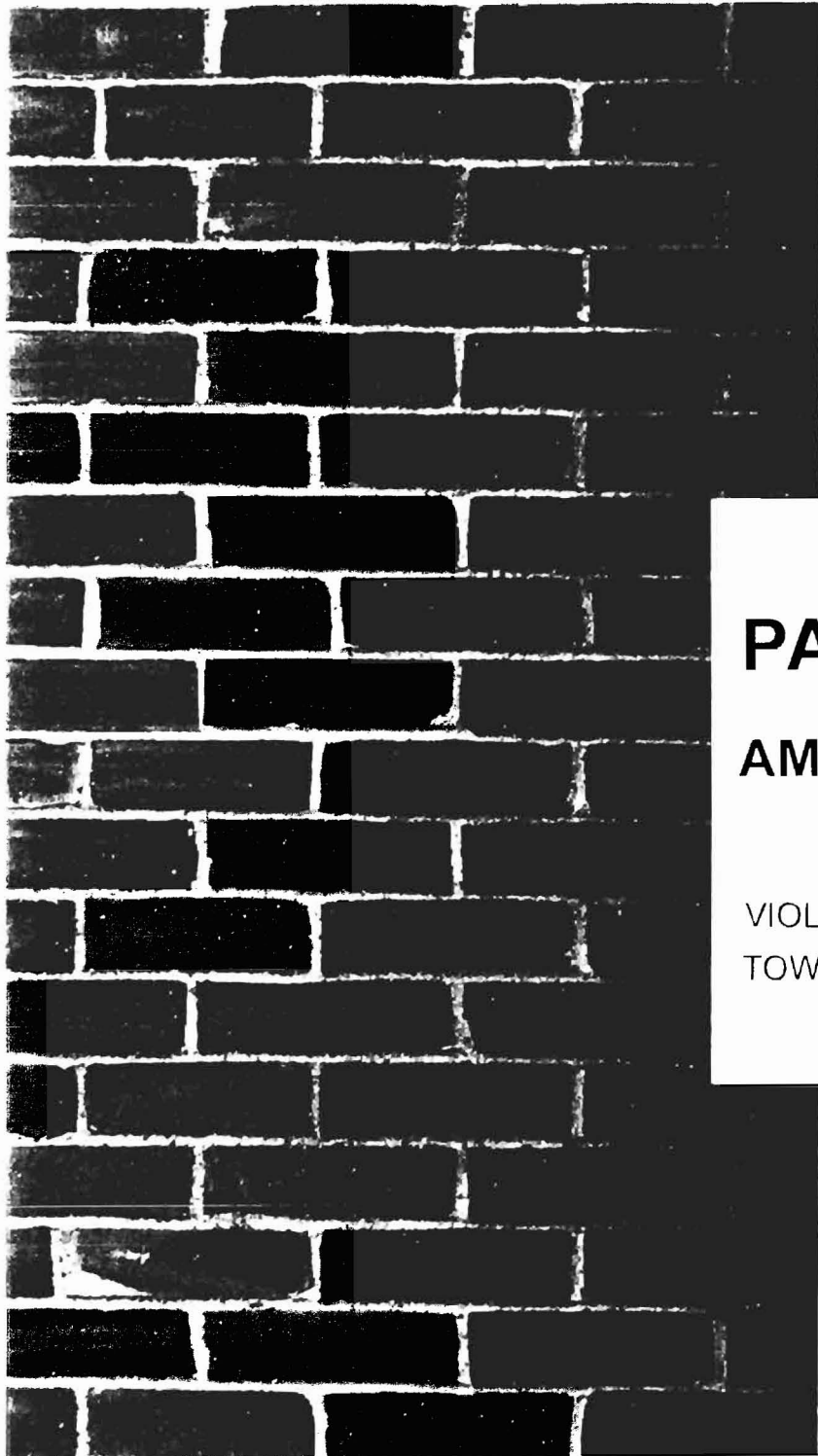
•
**NO
PARKING
AMBULANCE
ZONE**

VOLATORS WILL BE
TOWED AT OWNERS
EXPENSE.
•



**NO
PARKING
AMBULANCE
ZONE**

VOLATORS WILL BE
TOWED AT OWNERS
EXPENSE.



**NO
PARKING
AMBULANCE
ZONE**

VIOLATORS WILL BE
TOWED AT OWNERS
EXPENSE.



**AIR
DO N
ENGINE**

BRIGHTON FirstCare

AIR INTAKE
DO NOT LEAVE
ENGINE IDLING

BRIGHTON FIRSTCARE

BRIGHTON FirstCare

BYRON SOLUTIONS

We are a
Smoke-Free Campus
to the benefit of our
Employees, Patients,
Visitors and the
Environment.

BRIGHTON FIRSTCARE
HOURS: 8:00 AM TO 5:00 PM
8155 GAY MILLS PARKWAY, NADAP, S

BRIGHTON FIRSTCARE
HOURS: 8:00 AM TO 5:00 PM
8155 GAY MILLS PARKWAY, NADAP, S

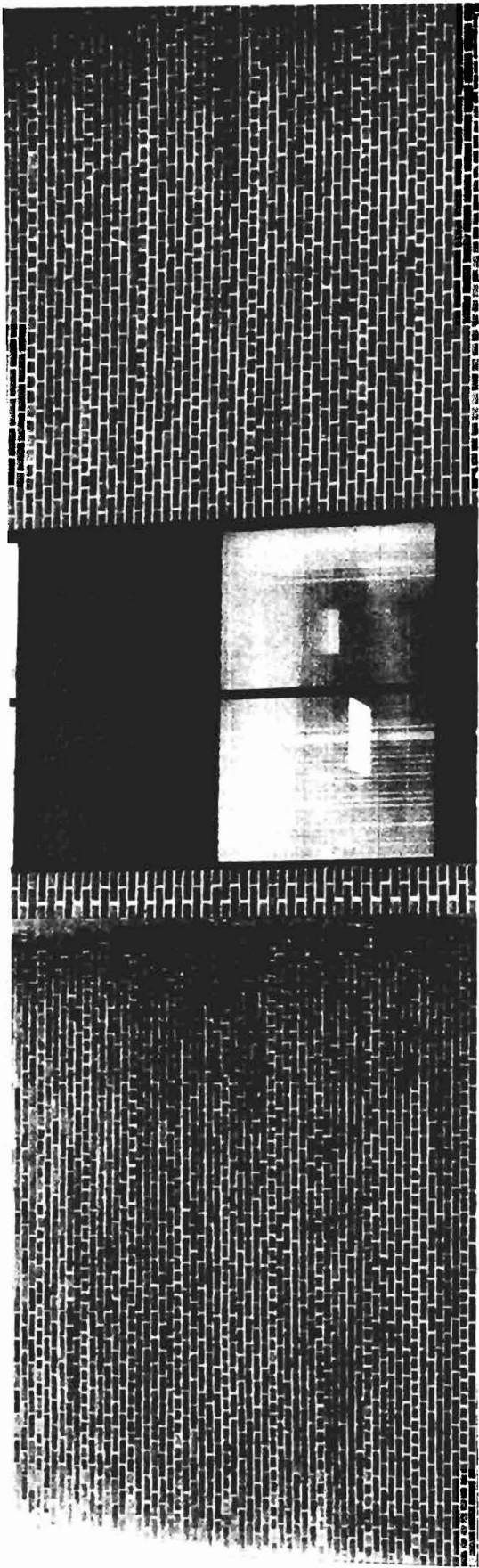
NO
PARKING
7/20/11



Boise Cascade
Boise Products
Office Products

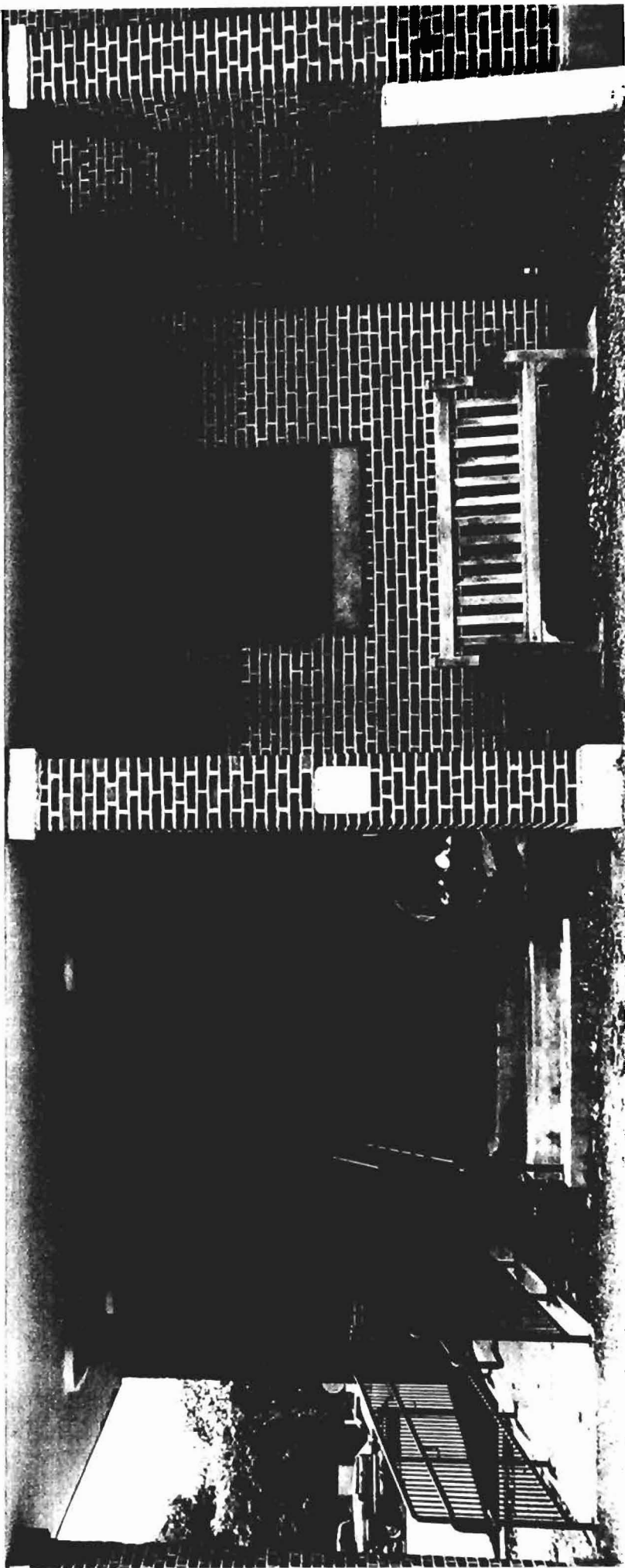


NO
PARKING
LOADING
ZONE



New England Rehabilitation
Hospital of Portland

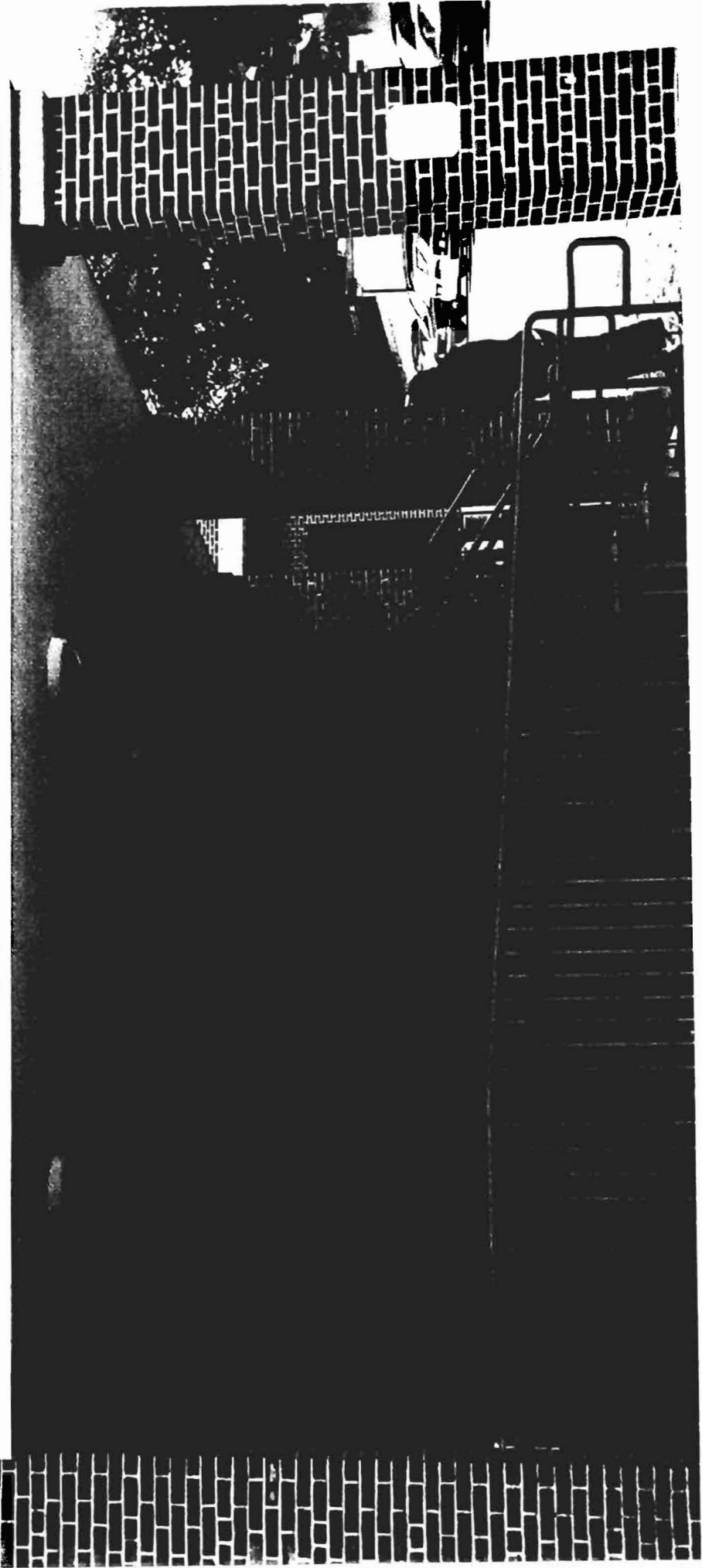
OUTPATIENT REHABILITATION
CENTER





New England Rehabilitation
Hospital of Portland

OUTPATIENT REHABILITATION
CENTER



Chest Medicine

PLEASE
DO NOT
LEAVE
VEHICLES
RUNNING

NO
DELIVERY
AT THIS
ENTRANCE



We are a
Smoke-Free Campus
Smoking is not permitted
in the hospital, on hospital
premises or within 20 feet

W

West Virginia University

Main Entrance





Maine Medical Center
1000 North Main Street
Portland, ME 04103



Main Entrance

Chest Medicine

Outpatient Rehabilitation

P

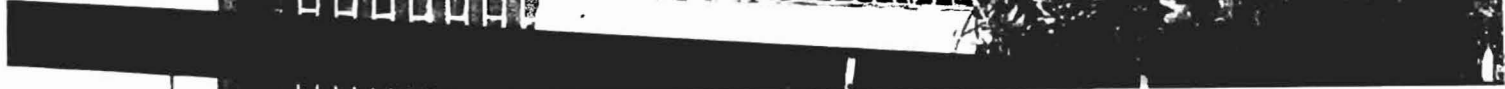
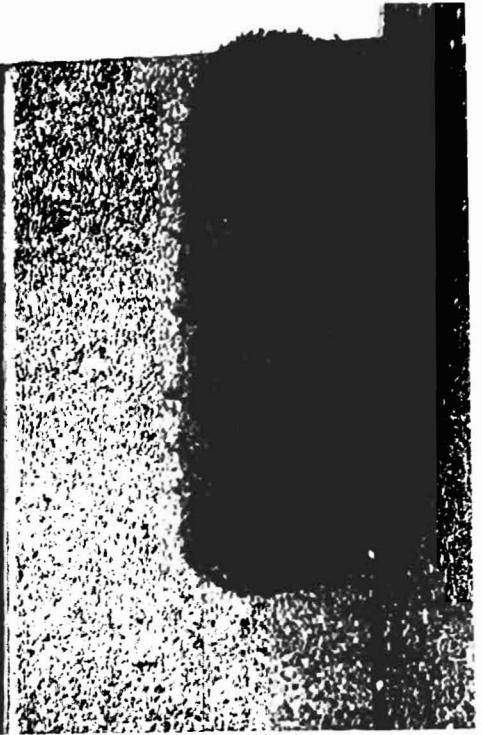
**PATIENT & VISITOR
Parking**

All Deliveries



FirstCare

Urgent Care



335

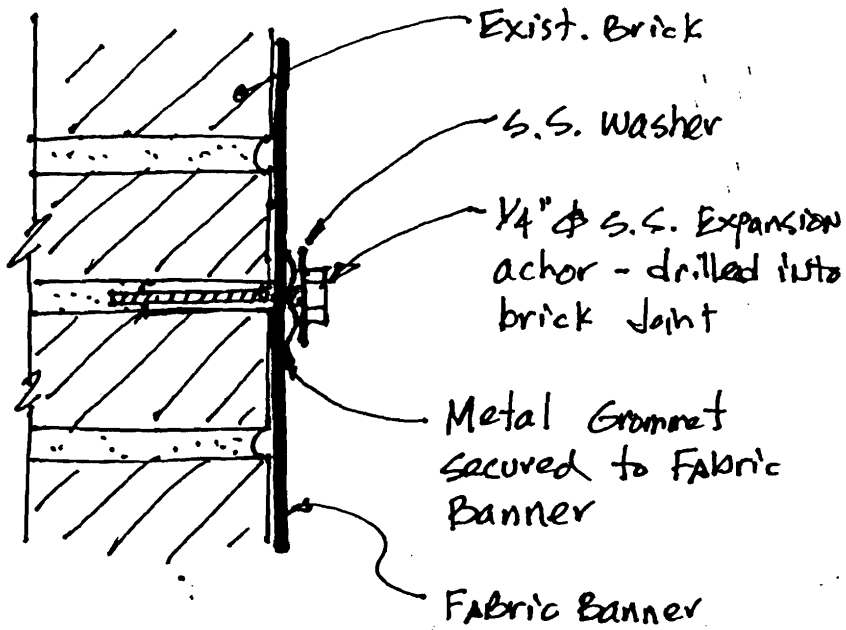
Maine Medical Center

BRIGHTON CAMPUS

New England Rehabilitation Hospital

Portland





8 FASTENERS FOR
BANNER N-1

6 FASTENERS FOR
BANNER N-2

FABRIC BANNER FASTENING DETAIL

NO SCALE

ATTACHMENT "A"

Maine Medical Center – Brighton Campus - Dec. 1999

EXISTING SIGNS

<u>Symbol</u>	<u>Quant.</u>	<u>Text</u>	<u>Size</u>	<u>Total</u>	<u>Remarks</u>
E-1	1	Brighton FirstCare	1'6" x 10'	15.0 s.f.	
E-2	3	No Parking	1' x 1'6"	4.5 s.f.	
E-3	1	Brighton FirstCare	4' x 5'	20.0 s.f.	
E-4	1	-	-	-	Not Used
E-5	1	Brighton FirstCare	1' x 8'	8.0 s.f.	Free Standing
E-6	1	Main Entrance	1.5' x 14'	21.0 s.f.	
E-7	1	No Smoking	1' x 2.5'	2.5 s.f.	
E-8	1	Main Entrance	1.5' x 14'	21.0 s.f.	
E-9	1	Chest Medicine	1' x 10'	10.0 s.f.	
E-10	1	No Parking	1' x 1.5'	1.5 s.f.	
E-11	1	FirstCare Parking	1' x 8'	8.0 s.f.	Free Standing
E-12	1	MMC Brighton	5' x 7.1'	35.5 s.f.	Free Standing
E-13	1	Vehicle Directory	22" x 37"	26.5 s.f.	Post & Panel
E-14	1	Entry Directory	2' x 3'	6.0 s.f.	

Existing Signage Subtotal **179.5 s.f.**

PROPOSED NEW SIGNS

<u>Symbol</u>	<u>Quant.</u>	<u>Text</u>	<u>Size</u>	<u>Total</u>	<u>Remarks</u>
N-1	1	New England Rehab Hospital of Portland Outpatient Center	20' x 16"	26.6 s.f.	New Sign
N-2	1	New England Rehab Hospital of Portland Outpatient Center	20' x 16"	26.6 s.f.	New Sign
N-3	1	New England Rehab Hospital of Portland Outpatient Center	8.5" x 11"	0.7 s.f.	New Sign

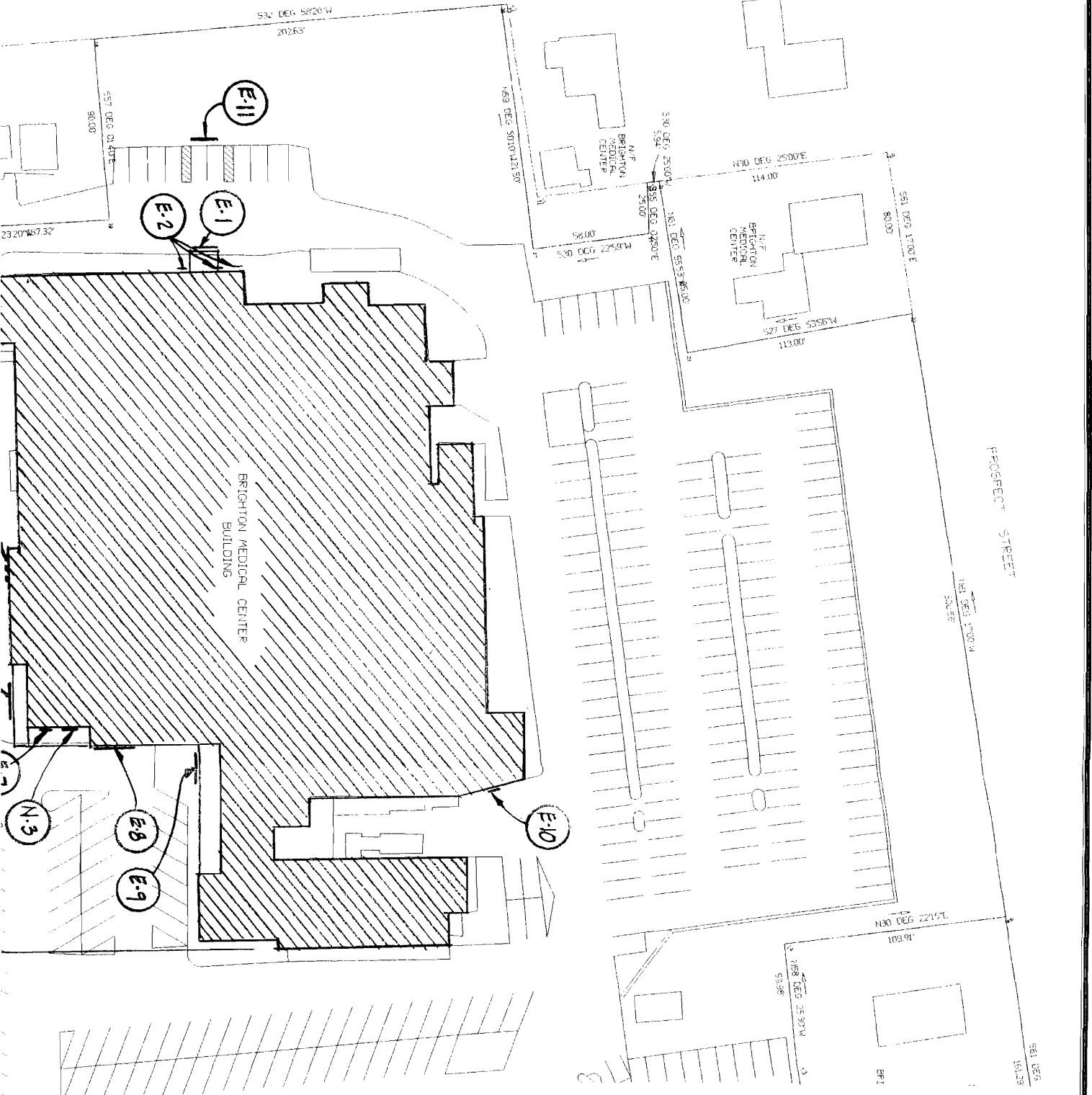
Subtotal Proposed New Signs **53.9 s.f.**

Plus Existing Signs **179.5 s.f.**

Total **233.4 s.f.**



HOLLIS ROAD



PROSPECT STREET

BRIGHTON MEDICAL CENTER BUILDING

BRIGHTON MEDICAL CENTER

BRIGHTON MEDICAL CENTER

PROSPECT STREET

N30 DEG 22'15"E

N158 DEG 25'30"W

981 DEG 16'23"

Maine Me
EXISTING

Symbol

- E-1
- E-2
- E-3
- E-4
- E-5
- E-6
- E-7
- E-8
- E-9
- E-10
- E-11
- E-12

PROPOSE

Symbol

- N-1
- N-2
- N-3

172.51'