

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 080112

Please Read Application And Notes, if Any, Attached

PERMIT ISSUED

MAR 12 2008

This is to certify that MMC REALTY CORP / Neon Sign
has permission to Install one (1) - 7' x 19' fabric banner attached to building
AT 335 BRIGHTON AVE 121 C009011

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 leased or service closed-in. 24 HOUR NOTICE 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

Thomas M. Mahaly 3/7/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

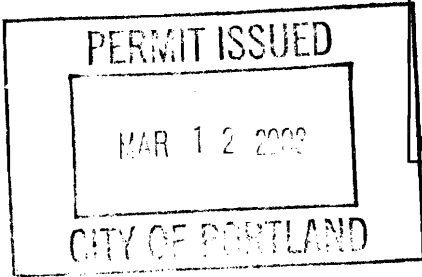
Permit No: 08-0112	Issue Date:	CBL: 121 C009011
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Location of Construction: 335 BRIGHTON AVE	Owner Name: MMC REALTY CORP	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: R-3

Past Use: Commercial - Maine Med Ctr <i>Brighton Campus</i>	Proposed Use: Commercial - Maine Med Ctr- Install one (1) - 7' x 19' fabric banner attached to building	Permit Fee:	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: Install one (1) - 7' x 19' fabric banner attached to building		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>I2</i> Type: <i>IF</i> <i>IBC 2003</i>	
		Signature:	Signature: <i>DM 3/7/08</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: Idobson	Date Applied For: 02/06/2008	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 type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>Site Plan Approved</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>3/25/08</i> <i>D. Andrews</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: <i>ABM</i>
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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



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, 335 Brighton Ave, Portland 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>NeoKraft</u> <u>686 Main St</u> <u>Lewiston 04240</u> <u>782-9654</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>296.00</u> Awning Fee= cost of work <u>-</u> Total Fee: \$ <u>296.00</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>7x19'</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: _____ s.f.		
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: <u>Daniel F. Doughty</u>	Date: <u>1-30-08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-0112	Date Applied For: 02/06/2008	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: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone (207) 782-9654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial - Maine Med Ctr Brighton Campus- Install one (1) - 7' x 19' fabric banner attached to building	Proposed Project Description: Install one (1) - 7' x 19' fabric banner attached to building
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Dept: Zoning	Status:	Reviewer: Ann Machado	Approval Date:
Note: Under 14-369.5(a), Table 1, temporary banners are not permitted in the Institutional Uses in residential zones Ok to Issue: <input checked="" type="checkbox"/>			
section. Gave perm to planning (2/6/08) to review under section 14-368.5(g).			
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 03/07/2008
Note: Ok to Issue: <input checked="" type="checkbox"/>			
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			
Dept: Planning	Status: Approved with Conditions	Reviewer: Deborah Andrews	Approval Date: 03/05/2008
Note: Ok to Issue: <input checked="" type="checkbox"/>			
1) * Approved for 90 days only; intent of banner regulations is that they be temporary installations.			



January 30, 2008

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

1/30/08

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

Dear Ms. Schmuckal:

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:

*not permanent
Called Dan Doughty.
He will take to the
hospital to find out
how long.*

1. Installation of a new one-sided 7'w x 19'h fabric banner, to be attached to the existing brick façade at the Brighton facility. No direct illumination is anticipated for this 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 \$296.00 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 the banner in its proposed location.
9. A close-up image of the 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,

A handwritten signature in black ink, appearing to read "Daniel F. Doughty". The signature is written in a cursive style with a large initial 'D'.

Daniel F. Doughty, AIA
Director, Facilities Development

C: Marshall Bartlett
Martha Davoli



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, \$10.00 per additional \$1,000.00 of cost.

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



19'-0"

7'-0"

America's
Top 50



Heart &
Heart Surgery
and Orthopedics



Maine Medical Center
centered around you

FOR BRAMHALL ST. CAMPUS

7'-0"

America's
Top 50



Heart &
Heart Surgery
and Orthopedics



Maine Medical Center
centered around you

FOR BRIGHTON AVE. CAMPUS

3'-6"

America's
Top 50



Heart &
Heart Surgery
and Orthopedics



FOR BRAMHALL ST. CAMPUS

PRINT EACH ONE SIDE ONLY



PRINTED VINYL BANNERS

SCALE: 1/2"=1'-0" (3) TOTAL



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 8450

Location:	Portland, ME
Drawing No.:	1 of 1
Drawn by:	DS Rep.: PL
Date:	01.11.2008
Lead No.:	CL009621
Gen Ref.:	7582

TECHNICAL DATA SHEET

13 OZ. WHITE VINYL BANNER MATERIAL

CHARACTERISTICS	TEST METHOD	METRIC	ENGLISH
Support Cloth	DIN 6001	Polyester	Polyester
Yarn dtex	DIN 53830	1100 x 1100	1000 x 1000
Type of Coating	N/A	PVC	PVC
Total Weight	DIN EN ISO 2286-2	450 g/m ²	13 oz/yd ²
Width	DIN EN ISO 2286-1	.76m, .965m, 1.37m 1.52m, 1.6m, 1.83m, 2.03m also .965, 1.37 and 1.6m on Arizona Cores	30", 38", 54", 60", 63", 72", 80" also 38", 54" and 63" on Arizona Cores
Tensile Strength	ISO 13934-1999	139 x 116 kgF/5cm	153 x 128 lbs/in
Tear Strength (warp/weft)	ISO 13937-2-2000	11.4 x 15.5 kgF/5cm	53 x 45 lbs
Flame Resistance	DIN 4102	NEPA 701, CA Fire Marshall, NYC (MEA)	
Low Temperature (No Crack at:)	ASTM D 2137	-40°C	-40°F
Fungus Resistance	ASTM G21	Treated	
Puncture Resistance	N/A	Yes	Yes
RF Weldable (Heat Sealable)	DIN 53354	Yes	Yes

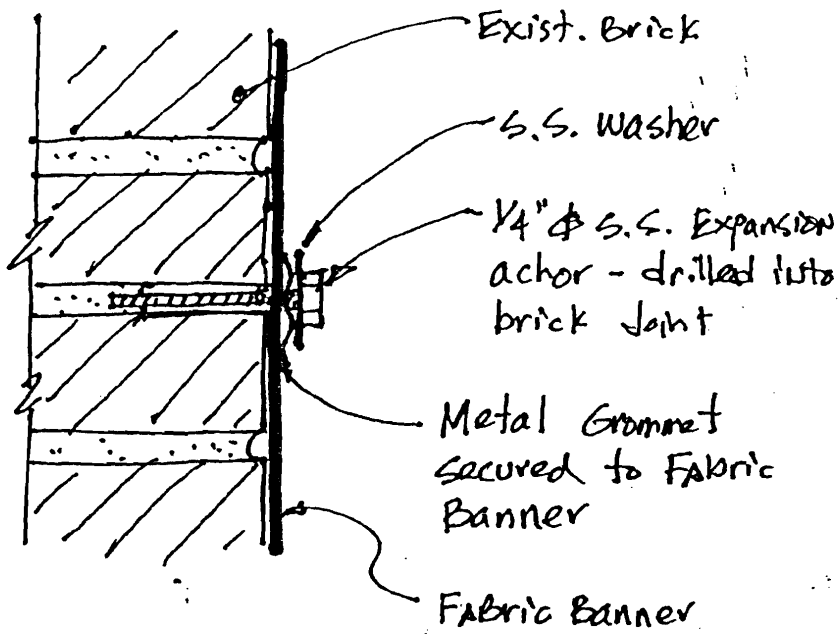


Neokraft
S I G N S

Neokraft Signs Inc.
686 Main Street
Lewiston, Maine 04240
1.800.339.2258
www.neokraft.com

Custom Sign Fabrication

January 2007



8 FASTENERS FOR
BANNER N-1

6 FASTENERS FOR
BANNER N-2

FABRIC BANNER FASTENING DETAIL

NO SCALE

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY)
01/28/2008

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 600 PORTLAND, ME 04101-3537	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC#</th> </tr> <tr> <td>INSURER A: MEDICAL MUTUAL INS. CO. OF MAINE</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: MEDICAL MUTUAL INS. CO. OF MAINE		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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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.

NSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <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.	ME CHL 000363	10/01/2007	10/01/2008	EACH OCCURRENCE \$ 2000,000 DAMAGE TO RENTED PREMISES (If @ occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPIOP 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 EA ACC \$ AUTO ONLY AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY POLYMER/BIOPARTNER/EXECUTIVE/OFFICER/EMER/EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STAT/TORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT \$</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE \$</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT \$</td> <td>\$</td> </tr> </table>	WC STAT/TORY LIMITS	OTHER	EL EACH ACCIDENT \$	\$	EL DISEASE - EA EMPLOYEE \$	\$	EL DISEASE - POLICY LIMIT \$	\$
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EL DISEASE - EA EMPLOYEE \$	\$													
EL DISEASE - POLICY LIMIT \$	\$													
		OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 IT IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF PORTLAND IS AN ADDITIONAL INSURED WITH RESPECT TO A SIGN PERMIT FOR A US NEWS & WORLD REPORT RECOGNITION BANNER TO BE AFFIXED TO MAINE MEDICAL CENTER AT 22 BRAMHALL STREET, PORTLAND, ME AND TO THE BRIGHTON CAMPUS ON 335 BRIGHTON AVENUE, PORTLAND, ME

CERTIFICATE HOLDER 10001 MARTHA J.M. DAVOLI, APR DIRECTOR OF PUBLIC INFO & MEDIA SERVICES C/O MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 <i>Richard J. Sheehan, Jr.</i> , PRESIDENT
--	---

Martha Davoli - Re: Exterior banner permission

From: Wayne Clark
To: Davoli, Martha
Date: 1/28/2008 12:59 PM
Subject: Re: Exterior banner permission

Please do.

Wayne L. Clark
Associate Vice President
Communications and Marketing
Maine Medical Center
22 Bramhall St.
clarkw@mmc.org
Portland, Maine 04102
207-662-2196
207-650-5404 cell
207-662-4094 fax
www.mmc.org

>>> Martha Davoli 1/28/2008 10:45 AM >>>

I'm pulling together the final pieces of my app to the City for banner permit. Would you please send me an email that gives me permission to install two banners on the exterior of Bramhall and one on the exterior of Brighton?

Thanks,
Martha

Maine Medical Center – Brighton Campus – Jan. 2008

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'x7.1'	35.5 s.f.	Free Standing
E-13	1	Vehicle Directory	22"x37"	26.5 s.f.	Post & Panel
E-14	1	Entry Directory	2'x3'	<u>6.0 s.f.</u>	
E-15	1	NERHP	20'x16"	26.6 s.f.	
E-16	1	NERHP	20'x16"	26.6 s.f.	
E-17	1	NERHP	8.5"x11"	0.7 s.f.	

Existing Signage Subtotal **233.4 s.f.**

PROPOSED NEW SIGNS

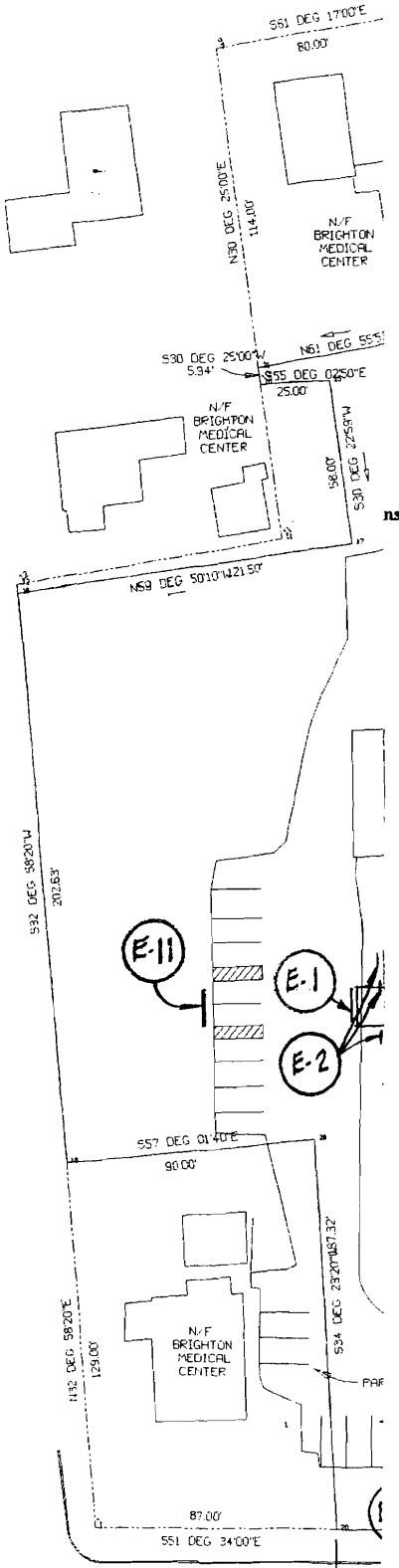
<u>Symbol</u>	<u>Quant.</u>	<u>Text</u>	<u>Size</u>	<u>Total</u>	<u>Remarks</u>
N-1	1	US News & World Report	7'x19'	133 s.f.	New Sign

Subtotal Proposed New Signs **133 s.f.**

Total Signage **366.4 s.f.**



HOLLIS ROAD



Size	Total	Remarks
1'6" x 10'	15 s.f.	
1' x 1'6"	4.5 s.f.	
4' x 5'	20 s.f.	
3' x 5'	15 s.f.	To be Removed
1' x 8'	8 s.f.	Free Standing
1.5' x 14'	21 s.f.	
1' x 2.5'	2.5 s.f.	
1.5' x 14'	21 s.f.	
1' x 10'	10 s.f.	
1' x 1.5'	1.5 s.f.	
1' x 8'	8 s.f.	Free Standing
5' x 7.1'	35.5 s.f.	To Be Refaced
162.0 s.f.		

15 s.f.	To be removed
35.5 s.f.	To be refaced
111.5 s.f.	

Size	Total	Remarks
5' x 7.1'	35.5 s.f.	Refaced Sign
22" x 37"	26 s.f.	
2' x 3'	6 s.f.	
68.0 s.f.		

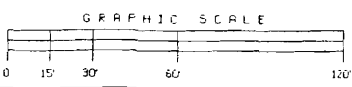
111.5 s.f.
179.5 s.f.

REV. 3-24-97 REBUTTERS ADDED
 REV. 3-18-97 MISC. UPDATE

BRIGHTON CAMPUS SIGN LOCATIONS

OWEN HASKELL, INC.
 16 C ASCO ST., PORTLAND, ME 04101 (207) 774-0424
 PROFESSIONAL LAND SURVEYORS

Drawn By	RTG	Date	Job No.
Trace By	EC	JULY 10, 1996	96129P
Check By	JWS	Scale	Draw. No.
Book No.	748P	1" = 30' 30"	1




335

Maine Medical Center

BRIGHTON CAMPUS

New England Rehabilitation Hospital
Portland



 Maine Medical Center
BRIGHTON CAMPUS



Main Entrance
Chest Medicine
Outpatient Rehabilitation

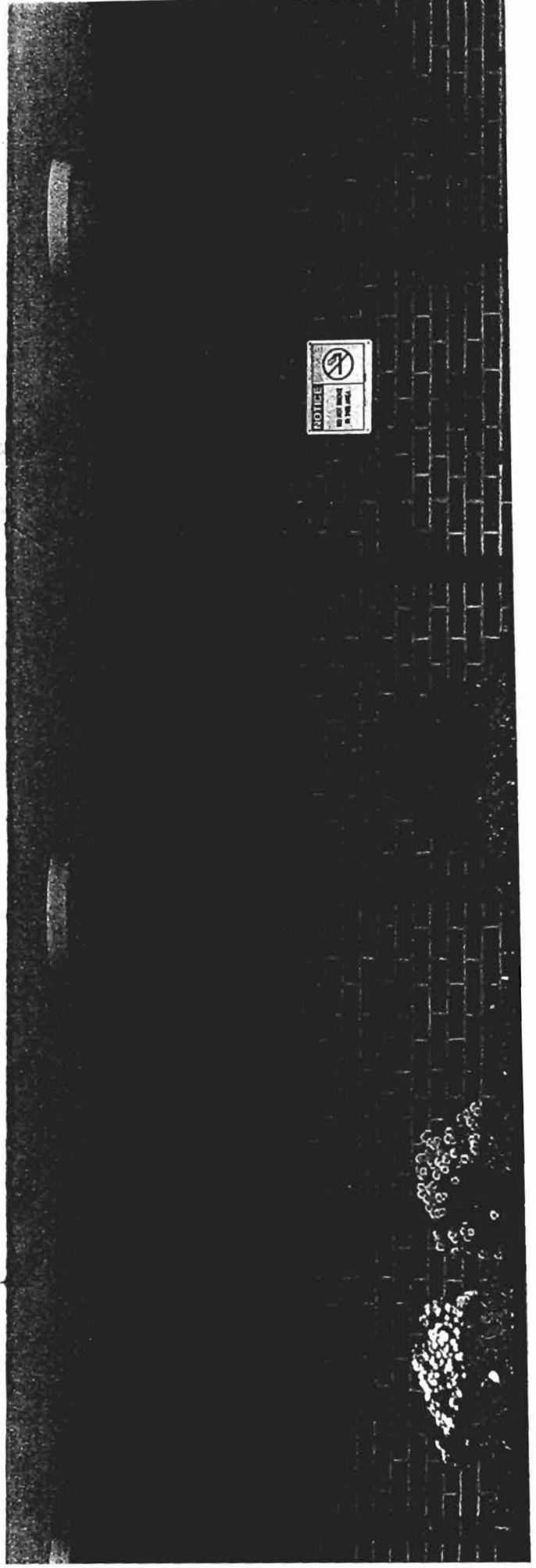


PATIENT & VISITOR
Parking
All Deliveries



FirstCare
Urgent Care

Main Entrance



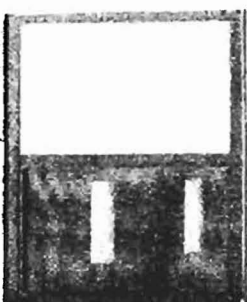
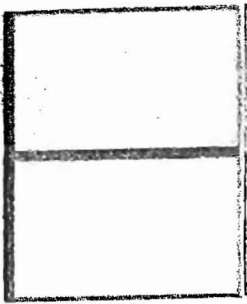
We are a
Smoke-Free Campus
Smoking is not permitted
in the hospital or hospital
grounds. Thank you for
helping us keep our
campus smoke-free.

W
WASHINGTON CAMPUS

1st Floor	2nd Floor
3rd Floor	4th Floor
5th Floor	6th Floor
7th Floor	8th Floor
9th Floor	10th Floor
11th Floor	12th Floor
13th Floor	14th Floor
15th Floor	16th Floor
17th Floor	18th Floor
19th Floor	20th Floor
21st Floor	22nd Floor
23rd Floor	24th Floor
25th Floor	26th Floor
27th Floor	28th Floor
29th Floor	30th Floor
31st Floor	32nd Floor
33rd Floor	34th Floor
35th Floor	36th Floor
37th Floor	38th Floor
39th Floor	40th Floor
41st Floor	42nd Floor
43rd Floor	44th Floor
45th Floor	46th Floor
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49th Floor	50th Floor
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69th Floor	70th Floor
71st Floor	72nd Floor
73rd Floor	74th Floor
75th Floor	76th Floor
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79th Floor	80th Floor
81st Floor	82nd Floor
83rd Floor	84th Floor
85th Floor	86th Floor
87th Floor	88th Floor
89th Floor	90th Floor
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95th Floor	96th Floor
97th Floor	98th Floor
99th Floor	100th Floor

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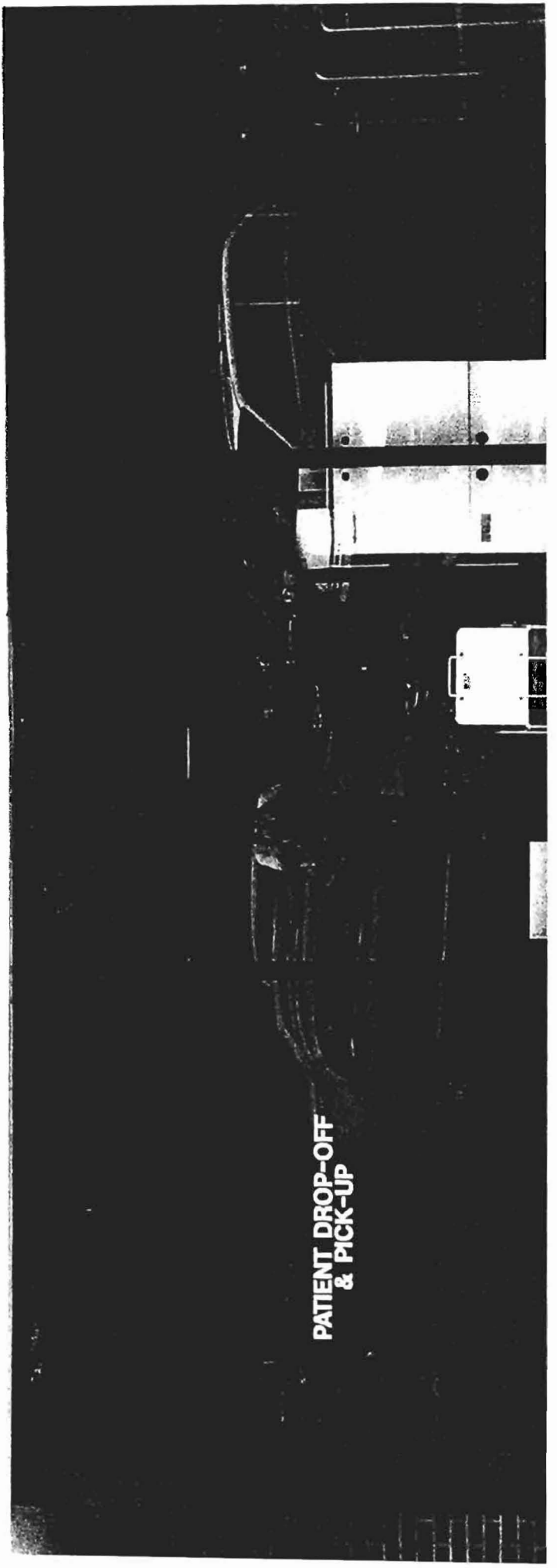
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Main Entrance

PATIENT DROP-OFF
& PICK-UP



Chest Medicine

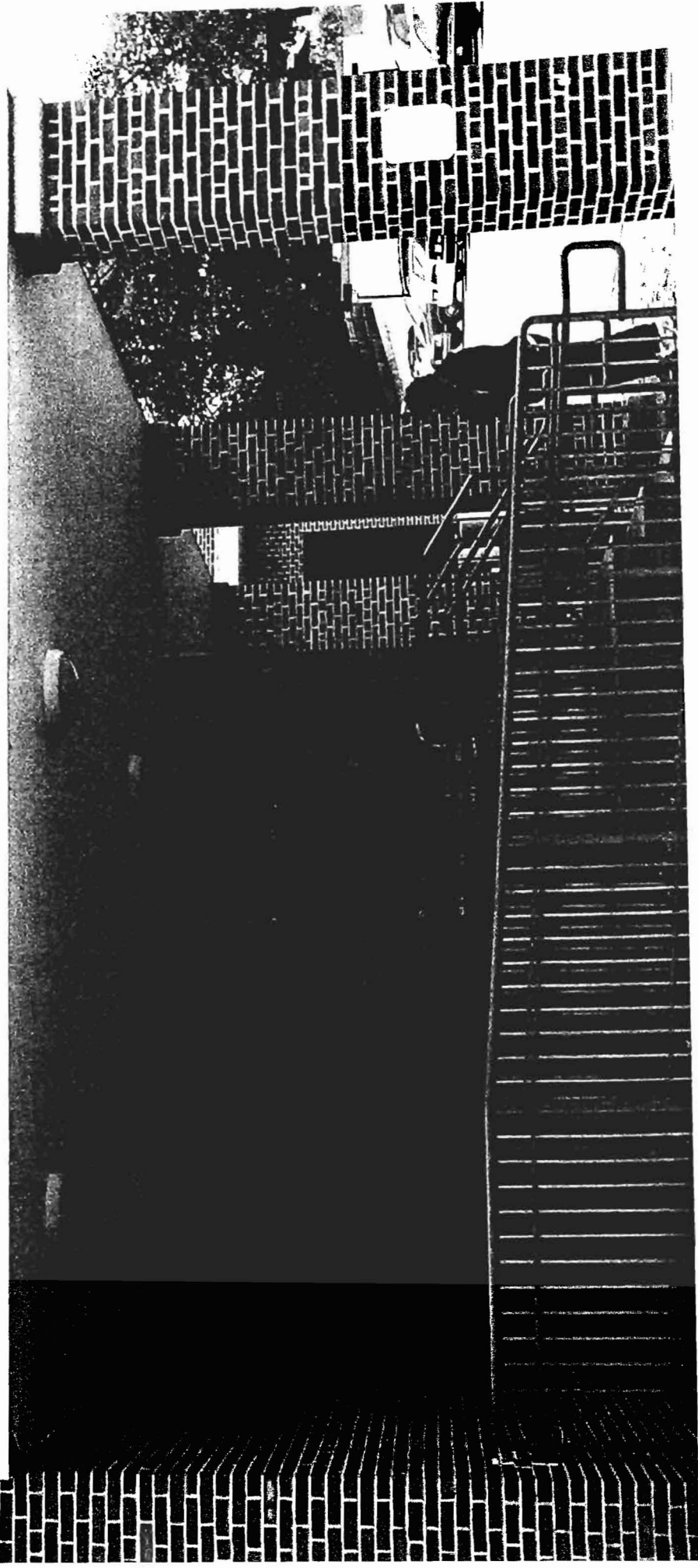
PLEASE
DO NOT
LEAVE
VEHICLES
RUNNING

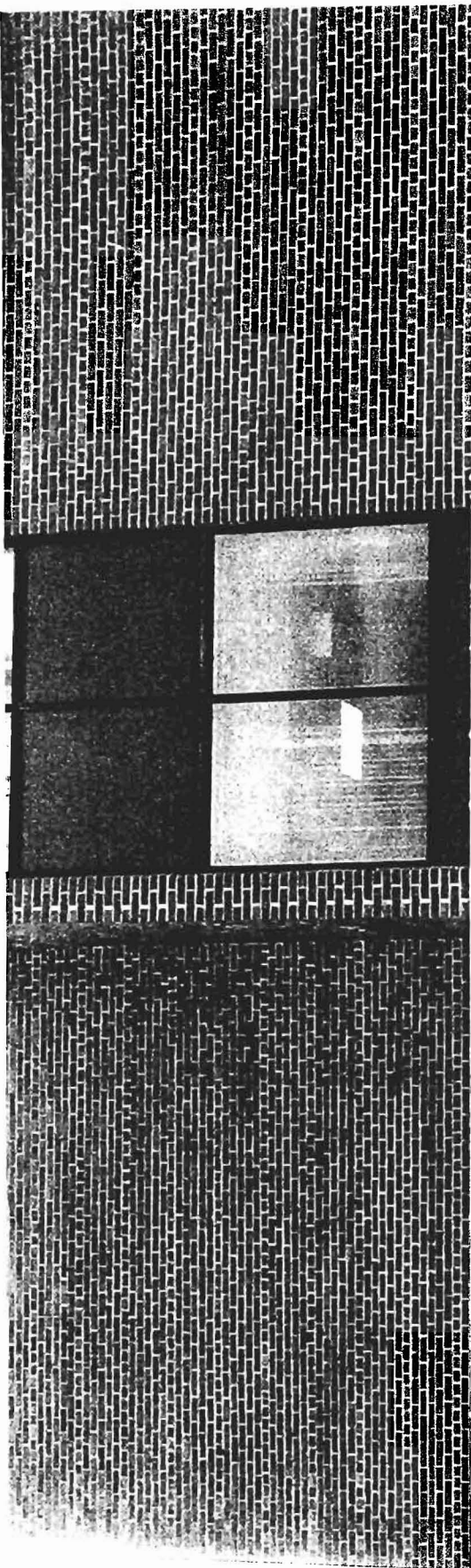
NO
DELIVERY
AT THIS
ENTRANCE



New England Rehabilitation
Hospital of Portland

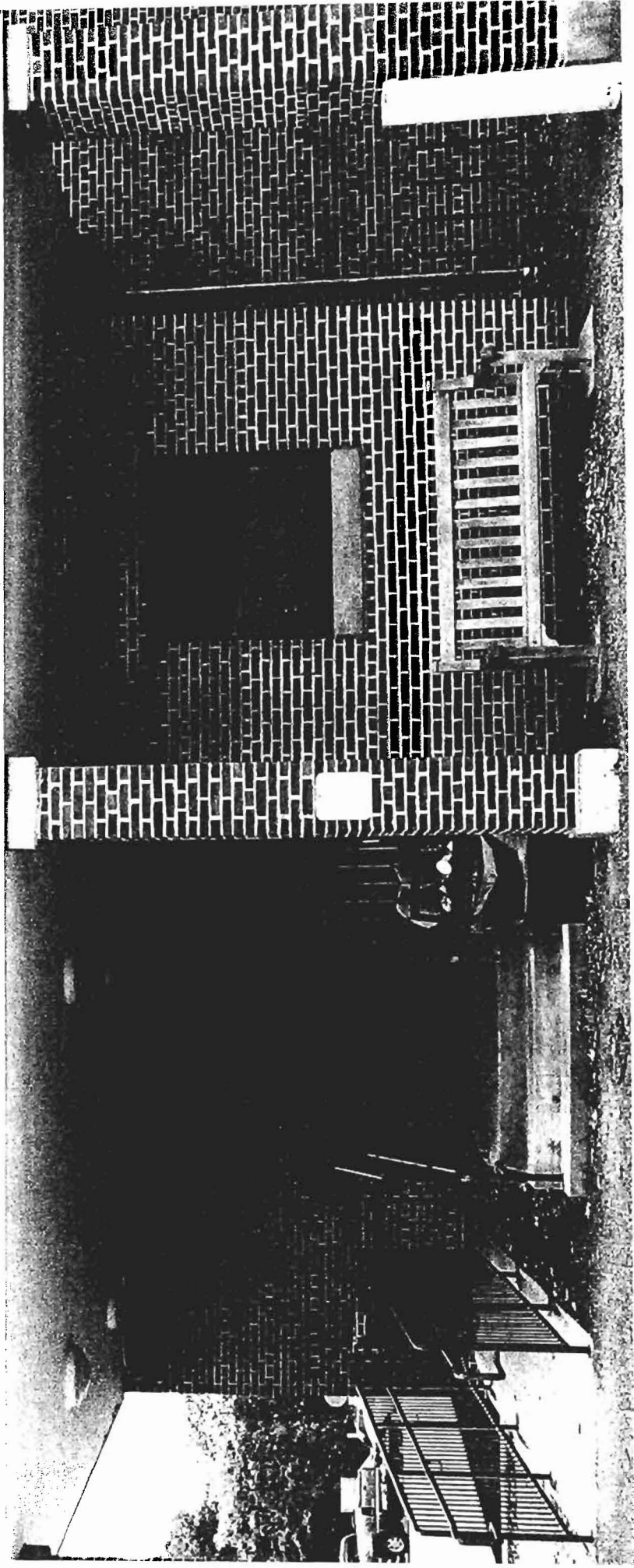
OUTPATIENT REHABILITATION
CENTER





New England Rehabilitation
Hospital of Portland

OUTPATIENT REHABILITATION
CENTER





Boise Cascade
Boise Products
Office Products



NO
PARKING
LOADING
ZONE
VIOLATORS WILL BE
FINED AT COMPANY'S
EXPENSE

B R I G H T O N FirstCare

With a
Subscriber Card
looking for a
Brighton FirstCare
FirstCare
Brighton FirstCare
Brighton FirstCare
Brighton FirstCare

BRIGHTON FIRSTCARE
EVOLVING BETTER INCLUDING HOLIDAYS

BRIGHTON FIRSTCARE
EVOLVING BETTER INCLUDING HOLIDAYS

NO
PARKING

BRIGHTON FirstCare

AIR INTAKE
DO NOT LEAVE
ENGINE IDLING

BRIGHTON FIRSTCARE

BRIGHTON FIRSTCARE



**NO
PARKING**

**AMBULANCE
ZONE**

VIOLATORS WILL BE
TOWED AT OWNERS
EXPENSE.

**AIR
DO N
ENGIN**

**NO
PARKING
AMBULANCE
ZONE**

VOLATORS WILL BE
TOWED AT OWNERS
EXPENSE.

We are a
-Free Campus

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visitors



**NO
PARKING
AMBULANCE
ZONE**

VIOLATORS WILL BE
TOWED AT OWNERS
EXPENSE.





B R I G H T O N

First Care

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

← **FIRSTCARE PARKING** →

VIOLATORS WILL BE TOWED AT OWNERS EXPENSE.





Main Entrance
PATIENT/VISITOR DROP-OFF

Chest Medicine

Parking 

Outpatient Rehabilitation






Maine Medical Center
 BRIGHTON CAMPUS


Main Entrance
 PATIENT/VISITOR DROP-OFF

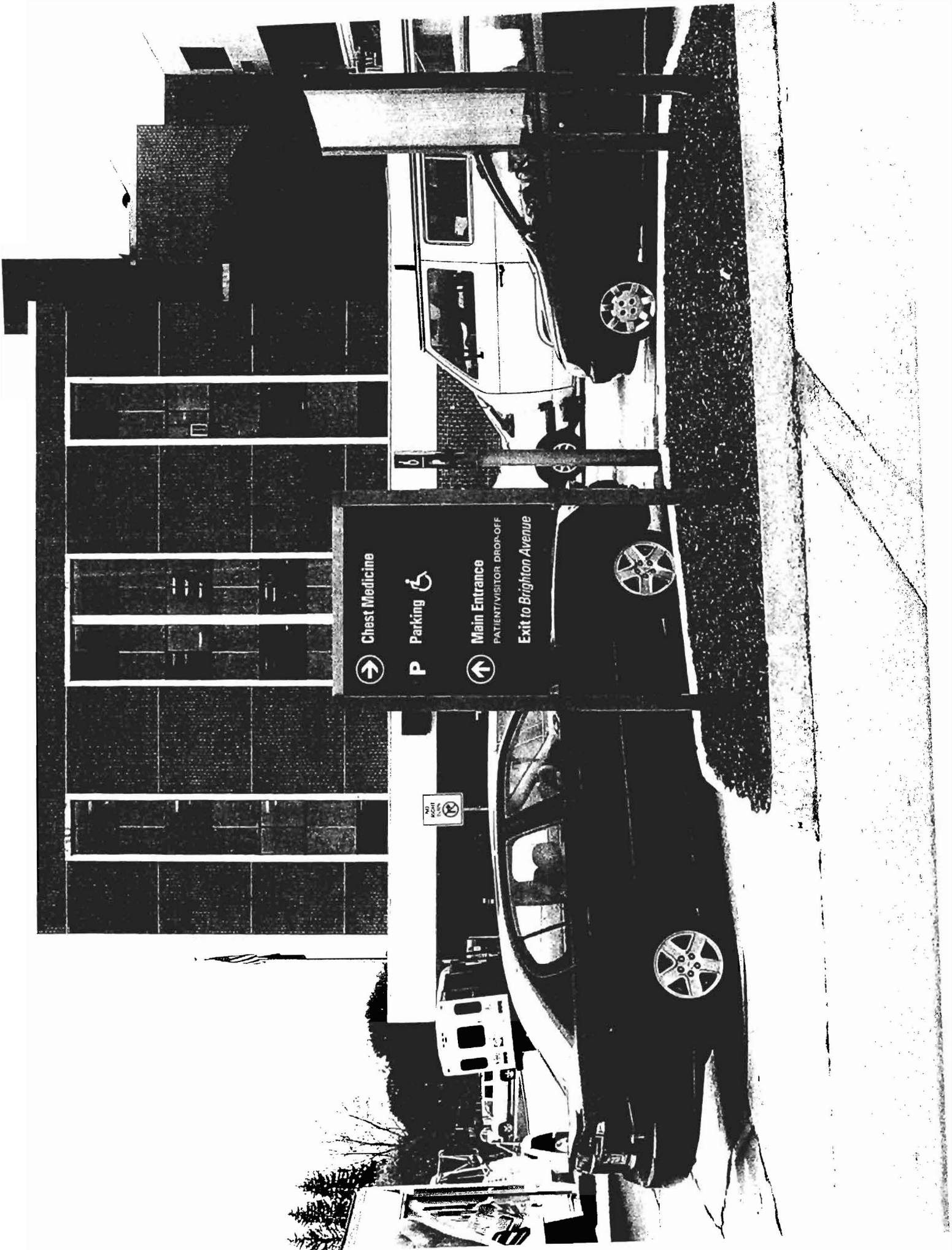
Chest Medicine
 HCP ACCESSIBLE
Parking

Exit to Brighton Avenue


Outpatient Rehabilitation

P ADDITIONAL
Parking



Chest Medicine



P Parking



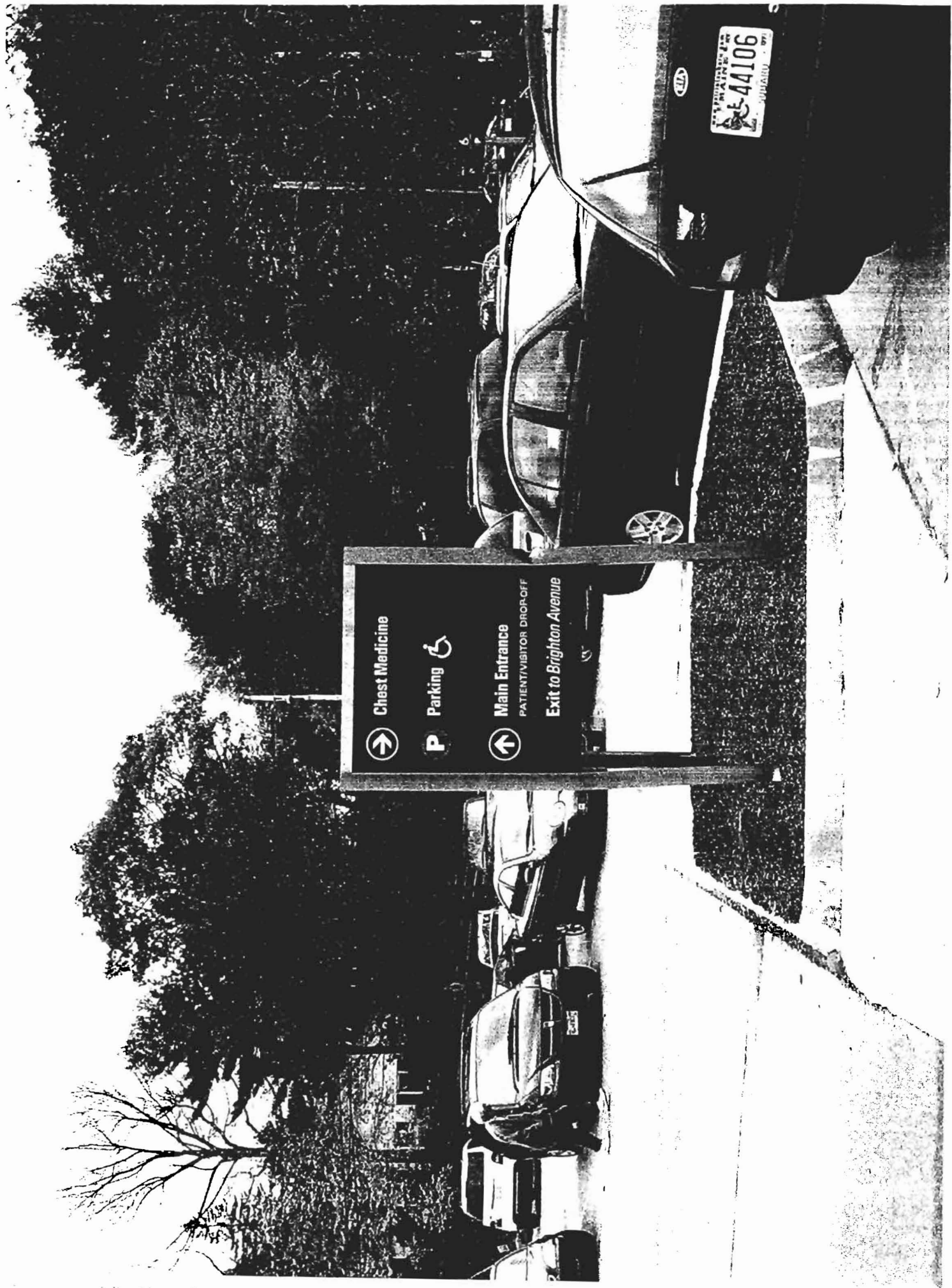
Main Entrance



PATIENT/VISITOR DROP-OFF

Exit to Brighton Avenue

NO STOPPING ANY TIME



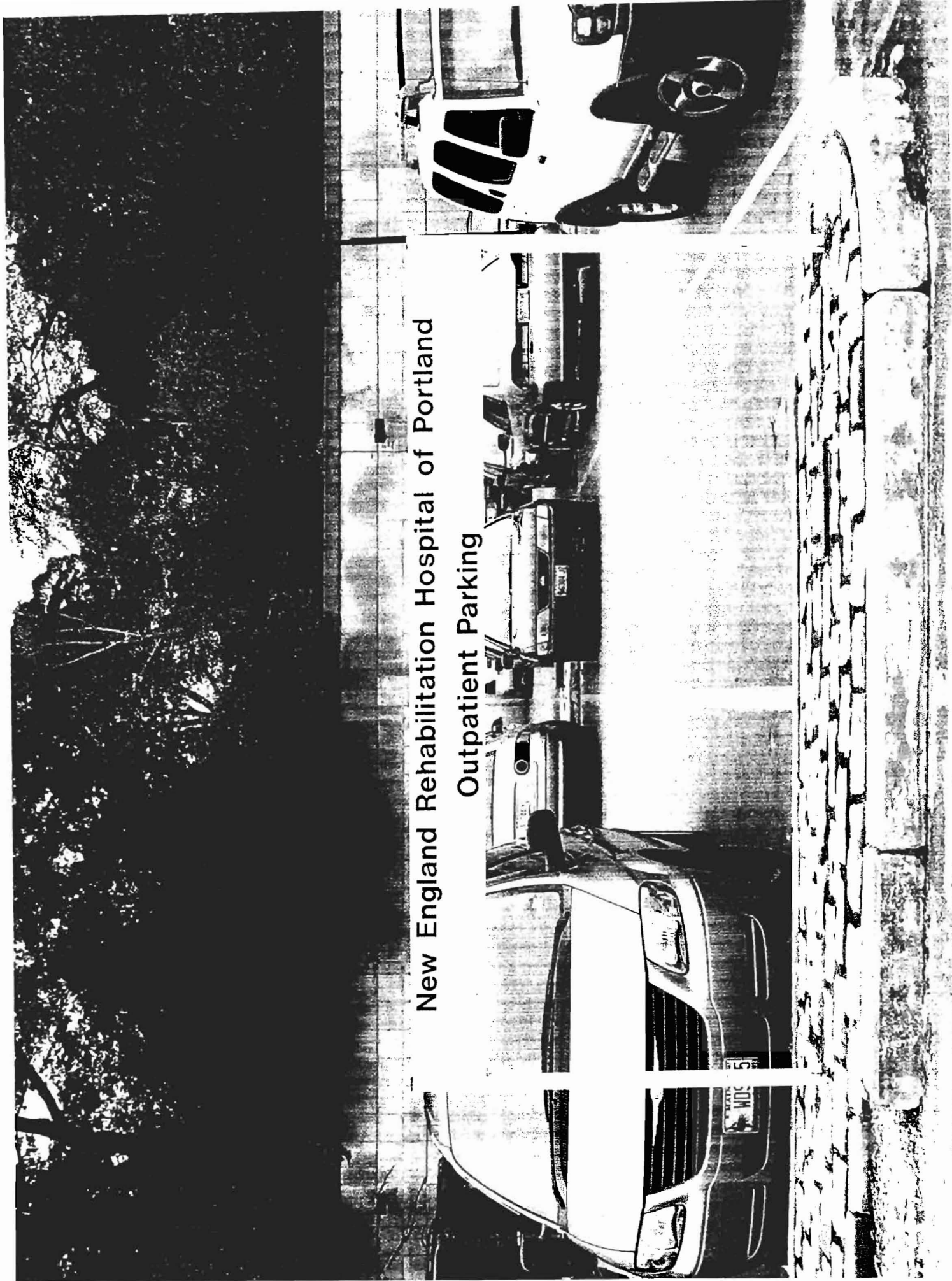
→ Chest Medicine

P Parking ♿

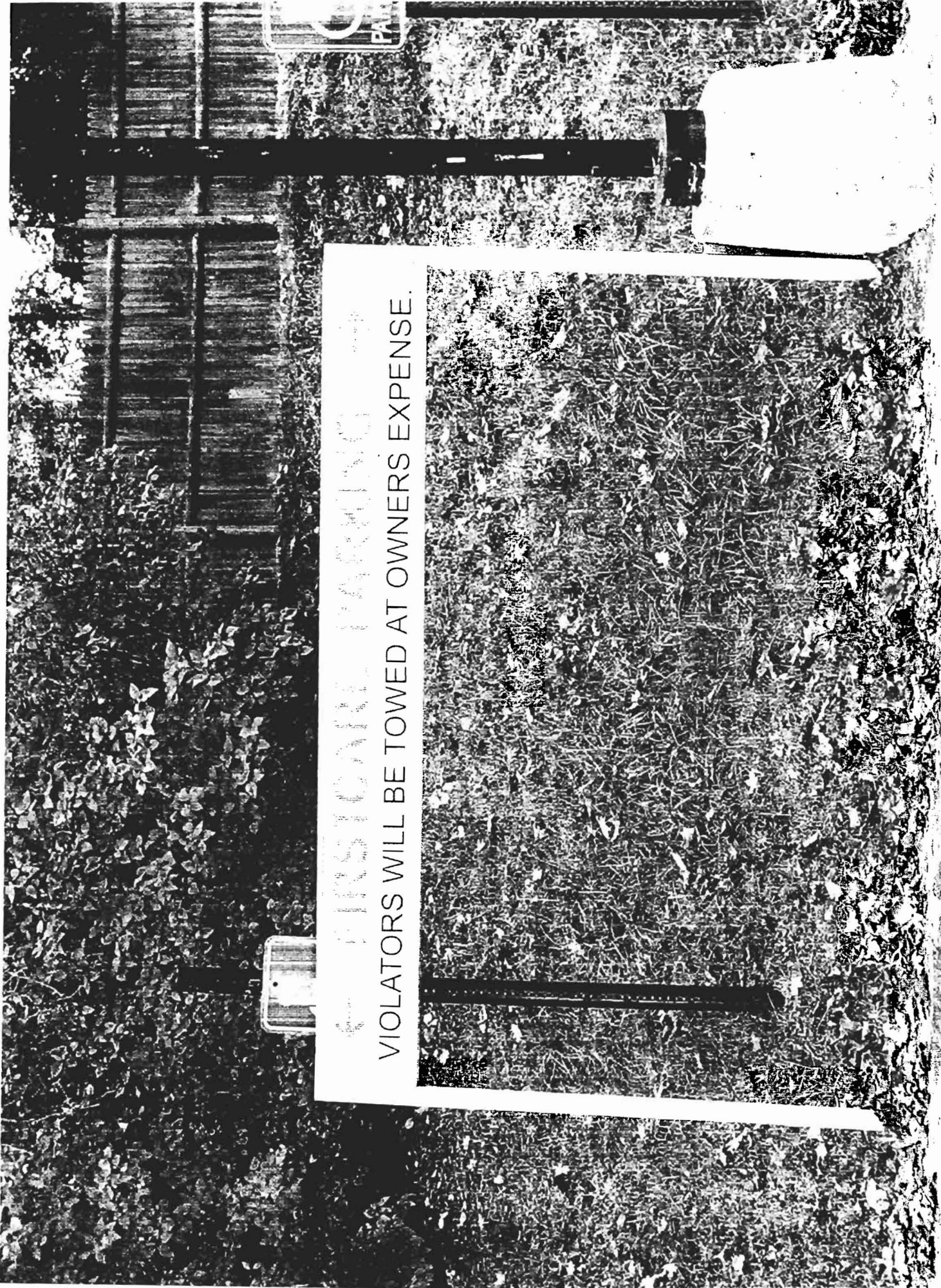
← Main Entrance
PATIENT/VISITOR DROP-OFF
← Exit to Brighton Avenue

MASSACHUSETTS
E 44106
JUN 2001

New England Rehabilitation Hospital of Portland
Outpatient Parking

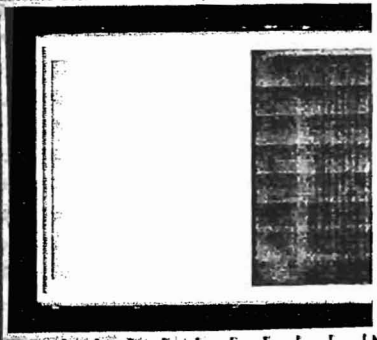
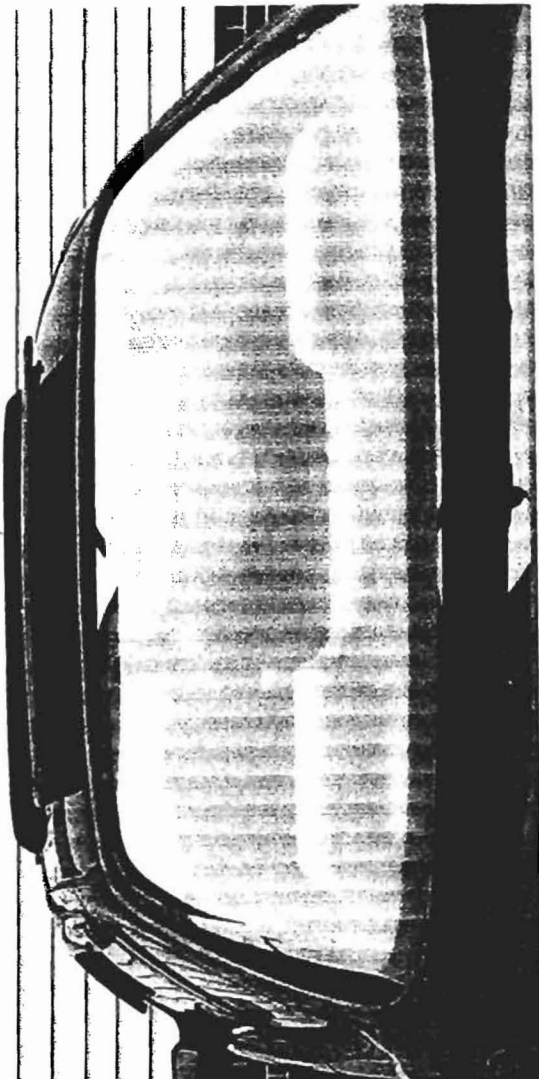


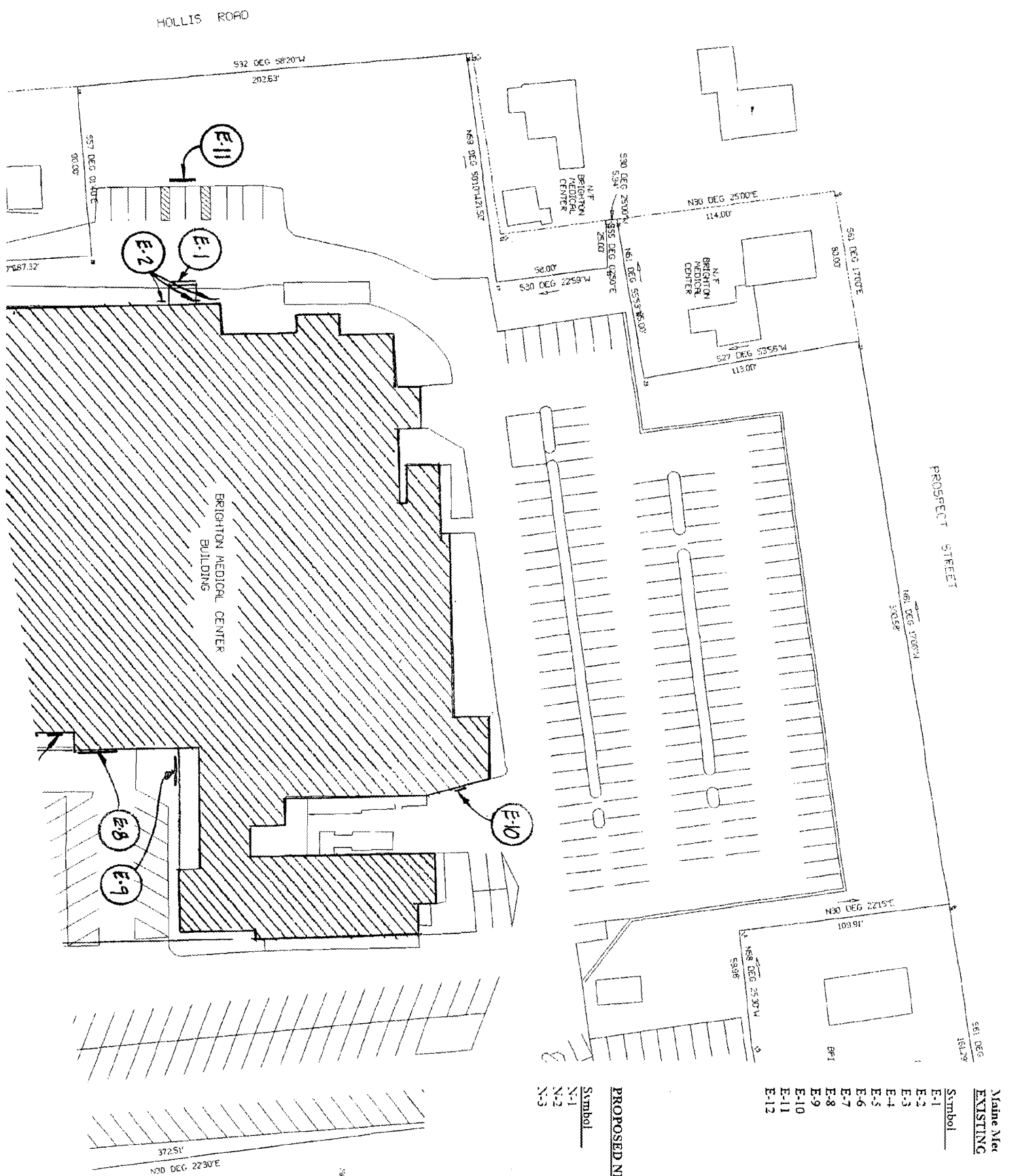
← HISTORIC PARKING →
VIOLATORS WILL BE TOWED AT OWNERS EXPENSE.



← FIRSTCARE PARKING →

VIOLATORS WILL BE TOWED AT OWNERS EXPENSE





Maine Map
 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

PROPOSED NEW

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

HOLLIS ROAD

PROSPECT STREET

BRIGHTON MEDICAL CENTER BUILDINGS

372.51'
 N30 DEG 22'30"E