

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

Location of Construction: 335 Brighton Avenue, 04101		Owner: MHC Realty Corp. Maine Medical Center		Phone: 207-871-2447		Permit No: 991387	
Owner Address: 22 Bramhall St. Portland, ME		Lessee/Buyer's Name: N/A		Phone: N/A		Business Name: N/A	
Contractor Name: Welch Architectural Signage		Address: 26 Thomas Drive, Westbrook, ME 04092		Phone: 207-774-3173		Permit Issued: DEC 16 1999	
Past Use: Hospital		Proposed Use: Same		COST OF WORK: \$ 0		PERMIT FEE: \$ 40.78	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>Signature</i> Use Group: <i>E-2 Type</i> <i>COCA 96</i>	
Proposed Project Description: 3 Signs.				Signature:		Signature: <i>Signature</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval:	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		Special Zone or Reviews: <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 type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: UB		Date Applied For: 12-13-99		Signature:		Date:	

- 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..
- ***Call Dan Doughty at Maine Medical Center for Pick Up.
**871-2013

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT	ADDRESS:	DATE: 12-14-99	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED

DEC 16 1999

CITY OF PORTLAND

Zone: *3* CBL: 121-C-009

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

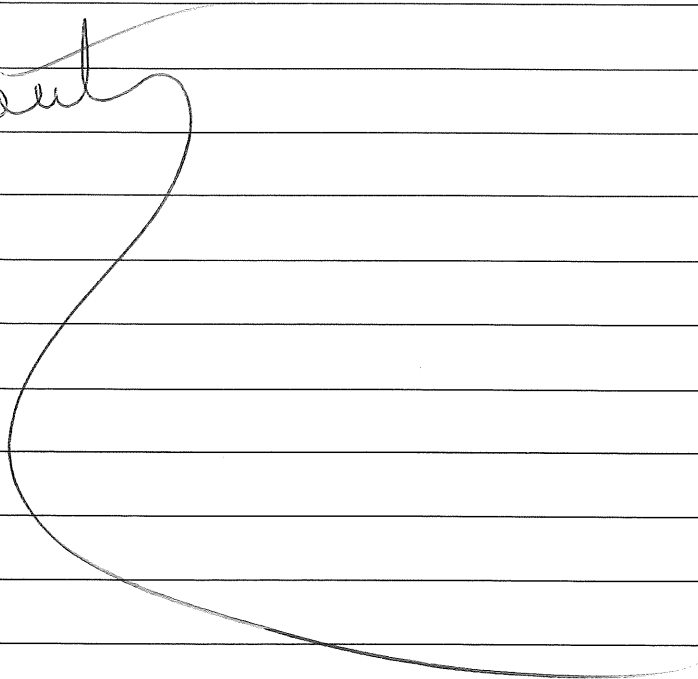
Date: _____

PERMIT ISSUED WITH REQUIREMENTS CEO DISTRICT

COMMENTS

05/02/00 - Signs in place and appear to meet permit requirements. Jm

Close out



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

BUILDING PERMIT REPORT

DATE: 14 Dec. 99 ADDRESS: 335 Brighton Ave. CBL: 121-C-009

REASON FOR PERMIT: To Erect 3 Signs

BUILDING OWNER: MAINE Medical Center

PERMIT APPLICANT: CONTRACTOR Welch Architectural Signage

USE GROUP: I-2 CONSTRUCTION TYPE: 2B CONSTRUCTION COST: PERMIT FEES: 40,780

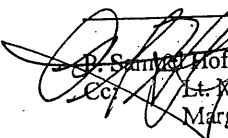
The City's Adopted Building Code (The BOCA National Building code/1996 with City Amendments)
The City's Adopted Mechanical Code (The BOCA National Mechanical Code/1993)

CONDITION(S) OF APPROVAL

This permit is being issued with the understanding that the following conditions are met: 1 435

- 1. This permit does not excuse the applicant from meeting applicable State and Federal rules and laws.
2. Before concrete for foundation is placed, approvals from the Development Review Coordinator and Inspection Services must be obtained.
3. Foundation drain shall be placed around the perimeter of a foundation that consists of gravel or crushed stone containing not more than 10 percent material that passes through a No. 4 sieve.
4. Foundations anchors shall be a minimum of 1/2" in diameter, 7" into the foundation wall, minimum of 12" from corners of foundation and a maximum 6' O.C. between bolts.
5. Waterproofing and dampproofing shall be done in accordance with Section 1813.0 of the building code.
6. Precaution must be taken to protect concrete from freezing.
7. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed.
8. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating.
9. All chimneys and vents shall be installed and maintained as per Chapter 12 of the City's Mechanical Code.
10. Sound transmission control in residential building shall be done in accordance with Chapter 12, Section 1214.0 of the City's Building Code.
11. Guardrails & Handrails: A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level.
12. Headroom in habitable space is a minimum of 7'6".
13. Stair construction in Use Group R-3 & R-4 is a minimum of 10" tread and 7 1/4" maximum rise.
14. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
15. Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue.
16. Each apartment shall have access to two (2) separate, remote and approved means of egress.
17. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with self closer's.
18. The boiler shall be protected by enclosing with (1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment.

19. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's Building Code Chapter 9, Section 920.3.2 (BOCA National Building Code/1996), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):
 - In the immediate vicinity of bedrooms
 - In all bedrooms
 - In each story within a dwelling unit, including basements
20. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type. (Section 921.0)
21. The Fire Alarm System shall maintained to NFPA #72 Standard.
22. The Sprinkler System shall maintained to NFPA #13 Standard.
23. All exit signs, lights and means of egress lighting shall be done in accordance with Chapter 10 Section & Subsections 1023.0 & 1024.0 of the City's Building Code. (The BOCA National Building Code/1996)
24. Section 25 - 135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
25. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act Title 5 MRSA refers, shall obtain a certification from a design professional that the plans commencing construction of the facility, the builder shall submit the certification the Division of Inspection Services.
26. Ventilation shall meet the requirements of Chapter 12 Sections 1210.0 of the City's Building Code. (Crawl spaces & attics).
27. All electrical, plumbing and HVAC permits must be obtained by a Master Licensed holders of their trade. No closing in of walls until all electrical (min. 72 hours notice) and plumbing inspections have been done.
28. All requirements must be met before a final Certificate of Occupancy is issued.
29. All building elements shall meet the fastening schedule as per Table 2305.2 of the City's Building Code (The BOCA National Building Code/1996).
30. Ventilation of spaces within a building shall be done in accordance with the City's Mechanical code (The BOCA National Mechanical Code/1993). (Chapter M-16)
31. Please read and implement the attached Land Use Zoning report requirements.
32. Boring, cutting and notching shall be done in accordance with Sections 2305.3, 2305.3.1, 2305.4.4 and 2305.5.1 of the City's Building Code.
33. Bridging shall comply with Section 2305.16.
34. Glass and glazing shall meet the requirements of Chapter 24 of the building code. (Safety Glazing Section 2405.0)
35. All signage, shall be done in accordance with Section 3102.0 signs of the City's Building Code, (The BOCA National Building Code/1996).


 D. Santal Hoffes, Building Inspector
 Lt. McDougall, PFD
 Marge Schmuckal, Zoning Administrator

PSH 11/25/99

****On the basis of plans submitted and conditions placed on these plans any deviations shall require a separate approval.**

*****THIS PERMIT HAS BEEN ISSUED WITH THE UNDERSTANDING THAT ALL THE CONDITIONS OF THE APPROVAL SHALL BE COMPLETED. THEREFORE, BEFORE THE WORK IS COMPLETED A REVISED PLAN OR STATEMENT FROM THE PERMIT HOLDER SHALL BE SUBMITTED TO THIS OFFICE SHOWING OR EXPLAINING THAT THE CONDITIONS HAVE BEEN MET. IF THIS REQUIREMENT IS NOT RECEIVED YOUR CERTIFICATE OF OCCUPANCY SHALL BE WITHHELD.**

******CERTIFICATE OF OCCUPANCY FEE \$50.00**

THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

**Building or Use Permit Pre-Application
Attached Single Family Dwellings/Two-Family Dwelling
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

NOTEIf 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 (include Portion of Building) : 335 Brighton Avenue, Portland, ME 04101			
Total Square Footage of Proposed Structure N/A		Square Footage of Lot N/A	
Tax Assessor's Chart, Block & Lot Number Chart# 121 Block# C Lot# 009		Owner: MMC Realty Corp Maine Medical Center	Telephone#: (207) 871-2447
Owner's Address: 22 Bramhall Street Portland, ME 04102		Lessee/Buyer's Name (If Applicable) N/A	Cost Of Work: \$ N/A Fee \$40.78
Proposed Project Description:(Please be as specific as possible) 1) Install new signs, #1 & #2, "New England Rehabilitation Hospital of Maine, Outpatient Center" On the East and North faces of a new entrance canopy. 2) Install a wall mounted 8.5"X11" sign "New England Rehabilitation Hospital of Maine, Outpatient Center" on the North face of the East Wing, near the entrance door. (3 SIGNS)			
Contractor's Name, Address & Telephone Welch Architectural Signage 26 Thomas Drive, Westbrook, ME 04112		(207) 774-3173	Rec'd By <i>UB</i>
Current Use: Hospital		Proposed Use: Hospital	

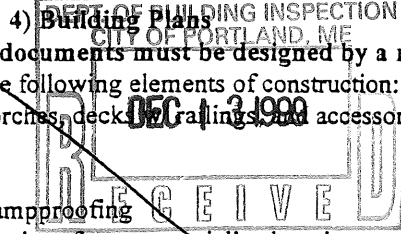
Separate permits are required for Internal & External Plumbing, HVAC and Electrical installation.

- All construction must be conducted in compliance with the 1996 B.O.C.A. Building Code as amended by Section 6-Art II.
- All plumbing must be conducted in compliance with the State of Maine Plumbing Code.
- All Electrical Installation must comply with the 1996 National Electrical Code as amended by Section 6-Art III.
- HVAC(Heating, Ventilation and Air Conditioning) installation must comply with the 1993 BOCA Mechanical Code.

You must Include the following with you application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
- 2) A Copy of your Construction Contract, if available
- 3) A Plot Plan/Site Plan

Minor or Major site plan review will be required for the above proposed projects. The attached checklist outlines the minimum standards for a site plan.



Unless exempted by State Law, construction documents must be designed by a registered design professional. 02107

A complete set of construction drawings showing all of the following elements of construction:

- Cross Sections w/Framing details (including porches, decks, railings, and accessory structures)
- Floor Plans & Elevations
- Window and door schedules
- Foundation plans with required drainage and dampproofing
- Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review must be included.

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/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: <i>Dan Doughty</i>	Date: <i>Dec. 10, 1999</i>
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Building Permit Fee: \$25.00 for the 1st \$1000.cost plus \$5.00 per \$1,000.00 construction cost thereafter.

Additional Site review and related fees are attached on a separate addendum

30.00

** Dan Doughty
Maine Medical Center
22 Bramhall St
871-2013
* call for P/O*



MMC Project: 99082 / 2.2

December 10, 1999

Building Inspections
City of Portland, Maine
Portland City Hall
389 Congress Street
Portland, ME 04101

Dear Sir or Madam:

Maine Medical Center is pleased to submit the attached sign permit application for consideration and approval for the following signage renovations that are being planned at our Brighton Campus:

1. Two new 20' long x 16" high aluminum board signs (N-1 and N-2) with vinyl text installed on the east and north faces of the new rear entrance canopy, which says "New England Rehabilitation Hospital of Maine, Outpatient Center".
2. New 8.5" x 11" acrylic wall mounted sign (N-3) adjacent to the rear entrance, which says "New England Rehabilitation Hospital of Maine, Outpatient Center".

The attached sign permit package includes the following:

1. City of Portland Signage Permit Application.
2. Maine Medical Center's check in the amount of \$ 35.78 as required. The permit fee is based upon the following new sign sizes: Sign N-1 Canopy Sign 26.6 sq. ft., Sign N-2 Canopy Sign 26.6 sq. ft., Sign N-3 Entry Sign 0.7 sq. ft., for a total of 53.9 s.f
3. Certificate of Insurance.
4. List of existing and proposed signs, (Attachment "A").
5. Survey Plan, (Drawing S-1), of Brighton Campus with the new and existing sign locations.
6. Drawing and written description of each new sign.

If you have any questions or concerns , please call me at 871-2013.

Very truly yours,

A handwritten signature in cursive script that reads "Daniel F. Doughty".

Daniel F. Doughty, AIA
Head Architect, Engineering Services

C: Wendy Osgood
Nancy Innes
file

12"

New England Rehabilitation
Hospital of Portland

93"

20"

OUTPATIENT REHABILITATION
CENTER

11"

one north
face and
one on east
face.

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 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).
7. Certificate of flammability required for awning/canopy at time of application.
8. UL # required for lighted signs at the time of application.

Fee for permit - \$25.00 plus \$0.20 per square foot

Fee for awning based on cost of work - \$25.00 for the first \$1,000.00, \$5.00 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.

Revise Text & Color on Three Existing Bars On Existing Post
& Panel Series 325 Front Entrance Sign.

Qty: 1
Size: 8"x 60"
Qty: 2
Size: 4" x 60"
Material: Aluminum as per spec
Color: **No Change**
Text: New England Rehabilitation _--->
Hospital Of Portland

A Joint Venture Of Maine Medical Center
& HEALTHSOUTH L.L.C.

OUTPATIENT REHABILITATION CENTER ----->

Type Style: Goudy Hand Tooled
Material: Vinyl Graphics
Text Color: **White**
Cost: \$225.00 Tax Not Included.

Exterior Aluminum Board

Qty: 2
Size: 16" x 20' x 1/2"
Material: Aluminum Board
Color: White With Blue Text
Text: New England Rehabilitation
Hospital Of Portland

OUTPATIENT REHABILITATION CENTER

Type Style: Times New Roman U/L & Upper Case All
Mounting: Screw Mount
Cost: \$1,250.00 Tax Not
Included.

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/3/99

PRODUCER

Medical Mutual Ins. Co. of Maine
One City Center, P.O. 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.

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** Medical Mutual Ins. Co. of Maine
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

MaineHealth
465 Congress Street, Suite 600
Portland, ME 04101-3537

COPY

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.

NO.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY				GENERAL AGGREGATE	\$ 4,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	CHL 1017	10/1/99	10/1/00	PRODUCTS-COMP/OPS AGGREGATE	\$ 4,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADVERTISING INJURY	\$ 2,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 2,000
	AUTOMOBILE LIABILITY				FIRE DAMAGE (Any one fire)	\$
	ANY AUTO				MEDICAL EXPENSE (Any one person)	\$
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT	\$
	SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	HIRED AUTOS				BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS				PROPERTY DAMAGE	\$
	GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	OTHER THAN UMBRELLA FORM				AGGREGATE	\$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

General Liability coverage is afforded for the following signs: 1) 8.5' X 11" Acrylic sign with applied vinyl text, mounted adjacent to the new Outpatient Rehab Entrance at Brighton. 2) 16" X 20" Aluminum Board signs with vinyl applied text, mounted on east face and north face of the new canopy above the new Outpatient Rehab Entrance.

CERTIFICATE HOLDER

The City of Portland, Maine
Building Inspection Department
City Hall
389 Congress Street
Portland, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10/30 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

Project: MMC BRIGHTON CAMPUS

Drawing Title: Informational Sign

Date: 10/25/99

Drawing:

Scale: NA

New England Rehabilitation Hospital of Portland

A joint venture of Maine Medical Center and HEALTHSOUTH

Brighton PainCare

8.5"

11"

SPECIFICATIONS

SIGN PANEL

Size..... 8.5" x 11"
Materials..... Ultramatte
Edges..... Square
Corners..... Radius 3/8"
Colors..... Shag Bark
Backing.....

GRAPHICS

Application..... Reverse Engrave & Fill
Type Style..... Palatino + Folio Light
Copy Height..... 5/8" + 1/4"
Copy Colors..... Devos 2V23A Inca Blue

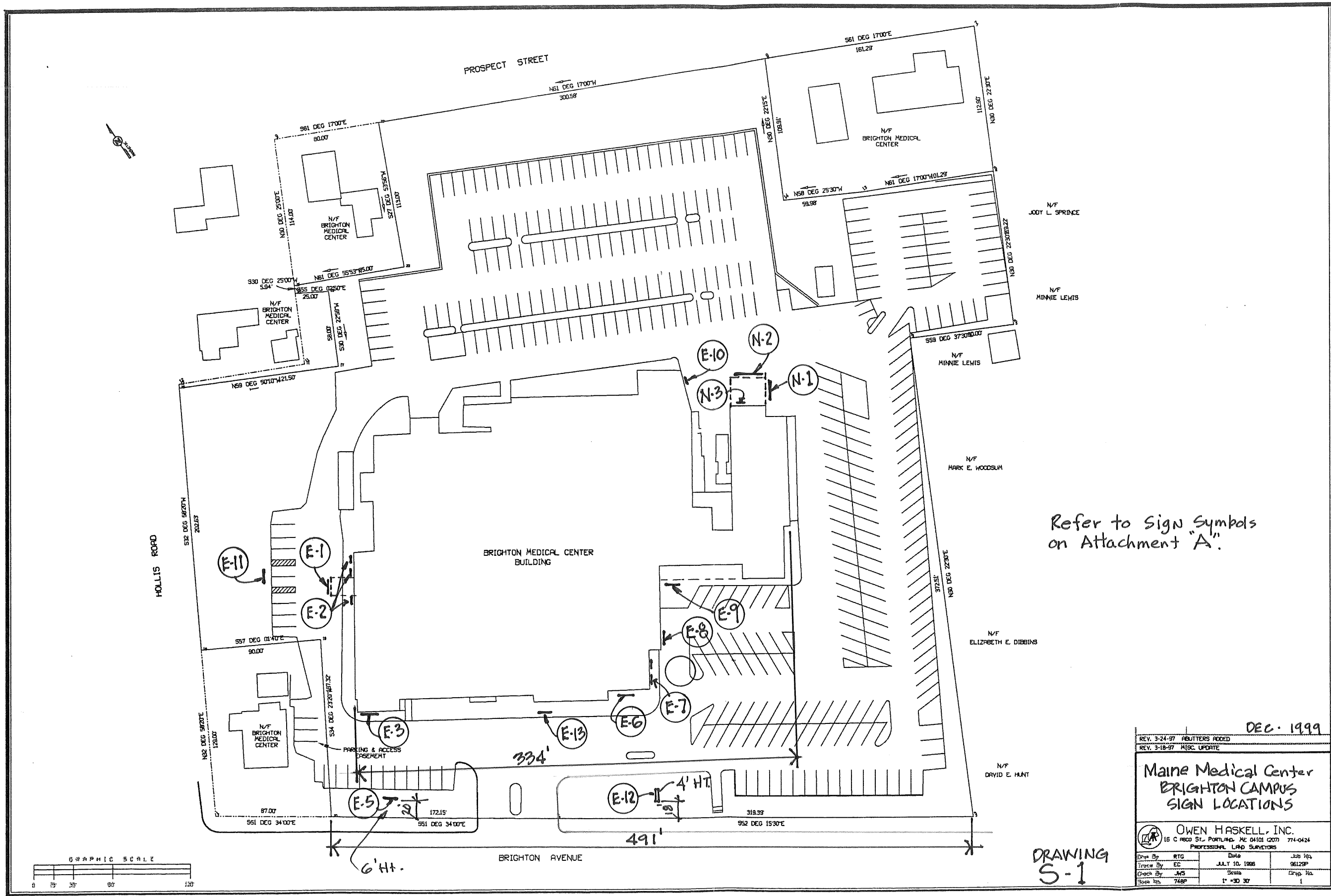
FRAMES AND BRACKETS

Type..... NA
Frame Size..... NA
Frame Color... NA
Interior Frame Substrate.. NA

FRAMES - BRACKETS - MOUNTING

Type..... D.S. Foam Tape
Height & Location..... 60" to Center of Sign
Latch Side of Door

MANUFACTURER: Welch Architectural Signage 800-635-3506



Refer to Sign Symbols
on Attachment "A".

DEC. 1999

REV. 3-24-97	REMITTERS ADDED
REV. 3-18-97	MISC. UPDATE
Maine Medical Center BRIGHTON CAMPUS SIGN LOCATIONS	
OWEN HASKELL, INC. 16 C ROAD ST., PORTLAND, ME 04101 (207) 774-0424 PROFESSIONAL LAND SURVEYORS	
Drawn By: RTC	Date: JULY 10, 1998
Tracee By: EC	Scale: 1" = 30.00'
Checked By: JWS	Sheet No: 1
Issue By: 746P	Job No: 06129P

**DRAWING
S-1**

E = EXISTING
N = NEW

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 335 Brighton Avenue ZONE: R-3

OWNER: Maine Medical Center

APPLICANT: Maine Medical Center

ASSESSOR NO. 121-C-009

(to be filled in by Portland's Building Inspection Office)

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO
FREESTANDING SIGN? (ex. Pole Sign) YES NO DIMENSIONS HEIGHT
MORE THAN ONE SIGN? YES NO DIMENSIONS HEIGHT
SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 2ea at 20'X1.33' = 52.20 sf
MORE THAN ONE SIGN? YES NO DIMENSIONS 8.5"X11" = 0.7 sf
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: Refer to Attachment A for a list of all existing and proposed signs and their dimensions.

*** TENANT BLDG. FRONTAGE (IN FEET): 334'

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

East Face of Brighton's East Wing (Sign #1)
124'X45' ht = 5,580 sf X 0.05 = 279 sf allowed for sign.
Proposed sign #1 is 26.6 sf in size on new canopy.

North Face of Brighton's East Wing (Sign #2 #3)
44'X45' ht = 1,980 sf X 0.05 = 99 sf allowed for sign.
Proposed sign #2 is 26.6 sf in size on new canopy.
Proposed sign #3 is 0.7 sf in size of face of building.

Permit fee: \$25.00 X \$0.02 per square foot of sign.
Total fee for new signs: 53.9 sf X \$0.20 = \$10.78 + \$25.00 = \$35.78

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: Daniel F. Doughty DATE: Dec 10, 1999

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'	<u>6.0 s.f.</u>	
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				<u>53.9 s.f.</u>	
Plus Existing Signs				<u>179.5 s.f.</u>	
Total				233.4 s.f.	