

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 Ave		Owner: Maine Medical Foundation		Phone:		Permit No. 960983	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name:		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: OCT - 4 1996 CITY OF PORTLAND </div>	
Past Use: Hospital		Proposed Use: Same with signage		COST OF WORK: \$ _____ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____		PERMIT FEE: \$ 34.60 INSPECTION: Use Group: _____ Type: _____ Signature: _____	
Proposed Project Description: erect a 8' x 5 1/2' sign		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Zoning Approval: 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"/>		Zone: _____ CBL: _____ 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	
Permit Taken By: Vicki Dover		Date Applied For: 9/27/96		Historic Preservation: <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: 9/27/96	

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

call D. Reposito for P/U 879-8009

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: Donald A. Reposito Me Med Foundation
 ADDRESS: _____ DATE: 9/27/96 PHONE: 879-8009

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

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

CEO DISTRICT

#6
M. Leary

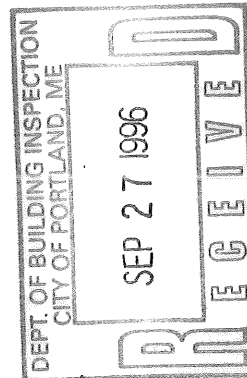
COMMENTS

10-9-96 Sign has been put up according to plan

Inspection Record

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

Info you requested



SIGNAGE

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 335 Brighton Avenue Portland, ME ZONE: Residential Zone

OWNER: Maine Medical Foundation

APPLICANT: Brighton Medical Center

ASSESSOR NO.: 121-C-9

SINGLE TENANT LOT? YES X NO

MULTI TENANT LOT? YES NO

FREESTANDING SIGN? YES NO X DIMENSIONS

MORE THAN ONE SIGN? YES NO X DIMENSIONS

BLDG. WALL SIGN? YES X NO DIMENSIONS 8' x 5' 1/2" = 44'

MORE THAN ONE SIGN? YES NO X DIMENSIONS

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

Main Entrance 2' x 13'

Brighton First Care 3' x 5'

LOT FRONTAGE (FEET)

BLDG FRONTAGE (FEET) 32' x 32' -> 1024 sq ft x 5' = 5120 sq ft

AWNING YES NO X IS AWNING BACKLIT? YES NO

HEIGHT OF AWNING:

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? Yes

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

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

PROPOSED SIGNS ARE ALSO REQUIRED.

(over)

INFORMATION REQUIREMENTS FOR SIGN PERMIT APPLICATION

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

1. PROOF OF INSURANCE
2. LETTER OF PERMISSION FROM THE OWNER
3. A SKETCH PLAN OF THE LOT, INDICATING LOCATION OF BUILDINGS, DRIVEWAYS AND ANY ABUTTING STREETS OR RIGHT OF WAYS. LENGTHS OF BUILDING FRONTAGES AND STREET FRONTAGES SHOULD BE NOTED (SEE ATTACHED)
4. INDICATE ON THE PLAN ALL EXISTING AND PROPOSED SIGNS
5. COMPUTATION OF THE FOLLOWING:
 - A) SIGN AREA OF EACH EXISTING AND PROPOSED BUILDING SIGN
 - B) SIGN AREA HEIGHT AND SETBACK OF EACH EXISTING AND PROPOSED FREESTANDING SIGN

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

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

NOTE: ONCE A SKETCH PLAN HAS BEEN FILED FOR A PROPERTY, THE CODE ENFORCEMENT OFFICE WILL KEEP A RECORD OF THE PLAN SO THAT A NEW SKETCH PLAN WILL NOT BE REQUIRED FOR LATER CHANGES TO SIGNAGE ON THE PROPERTY. IN SUCH AN INSTANCE, APPLICANTS WILL ONLY BE REQUIRED TO SUBMIT INFORMATION APPLICABLE TO THE NEW SIGNS.

(over)

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 SEP 27 1996
 RECEIVED



-light gray vinyl

1m white trim on letters

Fill-in

*Leadwood
→ copy to width*

*Change panel with next year @
no charge
\$25 per sq foot*


light gray

2m p.m.

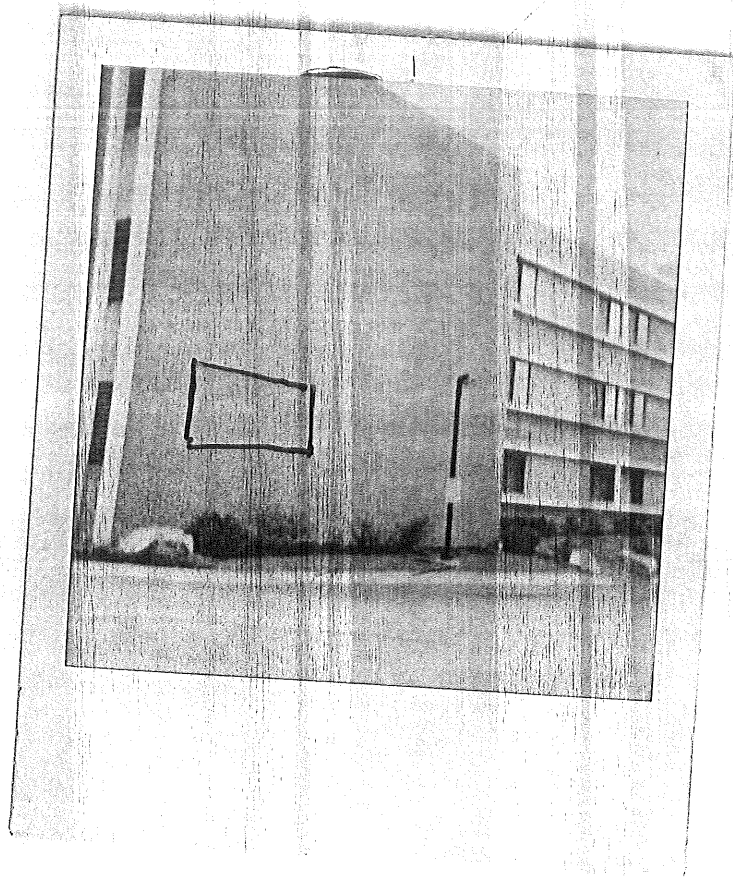
1 Set of Channel Neon Letters & 2 - Wall-Mount Sign Cabinets

Faces: PMS 328, White Copy: Black, PMS, 328
 Cans: Black Cabinets: White or Black?

Materials: 20" Channel Neon Letters
 Acrylic Faces
 Internally Illuminated Cabinets
 Vinyl Copy & Graphics

 A DIVISION OF FRANKLIN OF MAINE	DATE: 8/7/96	SCALE: 1/2"=1'-0"
	DWG NO: 1	DESIGNER: Steve Emma
CLIENT: Brighton Medical Center		
LOCATION: Portland, ME		
REVISION: 1	APPROVED:	

© Copyright 1996



ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

9/27/96

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

INSURED

Maine Medical Center
 22 Bramhall Street
 Portland, ME 04102

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

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY				GENERAL AGGREGATE	\$ 4,000
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$ 4,000
	CLAIMS MADE X OCCUR.	CHL 1013	10/1/95	10/1/96	PERSONAL & ADVERTISING INJURY	\$ 2,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 2,000
					FIRE DAMAGE (Any one fire)	\$
					MEDICAL EXPENSE (Any one person)	\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	ANY AUTO				BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	HIRED AUTOS					
	NON-OWNED AUTOS					
	GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	OTHER THAN UMBRELLA FORM				AGGREGATE	\$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY	\$ (EACH ACCIDENT)
						\$ (DISEASE - POLICY LIMIT)
						\$ (DISEASE - EACH EMPLOYEE)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

It is hereby agreed and understood that Brighton Medical Center is added as an additional named insured.

CERTIFICATE HOLDER

City of Portland
 City Hall
 Attn: Vicki
 389 Congress Street
 Portland, ME 04101

CANCELLATION

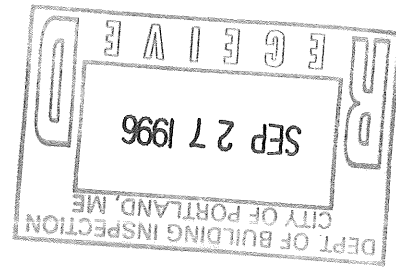
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10/30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

W. J. Ladd

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 internally illuminated.

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

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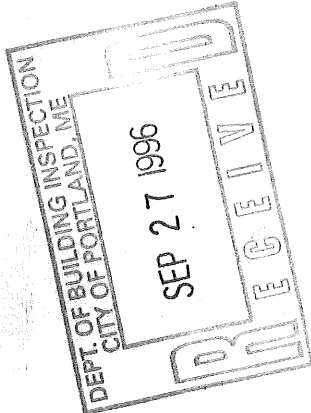
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