

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 030038

This is to certify that Hospice Of Maine /NeoKraft Signs
has permission to Install 11 sq. Ft. non-illuminated sign.
AT 509 Ocean Ave 163 E001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and work on permit must be completed before this building is occupied or closed-in. **HEAVY NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature]
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: 03-0038	Issue Date:	CBL: 163 E001001
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Location of Construction: 509 Ocean Ave	Owner Name: Hospice Of Maine	Owner Address: 693 Congress St	Phone: 207-4417
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Business Name: n/a	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
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Lessee/Buyer's Name n/a	Phone: n/a	Permit Type:	Zone: R-P
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Past Use: Residential / Benevolent & Charitable; Hospice	Proposed Use: Hospice / Install 11 sq. Ft. non-Illuminated Sign	Permit Fee: \$41.00	Cost of Work: \$0.00	CEO District: 2
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Proposed Project Description: Install 11 sq. Ft. non-illuminated sign.	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U- Type: W/A ACCESSORY 1/29/03 <i>Chad Cat</i>
	Signature:	Signature:

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
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Signature:	Date:
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Permit Taken By: gg	Date Applied For: 01/17/2003	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 type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>OK</i> 1/24/03	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>mg</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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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HOSPICE OF MAINE 02NK9436

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

SIGNAGE APPLICATION

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

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

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>519 OCEAN AVENUE</u>		
Total Square Footage of Proposed Structure <u>10.3 SQ.FT.</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Number Chart# <u>163</u> Block# <u>E</u> Lot# <u>1</u>	Owner: <u>HOSPICE OF MAINE</u>	Telephone #: <u>774-4417</u>
Lessee/Buyer's Name (If Applicable)	Owner's/Purchaser/Lessee Address: <u>HOSPICE OF MAINE</u> <u>519 OCEAN AVE.</u> <u>PORTLAND, ME</u>	Total s.f of signs <u>11</u> x 1.00\$, plus \$30.00 TOTAL\$ <u>#41</u>
Current use: <u>HOSPICE</u> Proposed use: <u>HOSPICE</u>		
<u>INSTALL NON-ILLUMINATED SIGN</u>		
Project description:		
Applicants Name, Address & Telephone: <u>NEOKRAFT SIGN COMPANY - AGENT FOR HOSPICE</u>		
Contractor's Name, Address & Telephone: <u>NEOKRAFT SIGN Co.</u> <u>686 MAIN STREET</u> <u>LEWISTON, ME 04240</u>		
Who shall we contact when the permit is ready: <u>PETER MURPHY</u>		
Telephone: <u>800-339-2258</u> <u>x x</u> <u>call & send</u>		
If you would like it mailed, what mailing address should we use: <u>AS ABOVE</u>		
Rec'd By:		

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If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

Certification

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

Signature of applicant:	Date:
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Sign Permit Fee: \$30.00 plus \$1.00 per square foot.

A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00

BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU ARE APPLYING FOR

IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE

A large, stylized handwritten signature in black ink, consisting of several tall, thin vertical strokes and a long, sweeping horizontal stroke at the bottom.

Side Walk Signs Design/Location/Construction Standards

Quantity

One sign per establishment for each street frontage having a public entrance provided that all dimension and location standards are met. When standards would not otherwise permit a sign, a sign may consist of multiple listings.

Sign Dimensions

Single listing: Maximum width – 24 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flow. Maximum height – 40 inches to top of sign in place. Minimum height 30 inches to top of sign in place.

Multiple: Maximum width – 30 inches or such lesser width sufficient to retain 4 ½ feet of unobstructed sidewalk width perpendicular to major flow. Maximum height – 4- inches to top of sign in place. Minimum height 30 inches to top of sign in place.

Location

Minimum distance between signs – 20 feet. Maximum distance of sign from public entrance of advertiser 20 feet. The City may vary these distances for exceptional physical circumstances where public safety and streetscape aesthetics will be maintained. However, under no circumstances shall signs obstruct vehicular stops, benches, fire hydrants, or other street visual amenities. Signs shall be located near the curb rather than the building face.

Materials and Graphics

All signs shall be of an A-Frame type design, shall be constructed of durable, weather-resistant materials and finish, shall have no moving parts, and shall be non-electrified. All signs shall be maintained in a clean and original appearance. Sign materials, graphics, and finish shall be of a unified design and shall be compatible with the local streetscape. All signs shall have horizontal braces spanning each side of the sign to assure rigid support. Lettering shall be legible and consistent.

Sign Removal

All signs shall be removed when the business is closed or while any snow or ice exists on the walk within eight feet of the sign in any direction.

Insurance

No permit shall be issued unless the applicant has posted in advance with the City a suitable public liability insurance certificate in an amount adequate to protect the City.

Enforcement

A sign may be removed after notice to the owner and the permit, if issued, may be revoked if the sign does not conform to the standards herein.

For permit come to City Hall 389 Congress Street room 315 with:

1. Certificate of liability insurance
2. Drawing of sign showing dimensions
3. Payment of .20 per sq. ft. plus \$30.00

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 519 OCEAN AVENUE ZONE: RP

OWNER: HOSPICE OF MAINE

APPLICANT: NEOKRAFT SIGN Co. - AGENT FOR HOSPICE OF MAINE

ASSESSOR NO. 163-E-1

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole Sign) YES NO --- DIMENSIONS 10.3 S.F. HEIGHT 7'-9"

MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____

SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS _____

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

NO OTHER SIGNS

*** TENANT BLDG. FRONTAGE (IN FEET): 36

*** REQUIRED INFORMATION

AREA FOR COMPUTATION

Free Standing Signs only Allowed

max height - 30' - 3' x 3.75' = 11.25' shown

min setback 8' - 7.75' shown

5' - 5' stated's shown

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: Detz W. Murphy DATE: 1-17-03

NEOKRAFT - AGENT FOR HOSPICE

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Please check off the following indicating that you have included the below items to expedite the process of this sign application:

- "Certification of Liability" listing the City additionally insured if any portion of the sign abuts or encroaches on the public right of way, or can fall into the public right of way
- N/A Letter of permission from the owner

A sketch plan indicating the following:

- Drawing of the property showing all dimensions of the lot
- Location of all buildings and property setbacks from all buildings
- Driveways and abutting streets showing street frontage and any right of ways
- Indicate on drawing the dimensions of all buildings on the lot
- Define in footage the frontage of your business front
- Indicate on drawing of existing signage and dimensions of each sign
- Indicate on drawing all proposed signage and dimension of each sign
- Sign area height and setback of each existing and proposed freestanding sign
- N/A Certification of flammability required for awning/canopy at time of application
- N/A UL # required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.

The Provisions of Section 3102.0 of the City's Building Code "The BOCA National Building Code 1999 edition" shall govern the construction, alteration, repair and maintenance of outdoor signs together with the associated appurtenant and auxiliary devices in respect to structural and fire safety. In accordance to section 3102.4.4 of BOCA construction documents and owners consent is all follows; "Before any permit is issued for the erection of a sign, Construction Documents shall be filed with the code official showing the dimensions, materials and required details of construction, including loads, stresses and anchorage. The applications shall be accompanied by the written contract of the owner or lessees of the premises upon which the sign is to erected. **NO PERMIT CAN OR WILL BE ISSUED UNLESS THIS INFORMATION IS SBUMITTED AND APPROVED BY THE INSPECTIONS OFFICE.**

ELECTRICAL SIGNAGE PERMITS/RESPONSIBILITIES

All sign companies or any persons engaged in the installation, interchange or maintenance of signage in the City of Portland must have the Electrician or Electrical Contractor who provided power to the sign(s) or associated equipment apply for an electrical permit in the Inspections Office.

It is the responsibility of your company to contact your sub-contractor or he owner to inform them of this policy. Whether your company does the final connections, which requires a valid Maine Electricians License or your sub contractor provides this service; permits and inspections shall be required.

Failure to comply with this procedure may result in the denial of sign permits by this office for your company or its representation to install or interchange any future signage in the City of Portland.

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 *ATTACHED*
2. Letter of permission from the owner *NOT REQUIRED*
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) *OK*
4. Indicate on the plan all existing and proposed signs *OK*
5. Computation of the following:
 - A) Sign area of each existing and proposed building sign *OK*
 - B) Sign area height and setback of each existing and proposed *OK* 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.
9. **You must have complete structural details (i.e. showing all connections to buildings and footing details) Specifics required or your permit may be held up**
Fee for permit - \$30.00 plus \$1.00 per square foot
Fee for awning based on cost of work - \$30.00 for the first \$1,000.00, \$6.00 for each additional \$1,000.00.

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.

PRODUCER

Turner Barker Insurance
One India Street
Portland ME 04101
Phone: 207-773-8156 Fax: 207-773-6647

INSURED

Hospice Of Maine
519 Ocean Avenue
Portland ME 04103

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.

INSURERS AFFORDING COVERAGE

INSURER A: **MMG Insurance Company**
INSURER B: **Maine Employers Mutual**
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.

INSR LTR	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	BP0415754	03/11/02	03/11/03	EACH OCCURRENCE \$ 500000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 500000
					GENERAL AGGREGATE \$ 1000000
					PRODUCTS - COMP/OP AGG \$ 500000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1810007843	05/17/02	05/17/03	WC STATU-TORY LIMITS OTH-ER
	E.L. EACH ACCIDENT \$ 100000				
	E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Naming the City of Portland as additional insured as respect a sign at 519 Ocean Avenue, Portland, Maine

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
City of Portland City Hall 389 Congress St Portland ME 04101	CITYOFF	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Jamie Willette</i>

HOSPICE
OF MAINE

DRIVE-
WAY

SIGN

5' SETBACK
FROM PROPERTY LINE

DRIVE-
WAY

SIDEWALK

← OCEAN AVENUE →





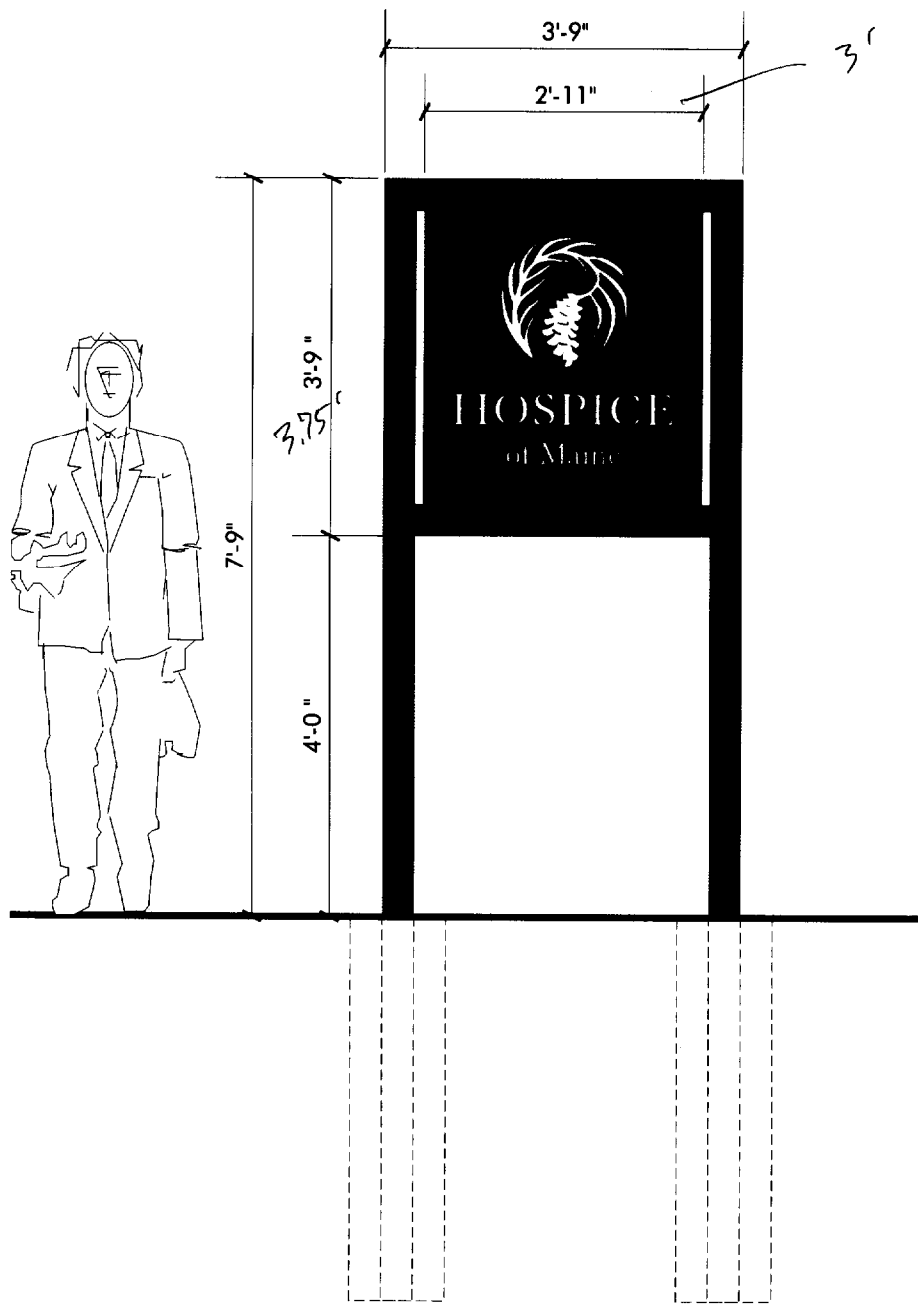
HOSPICE



1" ~~1/2~~



PLAN



4" X 4" ALUMINUM SQUARE TUBE POLES (CAPPED) WITH 1" THICK X 4" WIDE ALUMINUM TUBE CONNECTING BEAMS.

SIGNS ARE 1 1/2" X 1 1/2" X .125" ALUMINUM ANGLE FRAME WITH MITERED CORNERS, .125" ALUMINUM FACE. ALL EDGES ARE FILLED AND PRIMED PRIOR TO PAINTING. ATTACH TO BEAMS WITH MATCHING ANGLES

PAINT TO MATCH PMS 3425 SATIN

GSP WHITE REFLECTIVE COPY (280-10)

DIRECT BURIAL IN CONCRETE

DOUBLE FACE NON-ILLUM. SIGN
SCALE: 1/2" = 1'-0" (1) REQUIRED