

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 060240

Please Read Application And Notes, If Any, Attached

This is to certify that 164 REALTY INC /Sign Solutions

has permission to install replacement signs for Occupational Health & Safety Concentration Medical Centers

AT 1600 CONGRESS ST Portland, OR 97201 220 B010001

provided that the person or persons perform or supervise the work accepting this permit shall comply with all of the provisions of the Statutes of Oregon 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.

PERMIT ISSUED  
MAR 21 2006  
CITY OF PORTLAND

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 is procured before this building or part thereof is occupied or service is closed-in. **YOUR NOTICES ARE 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]*  
3/21/06  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

Permit No: 06-0240	Issue Date: [ ]	CBL: 220 B010001
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Location of Construction: 1600 CONGRESS ST	Owner Name: 164 REALTY INC	Owner Address: 100 SILVER ST	Phone: [ ]
Business Name:	Contractor Name: Sign Solutions	Contractor Address: 55 Bishop St. Portland	Phone: 2078788000
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: RP

Past Use: commercial	Proposed Use: Commercial/ install replacement signs for Occupational Health to Concentra Medical Centers	Permit Fee: \$80.00	Cost of Work: \$80.00	CEO District: 3
Proposed Project Description: install replacement signs for Occupational Health to Concentra Medical Centers		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>NA</i>	INSPECTION: Use Group: <i>QV</i> Type: <i>Sig</i> <i>IBC 2003</i>	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</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: 02/22/2006	<b>Zoning Approval</b>		
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1.  2. Building permits do not include plumbing, septic or electrical work.  3. Building permits are void if work is not started within <b>six (6)</b> months of the date of issuance. False information may invalidate a building permit and stop all work..	<b>Special Zone or Reviews</b> <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"/> Minora MM <input type="checkbox"/> <i>OK</i> Date: <i>3/1/06</i> <i>ASB</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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 <i>ASB</i> Date: _____
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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

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 06-0240	<b>Date Applied For:</b> 0212212006	<b>CBL:</b> 220 B010001
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<b>Location of Construction:</b> 1600 CONGRESS ST	<b>Owner Name:</b> 164 REALTY INC	<b>Owner Address:</b> 100 SILVER ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Sign Solutions	<b>Contractor Address:</b> 55 Bishop St. Portland	<b>Phone:</b> (207) 878-8000
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial/ install replacement signs for Occupational Health to Concentra Medical Centers	<b>Proposed Project Description:</b> install replacement signs for Occupational Health to Concentra Medical Centers
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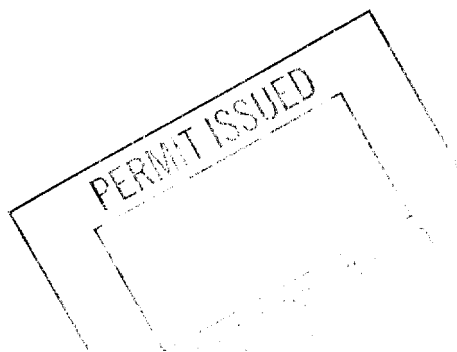
**Dept:** Zoning      **Status:** Approved      **Reviewer:** Ann Machado      **Approval Date:** 03/06/2006

**Note:** Building is in RP zone, but the 4 building signs already exist. The permit is replacing one existing building sign (18 sq.ft) with a new wall sign that is smaller (8.85 sq.ft.)      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 03/21/2006

**Note:**      **Ok to Issue:**

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





# 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>1600 CONGRESS ST. 1 PORTLAND</u>		
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>220</u> <u>B</u> <u>10</u>	Owner: <u>COMMERCIAL PROPERTIES MGMT</u> <u>100 SILVER ST.</u> <u>PORTLAND, ME 04101</u>	Telephone: <u>207-774-1885</u>
Lessee/Buyer's Name (If Applicable) <u>CONCENTRA MEDICAL</u> <u>@ ENTERS</u>	Applicant name, address & telephone: <u>BOB PHILLIPS</u> <u>SIGN SOLUTION</u> <u>55 BISHOP ST.</u> <u>ME 04103</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>50.00 + 30.00</u> Awning Fee= cost of work Total Fee: \$ <u>80.00</u>

Who should we contact when the permit is ready: BOB PHILLIPS phone: 699-2263

Tenant/allocated building space frontage (feet): Length: 75' Height: 14'-6"  
 Lot Frontage (feet) 400' Single Tenant or Multi Tenant Lot MULTI

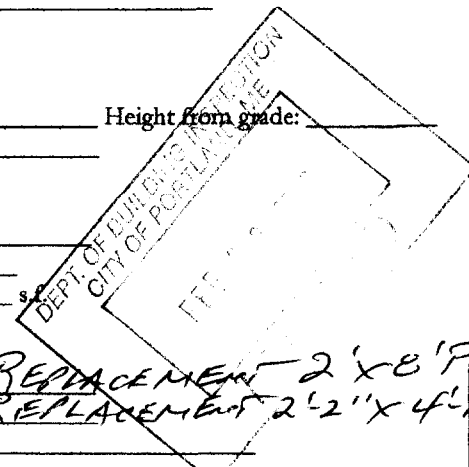
Current specific use: DOCTOR + DIALYSIS  
 If vacant, what was prior use: OFFICE  
 Proposed Use: NO CHANGE

Information on proposed sign(s):  
 Freestanding (e.g., pole) sign? Yes  No  Dimensions proposed: \_\_\_\_\_ Height from grade: \_\_\_\_\_  
 Bldg. wall sign? (attached to bldg) Yes  No  Dimensions proposed: \_\_\_\_\_

Proposed awning? Yes  No  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: \_\_\_\_\_

Information on existing anti previously permitted sign(s):  
 Freestanding (e.g., pole) sign? Yes  No  Dimensions proposed: REPLACEMENT 2'x8' PANELS  
 Bldg. wall sign? (attached to bldg) Yes  No  Dimensions proposed: REPLACEMENT 2'-2" x 4'-4"  
 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.



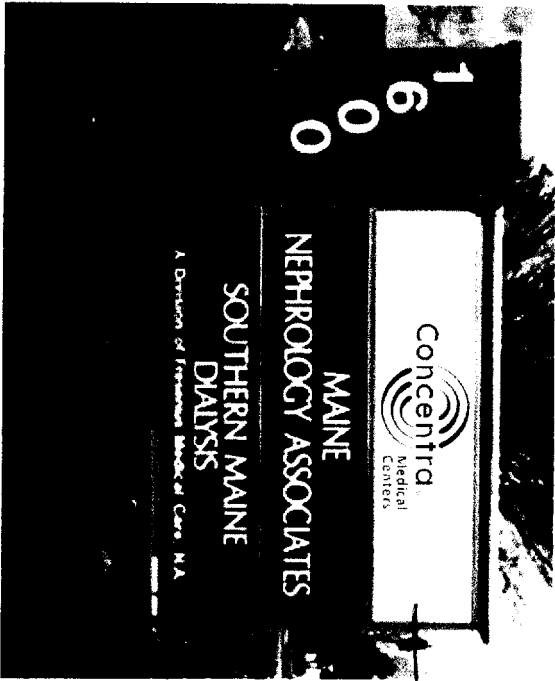
Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

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](http://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>Bob Phillips</u>	Date: <u>2/22/06</u>
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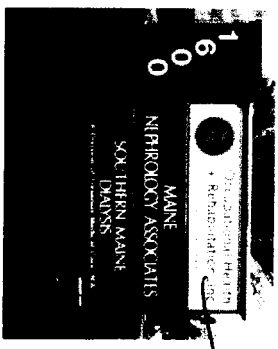
This is not a permit; you may not commence ANY work until the permit is issued.



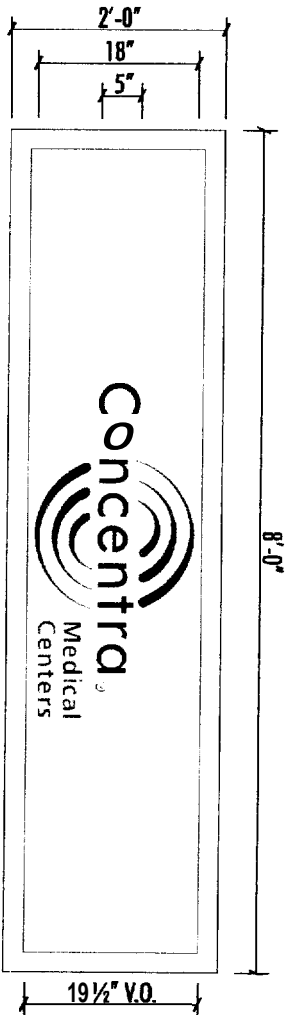
*NEED  
FACES*

VINYL GRAPHICS COLORS	
ITEM	COLOR
"CONCENTRA"	A904 CHARCOAL
RINGS & TAG LINE	A8552 BUTTERFLY BLUE

DOUBLE-FACE MONUMENT SIGN  
N.T.S.



EXISTING SIGN  
N.T.S.

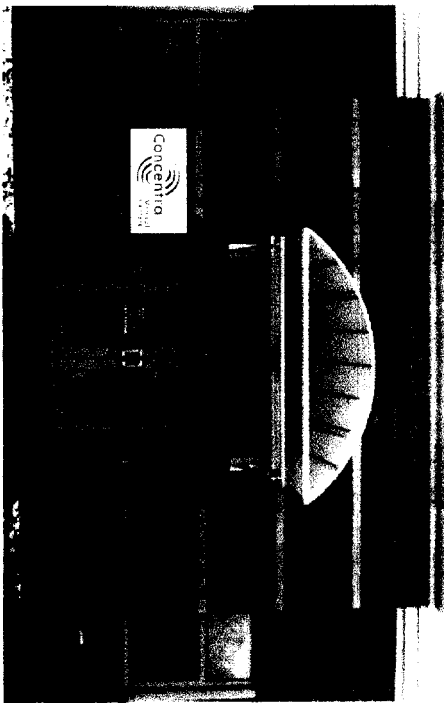


REPLACEMENT FACE  
SCALE: 3/4" = 1'-0"

*(MOUNTED WITH EXISTING REPAIRS)*

REFACE EXISTING DOUBLE-FACE MONUMENT SIGN	
ITEM	DESCRIPTION
A	3/16" #7328 WHITE ACRYLIC FACE w/ FIRST SURFACE VINYL GRAPHICS

		www.starlitesign.com 7721 E. Midway St. Boise, ID 83726 (407) 382-2858 Fax: (407) 387-0675	
CUSTOMER	Concentra Medical Centers	LOCATION	1600 Congress St. Portland, ME
CITY/STATE	Portland, ME	ART/SALES	G. Owens
TTL. SQ. FT.	2'-0" x 8'-0" = 16	DATE	1-20-06
NO. OF JOBS	16110	SCALE	(as shown)
DESIGNER	David Williams	DATE	1-20-06
APP. FOR PROJ.		CUSTOMER	
		LAND/ORD	
		DATE	



FRONT ELEVATION  
N.T.S.

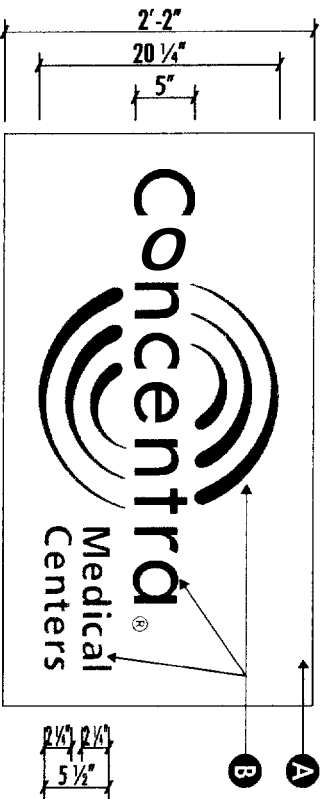


EXISTING SIGN  
N.T.S.

WALL SIGN	
ITEM	DESCRIPTION
A	1/4" DEEP PANNED ALUMINUM BACKGROUND PTD. SPRAYLAT IND. #101 WHITE
B	1/4" FLAT CUT-OUT ALUMINUM GRAPHICS PTD. TO MATCH VINYL COLORS

VINYL GRAPHICS COLORS	
ITEM	COLOR
"CONCENTRA"	AB050 PEWTER
RINGS & "MED. CTRS."	AB552 BUTTERFLY BLUE

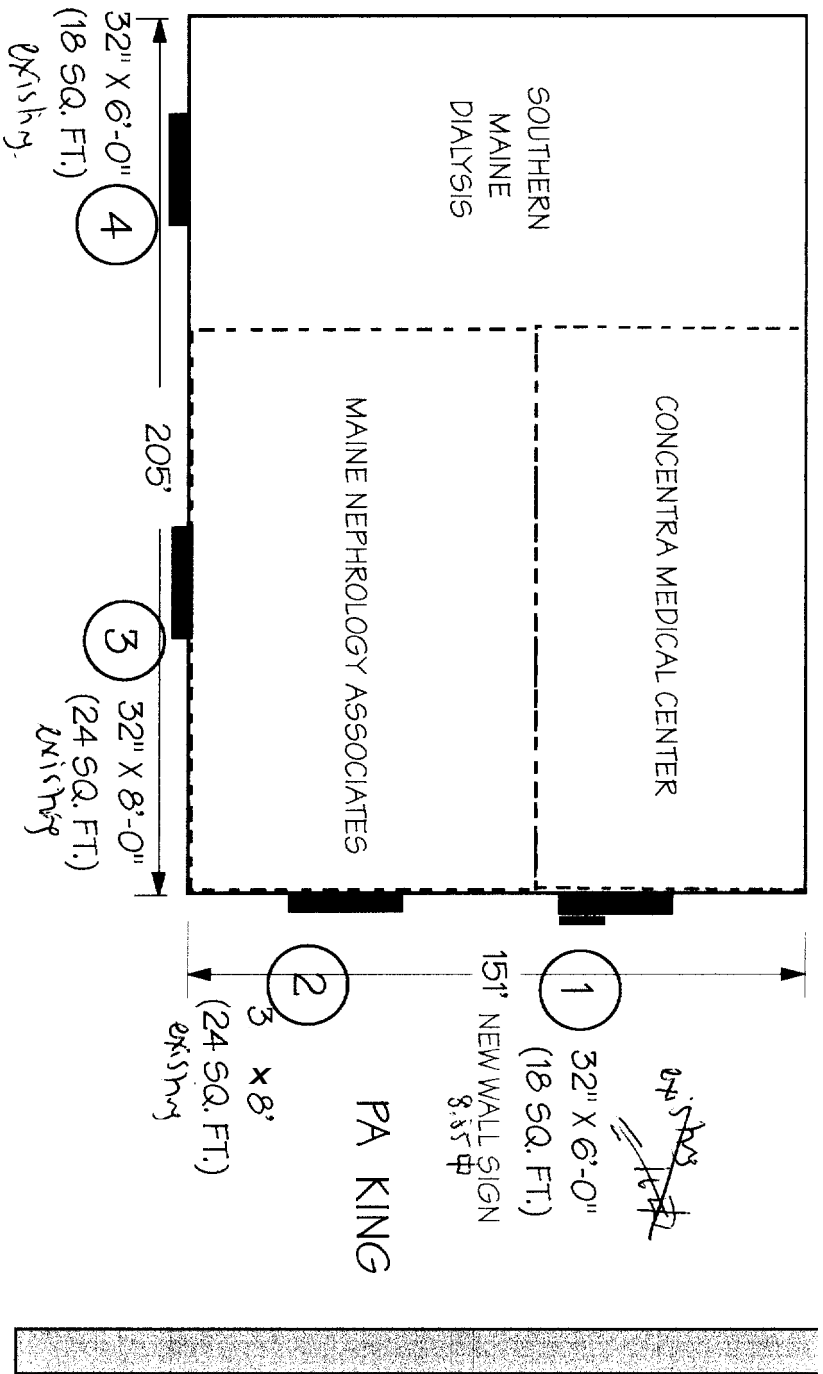
STAINLESS STEEL 1/2" ANGLE 140 CORNER CLIPS  
FASTENED TO WALL WITH NOK - CROSSWAVE  
TEETS INTO 1" WALL



WALL SIGN  
SCALE: 1" = 1'-0"

		www.starlitesign.com 7733 E. Midway St. Dallas, TX 75238 (940) 381-4858 Fax: (940) 387-4479	
CUSTOMER	Concentra Medical Centers	TTL. SQ. FT.	2'-2" x 4'-1" = 8.8
LOCATION	1600 Congress St.	ART. SALES	G. Owens
CITY, STATE	Portland, ME	BD / JOB #	16110
		DATE	1-20-06
		SKETCH #	0601-023a-1p1
		SCALE	(As Shown)
		DATE	1-20-06
		CUSTOMER	LANDUOD
		DATE	DATE
		APP FOR PROJ.	DATE

This drawing is the property of STARLITE SIGN, and all rights to its reproduction and display are reserved by STARLITE SIGN.



PARKING

PARKING

PA KING

PARKING

CONGRESS ST.

SITE PLAN:  
 PLACEMENT OF WALL SIGNS ON BUILDING AND MONUMENT SIGN WITH SIZES.

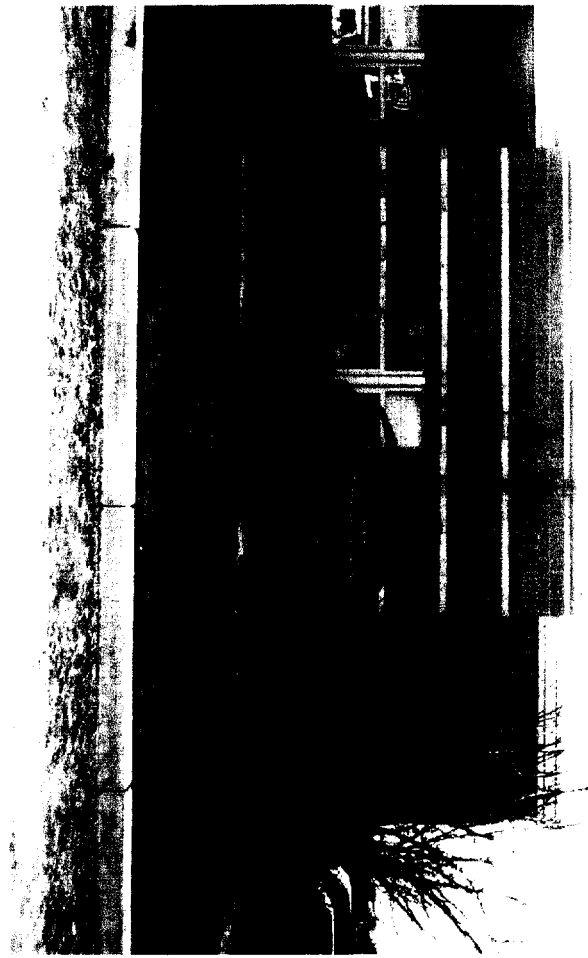
MONUMENT SIGN  
 THREE 2' X 8' PANELS  
 (48 SQ. FT TOTAL)  
 5 NEW PANELS FOR SIGN

This design created in conjunction with this project being planned for you is the exclusive property of SIGN SOLUTIONS, and can not be copied, exhibited or shown to anyone outside of your organization with consent of SIGN SOLUTIONS

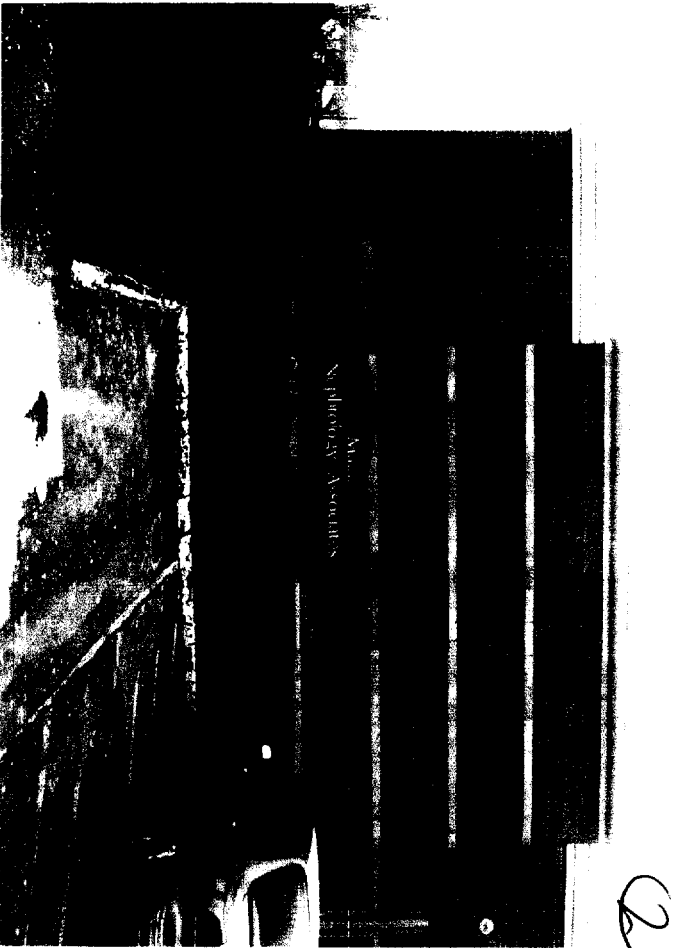
	DATE:	12/20/05	SCALE:	NTS
	WORK ORDER NO.:	5191	DESIGNER:	BOB PHILLIPS
DWG NO.:	JOB NAME: CONCENTRA MEDICAL CENTER			
REVISION:	LOCATION: 1600 CONGRESS ST. PORTLAND, ME 04102			
APPROVED:	© COPYRIGHT 2006			



1



3



2



4



# COMMERCIAL PROPERTIES MANAGEMENT LLC

100 Silver Street, Portland, ME 04101

Tel: 207-774-1885

Fax: 207-774-8397

February 17, 2006

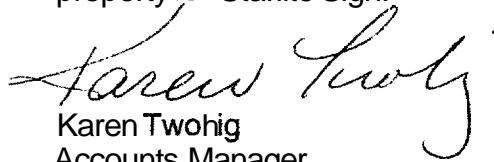
207-699-2264

## AUTHORIZATION BY LANDLORD FOR SIGNAGE

RE: Concentra Medical Centers  
1600 Congress St.  
Portland, ME 04102

To Whom It May Concern:

We hereby authorize Starlite Sign, 7923 E McKinney St., Denton, TX 76208 to subcontract work at the above referenced property. We authorize Sign Solutions (qualifier Bob Phillips), 55 Bishop St., Portland, ME 04103, to pull permits, install and maintain signage at property for Starlite Sign.



Karen Twohig  
Accounts Manager  
Commercial Properties Management, LLC

Client#: 121484

15SIGN6L

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 02-22-06	
<b>PRODUCER</b> Cross Insurance -CL/Bnds-P P. O. Box 567 Portland, ME 04112 800 286-5352	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.	<b>INSURERS AFFORDING COVERAGE</b>	
<b>INSURED</b> Sign Solutions Mahl Enterprises LLC dba 55 Bishop Street Portland, ME 04103		INSURER A: Peerless Ins. Co.	NAIC # 24198
		INSURER B: Maine Employers Mutual Insurance Co.	11149
		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 ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input 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"/> PRO-JECT <input type="checkbox"/> LOC	CBP9913570	09/15/05	09/15/06	EACH OCCURRENCE	\$1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
					MED EXP (Any one person)	\$8,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA9914370	09/15/05	09/15/06	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	CU9914870	09/15/05	09/15/06	EACH OCCURRENCE	\$1,000,000
					AGGREGATE	\$1,000,000
						\$
						\$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1B10070852	09/15/05	09/15/06	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
					E.L. EACH ACCIDENT	\$100,000
					E.L. DISEASE - EA EMPLOYEE	\$100,000
					E.L. DISEASE - POLICY LIMIT	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 RE: City of Portland is listed as additional insured with respect to the general liability only.

<b>CERTIFICATE HOLDER</b>  Karen Twohig Accounts Manager Commercial Properties Management, LLC. 100 Silver Street Portland, ME 04101	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</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>Karen Peterson</i>
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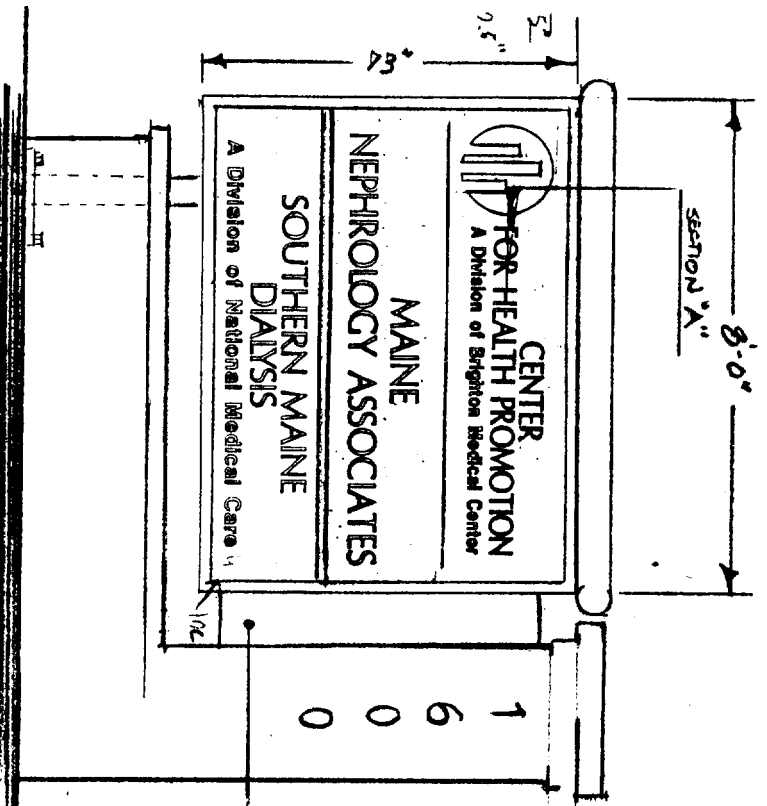
5/14/1994

perm. # 94-0363

freshening sign

B2 zone in 1993

2001 ⇒ RR P200



1  
6  
0  
0

REVEAL DEPTH  
TO BE DETERMINED

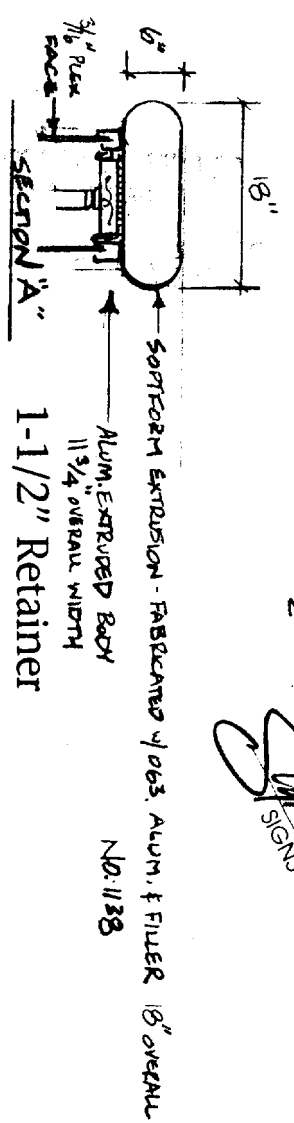
1600 TO BE 6" ALPHA BOLD  
DK GRAY

U.S. # AW 978975

ILLUMINATED Pylon

SCALE: 1/2"

*Signature*  
SIGNS INC.



1-1/2" Retainer

